



REVIEW ARTICLE

The Role of Authoritative Leadership in Voluntary Organizations

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Abstract

Authority is central to leadership dynamics in many voluntary organizations. Leadership is authoritative when subordinates willingly obey because they believe a leader's orders or directions represent followers' self-interest and also the larger mission of the organization or institution. It is contrasted with leadership that is based on coercion or explicit exchange or an economic contract. Authoritative leaders may have expertise that fosters followers' respect, they may express religious symbols and principles, or they may express the democratic consensus of a group. Authority is central to the dynamics of schools, churches, medical institutions, and many self-help groups. It also has a long tradition as a concept central in sociological and political analysis of institutions.

This paper applies the theory of authority to empirical studies of voluntary organizations conducted by the author. These include studies of emergency medicine, the Episcopal Church, special education, nontraditional elementary education, and community self-help organizations. We learn that three tasks are critical for authoritative leaders:

- i. They must help subordinates further learning and personal development.
- ii. They must support cooperative, interdependent task groups.
- iii. They must develop the myth of the organization and lead symbolic, ritual events that make the specific activities of the organization seem important in terms of larger life issues and concerns.

The Role of Authoritative Leadership in Voluntary Organizations

When we explore leadership, we usually pay attention to the individual qualities of leaders who motivate, shape, and guide others in nonprofit organizations. An equally valid approach, however, is to focus on the members and to recognize that they create leaders to serve their own purposes. In some situations, like in certain religious groups, which individual assumes the role of leader is not very important. Members need someone to fill the role of leader in order to do their own personal work and in this sense the leader is a servant of the followers [1]. The personal qualities of leaders are usually important even in this organizational situation, but it is important for us to recognize that leadership is a quality of the organization as much as it is of the people who find themselves leading. This is clearly understood in Alcoholics Anonymous [2].

This truism is especially important in organizations where people participate as whole selves. Theories that treat organizations as autonomous social systems or that emphasize the economic aspects of administrative life tend to view participants in segmented terms. That is, they assume that when people become involved their lives outside of an organization are, for analytic purposes, irrelevant. When people become employees, a job description, a wage contract,

and a specification of tasks define their work in addition to the hierarchy or structure of control that governs the organization. Their organizational lives are one segment of a fragmented or compartmentalized existence. These are perfectly common assumptions we make about the nature of life in modern, urban, industrialized societies. In those nonprofit organizations where people bring their whole selves to bear on their work, explanations based on segmental models of the self (I am thinking of most economic and administrative theories) do not work very well. Participants in many human service organizations do their work more because it fits certain personal, communal, or religious values than because of the pay they receive. They make personal judgments about what tasks to carry out and about whether their bosses are making sensible demands.

For example, when people volunteer or are involved because they wish to give spiritual expression, the process of participation is often more important than the products that result. Where the board of directors is powerful and has

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a sense of ownership of an organization, staff may struggle with how personal meaning relates to work they are ordered to do. In organizations that are based on authority, workers' personal sense of purpose and mission is aligned both with the overall mission of the organization and with the sorts of commands that are issued by their leaders [3]. This sort of personal identification is a positive and necessary quality of nearly every religious organization [4]. Payment or hierarchical direction may be irrelevant to participants since they do their jobs in order to gain a stronger sense of personal fulfillment and meaning. In other cases, organizational work is a skilled activity that has an internal logic and may require team cooperation even though members are of different ages, statuses, or levels of certification. Professional organizations like hospitals and universities fit this model. Whatever bureaucratic supervisors, pay contracts, or outside pressure groups might say, these individuals want to do the work the right way and they resist outside direction and control.

In other instances, participants' identities are shaped and defined by encompassing organizations. We think of total institutions [5, 6] like boarding schools, monasteries, residential mental hospitals, nursing homes, and reformatories. Their informal processes often are as important as their formal, task-oriented activities in characterizing what goes on. In these organizations, leaders often are necessary but their function is inseparable from the determination of subordinates to participate on their own terms. Followers may scrutinize their leaders looking for evidence that they are self-aggrandizing or that they seek to claim or own the organization for themselves. Members often have distinct ideas about how key organizational tasks should be carried out and watch to see if leaders' guidance fits their expectations. If it does not, they may reject the leader and force that individual out of office. Even where leaders are teachers, guides, or experts, followers still look for evidence of accurate knowledge and competent performance. They do this because participants seek to perfect a craft or a way of life and the function of the leader is to help followers master their personal forms of discipline. The field of nonprofit organizational studies has tended to underplay the importance of this sort of participatory leadership. However, education, medicine, and religion all require it and they are among the largest institutions in the nonprofit sector. The research literature in each of these institutions shows that the quality of participation is central for understanding efficacy.

We also have an important tradition in social science discussing this style of leadership, which I call "authoritative leadership." The primary goal of this paper is to familiarize the nonprofit research audience with the concepts of authoritative leadership. A secondary objective is to discuss research I have conducted in which authoritative leadership played a central role. We shall discuss authority as an aspect of teaching in schools, as an aspect of a physician's role in emergency medical teams, and as an aspect of pastoral roles in churches.

Authoritative Leadership Defined

Authority is a form of leadership in which people follow because:

- The leader is understood to have special wisdom or expertise and his or her guidance benefits followers.
- Followers believe that the leader is personally concerned about their individual well-being, personal progress, and success within the organization or context that they share.
- There is an ethos, philosophy, or characteristic practice of the organization or context that they share. The leader through his or her actions, decisions, vision, responses to followers, and personal conduct shows a deep and consistent understanding that is carried out in practice.

In short, people follow authoritative leaders because they believe that they are better off when they obey. Because the authoritative leader is more advanced, followers often do not know why the leader issues commands or takes actions. Their past experiences have given followers confidence that the leader's actions are properly guided, thoughtful, well-informed, and accurate. They follow because they have faith in the leader. Just as authorities lead because they are trusted, their leadership is also precarious. Typically, they lead in situations where the unexpected happens. They are forced to respond in creative, problem-solving ways showing that they have a vision of an ideal world or confidence that their way of acting will lead to good outcomes. Followers observe them critically, in part to see whether their authoritative leaders can meet the tests presented by new problems and circumstances. They also observe because the followers have personal reasons and motivations for participating. Their understanding of the ethos or practice or methodology of the organization guides their own participation. They respect the authoritative leader in part because when they do their own analysis of a new situation, they see that the leader does things correctly, at least insofar as they understand what right action should be.

If the leader acts in a way that does not seem to followers to represent proper action, an effective authoritative leader usually can explain his or her rationale in a way that is convincing to followers. Leaders who act in questionable ways and who cannot justify their actions easily lose the confidence of followers. Followers then may intentionally create new situations to test the leaders and to show that their feet are, indeed, made of clay. Authoritative leaders can easily lose the confidence of their followers if they do not meet the challenges of tests. It is useful to distinguish authoritative leadership from two other forms: authoritarian leadership and exchange or contract.

Authoritarian Leadership

Authoritarianism is a style that is coercive and that seems arbitrary and centered on the leader's desire to accumulate power, using it to disenfranchise subordinates and force them into a position where they must obey any demand. It is easy to see authoritarianism as a sort of personality disorder or as the basis of illegitimate, totalitarian governments. However, while it may seem hard to sympathize with authoritarian rule, there are situations where it seems unavoidable and may be a

humane precursor to a more cooperative relationship between those in control and followers. The most secure maximum-security penitentiaries, for example, have a population of inmates that include many violent, exploitative, and mentally unstable individuals¹. These inmate populations also include bright, promising people imprisoned for political crimes or other infractions that promise the possibility of change and rehabilitation. In these maximum-security prisons, it may be necessary to impose an extreme sort of authoritarian control. This is necessary both to secure the facility and to protect those inmates who will gradually build a record of compliance and helpfulness that allows transfer to less dangerous facilities and a more therapeutic style of control. Indeed, at the other end of the continuum of prisons the control system approaches something very close to authoritative control where inmates and prison authorities together run the facility in a cooperative fashion.

Contract or Exchange

Exchange or contract is a system in which one individual agrees to follow commands given by another in exchange for specific payments or benefits. The most familiar example is an employment relationship in a manufacturing organization. Owners and managers have laid out a highly engineered and specific production system and the hire workers to carry out detailed instructions. What the employees think about the product, the system of work, or the way the division of labor is organized tends not to be important as long as basic terms of agreement built into the labor contract are followed. Of course, in modern industrial companies there are many reasons that the employment contract is not so simple or free of ethical expectations or moral requirements. But the idea remains that employers hire workers to do what they tell them to do, and employees accept directions because that's what they are paid to do.

Exchange also guides relationships where the terms of trade are other than money. Students may "volunteer" to clean up the community center as "payment" for excessive drinking or vandalism. Alternatively, they may volunteer in a calculating way to build up their resumes or curry favor for their fraternities or sororities. Janowitz [7] describes this sort of calculated volunteering as "the community of limited liability". It is the sort of logic that informs the writing of methodological individualists like Mancur Olson or Russell Hardin [8,9].

Office

This paper emphasizes the relationship between the leader and followers in defining authority but in many settings one's position in an organization or institution or one's professional

¹There is an extensive literature on prisons that makes these kinds of points. My observations in this paragraph, however, are based on my own direct, ethnographic observations. The place where I live has seven state and federal prisons within 30 miles and I have come to be friends with inmates, former inmates, and employees of the prison system. I do not engage in formal research on prisons, but the observations in this paragraph are based on several hundred hours of intense conversation and direct experience in maximum security penitentiaries.

credentials confer a status that causes followers to view one as an authority. Teachers in an elementary school, doctors in a hospital, the Bishop in a diocese all tend to be granted the respect granted to authoritative leaders by subordinates. Perhaps this is a matter of habit, since some that occupy those positions or offices lack personal qualities and skills required for authoritative command. They are granted legitimacy to lead, however, because the ethos and structure of their institution leads followers to want and expect that those who assume key roles will lead in the manner of an authority. Thus, even an individual who is unsure, inexperienced, or incompletely trained may be molded into the role as followers treat her as though she was an authoritative leader.

We do not equate authoritative leadership, however, with an organizational position in which this style of command is expected. In practice, most institutionalized leadership positions are backed up with both coercive power and exchange arrangements. Truancy laws and other sorts of legal coercion aimed at children support schoolteachers. They also may have potent exchange resources at their disposal, like the permission required for high school students to participate in interscholastic sports. Religious officials may require certain levels of participation before congregation members can enjoy certain privileges (clergy may refuse to wed young people who do not attend church). There also is a formal, legal apparatus in some denominations so that misbehaving clergy or denomination members can be tried and punished in a manner similar to a civil court.

The Mixture of Leadership Styles

In most organizations leaders mix various devices of leadership. Authority is not used in isolation from coercion, contract, or office. On the other hand, there is an economy of effort built into authoritative leadership that is absent from the other forms. People obey because they want to cooperate, because they believe in the organization, because they understand what they are supposed to do, and because they believe that by supporting the ethos of the organization they will be fuller, better people. Because leaders can exert power using other means, institutional leaders often do not effectively capitalize on their potential to exert authoritative leadership. This is nicely described by Willard Waller [10] in his description of the techniques elementary school teachers may use to most effectively establish authoritative leadership. Authority is precarious, he asserts, because teachers may fall into unreasonable coercion and anger (drawing on their formal organizational power) or bargaining (or attempts at exchange) that makes them seem weak. There is special danger because American culture does not idealize authority nor do the media often present enactments of effective authority at work. (One thinks of the performances of Robin Williams in the film *Dead Poets Society* or William James Ormos in *Stand and Deliver*). Institutional leaders are not taught to think that their primary work is to present themselves as authorities and to develop a cooperative relationship with subordinates.

Followers also test authoritative leaders. In schools, this testing

often seems linked to the close presence of coercion and bribery and a concern with student disciplinary problems. But testing is inherent because followers are often trying to solve the same problems they present to leaders. At the same time that follower's look for help, their respect grows when leaders magically find an effective solution to a problem that seemed impossible. This means that authoritative leadership must be dynamic and creative. The leader develops and maintains authority by showing great skill, by showing a capacity to clarify and interpret the mission of their institution, and by taking the time and care to help followers solve problems in terms the subordinates find satisfying and understandable. For the grace of the leader to be clear, the individual must be artful in softening or distancing herself from the elements of coercion and exchange that inhere in her institutional role.

Authority and the Theory of Organizations

This paper is written in the conviction that authority is not incorporated into the theory of nonprofit organizations as fully as it might be. Certainly there are important monographs that talk about the importance and functions of authority in organizations [10-14]. But the emphases we so often see on exchange in economic theories of organization and on stimulus/response sets (which is to say, coercion) in the social psychology of organizations tend to make the dynamics of authority invisible. One is reminded of Titmuss's [15] argument that when economic arrangements dominate blood donation, altruistic arrangements are eroded. So it is with authority. Growing from cooperative work and relationships of mutual respect, authority is inherently vague and hard to quantify in comparison to measures of utility and behavioristic control. It slips from view.

Yet, for certain institutions, authority relations are central to the normal processes of work. They also provide great efficiencies and energy that are lost if the power and nuance of authority are not cultivated. In these institutions, participation tends to have a larger life meaning for those involved. That is, their work or involvement in the organization contributes to meanings, values, relationships, and a sense of effectiveness in their world outside the organization. That larger world also defines activities of the organization as uniquely valuable and meaningful as a focus of attention, energy, passion, and achievement. Where many of our organizational involvements are "segmented", or disconnected from the other relationships and values of our lives [13], authoritative leadership becomes important when participation is more personally holistic. When organizational involvement is holistic three aspects of organizational involvement become especially important. First, people tend to think of involvement as a vehicle for personal growth, learning, and expanding competence. Second, people become passionately involved in the substance of work and they value an ethic of cooperative achievement. Third, being passionately involved and seeing organizational work as an expression of wider meanings in life, people value activities, gestures, and contexts that provide powerful symbolic expressions of the wider meaning they find through particular forms of participation.

This paper develops the idea that authoritative leadership is anchored in these three aspects of organizational involvement by providing brief institutional case studies of education, medicine, and religion. Each setting emphasizes one of the three aspects and provides a good opportunity for expanding and elaborating these core ideas. It is important to recognize, however, that authoritative leadership works in each of the three institutions to the extent that all three aspects of involvement are respected, fostered, and given attention. A case study approach is valuable because we see that authoritative leadership solves practical problems that are not solved when more coercive or individualistic approaches to organization and management are used. The case study approach also helps us to see connections across institutions, especially between religious and secular institutions. In important respects, the frustrations medical workers face when the hierarchy interferes with their efforts to save lives can be expressed in ways directly parallel to the language of God used in church. Saying this is not an effort to proselytize. Rather, we want to recognize that certain social dynamics are at work in every human organization and that much is to be learned by comparing across institutions.

Education, Medicine, and Religion

This paper is based on three ethnographic projects in the institutions respectively of education, medicine, and religion. Results are fully reported elsewhere [16-24]. In each case, authoritative leadership emerged as a critical and central dynamic. Going over the cases here shows how authority works. The analyses also show how authority produces organizational outcomes that cannot be achieved when it is not present and supported by administrators. Concerned with large and critical institutions in modern society, these cases also show the importance for organizational theory of exploring how the cooperative relationships that exist between authoritative leaders and their followers develop and prosper. The activities discussed in the cases are not exclusively limited to nonprofit organizations-the school examples come from studies of public school psychology and the emergency room might as well exist in a municipal hospital. Cross-sector comparisons tend to argue that it is easier to maintain authority relations in nonprofit than in public institutions [25]. This being the case, it might make sense to study authority in public schools or public hospitals because its dynamics are likely to be more observable when it is precarious.

Education

Learning does not happen unless trust exists between teachers and students. This is a simple and obvious statement, but one that has profound implications for schooling. We shall see that trust has a clear and direct effect on rates of learning. But more importantly, schools have the potential to become emotionally overwhelming to staff if students lose confidence in the institution and in their instructors, and if conflict takes over as the basic mode of relating. Without trust in the classroom, teaching becomes an overwhelming and exhausting task. Furthermore, the work of teachers in other classrooms and the efforts of principals and other administrators can be

swamped with conflict if individual teachers lose control. Failure of authority is contagious. To understand the central organizational dynamics of schools, one has to focus on how trust is maintained and how spreading conflict and distrust are avoided. Educators, school reformers, or social scientists observing schools have not always recognized the importance of this dynamic. Education as a field is dominated by psychological perspectives that tend to view learning as something that happens in the child, and that is a product of structured and objective routines. The need for rapport is acknowledged, but in most educational psychology, there is no room for the subtle processes of trust building or trust destruction.

Social science research in the last quarter century has sought to discern what practices make for effective learning. Survey research has dominated, following in the wake of the Coleman Report [26]. Sociological path models [27, 28] and economic production functions dominated efforts to determine inputs that lead to effective education. Only in the last decade has a critical body of research developed led, ironically, by Coleman [29, 30] showing that dense social networks and a climate of trust is necessary for effective schooling. These qualities which Coleman calls “social capital” produce high student achievement even when material school resources are few and the “raw materials” represented by low income or minority students is “poor”. This quantitative research dovetails with a long-standing tradition of ethnographic research in schools beginning with Waller’s [10] classic, *The Sociology of Teaching*. Waller pointed out that a central fact about schooling in America is that teachers are vastly outnumbered by students in any classroom. He noted in addition that in every classroom latent conflict exists between teachers and students. He might have been referring to status and cultural conflicts between Protestants and Catholics [31] that even existed in the Central Pennsylvania classrooms he observed while teaching at Penn State in the 1920s. He seems more attuned to the inherent conflict of interest that exists between children and adults. Schools confine children in uncomfortable settings where they must do tasks that are boring, learn things that are hard to understand, and control their impulse to interact when they are packed into classrooms with their friends [32].

Waller recognized that this becomes an exhausting and emotionally overwhelming job if teachers are forced to adopt a coercive or authoritarian style in running the classroom. If students think the teacher is power hungry or incompetent or disrespectful and not interested in the children on a personal level, children are capable of throwing difficult and disruptive barriers before the teacher. When this happens, not only does the individual instructor find teaching infuriating and exhausting, but also the disruptions of individual classrooms tend to spread to other classrooms and threaten the fragile order of the entire school. This became a central theme in my studies of elementary special education programs in which instructional classes for the learning disabled primarily became social control devices to help neutralize disruptive students who threaten warfare with teachers and disruption for

classes and the school as a whole [18, 33]. This framing makes authority seem like a negative quality, important primarily when it is challenged and fails. The main point of teaching, of course, is that there is a positive relationship between the teacher and the child or student. Ideally, children understand that schooling is important for their lives and that teachers are valuable because they have special skills and abilities to transmit in the classroom.

More powerfully, children learn to love their teachers because instructors direct towards them what Van Manen [34] powerfully describes as the “tact” of teaching. Talented and insightful teachers are able to perceive and understand the inner world of their students. They not only are able to address the incentives and motivations that cause children to work on frustrating tasks and sit quietly in socially over stimulating classrooms. Effective teachers, operating from the vantage point of adult maturity, are able to understand why children are fearful or frustrated and are able to lead them to success. They do this by laying down tasks that allow children to climb a ladder of understanding. They also do it by speaking to fears and anxieties that children experience but do not know how to express. Where Van Manen [34] seems to be describing teaching genius, other analysts have discussed the institutionalization of student motivation and pedagogical concern on the part of instructors. Describing Catholic high schools, for example, Bryk and his colleagues [25] talk about schools where community is primary. In Catholic schools instructors often choose to teach because they have a spiritual commitment to helping young people. Students at school are often embedded in an overlapping set of institutions that reinforce the theme that education is important for them personally, and that they should adhere to the school regime. Both students and teachers take the school seriously because they support the community and they personally benefit from giving support.

This may sound like an excessively idealistic, qualitative description, favoring religious education and special interests over those of public schooling. However, Bryk, et al. [25] begin their ethnographic study with a reanalysis of the so-called “Coleman III” data based on a quantitative, national comparison of public and private high schools. Their findings reiterate those presented by Coleman himself [30]. Later Coleman articulated the concept of social capital specifically to explain his findings that children in Catholic schools attain superior standardized achievement scores compared to other students comparable in terms of race and social class background. These results hold despite the fact that Catholic schools on average spend substantially less than do public schools [29]. Similar conclusions about the importance of a strong sense of school community and a feeling of safety in reanalysis of the Coleman data are reported by Chubb and Moe [35, 36].

The debate about how public and parochial schools compare has become heated and it is not the intention of this paper to take a position one way or another about the superiority

of public or private schools. This literature on education is important because after a quarter century of efforts to quantify how inputs to education affect outputs, agreement has developed that this sort of analysis will produce limited results. School outcomes depend primarily on internal social processes and those are related to the climate of community support for schools, safety felt by children, and shared acceptance by students and teachers of the mission of the whole school program and of the work of each specific class. If teachers establish themselves as strong, authoritative leaders and if children feel personally underwritten in an institution committed to their personal success, students will learn. They will learn using any teaching approach and they will learn even if resources are scarce. If authority fails, coherence and efficiency in schools tends to collapse like a house of cards. Effective teachers maintain order and encourage learning by developing shared routines with students so that running the daily process takes relatively little effort. The principal supports the teacher by helping to intercept parent complaints. The principal also helps by confronting occasional disobedient students in a way that convinces those children that their classroom teacher is backed up by the expectations, policies, and power of the whole institution.

What I found in my ethnographic studies of schools [17,18] is that when large numbers of students become disobedient, teachers find that they have to call on outside help more and more frequently. The children discover that in fact the principal has little actual power, and parents begin to challenge the competence of the principal and the teachers. Principals then tend to demand that teachers manage difficult children in their classrooms rather than sending them to the office. Everyone finds it difficult to control disruptiveness and challenges to authority and out of desperation they begin to use coercion and the force of rigid rules to gain compliance and obedience. The more this happens, the more student trust erodes and disruptiveness spreads until the institution becomes more like a rigid, authoritarian bureaucracy than like a community of consent. Contagious disruption of this kind is familiar to sociologists, described by Stanton and Schwartz [37] in their study of a mental hospital as collective disorder. Where institutions depend on authority, conflicts spread from unit to unit and they also indirectly affect and disrupt relationships not directly connected to the disorder. Thus Stanton and Schwartz found that patients become more upset and incoherent when staff members fought among each other, even though patients had no direct contact with the settings in which staff fought. The different units of an authority-based institution are mutually reinforcing, as are classrooms and administration in a school, so that when one part collapses other parts also collapse despite their indirect connection to the primary disruption.

Medicine

Our research in health care is concerned with the social dynamics that surround emergency medicine. In schools authoritative leadership depends primarily on the capacity of

teachers and other leaders to make the mission and tasks of schooling believable and compelling to the mass of students. It helps if children can see how the teacher's expertise helps them master specific skills, but compliance really depends on whether what Selznick [3] calls the "myth" of the institution is compelling to children. In medicine authority is based in a much more immediate way on interdependencies among skilled workers, carrying out tasks in adjacent but intertwined specialties. There is confusion about whether in medicine authority actually involves consent on the part of nurses and medical technicians to accept direction from physicians as the basis of a cooperative arrangement [38]. Historically physicians have been granted enormous power within hospitals and in the wider institution of medicine. The mythology [39] says that their power is rooted in a knowledge base so complex, esoteric, and advanced compared to the knowledge of other hospital employees and of patients that physicians must have absolute control. Their power also is rooted in a tradition of patriarchy that in part represents an agreement imposed upon nurses in order to gain professional standing [41].

A consequence is that within the profession of medicine there is almost no recognition that medical practice is both social and cooperative. Medical training emphasizes a model of knowledge and decision making that is "in the head" of the expert, problem-solving physician [41, 42]. This contrasts with models of knowledge and decision making that prevail in the policy and social sciences where effective action often is developed collectively within a work group or problem-solving team [43]. Our study of emergency medicine shows that the technical knowledge of the physician is of distinctly secondary importance where effective patient care is concerned. Care is effective to the extent that the emergency department staff works in a mutually supportive way. Within this group, the physician plays an essential role as an authoritative leader, but not as a dictatorial boss.

Social Process in the Emergency Room

The central quality of a hospital emergency room is that there is a tight and highly coordinated division of labor that includes staff members with different responsibilities and who possess different levels of training. We studied a unit in a medium sized nonprofit hospital in a small city that confronts a variety of community problems we normally associate with urban areas [44]. In general one or two physicians were on duty, working with six to ten nurses, a similar number of pre-hospital staff (paramedics and emergency medical technicians who manned the ambulances), and various clerical, technical, and housekeeping staff. One imagines that the physicians sit atop a hierarchy, taking in information and telling everyone what to do. What we found instead is that responsibility to evaluate patients and to treat is distributed to all the staff members who managed patient care and that in their work they received limited supervision from the physician. Doctors checked every case, but usually their involvement had the character of a laying-on of hands. Nurses and paramedics had already determined the nature of the problem and begun the

patient on a sequence of care that the physician endorsed after the fact.

Authority plays a central role because the unit only functions if a climate of trust prevails. In principle, physicians are responsible for the wellbeing of every patient and they generally have much superior knowledge than the nurses and paramedics. But our emergency room had ten beds. On a busy evening when there were some desperately sick patients in the house and all of the booths were full, the physician simply could not be on top of every patient and case. This is not a matter of the unit sometimes being overextended and the system breaking down. The system is set up with the expectation that the care providers will be stressed and overloaded. In particular, emergency medical personnel anticipate having many patients who urgently require care, as happens when there is a multi-car accident with many casualties. Each staff person has to be trained in fundamental trauma-care skills and they must have the confidence to act aggressively and with confidence, even if their formal organizational title is “only” nurse or paramedic.

One of the main reasons nurses migrate to the emergency department from other intensive care units (ICU) in the hospital is that they want to practice with autonomy and in a climate of collegiality with physicians, an atmosphere that does not so often prevail in the ICU. Such an arrangement can work only if physicians are willing to give up direct, personal responsibility and control for each patient’s care. Some doctors find this very difficult since ultimately all of the subordinates in the department are practice “on their license”—that is, the physician bears ultimate liability. For those who cannot relinquish control, emergency medicine is not a very happy specialization. In addition, physicians must come to understand that their job is to foster a feeling of personal competence in each subordinate staff member and also to support a social climate of teamwork and mutual support.

Expertise and the Cohesion of the Work Group

The work is stressful, so the informal social climate of the emergency department makes a contribution to whether or not staff members burn out. During the heat of an emergency, nurses must spontaneously know when one of their colleagues needs quick, assertive help with a patient. They only can act with confidence if, when considering the case in retrospect, the doctor backs them up for the quick, assertive, independent action they took. Only then do they gain the experience required to know that they are competent to make the proper care decisions for patients. This confidence develops in part from training and experience working with emergencies. It also develops as the informal group structure of the work team evolves. We know that as task groups spend time together and solve problems collectively over a period of months and years a distinct structure and sense of solidarity develops [45-47]. Such a structure might be divisive if physicians were to keep themselves separate during slow periods, perhaps retreating to the physician’s ready room to read, sleep, or watch TV in isolation from the rest of the staff. Such behavior, when it

happens, leaves the traditional power structure of medicine intact. When that happens, the male physicians are dominant in status and controlling in terms of setting the task patterns of the group. Nurses and nonprofessional staff are left to develop the nurturing, joking social structure of the group which (as in a classroom) can easily become organized around resistance to a leader perceived as domineering, distant, and disinterested in the personal lives of subordinates. We saw this pattern with some emergency physicians who cavalierly rejected the suggestions for patient care offered by nurses. The nurses in response could be heard loudly and publicly deriding the physician, his treatment of others, and his medical competence. The group solidarity of nurses made it difficult for physicians to discipline such behavior.

The most cohesive and effective emergency medicine groups we found were those where the physicians spent slow times in the nurses’ station, doing paper work, sharing gossip, and sometimes participating in rowdy, hilarious group pranks. This helped to bring the physicians down from their lofty superiority to the social level of other members of the department. It also created opportunities for post-mortem discussion of cases, during which time physicians could teach other team members about medicine. Group members also could critically discuss what each other did in the heat of a recent crisis. Pragmatically, experienced nurses know almost as much medicine as physicians do, and they critically observe doctors at work. One hears stories in all practice settings of nurses second-guessing the judgment of physicians. The emergency room is one of the few medical settings where there is time to go over past critical incidents. This can happen, however, only if there is a climate of trust in which physicians feel safe frankly admitting their own errors and where nurses feel safe stating blunt, specific criticisms of practice. In the aftermath of such discussions, both physicians and nurses work out agreements about proper practices during emergencies. They also come to recognize that in the public setting of an emergency room, there will be no secrets from work team colleagues. Physicians can deny this reality and retreat to their private space. But their methods of practice and the effectiveness of the team become stronger if everyone understands that the individual is an extension of the group. The objective is for each member of the ED team to share a deep and complex understanding of how to respond to the huge variety of distinct medical challenges they will confront. Nurses, physicians, and in some cases paramedics are functionally interchangeable.

Certainly there remain important instances in which the advanced skills of the physician are essential for direct management of patient care. But in the vast majority of cases, the medical authority of the physician is nearly ceremonial. Subordinate staff take medical histories, diagnose problems, and initiate care. During this process they may go to the physician (working on another case) to recite the facts they have collected, give their formulation of a diagnosis, and propose a course of treatment. Usually, the physician’s role is to agree and confirm rather than to direct. Eventually, the physician enters the patient booth (often this happens a long

time after the patient has been installed in the curtained room) and (as the physicians say) lay on hands. Talking to the patient, hearing a recitation of the problem, then touching and palpating the patient gives the sense that the physician is concerned and has given proper attention to the case. But usually both doctors and nurses view these visits as ceremonial, rather than as the time when effective care actually happens. Necessary steps of medical care have already happened. In many cases, the waiting time that often seems interminable from the standpoint of patients and their families is, from the standpoint of medical staff, part of the routine passing of time that is intrinsic to care. Time passes as the staff negotiates upstairs to open a bed in the intensive care unit. Time passes while the staff waits to see if an intervention worked and if the crisis will pass. Time passes while administrators work their way through medical insurance forms or seek to contact the patient's family doctor in the field. Patients may sit in the curtained booths for four or five hours before they finally get moved to the next stage of care. Consequently, the ED physician has lots of time to make his or her way in to visit the patient.

Authority in the emergency room context has to do with leadership within a cohesive and effectively cooperating work group. Within such a group, the members together understand the work that must be done and the members come to an understanding that each of them has a stake in each other member doing their work effectively. This leads to evaluations of each other's performance that are bluntly frank. In some cases team members routinely, and without comment, cover for each other's weaknesses. (We even had one physician whom all acknowledged was incompetent at medicine but a master at institutional politics. The nurses and paramedics routinely covered for his ineptness with the full support of other physicians.) In this group, the physician plays an important role as authoritative leader. He or she legitimates the knowledge of subordinates and assumes or shares the necessary group roles of task leader and status leader [45]. Authority in this situation is as much a characteristic of the group itself as of the person whole holds the position of leadership.

The Church

Trust is precarious in medicine because there tends to be a gap between the world as it is and the world as it ought to be. Nurses see the medical practice of physicians through educated eyes, and, sadly, they too often see physicians who are insensitive to the whole lives of patients they treat and staff members with whom they work. Not only do nurses see errors of technical procedure, they also recognize situations where failing to see the whole patient results in a failure of what physicians call "medical judgment" [48], where the modality of treatment takes the life context of the patient into account. The story told here about emergency medicine describes an institutionalized situation where this gap between the way medicine ought to be practiced and the way it actually is practiced is often brought together. It is brought together by the community space shared by the ED staff and by the character of leadership displayed by the physician. A key point from the last section is that

authoritative leadership does not come from the physician so much as it inheres in the group, in the relationships among members, and the logic of their shared activity.

This characterization closely fits the description of faith and trust in God that Clay [49] provides in his description of religious economic development organizations. For Clay, God is "the world as it is and as it ought to be". Religious practice is an effort to live life in a group setting where the overriding purpose is to bring those two elements together. Participation in worship is an important part of that effort and leadership must be an important part of any discussion of church. A danger in any church organization, however, is that the aspects "invented by man" will override the larger purpose for each member of living a life guided by the larger, holistic vision of God. The term "invented by man" refers to structures that arise from the personal self-interests of participants and institutional features that come to be valued for their own sakes (the sin of idolatry) rather than because they serve as a vehicle for helping participants to live a life focused on God. Priests, clergy, lay leaders, and others can become absorbed with their own careers, with their personal preferences in terms of the symbols of worship, with in-group exclusivity, and with other aspects of organization that make the institutional machinery of church life inaccessible to the people who make up the worshiping body, congregation members.

Drawing on the experience of emergency medicine, we see that this image of church and worship is not restricted to the world of religion and to formal religious denominations. Although our research is directed at the Episcopal Diocese of Central Pennsylvania, members of our research group have explored other institutions based on faith including other denominations (the United Church of Christ [18], the Quakers [50], and the Old Order Mennonites [51] as well as Alcoholics Anonymous[2]). Discussion of the basis of AA organization in the spontaneous consensus of members about appropriate practices echoes Clay's dictum. A chapter works to the extent that members perceive that leaders are presenting the world as it is (in terms of the practical struggles of alcoholism) and as it ought to be (in terms of the ideals and understandings that are foundations for the AA movement).

Framing the discussion this way runs counter to important meanings of this paper's central concept, since in apostolic churches authority is derived from God and vested in bishops who are spiritually descended from Christ's Apostles. Since most of the research for this paper has been done as part of a participatory action research project conducted in the Episcopal Diocese of Central Pennsylvania [19, 20], this issue of apostolic authority is important. For the purposes of the discussion here, authority as an organizational concept has the narrower meaning given earlier. It is a style of leadership in which people consent to be guided and directed because they believe that their own interests lie in subordinating themselves. Even in an apostolic church like the American Episcopalians, this form of authority is fundamental to the structure and the effective governance of the institution. Although clergy and

structured, ritualized worship defined by church canons are a primary focus of attention in most churches, church life derives from members, their participation, and the fact that they rather than clergy, “own” the basic unit of organization, the congregation.

Covenant and Community

In a religiously pluralistic society, the choices to participate in religion and to affiliate with a denomination are personal ones. At one time, religious participation was related to one’s status in the local community but that began to change in the 1960s [52, 53]. Today participation tends to be based on individual feelings that spirituality is personally important and that its expression must happen in some community context. Often these feelings seem to be utilitarian or to involve a sort of consumption behavior (looking for groups of singles; liking the band that plays at a church; feeling that the children should be exposed to church). In our interviews of about 100 members of the Diocese [54] these practical motivations almost always were overridden by a sense that worship was central to church participation and that worshiping as part of a community was intrinsic. People usually reported that personal feelings and desires motivated their participation, but that personal spiritual disciplines were insufficient. Worship, while personal, was an act that requires communion with others.

One way of understanding this is that worship requires setting aside egocentric concerns and accepting that there is a larger meaning or mystery or force that one cannot control but which ought to guide one’s consciousness. This sort of phrasing is a sentiment one hears voiced among the religious and it also is intrinsic to the philosophy of [55]. It also expresses something close to Durkheim’s [56] conception that the community of meaning created in church is a social fact—an aspect of social reality whose impact can be demonstrated but that cannot be captured by direct observations of individuals. People tend to choose the Episcopal tradition because worship is embedded in a larger structure of membership, ritual, tradition, and meaning framed by the liturgy which guides worship services using the Book of Common Prayer [57]. This means that there is a structured process of worship reproduced in roughly the same way in each congregation, each Sunday (although there are wide variations in style). Yet despite the formality and apparent hierarchy embedded in Episcopal worship, worship is built from the ground up. The liturgy is a complex code of ritual signifying meanings and expressions of faith that individuals reproduce in a personal fashion as they engage in worship. While the priest guides the congregation and seems to be in charge, it is more accurate to say that the congregation (and especially more involved and spiritually committed members) come towards the priest emotionally through their participation. Through leadership the priest broadens and redirects the individual gestures of members.

This is a way of saying, obscurely perhaps, that individuals come to a church by forming a covenant with God. A covenant is a specific sort of organizational relationship [58]. Covenant

refers to a personal expression of commitment to an idea, a set of values, and a relationship that is not conditional on the behavior of others. Marriage is a covenantal relationship in which one vows loyalty even if one’s partner starts to make life difficult (by getting sick, by losing work, even by being annoying). Similarly, the people we have spoken to report coming to church out of a private commitment and perhaps out of need. They bring with them personal knowledge and history, they learn things about the religious tradition, and they find new ways of relating to the institution. This forms an armature for their participation in the community. Some skeptics see religious participation as passive and conforming. Our respondents reported that involvement is not a matter of giving over their sense of self to the direction of a coercive authority. Rather, participation in church is built on the faith that one’s covenantal relationship to God is shared by others who come to participate in the congregation. With this faith, people tend to be self-consciously tolerant of diversity. But they also participate because the congregation seems like a group that shares individuals’ understandings about community and because the style of worship and the actions of leaders do so as well.

Authority in a Multivalent Organization

The Episcopal Church like many denominations is highly institutionalized. It has an elaborate formal structure, a legalistic hierarchy, and an array of carefully specified rituals that together define the roles and proper behavior of leaders from the level of the congregation to the Diocese and the national church. The church has an active and complex polity structure that decides on policy at all levels of organization. It also has a long history with complex traditions that, in important ways, shape the organization and define proper and acceptable worship, church relationships, and understandings about power and influence. It is easy for leaders to fall into being bureaucratic functionaries for whom maintaining the organization is intrinsically important and for whom autocratic decision-making seems like a proper and unavoidable responsibility of office. When this happens, leadership authority tends to be undermined and the social cohesion of the membership corrodes. Social cohesion grows when members see their covenantal relationship to the congregation and to the diocese echoed in the actions of other members and the leadership.

The congregation is basic because of the idea that personal worship requires communion and submersion of the self in what believers call The Body of Christ. Leadership, in the role of priests, the bishop, and the diocesan staff, is also essential because it formally represents and exemplifies the Body of Christ. The symbolic force of the church rests in history and tradition. This includes the text of the Bible and subtle interpretations of its meanings. It also includes the traceable history of the church and its disciples, partially recounted in the Gospel but also contained in the historical narrative of the English and American catholic church (the World Anglican Movement and the Protestant Episcopal Church in the United

States of America). Priests teach this history and also give it life through the symbolic gestures of the worship ceremonies at which they officiate.

The challenge to priesthood is that the body of learning and tradition that forms the core of their professional knowledge has to be developed and expressed as a dynamic, problem-solving methodology, worked out in relationship to congregations and dioceses. In practice, this often does not happen well. The church continues because its traditions and meanings have independent significance for those worshippers who remain active in congregations despite dissatisfaction. To some extent church culture is an ideal, bound to be frustrated, that one's sense of faith and commitment to a congregation should be matched by an organizational form and by leadership that show understanding and whose actions enhance and buttress the commitment of parishioners.

However, the Episcopal Church, like most main-line Protestant denominations, is in decline [52], and partly because of failures in leadership. This is widely recognized and is addressed in the congregational development movement, which has assimilated insights from organizational theory and applies research on nonprofit organizations to the administration of congregations [59, 18]. This literature, however, tends to treat congregations as though they were firms and to analyze administrative aspects of congregational life in terms of discrete task modalities. This involves finding and filling a niche in the religion market of a local community, marketing the church, analyzing demographic characteristics of the surrounding community, and creating an efficient volunteer-management system. The critical self-study this approach encourages is very important because poor administration undermines community. It also is easy for this approach to be impersonal and insensitive to the dynamics of participation and of relationships.

Authority in church resides in the capacity of leaders to foster participation by members. This happens partly through personal relationships and partly through artful management of the grammar of worship. The challenge in personal relationships involves what Van Manen [34] describes as the "tact of teaching". For Van Manen, the central irony (and the central opportunity) of teaching is the asymmetrical nature of the relationship. The teacher is generally older, more experienced, and more educated about technical details than the student. But learning is something the student must do for him or herself. Telling the student the right answer provides limited help. An effective teacher must understand the viewpoint and personal development of the student. The teacher then gives advice and arranges tasks that allow the student to feel satisfaction about education and to move towards a higher level of sophistication, skill, and self-knowledge. The teacher cannot just tell the student what to do since students must discover the right way to be on their own. The student does not know what directions the teacher ought to give, but the student is likely to know whether instruction is being given with the tact Van Manen has in mind. In church life, there is a similar asymmetry of insight between leaders and followers

and personal teaching is an important aspect of priestly work. But effective congregational leadership is more about drawing individuals into community life and helping them find deeper fulfillment through different kinds of participation than it is about deepening personal spirituality.

This is a bold statement in these days when religion is so much understood in terms of individual values, private crises, and psychological fulfillment. The importance of participation-oriented leadership, however, goes back to the idea that people come to church in order to subordinate ego to a larger reality (called God). Worship is a symbolic language for achieving this same objective. That it is symbolic means that the details of meaning and relationship do not have to be explicitly worked out, as they are when a priest leads a group or instructs parishioners at other times during the week. Rather the symbols themselves have force in allowing participants to experience again satisfactions that come from faith and also to deepen personal insights through spiritual disciplines. Each individual finds his or her own meaning in the church service, but the service has evolved over time and is crafted to direct thoughts and feelings towards communion.

Although many of its details are specified in church canons, worship is not automatically effective. It is built around a grammar of gestures that the priest orchestrates, presents, and crafts to express religious understanding and to lead the particular congregation. In some respects being a priest is like playing a complex composition on a musical instrument. There is considerable art in the presentation and the artfulness of performance shapes the audience response. There is no one right way to play the instrument or perform the composition because it is partly based on the audience and the context. The virtuosity with which the performer manipulates the instrument and his or her capacity to speak to the moods of the audience affects the power of the worship service. The authority of priests tends to be personal. Some have more than others do. This is partly a matter of their institutional position. Personal authority also grows from fostering satisfaction and energy in participation and from orchestrating worship. While authoritative leadership is fused with the identity of the leader, it exists only because it meshes with what members are trying to do personally. Replacing this implicit consensus with power or institutional coercion undermines authority and gradually corrodes the cohesion and integration upon which the institution depends.

Authority as Dialog

One reason that authority as defined here is not developed as an organizational concept is that it tends to be associated with the exercise of power and coercive domination. This is partly a matter of language, since the term "authoritarian" creates confusion. It also stems from the important work by Max Weber [60], who identified three ideal types of authority: traditional, charismatic, and rational-legal. The three forms are understood to have an evolutionary relationship with each other, and the "highest" form results in bureaucracy. Weber suggests that authority is power made legitimate by the fact

that those ruled consent to being directed by those in control. We can accept that those in charge properly hold their positions while also feeling that a bureaucracy or other organization is rule-bound, hierarchical, and lacking in opportunities for giving voice. This is not the sort of authority discussed in this paper.

There also is much writing that relates authority to democratic governance. Actually, the writing mostly involves a critique since observers have argued that democratic organizations lose their participatory aspect over time, become oligarchic, bureaucratic, and exclude participation [61, 12, 13]. Chubb and Moe [36] make this point forcefully with respect to school bureaucracies, as does Harrison [62] with respect to the Baptist Convention. This perspective also derives from Weber whom Selznick quotes as saying, “In a democracy, the people choose a leader whom they trust. Then the chosen man says, ‘Now shut your mouths and obey me.’ The people and the parties are no longer free to interfere in the leader’s business [63]. Chubb and Moe [36] make exactly this criticism of school boards in arguing that participation and self-governance are essential for effective schooling.

Organizational dynamism and effectiveness are rooted in a style of leadership in which the concerns, interests, skills, and personal worth of the followers are inseparable from the focus and motivation of those in charge. This partly involves a kind of altruism or benevolence. But more deeply those subordinates who live the work of the school, the emergency room, and the church have practical responsibilities and tasks in front of them that they want to get done. To do those tasks, they need the presence and participation of a leader, but the leader is not a person telling them what to do. The leader may provide instruction or guidance, but more often the work involves a group and the group needs someone to beat the drum to set a pace of activity, of coordination, and of mutual acknowledgement.

In each of the settings discussed earlier, the leader is authoritative because he or she has a deep knowledge of the work in question and can help reason through the necessary steps of action with the followers. Authority is legitimate to the extent the followers believe the leader has this knowledge and also has a proper attitude of support and forbearance with respect to followers. With this legitimacy, an effective authoritative leader can move in front of the group, energize it, give meaning to the symbols of the institution, and fire the motivation of the followers. This quality of charisma is personal to the leader but it is important not to see effective leadership as a personality quality. Schools, emergency rooms, and churches require authoritative leadership so that the functional logic of the organization can build energy and effectiveness.

Children only learn effectively if teachers are authoritative leaders. If teachers are effectively authoritative, almost any style of instruction will work and children will learn almost regardless of what resources are available. Contrariwise, if authority has broken down, no investment in school resources

and no technology of instruction will be effective. This is the main lesson drawn from statistical studies of school effects analyzed by the educational researchers cited here. Schools are hopelessly undermanned organizations if teachers must use coercive power to get their way. Yet they are powerfully efficient engines for helping masses of children to learn if there is community support for the schools and consent for direction given by students to the teachers. Critics of Weber’s theory of authority have made this point [13, 64], and argued that Weber too much built his model around the idea that authority occurs when followers accept the system and believe that leaders have a legitimate right to hold office. Selznick points out that Weber created the typology of authority to explain societal evolution rather than to lay the groundwork for a theory of organization and management. We have distorted Weber to create a theory of organization and by so doing we have come to present the followers as occupying a passive role. Real situations fit such a description. Michels’s description of the German socialist party or Selznick’s description of large American voluntary organizations taken over by Bolsheviks is an example. In these contexts, organizational dynamics lead to oligarchy.

The model of authority described in this paper, however, involves organizations in which followers are not passively subordinate to leaders and an organizational structure. Rather students in schools, an emergency medical team, and church congregation members all involve people who must be creative in carrying certain tasks for their participation to make sense. When leaders become self-aggrandizing and egocentric, they become irrelevant or, worse, impediments to followers whose focus is on personal efforts to take care of their private business. Unfortunately, ideas about management in our culture tend to depict executives as autonomous decision-makers with the power to make decisions that shape the organizational lives of others. We encourage managers to seek ways of being more controlling with respect to their boards of directors, on one side, and their subordinates on the other. We have an image of organizations as being rule-governed, ownership and profit oriented, and bureaucratic. Just as our theories of management give advice to show managers how to be autocrats, anti-institutional values in our culture negatively picture large organizations as bureaucratic, rigid, domineering, self-interested and power oriented.

Participatory Organization

The authoritative leadership described in this paper is not meant as a comprehensive, alternative model to this cultural image of bureaucracy. It is, however, important for us to allow space for the sharply different organizational reality my examples present. In schools, the ER, and church, subordinates require that there be continuing dialog and an expectation that the leader can and, upon request will, rationally explain his or her actions and the desirable actions of the followers. Harrison [62] calls this form “pragmatic authority”, and describes it as basic to an effectively functioning congregation. Rothschild [64, 65] calls this “collectivist organization” and presents it as an extension of Weber’s [60] theory, saying it is a fourth

logical type of authority. The central point is that in three cases of this paper, individuals participate in their organizational roles as whole people, and the tasks they carry out are a central aspect of their personal orientation to life.

That orientation includes critical involvements that exist outside of the organization. Organizational participation is a vital and necessary part of that larger fabric of life: studentship for children who are part of families and communities outside of school; work roles of service for medical professionals; worship and congregational involvement for churchgoers. How individuals participate is shaped by those outside commitments and those commitments are likely to have a robust impacts on what people do as organizational actors. One manifestation might be value conflicts between the organization and outside constituencies. Labov [66], for example, documents how racial gangs pull talented ghetto young people away from commitment to school success.

The work itself, however, has its own compelling logic. People participate with passion and they care about their involvement and contribution producing the right effects and the right outcomes. When people are encouraged to deepen and broaden the quality of their personal commitment to tasks, they respond with energy, verve, and commitment. They are frustrated when they do not know how to complete a necessary task or when needed resources and cooperation are not available. By the same token they respond with loyalty, enthusiasm, and affection when leaders help by providing timely and effective instruction and make resources and team cooperation available. This is authoritative leadership. It is not a quality that primarily originates with the leader, however. It is possible because subordinates are committed, active, and involved already. The leader focuses and enhances their preexisting involvement and by doing so magnifies the energy and efficiency of the organization.

Conclusion

This paper is based on a conception of organizations as participatory. People come to their work in schools, emergency rooms, and churches as voluntary actors who want to better themselves, do good for the world, and anchor the mundane activities of their lives in a larger symbolic system. Participation is not, of course, entirely voluntary since children are legally required to attend and medical workers must be employed to be able to support themselves and their families. But children who learn effectively understand that it is important to themselves, their families, and their communities for them to be good students. When they do well, children also often enjoy school so its coercive aspects become mostly irrelevant to their participation. Similarly, medical workers may begin their employment with a hospital because they need a job, but people tend to seek out emergency room work because they want autonomy, care about helping people who are sick, and value opportunities to do things that are heroic [67].

When people bring private agendas and commitments to participatory organizations, leadership becomes problematic.

Bureaucratic styles of leadership that emphasize hierarchy, contracts, and coercion are not very effective because followers make their own decisions about what actions make sense, what priorities are important, and how resources should be used. Hierarchical officials usually have the power to control rule making and resource allocation, but if they clash with the desires and natural groups that exist among subordinates low level participants can easily undermine and challenge orders from on high. We can understand participatory organizations best if we see participation as based on covenantal relationships [58]. Covenants are agreements in which commitments are defined by values and obligations more than by exchange and interaction. Marriage is the classic covenantal relationship in that we commit to being loyal and supportive “in sickness and in health”—whether or not the relationship runs smoothly and turns out to be what we expected. When covenant guides participation, workers have personal, values-guided understandings of what their responsibilities and obligations are. In their work, they follow those feelings of obligation more than external commands from hierarchical superiors or other work imperatives that clash with their personally embraced sense of mandate.

We know that when the realities of a relationship clash with the values and expectations we brought to our participation, that loyalty breaks down and this often reflects a healthy and logical sense of self-preservation. We do not blindly stick to a marriage when things go bad, nor do we passively accept unfair demands from an insensitive teacher or boss. On the other hand, however, support for underlying commitments and values represents an important and widespread aspect of organizational work as numerous social scientists have recognized [68, 69, 35]. When workers orient towards their work using professional and personal values, centralized coordination becomes extremely difficult [67, 70]. The authoritative approach to leadership takes as its point of departure the assumption that participants relate to the organization in terms of covenant. They may not do that in fact—there certainly are many criticisms of physicians as being too oriented to their personal economic advantage rather than to broader service values [40, 71]. However, organizations like schools, hospitals, and churches come into focus and seem less chaotic when we understand that the process of participation, more than their products, are central to the commitments and experiences of members.

While personal motivations are diverse, there are opportunities for coordination if leaders orient their actions towards the three primary aspects of involvement that drives members. The first is a desire for growth and development guided by the wisdom and knowledge of experts. The second is a passion for carrying out their personal work commitments in a way that is on task, effective, and satisfying. The third is being able to anchor organizational work in a larger symbolic and idealistic framework. Authoritative leaders are individuals who effectively relate to followers in terms of these three tasks. In terms of personal growth, leaders need to understand the tact of teaching. They must accept that there is asymmetry

of knowledge, experience, and understanding between themselves and followers. Yet they must accept that the personal goals, orientations, and action styles of the follower must frame the way leader and follower interacts. By helping the student learn in her own terms, learning new skills, values, and ways of existing in the world from the inside out, the teacher effectively and sympathetically leads.

In terms of task management and coordination, it is important that the leader serve as a catalyst and an enabler. The team members do the work and the leader often is not centrally involved, even when the work is challenging and unfamiliar. Team members have to know their roles, trust in each other, and know that their personal competence and knowledge are respected. The team magnifies its ability to get work done if tasks are thoroughly distributed around the group, if patterns of interdependence are carefully and thoughtfully worked out, and if individuals are solidly backed up by the leader and her knowledge of expert practices [65]. On an effective team with a complex division of labor, the authoritative leader primarily empowers and legitimates subordinates rather than taking over the work and directing people about what to do.

In terms of the symbolism of the organization and its work, it is important to know that members are finding meaning and significance in their routine activities every day. Daily experiences of meaning are private, however, anchored in the idiosyncratic meanings people bring to their covenantal relationship to the organization. Private experiences are fragmented and when they are unusual and surprising one wonders whether they are products of imagination and day dreaming rather than evidence of great power and effectiveness in one's work. It is important for illustrative stories to be shared since they are the basis of myths. Selznick [3] argues that the central task of an organizational leader is to create and promote a myth of the organization. Myths must fit realistically with the experience of the organization while also holding out an ideal of values achieved and important goals to accomplish [72]. Authoritative leaders become truly charismatic when they can link effective myths to moments of sharing and to contexts that emphasize continuity and contextual relevance. In less rarified terms we call these rituals and traditions. Schools, hospitals, and churches all require that all three aspects of authoritative leadership are in play if they are to function effectively. Each has its own idiom for describing these elements and each has its own way of carrying out these processes. But in each institution, effectiveness and satisfaction depend on there being authoritative leadership.

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