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INNOVATION, INVOLVEMENT, AND CONTEMPORARY SERVICE ORGANIZATIONS

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Introduction

Innovation and Involvement

There has been a dramatic increase in the number and variety of human service organizations in recent years. Federally inspired programs in health and welfare as well as nongovernmental attempts at providing such services appear to account for much of this increase.* Of particular interest in this regard are neighborhood health centers (NHCs) and free clinics.

These organizations share common characteristics with other types of community service organizations that Fenn (1971) has termed "contemporary service organizations." Fenn compares contemporary and "traditional" organizations. Traditional organizations are essentially "homogeneous" in board and staff composition, with an orientation toward determining and then implementing programs to serve others. Contemporary service organizations are essentially "heterogeneous" and seek to combine different elements in the community, especially those who are to be served, in the processes of planning, administration, and service.**

Contemporary organizations seem to be distinguished from traditional ones by four characteristics that can be grouped under the two headings of innovation and involvement (Rosengren, 1970; Colombo, *et al.*, 1969; U. S. Office of Economic Opportunity, 1968; Health Policy Advisory Center, 1971).

Innovation

1. An emphasis upon innovation in administration, operation, and structure.
2. An emphasis upon collaboration with other relevant service organizations.

*Rapid expansion of governmental programs beginning in the mid-1960's (Perlman, 1971) and the "explosive growth" of free clinics from the establishment of the Haight-Ashbury Free Clinic in 1967 to "upwards of 200" operating in October, 1971 (Health Policy Advisory Center, 1971) are two rough indicators of this growth.

**For a similar distinction, see that made by Austin (1970) between "voluntary community service organizations" and traditional service organizations.

Involvement

3. An emphasis upon serving the whole person in a social context; and at least a professed interest in altering the social context.
4. Most importantly, an emphasis upon the participation of those to be served in the processes of planning, administration, and service.

Roots of the Ideas

These emphases are related to a variety of sources. Authors writing on the general subject of community action in the War on Poverty have pointed to a long history of voluntary efforts, beginning with settlement movement origins in the late 1800's, to encourage the participation of low-income people in the affairs of their neighborhoods (e.g., Kramer, 1969). Urban renewal efforts beginning in the mid-1950's required grass roots involvement of citizens as a condition of federal support (Cox, et al., 1970). Community organization reform and service efforts in the United States have recurrently stressed the themes of participation and democracy (Cox and Garvin, 1970). With respect to health care in particular, the roots of the ideas of innovation and involvement have been traced from the early health centers of the 1900's and free clinics of the late 1800's. Stoeckle and Candib (1969) show these ideas as a recurrence of the basic prescriptions of the health centers of the Progressive Era, and Turner (1972) presents similar arguments concerning present day free clinics and their predecessors.

More recent influences which seem to result in the emphases on innovation and involvement are the "gray areas" programs of the Ford Foundation (Krosney, 1966), the pilot anti-poverty programs of the President's Committee on Juvenile Delinquency (Moynihan, 1966) and the revolt against traditional paternalistic welfare programs (Leiby, 1971). All of these factors helped to shape the "remarkable ferment for change" which set the framework for the efforts of the War on Poverty and the movement for participation in decision making and administration in many areas of human relations (Leiby, 1971; cf. Bennis, 1969).

Purpose of This Paper

Innovation and involvement have come to be ascribed an almost mystical potency for the task of bringing more relevant services and more human relationships to clients of service organizations. Many descriptive and hortatory articles have appeared in the social welfare and health literature concerning the virtues of contemporary organizations exhibiting these characteristics, but little in the way of hard thinking about their real implications to service organizations has been done. The majority of the articles are reprises of proposals, or accounts of the first year or two of a program, with an emphasis upon positive prospects or accomplishments and little critical analysis beyond that.

Much of the literature in organization theory suggests that the problems of survival and imperatives placed upon the organization from the outside and inside will force innovative organizations to become more like currently existing organizations which perform the same or similar functions. For example, Rosengren (1970) has conjectured that, despite "scanty" empirical evidence, organizations may possibly follow quite inexorable careers with discernible stages from beginning to end. If such a phenomenon as an "organizational career" (Rosengren, 1967, 1968, 1970; Lefton and Rosengren, 1966; Rosengren and Lefton, 1969) does exist, then it may be necessary to reconsider the placement of so much value on the emphases of innovation and involvement of clients in organizations.*

Following will be a brief sketch of the theoretical position taken in this paper, and of various propositions proffered by organization theorists with a view toward considering:

1. The possible gap between rhetoric and reality about contemporary service organizations.
2. Some thoughts about service organizations and a line of research implied by this short review.

The thesis of this paper is that contemporary organizations may not be "new" organizations in terms of being novel approaches to the problem of organizing service structures, but rather "new" organizations in terms of age alone.

Related Theoretical Background

From the perspective of this paper, service organizations in health and welfare are defined by the work that they do, and the context in which they do that work. This is in contrast to other perspectives, which conceive of organizations as cooperative systems, decision-making systems, compliance structures, institutions, or bureaucracies (see, for example, three summaries of the literature: Blau and Scott, 1962; Thompson, 1967; Rosengren and Lefton, 1969). The perception and definition of the materials processed (in the case of service organizations, primarily their clients), as well as the perception and definition of the way in which these materials are processed (the technology, or work done in the organization) are assumed to have a decided effect upon organizational structure and operations.

*Unsystematic conversations in recent months with experts and workers in NHCs and free clinics seem to indicate that initial high expectations for these agencies have not always been realized. "Floundering," "innovations which got lost," "never getting off the ground," and "becoming establishment" were some of the descriptions given of organizations.

The works of Thompson, Rosengren and Lefton, and Perrow are the major contributions to this perspective. Thompson (1967) conceives of an organization as "an open system, hence indeterminate and faced with uncertainty, but at the same time as subject to criteria of rationality and hence needing determinateness and certainty." Thompson persuasively suggests that the central problem of organizations is that of coping with the uncertainty posed for the organization by its technology and its environment. He also suggests that differences in the sources of uncertainty will result in dimensions of difference in organizations.

Perrow (1967, 1970) takes the position that perceived differences in the nature of the clientele as well as the confidence of the organization members in the efficacy of the work methods of "people-processing" organizations leads to important differences in organizational structure and process. Rosengren and Lefton (1969) place primary importance on the manner in which clients are perceived by the organization and the effect of this perception on the internal structure and dynamics of the organization. According to their perspective, organizations attempt to intervene for various lengths of time in the lives of their clients, and with varying scope and intensity.

Innovation

Rosengren and Lefton (1969) argue that service organizations are likely to begin with a broadly focused and short-term style of intervention into the lives of their clients, and that they "drift" as they age toward a narrowly focused and long-term orientation. NHCs, with their emphasis on comprehensive continuing services appear to strive for a broadly focused and long-term orientation. According to Rosengren and Lefton, this would be an attempt to mix the characteristics of new and old organizations (Rosengren, 1970). Many factors which mitigate against such an orientation toward clients have been suggested by organization theorists.

First, we will consider some ideas as to why organizations choose a broad focus on the client initially. Then some reasons why this might not be a viable long-term goal will be explored.

Stinchcombe (1965) has made the point that new organizations rely heavily on establishing social relationships with "strangers," and these relationships tend to be highly unstable and subject to change. As noted above, organizations, under norms of rationality, seek to regulate and stabilize the effects of uncertainty. This is because all organizations seek to minimize the impact of extra-organizational influences upon their members, to promote a high degree of specialization in order to ensure efficiency and competency, and to control as completely as possible the variabilities in their environment (Perrow, 1970).

The degree of stabilization and regulation of uncertainty varies among organizations, and within organizations over time. Where the environment of the organization changes too rapidly to be controlled or compensated for, and/or where tasks are too variable and ill-defined to

permit maximum specialization, a high degree of structure, specification, and control is not possible.

Especially in the early stages of development, the organization must seek means other than structure and specification to achieve some control over the uncertainty and variability it faces in attempting to relate with "strangers." Diffuse pressures from rapidly changing and uncertain environments tend to produce a decentralized authority structure, and a high level of interaction among members, causing the organization to rely heavily upon informal structures and processes (Downs, 1967; Udy, 1965). One consequence of this situation might be that newer organizations appear to be more innovative than older ones simply because there is a less formalized structure.

One way an organization might try to overcome the uncertainty inherent in dealing with "strangers" is by offering a wide variety of services in order to attract a large number of clients to compensate for the tenuous, unstable initial relationships. Rosengren (1970) has pointed out that this is consistent with Thompson's (1967) idea that organizations seek to anticipate changes which cannot be absorbed nor controlled.

A wide variety of services also attracts a heterogeneous clientele, leading to a broad base of support from many sectors of the community. This variety serves to begin to link the organization to a larger "organization set" of relevant organizations (Evan, 1966).

A broad focus of intervention is also related to the reasons that new organizations are established. One of these reasons is to offer new services or combinations of services for which the founders of the organization perceive a need (Stinchcombe, 1965; Downs, 1967; Rosengren, 1970). In doing either of these two things, offering new services or new combinations of services, organizations are essentially engaged in novel, untried behavior. Rosengren (1970) feels that organizations, in trying to do something which has not been previously done and with which they are not comfortable will attempt to achieve through scope what they are not sure of achieving through depth.

Broad combinations of service make the organizations especially vulnerable to problems of cohesiveness and control. The presence of a broad range of services demands the participation of multiple professionals and other workers with multiple ideological and technological orientations. The NHC "health team concept" (Parker, 1972) is an excellent illustration of this. The various points of view held by various professionals lead to status problems, goal dissensus, and allocational rivalries.

As Udy (1965) has proposed, the more complex the technology, the greater the reliance upon administration. This may partially be accounted for by the need to regulate internal relationships between contending factions. This, in turn, leads to greater structure (or bureaucratization), routinization, and standardization. The result may be a reduction in the scope of services, or a lack of integration of services, resulting in the very fragmentation of the client that the contemporary organization set out to avoid.

Involvement

In considering the concept of client involvement in relation to contemporary organizations, as defined in this paper, it is useful to think of the organizations as similar in many ways to voluntary associations in which the main goal is to serve the purposes of the members, rather than to think of them as purely client serving organizations where societal control of deviant or unacceptable behavior is the primary goal. For example, Rosengren (1970) has the opinion that client serving organizations may be quite far along the road to becoming, at least in an approximate sense, voluntary organizations. Curtis and Zurcher (1971) make a similar comparison in their review of empirical research done on client participation in OEO programs. They refer to these participatory programs as "voluntary formal organizations."

It is well to keep two things in mind when using this analogy. First, as has been amply documented (see Curtis and Zurcher [1971] for one of many examples), participation is generally found to be inversely related to indicators of social class and status. So, the poor whom these programs are aimed at are more often "represented" than "participating." Second, we should consider the caveat of the dean of all modern organization theorists, Chester Barnard (1938). He wrote that "the most ineffective services in a continuing [organizational] effort" are those of volunteers. They are motivated by nonmaterial incentives and have too great a personal investment in their work, which results in "internal friction and many other undesirable consequences."

These considerations, especially the latter, bear upon the placing of importance on client involvement in organizations. The provision of broad, comprehensive services, as well as "full" membership for clients in the organization, involves inducting much more of the client's personality into the organization than a more categorical, specialized approach. "This institutionalization of client latent roles is potentially disruptive to the organization" (Rosengren, 1970). The organization itself becomes the target for manipulation, especially in the case of NHCs where one of the primary goals is employment of the poverty clientele.

People who have worked within or with OEO agencies and programs have experienced the contentiousness over paid positions that often exists in such programs. Often staff members have been ousted by boards with board members or their friends ending up in paid positions. In free clinics, there is also often a progression from client to volunteer or board member roles, and ultimately to paid staff positions. This is neither good nor bad in itself. In fact, many look upon this situation as one of the strengths of the contemporary organizations. But it is an important factor to be considered in trying to understand the dynamics of these organizations.

Parsons (1970) has pointed out that "the consumer in service organizations has to take a more or less active part in the production of services he is expected to consume." The fact that "people-processing" organizations must deal with a much more difficult and capricious raw

material than other types of organizations makes task accomplishment extremely difficult. Coupling that with extending full membership in the organization as opposed to the more traditional client status makes things even more difficult organizationally, more costly in terms of expenditure of human and organizational resources, and less conducive to organizational stability.

Over time, the organization will attempt to limit the scope and intensity of the involvement of the consumer in an attempt to reduce internal tension and strain. Udy (1965) addresses a parallel to this point when he proposes that informal organization generates pressures for centralization of administration in response to role conflict. In essence, institutionalization of involvement and innovation institutionalizes role conflict for staff, board, clients, and client-members of the organization. To expect individuals and organizational structures to exist in a permanent state of role conflict may be unrealistic.

Summary

Coupling broad long-term involvement in the client's life with full participation by clients in the organizational planning, administration, and service provision processes can apparently lead to great potential for disruption of ongoing, rationalized organizational processes. And ongoing rationalized processes are, after all, what organizations are created to carry out.

This brief, selective review of some thoughts about organizational processes indicates that there is good reason to suspect that new service organizations, "contemporary" or not, tend to begin as unroutinized, unstandardized, and unbureaucratic. These are some of the organizational characteristics that the advocates of contemporary organizations support and strive for. But pressures for survival, adaptation, and development seem to act on organizations over time to move them toward routinization, standardization, and bureaucracy. On one hand, if routinization occurs in contemporary organizations, it is often seen as a loss of the initial promise of the organization. On the other hand, pressures from the environment and from the internal organizational work processes may serve to impede the process of routinization, placing an unbearable toll on the staff and members of the organization, which in turn is also seen as a loss of promise, and will lead to routinization or dissolution of the organization.

Actually, it may be that contemporary organizations appear to be different from traditional organizations only because they are new, and not because they are really basically different. If this is indeed the case, then there was never any special promise to lose. The limitations on the imagination and ingenuity of persons interested in providing "more relevant" services such as those aspired to by NHCs and free clinics, each in their own way, may be more compelling than we like to admit. Perhaps "innovation" and "involvement" are just new ways of packaging the same old services and organizational arrangements of traditional health and welfare service and reform efforts. One of the interesting

comments that a free clinic worker made about a three-year-old free clinic in his city was that it was "part of the establishment." His own clinic was only a few months old. In two or three years someone may be alluding to his clinic in the same way.

Implications for Research

It seems that further research into whether or not such a thing as an inexorable organizational career exists for service organizations would be a profitable line of inquiry. If such a "career" is found to exist in a fairly regular way among a number of organizations, it may influence planners and administrators to view the consequences of innovation and involvement for organizations in a more realistic manner. From another perspective, it may indicate a revision of thoughts about the financial and human costs of such programs and organizations, and lead to a revision of criteria for evaluating such programs and their accomplishments.

The main point seems to be that we must be suspicious that any really drastic organizational transformation is actually taking place. One way of interpreting the movement for client participation in service organizations is that the professionals have abdicated their responsibilities for creating and sustaining humane organizational structures and have turned over a task they could not carry out to the clients. This gloomy view aside, something does seem to be going on that is different. If nothing else, it appears that the expectations of some clients and some professionals of what a service organization should be, and the values it should embody, are changing. But the hard work of actually creating organizations that incorporate, and more importantly sustain innovation and involvement seems to have barely begun.

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