Organizational pathology_Boardman_Ponomariov_RG.pdf

Craig Boardman

Available at: https://works.bepress.com/craig_boardman/35/
ENTRY TITLE
Organizational pathology

AUTHOR IDENTIFICATION
• First author: Craig Boardman, Center for Organization Research and Design, Phoenix AZ; pboardma@asu.edu
• Second author: Branco Ponomariov, University of Texas, San Antonio TX; branco.ponomariov@utsa.edu

SYNONYMS
Organizational disease, organizational disaster

DEFINITION
Organizational pathology is a broad concept that encompasses any internal aspect of the organization that is a threat to organizational survival. Specifically, the concept analogizes organizational differentiation to vital organs and systems thereof in a human, organizational formalization to biologic systems like circulation and respiration, organizational centralization to the brain, strategic and operational planning to synaptic firing in the brain, appendages and orifices to resource-dependent ties to the external environment, and organizational culture to personality and mental health.

INTRODUCTION
Organizational pathology describes any internal aspect of the organization – structure, culture, leadership and management, incentives – as a result of which the organization is significantly weakened. The host organization is afflicted by an “organizational disease” that hinders organizational performance in such a way that is potentially lethal. Organizational pathology squanders the resources or energy of its host, eventually making it unviable as an “organism” if the pathology goes unaddressed (Samuel 2010).

The diagnosis of organizational pathologies assumes the survival of the host organization as axiomatic, without critical reassessment of its purpose and social utility. An organization considered to be purposeless or even harmful can be entirely “healthy” or free of organizational pathologies, just as an organization with just purpose and high social utility can be plagued.

Another assumption of the concept of organizational pathology is that an internal aspect of the organization deemed as pathological must pose problems that are abnormally detrimental to organizational performance, meaning much more than the incremental impacts that normal workaday frictions and conflicts can have. Organizational pathologies are either abnormally-high levels of these normal frictions and conflicts or qualitatively unique phenomena not typically associated with the workaday functioning of the organization.
Accordingly, organizational pathology is one of the broadest concepts in organizational studies. It can be used to address any internal aspect of an organization that has become dysfunctional, counterproductive, inefficient, disruptive, destabilizing, to an extent that is “pathological.” The reason for the conceptual broadness is that the organization-as-organism analogy likens organizations to the more complex array of mechanisms and processes that constitute a human organism.

It is our view that as a concept organizational pathology has not been sufficiently defined, and therefore that it has not been reliably and validly applied in organizational studies (Ponomariov & Boardman 2010). To remedy the pathology of organizational pathology, we first elucidate the organization-as-organism analogy. Next we extend the analogy to the physician specializing in internal medicine, which is to say the scholar or student interested in organizational pathology, by presenting four axioms for understanding and managing organizational pathologies, responsibly.

MAIN TEXT
The organization-as-organism analogy, redux
The concept of organizational pathology analogizes the organization to a complex living system (e.g. a biologic organism) that is replete with a brain, other vital organs, circulatory and respiratory and digestive systems for distributing and using resources, appendages and orifices for acquiring and consuming vital resources from the external environment, other appendages for avoiding predators in the external environment, non-vital organs like those for reproduction, and yet other orifices for excreting waste and other potential toxins. To elaborate:

- **Vital organs.** The vital organs are the vertically and horizontally differentiated subunits that fulfill the core function or functions of an organization. Vital organs or core subunits operate collectively as systems using the other two constructs for organizational structure: formalization and centralization. Formalization and centralization are within the purview of the brain, which is to say the management and leadership of the organization.

- **The brain.** Leadership and management does most of the strategic and operational decision making for the organization. Leadership makes decisions to help the organization to avoid or best predators or competitors. Management makes decisions to ensure that vital resources are acquired from the external environment and allocated internally in such a way that the vital organs or core subunits of the organization coordinate and communicate effectively if not efficiently to produce whatever products or services the organization is designed to provide. The operational and strategic plans of the organization the leaders and managers implement, respectively, constitute the synaptic wiring and firing of the organizational brain, and both types of plan can be altered by organizational learning.

- **Sustenance.** Oxygen, calories, nutrients, and so on are analogous to the resources the organization must acquire from the external environment that are vital to the fulfillment of the organization’s core functions. Appendages like arms and hands and legs are analogous to the individuals and/or core subunits within the organization who/that have direct ties to the individuals and/or organizations in the external environment who/that are in possession of said resources. Because of the fundamental importance of acquiring vital resources with certainty and reliability, the individuals and/or subunits in the organization who/that have direct ties to the external environment exercise the most power in internal organizational decision-making. Typically these powerful
individuals and/or subunits in the organization reside towards the top of the organizational hierarchy, typically in the brains or executive subunit of the organizational organism, in positions of management and leadership.

• **Psychological factors.** The psychology of the organization is its organizational culture – one of the more diffuse concepts in organizational studies. Like human organisms, an organization’s psychology or culture is much more difficult to observe empirically than are the other internal aspects of the organization. Organizational cultures typically become pathological due to multiple other pathologies occurring elsewhere in the organization – for example in a particular subunit, in management and leadership – that go unaddressed or addressed but persist and remain unremedied nonetheless.

• **Non-vital organs.** Non-vital organs are the vertically and horizontally differentiated subunits that fulfill the non-core functions of the organization, which are the functions that may not contribute to organizational outcomes, at least not vitally or essentially so, or could be outsourced. Non-vital or non-core subunits typically operate separately from the core organs or vital subunits in the organization, and non-core sub-units are usually situated lower in the organizational hierarchy when compared to core subunits, but this not always the case. Non-core functions of course can vary greatly, depending on the industry or the public policy area or the public service mission of the organization. And what is a non-core function for one organization may be a core function for another organization. Sometimes it is more efficient for an organization to outsource its non-core functions, depending on the asset specificity of non-core functions and the ease with which the performance of these functions by contractors can be measured validly and reliably.

The broadness of the organization-as-organism analogy logically dictates that there can be no per se narrowing of the organizational pathology concept. All incarnations of all internal aspects of organizations can become pathological and begin to function in ways that detract from the meta-outcomes that most every organization seeks – organizational effectiveness, efficiency, and longevity or survival. This goes whether an internal aspect of the organization affects one or more of these meta-outcomes directly or whether the internal aspect affects one or more meta-outcome indirectly, for instance via middle-range outcomes such as increased turnover, increased absenteeism, decreased organizational commitment, decreased worker motivation, decreased job satisfaction, delinquent suppliers, and so on.

**Diagnosing organizational pathologies, validly and reliably**
The below list includes but a fraction of the organizational pathologies that are addressed in the organizational studies literatures:

• Leader-member exchanges that engender suspicion rather than trust
• Leadership that fails to provide guidance for difficult tasks
• Leadership that provides too much oversight for the investigation of complex problems
• Bureaucratic personalities that obfuscate collective and/or individual performance
• Formalization that fails to fulfill its intended function
• Formalization that fulfills a defunct function that impedes extant functions
• Organization differentiation that impedes coordination and communication across subunits
• Decision making that takes too long to adapt to contingencies
• Decision making that goes uninformed by expertise
• Worker expectations for behaviors that diverge from those of management and leadership
Leadership and management that fails to ensure that the organization has the resources it needs to fulfill core functions

Each of these examples specifies a deficiency or failing of one or more internal aspect of an organization, and not a negative outcome or consequence per se. For example, though poor leader-member relations may lead to increased turnover and with this a loss of human capital and decreased market share or, in the case of a government agency, a failure to provide a particular public service to all members of the target population, employee turnover is not per se pathological. Rather, in this particular example, employee turnover is a symptom of organizational pathology, in this example the organizational pathology being “low” leader-member exchanges characterized by mistrust if not additional negative sentiments.

This brings us to the first axiom for the organizational pathologist:

Axiom #1: The diagnosis of an organizational pathology must specify the internal aspect or aspects of the organization that are dysfunctional, disruptive, inefficient, ineffective, and/or destabilizing.

This task is difficult because the conceptual definition of organizational pathology by itself does not contain clearly-defined guidelines for identifying the pathological component of an organization. Much like the medical meaning of pathology is applied to specific system being affected in an organism, applying the notion of pathology to organizations also requires identifying the particular systems afflicted by a pathology. The field of organizational studies has yet to produce reliable and valid decision rules for measuring one or another internal aspect of an organization in these ways, much less for setting benchmarks that indicate when a particular internal aspect of the organization – a particular subunit or procedure or manager or whatever – is “pathological” to the organization.

The second axiom is ancillary to the first axiom:

Axiom #2: A study or investigation of an organizational pathology must specify one or more organizational pathologies as antecedent to, directly or indirectly, one or more of the meta-outcomes of the organization.

If a particular study does not address the extent to which a dysfunctional or disruptive or unstable subunit or rule or whatever is having a negative impact on the organization, it is not a study of organizational pathology per se. For a study of organizational pathology, the explanatory variable must be one or more internal aspects of the organization and the dependent variable must be one or another measure of organizational performance, or at least an outcome that is logically related to organizational performance. In the biological analogy, usually a pathology in a particular organ is diagnosed on the basis of deterioration of the overall performance (health) of the organism. The symptoms trigger a search for the pathology in a specific sub-system or organ. Accordingly, the third axiom emphasizes the valid and reliable measurement (identification) of organizational pathology:

Axiom #3: An internal aspect of the organization is pathological when it hinders or impedes organizational performance because it meets one of the first three and/or the fourth of the following criteria:

- It fails to fulfill its organizationally-sanctioned function
• It fulfills its organizationally-sanctioned function, but in a diminished capacity
• It fulfills its organizationally-sanctioned function, but for too long
• It fulfills a function that is not organizationally-sanctioned

The reasons for these failures can vary. One of the most common pathologies studied is organizational formalization gone awry – i.e. “red tape”. Whereas the organizational red tape literature applies these decision rules exclusively to organizational rules and procedures, these criteria are equally applicable to all other internal aspects of the organization, including the subunits performing core functions, those performing non-core functions, leadership and management, even organizational culture.

**Remedying organizational pathologies, responsibly**

There are two general approaches for remedying organizational pathologies: organizational design and organizational development. The design approach emphasizes an organization’s vital organs or core subunits, its extrinsic incentives for inducing worker contributions towards organizational goals, and/or its operational plan and managerial decision calculus. In the biological analogy, the equivalents would be surgery. In contrast, the development approach emphasizes the psychology or culture of an organization, its intrinsic incentives for inducing worker contributions towards organizational goals, its strategy, and/or leader-member relations. In the biological analogy, the equivalent would be therapy.

Accordingly, the organizational design and organizational development approaches prescribe related but distinct remedies for organizational pathologies. To elaborate:

- **Changing the worker, not the work or the context of work.** The organizational design approach to the worker generally promotes person-organization fit or the rank-in-position approach to the worker. Specifically by way of (i) training and development so employees can stay in their current subunit and position, (ii) relocating workers to subunits and/or positions for which their skillsets and cognitive abilities are a better match or fit, (iii) terminating workers for which there is limited to no person-organization fit, and/or (iv) hiring new employees for which there is good or at least better person-organization fit.

- **Changing the work, not the worker or the context of work.** The organizational development approach to the worker generally promotes the rank-in-person approach to the worker, meaning it promotes changing the work, not the worker, so that it can better satisfy the intrinsic motives of the worker. Specifically by way of (i) providing the worker with work that is challenging but not too challenging, yet also interesting (ii) guiding workers through tasks and projects that are too difficult and/or intimidating for them to navigate alone, (iii) empowering the worker by granting them enhanced decision making authority over matters pertaining directly to their work.

- **Changing the context of work, not the work or worker.** Both the design and development approaches acknowledge that even when workers are positioned and motivated so that they can make sufficient or better contributions towards organizational goals, organizational pathologies can persist still. In such instances, the context in which an organization’s workers must work becomes the changepoint. From the design perspective, this means restructuring an organization so that it better aligns worker behaviors with organizational goals – by way of a new or re-arranged subunits and new or revisited extrinsic incentives. From the development perspective, changing the context of work too can mean restructuring, and it can additionally mean changing leadership approaches or
leaders when there is a failure to change the work to workers’ liking (see the above bullet), but rather to align the intrinsic (versus extrinsic) motives of workers with organizational goals.

Of course, the organizational design and organizational development approaches for remediying organizational pathologies are not mutually exclusive. In fact it’s quite easy to find evidence of both approaches in the numerous case studies of dysfunctional organizations available on Electronic Hallway and Harvard Business School depositories. It is challenging to understand which remedy or remedies to pursue, if any, which brings us to our final axiom for the study of organizational pathologies, one that is aimed more at practitioners than academics:

Axiom #4: Do no harm.

There are two ways an organizational pathologist can harm an organization.

- He or she could pick a remedy that fails to mitigate or even exacerbates a given pathology.
- Related, he or she could misapply or ignore the third axiom above by diagnosing an internal aspect of the organization as pathological when it is in fact not pathological.

Regarding the first way an organizational pathologist can do harm, we defer to the organizational change literature, which elaborates the organizational design and development approaches for remediying organizational pathologies, and more broadly to the management science literature, which focuses almost exclusively on modeling organizational performance. As for the second way an organizational pathologist can do harm, we discuss two common misdiagnoses.

First, take the example of internal conflict in an organization. Though sometimes internal conflict can be disruptive and detract from organizational performance, some degree of conflict is inevitable in organized activity, and within a certain range it can be even beneficial, for instance for generating innovative solutions to complex problems (Simon 1947). Which is to suggest that too little as well as too much conflict can pathological in organizational scenarios wherein organizational innovation is fundamental to organizational performance if not survival. In contrast, an organization whose core functions is to provide a basic product or service – think trash collection – internal conflict is undesirable, yet still not necessarily pathological. Internal conflict in such an organization would become pathological only in extreme cases, for instance when workers strike.

Second, take the popular characterization of organizational rules and procedures as “red tape.” Whereas all organizational rules and procedures involve a compliance burden, only those entailing a compliance burden without contributing to organizational goals are pathological (see axioms 1 and 3 above). As Herbert Kaufman famously noted, one person’s red tape is another’s treasured procedural safeguard. An organizational pathologist should not be focused on reducing formalization for the sake of reducing formalization. He or she should advise against hasty interventions before accumulating sufficient evidence that a rule or procedure is indeed pathological and therefore red tape, no matter the preferences of the client or other stakeholders.
CONCLUSION
The concept of organizational pathology needs further development. Due to a lack of clear parameters and decision rules for applying the concept, it has been applied inconsistently throughout the organizational studies literature. Some studies of organizational pathology fail to use the concept altogether, whereas other studies use it despite there being nothing at all pathological about the unit of study. This problem is partly a function of the broadness of the organization-as-organism analogy, and partly a function of the laziness of organizational scholars. In this essay we have tried to make sense of the concept in such a way that brings some consistency in its application. Pending further development, we remain uncertain of the concept’s value, to organizational scholarship and organizations. Indeed, the idea of organizational pathology itself may be pathological. The concept is susceptible to being used to further political agendas rather than those for the effective and efficient production of public and private goods and services. And not all organizational pathologies should be remedied – some organizations should be allowed to die of natural causes, be it by way of obsolescence or having been bested by a natural predator or competitor.

CROSS REFERENCES
Causes of Organizational Conflict, Managing Conflict in Organizations, Models of Organizational Change, Organizational Disasters, Organizational Innovation, Organizational Learning, Transformation Metaphor of Organization

REFERENCES