

Chapter 11

Coping with Change

Previous chapters have sought to familiarize readers with how human service organizations operate, why they are the way they are, and how external and internal events and circumstances result in the need for ongoing and continuous adaptation and change. Many challenges are posed by the organizational context of practice. Some may be beyond the control of management, the board, and staff, such as when the federal government institutes far-reaching budget cuts in the health and human services. However, many of the external and internal forces that influence the organizational context of work can be mediated.

In this chapter, the potential contributions of the staff of human service organizations to facilitate organizational adaptation and change are explored. Several practice principles that may be adapted by social workers to promote and facilitate organizational change, including the strengths perspective, advocacy, and empowerment, are highlighted. A contract is not renewed, the boss quits, the caseloads increase, or a foundation requests a fiscal review of a grant-funded program. What do you do?

The Strengths Perspective

The strengths perspective, as applied to practice, is an about-face from the historical focus of the helping professions on pathology, problems, deficits, disorders, and illness and, concomitantly, diagnoses, labels, and medication. The strengths perspective looks to the power of people to overcome and surmount adversity (Rapp, 1998; Saleebey, 1999). This concept can be applied to addressing the challenges that arise for practitioners within their organizational setting of practice.

The vocabulary associated with the strengths perspective includes competence, membership, empowerment, vision, assets, growth, potential, and responsibility (Compton & Galaway, 1999; Rapp, 1998; Saleebey, 1999). These are positive words that help create a mind-set in which improvement in how we function within organizations and how organizations function to help people is possible. Compton and Galaway (1999) provide a concise explanation of the principles underlying the strengths perspective. These principles can be adapted and applied to organizations in the following ways:

- ◆ Every organization has strengths, assets, and resources. Every social worker employed in the organization, similarly, has strengths, assets, and resources to contribute to the well-being of the organization and, thus, to the ability to provide effective services with positive client outcomes.

- ◆ Like individuals, organizations can be assessed, diagnosed, and “treated.”
- ◆ Organizations may be dysfunctional in some or even many respects. However, rather than giving up on the organization, board members (as applicable), managers, and practitioners can work together to devise strategies to improve organizational functioning.
- ◆ Organizations, like people, desire to remain in existence—to be preserved. There are many stakeholders who feel this way about the organization—the community, clients, employees, and board members.
- ◆ The ability of the organization to adapt and change in positive directions is unknown and cannot be determined until change strategies are devised and implemented.
- ◆ Viewing the organization as “terminal” (so problematic that nothing can help it) will ensure that this is the case.
- ◆ No matter what the identified problems are within the organization, there are also actual or potential assets and resources.
- ◆ The strengths, resources, and capacities of organizations (and the people who work within them) can be summoned to better meet the needs of the people served and to accomplish the organization’s mission.
- ◆ Problems can be turned into possibilities. (Pp. 16–17)

Several theories and perspectives from the organizational literature are similar to the strengths perspective and offer powerful insight into working in organizations. As Raelin (2006) observed,

There is a growing fascination in this new century with collaborative models of decision making and especially with collaborative leadership. The reason seems to be an appreciation for the need to unblock the capacity for all people to contribute. Rather than rely on a coterie of subordinates to await their marching orders from detached bosses, organizations need to empower anyone who is capable and who has the willingness to assume leadership. (P. 152)

Empowerment

The strengths perspective is closely associated with the concept of empowerment. Power is defined by Barker (1999) as the possession of resources that enable an individual to do something independently or to exercise influence and control over others. Empowerment refers to seizing, gaining, or granting power to an individual or individuals who heretofore have not been in a power position. When one is empowered, one is able to choose among alternatives, influence decision making, and exercise control over events (Clifton & Dahms, 1993). Empowerment has also been described as the collective effect of leadership, manifest, in part, when people feel significant and that what they are doing is important (Bennis, 1989).

Some commentators cite powerlessness as the cause of many of the psychosocial problems experienced by people today. Etzioni (1991), for example,

voiced concern about the large segments of citizens in contemporary industrial societies who “feel powerless and excluded, and are uninformed about the societal and political processes which govern their lives” (p. 177). Empowerment is the process of overcoming the condition of powerlessness.

Various social movements have embraced the concept of empowerment. The War on Poverty is an important example of societal intervention to overcome alienation through empowerment using such means as maximum participation of groups in the sociopolitical processes and decision making affecting them. The feminist movement has embraced the concept of empowerment, as have AIDS activists (Haney, 1988). These activists have made sure that empowering clients is part of the continuing dialogue (Icard & Schilling, 1992; Wachter, 1992). Power is seen as an enabling force that is non-coercive and oriented to liberating the strength of victimized or disenfranchised groups (DiNitto & McNeece, 1997; Strawn, 1994). Within professional social work practice, empowerment has also been emphasized as an essential tool to enable clients to focus on strengths rather than deficits (Lee, 2001; Mondros & Wilson, 1994; Simon, 1994). Research on the provision of health services to the elderly found that patients who feel a sense of control over their own care and treatment experience better physical health (Levine & Greenlick, 1991). Family empowerment has been identified as a strategy, along with the development of social support networks, to reduce the level and extent of chronic neglect of children (DiLeonardi, 1993; Hegar & Hunzeker, 1988).

The strengths perspective provides the framework in which empowerment may be realized. The same principles that social workers use to facilitate empowerment among individuals, groups, and communities can be applied and used by social workers practicing in an organizational setting. When employees focus on their capacities to suggest and implement strategies to address problems within the organization and are clear about the goals they wish to achieve, change becomes possible. This change may be oriented to policies and procedures affecting workers, clients, or both. Change may also be oriented toward the climate and conditions of work within their organization.

Hollinger-Smith and Ortigara (2004) observed that research on staff empowerment in nursing has found the following factors important to the development of empowerment: commitment to and trust in the organization, autonomy, participation in organizational decision making, job satisfaction, and leadership style. Several of these factors have been explored previously yet warrant further exploration. The expression of the value of professional autonomy within organizations is complex and difficult. Social workers are trained to operate as autonomous workers who use their professional skills, knowledge, values, and practice wisdom to provide services to their clients (Goldstein, 1990). Yet the day-to-day realities of organizational life may challenge autonomy. Supervisors and organizations must find ways to value the perspectives of diverse groups of social workers, each of whom possesses a different set of skills and

preferred methods and theories. By doing so, organizations can help maximize their own resources and capacities.

Empowerment suggests a state of mind, an energy, and a readiness to take action. It involves the assumption of power or authority, whether bequeathed by others or acquired. Empowerment also suggests an enabling orientation (Rees, 1997). Once empowered, people are able to utilize their knowledge and skills to achieve desired ends. Such skills include needs assessment, program planning, advocacy, grant writing, fund-raising, mediating, brokering, and community organizing, all of which can be employed to influence both internal and external conditions. Even though social workers possess these skills, their use to promote the cause of the organization, its mission and goals, and its personnel involves a conceptual reorientation of practice principles. The use of social workers' skills to influence events reinforces power and influence, the end result of empowerment.

Social workers practicing within an organizational setting have choices: they can complain about conditions that adversely affect their work with clients, working conditions, or morale. Alternatively, they can choose to exert some influence over the course of events that influence the work environment. The importance of mind-set toward one's role within the organization is evident in the two scenarios in boxes 11.1 and 11.2.

BOX 11.1
It's Not Our Problem

The CEO called a staff meeting to inform staff that the outcome of a major fund-raising campaign had been disappointing and that revenues from a mail solicitation and fund-raising dinner were far below projections. The CEO informed staff that the board's fund development committee was carefully reviewing what went wrong in order to avoid repeating the same mistakes in the future. However, in the interim, revised budget projections suggested that there would be a cash flow problem in a matter of months. Some type of immediate action was necessary to avoid the possibility of program retrenchment and even staff layoffs. The CEO asked staff for their ideas about how this problem could be addressed.

This news was greeted with silence. The CEO waited expectantly. She prodded: "Put yourself in the place of the board, the clients, me—what would you do? As staff, what role might you play?" The CEO had a clear notion of what she wanted to come out of the meeting—motivation and commitment among staff manifest and a willingness to spend some time searching for new funding sources or writing grant proposals. This didn't happen.

A few staff members finally spoke up. "How could the board and CEO have allowed this to happen?" Staff were busy—they already had too much work. How could they be expected to do more? Fund-raising was the responsibility of the board, not the staff.

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The CEO was frustrated. She reminded those attending the meeting about the unexpected bequest that the agency received two years ago. At that time, staff had been consulted about how the funds might best be put to use. There had been substantial enthusiasm and many suggestions for initiation of new programs and expansion of others. Staff had also volunteered their thoughts on improvements to the building. Now that the tables were turned and staff were expected to help solve a problem, they did not feel that it was their problem.

BOX 11.2 **Brainstorming Strategies**

The CEO called a staff meeting to inform staff that the outcome of a major fund-raising campaign had been disappointing and that revenues from a mail solicitation and fund-raising dinner were far below projections. The CEO informed staff that the board's fund development committee was carefully reviewing what went wrong in order to avoid repeating the same mistakes in the future. However, in the interim, revised budget projections suggested that there would be a cash flow problem in a matter of months. Some type of immediate action was necessary to avoid the possibility of program retrenchment and even staff layoffs. The CEO asked staff for their ideas about how this problem could be addressed.

The initial reaction was one of stunned silence. Then a few questions were asked—exactly what was the size of the expected budget shortfall? How much time was there before the situation would be considered a crisis? What was the board doing?

After the CEO responded—straightforwardly—to these questions, staff began to brainstorm. Lucy, a senior clinical social worker, offered to review all requests for proposals that had been received in the office in the last few weeks to see if there were any to which the agency might respond. Monica, a supervisor, offered to work with the board's resource development committee to explore ways to develop a more diversified and secure funding base. Louise, a program manager, signed up to work with the CEO and, as needed, the budget and finance committee, to look at the organization's programs and identify those that were not producing revenue; the initial thought was that some of these programs might be put on hiatus until they could be properly subsidized. Staff were in general agreement that the purchase of long-awaited computer equipment could be put on hold until the financial situation was more positive.

The heightened energy in the room as ideas were proposed was palatable. The CEO indicated that she would propose that the entire board, many of whom were well connected in the business community, engage in face-to-face fund-raising with their associates to seek contributions. Perhaps a "challenge" program could be set up, with each board member responsible for soliciting contributions of \$25,000. At the conclusion of the meeting, the general sentiment was that the following weeks and months would require the active participation of the board and staff.

As these two scenarios suggest, when faced with an identical situation, different individuals and groups respond in very different ways. Many factors account for these different responses: past history, morale within the organization, level of commitment, education, experience of the staff, and the CEO's leadership ability. In the first scenario, professional staff understood the situation confronting the organization but considered problem solving to be someone else's job. This is often a symptom of low morale and low commitment to the organization. Staff are passive, feeling themselves to be victims of forces over which they have no control. The passivity translates to an unwillingness to assume any responsibility for their own future, their clients, or the organization. Staff, in this instance, acquiesce to and perpetuate their state of powerlessness.

In the second scenario, staff rose to the occasion. The situation was the same, only the responses were significantly different. In both cases, staff were encouraged to seize authority and influence. However, only in the second instance did they accept the use of power. They evidenced an identification with and commitment to the organization and considered themselves to be stakeholders with responsibility for the organization's future. Participation in problem solving was viewed by staff as a given, and they were eager to offer suggestions and work with other stakeholders to help the organization surmount the hurdles confronting it. The organization's problems were not the responsibility of others but the responsibility of everyone. There was concern for the future, not casting blame about how the situation arose.

In reality, efforts to involve staff in problem solving may produce mixed results. Some staff simply have a greater commitment to the organization than others and a broader perception of their role and responsibilities. Under the best of circumstances, employee commitment and loyalty are difficult to achieve and maintain. This is particularly the case when the job market is such that employees can opt to go elsewhere rather than work to improve situations related to their current job. Managers must cultivate employee loyalty (Rhodes, 1989), which involves leading by example, encouraging and facilitating staff participation, acknowledging and rewarding such participation, and maintaining ongoing systems of communication.

Loyalty can be encouraged by a climate in which employees feel valued and empowered. Although management may have the most influence on setting the tone, working style, and climate of the organization, it is not a one-way street. Staff, too, have a responsibility to contribute their knowledge, skills, time, and energy to organizational problem solving. The more positive the organizational climate, the more willing staff are to contribute and to see their work within the organization as part of a team effort. Improving the organizational environment involves an orientation to possibilities, goals, solutions, and strengths.

Directing Power Resources

Staff empowerment is essential for mobilizing to address organizational issues and problems or to initiate planned change that will improve conditions for staff,

clients, and the organization. The foundation for empowerment of staff can come from a collective sense of purpose or from the leadership and influence of a few key players within the organization. When staff constitute a cohesive group and are acculturated to teamwork, the potential for employee initiative is enhanced (Bryon, 1985). Enthusiasm can be contagious, just as low morale can be.

Power resources may be personal, collective, or institutional. Personal power resources include intelligence, self-confidence, courage, and motivation. Collective resources may include cohesiveness, loyalty, and talent. Institutional power may include leadership, access to resources and information, authority, and continuity.

Organizations have deeply entrenched interests and ways of doing business. Resistance to change is to be expected. However, we know from personal and professional experience that suggestions or requests are likely to be received more enthusiastically when they are stated positively, backed by hard facts, and realistic within the context of the specific agency setting. A litany of complaints about what is wrong is less likely to be warmly received than a statement of a problem backed by data and with suggestions about how the problem might be solved.

Compton and Galaway (1999) advise that the change process is difficult for many clients: "But as they decide and act, as they identify multiple strategies for achieving outcomes, they are encouraged to put their assets, resources, and resiliences to work" (p. 22). The organization can be considered analogous to the client. The same process of creating possibilities for change by identifying strategies and bolstering resources applies.

Small-Scale Change

The values and normative behavior that derive from the organization's culture and climate exert pressure on workers to behave in certain conforming ways (Glisson, 2000). Depending on the organizational environment, efforts to institute small changes in incremental stages may be more effective than taking on large-scale initiatives. The incremental approach takes into account and reflects the difficulty of overcoming the comfort of the familiar and the tendency of the organization's members to protect and perpetuate the status quo.

Large-scale change is frequently motivated by change in the external environment or significant internal situations, such as a budget crisis, challenges to the organization's standing in the community, or a purposeful decision to change the organization's mission. Small-scale change, on the other hand, may be motivated by the desire or recognized need to improve the response time to client inquiries, initiate a more efficient intake system, or reorganize task assignments to better reflect practitioners' areas of expertise. Unlike large-scale change, which involves the board and top management in decision making, smaller changes may be instituted under the authority of middle managers.

A focus on short-term change has the added advantage of enhancing the likelihood of timely and concrete results. Short-term goals, such as modifying in-

take procedures so that clients are seen more quickly and are thus more likely to begin and continue in service, can be achieved in a relatively short time frame—say a year. The achievement of this goal may increase the willingness of staff to go on to the next change venue or even to initiate the next change. Instituting these changes tests the agency's ability to be flexible and responsive in the ongoing quest to improve operations and, thereby, services (Perlmutter, 2000).

Employee Input

Sometimes organizations are very receptive to receiving employee suggestions. A prime example is the suggestion box that can be found in many settings, through which employees are encouraged to communicate their ideas about how operations, climate, or other factors affecting the work of the organization can be improved. The suggestion box can provide a place for staff to make anonymous suggestions without risk. Some organizations have computerized suggestion boxes. Although contributors are not anonymous, rewards, such as a bonus, extra day off, or gift, are offered when the suggestion is adopted (Ginsberg, 1998). The rationale is that staff are in the best position to know what processes or systems need to be improved and have a different perspective than managers about how improvements can be made. While suggestion boxes can be beneficial, it is important for agencies to create various mechanisms to get the input of their human service workers. Taking into consideration the opinions of line-level workers makes them feel empowered, which can prevent burnout and other problems. One method that has been found useful is periodic brainstorming sessions that bring together workers from different levels of the organization to explore potential solutions to various problems and concerns. It is important for social workers to take advantage of opportunities to participate in the management and leadership of their programs. Teamwork and collaboration are important methods for distributing power and can be important to the provision of quality services to clients (Drinka & Clark, 2000; Grumbach & Bodenheimer, 2004).

Whether it is a suggestion box or access to management, the common denominator is a system of communication between management and staff that works. Whether formal or informal, the two-way flow of communication is essential.

Collaboration

Collaboration—actualized through teamwork—is a major factor that can affect the success of the change effort. Teamwork is a straightforward concept—it involves a group of people working together as a unit. It has become increasingly common for managers, supervisors, and direct service staff in many

organizations to lead or work in teams to problem solve, coordinate, improve quality, and achieve high levels of consumer satisfaction. It is one means of getting things done (Rees, 1997).

Teamwork is predicated on clear directives and purposes. Creating and charging a team to “look into different computer software” is far different from directing the team to “identify three software packages that will handle this nonprofit agency’s financial management and client case record-keeping needs and provide cost and training details on each.” The former charge will leave the team floundering to define a purpose that may not reflect the real agenda, whereas the latter provides specific guidelines.

It is not a given that a group of professionals will be able to work effectively together. Studies of teamwork in the organizational setting reveal mixed results, ranging from substantial productivity to ineffectiveness, and show that the most important factors associated with the success of a team approach are how the teams are managed and whether the organization provides them the support they need (“Why Some Teams Succeed,” 2000).

The ingredients for a successful team include an open organizational culture with easy access to task-relevant information and to senior management. The team must perceive that it has the authority to make decisions about how to reach its goals based on a clearly established set of objectives. The very act, by management, of encouraging the use of teams suggests an orientation to delegating power downward so that decisions can be made and strategies can be implemented with the commitment and involvement of those who must make them work (Rees, 1997). Good group work skills can also be a factor in the success of teams. Lamentably, group work skills have become less of a focus than they have been historically (Ephross, 2005). It is important for human service workers to develop the ability to take various roles within groups. Good group work skills, such as being empathic, empowering others, drawing connections between different constituents, and validating others, are essential in facilitating teamwork (Toseland & Rivas, 2005). Social workers should encourage their supervisors to use some of their supervision time to work on group facilitation and teamwork skills.

Teams have the advantage of sharing the work that needs to be done and infusing the process with creativity and the talents of members of the team. A team can build and maintain both spirit and momentum in a dynamic process that is results oriented.

Persuading through Hard Facts

Not all stakeholders within an organization will recognize an issue or problem that needs to be addressed. Even if there is consensus that a problem exists, agreement may not extend to the definition of the problem, its causes, or its consequences. Practitioners can play an important role in problem identifica-

tion by utilizing their data collection and research skills. Fact finding is the beginning point for identifying the problem and defining its scope and impact.

Assessing the Situation

The conceptual base of the strengths perspective and the strategies associated with empowerment suggest a beginning point for the social work practitioner seeking to effect change within the organization. In work with clients, practitioners begin with an assessment of the situation. The same first step holds true when the “client” is the organization. The practitioner seeks to engage with the organization’s representatives—usually the supervisor or unit director, or even, as appropriate, the executive director—around an area of mutual interest or concern. Collaboration in the assessment process gives all stakeholders an opportunity for input. It is during this time that the agenda is focused on exploring the discrepancies between how the organization functions—what it does and how well it does it—and expectations of what it should be doing and the outcomes it should be achieving.

Assessment of the problem—its cause, scope, and impact—is the precursor for developing an action plan. Hard facts are persuasive. There are many ways to collect, record, and analyze information in the course of a regular workday. How many clients have complained that they cannot manage or dislike using the voicemail system? What factors account for a decrease in the client census? In the first instance—the voicemail system—it is easy to collect data simply by jotting down the number of times this issue is raised and the type of experience reported by clients. In regard to a decrease in the client census, a survey of clients who have dropped out of a program might be undertaken. Frontline social workers can count the number of people coming to soup kitchens and the number who are turned away from shelters because they are filled. This information can be provided to decision makers. Social workers can also vocalize the human impacts of fiscal cutbacks or the frustrations experienced by families who get the runaround from an agency to which they have come for help.

The needs assessment process can be undertaken by an individual within the organization, but this is both unusual and less effective than a team approach. The involvement of the entire staff in this exploration process allows for the articulation of different perspectives and eventual clarity and consensus about the areas of organizational functioning that can be improved. This process also includes identifying what works well (organizational strengths), as well as what doesn’t work so well (areas of dysfunction).

Next Steps

Identifying the problem is the first step of a multistage process. There is no one formula for how a change process can be initiated and completed. In general, however, the elements of the process include those delineated in box 11.3.

BOX 11.3
Elements of the Change Process

- ◆ Define the problem (one outcome of the needs assessment).
- ◆ Define the desired future state—how things should look when the change process is completed.
- ◆ Identify the level and degree of change required to move from the current state to the desired state.
- ◆ Identify the supporters of change and their influence and those who have a stake in maintaining the status quo.
- ◆ Consider the organization's culture and how the culture supports or inhibits change.
- ◆ Define the people and financial, programmatic, and procedural resources of the organization that must be garnered to achieve change.
- ◆ Evaluate the choices involved for bringing about change.
- ◆ Plan and implement the action steps necessary to achieve change.
- ◆ Manage the transition.
- ◆ Monitor, evaluate, and stabilize the change.

Source: Adapted from Mink, Esterhuysen, Mink, & Owen (1993).

Some of these stages in the change process may be undertaken concurrently. The sequencing of steps in the process is also subject to variation—depending on the nature of the change initiative. When the component tasks are divided and delegated to subgroups of teams, the work may be accomplished more efficiently and may utilize the expertise and talents of different staff. Clearly, another advantage lies in the involvement of many staff members in the process; their stake in the change efforts rises exponentially. Teams may need to be formed at different stages of the process.

The Importance of Outcomes

Among the changes affecting the work of the organization is the increased demand for accountability, as discussed in chapter 9. In the face of increasing demands for accountability and quality improvement, organizations are required to demonstrate the effectiveness of the services they provide (Auslander, 1996). This external demand on the organization translates into internal demands made on practitioners.

In today's environment, human service organizations need to reorient their focus from "doing" to "doing with what results?" It is not just a matter of answering this question for funders or board members. The organization must be able to determine how well it is achieving its mission. Social workers, too, want to know if what they do makes a difference.

The measurement of outcomes involves planning and implementing systematic evaluation processes. The information needed to measure outcomes

must be clearly articulated from the outset, and appropriate methods to obtain such data identified.

While it is important to keep outcomes in mind, it is also important to remember that the way human service managers and leaders go about their business is important to the culture of an organization (Chen, Kirkman, Kanfer, Allen, & Rosen, 2007). For instance, when community members and paraprofessional workers are part of the process of deciding on appropriate outcomes and selecting good sources of information and measures, the process has a positive influence on organizational change. This attention to process, in conjunction with working toward the achievement of goals, is extremely important for human service workers to remember. How we treat others is always as important as the work that we do (Furman & Collins, 2005). Empowerment and collaboration should be deeply embedded in all our activities as human service workers.

Sources of Information

Deciding what data to collect, how often, from whom, and how is a complex process. Relevant factors include the scope of the agency's programs and the nature of the demands on the organization to produce certain types of outcome data. There is no "one size fits all" model. However, there is some consensus about how to get information, as shown in box 11.4.

BOX 11.4

Getting the Information You Need

- ◆ Information gathering should make use of a number of different methods, including self-administered surveys, interviews, standardized questionnaires, and focus groups.
- ◆ Information should be gathered from multiple sources, such as clients, direct service practitioners, board members, and potential users of services, such as community residents.
- ◆ In addition to outcome data, information should be collected about who is served and what services are provided.
- ◆ Information about the services of other community organizations should be collected in order to identify potential overlap or duplication of services and to provide potential linkages to other service providers to augment the services an agency provides.
- ◆ Interpretation of results should include multiple stakeholders within the organization.
- ◆ Those within the organization who are expected to use the outcome information should be trained to understand the uses and limits of outcome measures.
- ◆ Collecting information for its own sake is not productive; outcome data should be incorporated into a plan to improve organizational processes.

Source: Adapted from Epstein, Hernandez, & Manderscheid (1996).

The measurement of outcomes is predicated on clearly articulated organizational goals and objectives. Outcomes are the measurable conditions that denote how and to what extent program or service objectives have been achieved. The outcome to be measured, in many instances, is the flip side of the objective. For example, if the objective is to achieve the goals in the individual's service plan within a specified time frame, then the outcome to be measured is twofold: (1) whether and to what extent the service plan goals have been achieved and (2) whether they have been achieved within the specified time frame. The assessment of outcomes, in this case, may also seek to identify what barriers may have prevented achievement of some or all of the goals delineated in the service plan.

Types of Measurements

A number of means may be used by the organization to measure outcomes. These range from standardized assessment tools administered at defined intervals and at case closing to exit interviews, consumer satisfaction surveys, and collateral interviews with other agencies involved in the case, such as job training programs.

Virtually all outcome measures involve collection of data relevant to the objective. Data collection occurs both at a single point in time, such as at the time of service termination, or at time intervals, for example, every six months. Measures of outcomes of an individual case provide important information with which to assess progress toward the specific goals set forth in the service plan, such as whether and to what extent a client has successfully completed a job training program, secured employment, overcome symptoms of depression, or ceased to use drugs or alcohol.

Analysis of aggregate data, on the other hand, provides an overview of the results of specific types of interventions or programs of service and permits the identification of themes and trends that assist in long-range planning to better meet the needs of the clients. Issues of concern here are the quality of care provided, responsiveness of services to the needs of the population being served, and consumer satisfaction with services.

The information derived from the measurement of outcomes is a major source of input into potential organizational change, as it helps to identify issues and problems, such as discrepancies between service goals and the outcomes achieved. Outcome measures can provide the essential information for organizational innovation and improvement. Such innovations span the gamut of organizational concerns—structure, finances, leadership, staff, interorganizational relationships, programs, target populations, and services.

Key Points

- ◆ Practice principles used by practitioners in their work with clients, such as the strengths perspective, empowerment, and advocacy, can be adapted to promote and facilitate organizational growth and change.

- ◆ Empowerment involves a proactive mind-set, an energy, and a readiness to take action.
- ◆ Attitude is an important dimension in whether and to what extent staff involve themselves in organizational problem solving.
- ◆ When the initiative comes from staff, proposals for incremental change are less likely to meet with resistance from management than are more broad-based proposals.
- ◆ Small-scale changes may lead to rapid and visible results, which reinforce staff empowerment.
- ◆ A two-way flow of communication between managers and staff is essential to address organizational concerns effectively.
- ◆ When staff are cohesive and are used to working collaboratively in teams, they are more likely to assume responsibility and initiative for organizational problem solving.
- ◆ Successful teamwork is based on clear purpose and direction.
- ◆ Problem assessment is the basis for constructing an action plan for change.
- ◆ Documentation of the outcomes of services is an essential part of accountability.
- ◆ Measuring outcomes requires clearly stated program and/or service objectives, and these objectives must be measurable.

Suggested Learning Activities and Discussion Questions

1. Consider your organization as the client. Prepare a list of five organizational assets or strengths. Then prepare a second list identifying five areas of organizational functioning in need of improvement.
2. Of the five areas listed as in need of improvement, which of these do you consider to be amenable to change? Why?
3. It's time to initiate some new programs that are more responsive to the needs of the community served. Identify the types of information you will need and the strategies you might use to gather information to support a new program initiative.
4. Assume that you have been assigned to work on a team to plan a new program of service for your organization. Outline the sequential steps you think would be involved in this effort. How would you address the allocation of tasks, time frames for completion of tasks, and accountability?
5. You are given the responsibility to develop a plan to measure the outcomes of a new program designed to promote intergenerational linkages between senior citizens and adolescents. Outline a plan for completing this task.

Recommended Readings

Gordon, A. L. (1999). *Outcome initiatives in child welfare*. Washington, DC: Child Welfare League of America Press.

- Harrison, M. I., & Shirom, A. (1998). *Organizational diagnosis and assessment: Bridging theory and practice*. Newbury Park, CA: Sage Publications.
- Kinzey, R. E. (2000). *Using public relations strategies to promote your nonprofit organization*. Binghamton, NY: Haworth Press.
- Lee, J. (2001). *The empowerment approach to social work practice* (2nd ed.). New York: Columbia University Press.
- Morley, E., Vinson, E., & Hatry, H. (2001). *Outcome measurement in nonprofit organizations: Current practices and recommendations*. Washington, DC: Independent Sector and the Urban Institute.
- Parker, G., McAdams, J., & Zielinski, D. (2000). *Rewarding teams: Lessons from the trenches*. San Francisco: Jossey-Bass.
- Saleebey, D. (1999). *The strengths perspective in social work practice* (3rd ed.). New York: Longman.

References

- Auslander, G. K. (1996). Outcome evaluation in host organizations: A research agenda. *Administration in Social Work, 20*(2), 15-20.
- Barker, R. L. (1999). *Social work dictionary* (4th ed.). Washington, DC: NASW Press.
- Bennis, W. (1989). *Why leaders can't lead*. San Francisco: Jossey-Bass.
- Byron, W. J. (1985). The workplace as a community: Promoting employee satisfaction. *Health Progress, 66*(2), 24-27.
- Chen, G., Kirkman, B. L., Kanfer, R., Allen, D., & Rosen, B. (2007). A multilevel study of leadership, empowerment, and performance teams. *Journal of Applied Psychology, 92*(2), 331-346.
- Clifton, R. L., & Dahms, A. M. (1993). *Grassroots organizations* (2nd ed.). Prospect Heights, IL: Waveland Press.
- Compton, B. R., & Galaway, B. (1999). *Social work processes* (6th ed.). Pacific Grove, CA: Brooks/Cole.
- DiLeonardi, J. W. (1993). Families in poverty and chronic neglect of children. *Families in Society, 74*, 557-562.
- DiNitto, D. M., & McNeece, C. A. (1997). *Social work: Issues and opportunities in a challenging profession* (2nd ed.). Boston: Allyn & Bacon.
- Drinka, T., & Clark, P. G. (2000). *Health care teamwork: Interdisciplinary practice and teaching*. Westport, CT: Auburn House.
- Ephross, P. H. (2005). Social work with groups: Practice principles. In G. L. Greif & P. H. Ephross (Eds.), *Group work with populations at risk* (2nd ed., pp. 1-14). New York: Oxford University Press.
- Epstein, I., Hernandez, M., & Manderscheid, R. (1996, October 22). *Outcome roundtable for child services: Conference paper*. Tampa: University of South Florida.
- Etzioni, A. (1991). *A responsive society*. San Francisco: Jossey-Bass.
- Furman, R., & Collins, K. (2005). Culturally sensitive practices and crisis management: Social constructionism as an integrative model. *Journal of Police Crisis Negotiation, 5*(2), 47-57.
- Ginsberg, S. (1998, January 25). High marks for the lowly suggestion box; it's making a comeback as better-educated and managerial-minded employees find that feedback can bring rewards. *Washington Post*, p. H4.
- Glisson, C. (2000). Organizational climate and culture. In R. J. Patti (Ed.), *The handbook of social welfare management* (pp. 195-218). Thousand Oaks, CA: Sage Publications.

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- Goldstein, H. (1990). The limits and art of understanding in social work practice. *Families in Society*, 80(4), 385-395.
- Grumbach, K., & Bodenheimer, T. (2004). Can healthcare teams improve primary care practice? *Journal of the American Medical Association*, 291, 1246-1251.
- Haney, P. (1988). Providing empowerment to the person with AIDS. *Social Work*, 33, 251-253.
- Hegar, R. L., & Hunzeker, J. M. (1988). Moving toward empowerment-based practice in public child welfare. *Social Work*, 33, 499-502.
- Hollinger-Smith, L., & Ortigara, A. (2004). Long-term care workforce. *Alzheimer's Care Quarterly*, 5(1), 60-71.
- Icard, L. D., & Schilling, R. F. (1992). Preventing AIDS among black gay men and black gay and heterosexual male intravenous drug users. *Social Work*, 37, 440-445.
- Lee, J. A. B. (2001). *The empowerment approach to social work practice* (2nd ed.). New York: Columbia University Press.
- Levine, S., & Greenlick, M. (1991). Removing barriers to the empowerment of the elderly in health programs. *Gerontologist*, 31, 581-582.
- Mink, O. G., Esterhuysen, P. W., Mink, B. P., & Owen, K. W. (1993). *Change at work: A comprehensive management process for transforming organizations*. San Francisco: Jossey-Bass.
- Mondros, J. B., & Wilson, S. M. (1994). *Organizing for power and empowerment*. New York: Columbia University Press.
- Perlmutter, F. D. (2000). Initiating and implementing change. In R. J. Patti (Ed.), *The handbook of social welfare management* (pp. 445-457). Thousand Oaks, CA: Sage Publications.
- Raelin, J. (2006). Does action learning promote collaborative leadership? *Academy of Management Learning & Education*, 5(2), 152-168.
- Rapp, C. A. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness*. New York: Oxford University Press.
- Rees, F. (1997). *Teamwork from start to finish*. San Francisco: Jossey-Bass.
- Rhodes, D. W. (1989). Employee loyalty is an attainable goal. *Journal of Business Strategy*, 10(6), 51-53.
- Saleebey, D. (Ed.). (1999). *The strengths perspective in social work practice* (3rd ed.). New York: Longman.
- Simon, B. L. (1994). *The empowerment tradition in American social work*. New York: Columbia University Press.
- Strawn, C. (1994). Beyond the buzz word: Empowerment in community outreach and education. *Journal of Applied Behavioral Science*, 30, 159-174.
- Toseland, R. W., & Rivas, R. F. (2005). *An introduction to group practice* (5th ed.). Boston: Allyn & Bacon.
- Wachter, R. M. (1992, January 9). AIDS, activism, and the politics of health. *New England Journal of Medicine*, 326, 128-133.
- "Why some teams succeed (and so many don't)." (2000, October). *Harvard Management Update*, pp. 7-9.