

EXAMINING POWER IN HEALTH AND HUMAN SERVICE ORGANIZATIONS:
A CASE STUDY

By

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DEDICATION

In memory of my Grandparents:
Woody and Lela Grady
Edward and Willie Cleo Collins
Upon whose shoulders I stand.

For my parents
Lester Collins and Bessie Grady Collins
You have faith in me when I do not have faith in myself.

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Jabari—minute by minute, day by day—That’s how we do it.

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CHAPTER I

INTRODUCTION

The classic scholar Max Weber [1921(1978)] defined power as one's ability to control his/her environment and to further a preferred agenda irrespective of potential or actual opposition. Weber's definition is important for the current project for two reasons. First, it defines power as control. Second, Weber's definition designates power as a human capacity. Although his definition has informed a variety of scholarship (Bachrach & Baratz, 1970; Dahl, 1957; Lukes, 2005; Pitkin, 1972), it is limited in its ability to assess power systemically. In contrast, Foucault (1975, 1980) uses power as a means to deconstruct structures developed by society to control its members. Power becomes a process by which societies can create structures (i.e., culture, knowledge, truth) to inform and manage behavior. Foucault's definition grounds scholars who focus on liberation (Prilleltensky, 2008; Prilleltensky & Nelson, 2002), empowerment (Solomon, 1987; Ture & Hamilton, 1967), and organizational power (Torbert, 1991). Understanding power embedded in societal and organizational structures becomes especially important when examining community agencies that extend resources to marginalized groups. This project assesses Foucaultian power dynamics in health and human service agencies.

Health and human service organizations are agencies that provide goods, services, and resources to those in need. Ironically, the more services they provide, the more services people seem to need. Some scholars contend that the practice of service provision creates a cycle of dependence that keeps the needy in their current state and maintains deleterious community

conditions (Foster-Fishman & Behrens, 2007; McKnight, 1995; Ture & Hamilton, 1967). If health and human service organizations wish to minimize long-term dependence on their services, a paradigm shift from problem focused, reactive practices to those that promote empowerment and proactive practices is essential (Evans, 2005; Evans, Hanlin, & Prilleltensky, 2007; Prilleltensky, 2005). Making changes to external procedures such as practice and service provision requires that organizations make changes to internal policies and practices (Bess, Perkins, Prilleltensky, & Collins, 2009; Foster-Fishman & Behrens, 2007); staff readiness (Prochaska, 2000; Prochaska, Prochaska, & Levesque, 2001); and organizational and staff identities (Bess, 2006). Furthermore, understanding power dynamics that inform individual agendas, culture, and organizational structures is vital to sustainable change.

This thesis examines power--the processes by which organizations attempt to control individuals and groups, and the processes by which individuals and groups strive to influence those same organizations. Although power dynamics greatly affect whether and how organizations change, academic inquiry on power in organizations has been limited. In fact, some researchers have criticized the organizational change literature for its inattention to power (Coopey, 1995; Ferdinand, 2004; Gherardi & Nicolini, 2001; LaPalombara, 2001a, 2001b; Mojab & Gorman, 2003). When examining power, studies often observe it as one dimension. For example, some analyses that observed power dynamics in relationships specifically focus on organizational structure or relationship quality (Conger & Kanungo, 1988; Kanungo, 1992; Krackhardt & Hanson, 1993). Other studies have examined power in terms of knowledge management (Gordon & Grant, 2005; Marshall & Brady, 2001) and learning (Garvin, 2000; Marsick, 1998). Yet, there is a dearth of literature that examines power in multiple dimensions of organizations (Agashae & Bratton, 2001; Ashcraft, 2001).

This study has dual purposes. The first objective is to contribute to existing literature by presenting an alternative approach to observe and discuss organizational power—as a system. Specifically, my research questions are: 1) how does power manifest in health and human service organizations; 2) what external factors inform the organizations' internal manifestations of power; and, 3) how does the Foucaultian theory help understand power in these organizations? Using Foucault's conceptualization of power as a theoretical lens, this study investigates organizational cultures, practices, and processes that can liberate or oppress personnel and the overall organization. I present a model for observing power in organizations at multiple levels. I consider relationships, communication, leadership, knowledge, agency, and dissent/resistance dimensions for measuring power. Additionally, I attempt to explore unexamined sources of power such as informal leaders, informal organizational structures, or undesignated employee power. Using a case study design, I examine data from staff focus groups, staff interviews, archival data, field notes, and interviews with researcher/participants from two organizations to analyze power as a systemic phenomenon. The second objective is more practical. It considers how health and human service agencies seeking sustainable transformation can attend to negative power dynamics and utilize alternative forms of power to enhance the change process. Findings also include suggestions regarding policies and practices for organizations.

This project is based on the investigation of two mid-sized (i.e., 50-100 employees), community based, non-profit organizations in a southeastern metropolitan area from August 2004 to December 2006. The first organization (Healthy Cities) is a conglomeration of health care centers in lower income neighborhoods that provide healthcare, health education, outreach, and advocacy for people with limited or no insurance. The second organization (MLK Center) is a faith-based social service agency that provides an array of services for residents with little or

no income. The sections to follow explicate the theoretical framework for this analysis and review existing literature about health and human service organizations and measuring power.

Power

Power theorists have examined this concept in a myriad of ways. Ultimately, a consistent understanding emerges—power means control. Weber [1921(1978)] defines power as a means of controlling one’s context to achieve desired goals irrespective of resistance. Many scholars have re-appropriated Weber’s definition. “Power over”¹ theorists define power as ones ability to control others’ behaviors (Dahl, 1957), others’ ability to make decisions (Bachrach & Baratz, 1957), or ideologies (Lukes, 2005). These same theorists characterize power as exclusive, conflictual, and self-serving. Conversely, “power with” theorists have acknowledged and often criticized the “power over” model. They define power as the ability to come together and delegate control (Arendt, 1969; Parsons, 1963) or collaborate to generate change (Craig & Craig, 1979). These scholars have constructed power in terms of inclusivity, consent, and serving the greater good. However, polarized definitions of power have limited attempts to understand the processual nature of power (Davis, 1991).

For the purposes of this study, I define power as the processes exercised within structures (i.e. cultures, relationships, ideologies) to control individuals, groups, and organizations for the purposes of oppression and/or liberation. I derive this definition primarily from Foucault’s (1975, 1980) conceptualization of power as a mechanism embedded within relationships designed to control. For Foucault, power is not something that an individual holds alone. It is

¹ In Boulding’s (1989) book Three Faces of Power, he uses the term “power over” to categorize a group of theorists who define power in terms of coercion and the term “power with” in terms of theorists who define power as collaborative.

not a human capacity or a trait with which human beings are born. According to Foucault, individuals, groups or societies can access and exercise power only within relationships.

Foucault writes:

In human relationships, whether they involve verbal communication such as we are engaged at this moment, or amorous, institutional, or economic relationships, power is always present: I mean a relationship in which one person tries to control the conduct of the other. So, I am speaking of relations that exist at different levels, in different forms; these power relations are mobile, they can be modified, they are not fixed one and for all. (cited in Prilleltensky, 2002, p. 5)

Power is dynamic and malleable. Additionally, it is contextual and shifts within the relationship based on the positioning and the perspectives of those involved. Thus, investigating the processes within these interactions becomes necessary in order to understand how power works.

Foucault (1980) focuses his examination of power on the structures in which power is embedded. He asserts the methodological study of power must involve the examination of: 1) societal discourse regarding truth; 2) places and patterns that reveal power; 3) circulation of power through networks; and 4) ideological instruments. His perspective presents power as a process that must be understood systemically and that manifests on multiple levels. Foucault (1975) argues that discourse is vital to the exploration of power relations:

In a society such as ours, but basically in any society, there are manifold relations of power which permeate, characterize and constitute the social body and these relations of power cannot themselves be established, consolidated nor implemented without the production, accumulation, circulation and functioning of a discourse. (p. 93)

Similar to Foucault, Prilleltensky and Nelson (2002) argue that the exercise of power varies temporally as well as contextually. They write, “within a particular setting or relationship, people may occupy different roles at different times, making the exercise of power a very dynamic process” (p.7). Their work regarding power and well-being captures power dynamics in relationships as well as the inherent neutrality of power as a system. They consider power to be “the capacity and opportunity to fulfill or obstruct personal, relational, and collective well

being (p. 7)”. They note three primary uses for power: to oppress, to resist oppression, and to strive for well being. However, they contend that power is always exercised along the dimensions of self, other, and the collective. Giddens (1984) expands the examination of power to include the juxtaposition of autonomy and dependence as power. He asserts that power relationships that are sustained over time, involve “a balance between autonomy and dependence between actors and collectives within social relationships” (p.152). Yet based on their resources, those who are more dependent are still able to influence the relationship. Giddens affirms the notion of power as a system in which one’s capabilities and opportunities are active and changing depending on context and capital. His work re-establishes power as complex and often contradictory.

Torbert (1991) specifically examines power in organizations using a developmental approach. Transformation is implicit in his examination. For him, power in organizations should cultivate liberation and connection in workers. Organizations should empower, foster interdependence, and challenge growth in staff. Yet, power also means establishing clear boundaries and order when necessary. Thus, power is inviting contradiction and being able to achieve a balance:

The power to create a whole without obliterating differences...and to balance wholes of different kinds is inherently integrative, mutual, inquiring and ethical.... There is a much more effective, self-legitimizing form of power – the power of balance—that invites mutuality, that empowers those who respond to this invitation with initiatives of their own both productivity and inquiry, both transportation and stability both freedom and order as each is warranted. (Torbert, 1991, p. 2)

Conceptualizing power as a contextual and dynamic process (Foucault, 1975; Giddens, 1984; Torbert, 1991; Prilleltensky & Nelson, 2002) serves three purposes for this analysis. First, we are able to investigate cultures and networks through which power is exercised. Thus, power can be examined in multiple dimensions within organizations. Second, studying power as a

system facilitates a more objective analysis unhampered by moral attributes found in human behaviors, agendas, or outcomes. Although power systems include an individual's intentions, behaviors and outcomes, there are other factors (such as context and time) that must be considered. Pro-social and anti-social values cannot be attributed to context and time, thus the system of power in its entirety remains value neutral. Moreover, these values may exist simultaneously within one relationship and among varying partners. Thus, assigning a specific value to power processes becomes problematic. Finally, an organization is a compilation of networks; therefore, organizations are the most opportune settings for investigating and understanding power. In summary, the following five attributes characterize Foucaultian theory of power: contextual, temporal, value neutral, relational, and systemic. Additionally, Foucaultian theory argues that power can be measured in discourse, patterns, places, networks, and ideologies. These features and dimensions are studied in the context of health and human service organizations.

Literature Review

Measuring Power in Organizations

Power dynamics become most visible when organizational imbalance or dissonance occurs naturally or by design. When the organization's balance is threatened, its members will exercise power in ways that restore or maintain balance (Senge, 2006; Torbert, 1991). Theorists have divergent definitions for power. However, there are some commonalities in observations and approaches to analyzing it in organizations. I observed one of the following six dimensions

when measuring power: relationships, leadership, knowledge, communication, agency, and resistance. Each of these levels is summarized below.

Relationships

Researchers use relationships as the context for examining power dynamics. Thus, when examining power dynamics across any of the six dimensions, relationships are the backdrop. However, researchers have also studied relationships and power independent of the five other dimensions based on two categories--structure and quality. Studies of power regarding structure assume that those who can influence the well-being of others and the organization are those in higher positions as defined by their job description or role in the company. Moreover, these studies call for changes in structure from rigid hierarchies to egalitarian and democratic frameworks (Agashae & Bratton, 2001; Kleiner, 2003; Krackhardt & Hanson, 1993; Maranto, 1994; Mele, 2003; Sanderlands, 1994). Krackhardt and Hanson (1993), in particular, examine the workings of informal organizational structures as a means to understand alternative organizational effectiveness and power. They find that characteristics such as age, longevity with the company, perceived trustworthiness, or compassion influence one's informal position within the organization's structure. They urge leaders to find ways to maximize the potential power of informal structures. Research regarding power and quality advocates for change to improve relationship quality as well (Conger & Kanungo, 1988; Fine, 1984; Kanungo, 1992; Mele, 2003). Kanungo (1992) and Mele (2003) criticize traditional organizational structures that cause workers' feelings of alienation and poor relationship quality. They argue that maintaining relationship quality and empowering workers is the moral obligation of organizations' power

holders-- leadership. Similarly, learning organization² literature focuses on power sharing and transforming organizational structures and relationships to enrich the work lives of staff.

Leadership

Scholars of organizational leadership literature often assign leaders the role of “power holder” within the organization and suggest new models and responsibilities for them. They challenge leaders to share and extend power (Clement, 1994; Conger & Kanungo, 1988; Grimes, 1978; Kennedy, 1996; Popper & Mayseless, 2003; Rooke & Torbert, 2005; Senge, 2006). For example, Conger and Kanungo (1988) describe a leadership style and strategies to create liberating environments. Empowering leadership practices include: 1) expressing confidence in subordinates and timely honest feedback; 2) providing descriptions of role and expectations; 3) fostering opportunities to participate in decision making in meaningful ways; 4) setting clear, realistic, “inspirational and meaningful” goals; 5) creating reward systems that emphasize innovative performance and place greater value on behaviors that reflect a greater sense of self-efficacy; 6) creating tasks that are varied, relevant and achievable; and 7) providing autonomy and relief from bureaucratic control as much as possible. In contrast, Sanderlands (1994) examines leadership as a process. Many people exercise power in multiple ways with multiple outcomes. Similar to empowering leadership styles and practices, this influence is multi-directional rather than unilateral.

² A learning organization is an organization in which the aim is to create spaces for staff members to gain knowledge to maximize staff output.

Knowledge

When examining knowledge in the literature, several themes become apparent including critiquing traditional models of knowledge creation, distribution, and flow. More specifically such studies examine power and knowledge in the context of the learning organization. Foucaultian theory assumes that knowledge creation and power are inextricably linked-- knowledge connotes power. Garvin (2000) defines a learning organization as; “an organization skilled at creating, acquiring, interpreting, transferring and retaining knowledge, and at purposefully modifying its behavior to reflect new knowledge and insights” (p.14). Thus, organizations become the arbiters of knowledge and therefore power. In contrast, Marsick (1998) argues that the staff are responsible for how knowledge is generated and distributed:

Employees are called upon to think in new ways; critically in order to identify assumptions and collaboratively through dialogue with one another about work. Value is placed on creating, capturing, and moving knowledge rapidly and fluidly so that people who need to can access and use it quickly. (p. 5)

Employees become an important means of tapping into organizational power. The knowledge management³ field also examines the relationship between knowledge and power in organizations (Gordon & Grant, 2005; Marshall & Brady, 2001). Yet, it focuses knowledge as an object. Gordon and Grant (2005) use Foucault’s conceptualization of knowledge as power to examine knowledge management in organizations. They challenge knowledge management theorists and practitioners to examine power as a process.

³ Knowledge management consists of a range of practices used by organizations to identify, create, represent, distribute, and enable adoption of what is known, and how it is known in the organization.

Communication

When considering communication and power in organizations, two themes recur that are linked to flow and style. Whether investigating communication flow (Cantoni, 1993; Krackhardt & Hanson, 1993; Morrison & Milliken, 2000) or style (Conger & Kanungo, 1988; Kennedy, 1996; Keyton, Ford, & Smith, 2008), researchers argue for a shift from the traditional to collaborative approaches in which power sharing is clear. Morrison and Milliken (2000) assert that the halted flow of information in organizations contributes to the creation of organizational silence, “a collective phenomenon in which: employees withhold their opinions and concerns” (p. 707). They found that organizational silence leads to isolation and alienation of employees; managers eventually make erroneous decisions based on limited staff information. Furthermore, Ashcraft (2001) introduces a style of communication which focus on matters of style and flow. She suggests that ethical communication is a style that addresses intra-organizational power imbalances. Although formal structures remain the same, by requiring open communication, encouraging members to raise opposing views, and naming power tensions (i.e., plays, struggles, abuses) when they occur, egalitarian relationships within the organization can develop.

Agency

An examination of agency—workers ability or perceived ability to affect co-workers and the organization—is observed through employee empowerment, staff participation, and staff control. Typically, studies of staff agency advocate for organizational change models to empower workers and include staff in decision-making processes. Geisler (2005) examines power in organizations as employee empowerment or “self-determination”. He describes employee determination as “ the innate capacity of individuals, free from organizational barriers,

to grow and develop in a positive manner as employees through self-assurance, self-worth and opportunity, maintaining and enhancing their personal power so they may achieve their unique levels of excellence” (p. 48). Geisler, like others (Balsamo, 1999; Davison & Martinsons, 2002; Frey, 1993; Geisler, 2005), concludes that employee empowerment has a direct connection to organizational effectiveness. In addition, Devadoss and Muth (1984), Jaskyte (2003), and Maranto (1994) examine power as employee participation. Using involvement in work place decision making as a measure, their studies reveal the positive correlation between employee participation, job satisfaction, and worker conduct.

Resistance/Dissent

Literature suggests that at the heart of power is the ability to curtail (Lukes, 2005), control (Bachrach & Baratz, 1970; Dahl, 1957), or manage (Arendt, 1969) dissent. However, Torbert (1991) and Craig and Craig (1979) espouse a different view. They consider dissent necessary for transformation and a method to generate power. Yet, empirical studies of resistance and dissent are sparse. However, scholars who study organizational dissent and resistance conclude that it is a vital part of organizational growth, development, and change (Ashcraft, 2001; Shahinpoor & Matt, 2007; Stanley, 1981; Torbert, 1991). For example, Ashcraft (2001) describes the concept, “organized dissonance,” where dominant assumptions about power, rationality, and organizational structure are challenged. She suggests that organized dissonance is “the strategic union of forms of presumed hostile concepts and strategies to capture irony” (p.1310). She concludes that organized dissonance promotes staff development, egalitarian modes of power, equality, and justice. Similarly, Stanley (1981) emphasizes the ramifications of curtailing dissent in organizations, “Lack of dissent can lead to

managerial miscalculations and major strategic and tactical errors” (p. 13). These tactical errors can lead to deleterious effects for the agency. He concludes that although it may be tempting to limit conflicting viewpoints, especially when decisions are time sensitive, it is important to encourage and acknowledge all assessments of organizational problems and approaches.

The dimensions of power presented in the prior section reflect the five aspects of power that Foucault (1975) suggests must be examined—discourse, patterns, places, networks, and ideologies. However, current studies investigate power based on one or two of the six dimensions. To my knowledge, no scholar has attempted to examine power in six dimensions simultaneously in an organization. This study attempts this process.

Studies of organizational power suggest four broad themes. First, investigations endowed the organization’s leader with power, the ability to use it, and the ability to share it. Second, studies tend to examine manifestations of power based on a single dimension such as decision-making, leadership style, or communication. Third, power has been understood and interpreted based on the power over/power with dichotomy. Even when studies used Foucaultian theory as a framework, the final analysis tended to be one-dimensional or to categorize power dynamics using a dichotomy. Finally, studies about power in organizations culminated in a call for change from traditionally held power to collaborative or shared power. The following assumptions underlie these themes: power holders are at the top of the hierarchy; power is only visible in a single organizational level and/or dichotomously; and one form of power was intrinsically better than another. As discussed below, problems arise when accepting the above assumptions without scrutiny.

Power Location in Staff Leadership

Two problems arise when assuming that power is only located in leadership. First, this assumption does not address informal organizational structures and cannot account for informal leaders (Kleiner, 2003). Krackhardt and Hanson (1993) argue that assuming that power is situated in higher positions within a formal organizational structure is problematic because it does not account for informal relationship structures that can be facilitative or detrimental to the organization. Furthermore, formally assigned roles or responsibilities may not be as relevant as other employees' characteristics. According to Kleiner (2003), these informal structures, contradict traditional understandings about how power is exercised in organizations. Second, assuming that leaders are sole power holders ignores the unobserved power of lower level staff members and neglects their actual control. Leaders make the decisions, but staff members ultimately implement those decisions to the benefit or detriment of the organization. This ability endows them with a significant amount of control. Kanungo (1992) alludes to employees' abilities to either sabotage or facilitate organizational success by virtue of how they carry out assigned tasks. Prochaska et al. (2001) also discuss the importance of engaging staff "buy in" in change efforts. They argue that leaders' knowledge of the staff members' readiness for change is imperative because staff readiness is fundamental to the success or failure of efforts to bring about organizational change.

One Form of Power is Better

Researchers who call for change tend to privilege one form of power over another—substituting the "power over" model with a better "power with" alternative. This assumption suggests that "power with" is intrinsically better than "power over" without fully considering the

needs and demands of specific organizations. Several studies show why such change can be problematic. Some collectivist (Ashcraft, 2001) or unstructured (Freeman, [1921(1996)]) organizations have been shown to be equally oppressive and subvert the democratic process as well. Freeman ([1970(1996)]) describes two negative affects of unstructured organizations: 1) a natural elite group at uses popularity to create false consensus during group decision making and 2) the elite group is not accountable to the larger group and may start to impose their agenda to the detriment of the organization. Similarly, Rifkin and Fulop (1997) criticize learning organization practices for their use of “shared vision” principles that negatively influence group decisions.

Compartmentalized Power

Observing power as a single dimension makes it difficult to understand power in terms of theory and practice. This approach can yield misleading results because it narrows definitions and measurement. Other power dynamics are overlooked or misinterpreted. Understanding power as a process requires thinking about it systemically and exploring it at multiple levels. For example, while investigating the cultural, historical, and socio-structural implications of power and acquiescence in rural Appalachia, Gaventa (1982) concludes that observing power in multiple dimensions is imperative to understanding it. The many facets of power require more comprehensive consideration. Next, the assumption that power can only be categorized dichotomously fails to account for its versatility in relationships. Boulding (1989) argues that ultimately power is an integrative process. Wartenburg (1990) chronicles the transformation of power and concludes by describing a relationship (i.e., parental relationships) in which the structure and quality are transformed as the result of temporal, spatial, contextual, and

developmental factors. Similar dynamics were observed in organizational relationships. Therefore, “power-over” dynamic initially informs the relationship. Yet as time passes, the nature of the relationship and experiences of members reflects a “power with” dynamic. However, the power dichotomy does not account for these kinds transformations. The above theoretical framework and research inform the study of power dynamics in health and human service organizations.

Why Examine Health and Human Service Organizations?

Community based health and human service organizations are highly resourced members of the community (Arnsberger, 2007; Arnsberger, Ludlum, & Riley, 2007). The agencies’ missions compel them to serve community members by providing access to basic needs and skills that promote well being. Their missions make these organizations opportune change agents (Alvarado, 2001). Ironically, McKnight (1995) attests that attempts by health and human service organizations to transform communities have led to some unintended consequences. For example, they aim to empower individuals through service provision. However, the more services they provide, the more services clients appear to need. This same scholar further argues that the creation of social services has led to the demise of connections between neighbors and eventually the demise of community. Similarly, Evans, Hanlin, and Prilleltensky (2007) write:

Although the praises of empowerment have been sung for quite a while now, a vast number of community residents feel detached, alienated, and out of control when it comes to receiving services or interacting with health, human, education, and community service workers. (p. 330)

Ture and Hamilton (1967) further point to human service agencies as a means of maintaining white supremacy in communities and preserving the status quo:

Many of the social welfare agencies—public and private—frequently pretend to offer ‘uplift’ services; in reality, they end up creating a system that dehumanizes the individual and perpetuates his dependency. (Ture & Hamilton, 1967, p.18)

Current observers such as Foster-Fishman and Behrens (2007) and Prilleltensky (2005) continue to suggest that these approaches to service provision only serve to maintain existing systems of oppression and injustice in communities.

What has caused this chasm between health and human service organizations intentions and outcomes? Evans et al. (2007) point to a reliance on a paradigm of service provision that: 1) assumes the solution to societal ills is to cure “one person at a time”; 2) uses deficit based approaches; 3) is reactive; 4) views clients as victims; 5) is expert driven; and 6) has adopted the values and structures of capitalism that promote intra-office and staff-client competition. If community agencies are to bridge the chasm between their intentions and outcomes, Prilleltensky (2005) contends that they must shift their practices from individualized, reactive, and deficit-based approaches to: 1) those in which members have voice and choice; 2) programs that emphasize and maximize the strengths and indigenous approaches to thriving; and, 3) proactive programs. According to this same author, these shifts will require major changes in what health and human service organizations do as well as how they are structured. Organizational change research (e.g. Bess, 2006; Perkins et al., 2007) suggests second order change⁴ that involves critically questioning the organization’s assumptions, values, cultures, philosophies, relationships, policies and, then developing strategies to reconstruct them is necessary. Factors that facilitate or hinder second order change include staff readiness (Prochaska, 2000; Prochaska, Prochaska & Levesque, 2001); organizational and staff identities (Bess, 2006); culture (Fine, 1984); and power dynamics that influence organizational structures

⁴ Second order change is changes in an organization’s culture as well as polices and practices believed to be essential to transforming organizations.

and individual agendas. Of particular interest in this thesis is the role of power as a transformative factor in the organizational change process.

Although power dynamics greatly influence whether and how organizations change, literature on the subject rarely focuses on power. Critics of organizational change research (Coopey, 1995; Ferdinand, 2004; Gherardi & Nicolini, 2001; LaPalombara, 2001) suggest that inattention to power undermines the ability required for organizational change. In fact, Gherardi and Nicolini (2001), as well as Mojab and Gorman (2003), suggest that neglecting power in efforts to bring about organizational change has led to the creation of practices and cultures equally oppressive as the ones they replaced. Thus understanding power in health and human service organizations is necessary to provide insight into relationship building and designing interventions for the organizational change process. Based on the aforementioned theory and literature, this thesis is an attempt to analyze power systemically in two health and human service organizations. I endeavor to achieve three goals. First, I examine the most common forms of power that exist as well as internal and external factors that may influence how power is exercised. Second, I assess external factors that influence the internal power processes. Finally, this project adds to the literature by devising a Foucaultian theoretical model that considers the nexus of these six dimensions (i.e., relationships, communication, knowledge, leadership, agency, and dissent/resistance) and their affects on organizational power.

CHAPTER II

METHODS

This study was based on data collected in the New SPECs research project⁵. The objective was to explore power in two health and human services organizations referred to as “Healthy Cities” and “MLK Center” as they underwent the change process. To further the “power dialogue,” I examined and analyzed focus group data from the staff at each organization; interviews from 14 staff members; organizational artifacts; participant observation data from each organization; and interviews with researcher participants. I endeavor to research the following questions:

1. How does power manifest in Healthy Cities and MLK Center?
2. What external factors inform internal power processes of the organization?
3. How does Foucaultian theory illuminate power dynamics in the two organizations?

Sample

Healthy Cities and MLK Center were chosen as study sites for two reasons. First, both organizations’ leaders have espoused principles associated with community collaboration, organizational collaboration, and power sharing. Second, my involvement as a researcher/participant with the organizations during the project made them natural choices for this project.

⁵ New SPECs was a three-year action research project examining organization change in health and human services. For a more detailed description of the New SPECs project, refer to Appendix A.

Healthy Cities and MLK Center

Healthy Cities, a private, non-profit network of primary care clinics and health programs, was founded in 1976. Located in a mid-sized southeastern metropolitan area, it is committed to building a society that guarantees that everyone, without regard to their income or insurance, has quality health care that meets their individual needs. Through its six neighborhood clinics, three school clinics and mobile clinic, it has grown to be the "family doctor" for over 20,000 children and adults. With over 70 staff members, Healthy Cities offers comprehensive health services including prenatal care, pregnancy prevention, maternal/infant care, mental health services, dentistry, health education, and outreach to at-risk teens. The second site, MLK Center, is a faith-based charity organization dedicated to providing basic services to persons in need and programs to promote education and human development. In 1894, a women's group in a local church started the ministry now known as MLK Center. The Center is located in the public housing community in a mid-sized, southeastern metropolitan area. With a staff of over 60, MLK Center runs a food bank and meal service as well as youth programs including preschool; after-school; summer youth education; and, recreation programs. As a result, it is "a lifeline" for residents in their neighborhood and surrounding areas. Moreover, the MLK Center is committed to empowering adults in poverty to transform their lives through work, education, employment, and fellowship. Among other services, the MLK Center provides GED preparation, job placement, and job training. Data were collected at these two sites between August 2004 and December 2006.

Participants

This section summarizes the sample participants from which staff and researcher interviews and focus groups were obtained. Initially, convenience sampling was used to locate interview participants. A snowball sample was also used to gain diverse organizational perspectives. The sample was diverse in terms of gender, race, ethnicity, and positions within the organization (refer to Table 1). Next, the research team collected focus group data the first year of the project. Thus, this analysis is limited to secondary data via transcript. I was not privy to demographic information such as the gender or race of the focus group participants. However, staff members varied by race/ethnicity, age, gender, education, and experience. In addition, the research team assigned staff members to focus groups depending on their roles in the agency. For example, in Healthy Cities, all of the physicians participated in one focus group. Focus groups contained between 6 and 10 participants per group (refer to Table 2).

As the researcher for this study, I chose to interview researcher/participants for two reasons. First, because I entered the New SPECs project in its second year, insights from the existing research team were essential in securing a more thorough understanding of the change process. Second, interviews from researcher/participants allowed for triangulation of data and sources. I interviewed three white female researcher/participants. Their education and experience varied. Two of the three were students in a doctoral program; they participated in the research project from its inception and their tenures ranged 1 or 2 years. The research team assigned each student to one of the agencies as the group facilitator and the other as the record keeper. The third researcher/participant volunteered for the research project for approximately six months. Her responsibilities were restricted to observations and note taking at team meetings.

Table 1 Staff Interview Demographics

	Healthy Cities	MLK Center	Total
Males	3	1	14
Females	4	6	
Caucasian	2	2	14
African Americans	5	5	
Frontline/Service	3	2	14
Middle Management	2	3	
Upper Level Management	2	2	

Note: Data in this table reflect the gender and racial make up of the 14 individuals interviewed in Healthy Cities and MLK Center. The table also describes their positions within the organizations. The Frontline/Service row includes clerical staff, janitorial staff, direct care service providers, teacher’s assistants, medical assistants, and interns. The Middle management row includes program directors, program coordinators, directors of nursing, human resource managers, teachers, and physicians. The Upper Level Management row includes chief executive officers, chief operating officers, chief financial officers, and executive directors.

Table 2 Focus Group Demographics

	Frontline/ Service	Middle Management	Upper Level Management	Total
Healthy Cities	2	2	1	5
MLK Center	2	2	1	5
Total	4	4	2	10

Note: The information in Table 2 shows the number of groups convened at Healthy Cities and MLK Center and the positioning of group members in each group. The Frontline/Service column includes clerical staff, janitorial staff, direct care service providers, teacher’s assistants, medical assistants, and interns. The Middle management column includes program directors, program coordinators, directors of nursing, human resource managers, teachers, and physicians. The Upper Level Management column includes chief executive officers, chief operating officers, chief financial officers, and executive directors.

Case Study Design

The primary goal (organizational change) and method (action research) of New SPECS project made participating organizations the optimal settings to examine power. Case study design and action research are compatible because both are dynamic and reflective processes. In addition, they both attempt to capture the context of research and explain phenomena. Because power is a complex concept, we must understand and observe it at multiple levels. Yin (2003a, 2003b) argues that a case study design is best for investigators who wish to: 1) define research topics broadly; 2) cover contextual and complex conditions, not isolated variables; and, 3) rely on triangulated data that reflects multiple and not single sources of evidence. The intent of a case study design is to measure outcomes and the processes as well as consider variables within their contexts. Thus, a case study design is appropriate to examine organizational power.

Data

Organizational Artifacts, Participant Observation, Interviews, Focus Groups, and Researcher Participant/Interviews

The research team collected organizational artifacts such as meeting agendas, meeting minutes, team products, organization related information, data from web pages, and project related correspondence. My analysis of these artifacts consisted of examining organizational charts, meeting minutes, web pages, and correspondents (e-mails) to understand power dynamics. The participant observation data were processed and interpreted through weekly research-team reflection meetings. As a researcher/participant, I was assigned to one organization as facilitator and to the other organization as an observer/ recorder. Therefore, personal observations and field notes from interactions with organizations were examined.

Researcher interactions included regular attendance at T-team⁶ meetings as well as meetings with team members and organizational leaders. Furthermore, the research team interviewed 14 staff members using semi-structured interviews. The interviews were 60 to 90 minutes in length and were conducted in locations that were convenient and comfortable for respondents. The interview questions and prompts were designed to capture four constructs: identity, power, values, SPEC, and change. The “power” construct is the primary focus of examination for this study. Refer to Appendix B to examine the staff interview protocol. Researcher/participants gave permission to audiotape their interviews. Interviews were later transcribed. The respondents were selected based on their interactions and participation within the organizations. Once respondents were selected, I conducted 60 to 90 minute interviews with researcher participants in locations that were amenable to them. The interview protocol for researcher/participants is included in Appendix C. Lastly, the research team conducted focus groups using a semi-structured protocol they designed. Sessions were conducted during lunch times, after work hours, or during staff meetings and lasted approximately 60 minutes. All organizational staff were included in the focus group process. To view the focus group protocol, refer to Appendix D. All audio tapes of focus groups and staff interviews were outsourced to paid transcriptionists. However, I transcribed interviews with research/participants. All data were either kept in secure computer files or locked in a file cabinet in the research project’s office.

⁶ The t-team or transformation team contained staff and research team members. The purpose of the t-team was to identify areas for transformation within the organization, initiate, develop, and implement changes that would guide the way in which staff members understood their role as change agents in the community.

Establishing Trustworthiness (Researcher Accountability)

Guba and Lincoln (1985) describe four characteristics of trustworthiness in data collection, analysis, and reporting of qualitative research. They are credibility, confirmability, dependability, and transferability. Credibility refers to efforts the researcher makes to assure that the data are believable. By interacting with agency members for an extended period (i.e., 2 years), the researchers assured credibility. Different investigators collected data, various data collection methods were used, and data were collected from several sources within the two organizations. Therefore, triangulation of data, the investigation, as well as the data collection methods helped insure credibility. Moreover, “negative case analysis” was conducted by interviewing former employees of the organization and specifically asking all respondents to provide names of current employees with disparate views to potentially interview.

Confirmability refers to whether the data were collected and analyzed in such a way that anyone examining the same data could reasonably come to similar conclusions. Dependability involves the extent to which all data have been accounted for and all avenues that may provide explanation have been explored. Triangulation of data and sources as mentioned above is also a means of assuring dependability as well as confirmability. Furthermore, developing an audit trail helps establish dependability and confirmability. Transferability refers to the extent to which the study can be replicated to achieve similar findings. By providing thick descriptions of the methods, copies of interview and focus group protocols, and a codebook, dependability and transferability are insured here. Establishing trustworthiness is important for this study because accounting for the aforementioned factors helps insure the validity and reliability of the data collection process and subsequent analysis.

Data Analysis: Grounded Theory and Axial Coding

All interview, focus group, and field notes from interviews were subsequently downloaded into the NVivo 7 qualitative data analysis software for analysis. I also used grounded theory, as described by (Charmaz, 2001), to develop common themes within interviews focus groups and field notes. Grounded theory analysis is the process of scrutinizing data for emergent themes. Charmaz (2001) describes grounded theory analysis in two steps. The first step involves reviewing the data almost line by line to find broad common themes. The second review of the data allows for the development of more specific codes under each theme. Open coding was used to develop recurring themes by assessing the data line by line. I examined and assigned pre-coded questions from the staff interviews, to specific themes. Consistent themes, which informed the initial codes, emerged as I compared the data to existing empirical and theoretical information about organizational power. Developing themes based on existing literature required further investigation into various aspects of power that were not apparent in initial searches. Therefore, the data analysis process was cyclical and involved a continual coding and re-coding as I allowed the literature to inform the data analysis process. This iterative process yielded six themes to understand power dynamics in organizations. Next, axial coding was used to compare themes in data across the two organizations. Axial coding is the process of comparing variables in categories with similar characteristics yet differing degrees of meaning (Strauss & Corbin, 1998). It allows for the analysis of data on several different axes simultaneously. Furthermore, it added a dimension to emergent themes that will further describe ways that power manifests within these organizations. Based on the themes developed through the grounded theory analysis, I developed a model to examine power multi-dimensionally. The

axial coding process enabled me to compare power dynamics across the two health and human service organizations. The next section includes the analysis results.

CHAPTER III

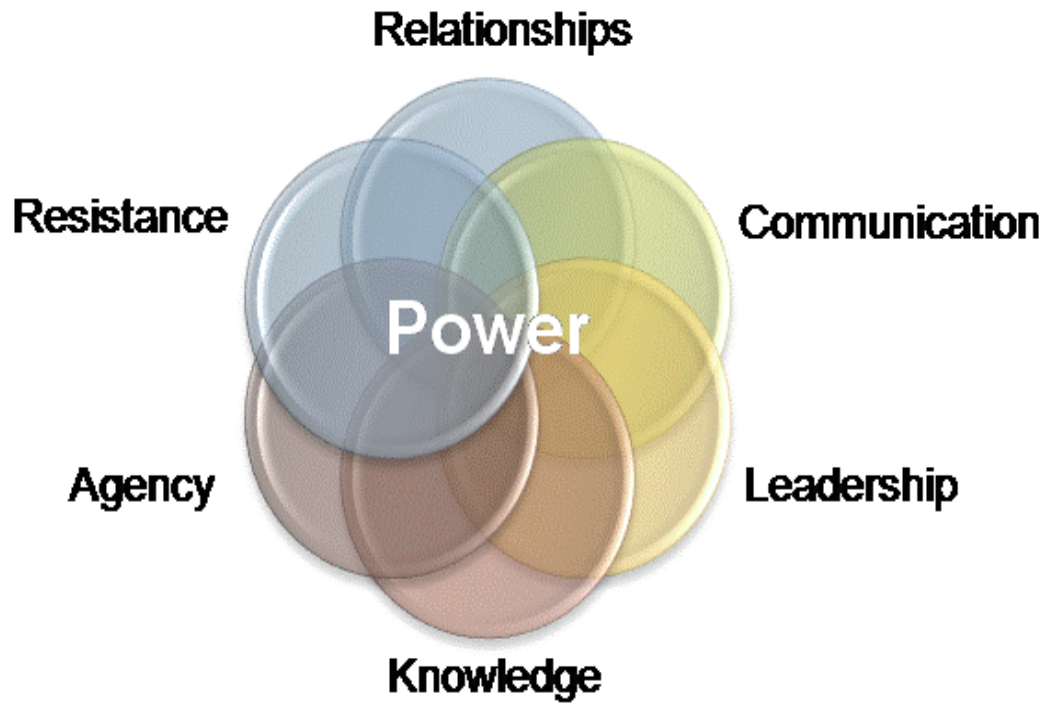
FINDINGS

The Model for Examining Organizational Power

The data analysis process revealed six themes in the literature review and the data: (1) relationships; (2) communication; (3) agency; (4) knowledge; (5) leadership; and (6) resistance/dissent. Figure 1 illustrates a model I created to understand Foucaultian power within organizations. “Relationships” referred to ways in which staff members interact with each other, how they were positioned in the organization, and the perceived quality of those interactions. The relationship dimension was constructed by observing the configuration and staff positioning (i.e., structure), perceived relationship quality, and work environment (i.e., habitus) within the organization. “Communication” involved information allocation as well as how and with whom information sharing occurs. The communication dimension included information movement or process, intention of distribution or purpose, and the nature of information throughout the organization. “Knowledge” involved staff perceptions of opportunities to access, create, and distribute knowledge within the organization. The knowledge dimension included learning opportunities, perceived experts (i.e. creators/generators), and availability of knowledge to staff. “Leadership” referred to leaders’ management styles, understanding of power, inclusion, or exclusion of staff in decision-making. The leadership dimension involved leaders’ approach to management and interactions with staff. “Agency” referred to staff member’s capacity to act in ways that influence the organization or perceptions of staff action. The agency dimension

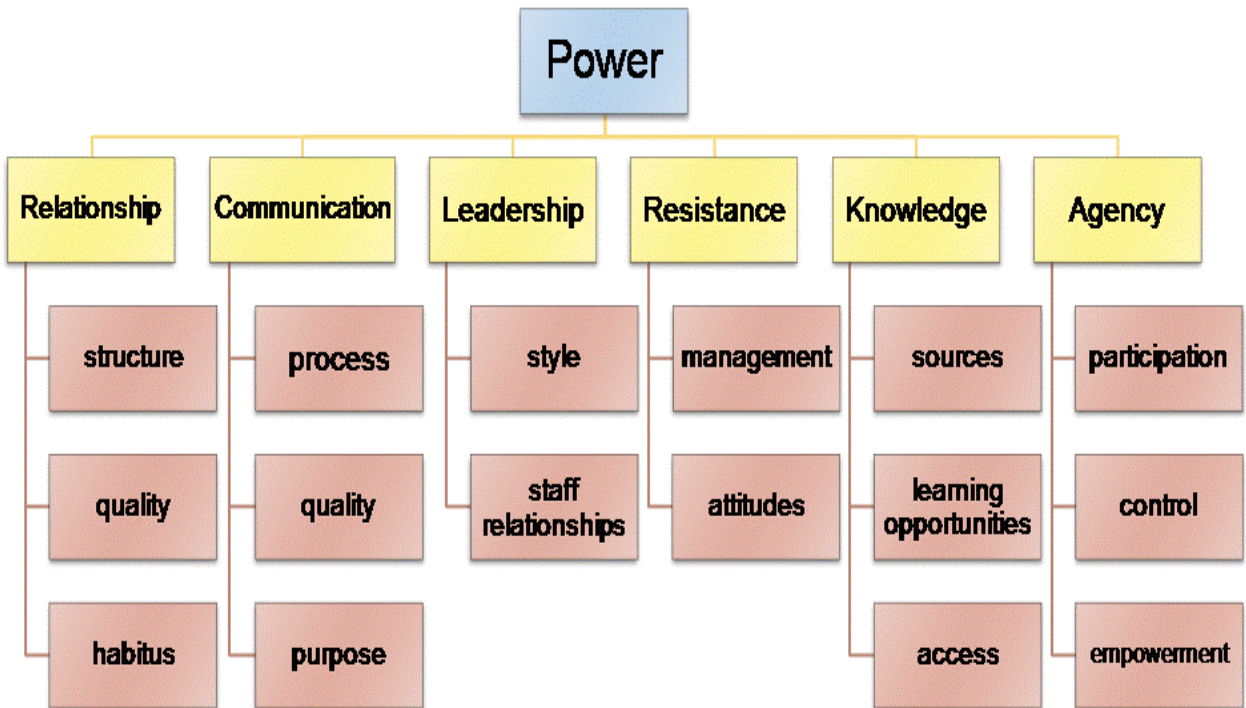
comprised observations of staff involvement in decision-making, sense of control in the organization, and feelings of efficacy or empowerment. “Resistance/Dissent” examines the ways in which an organization’s members manage conflict or differing opinions and perspectives. Figure 1 further illustrates the interconnections between the six facets to reflect organizational power. For example, leadership styles and relationships with the staff will shape the staffs’ agency in organizations as well as inform the management of resistance and vice versa. Figure 2 shows how the dimensions were observe within two the agencies.

Figure 1 Examining Organizational Power through a Foucaultian Lens: A Conceptualization



Note: Figure 1 demonstrates a conceptualization of organizational power using Foucault as a theoretical lens. The figure also illustrates the interdependence of the dimensions in which power is studied. Relationships consist of organizational interactions; Communication involves verbal and non-verbal message distribution; Leadership referred to management approaches; Knowledge connotes information creation and access; Agency involves efficacy; and, Resistance/dissent refers conflicting views and values.

Figure 2 Examining Organizational Power through a Foucaultian Lens: Observing Power



Note: Figure 2 reflects the means by which power was observed within each dimension in two organizations. The relationship dimension was constructed by observing the configuration and staff positioning (structure), perceived characteristics (quality), and work environment (habitus) within the organization. The communication dimension included observations of information movement (process), intention of distribution (purpose), and nature of information throughout the organization. The leadership dimension involved observations of leaders’ approach to management (style) and interactions with staff (staff relationships). The knowledge dimension included observations of chances to gain knowledge (learning opportunities), perceived experts (creators/generators), and availability of knowledge to staff (access). Dissent/Resistance was a compilation of organization members’ perceptions of dissenting voices (attitudes) and ways dissent was handled in the organization (management). The agency dimension comprised observations of staff involvement in decision-making (participation), sense of control in organization (control), and feelings of efficacy (empowerment).

Comparison of Power in Two Organizations

Table 3 summarizes power dynamics in the MLK Center and Healthy Cities and allows me to compare and contrast these characteristics. The results as well as several other unexpected findings are presented in the following sections.

Relationships

Organizational charts⁷ reveal similar organization structures across the two entities; few people are positioned at the top. For example, Healthy Cities has one primary leader and MLK Center has two leaders to oversee general operations and make decisions. However, there are differences between the organizations internally. Additionally, findings illustrate marked differences in the nature and habitus between the two agencies. In Healthy Cities⁸, the Chief Executive Officer (CEO) is positioned directly below the Chief Operating Officer (COO)/Chief Financial Officer (CFO) and the Chief Medical Officer. Management lines directly connect the positions and reveal a pronounced hierarchical structure. The relationship quality at Healthy Cities seems simple and straightforward on the surface, but is quite complex. Healthy Cities's employees report feelings of alienation and powerlessness within the organization. They feel unappreciated and disrespected by the organization leaders. Although the staff feels alienated from the CEO and COO, spatial distance also influences staff feelings of isolation. Healthy Cities has multiple service sites making connection between staff with similar roles and positions difficult. However, employees also feel isolated within as well as across health care centers. Though spatial separation plays a role, respondents contend that the organizations culture and

⁷ Refer to the appendix to see organizational charts for Healthy Cities and MLK Center.

⁸ The Healthy Cities organizational chart was inverted and should be read from top to bottom.

environment contribute more to staff alienation. Staff describes the work environment of Healthy Cities as chaotic and conflictual. Policies, practices, and even staff work locations would change regularly without notice to employees or regard for employees' opinions or circumstances. Furthermore, the leaders created an environment of fear based on continued organizational chaos. Staff became fearful and unwilling to provide information or input about the organization or its employees. Observations for participant/researchers reflect this:

I remember asking about someone who didn't come to a meeting and the staff's reluctance about talking about what happened to the person. People were transferred without warning and without any information being provided to the staff. There was trepidation around talking about decisions. ...it was almost like it was a whispered thing. People didn't want to talk about it openly, especially in front of the director. And from week to week, people didn't know where they stood. But what they did know was that if there was going to be a change, it would be up to the director. There was hostility about this issue and it kept people quiet and closed down. They were afraid to take risks or speak openly about things. When the director took risks, the staff would but for the most part the fear reverberated down the line.

In contrast, MLK Center has an established CEO, like Healthy Cities but a dramatically different work environment. When examining the connection between the CEO and the COO, a horizontal relationship indicates a more egalitarian structure. Furthermore, MLK Center has a larger management team than Healthy Cities and staff report that the leaders use a team approach to manage the organization. At MLK Center, the staff report feeling more connected to the center and people within it. Overall, they feel supported and believe that various colleagues understand their needs and respect their positions. Staff perceive themselves and their roles in the organization systemically. Thus, staff work output is regarded as a contribution to the functioning of the larger organization rather than merely getting the job done. The team approach allows staff to develop relationships trans-departmentally based on interests, experience, learning, as well as roles and positions within the organization. The added interaction, collegiality, and support at MLK Center produces a richer quality of relationship for

the staff and create an environment in which staff feel that they are contributors to the organization in profound ways. The staff speak about their jobs in terms of how they influence the agency, other staff, and the community. The team approach fosters an overall collaborative environment within the organization. The staff at MLK Center report having access to information within the organization and feeling free to connect with and speak with others within the organization. This access allows for the creation of a friendly and cooperative work environment.

Hierarchically structured organizations are not intrinsically negative. Limiting the number of people in top positions increases efficiency in organizations, illustrates a clear structure, clarifies inter-organizational accountability, and at times, protects its members from marginalization (Freeman, [1970(1996)]). Using a hierarchical structure in Healthy Cities has benefitted the organization in two ways. First, the efficient style of Healthy Cities allowed the organization to expand their services and centers to more people. Second, the organizational structure has made compliance with regulations set forth by accrediting and certifying agencies easier. However, using a similar but less rigid structure, MLK Center provides accountability to equally demanding regulatory agencies for their childcare program and still created a framework for development. Rigid organizational structures can be detrimental because they allow a very few to control how decisions are made and how information flows through the organization (Cantoni, 1993; Morrison & Milliken, 2000). The structure also influences quality and habitus, as reflected in staff responses for both organizations (Foucault, 1975, 1980). Healthy Cities' staff frequently report feelings of isolation that are informed by their conflictual and competitive environment. MLK Center's team oriented environment produces feelings of connection and community within the organization. These findings are consistent with work by Kanungo (1992)

as well as Conger and Kanungo (1988), that relationship quality and work environment inform each other in a cyclical fashion.

Communication

Examining communication in organizations is vital to understanding power because it is the way that knowledge is created and distributed. Findings suggest very different communication processes across the two organizations. Additionally, the purpose and quality constructs are distinct. The communication process in Healthy Cities seems to be a relatively closed one. Information is given strictly on a need to know basis. Moreover, most information seems to be transferred in Healthy Cities through rumor and innuendo. There appears to be very little formal communication between departments or from the leadership to those positioned lower in the hierarchy. The executive team expresses values of open communication and assumes that staff are properly informed about the organization, its values and how it functioned in the community. However, staff in focus groups and interviews report difficulties receiving even general information about the organization. In actuality, the staff believe they receive only enough information formally to complete their jobs efficiently. Because most of the communication in Healthy Cities occurs through gossip and innuendo, the quality of inter-office communication is poor. Staff complain that when they do get information, it is usually distorted, incomplete, and often untimely.

Conversely, MLK Center appears to have a more open communication process. Similar to Healthy Cities, certain information is transferred on a “need to know” basis, but general information about the organizations or any changes is distributed freely throughout MLK Center. An informal structure for communication that includes gossip and rumors exists at the MLK

Center. However, it is not the primary source of information, as is the case in Healthy Cities. At the MLK Center, communication is a means for connection and learning. The reported structure of MLK Center facilitates cross communication among departments. Information is usually complete and provided in time to be helpful to those who need and want it.

The communication flow and style of Healthy Cities reflects the “traditional” styles criticized by scholars who study organizational communication (Ashcraft, 2001; Cantoni, 1993; Keyton et al., 2008; Morrison & Miliken, 2000). Furthermore, communication in Healthy Cities reflects instances of organizational silence—gaps in information flow from the bottom to the top (Morrison & Milliken, 2000). As described by Keyton, Ford, and Smith (2008), the organizational silence coupled with the restrictive communication style of the leaders lead to poor communication quality. These scholars argue that open, inclusive, clear communication is the essence of collaboration and power sharing. MLK Center’s staff appears to have embedded an open and transparent communication style to promote power sharing and collaboration.

Knowledge

Findings from observations, interviews, and focus groups reveal clear distinctions in the ways knowledge is distributed as well as the quality of knowledge and learning opportunities. There are limited opportunities for learning within Healthy Cities. That may be because the top leaders control most learning opportunities. Therefore, most opportunities are given to those who held higher positions in the organization’s structure. Staff members report learning from co-workers and the occasional workshop. The spatial location of the staff often limits chances for people with the same positions in the organization to share knowledge. Therefore, learning and information remains segregated and localized. A researcher/participant observes:

But even that (power) was limited and could only exist when the group was separated. That's an interesting question how do you hold all of this diversity? I think that takes an intentional process. That did not happen in this organization. It was understood that when we're at our location that was one thing. When we come together that's another thing" That stopped the learning and flow of information that could have benefited their organizations.

Although the staff are considered experts at their specific centers, their expertise is often limited to their location. Publicly, people in higher levels of the organizations are the perceived experts in Healthy Cities.

In contrast, knowledge is shared more easily in MLK Center. Meetings and organizational structures facilitate communication across levels to keep people connected and to keep knowledge flowing. Thus, MLK Center tends to create an environment that promotes formal and informal learning for staff. Interview and focus group data reveal that staff report both external and internal opportunities for learning. Furthermore, leaders consider all opportunities learning opportunities-- especially crises. A researcher/participant describes the leaders' handling of crises in the organization:

There were times when the CEO had to terminate someone because they had broken a rule or violated policy. There are also rules around confidentiality and human resources, but the CEO would take these kinds of crises and turn them into opportunities to get the staff information to prevent future incidents.

Additionally, the CEO of MLK Center consults many people in the organization as well as external sources to gain knowledge. She reports:

I go to anybody for information... I feel that I'm very good at accessing government and institutional information, and usually those people are a wealth. The mayor's office, the police chief, all these people are a wealth of information ... But I also go to my peers. I have two or three – probably two – really good friends who are also CEOs who are doing similar work, and I meet with them and talk with them about what we're doing, and they tell me things and I tell them things. Beyond that, I would say on things that are very local, I rely almost strictly on my residents to tell me things. Because a lot of times what I hear from staff is they tell it in a way of how they feel about it, and that sometimes isn't the same thing. That's valuable information but if I really want to know something about gangs here, I'm not going to ask my youth director first. Probably ask him second. I'm going to ask the residents, "Tell me what you think this is across the street. Are those boys just hanging out, doing whatever or are we passing across the street?"

The CEO's method of gaining knowledge from multiple sources is a model for the organization and employees are encouraged to seek out knowledge in multiple places both internally and externally.

Marsick (1998) defines a learning organization as "safe spaces" for learning and reflection. She outlines three foci for knowledge generation: collaboration, critical reflection, and communication. The leaders at MLK Center have tried to create a safe space for learning. They provide opportunities for staff members to have access to and become generators of knowledge. Using staff meetings for opportunities for critical reflection, the open communication system, and the collaborative approach within the organization reflect qualities similar to that of a learning organization. Although, Healthy Cities's leader has a desire to provide a similar kind of environment, spatial separation, the leader's limited use of staff expertise, and ineffectual communication make creating safe spaces for learning difficult.

Leadership

Leadership is vital to understanding power in organizations because the leader's behavior will ultimately set the model for others and inform the organizations' climates. Though the organizational structure is similar within Health Cities and MLK Center, their management styles are distinct. Interviews, observations, and meetings with the CEO of Healthy Cities reveal that she is a passionate and well-intentioned leader. She believes in the organization and the work it does. She is also committed to running an agency that actively makes a "real" difference in the community. However, her leadership style is very directive, and she expected employees to "tow the line" without question. She usually makes decisions unilaterally and without explanation. Staff members rarely know day-to-day happenings and work environments were

riddled with fear, secrecy, and isolation. Although well meaning, the CEO's leadership style instills fear and insured obedience. Reflections from researcher/participants illustrate this:

Also when the Director was not always consistent and makes decisions behind people's back and was not transparent. People in that organization were afraid. It didn't matter who you were and if you had any stake in HC you were going to tow the line.

The CEO's leadership style translates down to other managers and their relationships with subordinates, mirrors hers. Healthy Cities staff report feeling that innovative thought is undermined or punished, the management did not respect or value staff and that limited knowledge sharing occurred between management to staff. This environment is antithetical to the expressed wishes of the CEO.

Alternatively, the CEO's style at MLK Center reflects and reinforces the organizational structure and habitus of MLK Center. It is more democratic and includes a very strong middle management team. The CEO and COO rely heavily on middle management to help make decisions that affect the organization. The leaders model a collaborative understanding of power. The CEO reflects this:

I can honestly say I have only had one decision I have made here, and this is a silly one, where we did not have consensus. It was so funny because there was, they were so used to me taking their recommendations at every other // and it was about moving offices. It was not even about anything important. However, people's space is important. It was not about the work.

Accessing the entire staff as knowledge resources couple with a communicative, collaborative management style creates an environment that is conducive for staff development and empowerment. Based on interviews and focus group results, staff members report feeling free to take risk and express openness in the organization to learning from mistakes.

Rooke and Torbert (2005) describe seven stages of “action logic”⁹ that leaders use in organizations. Examining MLK Center and Healthy Cities leadership styles through an action logic lens may shed some light on what informs their behavior. The CEO’s action logic at MLK Center is consistent with that of an “achiever.” Achievers are “open to feedback and realize that many of the ambiguities and conflicts of everyday life are due to differences in interpretation and ways of relating. They know that creatively resolving clashes requires sensitivity to relationships and the ability to influence others in positive ways” (p. 70). The leadership style at MLK Center facilitates a climate in which staff members are able to connect, where communication is clear, and there is very little expressed conflict. However, follow-up conversations with former employees reflect a different view when the CEO perceives a staff member as challenging her “authority.” When challenged, they report that the CEO has a tendency to “shut the conversation down and pull rank.”

The action logic of the CEO at Healthy Cities also fluctuates. However, her behavior is consistent with the description of “the expert.” Experts try to exert control by perfecting their expertise, both professionally and personally. Rooke and Torbert (2005) argue that they contribute greatly to the organization as individuals. However, as managers, they can be problematic because they refuse to accept input from others. The scholars contend that “experts tend to view collaboration as a waste of time and they will frequently treat the opinion of people less expert than themselves with contempt” (p.70). Interviews with staff reveal that although Healthy Cities’s CEO may not directly explicate “my-way-or the highway” verbiage, her behavior reflects it. Furthermore, she does not openly exercise contempt for others’ opinions; she does it by simply not soliciting them.

⁹ Action logic is a process by which leaders interpret their surroundings and react when their power and/or safety are being challenged.

Agency

The two agencies are similar in the control in work and planning categories. However, distinctions are apparent in how processes ultimately took place. Healthy Cities's employees express feeling that they could control how they completed their jobs. When asked "how much say they had in their work," they report having plenty of control. Yet this control is often informal and encapsulated in the context of completing small tasks. Attempts to make formal or organizational changes are typically dismissed and ignored by those who could formalize them. Furthermore, focus group members report feeling that collective attempts to make change are often quashed because of an overall sense of organizational ineffectiveness:

And sometimes you brainstorm with co-workers and you think maybe this will work, maybe if they ever tried this, even though I don't even say anything because, number one, nothing is going to be done; number two, you could get in trouble for.

Observation field notes from meetings and interviews with the CEO indicate that she perpetuates this sentiment of organizational ineffectiveness. She reports:

The organization was good at starting new projects but never finishing them. They had tendency to become disengaged in the project for many reasons (e.g. funding, crises, staff turnover).

However, the CEO limits the staff's meaningful participation by asking for their input on issues that are beyond their purview. For example, she requested feedback on a marketing campaign via e-mail and received minimal response. She attributed the response to "staff indifference". Actually, employees reported feeling as though they lacked the expertise to participate meaningfully. They expressed a desire to participate in planning that directly affected their work.

In contrast, the employees at MLK Center report feeling a great deal of autonomy in the way in which they perform their jobs. In addition, regular team meetings offer opportunities to

make suggestions for changes in organizational policies and practices, especially in their fields. Moreover, executive and management committees consider staff input and practices are instituted accordingly. Furthermore, their strategic planning process evidence feelings of effectiveness. Staff in both agencies participate in the strategic planning process. Although Healthy Cities's employees are unaware of how their ideas are implemented in the organization's practice, MLK Center's staff have a different experience. They report being able to make meaningful contributions to the process and later see the fruits of their participation based on changes in organizational policies and practices. MLK Center's CEO offers several reasons for relying on staff input. She says that getting staff input in strategic planning ensures the following: 1) the plan is realistic; 2) that multiple perspectives are gained in the planning effort; and, 3) that the staff and the board remain knowledgeable and stay invested in the goals of the organization. Although MLK employees feel that their sense of control is facilitated internally, they believe that specific external forces such as funding and regulations from accrediting agencies undermine on their organization's policies and direction and greatly limit employee control.

Maton and Salem (1995) offer the following list of characteristics that appear common in empowering organizations. Empowering organizations have: 1) a belief system that inspires growth, is strengths-based, and focuses beyond the self; 2) a role structure that is pervasive, highly accessible and multifunctional; 3) a support system that is encompassing, peer based, and provides sense of community; and 4) leadership that is inspiring, talented, shared, and committed to both setting and members (pp. 640,643,646 and 650). Similarly, Conger and Kanungo (1988) provide explicit characteristics for job designs that raise self-efficacy. They add role clarity, training and technical support, and high advancement opportunities. Both organizations' staffs

have belief systems that focused beyond the self, but there are some clear differences. The MLK Center has clear role structures and realistic goals are set for their employees as evidenced by their orientation curriculum. Furthermore, they tend to promote from within the organization or hire people who had previously worked in the organization. For certain positions, Healthy Cities also promotes from within. However, there appears to be little or no role clarity or orientation for new staff. Staff members report confusion about personnel policies, their functions, or the functions of others in the organization. Lack of clarity around role, functions, policies, and procedures implies very little opportunity for staff empowerment and control.

Dissent/Resistance

Both Healthy Cities and MLK Center have similar attitudes about intra-agency conflict, divergent positions, and varying perspectives. Both top leaders say they welcome diversity and discourse and believe that they are facilitating environments in which divergent opinions are expressed. However, their behaviors indicate that dissent is not welcome. The staff of Healthy Cities perceive that if they disagree with the leadership their employment will be terminated. Although policy does not indicate this, gaps in communication within the organization serves as reinforcement for such beliefs. Staff feels powerless when their voices are not heard, especially regarding issues in which they are knowledgeable. Healthy Cities' staff acknowledge the need for organizational change and admitted that they have tried to bring about improvements. However, attempts have been unwelcome and met with retribution. In focus groups, staff members describe incidences when former colleagues who expressed dissention seem to vanish; “[name deleted] disagreed with “the head” (referring to the CEO) now they are just gone.” The

staff says that no explanation was communicated for such terminations. Thus, they are forced to draw their own conclusions that are often based on rumors.

There is some ambiguity around the source of the silencing dissent and resistance at MLK Center. Staff members are encouraged to voice dissenting opinions about the practices and policies of the agency. However, follow-up interviews with former MLK Center's staff reveal a systematic process of silencing and moving those with diverse opinions out of the organization. In a follow-up interview, an employee describes the silencing process in MLK Center after leaving the agency:

In the staff meetings the CEO will start to run your ideas down and ignore your suggestions. Then you get less say in how to run your department. Eventually, you just get fed up and leave.

These findings reflect a consistent and disconcerting aspect of organizational culture that seeks to avoid conflict and dissent and can be detrimental to an organization's well being (Shahinpoor & Matt, 2007; Stanley, 1981). Eliasoph (1998) describes a similar process in the community at large. Political evaporation is a process by which people avoid conflict by developing certain codes of etiquette for public interaction that prohibit polemic topics of conversation. Organizational cultures have developed similar types of practices to avoid conflict within their agencies. My findings illustrate that many respondents from both organizations are reluctant to give honest or dissenting feedback because they are afraid that they will lose their jobs. Moreover, staff members are systematically isolated when they express dissenting opinions. Creating environments in which everyone is in total agreement may seem ideal and allow organizations to run more smoothly, but such spaces stifle creativity and growth in individuals and groups (Eliasoph, 1998; Stanley, 1981). Dissent is a vital ingredient to developing organizations that are strategic, forward moving, and effective. However,

organizational dissent can be a double-edged sword. While dissent used wisely can serve as a catalyst for development and creativity within the staff and the organization (Torbert, 1991), too much ignored or mismanaged conflict can stifle the organization and/or tear it apart.

Table 3 Comparison of Power in Organizations

	Healthy Cities	MLK Center
Relationships		
<i>Structure</i>	Rigid Hierarchy	Democratic Hierarchy
<i>Quality</i>	Isolated and Competitive	Connected and Team-oriented
<i>Habitus</i>	Chaotic	Cooperative
Communication		
<i>Process</i>	Unclear—primary sources of information were rumors and gossip	Open and Collaborative
<i>Purpose</i>	Strictly for job efficiency	Learning and Connection
<i>Quality</i>	Halted and Untimely	Timely and accessible
Agency		
<i>Participation</i>	Limited to executive team	Collaborative
<i>Control</i>	Control limited to completing specific tasks	Control in jobs and in making changes in practice
<i>Empowerment</i>	Exclusive	Inclusive
Knowledge		
<i>Learning Opportunities</i>	Restricted	Available to all staff
<i>Access</i>	Halted	Open
<i>Sources</i>	Limited	Diverse
Leadership		
<i>Style (action logic)</i>	Expert	Achiever
<i>Staff Relationships</i>	Poor	Good with some
Resistance		
<i>Attitudes</i>	Not tolerated	Avoided
<i>Management</i>	Dissenters vanish (most resign)	Systematic isolation leading to resignation

Note: Table 3 reflects a summary of how power manifests in Healthy Cities and MLK Center.

Other Interesting Findings

Informal Structures

An interesting distinction between the two organizations is the prominence of informal organizational structure in Healthy Cities that is not present in the MLK Center. Observations and interview data from Healthy Cities reveal two different structures functioning within the organization—one formal and one informal. The formal structure positions staff based on job responsibility, salary, experience, and educational background. Formal structures inform pay scales and supposed ability to delegate and make decisions. Yet, the informal structure—based on job tenure, location, knowledge and understanding of operations, social networks or personal traits (i.e., age, personality, perceived intellect)—reflects a different kind of positioning. Staff members who have worked in a specific health center or position for a long period have a greater knowledge of the organization’s functioning and history and/or a higher position in the informal structure even though role and education positioned them differently (Kleiner, 2003; Krackhardt & Hanson, 1993). Informal structures influence daily operations of the health care centers’ program and provide staff members with opportunities for agency. These informal structures empower staff to invest in their positions creatively, emotionally, and intellectually. Staff members report being committed to their positions, their site, and the community. However, the functioning of informal and formal structures simultaneously in the organization often causes tension:

R.I would like to see more organization within the organization.

I. Say more about that.

R1. To where things were run maybe like an Army. It's like we had this egalitarian thing among co-workers, and that's good, but still there should be some respect, I think, for example, from the M.A. [medical assistants]'s to the practitioners. That's a big hold-up there where the M.A. can tell a practitioner, "No, I'm not going to do this. That's not my job." That's endangering patients. And there should be like a chain of command. The doctor says, "I need this stat." You don't stand there and ask questions. It's like you assume that the doctor is not telling you this for a parlor trick but because they don't have time to sit and explain because the patient's life may be in danger.

R2. situation that we have. The providers really don't have the say-so in anything, and I think if other staff if they see that the administrators don't respect us // M.A.'s [medical assistants] or whoever"

Other group members nod in agreement.

Those who are in higher position in the formal structure often view the informal structure as an impediment to the functioning of the agency. Furthermore, they viewed their co-workers' agency as impudence. The tension affects relationship quality between staff. Although the tension between formal and informal structures exists, recognizing and utilizing the informal structure may be a way to maximize skills and talents of staff members. However, it must be acknowledged, accepted, and managed effectively.

Marginalized Staff

In general, the team approach has translated well within MLK Center. However, it has yet to be realized and experienced by the entire staff. Employees positioned in lower positions (i.e., mostly working class people and people of color) feel isolated and alienated within the organization. Interestingly, these employees reflect the cultural and racial demographics of MLK Center's clients. These findings suggest that workers who do not share the values and culture of the dominant group (i.e., white and middle class) report feeling marginalized within the organization. Staff members reflect upon incidences in which diverse cultures and values divergent from those of management are not understood or engaged. Therefore, they feel devalued within the agency. Moreover, workers from cultural and racial groups that have been

historically marginalized in the United States discuss feeling supported but not really understood. Thus for them, the supportive environment has its limits. This is reflected in the response of a MLK employee who feels empowered but also repeatedly talks about the marginalized and powerless to some extent within the organization:

I: Who do you feel in the organization understands your concerns?

R: That's difficult to say. I think that my superiors are sensitive to my concerns. I don't know if they can fully 100% understand my concerns because we've grown up in a different environment. I am a black male, have grown up in the environment much like this I didn't grow up in a housing development, but I grew up in a community such as this. So for me, even you and I, you are a black woman. I don't think that you could understand, you know, the black male. Just like I couldn't sit here and say I understand what it's like to be a black woman. To totally, fully understand that I could be sympathetic to that, but I don't think that other than some of my peers who we have shared some similar experiences such as going to the Green Hills Mall and you have on a suit and tie at lunch time and you're going shopping and a Caucasian elderly woman sees you and locks all her doors. I would hope that no one has experienced that, but I know as a black male I have experienced it more so than my superiors, if they've ever experienced it.

In contrast, the leader at Healthy Cities is cognizant of the existing race- and class-based power differentials in the community. She is intentional about hiring people of color in executive and upper management positions within the organizations. This allows historically marginalized people to have a minimal voice in policy making and constructing organizational procedures. Therefore, although many of the organizational features of Healthy Cities disempower its employees, unspoken race- and class-based issues undermine the workspace at the MLK Center.

CHAPTER IV

DISCUSSION AND CONCLUSION

Healthy Cities and MLK Centers are distinct in their service provisions and functions in the community. MLK Center is a human service organization and Healthy Cities is a medical organization that provides certain human services. As such, there are specific external constraints that Healthy Cities has to contend with that MLK Center does not. For example, federal agencies and healthcare accreditation associations may influence the organizational structure, the flow of patient information, and the organizational culture in Healthy Cities. In addition, federal regulations restrict the communication of patient information. However, like MLK Center, education, advocacy, and community outreach are central to the mission of Healthy Cities. As described in earlier findings presented in this work, external constraints did influence power dynamics in both organizations. The present study considered the varied natures of the two organizations and accounted for external influence on organizational power. There are clear benefits of studying “like” organizations. However, it is equally valuable to study organizations with varied functions but different constraints and cultures given that they reflect the reality of health and human services today. Because both organizations provide critical human services, this comparative analysis is warranted. My findings illustrate notable differences in how power manifests explicitly and unobserved within the two organizations that cannot be attributed to confounding effects based on external mandates.

Manifestations of Power in Health and Human Service Organizations

The data suggest that formal and informal power manifests in a series of contradictory patterns, processes, and behaviors within each of these organizations. Sometimes power is overt and can be directly evident and measured (i.e., leadership style). Other times it is covert and may not be construed as power. For example, staff control is often viewed solely in terms of control given to the employee by management to complete a task. However, power dynamics appear differently, when focusing on employees' ability to get work done, accomplish goals, implement the vision of the organization, or resist through dissent or sabotage (Conger & Kanungo, 1988). Additionally, considering informal structures in organizations refocuses power. Employees may be positioned at the lower levels of the formal hierarchy; yet, they are viewed as powerful because of their position in the informal structure. Informal positioning may give them the ability to influence the organization in significant ways (Kleiner, 2003; Krackhardt & Hanson, 1993).

Moreover, an organization's policies, practices, and staff behavior can lead to outcomes that are diametrically opposed to their intent. For example, leaders may structure staff meetings to hear employees' concerns for the purpose of empowerment. Yet policies that require staff to attend frequent meetings, preventing them from doing their job adequately, may be oppressive. At the MLK Center, using staff participation at all levels in order to keep the staff members connected offers opportunities to form a cohesive vision. However, attempts to develop a unified vision have led to privileging the views and values of the "dominant culture" and the distancing of already marginalized people (Rifkin & Fulop, 1997). This outcome is completely unintended, yet it is still very real. The leaders at Healthy Cities want to promote teamwork by

providing incentives; yet, they pit already segregated staff members against each other by creating a bonus system that rewards the clinic staff with the highest patient numbers. In contrast, the spatial isolation of some Healthy Cities's staff has forced them to take initiative and ownership in the operation of their clinics. Taking initiative and ownership of work settings can be empowering. Yet, because they do not connect with other clinics to share knowledge, the affects seldom reach the organizational level.

The above examples and findings illustrate two points. First, they show how policies and practices can liberate or oppress despite the intentions of their designers. Second, they reveal the complexity of power within organizations and the multiple ways in which it is manifested. Thus, examining only one aspect of power may not provide an accurate understanding of dynamic. Hence, there is a need to re-conceptualize traditional ways of conceiving of and measuring power. Power is best understood in ways that attend to the patterns within the interaction as well as the interactions themselves. Theorists who have tried to capture the dimensionality of power such as Torbert's (1991) transformational power, Prilleltensky's (2008) psycho-political validity, Gaventa's (1982, 2001) work, and Boulding's (1989) integrative power can form the framework for developing new ways of considering power.

Community psychologists (Fryer, 2008; Smail, 2001) contend that power must be viewed through the structures in which they are embedded. Angelique (2008) urges theorists to reconsider power as a system. A system in this instance is a set of interactions and behaviors that affect one another within an environment and form a larger whole that is qualitatively different from any of its parts. Thus, power becomes a system which is set inside of a larger system—the organization. However, thinking about power as a system may conflate its definition in ways that make it difficult to measure. In this study, power's meaning has been

expanded to understand power contextually, temporally, and objectively. The definition is inclusive rather than exclusive. Yet, it must be conflated to understand and observe organizational power systemically. The data also lead to the conclusion that systems theory¹⁰ is a means for developing processes to observe power. Systems are divided into two categories—open and closed. External environments have no effect on closed systems; while they often inform open systems and culminate in a dynamic interaction between the two. Examining power as an open system allows for considering external factors that may inform its workings in an organization.

External Factors that Influence Internal Power

The data in this paper reveal a limited understanding of how external factors inform the internal workings of power in organizations. However, some themes do become apparent. First, funding has a great impact on workers' sense of control and empowerment within the two health and human service organizations. They rely heavily on funding to provide the community with services. Furthermore, accountability to the funding agency may determine how the project and the organization are structured to maintain and account for expenditures. These factors lead to funding agencies making determinations about goals for staff, processes used to fulfill goals, and the duration of employee roles. Workers at MLK Center specifically name funding as a source of organizational disempowerment.

Accrediting and regulating agencies also inform organizational communication. Health care centers are heavily regulated institutions. For example, the Health Insurance Portability and Accountability Act (HIPAA) requires that health care centers such as Healthy Cities develop and implement rigid structures that protect patient information. HIPAA mandates policies and

¹⁰ Systems theory is the study of the nature of complex systems including biological, natural, and social.

procedure not only determine information distribution externally, but internal communication as well. Furthermore, health care organizations are accountable to the Joint Commission Accreditation of Healthcare Organizations (JCAHO). JCAHO regulations inform all aspects of the organization including structure, and function of specific roles. Therefore, healthcare employees have very limited flexibility and creativity in performing their jobs. The majority of service provided by Healthy Cities occurs in clinics. Thus, the organization is structured to meet JCAHO and HIPAA requirements. These requirements also limit how Healthy Cities's social service employees are able to carry out their responsibilities. The childcare division of MLK Center is similarly restricted because of state licensing requirements and regulations around student confidentiality. Focus group findings with childcare staff at MLK Center reveal the sense of powerlessness in relating to parents but also in curriculum planning and classroom control. Although the data do not reveal exclusive results regarding external influences of power, it does reinforce the need to consider external factors when examining organizational power.

Foucaultian Theory and Organizational Power

The findings from this study reflect Foucault's (1975, 1980) theory of power as it applies to organizations. Parallels between Foucault's theory and organizational power were visible in four ways. First, the models used to analyze power embody Foucault's conceptualization of power as a system and it operationalizes Foucaultian power for observation in organizational settings (refer to Figure 1). Furthermore, it reveals the interdependence of the six dimensions and shows how power dynamics in one dimension inform others. While the model presented in

Figure 1 illustrates how Foucault's theory of power is *conceptualized*, the second model from this study (refer to figure 2) offers a means to measure such power in organizational settings.

Second, the emphasis on time, context, and space are reflected in the findings by comparing and contrasting power dynamics within the organization. For example, respondents from Healthy Cities report feeling empowered when at their separate locations. However, when they meet with the entire agency's staff, they report feeling disempowered. In contrast, at MLK Center, power dynamics shift depending on the nature of the relationship between participants and knowledge gained or sought. Third, the findings reveal the ways in which an organization's culture which consists of networks, ideology, discourse, and patterns, can be used to liberate and oppress the agency's employees. For instance, discourse in the two organizations about both organizational and role identity contributed to forming specific organizational cultures. Finally, consistent with Prilleltensky (2008) and Prilleltensky and Nelson (2002), organizational power is exercised to oppress, resist oppression, and seek well being. In these two organizations, established structures, policies, and practices often unintentionally disempowered employees. However, informal structures often became the means for resisting oppressive structures and becoming empowered, to resist oppression, and/or seek well-being.

Study Limitations

Although this study yielded important findings, it was not without limitations. The small sample size may cause some to question the richness and diversity of perspectives. However, in-depth participation of the research team provided opportunities for researchers to collect rich, diverse data. There were informal member checks during the project to confirm observations during meetings. Yet, a formal peer debriefing process during future studies enhanced data

credibility. Transcription responsibilities were contracted to multiple vendors who utilized various transcription styles. Therefore, some focus group transcripts had no identifiers for participants. As a result, determining the number of respondents who actually contributed verbally to the group was difficult. Therefore, we cannot assume that the data from focus groups reflect multiple voices. In the future, giving participant identifying numbers or letters will address this issue. Finally, and most importantly, the data yielded limited information regarding the second research question about external influences on organizational power. Limited data were available because questions about external factors were not posed during the interviews or focus groups. Future studies should include questions specifically eliciting information about external influences on internal power dynamics.

Study Implications

The results of this study are important because of their academic and practical implications for community agencies. Re-conceptualizing power as a system allows researchers to observe power contextually and dimensionally. Power theorists and researchers often use Foucault's conception of power as a framework. However, when measuring or referring to power it is often compartmentalized. The model presented in this paper is an attempt to observe power at multiple dimensions and based on multiple levels. Furthermore, the model allows for studying the processes by which the levels interact and connect. This model is intended to be the beginning of the development of a more comprehensive rubric. It must be critiqued, revised, and expanded to more fully understand power as a system. Moreover, this model for observing power can inform future studies examining organizational change.

If health and human service agencies are going to promote social justice, diversity, participation, caring, collaboration and interdependence as core values in the community, their internal culture, and practice must promote these values in their staff. Developing liberating cultures and practices requires a significant change in health and human service organizations' identities, policies, procedures, and possibly structures. Moreover, power dynamics within organizations will either facilitate or hinder sustainable change. Using the findings discussed in this paper has practical implications for making sustainable change in organizational culture, policies, and practices. Understanding power as a system in agencies attempting change is essential because the leaders may want to include informal leaders in planning and implementing changes (Kleiner, 2003). By doing so, they will be able to get feedback from staff, inform them of outcomes and encourage others to participate and ultimately get the "buy in" from staff to maintain change in the organization (Prochaska, 2000; Prochaska et al., 2001). Furthermore, reconfiguring management teams to include informal leaders may allow for an open flow of communication within the organization. Actively recruiting and hiring historically marginalized people for upper management position may also contribute to providing marginalized groups a voice in the organization.

Additionally, designing and implementing incentive policies that promote teamwork, innovative ideas, and efficient practice will help promote a collaborative culture and encourage knowledge sharing. For organizations with satellites, electronic newsletters spot lighting different services and staff members may increase staff morale and information sharing. In addition, specified times within staff meetings for those in similar positions to work in groups, share suggestions, and debrief to establish and formalize best practices for their positions may facilitate knowledge generation and staff empowerment. Finally, it will be important to provide

education to staff members through workshops about external bodies that affect policies and procedures, such as funding and regulatory boards, as well as internal restrictions such as budgeting and grant guidelines. Such knowledge will assist them in making informed, realistic suggestions about changes in policies and practices thereby making the implementation of ideas more likely.

Appendix A

The New SPECs Project

“New SPECs”—a three-year action research project involving five community-based health and human service agencies in a medium sized, southeastern, metropolitan area—in collaboration with a local university, a research team from the university, and a local funding organization had a three-fold purpose. The first of which, community change, was to enlist community-based health and human service agencies in the promotion of justice and well-being in underserved urban settings. A paradigmatic shift in approaches to human service is essential to the process. Such approaches emphasize **strengths** rather than deficits, focus on **prevention** rather than intervention, strive to **empower** rather than inadvertently oppress, and evoke change in **community conditions** as well as individual change. Hence, the acronym, SPEC, has been developed to describe the intended principles and values embedded within the paradigm.

The second goal of New SPECs focused on organizational change in two dimensions—staff change and culture change. Finally, New SPECs sought to record both change (community and organizational) processes as they occurred to capture similarities and differences within and between the organizations and their respective communities. Thus, researcher team members functioned as participants in the process by working within the organizations as assistants to and facilitators of the change process as well as researchers who designed, and determined data collection methods, collected data, analyzed the data, and communicated the findings to the organizations.

The New SPECs Process

The research team functioned as consultants and facilitators t-team meetings. The transformation team (t-team) contained staff and research team members. The purpose of the t-team was to s identify areas for transformation within the organization, initiate, develop, and implement changes that would guide the way in which staff members understood their role as change agents in the community. The research team assigned two members to each organization. One researcher/participant was the recorder, resource person (searching the research literature regarding issues developed by the group) and observer. The second functioned in the capacity of facilitator and consultant for the t-teams. Primary responsibilities included maintaining the boundaries of the group meetings, preparing the agenda, and modeling meeting procedures that fostered and expected participation from the entire group. Finally, researcher/participants were responsible for coordinating data collection efforts within their assigned organizations.

Appendix B

Interview guide II (Staff)

Semi-Structured Interview Protocol & Questions for Organization Employees

INTRODUCTION (5 Minutes)

Script: I want to thank you again for taking your time to participate in this interview. We are interested in finding out about organizational members' perceptions of and experiences with doing work in the organization. The session today will last about 60 minutes. I will present questions and your answers will serve as the basis for our discussion. There are no right or wrong answers to any of the questions; we want to hear your views. It is important that you are as honest as possible. Because today's session is being taped recorded we ask that you speak loudly and clearly. Your responses will be kept confidential. Your name will not be used. The information you provide, however, may be used in research reports, publications and presentations. Do you have any questions about this interview?

Questions (50 minutes)

Identity

Individual

1. **Can you tell me a little about what you do here at [org. name] and who you work with to accomplish your goals? (identity, practices & structures)**
 - a. What training or experience prepared you to do your work? (identity)
 - b. Can you tell me about what motivates you to do the work that you do? (values, beliefs, identity)
 - c. Can you tell me about the most important aspects of your role and your work?
 - d. What qualities might a person need to have to be successful in your role? (structures, identity, beliefs)

Organizational Identity

2. **How do you describe the main purpose or mission of [org. name]? (beliefs)**
 - a. Can you talk about what makes [org name] unique in the community? (org. identity)
 - b. How do others in the community describe [org. name]? (org. identity)
 - c. What brings people to need your organization's services?
 - d. Where do you feel [org name] is really making a difference?
 - e. Where have you felt like the organization is struggling?

Power

3. **Can you describe what role you've been able to play in organizational discussions and decision-making?**

- a. *How much say do you have in how you do your own work?*
- b. *What opportunities have you had to learn new things on the job?*
- c. *Who do you go to for information?*
- d. *Who do you go to for emotional support?*
- e. *Who do you go to for material support?*
- f. *Who in the organization do you feel understands your concerns?*

Values

Individual

- 4. Describe a time when you felt like your work really reflected your values or what you care deeply about.**
- a. (Possible Probes) How are you able to enact your principles in your role?
 - b. What values or deeply held principles are you not able to enact but wish you could?
 - c. How do your values or principles match the shared values or principles of the organization?

Organizational

- 5. In your experience, what are the shared values or principles in this organization? Can you tell me about a time in the last year when you saw these values put into practice or a time when you feel they weren't?**

SPEC & Change

- 6. Can you give me some examples of how the organization changed in the past year?**
- 7. [Org. Name] has been involved in working toward change through the New SPECs Project for [insert time frame]. Have you heard about this project? If so, how have you been involved? (If they have not heard of New SPECs, skip to closing. If they have heard of it but have not been involved skip to #7).**
- a. What has this experience been like for you?
 - b. Have you been involved in any other organizational change processes in the past?
 - c. This kind of change takes time and may not be easy, have you experienced times when you've struggled with this process? If so, what have you found most challenging?
 - d. If you were put in charge of orienting a new employee to the New SPECs project, how would you describe it?
 - e. Has your involvement in the SPEC Project changed what you do in your work in any way or in the way you think about it? (Change & Identity)
 - f. At this point in the project, where do you see [org. name] headed?
- 8. How are you seeing SPEC influence the practices of the organization?**
- a. How has the organization's mission or focus changed in the last year?
 - b. How have internal policies or practices changed in the past year?
 - c. How have external practices, programming, or other actions changed?

Closing (5 minutes)

- 1. Is there anything else you would like to add to this discussion?**

2. Is there anything about this discussion that has made you think about the work differently? Any insights?

Thanks again for your time.

Appendix C

Staff Focus Group Protocol Organizational Member Focus Group Guide & Protocol 2

INTRODUCTION

1. Review Ground Rules outlined below and ask if there are any questions:

- My role here today is to serve as the moderator. I will present topics for discussion, ask questions, listen, and to help guide the discussion when appropriate.
- The discussion today will be recorded using these two small tape recorders.
- Your individual responses will be kept confidential. No names will be used. The information you provide, however, may be used in research reports, publications and presentations.
- There are no “right or wrong” answers to any of the questions. It is important that you are as candid as possible and that you participate as fully as possible.
- Because today’s session is being taped recorded we request that you speak one at a time, loudly and clearly.

2. **Script:** I want to thank you again for taking your time to participate in this focus group. If you have never been involved in a focus group before it is really just a conversation with a purpose. Our purpose today is to hear about your experiences with [INSERT HUMAN SERVICE ORGANIZATION & FRC HERE]. Our conversation today will last about 60 minutes.

FOCUS GROUP QUESTIONS

1. What made you choose to work in a non-profit/human service organization?
 - Have you struggled with this decision? If so, how?
 - Can you describe some of the most meaningful aspects of your job?
 - What role do you see your organization and other human service organizations playing in the community?
2. Thinking over the past year, has anything changed in what you do and/or how you do it? If so, can you describe these changes?
 - How did these changes come about?
 - Over the past year, have you come to see your role in new ways? If so, how?
 - Do you think these changes will affect your work in the community? If so, how?
3. Thinking over the past year have you seen any changes or shifts in your organization? Can you describe them?
 - What do these changes mean for you?

- Why do you think these changes happened?
 - *Can you tell us about a time that you felt empowered by [organization name].*
 - Can you tell us about a time that you had a role in empowering community members?
4. [Organization Name] has been part of the New SPECs project over the past year. Can you tell us what has your involvement in the project been so far?
- What has this been like for you?
 - Has it affected you in any way?
 - Has it changed your involvement in the organization in any way?
 - What impact do you think it has had on the organization, if any?
 - What does SPEC mean to you now?
5. Looking to the future, what do you think needs to happen to promote SPEC in [organization name]?
- Are there specific changes that you think need to happen in your work environment?
 - How do you think we will know if we have been successful in applying SPEC ideas inside [organization name]?
 - How do you think we will know if we have been successful in creating a healthier community?

CLOSE

Is there anything you feel we should know about your experience with the New SPECs project that we have not already discussed?

Do you have any questions?

Thank you all for your participation and time.

Appendix D

Script and questions for RA Interviews

Script: First, I would like to thank you for speaking with me about your experience with the New SPECs project. As we have spoken about before I am writing my thesis about power within (Healthy City) and (Martin Luther King Centers) and how it was translated in the organizational change process. Your experience with one or both organizations will be helpful in understanding how power works within them; therefore, your honesty and candor are greatly appreciated. This interview is an exploratory, depth interview

There were questions included:

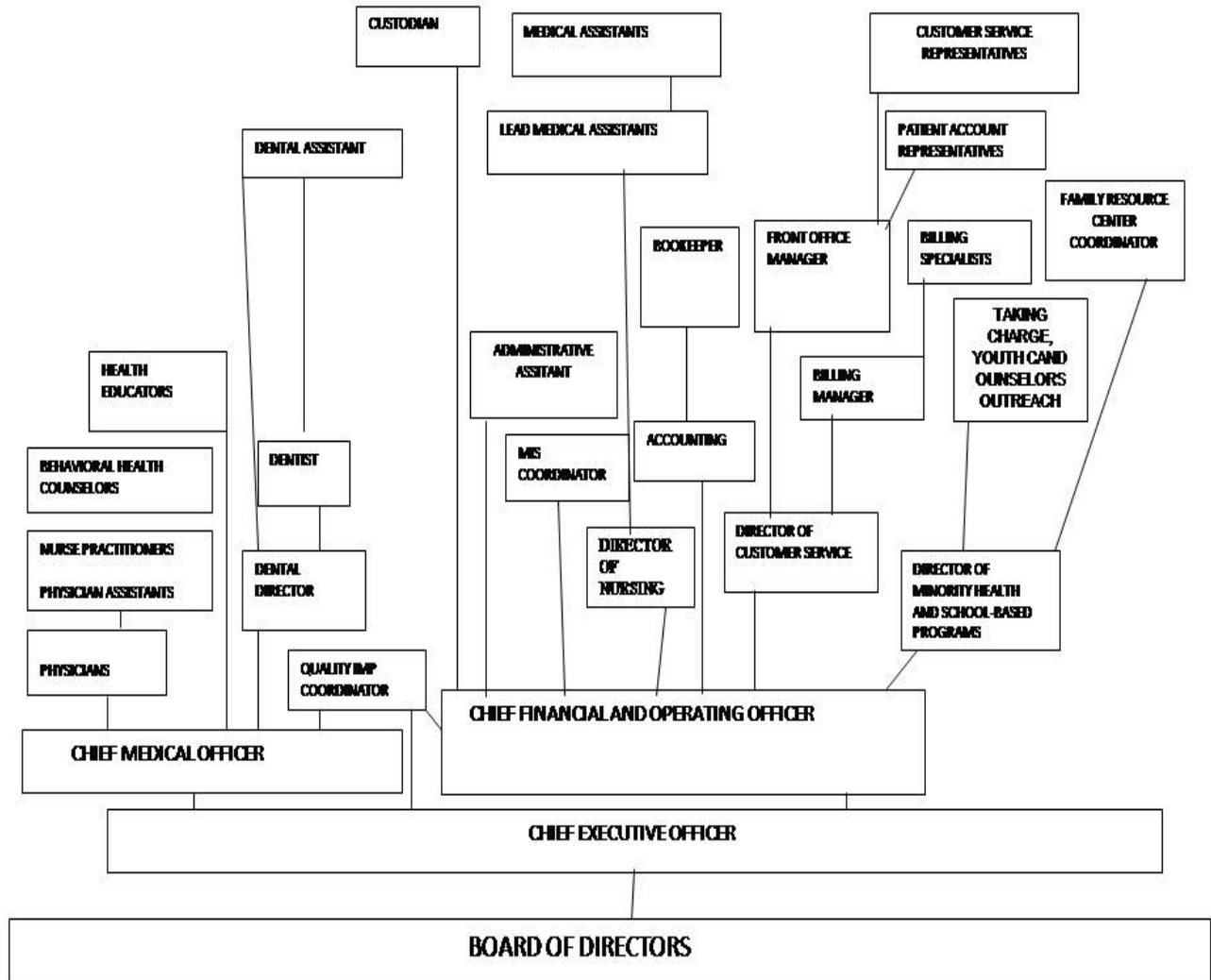
1. What was your role as a researcher participant?
2. How did the groups begin? Who was involved
3. What was your experience of the group
4. How did you see power working within the groups and the organization?

Follow-up questions and probes

- a. Can you tell me more about your experience as a research on this project?
- b. How did you see the research teams making decisions about the agencies in the project?
- c. Can you tell me some about the power dynamics and the research project (in the organizations/ in the T-teams/in the research group)?
- d. Did you feel prepared for work in your capacity?

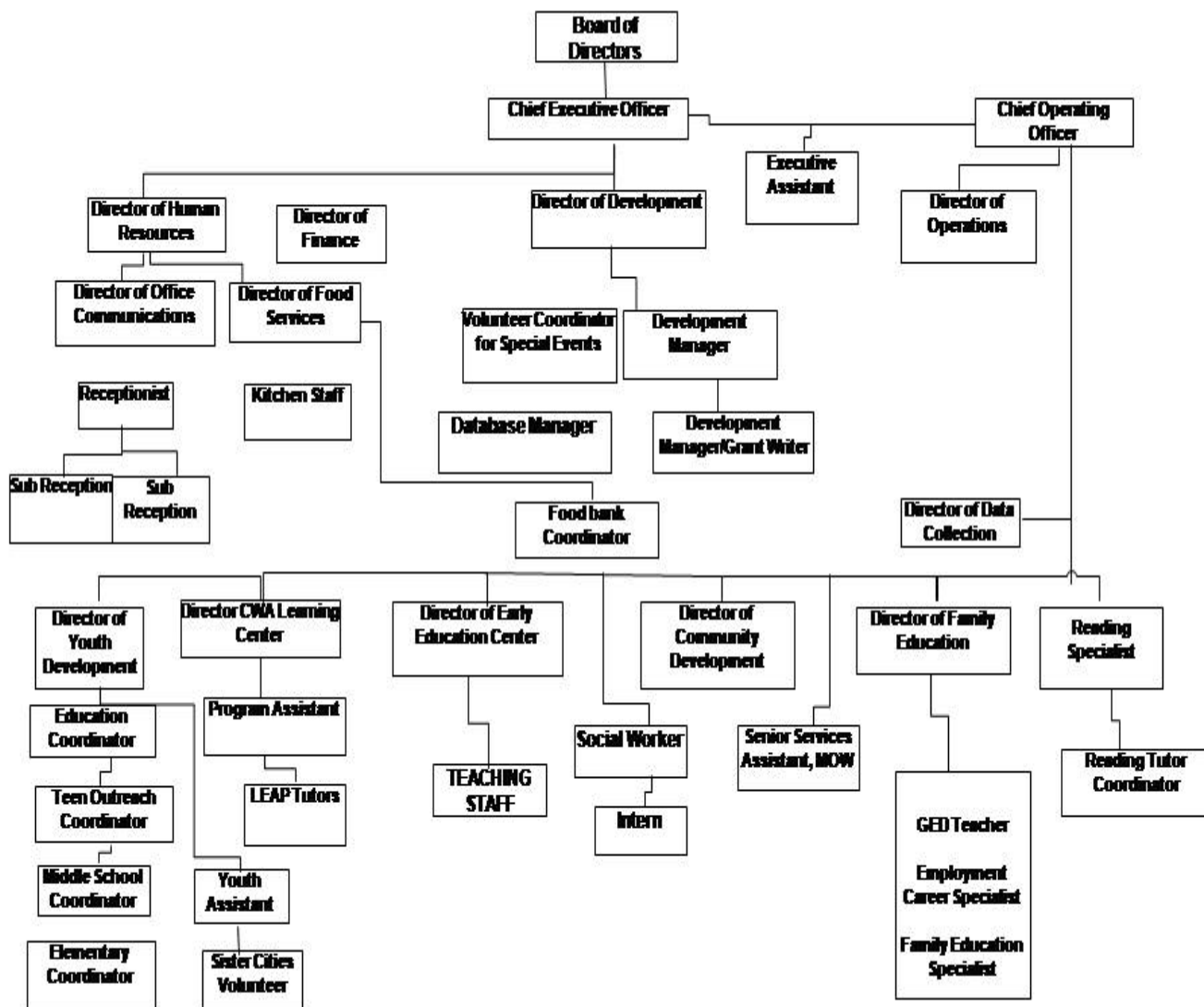
Appendix E

Healthy Cities Organizational Chart



Appendix F

MLK Centers Organizational Chart



Appendix G

Coding Chart

	Questions	Observations
Relationships		
Structure	How is the organization configured? How are staff positioned in the org.?	<ul style="list-style-type: none"> a. organizational flow charts b. responses from participants in focus groups and interviews regarding the “chain of command” in the organizations
Quality	What is the perceived quality of relationships within the organizations?	a. perceptions of the qualities of different relationships in which they were engaged in the organizations and their perceptions of overall relationship quality throughout the organization
Habitus	How does work environment facilitate isolation or alienation?	<ul style="list-style-type: none"> a. references to the work environment by interview and focus group participants and the environments perceived affect on relationships b. responses to specific “Who do you go to for emotional support?” and “Who in the organization do you feels understands your concerns?”
Communication		
Process	How was information transferred through the organization?	<ul style="list-style-type: none"> a. statements about how information moved in the organization b. stated and observed persons who receive information
Purpose	What is the intention of giving the information? (How is limited the information?)	a. perceived reasons and intentions for communication from focus group and interview
Quality	What is the perceived quality of inter-office communication?	a. statements from participants regarding what information was transferred at specific times, how it was transferred and how it affected staff interactions and abilities to be affective in the organization
Organizational agency		
Participation	How and which staff are involved decision-making?	<ul style="list-style-type: none"> a. observations of decision-making processes by researcher/participants and field notes b. statements from participants of interviews and focus groups about how decisions are made c. who participates in organizational planning
Control	How do staff perceive their ability to control their jobs and in the organization?	<ul style="list-style-type: none"> a. statements from staff participants in interview and focus group regarding perceived abilities to control their work environment or the perceived abilities of others to control their work environment b. stated perceptions of researcher/ participants c. responses to the interview question: “How much say do you have in how you do your own work”
Planning	What are staff’s feelings of effectiveness?	<ul style="list-style-type: none"> a. Responses to the question “Can you tell us about a time that you felt empowered by [organization name]” from the staff focus groups b. Statements from staff regarding feelings about seeing their suggestions formalized
Knowledge		

Learning Opportunities	What opportunities exist for learning?	<ul style="list-style-type: none"> a. Responses to questions on the staff interview regarding learning opportunities primarily comprise this construct. b. observations from researcher participant interviews regarding opportunities for learning. c. Responses to particular question: “What opportunities have you had to learn new things on the job?”
Sources	Who are perceived experts or knowledge creators?	<ul style="list-style-type: none"> a. Statements from staff regarding who was viewed as authorities within the organization b. Observations from researcher/participants c. Responses to the question: “Who do you go to for information?” on the staff interview protocol
Access	Who has access to knowledge in the organization?	<ul style="list-style-type: none"> a. Statements from staff regarding who could take advantage of learning opportunities
Leadership		
Style	What is the leaders’ approach to management?	<ul style="list-style-type: none"> a. Interviews with leaders in the organizations specifically the organizations’ chief executive officers b. Observations from researcher participants regarding each organization’s leaders’ management styles
Staff Relationships	What are staff perceptions of leaders?	<ul style="list-style-type: none"> a. interview and focus group data specifically from staff regarding leadership
Dissent/Resistance		
Attitudes	What are the perceptions and feelings about conflict within the organizations?	<ul style="list-style-type: none"> a. Reactions and responses by staff and administration to dissent noted in field notes and stated observations from staff and researcher participant interviews comprised the attitudes construct.
Management	How is conflict or dissent handled within the organization?	<ul style="list-style-type: none"> a. Direct references to resistance or specific instances of staff resistance and how it was handled within the organization in the focus group and interview data

Appendix H

Thesis Outline

- I. Introduction
 - a. Power—Definition (the ability to achieve desired ends despite resistance)
 - b. Health and Human Service Organizations as Oppressors and Liberators
 - i. Well resourced members of the community
 - ii. Should be empowering but is disempowering
 - iii. To make external change, internal change is necessary and internal change requires attention to power
 - c. Power in Organizations (Literature limitations)
 - d. The purpose of the study
 - i. Academic—*Contribute to existing literature by presenting an alternate way of discussing and observing power*
 - ii. Practical—*Suggest attention to power while making organizational change and gives some suggestions for where in organizations to examine power dynamics*
 - e. Research Questions
 - i. *How does power manifest itself within organizations?*
 - ii. *What external factors informed internal manifestations of power?*
 - iii. *How does Foucault's theory of power translate in health and human service organizations?*
 - f. What—Power dynamics in health and human service organizations
 - g. How
 - i. Using Foucault as a lens- examines organizational cultures which liberate or oppress those within it and processes that facilitate or hinder organizational effectiveness
 - ii. Using Case study design and the analysis of (organizational artifacts, observation field notes, staff interviews, staff focus groups, and researcher participant interviews
 - h. Who/Where—Two mid-sized health and human service organizations participating in an organizational change project in Southeastern metropolitan area
 - i. When—Data were collected over 2-year period from August 2004 to December 2006.
- II. Theory
 - a. Definition of Power
 - b. Relationship to Traditional Understandings of Power
 - c. Theorists (Foucault, Prilleltensky, Giddens, and Torbert)
- III. Literature Review
 - a. Measuring Power in Organizations
 - b. Why Examine Health and Human Service Organizations
- IV. Data and Methods
 - a. Study Overview
 - b. Research Questions
 - i. How does power manifest itself in Healthy Cities and MLK Center?
 - ii. What external factors informed internal manifestations of power?
 - iii. How does Foucaultian theory illuminate power dynamics in these two organizations?

- c. Case Study Design
 - d. Sample
 - i. Organization selection
 - ii. Description of organizations (Healthy Cities and MLK Center)
 - iii. Participant selection and demographics for interviews and focus groups
 - e. Data Collection
 - i. Participant observation data
 - ii. Archival data
 - iii. Interviews (staff and researcher/participant)
 - iv. Focus groups
 - f. Establishing Trustworthiness (Researcher Accountability)
 - g. Handling the Data
 - h. Analysis
 - i. Grounded theory analysis (Charmaz)
 - ii. Axial coding (Strauss and Corbin)
- V. Findings
- a. Measuring Power
 - b. Six dimensions in which power are manifested (Relationships, Communication, Leadership, Knowledge, Agency, Resistance/Dissent)
 - c. Comparison of Power in the two Organizations
 - i. Relationships (structure, nature, and habitus)
 - 1. Organization configuration and staff positioning
 - 2. Perceived quality and characteristics of inter-office relationships
 - 3. Work environment facilitates isolation or alienation
 - ii. Communication (process, purpose, and quality)
 - 1. Information movement
 - 2. Intention of information distribution
 - 3. Quality of inter-office communication
 - iii. Agency (participation, control, empowerment)
 - 1. Staff involvement decision-making
 - 2. Staff control their jobs and in the organization
 - 3. Staff feelings of effectiveness
 - iv. Leadership (style and staff relationships)
 - 1. Leaders' approach to management
 - 2. Staff interactions with leaders
 - v. Knowledge (learning opportunities, sources, and access)
 - 1. Opportunities for learning
 - 2. Perceived experts or knowledge creators
 - 3. Access to knowledge
 - vi. Dissent/Resistance (attitudes and management)
 - 1. Perceptions and feelings about conflict
 - 2. Handling conflict and resistance
 - d. Important Themes
 - i. Informal organizational structures
 - ii. Isolation of historically marginalized staff members
- VI. Discussion and Conclusion
- a. Manifestations of power in human service organizations
 - b. External factors that influence internal power dynamics
 - c. Study Limitations
 - d. Study Implications
 - i. Academic

ii. Policy

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