Methods for rapidly reviewing literature to inform practice: Becoming more of an evidence-based occupational psychologist

Rob B Briner
Outline

- What is evidence-based practice
- Some misconceptions and myths
- It’s not weird to use evidence
- How much evidence are you aware of?
- How do you know what you know?
- What claims does academic research make?
- Methods for reviewing academic evidence
- Methods for doing it rapidly
Where did it come from?

- Not a new idea – many (all?) areas of practice concerned to use evidence (in many forms) in practice

- Recently kick-started in medicine – BMJ editorial (1991) stated that: “only about 15% of medical interventions are supported by solid scientific evidence”

- Now discussed in many areas of practice (education, policy making, criminology, public health, management, etc...)
What is evidence-based practice?

◆ “Evidence-based management is about making decisions through the conscientious, explicit, and judicious use of four sources of information: practitioner expertise and judgment, evidence from the local context, a critical evaluation of the best available research evidence, and the perspectives of those people who might be affected by the decision.” (Briner et al., 2009, p. 19)
The Four Elements of EBMgt

1. Evaluated external evidence
2. Practitioner experience and judgments
3. Context, organizational actors, circumstances
4. Stakeholders (e.g., employees, preferences, or values)

Decision
Put simply...

- OP is supposed to be an evidence-based profession but using seven criteria (ask me if you want) OP does not appear to be particularly evidence-based

- In *general* OPs appear to make some use of evidence from three sources: Expertise and experience, stakeholders, context

- But, for various reasons, appear to make relatively little use of external academic evidence

- One reason is that it’s difficult to do and OPs are not trained to do this

- This presentation suggests some methods
What is evidence-based practice? Some misconceptions and myths

- **Evidence means quantitative ‘scientific’ evidence.**  
  *No.*  
  Evidence in general just means information – like the use of ‘evidence’ in legal settings – anything might count if it’s valid and relevant.

- **Evidence-based practice means practitioners cannot or should not use their professional expertise.**  
  *No.*  
  Expertise is another form of knowledge which can be as valid or relevant as any other.

- **Evidence can prove things.**  
  *No.*  
  Just probabilities or indications based on limited information and situations.

- **Evidence tells you the truth about things.**  
  *No.*  
  Truth is a whole different thing.
What is evidence-based practice? Some misconceptions and myths

- **New exciting single ‘breakthrough’ studies provide the best evidence.** *No. It’s about what a body of research is suggesting.*

- **Collecting valid and relevant evidence gives you The Answer to The Problem.** *No. Evidence rarely gives you The Answer but helps you make better-informed decisions.*

- **Doing evidence-based practice means doing what the research evidence tells you works.** *No. Research evidence is just one of four sources of evidence. Evidence-based practice is about **practice** not research. Evidence doesn’t speak for itself or do anything.*
What is evidence-based practice? Some misconceptions and myths

- **If you don’t have the evidence you can’t do anything.** No. But you practice explicitly knowing this. It’s not about perfection or a completely knowable world.

- **Experts know all about the evidence so you just need to ask them.** Rarely true. Experts are invariably biased, have limited knowledge and have vested interests (particularly if their expertise is related to their power or other resources). We need to make our own judgements and overcome “trust me I’m a doctor”-type deference.
It’s not weird to use evidence

- What kind of camera should I buy?
- Which school is best for my children?
- Are those plug in alarms that are supposed to deter mice and rats any good?
- Should I apply for that job?
- What film shall I watch this weekend?
- Which hotel shall I book in Chester for DOP?
Seven Psychopaths (2012)

110 min - Comedy | Crime - 5 December 2012 (UK)

Your rating: 7.8/10
Ratings: 7.8/10 from 15,716 users  Metascore: 66/100
Reviews: 90 user | 227 critic | 43 from Metacritic.com

A struggling screenwriter inadvertently becomes entangled in the Los Angeles criminal underworld after his oddball friends kidnap a gangster's beloved Shih Tzu.

Director: Martin McDonagh
Writer: Martin McDonagh
Stars: Colin Farrell, Woody Harrelson and Sam Rockwell
See full cast and crew

+ Watchlist  Watch Trailer  Share...
Seven Psychopaths (2012)

**TOMATOMETER**
81%
Certified Fresh
Average Rating: 7/10
Reviews Counted: 188
Fresh: 153 | Rotten: 35

Seven Psychopaths delivers sly cinematic commentary while serving up a heaping helping of sharp dialogue and gleeful violence.

**AUDIENCE**
80%
liked it
Average Rating: 3.9/5
User Ratings: 71,519

MY RATING

WANT TO SEE IT
NOT INTERESTED

Add a Review (Optional)
Abode Chester Hotel Reviews, Cheshire

Abode Chester
Grosvenor Road, Chester CH1 2DJ, England

Ranked #6 of 46 hotels in Chester
5 stars
337 Reviews

Show the lowest price for this hotel*

Check In: dd/mm/yyyy
Check Out: dd/mm/yyyy
Adults: 2

Show Prices

Verified Bookings

Booking.com

LatsBeams.com
Hidden salt, sugar and fat? Food Smart highlights 'hidden nasties' in food

- Should it be easier to make healthy food choices?
- Food labels - why they need to be clearer

Unhealthy foods  BMW X1  Coalition review
# Washing machines: Best Buys

## Our verdict

- **LG F1495BDS**
  - Jan 2011
  - £939.00
  - Typical price - what is this?
  - Energy use: 
  - Water use: 
  - Cotton wash: 
  - Synthetic wash: 
  - Score: 80%

- **Miele W1914**
  - May 2010
  - £797.99
  - Best price found from 7 retailers
  - Energy use: 
  - Water use: 
  - Cotton wash: 
  - Synthetic wash: 
  - Score: 79%
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Questions

- What problems or issues or work do clients ask you to work on?
- *How much* external academic evidence do you have about those problems or issues?
- *What proportion* of this evidence do you think you are aware of?
- What is the *quality* of that evidence in relation to the specific problem or issue?
- How *relevant* is the evidence you have to your clients’ problems or issues?
Presenting problem of high work-family conflict[1]

- Practitioner expertise and judgment
  - What do I believe WFC to be about?
  - Have I seen this before?
  - If so, what happened in those cases?
  - What are my beliefs about WFC and its causes?
  - What’s worked in the past and why?
  - What happens elsewhere?
  - What are my hunches?
  - What do I think are the causes, effects and possible solutions?
  - How relevant and applicable is my experience?
  - Why does the organization believe it has this problem?
  - Is WFC really the problem or is it about something else?
Presenting problem of high work-family conflict[2]

- **Evidence from the local context**
  - What evidence is there that WFC is actually a/the problem?
  - Has WFC been measured?
  - What is the evidence for the causes of WFC in this context?
  - What is evidence for effects of WFC?
  - Can the problems identified be linked to WFC?
  - What are local explanations for WFC?
  - What current policies or practices might affect WFC?
  - What do managers think is going on?
  - What are the possible costs and benefits of interventions? Is it worth intervening here?
  - What is happening or what is going to happen in the organization or outside it that might be affecting WFC?
Presenting problem of high work-family conflict[3]

- The best available external research evidence
  - Is the level of WFC ‘high’ compared to other contexts?
  - What is known about the validity and reliability of the WFC measure?
  - What does systematically reviewed research evidence suggest to be the major causes of WFC?
  - What does systematically reviewed research evidence suggest to be the major effects of WFC?
  - How relevant and applicable is that evidence here?
  - What does research evidence from systematic reviews suggest as effective interventions?
  - How well might these interventions work here?
How do you know what you know?

- Think of one finding you regard as well-established in your field of management research
- Write it down as precisely as possible
- What findings or evidence do you have to support the finding?
- Now try and do it with another finding (or two)
How much do we know and how do we know it?

- Does coaching improve employee performance and well-being?
- How important is job engagement relative to other factors in predicting individual work performance?
- Is 360 degree appraisal effective in improving performance?
- Are happier workers less likely to be absent? Or more productive?
- Do assessment centres have greater predictive validity than intelligence tests?
- Does work-nonwork conflict cause ill-health?
- Does management development improve individual and organizational performance?
- Does talent management work?
What are key established findings in Organizational Psychology?

- Survey of 75 senior OP academics in Europe (Guest & Zijlstra, *in press*)
- Asked about core findings then whether there is good evidence for finding
  - Structured interviews are more valid than unstructured interviews
  - General mental ability is one of the strongest predictors of performance
  - Personality predicts most important work attitudes and behaviours
  - Higher job autonomy is associated with higher well-being and performance outcomes
  - Job insecurity causes stress and reduces well-being
What are key established findings in OP?

- Not much agreement on core findings
- Nor much agreement on whether there is good quality evidence for these findings
- For only seven of the 24 core findings was there over 75% agreement that there was good quality evidence
- So experts don’t seem to know – again, beware the ‘expert’
What sort of claims does academic research make?

- Typical literature reviews – unqualified meaningless statements:
  - “Previous studies have shown that…”
  - “It has been demonstrated that…”
  - But how many studies? Demonstrated how? Did other studies find something else?

- Are we really standing on the shoulders of giants? [And should we anyway?]

- How evidence-based are researchers in their own research practice?

- What do we know and how do we know it?

- Do researchers agree on the state of knowledge?

- And are the opinions of experts reliable?
What type of reviews are available in management?

- Short literature reviews motivating empirical studies (dearth, we know that $x > y$ but we don’t know the role of $z$)
- Narrative reviews (written by experts in the field – good idea?)
- Critical reviews (questioning a field or approach)
- Meta-analyses
- Textbooks
- Popular management books
Limitations of traditional literature reviews

- They are of course valuable – SRs not necessarily better it depends on question but...

  - Cherry-picking of research
  - Vested interests, ego-involvement, pet topics
  - Over simplified and uncritical
  - Simplifying findings to tell a neat story
  - ‘Great researcher’ theory of research field history
Problems with published findings: Publication bias

- Null or opposite results difficult to publish
  - published findings in no way represent the available data
  - what percentage is ever published?

- Replications difficult to publish
  - we just don’t know how often or if established results are repeated
Problems with published findings: NHSTs (Schwab et al, 2011)

- **Conceptual problems with null hypothesis significance tests**
  - portray finding as clear cut
  - let validity of findings depend entirely on efforts to get big samples
  - disprove hypotheses that could not be correct

- **Practical problems with null hypothesis significance tests**
  - difficult to understand and mis-interpreted
  - highlight trivial findings
  - obscure important findings
  - make assumptions most research does not satisfy
  - corrode researchers’ motivation and ethics
What is a systematic review?

- It’s research on existing research
- With a clear, explicit and replicable methodology
  - Clear review question
  - Search strategy
  - Quality criteria
- Allows us to draw reliable conclusions about what we know and *do not* know about a given question or problem
What kinds of questions can SRs address?

Each would require more specificity

- Does team-building work?
- Can you improve emotional intelligence?
- Do increases in EI lead to performance improvements?
- Does management development improve the performance of managers?
- Does employee engagement predict organizational performance?
- Is 360 degree feedback effective?
- Can potentially great leaders be identified?
- Is coaching effective?
Does team-building work?

- How would you break down this question to make it more answerable and to start to do more precise searches for evidence?
- In other words – what might this question mean?
Does team-building work?

- What is a ‘team’?
- What kind of teams?
- In what contexts/settings?
- What counts as ‘team-building’?
- What does ‘work’ mean?
- Can it be harmful?
- What outcomes are relevant over what time periods?
- What would very good evidence be?
- What would acceptable evidence be?
- What sort of evidence would be unacceptable?
Search strategy

- What sources of evidence?
- What sources will you include or exclude and why?
- How iterative can you be?
  - Test the question doing some simple searches
  - Does the question work?
  - Does the search strategy work?
Locate and select relevant studies

- What search terms will be used
- Which databases
- Inclusion criteria (how you decide what to include)
- Exclusion criteria (how you decide what to exclude)
- What data will be extracted
- Etc…
For each study or piece of evidence found

- Check abstract
- Choose whether to read whole study or paper
- If meets inclusion criteria
- Extract data or evidence
When all the evidence is accumulated

- Critically appraise each study
  - How relevant is it?
  - How ‘good’ is it methodologically in relation to the review question
  - Can use checklists of various kinds

- Synthesize or summarize the evidence
SRs ALREADY HAPPENING IN OTHER AREAS

Worldwide communities devoted to promoting access to evidence-based practice
Members collaborate to summarize state of the art knowledge on specific practices identified as important and under/over/mis-used
On-line access to information, designed for ease and speed of use
COCHRANE COLLABORATION

- Founded in 1993 it aims to help people make well-informed decisions by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of interventions in all areas of health care
- Cochrane Database of Systematic Reviews
  - 1995 36 reviews
  - 1999 500 reviews
  - 2001 1000 reviews
  - 2004 2000 reviews + 1400 published protocols (plans)
  - 2012 5000+ reviews
- Reviews prepared by healthcare professionals who volunteer (10000 people worldwide)
- Cochrane Review Groups
- Application and debate about quality standards
CAMPBELL COLLABORATION

- Founded in 2000
- An independent, non-profit, and largely voluntary collaboration

*Mission.* The Campbell Collaboration (C2) help people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, and social welfare.
WHOSE RESPONSIBILITY IS IT TO DO SYSTEMATIC REVIEWS?

- Academics don’t see them as relevant (hard to publish, emphasis on new empirical work)
- Practitioners feel it’s researchers’ job to tell practitioners what is known and not known (researchers do not)
- Neither academics or practitioners have the training
- Who pays for it?
Table 3. Example of a Systematic Review Abstract

Flexible working conditions and their effects on employee health and well-being (Joyce et al., 2010)

**Background:** Flexible working conditions are increasingly popular in developed countries, but the effects on employee health and well-being are largely unknown.

**Objectives:** To evaluate the effects (benefits and harms) of flexible working interventions on the physical, mental, and general health and well-being of employees and their families.

**Search strategy:** Our searches (July 2009) covered 12 databases including the Cochrane Public Health Group Specialized Register, CENTRAL, MEDLINE, EMBASE, CINAHL, PsycINFO, Social Science Citation Index, ASSIA, IBSS, Sociological Abstracts, and ABI/Inform. We also searched relevant Web sites, hand searched key journals, searched bibliographies, and contacted study authors and key experts.

**Selection criteria:** Randomized controlled trials, interrupted time series, and controlled before and after studies (CBA), which examined the effects of flexible working interventions on employee health and well-being. We excluded studies assessing outcomes for less than 6 months and extracted outcomes relating to physical, mental, and general health/ill-health measured using a validated instrument. We also extracted secondary outcomes (including sickness absence, health service usage, behavioral changes, accidents, work–life balance, quality of life, health and well-being of children, family members, and coworkers) if reported alongside at least one primary outcome.

**Data collection and analysis:** Two experienced review authors conducted data extraction and quality appraisal. We undertook a narrative synthesis as there was substantial heterogeneity between studies.
Main results: Ten studies fulfilled the inclusion criteria. Six CBA studies reported on interventions relating to temporal flexibility: self-scheduling of shift work ($n = 4$), flexitime ($n = 1$), and overtime ($n = 1$). The remaining four CBA studies evaluated a form of contractual flexibility: partial/gradual retirement ($n = 2$), involuntary part-time work ($n = 1$), and fixed-term contract ($n = 1$). The studies retrieved had a number of methodological limitations, including short follow-up periods, risk of selection bias, and reliance on largely self-reported outcome data. Four CBA studies on self-scheduling of shifts and one CBA study on gradual/partial retirement reported statistically significant improvements in either primary outcomes (including systolic blood pressure and heart rate; tiredness; mental health, sleep duration, sleep quality, and alertness; and self-rated health status) or secondary health outcomes (coworker social support and sense of community), and no ill-health effects were reported. Flexitime was shown not to have significant effects on self-reported physiological and psychological health outcomes. Similarly, when comparing individuals working overtime with those who did not, the odds of ill-health effects were not significantly higher in the intervention group at follow-up. The effects of contractual flexibility on self-reported health (with the exception of gradual/partial retirement, which when controlled by employees improved health outcomes) were either equivocal or negative. No studies differentiated results by socioeconomic status, although one study did compare findings by gender but found no differential effect on self-reported health outcomes.
Authors’ conclusions: The findings of this review tentatively suggest that flexible working interventions that increase worker control and choice (such as self scheduling or gradual/partial retirement) are likely to have a positive effect on health outcomes. In contrast, interventions that were motivated or dictated by organizational interests, such as fixed-term contract and involuntary part-time employment, found equivocal or negative health effects. Given the partial and methodologically limited evidence base, these findings should be interpreted with caution. Moreover, well-designed intervention studies are needed to delineate the impact of flexible working conditions on health, well-being, and health inequalities.
Systematic review on the association between employee worktime control and work–non-work balance, health and well-being, and job-related outcomes

by Hylco H Nijp, MSc,¹ Debby GJ Beckers, PhD,¹ Sabine AE Geurts, PhD,¹ Philip Tucker, PhD,² ³ Michiel AJ Kompier, PhD ¹


Objectives The aim of this review was to assess systematically the empirical evidence for associations between employee worktime control (WTC) and work–non-work balance, health/well-being, and job-related outcomes (eg, job satisfaction, job performance).

Method A systematic search of empirical studies published between 1995–2011 resulted in 63 relevant papers from 53 studies. Five different categories of WTC measurements were distinguished (global WTC, multidimensional WTC, flextime, leave control, and “other subdimensions of WTC”). For each WTC category, we examined the strength of evidence for an association with (i) work–non-work balance, (ii) health/well-being, and (iii) job-related outcomes. We distinguished between cross-sectional, longitudinal, and intervention studies. Evidence strength was assessed based on the number of studies and their convergence in terms of study findings.
Results (Moderately) strong cross-sectional evidence was found for positive associations between global WTC and both work–non-work balance and job-related outcomes, whereas no consistent evidence was found regarding health/well-being. Intervention studies on global WTC found moderately strong evidence for a positive causal association with work–non-work balance and no or insufficient evidence for health/well-being and job-related outcomes. Limited to moderately strong cross-sectional evidence was found for positive associations between multidimensional WTC and our outcome categories. Moderately strong cross-sectional evidence was found for positive associations between flextime and all outcome categories. The lack of intervention or longitudinal studies restricts clear causal inferences.

Conclusions This review has shown that there are theoretical and empirical reasons to view WTC as a promising tool for the maintenance of employees’ work–non-work balance, health and well-being, and job-related outcomes. At the same time, however, the current state of evidence allows only very limited causal inferences to be made regarding the impact of enhanced WTC.
Specifically, our research questions were: (i) How strong is the empirical evidence regarding the association between (categories of) WTC and indicators of work–non-work balance, health/well-being, and job-related outcomes? (ii) In case of significant associations between (categories of) WTC and these indicators, how strong is the empirical evidence that these associations are causal in nature?
Worktime control literature search (PubMed & PsycINFO)

- 2000 hits

References from review Joyce et al. (2010)

- 67 references

Other studies known from the authors’ WTC-files

- 3 references

Total: 2070 references

Abstract scan: 1829 studies did not focus on association WTC and indicators of work-nonwork balance, health/well-being, or job outcomes

Paper retrieval: 3 papers could not be retrieved online, and authors did not respond to requests for papers

Full-text paper scan: 72 studies did not focus on association WTC and indicators of work-nonwork balance, health/well-being, or job outcomes

166 references
Publication type: 56 studies were not empirical and/or quantitative in nature

Study design: 2 cross sectional studies did not apply $N > 100$, 1 intervention study had no control group; 1 intervention study was confounded

Study sample: 8 studies not dealing with healthy, working respondents

Measure of WTC: 30 studies used an invalid or confounded measure of WTC; authors from 5 papers did not respond to request for clarification

Figure 1. Systematic literature search and selection of relevant papers regarding the association between (categories of) worktime control (WTC) and indicators of work–non-work balance, health/wellbeing, and job-related outcomes.
Table 2. Five worktime control categories and three outcome categories: associations and synthesis of evidence [standardized index of convergence (SIC values)] for cross-sectional, intervention, and longitudinal studies. The table shows study number and its reported overall association between every type of worktime control (WTC) and the outcome category under consideration. (+) = favourable association reported; (0) = no association reported. xx/xx (eg, 17/32) means: both papers report on an overlapping study. Areas marked in **BOLD** represent cells with sufficient number and homogeneity of studies for assessing SIC values. Regarding evidence of strength based on SIC: 0 = no/inconsistent evidence; + = limited evidence for a positive association; ++ = moderately strong evidence for a positive association; +++ = strong evidence for a positive association. [CS=cross sectional study]

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<tr>
<td>CS study</td>
<td>67(+), 69(+), 71(0), 72(0), 73(+)</td>
<td>68(+), 70(+), 71(0)</td>
<td>67(0), 73(+), 76(+), 77(+)</td>
</tr>
<tr>
<td>Longitudinal study</td>
<td>74(0), 75(0), 76(0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strength of evidence based on SIC</td>
<td>CS: SIC (N=8) 0.38(++)</td>
<td></td>
<td>CS: SIC (N=4) 0.75(++)</td>
</tr>
<tr>
<td>Leave control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CS study</td>
<td>74(+), 78(+)</td>
<td>68(+), 79(0)</td>
<td>67(0), 73(+), 76(+), 77(+)</td>
</tr>
<tr>
<td>Longitudinal study</td>
<td>42(+), 78(+)</td>
<td>22(+)</td>
<td></td>
</tr>
<tr>
<td>Other subdimensions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CS study</td>
<td>27(+), 76(+), 82(+)</td>
<td>12(+), 27(0), 66(0), 80(+), 81(+)</td>
<td>12(+), 76(+), 80(+), 82(+)</td>
</tr>
<tr>
<td>Strength of evidence based on SIC</td>
<td>CS: SIC (N=3) 1.0(++)</td>
<td>CS: SIC (N=5) 0.6(++)</td>
<td>CS: SIC (N=4) 1.0(++)</td>
</tr>
</tbody>
</table>
You are unlikely to be able to do this: Quicker and probably dirtier versions

- Make the question very specific (e.g., does 360 degree appraisal improve performance over time)
- Search in fewer places/shorter time period
- Use other techniques
- Locate reviews as well as primary studies
- Develop the skills
  - Which journals (JAP, JOOP, IRIOP, management journals)
  - Which databases (WoS, Google Scholar(!), EBSCO)
  - Extracting evidence (read results sections efficiently to pull out what you need)
  - Judging study quality and relevance (being clear about what counts as high, medium or low quality)
Depends on the client and task: The ideal

1. Identifying the presenting problem from client organization
2. **Build in doing a rapid evidence assessment as part of the project**
3. Investigation of presenting problem to refine and focus question or problem
4. Development of the review question with the client
5. Designing a search strategy (e.g., sources, keywords, dates)
6. Conducting the review taking into account constraints (e.g., time, cost, access to journals)
7. Analysing the results
8. What to do with mixed or limited results
9. Presenting the findings back to client
10. Translating the findings into actions (maybe to do nothing)
 Depends on client and task: The
 probable reality is doing it yourself

◆ In what areas of OP do you practice?
◆ What tasks do your clients engage you to do?
◆ What techniques or interventions do you regularly use?
◆ How aware are you of the evidence in these areas, tasks and techniques?
◆ Audit and explicitly text your own knowledge
  – What precisely do you know?
  – How exactly do you know it?
  – What do you not know?
  – What does evidence suggest?
Things you can do now [1]

- How good are you at efficiently reading journal articles? Practice makes better.
- What databases of full-text journal articles do you have access to?
- Read about how to do rapid evidence assessments
- Consider joining the Center for Evidence-Based Management (150 Euros per year) – also lots of free material online including these slides
Welcome to CEBMa

Welcome to the website of the Center for Evidence-Based Management. CEBMa is an independent, non-profit organization created by leading management scholars and practitioners to promote evidence-based practice in the field of management and consulting. Our mission is to promote, develop and teach evidence-based practice to enhance the profession of management. The CEBMa website provides support and resources to managers, consultants, teachers and academics and others interested in evidence-based management.

read more >>

Upcoming events or publications

Please see our event calendar for a full schedule of upcoming events and workshops on evidence-based management.
Academic Council

The Academic Council advises and supports the Board as the latter performs its duties. The council is comprised of distinguished scientists who represent leading academic institutions.

Prof. Denise Rousseau (chair)
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Carnegie Mellon University
more >

Prof. Jeffrey Pfeffer
Graduate School of Business
Stanford University
more >

Prof. Rob Briner
School of Management
University of Bath
more >

Prof. John Boudreau
Marshall School of Business
University of Southern California
more >

Prof. Sara Rynes
Tippie College of Business
University of Iowa
more >

Prof. Anthony Kovner
Wagner Graduate School of Public Service
New York University
more >

Prof. Gary Latham
Rotman School of Management
University of Toronto
more >
The Collaborative

The Evidence-Based Management Collaborative was formed by Denise Rousseau in 2005. The Collaborative is an international community of experienced academics and practitioners dedicated to enhance the profession of management by furthering the use and focus on research findings in management education and promoting evidence-based management through educational initiatives.

You can find more information about the members of the collaborative by clicking on their name.
Things you can do now [2]

- Ask me (r.b.briner@bath.ac.uk)
- Work with OP colleagues to develop groups who conduct and share rapid evidence assessments (website?)
- Prepare to have cherished beliefs and preferred techniques challenged
- Accept and be explicit about ignorance – people who say “I don’t know” often know a lot more than people who don’t
Why bother?

- Isn’t OP as a profession about applying psychological science and evidence?
- Without reviewing, knowing and using the literature how can it be?
- A career-long commitment to continuing professional development – to learning for yourself and developing your own understanding
- A different and more rewarding way of working?