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TRANSFORMING THE ORIENTATION OF A HEALTH ORGANIZATION THROUGH COMMUNITY INVOLVEMENT

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INTRODUCTION OF THE CASE

Health organizations have been oriented to meeting needs and fulfilling demands which are perceived and defined by physician providers (Freidson, 1970; Stevens, 1971). Organizational goals, services, structures, and processes of operation were formulated in accordance with the interests, values, and concerns of provider-members. Latent to this provider orientation was the assumption that professional members were the ones most qualified to determine what was best for the organization and for its consumers (Freidson 1971). In recent times, however, numerous social changes have occurred on a societal level and within the institution of medicine (Hepner, 1972; Somers, 1971; Rosengren and Lefton, 1969). These changes have encouraged consumers to challenge the provider orientation of health organizations and to ask whether providers or consumers should determine the actions of the organization (Berki and Heston, 1972; Zola and McKinlay, 1974; Corey et al, 1972).

It is within this context that the Penn Urban Health Services Center at the Graduate Hospital of the University of Pennsylvania sought to develop a consumer orientation through the mechanism of community involvement. To move toward attaining this goal, Penn-Urb established a Community Involvement Committee (CIC) which had two charges:

1. to develop a mechanism by which information could be exchanged between the health organizations and the community.

2. to develop a mechanism for effectively involving the community in the process of planning and developing Penn-Urb.

It was hoped that through the fulfillment of these two charges, Penn-Urb and its community could increase their awareness and understanding of each other and become more responsive to respective needs and demands.

METHODS

This case study is based on data gathered through a variety of methods: 1) a content analysis of several hundred pages of documents including minutes of meetings, reports, letters, and memoranda; 2) over fifty focused interviews with key members of Penn-Urb, Graduate Hospital, and the community; and 3) participant observation of approximately fifteen meetings of the CIC and over twenty relevant meetings of the Penn-Urb staff. The study covers a one year period, from the establishment of the CIC in September 1972, through a process of internal committee development, to a point of tension between the CIC and Penn-Urb at the end of the summer of 1973.

HISTORY OF THE COMMUNITY INVOLVEMENT COMMITTEE

The following discussion summarizes the five major points in the development of the CIC.

1. Membership of the Committees

Community and health organization members were recruited for the CIC. Community participants included representatives from the socially and economically heterogeneous urban population surrounding the Penn-Urb Center. Three general types of participants can be identified: affluent professional and white collar workers, a poverty group that was predominantly Black, and blue collar workers who were ethnic-Americans. Institutional participants included representatives from Penn-Urb, resource consultants from the sponsoring University, and members of the Graduate Hospital.

2. Self Education

The CIC became acquainted with the objectives and programs of Penn-Urb and the demographic characteristics of the community.

3. Representation on Penn-Urb Committees

Penn-Urb had invited the community to participate on its twelve planning committees. Community participation was important in order to insure consumer inputs in developing the concepts of the Penn-Urb program. The CIC voted to send representatives to the committees; this plan was never implemented.

4. Writing Bylaws

The CIC decided to write a set of bylaws to guide its activities. This action was taken for two reasons: 1) the CIC would have a definition of itself; and 2) this formal and official structure, bylaws, was to provide a method by which community representatives could be selected for the Penn-Urb planning committees.

5. Presentation of Bylaws to Penn-Urb

It became clear that the bylaws which were formulated and adopted by the CIC were not bylaws for the guidance of the CIC but bylaws for the governance of Penn-Urb. Penn-Urb told the CIC that they would consider the bylaws but could not adopt them immediately.

PROBLEMS LATENT IN COMMUNITY INVOLVEMENT

Several significant and complex problems were latent to the efforts to transform the orientation of a health organization through community involvement. These problems led to tensions and conflict which had consequences for the relationship between Penn-Urb and the community. These problems included: 1) membership; 2) the burden of the past; 3) goals; 4) methods of community involvement; and 5) power. These problems are analyzed as follows:

1. Membership

The viability and effectiveness of a group are influenced particularly by two factors: 1) the characteristics of members and overall composition of the group, and 2) motivations for members to participate actively in the group's affairs (Barnard, 1968; March and Simon, 1958). Both of these factors proved to be critical for the community.

Community members for the CIC were recruited on the basis of several criteria: they were representative of the heterogeneous nature of the community surrounding Penn-Urb and Graduate Hospital; they were committed to improving health care; and they were not overextended by too many other responsibilities. These community members, however, lacked certain important characteristics. They did not represent a critical mass of established and powerful constituencies and organizations (Lazarsfeld, 1962). They lacked a sufficient base of support and leverage for engaging in a dialogue with a superordinate organization, Penn-Urb of the Graduate Hospital of the University of Pennsylvania.

It became difficult to maintain the motivation of members to participate actively in the group's affairs. Community members had many other responsibilities which required their time and energies. Their regular jobs, family obligations, and commitments to other civic, social, and religious organizations were high priorities which competed with the CIC and Penn-Urb. Other personal constraints that affected participation of community members included child care costs and arrangements, transportation to meetings, and work schedules.

Certain activities of the CIC also caused members to reduce participation, and in some cases, to withdraw altogether. Some members became frustrated by the slow pace of activity of the CIC and its lack of input into the Penn-Urb planning process. The interest of some declined when they were not nominated for office, when they lost elections, or when certain leaders became dominant. Participation decreased because of poor communication about dates and hours set for meetings. Different interpretations of the charge given to the CIC by Penn-Urb and disagreement over the content and intent of the bylaws were other sources of stress for community members.

2. The Burden of the Past

The participants entered this experiment laden with a variety of attitudes, values, and beliefs that had developed out of their past experiences. This burden of the past had consequences for behavior in the subsequent new situation, the relationship between Penn-Urb and the community.

Graduate Hospital had a general reputation within the community as being a "butcher hospital" and a "poor people's hospital" which was not sensitive to community needs and slow to change. Community representatives to the CIC had participated in other attempts at community involvement with Graduate, the

public schools, service agencies, city government, the police, and other organizations. Many were disillusioned by these experiences which they came to view as tokenism, academic exercises, and futile efforts. Graduate Hospital members of the CIC were uncertain about participating because of previous unsuccessful in-house attempts to make the hospital more responsive to community problems and needs. Some of the Penn-Urb staff were skeptical about the CIC because of past experiences in which community involvement hindered the development of needed health programs.

This burden of the past distorted and determined the reality of the present and became a handicap in relationships.

3. Goals

Improvement of the quality of health care delivered to consumers was the collective goal which united the participants. Although individual motivations for participation varied, all participants viewed the Penn-Urb program as an opportunity to meaningful and significant involvement in bringing about the goal of improved health care.

The collective goal was made up of many different specific goals which were of varying importance to the participants from the community, Penn-Urb, and Graduate Hospital. Disagreement developed among these three parties about the specific goals which were to be pursued by the CIC as a whole. This lack of consensus caused another dilemma: How could the CIC maintain participation of individual members while working on goals which were significant to some members but not to others? Many members did not cooperate on certain goals and some stopped participating altogether when their goals were not given high priority by the CIC as a whole.

Another dilemma related to goals was the emergency of organizational anomie (Durkheim, 1933, 1951). Improving the quality of health care was an abstract and difficult objective to achieve. Members of the CIC did not have positive models from past experiences which could guide their present actions and expectations about the future. Penn-Urb was an innovative organization which was still developing essential systemic characteristics such as norms, differentiation of roles and functions, and integration. Expectations about what could be accomplished were unlimited, timetables for actions were undetermined, the meaning of concepts was unclear, and the means to reach goals were unknown. When it became increasingly apparent that goal attainment was going to be a time consuming

and complicated process, members of the CIC became discouraged and disillusioned.

4. Methods of Community Involvement

Another problem which affected the relationship between Penn-Urb and the community was the confusion that developed over the two different methods for community involvement. An independent method was utilized by Penn-Urb whereas a cooperative method was followed by leaders of the CIC.

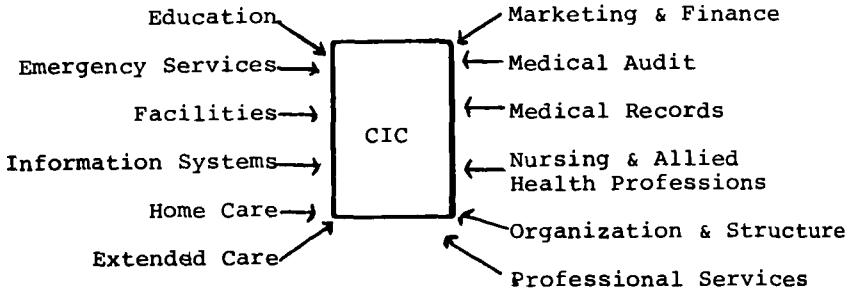
Several key Graduate Hospital members and community members of the CIC thought that the committee had been functioning in a cooperative relationship. They believed that members of Penn-Urb, Graduate Hospital, and the community were working together to determine the actions of the CIC and Penn-Urb. In contrast, the Penn-Urb staff thought that the independent method was being used to formulate a relationship between Penn-Urb and the community. Penn-Urb believed that members of the health organization (Penn-Urb and Graduate Hospital) and the community came from various backgrounds, held differing points of view, and had different obligations and responsibilities. Therefore, Penn-Urb and the CIC should develop independently their own identities, objectives, and structures for operation.

Both parties, Penn-Urb and the CIC, thought that their respective actions for bringing about community involvement had been fair, reasonable, and appropriate. Both parties were hurt by the tensions that resulted from the confusion about the method being used.

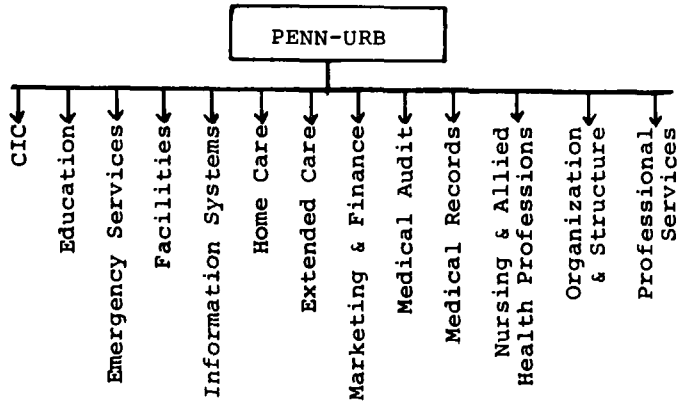
5. Power

Power, that is, the ability to influence and control organizational decisions, became problematic in the relationship between the CIC and Penn-Urb. The different definitions of organizational structure and the conflicting orientations to power held by the two parties led to misunderstandings between them.

The CIC saw itself as the focal or hub committee to which the other planning committees of Penn-Urb were linked.



In contrast, the organizational model used by Penn-Urb differed significantly.



Disagreements developed between Penn-Urb and the CIC regarding the organizational relationships of these committees and their power, authority, and responsibilities.

OUTCOME

The above problems disrupted the relationship between Penn-Urb and its community and evoked controversy concerning the fulfillment of the charge to the CIC. Penn-Urb was not convinced that the CIC had accomplished its task or fulfilled its charges. Penn-Urb was not certain that the CIC had developed a mechanism by which information could be exchanged between the institution and the community. Penn-Urb was disappointed that the CIC had not become involved in the Penn-Urb planning process through participation on the planning committees. In contrast, the CIC felt that it had tried to offer significant inputs to Penn-Urb by writing bylaws and electing officers for Penn-Urb. The CIC was disappointed that Penn-Urb was not more receptive to community inputs and unhappy that the proposed bylaws and officers were not approved by Penn-Urb. As a consequence of these difficulties, Penn-Urb and the CIC suspended their formal relationship. Both parties sought other mechanisms for consumer involvement in the health organization.

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