Assessing Rural Community Empowerment:
What it takes to Think Innovatively
A Doctoral Research Proposal

by

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Abstract

Rural communities' capacity to absorb policy intervention towards sustained development could be improved if individuals thought innovatively as a result of increased empowerment and strengthened community organization involving individual and collective effort. The aim of the proposed study is to analyze the relationship between community members' empowerment and their innovative thinking, influenced by the social capital of their community organization and using health promotion as the intervening factor. Health, an essential element for development, implies individual's action through healthy lifestyles and behaviors as well as collective action. The study will take place in rural communities in the Amazon jungle of Peru and will test differences between communities with different intensities of health promotion activities.

Keywords: Rural communities, Social capital; Empowerment, Innovation, Health promotion, Poverty.

CHAPTER 1: INTRODUCTION

Despite consistent growth in the Peruvian economy over the past 6 years and the country's efforts to overcome poverty, close to 40% of the population remains poor, especially in the rural areas where poverty and extreme poverty reach 65% and 32% respectively (Instituto Nacional de Estadística e Informática Peru (INEI), 2008). In response to the situation, the Government of Peru has included poverty alleviation programs in the *Multiannual Macroeconomic Plan 2009-2011* (Ministry of Economy of Peru, 2008), with the intention of providing individuals with opportunities to thrive in search of their own good.

Efforts on the part of the Government of Peru may have limited effectiveness if some cultural elements that characterize the country are not addressed. In a study that fo-

cused on national cultural characteristics, Hofstede (1991) showed that Peruvian citizens were characterized by long distance to power and poor levels of individualism. Individualism and being closer to power would allow individuals to have improved perceptions of self-determination, control of behavior, and autonomy. Population conditions, such as poor levels of individualism and long distance to power, limit the effectiveness of leadership to improve socioeconomic indicators in the country. Moreover, under these conditions, good macro-economic indicators would have the effect of increased inequality (House, Hanges, Havidan, Dorfman, & Gupta, 2004). It is therefore important to have a better understanding of what could change the cultural dynamics and what rural populations could do to overcome poverty. Limited information was found about what triggers rural community members' innovation

for improving their economies and living conditions in a sustained way. Increased empowerment may play a role in community members' innovation.

The empowerment of individuals is a critical component for transformation and innovation, acting with other elements of the local context such as the social capital of organizational cultures. The concepts of social capital, empowerment, and innovation belong to the area of management; therefore, management tools, concepts, and strategies may be adapted to support rural community organizations' innovation and development.

The identification and measurement of social capital, empowerment, and innovation in rural communities may allow a better understanding of the factors that trigger individual change and increase the capacity of communities to use poverty alleviation policies in a sustained way. Organizational culture in the realm of human relationships can have a powerful influence on empowerment because it provides a context for doing or performing meaningful tasks, which is the basis for empowerment.

The identification of the cognitive elements of empowerment described in the model developed by Thomas and Velthouse (1990), allows for the measurement of empowerment and assessment of the causes and consequences of empowerment by analyzing the completion of a meaningful task in terms of its meaning, competence, choice, and impact. The consequence of empowerment could be the initiation of a new set of activities or innovation. It is possible to assess innovation following the theory of planned behavior developed by Ajzen (2005). According to Ajzen, the intention of the behavior is stronger and more likely to occur if the individual's belief in the positive value of the behavior, the social referent's acceptance of the behavior, and the actual capacity to perform the behavior are strong.

The proposed study will address the question of whether the empowerment of rural community members is related to their intention to start a new activity. Theories related to organizational culture, empowerment, and innovation will be used as well as theories about the influence of empowerment in entrepreneurship and the role of organizational culture in empowerment. The theories have been tested in business organizations but not in rural community organizations with the intention to overcome poverty. The theories will be used based on the premise that an organization's culture is not separate from the society's culture (House et al., 2004).

In the proposed study, health promotion interventions will constitute the intervening variable because health promotion strengthens social capital in a community organization by influencing culture through elements such as mutual collaboration and trust (Flynn, Ray, & Rider, 1994). In addition, health promotion provides the opportunity for accomplishing success stories that lead to perennial positive health behaviors and activities that promote community health (Brune, Bossert, Bowser, &

Solis, 2005). Effective collective work in health promotion activities, such as the management of household use of potable water, hygiene, healthy nutrition habits, childcare, and healthy family behaviors, are based on values such as trust, cooperation, and collaboration, and have resulted in increased empowerment of community members in rural communities and contributed to strengthen community organizations (Flynn et al., 1994).

The proposed study is applied and quantitative. The aim is to analyze the relationship between the empowerment of community members and their innovation intention in the context of the social capital of community organization and its bearing on the nature of human relationships. The purpose of the study is to contribute to the understanding of the dynamics of rural communities in order to improve the effectiveness of regulations and policies that promote sustained economic development in the rural context of Peru.

Background of the Problem

Peru is a country with an estimated population of 28,220,764 habitants, 30% of whom are living in the rural areas (INEI, 2008). Despite the fact that Peru is considered a middle-income country with an average 7% annual growth of GDP over the past 6 years, it has high levels of poverty and inequality. In the rural areas of Peru, 64.6% of the population is poor or extremely poor, while in urban areas the incidence of poverty is 25.7%. Development indicators such as infant mortality, maternal mortality, and literacy are also three times worse among rural Peruvians than in the general population (INEI, 2006a).

Poverty in the jungle of Peru is almost 10% more than the national average, and in the rural jungle, 72.5% of the population are living below the poverty line (Sanchez-Paramo et al., 2006). Another condition that makes overcoming poverty difficult is the lack of employment, especially in rural areas. One third of the 12.5 million working-aged Peruvians live in rural areas, but only 2% of them have access to full employment (Escobal, 2001). In May 2006, only 4.53% of the rural population in Peru had access to information communication technology (ICT) and the use of cellular phones (INEI, 2006b), despite the fact that the availability of basic and advanced infrastructure for ICT in less developed countries is correlated with faster growth, more investment, and higher production and profitability (World Bank, 2006). In the rural jungle of Peru, radio is the main source of information, and yet only 30% of households have access to a radio (United States Agency for International Development [USAID], 2006).

As part of poverty alleviation programs, in 2005, the Government of Peru initiated JUNTOS, a program of conditioned cash transfer (CCT) to poor households in rural areas. The purpose of the program was to decrease children's undernourishment. The program was expected

to lead to overcoming poverty in the long term (Ministry of Economy of Peru, 2008).

The CCT pertains to activities such as attending health facilities for ante-natal care, infant healthcare, and school attendance. Several CCT programs are already in place in Latin America, including *Oportunidades* in Mexico, and other similar programs in Brazil, Nicaragua, Honduras, Colombia, Chile, and Jamaica. Some of the programs have shown improvement in child health, growth, and development (Fernald, Gertler, & Neufe, 2008). However, the role of the CCT in poverty alleviation has still not been shown, despite the fact that some programs have already been running for 10 years. Furthermore, the planning for whether to end or modify programs for given beneficiaries in the JUNTOS program is still pending (Dìaz, Huber, Madalengoitia, Saldaña, & Trivelli, 2008).

The CCT programs could improve their effectiveness in the fight against poverty in the short term by including health promotion activities to increase empowerment and social capital in rural communities along with the conditioned cash transfers. Health can influence development and overcome poverty because good health influences productivity, competitiveness, and good governance (WHO, 2008). Health can be improved by improved quality of healthcare services, but it is improved mainly by health promotion (Callahan, 2000).

By adopting healthy lifestyles and healthy behaviors, individuals become less ill (WHO, 2008). Moreover, healthy individuals seek healthcare before they have health complications and are treated at the earlier stages of a disease, thus demonstrating better outcomes and less expensive treatment (Callahan, 2000). Ill health, disabilities and health expenses were the cause of becoming poor for 85% of the households in rural communities in Peru (Krishna, Kristjanson, Kuan, Quilca, Radeny, & Sanchez-Urrelo, 2006).

Health promotion not only negatively influences the downward spiral into poverty, but health promotion also promotes development because it strengthens community organization and empowers community members to encourage perennial change for the better (Flynn et al., 1994). Communities and individuals might better integrate social and economic policies if the policies are organized and acknowledged their own capacity to change some of their living conditions and obtain welfare.

The proposed study is built on a health promotion project that has been implemented by USAID through the Healthy Communities and Municipalities (HCM) Project (USAID, 2008) in rural settings in the Amazon jungle in Peru since 2004. The project aims to improve measurable health indicators through interventions led by the community members. Community members became highly motivated to cooperate in creating self-assessments of their living conditions, preparing local development plans, and implementing pragmatic initiatives. The projects were feasible through organized community

members own efforts with support from the USAID project. However, in the absence of the external support, the collective work, such as the building of latrines, proper waste disposal facilities, and cleaned pathways declined, and community members became discouraged after the second or third initiative.

In order to address discouraged community members, the USAID project introduced an additional strategy, to increase the awareness of community members about individual gains in addition to the already accomplished collective work. Data about children and mothers health improvement by household and community care was collected through obtaining children's birth certificates; information about hygiene practices, such as hand washing to decrease diarrhea; immunization, breastfeeding and good weaning; nutrition practices, antenatal care; and skilled birth attendance. The infant and maternal health indicators were tested for acceptance and were found to be highly empowering because individuals realized they were the ones who made the change for their own benefit. However, the sustainability of community efforts depended as well on the State's presence, infrastructure and funding.

Over the second and third years of the project, in the search for sustainable change, the project promoted the involvement of the local district government in the development of a community information system and health providers of local facilities to support the incipient processes of community organization and individual's empowerment. Community members, community organizations, and local and regional governments who invested their own resources in order to continue the activities accepted the project's strategies. Among the many queries remaining for the project implementers were whether acceptance had to do with the perception that community members were able to work towards their own benefit (USAID, 2008). The use of management tools to build social capital and empowerment seemed to work, at least in terms of the initial improvement in measurable indicators of hygiene practices, solid waste disposal facilities, breastfeeding, children's birth certificates, use of clean drinking water, improved nutrition, and declining diarrhea in children (USAID, 2008).

The Government of Peru is committed to investing in overcoming poverty and inequality (Ministry of Economy of Peru, 2008). In addition to the CCT programs, the Government of Peru has implemented plans to strengthen other areas of infrastructure development for rural areas such as transport, communication, and micro-credit. It is recognized that simultaneous investment in more than one infrastructure service will raise the marginal rate of return to rural infrastructure investment (Escobal, 2005).

Some of the development activities coincided with the proposed study's geographic area, but did not address the specific aspects of community organization nor individual's empowerment. In the study of perspectives of

organization development, Cohen and Levinthal (1990), developed the concept of absorptive capacity for learning and innovation in the organizations, and argued that the cognitive structures of the community that underlie learning are strengthen when new knowledge is built on prior related knowledge. Therefore, it is important to build community absorptive capacity for the analysis of other related innovative activities, including the State`s policies to overcome poverty. However, it is necessary to previously build the knowledge and empowerment of the community members because the organization's absorptive capacity depends on the absorptive capacities of its individual members (Cohen & Levinthal, 1990). In this way the building of relevant knowledge in community organizations and community members could give rise to creativity, permitting links that were not considered before. Use of health promotion interventions and management tools could support efforts for more favorable outcomes.

Problem Statement

Poverty affects important segments of the population of Peru despite the fact that economic growth has been sustained for more than six years. According to the Ministry of Economy of Peru's (2008) *Multi-Annual Macroeconomic Plan 2009-2011,* such growth will not be sustainable unless programs address the needs of the Peruvian poor who make up approximately 39.3% of the population (INEI 2008a).

Many poverty alleviation efforts have been implemented over the past three years. However, poverty has increased in the rural areas where most of the extremely poor live according to assessments of monetary expenditures of INEI (2008a). Moreover, indicators like caloric intake deficits affect as much as 50% of households in some rural areas of Peru; average increased from 44% in 2007 to 46.2% in 2008 (INEI 2008b)

Sustained development requires Peru to make effective public investments in human development, specifically health and education. The Government of Peru is increasing its investment in social programs, such as the CCTs for children's health and nutrition, which will have an impact in the long term; but, at the same time, the CCT and other programs could be an opportunity to build sustained development in the short term. It is important that Peru provide support to build social capital in the smallest societal structures, such as the communities, which are the fabric to socially sustaining the effectiveness of CCTs. In addition, it is important that Peru take advantage of opportunities provided by the CCTs to empower and enable citizens to embark on innovative action.

Some management tools to strengthen rural community organization and community members' empowerment could be used to help increase the effectiveness of poverty alleviation policies by enhancing the absorptive capacity of communities to use programs more effectively by

promoting social capital and empowering community members to manage meaningful tasks. Management tools have been tested in different types of industries and goods and services organizations, but could also be adapted to promote and assess changes in rural communities to aid overcoming poverty and promoting sustainable development initiatives. The remaining challenge is to adapt organizational tools for use in rural communities.

In the proposed study, theories and tools for empowerment, innovation intention, and social capital will be used and adapted to assess their potential use in monitoring the effectiveness of development programs in rural communities of the Amazon region of Peru. The project is based on the insight that innovation is more likely to occur when organizations grow and workers are empowered. It is plausible to extrapolate the insight and claim that rural communities that increase their social capital and have more empowered inhabitants will also seek out innovative solutions to improve their lives. To this end, the proposed study will take place in rural communities of the Amazon jungle. The focus is upon analyzing aspects of empowerment, social capital, and innovation using individual and collective health promotion interventions.

Purpose of Study

The objective of the study proposed is to examine how health promotion interventions aimed to improve living conditions could relate to the social capital of rural community organization, as well as how the different levels of social capital correspond to the empowerment of the community members and their innovation intentions. The study aims to contribute to an understanding of the community as the physical and normative setting where individuals' ideas for innovation can be developed and used to creatively absorb policies to overcome poverty, thus addressing the question about whether strengthening social capital in the community could ease individual empowerment and innovation intention. In the study, conditions that build social capital in community organization are linked to the empowerment of community members through obtaining the birth certificates for the children and innovation intention through the healthy behavior of boiling water for drinking.

Significance of the Study

The study proposed will analyze the relationship of empowerment and innovation intention in communities with different levels of social capital. The comparison has not been explored in the Peruvian rural context, and the possibility of assessing social capital, empowerment, and innovation intention through health promotion interventions provides an opportunity to highlight the potential of health to affect other development processes. If community members are able to improve their health,

they can successfully address other development factors (Krishna, 2000). If individuals practice health promotion, and they and other members of the community experience the benefits of health promotion, they will experience increased empowerment leading to continue practice of healthy behaviors linked to different areas of development considered determinants of health, such as income generation, education, water and sanitation, rational use of natural resources, and the enforcement of human rights (WHO, 2008). Thus, the accomplishment of health outcomes through health promotion can act as a catalyst for development.

The significance of the proposed study is based on the finding of a possible correlation between empowerment and innovation in communities with increased social capital. The results of the research will contribute to the understanding of the community as a learning organization for community members, and therefore, to the importance to intentionally strengthening social capital in addition to individual's empowerment in the programs in order to overcome poverty. Policy makers, as well as healthcare managers and academics will benefit from the outcomes as well as the methodology in which the topic of health promotion to assess the variables for the study was selected. The topic of health promotion could vary with the context, but the method to select the health promotion topic would remain valid. The significance of the study is also based on the finding that management tools used in other types of organizations can be applied to rural contexts to help monitor the impact of programs for overcoming poverty.

Nature of the Study

The paradigm of the proposed quantitative, applied, and cross sectional study is to test whether a correlation exists between empowerment and innovation intention in the context of increased social capital, with health promotion interventions as the intervening factor. The data will be collected with a survey applied in rural communities of the Amazon jungle of Peru. Also assessed will be the differences in social capital between communities where activities for health promotion have been in place for the past three years, as opposed to other nearby communities where those activities have not yet taken place.

The questionnaires to analyze empowerment, social capital, and innovation intention will be applied to four members, either leaders or members of community groups of a sample of 131 communities, selected by convenience in the geographic area of influence of the HCM Project; 85 of the selected sample of communities have worked with the project. The proposed study will include a confirmatory factor analysis for the instruments developed for theories to assess empowerment (Spreitzer, 1995), and innovation intention (Ajzen, 2005) that have been tested in different organizations. Questions to assess

social capital, according to the context of the study area, will be selected from the questionnaires developed by Krishna (2000).

Research Questions

Based on the problem statement, the research questions are the following:
1. To what extent is the social capital in community organization related to the health promotion interventions of the HCM project?
2. To what extent is the social capital of the community related to the empowerment of individuals in that community?
3. To what extent is the social capital of the community related to individual's innovation intention in that community?
4. To what extent the correlation between empowerment and innovation intention varies with different levels of social capital of communities?

Hypotheses

The following hypotheses were generated, based on the research questions:

$H_0 1$: The social capital of the community is not related to empowerment.

$H_1 1$: The social capital of the community is positively related to empowerment.

$H_0 2$: The social capital of the community is not related to innovation intention.

$H_1 2$: The social capital of the community is positively related to innovation intention.

$H_0 3$: The correlation between individual's empowerment and innovation intention does not change with social capital of the community

$H_1 3$: The correlation between individual's empowerment and innovation intention changes with social capital of the community

Theoretical Framework

The empowerment of individuals is a critical component for transformation and innovation (Drucker, 1985). At the same time, organizational culture provides the context for empowerment, and the stronger the social capital, the better the conditions for empowerment and innovation (Brune et al., 2005). As seen in Figure 1, the model for the study shows the influence of social capital on individuals' empowerment and innovation using health promotion interventions as the intervening variable. In the model, empowerment occurs when individuals realize their effectiveness in changing existing living conditions. Empowered individuals can also start planning plausible interventions in the community for further improvement with innovative actions. Health promotion activities will

be the vehicle to test the model because health promotion activities can influence empowerment, a community's organizational culture, and innovation.

Figure 1. Model of the study: Relationships between empowerment, innovation intention, and community social capital.
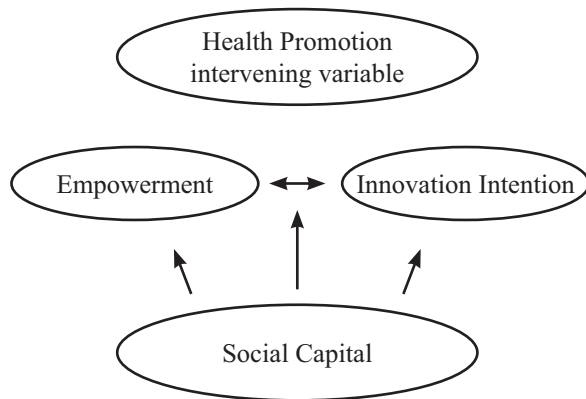
Definition of Terms

The main terms used in the proposed study will be social capital, empowerment, innovation intention, and health promotion.

Organizational Culture and Social Capital

According to Schein (1992), organizational culture influences individuals and organizations. Culture is a determinant of the attitudes and behaviors of the organization's members, and, as such, culture helps to explain organizational culture and organizational effectiveness (Schein, 2004). In daily life, shared basic assumptions that operate unconsciously along with learned responses to problems determine individual behavior. The basic cultural assumptions are about the nature of reality, truth, time, space, human nature, human activity, and human relationships.

The basic assumption about the nature of human relationships can provide the framework for understanding how the activities of community members make sense for them and influence their empowerment, as well as how the outcomes of those activities in the context of the community culture can influence change. The structure and values of the organizational culture constitute the concept of social capital (Grootaert & Van Bastelaer, 2001), which can be assessed through cognitive elements such as trust, solidarity, and tolerance; and structural elements such as community participation, community identity, and community leadership (Krishna & Shrader, 2000).

The shared assumptions in the community contribute to making sense of some tasks and provide meaning to

the tasks that individuals attempt. Organizational culture increases perceptions of empowerment amongst the organization's members when the tasks are successfully accomplished (Sigler & Pearson, 2000).

Empowerment

The organizational environment strongly influences empowerment because the organizational environment can provide constraints or opportunities for individuals who actively perceive those environments, and who set their minds and behaviors to have more influence on their objective reality (Thomas & Velthouse, 1990). Empowerment was first described in the discipline of religion in 1966 in terms of sharing power and then in different disciplines including management. The concept evolved from a focus on enabling individuals and human welfare to a focus on fostering productivity. As such, the construct had different meanings depending on the evolution of different disciplines. The term as used in management disciplines implies enabling and fostering human welfare and productivity, but not sharing power (Bartunek & Spreitzer, 2006).

The definition of empowerment in terms of enabling individuals is based on the intrinsic need of individuals for self-determination and allows for the assessment of the empowering effects of different interventions (Conger & Kanungo, 1988). Individuals' internal needs for self-determination and power are met when they perceive that they can cope with the situations and people they confront. Any strategy that strengthens the need for self-determination or self-efficacy beliefs will enable individuals feel more powerful. Through empowerment, individuals will strengthen their personal expectations of efficacy, or their "can do" attitude (Conger & Kanungo, 1988).

Empowerment is defined in terms of four cognitive elements: meaningfulness, competence, choice, and impact. Individuals increase their level of empowerment if the task has a meaning to them, if they are able and competent to perform the task, if they have the choice to do the activities, and if they have a positive result which they can attribute to themselves (Thomas & Velthouse, 1990). Empowerment is critical for the systematic search for opportunities for change and innovation (Drucker, 1985).

Innovation Intention

Innovation can be divided in two phases, namely, innovation intention and innovation implementation. The proposed study will assess the innovation intention as the best proxy for innovation behavior or implementation by following the theory of planned behavior (Ajzen, 1991). The theory of planned behavior postulates that human action is guided by three kinds of considerations: beliefs about the likely outcomes of the behavior and the evaluations of the outcomes, or *behavioral beliefs;* beliefs

about the normative expectations of others and motivation to comply with the expectations, or *normative beliefs;* and beliefs about the presence of factors that may facilitate or impede performance of the behavior and the perceived power of the factors, or *control beliefs.* The theory of planned behavior postulates as a general rule that the more favorable the attitude and the subjective norm and the greater the perceived control, the stronger the person's intention to perform the behavior is. The behavior assessed needs to be defined in detail for target, action, context, and time (Ajzen, 2005).

Health Promotion

Health is a basic element for development and inversely influences poverty (WHO, 2008). Research conducted about perception of poverty in households of rural communities in two regions of the Peruvian highlands showed an overall net decreased perception of poverty of 19.6% during the period 1979-2004; however, this result came from 29.4% households escaping from poverty and 9.8% becoming poor. Of the total 27.6% of households that were poor in 2008, 9.8%, which is one third of the poor in 2008, were not poor in 1979. Poor health was the main reason given for the descent into poverty. Of the households that had fallen into poverty 77% in one of the study area, and 85% in the other, cited ill health, disabilities, and health expenses among the foremost reasons for their descent into poverty (Krishna et al., 2006).

Health can be improved by attending to the quality of services, but the gains will be perennial if the practice of healthy lifestyles and health promotion is also supported. When individuals practice healthy behaviors they are less prone to becoming ill, and when they do become ill, the disease can be treated at an earlier stage with a better outcome than if they requested services at the latter stages of a disease at more costly interventions (Hay, 2007, Joumard et al., 2008). Healthy lifestyles and health promotion are affected by the social determinants of health, such as education, housing, income, and nutrition (WHO, 2008). At the same time, the infrastructure of development suggests that when individuals manage one area of development well, they can also manage well the other areas (Escobal, 2005).

Health promotion requires individual and collective action. Healthy behaviors that promote health, such as breastfeeding, hand washing, hygiene, sanitation, nutrition, malaria mosquito control, waste disposal, and living in harmony, require individual behavior and collective action to be sustainable and to have an impact on families and communities (WHO, 1998). When a combination of individual and collective action is successful, community organization is strengthened (Flynn, et al.,1994). The same with the empowerment of individuals who are aware of their ability to manage meaningful tasks and are able

to do them; thus, individuals can attempt new challenges and use resources available to live better (Flynn et al., 1994; Brune et al., 2005). In this way, health and health promotion in the realm of social capital and empowerment can contribute to development. Social and economic policies to overcome poverty can be better integrated by communities with increased social capital and community members that are empowered.

Assumptions

It is assumed that the theories and tools that will be used in the study are applicable to rural settings. Except for the theory of social capital, the theories to be applied have been tested in different settings, namely business organizations. It is plausible that the theories tested in organizations can be applied to societies because organizational culture is a reflection of the culture of society (House et al., 2004). Therefore, the instruments used in organizations can be adapted to society. The topics selected to analyze empowerment and innovation intention correspond to the current context of development of rural communities. The community members who will answer the questionnaires are people who are knowledgeable about community organization and functioning and have experienced health promotion activities, either through the HCM project or elsewhere. It is expected therefore that they have clearer ideas about the changes and innovations to improve their living conditions.

Limitations

The study will use health promotion interventions as a basis for assuming empowerment. Other activities such as economic activity have not been considered because little information about economic activity is available from the rural communities. Two variables that can influence innovation intention in community organization will be considered in the study: empowerment and social capital. Other variables such as income, education, poverty level, geographic access, or type of economic activity will not be considered.

Consideration will be given to only five elements as features or assumptions of social capital: trust, solidarity, tolerance, community social participation, and democratic participation. Other assumptions such as organizational density will not be considered, because individuals in small rural communities that have an average of 60 families do not usually have a choice of groups to which they may belong. Krishna and Shader (2000), recommend that topics and questions are also selected for the context. It is necessary to select the most important features that define cultural assumptions in rural community organizations.

The study will be conducted in rural communities of the Amazon jungle of the regions San Martin and Ucayali in Peru; therefore, the results will have to be interpreted in

the context of the socioeconomic and political situation of that area. Studies about empowerment practices and social capital in rural community organizations are limited. Instruments developed in different countries for business organizations will be adapted and applied in community organizations in the proposed study.

Delimitations

The proposed study is located in rural communities in the Amazon basin in regions San Martin and Ucayali in Peru. The study is a cross sectional design and the objective is to find a valid relationship between the variables in one point in time. It will not provide information about the process of building the empowerment of innovation intention like a longitudinal study could do. The information to be collected is about the perceptions of individuals and therefore the risk of bias in the individuals' answers exists. The sample of communities was selected by convenience and is not probabilistic. Even if it were the intention to select a random sampling, the type of data that would permit random sampling was not accessible. The study will involve establishing possible correlations between variables and is not a study about causality between variables.

Conclusions

The consistent economic growth in Peru has not been paralleled by the same intensity of change in social indicators and a decrease in poverty levels in its rural areas. The Government of Peru is investing in addressing the priority of overcoming poverty, and need exists to identify what could make the efforts more effective or enable communities and individuals to effectively use the policies and programs to overcome poverty.

The capacity of communities and individuals could benefit if interventions that increase social capital in community organizations and individuals' empowerment and innovation intention are analyzed. Health promotion interventions can provide the vehicle for the process of change. The proposed study will adapt management theories and tools to assess empowerment and innovation intention in individuals and social capital in rural community organizations.

CHAPTER 2: LITERATURE REVIEW

The three variables of interest in the study, namely, the social capital of organizational cultures, empowerment, and innovation, can exist within a given organization: organizational culture influences individuals' lives. But individuals also modify organizational culture: empowerment in individuals is influenced by organizational culture; at the same time individuals, through innovation, can modify organizational culture. Health promotion is the in-

tervening variable in the study. The literature review is organized according to the four variables of interest, emphasizing the relevant knowledge about the relationships amongst social capital, empowerment, and innovation, as well as the variables' connection with health promotion.

Organizational Culture and Social Capital

Culture is the subtle setting where the life of individuals and their relationships take place; culture is about basic shared beliefs or assumptions that operate unconsciously and are taken for granted by an organization's members. Cultural assumptions are learned responses to problems that the organization and its members face in their efforts to alleviate pressures from its external environment, and maintain its internal integrity with answers that are reliable and repeatable (Schein 2004). The features of a culture are thus the shared motives, values, beliefs, identities, and interpretations or meanings about significant events that result from common experiences of members of collectives and are transmitted across generations (House et al., 2004). Culture, therefore, is created by individuals and influences individuals' lives, but can also be modified by those individuals (Schein, 2004). Hofstede (1991) contributed to the understanding of countries' national cultures by characterizing cultures in a four-dimensional model: power distance to authority, collectivism versus individualism, femininity versus masculinity, and uncertainty avoidance.

Basic Cultural Assumptions and Dimensions

The basic assumptions in Schein's (2004) theory of culture are concerned with the nature of reality, truth, time, space, human nature, human activity, and human relationships. Assumptions about reality and truth define what is real and what is not real in a culture. Assumptions about the nature of time define the importance and measurement of time. Assumptions about the nature of space are defined, for example, in the distribution and use of space. Assumptions about human nature mean that an organization assumes that humans are good, evil, or neutral. Assumptions about the nature of human activity inform organizational members of the right way to relate to the environment. Assumptions about the nature of human relationships influence the way people relate each other and deal with issues of power, influence, and peer relationships.

Culture and Social Capital

The concept of values and the basic assumptions of culture with respect to human relationships have been examined with the concepts of cultural structures and cognitive elements in organizations under the concept of social capital (Grootaert & Van Bastelaer, 2002). The term

social capital is new; it arose in 1993 and is defined in terms of the coherence between culture, norms, values and the institutions in which people are embedded. Social capital holds group's values, beliefs, and attitudes as the *cognitions* of the culture, while the concept of the *structure* of the culture conforms to horizontal organizational structures; collective, decision making processes; the mechanisms for accountability of leaders; and practices of collective action and responsibility (Krishna & Shrader, 2000).

Krishna and Shrader (2000) applied their concepts in research about the impact of poverty alleviation programs and developed the Social Capital Assessment Tool (SCAT). The instrument used constructs to assess the variables such as trust, solidarity, tolerance, community participation, community identity, and community leadership. Brune et al. (2005) used the SCAT methods and tools to assess social capital in rural settings in Nicaragua and found that communities exposed to training in community leadership and management had better health outcomes than those not exposed to the training.

Cultural Elements in Latin America and in Peru

In dealing with assumptions about human relationships, Hofstede in 1991 referred a study that analyzed the cultural values of IBM employees in 53 countries that were similar in all respects except nationality. Hofstede discovered four dimensions of cultural variation: power distance to authority; collectivism versus individualism; femininity versus masculinity; and uncertainty avoidance. Hofstede (1991), through a different study on 20 countries, added a new dimension of cultural variation: the long-term orientation versus the short-term orientation.

House et al. (2004), in the project GLOBE, differentiated culture and values in organizations and described, with little variation, the same variables of culture that Hofstede (1991) described for nationalities, namely, future orientation, gender equality, assertiveness, humane orientation, in-group collectivism, institutional collectivism, performance orientation, power distance and uncertainty avoidance. House et al. (2004) supported the idea that organizational culture reflects societal culture and the plausibility of adapting findings about the culture of societies to the culture of organizations and vice versa. Furthermore, the GLOBE project (House et al., 2004) involved the participation of leaders of countries, and the outcomes of leadership were assessed in terms of the acceptance and effectiveness of the social culture in addition to organizational culture.

House et al. (2004) studied cross-cultural generalizability of charismatic leadership in organizations thorough the GLOBE project. The project involved 17,300 managers of 951 organizations in 62 countries. Studying the relationships among culture, societal functioning and leadership, as well as the practices and values useful for distinguishing among different kinds of organizations by

region and country, House et al. concluded that large power distances and dependence on authority characterized most countries in Latin America; under those circumstances, autonomous leadership is ineffective.

Hofstede (1991), in his study of the cultural characteristics in 53 nations, also found that most Latin American countries, and specifically Peru, were included in the group of countries with low individualism as opposed to collectivism and a large power distance index. Peru was ranked 45th out of 53 in individualism and 21st out of 53 in power distance. The latter corresponded to cultures in which people are dependent, especially on power figures. In cultures in which people are independent, people are usually less dependent on powerful others (Hofstede, 1991).

Furthermore, the GLOBE project described two additional findings in countries with a large power distance: (a) correlations with a limited number of scientists per net or gross national product, limiting the countries' capacity for innovation; and (b) economic growth often resulted in unemployment and, instead of helping the poor, made their position even less satisfactory. Empirically, the findings corresponded to countries with low societal health and little human development (House et al., 2004).

Cultural Change and Group Transformational Leadership

The findings in the GLOBE project (House et al., 2004) provides a sense of the urgency with respect to cultural change in order to improve living conditions in countries like Peru that are already characterized by inequity and the high prevalence of poverty. Individual and group transformational leadership can play a role in changing culture by promoting individuals' interdependence, accountability, active creative participation, and innovation (MSH, 2005).

In the proposed study, group leadership is an important element of analysis because it relates to the building of social capital. Group leadership has been observed in health promotion interventions when communities have successfully modified living conditions through collective action (Flynn et al., 1994). A close link between culture and leadership concepts is apparent: the concepts are considered two sides of the same coin. Leadership is fundamental for creating, managing, and changing cultures (Schein, 2004). On the other hand, culture is a determinant of attitudes and behaviors that help to explain organizational culture and organizational effectiveness. Therefore, it is essential for leadership to understand and analyze organizational culture and examine the dynamics of groups in order to develop effective strategies when addressing change in an organization's culture.

Schein (2004) studied organizational culture and developed a method that is useful for understanding

organizational culture and changing it. The method consists of four stages: systematic observation to identify phenomena; continuous observation to verify repeated patterns; engaging in dialogue with a motivated insider and sharing the patterns found with the intention to decipher; and finding an explanation for patterns that define the organization's culture. In order to change culture, it is important to discover the pattern of that culture, explain the pattern, and then modify the pattern.

In order to create a major change in organizations, Kotter (1995) also described an eight-stage process or sequence: establishing a sense of urgency, creating the guiding coalition, developing a vision and strategy, communicating the change vision, empowering broad-based action, generating short-term wins, consolidating gains and producing more change, and anchoring new approaches in the culture. Kotter's sequence is evident in three elements to the study: a culture that needs to be changed, the innovation idea, and the empowering of individuals by anchoring new ideas within the culture.

The effectiveness of leadership in changing organizations will depend, however, on the stage of development of the organization because each phase of development has its own challenges and organizations learn from their experiences (Granier, 1998). Jones (2004) described the life cycle of organizational development as a predictable sequence of stages of growth and change: birth, growth, decline, and death. The first stage will take around 10 to 15 years. Leadership in these contexts can be defined in terms of the needs of the organization and predominant action as entrepreneurs, administrators, producers or integrators according to the development phase of the organization.

Most rural communities in the jungle of Peru belong to migrant groups with less than 10 years existence (Sheahan, 2001), and thus the communities correspond to the birth or first stage of the life cycle of organizational development described by Jones (2004). More specifically, the structure is not yet formalized; it is still flexible and responsive, allowing the organization to adapt and perfect its routines to meet the needs of its environment. The entrepreneurial action of leadership in these new rural communities, in early stage of organizational development. Health promotion interventions can be a vehicle to shape these communities toward effective development based on the concept that at this stage of the community's organization, the chance for more empowerment of organizational members exists (Jones, 2004).

Health Promotion

Health, as defined by the World Health Organization (WHO) in its constitution in1948, is a state of complete physical, social, and mental well being, and not merely the absence of disease (WHO, 1998). Health is not the object of living but an everyday resource. It is a fundamental human right that has prerequisites such as peace, economic resources, food, shelter, a stable ecosystem and sustainable resources use, which explain the links of health to political, social, and economic conditions and to sustained development.

A main indicator of development in a country is the average life expectancy at birth of its population. While in Japan or Sweden, the average life expectancy of the population is 82 years, in Peru it is 72 (WHO, 2008). The poorest countries have high levels of illness and premature mortality. Differences in life expectancy between countries are also seen worldwide.

In the context of health promotion, health is considered a resource that permits people to lead individually, socially and economically productive lives (WHO, 1998). Health promotion is the process of enabling people to increase control over, to improve their health and the determinants of their health. It involves individual and community action towards changing social, environmental, as well as economic conditions to alleviate their impact on public and individual health. Therefore, health promotion is an element of development that allows for the analysis of the variables social capital, empowerment and innovation, which are the variables for the proposed study.

The definitions of concepts for health promotion were established in the Ottawa Charter in 1986 (WHO, 1998). The WHO's definitions of empowerment and social capital are similar to the definitions used in management and organizational development, and complementary between them. Both definitions imply individual and organizational action. The term *individual empowerment* refers to "the individuals` ability to make decision and have control over their personal life" (p.6), while the term *community empowerment* is defined as "individuals and organizations that apply their skills and resources in collective efforts to address health priorities and meet their respective health needs" (p. 6). The definition is complementary to the definition of social capital, which "is created by every day interactions between people in networks and bonds, embodied in norms of voluntarism, altruism and trust [and] the stronger the networks the more likely that the community will cooperate for mutual benefit" (p. 19).

Ill health and disabilities account for 75% of the reasons why people become poor according to the perceptions of members of 40 rural communities in the highlands of Cajamarca and Puno in Peru (Krishna et al., 2006). It has been estimated that health interventions can change a culture of poverty, reduce huge disparities and the exclusion of rural populations. At the same time, they reduce child deaths by 63% and maternal deaths by 74%, even when resources are scarce; by making use of already existing basic health interventions and adding to the health systems embedded in poverty reduction and sustained development policies of governments (Freedman et al., 2005).

The potential contribution of health promotion to overcome poverty in Peru is also based in the practice in

the extended public health network of 7,152 facilities nationwide, 67% of which are served by health technicians who have ethnic and language connections with communities and local governments, especially in the rural areas (Ministry of Health of Peru, 2007). The network serves to disseminate information about healthy behaviors and lifestyles at the same time as its shares lessons about effective community work.

A study done by Joumard, Andrè, Nicq, & Chatal (2008) sheds light on the contribution of healthcare and other determinants of health with respect to whether investments are producing similar value for money across Organization for Economic Cooperation and Development countries (OECD). Empirical results suggested that investment in healthcare and lifestyle factors such as smoking and alcohol consumption, as well as diet, education, pollution and income, might be large enough to raise the life expectancy by an average of three years in OECD countries.

However, the investment will not be effective without the participation of leaders and members of the rural communities. Community leadership and participation are crucial with respect to communities integrating policy development. Health promotion interventions can be the vehicle that community leaders and community members use as a group to start the change, with the advantage that health activities and outcomes induce ethical and moral values. They also motivate the use of nonmonetary means that are accessible to community members, thus producing tangible welfare and satisfaction improvements (Flynn et al., 1994).

Another concept that is applicable to the change in rural communities and to health promotion interventions is the leadership enacted by a team where each member offers leadership abilities, and where diversity provides unique criteria not available in only one person (Conger, Spreitzer , & Lawler, 2000).

Some interventions in health that build capacity for management and leadership in health team members have shown that a multidisciplinary approach to solve problems leads to effective changes in rural communities. Management Sciences for Health (MSH, 2005) developed a model for effective group leadership that uses a results-oriented strategy that has been used to effectively strengthen health management since 1995. Once the expected result is set, the group focuses on three intermediate results: improved team capacity to respond to change; improved work climate, and improved management systems. The model is based on the development of competencies for management; namely, plan, organize, implement, monitor, and evaluate. It includes competencies for leadership; namely, scan, focus, align/mobilize, and inspire.

The HCM Project (USAID, 2006) has applied the MSH model to community leaders and community members working in a team in the development, implementation, monitoring, and reviewing of community, as well as household policies, programs, and services. The model was effective with respect to building a common purpose and consensus about outcomes related to the needs of the community; fostering partnership among the community members, providers, parents, and caregivers; and enhancing community capacity through the active involvement of families and other stakeholders, which is a key to the sustainability of action (USAID, 2006).

Empowerment

Bartunek and Spreitzer (2006) reviewed 3,000 articles related to the term empowerment published between 1966 and 2005 which showed that the term was used with three categories of meanings: (a) referring to real power and giving power to those who have little; (b) fostering human welfare, enabling, and increasing self-worth; and (c) fostering productivity as a factor in getting work done. The understanding of the term evolved, influenced by macro trends and societal shifts. It was described first in religion and sociology in 1966, where it had the connotation of sharing real power. Later, the term was used in psychology, education and social work, with the connotation of human welfare. Eventually, empowerment was used in management and organizational development with the connotation of fostering human welfare and productivity.

The theory behind empowerment is that individuals have an internal need for self-determination and power that is met when they perceive that they can cope with the situations and people they confront (Conger & Kanungo, 1988). Any strategy that strengthens this need for self-determination or self-efficacy beliefs will make individuals feel more powerful.

Empowerment in Management

The use of the term empowerment in management was introduced along with the concept of quality of work life and productivity in the 1980s (Bartunek & Spreitzer, 2006). It was less likely to be used in connection with increasing the power of underrepresented groups; instead, the term was used in the sense of workers being empowered when they took on more responsibilities and were more accountable for their jobs.

The term empowering has been used in management as the process of enabling and raising individuals' convictions of successfully executing desired behaviors. Because of empowerment, individuals will strengthen their personal efficacy expectations, or their "can do" attitudes (Conger & Kanungo, 1988). The concept of empowerment as enabling is related to the potential for innovation and change, and allows the assessment of the empowering effects of different interventions. Thomas and Velthouse (1990) described empowerment in terms of four cognitive elements: meaningfulness, competence, choice and impact, with ad-

ditive effects and intrinsic reinforcement. Individuals have increased empowerment if their actions have meaning for them and if they, able and competent to execute the actions, have control to perform the activities and have a positive result that they can attribute to themselves.

Empowerment in health has been used in the context of health promotion, meaning a social, cultural, psychological, or political processes through which individuals and social groups are enabled to express their needs, devise strategies, to achieve political, social, and cultural action to meet those needs (WHO, 1998). The concept of social capital in health promotion as the strength of networks, complements the definitions of empowerment in individuals and social groups.

Empowerment Assessment

The definition of empowerment in terms of cognitions has facilitated the development of tools to assess it. Spreitzer (1996) used the four cognitive elements in a tool to assess the constructs of meaningfulness, competence, choice, and impact, which permits a better link between empowerment and innovation. The tool has been used effectively to assess empowerment in individuals within organizations.

Another tool for assessing empowerment in organizations was developed by Aslop and Heinsohn (2005) using the criteria of influence as a measure of empowerment: the opportunity to use influence, the actual use of influence, and the effectiveness of the use of influence. This concept was developed in the context of assessing the investment of international agencies and countries in poverty reduction programs.

In the case of health promotion interventions, empowerment has been described as one outcome that happens in communities. Although empowerment could not be directly measured in action research that helped create healthy cities through community participation (Flynn et al., 1994), community empowerment was inferred from the nature and continuation of health actions by the community group 18 years after the action research ended (Minkler, Breckwich, Warner, Steussey, & Facente, 2006).

Organizational Culture and Empowerment

Organizational environments can have a strong influence on empowerment because organizations provide constraints or opportunities for an individual's mind-set and behavior for implementing a task. Organizations characterized by high involvement, commitment-based designs, transmission of extensive information, and resources enable organizational decision making by persons with interpretative styles for attribution, evaluation, and envisioning. Individuals actively perceive environments, and perceptions or interpretations of environments are more influential for them than the objective reality (Thomas & Velthouse, 1990). In addition, some socio-structural char-

acteristics of the work unit, such as low role ambiguity, bosses with wide spans of control, sociopolitical support, access to information, and participative climates, are of importance in the interpretation of the work environment for individuals' empowerment (Spreitzer, 1996). Access to information facilitates sense making and builds a sense of meaning and purpose, thus enhancing individuals' abilities to make decisions aligned with the organization's goal and mission.

Conceptualization of empowerment in the organization also extends to the notion of job enrichment at the individual and team level when the person not only has influence over his or her own actions, but also, has a voice in the organization's activities. The cognitions of individual empowerment —namely, meaningfulness, competence, choice, and impact—, complement individual differences within the organization; therefore, individuals can be enriched even when job characteristics are not enriched. At the team level, job enrichment relates the individual to the team and the organization (Spreitzer, 1996). The multidisciplinary approach in healthcare and health promotion is a good example of the concept of job enrichment at the individual and the team level.

Empowerment, Innovation, and Leadership

Empowerment leads to increasing individuals' expectancies of self-efficacy, which is a critical attitude for a systematic search for opportunities for change and innovation through leadership (Drucker, 1985). Leadership can also influence empowerment by inspiring and motivating through values, in particular, transformational leadership (Turner, Barling, Epitropaki, Butcher, & Milner, 2002).

The link between empowerment, innovation and leadership has been tested with health promotion interventions under the strategy of Healthy Cities described by Minkler et al. (2006). Community members questioning of health indicators resulted in collaborative actions and, eventually, community empowerment that could be assessed through the nature and sustainability of interventions maintained and expanded within cities, following the activities of participatory, community action research. The resulting empowerment was also due to leadership, because community participation was proven insufficient to transform participation in activities into ability to influence public decision making and political action (Minkler et al., 2006).

Innovation

Innovation is an idea but also an action. Innovation challenges a mental model in a way that adds value, finds connections that have not been uncovered previously, and creates new connections to effectively solve actual problems or make the situation better than it was (Valdés

& Pagés, 2004). Inside organizations, individuals and teams can test a working definition of innovation because organizations can provide the opportunity to pair ideas with action (Kelly & Littman, 2005). Organizational innovation can be considered the adoption of an idea or practice that is new to the organization's environment (Tabak & Jain, 2000).

In innovative organizations, the term systematic innovation means the purposeful and organized search for changes and the systematic analysis of the opportunities, such changes might offer for economic or social innovation. Systematic innovation is the systematic process for improving a product, a service, or a business model in an organization to the extent that clients perceive it more positively (Drucker, 1985).

Innovation as Economic and Societal Effect

Innovation makes sense in the context of a society or an organization where the use of resources has a new capacity to create wealth, even without tangible evidence. For example; paying for harvesting machines out of the farmer's future earnings, the use of the penicillin mold, a pest, to cure infections or a textbook that allows the teaching of a large number of students at one time (Drucker, 1985). Innovation is considered the knowledge base for entrepreneurship. It reflects the discipline of systematic examination of change that offers entrepreneurial opportunities (Drucker, 1985). Entrepreneurs innovate and create changes that provide them the opportunity to embrace what is new and different.

Opportunity for Cultural Change through Innovation

Innovative opportunities come from inside and outside organizations. Members of an organization first detect internal opportunities for innovation by noticing unexpected successes or failures; the incongruity between reality and desire; the process need, and changes in the industry or market structures. The external sources for innovation are demographic changes: changes in perception, mood, and meaning; and new knowledge (Drucker, 1985).

Change can also be created following a crisis generated by the leader's own exigencies because of the need for superior performance or the need to change before a crisis is imminent (Conger et al., 2000). Perceptions of a gap between planned and actual performance leads managers to innovate in order to improve organizational performance (Tabak & Jain, 2000). Leadership is, therefore, critical for structuring the practice of creativity and innovation that are critical for organizations' survival, renewal, and improved performance. Creativity and innovation will seldom happen by chance. Leaders promote creativity and innovation by creating or taking advantage of occasions, such as training or strategic alliances (Drucker, 1985).

Organizational culture is important for innovation when organizations promote and value diversity. Community members or organizational members can add to innovation through different sorts of inputs, reminding one of the multidisciplinary and multisector approach in effective health promotion interventions. Kelly and Littman (2005) described the different faces through which individuals contribute to innovation within an organization, particularly when individuals are being innovative rather than merely implementing innovations. Examples include the anthropologist who is put in the place of customers; the experimenter who prototypes the idea; the cross-pollinator who explores other industries and cultures and translates those findings to fit the particular needs of the organization; the organizer; the hurdler who obtains some seed funding for an exploration of the concept; the collaborator who brings eclectic groups together; the director who assembles a talented cast and helps to spark the creative talents; the architect who designs compelling experiences; the set designer who creates a stage on which the innovation team members can do their best work; the caregiver who anticipates the customer's needs and is ready to look after them; and the storyteller who builds internal morale and external awareness through narratives (Kelly & Littman, 2005).

The organizational culture can result in innovation intention failure when individuals think of the disadvantages of changing the power structure, communicate poorly or do not effectively inform the public; in that instance society lacks the readiness to accept innovation, or the rationale for change is not strong enough and misunderstood (Valdés & Pagés, 2004).

Innovation Assessment

Innovation can be assessed through a proxy: the innovation intention. According to the theory of planned behavior (Ajzen, 1991), innovation is preceded by intention. Strong attitudes, which are developed through a thoughtful process and are consistent with emotions and values, are most likely to predict behaviors (Saunders, Brook, & Myers, 2006). Innovation intention can be assessed through attitudes, perceptions of social norms, and of the control of behavior. Ajzen's theory of planned behavior stated that attitudes are most likely to predict behavior when the level of specificity of the attitude matches that of the behavior, when a person perceives that social norms support the behavior, and when the person thinks that he or she is able to execute the appropriate behavior. Tabak and Jain (2000) applied the theory of planned behavior to demonstrate that the perceived interaction of organizational variables results in innovative decisions for health services improvement.

Summary

Culture is composed of shared motives, values, beliefs, identities, and interpretations or meanings about

significant events that result from the common experiences of members of collectives. The concept of values and the basic assumptions of culture are complemented with the concept of structures of culture within organizations under the concept of social capital. Assessment of organizational culture can be achieved with components of social capital such as trust, solidarity, tolerance, community participation, community leadership and community identity (Krishna & Shrader, 2000).

Studies of the relationship between culture, societal functioning and leadership, which are the practices and values useful for distinguishing among different kinds of organizations and countries, have shown that most countries in Latin America are characterized by a large power distance and dependence on authority. In such countries, autonomous leadership is ineffective (House et al., 2004). Hofstede (1991) found Peruvian culture to be collectivist with a large power distance.

Kotter (1995) described a process or sequence for change in organizations: establishing a sense of urgency, creating the guiding coalition, developing a vision and strategy, communicating the changed vision, empowering broad-based action, generating short-term wins, consolidating gains and producing more change, and anchoring new approaches in the culture. The sequence combines the three elements of the proposed study: a culture that will undergo change; an innovation idea, and the empowering of individuals for inserting new ideas into the culture.

The link between empowerment, innovation, and leadership has also been tested with health promotion interventions under the strategy of Healthy Cities. It resulted in collaborative actions and community empowerment that could be assessed through the nature and sustainability of health interventions being maintained and expanded (Minkler et al., 2006).

An organization's cultural leadership and management develop in different stages (Jones, 2004). In the early stages, when the structure of the culture is not formalized, culture is still flexible and responsive, allowing the organization to adapt and perfect its routines to meet the needs of its environment (Grenier, 1998). This first stage of the development of culture corresponds to a number of migrant rural communities in the jungle of Peru. Leadership is fundamental for creating, managing, and changing cultures (Drucker, 1985). Transformational leadership enacted by a team, where success depends on a diversity of criteria coming from multidisciplinary approaches (MSH, 2005), can be implemented by community members, influencing empowerment by inspiring and motivating through health promotion interventions.

Health is a basic element for development and inversely influences poverty. Ill health and disabilities were found to be the reason for the descent into poverty in 75% of households in rural populations (Krishna et al., 2006). Health can be improved by enhancing the quality of services; but perennial gains can be made by the practice of healthy lifestyles and health promotion (WHO, 1998).

Health promotion needs individual and collective action. Healthy behaviors, such as hygiene, sanitation, nutrition, malaria mosquito control, and adequate waste disposal, imply individual behavior and, at the same time, collective action to have an impact in the lives of families and communities. When the combination of individual and collective action is successful, community organization is strengthened, its social capital increases, and individuals become empowered: they are aware of their abilities and able to manage meaningful tasks. Thus, they can attempt new challenges and use the resources available to live better (Flynn et al., 1994, Brune et al., 2005).

Health, health promotion and healthy lifestyles influence education, housing, employment, and nutrition (Joumard et al., 2008), which are also the social determinants of health, and at the same time, the infrastructure of development. When individuals manage well in one area of development, they can also manage other areas (Escobal, 2005). Studies about investment in health and the determinants of health suggested that effective health promotion may have an impact by increasing life expectancy in the countries of the OECD by three years (Joumard et al., 2008).

Empowerment is understood in terms of three categories of meaning: giving power to those who have little, fostering human welfare, and enabling and fostering productivity. Empowerment has been used in management with the connotation of enabling, and fostering productivity (Bartunek & Spreitzer, 2006). Enabling in a management context means raising individuals' convictions of successfully executing desired behaviors (Conger & Kanungo, 1988). The definition of enabling also helps with understanding the link between empowerment and innovation. The concept of empowerment is defined in terms of the cognitions meaningfulness, competence, choice, and impact that can be measured in individuals (Thomas & Velthouse, 1990). Individuals, who are aware of successful interventions based on their actions and decisions, increase their empowerment.

The organizational environment can influence empowerment because organizations provide constraints or opportunities for an individual's mindset and behavior when implementing a task. Individuals actively perceive the environments, and their perceptions or interpretations are more influential for them that objective reality is (Thomas & Velthouse, 1990).

Organizational culture is also important for innovation, because it provides the field for systematic innovation, or the systematic process for improving a product or a business model when the organization promotes and values diversity. Community members can add to innovation through different sorts of inputs, suggesting a multidisciplinary and multisector approach of effective health promotion interventions.

In assessing innovation, Ajzen's (2005) theory of

planned behavior stated that attitudes are most likely to predict behavior when the level of specificity of the attitude matches that of the behavior, when a person perceives that social norms support the behavior, and when the person thinks that he or she will be able to perform the appropriate behavior.

Conclusions

Culture is created by individuals and influences individuals' lives, but culture can also be modified the individuals and leaders in particular. Organizational culture reflects societal culture (House et al., 2004); therefore, it is plausible that findings about societies' cultures apply to organizations' cultures and vice versa. The findings, theories and research tools described in organizations can be adapted to rural communities.

A small index for individualism, and a large index for distance to power in the study of Hofstede (1991), were two dimensions that characterized the Peruvian societal culture. Furthermore, the GLOBE project described the two characteristics of culture as common to Latin American countries and correlated with a low capacity for innovation, low societal health, and little human development (House et al., 2004). Cultural characteristics and indicators of poverty and inequity in Peru provide a sense of urgency for changes in the culture that can be attempted through innovation. Community leadership is crucial to change and strengthen communities.

The term *social capital* captures the cognitive and structural elements of culture. Although social capital has been used to describe rural settings, the concept was based on economic features, and less on other areas of development such as health promotion. Health is an essential component for the development of populations. Health promotion, in the realm of social capital and empowerment, can contribute to development through individual and community action supported by government policies and programs. Social and economic policies to overcome poverty can be integrated by communities better with increased social capital and community members that are empowered.

A number of rural migrant communities in Peru have been living in rural areas for less than 10 years (Sheahan, 2001); these communities are at an early stage of organizational development according to the theory of Jones (2004). Leadership and entrepreneurial action correspond to this early stage to effectively shape development in communities based on the concept that at the early stage of community organization, the chance for empowering communities exists. The early stage of development in rural migrant communities in Peru points to the opportunity for effective policies and programs to overcome poverty.

The concept of empowerment as enabling is related to the potential for innovation and change and permits assessment of the empowering effects of the different interventions (Conger & Kanungo, 1988). Individuals are empowered if their actions have meaning for them, if they are able and competent to perform the actions, if they have control of the activities on the way to achieving a goal, and if they have positive results that they can attribute to themselves.

Because no simple model for human behavior exists, multidisciplinary collaborations working within the context of multiple theories and using multiple methods and tools are necessary to understand changes in individuals and in organizations. In the proposed study, the theories of organizational culture and assumptions of Schein (2004) and Krishna (2000), cultural values (Hofstede, 1991), and empowerment (Thomas & Velthouse, 1990) support the relationship between empowerment, innovation, and organizational culture. Although not previously used together to test innovation in the rural community organizations or health promotion interventions as the vehicle for change and development, the theories and assumptions form the basis for the study.

The term social capital captures the cognitive and structural elements of culture. Although social capital is a concept that has been used in rural settings, it was developed and defined in terms of economic features, not of other areas of development such as health promotion. Empowerment, that has been defined in terms of cognitive elements that allowed research and measurement, has been tested on individuals with respect to health promotion activities but not in relationship to innovation intention for community development. Literature referring to innovation is broadly based, but is limited about the measurement of innovation. The assessment of innovation intention, following the theory of planned behavior, has been used in business organizations and in other groups in society but not among community members in rural areas.

Access is limited to literature on the link between social capital and individual empowerment through health promotion activities that lead to innovation and sustained development in the rural setting in the jungle of Peru. Sustained development means the achievement of development by means of the determinants of health: nutrition, hygiene, sanitation, education, income, human rights practices, the rational use of environmental resources, and good governance. Although the literature is broad, for each of the three variables for the proposed study, few studies correlate social capital, empowerment, and innovation in community organizations that are located in rural areas. Likewise, health promotion has been described as empowering and improving communities because of increased social capital, but health promotion has not been studied that much as empowering individuals to influence both community strengthening and innovation intention.

The purpose of the proposed study is to attempt to provide a better understanding of (a) the relationships among empowerment, organizational culture, and innovation in

rural settings, and (b) health promotion interventions in strengthening community organizations and empowering individuals towards innovation. The study will also address a gap in knowledge by linking health promotion with development.

CHAPTER 3: METHODOLOGY

The assumption in the proposed study is that community organizational culture provides the context for social capital where the empowerment of individuals as well as innovation intention take place. Moreover, the larger the social capital, the better the correlation between empowerment and innovation intention. In the model, empowerment occurs when individuals realize their effectiveness in changing existing living conditions. Empowered individuals can start planning plausible interventions in the community for further improvement with innovative actions. Health promotion activities will be the vehicle to test the model because health promotion practices can influence individual empowerment, and innovation as well as a community's social capital.

In the proposed study, instruments that have been used in settings other than a rural setting and in different types of organizations will be adapted. An important part of the research strategy and implementation is devoted to the adapting the tool to be used in the study (Babbie, 1998).

Research Design

The study will use a quantitative paradigm and will be deductive and applied; it will use multiple theories and instruments that have been tested in different areas of management. Members of selected communities will be interviewed to answer a questionnaire that will consist of three parts: (a) human relationships or social capital, (b) empowerment, and (c) innovation intention. The study will use a sample of communities selected by convenience to test the hypotheses; therefore, the results will express correlations among variables, not causality. Once the tools are applied, the communities will be divided in groups according to their level of social capital; and the correlation between empowerment and innovation intention will be analyzed for each group. The study will have a predictive purpose: the aim is to increase understanding of the relationships between social capital, empowerment, and innovation intention. The culture of community organizations, in terms of the nature of their human relationships or social capital, will be assessed by selecting topics appropriate to the structure and values of the community organizations of the study sites. Questions will be selected from the Social Capital Assessment Tool (SCAT). The assessment uses an ordinal scale.

Empowerment will be assessed following identification of a health promotion task that was recently implemented in the public domain, and that individuals in the rural communities of the areas selected have experienced. For the purposes of the proposed study, empowerment will include the following components: (a) meaningfulness, or the level of understanding of the value of the task; (b) competence, or the level of performance the individual has in his or her task; (c) choice, or the measure of the result of an individual's choice to perform the task at his or her discretion and autonomy; and (d) impact, or the measure of impact task has when the individual acts autonomously and with competence in a given task that is valuable for him or her (Spreitzer 1995; Thomas & Velthouse, 1990). The assessment will be made using the empowerment instrument developed by Spreitzer (1995), which uses an ordinal scale with 7-point Likert-type responses. Test-retest reliability of the instrument has been performed, with typical reliability measuring around .80.

Innovation intention will be assessed following the identification of the behavior that the community members in rural areas of the study area consider important with respect to improving their living conditions. Once the behavior is identified, the questionnaire developed by Ajzen (2006) will be adapted to measure the intensity of belief in the areas of (a) the value of the behavior, (b) the strength of the social referents norm, and (c) the belief in behavioral control. The assessment uses an ordinal scale with 7-point Likert-type responses that reflect the intensity of the beliefs.

The questionnaire, with general information, social capital, empowerment, and innovation intention items, will be validated in communities other than those in the study area before data collection.

Research Questions

Based on the problem statement, the research questions are the following: (a) Is the social capital in community organizations related to the health promotion interventions?; (b) is the social capital of the community related to the empowerment of individuals?; (c) is the social capital of the community related to individual's innovation intentions?; and, (d), does the correlation between empowerment and innovation intention varies with different levels of social capital of communities?

Population

The participants in the study will be 130 rural communities of the Amazon jungle in the regions San Martin and Ucayali of Peru that will be selected for convenience; 85 will be communities that have worked with the HCM Project for the past two years and 46 will be neighboring communities that have not worked with the HCM Project. Four participants from each community selected will be invited to answer the questionnaire. Community members will be authorities —either elected by the community or designated by outside authorities—,

and participants of community groups. These members will be the subject of the study because they represent the capacity of the community to express the community dynamic better.

Informed Consent

The questionnaire will be applied following explicit approval and signature of each participant. Informed consent will be explained and read prior to requesting participants' signatures.

Confidentiality

Participants will be assured that the information collected will not be disseminated with their names. The assurance is written on the informed consent form that the participants sign before proceeding with the survey.

Geographic Location

The author has knowledge of health promotion activities among the 557 rural communities in 62 districts by the HCM Project in the Amazon basin in the jungle of Peru. Activities related to community organization aimed to improve living conditions through health promotion and building individuals' capacities to practice healthy behaviors. The existing work will provide the ground for the study.

Research Tools

The study will adapt tools developed to assess empowerment, social capital, and innovation intention. The Test for Assessment of Empowerment developed by Spreitzer (1995, 1996) will be used following technical and operational validation. The Social Capital Assessment Tool, or SCAT (Krishna & Shrader, 2000), will be used to assess the cultural element of the nature of human relationships. A questionnaire and psychometric test for innovation intention will be adapted by applying the theory of planned behavior of Ajzen (2005, 2006). Questionnaires will be adapted for assurance of validity and reliability.

Data Collection

Data will be collected from primary sources from four community members in each selected community. They are authorities and active participants of community groups and will answer a questionnaire applied by trained surveyors. The author will request the support of professionals working in the rural area for data collection following their training for compliance with respect to the data gathering protocol.

Data Analysis

The study proposed will follow the process of a quantitative research. Data collected from community members and authorities will represent data for the community under study. The communities will be divided in three groups according to their scores in social capital. The difference of social capital between communities participating in the HCM Project from the ones not participating will be tested through the Multivariate Analysis, ANOVA and t-test. To confirm the inclusion of items within the factors empowerment and innovation intention, a confirmatory factor analysis for the respective questionnaires will be performed. Following the confirmatory analysis, the correlation between the factors empowerment and innovation intention in each of the three groups of social capital will be established through and structural equation modeling.

Validity and Reliability

Each step of the study strategy will look for the repeatability of the step. The significance level will be given by the measure of the ρ value. The minimum significance level of the statistic will be 0.05. Questionnaires of empowerment and innovation intention will be validated and checked for a Cronbach's alpha of more than .70 to indicate the adequate reliability of the scale (Hair, Anderson, Tatham, & Black, 2004).

Limitations

Limited access to studies about empowerment practices and innovation intention in rural community organizations is apparent. Instruments developed in different countries for business organizations will be adapted in the proposed study for community organizations. The study will be conducted in rural communities of two regions of Peru that are located in the Amazon jungle. Therefore, the results will be valid for them and will have to be interpreted in the context of the socioeconomic and political situation of the area of the country.

Summary

The objective of the proposed study is to find a relationship between the independent variable innovation intention and the dependent variable empowerment in three groups of communities with different levels of social capital. The research is quantitative, applied, and deductive. The methodology of assessment will be through a survey using a questionnaire. The study will include applying the survey questionnaire to four community authorities and active participants of groups in the community of 131 communities; 85 communities that have participated in health promotion activities under the HCM Project and

46 will be nearby communities where the HCM Project did not take place. The communities will be selected by convenience. The sample will comprise approximately 524 participants who will first accept involvement in the proposed research and then answer a questionnaire to explore the three study variables; namely, empowerment, social capital and innovation intention.

The data analysis method will be the *t'* and ANOVA tests, multivariate analysis, confirmatory factor analysis, and structural equation modeling. The significance level will be given by the *p*-value. The minimum significance level of the statistic will be .05.

The research will allow a better understanding of the connection between empowerment and the intention to innovate in the search for improvement of living conditions, according to different levels of social capital.

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Footnotes

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