An Exploration of Leadership in a Medical Mutual Help Organization

Tracey A. Revenson and J. Brian Cassel

The Graduate School and University Center, City University of New York

Studied 45 current leaders of local chapters of a medical mutual help organization. Cluster analysis of variables depicting routes to leadership produced six clusters: Health Professionals with a Mission, Connected Health Professionals, Career Leaders, Grass-roots Founders, Connected Grass-roots Leaders, and Obligated Veterans. These clusters differed on criterion measures of burnout, hardiness, and perceived obligation to continue as a leader, e.g., Connected Health Professionals and Career Leaders were less burned out, more hardy, and perceived less of an obligation to continue in the leadership role than Health Professionals with a Mission. In terms of leadership activities, Help Provision and Advocacy constituted less than one fifth of all activities but were rated as most rewarding. In contrast, the activities that made up the bulk of leaders' work — building membership, system maintenance, and organizational growth — were not rated as particularly rewarding. Results are discussed in the context of research directions and practice.

Despite the proliferation of mutual help groups over the past two decades, little is known about the individuals who hold leadership positions within the group, that is, how well prepared they are for their role, why they assume and resign from leadership positions, what they actually do as leaders, and how leadership affects group process and viability. The

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2All correspondence should be sent to Tracey A. Revenson, Social-Personality Psychology, The Graduate Center, City University of New York, 33 West 42 Street, New York, New York 10036.

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demands involved in keeping mutual help groups afloat often fall on the leaders' shoulders, and such cumulative stress may lead to feelings of burnout or lowered commitment, and potential problems in transferring leadership and maintaining group viability (Maton, Leventhal, Madara, & Julien, 1989). Burnout refers to a state of emotional exhaustion caused by the psychological and emotional demands of helping people, coupled with feelings of low accomplishment (Maslach & Jackson, 1982). Burnout and its consequences, such as staff turnover, are critical problems of human service agencies (Shinn, Rosario, Morch, & Chestnut, 1984), but have not been explored within the context of mutual help organizations. Given the voluntary and unique nature of lay leadership found in many mutual help groups, burnout among leaders may be one factor related to the success and continued existence of local mutual help groups. In fact, in a survey of mutual help group leaders (Meissen, Gleason, & Embree, 1991), over half the sample reported concerns about members failing to share the work and "overworked, tired leaders" with little vision.

This paper provides an initial exploration of mutual help leadership. First, we describe routes to leadership, combining the circumstances under which individuals become leaders with personal characteristics. Next, we describe what leaders actually do, in terms of content and reward. We then examine the relationship of routes to leadership and leadership activities to burnout, hardiness, and intention to continue as a leader, concluding with suggestions for research and application.

A description of the mutual help organization studied is warranted to place the findings in context, as mutual help groups differ in their structure, activities, and leadership (Shubert & Borkman, 1991). The Scoliosis Association, Inc. (SA) is a national grass-roots mutual help organization for families coping with scoliosis (curvature of the spine). As is common in the histories of many mutual help organizations, the SA began 15 years ago at an informal gathering organized by the parents of two adolescents with scoliosis and has grown to 60 local chapters across the United States and Canada. The national organization raises funds for research, works toward mandatory school screening, and serves as the parent organization to local chapters. The local chapters, which we studied, meet regularly, providing a combination of supportive discussions, informational lectures by medical professionals, and community outreach activities. Leadership within the local chapters is structured according to a flat hierarchy with rotating positions, though members may be elected for unlimited terms. Thus, local SA chapters can be characterized as following the broad guidelines set by and receiving technical assistance from the parent organization; focused primarily on bidirectional support provision (Maton, 1988) but supplemented with information by professional sources; started and led, in