

UNIVERSITY OF MANITOBA
SCHOOL OF SOCIAL WORK

INFLUENTIAL FACTORS ASSOCIATED
WITH GOALS AND OBJECTIVES
FORMULATION FOR SOCIAL SERVICES:
A CASE STUDY IN A HOSPITAL SETTING

PERCIVAL MIROCHNICK

JULY, 1980

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BY

PERCIVAL MIROCHNICK

A thesis submitted to the Faculty of Graduate Studies of
the University of Manitoba in partial fulfillment of the requirements
of the degree of

MASTER OF SOCIAL WORK

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ABSTRACT

The researcher's review of social work literature of the last decade revealed frequent references to planning as a necessary and desirable function in social work agency administration. The researcher found agreement in principle that the formulation of agency goals, objectives, or both, is a primary planning task for agency administrators. However, the social work literature seems to provide few precise and consistent guidelines as to what constitutes a "goals and objectives statement." Similarly, the literature does not identify factors which may influence the development of the content of such a statement. This apparent gap in our social work knowledge is the research problem addressed by this study. The researcher elaborates a planning model which specifies the nature and probable components of a "goals and objectives statement" for a hospital social work department. The study explores factors, pre-specified and emerging, which may influence the development of the content of a "goals and objectives statement" in this professional social work practice setting.

The researcher became a participant observer to a goals and objectives committee assigned the task of developing the statement. The planning model was used as a tool

for content analysis of recorded minutes of the committee. The researcher identified and classified statements emerging from this committee that seemed relevant to a "goals and objectives statement." Sources or factors associated with these statements were also identified and listed. Comparative data based on interviews, personal observations, and a review of miscellaneous documentation helped the researcher make informed guesses about which factors may have influenced the development of the content of the emerging statement, and the degree of influence of these factors.

The researcher found that members of the social work administration and social work field staff who served on the goals and objectives committee more frequently influenced the development of the content of the statement than any other pre-specified or emerging factor. The social work administrative staff on this committee appeared to be the most influential factor. Other pre-specified factors including leadership discontinuity; external systems; current programs, services, and commitments; other working committees; and the potential availability of program resources, were found to have relatively lesser or no influence.

Implications for social work practice include the potential usefulness of the planning model, or a modified

version, as a guide to social work agencies who attempt to formulate a "goals and objectives statement."

Suggestions for future research include replication of the study using the same or a modified version of the planning model, and the same or a revised list of pre-specified factors. Research into factors which may advance or impede the process of development of a "goals and objectives statement" by social work agencies is also suggested.

ACKNOWLEDGMENTS

The researcher wishes to acknowledge the support and guidance provided by the researcher's thesis committee: Dr. Walter J. P. Lampe (Chairman), Professor Shirley Grosser, Dr. Ernest Shapiro. Special acknowledgment to my former chairperson, Professor Addie Penner, whose input to the early stages of the project was significant.

To Maria Gomori, the former director of the St. Boniface Social Work Department, Winnipeg, Manitoba and to all members of this department without whose cooperation this study would not have been possible, my sincerest thanks.

Finally, to my wife Simonne and my daughters Kimberley and Dayna whose sacrifices, support and encouragement inspired me to complete the thesis, my heartfelt thanks. A special thank you to Simonne for her invaluable typing skills and assistance in completing the manuscript.

TABLE OF CONTENTS

	Page
ABSTRACT	i
ACKNOWLEDGMENTS	iv
LIST OF TABLES	vii
Chapter	
I. INTRODUCTION	1
The Research Problem and Assumptions	
Goal and Objective Formulation in	
Social Work Agencies: A Study Overview	
The Social Work Literature: Variations in	
the Conceptualization of Planning in	
Relation to Goal and Objective Formulation	
The Social Work Literature: Variations	
in the Definition of Goal and Objective	
Planning Conceptualized -- Its Relationship	
to Programming	
"Goal," "Objective," and Related Planning	
Concepts Defined -- Toward the Major	
Categories of a "Goals and Objectives	
Statement"	
The Social Work Literature: Obtaining	
Clues to Operationally Define the Major	
Categories of a "Goals and Objectives	
Statement"	
A Theoretical Planning Model for the	
Development of a "Goals and Objectives	
Statement" By a Hospital Social Work	
Department	
Factors Which May Influence Formulation of	
the Content of a "Statement of Goals and	
Objectives" By a Hospital Social Work	
Department	
Summary of Study Purpose and Focus	

Chapter		Page
II.	THE CASE SITUATION	52
III.	METHODOLOGY.	59
	The Exploratory/Case Study Design of This Research Project Data Collection Summary Limitations	
IV.	ANALYSIS OF DATA	73
	Concrete Proposals, Considerations and Related Categories, Operations, and Sub-Operations Apparent Sources of Concrete Proposals, Considerations and Related Categories, Operations and Sub-Operations The Apparent Influence of Factors Posited by the Researcher as Potentially Influential The Apparent Influence of the Researcher -- An Emerging Factor The Apparent Magnitude or Degree of Influence of All Factors Found to be Associated With the Content of the Emerging Statement	
V.	IMPLICATIONS	108
	An Overview of the Study Purpose An Overview of the Study Findings Limitations to Generalizing the Study Findings Practice Implications Suggestions for Future Research	
	REFERENCES	125
	APPENDIX	129

LIST OF TABLES

Table	Page
1. A Theoretical Planning Model for the Development of a "Goals and Objectives Statement" by a Hospital Social Work Department	26
2. Frequency of Reference of Categories, Including Operations and Sub-Operations.	77
3. Rank Order of Apparent Sources According to Their Frequency of Association With Referenced Categories, Operations and Sub-Operations.	87

CHAPTER I
INTRODUCTION

THE RESEARCH PROBLEM AND ASSUMPTIONS

This study explores the following research question:

What factors appear to influence the formulation of the content of a "goals and objectives statement" in social work practice?

This research question assumes the following:

1. That planning is a necessary and desirable activity in professional social work practice;
2. That the formulation of goals and objectives is an essential component of planning;
3. That definition of what constitutes "goals and objectives statements," or a working model, is possible -- give or take the present state of the art contained in available social work literature;
4. That identification of the factors which may impact variously on efforts to translate the working model into specifics is necessary, for systematic inquiry into the research question; and as a prelude to building professional competence in managing the process of formulating "goals and objectives statements" in particular social work settings.

The remainder of this chapter elaborates this research question and assumptions, and suggested means for advancing current thinking in relation to goal and objective formulation for social services.

GOAL AND OBJECTIVE FORMULATION IN SOCIAL WORK AGENCIES: A STUDY OVERVIEW

The researcher's review of the social work literature of the last decade, revealed frequent references to the role of planning in social work agency administration.¹ There is apparent agreement that a fundamental planning task involves the specification of agency goals, objectives, or both, where these are differentiated.²

For example, Foren and Brown, in their development of a planning framework for a social service organization, stipulate that agency objectives

... set the rest of the model into action....Social work agencies 'can' function without clearly understood objectives and it is probably not being too unkind to suggest that some of them do, but if all activity is to be both effective and efficient, then clearly spelled out objectives are necessary. (Foren and Brown, 1971, p. 4)

Drezner suggests that an agency's objectives "form the basis for assessing the worth of any program

¹ See for example Peter Nokes, 1967; Harleigh Trecker, 1971; Robert Foren and Malcolm J. Brown, 1971; Stephen M. Drezner, 1973; Robert M. Rice, 1973; Vernon R. Wiehe, 1973; and Melvyn C. Raider, 1975.

² The researcher's planning model which is described elsewhere in this chapter distinguishes between "goals" and "objectives."

the agency offers or considers offering." (Drezner, 1973, p. 8)

The researcher considers these examples as representative of the social work literature that has addressed the planning tasks involved in social work agency administration. This literature suggests that goals and objectives formulation helps to focus the direction, scope, and content of agency programs and activities, and facilitates program evaluation.

This seeming agreement in principle that the formulation of agency goals, objectives, or both, is a primary planning task for the social work agency administrator, does not appear to have produced unanimity or specificity in:

- a. prescribing planning relative to the formulation of goals and objectives;
- b. defining "goal" and "objective";
- c. identifying and analyzing factors which may influence the development of the content of a "statement of goals and objectives."

Social work agency administrators are being encouraged to anchor their programs in policy by formulating goals and objectives. However, the social work literature seems to provide few precise and consistent guidelines as to what should be specified, and what factors

may influence the product and the process.³

Based on the above reasoning, research into the formulation of social work agency goals and objectives is both necessary and desirable. Such research should advance a planning rationale which specifies the primary importance and nature of a "goals and objectives statement," and affords insights into the kinds of factors which may influence the development of the content of the statement.

At present, research of this kind appears at best to have been minimal.

This present study derived from agreement with this logic and from an assessment of the apparent state of our knowledge regarding the formulation of "goals and objectives statements." It was intended to review the social work literature for the purpose of identifying the major categories of such a statement, and to posit factors which were thought to influence the development of the content of same. The association of these factors with the formulation of the content of a "statement of goals and objectives" needed to be and has been examined by this study.

The opportunity to conduct an exploratory case study was afforded by relevant events transpiring at the Social Work Department of the St. Boniface General Hospital,

³This research study is limited to an exploration of factors which may influence the product.

Winnipeg, Manitoba. For study purposes, these events have been arbitrarily noted as having their beginning in July, 1974.⁴

Specifically, this study addresses and reports on the following research problem:

How do factors thought to affect formulation of the content of a "goals and objectives statement" appear to influence the development of the content of such a statement, in the Social Work Department of the St. Boniface General Hospital, Winnipeg, Manitoba?

The sections which follow elaborate this overview and research tasks.

THE SOCIAL WORK LITERATURE: VARIATIONS IN THE CONCEPTUALIZATION OF PLANNING IN RELATION TO GOAL AND OBJECTIVE FORMULATION

The researcher reviewed social work literature that addressed the specification of agency goals, objectives, or both in relation to the process of planning in social work agency administration. This review and analysis of the literature revealed that planning has been variously defined. This is illustrated by the following examples:

Wiehe conceptualizes planning as involving the identification of goals and the formulation of plans to

⁴For a brief chronicle of these events, see Chapter II.

attain goals. According to Wiehe, agency goals "are brought together through common objectives of the agency, which are expressed in the mission or statement of purpose of the organization." (Wiehe, 1973, p. 146)

Drezner defines planning as "anticipatory decision-making when the decision maker is attempting to affect the future." (Drezner, 1973, p. 7) Drezner appears to conceptualize planning as program planning or the specification of programs to attain agency objectives.

Freeman and Sherwood define the planning process as including

the identification of the goals of the organization, the assessment of the extent to which actual conditions deviate from these goals, and the development of a general framework or strategy for achieving convergence between goals and existing conditions or behavior. (Freeman and Sherwood, 1970, p. 3)

Trecker has elaborated a principle of planning and a principle of agency purpose. Considered together, these principles suggest that Trecker conceptualizes planning as the formulation of agency objectives, and the decisions and actions to achieve these objectives. For Trecker, "a good plan indicates what is to be accomplished, who is responsible, what are the resource requirements, and what are the methods of evaluation and review." (Trecker, 1971, p. 43)

Based on the foregoing, it appears that Wiehe and

Trecker envisage planning as including goal or objective formulation, or both, and the specification of plans to attain these. From their perspective, planning establishes what an agency has set out to do and how it will do it -- in brief, planning extends to programming.

This perspective contrasts with that of Freeman and Sherwood who consider planning complete with the specification of a general strategy to reduce the gap between the agency's goals and existing conditions. Freeman and Sherwood reserve the "design of specific interventions and ameliorative activities," (Freeman and Sherwood, Ibid, p. 6) for program development and implementation. They appear to regard program development and implementation as separate from but interrelated with planning.

Drezner's approach to planning is yet another variation. He distinguishes between the decision-making process that results in the identification of agency objectives, and the planning decisions that specify programs to attain these objectives.

These apparent inconsistencies and lack of specificity in conceptualizing planning relative to goals and objectives formulation, are not helpful to the social work agency administrator who is seeking guidelines for developing a statement of goals, objectives, or both.

THE SOCIAL WORK LITERATURE: VARIATIONS IN THE DEFINITION OF "GOAL" AND "OBJECTIVE"

The researcher's review of the social work literature also revealed that the concepts "goal" and "objective" have been variously defined. Many of the definitions appear ambiguous. These findings are illustrated by the following examples:

Wiehe defines "objectives" as "the results the agency wishes to achieve in order to remain a viable organization which is fulfilling its mission." (Wiehe, 1973, p. 142) The mission is for Wiehe "the final aim or end of action which an organization wishes to attain." (Ibid) Attainment of this final aim is made possible through achievement of objectives, which are realized by the accomplishment of goals within specified time periods. "Goals" are for Wiehe "the end results to be achieved within a period of time." (Ibid, p. 143)

Drezner does not provide a definition of "objectives": "the objectives we are looking for are simply the objectives of the organization." (Drezner, 1973, p. 8) He suggests that meaningful objectives should meet the following criteria: they must be all-inclusive; independent from each other; relate to some physical measures of attainment; and derive from higher-level objectives. Drezner acknowledges that these higher-level

objectives are sometimes referred to as "goals."

Freeman and Sherwood define "goals" as "standards" which have not been fully attained. (Freeman and Sherwood, 1970, p. 4) The goal setting process is thought to include "a statement of the desired outcome, which also specifies the condition to be dealt with, and establishes a criterion of success." (Ibid) Freeman and Sherwood do not utilize the concept "objective." Instead they differentiate between "absolute goals" and "relative goals":

The achievement of an absolute goal requires that either an undesirable condition be eliminated or that a desirable one be attained for everyone. Relative goals establish standards of achievement in terms of some proportionate improvement of the conditions that exist at some point in time. (Ibid)

Trecker's approach to defining "goal" and "objective" is somewhat of an anomaly. He does not attempt an independent definition of these concepts. Instead, Trecker quotes other sources to substantiate his point that "all social work administrators must engage themselves in goal identification and formulation." (Trecker, 1971, p. 72) Some of these quotations refer to agency goals; others refer to agency objectives. The researcher was unable to determine whether Trecker regards agency goals and agency objectives as different from or equivalent to each other.

Based on the foregoing illustrations from the social work literature, it appears that "goal" and "objective" have been differentiated, used interchangeably, and in some instances, one of these concepts has been used to the apparent exclusion of the other. Where goal and objective have been differentiated, one of these is usually, and it seems, arbitrarily regarded as higher-level. For example, in Wiehe's perspective objectives subsume goals, whereas for Drezner, goals are a form of higher-level objectives.

This apparent lack of agreement as to what constitutes goals and objectives, and the ambiguity of most of the definitions of these concepts may confuse the social work agency administrator who is interested in formulating goals, objectives, or both for his agency.

In the material which follows the researcher elaborates his perspective on planning, and defines and differentiates between "goal" and "objective." The researcher also introduces and defines other planning concepts, thought to be relevant to goal and objective formulation in social work agencies.

PLANNING CONCEPTUALIZED -- ITS RELATIONSHIP TO PROGRAMMING

The researcher aligns himself with Alfred J. Kahn's approach to planning and programming. Kahn defines "planning" as "policy choice and programming in the light

of facts, projections, and application of values."

(Kahn, 1969, p. 17) To facilitate comprehension of this definition of planning, the researcher will comment briefly on Kahn's view of the concepts of "policy" and "program."

For Kahn, a "policy" is a standing plan which shapes future decision making so as to facilitate attainment of the goals of the planner. This standing plan or policy "must be translated from general principles into program specifics." (Ibid, p. 214) A "program" is "a combination of activities to meet an end objective." (Ibid, p. 215) Programs are the means by which policies are implemented and resources are allocated; programs enact policy.

Kahn perceives policy and programs in an interlocking relationship and, again, the researcher aligns himself with this view. Policy decisions relative to the specification of outcomes that the planner desires to achieve precede decisions relative to the programming phase. These latter decisions would include, for example, definition of the interventive repertoire and the specification of the administrative structure and service models. Decisions about such issues are further reflected in other decisions about program implementation, where

manpower and other resources are allocated in relation to programs or sets of activities that are expected to facilitate achievement of these desired outcomes. However, administrative considerations regarding, for example, the availability of resources, feed back into the policy process, affecting choice of outcome.

For Kahn, and for purposes of this study, "planning" embraces both policy development or "the cluster of decisions relative to the setting and achievement of the goal," (Ibid, p. 131) and program development, or the cluster of decisions relative to the implementation of the policy.

"GOAL," "OBJECTIVE," AND RELATED PLANNING CONCEPTS DEFINED--
TOWARD THE MAJOR CATEGORIES OF A "GOALS AND OBJECTIVES
STATEMENT"

For purposes of this study, "goals" are defined as the desired ends or outcomes toward which a social work agency is directed. At the level of goal formulation, the researcher would expect the planner to have elaborated what the agency desires or expects to accomplish in relation to the needs, problems or concerns which are considered as the focus of the agency's endeavours. Particular agency goals may be related to particular aspects of the needs as perceived, or to particular problems or concerns. In specifying agency goals, the planner should indicate the anticipated time period required for their attainment.

The researcher regards "objectives" as being logically associated with program, and a refinement of the planner's general goals. At the level of the formulation of objectives, the researcher would expect the planner to specify the results to be attained within particular time periods. Insofar as the planner considers resources and their allocation, he should specify how he expects to attain these results. The planner should embody his objectives in programs which elaborate what resources are committed to what objectives over what period of time. Objectives are to goals as means are to ends: the attainment of some or all of an agency's objectives is expected to move the agency closer to the achievement of its goals.

The researcher perceives agency goals as a refinement of the agency's purpose. The "purpose" should describe the reason for the existence of the agency: it should define in broad terms the needs, problems, or concerns which the agency considers to be the focus of its endeavours, and the general parameters of its intended or expected response to these needs, problems, or concerns.

From the researcher's perspective, the translation of general goals into program specifics is incomplete without the specification of the activities or service components of the program. In the specification of

"program services," the planner is essentially addressing the combined question "what is expected to be provided by the program, to whom, by whom, and how." The range of services comprising a program may not only contribute to the achievement of the program's objectives, but may also be regarded as the agency's expected points of entry into the needs, problems, or concerns that are expressed by the statement of agency purpose.

The foregoing attempt to define and distinguish between "goal" and "objective" and to spell out their relationship to "purpose" and "services," anticipates the researcher's major categories for a "goals and objectives statement." Modifying these categories to facilitate their potential application to a hospital social work department, the researcher submits the following categories: purpose(s)⁵ of the social work department; goals of the social work department; program objectives; and program services. The material which follows considers the social work literature for the purpose of obtaining clues as to how these categories may be "operationally defined."

⁵ A hospital social work department may have more than one purpose just as it may have a multiplicity of goals.

THE SOCIAL WORK LITERATURE: OBTAINING CLUES TO OPERATION-
ALLY DEFINE THE MAJOR CATEGORIES OF A "GOALS AND
OBJECTIVES STATEMENT"

The researcher sought clues from the social work literature in order to operationally define the major categories posited for a "goals and objectives statement" of a hospital social work department: to identify and elaborate operations that might be included in a formulation of a statement of purpose(s) and respectively, operations that might be included in a formulation of a statement of goals, program objectives, and program services.

To achieve this end, the researcher reviewed the literature for the purpose of identifying:

- a. references to the various "major categories" or key concepts of various perspectives on planning. These perspectives were selected by the researcher on the basis of their apparent relevance to the formulation of goals, objectives, or both in social work agencies; and
- b. operations which have been suggested as relevant to the definition of each "category."

This literature review was expected to assist the researcher in elaborating a planning model for the formulation of a "goals and objectives statement" by a hospital social work department. This model is elaborated elsewhere in this chapter.

i. The key concepts in Vernon Wiehe's perspective are "mission, objectives, goals, and plans." (Wiehe, 1973, p. 142) No operations were found to be specified for either "mission" or "objectives." Wiehe specifies some operations to be considered in the identification of "goals" and "plans." He differentiates between short and long range goals, suggesting that the time dimension attached to agency goals may be determined by consideration of "the resources available to the agency and the needed shifts in program emphasis." (Ibid, p. 146) Each short and long range goal is expected to include a program, that is, services, activities, and projects to further its attainment.

ii. The key concepts in Melvyn Raider's (1975) perspective are "mission," "objective," "program," and "output measures." Raider suggests that a target population should be identified in the formulation of an agency's mission. Objectives are to be differentiated as short and long term, and prioritized. Manpower and other resources required to achieve objectives are to be identified. Output measures or criteria to measure attainment of objectives, are thought to be relevant to the specification of agency objectives. Raider does not elaborate any operations relevant to "program."

iii. The key concepts in Stephen Drezner's perspective are "higher-level objectives," "lower-level objectives," and "programs or sets of services." Drezner suggests that both levels of objectives should be prioritized and "they must relate to some physical measure of performance that indicates their degree of satisfaction." (Drezner, 1973, p. 8) He proposes that the specification of agency programs or sets of services should include the following, which may be considered as operations:

- a. "how much of each service should it plan on in order to achieve a reasonable level of satisfaction in its own objectives?" (Ibid);
- b. identification of the resources required to accomplish each service;
- c. identification of the level of each service -- minimum, medium, or high -- to be included in the program; and
- d. consideration of the funds available to provide each service.

Drezner also advocates prioritization for programs and services.

iv. Howard Freeman and Clarence Sherwood's (1970) perspective on planning and goal setting includes the concepts "goal" and "strategy." These concepts may be regarded as categories relevant to a statement of organizational goals. Operations thought to be relevant to goal identification include:

- a. the assessment of existing conditions;
- b. differentiation of absolute and relative goals;
- c. specification of conditions to be dealt with including identification of the potential target population;
- d. identification of desired outcomes; and
- e. specification of criteria of success.

Operations thought to be relevant to strategy development include:

- a. legitimation of goals;
- b. securing a mandate to proceed toward achievement of goals;
- c. identification of "potentially successful means of moving in the desired direction" (Freeman and Sherwood, 1970, p. 5);

- d. specification of a schedule to achieve congruence between goals and existing conditions;
- e. identification of individuals responsible for program conduct; and
- f. specification of required human and financial resources.

The researcher regards program planning as an extension of Freeman and Sherwood's planning process directed at goal identification and strategy development. Based on this reading of Freeman and Sherwood, "program" might constitute a third category relevant to a statement of organizational goals. Program specification involves the elaboration of specific interventions and ameliorative activities. Operations identified by Freeman and Sherwood as relevant to program specification include:

- a. definition of the role of the practitioner;
- b. specification of the assumptions and principles underlying the program's operation;
- c. specification of the target population;
- d. specification of the organizational structure of the agency;
- e. establishment of a budget;
- f. specification of the source of financial, manpower, and other program resources; and

- g. specification of the relationship of the program to existing services.

v. The key concepts in Harleigh Trecker's perspective are "purpose," "goal," and "objective." The researcher noted earlier that Trecker has neither defined nor differentiated these concepts. Trecker does provide clues as to operations which he regards as pertinent to the specification of an agency's program. These operations include:

- a. specification of what is to be accomplished;
- b. specification of "whom the agency is to service and the kinds of services to be offered." (Trecker, 1971, p. 156);
- c. specification of the human and other resources required to deliver services; and
- d. specification of evaluative procedures.

vi. Alfred Kahn's volume⁶ is neither directed specifically at social agency administration, nor at the development of statements of agency goals and objectives. However, Kahn acknowledges that planning within a social welfare agency or organization is one domain of social

⁶Alfred J. Kahn, Theory and Practice of Social Planning, (New York: Russell Sage Foundation, 1969)

planning: "Administration is focused on the definition of the objectives of an organization and the attainment of these objectives." (Kahn, 1969, p. 22)

Kahn disparages the use of the terminology "goal and objective," preferring instead to conceptualize the major target of the planning process as the "definition of the planning task." This is one of six anchor points⁷ in Kahn's perspective on planning. Kahn elaborates a number of "intellectual tasks" in relation to these six anchor points. The researcher explored Kahn's material with a view to identifying "intellectual tasks" which might be relevant to the operational definition of the categories of a "goals and objectives statement" posited for a hospital social work department.

Kahn suggests that planning may begin "with a problem, a widely felt need, major dissatisfaction, or crisis." (Ibid, p. 12) He argues that conscious analysis of this problem, need, or concern is required "since it does so much to shape the objective." (Ibid, p. 13) The researcher regards such analysis of the issues and circumstances which generate planning as essential to the

⁷The other anchor points are: planning instigators; explorations; policy formulation; programming; evaluation and feedback. For an elaboration, see Kahn's volume, pp. 60-63.

elaboration of the "purpose" of a social work agency. For a hospital social work department, the problem, need, or concern may be for example, to build social work into the patient care programs of the hospital institution.

Kahn conceptualizes the planner's proposed plan of attack on the identified problem, need, or concern as a strategy for intervention. This interventive strategy involves specification of operations such as the definition of the subsystem for which planning has been undertaken, and the definition of the type and level of interventions.⁸ The researcher regards these operations as relevant to a statement of agency purpose. For a hospital social work department, an interventive strategy might include consideration of the level at which interventions are to be developed -- patient, family, hospital, community, or other level. The hospital system may constitute one potential level for intervention, with various subsystems being specified as targets for intervention. Similarly, the interventive strategy might elaborate what individuals and families are likely to be recipients of social work services, and with what segments of the community the social work department expects to intervene.

Kahn advocates that the planner, in the specification of "program," consider the scale of each program that would

⁸ The specification of the type of intervention may be regarded simply as what action the planner proposes for the subsystems selected as targets for intervention.

facilitate complementarity and sound mix. The "internal consistency in interventive components" (Ibid, p. 228) is also thought to be relevant to the specification of "program services." Kahn suggests that the notion of eligibility, or "for whom are the services designed and by what rights" (Ibid, p. 210) should be considered in relation to "program services." He also proposes that the planner consider "what mix of professional, preprofessional, nonprofessional and volunteer staff that will best achieve the goals of the respective services." (Ibid, p. 9)⁹

vii. Since none of the foregoing source materials focused specifically on planning in a hospital social work department, the researcher reviewed the American Hospital Association's manual on the "Essentials of Social Work Programs in Hospitals." (American Hospital Association, 1971) This review was expected to provide additional clues to assist the researcher in defining categories posited for a "goals and objectives statement" of a hospital social work department.

The American Hospital Association proposes that an assessment of the various needs is the first step in determining the social work program that a particular hospital should offer..(it) should take into account the nature of the hospital, the multiple services and units it maintains, and the type of community it serves, because all of these factors influence the nature and scope of the social work program. (Ibid, pp.5-6)

⁹ Kahn is simply asking "who provides what services?"

The assessment procedure is expected to identify patient needs and the extent to which these needs are met by existing hospital and community resources. Based on this assessment, a plan to meet patient needs is developed. This plan is expected to establish priorities in relation to servicing needs. The researcher regards the assessment procedure and the prioritization of needs as operations relevant to the elaboration of a "statement of purpose" for a hospital social work department.

The American Hospital Association regards a hospital social work program as including three broad categories of service:

- to patients and their families
- to the hospital
- to the community (Ibid, p. 10)

The researcher regards this categorization as potentially useful for an elaboration of a "goals and objectives statement" for a hospital social work department.

The researcher has reviewed the social work literature for the purpose of identifying:

- a. references to the various "major categories" of selected planning perspectives thought to be relevant to the specification of goals, objectives, or both in social work agencies; and
- b. operations that may be relevant to the definition of each "category."

The result of this literature review has provided the researcher with a diversity of operations for possible inclusion in a theoretical planning model for the formulation of a "statement of goals and objectives" by a hospital social work department.

The section which follows presents the researcher's planning model and elaborates the various categories, operations, and, where operations include several components, the sub-operations which comprise the model.

TABLE I

A THEORETICAL PLANNING MODEL FOR THE DEVELOPMENT OF A
"GOALS AND OBJECTIVES STATEMENT" BY A HOSPITAL SOCIAL
WORK DEPARTMENT

Purpose(s) of the Social Work Department	Goals of the Social Work Department	Program Objectives	Program Services
Specification of the needs, problems, or concerns for which the department expects to develop programs	Specification of the general outcomes desired in relation to the department's expected inter-ventions with or on behalf of: a) patients & their families b) the hospital system c) the community d) other	Specification of the programs which are expected to facilitate attainment of the department's goals in relation to: a) patients & their families b) the hospital system c) the community d) other	Specification of the set of services to be provided through each program & which are expected to facilitate attainment of its program objectives in relation to: a) patients & their families b) the hospital system c) the community d) other
Specification of service needs based on assessment of existing: a) hospital services, including services provided by the social work department, b) community services	Priorization of the general outcomes desired in relation to the department's expected inter-ventions with or on behalf of: a) patients & their families	Specification of the results expected to be achieved by each program in relation to: a) patients & their families b) the hospital system c) the community d) other	

TABLE I -- Continued

Specification of the range of needs expected to be serviced by the department in relation to:	b) the hospital system c) the community d) other	Priorization of the results expected to be achieved by each program in relation to:	Priorization of the services to be provided through each program and which are expected to facilitate attainment of its program objectives in relation to:
a) patients & their families b) the hospital system c) the community d) other	Specification of the anticipated time period required to attain each of the general outcomes desired in relation to expected interventions with or on behalf of:	a) patients & their families b) the hospital system c) the community d) other	a) patients & their families b) the hospital system c) the community d) other
Priorization of the range of needs expected to be serviced by the department in relation to:	a) patients & their families b) the hospital system c) the community d) other	Specification of the anticipated time period required to achieve the objectives of each program in relation to:	Specification of the range, level & depth of each service to be included in each program & which is expected to facilitate attainment of its program objectives in relation to:
a) patients & their families b) the hospital system c) the community d) other		a) patients & their families b) the hospital system c) the community d) other	a) patients & their families b) the hospital system c) the community d) other

TABLE I -- Continued

Specification of the department's expected response to this range of needs. This includes specification of:	Specification of criteria to measure attainment of each of the general outcomes desired in relation to expected interventions with or on behalf of:	Specification of criteria to measure attainment of the objectives of each program in relation to:	Specification of the criteria of eligibility for each service to be provided to:
a) the target(s) for intervention	a) patients & their families	a) patients & their families	a) patients & their families
b) the type of intervention(s) proposed	b) the hospital system	b) the hospital system	b) the hospital system
c) the scope & depth of the proposed interventions	c) the community	c) the community	c) the community
	d) other	d) other	d) other
			Specification of the mix of professional, quasi-professional & non-professional staff that will provide the respective services to:
			a) patients & their families
			b) the hospital system
			c) the community
			d) other
			Specification of the range of practice methodologies for the provision of services in relation to:
			a) patients & their families
			b) the hospital system
			c) the community
			d) other

TABLE I -- Continued

Specification of the results expected to be achieved by each service component of each program in relation to:

- a) patients & their families
- b) the hospital system
- c) the community
- d) other

Specification of the anticipated time period required to achieve the expected results of each service component of each program in relation to:

- a) patients & their families
- b) the hospital system
- c) the community
- d) other

Specification of criteria to measure attainment of the expected results of each service component of each program in relation to:

- a) patients & their families
- b) the hospital system
- c) the community
- d) other

A THEORETICAL PLANNING MODEL FOR THE DEVELOPMENT OF A "GOALS
AND OBJECTIVES STATEMENT" BY A HOSPITAL SOCIAL WORK
DEPARTMENT

The theoretical planning model may be considered as an ideal type of a "goals and objectives statement" for a hospital social work department. The researcher has earlier posited that such a statement should include statements of purpose(s), goals, program objectives, and program services. These sub-statements constitute the categories of the researcher's planning model.

The researcher assumes coherence among these categories, but rejects the notion that these planning categories should follow one another in a rigid sequence. Freeman and Sherwood have made this point succinctly albeit in relation to social policy development:

it is not possible to lay out an exact order of the steps which he (the policy maker) takes ... to do so would be to distort reality far beyond the limits desirable in pedagogy; as it is, considerable oversimplification and artificial systematization has been necessary in order to present the framework of policy making. (Freeman and Sherwood, 1970, p. 16)

Wiehe has suggested that the process of determining agency purpose, goals, and objectives may be deductive, starting with the mission, or inductive, building up from the individual plans of workers. The researcher agrees with Wiehe's conclusion that the "fit" between categories is more important than their sequence. Whereas the researcher's planning model implies a sequence among categories, the

researcher does not regard any one category as taking precedence over another.

The categories of the planning model are "operationally defined" on the basis of a set of operations which the researcher has specified for each category. The researcher has adopted the American Hospital Association's position that hospital social work embraces patients and their families, hospital, and community. Most of the operations proposed for the categories of the planning model utilize a similar differentiation. Where operations include various components such as patient and family, hospital, and community, these components are regarded as sub-operations. The discussion which follows elaborates a rationale for operations and sub-operations included in each of the four categories comprising the researcher's planning model.

1) Purpose(s) of the Social Work Department

A "statement of purpose" for a hospital social work department should include the specification of needs, problems, or concerns, based on which the department expects to develop programs. This is consistent with Kahn's notion that problems, needs, or concerns may instigate planning. Analysis of these elements may be expected to circumscribe the area toward which planning is directed. However, in specifying additional operations which seem relevant to a

statement of purpose for a hospital social work department, the researcher utilizes the term "needs." The terms "problem" and "concern" are thought to be less appropriate. The researcher does not think that a hospital social work department should focus on problem-solving. Similarly, interventive strategies should be based on something more concrete than "concerns." "Needs" is regarded as an appropriate concept on which to build a statement of purpose.

A "statement of purpose" for a hospital social work department should also include the specification of service needs; identification and prioritization of the range of needs which the department expects to service; and the department's expected response to these needs. Assessment of the hospital system and the community social service structure by the social work department is desirable. The assessment of service needs should include an analysis of the services of the social work department, particularly where a department has been part of the complement of hospital services for several years.

The researcher submits that the role of a hospital social work department should be defined in relation to community health care. Patient care in hospitals may be viewed as one dimension of community health care. Considered in this manner, a social work department's role should be generally consistent with the community health care role of the

larger hospital institution of which it is a sub-system. Ideally then, the assessment of service needs should include data concerning the health care needs of patients and their families, the hospital system, and the community.

A hospital social work department may identify service needs that do not fit the three broad service divisions of patients and their families, hospital system, and community. The researcher has added a fourth nondescript division, "other,"¹⁰ to accommodate this possibility.

2) Goals of the Social Work Department

A "statement of goals" for a hospital social work department should include specification of the general outcomes desired in relation to the department's expected response to service needs. These outcomes should be prioritized and a time period required to attain each of these desired general outcomes should be specified. The notion of a time period is related to Freeman and Sherwood's proposal that the planning process should produce a schedule for goal attainment. It is also linked to their idea of absolute or relative achievement of goals. For example, a hospital social work department might specify that by a particular month or year it hopes to have progressed to point "X" in relation to a general outcome or goal, and that it hopes to achieve this

¹⁰This fourfold division is utilized in most of the other operations included in the planning model.

desired outcome by some other specified date.

A "statement of goals" for a hospital social work department should also include the specification of criteria to measure attainment of each of the desired general outcomes. Goals or desired general outcomes should be stated in measurable terms. The planner should build evaluative mechanisms into the social work department which will help to give readings as to progress toward and attainment of each of these goals.

3) Program Objectives

A "statement of program objectives" for a hospital social work department should include specification of the programs which are expected to facilitate attainment of the department's goals.¹¹ Programs may be understood as constituting a further refinement of the general interventive strategy proposed in relation to the statement of purpose. Programs should be selected to assure what Kahn has termed "complementarity and sound mix." (Kahn, 1969, p. 236) The specification of programs should include identification of target populations, or the various potential recipients of each program. These target populations may be considered a refinement of the targets for intervention identified as part of the "statement of purpose."

¹¹ A program may facilitate achievement of one or more goals. Conversely, a particular goal might be translated into one or more programs.

A "statement of program objectives" should also identify and prioritize the results or objectives expected to be achieved by each program, and project time periods required to achieve these objectives. The specification of criteria to measure attainment of these objectives is another relevant operation. These criteria are expected to assist the planner in making judgments about the department's progress toward or attainment of these objectives.

4) Program Services

A "statement of program services" for a hospital social work department should include specification of the set of services to be provided through each program. The planner should consider why a particular set of services is expected to facilitate attainment of the objectives of a particular program. Service components should be prioritized in accordance with their perceived importance to the attainment of program objectives. Where the same or similar service is provided through more than one program, the service may or may not have the same priority depending on the objectives of the program.

Based on decisions about service priorities for each program, the planner should specify the range, level, and depth of each service to be included in each program. This operation is consistent with Drezner's proposal that the planner should consider whether each service is to be

provided at a minimum, medium, or high level. The specification of the range of service should indicate whether services are to be concentrated on a few "recipients" or diffused over many.

A "statement of program services" should also include criteria of eligibility for the provision of services, as well as specifying the staff "mix" that will deliver the services. The researcher expects that the planner will also specify how services might be provided; or the range of practice methodologies that would constitute potential means for the delivery of services.

A "program services statement" should also specify the results expected from each service dimension of each program; project time periods for the achievement of these results; and specify criteria to measure their attainment.

The foregoing discussion of categories was intended to elaborate the researcher's planning model for the formulation of the content of a "statement of goals and objectives" by a hospital social work department. This model provides one perspective as to what may constitute a "goals and objectives statement" for a hospital social work department.

In the section which follows, the researcher posits factors which may influence the development of the content of a "statement of goals and objectives" by a hospital social work department.

FACTORS WHICH MAY INFLUENCE FORMULATION OF THE CONTENT OF A
"STATEMENT OF GOALS AND OBJECTIVES" BY A HOSPITAL SOCIAL
WORK DEPARTMENT

The researcher has earlier observed that the social work literature that addresses the planning tasks involved in the specification of social work agency goals, objectives, or both, does not identify and analyze factors that may influence the formulation of the content of "statements of goals and/or objectives." Based on this evidence, the researcher has posed a set of interrelated questions that identify factors which are thought to be potentially influential on the development of the content of a "statement of goals and objectives" by a hospital social work department.

The following sources contributed to the researcher's decision-making about potentially influential factors:

- a. clues obtained from a search of the relevant social work literature;
- b. events which transpired at the Social Work Department of the St. Boniface General Hospital, Winnipeg, Manitoba;
- c. logical reasoning.

1. Does a working committee influence the development of the content of a "goals and objectives statement?"

The factor under consideration in this question is a goals and objectives committee. A goals and objectives committee, comprised of non-administrative social work staff

and administrative social work staff, was given responsibility for the development of a "statement of goals and objectives" for the Social Work Department of the St. Boniface General Hospital. This decision was made at a departmental workshop on May 8, 1975, prior to the study period.¹²

The researcher's exploratory case study was expected to indicate whether and how this committee influenced the development of the content of any "goals and objectives statement" produced during the study period, and in what manner other factors may have influenced the product of the committee's deliberations.

2. Does discontinuity of leadership of a social work department influence the development of the content of a "goals and objectives statement?"

The factor under consideration in this question is leadership discontinuity. The researcher defines "leadership discontinuity" as personnel changes in the social work department's administration.¹³

This question was derived from events which immediately followed the establishment of the goals and objectives committee at the May 8, 1975 departmental workshop. Specifically, the director of the social work

¹² The study period was July 15, 1975 to January 15, 1976.

¹³ The social work administration is comprised of the director, assistant director, and social work program coordinators.

department took a leave of absence, the assistant director resigned, and a new assistant director was appointed. The researcher thought that such occurrences might influence the development of the content of the "goals and objectives statement" since this process had been set in motion by the social work administration or leadership component of the social work department.

3. Do social work field staff influence the development of the content of a "goals and objectives statement?"

The factor under consideration in this question is social work field staff or non-administrative social work staff.

Social work field staff were represented on the goals and objectives committee, and on other working committees¹⁴ established to formulate policy statements which were expected to be part of an overall statement of policies and programs for the social work department. This representation was expected to provide social work field staff with opportunities to influence the development of the content of the "goals and objectives statement." Social work field staff were also expected to have an opportunity to consider the output of the goals and objectives committee, and to recommend modifications to any product or statement that emerged.

¹⁴These other working committees are identified in the discussion of the factor "other working committees."

The researcher found some references in the social work literature that suggest social work field staff participation in planning in social work agencies is desirable. Wiehe argues that goal formulation in an agency cannot proceed "without knowledge of the goals and plans of staff members whose efforts comprise the building blocks of the department." (Wiehe, 1973, p. 144) The fitting together of these goals and plans is for Wiehe a prerequisite for the development of a statement of agency goals.

Similarly, Trecker states that "as a matter of principle those persons to be affected by the policy should participate." (Trecker, 1971, p. 169) These persons include the staff of the agency.

Whereas these sources suggest that social work field staff participation in policy-making is desirable, the effect of such participation on goal and objective formulation does not appear to have been documented.

4. Do systems external to a social work department influence the development of the content of a "goals and objectives statement?"

The factor under consideration in this question is external systems. For purposes of this study, external systems are thought to include factors such as the hospital administration, community agencies, and clientele.

The researcher expected that the goals and objectives committee, with the help of the social work administration, might initiate consultation with one or more external systems including hospital personnel; representatives of community agencies; and clients; in developing the content of a "goals and objectives statement." Alternatively, such external systems might impinge on this planning process even if the goals and objectives committee did not solicit their involvement.

The goals and objectives committee might choose to infer goals and objectives from present departmental programs and services. Alternatively, the committee might choose to specify what the social work department's goals and objectives should be. In the latter instance particularly, the committee's consultation with external systems would seem desirable as it would permit these systems to consider relevant implications of any implied changes in departmental policies, programs, and services. Consultation with external systems might also influence the direction and degree of any such changes.

The researcher found some references in the social work literature which suggest that social work agency consultation with "external systems" is both necessary and desirable for planning purposes. Kahn proposes that "there must be at the very heart of the planning process room for

and provision for choices by those affected." (Kahn, 1969, p. 15)

Drezner views agencies as being affected by both internal and external coalitions or interest groups. These include "clients, staff, management, board, the community at large, the funding bodies and numerous other coalitions all of which know what the objectives of the agency should be." (Drezner, 1973, p. 18)

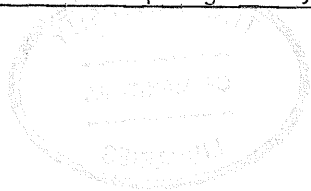
The American Hospital Association proposes that the planning process must involve

the chiefs of clinical services and other departments related to patient care, education, and community relationships...consultation with them not only ensures a more realistic tie-in between services and needs but also gives key personnel a firm understanding of the program's relation to their own activities. Consultation with community agencies can also be extremely helpful. (American Hospital Association, 1971, p. 297)

These sources from the social work literature suggest that external systems should be considered by social work agencies engaged in planning, and are likely to influence this process. However, the nature and magnitude of external system influence on a social work agency engaged in goal and objective formulation does not appear to have been documented.

5. Do a social work department's current programs, services, and commitments influence the development of the content of a "goals and objectives statement?"

The factor under consideration in this question is current programs, services, and commitments.



The Social Work Department of the St. Boniface General Hospital has an eighteen year history of program development; has established service priorities; and has developed a variety of working relationships in the course of responding to the identified needs of patients and their families, the hospital system, and the community. The researcher expected that the goals and objectives committee would consider, review, and evaluate established programs, services, and related commitments in the course of formulating the content of a "goals and objectives statement." The committee, as noted earlier, might choose to infer goals and objectives from current departmental programs and services. Alternatively, the committee might draft a statement that would require modifications to these programs and services. Either way, the researcher expected the present "state of affairs" to have some influence on the development of the content of the statement.

Trecker makes a similar point:

the sources of data, information, opinion, thinking and feeling...must be considered in the important task of policy-making... there is a major source of policy material in the operating experience of the agency critically reviewed and evaluated. (Trecker, 1971, p.118)

The effects of such considerations on social work agency planning directed at goal and objective formulation do not appear to have been documented in the social work literature.

6. Do other working committees, responsible for formulating statements of allied policies and programs, influence the development of the content of a "goals and objectives statement?"

The factor under consideration in this question is the other working committees.¹⁵ These working committees had been established at the departmental workshop of May 8, 1975. During this workshop, a suggestion was made that the chairpersons of the various committees, including the goals and objectives committee, consult with each other from time to time. The statement that each committee was expected to formulate was to become part of a broader statement of policies and programs for the social work department. Communication among committees was expected to avoid duplications, contradictions, inconsistencies, and gaps in the materials being developed.

If the working committees adopted the suggestion for consultation, and made it a rule to guide committee functioning, then the researcher expected to find reciprocal influences among committees. However, the researcher did not know whether these committees would consult with each other, nor whether and how such consultation might influence the development of the content of a "goals and objectives

¹⁵ These other working committees were: Staff Development Committee; Organizational Structure, Decision-Making, and Communication Committee; Personnel Committee; and Research and Evaluation Committee.

statement" by the goals and objectives committee.

7. Does the potential availability of program resources -- human, technical and financial -- influence the development of the content of a "goals and objectives statement?"
-

The factor under consideration in this question is the potential availability of program resources. The researcher assumed that a practical "statement of goals and objectives" would reflect the realities of budget, personnel, and skills.

The availability of these resources may present limitations as to programs and services offered by an agency. For example, the specification of social work program objectives for the acute care area of the Social Work Department of the St. Boniface General Hospital may be influenced by the belief that the Government of Manitoba is unlikely to approve additional expenditures on acute care facilities and programs.

Some of the apparent options open to the goals and objectives committee in relation to the availability of program resources include:

- a. specification of goals and objectives that seem consistent with the resources presently available to the department;

b. specification of goals and objectives for which additional resources may be required; and

c. specification of goals and objectives that may reflect anticipated cut-backs in resources.

The researcher did not know whether resource considerations would have any influence on the deliberations of the goals and objectives committee.

The researcher found some references in the social work literature to the relevance of resource considerations for planning in social work agencies. Freeman and Sherwood regard budgetary considerations and the designation of other program resources as relevant to planning, program development, and implementation.

Kahn has also approached the issue of resource considerations, asking "whether one should not define goals, objectives, tasks in terms of what it will take to solve problems and implement values," (Kahn, 1969, p. 88) leaving resource considerations for the period of planning for implementation. Kahn's answer is that financial resources, manpower resources, and knowledge/skill resources are relevant to the setting out of goals and objectives, and to the working out of programs and administrative plans.

The manner in which resource considerations may influence social work agency planning directed at goal and objective formulation, does not appear to have been documented in the social work literature.

8. Do social work administrative staff influence the development of the content of a "goals and objectives statement."

The factor under consideration in this question is the social work administration. The social work administration consisted of a management group which includes the director of the social work department, the assistant director, and the social work program coordinators for acute care, extended care, and emergency and ambulatory care. This management group may be considered as the final decision making body for the social work department. Based on this reasoning, the authority of the goals and objectives committee might be limited to the preparation of a "goals and objectives statement" for the consideration and final approval of the social work administration.

The social work administration might influence the goals and objectives committee in various ways. For example, it might make demands regarding the performance of the committee; restructure the committee; reallocate the task of developing a "goals and objectives statement"; or discontinue this process entirely. Alternatively, the social work administration might function as a supportive resource to the goals and objectives committee.

The social work administration was also represented on the goals and objectives committee. This representation was expected to provide administrative members with

opportunities to influence the development of the content of the "goals and objectives statement."

The foregoing set of interrelated questions represents a beginning attempt to posit factors that may influence the development of the content of a "goals and objectives statement" by a hospital social work department. Consistent with the exploratory nature of this research study, the researcher intended to be sensitive to other factors which might influence the development of the content of the statement.

SUMMARY OF STUDY PURPOSE AND FOCUS

The social work literature of the last decade makes frequent references to the planning tasks involved in social work agency administration. This literature seems to be encouraging agency administrators to anchor their programs in policy by specifying agency goals, objectives, or both. However, the researcher found the literature to be imprecise, and inconsistent in:

- a. prescribing planning relative to the formulation of goals and objectives;
- b. defining "goal" and "objective"; and
- c. identifying and analyzing factors which may influence the development of the content of a "statement of goals and objectives."

This research study derived from this assessment of the apparent state of our knowledge regarding goal and objective formulation in social work agencies. The researcher was afforded an opportunity to conduct an exploratory case study by relevant events transpiring at the Social Work Department of the St. Boniface General Hospital, Winnipeg, Manitoba. Specifically, this study addresses and reports on the following research problem:

How do factors thought to affect formulation of the content of a "statement of goals and objectives" appear to influence the development of the content of such a statement, in the Social Work Department of the St. Boniface General Hospital, Winnipeg, Manitoba.

The initial research tasks were envisaged as follows:

- a. to conceptualize planning in social work agency administration;
- b. to define and distinguish between "goal" and "objective";
- c. to elaborate a planning rationale which specifies the nature and probable categories of a "goals and objectives statement" for a hospital social work department; and
- d. to posit factors that may influence the development of the content of the statement.

During the July 15, 1975 to January 15, 1976 period selected for this study, the researcher investigated and analyzed the following:

a. the "goals and objectives statement" produced by the goals and objectives committee for the social work department of the St. Boniface General Hospital, Winnipeg, Manitoba.

The researcher's planning model was used as a content analysis tool for identifying and classifying statements thought to be relevant to any "statement of goals and objectives" that emerged from this committee during the study period.

b. the apparent associations of pre-specified and emerging factors with statements relevant to any "goals and objectives statement" that emerged from the goals and objectives committee.

Content analysis data based on minutes of the goals and objectives committee meetings helped the researcher identify the source of each relevant statement. These data and comparative data, based on interviews,¹⁶ personal observation,¹⁷ and a review of miscellaneous documentation, helped the researcher sort out inferences about which factors

¹⁶ These interviews were held with goals and objectives committee members, the chairpersons of the other working committees, and members of the social work administration.

¹⁷ The researcher became a participant observer with the goals and objectives committee for the study period.

appeared to have influenced the development of the content of the emerging "goals and objectives statement." These data also assisted the researcher to make informed guesses about the apparent magnitude or degree of influence of factors found to be associated with the content of the emerging statement.

CHAPTER II

THE CASE SITUATION

The period of July, 1974 to May, 1975 bears some significance in the historical development of the Social Work Department of the St. Boniface General Hospital, Winnipeg, Manitoba. This period was characterized by a number of events which culminated in a collective decision by the social work administration, field, and support staff to formulate a "statement of goals and objectives."

This decision afforded the researcher an opportunity to conduct an exploratory case study which was intended:

- a. to identify the "actual statement of goals and objectives" produced for this hospital social work department; and
- b. to identify factors which may have influenced the development of the content of the statement.

The researcher regards the events which led to this hospital social work department's decision to formulate a "statement of goals and objectives" as background relevant to this research study. This chapter provides an overview of these events.

1. Growth of the St. Boniface General Hospital's Social Work Department

The size of this hospital social work department experienced a rapid period of growth from July, 1974 to the Spring of 1975. This period saw the expansion of service coverage in the emergency and ambulatory care area, and the establishment of the extended care unit. This expansion resulted in "mini-social service departments," with individual program coordinators for emergency and ambulatory care, and extended care.

Such growth appeared to place a new burden on existing forms of communication, coordination, and control within the department. For example, the allocation of resources to the extended care area seemed to aggravate the feelings of acute care personnel that resources allocated to acute care service areas were inadequate.

In the past, the social work administration seemed to have utilized the growth factor as one reason for not developing an overall statement of departmental policies and programs. This administration felt that further expansion might make a statement obsolete, and accordingly, it considered the statement a low priority. However, in the face of accelerated growth, this administration appeared to recognize that a policy and programming statement could help to maintain a single-department identity.

2. The Hospital Social Services Work Unit Study

In September 1974, the Government of Manitoba, Health Services Commission released a report on a study of the social work activities of twelve hospital social work departments in the Province of Manitoba. This study recommended that hospital social work departments in Manitoba emphasize direct patient-related services and minimize other social work functions.

The Social Work Department of the St. Boniface General Hospital was not in concert with the report's recommendation. The recommendation was thought to diverge from the intent of departmental programs. This social work department had assumed that its goals and objectives did not require articulation because they were implicit in its program activities. The social work administration and field staff were critical of the study because it had evaluated these program activities solely in relation to a direct patient care practice perspective. They regarded this perspective as foreign and limiting to the philosophy of social work practice which they saw as shaping these program activities. Essentially, this department's practice philosophy viewed the social worker as a change agent who, having identified the need for intervention, intervenes at several levels -- including the level of the patient and his family.

The department's social work administration seemed to recognize that the department was left politically vulnerable to the report's recommendation, and its budgetary implications. This vulnerability was thought to be aggravated by the fact that the department did not have a statement of policy and program which would explain the rationale for departmental programs and services, and which would spell out goals, objectives, and priorities.

The Hospital Social Services Work Unit Study prompted the department's re-evaluation of the validity of its premise that its program activities divulged its goals and objectives. The social work administration, apparently feeling some pressure from this external source, decided to develop a policy and programming statement which would include the specification of the department's goals and objectives.

3. The "Preliminary Research Study"

The social work administration decided that a preliminary step toward the formulation of an overall statement of policies and programs, would be to solicit the opinions and recommendations of social work and support staff on a wide range of dimensions pertinent to the development of such a statement. This researcher was

engaged in the Fall of 1974 to conduct such a study.¹

Based on personal interviews with all levels of staff including the social work administration, the researcher gathered information on the following areas:

- a. perceived and desired goals and objectives for the social work department;
- b. the relationship of departmental programs to community need;
- c. the relationship of hospital goals and social work goals;
- d. the philosophy of social work practice "endorsed" by the social work administration;
- e. demands and expectations for staff performance;
- f. priorities;
- g. decision making in the social work department;
- h. supervision and consultation;
- i. staff development;
- j. criteria for evaluation of performance and programs;
- k. proposed program developments; and
- l. dilemmas facing the social work department, particular program areas, and certain staff components.

¹The researcher was available to embark on this project because he had a field placement at this hospital social work department.

This inquiry revealed that social work and support staff were uniformly "fuzzy" about the department's goals and objectives. They also had difficulty relating their individual program and service responsibilities to the broader context of what the social work administration might be trying to accomplish with these programs and services. This generalization seemed to hold for both the new staff member and the seasoned worker.

The researcher also found that the replies of the social work administration lacked clarity and specificity as regards to where the department was headed, and the objectives of specific program areas.

The researcher compiled the results of these interviews in a report which was disseminated and discussed in a departmental workshop held on May 8, 1975.

4. The Social Work Department's Workshop of May 8, 1975

The discussion of this research report in the workshop setting seemed to make each member of the social work department aware that most, if not all staff persons, lacked understanding of the department's goals and objectives. The social work administration, field, and support staff collectively decided that the specification of goals and objectives was the primary planning task facing the social work department in relation to the proposed development of an overall statement of policies and programs.

A key purpose of the workshop was to specify the subsequent steps to be taken in the formulation of this overall statement. The social work administration, field, and support staff collectively decided that a working committee format would help to spread the responsibility for developing this statement, would facilitate better communication among program divisions, and would generally maintain a higher level of staff commitment to working through this process. Five working committees were struck. Each was to deal with one of five areas that were thought to be priority components of a policy and programming statement: goals and objectives; organizational structure, decision making, and communication; personnel policies; staff development; and research and evaluation.

The present research study developed in response to this hospital social work department's decision to formulate a "statement of goals and objectives." This decision presented the researcher with an opportunity to conduct an exploratory case study of factors posited as potentially influential on the development of the content of a "goals and objectives statement."

CHAPTER III

METHODOLOGY

This chapter focuses on the researcher's choice of methodologies and elaborates the research procedures utilized for this study.

THE EXPLORATORY/CASE STUDY DESIGN OF THIS RESEARCH PROJECT

This researcher's review of the social work literature revealed that little is known concerning factors which may influence the development of the content of a "statement of goals and objectives" by social work agencies, including hospital social work departments. An exploratory investigation¹ was deemed desirable and appropriate, using one case situation for an in-depth study² to seek insights into what some of these factors might be. It was anticipated such evidence might be enriched by comparing empirical factors with logically conceivable factors pre-specified by the researcher. A review of the relevant literature provided the researcher with some clues as to potentially influential factors.

¹The purposes and functions of exploratory research have been variously documented. See, for example, Selltiz *et al.*, 1975, p. 51; Tripodi, Fellin and Meyer, 1969, p. 25; Henley in Fink, 1974, p. 336.

²Goode and Hatt contend that "for preliminary research in any field, most investigators will use some form of the case study." (Goode and Hatt, 1952, p. 340)

The Social Work Department of the St. Boniface General Hospital, Winnipeg, Manitoba was available as a concrete research "case" for the exploratory investigation. A goals and objectives committee was assigned responsibility for developing the "statement of goals and objectives."³ The researcher successfully negotiated access to the department and this committee to conduct his study.

DATA COLLECTION

Data collection based on meetings of the goals and objectives committee began on July 15, 1975 and terminated on January 15, 1976.⁴ The researcher sought to accumulate as much information as possible concerning each meeting held by the committee during this period for the purpose of identifying:

- i. emerging statements that seemed relevant to the content of a "goals and objectives statement"⁵; and

³ This committee was initially comprised of six non-administrative staff, the extended care coordinator, and the director as a resource person for the preparation of historical material. The membership changed after November 4, 1975 to include the acute care coordinator. Two non-administrative staff left the committee at this date.

⁴ This decision was based on the researcher's plan to complete the study within his Master's year at the School of Social Work, University of Manitoba.

⁵ The researcher's theoretical planning model assisted in the identification and classification of statements thought to be relevant to the content of a "goals and objectives statement."

ii. the person or persons who appeared to be the source of each of these relevant statements.

The researcher also sought information about any "statement of goals and objectives" which might be produced on the basis of all meetings of the goals and objectives committee.⁶

To achieve these ends the researcher became a participant observer with the goals and objectives committee, conducted interviews, reviewed documentation, and did a content analysis of minutes of goals and objectives committee meetings. These procedures were expected to yield a detailed description and analysis of the factors which appeared to have influenced the development of the content of the evolving statement.

A. Participation Observation With the Goals and Objectives Committee

The researcher sought to acquire as much first-hand information as possible concerning the evolving statement and the factors that appeared to have influenced the development of the content of this statement. For this purpose, the researcher became a participant observer with the goals and objectives committee. This role included the following:

⁶ A final statement was not produced as of January 15, 1976. Consequent to this research study, a final statement was formulated in the summer of 1976.

1. The researcher attended all fourteen scheduled meetings of this committee held during the period of July 15, 1975 to January 15, 1976, inclusive. This included a meeting with social work department staff, held on November 4, 1975, at which the committee presented for discussion purposes a "Draft Proposal" of a statement of "Philosophy, Goals, and Objectives."

2. The researcher volunteered to become recording secretary to the goals and objectives committee, which allowed the researcher to record his observations during the course of committee meetings.

3. The researcher acted as a resource person to the goals and objectives committee. This involved the following:

- i. providing feedback to the committee as to the apparent focus of committee meetings, based on the recorded minutes;
- ii. suggesting clarifications to terminology and the phrasing of statements thought to be relevant to the content of the "goals and objectives statement";
- iii. providing the committee with a definition of planning and planning concepts based on the researcher's theoretical planning model;

- iv. providing social work literature relevant to planning;
- v. responding to specific requests for information such as how to compile an inventory of resources.

This resource person role established the researcher as a quasi participant as well as an observer gathering facts about the deliberations of the goals and objectives committee. The effect of the researcher on the development of the content of the evolving statement is considered in Chapter IV, "Analysis of Data."

4. The researcher took advantage of several opportunities for informal discussion with various committee members and with other social work staff, particularly administrative staff. These discussions provided the researcher with clues as to factors which might have influenced the development of the content of the emerging "goals and objectives statement." These clues were followed-up in interview sessions with various members of the goals and objectives committee; with the chairpersons of the other working committees⁷; and with the social work

⁷These were the four other working committees noted in Chapters I and II: Staff Development Committee; Organizational Structure, Decision Making, and Communication Committee; Personnel Committee; Research and Evaluation Committee.

administration.

B. Interviews

1. With Goals and Objectives Committee Members

The researcher conducted interviews with members of the goals and objectives committee in order to check his perceptions and inferences as to factors which seemed to have influenced the formulation of the content of the evolving "goals and objectives statement." Committee members were expected to comment on their own perceptions and inferences.

The interviews may be differentiated into two phases:

i. The first phase was conducted during the period of September 11, 1975 to November 7, 1975. It involved interviews with four non-administrative members of the committee, including the chairperson.⁸ An interview schedule was not utilized.

ii. The second phase occurred during the period January 13, 1976 to February 20, 1976. It involved interviews with two non-administrative members, including the chairperson. Four other committee members were not interviewed for one or more of the following reasons:

⁸The Chairperson resigned from this position effective November 4, 1975 but remained as a committee member. No replacement was appointed.

termination from the goals and objectives committee; infrequent attendance at meetings; and the researcher's time considerations.

An interview schedule was utilized.⁹

2. With the Chairpersons of the Other Working Committees and the Social Work Administration

Interviews were conducted with chairpersons of the four other working committees, and with all five members of the social work administration, during the period of September 22, 1975 to March 11, 1976. These committees and this administration were two of the factors posited as potentially influential on the formulation of the content of a "goals and objectives statement."

An interview schedule was utilized for most of these interviews.¹⁰

Interview data obtained from the social work administration were expected to help sort out the researcher's impressions as to whether the factors of "leadership discontinuity" and "external systems" influenced the development of the content of the emerging statement. As noted in Chapter I, "leadership discontinuity" had been defined specifically in relation to the social work

⁹ See the appendices for examples of the schedule utilized for non-administrative and administrative members.

¹⁰ The chairpersons of the working committees were initially interviewed without an interview schedule. An interview schedule was utilized in all subsequent interviews.

administration. Further, the researcher speculated this administration might be the recipient of any "external system" solicitations or representations concerning departmental goals and objectives.

C. Documentation Obtained from the Goals and Objectives Committee, the Other Working Committees, and the Social Work Administration

The researcher reviewed documentation which was expected to assist in the identification of factors which may have influenced the development of the content of the evolving "goals and objectives statement."

The following documents were among those reviewed:

i. An outline of the task of the goals and objectives committee prepared in June 1975 by the chairperson.

ii. A first draft of "historical material" regarding past goals of the social work department, and forecasts about the future of social work in health care. This was prepared by the director of the social work department.

iii. A "Draft Proposal" of a statement of "Philosophy, Goals, and Objectives"¹¹ prepared by the chairperson of the goals and objectives committee for presentation and discussion with social work staff on November 4, 1975.

This was the only statement produced by the committee

¹¹ The reference to "philosophy" suggests that the committee considered the enunciation of the department's social work philosophy as part of its task.

during the data collection period. The researcher regarded the "Draft Proposal" as a preliminary statement.

iv. A summary of the "Draft Proposal" prepared by the extended care coordinator.

v. Minutes of meetings held by the other working committees, where minutes had been recorded.

vi. Policy and program recommendations produced by the other working committees.

vii. A statement of objectives and functions of the social work component of the emergency department, prepared primarily by its social work coordinator.

D. Content Analysis

For purposes of this study, "content analysis" was defined as a method for studying the content of communications; for describing this content in a systematic form; and for analyzing this content in an objective manner.¹² The minutes of the goals and objectives committee meetings served as the raw data for content analysis, undertaken for the purpose of:

a. identifying and classifying statements thought

¹² Some methodologists such as Berelson have said that such description should also be quantitative. This study does not address this issue. Since the researcher's definition excludes the notion of quantification, he is in apparent agreement with Selltiz et al., who contend that "it is indeed difficult to see why quantification should be regarded as a requirement in content analysis when it is not so regarded in the analysis of data obtained by interviews or observations." (Selltiz et al., 1965, p. 336)

to be relevant to the content of the emerging "goals and objectives statement"; and

b. identifying the apparent source of these relevant statements.

The theoretical planning model was used as a content analysis tool to assist in this process.

The following procedures were used in this content analysis:

1. The minutes of the thirteen meetings of the goals and objectives committee as recorded by the researcher for the period July 21, 1975 to January 15, 1976 were assembled chronologically.¹³ Each meeting was regarded as a "discrete event" which may or may not have resulted in one or more statements relevant to the content of the emerging "goals and objectives statement." Two types of statements were thought to be relevant: "concrete proposals" and "considerations."

A "concrete proposal" was defined as a specific formulation for this social work department of any of the categories or operations of the researcher's planning model; or of any other statement proposed as relevant to the "goals and objectives statement."

¹³ There were fourteen meetings held during the data collection period. Minutes were not recorded for the July 15, 1975 meeting as the researcher had not yet volunteered to become recording secretary.

A "consideration" was defined as a statement which addressed any category or operation of the researcher's planning model; or any other statement thought to be relevant to the "goals and objectives statement" which was similarly addressed but not specifically formulated for this social work department.

All concrete proposals and considerations that seemed to have resulted from meetings of the goals and objectives committee were identified and classified. Some were identified on the basis of their apparent relationship to categories, operations, and sub-operations of the researcher's planning model.¹⁴ Others were identified as relevant by one or more goals and objectives committee members.

2. The researcher tabulated the frequency with which each category, operation, and sub-operation of the planning model was referenced in the minutes of the goals and objectives committee. Categories, operations and sub-operations were rank-ordered according to the results of the frequency tabulation. These research operations illustrated the categories, operations, and sub-operations on which the goals and objectives committee seemed to have concentrated, as well as those not referenced at all.

¹⁴ Codes were assigned to the various categories and operations of the researcher's planning model to assist in this process. The coding scheme is explained in Chapter IV, "Analysis of Data."

3. Based on the recorded minutes, the researcher identified the specific person or persons who appeared to be the source of each concrete proposal and consideration. This information was expected to help the researcher to sort out which factors may have influenced the development of statements thought to be relevant to the content of the evolving "goals and objectives statement."

4. Data concerning the apparent sources of concrete proposals and considerations were related to the rank-ordered categories, operations, and sub-operations. This research procedure illustrated the frequency of association of particular sources with the referenced categories, operations, and sub-operations. Based on these associations, the researcher sought to infer what sources or factors may have influenced what emerged most frequently from committee meetings in respect to statements thought to be relevant to the content of the emerging "goals and objectives statement."

5. The researcher tabulated the frequency with which each source was found to be associated with any of the referenced categories, operations, or sub-operations. Sources were rank-ordered according to the results of the frequency tabulation. These research operations illustrated which sources appeared most frequently to be associated with statements thought to be relevant to the content of the emerging "statement of goals and objectives."

SUMMARY

The content analysis procedures outlined above for minutes of the goals and objectives committee were used to identify and classify statements thought to be relevant to the content of the evolving "goals and objectives statement," as well as sources or factors found to be associated with these statements. The researcher's personal observations, interviews, and review of other documentation helped the researcher sort out his observations and inferences concerning the following:

- i. the apparent influence of factors posited by the researcher as potentially influential.
- ii. the apparent influence of other factors found to be associated with the development of the content of the evolving statement.
- iii. the apparent magnitude or degree of influence of all factors found to be associated with the content of the emerging statement.

LIMITATIONS

The following limitations to the study methodology are noted:

1. As a "statement of goals and objectives" was not produced by the date selected for termination of data collection (January 15, 1976) this study does not identify

which proposals for the content of the statement actually became part of the statement eventually finalized by this hospital social work department. Similarly, the study does not explore the possible associations between the study factors or other emerging factors, and the content of this finalized statement.

2. The identification and analysis of factors which may have advanced or retarded the process of development of the evolving "goals and objectives statement" are not part of this exploratory case study.

CHAPTER IV

ANALYSIS OF DATA

This chapter outlines and discusses major findings based on the researcher's content analysis of recorded minutes of thirteen goals and objectives committee meetings held during the period July 21, 1975 to January 15, 1976.¹ Content analysis findings in terms of contributions to a "goals and objectives statement" are considered in relation to factors posited by the researcher as potentially influential on the development of the content of a "goals and objectives statement." Major comparative findings from the researcher's personal observations, interviews, and review of miscellaneous documentations, are also considered.

CONCRETE PROPOSALS, CONSIDERATIONS AND RELATED CATEGORIES,
OPERATIONS, AND SUB-OPERATIONSa) Identification of Concrete Proposals and Considerations

Initially, concrete proposals and considerations which resulted from meetings of the goals and objectives committee were identified and extrapolated.

As defined in Chapter III, a "concrete proposal" is any statement thought to be relevant to a "goals and

¹ See the appendices for working tables which present other data relevant to the major research operations undertaken for the content analysis.

objectives statement," and specifically formulated for the social work department. A "consideration" is any other relevant statement, which was addressed but not specifically formulated.

Some relevant statements were identified on the basis of their apparent relationship to categories and operations of the planning model. Other statements were identified as relevant because one or more members of the goals and objectives committee thought they were relevant to a "goals and objectives statement."

Seventeen concrete proposals and seventy-five considerations were yielded.

b) Classification of Concrete Proposals and Considerations

Once identified, the researcher coded each concrete proposal and consideration using a classification scheme involving the categories, operations, and sub-operations of the researcher's planning model. The four categories of this model are purpose(s) of the social work department; goals of the social work department; program objectives; and program services. These were coded as categories I, II, III and IV respectively. Each operation and sub-operation within each category was similarly coded.

A fifth, miscellaneous category, "other proposals and considerations" was utilized to permit the classification

of concrete proposals and considerations which did not appear to "fit" the categories, operations, and sub-operations of the planning model.

Based on this classification scheme, the researcher found twenty-two references to the categories, operations, and sub-operations by the concrete proposals, and one hundred and nine references by the considerations.² Several concrete proposals and considerations were found to be related to the same category, operation, or sub-operation.³

Concrete proposals were found to relate to categories I and II -- "purpose(s) of the social work department" and "goals of the social work department" -- in seventeen (77.27%) of twenty-two instances. Categories III and IV -- "program objectives" and "program services" -- were each addressed once. Concrete proposals were assigned to Category V, "other proposals and considerations," in the remaining three instances. These proposals related to the specification of the developmental approach as a philosophy of social work practice.

² In some instances the reference was to the categories; in other instances to the operations and sub-operations. For purposes of this discussion of classification, all references are reported as relating to the categories.

³ These observations are based on a tabulation of the codes assigned to each concrete proposal and consideration. These codes illustrated the apparent relationship of each concrete proposal and consideration to categories, operations, and sub-operations of the planning model.

Considerations were found to relate to categories I and II in seventy-five (68.81%) of one hundred and nine instances. Categories III and IV were addressed fifteen and eight times respectively. Considerations were assigned to Category V in the remaining eleven instances. These considerations related to the developmental approach.

These data suggest that concrete proposals and considerations were concentrated in categories I and II of the planning model.

c) Frequency of Reference of Categories, Operations and Sub-Operations

Based on the classification of concrete proposals and considerations, the researcher found one hundred and thirty-one references to the five categories of the planning model, including its operations and sub-operations. The planning model, including Category V, was comprised of a total of one hundred and one categories, operations, and sub-operations. The goals and objectives committee referenced twenty-six of these.

The following statistical table indicates the frequency of reference of each category, as well as its total frequency of reference when its operations and sub-operations are considered:

TABLE II
 FREQUENCY OF REFERENCE OF CATEGORIES, INCLUDING
 OPERATIONS, AND SUB-OPERATIONS

	<u>Frequency of Reference of Category</u>		<u>Frequency of Reference Including Operations and Sub-Operations</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Category I (purpose(s) of the social work department)	3	5.88	47	35.88
Category II (goals of the social work department)	21	41.18	45	34.35
Category III (program objectives)	13	25.49	16	12.21
Category IV (program services)	--	--	9	6.87
Category V (other proposals & considerations)	<u>14</u>	<u>27.45</u>	<u>14</u>	<u>10.69</u>
Total	51	100.00%	131	100.00%

This table illustrates the goals and objectives committee's apparent concentration on elaborating the purpose(s) and goals of the social work department.

The researcher reviewed the frequency of reference of each operation and sub-operation which sub-defined each category of the planning model. This review yielded the following additional observations regarding this committee's apparent focus:

1. In relation to Category I, "purpose(s) of the social work department," the committee seemed to focus on the specification of needs and service needs, and the social work department's expected response to these needs, including targets and types of interventions. One operation, which concerned the range of needs expected to be serviced, was not referenced. Sub-operations not referenced included those relating to the latter operation, and others relating to the prioritization of needs.

2. In relation to Category II, "goals of the social work department," the committee seemed to focus on the specification of general outcomes desired in relation to the department's expected interventions, and on the anticipated time period required to achieve some of these general outcomes. Two operations, which concerned respectively the prioritization of general outcomes and the specification of criteria to measure their attainment, were

not referenced. None of their sub-operations were referenced.

3. In relation to Category III, "program objectives," most of the operations and sub-operations were not referenced. As indicated in Table II, thirteen of the sixteen references were to the category itself. This finding suggests that the goals and objectives committee considered program objectives only in respect to how they might be broadly defined.

4. In relation to Category IV, "program services," most of the nine references shown in Table II were scattered among five of the nine operations which sub-defined this category. These operations were: specification of the services to be provided; prioritization of these services; specification of eligibility criteria; specification of staff mix; and specification of practice methodologies. As indicated in Table II, the researcher did not find a single reference to "program services" as a category. This finding may be related to the committee's having not specified program objectives and programs. These may have provided a framework from which to elaborate program services.

5. The references to Category V suggest that the goals and objectives committee regarded its task as including the elaboration of a philosophy of social work practice.

d) The Rank Order of Referenced Categories, Operations, and Sub-Operations

The referenced categories, operations, and sub-operations were rank-ordered.⁴ This research operation provided additional clues as to the apparent focus of the goals and objectives committee:

1. As noted earlier, twenty-six different categories, operations, and sub-operations of the planning model were referenced one or more times. The frequency of reference ranged from one to twenty-one, and accounted for the total one hundred and thirty-one references to categories, operations, and sub-operations.

2. Categories II, V and III occupied three of the four first ranks. Category I, referenced three times, was ranked twelfth. Category IV, as noted in Table II, was not referenced at all, and does not appear in this rank order.

3. The first thirteen ranks are made up of categories, operations, and sub-operations referenced three or more times. With the exception of the ranks assigned to Categories V and II, all thirteen ranks related to Categories I and II. The remaining thirteen ranks were assigned to a variety of operations and sub-operations

⁴Eleven different ranks were assigned since several operations and sub-operations were found to have the same frequency of reference in the minutes. See working Table III in the appendices for this rank order.

relating to Categories I to IV.

These data support earlier findings that the goals and objectives committee appeared to concentrate on the specification of the purpose(s) and goals of the social work department.

APPARENT SOURCES OF CONCRETE PROPOSALS, CONSIDERATIONS AND RELATED CATEGORIES, OPERATIONS, AND SUB-OPERATIONS

a) Apparent Sources -- Identification and Association with Concrete Proposals and Considerations

The researcher identified the specific person or persons who appeared to be the source of each of the concrete proposals and considerations. Grouping these data regarding apparent source(s) allowed the researcher to focus on the apparent association of a particular source with a particular set of concrete proposals and/or considerations. This research operation also helped to reveal which aspects of the planning model, based on the content analysis, each source seemed to have addressed.

The following observations are based on these data:

1. The acute care coordinator, despite her late entry into the goals and objectives committee,⁵ was found

⁵ The acute care coordinator joined the committee effective the November 24, 1975 meeting. She also served as spokesman for the acute care staff at the November 4, 1975 meeting with social work department staff.

to be the most frequent source of concrete proposals and considerations. She was identified as the source of six (35.29%) of the seventeen concrete proposals and twenty-five (33.33%) of the seventy-five considerations. The majority of these were found to relate to Categories I and II -- "purpose(s) of the social work department" and "goals of the social work department." The acute care coordinator appeared to be the committee member most frequently associated with proposals and considerations relating to Categories I and II.

2. The extended care coordinator, as a member of the goals and objectives committee, was found to be the second most frequent source of concrete proposals and considerations. She was identified as the source of four (23.53%) of the seventeen concrete proposals and nineteen (25.33%) of the seventy-five considerations. The majority of these were found to relate to Categories II and I -- "goals of the social work department" and "purpose(s) of the social work department." Relative to other members of the goals and objectives committee, the extended care coordinator appeared to be the most frequent source of proposals and considerations relating to Categories III and V -- "program objectives" and "other proposals and considerations."⁶

⁶ As noted earlier, proposals and considerations assigned to Category V were found to relate to the developmental approach.

The extended care coordinator was also found to have elaborated the developmental approach for the goals and objectives committee. This approach was mentioned in eight (47.06%) of the seventeen concrete proposals that emerged from this committee. These findings suggest that the extended care coordinator, while not the most frequent source of concrete proposals, may have had the greatest degree of influence on their development.

3. The chairperson of the goals and objectives committee was found to be the source of one (5.88%) of the seventeen concrete proposals and four (5.33%) of the seventy-five considerations. The researcher's classification of these statements revealed that they were not concentrated in any particular category of the planning model. The chairperson seemed to contribute to the development of proposals and considerations by synthesizing ideas contributed by other committee members. This finding suggests she performed, in generalized source terms, a function consistent with the expected neutral role of a chairperson.

4. The director of the social work department was found to be the source of one (5.88%) of the seventeen concrete proposals and one (1.33%) of the seventy-five considerations. These statements did not appear to be concentrated in any particular category of the planning

model. The director also contributed material which was utilized by other committee members in formulating proposals and considerations. This finding suggests, in generalized source terms, that the activity of the director was consistent with the expected role of a resource person to a committee, in this instance, the goals and objectives committee.

5. The emergency and ambulatory care coordinator was identified as the source of two (2.67%) of the seventy-five considerations. He was not found to be the source of any concrete proposals. The two considerations were not found to be concentrated in any particular category of the planning model. The emergency and ambulatory care coordinator was one non-member of the goals and objectives committee, who appeared to be associated with the content of the emerging "statement of goals and objectives."

6. Social work field staff⁷ who served on the goals and objectives committee were not identified as the source of any concrete proposals. Social work field staff were

⁷ Social work field staff are otherwise referred to in this study as non-administrative social work staff. As noted in Chapters I and III, six non-administrative social work staff served initially on the goals and objectives committee. This representation was reduced to four after November 4, 1975.

For purposes of this analysis, social work field staff excludes the chairperson until her resignation on November 4, 1975. Thereafter, the researcher regarded her as a social work field staff member serving on the goals and objectives committee.

found to be the source of nine (12.00%) of the seventy-five considerations, the majority of which related to Categories II and I -- "goals of the social work department" and "purpose(s) of the social work department." This apparent concentration on goals and purpose(s) seems consistent with earlier findings regarding the general focus of the goals and objectives committee on Categories I and II.

Social work field staff were also found to have had some input into proposals and considerations attributed to members of the social work administration who served on the goals and objectives committee. This input occurred largely through social work field staff participation on sub-committees of the goals and objectives committee.

7. The social work administration was defined in Chapter I as the management group for the social work department. This group was comprised of the director, the assistant director, and social work program coordinators for acute care, extended care, and emergency and ambulatory care. The acute and extended care coordinators held membership on the goals and objectives committee. The director was a resource person to this committee.

Members of the social work administration⁸ were found to be the source of a total of eleven (64.71%) of

⁸ Excluding the assistant director who was not identified as an apparent source of concrete proposals or considerations.

the seventeen concrete proposals, and forty-seven (62.67%) of the seventy-five considerations. These findings suggest that the social work administration, based on the collective contributions of some of its members, may be regarded as a major source of influence on the content of the emerging goals and objectives statement.

8. The researcher was not identified as the source of any concrete proposals. He was found to be the source of ten (13.33%) of the seventy-five considerations, the majority of which related to "purpose(s) of the social work department." The researcher's apparent association with considerations took the form of suggesting clarifications to the wording of statements, and commenting on what might be specified or prioritized.

9. Unidentifiable Sources: the apparent source of five concrete proposals and four considerations was not identified by the minutes. Study findings regarding the frequency of association of sources with proposals and considerations may have been altered if this apparent lapse in the researcher's recording of the minutes had not occurred.

b) The Rank Order of Apparent Sources

The researcher ranked the apparent sources according to their overall frequency of association with the

twenty-six categories, operations, and sub-operations of the planning model found to be referenced in the minutes of the goals and objectives committee.⁹ The following table illustrates this rank order:

TABLE III

RANK ORDER OF APPARENT SOURCES ACCORDING
TO THEIR FREQUENCY OF ASSOCIATION WITH
REFERENCED CATEGORIES, OPERATIONS, AND
SUB-OPERATIONS

Apparent Source	Frequency of Association	Rank Order
Acute Care Coordinator	43	1
Extended Care Coordinator	36	2
Social Work Field Staff	13	3
Researcher	12	4
Chairperson	9	5
Emergency & Ambulatory Care Coordinator	5	6
Director	3	7

⁹ Initially, data which identified the apparent source of concrete proposals and considerations were related to the rank order of referenced categories, operations, and sub-operations. This research procedure illustrated the frequency of association of particular sources with the twenty-six referenced categories, operations, and sub-operations. See working Table IV in the appendices.

The data in Table III demonstrate clearly that the acute and extended care coordinators were most frequently associated with statements thought to be relevant to the content of the emerging "statement of goals and objectives."

THE APPARENT INFLUENCE OF FACTORS POSITED BY THE RESEARCHER AS POTENTIALLY INFLUENTIAL

Eight factors were pre-specified by the researcher as potentially influential on the development of the content of a "goals and objectives statement."¹⁰ Based on the researcher's content analysis of minutes of goals and objectives committee meetings, two of these eight factors were identified as apparent sources of statements thought to be relevant to the evolving "statement of goals and objectives." These were (a) the social work administration,¹¹ and (b) social work field staff.

a) The Social Work Administration

Content analysis data suggest that the social work administration, based on the collective contributions of some of its members, may have been the factor which had the greatest influence on the development of the content of the evolving "statement of goals and objectives." This

¹⁰ These are listed in Chapter I, pages 37 to 48.

¹¹ Unless stated otherwise, this discussion considers the influence of the social work administration on the basis of content analysis findings regarding the apparent influence of some of its members.

inference is supported by data which identify the overall frequency of association of the social work administration with statements thought to be relevant to the evolving statement.¹² Content analysis data also suggest that the acute and extended care coordinators may have been the most influential members of the social work administration.

There is basic agreement between these content analysis findings and major findings based on interview data:

1. Various goals and objectives committee members interviewed by the researcher¹³ agreed that individual members of the social work administration who served on this committee had the greatest influence on the development of the content of the evolving statement. There was also agreement that the acute and extended care coordinators were the main or major contributors.

2. Interview data also support content analysis findings regarding the director's role as a resource person to the goals and objectives committee, and the extended care coordinator's association with the developmental

¹²Members of the social work administration (three coordinators and director) were collectively found to be associated with eighty-seven (66.41%) of the one hundred and thirty-one references to categories, operations, and sub-operations.

¹³These included the director, the former chairperson, another non-administrative staff person, and the acute and extended care coordinators.

approach.

3. The director observed that the social work administration as a management group had not influenced the development of the content of the evolving statement. One major exception was identified. Membership changes in the goals and objectives committee which resulted in the acute care coordinator becoming a member, were influenced by management. These observations support the researcher's impression that the social work administration influenced the statement chiefly on the basis of individual member contributions to the goals and objectives committee, rather than as a management group which had the final decision making authority for the social work department.

b) Social Work Field Staff

Content analysis data suggest that social work field staff may not have been as influential as the social work administration in terms of the development of the content of the emerging statement. Social work field staff input into the formulation of the statement was based largely on their participation on sub-committees and their contribution to statements attributed to members of the social work administration.

There is some agreement between these content analysis findings and major findings based on other sources

of data:

1. The researcher, in a personal observation recorded after the September 18, 1975 meeting, noted that social work field staff appeared content to let the director and the extended care coordinator "carry the show."¹⁴

2. The director and two non-administrative members of the goals and objectives committee in interviews with the researcher remarked that sub-committees struck during the September 11, 1975 committee meeting fostered the participation of previously non-participating social work field staff.

3. The chairperson and the extended care coordinator identified social work field staff as having input into the discussion of the "Draft Proposal" at the November 4, 1975 meeting. This input came via the coordinators of acute and emergency and ambulatory care.

4. The extended care coordinator and the director, in interviews with the researcher, observed that the chairperson, as a social work field staff person, was a key actor and one of the mainstays of the goals and objectives committee. Content analysis findings suggested that the chairperson's contribution to the development of the

¹⁴The acute care coordinator had not yet joined the committee.

evolving statement was limited to synthesizing ideas presented by other committee members. These additional observations, based on interviews, suggest that the chairperson may have had a greater influence on the committee and on the statement than was revealed by the content analysis.

c) The Apparent Non-Influence of "Other" Pre-Specified Factors

The researcher's content analysis of minutes of the goals and objectives committee did not produce findings relevant to the other six factors pre-specified as potentially influential. The material which follows considers the apparent non-influence of these factors in relation to findings from data sources other than minutes of the goals and objectives committee.

1. Leadership Discontinuity

The researcher had defined "leadership discontinuity" as personnel changes in the social work administration. In this case study, leadership discontinuity was exemplified by the director's leave of absence; the assistant director's resignation; and the appointment of a new assistant director. Interview data provided the researcher with clues as to whether and in what manner this factor may have influenced the development of the content of the emerging

statement:

i. The director observed that despite her leave of absence she served as a resource person to the goals and objectives committee for the preparation of historical material. She revealed that leadership of the social work department became a priority when the assistant director resigned concurrent with her own leave of absence. These events diverted some attention away from the working committees, including the goals and objectives committee.

ii. Some disagreement about leadership discontinuity was noted in the researcher's interviews with non-administrative members of the goals and objectives committee. The chairperson and one other non-administrative member remarked that personnel changes affected the consistency and degree of administrative support to the committee. Another non-administrative member did not view the uncertainty about leadership as influencing the committee's functioning.

This evidence suggests that some goals and objectives committee members, particularly non-administrative members, regarded these personnel changes as influential, because these changes seemed disruptive to the process of development of the emerging "goals and objectives statement."

2. Systems External to the Social Work Department

For purposes of this study external systems were thought to include factors such as the hospital administration, community agencies, and clientele. The researcher expected that the goals and objectives committee, with the help of the social work administration, might consult with hospital personnel, representatives of community resources, and clients in developing the content of the emerging statement.

The researcher's review of miscellaneous documentation included documents directed to the social work department by the hospital administration:

- i. a request dated December 19, 1975 for a report outlining the functions and objectives of social work in the emergency department;

- ii. a request dated January 12, 1976 for a statement outlining the role of a social work department in a general hospital;

- iii. two requests dated January 12, 1976 for a submission of quarterly and annual reports, each of which were expected to include a statement of objectives.

Personal interview data provided the researcher with clues as to whether and how these requests may have influenced the formulation of the content of the "goals and objectives statement":

i. The acute care coordinator regarded the request for an outline of social work objectives and functions for the emergency department as a source of pressure on the goals and objectives committee. In contrast, the extended care coordinator remarked that this did not influence the committee's deliberations.¹⁵

ii. The director of the social work department observed that the request for role definition of the social work department gave "an additional push" to the goals and objectives committee to complete its task.

iii. The acute care coordinator revealed that the request for quarterly and annual reports did result in objectives being established for each program area.¹⁶

The hospital administration was the only "external system" identified by some goals and objectives committee members as influencing the goals and objectives committee. Most committee members interviewed by the researcher acknowledged that the committee had not sought input from external systems.

The researcher found no additional evidence to suggest that any other external system had influenced the

¹⁵ The researcher did observe that following this request the extended care coordinator appeared more positive about the committee's specifying objectives for the various program areas.

¹⁶ This occurred after the termination of data collection.

development of the content of the emerging statement.

3. Current Programs, Services, and Commitments

The researcher expected that the social work department's established programs, services, and related commitments would be considered, reviewed, and evaluated in formulating the content of a "goals and objectives statement."

As a participant observer with the goals and objectives committee, the researcher observed that established programs and services were considered only in relation to whether they "fit" the developmental approach. This finding is supported by the following observations from interview data:

i. The extended care coordinator remarked that the goals and objectives committee did not attempt to translate current programs and services into a statement.

ii. The extended and acute care coordinators, and the chairperson, observed that the developmental approach characterized some of the social work department's programs and services some of the time. The chairperson thought that this approach found support in the goals and objectives committee because it worked to some degree in the department. In this sense, the chairperson regarded present programs as having influenced the development of

the content of the emerging statement.

iii. The director advised the researcher that the sub-committee which looked at long and short term goals had given some consideration as to how the developmental approach would be applied in each program area.

iv. Two non-administrative members expressed their feeling that regardless of the developmental tone of the emerging statement, current programs and services did not "fit" the developmental approach.

These personal interview data suggest that current programs and services were given some consideration in the development of the content of the evolving statement.

4. The Other Four Working Committees

The researcher expected that there would be some interchange between the goals and objectives committee and the other four working committees.¹⁷ This expectation was based on the requirement for each committee to contribute a policy statement that would be part of an overall statement of policies and programs for the social work department.

Each committee was found to work independently of each other, with interchange apparently limited to informal

¹⁷As noted in Chapters I, II and III, these four committees were: Staff Development Committee; Organizational Structure, Decision Making, and Communication Committee; Personnel Committee; and Research and Evaluation Committee.

discussions by various committee members which took place across committee lines. The following data based on minutes, other documentation made available to the researcher, and interviews, elaborate this finding:

i. The minutes of the Research and Evaluation Committee dated May 28, 1975 and June 13, 1975 mention a proposal that the chairperson, or other representative of each working committee, form a coordinating committee. The minutes of the Organizational Structure, Decision Making and Communication Committee dated September 19, 1975 indicate this committee addressed this issue and recommended that the social work management group assume this coordinating function. This recommendation was documented in correspondence to the assistant director which influenced a decision not to proceed with a coordinating committee. This decision seemed to remove one avenue of possible interchange among working committees.

ii. Each of the chairpersons of the four working committees advised the researcher that no interchange took place between their committee and the goals and objectives committee.

iii. Goals and objectives committee members who were interviewed agreed that the other four working committees had not influenced the goals and objectives committee.

5. Potential Availability of Program Resources

The researcher expected that the potential availability of program resources, specifically budget, personnel and skills, would be considered in the development of the content of the "goals and objectives statement." The researcher found that the goals and objectives committee gave little consideration to program resources until the last two meetings held during the data collection period. The committee then began making an inventory of departmental resources. The following observations from personal interview data are relevant to this finding:

i. The director of the social work department remarked that to the extent of her participation with the goals and objectives committee, the committee had not expressed concern about resources. She expected the committee would propose ideas and the social work administration and hospital administration would look at resources.

ii. The extended care coordinator and a non-administrative member of the goals and objectives committee commented that resources for implementing the developmental approach, which would include assessing and training staff, were given little consideration. Some thought was given to engaging a research and evaluation expert to assist with the assessment of current practice in relation to the developmental approach.

Based on the available data, resource considerations appeared to have little influence on the development of the content of the emerging statement.

6. The Goals and Objectives Committee

The goals and objectives committee, which was comprised of social work field staff and administrative staff, had been assigned the task of formulating a "statement of goals and objectives" for the social work department. Based on this assignment, the researcher expected this committee would be a major source of influence on the development of the content of the statement.

Content analysis data revealed the apparent associations and non-associations of the various goals and objectives committee members with relevant statements that emerged from this committee. Based on these findings and additional data from personal observations, interviews, and miscellaneous documentation, the researcher made inferences about the apparent influence or non-influence of committee members on the development of the content of the evolving statement.

Content analysis data did not indicate whether and in what manner the goals and objectives committee as a working committee may have influenced the formulation of this content. Personal interview data provided the

researcher with some clues as to the influence of this working committee. Many of the relevant observations obtained in these interviews related to the goals and objectives committee's membership, leadership, and terms of reference:

i. goals and objectives committee's membership

Various members of the goals and objectives committee commented on the apparent differences among committee members in respect to knowledge, interest, and ability to deal with the subject matter of goals and objectives. These apparent differences seemed to be reflected in member attendance and participation, both of which appeared to influence the process of development of the statement and the committee's productivity.

Most of the committee members who were interviewed agreed that the task of developing a "goals and objectives statement" required administrative knowledge which appeared to be lacking in most social work field staff represented on this committee.

The extended care coordinator observed that changes in committee membership were difficult to cope with, but permitted persons with limited knowledge and/or interest in the task to extinguish themselves from the committee.

These observations suggest that the effectiveness of social work field staff participation on a goals and objectives committee may be increased by selecting members on the basis of criteria such as knowledge, interest, and ability to deal with the subject matter.

ii. goals and objectives committee's leadership

The chairperson, as a social work field staff member, expressed discomfort with providing leadership to a working committee which included members of the social work administration. Her discomfort with the leadership role may have reduced her effectiveness as chairperson of the goals and objectives committee.

The chairperson's comment about her leadership appears consistent with the observations of committee members who proposed that the social work management should have assumed the leadership role in the formulation of a "goals and objectives statement." These persons also endorsed the appropriateness of a working committee as a means to this end. These observations suggest that a member of the social work administration, as chairperson of the goals and objectives committee, may have provided more effective leadership than a social work field staff member.

iii. goals and objectives committee's terms of reference

Various members of the goals and objectives committee commented that the committee's terms of reference and ground rules for committee functioning were not specified. Items specifically mentioned included: the committee's mandate;¹⁸ definition of the chairperson's role; performance expectations for members; meeting times; length of meetings; and a deadline for completion of the task. These were thought to have affected the attendance and participation of committee members which, as noted earlier, appeared to influence the process of development of the statement, and the committee's productivity.

The foregoing observations suggest support for the concept of a working goals and objectives committee to spearhead the development of a "goals and objectives statement." They also suggest that a committee may be more productive if certain conditions or requirements relating to committee membership, leadership, and the task at hand are set out in advance.

THE APPARENT INFLUENCE OF THE RESEARCHER -- AN EMERGING FACTOR

.....The content analysis of goals and objectives

¹⁸Most committee members interviewed thought the committee's mandate was to recommend a "statement of goals and objectives" to the social work administration.

committee minutes revealed that in addition to members of the social work administration and social work field staff, the researcher was an apparent source of statements thought to be relevant to the evolving "goals and objectives statement." The researcher's emergence as an influential factor¹⁹ came as a consequence of his being a participant observer and resource person to the goals and objectives committee.

The researcher's association with concrete proposals and considerations has been documented. Personal interview data provided additional insights into the researcher's apparent influence:

i. The extended care coordinator remarked that the researcher's role was vague; that he knew but did not say what should be done to produce a statement; and that his presence made committee members work harder.

ii. The director commented that the study project's status as a thesis increased the committee's feeling of responsibility to produce a statement.

iii. The extended and acute care coordinators, and the director agreed that the researcher participated in the committee to the extent of providing some direction and resource material, and helping the committee to keep focused

¹⁹This was the only emerging factor identified by the study data.

on its task. The minutes recorded by the researcher were thought to have helped maintain continuity.

These observations suggest that some goals and objectives committee members were comfortable with the researcher's participant observer role. Other members appeared particularly uncomfortable with the researcher's initial role of observer and secretary.

The researcher's abandonment of the purely detached position of observer/recorder permitted the researcher to continue studying the goals and objectives committee. The by-product effect was that it established the researcher as one factor which potentially could and did influence the development of the content of the emerging statement.

THE APPARENT MAGNITUDE OR DEGREE OF INFLUENCE OF ALL FACTORS
FOUND TO BE ASSOCIATED WITH THE CONTENT OF THE EMERGING
STATEMENT

Factors or sources found to be associated with categories, operations, and sub-operations referenced in the goals and objectives committee minutes were rank-ordered elsewhere in this chapter. This rank order, which comprised Table III, indicated the acute and extended care coordinators were most frequently associated with these statements. However, the rank assigned to a factor or source based on its frequency of association, may not be a wholly valid indicator of its magnitude of influence. The researcher looked to other sources of data, particularly data gathered in interviews with goals and objectives committee members,

for help in sorting out which factors appeared to be most influential on the development of the content of the emerging statement.

There are two major findings. The first is that the extended care coordinator's perspective in frequency and kind, was thought to have dominated the goals and objectives committee. The second is that the director of the social work department, in addition to the acute care coordinator, was thought to be a frequent source of influence, regarding different contributions to the emerging statement. The following observations elaborate these findings:

i. In an informal discussion following the September 4, 1975 goals and objectives meeting, the extended care coordinator remarked to the researcher that her presentation of the developmental approach, as a model of social work practice that could be applied to the social work department, went unchallenged. This remark was consistent with the researcher's personal observation that the committee appeared to be strongly influenced by the extended care coordinator's suggestion that departmental goals reflect the developmental philosophy.

ii. The extended care coordinator acknowledged to the researcher in an interview that she had considered herself as the dominant committee member until the acute

care coordinator joined the committee. She thought the acute care coordinator became equally dominant.

iii. The director commented to the researcher that based on the initial membership of the goals and objectives committee the key actors were the director, the extended care coordinator, the chairperson, and the researcher. She considered the extended care perspective to have dominated the committee.

iv. A non-administrative member of the goals and objectives committee²⁰ regarded the extended care coordinator as the primary influence, and the director as the second most influential factor.

v. The chairperson identified the extended and acute care coordinators as having made the major contributions to the development of the content of the emerging statement.

vi. The extended care coordinator and the chairperson agreed that the acute care coordinator's entry into the goals and objectives committee gave it new life.

These observations support content analysis findings that individual members of the social work administration appeared to have had the greatest degree of influence on the development of the content of the emerging "goals and objectives statement."

²⁰ This member left the committee before the acute care coordinator had joined.

CHAPTER V

IMPLICATIONS

AN OVERVIEW OF THE STUDY PURPOSE

This researcher's review of the social work literature revealed agreement in principle that the formulation of social work agency goals and objectives is a primary planning task for social work agency administrators. Definition of components, however, is apparently vague. This review also revealed that little is known concerning factors which may influence the development of the content of a "statement of goals and objectives" by social work agencies, including hospital social work departments.

An exploratory investigation was conducted using the Social Work Department of the St. Boniface General Hospital, Winnipeg, Manitoba as an opportune case situation to seek insights into what some of these factors might be. The social work department selected for study assigned responsibility for formulating a "statement of goals and objectives" to a goals and objectives committee. The researcher successfully negotiated access for study purposes to this department and this committee.

A theoretical planning model of a "goals and objectives statement" was formulated. This model was used as a content analysis tool for identifying and classifying statements thought to be relevant to any "statement of goals and objectives" that emerged from the goals and objectives committee in the time interval selected for study.

Factors thought to be potentially influential on the development of the content of a "statement of goals and objectives" were pre-specified. The researcher used content analysis data and comparative data based on personal observations, interviews, and miscellaneous documentation to identify the apparent associations of pre-specified and emerging factors with relevant statements that emerged from the goals and objectives committee. These data also helped the researcher to identify which factors may have influenced the development of the content of the emerging statement.

AN OVERVIEW OF THE STUDY FINDINGS

a) The Content of the Emerging "Goals and Objectives Statement"

Statements thought to be relevant to a "goals and objectives statement" were defined, for study purposes, as concrete proposals and considerations. "Concrete proposals" were relevant statements that were specifically formulated for the social work department selected for study.

"Considerations" were relevant statements that were addressed but not specifically formulated. The identification and classification of concrete proposals and considerations, based on the content analysis, revealed the following:

i. The majority of relevant statements that emerged from the goals and objectives committee were concentrated in Categories I and II of the theoretical model -- "purpose(s) of the social work department" and "goals of the social work department."

ii. Comparatively fewer relevant statements were classified as relating to Categories III and IV -- "program objectives" and "program services."

iii. The remainder of relevant statements were assigned to Category V -- "other proposals and considerations." These statements related to the developmental approach as a philosophy of social work practice.

b) The Apparent Focus of the Goals and Objectives Committee

The frequency of reference of each of the five categories of the theoretical model, including their operations and sub-operations was tabulated, and the referenced categories, operations, and sub-operations were rank-ordered. These research operations yielded the following observations regarding the apparent focus of the goals and objectives committee, and the content of the emerging "statement of goals and objectives":

i. The committee was found to have referenced twenty-six of the one hundred and one categories, operations, and sub-operations which comprised the planning model.

ii. All five categories of the theoretical model, with the exception of Category IV, "program services," were referenced. Category II, "goals of the social work department" was the most frequently referenced category.

iii. Many of the operations and sub-operations relating to Categories I and II -- "purpose(s) of the social work department" and "goals of the social work department" -- were referenced. The committee seemed to focus on the specification of needs and service needs; the social work department's expected response to these needs; general outcomes desired in relation to expected interventions; and the time period required to achieve general outcomes.

iv. Most of the operations and sub-operations relating to Category III, "program objectives," were not referenced, although the category itself was referenced. This finding suggested that the goals and objectives committee considered program objectives only in respect to how these might be broadly defined.

v. Some of the operations relating to Category IV, "program services" were referenced. These included services to be provided; prioritization of services; eligibility

criteria; staff mix; and practice methodologies. The researcher found no references to the category itself. This finding was thought to be related to the goals and objectives committee's having not specified program objectives and programs. These may have provided a basis upon which to elaborate program services.

vi. Category V, "other proposals and considerations" relating to the developmental approach, was found to be the second most frequently referenced category. The references to the developmental approach were thought to indicate that the committee regarded the elaboration of a philosophy of social work practice as part of its task.

These data supported earlier findings that the goals and objectives committee appeared to concentrate on elaborating the purpose(s) and goals of the social work department.

c) Sources Found to be Associated with the Content of the Emerging "Goals and Objectives Statement"

The apparent source of each concrete proposal and consideration was identified by means of the content analysis of minutes of the goals and objectives committee. This and related research operations described in Chapter IV, yielded the following findings:

i. The acute and extended care coordinators were found to be the most frequent sources of concrete proposals

and considerations. The majority of these were found to relate to Categories I and II -- "purpose(s) of the social work department" and "goals of the social work department."

ii. The extended care coordinator was also found to have elaborated the developmental approach. Since this approach was mentioned in several of the concrete proposals, the extended care coordinator was thought to have had the greatest degree of influence on the development of concrete proposals.

iii. The chairperson was found to contribute to the development of concrete proposals and considerations by synthesizing ideas contributed by other committee members. In generalized source terms, the chairperson seemed to perform a function consistent with the expected neutral role of a chairperson.

iv. The director of the social work department was found to contribute material which other committee members utilized in formulating concrete proposals and considerations. In generalized source terms, the activity of the director appeared to be consistent with the expected role of a resource person to the goals and objectives committee.

v. The emergency and ambulatory care coordinator was identified as one social work department staff person, without membership on the goals and objectives committee, who appeared to be associated, although infrequently, with

the content of the emerging "goals and objectives statement."

vi. Social work field staff who served on the goals and objectives committee were not found to be the source of any concrete proposals. Their association with considerations appeared to be infrequent. The participation of social work field staff in sub-committees of the goals and objectives committee resulted in social work field staff having some input into proposals and considerations attributed to members of the social work administration.

vii. The social work administration, based on the frequency with which its members were identified as the source of concrete proposals and considerations, was thought to be a major source of influence on the content of the emerging "goals and objectives statement."

viii. The researcher was identified as the source of some considerations. He appeared to contribute to these by suggesting clarifications to the wording of statements and commenting on what might be specified or prioritized.

d) The Apparent Influence of Pre-Specified Factors

Content analysis data and comparative data from interviews, observations, and other documentation, yielded the following observations regarding factors pre-specified as potentially influential on the development of the content of a "goals and objectives statement":

i. Members of the social work administration and social work field staff who served on the goals and objectives committee were identified as apparent sources of statements thought to be relevant to the evolving "statement of goals and objectives." The data suggest that both appeared to have more frequently influenced the development of the content of the statement than any other pre-specified or emerging factor. Members of the social work administration were found to have more influence than social work field staff members. The acute and extended care coordinators appeared to be the most influential members of the social work administration.

ii. Data sources other than minutes of the goals and objectives committee revealed that other pre-specified factors had relatively lesser influence (infrequent to apparently non-existent) on the development of the content of the emerging statement:

1. Leadership discontinuity, meaning personnel changes in the social work administration, was identified by some goals and objectives committee members as disruptive to their committee. No additional evidence was found to suggest an association of this factor with the development of the content of the emerging statement.

2. The hospital administration, based on its initiatives, was the only external system identified as influencing the goals and objectives committee. Other

external systems such as community agencies and users of the services of the social work department, did not appear to influence the planning process which characterized the committee's actions. The committee did not appear to solicit inputs from any external systems. As noted in Chapter IV, committee members thought that the mandate of the goals and objectives committee was to recommend a "statement of goals and objectives" to the social work administration. The social work administration could decide whether to involve any external systems, if there should be future discussions of any "goals and objectives statement" produced by the committee.

3. The goals and objectives committee was found to have considered the social work department's current programs, services, and commitments only in respect to whether these "fit" an emergent developmental philosophy of social work practice. The mis-match of this philosophy, which progressively prevailed with current conditions, apparently did not deter the process of developing a "goals and objectives statement." Committee members who were interviewed seemed to disagree as to the extent to which this philosophy characterized current conditions. These findings suggest that the emerging statement might not be based on a critical review and evaluation of the operating experience of the department. Various modifications to

present programs and services might be required to improve their "fit" with the developmental philosophy. This process of reconciliation would seem to be a necessary future task for the social work department.

4. The existence and operations of four other working committees, within the same department, and with some overlap in personnel, did not influence the goals and objectives committee. All committees, including the goals and objectives committee, were found to have worked independently of each other. Rules for committee functioning, which may have included consultation with other working committees, were not elaborated when these committees were formed at a departmental workshop on May 8, 1975. Since the statement produced by each committee was to become part of a broader statement of policies and programs for the social work department, consultation may have helped reduce any potential contradictions, duplications, gaps, and inconsistencies in the materials being developed. As none of the working committees initiated consultation with any other committee, the integration of the various statements into an overall statement would seem to be another future task for the social work administration.

5. The goals and objectives committee appeared to have given little consideration to the potential availability of program resources such as budget, personnel, and

skills. The committee did not seem to regard the availability of program resources as important to the specification of departmental goals and objectives. The minutes revealed that program resources were considered in relation to the various departmental programs and services only in the last two meetings held during the study period. The goals and objectives committee may have assumed, as was suggested by the director of the social work department, that resource considerations would be explored more fully by the social work administration.

6. The goals and objectives committee, as a working committee assigned the task of formulating a "goals and objectives statement," spearheaded the development of the content of the emerging statement throughout the study period. Interview data suggested support for the concept of a working committee as an appropriate vehicle for the development of the statement. The data also revealed that member attendance and participation may have been improved and the committee's productivity may have been increased by selecting members on the basis of their knowledge, interest, and ability to deal with the subject matter; having a member of the social work administration serve as chairperson; and specifying the committee's terms of reference and ground rules for committee functioning.

e) The Apparent Influence of Emerging Factors

The researcher was the only emerging factor identified as influentially associated with the development of the content of the evolving "goals and objectives statement." His emergence as an influential factor resulted from his being a participant observer and resource person to the goals and objectives committee. Interview data revealed that committee members were uncomfortable with the researcher's detachment in his initial role as observer/recorder. Member comments were more positive about the researcher as participant observer.

LIMITATIONS TO GENERALIZING THE STUDY FINDINGS

The generalization of findings from the single case situation studied to other social work agencies, including other hospital social work departments, is regarded as inappropriate for the following reasons:

i. The study findings are based on the researcher's participant observation with the goals and objectives committee; content analysis of the researcher's recorded minutes of this committee; personal interviews with goals and objectives committee members and other social work department staff; personal observations; and the researcher's review of relevant documentation. This methodology was selected as appropriate for the exploratory case study but it may have increased the researcher's effect on the data.

ii. Three of the pre-specified factors in this case study were posited on the basis of events which transpired at the St. Boniface General Hospital prior to the study. These factors are the goals and objectives committee; discontinuity of leadership; and other working committees. Although these factors may not be unique to this case situation, they may not be relevant to the planning experience of other social work agencies, including other hospital social work departments.

iii. A final statement was not produced when data collection terminated on January 15, 1976. Study findings may only be considered in relation to the statement which had evolved up to this date. The study does not report on factors which may have influenced the final statement.

iv. The researcher's participation in the activities of the goals and objectives committee established the researcher as an apparent source of influence on the development of the content of the evolving statement. The extent of this participation was reported, but the data are limited by the possibility of researcher bias in reporting on his apparent influence as an emerging factor.

PRACTICE IMPLICATIONS

The researcher's planning model assisted the researcher in the identification and classification of statements thought to be relevant to the emerging statement.

of goals and objectives." In addition to the model's apparent utility as a coding instrument, it may also be useful as a model for planning. The one hundred and one item model encompasses the major components of a planning process directed at the formulation of a "goals and objectives statement." This model, or some modified version, may be used as a guide for hospital social work departments and other social work agencies in the development of such statements.

There are some practical considerations identified in the planning experience of the case situation studied, which may be helpful to social work agencies who attempt to formulate a "goals and objectives statement." These include:

- i. Defining and outlining the major components of the "goals and objectives statement"; in short, pre-specifying what is to be included in a statement. In the case situation studied, the researcher, as reported in Chapter IV, found references in the goals and objectives committee minutes to twenty-six of the one hundred and one items in his planning model. Based on this finding, the researcher could only speculate whether these twenty-six items might constitute the planning model "used" by the goals and objectives committee to formulate the emerging statement.

- ii. Deciding by what means the task of developing a

"goals and objectives statement" might best be accomplished. Alternatives include a working committee; a management group comprised of members of the social work administration; and resources such as consultants. In the case situation studied, a working committee was "chosen" as the appropriate vehicle.

iii. Establishing time guidelines for completion of the statement and for submission of preliminary draft statements. In the case situation studied, the researcher found that the goals and objectives committee had not formulated a schedule for meetings and had not specified dates to guide completion of the task. The social work administration did not appear to impose any time constraints on the committee. These findings were corroborated in interviews with various goals and objectives committee members. The process of development of the statement may have been facilitated if time guidelines were specified and if the committee had received some help to organize itself around a time frame. The lack of these guidelines may have contributed to the committee's not having produced a final statement within the six month study period.

iv. Deciding about the use of resource persons. The goals and objectives committee did not solicit involvement from resource persons external to the social work department, such as a consultant, or a person employed with another

social work agency who might have some relevant planning experience. As reported earlier, the only resource persons to the committee were the director, and the researcher. The process of development of the statement may have been facilitated by the use of additional resource persons.

SUGGESTIONS FOR FUTURE RESEARCH

The researcher has documented his impression that the elaboration of social work agency goals and objectives is a fundamental planning task which helps to focus the direction, scope, and content of agency programs and activities. This research study has identified some factors which may influence the formulation of the content of a "goals and objectives statement" by a hospital social work department. Additional research into goals and objectives formulation by social work agencies is desirable and appropriate. The following areas are suggested for further study:

i. Replication of the research study in other hospital social work departments and other social work agencies using:

1. the researcher's planning model or a modified version of same as the instrument by which the major elements of a "goals and objectives statement" are identified and classified.

2. the same or a modified list of pre-specified factors thought to be influential on the development of the content of a "statement of goals and objectives."

ii. The identification and categorization of factors which may advance or impede the process of development of a "goals and objectives statement" by social work agencies, including hospital social work departments. The present study focused on the apparent influence of factors found to be associated with the product or statement that emerged from a goals and objectives committee. Research into factors which may facilitate or retard the planning process whereby social work agencies develop "goals and objectives statements" is desirable.

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APPENDIX

I.	WORKING TABLES	Page
	TABLE I Concrete Proposals and Considerations for a Goals and Objectives Statement Resulting from Goals and Objectives Committee Meetings July 21, 1975 to January 9, 1976.	131
	TABLE IA Concrete Proposals, Related Categories, Operations, Sub-Operations and Apparent Sources	153
	TABLE IB Considerations, Related Categories, Operations, Sub-Operations and Apparent Sources	158
	TABLE II Categories, Operations and Sub-Operations -- Their Frequency of Reference in the Minutes of the Goals and Objectives Committee	176
	TABLE III Rank Order of Categories, Operations and Sub-Operations According to Their Frequency of Reference in the Minutes of the Goals and Objectives Committee . . .	181
	TABLE IV Apparent Sources -- Their Frequency of Association With Referenced Categories, Operations and Sub-Operations	186
	TABLE V An Outline of the Apparent Planning Model "Used" by the Goals and Objectives Committee in the Formulation of the Emerging "Goals and Objectives Statement".	192

II. INTERVIEW SCHEDULES

Sample of Interview Schedule Utilized
With Goals and Objectives Committee
Members 194

Sample of Interview Schedule Utilized
With Chairpersons of "Other Working
Committees" 198

Sample of Interview Schedule Utilized
With Members of the Social Work
Administration 199

III. MINUTES OF GOALS AND OBJECTIVES
COMMITTEE MEETINGS

200

TABLE I
1
CONCRETE PROPOSALS AND CONSIDERATIONS FOR A
GOALS AND OBJECTIVES STATEMENT RESULTING FROM
GOALS AND OBJECTIVES COMMITTEE MEETINGS
JULY 21, 1975 TO JANUARY 9, 1976²

Date of Meeting	Concrete Proposals	Considerations	Apparent Source(s)
July 21, 1975		(IIC)"L.suggested an approach to M's material which would entail classifying goals, according to time, whether they were long or short term, and distilling the department's philosophy from this classification".	Extended Care Coordinator
July 24, 1975		(IB)"C.summarized the goals of the last nine years....these related to meeting the needs of the patients and the hospital community".	Chairperson

1

These are listed in the order in which they appeared in the minutes.

2

The letters which appear before concrete proposals and considerations are codes which suggest their apparent relationship to categories, operations, and sub-operations of the planning model.

TABLE I -- Continued

July 24, 1975	. . . . .	(IA)(II)"F. commented that our goals might relate to where medical care should go in the future	Non-administrative member
	. . . . .	(IA)"The department's philosophy (may in part be) to recognize and meet the needs of patients and hospital staff".	Source is not recorded in the minutes
	. . . . .	(IA)"The department's philosophy (may in part be) to promote social well-being".	Source is not recorded in the minutes
	. . . . .	(IIAc)"F. noted that we hadn't discussed where we want the department to go, for example, moving out in the community".	Non-administrative member
	. . . . .	(IIAd)(IVE)"F. also raised the question whether staff should be organized according to specialties-- is this or should it be one of our goals".	Non-administrative member

TABLE I -- Continued

July 24, 1975	. . . . .	(IEa)(IEb)"F. asked should we be working with inpatients, should we have all our staff in ACF, should we be doing follow-up".	Non-administrative member
	. . . . .	(IEa)(IEb)(II)"C. replied that according to M.our goal would involve being a change agent at all levels".	Chairperson
	. . . . .	(II)"C. asked whether we could individually write out past, present and future goals".	Chairperson
	. . . . .	(IA)"G. provided a general definition of philosophy, identifying this as the basic principles underlying our services and programs".	Non-administrative member
	. . . . .	(IB)"P. asked whether the department should be looking at the needs of hospital and the community as well as the socio-emotional needs of patients".	Researcher

TABLE I -- Continued

Sept.4,1975	(IB)(IE)"L. summarized its content, commenting that it covers where we've been as a department, where we're headed, where the health field is going and the movement of the social work department toward the developmental approach which shows that our philosophy of social work practice is changing".	. . . . .	Extended Care Coordinator
	. . . . .	(IA)"L.thought that we should classify what philosophy we want to adopt".	Extended Care Coordinator
	. . . . .	(IA)(II)(III)"L.explained that a philosophy is a combination of knowledge and values.... goals are the ultimate ends of the department and objectives are the means to these ends".	Extended Care Coordinator

TABLE I -- Continued

Sept.11, 1975	. . . . .	(III)"Considerable discussion followed concerning whether it was the committee's responsibility to take up the actual specification of goals & objectives in each program area".	Source is not recorded in the minutes
	. . . . .	(III)"C.provided some brief definitions of concepts such as program and program objectives".	Chairperson
	. . . . .	(V)(II)(III)"L.suggested that we spell out the developmental & preventive approaches...cull out general broad goals related to the overall department.. make decisions as to what staff input was required to enunciate & implement program objectives consistent with this philosophy".	Extended Care Coordinator

TABLE I -- Continued

Sept.18,1975	(II)"The developmental approach may be regarded as the broad, long term goal of the department".	. . . . .	Director
	. . . . .	(V)(III)"The developmental approach can be applied & used in all program areas to certain degrees and this should be defined for each area".	Director
	(V)"L.had prepared some material.... the emphasis was on health, positive future oriented change, maximizing individual potential, systems & the interrelatedness of systems".	. . . . .	Extended Care Coordinator
Oct.6,1975	(V)(II)(III)"C.said that she would provide copies of the historical material, plus material concerning health care in the future, social work in health care in the future, and St.Boniface social work department, philosophy, goals & objectives in the future".	. . . . .	Chairperson

TABLE I -- Continued

Oct.6,1975	. . . . .	(IIAd)(V)"P. raised a question in relation to the wording of the first long term goal. ³ It wasn't clear that staff were being asked to assess individually their present way of doing things in relation to the developmental approach".	Researcher
	. . . . .	(IIAd)"P.also suggested that the wording of short-term goal#3 ⁴ implied that a special committee should be set up to do the task that the goals and objectives committee was responsible for doing".	Researcher
	. . . . .	(IIAa)(IIAb)"C.suggested that perhaps the wording can be linked to goal #4, relative to educating patients, families, & staff.	Non-administrative member

3

This goal was as follows: "It is expected that each individual in the department thinks, plans and acts toward a generalization of issues, policies and proposals based on their individual assessments in their own areas".

4

Short term goal #3: "to compile a booklet, describing our department's overall philosophy, activities and services".

TABLE I -- Continued

Oct. 14, 1975	. . . . .	. . . . .
Nov. 4, 1975	(II)"According to J. ... goal #1 b should be short term." ⁵	. . . . .	Acute Care Coordinator
	(IICb)"The education of the hospital staff should be a separate long term goal."	. . . . .	Acute Care Coordinator
	. . . . .	(IA)"The booklet for general distribution should include a short statement of departmental philosophy." ⁶	Acute Care Coordinator
	. . . . .	(IIAa)(IIAb)"Goal 2B regard- ing self referral... is this realistic?" ⁷	Acute Care Coordinator
	. . . . .	(V)(II)(III)"J. addressed the matter of goals iden- tified in the last para- graph of the section of the report concerning the developmental approach... suggested we should develop objectives from these goals."	Emergency & Ambulatory Care Coordinator

⁵ This goal was the same as in footnote 3 above.

⁶ This goal was the same as in footnote 4 above.

⁷ Goal 2B -- "to educate patients, families, and staff to refer themselves to our department which may possibly replace case finding aspects of Kardex rounds in future."

Nov.4,1975

TABLE I -- Continued

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(IIIB)(V)"L.replied that the goals & objectives committee felt it was ridiculous for us to outline objectives for each area, since there would be differences in the application of the developmental philosophy."

Extended Care
Coordinator

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(IIIA)(II)"J.suggested that the completion of a booklet may be considered a program to meet an objective." "The latter would stem from a goal which might be to educate people regarding health care."

Emergency & Ambulatory
Care Coordinator

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(V)(IIC)(III)"L.said the dimensions of the developmental approach can be considered as goals & those items labelled as short & long term goals on the report would become objectives."

Extended Care
Coordinator

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(V)(II)"J.commented that one of our tasks was to clarify this (developmental) philosophy & establish goals."

Acute Care Coordinator

TABLE I -- Continued

Nov.24,1975

.	(II)"G.added that we should consider goals in the different areas".	Non-administrative member
.	(V)"The principal components of this approach seem to require more explicit statement".	Researcher
.	(III)"L. commented that it was impossible for this committee to elaborate specific goals for different programs".	Extended Care Coordinator
.	(V)(II)"The material in the report relative to the developmental approach involving a change in emphasis from sickness to health etc. can constitute goals both for individual staff as well as the department".	Extended Care Coordinator
.	(IEa)"L.in relation to sorting out who are our clients, felt that this committee should state something re social work involvement with hospital staff".	Extended Care Coordinator

TABLE I -- Continued

Dec.5,1975	. . . . .	(II)(III)(IEa)(IA)"J. expressed the view that this committee cannot specify goals and objectives unless we know who the client is and what the needs are".	Acute Care Coordinator
	. . . . .	(V)(IEa)"The developmental material contained in this committee's initial report to staff does not specify 'the who' as part of our social work philosophy".	Acute Care Coordinator
	. . . . .	(IIIB)(II)"According to J. we can specify objectives for each of the three areas, ⁸ acknowledging the common goals".	Acute Care Coordinator
	. . . . .	(IVF)"We can also acknowledge the differences in the approaches used by the three areas to meet the needs".	Acute Care Coordinator

8

ambulatory care. The three areas are acute care, extended care and emergency and

TABLE I -- Continued

Dec.5,1975	. . . . .	(III)(IA)"P.suggested that whether or not we specify program objectives seems to be related to our approach to planning... how we view the relationship of goal & objective..... whether we see our task as translating or making explicit the needs as they are now understood".	Researcher
Dec.19,1975	. . . . .	(V)"J.said that we still have to define the developmental approach more clearly".	Acute Care Coordinator
	(V)"J.replied that we can use his stuff ⁹ regarding the differential use of staff as part of the developmental approach".	. . . . .	Acute Care Coordinator
	. . . . .	(II)"J.reviewed a summary of a statement of purpose of a social service department from Trecker, adding that it seemed pertinent".	Acute Care Coordinator

TABLE I -- Continued

Dec.19,1975	. . . . .	(II)(III)"L.added that our goals are the same, its our objectives and programs that are different".	Extended Care Coordinator
	. . . . .	(IB)"J.suggested that we would have to assess needs of patient groups & communities".	Extended Care Coordinator
	. . . . .	(IB)(II)"J.asked whether we should include this (assessment of needs of potential patient groups & communities)as a goal".	Acute Care Coordinator
	. . . . .	(IB)(II)"L.replied that we should specify ongoing assessment of needs (as a goal)".	Extended Care Coordinator
	. . . . .	(IA)"P.commented that we should spell out needs as we know them now and around Researcher which we have built programs".	
	. . . . .	(IA)"P.suggested that we spell out concerns regarding the patient & his family; the hospital system; and the community".	Researcher

TABLE I -- Continued

Dec.19,1975	. . . . .	(IIAa)"F.emphasized that an important point is the involvement of the patient and family in planning their care". ¹⁰	Non-administrative member
	. . . . .	(IIAd)"J.commented that we should specify the team approach as one of our goals".	Acute Care Coordinator
	. . . . .	(IIAd)"L.added that this should include the liaison between hospital teams".	Extended Care Coordinator
	. . . . .	(IIAd)"L.also stressed the importance of continuity of care within the social work department".	Extended Care Coordinator
	. . . . .	(IIAa)"J.commented that it was important to note our function regarding liaison with community resources on behalf of patients & their families".	Acute Care Coordinator

10

This and other considerations listed for this meeting are referred to as "goals and functions" in the minutes.

TABLE I -- Continued

Dec.19,1975	. . . . .	(IIA)"L.alluded to our education goals noting that they would encompass patients, families, hospital staff, doctor and students".	Extended Care Coordinator
	. . . . .	(IIAd)"J. noted that our role should include implementing and evaluating the patient care system".	Acute Care Coordinator
	. . . . .	(IIAb)"J.suggested that the education of hospital/medical staff should include the socio-emotional needs of patients, social work philosophy and activities, plus what constitutes good health care service delivery".	Acute Care Coordinator
Jan.5,1976	. . . . .	(IVD)"Services whould be available as a basic right to individuals based on universal need".	Acute Care Coordinator
	. . . . .	(IA)"Our emphasis should be be in the hospital based on patient needs in the hospital and we should relate to gaps & services in the community".	Acute Care Coordinator

TABLE I -- Continued

Jan.5,1976	. . . . .	(ID)"P.commented that we should prioritize whose needs we are going to service even within the three broad areas of patient & family, patient care system and community care system".	Researcher
	. . . . .	(ID)(IVE)"J.added that we would have to establish priorities and we should look at the manpower situation".	Acute Care Coordinator
	. . . . .	(IA)"J.referred to Morris and Zweig's material regarding 'statement of problem' and suggested that it focuses the reason for being a department of social work".	Acute Care Coordinator
	. . . . .	(IIA)"J.said that we have specific objectives ¹¹ when we are working with patients & families, the hospital system & the community".	Acute Care Coordinator
	. . . . .	(II)"The strategies of intervention would become our goals".	Extended Care Coordinator

11

These objectives are what the researcher has defined as "goals".

TABLE I -- Continued

Jan.5,1976

(IA)"Statement of problem: Hospitalization and illness often present a crisis for the patient & his familycan exacerbate previous problem situations...is a dehumanizing experience".

.

Source is not recorded in the minutes

(IBb)"Regarding the community, there is a lack of coordination between services & gaps in services. Social workers should be making known the patient's health needs & ability to function prior to his return to the community".

.

Source is not recorded in the minutes

.

(IV)"We must be involved in the medical care program of the hospital...however, criteria of eligibility must be established".

Extended Care Coordinator

TABLE I -- Continued

Jan.5,1976	(I)"L.voiced her objection to the terminology 'statement of problem'... committee members agreed to term this 'statement of purpose'".	. . . . .	Extended Care Coordinator
	(IVDa)"Regarding who is eligible, committee members agreed that this would be any individual who comes to St.Boniface for health care services."	. . . . .	Source is not recorded in the minutes
	(I)(II)"J. asked whether as part of the 'statement of purpose' we need a statement of goals...she decided we do & that this would be the developmental approach as per our outline in the initial report."	. . . . .	Acute Care Coordinator
	(IA)(II)"The committee reiterated the principles of the developmental approach since these would constitute our general goals at the level of the statement of purpose."	. . . . .	Source is not recorded in the minutes
	(IA)"Etiology & dynamics of problem (were outlined)."	. . . . .	Source is not recorded in the minutes

TABLE I -- Continued

Jan.5,1976	. . . . .	(IB)"Our resource inventory should focus on gaps in services as they relate to why we exist."	Researcher
Jan.9,1976	(IA)"J.suggested that we change the wording of that aspect of statement of purpose re hospitalization & illness exacerbating previous problem situations." ¹²	. . . . .	Acute Care Coordinator
	. . . . .	(IA)"P. & J.seemed to think that the point re what causes lack of awareness on part of the community needs more work. L. commented that it made sense to her as presently stated."	Researcher
	. . . . .	(IIAc)"C. asked whether one of our broad goals would be to work towards a coordinating agency or to help agencies coordinate their services."	Non-administrative member ¹³

¹²See the minutes for the reworted statement.

¹³This was the former chairperson.

TABLE I -- Continued

Jan.9,1976

.	(IEa)(IVF)"J.suggested that (modes of intervention) be related to patients, hospitals and community... We would have to spell out our techniques...the use of different modalities".	Acute Care Coordinator
(IIAa)"Help a patient & his family come to terms with a disability ....would be our goal but we have to spell out the how".	. . . . .	Acute Care Coordinator
.	(IE)"We intervene at many levels to achieve these consequences for our client".	Acute Care Coordinator
.	(IE)"J.asked whether we want to specify intervention with the client system in the different areas since the way it occurs may be quite different and the consequences may be quite different. The goals of intervention would be different for each area".	Acute Care Coordinator

TABLE I -- Continued

Jan.9,1976	(IE)"L. asked whether we can make an encompassing statement re modes of intervention...for example, we use all kinds of interventions depending on what presents itself".	. . . . .	Extended Care Coordinator
	. . . . .	(IE)"We should come up with a statement of early intervention".	Extended Care Coordinator
	. . . . .	(IE)(II)"J. suggested that one of our goals may be to intervene earlier than we do now".	Acute Care Coordinator
	. . . . .	(IIA)(IEb)"L. suggested that we state the desired consequences as per Hallowitz's 3 pronged approach (patient, hospital & community) plus the modes of intervention as to how to achieve them".	Extended Care Coordinator
	. . . . .	(IEb)"J. commented that we haven't looked at modes of intervention for the community".	Acute Care Coordinator

TABLE I -- Continued

Jan.9,1976	. . . . .	(III)"L.suggested that we have to isolate what each area should be doing but that the social work management should be doing this".	Extended Care Coordinator
	. . . . .	(IVA)"Emergency services are basically crisis intervention, family therapy, dealing with suicides, child abuse, facilitating liaisons with the community for counselling, practical help, & selected follow-up. Also referrals to agencies".	Source is not recorded in the minutes
	. . . . .	(IVB)"L.commented that there is no service at all in ACF and that maybe we should look at this as a priority".	Extended Care Coordinator

TABLE IA
 CONCRETE PROPOSALS, RELATED CATEGORIES,
 OPERATIONS, SUB-OPERATIONS AND
 APPARENT SOURCES

Date of Meeting	Concrete Proposal ¹	Related Categories, Operations & Sub-Operations ²	Apparent Source(s)
Sept.4, 1975	Summary of statement of history of social work dept. & its movement toward the developmental approach as its philosophy of social work practice	(IB)Specification of service needs based on statement of historical development of social work dept. & its relationship to the perceived thrust of future health services	Extended Care Coordinator
	. . . . .	(IE)Specification of the dept's expected response to changing health care needs--movement to developmental approach as philosophy of social work practice	

¹Concrete proposals are presented in summary form.

²The letters which appear before each listed category, operation & sub-operation are codes which reflect the coding scheme outlined in Chapter IV.

TABLE IA -- Continued

Sept.18,1975	Developmental approach is the long term goal of the department	(II)Specification of the developmental approach as the long term goal of the department	Director
	Elaboration of developmental approach	(V)Specification of the developmental approach as a philosophy of social work practice	Extended Care Coordinator
Oct.6, 1975	Statement of history of social work department & philosophy, goals & objectives of the future	(V)Specification of the future philosophy of the social work department	Chairperson
	. . . . .	(II)Specification of the future goals of the social work dept.	
	. . . . .	(III)Specification of the future objectives of the social work dept.	
Nov. 4,1975	A short term goal is for each social worker to cultivate the developmental approach in his own area	(II)Specification of the developmental approach as a short term goal to be cultivated by each social worker in his own area	Acute Care Coordinator

TABLE IA -- Continued

Nov.4,1975	Education of hospital staff in developmental approach is one long term goal	(IIEb)Specification of the anticipated time period (long term) required to educate hospital staff in the developmental approach	Acute Care Coordinator
Dec.19,1975	Differential use of social work manpower is part of developmental approach	(V)Specification of the differential use of staff as part of the developmental approach	Acute Care Coordinator
Jan.5, 1976	Statement of problem or rationale for social work intervention in the crisis surrounding hospitalization & illness	(IA)Specification of statement of problem which hospitalization & illness represents to patients & families & for which the dept. expected to develop programs	Source not recorded
	Statement of problem or rationale for social work intervention directed at community awareness of health needs & service coordination	(IBb)Specification of service needs based on assessment of existing community resources	Source not recorded
	Statement of problem "redefined" as statement of purpose	(I)Specification of "statement of problem" as a "statement of purpose"	Extended Care Coordinator

TABLE IA -- Continued

Jan.5,1976	Specification as to who is eligible for social work services	(IVDa)Specification of the criteria of eligibility for social work services which are to be provided to patients & their families	Source not recorded
	Developmental approach would constitute a goal statement & part of a statement of purpose	(II)Specification of the developmental approach as a goal statement for the department	
	. . . . .	(I)Specification of the developmental approach as part of the statement of purpose of the dept.	Acute Care Coordinator
	Principles of developmental approach would constitute general goals at level of statement of purpose	(II)Specification of the principles of the developmental approach as general goals	
	. . . . .	(IA)Specification of the principles of the developmental approach as part of the statement of purpose	Source not recorded
	Specification of etiological factors related to statement of purpose	(IA)Specification of the etiology & dynamics of the problem for which the dept. expects to develop services	Source not recorded

TABLE IA -- Continued

Jan.9,1976	Revision of aspect of statement of purpose related to hospitalization and illness	(IA)Specification of revised statement of purpose concerning the problems associated with hospitalization and illness	Acute Care Coordinator
	One goal would be to help a patient and his family come to terms with a disability	(IIAa)Specification of the general outcome desired in relation to the dept's expected interventions with patients & their families	Acute Care Coordinator
	Statement re modes of intervention	(IE)Specification of the department's expected modes of intervention	Extended Care Coordinator

TABLE IB

CONSIDERATIONS, RELATED CATEGORIES, OPERATIONS,
SUB-OPERATIONS AND APPARENT SOURCES

Date of Meeting	Consideration ¹	Related Categories, Operations and Sub-Operations ²	Apparent Source(s)
July 21, 1975	Classify goals as long or short term & distill the department's philosophy from this classification	(IIC) Consideration of the anticipated time period required to attain department's goals	Extended Care Coordinator
July 24, 1975	Previous departmental goals concerned meeting the needs of patients & the hospital community	(IB) Consideration of service needs of patients and community	Chairperson
	Departmental goals might relate to future thrust of medical care	(IA) Consideration of the needs to which departmental goals might relate	Non-admin. member
	. . . . .	(II) Consideration of the general outcomes desired	

¹ Considerations are presented in summary form.

² The letters which appear before each listed category, operation and sub-operation are codes which reflect the coding scheme outlined in Chapter IV.

July 24, 1975

TABLE IB -- Continued

Departmental philosophy may in part be to recognize & meet the needs of patients & hospital staff	(IA)Consideration of the needs to which the department's philosophy might relate	Source not recorded
Departmental philosophy may in part be to promote social well being	(IA)Consideration of the needs to which the dept's philosophy might relate	Source not recorded
One departmental goal may be community outreach	(IIAc)Consideration of the general outcomes desired in relation to the community	Non-admin. member
One departmental goal may be the organization of staff according to specialties	(IIAd)Consideration of the general outcomes desired in relation to the dept's structure	Non-admin. member
.	(IVE)Consideration of the mix of staff that will provide services	
The dept. may chose to intervene with inpatients, ambulatory care patients & conduct follow-up programs	(IEa)Consideration of the dept's targets for intervention	Non-admin. member
.	(IEb)Consideration of the type of interventions the dept. may pursue	

TABLE IB -- Continued

July 24, 1975	One departmental goal may be to be a change agent at all levels	(IEa) Consideration of the dept's targets for intervention	Chairperson
	. . . . .	(IEb) Consideration of the types of intervention	
	. . . . .	(II) Consideration of the general outcomes desired in relation to expected interventions	
	Each member of goals & objectives committee should write out past, present & future goals	(II) Consideration of the general outcomes desired in relation to the dept's history of interventions	Chairperson
	A departmental philosophy might be defined as the basic principles underlying services & programs	(IA) Consideration of what is meant by a statement of philosophy	
	The dept. should look at the needs of hospital & community as well as the socio-emotional needs of patients	(IB) Consideration of the service needs to which the dept's philosophy might relate	Researcher

TABLE IB -- Continued

Sept.4,1975	Clarify what philosophy the dept. should adopt	(IA)Consideration of departmental philosophy	Extended Care Coordinator
	A philosophy is a combination of knowledge & values; goals are the ultimate ends of the dept; and objectives are the means to these ends	(IA)Consideration as to what is a departmental philosophy	Extended Care Coordinator
		(II)Consideration as to what is meant by dept's goals	
	. . . . .	(III)Consideration as to what is meant by dept's objectives	
Sept.11,1975	The committee should perhaps specify goals & objectives for each program area	(III)Consideration of the committee's responsibility to specify program objectives	Source not recorded
	Program & program objectives were defined	(III)Consideration as to what is meant by a program and program objectives	Chairperson
	Spell out developmental & preventive approaches, general broad goals & decide what staff input is required to enunciate & implement program objectives	(V)Consideration of developmental approach (II)Consideration of general outcomes desired for the department	Extended Care Coordinator

TABLE IB -- Continued

Sept.11,1975	. . . . .	(III)Consideration of staff input required to enunciate & implement program objectives	Extended Care Coordinator
Sept.18,1975	The developmental approach may be applied & used in all program areas & should be defined for each area	(V)Consideration of application of developmental approach	Director
	. . . . .	(III)Consideration as to how the developmental approach may be applied to each program area	
Oct.6,1975	Clarification suggested re wording of a possible goal statement that individual staff assess present practice in relation to developmental approach	(IIAd)Consideration of a general outcome desired in relation to staff assessing their practice	Researcher
	. . . . .	(V)Consideration of developmental approach in relation to present departmental practice	
	Clarification suggested re wording of a possible goal statement that another committee develop goals & objectives statements	(IIAd)Consideration of a general outcome desired in relation to dept's developing statements of goals & objectives	Researcher

TABLE IB -- Continued

Oct.6,1975	Wording of short term goal #3 could be linked to goal #4 re educating patients, families & staff	(IIAa)Consideration of a general outcome desired in relation to dept's educating patients & families	Non-admin. member
	. . . . .	(IIAb)Consideration of a general outcome desired in relation to dept's educating hospital staff	
Nov.4,1975	Booklet for general distribution should include a statement of department philosophy	(IA)Consideration of statement of departmental philosophy	Acute Care Coordinator
	The long term goal re educating patients, families & staff re self referral may not be realistic	(IIAa)Consideration of the general outcome desired in relation to dept's educating patients & families	Acute Care Coordinator
	. . . . .	(IIAb)Consideration of the general outcome desired in relation to dept's educating hospital staff	
	Objectives should be developed from goals re developmental approach	(V)Consideration of developmental approach	Emergency & ACF Coordinator
	. . . . .	(II)Consideration of goals re developmental approach	

TABLE IB -- Continued

Nov.4,1975

.	(III)Consideration re specifying objectives from goals re developmental approach	Emergency & ACF Coordinator
Objectives for each area were not outlined because there would be differences in the application of the developmental philosophy.	(IIIB)Consideration as to why the results expected to be achieved by each program area were not specified	Extended Care Coordinator
.	(V)Consideration as to possible differences in the application of the developmental philosophy to program areas	
The compilation of a booklet may be considered a program to meet an objective which relates to a goal such as providing education re health care	(IIIA)Consideration of a program which is expected to facilitate attainment of the department's goals in relation to health care	Emergency & ACF Coordinator
.	(IIA)Consideration of a general outcome desired	

TABLE IB -- Continued

Nov.4,1975	The dimensions of the developmental approach can be considered as goals & short & long term goals as objectives	(V)Consideration of the dimensions of the developmental approach as goals	Extended Care Coordinator
	. . . . .	(IIC)Consideration of short & long term goals	
	. . . . .	(III)Consideration of objectives as short & long term goals	
Nov.24,1975	The developmental philosophy should be clarified & goals established	(V)Consideration of developmental philosophy	Acute Care Coordinator
		(II)Consideration of goals	
	Goals should be specified for the different areas	(II)Consideration re specifying goals for different areas	Non-admin. member
	Dimensions of the developmental approach require clarification	(V)Consideration of developmental approach	Researcher
	Specific goals for different areas could not be elaborated	(III)Consideration as to why program objectives could not be elaborated	Extended Care Coordinator

TABLE IB --Continued

Nov. 24, 1975	General principles of developmental approach can constitute goals for individual staff & the department	(V) Consideration of general principles of developmental approach (II) Consideration of departmental goals	Extended Care Coordinator
	Hospital staff may constitute a "client"	(IEa) Consideration of hospital staff as a target for intervention	
Dec. 5, 1975	Goals & objectives could not be specified unless the client & the needs are known	(II) Consideration of departmental goals (III) Consideration of departmental objectives (IEa) Consideration of the targets for intervention (IA) Consideration of the needs which may underlie goals & objectives	Acute Care Coordinator
	The developmental approach as outlined does not identify the client	(V) Consideration of developmental approach (IEa) Consideration of the target(s) for intervention	

TABLE IB -- Continued

Dec.5, 1975	Objectives for each of the three program areas should be specified, acknowledging common goals	(IIIB)Consideration of the results expected to be achieved by each program (II)Consideration of common goals	Acute Care Coordinator
	Differences in the approaches used by program areas to meet needs should be specified	(IVF)Consideration of the practice methodologies for the provision of program services	Acute Care Coordinator
	The specification of program objectives is related to approach to planning,perceived relationship of goal & objective, & necessity of specifying needs	(IVF)Consideration of program objectives (IA)Consideration of needs for which the department expects to develop programs	Researcher
Dec.19,1975	Developmental approach should be defined more clearly	(V)Consideration of definition of developmental approach	Acute Care Coordinator
	Trecker's statement of purpose of a social service dept. seemed pertinent	(I)Consideration of statement of purpose of department	Acute Care Coordinator

TABLE IB -- Continued

Dec. 19, 1975

Program areas have the same goals, its the objectives & programs that are different	(II)Consideration of sameness of goals of program areas (III)Consideration of differences of program objectives	Extended Care Coordinator
Needs of patient groups & communities should be assessed	(IB)Consideration of assessment of service needs	Acute Care Coordinator
Assessment of needs of potential patient groups & communities might be included as a goal	(IB)Consideration of assessment of service needs of potential patient groups & communities (II)Consideration of assessment of needs of potential patient groups & communities as a goal	Acute Care Coordinator
Ongoing assessment of needs should be specified as a goal	(IB)Consideration of assessment of service needs (II)Consideration of ongoing assessment of service needs as a goal	Extended Care Coordinator

TABLE IB -- Continued

Dec.19,1975	Needs around which programs have been built should be spelled out	(IA)Consideration of the needs for which the dept. has developed programs	Researcher
	Concerns re patients & families, hospital system, & community should be spelled out	(IA)Consideration of the concerns for which the dept. has developed programs	Researcher
	The involvement of the patient & family in planning their care is important	(IIAa)Consideration of a general outcome desired in relation to the dept's expected interventions with patients & families	Non-admin. member
	The team approach should be specified as one of our goals	(IIAd)Consideration of the team approach as a general outcome desired in relation to the dept's expected interventions	Acute Care Coordinator
	The team approach should include the liaison between hospital teams	(IIAd)Consideration of liaison between hospital teams as a general outcome desired in relation to the dept's expected interventions	Acute Care Coordinator

TABLE IB -- Continued

Dec. 19, 1975

Continuity of care within the social work department is important	(IIAd) Consideration of continuity of care as a general outcome desired in relation to the department's expected interventions	Extended Care Coordinator
Liaison with community resources on behalf of patients & their families is important	(IIAa) Consideration of liaison with community resources as a general outcome desired in relation to the department's expected interventions	Acute Care Coordinator
Education goals would encompass patients, families, hospital staff, doctors and students	(IIA) Consideration of the general outcomes desired in relation to department's education goals	Extended Care Coordinator
Department's role should include implementing & evaluating the patient care system	(IIAd) Consideration of implementing & evaluating the patient care system as a general outcome desired in relation to the department's expected interventions	Acute Care Coordinator
Education of hospital staff should include the socio-emotional needs of patients, social work philosophy and activities, plus what constitutes good health care service delivery	(IIAb) Consideration of what should be included as general outcomes desired in relation to the department's education of hospital staff	Acute Care Coordinator

TABLE IB -- Continued

Jan.5,1976	Services should be available as a basic right to individuals based on universal need	(IVD)Consideration of the criteria for eligibility for services	Acute Care Coordinator
	Emphasis should be in the hospital based on patient needs & the dept. should relate to gaps & services in the community	(IA)Consideration of the needs for which the department expects to develop programs	Acute Care Coordinator
	Needs should be prioritized within the three broad areas of patient & family, patient care system & community care system	(ID)Consideration of prioritization of the range of needs expected to be serviced by the dept.	Researcher
	Priorities should be established & manpower resources reviewed	(ID)Consideration of prioritization of the range of needs expected to be serviced by the dept.	Acute Care Coordinator
	. . . . .	(IVE)Consideration of the manpower resources that will provide services	

TABLE IB -- Continued

Jan. 5, 1976

Morris & Zweig's "statement of problem" focuses the reason for being the department of social work	(IA)Consideration of the problem for which the department came into being	Acute Care Coordinator
The department has specific objectives when working with patients & families, the hospital system and the community	(IIA)Consideration of the general outcomes desired in relation to the department's expected interventions with patients & families, the hospital system & the community	Acute Care Coordinator
Strategies of intervention would become the department's goals	(II)Consideration of the department's goals	Extended Care Coordinator
Criteria of eligibility must be established in respect to the department's involvement in the hospital's medical care program	(IVD)Consideration of the criteria of eligibility	Extended Care Coordinator
The resource inventory should focus on service gaps as they relate to why the department exists	(IB)Consideration of service needs based on assessment of existing resources	Researcher

Jan. 9, 1976

TABLE IB -- Continued

The statement re what causes lack of awareness on part of community, needs refinement	(IA) Consideration of problem re lack of awareness on part of community	Researcher
A broad goal might be to work toward a co-ordinating agency or to help agencies co-ordinate their services	(IIAc) Consideration of the general outcomes desired in relation to the dept's expected interventions with the community	Non-admin. member
Modes of intervention or the use of different modalities should be spelled out in relation to patients, hospital & the community	(IEa) Consideration of the dept's targets for intervention	Acute Care Coordinator
.	(IVF) Consideration of the range of practice methodologies for the provision of services to patients, hospital & the community	
Interventions may be at many levels to achieve these consequences for our client	(IE) Consideration of the department's expected interventions	Acute Care Coordinator
The goals of intervention with the client system in each area, how these occur, & the consequences should be specified	(IE) Consideration of the department's expected interventions	Acute Care Coordinator

TABLE IB -- Continued

Jan. 9, 1976

A statement of early intervention should be developed	(IE)Consideration of the department's expected interventions	Extended Care Coordinator
One goal might be to intervene earlier than the department does at present	(IE)Consideration of the department's expected interventions	Acute Care Coordinator
.	(II)Consideration of the department's goals	
The desired consequences re patient, hospital & community plus the modes of intervention should be stated	(IIA)Consideration of the general outcomes in relation to the department's expected interventions with patient, hospital & community	Extended Care Coordinator
.	(IEb)Consideration of the type of interventions	
Modes of intervention for the community should be specified	(IEb)Consideration of the type of interventions re the community	Acute Care Coordinator
Isolate what each area should be doing but the social work management should do this	(III)Consideration of program objectives	Extended Care Coordinator

TABLE IB -- Continued

Jan.9,1976

Emergency services are basically crisis intervention: family therapy, suicides, child abuse, referrals & liaisons with community agencies & follow-up

(IVA) Consideration of the set of services to be provided through emergency and ambulatory care

Source not recorded

There is no service at all in ACF so perhaps this area should be viewed as a priority

(IVB) Consideration of the service priorities to be provided by emergency & ambulatory care

Extended Care Coordinator

TABLE II

CATEGORIES, OPERATIONS, AND SUB-OPERATIONS --
THEIR FREQUENCY OF REFERENCE IN THE MINUTES
OF THE GOALS AND OBJECTIVES COMMITTEE

Category, Operation and Sub-Operation	Frequency of Reference
(I) Purpose(s) of the social work department	3
(IA) Specification of the needs, problems or concerns for which the department expects to develop programs	18
(IB) Specification of service needs based on assessment of existing:	IB = 7
a) hospital services, including services provided by the social work depart- ment and the service needs of that department	IBa Not Referenced
b) community services	IBb = 1
(IC) Specification of the range of needs expected to be served by the depart- ment in relation to:	Operation and Sub-operations not referenced
a) patients & their families	
b) the hospital system	
c) the community	
d) other	
(ID) Priorization of the range of needs expected to be served by the department in relation to:	ID = 2
a) patients & their families	Sub-operations not referenced
b) the hospital system	
c) the community	
d) other	

TABLE II -- Continued

<p>(IE) Specification of the department's expected response to this range of needs. This includes specification of:</p> <ul style="list-style-type: none"> a) the target(s) for intervention b) the type of intervention(s) proposed c) the scope & depth of the proposed interventions 	<p>IE = 6 IEa = 6 IEb = 4 IEc Not referenced</p>
<p>(II) Goals of the social work department</p>	<p>21</p>
<p>(IIA) Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of:</p> <ul style="list-style-type: none"> a) patients & their families b) the hospital system c) the community d) other 	<p>IIA = 4 IIAa = 5 IIAb = 3 IIAc = 2 IIAd = 7</p>
<p>(IIB) Priorization of the general outcomes desired in relation to the department's expected interventions with or on behalf of:</p> <ul style="list-style-type: none"> a) patients & their families b) the hospital system c) the community d) other 	<p>Operation & Sub-operations not referenced</p>
<p>(IIC) Specification of the anticipated time period required to attain each of the general outcomes desired in relation to the expected interventions with or on behalf of:</p> <ul style="list-style-type: none"> a) patients & their families b) the hospital system c) the community d) other 	<p>IIC = 2 IICa Not referenced IICb = 1 IICc Not referenced IICd Not referenced</p>

TABLE II -- Continued

(IID)	Specification of criteria to measure attainment of each of the general outcomes desired in relation to the expected interventions with or on behalf of: a) patients & their families b) the hospital system c) the community d) other	Operation & sub-operations not referenced
(III)	Program objectives	13
(IIIA)	Specification of the programs which are expected to facilitate attainment of the department's goals in relation to: a) patients & their families b) the hospital system c) the community d) other	IIIA = 1 Sub-operations not referenced
(IIIB)	Specification of the results expected to be achieved by each program in relation to: a) patients & their families b) the hospital system c) the community d) other	IIB = 2 Sub-operations not referenced
(IIIC)	Priorization of the results expected to be achieved by each program in relation to: a) patients & their families b) the hospital system c) the community d) other	Operation & sub-operations not referenced
(IIID)	Specification of the anticipated time period required to achieve the objectives of each program in relation to: a) patients & their families b) the hospital system c) the community d) other	Operation & sub-operations not referenced

TABLE II -- Continued

(IIIE) Specification of criteria to measure attainment of the objectives of each program in relation to: a) patients & their families b) the hospital system c) the community d) other	Operation & sub-operations not referenced
(IV) Program services	Category not referenced. Operations IVA, IVB, IVD, IVE & IVF were referenced as below
(IVA) Specification of the set of services to be provided through each program & which are expected to facilitate attainment of its program objectives in relation to: a) patients & their families b) the hospital system c) the community d) other	IVA = 1 Sub-operations not referenced
(IVB) Priorization of the services to be provided through each program and which are expected to facilitate attainment of its program objectives in relation to: a) patients & their families b) the hospital system c) the community d) other	IVB = 1 Sub-operations not referenced
(IVD) Specification of the criteria of eligibility for each service which is to be provided to: a) patients & their families b) the hospital system c) the community d) other	IVD = 2 IVDa = 1 IVDb Not referenced IVDc Not referenced IVDd Not referenced

TABLE II -- Continued

- | | | |
|-------|--|----------------|
| (IVE) | Specification of the mix of professional, quasi-professional, and non-professional staff that will provide the respective services to: | |
| | a) patients & their families | IVE = 2 |
| | b) the hospital system | Sub-operations |
| | c) the community | not referenced |
| | d) other | |
| (IVF) | Specification of the range of practice methodologies that could serve as the means for the provision of services in relation to: | |
| | a) patients & their families | IVF = 2 |
| | b) the hospital system | Sub-operations |
| | c) the community | not referenced |
| | d) other | |
| (V) | Other proposals & considerations related to an elaboration of the developmental approach | 14 |

TABLE III

RANK ORDER¹ OF CATEGORIES, OPERATIONS AND SUB-OPERATIONS
 ACCORDING TO THEIR FREQUENCY OF REFERENCE IN THE MINUTES
 OF THE GOALS AND OBJECTIVES COMMITTEE

Category, Operation or Sub-Operation		Frequency of Reference	Rank Order
(II)	Goals of the social work department	21	1
(IA)	Specification of the needs, problems or concerns for which the department expects to develop programs	18	2
(V)	Other proposals and considerations -- related to an elaboration of the developmental approach	14	3
(III)	Program objectives	13	4
(IB)	Specification of service needs	7	5
(IIAd)	Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of:		
	d) other	7	6

Where operations and sub-operations had the same frequency of reference in the minutes, the researcher's decision as to rank order was arbitrary.

TABLE III -- Continued

(IEa)	Specification of the department's expected response to this range of needs. This includes specification of: a) the target(s) for intervention	6	7
(IE)	Specification of the department's expected response to this range of needs	6	8
(IIAa)	Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of: a) patients & their families	5	9
(IIA)	Specification of the general outcomes desired in relation to the department's expected interventions	4	10
(IEb)	Specification of the department's expected response to this range of needs. This includes specification of: b) the type of intervention(s) proposed	4	11
(I)	Purpose(s) of the social work department	3	12

TABLE III -- Continued

(IIAb)	Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of: b) the hospital system	3	13
(IIAc)	Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of: c) the community	2	14
(ID)	Priorization of the range of needs expected to be serviced by the department	2	15
(IVD)	Specification of the criteria of eligibility for each service	2	16
(IVE)	Specification of the mix of professional, quasi-professional and non-professional staff that will provide the respective services	2	17
(IVF)	Specification of the range of practice methodologies that could serve as the means for the provision of services	2	18

TABLE III -- Continued

(IIC)	Specification of the anticipated time period required to attain each of the general outcomes desired in relation to the expected interventions	2	19
(IIIB)	Specification of the results expected to be achieved by each program	2	20
(IVB)	Priorization of the services to be provided through each program and which are expected to facilitate attainment of its program objectives	1	21
(IBb)	Specification of service needs based on assessment of existing: b) community services	1	22
(IICb)	Specification of the anticipated time period required to attain each of the general outcomes desired in relation to the expected interventions with or on behalf of: b) the hospital system	1	23

TABLE III -- Continued

(IIA)	Specification of the programs which are expected to facilitate attainment of the department's goals	1	24
(IVA)	Specification of the set of services to be provided through each program and which are expected to facilitate attainment of its program objectives	1	25
(IVDa)	Specification of the criteria of eligibility for each service which is to be provided to: a) patients & their families	1	26

TABLE IV

APPARENT SOURCES -- THEIR FREQUENCY OF
ASSOCIATION WITH REFERENCED CATEGORIES,
OPERATIONS AND SUB-OPERATIONS

Category, Operation or Sub-Operation	Frequency of Reference	Frequency of Association of Apparent Sources
(II) Goals of the social work department	21	Acute Care Coordinator = 7 Extended Care Coordinator = 6 Chairperson = 3 Non-administrative member (F,G) ¹ = 2 Director = 1 Emergency & Ambulatory Care Coordinator = 1 Source is not recorded in the minutes = 1
(IA) Specification of the needs, problems or concerns for which the department expects to develop programs	18	Acute Care Coordinator = 5 Researcher = 4 Non-administrative member (F,G) = 2 Extended Care Coordinator = 2 Source is not recorded in the minutes = 5

¹ These letters identify whether the same or different persons were involved as sources.

TABLE IV -- Continued

(V)	Other proposals & considerations -- related to an elaboration of the developmental approach	14	Extended Care Coordinator= 5 Acute Care Coordinator= 4 Researcher= 2 Director= 1 Chairperson= 1 Emergency & Ambulatory Care Coordinator= 1
(III)	Program objectives	13	Extended Care Coordinator= 6 Chairperson= 2 Acute Care Coordinator= 1 Emergency & Ambulatory Care Coordinator= 1 Researcher= 1 Director= 1 Source is not recorded in the minutes= 1
(IB)	Specification of service needs	7	Acute Care Coordinator= 2 Extended Care Coordinator= 2 Researcher= 2 Chairperson= 1
(IAd)	Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of: d) other	7	Acute Care Coordinator= 2 Extended Care Coordinator= 2 Researcher= 2 Non-administrative member (F) = 1

TABLE IV -- Continued

(IEa) Specification of the department's expected response to this range of needs. This includes specification of: a) the target(s) for intervention	6	Acute Care Coordinator = 3 Chairperson = 1 Extended Care Coordinator = 1 Non-administrative member (F) = 1
(IE) Specification of the department's expected response to this range of needs	6	Extended Care Coordinator = 3 Acute Care Coordinator = 3
(IIAa) Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of: a) patients & their families	5	Acute Care Coordinator = 3 Non-administrative member (F,G) = 2
(IIA) Specification of the general outcomes desired in relation to the department's expected interventions	4	Extended Care Coordinator = 2 Emergency & Ambulatory Care Coordinator = 1 Acute Care Coordinator = 1
(IEb) Specification of the department's expected response to this range of needs. This includes specification of: b) type of interventions proposed	4	Acute Care Coordinator = 2 Chairperson = 1 Non-administrative member (F) = 1

TABLE IV -- Continued

(I) Purpose(s) of the social work department	3	Acute Care Coordinator = 2 Extended Care Coordinator = 1
(IIAb) Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of: b) the hospital system	3	Acute Care Coordinator = 2 Non-administrative member (G) = 1
(IIAc) Specification of the general outcomes desired in relation to the department's expected interventions with or on behalf of: c) the community	2	Non-administrative member (F,C) = 2
(ID) Priorization of the range of needs expected to be serviced by the department	2	Acute Care Coordinator = 1 Researcher = 1
(IV D) Specification of the criteria of eligibility for each service	2	Acute Care Coordinator = 1 Extended Care Coordinator = 1
(IV E) Specification of the mix of professional, quasi-professional and non-professional staff that will provide the respective services	2	Non-administrative member (F) = 1 Extended Care Coordinator = 1

TABLE IV -- Continued

(IV F) Specification of the range of practice methodologies that could serve as the means for the provision of services	2	Acute Care Coordinator = 2
(II C) Specification of the anticipated time period required to attain each of the general outcomes desired in relation to the expected interventions	2	Extended Care Coordinator = 2
(III B) Specification of the results to be achieved by each program	2	Extended Care Coordinator = 1 Acute Care Coordinator = 1
(IV B) Priorization of the services to be provided through each program and which are expected to facilitate attainment of its program objectives	1	Extended Care Coordinator
(IB b) Specification of service needs based on assessment of existing: b) community services	1	Source is not recorded in the minutes

TABLE IV -- Continued

(ICb) Specification of the anticipated time period required to attain each of the general outcomes desired in relation to the expected interventions with or on behalf of: b) the hospital system	1	Acute Care Coordinator
(IIIA) Specification of the programs which are expected to facilitate attainment of the department's goals	1	Emergency & Ambulatory Care Coordinator
(IVA) Specification of the set of services to be provided through each program and which are expected to facilitate attainment of its program objectives	1	Source is not recorded in the minutes
(IV Da) Specification of the criteria of eligibility for each service which is to be provided to: a) patients & their families	1	Source is not recorded in the minutes

TABLE V

AN OUTLINE OF THE APPARENT PLANNING MODEL¹ "USED" BY
THE GOALS AND OBJECTIVES COMMITTEE IN THE FORMULATION
OF THE EMERGING "GOALS AND OBJECTIVES STATEMENT"

(I) Purpose(s) of the Social Work Dept. (3)	(II) Goals of the Social Work Dept. (21)	(III) Program Objectives (13)	(V) Other Proposals & Considerations Related to the Spec. of the Deve- lopmental Ap- proach (14)
(IA) Specifi- cation of the needs, problems or concerns for which the dept. expects to develop programs (18)	(IIA) Specifi- cation of the general out- comes desired (4) in relation to the dept's expected inter- ventions with or on behalf of:	(IIIA) Specifi- cation of the programs which are expected to facilitate attainment of the dept's goals (1)	(IVA) Specifica- tion of the set of services to be provided through each program & which are expected to facilitate attainment of its program objectives (1)
(IB) Specifi- cation of service needs (7) based on assessment of existing b) community services (1)	a) patients & their families (5) b) the hospital system (3) c) the community (2) d) other (7)	(IIIB) Specifi- cation of the results expected to be achieved by each program (2)	(IVB) Priorization of the set of ser- vices to be provided through each program & which are expected to facilitate attain- ment of its program objectives (1)

¹The model is based on categories, operations & sub-operations of the researcher's planning model which were found to be referenced in committee minutes. The frequency of reference is indicated by the number recorded beside each category, operation, and sub-operation in this table.

TABLE V -- Continued

(ID)Prioriza-
tion of the
range of
needs
expected to
be ser-
viced by
the dept.
(2)

(IE)Speci-
fication of
the dept's
expected
response to
this range
of needs
(6).This
includes
spec. of:
a)the tar-
get(s) for
intervention
(6)
b)the type of
interventions
proposed (4)

(IIC)Specifica-
tion of the
anticipated
time period
required to
attain each
of the
general out-
comes desired
in relation
to the
expected inter-
ventions (2)
with or on
behalf of:
b)the hospital
system (1)

(IVD)Specification
of the criteria of
eligibility for
each service which
is to be provided
(2) to:
a) patients & their
families (1)

(IVE)Specification
of the mix of profes-
sional, quasi-profes-
sional & non-profes-
sional staff that
will provide the
respective services
(2)

(IVF)Specification
of the range of
practice methodologies
that could serve as
the means for the
provision of services
(2)

Sample of Interview Schedule
Utilized with Goals and Objectives Committee
Members

1. What do you think has been produced content-wise? Was this what you thought would be accomplished? What might have been accomplished? What has to be covered as yet, if anything? Does the description of the developmental philosophy and plans for its implementation comprise the whole statement or are there other goals/objectives to be enunciated?
2. What do you think are the actors and/or factors that have influenced what has emerged? How would you rank these variables in relation to their importance to what has emerged?
3. What effect has the researcher's presence, involvement, and information provided, including minutes, had on the goals and objectives committee in respect to development of the content of the emerging statement? Was your behavior or attitudes toward the development of the statement influenced in any way by the fact that the committee was the object of a research study? How do you perceive the material regarding definitions of planning concepts that the researcher provided to committee members on September 15, 1975?
4. What do you think of this working committee as a vehicle for developing a goals and objectives statement? Are committee members competent in relation to their task? Are they motivated? Are they committed? Did they sort out their responsibility to the committee with their own responsibilities? Are field staff pulling their own weight? How has the attendance, preparation, and participation of committee members influenced the development of the content of the statement? How might these be improved?

How did the different group interests represented on the committee -- acute care, extended care, field staff, administrative staff -- fit together? Has any particular perspective dominated?

How did you feel about a field staff person being the chairperson of a committee comprised of administrative and non-administrative staff? Does it make a difference who has the leadership role on a committee of this composition?

Does it matter who is on a goals and objectives committee and how members are selected? What effect did membership changes have on the committee, if any?

5. How has the committee sorted out the parameters of its task? Were the committee's terms of reference spelled out? Was its mandate clear? Do these have anything to do with the committee's deciding whether or not to specify objectives for the different program areas?

Was it up to the committee to decide how it would approach its task? How about in regard to a time schedule for drafting a presentation? Did the committee make efficient use of time?

6. Was the goals and objectives committee knowledgeable in regard to the developmental approach? How did this knowledge or lack of knowledge influence the development of the content of the statement? Did it affect staff feedback/reaction at the presentation of the preliminary statement?
7. Would you recommend a working committee to another social work agency intent on elaborating goals and objectives? Why? Would you specify any conditions for the establishment and/or functioning of a committee?
8. Did the hospital administration's request for a statement of objectives and functions of social work in the emergency area influence the committee's deliberations? Did the committee contribute to this submission in any way?

Has the committee been influenced in any way by other hospital/medical personnel, clients, representatives of community resources, or any other external systems? To what extent has the committee followed the format suggested in the September 4, 1975 meeting -- demonstrating that something works and then selling it to the hospital administration?

The preliminary statement mentions educating clients in self-referrals. Have "clients" been given an opportunity to exercise their choices for the direction of the social work program?

Does the committee feel that it knows what the needs are in relation to clients, the hospital system, and the community?

9. How do you feel about field staff participation in goal and objective formulation? What has been the effect of field staff participation on the development of the content of the statement? Are field staff capable of dealing with goals and objectives? Are social work practitioners able to comprehend planning concepts? Do they have the expertise to write goals and objectives, establish plans for their achievement, and develop measurement criteria?

Were the personal goals of staff members reflected in the material produced?

Where, in the range of your job priorities did you place the goals and objectives committee? Were your committee responsibilities compatible with your other job responsibilities? Did your other commitments have any effect on your preparation for, and participation in meetings?

Are there conditions under which field staff should participate in policy development?

Did the feedback and reactions of social work staff to the presentation of the preliminary statement on November 4, 1975 influence the development of the content of the statement?

10. Do you think that the committee has been trying to enunciate goals and objectives that seem to underlie current programs and services? Or is the committee trying to project goals and objectives that might require change to these programs and services?

Are present priorities, programs, services, and commitments influencing the development of the content of the statement?

The preliminary statement mentions an assessment of current social work practice to see how it relates to the developmental approach? Is the committee trying to translate the department's present response to needs into a statement?

Is the developmental approach a long term future goal or does it apply today?

11. Has the committee considered any program resources that might be necessary to implement the developmental approach? The preliminary statement recommended a staff development program to educate staff in the developmental approach. This suggests that staff are differentially equipped with the interventive skills implied by this approach. Did the committee raise any other concerns regarding resources?
12. What has been the contribution of members of the social work administration to the development of the content of the statement? Has the social work management group influenced the development of the content of the statement?

How did the members of the social work administration who served on the committee, influence the development of the content of the statement?

What effect did the director have on the development of this content -- whether as a resource person preparing historical material for the committee or as the director of the department?

What input has the coordinator of emergency and ambulatory care had on what's emerged from the committee? Were his comments at the November 4, 1975 staff meeting influential in any way?

How has the coordinator of acute care influenced the development of the content of the statement?

13. In what manner has the director's illness, the process of recruiting a replacement assistant director, the appointment of a new assistant director, and the appointment of an acute care coordinator affected the development of the content of the statement?
14. Have any of the other working committees influenced the goals and objectives committee in any way? If so, how? If not, why do you think they haven't?

Sample of Interview Schedule
Utilized with Chairpersons of "Other Working
Committees"

1. Has there been any interchange between this committee, or any of its members, and the goals and objectives committee, or any of its members? Does your committee have any plans to consult with the goals and objectives committee?
2. Did your committee discuss the preliminary statement of the goals and objectives committee? Is your committee intending to make any requests for clarification, or to recommend changes to this preliminary statement?
3. Did your working committee adopt the recommendation made at the departmental workshop of May 8, 1975 to have consultation among the chairpersons of the working committees? If not, why not?

Sample of Interview Schedule
Utilized with Members of the Social
.....Work Administration.....
.....

1. Have you as a representative of the management group, or in your capacity as coordinator of..... had any transactions with the goals and objectives committee or any of its members?
2. Has the management group in whole or in part discussed any aspects of the preliminary report presented to staff by the goals and objectives committee on November 4, 1975?
3. Has the management group or any of its representatives discussed (formally or informally) any aspects of the development of the content of a "statement of goals and objectives" with the goals and objectives committee or any of its members?
4. In what manner, if any, has the social work administration influenced or attempted to influence the development of the goals and objectives statement by the goals and objectives committee?

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting July 21, 1975

4:00 p.m.

Present: Colleen Brown, Fran Winkworth, Lynn McDonald,
Percy Mirochnick, Giselle Saurette

Absent: Maria Gomori, Irene Sanderson, Louise
Buccini, Susan Hogman

The committee focused briefly on Maria's draft re the development of the department and what this meant in terms of its philosophy, goals and objectives. Fran felt that the contents of the draft were okay but the format wasn't good. Lynn hadn't read the draft and Colleen voiced agreement with Fran's comment.

Question was raised whether goals and objectives should be differentiated. This wasn't really answered but committee members stated that the terms "philosophy, goals and objectives" should be clarified.

Percy was asked to comment on these terms but he declined saying that to do so would contaminate the research process. He offered to be a secretary to this committee; to take minutes of the meetings. Members responded by saying fine he could organize the final write-up. This was said partly in jest.

Lynn suggested an approach to Maria's material which would entail classifying goals according to time; classifying goals according to whether they were long or short term; and distilling the department's philosophy from this classification.

The committee got hung up on the definition of philosophy which wasn't resolved.

Meeting adjourned at 4:20 p.m. with the understanding that committee members would review the material, isolate those aspects that relate to philosophy, goals and objectives and come prepared to discuss same at the next meeting.

NEXT MEETING scheduled for Thursday, July 24,
at 3:00 p.m.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting July 24, 1975
3:00 p.m.

Present: Colleen Brown, Fran Winkworth, Giselle
Saurette, Percy Mirochnick, Irene Sanderson

Absent: Maria Gomori, Louise Buccini, Lynn
McDonald, Susan Hogman

The minutes of the meeting of July 21st were provided by Percy. No real discussion of their content other than Colleen clarifying Lynn's suggestion that goals would be classified according to time: past, present and future.

Some brief presentations of material relating to past goals. Fran distilled from Maria's draft that the department in the past had provided physical resources, handed out money and made referrals to community agencies. Colleen agreed that these characterized the first nine years and summarized the goals of the last nine years. These related to meeting the needs of the patients and the hospital community.

Irene and Fran generalized that our past goal was to become established. Now, do we establish new goals or build on the past? Fran commented that our goals might relate to where medical care should go in the future.

The committee wrestled briefly with what is the department's philosophy: a) to recognize and meet the needs of patients and hospital staff, b) as well as to promote social well being, were suggested as some of the elements of the philosophy.

Fran asked whether we considered our philosophy different from, say the Health Sciences Centre. She noted that we hadn't discussed where we want the department to go, for example, moving out in the community. Are we or can we do this? Should we be working with inpatients, should we have all our staff in ACF, should we be doing follow-up? Fran also raised the question whether staff should be organized according to specialties -- is this or should it be one of our goals?

Percy asked whether everyone agreed with the material that Maria had drafted. Fran didn't feel that future directions were explicitly stated. Colleen replied that according to Maria our goal would involve being a change agent at all levels. Colleen felt that Maria had adequately represented Colleen's thinking.

Minutes of Goals & Objectives Committee
Meeting of July 24, 1975

Fran stated that she didn't feel this task was a priority: her priority was service to patients. Should we take time off from our direct services to work on this material?

Relative to Maria's material, Fran speculated whether we were doing what Maria says we should be doing -- our present goals may need discussion.

Colleen asked whether we could individually write out past, present and future goals since this should have been completed in respect to this meeting.

Fran asked whether our philosophy has changed. Irene said she didn't think so, although our methods had changed.

Giselle provided a general definition of "philosophy," identifying this as the basic principles underlying our services or programs.

Percy asked what it was about the Pascoe study that made us feel that Pascoe hadn't plugged into our philosophy. Fran replied he wasn't prepared to acknowledge the value of indirect services. Percy asked whether the department should be looking at the needs of hospital and the community as well as the socio-emotional needs of patients.

Committee members understood that these kind of questions were indirectly addressing the department's philosophy.

Colleen asked committee members to once again address themselves to culling out the department's past, present and future goals based on Maria's material and any other useful sources. She proposed that the task for assembling material related to, for example, past goals could then be delegated to one committee member after the committee looked at similarities and differences based on each member's individual summaries.

The meeting adjourned at 4:05 p.m. Next meeting to see where everyone (excluding Colleen) is at in pulling information together is scheduled for Thursday, July 31st

Minutes of Goals & Objectives Committee
Meeting of July 24, 1975

at 3:00 p.m. The committee will meet in concert on Thursday, September 4th at 3:00 p.m. to examine reports and to delegate sections of the material.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting September 4, 1975
3:00 p.m.

Present: Colleen Brown, Irene Sanderson, Louise Buccini, Lynn McDonald, Giselle Saurette, Maria Gomori, Percy Mirochnick

Absent: Fran Winkworth, Susan Hogman

Colleen read the minutes of the July 24, 1975 meeting. The content appeared acceptable to the members present although there wasn't any specific discussion of same.

Maria asked what was to be discussed at today's meeting, and suggested we re-examine the structure of the committee as well as the schedule of meetings. She proposed that we meet once per week and do our homework in-between meetings. Committee members resolved to meet on Thursdays at twelve o'clock noon at the second floor ECU-Day Hospital. This schedule will be reviewed at the end of September following the committee's presentation to the staff body.

Maria's point concerning the structure of the committee was neither elaborated nor discussed.

Colleen in relation to day's agenda advised that she had restructured Maria's draft and would like some feedback.

Lynn felt that Colleen had produced a good document. Lynn summarized its content, commenting that it covers where we've been as a department, where we're headed, where the health field is going and the movement of the social work department toward the developmental approach which shows that our philosophy of social work practice is changing. Lynn thought we should clarify what philosophy we want to adopt and then sell it to the rest of the social work department.

Lynn clarified the developmental and preventive approaches in relation to social work practice.

Lynn focused briefly on concepts, explaining that a philosophy is a combination of knowledge and values, and that our department needs a philosophical statement. Goals are the ultimate ends of the department

Minutes of Goals & Objectives Committee
Meeting of September 4, 1975

and objectives are the means to these ends.

Maria had been working on the department's history, trying to write down principles on which our changing philosophy is based. The period of about 1966 to 1970 is the survival phase with the department seeking to educate hospital staff as to the social worker's role and function. Since then we have experienced change in relation to referrals vs. casefinding, source of referrals, and the conception of the social worker as a change agent who may intervene through any method.

Maria pointed out that there is still a big gap between our philosophy and goals and how these are translated in practice. On certain wards, for example, we provide mostly direct patient care, perhaps because of the volume of patients and how the system affects us. Maria stated that we can move beyond survival and begin to follow our philosophy and goals. She acknowledged that the power system does influence how we intervene. She added that she was concerned about the future and what we are doing. We aren't doing prevention.

Lynn tried to explain the preventive philosophy summarizing that this approach appears to adapt the person to the social situation rather than shaping the social situation to the person.

Louise and Percy expressed some objection to the concepts of developmental vs. preventive in terms of what these mean to other disciplines. It was suggested that we reflect on substituting a more neutral term.

Louise felt that this philosophy should be written in terms of St. Boniface which would mean that terms such as developmental and preventive may serve to confuse. Lynn agreed that it's our goals and objectives that concerns us but our orientation -- what do we believe in -- should underlie these.

Lynn acknowledged that the hospital system may place obstacles in our way, hence we have to plan realistically. Our resources must be considered in relation to changes that we try to sell or promote.

Minutes of Goals & Objectives Committee
Meeting of September 4, 1975

Some discussion followed as to how the larger staff body of the department will perceive the developmental approach. Lynn argued for finding out what staff feel, rather than assuming that staff will agree with our perception. Maria felt we have to work this through before presenting it: the developmental approach has to be defined and related to our department with respect to what we do and how we do things. Maria thought that it might be more difficult to sell this approach to social workers in emergency, for example, who operate on a 1/1 basis. Maria's point was that our philosophy and goals may have to be applied differently in different areas given staff limitations.

Percy asked whether we have moved beyond considering the expectations of the hospital system and the adjustments that might be necessary on its part to accommodate a developmental approach. Committee members felt that in the past we've used demonstration, showing that something works, then identifying what our strategy is for the hospital administration. The hospital system can be helped to swallow our philosophy if it's reflected in programs.

Maria and Lynn did not see one or the other approaches becoming subordinate. The grass roots approach -- working with individual clients or families -- provides information that can be utilized to affect change in policies and systems.

Lynn felt that one of the things we should do is to stop and take stock, looking at the needs and how we are meeting them. This will help us to decide what we should continue or discontinue.

The meeting concluded on two notes:

1. Lynn will get her material on developmental and preventive approaches to committee members and then we can think about some of the realities such as what things should be done departmentally, by individual programs, or on some other basis. The balance is important.

2. Colleen will develop definitions for planning and programming.

NEXT MEETING is set for 12 noon at Thursday, September 11, 1975.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting September 11, 1975
12:00 noon

Present: Colleen Brown, Lynn McDonald, Maria Gomori,
Fran Winkworth, Louise Buccini, Irene
Sanderson, Giselle Saurette, Percy
Mirochnick

Absent: Susan Hogman

Colleen read the minutes of the September 4,
1975 meeting.

Lynn was not able to get her material regarding developmental and preventive approaches out to committee members. The move of the office and staff had affected the availability of typing manpower. The material would be available by Monday of next week.

Maria was to have added material to the restructured draft provided by Colleen but this wasn't ready for today. She expressed uncertainty as to what was being requested of her in relation to spelling out the department's goals based on the developmental approach.

Colleen asked whether anyone had thought of a better name for the developmental and preventive approaches. None was offered by committee members. Colleen suggested that when the material was handed out these concepts might become clearer. She felt that we shouldn't take up the committee's time reviewing these before we had a chance to digest Lynn's material.

Lynn provided a brief synopsis of terminology particularly for Fran's benefit. The term "preventive" seemed to imply "restorative" in Fran's view.

Giselle suggested that perhaps we should compile a list of what developmental and preventive approaches imply on a program to program basis.

Colleen commented that this committee was having problems with its task and she questioned whether members were as committed to this task as they appeared to be last May 8th. To the suggestion that perhaps we should consider revamping the membership of the committee there was general head-nodding and murmurs that "it might be

Minutes of Goals and Objectives Committee
Meeting of September 11, 1975

a good idea." Colleen added that these meetings were not the time to accomplish everything.

Considerable discussion followed concerning whether it was this committee's responsibility to take up the actual specification of goals and objectives in each program area. Should this be the responsibility of the administration and program coordinators or what? Louise and Maria felt that this committee should propose an overall umbrella into which all programs could be plugged. Lynn felt that we should provide a general modus operandi for following through with the developmental philosophy, however, this wouldn't include spelling out goals and objectives for individual program areas. It would constitute more a plan of attack.

Colleen provided some brief definitions of concepts such as program and program objectives to help clarify what we mean by programming and planning.

Lynn suggested that we spell out the developmental and preventive approaches and assuming that the developmental philosophy was acceptable, we would cull out general broad goals related to the overall department, and then present this to the staff body. We could then review the mandate of this committee and make decisions as to what staff input was required to enunciate and implement program objectives consistent with this philosophy. This plan seemed acceptable to committee members.

Lynn asked for suggestions regarding possible frameworks that might be helpful in specifying goals related to structure, methodology and function, for example.

Louise asked what might be the hospital administration's definition of our boundaries and how might this circumscribe what we should be doing. Do we extend ourselves beyond the hospital system? Maria commented that we can as long as it relates to the needs of the hospital system. Louise said we shouldn't duplicate the efforts of other services, hence our relationship to other systems, including the community and the hospital administration was important.

Minutes of Goals & Objectives Committee
Meeting of September 11, 1975

Maria asked whether what we say we are doing and what we are doing will be one and the same or will there be a major gap or conflict between our goals as we see them and our current functions.

The committee decided to use two frameworks for specifying goals. One group composed of Maria, Irene, and Giselle would use a long and short term division. This group will meet Tuesday at 10:00 a.m. Another group composed of Lynn, Fran and Louise would use a systems approach and will meet on Wednesday at 1:00 p.m.

Percy said that by approximately Monday, September 15, 1975 he'd be able to provide Colleen with material covering definitions of planning concepts and a model for developing a goals and objectives statement. He declined Lynn's invitation to provide general feedback to this committee as to how he observed the committee's work to this date. He suggested he would be seeking this information individually from committee members and he didn't want to bias or prejudice their observations. Postscript: this might be more timely when Percy's material is made available since it will clarify his perspective of what should be the focus of the committee's deliberations.

NEXT MEETING is set for September 18, 1975 at noon, 2nd floor ECU-Day Hospital. A blackboard will hopefully be available.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting September 18, 1975
12:00 noon

Present: Colleen Brown, Lynn McDonald, Maria Gomori,
Fran Winkworth, Louise Buccini, Irene
Sanderson, Giselle Saurette,
Percy Mirochnick

Absent: Susan Hogman

Colleen read the minutes of the September 11,
1975 meeting.

A brief discussion followed concerning the
changing composition of this committee.

Maria reported the outcome of the sub-committee
which had examined goals on a long and short term basis:

1. this sub-committee saw the developmental
approach as focusing on growth of the total person in
his social situation and environment, helping him to use
all the available resources to develop his potential as
fully as possible.

2. the developmental approach may be
regarded as the broad, long term goal of the department.

3. pieces of the preventive approach seemed
"restorative" to this sub-committee. Lynn suggested
that one way out of this problem of terminology is to
label those as A and B, with A (the developmental approach)
subsuming B (the preventive approach).

4. the developmental approach can be applied
and used in all program areas to certain degrees and
this should be defined for each area.

5. the developmental approach relates to the
educational process of other disciplines and should be
interpreted in staff development programs. We should be
teaching ourselves and others, the latter including the
administrative system, professional system, patient system
and community system.

6. to a certain extent we can be doing what
we are doing but putting it in the context of the develop-
mental approach.

Minutes of Goals & Objectives Committee
Meeting of September 18, 1975

7. in summary, the developmental approach leads us to work with the strengths of systems and people, helping people to help themselves. Whereas it could become a direction in all our doings, we will start initially with the educational process in relation to our own staff.

The steps for implementation of the developmental approach were outlined:

a) each individual staff member should assess his work and identify what he is presently doing in terms of this philosophy, as well as what programs should be developed in terms of this philosophy. Essentially this would be an identification of strategies based on the present situation. This utilizes our experience as a guideline to policy and system change.

b) staff education and education of other disciplines in relation to the developmental approach. How other disciplines are tuned in to this approach may be different in each area of the department.

c) there was acknowledgement that it was difficult for the sub-committee to forecast what would happen beyond the assessment of individual work and teaching and education.

d) caseloads would be assessed periodically to see what we have achieved in each area. Such ongoing evaluation would not be based on cases per se but on the hows, the techniques, interventions and systematic approach.

Other possible ramifications related to the implementation of the developmental approach were cited:

1. major re-alignments to program areas may not be realistic, rather, in a few years, we might find that more of us are working in ambulatory care, for example, consistent with the gradual implementation of the developmental approach.

2. the developmental approach appears to relate to everything, from the tasks of the other policy committees to the recruitment of staff by this department.

Minutes of Goals & Objectives Committee
Meeting of September 18, 1975

3. the validity of Kardex rounds will need reassessment. Some areas may need Kardex meetings to facilitate education of other disciplines. Other areas may find other disciplines making automatic referrals and patients referring themselves, the latter based on the notion of people helping themselves.

4. a booklet may be prepared about the social work department and how a patient can avail himself of its services.

The meeting was then directed to Lynn as spokesman for the sub-committee which was to have examined goals from a systems approach. Lynn had prepared some material, specifying boundaries, internal and external systems and functions.

Lynn suggested that there were some parallels between this material and that which Maria had reported. The emphasis was on health, positive future oriented change, maximizing individual potential, systems and the interrelatedness of systems.

Fran represented diagrammatically on the blackboard the internal and external systems in relation to the social work department.

The response of the goals and objectives committee to the reports of the sub-committees appeared positive. Lynn suggested that the material should be brought together and should include the historical material on which Maria had been working.

Colleen and Fran volunteered to write up the material in lay language and Lynn likewise offered her services if required. This committee will meet on Monday, September 29, at 12 noon to assess the typed copy which will then be distributed at the general staff meeting on September 30, 1975. Concurrent with this distribution, this committee will spell out its expectations regarding how individual staff members and other committees should work with the material. This, of course, assumes that the general staff will agree with this philosophy.

Minutes of Goals & Objectives Committee
Meeting of September 18, 1975

The material prepared by Percy regarding definitions and a planning guide to a goals and objectives statement had been read by sub-committees, after their decisions were made relative to specifying goals. Members suggested it seemed to fit with what they were doing and was a really good outline.

Percy provided an overview of the major themes that had characterized the committee's meetings to date and asked what it was the committee wanted to finish up with. Further, what might the goals and objectives statement look like? Percy referred to a summary of material that had been prepared by Colleen based on the initial brainstorming sessions of this committee, asking whether committee members still conceptualized their task the same way. Committee members hardly recalled this outline.

Committee members replied that they wanted a finished document in a binder which would really reflect the orientation of the ongoing programs and services of the department. The committee saw its role as including the successful implementation of philosophy "A" and the evaluation of this process at six month intervals hence this committee should remain as a standing committee. It acknowledged that this role will likely require sanction from the social work department's management committee. The existing program areas were cited as the natural units to facilitate implementation of this philosophy.

NEXT MEETING is Monday, September 29th
at 12 noon to review the material prior to presentation
to the general staff body.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting October 6, 1975
12:00 noon

Present: Colleen Brown, Lynn McDonald, Maria Gomori,
Fran Winkworth, Louise Buccini, Irene
Sanderson, Giselle Saurette, Percy Mirochnick

Absent: Susan Hogman

Colleen read the minutes of the September 18,
1975 meeting.

Colleen asked whether everyone had read
the material provided and what corrections might be made.

Fran asked whether the appendices would
remain as part of the draft document. Colleen thought
that they should be included. Fran added that she found
the material very good.

Colleen asked whether the committee felt
that reference to the department's staff complement
should be based on positions rather than academic quali-
fications. Committee members appeared to agree that such
description would be appropriate.

Some discussion ensued as to whether the
labels developmental and preventive should be used as
opposed to philosophy "A" and "B:". The latter were
suggested as being devoid of meaning so why not use the
terms.

Lynn, in reference to the material,
suggested we should present same perhaps alerting staff
to certain sections, and get reactions. Discussion then
focused on the format for presentation. Louise suggested
that the material should be initially discussed in units
before a presentation is made to the entire staff group-
ing. This would likely ensure that more staff have read
the material and would help in the clarification of
terms. Lynn recommended that each unit prepare a
response to share at the general staff meeting. Giselle
added that in scheduling this meeting we should consider
that staff need time to meet in their individual units.

Colleen said that she would provide copies
to units of the historical material plus material concern-
ing Health Care in the Future, Social Work in Health Care
for the Future and St. Boniface social work department,

Minutes of Goals & Objectives Committee
Meeting of October 6, 1975

philosophy, goals and objectives in the future. The date selected for the general staff meeting was October 28th.

Percy raised a question in relation to the wording of the first long term goal. He thought that it wasn't clear that staff were being asked to assess individually their present way of doing things in relation to the developmental approach.

Percy also suggested that the wording of short term goal #3 implied that a special committee should be set up to do the task that the goals and objectives committee was responsible for doing. Colleen replied that this booklet was intended for general distribution, hence was tied in with education or staff development. Giselle suggested that perhaps the wording could be linked to goal #4 relative to educating patients, families, and staff. Louise added that this committee might be making assumptions that the staff body will know what we mean. Colleen suggested that perhaps the material re long and short term goals would be clearer if the points were numbered, for example, as #1(a) and (b), thereby integrating same. A general discussion followed concerning a deadline or tentative date for completion of assessment, and what kind of assessment format did we have in mind. Lynn suggested that the research and evaluation committee be approached to draw up an assessment procedure. Percy added that we perhaps should provide some guidelines as to the assessment -- what information do we want -- before turning to the research and evaluation committee. Lynn expressed some difficulty in moving from the theoretical to the practical and said she would like to consult some expert in relation to an assessment procedure. Percy felt that the historical material related to 1967, 1969 and 1971 had included some pretty hard-nosed assessment data that could be utilized as a guide for any evaluation currently contemplated. Maria said that coordinators and individual staff were in the best position to know what staff were doing.

Louise expressed some concern as to our going in circles: the department cited a similar philosophy in 1971 yet staff shortages prevented our implementing same in actual practice. We now have a better idea as to the limitations, such as, acquiring staff for acute care, so what can be done in relation to the developmental approach. Some of the questions that need to be answered are what are we doing now; how can we change what we are doing; what steps should we take initially.

Minutes of the Goals & Objectives Committee
Meeting of October 6, 1975

Percy asked what would happen if the general staff reaction was "yes we accept" this philosophy and they press us for guidelines as to how to commence assessment.

The committee decided that we would meet at noon on Tuesday, October 14 to start working on guidelines for assessment. Our expectations are that units and staff develop responses to the material that will be distributed.

Colleen tendered her resignation as chairperson of the Goals and Objectives Committee effective following the October 28th general staff meeting.

NEXT MEETING Tuesday, October 14, 12:00 noon.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting October 14, 1975
12:00 noon

Present: Colleen Brown, Lynn McDonald, Fran Winkworth,
Irene Sanderson, Percy Mirochnick

Absent: Louise Buccini, Giselle Saurette, Maria Gomori,
Susan Hogman

Colleen read the minutes of the October 6, 1975 meeting. This was prefaced by some brief discussion regarding a possible change in date for the presentation to staff, as Maria wasn't able to attend the October 28th meeting. The alternate date suggested was October 21st, however, both Lynn and Colleen wouldn't be able to attend. The committee will stick with the October 28th meeting as scheduled.

With regard to the minutes, Percy asked whether this committee had establish a time limit for the completion of the initial assessment period. Colleen replied that she understood this was to be part of the guidelines which this committee was to work out.

Percy suggested that this committee should very soon concern itself with the appointment of a chairperson to succeed Colleen. Irene asked Fran whether she would accept a nomination to this post. Fran declined. Colleen suggested that perhaps the task should be taken over by the administration entirely. Percy said that this issue may not be resolvable until the newcomers to the committee (Joyce Sandison and Linda Butler) can be party to any decision in this regard. Some discussion followed as to whether Joyce might be interested in the chairperson's job, however, nothing was finalized.

Respecting guidelines for assessment, Fran suggested that each worker should be looking at his wards to see what kinds of patients he has, what their needs are, what's being done at the present time and different ways it can be changed.

Percy suggested that we need to be more explicit regarding what we feel constitutes the developmental approach. For example, what indicators should a social worker use to help him decide to what extent he is looking at the total person in his total environment.

Minutes of Goals & Objectives Committee
Meeting of October 14, 1975

Colleen asked Percy for his ideas regarding assessment. Percy replied that since the department had not in the past enunciated its philosophy, we couldn't measure what workers are doing based on any overall shared approach. This means that workers should examine their individual goals and plans and then see how consistent or divergent these are from the developmental approach.

Irene commented that some of the relationships among caseloads would imply that cooperation among workers might be required for purposes of the assessment.

Colleen suggested that we might help staff to start thinking about their caseloads by asking them what they have been doing in the past and where they are going in the future.

Fran cited examples of the kinds of questions that might be included in the assessment: what kind of patients are on your wards; what is the source and nature of referrals and how appropriate are they; what needs exist and are you meeting them.

Lynn suggested that the Morris and Zweig approach might be useful in developing assessment guidelines. Lynn described this approach as including an examination of the target population; the strengths and weaknesses of staff; what the staff want to accomplish; resources and their potential availability; and out of all this comes what's available to meet needs. The latter can then be prioritized in terms of our philosophy and values.

Lynn commented that Maria and herself were trying to set up a meeting with Walter Lampe who might be a useful resource person in relation to ideas for an assessment procedure.

Percy suggested that another possible approach to assessment would involve a content analysis of the case notes of a random selection of cases. Lynn said that this would be dependent on what is written and as far as she was concerned, a great deal transpires that is not recorded.

Minutes of Goals & Objectives Committee
Meeting of October 14, 1975

Colleen and Lynn jointly recommended that this committee should advise staff that an assessment format is being developed. This would give the committee an opportunity to consult an outside resource person. This would also mean that the committee would not provide a date re how long the initial assessment would go on until after such consultation.

Discussion then centered on the format for presentation. Lynn suggested that a capsule statement be presented. Percy agreed saying that material should be highlighted. No committee member volunteered to be presenter. Percy suggested that perhaps the task of presentation seems onerous because the material isn't tight and integrated in our own mind. He went on to explain that the historical material could be summarized into a couple of pages, utilizing the three time periods (1957-1967, 1967-1971, 1971 to present) as focal points and adding a synopsis of recommendations for the future.

Lynn volunteered to prepare the summary of the statement, a copy of which might be provided to committee members before October 28, 1975 if time permits.

Colleen said that another meeting before October 28th would not be necessary as this committee would not be preparing an assessment guideline at this time.

NEXT MEETING is for the presentation to the general staff body on October 28th at 3:30 p.m.

MINUTES OF GOALS AND OBJECTIVES
COMMITTEE PRESENTATION TO STAFF

November 4, 1975
3:00 p.m.

Present: Muriel Beaver, Shelagh Morrison, Beth Simkin, Bev Brown, Joyce Sandison, Karen Behar, Irene Sanderson, Judy Vivian, Colleen Brown, Louise Buccini, Leon Lalsingh, Adrienne Campbell, Jackie Hercus, Lynn McDonald, Mark Rayter, John Farber, Giselle Saurette, Susan Hogman, Fred Nelson, Janice Van Aertselaer.

Lynn presented a synopsis of the report with the view to refreshing the memory of those present as to the main points of the material.

Lynn concluded her presentation with the following general points:

- a) no one discipline can meet the health needs of patients,
- b) patients are clients of the community rather than clients of any one institution such as St. Boniface Hospital,
- c) the community plays a more major role in defining health needs than the medical profession,
- d) social work is influencing health care and has helped extend health care into the community. Social work has taken the lead regarding prevention and rehabilitation,
- e) the developmental approach encompasses what the St. Boniface social work department has been doing and perhaps goes a few steps further.

Then discussion centered on the reactions of the various program areas in the department to the draft.

A) Extended Care

According to Lynn, this group -
1) agreed in principle with the material

Minutes of Goals & Objectives Committee
Meeting of November 4, 1975

- 2) was critical of the write up of the report
- 3) the major concern was what do we do now; how do we implement the developmental approach.

B) Acute Care

According to Joyce --

- 1) the acute care people would second what Lynn has said,
- 2) the report should be tightened up,
- 3) the acute care staff agreed with the content of the report but felt that some sections were difficult to understand, for example, social work in health care in future,
- 4) both the restorative-preventive approach and the developmental approach need development and elaboration,
- 5) regarding the goals and objectives identified as short and long term in the report:
 - a) goal #1b should be short term,
 - b) the education of the hospital staff should be a separate long term goal,
 - c) the booklet for general distribution should include a short statement of departmental philosophy,
 - d) goal #2b regarding self referral -- is this realistic? Kardex rounds are unlikely to be replaced but perhaps we won't have to do our own case finding,
- 6) we need a better understanding of the concepts and the developmental approach before we can implement it.

Susan Hogman spoke further on the latter point: the acute care staff didn't understand the developmental approach so they couldn't decide what should be changed or implemented. They felt that they needed orientation regarding the developmental approach.

A general discussion followed Joyce's report.

Minutes of Goals & Objectives Committee
Meeting of November 4, 1975

Bev Brown suggested that this approach probably means different things to different people. Giselle added that perhaps the developmental philosophy will need some modification as it is applied to each area.

Karen asked that the goals and objectives committee refer staff to some material on the developmental approach.

Lynn suggested that the approach emphasizes the positive -- dealing with individual malfunctioning but then looking at the needs of people in a more general way and developing programs to meet these needs.

Lynn, in response to the staff's request for clarification of the developmental approach, suggested that perhaps this was the responsibility of the goals and objectives committee.

Karen commented that the developmental approach expands our horizons; we become initiators rather than reactors.

Colleen advised staff that the goals and objectives committee had wanted to meet with Walter Lampe to develop guidelines for assessment but this hadn't happened as yet.

Lynn added that this would help the department implement the approach.

Lynn, with respect to implementation, said that it is "exciting" that we are doing much of it already. It also has implications for hiring -- prospective employees can make decisions based on how we work.

Louise suggested that perhaps Walter Lampe can be invited to speak to all staff regarding the developmental approach.

Bev, in relation to our goals and objectives, felt that:

- a) these must be understood by ourselves,
- b) we must be able to communicate them to other people.

Minutes of Goals & Objectives Committee
Meeting of November 4, 1975

Lynn commented that because it's a philosophy we are talking about, the report may seem airy-fairy. Further, the definition of the developmental approach is missing in the verbal report. A summary could be provided that would be similar to her verbal report.

Joyce focused briefly on the implementation of the developmental approach in acute care. She said that acute care workers couldn't continue to do all the things they were doing now. For example, follow-up care may have to be dropped; community agencies may have to become more involved. If this occurred then social work staff could focus on health related aspects for which we have expertise.

Bev commented that we still do the same things as we did in 1966, however, the needs are still there and we should keep focused.

John addressed the matter of goals identified in the last paragraph of the section of the report concerning the developmental approach. For example, the developmental approach emphasizes health rather than sickness -- what would this mean in terms of social work practice. John suggested that we should develop objectives from these goals.

Lynn replied that the goals and objectives committee felt it was ridiculous for us to outline objectives for each area, since there would be differences in the application of the developmental philosophy.

John suggested that the compilation of a booklet may be considered a program to meet an objective. The latter would stem from a goal which might be "to educate people regarding health care."

Lynn, interpreting John, said that the dimensions of the developmental approach can be considered as goals, and those items labelled as short and long term goals in the report would become objectives.

Bev, in relation to the committee pulling together a tight statement, said that the material has to be decided upon and presented to the social work management. A statement was needed for the people outside

Minutes of Goals & Objectives Committee
Meeting of November 4, 1975

the department, hence it has a dual purpose. Bev thought that perhaps Walter Lampe should come to speak to staff regarding the developmental approach.

The Goals and Objectives Committee membership was discussed. Its members are: Lynn, Joyce, Susan, Giselle, Frances, Colleen and Percy. The committee will put together a more explicit summary of the developmental approach and goals and objectives related to this. Then staff will be provided with the summary for further consideration.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting November 24, 1975
12:00 noon

Present: Lynn McDonald, Joyce Sandison, Giselle Saurette,
Percy Mirochnick

Absent: Colleen Brown, Fran Winkworth, Susan Hogman

Minutes of the committee meeting of October 14th and of the presentation to staff on November 4th were provided by Percy.

Joyce asked for advice as to the purpose of the meeting. Lynn responded that we were to elect a new chairperson, summarize the presentation and establish new goals.

Joyce asked whether we had defined the terms "goal and objective", suggesting that we should look closely at this. Lynn said that we had defined these terms in previous meetings. Percy commented that he had provided the committee with some material from his thesis that dealt with concepts including these terms. Giselle provided Joyce with her copy of this material for her perusal.

Joyce commented that Lynn's verbal summary of the presentation was very good and could this be reproduced. Lynn suggested that the long and short term stuff on the last page aren't really goals: she recalled John's remarks from the meeting as still applying to how our goals and objectives could be distilled from the report.

Lynn will have her notes typed and these should suffice as a summary for staff.

Discussion then turned to the summary of the developmental approach provided in the report. Joyce commented that one of our tasks was to clarify this philosophy and establish goals.

Giselle added that we should also consider goals in the different areas.

Minutes of Goals & Objectives Committee
Meeting of November 24, 1975

Joyce commented that we are involved in many things that are implied by the developmental approach, but not in a formal or organized way. Percy added that in his view the developmental approach as stated doesn't permit us to identify social work practice consistent with this approach; in other words, focusing on health and systems is too general. The principal components of this approach seem to require more explicit statement.

Joyce suggested that we should isolate behaviors consistent with this approach along lines of the Hallowitz article (July 1972 issue of Social Work) and Segal article (September 1974 issue of Social Worker). Then we could identify how the developmental approach applies to each area.

Joyce commented that our most important behavior is as a change agent -- in the community and in the hospital setting. She felt that the developmental approach relates to patient and staff. We could expect staff to be differentially equipped re interventive skills implied by this approach. Hence professional development re this approach is important.

Lynn commented that it was impossible for this committee to elaborate specific goals for different programs. However, the material in the report relative to the developmental approach involving "a change in emphasis from sickness to health", etc. can constitute goals both for individual staff as well as the department. Lynn added that we have orientational goals, functional goals, organizational goals, educational goals, etc.

Discussion then centered on what is our focus -- Joyce argued that we use the developmental approach in responding to the health care needs of the patient and his family. However, Lynn said that our concern goes beyond the patient and his family. She defended this comment by saying it was an academic point whether social work in health settings sees patients and families as the springboard for social work activity.

Percy suggested that we seem to be mixing who we service and how we service. He agreed with Joyce that patients and families are the raison d'être for our existence, however, in our interventions we become concerned with hospital, community, etc.

Minutes of Goals & Objectives Committee
Meeting of November 24, 1975

Lynn, in relation to our sorting out who are our clients, felt that this committee should state something re social work involvement with hospital staff. Whose responsibility is this and how does it fit with our priorities? Committee members agreed that we have to rank our priorities. Lynn added that even if patients and families are our primary concern, can we ignore these other needs?

The issue of chairperson wasn't completely resolved, however, members present felt that this role may not be important as long as tasks are distributed and members follow through with their responsibilities.

For the next meeting:

1. Joyce will isolate broad goals from the developmental philosophy. The two articles will likely be helpful,
2. Lynn will have her summary typed.

Meeting adjourned at 1:15 p.m. NEXT MEETING at 12 noon on December 5th.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting December 5, 1975
12:00 noon

Present: Joyce Sandison, Colleen Brown, Fran Winkworth,
Percy Mirochnick

Absent: Lynn McDonald, Giselle Saurette, Susan Hogman

Minutes of the November 24th meeting were reviewed by Percy for Fran and Colleen's benefit given their not being present at same.

Discussion centered on how this committee conceptualized its task. Joyce expressed the view that this committee cannot specify goals and objectives unless we know who the client is and what the needs are. The developmental material contained in this committee's initial report to staff does not specify "the who" as part of our social work philosophy. Once this is established we can then develop programs to meet these needs and service gaps.

Percy suggested that on the basis of the programs now being run, we've made assumptions about what the needs are and how we are going to meet those needs.

Colleen asked whether it was this committee's responsibility to specify objectives for the different program areas. Joyce replied that a common need is to help the patient and his family adjust to illness. To a large degree we are aware of the needs because of the length of time we've been involved in the hospital. We also are aware of how we've attempted to meet these needs given the manpower available to us. Hence, according to Joyce we can specify objectives for each of the three areas, acknowledging the common goals. We can also acknowledge the differences in the approaches used by the three areas to meet the needs.

Percy suggested that whether or not we specify program objectives seems to be related to --

a) our approach to planning -- whether we view our planning task as complete with the specification of goals and objectives or requiring consideration of the means (programs) by which to implement or attain our goals and objectives.

Minutes of Goals & Objectives Committee
Meeting of December 5, 1975

b) how we view the relationship of goal and objective -- whereas the literature is inconsistent on this point, there is precedent for viewing the goals as applicable to the total agency and objectives as embodied in programs to achieve these goals,

c) whether we see our task as translating or making explicit the needs as they are now understood, and our present modes of intervention to meet these, or alternatively as re-assessing the needs and adjusting our way of responding to them. Given that we are now running programs, we should be able to link their present objectives to the presumed needs. If we go for a re-assessment of needs then this committee may need additional input from other program staff to specify a modified set of program objectives.

Colleen reiterated that the developmental approach does characterize much of social work practice in the department already and Joyce agreed, adding that the terminology "developmental" is different.

There was general acknowledgment by committee members that we lacked preparation for this meeting. Joyce had attempted to tackle the task of specifying broad goals from the developmental philosophy but there seemed to be a more basic issue of what is the department's goal(s) generally, aside from implementing the developmental approach. The latter seems to constitute how we respond to needs. Our general goal has to do with assisting patients and families with the socio-emotional aspects of illness.

Meeting adjourned on two notes:

1. acknowledgment that because this committee doesn't have a chairperson, some members were not informed or reminded of this meeting eg. Susan Hogman would have come if she knew about it,

2. the Hallowitz, Segal and Black articles will be circulated so members could do a little more research and firming up of their ideas re elaborating goals and objectives and the developmental approach. Percy will provide additional material from Morris and Zweig on social planning, from Trecker on agency statements of purpose and from Kahn on the developmental approach.

NEXT MEETING on December 19th at 12 noon.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting December 19, 1975
12:00 noon

Present: Joyce Sandison, Lynn McDonald, Fran Winkworth,
Susan Hogman, Colleen Brown, Percy Mirochnick

Absent: Giselle Saurette

Susan introduced a memorandum from Sister Caron that had been received by Bev Brown this date and which requested a written submission of the department's objectives and functions by January 9th, 1976. This request was stimulated by an audit report of the Emergency Department. Susan commented that this report saw social workers in emergency functioning as patient counsellors and doing community liaison and discharge planning.

Lynn and Joyce asked whether the review that was being requested was to apply to the emergency department or to the department as a whole.

Susan advised that Bev Brown thought that since the hospital administration decided it wants to know what we do, we should tell them.

Fran asked whether the emergency department had written its goals and objectives. Susan replied that it hadn't. She had written up stuff that she wanted to do and then advised people in Emergency.

Joyce referring to the Manual of Social Services in Manitoba (1975/76) noted that the Emergency Department was described as providing crisis services and psycho-social counselling.

The discussion then focused on whether the report would have to be for the entire department or just emergency, and whether the hospital administration couldn't wait until this committee was done with its whole report.

Lynn scrutinized the wording of the memoranda from Sister Caron and Bev Brown to try to clarify the request.

Joyce commented that the department had just provided the hospital administration with a report on who does what, in fact it was still being prepared.

Minutes of Goals & Objectives Committee
Meeting of December 19, 1975

Percy asked whether the hospital administration could be asked to refine its expectations. Joyce replied that we would never get this answer. Percy commented that it's interesting to note the level of understanding of social work functions on the part of the hospital administration.

Fran, in relation to the requested review, said that the objectives might be a little harder to specify, but functions should be specifiable since we know what people are doing.

Lynn read the minutes of our December 5th meeting. Discussion then centered on who had read the Hallowitz, Segal and Black articles. Fran still had two articles to read and Susan hadn't received any. Susan commented that she forgets she is on the committee and so do other people.

Colleen commented that the Segal and Hallowitz articles were very good. Lynn and Joyce agreed, adding that there was lots of stuff in Hallowitz that we can use. Joyce had been thinking about making an outline but hadn't gotten down to it. Everyone agreed that more copies should be made.

Percy asked whether there was anything in the Black article. Colleen said that its message was that social workers should get involved in planning since we have some knowledge of the needs of the poor and needs generally. Besides, no one discipline can do the planning. Joyce added that the Black article described the evolution of social work practice from the geographic approach to the whole person approach to the co-ordinated community approach. Colleen suggested that maybe we should run off the article and give it to Sister Hickey.

Lynn alluded to her summary of the Goals and Objectives Report, suggesting that it could be done better. Joyce said that we still have to define the developmental approach more clearly. Colleen added that the Segal article didn't do this very well. Joyce replied that we can use his stuff regarding the differential use of staff as part of the developmental approach.

Lynn commented that the Hallowitz article has material on functional goals, for example, and it would just be a matter of putting everything together.

Minutes of Goals & Objectives Committee
Meeting of December 19, 1975

Joyce reviewed a summary of a statement of purpose of a social service department from Trecker (Social Work Administration), adding that it seemed pertinent. There seemed to be agreement as to its general applicability despite its mental health overtones. Lynn noted that the description of the administrator's role was pretty fundamental stuff.

Joyce said that it was a bad time of year to sit down and work on this and asked whether we could do anything today. Lynn replied that we should do our work outside these meetings.

Lynn suggested that we start with the Hallowitz article and pull goals out of there, but what about the different program areas. Joyce replied that we need common goals then we could ask the areas to submit statements. Lynn added that our goals are the same, it's our objectives and programs that are different.

Joyce suggested that we would have to assess needs of patient groups and communities. She noted that the Segal article begins with an assessment of needs of potential patient groups and communities. Colleen added that we should know these. Joyce asked whether we should include this as a goal. Lynn replied that we should specify ongoing assessment of needs. Percy commented that we should spell out needs as we know them now and around which we have built programs.

Joyce attempted to cite some of the ways in which social work staff intervene in response to needs that we recognize, outlining our goals. Susan asked whether we are getting goals and needs mixed up? How would we list needs? Lynn commented that if needs were listed, for example, for ECU and Emergency, they would be different.

Discussion focused on what we understand as "needs". Percy suggested that perhaps we should substitute the term "concerns" for "needs". Fran cited an example that one concern regarding the hospital environment is that it is too impersonal. There was general agreement that "concern" is a more appropriate term.

Minutes of Goals & Objectives Committee
Meeting of December 19, 1975

Percy suggested that we spell out concerns regarding the patient and his family; the hospital system and the community. He was asked whether we should spell out gaps. Percy replied that we should indicate our assumptions about the hospital system and the community -- what is and isn't provided in respect to patient care and after-care.

Joyce proceeded to summarize the Hallowitz article relative to the three-pronged approach (patient, hospital and community).

a) Patient and family

- social work intervenes to relieve fear and anxiety associated with illness, medical procedures, disability and other future problems,
- helping them to come to terms with disabling conditions,
- helping them to readjust to shifting roles and responsibilities,
- helping them to maintain a sense of adequacy and integrity during and after hospitalization,
- patient and family should be engaged in the helping process,
- treatment modalities may include casework, groupwork, family therapy and crisis intervention.

b) Hospital System

- social workers should be involved in assessing, planning and organizing the patient care system, making it more responsive to human needs,
- alerting the physician to cogent emotional and social factors accompanying illness and which might influence medical treatment or discharge,

Minutes of Goals & Objectives Committee
Meeting of December 19, 1975

- social workers have a responsibility for educating social work trainees and students,
- social workers have a responsibility to sensitize other health team members to concepts and principles of social work,
- contribute to the development of new knowledge and skills through study and research,
- humanizing established hospital procedures and policies,
- assess the functioning of the service delivery system -- its strengths and weaknesses, decision-making processes and possible means of intervention.
- diagnose staff tensions, assess the efficacy of routines and procedures, identify role discrepancies and confusions and involve hospital staff in improving the quality of care on specific services,
- mediate and bridge communication gaps between health team members,
- sensitize medical staff to patient feelings,
- promote system change in relation to patient care, policies and standards, practices and services.

c) Community

- social workers should gather data on health related community issues and share these findings with community groups,
- social workers, in concert with civic and community groups, should press for remedial legislation, improvement of current programs and adoption of new ones.

Lynn commented that it would be great if we can make our goals and functions clear so that the hospital administration would understand what we are doing.

Minutes of Goals & Objectives Committee
Meeting of December 19, 1975

Fran emphasized that an important point is the involvement of the patient and family in planning their care.

Joyce commented that we should specify the team approach as one of our goals. Lynn added that this should include the liaison between hospital teams.

Lynn also stressed the importance of continuity of care within the social work department -- our programs should tie in together.

Joyce commented that it was important to note our function regarding liaison with community resources on behalf of patients and their families.

Lynn alluded to our education goals, noting that they would encompass patients, families, hospital staff, doctors and students.

Joyce, referring to the notion of social work's involvement in assessing, planning and organizing the patient care system noted that our role should include implementing and evaluating the patient care system. Further, the identification of needs (or concerns) would go hand in hand with the assessment aspects.

Again referring to the hospital or patient care system, Joyce suggested that the education of hospital/medical staff should include the socio-emotional needs of patients, social work philosophy and activities, plus what constitutes good health care service delivery.

Susan asked whether we were throwing ideas together in the hope that they will come together at the end.

Lynn volunteered to meet with Bev Brown in order to clarify what she wants from this committee in relation to Sister Caron's request.

NEXT MEETING is January 5th, 1976 at 1:00 p.m.
Meeting will likely be for the whole afternoon.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting January 5th 1976
1:00 p.m.

Present: Lynn McDonald, Colleen Brown, Joyce Sandison,
Susan Hogman, Fran Winkworth, Percy Mirochnick

Absent: Giselle Saurette

Joyce commented that what we have been saying in relation to goals and objectives have pretty well been said in the draft proposal of this committee. The department's philosophy and goals and objectives up to this point in time are covered in the report. Joyce said that she has been trying to determine whether we are saying anything new or using different terminology. She quoted briefly from the theoretical frame of reference of the initial submission.

Colleen commented that we are using different terminology in calling our approach developmental.

Joyce added that we can design lovely programs but we don't have the staff to carry these out. Our client can be the patient, the family, the patient care system or the community but we don't have enough staff. Services should be available as a basic right to individuals based on universal need. Our emphasis should be in the hospital based on patient needs in the hospital and we should relate to gaps and services in the community.

Percy commented that we should prioritize whose needs we are going to service even within the three broad areas of patient and family, patient care system and community care systems.

Percy asked Lynn what had transpired with the memo from Sister Caron. Lynn replied that it was only the Emergency Department's social work goals that were needed. John had written up the submission. Lynn and Joyce as management members and as representatives of this committee had met with John but didn't have much input.

Lynn perused a draft of John's report and noted that he had lumped functions and objectives together.

Minutes of Goals & Objectives Committee
Meeting of January 5, 1976

Lynn addressing committee members, asked whether we can establish a framework for our final report and get on with it. She noted that we have already done the history and the direction of health care in the province. Now we need to establish goals and objectives for the department.

Joyce added that we also have to establish priorities and we should look at the manpower situation. Joyce also suggested that much of what we are talking about is already in the initial report.

Lynn agreed that our priorities would in part be determined by our manpower.

Joyce asked whether we are going to refine our philosophy, that is, the developmental approach.

Lynn said that our philosophy is airy-fairy. She also asked whether we should define "goal and objective". Percy replied that since they are used in different ways perhaps we should.

Lynn summarized that the committee has to elaborate the developmental approach and define "goal and objective". Lynn added that she will:

1. summarize her other summary,
2. meet with Walter Lampe next week at which time she will bring up the assessment format question and the matter of the education of staff in the developmental approach,
3. elaborate the developmental approach.

Joyce referred to Morris and Zweig's "Social Planning Design Guide" which seemed to provide steps to reach goals. She asked whether his five classes of design tools were relevant.

Colleen asked whether this applied after goals were set out. Joyce replied "no".

Minutes of Goals & Objectives Committee
Meeting of January 5, 1976

Joyce referred to Morris and Zweig's material regarding "statement of the problem" and suggested that it focuses the reason for being a department of social work. Joyce said that we have specific objectives when we are working with patients and families, the hospital system and the community. Joyce added that Morris and Zweig doesn't seem to be a bad framework for us.

Lynn commented that by using this model we are getting at our goals aren't we? The strategies of intervention would become our goals.

The committee then began to plug in the St. Boniface situation into the framework --

Statement of Problem: (3 pronged approach)

1. hospitalization and illness often present a crisis for the patient and his family,
2. hospitalization and illness can exacerbate previous problem situations,
3. hospitalization and the hospital care system is a dehumanizing experience,
4. regarding the community there is lack of coordination between services and gaps in services. Social workers should be making known the patients' health needs and ability to function prior to and upon his return to the community. The community lacks awareness as to his pre and post hospitalization needs.

Regarding the hospital care system being dehumanizing, Lynn asked how we can sum this up so it is not too threatening to the hospital. She noted, however, that it's more important that we identify the problems.

Lynn commented that services should be provided in accordance with the developmental life cycle and this relates to prevention: for example, post-marital counselling and pre-marital counselling.

Minutes of Goals & Objectives Committee
Meeting of January 5, 1976

Lynn in respect to the question "under what conditions" said that we must be involved in the medical care program of the hospital. However, criteria of eligibility should be established. We do not service a particular catchment area.

Joyce commented that all our activity stems from our involvement with the patient and family.

Lynn voiced her objection to the terminology "statement of problem". A discussion ensued and committee members agreed to term this "statement of purpose".

Regarding who is eligible, committee members agreed that this would be any individual who comes to St. Boniface for health care services. The "what" would be the health care problems.

Joyce asked whether as part of the "statement of purpose" we need a statement of goals as per Morris and Zweig's model. She decided that we do and that this would be the developmental approach as per our outline in the initial report. The manner in which social work gets involved or the action we want to take is the developmental approach.

Percy noted that this constitutes our response to the "problem".

Joyce added that we start with the patient and family and expand to the community.

The committee requested Susan to contact Dennis Protti from Computer Services in order to obtain information regarding patients flowing through the system. People are seen in Emergency and ACF and they get admitted in Acute Care and ECU. Figures should be obtained regarding persons seen or admitted in each of these areas.

Joyce commented that it was not a good day to meet today because everyone was just back from the holidays.

The committee reiterated the principles of the developmental approach since these would constitute our general goals at the level of the "statement of purpose".

Minutes of Goals & Objectives Committee
Meeting of January 5, 1976

- a) focuses on growth, helping the person to utilize his resources to the fullest potential,
- b) focuses on the total person in his total environment,
- c) orientation emphasizes health rather than sickness,
- d) orientation emphasizes systems and the interrelated of systems rather than individuals,
- e) orientation encourages other methods of intervention rather than casework.

The committee then considered theories of causation as per the second class of design tools in Morris and Zweig's model:

Theories of Causation

Joyce commented that in order to explain the etiology and dynamics of the problem we would have to look at the Hallowitz summary (as per the previous meeting's minutes).

Etiology and Dynamics of problem:

a) hospitalization and illness represent a crisis for the following reasons: physical discomfort, lack of familiar emotional supports, enforced dependency or isolation; and the fear and anxiety associated with illness or disability which tend to threaten or weaken existing adaptive mechanisms and defences.

b) existing problems are likely to be exacerbated by the crisis of illness and hospitalization. Lynn commented that this would be linked to disequilibrium theory, lack of energy theory and theories regarding the dysfunctioning of adaptive mechanisms.

Minutes of Goals & Objectives Committee
Meeting of January 5, 1976

c) what causes dehumanization of the hospital system? Hospitals are depersonalized, bureaucratized and functions are highly differentiated and specialized. The hospital is designed for technological efficiency as opposed to humanistically designed and delivered services.

d) lack of awareness on the part of the community is related to lack of coordination of services and lack of knowledge re illness and the developmental life cycle. The community lacks recognition of the total needs of the patient. The emphasis is on sickness instead of on health. The medical profession is held in high esteem. There is lack of credibility of allied health professionals in performing an educative role with community resources.

The committee then considered modes of intervention, the third class of design tools in Morris and Zweig's model.

Modes of intervention

a) with client system

The committee promptly adjourned the meeting because of the pending threat of a snowstorm. Future action:

1. Joyce volunteered to write up what we've done today. This will be supplemented by the minutes prepared by Percy.

2. Susan will try to acquire information about target population and will advise Dennis Protti that we want to describe the population we are serving. Joyce will talk to Susan further about the information that is needed.

3. Lynn will start jotting down resources such as financial, transportation, placement resources and family support resources. Percy commented that we shouldn't be redoing the Manual of Social Services. Our resource inventory should be focusing on gaps in services as these relate to why we exist.

NEXT MEETING Friday, January 9, at 1:00 p.m.
for the whole afternoon.

MINUTES OF GOALS AND OBJECTIVES COMMITTEE

Meeting January 9, 1976
1:00 p.m.

Present: Lynn McDonald, Joyce Sandison, Colleen Brown,
Percy Mirochnick

Absent: Susan Hogman, Fran Winkworth, Giselle Saurette

Joyce suggested that we change the wording of that aspect of statement of purpose re "hospitalization" and illness exacerbating previous problem situations." She suggested that "pre-existing problems and/or social situations which have either contributed to or resulted from the patients illness may have a detrimental effect on the patient's ability to cope with illness and may come to the attention of helping persons when the patient is hospitalized." Joyce asked whether this should be part of the statement of problem or be linked to theories of causation.

The committee decided to incorporate this under theories of causation relative to hospitalization and illness representing a crisis. This eliminates point (b) as per previous minutes re theories of causation as well as point (a) in statement of the problem.

Lynn noted re minutes on last page, point (d) re lack of awareness: lack of coordination of services should end a sentence.

Percy and Joyce seemed to think that the point re what causes lack of awareness on part of the community needs more work. Lynn commented that it made sense to her as presently stated.

Joyce re the community resources, suggested that there should be coordination as far as both direct services including rehabilitation and education were concerned.

Lynn suggested that (1) the community lacks knowledge in terms of illness and the developmental life cycle, (2) there is lack of coordination of the education function in the health field and (3) there is lack of coordination and duplication in direct services. It was these factors that make up the lack of awareness on the part of the community.

Lynn referred to the minutes of January 5th meeting, noting that the community's lacking recognition of the total needs of the patient is caused by:
a) emphasis on sickness, b) medical profession is the be-all and end-all, c) lack of credibility of allied health professionals. Lynn suggested that the social worker should be especially stipulated here.

Joyce quoted briefly from the Hallowitz article which makes the point that social workers perpetuate their handmaiden position partly because we carry on with meeting concrete needs. Joyce commented that we have had to demonstrate to doctors that we are professionals and can provide treatment over and above concrete services.

Lynn asked Percy to elaborate on his objection to the theories of causation offered re community lack of awareness. She asked Percy how he would explain the duplication and fragmentation. He replied that these were related to the historical development of health and social services in Manitoba (and elsewhere).

Colleen commented that there is a lack of communication between agencies and that no one knows what anyone else is doing.

Joyce said that out of this state of affairs one of the roles of social workers is to define gaps in service and to work with interested groups in the community to obtain approval from government to set up programs.

Lynn commented that this would come under modes of intervention in the Morris and Zweig model.

Colleen asked whether one of our broad goals would be to work towards a coordinating agency or to help agencies coordinate their services.

The committee then considered modes of intervention, the third class of design tools in Morris and Zweig's model.

Minutes of Goals & Objectives Committee
Meeting of January 9, 1976

Modes of Intervention

Joyce suggested that these should be related to patients, hospitals and community. She asked whether we do not also want to talk about techniques, i.e. the use of different modalities. We would have to spell these out, for example, how we would help a patient and his family come to terms with a disability. The latter would be our goal but we have to spell out the "how".

Lynn asked what are modes of intervention as used by Morris and Zweig. Joyce replied that this would be what we do to achieve these consequences such as helping a patient come to terms with a disabling condition.

Colleen asked whether we should spell out direct and indirect services. Percy commented that after the Pascoe fiasco do we still want to maintain this distinction.

Joyce suggested that we review what we have done in the past and whether this was found to be adequate. For example, casework was found to be inadequate. Then we intervened in the patient care system where a ward would become our client. We've also intervened in the administrative system and this became our client as well. We intervene at many levels to achieve these consequences for our client.

Lynn suggested that Bisno's nine point system might be helpful here.

Joyce said that we need to go into more detail about the patient and the conditions that accommodate or block his ability to improve.

Lynn suggested that we state outcomes, then conditions for each of these three areas, then methods or modes of intervention.

Joyce asked what is our course of action? Early social work intervention? For example, is it referrals to the social work department prior to hospitalization or prior to diagnosis. Joyce added that one of the expected consequences may be prevention of hospitalization, that is, the patient can be treated in

Minutes of Goals & Objectives Committee
Meeting of January 9, 1976

the community. Joyce asked whether we want to specify intervention with the client system in the different areas since the way it occurs may be quite different and the consequences may be quite different. The goals of intervention would be different for each area. How then is social work going to intervene with the patient and his family? Early social work intervention can prevent things re the patient and his family; such things as noted in the previous minutes re why hospitalization and illness represents a crisis.

Lynn asked whether we can make an encompassing statement re modes of intervention. For example, we use all kinds of interventions depending on what presents itself.

Joyce added that we should be looking at modes of intervention in ACF, acute, clinics, ECU.

Lynn again on a general note suggested that the department uses a wide variety of interventions depending on the situation. Then we can look at the three broad areas of patient, hospital and community. Lynn added that we'll use Bisno's nine methods depending on the situation. Lynn suggested that we can choose between Hallowitz's description of the social worker as including caseworker, group organizer, administrator, educator, coordinator, systems analyst, program developer or change agent or alternatively, use Bisno.

Joyce added that Segal's article also covers this range of methodologies. Lynn said that we will decide then on Bisno or Segal, but we should come up with a statement of early intervention.

Joyce asked what is early intervention? Is it intervention prior to hospitalization or intervention just after admission?

Colleen commented that early intervention could be the whole day hospital program. Lynn added that it could be follow-up as soon as the patient returns to the community. Hence it relates to the timing of the intervention and it is consistent with the developmental approach.

Minutes of Goals & Objectives
Meeting of January 9, 1976

Lynn asked how we are going to incorporate all this.

Joyce suggested that one of our goals may be to intervene earlier than we do now. She added that we can get into the "early business" when we discuss values. Lynn said "yes," early intervention is the preferred way, the way we'd like to operate. Early can be at the planning level, education level.

Joyce asked whether the modes of intervention fit for the hospital system. She thought that the social planner and social systems intervener would fit. Lynn added "so would education."

Lynn suggested that we state the desired consequences as per Hallowitz's 3 pronged approach plus the modes of intervention as to how we achieve them.

Colleen volunteered to go through Bisno and Segal's articles to see if specific modes of intervention relate to this approach.

Lynn commented that this would cover modes of intervention unless we want to get more specific.

Lynn commented that our working group is smaller and we are getting more done. Joyce added that when she looks at some of the background material she can see what we have gone through.

Joyce commented that we haven't looked at modes of intervention for the community. She said that Susan had gotten material from Protti.

Lynn suggested that we have to isolate what each area should be doing but that the social work management should do this.

Joyce commented that she has a different slant on the community. She quoted from Helmut's submission on ACF of January 15, 1973, noting the lack of resources on this side of the river.

Minutes of Goals & Objectives Committee
Meeting of January 9, 1976

Joyce said that Protti had referred Susan to Bev since Bev received monthly stats. The committee then considered what information was required regarding the Target Population:

- a) age distribution: 0-15, 16-20 (adolescence), 21-40 (young adults), 41-64 (middle age), 65 + (elderly),
- b) geographic location,
- c) diagnosis,
- d) marital status,
- e) sex.

The above information would be wanted for each area.

Lynn thought the above was a good overview. Joyce commented that she thought some of this was in Pascoe's study. She said that we don't have the financial situation of patients yet we are involved with persons on marginal incomes or assistance. Lynn thought this would be difficult to get. Joyce added that our goals and objectives are not related to the financial status of the patient. Lynn said however that economic supports were important so let's ask for

- f) financial status.

Joyce asked how about previous admissions. Lynn thought that this would be interesting for surgical patients, cancer patients, ECU and newborns. So let's ask for

- g) re-admissions

The committee then considered resources as another aspect of information about the target population. This would encompass inside resources, outside resources, plus those of the social work department. Percy provided a brief summary of resource types: technical, manpower and financial and suggested that we address our assumptions about resources in the community, the hospital and the department. These are all care giving systems.

Minutes of Goals & Objectives Committee
Meeting of January 9, 1976

Lynn and Joyce thought that we should look at resources that complement what we do in the hospital and community in relation to the three problems we have noted.

Joyce commented that if we discover duplication between some service of ours and one in the community we should be prepared to give up this activity given the shortage of staff and our priorities. Joyce added that we should look at departmental resources in Emergency, ACF, Acute and ECU.

The committee then began to inventory resources:

Emergency -- 1 coordinator and 2 social workers. Services are basically crisis intervention, family therapy, dealing with suicides, child abuse, facilitating liaisons with the community for counselling, practical help and selected follow-up. Also referrals to agencies.

Joyce commented that we will have to obtain John's submission.

ACF -- 1 coordinator, no social workers. Limited services are provided to ACF clinics. Lynn commented that there is no service at all in ACF and that maybe we should look at this as a priority. Joyce said that workers from Emergency are not that busy at the majority of time and can cover ACF clinics.

Lynn suggested that we should be using our own statistics re our knowledge of the target population. Joyce said that knowing how many patients we see versus number admitted to the hospital would be interesting.

Acute -- 1 coordinator, 5 social workers, 1 social work assistant,

ECU -- 1 coordinator, 5.5 social workers, 2 social work assistants and 1 activity worker,

Administration -- 1 director (full time) and 1 assistant director.

Minutes of Goals & Objectives Committee
Meeting of January 9, 1976

Joyce and Lynn added that the social work students are a resource to the department. Lynn pointed out that the field instructor is also a resource as are the department's three secretaries.

Lynn asked how we can sort out resources. Percy suggested that perhaps we can look at Kahn since he has a section on a resource inventory. Joyce added that Segal had a resource inventory of sorts. Percy re Segal commented that he seems to be rather loose in assigning tasks to different professional levels.

Joyce commented that we have analysis of resources, knowledge of social standards and value considerations to do. Lynn said that "people will not have a statement with ten goals will they?" Lynn added that we have to take a focus on resources and should do it in relation to patient and family, hospital and community.

Meeting adjourned at 4:50 p.m.

NEXT MEETING is Friday, January 16th at 1:30 p.m.