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The "responsible" activist: Balancing multiple constituencies in hospital social work

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The "Responsible" Activist:
Balancing Multiple Constituencies
in Hospital Social Work

by

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Abstract

The "Responsible" Activist:
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in Hospital Social Work

by

Judith Dobrof

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In this changing health care environment, hospitals struggle to develop strategies to insure their survival. For professionals, providing quality patient care in this context can be extremely problematic. This dissertation describes the findings of a qualitative study of how hospital social workers juggle the multiple demands of their institutions while attempting to achieve changes which they believe are in the best interests of patients.

Using a grounded theory approach, this study explores three questions: (1) what is the experience of activist social workers who practice in hospitals? (2) How does the environment of hospital-based practice affect organizational change and advocacy efforts? (3) How does location in the hospital and social work department hierarchy affect activism? In order to explore these questions, in-depth interviews were conducted with 15 New York City hospital line social workers, supervisors and senior managers who were either self-identified or identified by others as

activists. Data analysis was done with the assistance of the computer software program, The Ethnograph.

Findings indicate that social workers attempt to make changes in policies of the employing hospital while consciously maintaining a label of "responsible activist". In order to be viewed as "responsible", social workers use institutionalized, collaborative strategies. They balance the interests of multiple constituencies within the hospital setting, that is, the organization, social work department, colleagues, patients, among others, in their generally successful activist endeavors.

The hospital environment is characterized by those interviewed as both an enabler of and constraint on activism. At times, they separate and other times integrate activism and daily practice. In addition, an activist approach has been beneficial in relation to career advancement for most respondents while many also feel that their hierarchical position is advantageous to promoting change.

Implications of the study for social work administrators, educators and researchers are addressed.

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CHAPTER I

INTRODUCTION

Purpose of the Study

Not since the years of the New Frontier and the Great Society has health care reform been so high on the political agenda of our nation. And probably never before in the history of health care in the United States has there been such turbulence in the health care system. Governmental regulations; cost containment strategies; the increasing emphasis on and preference for ambulatory care rather than hospitalization, and community-based rather than institution-based long-term care; the downsizing of individual hospitals along with the creation, through mergers, out-right purchases, or new kinds of agreements, of large, geographically dispersed networks of health care institutions and agencies all contribute to this system turbulence.

The hospitals and medical centers of New York City are powerfully affected by the changes and events in both the world external to them and the changes within the hospitals themselves. The drive to contain costs, while at the same time, to deliver quality care, and to ensure access to care has impact on all groups-administrators, trustees, staff, patients and their families, leaders in the communities

served by the hospital- and all departments and other functional sub-divisions within the hospital.

For social workers, providing quality patient care in this environment and in highly regulated hospitals, can be extremely problematic. This dissertation describes the findings of a qualitative study of how hospital social workers, either self-identified or identified by others as "activists", manage the multiple demands of their institutions while attempting organizational changes which they believe are in the best interest of patients. Through in-depth interviews of line social workers, supervisors and senior managers in New York City Hospitals, and using a grounded theory approach, three general questions were explored:

- What is the experience of activist social workers who practice in hospitals?
- How does the environment of hospital-based practice affect organizational change and advocacy efforts?
- How does location in the hospital/social work department hierarchy affect activism?

The terms "social action" and "activism" will be used interchangeably throughout this dissertation. For the purpose of the study, the terms are defined as interventions by social workers intended to mediate, adjust or change policies, structures or circumstances obstructive to adequate institutional care or social justice for the client (Whittington, 1977).

Significance of the Study

The struggle over cause vs. function

The social work profession's orientation towards social action began early in its history as settlement house workers in the late 19th century focused their activities on improving urban dwellers' quality of life (Alexander, 1982; Smith, 1991; Trattner, 1984). Unlike volunteers involved in Charity Organization Societies, who were committed to improving the functioning of individuals and families through scientific techniques of helping, settlement workers saw themselves as social reformers who could improve conditions through social action (Trattner, 1984). The latter became involved in a variety of social causes, for example, in advocating for legislation which would establish workers' compensation benefits and prohibit child labor. In addition, they used research techniques to document squalid living conditions of urban residents as they lobbied for changes to improve those conditions (Alexander, 1982; Trattner, 1984). Trattner (1984) describes the strain between Charity Organization Society volunteers and settlement workers whose different philosophies and ways of solving society's problems resulted in a polarization between the two groups. By the late 1920's, the distinction between "cause" and "function" had been articulated (Lee, 1929) and the social work profession increasingly began to emphasize technical proficiency in social casework (Alexander, 1982).

Tension about the profession's purpose and the best methods to help clients, that is, through focus on individual change and development of a methodology to achieve such change vs. focus on environmental reform and social action (Germain & Gitterman, 1980; Reeser & Epstein, 1990) continued throughout its history. Although there was always a small group of social workers involved in political activities and social reform, especially during the Depression (Trattner, 1984), frequently these activities were not viewed as an inherent professional responsibility (Alexander, 1982). An emphasis on psychoanalytic forms of therapy (Siporin, 1970) in social work along with historical events, such as World War II, the Korean War and the advent of McCarthyism, acted as deterrents to involvement in social action (Alexander, 1982). The 1950's were years of prosperity and economic expansion, and despite two relatively brief recessions during that decade, many social workers shared with others the optimistic belief in the capacity of the American economic system to provide work for all able-bodied adults and systems of income support for dependent children, the aged, and adults who could not work. Thus, in the 1950's many social workers had less motivation to work for social, economic and political reform, in comparison to the 1930's or the 1960's, for example (Trattner, 1984). In addition, there was question as to whether social workers could attain professional status

while remaining involved in social action (Bisno, 1956; Greenwood, 1957, Reeser & Epstein, 1990).

Despite the affluence of the 1950's and the scant attention to reform, in 1958 the National Association of Social Worker's (NASW) Commission on Social Work Practice reaffirmed the importance of the "social" (Taber & Vattano, 1970, p. 35-36) in social work while the Council on Social Work Education released a curriculum study which emphasized the social dimension in social work practice. The emphasis on individual vs. social continued to swing in a pendulum-like manner (Taber & Vattano, 1970).

Alexander (1982) points out that the 1960's brought further polarization between "clinicians" and "activists". Thurz (1966) called on social workers to take "militant action" (p. 19) to organize the poor for social action. Specht (1968) provided a "how to" for caseworkers to become involved in social policy formulation. Many social workers became more politicized through the civil rights and other social movements (Smith, 1991). At the same time, in 1964 NASW officially recognized private practice as a legitimate activity (Smith, 1991) and others advocated for the primacy of clinical practice (Alexander, 1982).

It was not until the 1970's that participation in political activities was cited by NASW as an integral component of social work practice. The 1979 revised NASW Code of Ethics obligated social workers to advocate for "changes in policy and legislation to improve social

conditions and to promote social justice" (NASW Code of Ethics, cited in Mahaffey & Hanks, 1982, p. v). At the same time, practice models were developed which again combined direct service and social action. (See for example the "social treatment" model of Siporin, 1970 and "life model" of Germain & Gitterman, 1980).

Activists in hospital settings

Given the historical struggle over the purpose of the profession, along with pressures to be responsive to hospitals' concern with survival, social workers practicing in health care today may experience ambivalence regarding their role. Those wishing to combine direct practice with social action in acute care settings no doubt face obstacles not only within the host setting, but most likely in their own department. "Rocking the boat" to promote change may threaten a social work department just at a point when being a team player seems imperative. Social work administrators striving to maintain their department's role and function- as hospitals struggle to maintain a position of strength in a changing healthcare environment- may place constraints on social workers' activities aimed at institutional and policy change. It will become increasingly problematic for future social workers to focus on advocacy efforts as competition increases among hospitals and even greater emphasis is placed on financial considerations in relation to care. Social work departments- and social workers- within hospitals that face downsizing efforts to lower the cost of

care may be especially hesitant to promote organizational change if it is perceived as increasing hospital costs. They will instead have to focus their efforts on changes which are viewed as both an enhancement of patient care and cost-effective.

However, little research has been done to examine how hospital settings in general, and social work departments in particular, inhibit or encourage social workers' activist efforts. This study is unique in its use of qualitative methodology to explore this issue. In addition, it is apparently the first use of a grounded theory approach to study social work activism in hospitals. This approach highlights in a vivid way the struggles, conflicts and rewards inherent in attempts at change. It also describes "how to's" of organizational change within hospital settings from the perspective of practicing social worker activists.

The Nature of "Responsible"

This dissertation will describe one type of social worker practicing in hospital's today, that is, the "responsible activist". The social worker with this label is able to consciously and successfully balance the needs of the institution, its patients, the social work department and the profession while using institutionalized, collaborative strategies to promote organizational and social policy change. Maintaining the label in such a volatile environment allows social work activists to retain

their position in their department while continuing to participate in advocacy efforts.

Use of the term "responsible" is not meant to imply that other activists who use different strategies or have difficulties in their job due to activism are irresponsible. Instead, it is a conceptual term stemming from the data which was found to be relevant to the perceptions and strategies of most of the social workers interviewed. It is also a device by which they maintain their position as they promote change. "Responsible" activism is not offered as a prescriptive norm to which all activists should strive, but rather as a descriptive norm among the social workers interviewed.

Structure of the Dissertation

The next chapter will review literature relevant to activism and organizational change, in general and in healthcare settings. Chapter III will describe the use of a grounded theory approach and qualitative methodology to collect and analyze data. Chapters IV-VII comprise the findings section of the dissertation. Chapter IV introduces the sample of hospital social workers interviewed, describes their activism history and how they view their experiences with advocacy efforts. Chapter V focuses on the hospital environment as presented by the sample and how this environment enables and constrains activism within and outside of the workplace. Chapter VI explores respondents'

view of the relationship of activism and hospital practice. Both the integration and separation of advocacy and clinical work are discussed. Chapter VII describes the strategies used by social workers interviewed to maintain their "responsible" label. Their ability to balance multiple constituencies while pushing at the boundaries of acceptable activism is highlighted. Finally, Chapter VIII provides summary of findings and discusses study implications.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Literature relating to social work activism in general and within an organizational context will be reviewed. Writings which focus on change efforts within hospitals, although few in number, will also be examined. Finally, implications of the literature review for this study will be discussed.

Social Work Activism

Words of encouragement

Social work literature abounds with encouragement for practitioners interested in social action. Early reformers such as Jane Addams (1960) called on "eager young people" to work towards neighborhood improvement by demonstrating "...that [they know] the best method of procedure in order to bring about these reforms" (p. 88). More recently, social work writers have continued to promote practitioners' involvement in advocacy efforts. Social workers are advised to integrate their clinical work with a focus on influencing policy. For example, Dolgoff (1981) points out that decisions made by social work clinicians in everyday practice can affect policy both in their agency and the wider community. At the same time he sees a role for

clinicians "as citizens and as professionals" (p. 289) to contribute to social change through social action. Similarly, Briar and Briar (1982) state, "Because social workers have special knowledge of how public policies affect individuals and populations, this trend places on practitioners a responsibility to introduce their knowledge into the policy making process" (p. 45). Walz and Groze (1991) describe the "clinical activist" model in which the social worker is not only "therapist" but also "data gatherer" (p. 500). In this capacity, the worker can identify common problems among clients which require "systemwide changes or reforms" (p. 503) and become involved in working towards social change.

Furthermore, in an article on the role of the profession in relation to implementation of the Family Support Act of 1988, Hagen (1992) calls on social workers to use their policy analysis and advocacy roles to highlight the areas in which the Act has a negative impact on individuals and families. Orfield (1991) discusses the conflicts which arise for social service workers when cutbacks in services prevent them from being able to provide minimally acceptable services. He advises "ground-level service providers" (p. 521) and public administrators to advocate for policies which will ensure that adequate services can be provided. Finally, Wagner (1991) describes an "action research model" by which social workers can make use of research data to change social policy.

The call for social action in health care

Writers on social work in health care similarly promote participation in activist endeavors. In an article focusing on social workers' role in assisting patients through discharge planning efforts, Davidson (1978) views social action as a "parallel and necessary social work responsibility" (p.52) to modify the negative impact of regulations on patients. Kane (1985) sees social reform as the "main agenda" (p. 268) for social workers and cites the need to work for health care policies which benefit patients. Vourlekis (1989) calls on social work professionals to "advocate vigorously" (p. 22) for health and mental health policies which result in high quality, affordable services. Brown and Furstenberg (1992) invite social workers in home health agencies to influence lawmakers about the need for increased long term care services.

In addition, with the recent implementation of a prospective reimbursement system in health care, medical social workers are encouraged to advocate for modifications of the system in order to alleviate its negative impact on patients and families. For example, Mizrahi (1988) discusses specific "arenas for action" (p. 9) for social work advocates concentrating on reforming the present reimbursement system so that health care programs are more responsive to patients and families. Presently, social workers are being called upon to become involved in efforts

to establish a national health care system. Advocacy efforts are seen as crucial to ensure that federal health care legislation includes reforms that enhance services to patients and coverage for these services (Abbott, 1994; "Delegate Assembly", 1993; Mizrahi, 1991).

However, little is known about the true experience of hospital social workers who participate in these efforts within and outside of the hospital. Social work literature focusing on healthcare rarely acknowledges the kinds of struggles which practitioners may face in host settings as they try to move from "case" to "cause".

The "how to's" of political activism

Besides encouragement, social workers also receive advice on techniques of political activism. In their book, Practical Politics: Social Work and Political Responsibility, Mahaffey and Hanks (1982) explain "how the knowledge, experience, and skills of social work apply to the political process and how political participation can help social workers fulfill their professional responsibilities" (p. vii). In a series of articles by social workers and political activists, guidelines and suggestions are provided on topics such as testifying before a legislative committee, lobbying, organizing social action coalitions and running for government office.

In Affecting Change: Social Workers in the Political Arena, Haynes and Mickelson (1991) highlight the importance of line and administrative staff participation in a variety

of political activities within and outside of the agency. They focus on areas of political skill which they do not feel are addressed in social work literature on "macro practice" (Haynes & Mickelson, 1991, p. xviii). Their book may be especially useful to the practitioner interested in promoting change since it includes a chapter on ways of linking clinical and administrative practice with social action. Pagliaccio and Gummer (1988) similarly offer strategies for lobbying national legislators. The authors promote use of needs assessments and descriptions of service gaps to influence legislators. They also call on social workers to establish themselves as "resources" (Pagliaccio & Gummer, 1988, p. 159) to elected officials. Not only can they educate legislators on social policy issues, but they can establish credibility, for example, by providing information and referral services to their constituents.

Social action strategies

The kinds of strategies used by hospital social workers to promote institutional and policy change are explored in this study. Therefore, research studies which examine behaviors, along with attitudes, of social workers in relation to methods to promote social change will now be discussed.

For example, using an original questionnaire mailed to 1,020 members of the New York City Chapter of NASW, Epstein (1968) explored attitudes of social workers toward social action strategies. Participants were asked to indicate

their approval or disapproval of different methods to increase government programs in housing and public welfare. Actions included consensus and conflict strategies which were considered either institutionalized, that is, "a formally organized, publicly sanctioned structure for processing pressures for social change" or noninstitutionalized, that is, a strategy that "operated outside formal structures" (Epstein, 1968, p. 103).

Epstein (1968) found that over 90% of respondents approved of both institutionalized (e.g. expert testimony) and noninstitutionalized (e.g. communication with public officials) consensus strategies. The majority also approved of institutionalized conflict strategies such as filing formal complaints. However, there was much less support for conflict strategies categorized as noninstitutionalized. For example, only 37.3% of respondents approved of organizing protest groups on housing reform and 28.8% approved of this strategy in relation to welfare reform.

Interestingly, Epstein (1968) also found that social workers were more likely to reject all forms of conflict strategies in welfare reform. He speculates that when social workers have "closer institutional ties" (Epstein, 1968, p. 105) to the setting in which they work, they may be less likely to support actions that involve protest. In a later exploratory study of 105 self-defined social work advocates in Michigan, Epstein (1981) similarly found that advocates who worked in medical settings and public

assistance agencies are more likely than those in other areas to limit their practice to case, rather than class, advocacy. The social work profession's long history of hospital-based practice (Trattner, 1984) and its vested interest in remaining there thus may affect the kinds of activities which medical social workers choose in their efforts to achieve health care reform. It may be that class advocacy would be seen as a threat to the place of medical social workers practicing in the "host setting" of the hospital.

In a more recent study, Reeser and Epstein (1990) compared the findings of Epstein's (1968) survey of members of NASW, New York City chapter in the 1960's with Reeser's national replication in the 1980's to assess changes in social worker activism in relation to a number of factors. Focusing specifically on social action attitudes and behaviors, they found that attitudes about social action activities and participation in them differ over time. Interestingly, although the majority of 1960's social workers were more likely to <u>voice</u> support for consensus strategies (90% and above approved of a variety of consensus strategies), they were more <u>actively involved</u> in social protest (a conflict strategy) than social workers in 1984. Social workers in the 1980's similarly supported consensus strategies, but were more approving of the use of protest for the social work profession than social workers from the earlier period (41% in 1984 vs. 28% in 1968). Behaviorally,

however, social workers of the 1980's tended to be involved in noncontroversial actions such as visiting public officials or working for social work licensure. In other words, although social workers of the 1960's were behaviorally involved in social protest, they were attitudinally more supportive of consensus strategies. Contemporary social workers tended to be more approving of the profession's involvement in protest strategies, while in actuality they participated to a greater extent in consensus strategies. These differences may stem from the fact that mass demonstrations as a protest strategy have become generally accepted because of their prevalence since the 1960's. Nevertheless, without the social protest movements of the 1960's, social workers practicing today may choose to participate in consensus strategies which are more permissible in the workplace. This may be especially true of social workers practicing in the conservative atmosphere of many hospitals.

Stone and Olson (1989) also focus on social action strategies. They describe the efforts of a coalition of hospital social work directors and continuing care nurses to alter policy pertaining to access to nursing homes for Medicaid patients in Massachusetts. Through research data which disproves the perceived cost effectiveness of the policy, and advocacy to state Medicaid officials, their recommendations to modify the policy are adopted.

Finally, Salcido and Seck (1992) explored political participation and activities among 52 NASW chapters. Chapters were chosen for selection if they had an organized unit for planning political activities. Using a survey questionnaire, they found that a little more than half of the chapters reported being very active in three activities: letter-writing (56%), phoning officials (52%) and lobbying legislators (52%). Chapter respondents were least likely to be active in protest rallies and voter registration. NASW chapters as a whole, like their members, were similarly involved to a greater extent in consensus rather than conflict strategies.

These studies point to the general acceptance of traditional institutionalized political activities as the strategy of choice for social workers participating in social action. Obviously, what is acceptable to the social work profession will have an impact on strategies used by hospital social workers whether in promoting organizational change or health care reform. Use of conflict strategies may especially be detrimental in the present environment when many departments are maintaining a precarious hold on their position within healthcare institutions (Landers, 1993). This dissertation is intended to enhance our understanding of social action behaviors of hospital social workers and the impact of their activities on daily practice and career mobility. However, further research is needed on

the consequences of various strategies in organizational settings.

Educational needs

Although practitioners are encouraged to engage in social action, are provided with instruction in the literature and are actually involved in advocacy efforts, there are calls for more formal education on successful techniques. A prevalent theme in the activism literature is the lack of education for social workers on social policy and methods relating to social change. Figueira-McDonough (1993) finds that clinical practice is the focus of social work graduate education while what she terms "policy practice" (p. 181) is de-emphasized. The author explores methods of policy practice, including legislative advocacy, reform through litigation, social action, and social policy analysis. Haynes and Mickelson (1991) view methods of influencing social policy as a "missing component" (p. xviii) in social work education and therefore developed their book (described above) to enhance skill in this area. Garvin (1991) asserts that one barrier to effective social action in groups is the emphasis on individual change in practice classes. He calls for more focus on social action to reach the goal of combining "micro" and "macro" (Garvin, 1991, p. 67) practice.

Humphreys et al. (1993) describe a doctoral level social welfare policy class that specifically focuses on ways in which social welfare policy and clinical social work

overlap. The authors believe that there is insufficient attention paid to policy issues of concern to clinicians. They therefore restructure the policy class to include these issues. The authors call for integration of practitioners' policy concerns with social welfare classes in order to emphasize the link between policy and clinical social work practice. Whipple (1994) recounts the development of a "brown bag lunch series" (p. 6) at New York University's School of Social Work to promote interest among students in policy issues. Each session focuses on topics stemming from students' practice, helping them integrate clinical, policy and advocacy issues.

Finally, Smith (1991) evaluates the implementation of two pilot training programs to increase social workers' interest and involvement in political activities. She first surveys 52 chapters of NASW to assess their political activities over a 10 year period. From the survey, she concludes that political and advocacy activities focused on both social service and professional issues have increased. A conference and graduate seminar to train social workers in the legislative process and political skills is then developed to meet the needs of social workers whom she believes are interested in strategies and techniques to enhance effectiveness in political activities. Through interviews with participants and written questionnaires, Smith finds that both formats enhance participants' knowledge base. However, the conference offers less in-

depth teaching and, according to Smith, should be considered as an adjunct to coursework on political advocacy. She concludes:

> This project confirmed the hypothesis that the preparation of professional social workers who can function effectively in the legislative/political arena demands increased curriculum attention to and inclusion of relevant content and opportunities for learning appropriate strategies and techniques in the field. Present and future needs of the social work profession call for curriculum expansion in these areas. (p. 200)

If education relating to social action techniques is to increase, it should also focus on the experiences and successful strategies of practitioners in trying to balance agency and client interests. This is especially important in host organizations where social work advocates may be in the minority.

Activists' experience

Rare in the literature on social work activism are studies which focus on the actual experience of the activist over time, especially in healthcare settings. What happens to social workers who participate in social action? What is the impact of activism on their career? How do social work activists view supports for and constraints on participation? In his singular study, The Quest for a Radical Profession: Social Service Careers and Political Ideology, Wagner (1990) examines the careers of radical social service workers using in-depth interviewing in 1986-87. His sample consists of 24 former members of the New

York City based "collective" which published the journal, Catalyst: A Socialist Journal of Social Services between 1976-1986. He was interested in the place of radicalism in social work and how those who hold radical views manage their careers in and outside of the workplace. He asked his subjects about the effect of career aspirations, employment in particular settings and career mobility on their ideology and activist behaviors.

Wagner chronicles the "radicalizing" of many subjects through graduate education. He comes to a similar conclusion as Reeser and Epstein (1990), that is, that professionalization, per se, is not necessarily a conservatizing force. He cites the prevalent view among his subjects that a graduate education in social work in fact had a politicizing effect. As they became "indoctrinated" to professional values and goals, study participants viewed their radical ideology as complementary to that of social work. In addition, he views the "elasticity of professional norms in the social services" along with the fact that the social service arena acts as a "mediating institution which absorbs oppositional elements in society" (Wagner, 1990, p. 150) as factors which allow social service professionals to maintain a radical ideology. In fact, he finds a high degree of consistency over time of a radical ideology among former collective members.

At the same time that Wagner (1990) discovers that respondents maintain a radical ideology, he also reports

that their actual political activism diminishes over time. What do Wagner's subjects attribute this to? Many cite increased work and family responsibilities along with a belief that there were fewer social movements in which to get involved in the 1980's. The author hypothesizes that political activism may have "finite time limits" due to the "psychic energy and time commitment" (Wagner, 1990, p. 123) which political activism demands. Increased "psychic energy" may particularly be needed by social work activists in times when supporting social movements do not exist.

Wagner (1990) poignantly describes the tensions experienced by collective members during careers in which many attempt to come to terms with their political viewpoints and daily social service practice. On the one hand, many experience "negative career events" (Wagner, 1990, p. 102) such as firings or forced resignations. On the other hand, Wagner emphasizes that many collective members eventually find jobs as counselors, teachers, organizers, administrators and academicians which they view as complementary to their radical outlook. At the same time, in comparing the diminished radicalism of social service workers in the late 1930's and the 1980's, he concludes that upward mobility into academia and administration among radical social workers in both periods placed a constraint on radical activity. Although radical social workers in Wagner's study find employment which allows for some activist activities, certain endeavors are

discouraged, both within and outside of their agency. The next section on the organizational context of activism will explore further Wagner's findings relating to on-the-job activism.

In addition, Wagner (1990) develops a typology of ways in which his respondents manage their radicalism and social service careers. A few fall into a "mediated" (Wagner, 1990, p. 125) group in which they manifest a strong attachment to their radicalism and profession. Most become either "critics" (Wagner, 1990, p. 125), strongly adhering to a radical perspective without strong attachment to social service professions, or "detached" (Wagner, 1990, p. 125), whereby both radicalism and professional ideology become weaker over time. According to Wagner, many experience a diminished sense of optimism about the compatibility of radicalism and social service careers.

Wagner's (1990) research highlights the tensions of an activist approach within a professional context. Although Wagner surveys radical social service workers while this study focuses on more traditional social work activists, many of the issues and struggles among the samples are comparable. Throughout the "findings" chapters, these similarities- and differences- will be explored.

In summary, although social work literature supports participation in social action and teaches relevant strategies, there is little research exploration of the dynamics of attempting to combine a professional career with

activism in healthcare or other settings. Apart from Wagner's (1990) study, research generally focuses on social action attitudes and behaviors, without a corresponding examination of how social workers manage to be advocates while maintaining their place in the agency. This dissertation begins to fill this void.

The Organizational Context of Social Work Activism

This section will discuss literature which more specifically explores social action within the workplace. Writings on organizational context in general and in hospitals specifically are addressed.

The "how to's" of organizational activism

Social work literature on promoting change within organizations highlights the importance of "change from below" (Resnick & Patti, 1980, p.5) as a way to enhance the effectiveness of agencies in serving clients. To accomplish this type of change, social workers must first acknowledge the lack of fit between client needs and agency services and then initiate modifications in the organization to improve its responsiveness to clients. The writings on this topic discuss change strategies, from initially analyzing forces for or against change, through implementation and institutionalization of the change. In addition, they focus on constraints existing in organizations which inhibit alterations in policy and procedure.

For example, Brager and Holloway (1978) describe in detail the process of organizational change, from analysis of organizations in general to specific techniques to initiate, implement and institutionalize change. They apply Kurt Lewin's force-field analysis to the change process as an initial step prior to choosing a strategy. According to the authors, being an instigator of change is not without its risks. Thus, there is a detailed discussion of appropriate selection of collaborative and contest strategies. They also focus on worker costs and benefits, out of concern "...not only with the practitioners' survival but also with their long-range effectiveness as change agents within human services agencies" (Brager & Holloway, 1978, p. 146).

In a series of articles contained within Resnick and Patti's (1980) book, Humanizing Social Welfare Organizations: Change from Within, similar topics are discussed. For example, Pawlak (1980) explores opportunities for "organizational tinkering" (p. 264) such as when bureaucratic succession occurs or when ambiguous rules are instituted. However, he also discusses the drawbacks of organizational activism as he "...warns clinicians to bear in mind the pitfalls and dilemmas of organizational tinkering- that it takes place in a political climate and in a structure of authority, norms, and sanctions" (Pawlak, 1980, p. 264-265).

Other articles focus on analyzing an organization's receptivity to change. Klein (1980) examines the dynamics of the "defender" (p. 148) role as an important element to consider in promoting change. The author points out that resisters of organizational change may be attempting to defend the integrity of the agency and its "core values" (Klein, 1980, p. 153). They may also be able to predict unanticipated consequences of projected changes. They potentially have a lot of knowledge about the organization and therefore should be viewed as a valuable collaborator in developing strategies for change. Morris and Binstock (1980) use case studies to analyze agency resistance to change. They encourage the innovator who encounters resistance to attend to those in the organization who, officially or unofficially, play a dominant role in its decision-making.

Writers from healthcare settings focus on how to gain power to be an effective change agent. Wax (1968, 1971) describes how social workers can augment their power in medical settings to effect change. He points to sources of strength in hospitals and discusses strategies to expand power among social workers. Berger (1990) views control of resources and being centrally located in the workflow as essential elements in enhancing the position of social workers interested in organizational change. Rosenberg (1986) similarly identifies opportunities to harness power in order to enhance client services. Being knowledgeable

about regulations or the community is one way in which social workers can be a resource to the hospital and therefore gain credibility to enhance patient services.

In a twist on the usual client-centered approach, Abramson (1983) describes a "non-client-centered" (p. 178) strategy for program development in hospitals. In order to successfully create new programs in complex organizations, she asserts that one must attend to staff perceptions of client need. By canvassing medical colleagues about their ideas, Abramson believes that a bond is created with staff on whom the success of the program may depend. She also rightly proposes that programs must be consistent with the organizational mission in order to succeed. She concludes:

> It is the contention of this paper that permitting the political realities of a medical setting to dictate program choices does not undermine social workers' service to patients. Rather, it enhances it by dealing directly with potential obstructions to the development of service programs.... It must be recognized that the client-centered focus is a necessary but not sufficient basis for program development. A systems-centered focus is also required. (p. 186)

This is an especially helpful article for social workers who many times forget to do the "legwork" with staff required for successful program implementation.

From his study on internal advocacy (to be discussed in further detail below), Patti (1980a) calls for more research on the dynamics of organizational change.

> While the findings suggest that the direct service practitioners studied were very much involved in efforts to alter or modify agency practices, we are only beginning to understand the dynamics of

> this activity: what issues are addressed; what strategies and tactics are employed and what factors determine success or failure. (p. 300)

This dissertation increases understanding of the dynamics and the successful and problematic strategies of organizational change from the perspective of hospital social workers.

Hospital social workers and organizational change

Other writers focus more specifically on empirical studies of hospital social workers' orientation to organizational activism. Nobel's (1973) doctoral dissertation examined the orientation towards interventions to modify agency policy among 79 masters level line and management social workers in two hospitals in New York City. He looked particularly at situations in which social workers became aware of medical or administrative barriers interfering with delivery of patient care services. His self-administered questionnaire measured both the awareness of situations within hospitals which have deleterious effects on patients' access to health care and interventions to correct the situation. Organizational variables, personality traits, political ideology, measures of activism outside of the workplace and demographic factors were used to test whether these variables were associated with orientation to policy change.

Nobel (1973) found that 30% of respondents had a high orientation to policy level intervention. Those who had a

high orientation were slightly more likely to include promotion of organizational change in the social work role. His only statistically significant finding was related to membership in professional organizations and orientation to interventions. Nobel found that respondents who manifested a low orientation to policy level awareness and intervention were more likely to join professional organizations. "Active" group membership, which was not operationally defined for his respondents, was also found to be associated with a low orientation to intervention, although not significantly so. He hypothesized that constraints within the workplace may inhibit what he calls "activism" and therefore respondents look outside for opportunities to be activists. However, it is impossible to know from his questionnaire how his respondents defined "active" membership and whether they equated it with activism as Noble seems to do. There may also be other reasons to join professional organizations such as "networking" opportunities or obtaining insurance benefits. Interestingly, perceived degree of support by social work administration for policy change was not significantly associated with respondents' level of orientation, although in general respondents perceived strong backing by departments for initiating policy level interventions.

In a more recent dissertation, Woodrow (1987) examined the organizational change orientation of 309 social workers from 19 hospitals in Manhattan. In 1985, Woodrow designed

and disseminated a self-administered questionnaire to determine: workers' preference for particular influence strategies; if orientations vary according to whether clients' or workers' interests are served by the change efforts; and if attributes of workers and settings can predict orientations to organizational change. The questionnaire consisted of ten vignettes of typical organizational problems encountered by hospital social workers. At the same time, ten influence strategies were posed which represented the continuum of actions, from doing nothing to protest actions. Respondents were asked to indicate strategies they would be inclined to employ when taking action on the problem in each vignette.

Woodrow's (1987) findings on types of strategies utilized by hospital social workers in relation to organizational change are consistent with findings of Reeser and Epstein's (1990) study of NASW members and Salcido and Seck's (1992) examination of NASW chapters. That is, social workers are more inclined to support "collaborative" strategies (e.g. "try to form a committee to study the situation") rather than confrontational ones (e.g. "organize other people in the hospital for action around the issue" [Woodrow, 1987, p. 236]). For example, 48.7% would try to form a committee to study the situation and make recommendations for alternative courses of action, while only 27.4% would organize other people in the hospital for action. He also found that workers are more likely to use

informal "ad hoc" strategies (e.g. "try to handle the situation as it comes up", [Woodrow, 1987, p. 236]) than to do nothing (64.1% vs. 22.7% respectively). At the same time, strategies did not vary substantially according to whether worker or client interests were served. Instead he concluded that "people have customary and characteristic styles of responding that cut across interests" (Woodrow, 1987, p. 198).

In addition, Woodrow (1987) "explored whether particular patterns of attributes in the workers and settings were associated with particular patterns of orientations" (p. 201) in choice of strategies for organizational change. He found that workers' perceptions of their settings was significantly related to choice of strategies for change. For example, the priority placed in the setting on changing work conditions to benefit clients or workers and whether social workers saw themselves as having input into decision-making within the setting were related to choosing collaborative or confrontational strategies. In addition, ethnicity/race, number of different hospitals in which one has worked, number of professional journals regularly read, membership in NASW, membership in a union, salary, and title were also related to choice of strategy. Structural variables, such as size, auspices of the hospital or type of service to which the worker was assigned, were not significantly related.

The return rate on the questionnaire for this study was 41.7% which Woodrow (1987) rightly pointed out limits his findings. It may be that those who did not participate in the study were more apathetic and oriented to the "do nothing" strategy. Or possibly they were militants who were inhibited by the fact that the questionnaire was sent to them at the workplace.

Nevertheless, Woodrow's (1987) findings point to the importance of organizational culture in determining how social workers try to change the organization. In relation to workers' predispositions to making changes in the workplace, Woodrow concluded, "The profession needs structures that support the behavior, ways to define barriers to action, and strategies to deal with these obstacles" (p. 211-212). It is interesting to note that Nobel (1973) did not find that administrative support was significantly associated with a higher orientation to organizational change among those sampled. However, those interviewed did generally perceive support for their efforts. It may be that they worked in a culture of support and this "given" was therefore less of a factor in their orientation. Nevertheless, it seems evident that social work administrators and leaders in the field who wish to encourage activism should create a culture where innovation is rewarded and where practitioner input is expected, especially in relation to influencing organizational and social policy which is beneficial to clients.

A focus on constraints

Other literature on organizational change places more emphasis on constraints imposed on change activities by organizational bureaucracies. For example, in his study of radical social service workers, Wagner (1990) highlights the struggles of his sample in the workplace. He points out that many of his respondents who had previously been involved in unions or organizing staff against managerial or government policies eventually moved away from this activity. He believes this is due to a variety of factors: upward mobility which makes them ineligible to continue union membership, lack of personal satisfaction from union organizing and advocacy efforts and movement into what Wagner terms "labor market shelters" (p. 170). These "shelters" provide his interviewees with what they view as a progressive place of work in which they can practice in a less "oppressive" (p. 170) atmosphere.

However, Wagner (1990) doubts that his respondents can make substantial changes within this type of workplace. He states:

> On the one hand, being an academic expert on homelessness or a labor movement official provides a forum for radicals to legitimately address a broad audience, often filtering in radical or even Marxist critiques of the issues at hand, and often changing the discourse within academic, labor or even public arenas of debate. However, these roles carry severe limitations which affect both on-the-job activity and off-the-job activism. (p. 228)

Activities which had been supported by the Catalyst collective, such as directly challenging an employer's authority or organizing clients in opposition to agency policies, are off-limits to those wanting to maintain employment. He contends that even in the most progressive workplaces, only activist efforts which do not threaten the power and authority of the employer are supported.

> As radical professionals come to locate the nature of political action in terms of a professionalized radicalism in particular organizations, certain forms of activity or advocacy are paid for and sanctioned by their employer. This professionalized radicalism produces only a certain type of limited radicalism, encouraging certain activities, but strongly discouraging others, both on and off the job. (p. 227)

Furthermore, Wagner (1990) finds that many in his sample are unaware of the organizational constraints limiting activism. For many who see themselves engaging in "radical practice" (p. 195) or otherwise working in liberal organizations, Wagner finds that they have achieved "...a modicum of ideological complementarity between employee and employer..." (p. 231). They may support their employer as a shelter for their radical beliefs and are unaware of the limits of what can be accomplished within the workplace.

Zald and McCarthy (1975) cite both the opportunities and limitations for dissent experienced by what they term "organizational intellectuals" (p. 344). According to the authors, critics within organizational settings sometimes have a certain amount of autonomy which allows them to

engage in social change efforts. They may be able to use the resources of the organization (e.g. phones, xerox machines) to support their participation. However, organizations may also be resistant to workers' activism. "Critics" may then be forced to separate advocacy endeavors from daily work. And, similar to Wagner's (1990) view, the authors assert that organizations which support social change may, at the same time, control this activity especially when it is perceived as "revolutionary rhetoric" (p. 356).

Other research literature highlights the limits on activism within the workplace. In his exploratory study of internal advocacy, Patti (1980a) interviewed 59 human service practitioners in 9 health and welfare organizations. Agencies were selected according to proximity to the researcher and ease of administrative approval. Random selection of workers was hindered by the unavailability or unwillingness of some to be interviewed. Among participants, only 6 did not engage in attempts to alter agency practices. One hundred and fifty change efforts were cited by the fifty-three other respondents. The high number of those reporting advocacy efforts may reflect the selection process, that is, that those who attempted change were more willing to participate in the study. Significantly, in more complex organizations, workers reported a mean number of efforts (2.02) which was significantly less than in those agencies considered of low

or medium complexity (3.61). The authors hypothesize that organizational constraints may be more prevalent in complex agencies. Hospitals can certainly be seen as complex institutions in which constraints abound.

In another article emphasizing organizational constraints, Cason and Fletcher (1985) remind grass roots organizers that social service agencies have particular agendas which can influence the organizers' activities. They use case examples of organizing efforts to point out that "often there are very real restrictions on the quality and quantity of political work which an activist may do in a traditional agency" (p.36).

Other writers cite the need to protect one's position by mobilizing support of colleagues or clients for advocacy activities. Rosengard (1982) feels that activists must have the support of co-workers, especially when involved in organizing clients. Wasserman (1971) also discusses the importance of this support.

> In the long run, it is extremely difficult for a professional social worker in a bureaucracy to be an impassioned advocate for his clients, because in so doing he must come into conflict with agency administrators as well as professional colleagues. If he cannot mobilize the support of both colleagues and welfare rights or other organizations that represent clients, he will be forced to leave the agency. (p. 92)

An important area of exploration then are the opportunities for and limitations on activism existing for social workers in agency-based practice. Healthcare settings in particular, with a mission to provide both

quality and cost-effective patient care, may limit social workers' attempts to change policies and procedures unless they can be shown to decrease cost. And, since social workers are not usually hired for their advocacy skills, constraints may be more prevalent than supports. This dissertation explores supports and restrictions facing hospital social workers who view themselves as successfully promoting change.

Administrators as Activists

With existing supports for and limitations on activism in organizations, how are those higher up in the hierarchy faring? Social work administrators who are more frequently in contact with hospital management and their interests, may face conflicts between their advocate and administrative roles. Social work literature on activism among administrators focuses on: the dilemma between patient need and support of hospitals' interests, managers' social action efforts and the kinds of strategies they support.

Patient vs. hospital interests

Social work administrators who have moved up the hierarchy in social work departments or hospital management describe a conflict between advocacy and administration. For example, Light (1987) asserts that social work managers who are strong advocates for patients may be in a "constant state of war" (p. 57) with those in power within the hospital. Both Bailis (1987) and Nielson (1987) discuss social work administrators' dilemma of promoting quality

patient care when budget considerations are of utmost importance to hospital management. According to Bailis, "...The image of 'professional conscience' or 'do-gooder' can be an impediment. We know what people may do when they do not like the directives of their 'conscience': they may get rid of them" (p. 12). Bailis calls for further research on this issue to prevent "excessive guilt and self doubt", (p. 13) on the part of the administrator.

Administrators' advocacy endeavors

Regarding administrators activist efforts, Heffernan (1964) conducted an exploratory qualitative study of 8 executive directors of social work agencies in North Carolina and 6 in Michigan to examine their political activities. His findings demonstrate that while many in his sample engaged in expert testimony and analysis and advocated through professional associations, few would take partisan stands which contradicted the views of the agency board or management. In a study exploring organizational rank and approval of conflict strategies among NASW members, Epstein (1970) found that organizational rank was negatively associated with approval of conflict strategies in housing reform although not in public welfare. In other words, social workers at every level of the hierarchy rejected use of conflict strategies in public welfare. As previously mentioned, Epstein asserts that social workers will generally be more conservative in their strategies in public

welfare because of their close professional ties and vested interest in maintaining these ties.

More recently, Pawlak and Flynn (1990) used qualitative interviews to study executive directors' political activities. Fifty-seven executive directors from Michigan were selected through convenience sampling. Regarding job related activity, the researchers found that most were involved in influencing government officials through letter-writing (95%) and discussion (90%). More than half attended public hearings and served on government task forces and committees. However, only 25% marched in demonstrations or attended rallies. Most in Pawlak and Flynn's (1990) study recounted positive consequences (e.g. increased funding) for their agency as a result of their engagement in political activities. Although negative consequences were generally described as personal, such as having less time for family, 8 directors received criticism from board members. This type of reaction can in fact be a substantial check on further action by managers.

The findings of these studies of administrators' activist efforts are comparable to Reeser and Epstein's sample of social workers in general (1990). To reiterate, the latter's study of NASW members demonstrated that since the 1960's there has been increased involvement in "...institutionalized and socially accepted forms of political behavior..." (p. 22). There has been lesser involvement in behaviors such as joining protest

demonstrations. In many areas of practice, social work administrators may have historically participated in institutionalized, collaborative activist strategies as a way to promote change while maintaining their organizational position. They may also feel more responsible for the organization's survival and therefore less willing to engage in protest strategies which could threaten it.

Other studies have focused on case vs. class advocacy among line workers and administrators. In a study of social work advocates, Epstein (1981) found that those in management are more involved in "class advocacy" while line workers are more involved in "case advocacy" (p. 8). Epstein reported that 87% of managers practiced "class advocacy" (p. 8), that is, "...work on behalf of a group of clients who share a similar status or set of problems" (p.6) some or most of the time, while 49% of line workers did so. Likewise, Ezell (1991) found that among a random sample of NASW members in Washington, social work administrators devoted more work time to class advocacy and were more politically active than line workers. This focus on class advocacy may stem from expectations of management positions and the global perspective administrators gain as they move up the hierarchy (Epstein, 1981). Those line workers who do engage in social action may also be rewarded by promotion to management positions where they continue their involvement, albeit on a broader level.

Thus, these findings demonstrate that administrators, like many social workers, are generally engaged in traditional, non-confrontational forms of activism and may be spending more time on class advocacy efforts while clinicians focus on case advocacy. However, there is also a sense of struggle among administrators between advocacy and management roles. Through qualitative interviews, this study examines the actual experience of administrators in healthcare settings who participate in social action. It especially highlights the strategies used to enhance services to clients in a cost-conscious, sometimes conservative environment.

Summary and Implications

This chapter reviews literature pertaining to social work activism and advocacy within an organizational context, including healthcare settings. Messages of encouragement are given to social workers to participate in social action within and outside of the workplace. Several writers offer advice on techniques of political activism and organizational change efforts. However, they also cite the need for more coursework pertaining to social action in social work educational programs.

Studies have been reviewed which demonstrate that social workers at all levels of the hierarchy generally participate in collaborative, non-confrontational, institutionalized strategies to promote change. This is

particularly true of settings in which social workers have had a long professional history such as public welfare and may also be true for hospital settings. Some writers focus on constraints existing in organizations, especially more complex ones. These constraints restrict organizational change efforts.

Social work administrators write about the tension between their management and advocacy roles. Nevertheless, there is some evidence that they may be spending more time on political and "class" advocacy while line staff focus on "case" advocacy.

Finally, Wagner's (1990) study of the careers of Catalyst members is cited throughout the literature review as one of the few qualitative studies which explores the experiences of social service activists. He focuses on the struggles they face and how they manage their radicalism at the workplace.

Other than Wagner's study, little has been written from the activist's perspective about the dynamics of social work activism in an organizational context, especially in healthcare settings. Questions abound regarding how social workers balance the needs of their clients with the interests of the agency. Who are the social workers that consistently participate in advocacy efforts? What are their strategies for successfully engaging in organizational change efforts? What happens when they do promote change which feels threatening to an agency? How do they combine a

professional career and activist approach? What is the impact on career mobility?

As complex, bureaucratic institutions in which social workers many times are in a subordinate position in relation to other professionals, hospitals provide an ideal setting in which to study these questions. Through qualitative methodology and a grounded theory approach, the world of hospital social work activists is explored in this dissertation in an attempt to understand the struggles and rewards of advocacy efforts. While hospitals increase their focus on financial concerns in response to the present health care environment, constraints on efforts to enhance patient social services will most likely increase, unless they can be shown to be cost-effective. This is a critical time in healthcare and social workers should voice their concerns if hospitals move too far from the mission of quality patient services. It becomes even more imperative then to understand how to successfully promote change that is in the best interests of patients and hospitals. It is equally important to build in supports which teach social workers in hospitals about successful strategies to balance multiple allegiances.

Thus, this dissertation attempts to fill the gap existing in social work literature relating to the organizational context of social work activism. It examines the experiences of 15 hospital-based social workers who are

engaged in advocacy and highlights methods they use to promote change while maintaining their place in the system.

CHAPTER III

METHODOLOGY

Introduction

The preceding literature review highlights issues related to social work activism which warrant further exploration. One such issue is the organizational context of activism. Few in-depth studies exist that examine the organizational experience of social work activists who attempt change within their agency. None have been done specifically of the experience of social work activists in hospitals. In order to grasp the struggles and rewards of activism in hospital settings, the processes that social workers at all levels of the organizational hierarchy use to successfully advocate for change and the impact of an activist stance on career advancement, a grounded theory approach using qualitative research techniques was utilized. This methodology was chosen to probe the following questions:

- What is the experience of activist social workers who practice in hospitals?
- How does the environment of hospital-based practice affect organizational change and advocacy efforts?
- How does location in the hospital/social work department hierarchy affect activism?

Wolcott (1990) emphasizes the importance of "full and complete disclosure about our data gathering procedures..." (P. 27) in qualitative research. This chapter will describe the methodology used to gather and analyze data for this study. It begins with a discussion of grounded theory and qualitative procedures as the methodology of choice for the study. Next, development of the questionnaire and sample selection will be described. Issues regarding interviewing strategies will then be examined. Data analysis, including use of the computer software program, The Ethnograph, will subsequently be addressed. Finally, issues of reliability and validity of the data and limitations of the methodology will be considered.

Using a Grounded Theory Approach

Developing the research questions

Research questions for this study were formulated from the author's personal and professional experience as a hospital social worker and activist (Strauss and Corbin, 1990) and from related literature. In my experience, it became increasingly clear that a tension existed between the role of advocate for an individual patient or groups of patients and employee of a medical center. This tension became even more apparent with the advent of DRG's, when advocating for patients' rights in relation to discharge at times collided with the hospital's interest to decrease length of stay (Dobrof, 1991). The question arose then as

to how social work activists in hospitals balance their allegiance to clients and their employer. More general questions were then formulated: What is the impact of hospital-based practice on social work activism? How do social work activists manage their professional responsibility as employee and advocate? It was important to ask these questions of social workers at all levels of the hierarchy in order to assess the experience of activists who move into management positions. How do social work administrators view the advocate role as they move even closer to the interests of hospitals and many times move farther from direct work with clients?

Choosing the methodology

Selection of methodology should be based on the central study questions that are being posed (Epstein, 1988; Strauss & Corbin, 1990). It should also be based on the explicit "worldview" (Peile, 1988, p. 8) of the researcher. Therefore, the nature of the research questions points to a methodology that captures dynamics of behavior. In order to explore these questions, one must enter the world of hospital social work activists to find out how they view activism in an organizational context. The goal of the study is not to find an objective reality, but rather the particular complex subjective reality of the chosen sample. This "reality" should include the experience of interactions, relationships and behaviors within the context

of the workplace. According to Hartman (1990, partially citing Rein and White, 1981, p. 19),

> We must attend to the theoretical advances of our scholars and academicians but also gather and listen to the 'stories that rise up out of practice,' which 'confront, challenge, confirm, or deny the stories that come down from the distal citadels of the profession'. (p.4)

Thus, a grounded theory approach using qualitative, in-depth interviewing is appropriate to discover the context of activism in hospitals, how social work activists view organizationally-based activism, how they manage to promote change while maintaining their position and how activism affects daily practice.

Grounded theory defined

Grounded theory is inductively derived through systematic data collection and analysis of data pertaining to a specific phenomenon (Strauss & Corbin, 1990). It is theory "...derived from data and then illustrated by characteristic examples of data" (Glaser & Strauss, 1967, p. 5). Findings are grounded in specific contexts and "real-world patterns" (Glaser and Strauss, cited in Patton, 1990, p. 45). Different from deductive methods which begin with a priori assumptions, an exploratory approach is used which allows hypotheses to emerge from the data (Patton, 1990). According to Bull (1988), "Grounded theory is based on an accumulation of diverse qualitative facts that show different perspectives on a situation rather than on a sample of persons as representatives of a population" (p.

416). In other words, incidents, processes or concepts (rather than persons, per se) are sampled that have theoretical relevance to the evolving theory (Strauss & Corbin, 1990). Ebaugh (1988) describes the usefulness of a grounded theory approach in exploring social processes.

> Grounded theory is especially powerful in illuminating social processes since the focus is on the individual's statements and actions regarding patterns, inconsistencies, intended and unintended consequences of action, meaning systems, assumptions that people hold, and social systems and interactions that are part of behavior. (p. 30)

The relevance of qualitative techniques

Qualitative methodology is particularly useful to enhance the generation of grounded theory. In-depth interviewing of social work activists in hospitals resulted in data focused on experiences of the sample, processes by which they attempt change and strategies used to balance multiple allegiances. Findings of the study are rooted in the perspectives of those interviewed and in real-life struggles they experience. An understanding of interactions between activist strategies and consequences, so important in assessing how social work activists survive and succeed in a hospital setting, could only emerge by encouraging respondents to tell their story. According to Havassy (1990),

> In-depth interviews enable access to [subjects'] perceptions of the multiple meanings of situations and behavior, and can be used to explore the interplay between these varied interpretations in ways much more sensitive than are possible with a standardized questionnaire. (p. 104)

As mentioned previously, although empirical research exists that focuses on social workers and activism, except for Wagner's (1990) study, little research has been done that examines the impact of organizational context on activism. In addition, few researchers have asked activists directly about their experience. The paucity of research is particularly apparent as it relates to hospital settings. Inductive methods are then appropriate to "...the study of relatively uncharted social terrain" (Epstein, 1988, p. 188). Interviewees become the "experts" (Hartman, 1992, p. 484) contributing to understanding of the topic.

Developing the Questionnaire

Experience as an activist along with knowledge of literature on activism were used in developing an interview guide for the study (Appendix I). The questionnaire was designed to ask general questions and then, if necessary, to utilize "probe" questions to gain further understanding and information on the topic (Patton, 1990). Although standard questions were developed, the guide allowed enough flexibility for participants' stories to unfold (Marshall & Rossman, 1989). Lofland and Lofland (1984) describe the purpose of the questionnaire for this type of research.

> You want interviewees to speak freely in their own terms about a set of concerns you bring to the interaction, plus whatever else they might introduce. Thus, interviews might more accurately be termed guided conversations. (p. 59)

An introduction to the study (Appendix I) was included to reiterate its purpose and why respondents were selected. It also gave them an idea of what to expect, such as the general flow of questions and approximate length of the interview (Patton, 1990). Finally, it encouraged them to ask questions regarding the study.

Then, the interview guide focused on two major areas: (1) Who are the activist medical social workers? (2) How does hospital-based practice affect activism? Initial questions under each topic were generally worded to encourage respondents' perspectives rather than the researcher's possible biases. Questions then became more focused on the specifics of activism (Sudman & Bradburn, 1982). Final questions were designed to invite further comment on issues that respondents had not discussed. Respondents were also asked to recommend other hospital social workers who might be appropriate for the sample (Seaburg, 1988).

Finally, a demographic data sheet was developed to capture background information on items such as respondents' age, current position and educational degrees (Appendix II). It was placed at the end of the interview to encourage participants to focus more quickly and fully on open-ended questions from the beginning. Demographic questions can also be potentially uncomfortable or boring for respondents and therefore should be posed after principal questions are asked (Patton, 1990; Sudman & Bradburn, 1982).

Selecting the Sample

Sampling techniques

Sample size and characteristics of the sample population should be consistent with the purpose of the study and central study question (Bernstein, 1989). Glaser and Strauss (1967) stress selection of groups for discovering theory in accordance with their "theoretical relevance for furthering the development of emerging categories" (p. 49).

Thus, in order to discover (1) the experience of activist social workers in hospitals (2) how the environment of hospital-based practice affects organizational change and advocacy efforts (3) how location in the hospital/social work department hierarchy affects activism, 15 activist social workers in a variety of hospitals and at all levels of the hierarchy were interviewed. According to Patton (1990), "The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected... than with sample size" (p. 185). It was assumed that interviewing this cohort would provide information-rich data relevant to the study's central questions. The sample would be large enough to "provide simultaneous maximization or minimization of both the differences and the similarities of data that bear on the categories being studied" (Glaser & Strauss, 1967, p. 55), but "small enough to make the data management feasible" (Bernstein, 1989, p. 57).

Two sampling techniques were used: (1) purposive (2) "snowball". Both are nonprobability sampling procedures appropriate to exploratory research (Epstein, 1981; Seaburg, 1988).

Purposive sampling is used when "typical" cases are desired which will provide data on a particular topic (Seaburg, 1988). Participants are chosen who represent the phenomenon being studied (Rennie, Phillips, & Quartaro, 1988). Snowball sampling is useful when there is a small cohort from which to choose a sample and the researcher's familiarity with potential participants is limited. Through snowball sampling, respondents are asked for names of possible participants (Seaburg, 1988). Colleagues in my own and other hospitals along with the executive director of NASW were also asked for suggestions of activist hospital social workers. Prior to contacting suggested social workers, referring sources were asked to sign a form giving permission to use their name (Appendix III).

In relation to generalizability of the sample, Strauss and Corbin (1990) state,

> In terms of making generalizations to a larger population, we are not attempting to generalize as such but to specify. We specify the conditions under which our phenomena exist, the action/interaction that pertains to them, and the associated outcomes or consequences. This means that our theoretical formulation applies to these situations or circumstances but to no others. (p. 191)

Consequently, findings derived from this sample are not, strictly speaking, generalizable. However, they offer

beginning hypotheses relevant to hospital social work activists.

Enlisting participation

Social workers who were identified by others or self-identified as "activists" and were practicing in acute-care hospitals were selected for the study. They were first contacted by phone to discuss the nature of the study and enlist their participation (Appendix IV). Their responses varied, from immediate agreement to participate, to initial questions regarding my definition of activism prior to agreement. An activist was described as someone who attempts to change organizational or social and healthcare policy in the interests of clients or the social work profession. A few participants were unsure whether they fit the criteria of activist. Some felt they were more of an activist outside of work than within the hospital and vice-versa. They were then reassured that either focus of activity would be helpful to the study. When they had some doubt about their appropriateness for the study, some were asked why they thought the referring source would consider them an activist. Others were asked to describe some of the activities in which they were involved that they would consider to be activist endeavors.

Through this discussion, most agreed to participate. However, during interviews with some in the sample, tension remained about whether they truly fit the label. This issue will be discussed further in chapter IV. Only two potential

respondents refused participation: one felt she did not have time and the second felt she did not fit the criteria to be labeled an activist.

Background characteristics

Fifteen social workers in 13 New York City Hospitals were interviewed. Characteristics of the hospitals are as follows:

Auspice:	8 voluntary
	4 municipal
	1 federal
Location:	9 Manhattan
	4 Bronx
	1 Brooklyn
	1 Queens

Background characteristics of the sample are the following:

Job position[1]	3 line workers
	6 supervisors
	5 senior managers
	1 administrator
Gender	11 female
	4 male

[1] Positions listed are ones held at the time of the interview. However, a few social workers had recently changed positions. One social worker had moved from an administrative social work position to a hospital position outside of social work a few months prior to being interviewed. Another had recently become the Program Director of a counseling program for pregnant prisoners after 3 years as a social worker and supervisor in a municipal hospital. A supervisor had been promoted 2 weeks prior to the interview, and had previously been a line worker for 2 years before the promotion.

Age range	26-61
median age	47
Race/ ethnicity	12 White 3 Black
Religion	8 Jewish 1 Catholic 1 Catholic and Buddhist 1 Baptist 4 Did not list a religion
Education	14 Masters in Social Work 1 Masters in Administration
Political Party Affiliation	11 Democratic 1 Socialist 1 Socialist Feminist 1 Independent 1 None
Place of birth	9 New York Metropolitan area 3 Midwest 1 South 1 Other Northeast 1 "U.S.A."

Respondents listed a variety of occupations of their parents relating to business, education, management, housekeeping, etc.

Respondents cited a variety of memberships in professional and political organizations which are listed in Table I.

Conducting the Interviews

Conducting pilot interviews

Three pilot interviews were conducted in July-August, 1992 to test the questionnaire and enhance my own comfort with the interviewing process. Two of the social workers interviewed were colleagues in the hospital in which I am employed. The third social worker from another hospital was

referred by a colleague with whom I work. One was a line worker and two were in administrative positions.

These interviews were an invaluable learning experience. First, respondents gave feedback on my interviewing skills. For example, one social worker felt that at times I asked several questions at once, or what Sudman and Bradburn (1982) call "double-barreled questions" (p. 132). Second, respondents sometimes asked for clarification of the wording on some questions. I then had a better sense of questions which might be confusing and was able to revise the wording. Third, I gained a sense of how to pace the interviews to include questions which touched on the main focus of the research. Finally, the interviews confirmed the necessity of sampling outside of my own workplace. Due to the sensitive nature of questions regarding constraints on activism in hospitals, the validity of material collected from co-workers had the potential to be compromised. Since the pilot interviews did not result in substantive changes in the interview schedule, the interview of the administrator at another hospital was included in the present study (Bernstein, 1989).

Continuing the interviews

Fourteen additional interviews were then conducted from September-December, 1992. A number of issues surfaced in the interviewing process which will now be delineated.

Engaging participants

A variety of strategies were utilized to quickly engage participants. First, the introductory statement was useful to focus attention on the study's purpose (Appendix I). Next, participants were asked to sign a standard consent form for participation (Appendix V). It assured anonymity and confidentiality and outlined in writing what was expected of interviewees. It established the professional nature of the interview and may have helped some to feel more comfortable in knowing the parameters of the process. Finally, the interview was designed to begin with general questions regarding activism and subsequently focus on potentially more sensitive questions about the impact of the workplace. Respondents seemed to feel comfortable with this approach and may have been less hesitant to discuss the specifics of organizational impact.

Supporting participants

In order to enhance the validity and reliability of data and promote disclosure in the interview, it is critical that respondents be supported through the process (Wagner, 1988). Some participants expressed guilt that they were not involved sufficiently in activist endeavors, for example. It was important from the beginning then to discuss activism as inclusive of a variety of activities on and off the job. It was also imperative to reassure interviewees that the study was not measuring the extent to which they were involved.

Others described "critical incidents" in which they had difficulties with supervisors or peers due to their activism or other issues. Again, it was important to empathize with their position (Wagner, 1990). They were also encouraged to focus on this area in order to educate the interviewer about their management of what, many times, were constraints on advocacy efforts.

Focusing participants

A major goal in using a grounded theory approach is to gather data which reflects respondents' perspectives (Patton, 1990). One of the struggles in reaching this goal concerns the balance between focusing respondents on the questions at hand and allowing them to tell their story. There were many times when I forced myself to concentrate less on what I wanted to know and more on what the respondent was saying. This was so important in truly capturing the viewpoint of those interviewed. Tuchman (1979) emphasizes the necessity of "submitting to the material" in writing history.

> If the historian will submit himself to his material instead of trying to impose himself on his material, then the material will ultimately speak to him and supply the answers. (p. 37)

Submitting to the material in qualitative interviewing means many times suspending one's desire for "control" over the interview and instead allowing the respondent to "speak" to the researcher.

Nonetheless, actively listening to assess whether respondents are providing data which is useful is also critical (Patton, 1990). However, as one tries to encourage participants' perspectives to surface, it is many times difficult to ascertain what is relevant from what may be of less use. And, after listening to a few taped interviews prior to finishing the interview process, I was convinced that what I had thought was tangential when I was sitting with the respondent was in fact sometimes critical to the interview. Therefore, at points in the interview process it was important to try to clarify the relationship between what respondents were saying and the question which had been asked. Many times there indeed was a relationship which became clearer when it was explained by the interviewee.

Another useful technique to focus respondents is the use of "probes", that is, follow-up questions which encourage participants to provide further data on an area of exploration (Patton, 1990). The probe was used to refocus interviewees on the original question posed, to prompt them to continue or to clarify information they were providing (Wagner, 1988). For example, some social workers responded to questions in a theoretical manner. In these instances, probes were used to ask for actual examples and specifics relating to the questions which had been asked.

Some participants had more difficulty focusing on the topic than others. During one particular interview, much of the time was spent attempting to focus responses and clarify

information being provided. When I listened to the taped interview, it was unfortunately just as difficult to follow the thoughts of the social worker being interviewed. Much of the data from the interview was not able to be used in the data analysis because of lack of clarity.

Keeping an open mind

As the interviews progressed, beginning notions of common themes among respondents began to develop. For example, after the seventh interview, I became aware that some social workers had to separate their daily work from activist endeavors in order to maintain their position. During the eleventh, the phrase "responsible activist" was coined and I began to consider whether this might apply to others I was interviewing. It was important in subsequent interviews to continue to discover new themes while also testing out these ideas. I began to concentrate with interviewees on instances in which they may not have been viewed as "responsible" to further explore the concept of the responsible activist. Glaser and Strauss (1967) call this method "theoretical sampling" (p. 45), whereby researchers make ongoing decisions about what data to collect according to the theory which is emerging during data collection and analysis phases. However, again a balance was needed between testing beginning conceptualizations and being open to new ideas. Most importantly, it was important to avoid premature closure in relation to new discoveries (Strauss & Corbin, 1990).

Analyzing the Data

According to Strauss and Corbin (1990), "A qualitative study can be evaluated accurately only if its procedures are sufficiently explicit so that readers of the resulting publication can assess their appropriateness" (p. 249). This section will describe data analysis procedures including transcribing the interviews, using the computer software program, The Ethnograph, coding the interviews, creating the categories, compiling an outline and presenting the findings.

Transcribing the interviews

A professional transcriber was used to type interviews from tape recordings. Although there are advantages to the researcher's transcription of the tapes (Bernstein, 1989), the considerable time involved in this effort would have greatly delayed the project's progress. Instead, once transcribed, I read each transcription while listening to the taped interview. This process was valuable for two reasons: (1) to correct errors in the transcription (2) to ensure that I had a sense of the intonation and emphasis which would be missing in the transcription (Strauss & Corbin, 1990). The transcriber then revised the interviews to correct mistakes.

In addition, while the process of interviewing the sample had led to beginning thoughts about and analysis of the data being collected, this analysis continued as tapes

were reviewed. Ideas about what I thought I had heard could be tested and new ideas generated as I listened.

Keeping a log

While listening to the tapes and reading the transcriptions, I began to keep a log of thoughts. Keeping a written record of conceptual thoughts, usually called "memoing", (Miles and Huberman, 1984, p. 6; Rennie et al., 1988, p. 144; Strauss & Corbin, 1990, p. 193) is viewed as an important aspect of qualitative methodology. The record can be used, for example, to develop concepts, relate common themes or cite differences which become apparent as data analysis progresses. Miles and Huberman (1984) advise that the researcher give priority to memoing. As ideas strike the researcher, they should be immediately recorded. This advice is well-taken since conceptual ideas can be fleeting. Keeping a log throughout the data analysis phase allows for ongoing development of simple thoughts and conceptual frameworks (Lincoln and Guba, 1985).

Using the Ethnograph

The Ethnograph computer program assists qualitative researchers in mechanical aspects of data analysis. It replaces the "cutting and pasting" (Seidel, Kjolseth & Seymour, 1988, p. 1-3) tasks which have previously been accomplished by hand to organize qualitative data. Although it does not supplant the creative process of analyzing interviews, it does organize data once it is coded to further the analysis process.

Transcriptions had been typed in the format required for the Ethnograph (Seidel et al., 1988). Then, the Ethnograph was used to number the lines of text in each transcription.

Coding the Data

The next step in data analysis is to code the printed interviews. According to Strauss and Corbin (1990), "Open coding is the part of the analysis that pertains specifically to the naming and categorizing of phenomena through close examination of data" (p. 61). Besides the labeling of phenomena, it also involves comparing the data for similarities and differences along with questioning the assumptions which the researcher has already made about the data (Strauss & Corbin, 1990).

In order to establish codes, a line by line analysis of the transcriptions was done. Codes were hand-written on the printed transcription. One hundred and nineteen codes were established (Appendix VI). Codes were applied to one or more phrases and sometimes encompassed many pages of data. In order to develop codes which were "close" to the data and, as much as possible, represented the perspective of respondents, it was important to continually ask, "What is this interviewee trying to tell me?" A phenomenon was then labeled with a descriptive code, many times using words of those interviewed (Rennie et al., 1988).

Beginning codes tended to be concrete in nature, and became more abstract as the coding progressed (Seidel et

al., 1988). For example, "commwork", an early code, operationally defined as "committee work", was used when social workers discussed their participation on committees as an activist endeavor. "Activact" was then created and was used frequently, at times over many pages, as social workers discussed their involvement in a variety of efforts. (Data can be labeled with up to 12 codes and therefore all data coded "commwork" was also coded "activact".) A more conceptual code developed later in the process was "separate", which applied to data in which respondents discussed the separation of activism and practice. According to Rennie et al. (1988), "A grounded theory is typically a blend of descriptive and constructed categories with the former often subsumable under the latter" (p. 143). Thus, data coded "commwork", "activact" and "separate" could easily overlap.

Once all interviews were coded, they were re-read to include codes which had been developed as the coding proceeded. This process was also important as a check on reliability of the codes in relation to data. In fact, for the most part, it involved adding codes rather than altering what had previously been coded.

Codes were then entered into the computer again using the Ethnograph. Next, the computer program was used to sort the coded data. Segments of interviews under the same code were printed together. Individual manilla files were

created for each code and the printed material sorted and filed accordingly to facilitate further analysis.

Categorizing the data

The next phase involves refining initial categories of data and establishing new ones. This endeavor leads to further development of patterns, relationships, commonalities and differences in the data. A conceptual framework begins to emerge as segments bearing the same code are read and analyzed (Rennie et al., 1988).

An initial step at this point is to organize codes into beginning categories (Appendix VII). In other words, related codes are grouped together conceptually by the researcher. This effort achieves two objectives: (1) to organize a strategy for reading coded material (2) to establish linkages among codes which facilitate category development. The "story line" (Strauss and Corbin, 1990, p. 120) becomes clearer as this grouping takes place and categories are refined.

Over a three month period, files containing coded material were read and analyzed. Thoughts on each category were recorded and line numbers of significant quotes were highlighted. This process was essential to further conceptualization of the data and greatly facilitated development of the dissertation outline.

Strengthening the core category

As files containing coded material were reviewed, those that related to the "responsible activist" category (e.g.

those related to strategies to maintain the label) were analyzed first. By beginning this way, one must continually be open to the possibility that the emerging major or core category does not in fact "fit" the data. Strauss and Corbin (1990) stress the importance of continual questioning of one's assumptions as data analysis proceeds. They describe strategies to challenge assumptions, such as the "flip-flop" (p. 84) technique whereby the researcher imagines the opposite of the assumption he or she has made.

This technique was used about a month into this phase of analysis. I realized that many in the sample described particular incidents in which they were unsuccessful in making changes or in maintaining the "responsible" label. I wondered whether I had imposed the idea of "responsible activist" onto the sample since they obviously were not always considered responsible by superiors. I therefore re-read each transcription to search for and analyze "critical incidents" in which they might be viewed as irresponsible or were unsuccessful in making changes, sometimes to the point of giving up.

The process of searching for the opposite of my assumptions was critical. I was able to isolate strategies used by these social workers to regain the label when administrators perceived them as acting against the interests of the social work department or hospital. I realized that at times giving up efforts for change may be a "responsible" strategy. For many in the sample, they had an

intuitive sense of when they were overstepping the bounds of acceptable activism. When they reached this point, they might stop their actions, thereby allowing them to maintain the "responsible" label and engage in other activities in the future.

At the same time, I further analyzed a particular interview which seemed different from others I had done. Most of the sample focused on ways to enlist the support of superiors for advocacy efforts. However, one social worker described constant confrontations with bosses throughout her career. She was much less focused on balancing the interests of superiors and clients and instead emphasized allegiance to clients and the community. However, she maintained her position in the hospital because of support from some important constituents outside of her department and most likely because of her union status.

Conceptualization of the core category was consequently deepened by contrasting this interview with others. In addition, the validity of the "responsible activist" core category was reinforced through the questioning of assumptions.

Developing the outline

Developing a detailed outline prior to writing the dissertation is essential (Wolcott, 1990). It leads to further organization and analysis of the data and is another check on reliability and validity.

An initial outline was created as coded interview segments were being read. Certainly, having read through many of the folders containing coded segments helped in conceptualizing how the findings should be written. Alternatively, writing the outline also was helpful as I continued reading the segments. As the findings became clearer, I used the reading process to further check on their validity.

Once all coded segments were reviewed, a more detailed outline of each chapter was formulated. Chapters were divided into sections and appropriate quotations from interviews were inserted (using the line numbers as reference) into the outline. Another test of whether the evolving conceptualization of the "responsible activist" was grounded in the data was therefore accomplished by this procedure. Interview segments should justify the study's findings. Assumptions were once again tested by searching for segments which supported the findings. At times ideas were revised when, upon further exploration, it was found that data was not in fact supportive.

For example, one of the strategies for maintaining the "responsible" label while advocating change pertained to respondents ability to tailor their actions according to their understanding of what the organization would support. I entitled this strategy, "understanding the environment". However, in devising the outline, I re-examined the quotations within this category. I realized that their

"understanding" more specifically related to the interests of those around them rather than the more abstract environment. They were attentive to the positions of hospital or social work administrators, social work colleagues, patients or the community. The strategy was renamed, "understanding the interests of the role-set".

Presenting the findings

Data analysis continued even as findings were being written. Striving to maintain a "healthy skepticism" (Wolcott, 1990, p. 46) even as one writes the dissertation is important to ensure that findings truly reflect the perspective of interviewees. Therefore, findings were continually validated by re-exploration of the data included in the written presentation. Literature was also interspersed throughout the written document to support the findings (Bernstein, 1989; Strauss & Corbin, 1989). At points, when literature contrasted with what was being presented, it was critical to consider reasons for the difference.

It was also crucial that I reexamine the core category, "responsible activist". Again, I was interested in whether the category had truly emerged from the data or whether it had been imposed by me. Although the phrase had been coined by a participant, it was important as I wrote the findings to revisit this issue. Upon further examination, I concluded that "responsible activist" stems directly from the data at the same time that it was also developed in more

depth through analysis of the data. The initial quote from interview eleven which refers to the term provides the "gist" of its meaning, that is, an activist who balances the interests of those to whom he or she relates in daily practice while promoting change. Other interviewees, although not using this phrase, also spoke in a variety of ways about the balance required if social workers want to engage in activism within the hospital setting. However, I made the connections among their strategies and labeled what they were discussing as "responsible activism". How activist social workers manage the balance, what strategies they use, what happens when they are not successful in their balancing act is presented through description of the findings.

Reliability and Validity

The above description of methodology highlights efforts to enhance reliability and validity of study findings. The following is a summary of these efforts.

Testing reliability

Coded transcriptions were re-read to assess the reliability of the coding process. As I have previously stated, few modifications in already established codes were made. However, transcriptions were updated with codes which had emerged in later interviews. This process is comparable to interobserver reliability (Bernstein, 1989).

Validating findings

Efforts to substantiate findings were continually made throughout the data collection and analysis process.

Testing against the data

Emerging concepts and theory were continually tested against the data "...to complete its grounding" (Strauss & Corbin, 1990, p. 133). For example, during data collection, as common themes emerged, theoretical sampling was used to question whether these themes were similar in subsequent interviews (Glaser & Strauss, 1967). In addition, in developing the detailed outline of each chapter and presenting the findings in the written dissertation, interview segments were identified which substantiated findings. If, on closer examination, segments did not "fit", the finding was reconsidered and modified.

Searching for variations

"Negative cases" (Strauss & Corbin, 1990, p. 187) which potentially refuted the theory were analyzed to determine whether they were a variation in the theory or constituted a problem with the theory itself. By using the constant comparison method, in which incidents are continually compared with each other (Glaser and Strauss, 1967), variations in data relating to the core concept, "responsible activist", were found. Differing experiences surfaced and were highlighted throughout the dissertation. In addition, possible reasons for these differences and the circumstances by which differences occur were explicated.

Using literature for validation and modification

Relevant literature was used to strengthen conceptualizations (Bernstein, 1989; Strauss & Corbin, 1990). Literature which concurred with or differed from findings were both included in the dissertation. Similar to the search for variations, reasons for differences were considered and included. The findings were modified or further strengthened by this process.

Documenting the methodology

Glaser and Strauss (1967) contend that credibility of qualitative research should be based on "...detailed elements of the actual strategies used for collecting, coding, analyzing, and presenting data when generating theory..." (p. 224). In relation to reliability, Kirk and Miller (1986) advise researchers to document procedures carefully. Methodology has been carefully described to enhance the validity and reliability of the data presented.

Problems and Limitations

Definition of activism

Due to the exploratory nature of this study, a broad, inclusive definition of activism was used. Some respondents expressed ambivalence about labeling themselves or the activities in which they were engaged as activist. At one point they would describe with pride their involvement and then later question whether they were "true" activists.

As I discuss in chapter IV, some of their ambivalence stems from high expectations of what an activist should be able to accomplish. It may also stem from the split between activism and practice which is experienced by some interviewees. As hospital social workers, they many times feel that their ability to be an advocate is limited.

Furthermore, questions focused on changes they attempted, strategies they used and consequences of advocacy efforts within and outside of the hospital. Therefore, since all of the respondents could identify advocacy activities in which they were involved and talked in detail and, many times, with great feeling about the process of change, they made significant contributions to the study.

The researcher as interviewer

As I mentioned earlier, once the pilot interviews were completed, only social workers practicing outside of the hospital in which I work were interviewed. This was done to prevent responses which might have been biased due to my position as a senior manager. However, this same position may have affected others in the sample. Although I did not know most participants, I had interacted intermittently with two social work managers on professional issues prior to the interviews. My relationship with them and the possibility of additional interaction in the future may have influenced their responses. Others may also have tailored their responses because they were talking to an administrator as opposed to a line social worker. To counteract this

possibility, every effort was made to reinforce the notion that the study was being done to examine their experience without a preconceived notion of a "correct" strategy for activism within a hospital setting.

Additionally, my own feelings about and experiences with activism should also be acknowledged in relation to the findings (Patton, 1990). Because of my involvement in activist efforts at various points in my career, I was keenly interested in how others managed the role of advocate and social worker in a hospital. During the interviews, it was important to use my own experiences as I asked questions at the same time that I remain open to differing experiences of the sample. I had to be aware of my own biases about what I would consider "appropriate" behavior as respondents described struggles with the advocate vs. employee role. In addition, since my experience had generally been a positive one, it was critical to explore the "downsides" of activism, such as what happens when advocacy leads to a negative response from administration. Although the findings presented are inevitably from the researcher's perspective (Patton, 1990), continual questioning of developing conceptualizations was useful to ensure that findings were grounded in the data (Strauss & Corbin, 1990).

The value of hindsight

One of the frustrations of listening to the interviews was recognizing when I could have probed further. Sometimes I understood the point the interviewer was trying to convey

only upon hearing the tape. I realized I had missed an opportunity to focus in more depth on an issue. In addition, due to the nature of grounded theory methodology, many issues became clearer as the interviewing and data analysis phases proceeded. There have been many times in the course of the process when I have said to myself, "If only I had known what I know now, I would have asked a question differently", for example. On the other hand, a point of theoretical "saturation" (Glaser & Strauss, 1967, p. 111; Rennie et al., 1988, p. 143) was reached in the data analysis process. In other words, as data analysis progressed, few new categories emerged and those which did were subsumed under others. Although at times I felt there was more I could have asked, it was clear that enough data had been gathered to fully develop the core category. The findings therefore represent beginning hypotheses and point to possibilities for further research.

Summary

This chapter details the methodology used to explore the central questions of the study. First, a grounded theory approach employing qualitative techniques is described as an appropriate methodology to discover the impact of hospital practice on social work activism. Then, development of a questionnaire to be used as a flexible guide for interviewing is examined. Next, sample selection using purposive and "snowball" techniques to capture

information-rich data is discussed. Strategies to enlist participation are additionally explored. Steps involved in data analysis are then outlined, including interview transcription, use of the computer program, The Ethnograph, coding the data, categorizing the data, developing an outline and presenting the findings. The continual questioning of emerging conceptualizations, including the core category, is emphasized to ensure that findings are valid and grounded in the data. Other efforts to strengthen the reliability and validity of the data are also delineated, including recoding the data, testing conceptualizations against the data, searching for variations, incorporating relevant literature, and documenting methodology. Finally, problems and limitations of the methodology are addressed.

Table I

Memberships/Affiliations:

Professional and Political Organizations

Advisory Board, Girls Club of America
Advisory Board, Human Resources Administration Bronx Crisis Family Shelters
Advisory Board to the Commissioner, New York City Human Resources Administration
AIDS Coalition for Women
American Group Psychotherapy Association
Association of Pediatric Oncology Social Workers
American Orthopsychiatric Association
American Public Health Association
Association of Black Social Work Educators
Bertha Reynolds Society
Bronx Lesbians United in Sisterhood
Children's Defense Fund
Citizen Committee for Children
Citywide Advisory Council to the New York City Human Resources Administration
Citywide Recycling Advisory Board
Community Planning Board #4, Bronx
Council on Social Work Education
DC37 Local 768
Democratic Party
Forty-Seventh Clergy Council
Health Systems Agency Long Care Task Force
HRSA Social Services Subcommittee
Jews for Racial and Economic Justice
Lesbian Advisory Committee of Bronx AIDS Services
Lesbians Working in AIDS
Local 1199 of the Hospital Workers of America
LaPeninsula Head Start Board of Directors
Manhattan Solid Waste Advisory board
Minority Task Force on AIDS
National Association of Social Workers
National Organization for Women
National Association of Oncology Social Workers
New York City Community Board 11
New York City Gay and Lesbian Antiviolence Project
New York City Health Crisis
New York State Hospice Association
Race Relations Advisory Committee
Society for Clinical Social Work Psychotherapists
Society of Social Work Administrators in Hospitals
UFBCO Day Care Center Board of Directors
Women's Health Network
Zen Studies Society

CHAPTER IV

THE "RESPONSIBLE" ACTIVIST

Introduction

The central focus of this dissertation is the impact of the hospital as employing institution on social worker activism. This chapter is an introduction to the concept of the "responsible activist". In it, a sample of social work activists will be described who are successful in managing the demands of the hospital while attempting to make changes which they believe are in the best interests of patients or the social work profession. The term "responsible activist", will be introduced, as it is defined by a line social worker in the sample, and related to the ways in which many other respondents view themselves. In addition, the activist careers of the sample along with their perceptions of the rewards and limitations of being a responsible activist will be addressed.

Defining Activism

Respondents defined activism in a variety of ways. Some focused on the importance of change. One social work supervisor states:

> I would define it as somebody who tries to do something to change things.[1]

A former administrator defines it as follows:

> I connect it with politics and social change and the need to try and foment or help social change along.

One of the few interviewees who specifically describes organizational change as an aspect of activism responds:

> There are different components. One component would be in terms of political involvement. And exactly as the word says, be very active in terms of political involvement or bringing about change. And the other may be less so in terms of the political arena, but more so using the traditional system in terms of bringing about change.

I ask what she means by "the traditional system".

> Meaning not a political system but working within, for instance, the hospital, working within the social work department structure.

Others emphasize that activism implies a consistency of effort to make changes. A line worker replies:

> To me an activist is someone who is willing to get involved to completion until something is changed. And doesn't stop until something is changed.

A supervisor describes activists in this way:

> I think of people who are very cause oriented, who sort of have a very consistent point of view on which they educate others on a consistent basis. Everything they do filters through and is about their commitment.

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[1]. Interview segments have been edited to facilitate reading. Judgement was used in the editing to ensure that the meaning did not change. Types of editing include: deletions of phrases such as "I mean", "I think", "okay"; deletion of my questions to the respondent; consolidation of repetitive thoughts. Pronouns and phrases were also added to enhance clarity (Bernstein, 1989).

Still others highlight the connection between activism and practice. A supervisor who retains a large caseload states:

> I understand my activism now as more my perspective on the world and how I have used that in my work with people.

He is asked to describe his perspective.

> Well, maybe in a general way, an emphasis on understanding the larger systems and how they affect people.

A social work director views activism as a way to link policy and practice.

> I think good social work practice lends itself to activism in the sense that we represent the life of the patient and in representing that, in representing our particular perspective of person in environment, we represent all of the outcomes of social policy. So we are the educative link or the advocate link between that environment and that organization. We can't change policy necessarily in our organizations, or in our society, but we can keep those issues alive in the thinking of people who do the treatment planning and make the policies of an organization. So to me, that's an activist approach.

Respondents' View of Themselves as Activists

Social workers were also asked whether they considered themselves activists. Although they had agreed over the phone to participate in a study of social work activists, during the interview some expressed ambivalence about describing themselves as such.

A social work supervisor who had been promoted 2 weeks prior to the interview, answers "definitely" when asked whether she considers herself an activist. However, later in the interview, when discussing activism within the hospital, she questions:

> And am I an activist? God, it's so funny. I think of myself as a do-er on the job. I do lots of extra things that are not what I really need to do for the department.

Similarly, a line worker initially answers:

> Yes. I think from especially the definition you gave and also because just what I feel comfortable with.

However, later in the interview, she states:

> When you first called me, I wasn't so sure I was an activist because again, I feel very strongly about politics, but I'm not involved in the political system.

One supervisor downplays his activism because over time he has become less involved in activism outside of the hospital. When asked whether he considers himself an activist, he responds:

> Well, of sorts. I was more active in the past. In the past I might have done more things that people would associate with activism, like going to demonstrations, which I do less of now. So I think of my activism in smaller ways or different kinds of ways.

A line worker similarly diminishes her involvement in a variety of efforts both within and outside of the hospital.

> The reason why I don't consider myself an activist is because I see so many things that I should be doing that I don't have time to do, so I feel like I only get my hands into a little bit of things.

The answer is not simple either for a supervisor who was involved in union issues. When asked about being an activist, he responds:

> No. I mean, I guess obviously I did something that caused [the referring person] to give you my name, so I can't say, 'Gee, I never did anything.' I've responded to some situations where I felt

> there was some particular pressing reasons to do something right now, and where I kind of felt that I, more likely than anyone else, was going to become involved.

Only one respondent was adamant that she was not an activist. Although she was involved in changing the policies of her clinic so that it would become more responsive to patients, and participated in efforts in her community to lessen discrimination, she would not define herself as an activist. She describes an activist as:

> Someone who is constantly working to change policy, and that's their sole purpose- to look at policy and to change.

This line worker, whose title within her hospital was "social worker", is the only interviewee without a social work degree. Her lack of identification as an activist might be attributed to a lack of orientation, provided by social work education, to the ways in which social action can be represented in organizational and community work. However, from the above quotes of others in the sample who did have social work degrees, it is evident that many in the sample hesitated to describe themselves as activists. There is a sense of self-denigration in segments focusing on their view of themselves as activists as they disparage the extent to which they are involved.

A review of their definition of activism and thoughts about themselves as activists provides a clue to their reluctance. These social workers have high expectations of social work activists. Although I present them with a broad

definition of activism that includes a range of activities encompassing organizational and policy change, some of the respondents only include work on broad social policy in their definition and thereby discount the efforts they are making within the organization. Others view activists as exclusively and constantly working towards social change and feel that their intermittent activism or involvement in non-activist endeavors (exercise classes, religious activities) prevents them from being labeled an activist. Such high expectations, without an acceptance of and satisfaction with what they do accomplish within and outside of the hospital, have implications for continued involvement of social workers in activism. Stress and burnout could result to the extent that these advocates focus on what they are not doing rather than what they do achieve.

Feeling guilt

In fact, a theme throughout the interviews was one of guilt for what could not be accomplished. Rosengard (1982) recognizes the "perfectionism" that plagues radical social workers and the "unrealistic demands" (p. 76) that they place on themselves, potentially immobilizing their efforts at change. Similarly, Wagner (1990) describes the "high level of guilt" (p. 119) experienced by the radical social workers in his sample as they talked about a lessening of involvement in activism or a general feeling of not doing enough. Many of the social workers in the present sample described guilt about "never doing enough" or not following

a change through to conclusion. Considering their definitions of activism, that is, that one works constantly towards change and is solely focused on accomplishing change, it is no wonder that their activism, from their perspective, is rarely sufficient.

For example, a social work director who has been involved in a variety of professional organizations and is very focused on creating a more humane culture in her hospital, responds to the question, "Do you consider yourself an activist?" in this way:

> Never enough. Never satisfying enough in the sense that it feels insufficient. In terms of a real public policy impact.

Later in the interview, she again identifies what she has not been able to do with a sense of regret.

> I just wish that I had used the activism or will use the activism as more of a platform for some public policy and I have not really done that.

Another director explains:

> I always think I should be doing more. I feel sometimes that I'm superficial a little bit about it and do not do the kind of in-depth activism that really should be done.

When asked what she would consider "in-depth", she responds:

> Like I feel if you really believe in whatever activism is, that I should be at Clinton headquarters. I should be spending some of my non-working time making sure that things I believe in are done.

One supervisor recently changed his activist focus from outside activities to working with his patients using what

he described as an activist approach. However, he feels a need to rationalize this change.

> Sometimes I feel the feeling that I should be doing more outside and I guess I define a lot of my activities in political ways, and that's how I get around it.

A line worker acknowledges the high expectations she has for herself and expresses dissatisfaction with her level of activism.

> I'm more of an educator than an activist in many ways, because I am trying to help to change things. I do think I'm trying to do that, but I haven't seen it to the end, you know. Even with Clinton, you can get just so involved and then, I have all these other commitments, so I am unable to be like the person who is in there all day. I have very high standards for myself, obviously. I kind of feel like if I'm not going to see something through to the fullest potential that I have, and I think I have more than I've shown, then I'm not really an activist.

Therefore, respondents talk with a mixture of pride on the one hand and guilt and regret on the other. As we will see, they are proud of their ability to be involved in activism and the changes they are able to make. And at the same time their pride is dimmed by their feelings that they have not done as much as they should have. Recognizing all that needs to be changed in and outside of the hospital, they are plagued with a sense of their own limitations. They are sometimes forced to separate activism from daily practice (described further in Chapter VI) and this may add to a sense of inadequacy. Without support for their efforts, there is a potential for discouragement and immobilization among social work activists. Both in the

hospital and in professional organizations, there should be encouragement for whatever level of activity these social workers can sustain.

"Responsible" Activism

Prevalent among respondents was another view of themselves as "responsible" activists. Many talked about the strategies which they used as they tried to implement changes within the hospital. They focused on ways to promote organizational change while also being a "good" hospital employee.

Coining the term

The expression "responsible activist" is introduced by a line social worker as he describes how administrative staff in the social work department perceive him.

> I am very well respected by all the administrators and supervisors. I guess, you'd say that I'm known as a responsible activist. I'm always trying to balance what's right for the patients, what's right for the department, what's right for the union, what's right for the membership.

This activist social worker sees himself as accountable to multiple constituencies, that is, patients, the social work department and his union and its membership. By acting "responsibly", that is, by consciously considering the needs of those around him, he continues to be viewed by his superiors in a positive light.

Although others in the sample do not use the same term, they do speak of their activism within the hospital in a

similar vein. A former social work administrator talks about "the deal" that must be accepted as the activist enters the hospital system.

> That is the deal. If you work in an institution, there's some degree of compromise that you have to make. Some degree of giving up. So that's the deal. The reality is that socialism isn't right around the corner. There are no tanks mobilized on 125th Street. Therefore, you take a job in an institution like this and if you go to a press conference and say 'We're going to burn down the hospital if they don't give us primary care that's decent' and you're the spokesperson, and you are working for the institution, then you know that some shit is going to hit the fan. So you either say, 'No, I'm not going to participate in that', or you go into it knowing full well that there will be consequences.

From this social worker's perspective, the activist working in the hospital has a choice about types of activism that imperil the hospital. He acknowledges that activists may have to curtail activism if it is seen as too threatening. If one's activism hurts the hospital, negative consequences could follow for the hospital and the activist social worker. In addition, he recognizes the importance of accountability to the employer which, as we will see, is characteristic of the "responsible" activist.

A social work department director discusses her activism in relation to loyalty to the hospital.

> I like this place and I feel I belong pretty quickly to places, so I wouldn't want to do anything that would endanger the hospital and/or offend it, but I make my own definitions of that.

Throughout the interview this director is very clear about her responsibility to the hospital. However, here she

emphasizes the power she retains to define which activist endeavors "endanger the hospital". She later talks about the "balance" that must be struck by activists in order to protect their employment. She is discussing activist efforts in which she would not participate as a representative of her department.

> I do think there has to be a balance to the activism, that the hospital is my employer and, they could fire me at whim. I don't have any need to nor should I represent the institution in a way they wouldn't want to be represented.

In addition, these social workers view themselves, not as extremists bent on change at all costs, but instead as flexible advocates. Although they will fight the battles they know are important, they also perceive themselves as able to compromise as needed in order to promote change.

The same social work director describes her "middle-of-the-road" stance.

> I'm a middle of the road person too in some ways. I'm not going to take an issue that is so off the wall that I'm going to get in trouble. I think that's the blend, that I'm not the kind of person who wants to be <u>totally</u> at the edge, even though I will be on some issues.

A line worker who takes pride in her ability to compromise in order to promote change discusses her strategy.

> I'm not an insurrectionist. I believe very strongly that everybody you work with is a fellow professional, even if their training and their goals and everything and their way of looking at the universe is totally different than yours, and so I have a very strong belief that if people would just let me have the chance to do it, then we could create a win-win situation.

This social worker talks with respect for social work and medical staff members throughout the interview, viewing those with whom she works as "professionals" who, by and large, are interested in the well-being of the patient. She is therefore optimistic that she can work together with others in the hospital to promote changes which are beneficial for staff and patients alike.

Thus, the "responsible" activist practicing within the hospital setting acknowledges that compromises must be made as one manages accountability requirements to the hospital, the department, the client, the profession. Maintaining the role of responsible activist for these social workers means consciously assessing the needs of multiple constituents and advocating change in a manner which does not endanger the hospital or their position. Maintaining the label is a delicate balancing act but a necessary one if activism is to be practiced within the hospital setting. The social workers interviewed do not use confrontational strategies to accomplish their goals, but instead are collaborators, intent on slowly changing policy and procedures through negotiation, compromise and institutionally sanctioned tactics. Strategies used to maintain the "responsible" label will be discussed in more detail in chapter VII.

Personal History of Respondents' Activism

The personal history of activism experienced by the sample will now be discussed. How interviewees became

involved in activism, factors influencing involvement and their evolution towards "responsible" activism will be described.

Becoming an activist

Many social workers interviewed see themselves involved as lifelong activists. A social work supervisor who was eager to discuss her many years of engagement in advocacy and union activities describes her history.

> Well, I'm 50 now. I've been an activist probably for about 30 years. So the earliest work that I was doing was in the Ban the Bomb movement.

The oldest member of the sample, a line social worker in his 60's, talks about his many years of activism:

> It's been pretty much a life-long thing. It's ebbed and flowed. I'm doing a little bit less now than in younger years, but I've always been involved in that.

One of the youngest members of the sample, a social work supervisor in her 20's, also describes a consistent commitment to activism. When asked whether she has always been an activist, she answers:

> Yes! In high school, I went to an alternative high school program. We had to do a community service project. So my friend and I got together and we started a program. It was called KIC- Keep It Clean.

She goes on to describe cleaning up an area behind her school and then states:

> I don't know how to live like any other way. You know there is so much to do out there and so much good stuff happening that I want to be a part of.

A line worker remembers back to the start of her activism in high school and college.

> I would say I was always interested in that. I was on the Board of Education when I was in high school. One year, I did work for a Democratic committee. When I was at college, I drafted a bill to change hospital environments.

A former social work administrator similarly describes a longterm interest.

> It goes back as far as civil rights, anti-war stuff. I don't remember a time when I wasn't interested in current events or something.

In a different pattern of involvement in activism, a social work director discusses participation in political activities as a teenager but then describes moving away from activism as a way of rebelling against parents who were politically active.

> I probably didn't like activism early on because I resisted everything my parents did, but I remember doing some stuff for Adlai Stevenson. That was the first thing I sort of remember as a teenager doing.

She goes on to say:

> As a kid I was an activist, and then if I think it through, at college, I don't remember being active. I mean, I was intellectually interested. I remember people coming to speak at college and I remember going to listen to them but I didn't do a darned thing at all.

Now, in her 50's, she describes increased interest and involvement in social action.

> It seems to me in the last five years... Were you around for the Medicare conditions of participation? That's where I got into this thing in connecting activism and social work.

For this director, activism predominantly came later in her professional career when threatened changes in healthcare regulations motivated her to become involved. Her interest in activism merged with her interest as an administrator in preserving social work's role in health care settings.

Finally, one line worker who was involved in union issues sees herself as a newcomer to activism.

> Right now, I'm in my mid-40's, and I feel that so much has happened during this decade, so much has sort of solidified and opened up, and I'm much more at ease with myself professionally. So many things changing in the profession of social work, that finally, finally fit into place, and I don't have to struggle with issues of professional identity that much anymore. So I have a little freer emotional time. I feel more confident that I can make a positive impact. This allows me the chance to feel that maybe I know enough about a wider range of areas to be helpful and that I've worked at enough areas, I've gotten enough skills in the different things I've done.

This respondent's increased self-confidence influences her participation in activism. As a recent graduate who had been in business prior to changing careers, she seems to have found her "calling" through her involvement in advocacy efforts.

Influences

What influenced respondents to engage in social action? Three themes emerge: family, mentors and "the times".

Family

Activist parents are mentioned as an important factor, especially for those involved in activism beginning in their teens and 20's. Parents are seen as an educational force as

respondents learn about issues and how to become involved. A social work supervisor describes the influence of her parents.

> Activism did not just begin. My father was a community physician, so that in growing up, the people always came to the house. He worked Sundays. He worked 24 hours a day. He did not have office hours in the sense that once the doors closed, that was it. My mother attempted to support union organizing, so that we went to many meetings. I'll never forget one of the first visual-aid pieces I'd ever seen. She made us save all the packaging from our groceries. So we did that for a full month, and it was a big project in the house. And then we put them in the bag. We had no understanding what she was doing. And we went to a huge union meeting and her presentation was to have them understand in dollars and cents what the union was able to do for them, what impact it would have on their lives. And the food produce bags were the demonstration of what the dollar bought.

An assistant director of a social work department illustrates how her parents inspired her.

> Both my parents basically had no education beyond 8th or 9th grade. Both my parents worked in the garment industry. He was considered semi-skilled- and helped organize the ILGWU. He organized it again on the street, grass-roots level from within the shops and lobbied his entire life. My mother's interpretation of, 'Do you know why Catholics eat fish on Fridays? Because you've got to give the fish man an opportunity to earn a living.' Twenty years later when I take this philosophy, this is my mother talking. And then I took social justice. I mean, that was her concept.

Parents are also mentioned as an important influence in this director's involvement in social action. When asked why she is interested in activism, she responds:

> Part of it is my background. My father was very much of an activist. I never thought my parents belonged to the Communist party and they denied

> it, but they were of that group, and were very active politically where I grew up.

A supervisor similarly discusses where her "love" of activism comes from.

> I come from a family of fighters. My father was a socialist and my grandparents were involved in community activities.

Finally, a social work director states:

> I think I grew up in an idealistic family and I think I entered the field, as many of us did, with that as the influencing factor.

Alternatively, disadvantaged conditions within families and negative family experiences are also cited as motivating factors towards activism. A social worker recounts how her background prompted her to focus on enhancing the clinic's responsiveness to patients with AIDS.

> Most of all living within the inner city, growing up in what people considered as ghetto, and knowing and seeing some of my friends and maybe even some of my family getting caught up within the system, it just made me say, 'You know that could have been you. What was so different about you that kept you from getting in that predicament?' I have worked with what they considered disadvantaged families. So, it's almost like saying, 'But you know, I'm not so different from these people. I could have been one of them.' And, if I was there, what would I want? How would I want people to treat me if I had to go that route, if I needed those type of services? So that's kind of the driving force also.

This supervisor's alcoholic father impelled him to become involved in liberal political causes.

> Some of it has to do with my place in the family, being the oldest son. Also some of the inequities in my family. There is some aspect of that in people's motivation to be political. When they have experiences of being mistreated by authority

> figures in their own family and then become activists. And I think my father was at times a very punishing kind of a person. He was a drinker and so that I think formed it.

Wagner (1990) also points to family background as an important force towards activism among his sample. Like his radical social workers, for many in my sample, parents instilled egalitarian, humanistic values leading towards adoption of an activist approach as a social worker. Also like his sample, there were those who got involved in social action in reaction to less positive family characteristics.

Mentors

Some social workers cited a particular mentor or role model as an inspiration. Mentors were important in this social work director's early career working with the terminally-ill.

> I had [mentor's name] as my professional mother, and [mentor's name] as my professional father. No one could have professional parents like that. And I had a very early point of view that people who were dying should be told and helped to talk about it and deal with it. At that time, that was heresy. And somehow I was convinced and was able, with [mentor's] help, to be supported in that.

One director remembers how important it was that her boss at an earlier job was an activist.

> I know that when I worked at another hospital and [director's name] was the director and I can say that both as a line worker in that department and as an administrator, it was terribly important to us that he was so active.

Finally, another director cites mentors as important.

> But I've been lucky. I've had good mentors. I've had good teachers. I've had people who, when I

> was at my fattest and my dumbest, saw good stuff in me.

Obviously, support "from above" for an activist approach can be an essential element in the continuing participation of social workers in activist endeavors.

The "times"

A couple of the social workers interviewed had grown up in the 1960's. The social movements and turbulence of that era were cited as another influence towards an activist approach. When asked what in his background motivated him towards engagement in social action, this social worker in his 40's replied:

> Particular individuals or something? No, I think it was primarily the times. It was interesting. It was different. It was sort of lively.

After citing her family as an influence, a social work manager also mentions the 1960's.

> The next thing was I was a child of the '60s. I went to high school during the civil rights movement. I went to a high school that graduated 1,032 and I think there were 4 or 5 Black kids in the whole school, so I was very involved with going from the White community to the Black community, doing tutoring and that kind of deal. So now that was part of the 60's.

Both Wagner (1990) and Reeser and Epstein (1990) cite the impact of historical movements on social workers' activist attitudes and behaviors. Recognizing that activists in this dissertation ranged in age from the 20's to the 60's, they have lived through a number of social movements which have potential to affect their activism. Obviously, for those cited above, the events of the 1960's

were an important influence. Family background and outside professional mentoring are also an essential element in their activism history.

Becoming "responsible" activists

Although many in the sample saw themselves as longterm activists, they commonly described an evolution of their activist approach. As they matured or entered the working world, they seemed to feel they had more to lose using confrontational tactics. Over time, some engaged less in controversial behaviors such as protest actions; others began to consider "both sides" of an issue rather than remaining rigidly devoted to a particular opinion. Some continue to maintain a radical ideology, but have moved towards collaborative strategies to promote change. Wagner (1990) found a comparable phenomena among his sample. Thus, social service workers practicing in a variety of settings maintained a radical ideology while decreasing participation in radical forms of protest. As illustrated previously, Reeser and Epstein (1990) found a general trend between 1968 and 1984 towards participation in socially approved social action behavior, even though attitudinal approval of protest strategies increased. Social workers in the present study may be reflecting this trend.

As the following interview segments demonstrate, this evolutionary process also represents a movement towards "responsible" activism for many in the sample. Respondents become more conscious of the need to compromise, to think

through strategies for change, to be accountable for their actions. Their world view alters as they consciously begin to balance social action goals with mitigating personal and professional considerations. They describe a move away from noninstitutionalized, conflict-laden approaches.

The line worker who introduced the term "responsible activist" describes how his thinking has changed.

> I'm not as militant as I used to be because in a sense, as I've gotten older, I'm less utopian, ideological as I used to be in my 20's and 30's. So I've mellowed out, not so much becoming less militant, but I've mellowed in the sense that my ideas have changed. We know that a lot of what we live under here in this society is not very good, but there's a lot of it that is very, very good. And as I've gotten older, I've been able to see both sides of it.

He goes on to link his evolution with his conception of what it means to be a responsible activist.

> I don't believe in any such a thing as being an activist for the sake of being an activist. There's no reason to be arrested unless it serves a purpose. There's no reason to be in opposition to a department head unless it serves a purpose. When I was younger I believed that it served a purpose just for the very sake of being militant. So, being a responsible activist partly means that it's hard to know what to be activist about nowadays, so why flail your arms around at an enemy if you're not sure where the enemy is?

An administrator replies to the question of whether his activism has changed over time by invoking a "developmental" theory.

> I'm much less strident I suppose. It's changed since the context in which things change, by whatever developmental stage, or whatever psychological developmental stage I'm at right now. I'm sure it is influenced by that. The way I'm active has to do with changes in the context

> of the world and has to do with age. Age-appropriate sort of activities. It's not too acceptable to be throwing things through windows right now.

Another social worker explains his changing activism in relation to status transitions. First, he describes his approach in graduate school.

> It's much more the kind of thing that I would have done in graduate school, when you storm the dean's office and are really upset by a certain policy or tenure issue. Those are the things that when you are in school, you have more sort of collective energy.

Then, he talks about his experience as he makes the transition to being a supervisor.

> I have refined some of my approaches to things and I'm not as inclined to try to go out and change things so strongly as I used to be. I still get incensed about certain things in the world. But at work it's changed too becoming a supervisor. Sometimes I do find myself having to rationalize some of the policies. And I also find myself seeing the policies differently too, when I have to try to implement them.

Finally, he talks about his increased tolerance of others' political views.

> I can appreciate those with different political views for what they are, what they have to offer, who they are, and try to overlook some of their views. I think in the past, I would have thought that there was nothing at all redeeming about this person because of their political views. So that's something that has changed in my life, that I have friends whose political views I totally disagree with. We just don't talk about politics.

A social work director similarly discusses how her activism changed as she moved up the hierarchy.

> I see the issues much more broadly than I used to. I don't look at just the issue. In having a politician speak to my department, in doing some

> of these drives and setting up the social health policy committee, I am much more aware now of the ramifications. I know there are down-sides. I know that you can get into deep trouble within your institution. I know I have to be careful of how I use the name of this institution in some ways. I didn't know that at all 15 or 20 years ago, or I didn't care. I'm not as willing to get in trouble perhaps as I used to.

She goes on to describe a more flexible approach to dealing with differing opinions.

> I used to think that whatever I wanted had to be right. I was very argumentative as a young social worker. If I thought 2 and 2 was 5, it sort of had to be 5. And my position was what had to be right. And I've learned about compromise and I've learned about being wrong.

Finally, a social work supervisor describes her interaction with a staff member as she explains her feelings when she cannot obtain resources for a client.

> When I started as a social worker, I used to scream and yell all the time. Because, the staff member was saying, 'How come you are not like me now?' And I was saying, 'Well, how come I'm not like you now? What's happening to me? Did you mellow or did you just give up?' And so what I figured out this morning was that it's not that I don't get upset when people get screwed by the system. I still get enraged. I don't feel as personally angry. I think that has changed.

Decreased militant tactics and involvement in protest strategies, an ability to consider differing views and a recognition of the ramifications of activist efforts are common themes as respondents describe the changing nature of their activism. Within the conceptual framework of the "responsible activist", these social workers are discussing the development of what can be considered "responsible" strategies. They become more accountable for their actions

and are able to consider how to initiate change in a way that does not threaten themselves or the institution. Wagner (1990) describes the phenomena of identifying with the employer. This occurs when employers are seen as progressive, accepting certain non-threatening types of activism. As mentioned previously, he asserts, however, that activism is then limited since it is tailored to institutional interests.

Surprisingly, in focusing on this development towards responsible activism, there is little discussion of being "co-opted" by the system. One would expect that the need to balance one's responsibility for change and accountability to the institution would lead to expression of guilt or frustration related to the compromises respondents have made in their activist efforts. As discussed previously, although they do express guilt that they do not live up to the expectations they hold of the activist, this guilt is not discussed in relation to the compromises they see as necessary within an agency setting. As one can see from the above excerpts and those to come, in general they do not question the need for compromise. It may be that their choice of strategies and how they presently view activism is consistent with the general trend among social workers towards participation in socially acceptable and institutionalized political behaviors (Reeser & Epstein, 1990). Although they may approve of protest actions, as Reeser and Epstein's sample does, and may even continue to

hold radical political views, militant actions are not among their present historically acceptable repertoire of strategies for change. Perhaps they accept their activist evolution because it is reinforced by their colleagues and professional organizations like NASW. They also may have been trained in the organizational strategies of social workers such as Brager and Holloway (1978). Taking into account the interests of the organization is seen as an expectation rather than co-optation.

In addition, presently there is little in the way of a broader social movement for change that would support more controversial forms of protest. Wagner (1990) finds that the decreased militancy of his sample is related to the legitimation of the welfare state in the past thirty years, rather than a high degree of co-optation. Similarly, this sample may not feel co-opted, but instead are representative of a trend towards working "within the system" to promote incremental change.

As illustrated earlier, some respondents also discuss movement towards non-protest strategies as "age appropriate" behavior. Protest behavior is viewed as characteristic of their younger days, but not suitable for their age or position. Rather than experiencing guilt, they perceive their evolution as normative. In addition, for some of them the reality of the working world also may be a factor in decreasing confrontational tactics and rigid views. As they

enter the host institution of the hospital and rise in the hierarchy, they may have "more to loose".

Benefits/Costs of Activism

Intertwined throughout the interviews is discussion of what it is like to be an activist, especially while working in a healthcare setting. Although respondents discussed the rewards and satisfaction they derive from engagement in activism, they also spoke of personal costs. They portrayed activism as time-consuming, exhausting, and sometimes a lonely, alienating endeavor. In this section, activists views of the rewards and limitations associated with participation in social action are presented.

Perceived benefits

Social workers were asked to describe the rewards of activism. Once involved, what kept them involved? Not surprisingly, they cited pure enjoyment in the activities, energy derived from working towards change, and connections with other activists.

Enjoyment

A common theme among respondents was the enjoyment they experienced. Says one supervisor:

> I enjoy the learning. It's a bit of information that isn't narrowly focused and it's like it clears the cobwebs out of your mind.

A director talks about her involvement in professional organizations.

> I always ended up in the leadership in most of the organizations that I've gotten involved in, so I think that says something to my love of it. It's fun.

Similarly, a supervisor describes her love of activism.

> I'm an activist because I love being an activist, and I love being active in community activities.

Later in the interview she says:

> I love being part of things. It gives my life a sense of purpose. It just rounds out my life in such a great way.

Some enjoy it because of the sense of "control" involvement in social action provides. Says a line worker practicing with children with AIDS:

> I just love it, and I get a lot of satisfaction from it because it's something I can control in the face of all this stuff that I can't.

A similar sentiment is expressed by a director.

> I've always gotten a lot of pleasure and sense of control and effectiveness when some of the things that I've done have kept me vital and connected.

New sources of energy

Others focus on the energy derived from activism which keeps them involved. A supervisor describes an energizing effect.

> And I'm actually energized by my activism. Even though I'm stressed out, I think it refuels itself.

In a similar vein, a social worker states:

> Since I was 20 years old, I've always been energized by and in a sense even driven by my involvement in political and social change kinds of activities.

A line social worker finds that the most difficult situations which need changing galvanize her energy.

> It's always been situations where I really feel helpless where I've always come up with the most energy to help.

Connectedness

In addition, camaraderie was cited as an important factor in continuing participation. A social worker describes joining with other activists on an issue.

> So I actually contacted another social worker later and asked specifically for his help in some of the organizational matters and we both found out that we had very similar ideas, similar backgrounds, similar ways of thinking. So there is a lot of personal friendship and comfort there. That was true with some of the other folks.

Later in the interview, she is discussing the way in which her participation has resulted in familiarity with other activists.

> My activism has given me exposure to many other people in the City and, not for personal gain, but really just to say, hey, these people are really human beings too, and we're all sort of working in the same light.

Responding to the question of why she says she "loves" activism, a supervisor says:

> I love that sense of camaraderie when we do something that gets accomplished.

One social worker who has organized a social policy committee within her department mentions her feeling of connection to its members.

> Now I am involved with the committee and I feel really connected to the people. It's like a new staff has come in, people my age, really enthusiastic and stuff.

A social worker views close contact with other activists as a conscious strategy:

> I cannot be part of anything unless I's working very closely with whoever my co-workers or colleagues are, or my co-tenants in the building, the people I work with.

From respondents' point of view, the enjoyment derived from engagement in activism and the energizing effects along with the connection they feel with others are important rewards of activism. Engagement in activism may in fact be an important factor for some in preventing stress and burnout in daily hospital practice.

Perceived costs of activism

Although these interviewees enjoyed many aspects of activism, as discussed previously, they were not always able to be as involved as they would have liked. What hindered their involvement? Personal costs and constraints (as opposed to organizational constraints which will be discussed in subsequent chapters) are mentioned, including family responsibilities, other interests, and loss of energy necessary for activist efforts.

Conflicts with family responsibilities

Not surprisingly, caring for children or relationships with spouses and significant others prevented participants from devoting as much time to social action as they would have preferred. A former lobbyist for a professional organization describes the response he would get as he encouraged social workers to become involved.

> By the time you get somebody on the phone, their response is, 'I'm cooking dinner. I would like to spend 2 1/2 seconds with my family while I am still alert and then I'd like to go to bed' So there are a lot of obstacles to encouraging participation.

A social worker involved in activism since the 1950's discusses his desire to be with his family along with his poor health as constraints.

> I'm involved very much with family now. I also have a lot of health problems which are chronic. And I've slowed down a lot. So even though I'm still active in half a dozen things, it's not as much.

A supervisor who is also a single mother must restrict her involvement.

> I'm also a mother. Now, as a mother, you have some limitations. You can't just go off. You can't say, 'Okay, kid, make a few meals for yourself.' And to tell the truth- being a mother is part of what cramped my style because I used to spend every night and weekends out at a meeting.

Some have made a conscious and, for them, desirable decision to focus energy on their families and away from intense involvement in activist efforts. A supervisor who had previously discussed her love of activism, also talks about her wish and need to focus on her girlfriend and family:

> My girlfriend and I have been together for four years, and she's tired of my meetings and running around. I'm tired. I just want to watch videos and make dinner. I have a big personal life too. I have lots of plans. I have a dog and three cats. They need me, you know. I've got a demanding grandmother, a demanding sister and a demanding mother. I have a demanding father. And aunts and uncles, you know!

In the same manner, a social worker refocuses on family and away from the commitment to activist causes. Interestingly, she sees herself in a cycle wherein her commitment ebbs and flows.

> I think there are cycles. I can't keep up this intensity of another life all the time. Right now, I'm into family and retrenchment. I had both support and also a lot of flack from my family in different ways that I have had to buck and juggle, and they deserve different things at different times.

Conflicts with other activities

Like family obligations, a desire or need to concentrate on other activities means less time for activism. One social work supervisor who had been actively involved in union activities describes a waning interest in activism as he shifts attention to school.

> I've thought about leading the crusade again to reform the union and I think it could be done but at this point in my life, it's not going to be done by me. I'm going to school at night and I get home at 10 o'clock and that's important for me at this point in life.

Another supervisor cites a change in priorities as affecting involvement.

> And my life changed a bit and I was no longer as free to go down to these meetings in the evenings as I was before, and that's a political decision, too. I started doing some private work which took up time and made it more difficult for me to go down there. And so, priorities change.

Later in the interview, he describes his "overinvolvement" in political causes and the necessity of putting energy into other activities.

> I need to kind of monitor how involved I get in terms of my personality- what I can tolerate. And maybe that's why I've been more involved in sports, too, because it's a way of balancing things out.

During college, one social worker had been very involved in helping to draft legislation relating to hospital code requirements for pediatrics. Her interest in this stemmed from volunteer work visiting hospitalized children. She remembered that at one point she needed to refocus her energies on academic studies and away from work on the legislation.

> And my grades were starting to go down. I just couldn't manage it all. And finally, I said to myself, 'Listen, I'm a sophomore in college. I can't do all this.' I wanted to get good grades.

Therefore, commitment to family and other activities, whether by necessity or choice, limits social action pursuits.

Loss of energy

Loss of energy from failed attempts at change or due to hectic work schedules is also cited as an inhibiting factor. A social work director discusses her intermittent attempts to enhance interdisciplinary collaboration in her hospital. However, facing an uphill battle, she feels tired of working on the issue.

> We have raised it with management. We get exhausted and don't really keep at it. I get worn out by it. Everybody's worn out by it. So, you wait for another crisis or you stop for awhile and then you start.

Working on the same issue, a social worker discusses how tiring her attempts at establishing interdisciplinary rounds were.

> I felt it difficult when my workload was so great and I was feeling so exhausted every night when I went home. I did not feel I had the time or even the emotional energy to give myself up to face the questioning attitude of the doctors, like, implicitly- 'Why do we need this?'

Her next advocacy project in the hospital was for additional staff in her clinic. She was unsuccessful and recounts how she eventually gave up and moved on to another job:

> God knows when new staff will come, but it would not be in time for me. I had a feeling of exhaustion. And this coincided with being offered this particular job that I have now.

Finally, one social work director who expresses regret that she is not able to do more in the way of activism says:

> I feel like I don't have the energy. I don't know if it's true or not, but that's what it feels like.

Loneliness and isolation

There are not only personal constraints, but also personal costs associated with activism. A common theme, and one which was unexpected, relates to the loneliness of the activist within hospital settings. Although there is encouragement in social work literature for practitioners to engage in social action, as discussed previously, respondents frequently talked of being one of few in the profession who took an activist stance within and/or outside of the hospital. At times this was said with pride, but more often respondents were left "feeling different",

alienated from colleagues. Some felt like the "token activist", held up as the role model. Yet social work administrators would not necessarily encourage others to become involved (which will be discussed more fully in subsequent chapters).

Zald and McCarthy (1975) view isolation of the individual who attempts to critique organizations as a result of some organizations' hostility to change. This occurs especially when the goals of the critic are not in line with those of the organization. Likewise, an article focusing on the frustrations of activists in the Dinkins' administration describes the "lonely world" (Gelman, 1993, p. 23) of advocacy. For many in this sample, the isolation was uncomfortable and disturbing, sometimes leading to a reduction in involvement.

This theme was most dramatically portrayed by a social work supervisor who continually talked of feeling "different" from her peers. Although she held a supervisory title, she was also responsible for a large caseload. She was very committed to advocacy for her clients and for herself as a union member, sometimes angering social work administration when her advocacy was critical of the department or hospital. Unlike the rest of the sample, much of the interview with her was focused on power struggles she experienced with her boss. She frequently found herself alienated from both administration and other staff.

For example, in a previous position at the hospital, she had been responsible for community organizing. When that job ended and she became a supervisor, the social work director asked her to curtail her community involvement. She recounts her response to the director.

> I live in the community, so I am not a worker in my house and therefore whatever I do as a resident of the community, I am free to do. They really felt that I was being a radical, a rebel. But I was not uncomfortable about that because I grew up in a small town and in a small town, you live next door to the very people for whom you sometimes give service, who work for you- your neighbors. So this difference was not part of my experience, and since I lived in the community surrounding the hospital, worked right there, I could not make this same distinction. They did not live in the community, so how did they understand? So I knew I was different from them.

She later talks of her discomfort that staff must choose between supporting her or the department in its view of her as a rebel to be shunned.

> It makes me uncomfortable on many levels. I don't like the bad vibrations or that I'm being characterized, pigeon-holed. And then for people to be punished, because I will enunciate this position and they are going to then make the staff choose between me and the position, and the director or the department for saying this. That I've never been fully comfortable with.

Due to this adversarial position, she literally finds herself alone at meetings.

> I can come in to a meeting and if nobody is sitting, then I sit down. And the chairs will stay empty until the latecomers come in and have no choice. That happens frequently and recently at the last meeting we had, one worker is struggling. She took her seat next to mine and moved it so there was this big gap. To move it over so that it was obvious that she was nowhere near me.

In chapter VII, I will analyze further this respondent's dissimilarities with the rest of the sample. Her intense power struggle may have led to more pervasive feelings of alienation and separateness than others have experienced. However, even those who perceived of themselves as leaders among their colleagues or as having a positive reputation, were aware of sometimes feeling marginalized as an activist. For instance, a social work supervisor who had been identified by his director as a good person to interview for this study, clearly felt his activism created a differentiation between himself and other staff. He describes the way in which the ambivalence of the administration towards his involvement in union activities led to this feeling.

> I was in a lot of ways identified as kind of like this conduit for information and it was a very visible kind of a role and there was a point where it was no longer really comfortable for me anymore. I didn't like being that visible. I said, 'Enough is enough'. And also because activism was encouraged by administration in one way and discouraged in another and I felt like there was a way in which I was sort of marginalized.

When asked what he meant by being marginalized, he replied:

> I was kind of out there on a limb. This is the active person. This is the one who knows about the union. And I'm sort of out there. It wasn't like other workers were being encouraged to get involved to lessen the load on me.

A senior manager of a social work department believes she is viewed as an "outsider", both because she had recently been

hired from another hospital and because of her views on the need for cultural diversity among staff.

> When I came in, I was the only administrator that was here who was brought in from the so-called 'outside'.

Later, she describes how she was seen when she was hired.

> I think especially when you come into an institution, not everyone is going to be supported in an institution, and you bring a different background. This is not a place that comes about in terms of change readily. It doesn't welcome people who have been outside of the system.

One supervisor remembers his feelings when he first began to become involved in union issues.

> When I first broke out in tears and led the crusade up against the barricade, I didn't know what else to do. And I didn't know anybody else to go to. I felt very isolated.

Part of feeling different or like an outsider comes from respondents' view of themselves as one of a minority of social workers participating in activist endeavors. Although there has been continual encouragement for healthcare social workers to become involved in advocacy efforts related to health and social policy (Davidson, 1978; "Delegate assembly", 1993; Kane, 1985; Mizrahi, 1988; Vourlekis, 1989) and some receive awards for their efforts ("Eleanor Clark", 1993), few social workers are actively involved. As a member of the social policy committees of both NASW and the Society for Social Work Administrators in Health Care, I have experienced the struggle to promote participation among social work colleagues. Many of the activists interviewed lament the lack of participation by

others and recognize that they <u>are</u> different because of their activist stance. The social work supervisor who continually had struggles with her colleagues finds that few social workers are true advocates for their clients.

> It's a rare bird whose out there advocating and saying to an agency that I want you to break all the rules to get this for clients.

Another social worker, involved in union issues, got a rude awakening about others' desire to support her efforts.

> I must say there were some instances when I didn't get a lot of support. For instance, the first struggle in 1990, working with the union, trying to get my fellow social workers involved and enthusiastic was phenomenally difficult. The vast majority of workers in my department either couldn't care less or felt discouraged by it. And, I learned a lot. I lost a lot of naivety about that everybody felt the same way I did.

Focusing on the lack of participation among her peers, a supervisor says:

> Nobody in the department is really an activist. My supervisor and that's it. Nobody else.

An assistant director similarly reports that few in her department are interested in activism because of the demands of their jobs.

> But there's no interest here. If I go the political round and ask people about universal healthcare, unfortunately, it's not high on their priority list. It's survival here.

The social worker who organized a social policy committee at her hospital, discusses her lack of success in recruiting new members.

> I addressed it to the staff, trying to explain what we were doing and opened it up for whoever was interested. I did a voice mail thing a week

> after to remind people when the meeting was going to be and saying I hoped everyone could come, and who was interested. The same four people showed up.

Sometimes loneliness results. For example, a social work director expresses her feelings about being in the minority.

> I feel the loneliness is always people going out on a limb. How many people are really willing to do that? But the other aspect of loneliness is really how many people or groups of people really want to think and forge something new and want to meet a challenge in a way, and we don't have a lot of that. And that part is lonely for all of us here.

She also talks about the lack of activism among non-social work staff in the hospital.

> Because it's also very lonely and you're always bringing people up rather than having a lot of colleagues that will be catalytic with you.

Thus, the experience of activism has both positive and negative aspects. Although the rewards are many for these social workers, costs are also apparent. Respondents voiced both the feeling of "connection" when they joined other activists and a strong sense of isolation and lack of support from peers and administrators. Needless to say, the uphill battle to gain this support will no doubt deter many from becoming involved and restrain others already involved.

Summary

This chapter describes the sample as social work activists who successfully balance the interests and needs of the hospital while promoting change in the best interest of patients or the social work profession. First, discussion centers on how activism is defined by the sample. In defining themselves as activists, some respondents express an ambivalence about whether they "fit" the definition. A theme of guilt is apparent as they feel they are never able to accomplish enough in the way of social action. Next, the concept "responsible activist" is introduced. The term is defined by a social worker interviewed for the study and refers to the activist who is able to promote change while remaining accountable to multiple constituencies within the hospital. Institutionalized, consensus strategies are used in an effort to maintain the "responsible" label.

The next section is concerned with how these social workers became activists. Family, mentors and "the times" are explored as influences towards activism. The experience of activism is then addressed. This section highlights the rewards of activism, that is, enjoyment, being energized and feeling connections with other activists, along with constraints on activism, that is, family obligations, interest in other activities and loss of energy. Activists also cite feelings of isolation as a cost of activism within the hospital setting.

CHAPTER V

CONTEXT OF WORK: THE HOSPITAL ENVIRONMENT

Introduction

A recurring theme in social work literature is the importance of the organization as context for practice. The organization is sometimes seen as imposing constraints on social workers' professional commitment to clients (Alexander, 1982; Cason & Fletcher, 1985; Davidson, 1978; Dobrof, 1991; Donnelly, 1992; Farley, 1994; Finch, 1976; Wagner, 1990; Wasserman, 1971). Dane and Simon (1991) highlight the tension that arises for social workers as "resident guests" in "host" settings (p. 208). They cite hospitals as the type of setting in which conflicts are evident between cost containment goals of hospital administrators and service delivery goals of clinicians. Alternatively, others emphasize the development of sources of organizational power that allow for social workers' commitment to organizational goals while enhancing services to clients (Berger, 1990; Rosenberg, 1986; Wax, 1971).

The rapid changes in the health care systems of the United States are dramatically affecting hospitals in which social workers practice. For example, in the 1980's health care reimbursement was revolutionized by

creation of a prospective reimbursement system. The introduction of financial incentives to increase efficiency within hospitals had a major impact on service delivery and on professionals providing care (Dobrof, 1991). Most recently, the struggle for financial survival and a competitive place in the healthcare marketplace have become increasingly important as hospitals respond to a new wave of managed care initiatives (Belkin, 1993; Durkin, 1993; Rosenthal, 1994). Effective marketing strategies to enhance hospitals' reputations are essential in what seems to have become the cut-throat world of health care (Stevens, 1989). Efforts towards re-engineering and downsizing to provide cost-effective, quality services are prevalent as hospitals try to attract managed care contracts (Bergman, 1994; Landers, 1993; McManis, 1993). Social work departments may be particularly vulnerable in these downsizing efforts, according to NASW News (Landers, 1993). Constraints on practice as well as opportunities to strengthen social workers' role exist simultaneously as a result of the changes (Berger, et al., 1993; Dobrof, 1991; National Association of Social Workers, 1992).

Although hospitals focus on quality and cost-effective services, they may move more slowly than social workers would like in reaching these goals. Hospitals' missions and social work goals may diverge

on the issue of what constitutes cost-effective care. In addition, as Garvin (1991) points out, the nature of funding may also influence hospitals' response to social action.

> No medical insurance plan pays for social action! Environmental change is not usually in the coded outcome categories developed by public agencies and is, therefore, not legitimated as part of professional efforts. (p.69)

How do social work activists in hospitals view the environment in which they work? What kind of impact does the environment have on activist efforts within and outside of the hospital? What happens when changes are needed in service delivery which may not be in line with cost containment goals of the hospital? In order to explore these questions, social workers were asked about the effect of working in a hospital on activism. The result is a portrait of the hospital environment as predominantly a constraint, but also an enabler of social action efforts.

Thus, this chapter provides a description, from respondents' point of view, of the environment and where social work departments "stand" within this environment. In addition, limitations and advantages of practice in hospitals in relation to activism are explored.

Hospitals as "Conservative" Organizational Environments

A prevalent view among social workers interviewed for the study is that the hospital environment in which they work is inherently conservative in nature. The hospital has become a business in which there is great emphasis on financial concerns. The "overtly profit-making ethos" (Stevens, 1989, p. 321) of hospitals- a term used by Stevens to describe profit and voluntary hospitals' focus on money-making endeavors- is evident to those interviewed. Respondents acknowledge that hospitals do not readily accept advocacy for change within or outside of the hospital, especially change which is considered detrimental to organizational interests.

A social worker is asked to clarify what she means when she describes the hospital as a "conservative" environment. First she discusses her own department.

> There is a lot of maternalism or paternalism actually going on in the department, where there seems to be set up ways of communicating with people who are in more supervisory positions- yet there also is this element that they are like sacred cows.

Then she focuses on the conservative nature of the pediatric clinic in which she works.

> It's very difficult to achieve change in pediatrics. There is a lot of bureaucracy there and I don't see a lot of emphasis being made by those physicians who have the power to make the decisions to make change happen, say on the behalf of children. They don't have the time to do it. They don't think it is part of their job. And partly, to say

> that you don't think it is your job shows to me a bit of a conservative personality.

A director perceives her hospital as conservative when she describes the reaction she got from an administrator regarding a proposed food drive.

> It was around Christmas and the social workers said, "What about a food drive?", and you just can't picture how conservative this place is. The vice president wanted to know whether people would think that we were collecting food for ourselves.

A senior manager similarly describes the hospital as conservative and emphasizes its focus on profit.

> Yes, it's a very conservative hospital. A lot has to do with the origin of the institution and where their affiliation has been. And I think the affiliations here are a lot more politically conservative. I mean, this is all big bucks. This is all Wall Street.

Others also mention the importance of revenue, creating an atmosphere in which financial status has become all-important. And in order to survive in this environment, social workers must support hospitals' emphasis on cost containment. One social worker comments:

> Basically hospitals are mainly financial institutions. Financial, meaning that they are interested in doing the most healthcare, the best healthcare they can within the context of maximizing profits.

Later in the interview he returns to this theme and comments on his department's support of the hospital's financial goals.

> Basically the hospital sinks or swims based on its finances and budget. So the social work department, like any other department, is connected to what's good for the hospital financially.

In addition, he explains how line social workers can help the hospital financially.

> The system basically wants you to see as many patients as you can, and we get a lot of credit for helping people get better. We get a lot of credit for producing income for the hospital.

Finally, a social worker new to hospital work similarly describes the dual focus of the hospital on provision of services and profit.

> I've learned that the hospital is a helping place, but the hospital is a place to make money. That was a hard pill for me to swallow. Because my conception before working here was only the perception as a place where people go when they are sick and to be helped.

Respondents are therefore sensitive to the environment in which they work and well aware of hospitals' focus on financial status.

Organizational Constraints on Activism

As previously discussed, social work literature is replete with calls for social workers to become involved in social action efforts in relation to health care (Davidson, 1978; Kane, 1985; Mizrahi, 1988; Vourlekis, 1989), especially as health care reform is being debated at the federal level ("Delegate Assembly", 1993; Mizrahi, 1991;). Nevertheless, there

is little exploration of the impact of practice in hospitals on activism. Consistently, social workers in this study feel that the conservative environment, in which emphasis on the financial health of the hospital is paramount, limits their activism. Focus on issues such as discharge planning, length of stay, delivering cost-effective services and quality assurance take precedence over social action initiatives. This section focuses on how interviewees feel activism is constrained and what kinds of activities they cannot do within the hospital. (Chapter VII will focus on how they manage these constraints).

The environment constrains activism

A former social work administrator describes fiscal concerns as a limiting factor affecting activists' ability to take action at work.

> If you are a line worker or if you are administrative- depending on what your position is- you are either so consumed with the fiscal crisis in the State or you are so consumed with trying to make sure that the direct services get delivered that there is no time to even integrate a social policy agenda.

He was asked specifically about what interfered with his attempts to foster social action when he was an administrator.

> I was so consumed with trying to make the friggen data system work, because the director was under so much pressure to produce data by UR, by hospital administration, to document what we were doing. The length of stay there was

> completely crazy and we had to figure out why. And so, I was so consumed in that minutia and pressure of trying to make something come together.

A director cites the need to focus on funding, and the "organizational types" who are not as focused on patient care, as constraints.

> The essential office constraints- if every year you don't know what you are getting your money for, so the programs are very dependent on what's in, what kind of money is coming through. And then you are getting a lot of organizational types, that are quality assurance types, patient rep types- there is a bunch of these other folks that are taking up space in roles where I feel they are really essentially non-productive and non-clinical roles.

A supervisor discusses the inflexibility she experiences within an environment in which "getting the patient out" as quickly as possible must be supported.

> Being in a hospital has curtailed my activism to a certain extent because of the inflexibility with time, the rigidity of departments.

She compares herself to a social work friend in an advocacy agency who is able to leave work to attend a demonstration.

> Come on, it's a community-based agency and the executive director is liberal. And they can have the flexibility of time. We just can't disappear for three hours. We are needed on the floors. If you are a discharge planner, you've got to be there to discharge a patient. If you are a supervisor, you've got to be there for your supervisees or an emergency comes up. The auditors are here. You've got to get the monthly report. All that kind of pressure and you've got to be there. So yes, activism is curtailed.

An interesting area for further research would be the perception of social workers in advocacy agencies about how they manage activism at the workplace.

An assistant director of a municipal hospital is asked how hospital practice affects activism. In response, she links the financial standing of the hospital with her ability to be an activist at work.

> If a hospital is doing well, I would have more freedom and more ability. It's when now with all this health constraints and this particular hospital is suffering a lot, and the cut-backs, the whole atmosphere of survival.

Ancillary position of social work

Within this environment, social work departments are viewed as ancillary and lacking in power and importance to the hospital, especially when compared with other disciplines. A social worker describes this phenomenon.

> Doctors are the most powerful and certain doctors are more powerful than others. And therefore, more dangerous than others to especially the social workers who can be seen as an extraneous discipline, perhaps expendable.

A social worker continually returns to the theme of the weak nature of social work in hospitals in the following segments:

> The social work department in the hospital is not a powerful department. It's a relatively weak department. The hospital's main interest in social work is discharge planning.

> The social work department is a less powerful department than most others. It's not seen as that important. The hospital would love to eliminate most social workers and replace us with social work assistants.
>
> Because within the hierarchy of the hospital, psychiatry and social work are not the big, powerful departments. We really can't be because that's not the way our role is within the hospital.

The lack of power of social workers is seen as detrimental to advocacy endeavors. A respondent feels that trying to promote change as a social worker has negatively affected the credibility of his efforts.

> The fact that some of what I've done in relation to activism at hospitals has been directly in a hospital social work department has made it more problematic because it is a less powerful or perceived as a less powerful, less worthwhile setting.

He is asked to clarify what he means by less worthwhile and responds:

> Than if it were coming from medicine or surgery, or even nursing.

A supervisor at a municipal hospital expresses his frustration when a change in working conditions for which he advocated is realized only after physicians joined his advocacy activities through their union. When asked why the change finally occurred, he replies:

> This is the saddest thing. Because they're doctors. We're social workers. They're not expected to put up with poor working conditions. And I'm not saying this against them. Nobody expects a doctor to work under these conditions. So in any case, that's the answer. Because they're doctors. Because they're doctors and we're only social

> workers, and our own union believes that. And it's enraging.

Later in the interview, he discusses the reaction of the hospital to advocacy by social workers. He is imitating a hospital administrator.

> 'After all they are only social workers, so what do they know? If they say that something is needed, they're only social workers, and their opinion is meaningless.' But if a doctor says that this is not acceptable standards of medical practice, whoa! If I say it, it's the same fact. It doesn't get the same respect.

When asked how the hospital environment affects activism, another respondent cites both the physician and the hospital as denigrating towards her role.

> I guess when you think about the hospital environment, I feel a little bit limited as a social worker at times. There have been a couple of times when we have come up against physicians, where I feel like they somewhat diminished what I might be saying, and I think that might come from the feel of the hospital.

A social work director discusses her lack of power to enhance the quality of medical services, resulting from the present health care environment.

> What I don't have an effect on here is the quality of medical care, the quality of physicians, the quality of decision-making from the administration or from the medical school. I mean so the power is very limited. It might be more power than some social workers in community hospitals might have around certain arenas, but it is limited by the nature of the environment. So we have DRGs here, or some other reimbursement model. You are followed around by a million quality assurance types and you are struggling with the definition of the work.

In general then hospital social work activists, from line workers to directors, view their social work departments as lacking in power and importance, hindering change efforts. A social worker sums up these sentiments by stating:

> Social work departments very carefully don't want the boat to be rocked because they are not a powerful profession. We can't afford it as a profession.

What social workers cannot do

Moving from the general impact of the environment on social action, activists are very specific about the kinds of issues and activities which are "taboo" within the hospital.

Do not threaten the hospital

Some feel that supporting hospital goals is critical in hospital social work practice. Therefore, activities which threaten the reputation, stability and financial status of the hospital cannot be promoted. A social work director finds that length of stay issues, crucial to the hospital's functioning, are difficult to affect through advocacy.

> For example, length of stay issues. That's harder, because you are dealing with what hospital managers see is their survival. 30% of the population is being discharged too early, or 30% of the population not admitted should be admitted. You're entering a tough world, because you're jeopardizing their stability.

Another director similarly feels she would not be supported on advocacy which imperils her hospital's financial interests.

> I think if I were to all of a sudden pound the hospital to admit a growing number of free care patients, because I felt that was the correct thing to do, they would not particularly feel that was their mission at this point in time.

A line social worker feels her department's social action committee cannot become involved in activities which are not in line with hospital interests.

> The committee would never, ever dare get involved in anything that the hospital was not interested in. The hospital as an institution, as a bureaucracy, as a financial institution.

A social worker speaking facetiously, but making a similar point, says:

> Clearly if I were sitting here saying, 'I'm going to go and organize the community to come in here and take over the joint'- that's the amount of latitude you don't have.

Don't focus on issues that are too controversial

Interviewees discuss a variety of specific issues which cannot be the focus of on-the-job activism because of their controversial nature. Although there is little consistency among the sample in relation to particular issues or activities they would define as controversial, the issues are all viewed as threatening to the interests of hospital administration. To reiterate, as conservative organizations focused on reputation and marketing, hospitals are viewed as a

place for some activities and not for others. And, as social work departments are not seen as powerful within the healthcare setting, it is important not to "rock the boat" too much. Respondents are acutely aware of those issues which will be viewed as imperiling the interests of the hospital. And, as "responsible" activists, they generally avoid becoming involved in such issues.

The following is a sampling of "threatening" activities:

> The social policy committee wanted to try to stay away from abortion rights, political campaigning[1]. Even though we all are somewhat politically active in the sense that we really are aware of what's going on with the campaign. We are all really into arguing about the debate, but we want to stay away from them as much as possible because we didn't want people to be afraid of us, namely, the higher-ups.
>
> Well, I guess abortion. Only in that I think there is no hospital stance. We do abortions, but I'm sure there are people here who are anti-abortion. I would never force my opinion- would I?
>
> I think the areas where people don't want to make changes is where it might influence certain practice patterns that people don't want to change. For example, primary care. Nobody is really forging ahead on that. It's just when you get something that is outside of a practice pattern that the institution would have to make a lot of investment. Or, have to have conflicts.

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[1] Each issue or activity which should be avoided is underlined in these quotes to highlight them.

> Social workers were handing out condoms and one of the administrators said to me, "How could you do that"? And we talked about it and he was very concerned that we not be seen as sort of a place that would do something like that.
>
> I would never wear a Clinton button on a lab coat throughout the hospital. I would never wear anything or say anything about the union. We have no union in this hospital whatsoever. Those are the sensitive issues. I would never wear a Bush button anywhere! Because I know this place and with my I.D. on, I'm to be neutral and I know that it would first of all anger the institution and I don't need to do that to myself.
>
> I think that I'd be very careful about espousing some of NASW's positions, like the single party payer for healthcare. I don't think that administration in this hospital gives a hoot about it. So, I wouldn't lead it all over the place.
>
> Let's say, for example, around the political AIDS issues, around raising consciousness in the public and creating new types of programs and new types of alliances and lobbying and fund raising and helping to move the public's consciousness forward in areas like AIDS where there are a lot of people at the supervisory and line level who do things like that, but it tends to be outside the department. It tends to be more at a City-wide level.

Fear of being fired

Patti (1983) describes the fear of dismissal as a major impediment to organizational activism. Ezell (1991) finds that about half of the administrators sampled agree that it is "safer" (p.12) to promote change in other organizations rather than at the workplace. Some respondents discuss the fear of being

fired if they do not attend to constraints within the environment.

For example, a line worker who took a leave of absence to work in his union, acknowledges that he could not have participated in union activities to the extent that he did without taking a leave.

> If I would have been on staff, I couldn't have done it. I would have been fired. That would have been considered disloyal, divisive.

A social worker involved in union organizing at the hospital describes his fear of being fired.

> I thought I was going to get fired. I remember sneaking into the social work office, very early one morning, hoping no one would be around and sneaking meeting announcements in the mail boxes of workers. And fully expecting to get fired.

A supervisor talks about finding opportunities for activism in the hospital while avoiding dismissal.

> You always try to put activism in somewhere. You try to put it in somewhere, but you don't want to lose your job.

Not-in-my-backyard

The constraints cited above and the many activities which cannot be done and issues which cannot be the focus of social action within the hospital, without rocking the boat, are a major focus of participants in this study. Interviewees were asked specifically to address the way in which hospital practice affects activism. They articulately describe the difficulty of promoting change within the hospital

setting. In contrast, although also a focus of Wagner's (1990) study of radical social services workers, organizational constraints relating to on-the-job activism are a "seen-but-not-noticed" (p. 228) phenomenon. Wagner concludes that, "because the subjects were generally socialized enough to their occupational roles and the expectations of what a professional career could offer", organizational limitations on advocacy and social action are only a "subtext" of his interviews (p. 228). In other words, he laments the fact that they do not recognize the transformation in goals they have made, that is, from an expectation of radical change to more moderate change within the constraints of organizational life. His participants' activism does not threaten organizational authority as it would, for example, if it involved challenging the authority of the organization by organizing clients against it. Therefore, although there is discussion among Wagner's sample of the limitations of organizational life on activism, he is frustrated by his sample's lack of greater recognition of the compromises they have made.

Unlike Wagner's radical social workers, for the most part this study's respondents did not enter the professional world looking for positions which would be conducive to political work. They are highly sensitive to the constraints of organizational life in relation

to activism and how to manage them. In fact, throughout the interviews they talk with pride about their ability to be "responsible activists", that is, by maintaining an activist stance without threatening the hospital or their department.

What is similar about social workers in this study and social service workers in Wagner's (1990) is the phenomenon of acceptance of constraints of agency-based practice on activism. Although they express frustration, there is a recognition that organizing against the hospital or social service agency is to be avoided and would threaten one's employment status. Wagner calls this phenomenon the "not in my backyard syndrome" (NIMBY) whereby clear messages are given to workers that

> direct challenges to employer authority, major challenges to professional associations and other bodies, the incitement of client activity in opposition to agency policy or the association with certain leftist political groups... would be viewed with discomfort (or worse) by employers or even the profession. (p. 229)

What is also similar about the two studies' respondents is their continual search for areas of activism even in the face of constraints. Attempts are made to take advantage of opportunities for social action at the workplace. Although organizational constraints may weaken militant tactics and positions (Wagner, 1990), many interviewees are clear about what

can still be done to promote changes which are in the best interest of clients or the profession.

We now turn to the way in which activists perceive that hospitals enable social workers to include social action in their daily practice.

The Organization as Enabler of Activism

Although hospitals are generally viewed as conservative places of work which inhibit on-the-job activism, a small portion of the sample view health care settings as providing opportunities or even encouraging advocacy efforts. Some in the sample feel that hospitals are not homogenous bastions of conservatism and that particular characteristics can influence whether they are more or less progressive in nature. A social work supervisor who describes herself as a Marxist and lesbian, takes this stance when asked about the impact of hospital work on activism.

> I think the size of the institution is very critical and what the company atmosphere is. The company atmosphere is very crucial and is very different from institution to institution. I've seen that, so my feeling is that it's not the hospital <u>per se</u> that is the issue. It's what is the institutional atmosphere at any particular social service agency.

The following is her description of the "company atmosphere":

> I am working in a very liberal place. This is a relatively enlightened administration in this place. This is also quite a small unit,

> only in this one building. It's very possible for everyone to know each other and it's a friendly atmosphere. The guy that's in charge is kind of weird, but he's hired some good people and he goes around all the time saying, 'Hello, hello. I'm Mr. J.' A liberal person. There are some very progressive people here, politically progressive. There are lots of lesbian and gays around here. So it's a very different place than I've been before.

Another social worker also believes that organizational size and bureaucratization are important. However, in his view it is the large size of the institution that allows for activism.

> I think the fact that it's so big, that there are so many opportunities for interaction. There is some amount of fluid something or other which allows for a lot of falling through the cracks. I mean it's hard to understand the contradiction, but I think it really does exist- the fluid nature of a very rigid bureaucracy- As a social worker, I wouldn't write prescriptions for medications. I have a lot of other latitude. And I see that social workers on the floor, or social workers who are doing med/surg social work have a lot more latitude than they think they do. I think that's the fluid nature that can allow for some degree of action.

An administrator focuses on the impact of religious affiliation on hospitals' openness to change. She compares her present employer with previous ones.

> Yes, this hospital is very conservative. I think whereas a place like [her previous hospital]... although because of the Orthodox view, there is a certain political conservatism there. But because again of the Orthodoxy, there is a certain humanitarianism too that I felt was very open to certain kinds of change. The development of the pediatric AIDS program. I don't see that here as much. You know, I think that has to do a lot with the nature of the institution.

At another point, she feels the crucial factor in hospitals' acceptance of advocacy efforts is whether it views itself as "community-based". In responding to the question of how hospital practice affects activism, she says:

> The big issue here that is different is the issue of being community-based. Because remember, I've been at a couple of voluntaries. And they were much more community-based. Whereas we are not community-based. I think a community-based agency, because of the involvement that is much more organic with an advisory board, a patient counselor. It has sometimes less choice and needs to look at the constituents.

In a similar vein, a senior manager feels that when social workers practice in community hospitals, there is increased opportunity for program development that is responsive to community residents.

> It's a community hospital. It is continually reaching out and thinking of new programs to reach out to people. But if this was not a community outreach hospital, I don't think I'd survive here at all. So that way it encourages me.

A director whose hospital was becoming increasingly community focused also feels this gave her an opportunity to promote community involvement.

> I think the hospital knew it had to be involved with the community and was making a very sincere attempt to do so before I arrived on the scene. I felt I had something to add to that. I made sure that myself and members of staff were on all of the community advisory board committees.

For these social workers, factors such as size, progressive leadership style, religious affiliation and

responsiveness to the community influence hospitals' political culture (Morgan, 1986) and can create openings for social action. Opportunities especially exist when social work activists can tap into both the humanitarian and financial goals of hospitals, that is, to provide quality services and healthcare programs cost-effectively to patients and the community (Stevens, 1989). As Zald and McCarthy (1975) point out, when organizational goals correspond to the goals of employees espousing change, there is opportunity to work towards those goals while maintaining employment in the organization. In the view of some social work activists, the hospital environment enables them to pursue these goals.

Summary

This chapter explores social workers view of the hospital environment and its impact on social action efforts. First, interviewees describe the environment. Most prevalent is the perception of a conservative culture and one consumed with financial survival which limits activism. In addition, hospital social work departments are perceived as lacking in power and importance in this atmosphere which further inhibits activist efforts. The focus then turns to specific activities which cannot be done. Respondents believe that actions which threaten the hospital are to be

avoided in the present context of hospital practice. Finally, the hospital is also seen as an enabler of activism. Critical factors which can potentially influence the hospital's receptivity are size, bureaucratization, leadership, religious affiliation and responsiveness to community.

CHAPTER VI

ACTIVISM AND ITS RELATIONSHIP TO PRACTICE

Introduction

Throughout the interviews, respondents discuss their perception of the relationship between activism and practice. At times they focus on using an activist approach in direct practice with patients and families, through supervisory and administrative duties and in organizational change efforts. At other points they stress the difficulty of combining activism and practice because of constraints imposed by a hospital setting. They sometimes avoid on-the-job activism and instead focus their activities outside of the hospital. In addition, line workers and supervisors recount clear messages of both encouragement and discouragement from senior managers in relation to practicing activism at the workplace. However, administrators interviewed believe that they actually do promote activism among staff.

These contrary views are reflected historically in social work literature. Early in the profession's history, there was concern about the ability of social workers to combine "cause" and "function" (Lee, 1929). More recently, activism has been seen as an essential part of clinical and administrative practice (Briar and Briar, 1982; Butler and Weatherley, 1992; Dolgoff, 1981; Ezell, 1991; Humphreys et

al., 1993; Siporin 1970; Walz and Groze, 1991). Social workers have been encouraged to change organizational policies and procedures of their workplace which negatively affect clients (Brager & Holloway, 1978; Figueira-McDonough, 1993; Germain, 1983; Haynes & Mickelson, 1991; Resnick & Patti, 1980; Specht, 1968). In fact, Ezell (1991) found that 80% of social workers in direct practice and 91% of administrators believe advocacy should be part of their official responsibilities. Alternatively, there is acknowledgement that organizational activism can lead to job loss (Orfield, 1991; Patti, 1983; Wasserman, 1971) and other negative consequences for social workers at all levels of the hierarchy (Brager & Holloway, 1978; Pawlak & Flynn, 1990; Wagner, 1990).

This chapter presents respondents' views of the connection, or lack thereof, of activism and practice. The kinds of messages which hospital social workers say they are receiving and administrators believe they are communicating about the ability to promote social action at work are described. Next, the separation and integration of activism and practice as portrayed by the sample are explored. Finally, the impact of social workers' position in the hierarchy on activist practice is examined.

Getting the Message: A Mixed Experience

Social workers interviewed report that they receive mixed signals from administrators regarding support for on-the-job social action and advocacy efforts. It is not surprising that they would be sensitive to these messages as they try to "responsibly" balance allegiance to clients and the hospital. With an acute sensitivity to the environment in which they practice, they are continually aware of how their activities are perceived by their superiors. It is also not surprising that administrators, cognizant of the present context in which hospitals operate and function, would feel ambivalently about activist staff members. As I have shown, even those administrators self-identified as activists acknowledge the need to protect themselves and the hospital from activities which move beyond the boundaries of what is considered acceptable activism.

Encouraging messages

Social workers identify particular instances in which there is support for social action as part of one's job. One social worker views supervisors as supportive of his involvement in union activities because of their own previous membership.

> Most of the supervisors here are former union people at heart and a lot of them have general liberal attitudes around politics, around feminism, around empowerment. It's just that they very rarely get a chance to act on it.

I tell him that maybe he is playing out what they would like to be doing and he agrees.

> For a number of them, yeah. If I need inside information on something, there are probably 4 or 5 people I can call. Different supervisory levels, either in social work or outside of social work, who would give me information because it's really for the good of the community, knowing that we would put it to use within the union.

A social work supervisor has a similar experience with a manager in his department. When asked how social work administration responded to his role as a union organizer, he explains:

> It's very funny because actually, the thing that's ironic about all of this is that the social work administrator has become quite a good friend in many ways, and had in fact been a former union shop steward. Many years ago he moved into management and was now actually very encouraging of me. And one of the ironies of all of this was I actually in some ways got more encouragement from management than from workers.

When asked how they encouraged him, he replies:

> Well, the director for example gave me a lot of information. People's names and phone numbers. A lot of inside gossip about who was who in the union and who might be helpful and who might not.

Later, he continues his focus on how some in management viewed his efforts.

> I think there was also a feeling that even though union activists may be a pain in the ass sometimes, that an active, aroused work force does more than a passive, beaten down work force. They are more likely to be more productive.

In another example, a supervisor gives a presentation on domestic violence at a multidisciplinary staff meeting. His goal is to lessen "blaming the victim" among staff. He describes the praise he receives from his boss.

> The report was that I had done this really nice job. And then there was a lot of support for it.

Another social worker who was recently promoted to a supervisory position had taken a leadership role in organizing a meeting whereby disgruntled staff could talk with each other. She discusses the administrative support for the meeting.

> Social work administration actually encourages us to do that. They encourage us to have our own meeting without administration. If we ever wanted to do that, we could do that, no problem- which is great.

Unfortunately, we do not discuss why she believes she got support for a meeting which could have been potentially threatening to her department.

A line worker describes her director's support for her participation in union activities relating to increasing vacation time for social workers. When asked why she thinks he was supportive, she answers:

> I knew previously from all the time that I had worked there, that he felt that lack of sufficient vacation time was an injustice and he was trying to deal with it. For instance, he would go to bat for us and intervene with our personnel department who got mad at him for allowing us to accumulate compensatory time. And he had spoken many times on the fact that he felt this was an issue in recruitment.

The social worker who organized a social policy committee in her department got the "okay" from her administration to develop the committee. She talks about her supervisor's response to her request to begin the planning process.

> Her response was what I expected it to be. 'I think that's a great idea. I need to talk to my

> supervisor about it. It would be interesting for you to do that, but don't get your hopes up.' So I said, 'That's fine.' She did come back to me about a month later and she said that she did talk to our director, and she said that she thought it was an okay idea too.

She further discusses the administration's appreciation of "creativity". When asked how the hospital environment influences her efforts to make changes, she responds:

> I feel like they appreciate creativity here and that they want people to grow with the institution.

A director remembers the support she received when she was a line worker attempting to change the hospital's treatment of terminally-ill patients.

> There was resistance, and that's where the director came in. The chief of medicine came storming to the director. 'You have a crazy social worker. She's talking to people about dying' and the director somehow framed it with the physician's belief in professional freedom, professional autonomy, which he happened to have had. The physician said, 'Well, I think she's crazy but I would never stop her professionally.' Somehow he could hook into that. But without the director I don't think it would have been accepted.

In a similar manner, another director remembers the positive response she received for her activism from her director earlier in her career.

> The activism was important stuff for the director. He supported that. It was also the '70's. It's a different time. Hospital's were in a different place.

Therefore, interviewees present a variety of issues and circumstances in which they receive support and encouragement for their actions. Their actions are

reinforced when the issues are in the interest of the social work department or hospital or are issues that administrators personally support. However, as the last respondent points out, today administrators in general may be more hesitant to back activism among staff because "hospitals are in a different place".

Discouraging messages

Equally as prevalent are the mixed or clearly discouraging messages which these social workers say they are being given concerning activist endeavors. For example, the line worker who established a social policy committee compares the support that a food drive received with the milder support for her committee. She is frustrated that there was no mention of the committee's activities at a staff meeting.

> I did get mixed messages. I get messages from the director that this is great and she wants me on the agenda, and I should write this newsletter. But I did feel that what we are trying to do is activist. Then why not mention that and push for it a little bit. And I didn't feel like I was getting that push. It was almost like, 'Okay, this is good. We'll give you a little spot in the newsletter and then we won't talk about it. And hopefully you won't do anything that will embarrass us.' I was really looking for support from the department. And I did get some. But there is something very safe about a food drive. What kind of harm is going to come from trying to get food from everybody in the hospital.

She also talks about the invitation given at the beginning of staff meetings to voice concerns about what is happening in the department or hospital. However, she finds that administration may not be truly inviting discussion.

> At the beginning of every meeting, it's always said to the staff, 'You can always bring up concerns and issues that you think we want to know.' But, without building a way to do that, it's giving a message that we're not so sure how much we want to know. How likely is it that somebody is going to just randomly bring something up in a staff meeting of 50 people?

A social work supervisor depicts his supervisor's ambivalence towards change efforts affecting the department or hospital. He was actually referred for this study by his director who thought he fit the label of "activist". When asked about his reaction to the referral, he states:

> She knew that I had done things like gone to Nicaragua with a group of social workers so she knew I had some interests. I don't really think that it's a problem for her as long as the activism doesn't affect the system that I'm in. In a way she is saying that she encourages that if she is calling me up and saying, 'Why don't you cooperate with this person who is doing this dissertation?', but I think activism in a system like this, if you are trying to change the way the system is organized, or its priorities, can be a problem. Usually the stance by administrators is, 'On your own time that's fine. Leave the system and go to demonstrations, or do whatever you want, but don't be an activist here.'

He later talks about how activism is encouraged and discouraged at the same time.

> Encouraged in the sense that, we had a larger meeting. It was like, 'Please talk about what is going on in the union.' But, discouraged in the sense that, like what I was saying before, keep activism out of the system.

He feels like a token activist among social workers who are not encouraged to become involved.

> It was more like, 'You will be the person who will do all of this so that we don't have to do it.' And that was that way of setting it up which seemed sort of unfair. It was somewhat reinforced

> indirectly by the fact that nobody was saying, 'I really think that more people need to get involved in this.' It was more like, 'Well, we're really glad that at least you are going down and finding out what's going on.' There wasn't an administrative statement that this is something that's important for all of us to do.

Another social worker talks about his activist stance as he works with patients who have alcohol problems. However, he does not see support from supervisors for this method of practice.

> It's rare that social work administrators are interested in it, or supervisors, because it's not what workers are supposed to be doing.

He feels his supervisor may say that she agrees with his thoughts on problems in the political system, but does not want staff "involved".

> There is a lot of anger at what the political system is doing or is not doing in terms of funding certain kinds of things and our supervisor agrees with what we say just as part of her job, not to have us get involved in it.

Imagining how his director would react if he was more vocal about activism on the job, he states:

> There is more that could be done if a person wanted to do it. However, you would wind up getting chopped down. You would wind up being told quietly by the head of the department, 'Listen, you know, I personally agree with what you are doing', the top administrator would say. 'I believe in that completely. But we can't do it here. Because if you do it, it's going to mean all this and this and that and that in terms of how the hospital sees us. We are part of a team.'

These social workers are reflecting what has been previously discussed as the NIMBY syndrome in which only particular activities- those which are not a challenge to

employer authority, for example- are sanctioned by organizations (Wagner, 1990). This then limits the activism which is practiced by employees. Wagner believes that activism outside of work is also potentially affected since membership in radical organizations may not be supported. Zald and McCarthy (1975) similarly assert that by allowing dissent, organizations also attempt to control it.

> At the same time that modern institutions provide the opportunity for dissent, they shape and narrow that dissent.... Organizational attachment requires the moderation of dissent, and those intellectuals who violate this norm find themselves at odds with the very institutions which allow widespread reform dissent. (p. 356)

They also point out that as professions search for legitimation, they may quiet dissent. Reeser and Epstein (1990) hypothesize that conservative social workers justify their lack of involvement in social action by labeling it as "unprofessional" behavior which can hurt social work's movement towards professionalization. In other words, for social work to become a legitimate profession, conservative social workers believe that social action among practitioners should be avoided. Activism therefore may be discouraged in social work departments which are striving to be viewed as professional and part of the healthcare "team" or whose survival is endangered within the present healthcare environment.

Previous respondents characterized administrators messages about activism as "ambiguous". A few respondents said they received clear messages that social workers should

not be practicing activism on the job whether it was combined with direct practice with patients or involved organizational change. For example, a supervisor was told to stop her community involvement.

> They didn't want the activism. They didn't want me to be active in the community. And that was fine, because I was going to continue anyway, and I did not have to take time off from work to do it. She didn't understand what I was doing, did not support the involvement with the community. I would say to her what the community thing was and she said, 'Well, that isn't social work.'

Another supervisor imagines the negative reaction of her superior if she left her job to attend a press conference relating to an activist organization to which she belongs.

> 'We're professionals and we need to be here'. It's so interesting putting a value on outside activities, almost as if that's not professional or somehow not as important. 'We're concerned about this social worker and her priorities. Her priorities are going to a press conference and really she should be at her program. She should be a role model for her supervisees.'

At another point, she again envisions her supervisor's response if she knew that the respondent sometimes devotes work time to the activist organization.

> If she knew, she would probably say, 'I have some concerns about the way you use your time.' Like I need to be told that! Maybe she felt like she had to say it because she was the supervisor. I guess my biggest fear is that if they knew that maybe I was spending an hour a day returning phone calls, thinking about things, whatever. If they knew at that hour, rather than taking my lunch hour, I was doing that, they'd probably be upset.

Asked why the department would not support her, she says:

> I thing it is just sensibility. I think it is values and sensibility around what's important and what's not.

Whether ambiguous or crystal clear, the message that many of these social workers believe they are getting from social work administration is to avoid combining activism and hospital practice. Some are allowed to participate in "safe" activities like food drives which do not threaten the hospital. However, social work administrators are perceived as placing more importance on the department's reputation and being a "team player". For many respondents, administrators, like the healthcare environment in which they practice, are an added constraint on activist efforts.

Giving the Message: What Social Work Administrators Think They Are Saying

Contrary to the viewpoint of workers and supervisors, senior managers in the sample say that they encourage differing opinions and dissent among staff along with staff's involvement in social action within and outside the hospital. A director describes how she supports staff to speak up on issues of concern.

> I think staff members know they will be backed up if they raise issues. I think there is a lot of encouragement for people to have their own voices.

An assistant director similarly feels she encourages discussion of issues of concern.

> So in working with staff to promote them to speak up in terms of issues or concerns they may have in terms of their needs, I try to give permission from the administrative level.

She provides an example whereby supervisory staff were upset regarding the on-call schedule.

> Recently when a worker brought these issues to me, it was a supervisor who said, 'Well, I think there is a forum. We have a supervisors' meeting.' I said, 'I will back you. I think we need to raise these issues. You can't sit at the supervisors' meeting, all nodding your heads. We don't have to pretend everything is fine.'

A director encourages staff to participate in social action by telling them to do more than their "work".

> It's saying to the staff, 'You can't just do your assigned work. It's not sufficient. You can't survive life that way and be a social worker.' And it's trying to broaden what we do as social workers.

She also encourages them to be aware of current events.

> And when I meet with the managers I either talk about an article from the newspaper, because there's always something, or I will xerox different things. And now they do it. So part of it is getting people to read what the hell is going on in the world, because it certainly affects us all the time.

In discussing how she encourages staff participation in social action, another director describes her efforts to involve staff in community committees.

> There are lots of things you want people to be involved with that are not work-related, and then it's much more optional. So I then try to interest the people who I think would be responsive to it and would enjoy it.

It is likely that some administrators, especially those self-identified as activists, do encourage activism at work. However, it is also likely that at different times and in relation to different issues, a variety of messages are communicated. As frustrated as respondents are with the

constraints in the environment, there is an understanding that one must carefully and thoughtfully practice activism in a hospital setting. Senior managers who are usually even more aware than are the workers of the economic and political climate of the hospital probably do allow and constrain dissention and advocacy depending on that climate. Just as staff know which battles to fight in relation to administration, the administrators interviewed are conscious of what degree and kind of activism can be allowed, or even encouraged, at a particular moment.

What is surprising, however, is the lack of awareness of senior social work managers about the constraints that they can potentially impose. Although they discuss constraints in the environment, as portrayed in chapter V, and how their own activism is sometimes discouraged, there is little sense of themselves as a limiting factor for staff. One especially wonders about those activists who are considered "irresponsible" by management. How would managers self-identified as activists respond to these staff members? This is an area for further research.

The divergent view of staff and management relating to messages regarding activism has implications for hospital social workers. Without an awareness of these communication patterns, even those managers who truly want to promote social action may be doing just the opposite.

In his study of advocacy among administrators, Ezell (1991) concludes that administrative and supervisory level

social workers are not providing staff members with the clear message that advocacy is part of their job responsibilities. He states, "Probably the most important contribution an administrator can make in order to promote advocacy is to provide the type of leadership necessary to create an organizational culture which supports both internal and external advocacy" (p.15). Without this leadership, social work administrators only contribute to the struggle to integrate activism and practice.

Separating Activism and Practice

In reaction to the constraints of hospital practice and mixed messages received by respondents, many have come to believe that activism must be separated from daily practice. In an effort to remain "responsible", to keep one's job, or to avoid other dangers of promoting organizational change, activism as part of practice is sometimes avoided. A social worker who had been involved in the welfare rights movement and other community activities describes her efforts as separate from the work.

> We were protesting the rise in welfare costs. We worked with the welfare rights organization. Nothing was ever work. I was never paid for my work in that, and if I took any time off, it had to be my own personal leave time.

When asked whether her activism was ever part of her work within the hospital, she replied:

> It was always separate from work. The only time there was a linkage was when I came to the hospital and I was the student unit supervisor in

> community organizing. And then, I joined the community board and a couple of other things, as a new avenue for the students and I maintained the contact. So during the time I had the student unit, it was part of the job. But after that, it was not.

Another social worker asserts that the only way social workers can "rock the boat" as an activist is to keep the activities separate from daily work.

> Social workers basically don't rock the boat at all. They are not boat-rockers. In fact, no professionals are unless you get involved in some piece of work or issue or confrontation or struggle which is separate from your day to day work in the hospital.

A supervisor describes her realization early in her career that she could not be a social worker and radical simultaneously.

> By 1970 I had kind of given up on whether a social worker really had an impact. I felt there was very little a social worker could do without getting fired. I would say the period from '63-'70 is the period where I'm trying to be a social worker and be a radical at the same time, and I'm being told that if you want to do this, you'd better leave.

She later talks with resignation about the separation of political activities from practice as a social worker.

> That's when my career was starting to begin, but then I kind of gave up my career because I always felt for many years- I guess I still do to an extent- that my career was really my political life and that the social work was a way to make a living.

A supervisor focuses on the question of combining work and politics.

> Is it possible? How do you combine? Is it possible to work in the system and against the system at the same time? I think it's real hard.

Interestingly, there is a common discussion of "the work", that is, daily practice, as separate from activism. In other words, not only do those interviewed sometimes feel it must be separated, but many times they even describe advocacy in a manner which is disconnected from practice.

For example, in discussing a food drive which her department was organizing within the hospital, a social worker states:

> And when they were announcing their food drive in a staff meeting, the administrators were talking about how wonderful our social workers are. We are doing all these innovative things that <u>have nothing to do with our jobs</u> (emphasis added).

Another social worker discusses the time spent on the job performing tasks related to her union activities.

> Looking back on it, it was a lot of work. There was work time that I was on the phone doing this. And I felt okay about it. <u>And I still got my work done</u> (emphasis added).

Another supervisor does her work first to allow leeway for advocacy efforts.

> But I'm such a good worker and <u>I always do my work first</u> (emphasis added), that they could never, ever say her work wasn't done, she was so busy organizing a demonstration.

A social worker is describing constraints placed by his supervisor on attempts to integrate political ideas with practice.

> Part of her job is to have us <u>just do the work</u> (emphasis added).

Therefore, not only do interviewees sometimes feel that social action must be separated from practice, but it is

also described in ways which imply that "the work" does not include an activist aspect. Getting "the work done first" and doing it well may allow them then to move on to focus on organizational or policy change. Separating it from practice may mean retaining one's job. Respondents may also be reflecting the ambivalence of social work administrators who are cognizant of hospitals' interests to get the work done while also recognizing a professional responsibility to "...improve the employing agency's policies and procedures..." (NASW, 1990, p. 7). Although social work literature may encourage the integration of social action with practice (Briar and Briar, 1982; Butler and Weatherley, 1992; Dolgoff, 1981; Ezell, 1991; Humphreys et al., 1993; Siporin 1970; Walz and Groze, 1991), at times even those who are involved in advocacy efforts view it as separate.

Integrating Activism and Practice

Even with the mixed messages that social workers receive and the delicate balance that must be maintained to be considered "responsible", more often, those interviewed discussed successful attempts to integrate an activist approach with daily practice. Many saw their practice, whether with patients or involving administrative and supervisory duties, as an opportunity to raise consciousness or promote change. This section explores line workers', supervisors' and administrators' views of "activist practice".

The struggle to combine activism with practice

A common focus among advocates is the struggle of integrating activism and practice. As discussed previously, a recent article in New York Newsday (Gelman, 1993) focused on the experience of activists who joined Mayor Dinkins' administration as commissioners, policy advisers, agency coordinators and constituency representatives. The activists described their constant efforts to implement reforms within the constraints of working in government. Some were successful, and accepted "...the limits of government and maneuvered within the system to produce results" (p. 23); others left in frustration. Another article in The New York Times (Chira, 1993) about Bernadine Dohrn, a 1960's radical who resurfaced in 1980 to face felony charges, also recounted her efforts to find employment which reflected her political beliefs. She felt that this goal was achieved through her present position as director of the Children and Family Justice Center in Chicago.

Although respondents feel they are generally successful in efforts to combine activism and practice, they also describe a history of searching for what Wagner (1990) terms "labor market shelters" (p.112), that is, employment which allows them to achieve this integration. For example, a supervisor who had previously worked in a psychiatric clinic

found that her union involvement provided an opportunity for on-the-job activism.

> I think the union work gave me an opportunity to do political work on the job and to have it part of the job, so it was very important in that way.

She later reinforces this view.

> I just thought there was work and politics. But the delegate job was very fulfilling in that way. Because it was like work and politics at the same time. I felt like I am an activist.

At the time that I interviewed another supervisor, she was considering changing jobs to allow her to be more of an activist on the job.

> I'm going for a job interview. They were looking for someone who was an activist. They wanted someone who knows the gay and lesbian community. How to collect good, strong connections in the gay and lesbian community, health and HIV service community, and the people called me.

Another social worker describes how he viewed social work as he entered the profession in the 1960's.

> I came into social work to have a job and I came into social work as a community organizer. I always viewed my social work position as equal combinations of doing my social work in areas to serve the needs of the people as well as using my position at the hospital to be part of an industry-wide and city-wide and national movement of political change.

He was able to integrate activism and employment in his work in the 1960's but cannot necessarily do this in his present position.

> In fact, otherwise I've been a little bit less interested in the social work profession <u>qua</u> profession as compared to being involved in social change. So when I could do both at the same time, like I did at Mobilization for Youth and in the welfare rights movement and in other areas, I

> could both work as a social worker and be involved in social and political action. And here I haven't been able to do that.

At another point in the early 1970's, he became a supervisor for community organizing in a community mental health clinic. He was hired because of his background.

> I won the job over somebody else because I was a political activist.

Finally, prior to becoming a social worker, another respondent was executive director of a health care organization. He describes why he accepted the position.

> I took it because it was a way of continuing to be an advocate and to be active in some way. To move an agenda along.

Although some respondents have had the goal of finding a social work position which naturally integrates activism, they clearly have not reached their goal through hospital work. Generally, social workers are not hired into healthcare settings because they are activists. However, those interviewed do describe opportunities in which they have made efforts to combine their practice with activism. We now turn to their experiences in this area.

Activism through clinical practice

Many respondents discussed ways in which work with patients and families can be infused with an activist approach. They cite interventions such as consciousness raising, advocacy and empowerment of clients as reflective of this type of approach (Cowger, 1994). When asked about integrating activism and practice, some respondents provided

examples of helping clients recognize the negative impact of societal problems (Wood & Middleman, 1992). One line worker practicing with clients who have substance abuse problems describes his strategy.

> All of us here try to bring political things into discussions and try to help people think of themselves not only as a patient but as a person who happens to have an illness- part of which comes from within oneself, part of it is hereditary and part of it comes from opportunities that are missed and opportunities that are not available in society. The alcoholism and drug abuse field contains a lot of possibilities of progressive kinds of activism.

He continues his discussion of integrating activism with direct practice.

> A lot of what's happening in the lower income, people of color communities have political ramifications and if one wants to look for that, one can look for areas of activism. To participate, not only at the legislative level, but even at the patient care level. Even at the direct level of what you do with your patients. Some people take five patients to see a movie or a museum, trying to raise some consciousness.

A supervisor discusses a similar approach with AIDS patients. When asked how her activism "plays out" in her job, she states:

> A lot of the people that I am dealing with here are homeless. To say to people, 'You have a right to a place to live. This is a very fucked up society.' To bring that in as part of how you give information and consciousness. The same for women, the same for people who are gay, the same for people who are Black. You can always validate for people that the society is fucking us. There's nothing wrong with them but there is something wrong with what's happening to them.

She also finds that work with AIDS patients allows her to combine activism and practice, something for which she had worked for many years.

> I went into AIDS work, which I thought was a way to be an activist and meet lots of lesbians and gays, which in fact it has been. The AIDS work is like being back in the soup of being an activist.

Another supervisor has a comparable approach with psychiatric clients.

> An emphasis on understanding the larger systems and how they affect people. If I'm interviewing a battered woman who has trouble with the legal system in terms of getting respected or getting listened to or understood, I can validate that more- rather than focusing on maybe that she has a problem. That kind of validating of social realities, rather than locating all problems with the clients.

He provides a further example of integrating activism and practice in relation to a men's group which he leads. When asked how activism affects his practice, he answers:

> It's really fairly relevant in this neighborhood. Some very, very virulent racist attitudes exist in this community. People come into my office sometimes talking about 'the niggers' and that's why they don't want to ride the trains. And I do set limits on that stuff. Sometimes just that you can't talk that way. Other times I try to be more educating about it.

He is asked to describe his educational efforts.

> For example, in this men's group I mentioned before, this one guy made a statement that he goes to this medical clinic nearby and all the Blacks and Puerto Ricans get served first before him and he treats this as reverse discrimination feeling, 'His needs are more important than mine.' So at first I was trying to address it fairly seriously and then it didn't seem like there was much fertile ground. What I tried to introduce was the idea that people hopefully would be getting treated according to some kind of a triage system

> and not because of their race or ethnicity. So one of these other guys was talking about how he had to go to this clinic and he didn't realize that it was the same clinic that they had been talking about. I think I said something like, 'Yeah, that's the clinic where the Blacks and Puerto Ricans get chosen first', and everybody laughed. They could joke about it a little bit and maybe get some sense of how absurd it was in a way.

Another social worker views her work with terminally-ill children as activism. She is asked how she deals with the fact that there are many changes she would like to make, but is unable due to what she describes as a conservative hospital environment.

> What I say to myself is that in all those areas I don't think I feel like an activist. When it comes to pediatric AIDS, I do. Because I do see to completion. I meet the kids when they come in. I advocate for them once they get in. I have tons of little arguments with nurses and doctors who are really ignorant of child development and what's appropriate to say to children and not to say to children. And then I go to their funerals and I feel like I've followed through. It's helping them have a quality death, actually. To die with grace.

She gives an example of the advocacy she does in order to help a terminally-ill child "die with grace."

> I can be very strong in what I believe and I'm not afraid at all to fight for what I believe, and that can put people off a bit. I've had several encounters here that I'm very much aware of.

Her example involves trying to relieve a child in pain who requires a nasal gastric (NG) tube.

> I said to the nurse, 'Is there something that we can do for her because she seems to really be struggling here.' And she said, 'Well, there's nothing to do with the NG tube. It's just irritating her and that's all we can do about it. She can't be on any pain medication. It's not

> indicated to put her on pain medication for this.' So I said, "Well, how about Tylenol?' And she said, 'Well, she can't take Tylenol. She's on AZT.' And I know that AZT and Tylenol used to be contraindicated, but it is no longer contraindicated, but I'm just a social worker, so who am I to advise medical practice for a nurse? So I then decided rather than saying that and arguing in front of the patient, I called up the attending physician.

Her efforts result in the child being given Tylenol for discomfort.

In another example, a supervisor who has a patient caseload is asked in what ways she considers herself an activist within the hospital.

> As a case manager, I was in a very small way, with patients. I know about a lot of resources just from being out there, having good relationships with other agencies and providers. So, because of that, I have tried to mobilize patients. 'Gee, there's an HIV meeting about patients who aren't getting their needs met in the Bronx. You should be at that meeting.' So, passing on information and trying to push them.

Activism through supervisory/administrative duties

Those in management also believe that they display an activist approach in their daily work. They see themselves as integrating activism through supervision and management of social work staff. A worker who supervises intake staff in an alcoholism clinic explains this integration.

> I believe very much in working as a team in terms of mutual problem-solving and mutual supervision with people I work with, whom I'm supposed to be responsible for. So I try to play my social and cultural and political viewpoint out in my day to day work.

He reemphasizes this approach later in the interview.

> It's a small team of five. And I'm in charge. We run the whole thing as a team. Not only is it what I personally enjoy. I politically approve of it and politically enjoy it, and it also works better.

One of the supervisors who felt it was important to point out to clients what is "wrong with the system", works similarly with her supervisees.

> What I've been trying to do in this situation is acknowledge to staff what's screwed up in the system. Try to work out whatever needed to be worked out to make the system work a bit better.

One senior manager feels that her efforts to hire a more diverse staff reflect her activism.

> That's a much more subtle sense of activism than some of the more political activities. There was a population that we had to work with through interpreters. I felt it wasn't necessary and why just spend $5,000 to send a person to Berlitz. For less money, you can hire someone who is bilingual-bicultural.

A supervisor recounts his advocacy of increased staff to enhance social work services to psychiatric patients.

> I'm still a broken record to social work administration about the fact that this clinic is woefully under-staffed. That we can't do what I consider an adequate job. Do you sort of polish somebody up a little bit and send them to a drop-in center, or do you really try to get them into permanent housing? Getting them into permanent housing is a hell of a hard job. It takes time, time and more time. But you've got people sitting in the waiting room muttering about knives and guns and, 'Shall I kill myself or kill her?'. You can't do the right kind of job when you are under-staffed.

Organizational activism: Changing the workplace

Finally, interviewees at all levels of the hierarchy promote organizational change as part of their daily

practice. These are the true "change agents" (Resnick and Patti, 1980) who view altering hospital systems and culture to better serve patients as part of social work practice. This effort flows naturally from their daily work whether in direct practice or management.

The activities in which the sample participates can be described as conventional, non-threatening and generally accepted by the social work profession. Their institutionalized, consensus activities are typical of social workers in other studies (Reeser & Epstein, 1990; Salcido & Seck, 1992). When asked to talk about what they consider activist efforts within the hospital, respondents describe items such as program development, committee work, union involvement, educational endeavors and voter registration.

While the activists interviewed describe conventional activities, of note is their creativity and continual efforts focused on advocacy, education and policy change within the hospital. The following are descriptions of some on-the-job activities focused on change.

Program development

Many see program development as a way to express an activist approach. Social workers use programming as a strategy for providing essential education and advocacy for clients or for influencing staff. A social work director very committed to developing programs responsive to clients' needs recounts her effort to establish a program for the

homeless. Asked what she is presently doing which she considers activism, she responds:

> Several areas, and part of it has to do with using the social work role for the development of programming.

She goes on to describe her decision to refuse a grant until a program for the homeless could be designed in the way she thought would best benefit clients.

> At the point that homelessness became a hot issue and money became available, we decided how we would want that money used. We were very clear that we had a statement to make about what the homeless needed, and what we as social workers could do. And that ran counter to how the money was being given, but we were very assertive in wanting that homeless money to have a number of ingredients in terms of programming.

The social work administrator described previously who was interested in hiring bilingual staff also promotes multicultural programming in her department. She discusses her efforts in this area.

> Within those programs I have worked with staff to raise consciousness and develop programs that make our traditional programs available to those minorities, foreign nationals and families that don't have the same financial need as the majority of our families do.

She describes her persistence in promoting multicultural programs.

> In the past the staff that was here were all English-speaking. When they had the opportunity of new staff coming in who had a much more multi-ethnic background, I suggested multicultural programming and they ran with it. That's a notion of activism.

In a similar way, another administrator expanded a program and was able to change staff attitudes at the same time.

> The Language Bank program, when I took over, was just a mere listing of volunteers who spoke other languages. And then when I took it on, we had gotten a grant from the State to develop that, and I developed it into a hospital-wide program, but I've had my opportunity to change attitudes in the process, by having my staff train people how to respond to people who are non-English speaking and who have problems, who are impaired, hearing impaired, or visually impaired.

A line worker wanted to establish interdisciplinary rounds on her unit to enhance services to pregnant women.

> Really the activism that I moved into was more focused in my own department, the OB/Gyn department. One of the projects that I tried to start was interdisciplinary rounds. I did run into some impediments, just difficulty scheduling. But the lack of this interdisciplinary framework was at the root of a lot of the problems within the OB/Gyn service, which I found to be very unsupportive of the women who came to deliver their babies there.

Hospital committee membership

Membership on hospital-wide and related community committees and task forces is seen as another way to influence the culture, policies and procedures of the hospital. One director is interested in changing the way her hospital treats dying patients and discusses her participation on a task force on hospice care. She sees membership in the hospital Bylaws Committee as a strategy to advance the goals of the task force.

> I'm on the hospital Bylaws Committee which makes the rules and regulations for the medical and professional staff. And one of the questions that has to be raised with them is, what is the investment? One of the investments has to do with what options do patients have for alternative types of care in an institution. What options do they have to understand what's wrong with them, what their needs are, what their choices are?.

I ask whether she is saying that the Bylaws Committee is one way to institutionalize what her task force recommended.

> Yes, that's one way. There are enough members on that small Bylaws Committee who are important enough in the institution that they can help.

Another director was asked whether she tried to influence policy within the hospital. She responds:

> Yes, I have had that experience. I always tried to position people into various task forces. For example, if there was a protective service task force, I sat on it. Whatever it was that was going on throughout the City where I felt we needed to be represented, I made sure staff were on the committees as a voice of influence and to present a particular position. To be there when the discussions took place.

This same director also discusses her hospital's focus on improving relations with community residents. She recounts her efforts to place staff on a variety of outside committees to assist the hospital in reaching its goal.

> I made sure that I and members of staff were on all of the community advisory board committees. So I made sure that staff was out there in every single community-based network so if there was a meeting of the Hispanic organizations dealing with the homeless, we had a staff member in that. We tried to have as many people represented in as many places as possible.

In addition, the director led in the development of a committee composed of social workers from a variety of hospitals who were providing services to women and children with AIDS. She perceives the committee as instrumental in influencing policy.

> The social work committee met every month and we did make changes in the way the Child Welfare Administration permitted or did not permit AIDS babies to be part of protocols. So we were able

> to make some changes, or to influence things in both City and State government foster care situations, for example, as a result of that committee.

A social worker also on a City-wide social work committee focused on services to women and children with AIDS (probably the same committee discussed above by the director), discusses how valuable it was in changing Child Welfare Administration policy.

> There was some movement in working with people who were in the hierarchy of the Child Welfare Administration. That did help some of the movement in getting children who were in foster care into protocols or getting consents faster for them to be able to be tested.

She goes on to discuss the influence of the Committee.

> Now the changes that came about, how much of it was because of our advocacy? I don't know. There was some change that came about. There was a stipulation written about who could sign for protocols and things like that. So it makes it a little easier.

Finally, another line worker practicing with children with AIDS is a member of a hospital-wide committee focused on education and advocacy.

> That's a great committee and we do a lot of advocacy through that committee.

Educational efforts

Other formal and informal educational efforts are cited as respondents discuss their on-the-job activism. As I indicated previously, one supervisor tries to influence staff's treatment of battered women through a seminar on domestic violence.

> Something that I've done is inservice seminars on domestic violence. There is still a tremendous amount of blaming the victim and I think there is an aspect of that which is somewhat political to go to a group of people and talk about different ways of looking at those issues without focusing on the pathology or masochistic woman.

One senior manager uses a newspaper produced by her department to educate hospital staff about regulations affecting the hospital and patients and about general activities of the social work department.

> We have a newspaper that we put out in our department. Those are other ways that we try to get messages across to the hospital. I guess there is a social activism in that, about not just what our department is doing, but some of the issues, some of the regulations and how difficult they are.

A social worker interested in educating others about how to strengthen the social work profession attempts to organize a presentation for social work staff on the topic.

> One of the things I talked to the social work director about was maybe doing a couple of presentations at some staff meetings here about these issues, to talk to social workers about them. To make them aware of the fact that what they are doing every day really does have a connection to some sort of political reality.

Finally, an administrator recalls the education she gave physicians early in her career.

> I think my activism started early when the doctors would discharge the homeless patients without really thinking and they would refer to them as 'bums'. And I felt that they really needed to go and see where they were discharging them to- the men's shelter. And maybe that would change their minds, to see that they really didn't sleep on mattresses, but springs because of the vermin, and what was the condition that they were really discharging those patients to. I brought the doctors to the shelter.

Thus, these interviewees describe an ability to integrate activism with clinical work and supervisory and administrative responsibilities. As organizational activists, their voices are heard through program development, committee involvement and educational efforts. They use formal and informal strategies to sway opinions of social work colleagues, staff representing other professions and patients and their families. As previously discussed, their approach is reflective of collaborative, institutionalized strategies used by most social workers (Reeser and Epstein, 1990). For the most part these change strategies are relatively benign, intending to influence but not to alienate.

The Relationship of Hierarchical Position to Organizational Activism

With the need to carefully balance the interests of multiple constituencies and to promote change without stretching the limits of activism too far, questions arise about the relationship of hierarchical position and organizational activism. How does position in the hierarchy affect activism?

In his previously mentioned study of organizational careers and the effect of position in the hierarchy, Epstein (1970) found that social work executives were less likely than caseworkers to support conflict strategies in the area of housing reform. However, <u>both</u> case workers and

executives rejected conflict strategies in public welfare, Epstein asserts, due to the potential threat this would pose to "...their institutional interests and claims to expertise, not to mention their livelihoods and their professional practice" (p. 127).

In an article on the experience of being a social work administrator in healthcare settings, Nielson (1987) describes the advocate role as a "handicap" (p.65) when one moves from line worker to manager. He states, "In budget sessions, fighting for rational deployment of limited resources and trying to deal with a 'bottom line' mentality, I was accused of being too emotional, a typical social worker, not having become a 'true' administrator" (p. 66). In a similar vein, Bailis (1987) finds that as social workers move into administration, the advocacy role becomes more complicated vis-a-vis the hospital. As she moved up, her role as "conscience of the institution" (p.12) was not always welcomed. Pawlak and Flynn (1990) find that both positive and negative consequences exist as social work executives participate in political activities. They cite positive effects such as avoiding cutbacks or obtaining increased funding. The authors point out that the negative impact pertains mainly to personal issues such as reduced time for family or feelings of powerlessness in the face of failure or limited success.

In this study, hospital social workers at the line, supervisory and senior management levels of the hierarchy

were interviewed to explore the relationship of organizational activism and position in the hierarchy. They cite both advantages and disadvantages to particular hierarchical positions in relation to participation in social action. Many feel they have autonomy in their particular position which allows for involvement in activism, while they may also experience time constraints or the need to avoid "trouble" especially as they move up in the social work or hospital hierarchy.

Line social workers

A social worker in a pediatrics AIDS clinic responds to the question of how her position in the department affects participation in organizational and policy change efforts. Being connected with the clinic allows her a certain independence.

> I have a lot of flexibility in my area. The pediatric HIV department is somewhat disorganized. And I'm really able to structure my time the way I want to and people are pretty flexible as long as it doesn't affect them too much.

She finds that the fact that her office is located far away from her supervisor's and the latter knows little about her job contributes to her sense of autonomy.

> I do sort of take advantage of it in the sense that I don't work with my supervisor. My supervisor knows nothing about HIV. She is sitting in an office somewhere. I went to a patient's funeral. I stayed a little bit later with the family. I didn't feel like I had to call in.

Another line worker similarly feels that he has some degree of autonomy because his alcoholism unit is situated outside

of the hospital. He discusses the advantages, along with disadvantages, of this independence in relation to his union activities.

> I don't work over there in the hospital. I have my own little unit here across the street from the hospital and if you want to be totally severed from the hospital, you virtually can. It can be very nice. It can also be very deadening because a lot of the politics and the ebb and flow of different struggles take place in the hospital.

One social worker practicing in a grant-funded AIDS program feels that her position allows her to make recommendations for program improvements. When asked how the position affects her ability to promote change, she replies:

> It's hard for me to say because I feel like I'm more than a line worker- because of the program itself, the funding of it, and there's not another social worker within the program. So I feel like I am a little more than a line worker, so I get to do a little bit of it all. I get to be that line worker. At certain times, I get to be that person who would be the supervisor. At certain times, I get to be that person who can make recommendations.

Supervisors

For the most part, supervisors felt that moving up into administration permitted them more time, autonomy and power to encourage change. They also cite certain disadvantages. One recently promoted respondent is tentative but hopeful that moving away from direct responsibility for patients will have a positive effect on her advocacy activities. When asked what effect her promotion would have, she answers:

> You know what I was really hoping is that it would free up some time to be able to speak more in the

> community. I'd love to do that. But, I don't know if this job necessarily lends itself, but it may. And that can be thrilling.

Another supervisor feels she has more time as a supervisor although her position also constrains her ability to "scream and yell" about needed changes.

> I didn't have time as a line worker. I've been spending an hour and a half being interviewed and I get paid and I have that kind of flexibility. It's the pay-off that you get for being a manager of the work force. You get to do more.

She is asked whether she feels more autonomous being a supervisor.

> Absolutely. Let me say it differently. In a way I'm more autonomous. In a way I was more autonomous as a line worker because I could scream and yell whenever I wanted to.

A supervisor who moved from line worker to his current position within his department describes how he views the impact on his organizational change efforts.

> In some ways, I feel like I have more of a chance to have an impact because I have a little more say in things and I have more access to information. I know more what's going on.

He also feels he has less time as a supervisor to become involved in other activities.

> I think since becoming a supervisor, it feels like I have less time to do anything extra.

Senior managers

Those in senior management similarly cited both benefits and limitations of their present position relating to involvement in organizational change. They feel empowered to promote change at a department and hospital-

wide level while also experiencing time constraints and vulnerability. For example, one director talks about the impact of moving up in the hierarchy on her activism.

> I felt more empowered, that I could be more active. I think for me, it was always very positive.

However, she does identify a disadvantage to being an administrator.

> The negatives are you are more vulnerable. You are unprotected. But that's true for everyone in our profession. Mostly it's a positive.

In a similar vein, another director sees advantages but also believes that social workers higher up in the hierarchy may experience more constraints on activism. She is asked if her activism is expressed in different ways now that she is in senior management.

> Yes. There's no question. I am more secure in being an activist. Plus, I have a different perspective and so in my security, it allows me to do things that I might not way back when I just had a caseload- although when you have a caseload, you can do things that you can't now. I know there are down-sides when you are an administrator. I know that you can get into deep trouble within your institution. I'm also aware that you can do much more as you get a title of director.

The assistant director interested in hiring a culturally diverse staff feels that being an administrator places her in a position to achieve this goal.

> That's the advantage in terms of administration. You can process something to a point, and then you say, 'I'm sorry. This is who I'm going to hire.'

On the other hand, she also finds constraints on her time as her administrative responsibilities increase. She had

previously discussed program development as a reflection of activism and feels she has little time for this activity.

> I have a staff of ten whom I supervise. What happens when you have ten is you are involved in the nitty gritty stuff and you can't do any programs in management.

Another manager also feels that her position as coordinator for community affairs allows her autonomy. When asked about the relationship between her position and her involvement in activism, she states:

> I just go ahead and do what I want to do. I'm allowed to do whatever I want. That's my title-community affairs. So, it couldn't be any better.

In summary, respondents describe the benefits and drawbacks of being a line worker, supervisor or senior manager as it relates to participation in on-the-job advocacy efforts. However, the constraints on activism as one advances through the hierarchy are not given great emphasis by respondents. On the contrary, a prevalent view among most social workers interviewed is that their particular place in the hierarchy and upward mobility allows them to be involved in activist endeavors. Higher rank in the hierarchy is certainly not viewed as prominent a constraint as others described by the sample. In fact, the issue of position in the hierarchy and its relationship to activism many times entered the discussion only after I raised it. Organizational and bureaucratic constraints which seem more constrictive, such as hospitals' focus on financial concerns, surfaced more spontaneously and with

more emotion. It may be that the issue of one's position in the hierarchy is not viewed as a significant constraint facing these social workers because of the ability to remain "responsible" in whatever position they hold while working towards change.

Critique of Activist Practice

Some writers would disagree with the claim of social workers interviewed for this study, in particular with the belief they hold that they are promoting change by the types of approaches and on-the-job activities just described. Both Wagner (1990) and Adams (1982), writing from a "radical" perspective, view strategies like consciousness raising in one-to-one social work counseling as limited in creating societal transformation. In fact, social workers interviewed for this study can be compared to Wagner's "mediated" (p. 135) group who view consciousness raising and work with oppressed groups as reflective of an activist approach.

Both writers see social workers in "status-quo-preserving" agencies (Adams, 1982, p. 58) as lacking sufficient recognition of how they incorporate their agency's more conservative ideology into their practice. Wagner especially criticizes advocacy efforts without client mobilization. Rather than far-reaching change, it succeeds, "...at best in the development of new programs or new funding which subjects were able to achieve from their

employers or by permission to write grants" (p. 187). Organizing clients and employees at work and challenging the more repressive policies of the agency are among the oppositional strategies which the authors encourage.

Most of the social workers interviewed for this study do not have the kind of radical perspective which these authors espouse. Moreover, their goal in working day-to-day is to promote incremental rather than basic systemic change. Even those in the sample who do view themselves as leftist have come to terms with the kinds of changes that can be made using an activist approach in the workplace. At times the constraints of the hospital result in separation of practice and activism. Other times, it can be integrated. What is common among the sample- and exemplary- is the continual search for opportunities for change whether through direct practice, supervisory and administrative duties or through advocacy relating to organizational change.

Summary

This chapter explores respondents' perception of the relationship of activism and practice. The kinds of messages that social work administrators convey relating to the topic are first described. Many respondents report being both supported and discouraged by superiors. However, social work administrators only feel that they encourage staff to include activism in practice. Next, interviewees

describe the separation, and alternatively integration, of advocacy with daily responsibilities as a social worker. Their use of institutionalized, consensus strategies is apparent in the examples of advocacy activities presented. Then, respondents' view of the relationship of location in the hierarchy on activist practice is explored. Social workers at every level describe both the autonomy and constraints they experience in relation to their position. Finally, Wagner's (1990) and Adams' (1982) critique of activist practice is discussed and applied to the study population.

CHAPTER VII

MAINTAINING THE "RESPONSIBLE" LABEL

Introduction

Within the conservative, finance-driven hospital culture, conflict between allegiance to the hospital's fiscal and system maintenance on the one hand and professional commitment to clients is inevitable. Role conflict can occur "...when contradictory expectations exist for role performance and living up to one expectation makes compliance with another difficult, if not impossible" (Lauffer, 1984). In an introduction to an edition of Catalyst (Abramovitz et al., 1982), these contradictory expectations of social service workers are described.

> Except for those people who work in alternative agencies, we have found that our jobs are not always the best places for political organizing. Human service agencies often subordinate the political issues of service delivery to the technical problems of program development and implementation. As a result, workers who have tried to politicize their work often find themselves caught between the contradictory demands of their agencies and those of the communities in which their agencies are located. (p.3)

Finch (1976) and Wasserman (1971) find that social workers in bureaucratic settings must struggle to be advocates without raising the ire of the employer who is sometimes more focused on rules, regulations and procedures than quality of services to clients.

As illustrated previously, although this study's social workers are generally frustrated by constraints of hospitals in which they practice, most are still able to find ways to promote social action. At times this is done within and at times outside of the healthcare setting. And, even though they are quite aware of the risks of advocacy, especially when it involves a challenge to the hospital or those in power, their efforts continue. They are in fact successful many times because they consciously straddle the fence between the roles of advocate and "responsible" employee. For them, being responsible means knowing how to balance these roles successfully.

This chapter begins by relating Robert Merton's (1957) theory on role-sets and status-sets to the way in which interviewees manage role conflict within the hospital. Then, how respondents in the sample view their ability to maintain the "responsible" label within the hospital environment is explored. Next, the impact of participation in activist endeavors on career and upward mobility is discussed. Finally, two case studies are presented: one describing a "typical" responsible activist who employs institutionalized, consensus strategies and a second describing the actions of a social worker who uses noninstitutionalized, confrontational tactics in an effort to promote change.

Merton's Theory of the Role-set

Robert Merton (1957) was concerned with mechanisms within the social structure which serve to enhance stability when there are conflicts among the role-set. Merton (1957) defines the role-set as "...the complement of role-relationships in which persons are involved by virtue of occupying a particular social status" (p. 110). Therefore, one has a status and consequently is associated with those in the role-set. "Social worker" can be considered a status and the role-set to which the hospital social worker associates can include patients, families, physicians, nurses, physical therapists, supervisors, hospital administrators, social work colleagues, among others. Merton differentiates role-set from the concept of "multiple roles". The latter refers to the variety of roles one has related to an assortment of social statuses. For example, the social worker may hold the multiple statuses of mother, daughter, volunteer, teacher, Democrat, home-owner. In Merton's terms, these different statuses, each connected to multiple roles, is called a status-set.

Merton (1966) focuses on "structural sources of instability in the role-set" (p. 282). Instability can arise because those in the role-set associated with a particular status are located at different points in the social structure. Values and expectations among the role-set may diverge, potentially leading to conflicting demands on the status holder. Merton uses as an example the status

of public school teacher: school board members may be at a different level in the economic and social strata of society from the teacher. Board member expectations may differ from professional colleagues or the superintendent of schools, who in turn may be at other levels, leading to role conflict for the teacher.

Merton (1966) believes that "social mechanisms" (p. 283) exist so that instability in the role-set due to conflicting values and expectations can be avoided. For example, the distribution of power among those in the role-set may differ. More powerful members may be more able than others to shape the behavior of the status holder. However, coalitions may arise among less powerful members of the role-set which in effect overwhelm stronger members. When this occurs, conflicts among the role-set can sometimes neutralize members' demands, allowing increased autonomy for the status holder.

Dorothy Emmet (1966), a British philosopher who was a student of Merton's, applies his theory to role-sets within organizations. She states:

> Sophisticated contemporary studies of organizations recognize conflict and tensions as facts of life. This is partly because participants in organizations have multiple roles and role sets, unofficial as well as official, within the organization, and roles such as political ones which have ramifications outside it. This can raise questions of an ethical kind, concerning, for instance, the degree of loyalty due to the organization and how to reconcile this with other claims. The organization cannot therefore be seen as a harmonious self-contained unit, in which problems can even in principle

> always be solved according to rules. The 'solution' of one problem may bring others in its train; and wisdom may lie in being able to decide which problem to live with at any given time. (p. 185)

Emmet finds that professional codes provide a standard of performance and can be a guide for an individual status holder when conflicts arise among the role-set. However, the professional code does not always provide answers. Emmet explains:

> Yet, however much a professional code may give guidance on some matters, there will still be conflicts and pressures where a person is thrown back on his own moral resources.... (p.165)

Thus, professionals within organizations faced with conflicts among the role-set may be left to develop their own strategies to resolve the conflict, especially when their professional code is unhelpful in pointing to a satisfactory course of action. Of course, at times even the best of strategies may not lead to resolution of the conflict and, as we will see, the professional may decide to discontinue association with members of the role-set.

Application to hospital social workers

Both Merton (1957) and Emmet (1966) articulate the kinds of conflicts which agency social workers face in their practice. Within organizations, they are subjected to expectations of their role-set. Bureaucratic structures place demands on social workers which may conflict with expectations of clients (Finch, 1976; Wasserman, 1971). Even those in upper levels in the hierarchy, such as middle

managers, are faced with a role-set of administrators, supervisees and clients, among others, all with multiple and many times conflicting goals (Havassy, 1990). The NASW Code of Ethics (National Association of Social Workers, 1990) can sometimes help guide the professional when allegiance to the client and the organization is in conflict (Emmet, 1966). However, many times compromise is called for as both allegiances cannot be satisfied.

Merton's (1957) social mechanisms which are identified as stabilizers of conflict among the role set also apply to hospital social workers. For example, Merton cites mutual support of occupants of a status when conflict exists- a feeling of "we are all in the same boat"- as a mechanism to assist in coping with conflict. Professional associations with codes and guidelines for conduct develop to relieve the pressure on status holders. Certainly the collegiality identified in chapter IV, which was enjoyed by those interviewed when they joined with others promoting social action, is an example of the importance of support to relieve tension when conflict exists among the role-set. Although not focused on directly by the interviewees, it can be assumed that organizations like NASW and the many others to which they belong, also provide a supportive structure.

Hospital social workers, as "guests" in host institutions (Dane & Simon, 1991) are especially vulnerable to divergent expectations among their multiple constituencies. Those interviewed are well aware of the

potential for conflict as they attempt to promote change in organizational procedures and policy. They discuss the need to achieve a balance among multiple loyalties. However, the strategies these social workers cite to manage conflicts in the role-set differ from Merton's (1966) "social mechanisms" (p. 283). While Merton focuses on structural mechanisms that apply predominantly to characteristics or actions of members of the role-set, the strategies discussed in this study are developed by the status-holder, that is, the social worker him/herself. Respondents are highly aware of potential negative consequences of their advocacy efforts and describe proactive, consciously drawn strategies to manage conflicts that might arise. Their focus is primarily on the power they have to maintain a "responsible" label which many times allows for activist efforts to proceed. Sometimes their power lies in being a "responsible" worker. Other times it lies in manipulating the perception of those in the role-set to view their efforts as non-deviant and in fact in line with hospital goals.

How interviewees view the role-set and the need to manage loyalty to its multiple members will now be described. Then, focus will be on specific strategies used to maintain the "responsible" label thereby allowing for activist endeavors within and outside of the hospital setting.

Respondents' View of the Role-set

For those social workers interviewed, allegiance to role-set members within the hospital is imperative in the ability to successfully promote change. Interviewees use words such as "multiple loyalties", "dual loyalty", "mediating role" as they discuss how they manage relationships with hospital colleagues. For example, a social worker responds to questions about how hospital administration reacted to her involvement in union activities. She explains her strategy to avoid "flak".

> I personally feel very strongly that if you are going to work in an organization like this, it's helpful if you feel you can straddle and have multiple loyalties. You truly are loyal to your clients. You truly are loyal to your immediate supervisor, and your co-workers. You truly are loyal to the rest of the social workers and you're loyal to the administration because none of them are less worthy than the other.

Another social worker discusses his attempts at community outreach at a previous job. He identifies the tension that can arise as one tries to serve the community and discusses the need to maintain "dual loyalties".

> We could have attempted to do major community outreach in a more concrete way and promote alliances between the community and the hospital- do something about the community the hospital needed to serve. But obviously there is a tension, because if you are social workers in a hospital, you have dual loyalty to the hospital administration.

A director similarly discusses efforts to act as an "intermediary" between the hospital and community and

mentions the goal of remaining loyal to the hospital in this role.

> Social work frequently sees itself much more in an intermediary or mediating role, and I felt we could add that dimension while still being very loyal to the hospital, obviously as a hospital employee.

Later in the interview, she identifies the importance of "friendship" with multiple hospital departments.

> My job was to be on everybody's good list. To be a friend to all and to try to be considered helpful by all of them. This is not a small matter.

Sustaining multiple loyalties

For hospital social workers, sustaining multiple loyalties and continuing to enjoy the loyalty of others while promoting organizational and social change is no easy task. One social worker graphically describes efforts to promote change and do "the best thing" for patients and the community while avoiding being "eliminated".

> Pushing forward the boundaries of what one could do without getting one's head chopped off and always trying to push it forward more and more and always being at the edge of walking on glass or walking on thin ice, and doing what's the best thing for our patients, for the community, for social justice needs and economic justice needs and without doing it to the point where you would get ripped apart and eliminated....

A director describes the challenge of activism within the hospital, comparing it to walking a "thin line".

> There is a challenge of finding the route to take where you are not going to get slapped and punished and demonstrating that you can be successful. There is a piece of me that always likes to walk a thin line. I want to see how close to the edge you can come in some ways.

The "edge" for many of the sample means getting into trouble, being seen as irresponsible, being punished or losing one's job. But there is also a vision of the hospital setting as having boundaries which can be pushed, as one social worker previously described. The boundaries of what is allowable in relation to social action are seen as expandable if one can use particular strategies which prevents one from going over the edge. These strategies must be viewed as legitimate within the conservative atmosphere of the hospital setting and must take into account the interests of the multiple members of the role-set. A director feels that, if social workers "know" the institution, they can detect the "elasticity" which allows change.

> You do have to know the institution and you have to feel elasticity within it because it's not a bunch of bad people who run this place. They are very caring people. They just have great concerns. Their concerns are different than mine in some ways, or their primary concerns are different. And they have all got to do with money and getting a building built. And not having bad things happen.

From a systems theory perspective (Compton & Galaway, 1979; Morgan, 1986), respondents are describing the hospital as a social system in which boundaries are sometimes "elastic" and allow for change within the organization. As respondents point out, one must know where the elasticity in the boundaries exist, when to push for change and what the best "route" is to promote change. Furthermore, hospitals are highly structured, bureaucratized systems, continually

bombarded by changes in the external environment. Most hospitals lie on a continuum between an "open system" (Morgan, 1986, p. 46) which is continually receptive to change in the environment, and one which is "closed" (Morgan, 1986, p. 46) to any change. Tension within a social system, such as a hospital, is a "given". It is "...characteristic of, and necessary to, complex adaptive systems..." (Compton & Galaway, 1979, p. 80). In order for the system to continually evolve, it must be somewhat open to change in the environment and able to adjust the subsystems within. However, in order to survive, the system must also be able to return to a stable, orderly state.

For hospital social workers, the reforms they promote may temporarily increase tension within the organization. Yet the tension may also be necessary since the hospital is continually adapting to a changing internal and external environment. The hospital may even benefit by enhancing patient services, thereby better positioning itself among its competitors. It may be that social work activism is tolerated at times because of the need within the organization to adaptively change. The hospital then returns to stability as the changes advocated do not dramatically alter its functioning.

Thus, tension in the hospital arises between the goals of change and stability. Interviewees are continually managing the desire to encourage change within an environment that may resist that change. "Walking on thin

ice" means promoting change without threatening the stability of the hospital or loosing one's job. The ability to be an activist is achieved by preserving the "responsible" label even as one attempts to influence policies and procedures. It involves maintaining multiples loyalties among the role-set. As we will see through the following examples, it also involves employing institutionalized strategies which are acceptable to hospital and social work administration. How respondents are viewed as "responsible" while being "change agents" is now discussed.

Strategies to Maintain the "Responsible" Label

Brager and Holloway (1978) discuss resources available to the social worker who is promoting institutional change. Social workers at all levels of the hierarchy commonly focus on a number of resources at their disposal which helps them both sustain a "responsible" label and successfully negotiate change. The resources discussed by respondents generally pertain to a positive reputation- for example, being a "good worker" or being knowledgeable about issues- or to their sensitivity to the environment and the interests of colleagues.

Combining activist and "good" worker identities

A prevalent theme among social workers is the importance of being perceived as a "good" worker if one wants to also be trusted to participate in activist efforts

(Patti & Resnick, 1980). Respondents discuss a variety of ways to accomplish this goal: being perceived as competent, knowledgeable, having a rationale to support change and informing supervisors of activist endeavors.

Being viewed as competent

Some respondents believe that they have a good reputation among social work and hospital colleagues. A social worker states:

> My work is always viewed as really excellent.

A social work supervisor describes how she is evaluated.

> My work is great. I have always had excellent evaluations so I wouldn't have a problem on that count.

A director feels her department has a positive reputation within the hospital.

> Hospital administration has let us shine in many ways, in terms of social work, because we've also led in length of stay reduction, in money reduction. We've been very good at what's mattered.

A social worker who had tried to get involved in union activities early on in her employment describes how much more accepted this was, after she had shown herself to be a conscientious worker.

> When 1990 came along, I was in a slightly new position, but one that I felt very much more secure as a social worker. I felt that my work was well regarded, so I felt comfortable within the departmental community, and I just said to our director, 'Gee, maybe we should get something started this time.' And he was very supportive immediately. I felt that my work and my spontaneous offerings to the department were well regarded, so I had no hesitancy about suggesting this. I had at least my sense that I had both the

> respect of the administration and the department, and I had the respect of some of my peers.

A director discusses her advocacy to retain a child protection social work position. Her strategy is to be a "team player" on those issues which the hospital deems important, such as length of stay. Being seen as effective in this area allows her to fight for more positions.

> It's one thing to say our length of stay is down. And I'll be a keynote speaker and I'll go out with our team as we've done- to Albany, to Rochester, to New Jersey- wherever to talk about what we've done. And I'm proud of it because I don't think we've harmed patients, but I think that the other part has to be there too. I try and say to them, 'We're earning some money, so let's use some of that money for these key, hard-to-find social work positions.'

Another director talks about her positive "track record" which enhances her boss' trust when she advocates for money for a program for the homeless.

> We've always had a good track record on everything that we've done. We've had a good, close relationship with the hospital director. We've won the confidence in a certain way, so I think he felt confident about the homeless program.

Wax (1968) states that competence is "...the keystone of power in a professional environment..." (p. 66). In their book on building positive relationships even in the face of differences, Fisher and Brown (1988) view reliability as an important element in establishing trust. Respondents concur that a good reputation sometimes allows them the leeway to become involved in activist endeavors. They are seen as reliable, trustworthy employees who get the job done.

Developing expertise and a rationale for change

Being a knowledgeable social worker also enhances one's reputation, allowing for involvement in activism (Brager & Holloway, 1978). The director cited above who is trying to develop a program for the homeless feels her knowledge about the topic strengthened her position.

> I think the other route to activism is expertise. There are certain areas where we decided we'd better really know a lot about them. So homelessness- I had become really very knowledgeable. The strength came from knowing.

Later she discusses how direct practice provides the knowledge for activism.

> There are a few people in the social work department with superb intellectual ability and with tremendous clinical scope. Whatever we've come up with has been based on some really thorough clinical judgement. So that what you think a homeless person needs is not based on a political or administrative decision, but some very deep sense of what practice is.

Related to having knowledge of the issue for which one is advocating is developing a sound rationale supporting the need for change. A supervisor believes that he was supported by social work administration in relation to advocacy for increased vacation time because he had developed a rationale for the change.

> To the extent I got the encouragement from management, it was for a mixture of reasons. Number one is that people respect people who take a position when there's some rationale. As opposed to just being a pain in the ass. At least I complained up front and complained in a rational way that brought issues out so they could be discussed.

Similarly, the social worker who views himself as a "responsible activist" talks about "thoughtful" activism. For this social worker, it is important to think through reasons underlying a call for change.

> To be a responsible activist means being a thoughtful activist. Just to go and flail your arms about is not the point.

Finally, a supervisor finds that as long as one's stance is based on "sound principles", activists can avoid a negative response. When asked about social work administration's response to her leadership of staff who voiced complaints about management, she replies:

> We actually talked about that-myself and another worker who was more visible. Are we going to be targeted for negative stuff in the department because of being leaders? And what are the ramifications of that in our job? I learned that if you make decisions that are based on sound principles or policies, even if you are targeted, you can't be written up. If you base your stuff on very sound, real, concrete issues that make sense, you can't get in trouble for that.

Therefore, "responsible" activists consciously strive to be seen as knowledgeable about their job and needed changes in hospital policy and procedure. Their advocacy is based on a well thought-out rationale stemming from expert knowledge.

Informing supervisors of activist endeavors

A number of respondents address the importance of discussing involvement in organizational change with their boss. They recognize the interest of most administrators to know about the activities in which staff are involved and

are generally open to suggestions of superiors about their strategies. Some interviewees look for sanction of their efforts. Others want to prevent their involvement from "backfiring".

For example, a social work director explains how she obtained permission for a voter registration drive.

> I've gotten administrative permission or made sure the administration knew about the voter registration drive and knows there won't be any dangers. This year the staff wanted to do it, and I went to our vice president and I said, 'We're going to do our usual voter registration drive.' I've learned how to do that here. And he said, 'Fine'. So I make sure that it's been okayed by the institution so that it's not going to backfire.

She is also careful about accepting a position in a social work organization for which she has been elected until she gets her bosses' permission.

> I talked to the two people I report to before I said yes. To say, 'Did this make sense? Are you concerned?' The Vice President said to me, 'Look, it's not going to be any easier three, four, five, ten years from now probably in health care. Why not do it? It would be good for the hospital.'

She describes another incident in which she reconsiders her strategy so that she does not bypass her boss.

> I have had my hands slapped a number of times. The hierarchy of this place is very straight. I have had to learn that. We're buying another hospital, and then having a transition team and I want to be on the transition team. Our COO is heading it and I thought I should write him a letter and say I'm interested. And then I thought, if I do that, I have my person I report to and a vice president and they are going to get furious, and the assistant director of social work said, why don't I ask our guy what would be the best way, and I did. I said I was interested and

> he said, why don't I just send a memo to the vice president which I did.

Another director carefully obtains the support of other departments in the hospital for her staff's participation in community activities.

> I found out what all of those organizations were, who was doing what. And then I would make contact with that organization. I would ask if we could send somebody. I would make sure Community Relations and hospital administration liked the idea.

Forming coalitions with other disciplines to work towards change should also be discussed with one's department before it is attempted. In this instance, again, social workers are sensitive to the political realities of working in a hospital and the interests of administrators to know about efforts to involve other departments. A supervisor emphasizes that coalition-building with other disciplines should not be done without "checking in" first with her department.

> I probably could have gone to Psychiatry. That would have been a nice, quick way. And also gone to maybe some of the medical residents. But this is where it tinges on getting in trouble. I need to check in first with social work administration in order to do this.

Another social worker was "above board" with her director in order to maintain his ongoing involvement in her advocacy of more vacation time for staff.

> The director was very supportive all the way through. He intervened for us with the hospital social work directors. He distributed materials that I had typed up for them telling the administrators that we were going to be asking them to nominate a contact person. So we tried to

> involve the administration. Just basically making it very above-board that we were trying to marshall social workers' involvement and we needed somebody who could spread the word.

In relation to hospital administration, she states:

> I didn't have any direct response from our executive director, but I knew he was briefed by the social work director, and there was no flak about it. As long as we watched our p's and q's, and tried to involve and inform people about what was going on.

Finally, she describes the different messages she receives about informing management when she is promoting change. On the one hand, she is encouraged to talk directly to her department head about trying to get union support for increased vacation time for social workers. However, on other issues, her strategy must be "channel-related".

> Interestingly enough, in my social work department this whole union thing- I was totally encouraged to go directly to the department head and say, 'Hey, why don't we do something about this?' And he would say, 'Great! Go with it!.' In other things regarding work, it's very channel-related. The implicit thing is that this is a protection for you, the worker, as well as for us, the administrators.

Therefore, in order to be perceived as "responsibly" promoting organizational change or involving oneself in outside activities relating to social or healthcare policy, it is imperative to inform supervisors of these activities. It is important to protect oneself and one's superiors by ensuring that efforts are not threatening to the stability of the hospital. "Watching p's and q's" can result in trust

by the boss that future efforts will also be done in a "responsible", non-threatening manner.

Understanding the interests of the role-set

Developing a reputation for good work, being knowledgeable, having a well thought-out rationale for social action and informing superiors of activist efforts are part of interviewees' strategies for being viewed as "responsible" and consequently gaining permission for activist efforts. In addition, social workers frequently try to understand differing viewpoints and use this understanding in advocacy efforts. In order to preserve the "responsible" label, it is important to understand the interests of those in the role-set. It is especially important to know what the hospital's interests are and when one can push the boundaries to promote change. Social work literature on organizational change similarly reinforces the importance of analyzing colleagues interests, along with values of decision-makers, as one maps out a strategy (Brager and Holloway, 1978; Patti, 1980b; Resnick, 1980).

One social worker was frustrated by the lack of education on medication protocols given by physicians to patients with AIDS. However, she tries to understand why medical staff sometimes withholds information from patients.

> I used to have a very difficult time about the protocols. But I have gotten a little better because I've tried to be open enough that I understand the other viewpoint and the other side.

At another point in the interview, she discusses the difficulty she had in adjusting to the financial focus of the hospital.

> So when the hospital's focus on finances came into play, I really had a hard time dealing with it. And it's only because of the people that I work with who have been able to calm me down, to show me the other side of it and why it has to be. I'm beginning to put things in perspective.

Another social worker talks about fighting for the development of a special clinic to test patients for exposure to the HIV virus. She recognizes the interests of medical staff who are tired of being called emergently to take patients' blood. She also understands the social work department's need to increase revenue. She takes into account both interests in her advocacy efforts.

> I tried to make the argument that this will be better for medical staff. It will be built into their week. They are not going to be called in to take blood randomly on a Friday at 4 o'clock in the afternoon. Then I also said that I can bill out the hours that I'm using and I can make our department money. It's not like they are coming into a clinic to see a doctor, rather to see a social worker and then social work gets credit for it.

Another social worker frequently mentions her attempts at understanding her colleagues' needs and interests as she advocates for change. In one example, she is trying to organize interdisciplinary rounds.

> I still felt a strong sense of loyalty to the service, a strong sense of trying to understand what the doctors were going through, and I wanted to put that in practice. I did not want to be judgmental or imply that people were not doing their jobs, but trying to put the mechanisms in place that would support people.

In planning her strategy, she considers how she can avoid getting her director into trouble.

> I tried to spend some thought anticipating what the director of my social work department would be on the carpet for. What would he have to answer to? And we spent some time talking about that.

A social work director appeals to the hospital's interest to avoid bad publicity as she advocates to retain a child protection social worker.

> We get the babies who are put in the scalding water. I have to say that to the institution if we're concerned about the child protection worker. We will continue to get the babies stuck in the scalding water and what do you want to do about it? Do you want to make the front page of the paper without the proper social worker?

A supervisor describes how he promotes expansion of staff in his outpatient clinic. He acknowledges the hospital's focus on length of stay and tries to convince social work administration of the link between decreased length of stay and additional outpatient staff.

> That means that at every opportunity, I am addressing social work administration and I am telling them that they have to advocate for more staff for outpatients. The official point of view is that our basic mission is acute inpatient hospitalization. But it's very expensive and we are having problems with length of stay, and I keep trying to say, 'If we can keep people out of the hospital, we wouldn't have to worry about length of stay.'

A social work director finds that understanding the concerns of those involved in establishing an employee assistance program (EAP) helped her to "cut a deal" so that the program would be satisfactory to administrators and employees alike.

> Then I cut a deal with Employees' Health. The deal was that they could have those people who were in job jeopardy because of substance abuse, and we would take the self-referred where confidentiality needed to be protected. The thing that they were concerned about was the substance abuse on the job and there was always this gray area of those people who were self-referred because they were not in job-jeopardy over substance abuse, but in fact were found to have substance abuse, so we then had to work out a policy where we would then inform them that they had to be seen by Employees' Health. So that once we began to understand what everyone's concerns were, we were able to strike a deal.

Therefore, understanding the multiple interests associated with the role-set and developing an advocacy strategy while keeping these interests in mind helps respondents in the sample maintain their images as "responsible" employees. In his book on negotiation, Ury (1991) finds that understanding the "unmet interests" (p. 92) of your opponent, and attempting to satisfy them where possible, is key to an agreement. A social work director echoes this view.

> If I can mesh the policy issue with the hospital's interests, I am 100% ahead of the game.

These social workers are successful many times in organizational change because of their ability to appreciate the "unmet interests" of the constituencies in the role-set. Their strategies for change are then developed with these interests in mind. Obviously, this style can potentially enhance their reputation and allow for future engagement in activism.

Maintaining a non-threatening stance

Respondents have been shown to be acutely aware of the environment in which they work and sensitive to the interests of those around them. Trying to balance the desire for change while keeping in mind what is happening in the larger context of the hospital is characteristic of the sample. They continually struggle with ways to be involved in patient-oriented organizational activism without jeopardizing their own employment, the credibility of the social work department or their hospital's reputation. Another strategy to achieve this goal is to appear non-threatening as one advocates for change.

In an article entitled, "Not Quite Normal, But Not Really Deviant: Some Notes on the Comparison of Elite Athletes and Women Political Activists", Wasielewski (1991) finds that women promoting world peace attempt to use non-threatening tactics (e.g. civil disobedience) even though the ultimate goals of some women's groups may be seen as radical. They choose tactics "...by determining if the act will defy the existing order enough to convince people to consider alternative ideas and behaviors, but not totally frighten or intimidate the uncommitted" (p. 91). Although social workers interviewed generally do not espouse radical goals, they also understand the significance of non-threatening means when promoting change. Consequently, most use collaborative rather than contest strategies (Brager & Holloway, 1978). And by having an understanding of

colleagues' viewpoints, they continually search for agreeable compromise.

For example, one social worker wanted to speak with the medical director about additional staffing. The medical director was known as "difficult" but this social worker had confidence that, with her non-threatening style, she would be able to convince the medical director of the need.

> I've worked with other difficult people and I felt confident that we could find some level to work together, and I could do it without offending her, without threatening her and hopefully making a case in her terms that would benefit her and her department.

In an effort to be non-threatening, she is also non-confrontational.

> So my activism is not confrontational. It's not a very New York style at all.

Another line worker who would like to form a social policy committee within her department describes it as "non-threatening" as she advocates to her supervisor.

> And I said to my supervisor, 'We could do something very non-threatening. Something that would just get people to vent what they see going on in the political system and the social issues that are coming up in the hospital that we might want to address.'

She carefully chooses issues on which the committee will focus, avoiding those which might "scare" her superiors.

> Committee members are all really into arguing about the Presidential debate, but we want to stay away from that as much as possible because we didn't want people to be afraid of us, namely, the higher-ups in my department.

In order to be perceived as credible, it is also important to stay within the bounds of "acceptable" activities.

> We decided that we would try and focus on one issue that is affecting most social workers in the hospital. Address that one issue first. Prove ourselves, become credible to the department. Not really go out of bounds, or cause riots in the lobby. And hopefully then we can move onto even more meaningful issues.

Focusing on activities which are perceived as legitimate within the hospital, and engaging in these activities in a collaborative rather than conflictual manner, further enhances the trust of the social work activist.

Related to being perceived as non-threatening is the ability to back down from an issue when necessary. Interviewees would sometimes fight for an issue which they felt strongly about. Other times they described working out a compromise as they moved incrementally towards change. For example, a social worker who was trying to establish interdisciplinary rounds in order to enhance communication among staff members and thereby enhance their treatment of patients, has to settle for once a week meetings even though she felt they should be held more often.

> Given that the crunch of their workloads and when meds had to be given out, when people had to go to this meeting or that meeting, when people were on call, it was very difficult to find the time and to establish how many days a week should we do this, because they all said, 'But my dear, the women turn-over in two days. If we only have it once a week, is this worth it?' And I basically said, 'Well, why don't we try it one day a week anyway?'

She also accepts a temporary hiatus of the rounds in the summer.

> Then the summer came. There was a skeleton crew, and they said, 'We are so short staffed right now, can we wait until the beginning of the doctor school year?' And I said, 'Yeah, yeah.'

A social work supervisor describes compromising so that she avoids being seen as a "trouble-maker". She meets resistance from social work administration when she wants to move a group for AIDS patients to a community agency. She decides not to fight this battle and in the end is able to move to the agency anyway.

> A local community-based organization that does incredible stuff, asked if we wanted to have our group there. And we wanted to because it was a very nice natural marriage for lots of reasons. We approached social work administration about that and one associate in particular said she had some concerns about sort of abandoning the group and starting one over there. We certainly said, no, we weren't abandoning group. We wanted to actually expand it. I didn't want to make waves and I could have because I was pissed. I didn't want to do it, just because it didn't feel like the battle to fight. So I said, 'Okay, I'll do what you say.' I gave it one last 'v' for 'valiant attempt' and then stopped it. Now we're going to move it to the community agency. So actually in the end it's a positive story. I could have fought them, but what that might have meant is that they might have perceived me as a trouble-maker, not responding to their authority.

A social work director tackles only a portion of the discharges she believes are inappropriate since she is aware of the hospital's focus on decreasing length of stay.

> We don't struggle over 30% of the discharges. Maybe it's 8% of the discharges.

An administrator describes how she has struggled to hire an ethnically diverse staff against great resistance from social work administration. She relates how she proposed hiring bilingual social workers when she initially came to the hospital. Since her suggestion "went nowhere", she has had to accept "small steps" to reach her goal.

> I have taken small steps so that it hasn't come into any great opposition. I mentioned going bilingual three years ago, and it didn't go anywhere. Whereas with smaller steps, with hiring staff and development of volunteers, there have been very small steps.

Relating in a non-threatening manner and knowing when to compromise to reach one's goal are strategies characteristic of those interviewed. There is little sense of frustration at the need to develop approaches which appear non-threatening to social work and hospital colleagues. Instead, for the most part respondents view their ability to behave in this fashion and to compromise as part of the balancing act to avoid alienating colleagues or overstepping the boundaries of acceptable activism.

Seeking alternative strategies

Although it is important to inform superiors of activist efforts or compromise when resistance is met, other circumstances call for covert action and sometimes circumventing "the rules". In a study of staff perspectives on the care of terminally-ill hospitalized patients, Goodman (1990) found that social workers faced with problems in working with dying patients and their families, such as an

angry wife who would not allow staff to see her husband, used what she termed "unconventional strategies" (p. 238) to manage these problems. Physicians and nurses on the other hand, whose goal for the most part is to cure patients, many times became frustrated by their inability to reach this goal with terminally-patients. Consequently, at times their response was to avoid caring for them. Rather than conforming to this pattern of "care" used by other professionals, social workers instead found innovative ways to work with those with terminal illnesses. Although the institutional goal was to cure, Goodman found that social workers had less difficulty continuing to provide services even when patients had a grave prognosis. For example, social workers would redefine their institutionally sanctioned role of discharge planner in order to provide a broader range of psychosocial services to these patients and families. In the example cited above, the social worker spent time counseling the wife and discussing her concerns. Her hostility lessened and staff then had increased access to the patient.

Social workers in the present study similarly found innovative ways to deal with frustration when institutional goals got in the way of their work or their change efforts were met with resistance. When asked how the hospital environment affects his activism, a line social worker states:

> It gets me down a lot. But I find my way around it. I often just simply don't do what I'm supposed to do and I kind of catch up on it later. If I find that something else is more valuable or important, I will never openly violate what I'm supposed to do, but there are many ways to skin a cat. Including the two nights before an audit, taking 2 dozen charts home and spending 5 hours a night doing them.

Other social workers find themselves bypassing the constraints of the hospital environment. One director who unsuccessfully tried to expand social work staffing in the hospital's EAP, finds other resources to enhance the program. When asked whether she stopped advocating for more staff when she sensed that she would be unsuccessful, she responded:

> We stopped and didn't stop. We stopped officially at that point, but we then augmented the program with more student resources, and were able to get a couple of higher level doctoral students, like staff really. So in a way, it was a little more covert, but I wasn't going to battle further on that.

Finally, a social worker practicing with patients with AIDS explains how she bypasses the hospital registration system in order to get a patient tested for the HIV virus at the moment when he is motivated.

> We have a mother and a child. And this mother has a significant other who wants to be tested and that person comes to our program to be tested, and doesn't have a clinic card. I sometimes have to weigh, are we going to lose this patient by sending him downstairs, getting him to have a clinic card, when all he wants to do is be tested right now, because of what's going on? So sometimes I say, 'You don't have a clinic card? Fine. Take the test.' I'll do the pre-test counseling session with them. Now if that patient comes back and happens to come back positive, I know I need to get them into the system because

> they need to have medical care. Now that's the point where I'm going to get them to get the clinic card to be followed and billed. If I did it the way the hospital wanted, I think sometimes we would lose the people and they wouldn't even be tested.

The strategy described above involves carefully going around the rules and limitations of the environment- just enough to reach one's goal but not enough to be labeled irresponsible. Brager and Holloway (1978) describe covert strategies on a continuum from "concealment and selective representation" to "outright fabrication" (p. 141). Not surprisingly, the alternative strategies used by the respondents, if covert, are only mildly so. They are used in a way which does not damage their reputation for "responsible" activism.

Abridging the role-set

There are also times when respondents feel they should disengage from their activist efforts, whether because they lack support, are unsuccessful or become tired of the struggle. Sometimes they sense that being "responsible" means ending their advocacy- before pushing beyond the limits of what are considered permissible activities. A supervisor describes the frustration which led to an end to his role as union shop steward.

> I kind of got sick of it because there was a lot of big things that were affecting a lot of people- contract and benefits- and people were not really getting involved, so I stopped. I said, enough is enough.

Another supervisor who had been active in the union similarly finds decreased support from colleagues and administration. He ceases his involvement when he perceives that he has put himself "on the line" disadvantageously.

> There was one point when I wrote a memo that some people in management found offensive. This was a point in which I had seen that my union wasn't going to do anything and that, in fact, management could get their attention more than I could. It didn't make any sense to put myself on the line if I was going to make people annoyed at me, or make enemies and that the people who were supposed to back me up weren't backing me up. It was just perfectly clear to me- when you lead a charge, you better look behind and make sure that there is somebody behind you.

The director who was advocating for more staffing in the EAP senses a change in the hospital climate signifying the end of her efforts.

> I felt this was as far as I could go with the issue and then everything was falling apart in the hospital so it really wasn't a good time to do it. A lot had to do with the political climate.

For a social worker who had tried to obtain more staff to prevent her own burnout, the "no" she received was "the last straw".

> A young woman that we interviewed that my supervisor and I liked very much hadn't had hospital experience and it was just assumed further up the line that she was not appropriate for this setting. I experienced that, after being already so strung out, as the last straw. I was still sort of chugging along, but there was something inside me that had died. Also I was talking before about the sense of multiple loyalties. I think my loyalty to my department was severed. I had a real sense of gulf and a separation and that particular chain being loosened, so that I could start to think about the unthinkable, which was leaving. I think when you have multiple loyalties to different segments of

> your work population, those loyalties taken together are very strong. I had invested a lot in that work environment and that's when I started to figure out what I should do now. What were my next steps?

Merton (1957) would see these actions as "abridging the role-set" (p. 117). In other words, in order to stabilize conflict in the role-set, relations with some or all members of the role-set are temporarily or permanently severed. For some social workers, this means ceasing activist efforts. When this cannot be done, it could mean leaving the job entirely.

Working on the margin of deviance

Wasielewski (1991) views her sample of elite athletes and women political activists as "episodically engulfed" in deviant activities whether they are participating in marathon cycling events or peace movement activities. They have an ability to "straddle the borders of deviance and normality" (p. 90) and are therefore generally viewed as non-threatening.

This study's sample may sometimes be seen as deviant by those in hospitals who are less focused on organizational or policy change. Ironically, they can also be seen as deviant within the social work profession to the extent that so few social workers are involved in activist efforts. Although they are part of a long tradition in social work of participation in organizational and social policy change- and although they generally use collaborative tactics- they are similar to Wasielewski's sample in sometimes being

"...right on the margin of acceptable behavior" (p. 90). Like her sample, they carefully straddle the line between responsibility and advocacy. Their ability to maintain multiple loyalties helps them to straddle this line successfully. Their use of institutionalized, consensus strategies as they promote change also prevents them from alienating administrators to whom they are advocating. In addition, they are able to be "episodically engulfed". In other words, they know when to compromise or even end their activities if it appears they have gone "over the edge". Thus, collaborative strategies are employed to maintain the "responsible" label while respondents move in and out of the activist role.

The Impact of Activism on Professional Advancement

Wagner (1990) finds that his sample of social service workers were able to move into management positions <u>despite</u> a history of a radical orientation. Although some experienced "negative career events" (p. 102) such as firings, many moved from line positions into supervisory and management positions in social services or other professions. Wagner suggests that some were able to advance in agencies which were compatible with their ideologies, some found positions in academia, while others detached themselves from their radical ideology as their careers progressed. Also focusing on activism and career advancement, Epstein (1981) suggests that advancing through

the hierarchy may provide a view of clients' problems which results in more class advocacy. It may also mean one is freer to become involved in advocacy efforts.

Not only are those interviewed for this study generally able to maintain a "responsible" label, but, different from Wagner's respondents, these social workers are sometimes able to advance in their career <u>because</u> of the involvement in activism. A prevalent view among respondents is the benefit of participation in activism for their career and upward mobility. In fact, many describe involvement as a strength when they are being considered for promotion while far fewer feel that their careers have been hurt by activism.

<u>The positive view</u>

One social worker believes that her participation in union activities and advocacy efforts with medical staff to improve services to clinic patients prepared her for a new job. When asked how her activism has affected her career, she says:

> I think it's helped it. It certainly helped me prepare for and prove that I can have my current position.

Another social worker was asked whether his activism hindered him from obtaining jobs or promotions.

> I don't think so. Actually, I think the social work field is so fluid and tolerant of everything.

Asked if it has helped him, he replies:

> Actually, I think I've become more informed and having a professional context in which to place things makes it more credible.

A supervisor finds that her activism has helped her career.

> I've had wonderful opportunities and I've gotten to know great people which has helped me in my career. I've gotten to prove myself in ways that other people have noticed. I get offered jobs a lot.

Later, she continues on this theme.

> That's how my activism has affected my career. It's been an asset in knowing how to do things. My grant writing skills. I have phone skills. I have all schmoozing skills that people could never teach.

Another supervisor finds that his union activities have been advantageous to his career.

> I guess another irony is that through being an adversary, I got to know a lot of people. It doesn't hurt now we talk in less adversarial ways.

He discusses his promotion to supervisor after being shop steward.

> Clearly if my union activities were a black mark, I would never have gotten promoted.

A director similarly feels that her activist stance has only been beneficial.

> I think activism has given my career more status and myself more satisfaction.

Another director states:

> Activism has made me much more visible. People know who I am a lot more because I'm involved in these things. It has brought me into arenas where I network with people and have access to things that I never would have without activism. It has enhanced my career and has in many ways put me into national arenas.

Asked if there was any negative effect, she responds:

> No. For me, there have been no negatives, other than time.

It is not surprising that social work activists who continually strive to maintain a "responsible" label and who attend to the interests of their multiple constituencies would find that their activism was positive in relation to professional advancement. They may be seen as trustworthy innovators whose suggestions are valuable rather than harmful to the organization. However, further research is needed to explore the impact of activism on the careers of those social workers who are seen as less "responsible".

Negative career consequences

A couple of social workers describe the impact of participation in advocacy efforts on career mobility more ambivalently. One social worker in his 60's who has remained a line worker for most of his career, assumes that activism and promotion are incompatible. This worker is uninterested in becoming a supervisor.

> My salary is quite decent for a line worker, and I'm not interested in administration.

However, he speculates on the negative consequences for the activist who wants to move up.

> It is very hard to get involved in activism as part of your job if you are interested in eventually climbing up the ladder because you will be looked on as a dissident. You will be looked on as divisive. You will be looked on as a little too militant.

At another point, he discusses why there are few social workers who speak out on policy issues.

> There are other people who sometimes advocate, but not many because it does stop you from moving up. You will never be considered supervisory material because then you tend to rock the boat.

A supervisor also is not interested in moving further up the hierarchy. She responds to my question on the impact of activism on her career.

> I am sure that it has made the difference in my not having moved in administration. It has meant that I've been more focused in terms of continued advocacy in a way that I do not see administrators moving to do.

In a similar vein as the social worker cited above, the supervisor believes that advocacy can be detrimental if one does want to advance.

> I have never attempted to move up, so I don't know if I could even be accepted. When you become an advocate and you're labeled one, then there becomes another mind-set as to how you're evaluated. It's another mind-set as to how people perceive your ability to be a good team player. That in your being an advocate, you may not always support the administrative position and if you can't do that, then there's some deliberation as to whether or not you're a good candidate for a position.

She finds that she still gets the rewards of upward mobility through her activities outside of her job.

> The upward mobility, I've satisfied in other areas. I'm the chair of the day care center. I am the chair of the religious committee. So that I get that status so that if I don't have it on the job, that doesn't mean I'm limited.

Interestingly, both of these social workers have a strong allegiance to the union and are adamant in their

desire to avoid administrative positions. The older line worker who continues to maintain a "leftist" ideology, and the supervisor who, more than the rest of the sample, focuses almost exclusively on her allegiance to her clients, view activism and career advancement as incompatible. Not only would they be labeled negatively and prevented from moving up the hierarchy, but they may also feel disloyal to their clients if they could advance. Promotion would also mean that they would have to leave the union to which they are highly committed. On the other hand, it is also possible that in fact they are not viewed highly in their daily practice by their superiors and consequently their mobility is blocked. Rather than considering this possibility, they may instead justify their present positions by asserting that one cannot be an activist and advance in the hierarchy.

Nevertheless, these respondents stand apart from the sample in their negative view of the impact of activism on upward mobility. For most interviewees who struggle to balance the interests of multiple constituents and compromise when necessary, the manner in which they have practiced their activism does not seem to have hurt- and in fact in many cases has strengthened- their ability to advance.

Institutionalized vs. Noninstitutionalized Activism: Two Case Examples

What happens when social workers do rock the boat? This section describes in more detail incidents in which two interviewees become involved in situations that are potentially threatening to their social work department and hospital and addresses the strategies they use to manage each situation.

Beth: Collaborating with administration

Beth[1] is the youngest of the sample. She is in her mid-20's and works with HIV positive children and their families. Throughout the interview, she enthusiastically discusses efforts to establish a social policy committee in her department and to make changes in the way patients are treated in her clinic. She also is an active participant in a number of activist organizations outside of the hospital.

As she describes how social work administration reacts to her advocacy efforts, she recounts her involvement in the legal battle of the father of a patient who had died. The case seemed significant to her both for the fear she felt as her superiors became angry at her involvement, and the pride she felt in its outcome.

> I was so upset about this case. I had a patient who died and I worked very closely with the father and the mother. And the father was arrested and was alleged to have been selling drugs. And I ended up talking to his attorney. I didn't go

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[1]. In order to protect the identity of respondents, the names used in this dissertation are fictional.

> through the hospital's Legal Division. I didn't give any information. I just said I wanted to know what kind of case he was going to try and build for this man because this man is very simple and not too savvy. I could see him being taken advantage of and I wanted to get the picture. And the lawyer told me that he was going to go for a case of mistaken identity and did I have any information that I could give him. And I said that I would check and see whatever I could. I ended up pulling the chart for this child and I found that there was a note written by a nurse the day that he was alleged to have committed the crime- that he was here. So I called back the lawyer and I said, 'There is information here.' I said, 'I would get in big trouble if I give it to you. I know that much. You need to subpoena the chart', and I called the hospital's Legal Division and said, 'How can we help this man's child's chart get to his lawyer?' And they said they'd call me back. Well, I got a call back in about ten minutes from my supervisor, really upset. 'Who were you talking to? You're not allowed to be talking to a lawyer without consulting with Legal. You should be talking to me about it. You have to wait in your office. The directors are talking about this.'

Beth recounts how upset she became. She then talked with an older physician with whom she had a close relationship.

> The physician sat here talking to me about how you have to go through rules. You gotta play the game.

The next morning she was called to an "emergency meeting" with her supervisor and the department director.

> It was just a miserable experience. They were really upset with me. You want to make a good impression. You want people to like you. And now they think I'm really going out on a limb. They thought I was way too involved because the child had already died.

I ask how she handled the anger of her superiors.

> First I thought that maybe I really did something wrong. Then, later on, I snapped out of it. I did talk about it with friends at home. And they all said, 'You know, on the surface it really

> seems okay what you did. Maybe you didn't go through the right channels.' I met with my supervisor and it was interesting. I was very different with her than I normally am. Since it was my first kind of conflict with her, I was really 'yessing' her. It was not my typical voicing what I feel. I just 'yessed' her and I said, this is going to be one of those situations where I am just going to 'yes' to death and do what I think is right.

She describes the outcome. The father calls and describes the trial and his conviction. She realizes that the lawyer never read the chart nor brought up the fact that her client was at the hospital on the day of the crime. Beth then wants to write a letter to the judge explaining the situation.

> So I went to my superiors first and said, 'Listen, this is what has happened. What can we do for this man?' And they said, 'Nothing. You're not involved with this case anymore.' And I said, 'Well, that's not how it works. The way it works is that I follow families until I no longer need to follow them- until I refer them somewhere else. And this father hasn't been referred somewhere else, and he's in jail. And I know something that the judge doesn't know and that's not just.' And I got my supervisor to back me up on the fact that I didn't have to close a case just because the child died.

She was also able to get her supervisor's support to talk with the Legal Department about contacting the judge. Asked why her supervisor would now support her, she replies:

> Maybe because I 'yessed' her to death before that. I think she felt like I was sorry and that I wasn't intentionally trying to go out on my own. And so then I went to her and said, 'Well, this is what I want to do.' And she said, 'Okay. Go through Legal.'

She writes a letter to the judge notifying him of the information she had regarding the father's whereabouts on

the day of the crime. The father then calls her to let her know that at the sentencing the judge declared a mistrial.

Throughout Beth's predicament, she tries to balance her loyalty to her client with the need to maintain the approval of her superiors. She uses institutionalized, consensus strategies (Epstein, 1968)- working with her supervisors, gaining the advice and consent of the Legal Division, letter writing- to accomplish her goal of helping the child's father with his defense. Although she realizes the mistake she makes in going too far "out on a limb", she is able to repair the damage by "yessing" her supervisor. She understands when to back down from her advocacy efforts. Not only does she take a less threatening stand, but one can hypothesize that by agreeing with the supervisor, she is seen as joining with administration. And when she again wants to involve herself in the case, she does it in the "right way". She informs her supervisor and asks permission to talk with the Legal Division. Her rationale for continuing to be involved- that is, that it would be unjust to withhold information which could potentially free the father- is quite persuasive and obviously accepted by her administration. From the incident, she learns about "going through the right channels" and gaining consensus between administration and the Legal Division about a strategy to use to provide information to the judge. By repairing the damage and handling the issue more "responsibly" from her supervisor's viewpoint- and by joining with the

administration just enough- she is then able to successfully continue her efforts.

Ury (1991) emphasizes that in negotiations, acknowledging an opponent's point and "accumulating yesses" (p.46) by agreeing where you can, is a successful tactic in reaching consensus. Although Beth does not necessarily agree that her supervisors should be so upset, she consciously uses her "yessing" strategy so that she can then secure their support for "doing what is right".

Karen: Loyalty to the community

Karen is a social work supervisor in her late 50's. She continues to retain a large caseload of patients as part of her assignment and is highly committed to her clinical work. She differs from the rest of the sample in her description of frequent confrontations with supervisors and hospital administrators. For example, she describes an incident in which a recently hired director invites her to be on the department's executive committee along with other administrators.

> The director is already playing with me. In the sense that she wants me to join the executive committee. She's trying to expand it. And she wants people who serve on particular committees to participate in the executive committee. So I had chaired the quality assurance improvement committee. And she said, "Then you will sit in on the executive committee.' I tried to explain to her, but she doesn't understand, that the hospital hires two tracks of people- the people in the union, all of their work is negotiated by the union. They determine how much you can work, what your job specs will be, your hours, how you will be accountable for your time, the salary, and there's no playing around with that. Social work

> administrators are hired by administration and they work at the will of that administration. They define all that. And I told her, I am not administration and I'm not management. I am a worker.

Unlike many in the sample, Karen views workers' interests as divergent from administration's. In other interviews, social workers discussed efforts to understand and mesh the interests of both. Karen instead sees a dividing line of interests which she cannot cross. According to Brager and Holloway (1978), "... it is the perception of goal commonality or divergence that conditions the actor's responses and therefore use of a particular tactic" (p. 135). As previously mentioned, Woodrow (1987) similarly found that social workers' perception of their settings, such as whether there is priority placed on changing working conditions to benefit themselves or clients, was related to choosing collaborative or confrontational strategies. For Karen, her view of her interests as being so different from the social work and hospital administration's will dictate her use of a confrontational strategy for change, as one can see in the following example.

Karen describes organizing community residents against the hospital's proposal for a primary care network. As a community resident herself, she feels strongly that the proposal needed major revisions prior to implementation.

> The hospital had written a proposal for funding for the primary care network. We attempted to meet with a hospital representative on two

> separate occasions pointing out real serious problems. There were doctors, there were nurses. I was the only social worker. We had people who were health care investigators, community people. It was a broad-based group of people.

She is asked how she became involved in the effort.

> One of the doctors had read the proposal and was distressed. We sat down and talked about it. And we felt that we had a series of issues that we wanted to raise.

She then organized others to become involved.

> I made the contact to the people for them to come and we sat down with the hospital representative and discussed the proposal with her. And she was very uncomfortable and she kept trying to say how we were over-reacting. And when we saw things were moving right along, we called someone from the board of directors and we used to interrupt a congressman's community meetings, so that we were raising the issues.

As the primary care network is developed in spite of protests, Karen organizes community residents.

> We formed our coalition of concerned citizens and it was under that rubric that we did this and I was the contact. We met with the community residents at a community meeting because they didn't know what was going on. Then the administrator agreed to meet with us. So the community was there, and they were very vocal because they had begun to understand.

When asked about her supervisor's reaction to her organizing efforts against a proposal closely linked to the hospital, she responds:

> They can't tell me what not to do. And one person sometimes had tried to tell me that, and I told them that they can't regulate my life. I tell them, if it impacts on the work, they have to tell me that. If I'm not doing what I have to do, you tell me that too.

Karen manages her activist efforts by carefully separating what she considers part of "the work" and what she considers her role as an activist living in the community. She differs from others interviewed in her use of noninstitutionalized, conflict strategies (Epstein, 1968), that is, organizing community residents and disrupting community meetings to protest the primary care proposal. Compared to Beth, Karen is much less concerned about social work administration's opinion of her strategies. She is very clear on the need to act as she does and is able to separate her role as social worker for the hospital and social work activist working in the best interests of the community. The differences in Beth's and Karen's strategies stem from Karen's overriding commitment to certain segments of her role-set, that is, her clients and fellow community residents, over and above allegiance to her department or hospital. Unlike others interviewed, she makes little effort to balance these commitments. Although she discusses the ramifications of her actions, she has little fear of endangering her employment as other respondents do.

Karen does acknowledge that her reputation is negatively affected by her advocacy endeavors. She describes how hospital administrators view her.

They just saw me as a thorn.

Others view her as opinionated.

> People already feel I'm opinionated, because when you are an advocate, you are opinionated. You take a position.

Surprisingly, one gets little sense that her job actually was in jeopardy due to her organizing activities. It may be that the coalition to which she belonged, which consisted of other staff including physicians, had enough power to counteract a threat to her position by others in the role-set. Merton (1957) describes this difference in power of those in the role-set as one of the social mechanisms which can stabilize conflict. Like other respondents, Karen also believes that she is protected by her responsible nature in daily practice.

> I spend more than 9 to 5 at work, so I'm already giving the time to be sure so that there was nothing that they could come back on. I never short-changed them.

Her union position and seniority may also have provided her with a certain amount of protection. She describes the protection which the union provides.

> Without the security, the comfort, the clarity of parameters of the union, I could never have done the activism. I know that my ego, that my self-esteem, none of that is enough to have been able for me to have endured. I understand that very clearly.

In conclusion, Beth represents the majority of those sampled who have been identified as "responsible" activists. They attempt to understand and balance the interests of those in the role-set. By keeping these multiple interests in mind, they develop institutionalized, consensus strategies which are considered acceptable to hospital and

social work administration. Beth's strategy is to work with her superiors and others in the hospital in her advocacy efforts.

Alternatively, Karen is much more aligned with particular groups in the role-set, that is, her clients and the community residents, and more wary of the motives of administrators in the social work department and hospital. Because of her distrust, she does not attempt to enlist the support of her own department for her efforts. And, because of her belief in the "goal divergence" (Brager & Holloway, 1978, p. 135) between herself and administration, she uses noninstitutionalized, confrontational tactics. Her strategies are potentially much more threatening to the hospital and her department than Beth's. Wagner (1990) would even characterize them as "radical" (p. 227) because they represent "...the incitement of client activity in opposition to agency policy..." (p. 229). It seems likely that Karen's union status, and the power of some members of her role-set, helped her to maintain her position within the hospital.

However, both Beth and Karen speak with pride about their successful attempts at organizational and policy change and both obviously feel they are using the necessary means to achieve their goals. Further research on activism within organizational settings may yield more in-depth knowledge about the variety of organizational and policy activists in hospital settings and the strategies, both

institutionalized and noninstitutionalized, they utilize to promote change.

Summary

This chapter describes the strategies employed by respondents which allow them to participate in activist efforts. First, Merton's (1957) theory of status-sets and role-sets is described and applied to the findings of the study. Then, respondents view of the role-set is described. Those interviewed cite the ability to maintain multiple loyalties among clients and colleagues as imperative to successful advocacy. Next, mechanisms used to maintain the "responsible" label are discussed. These mechanisms include: sustaining a reputation as a "responsible" worker by being perceived as competent, developing expertise and a rationale for activism and informing supervisors of advocacy efforts; understanding the interests of the role-set; maintaining a non-threatening stance and knowing when to compromise; seeking alternative strategies; and abridging the role-set. For the most part, these strategies are characterized as collaborative, institutionalized and acceptable within the hospital. Then, the impact of advocacy efforts on professional advancement is explored. For the majority of respondents, activism has enhanced their careers and their ability to move up. Finally, two case examples are presented: one which demonstrates the typical institutionally sanctioned, consensus strategies of most in

the sample and a second which depicts a social worker who presents a more confrontational style. The latter differs from the sample in her stronger allegiance to the community without a balancing allegiance to social work or hospital administration.

CHAPTER VIII

CONCLUSION AND IMPLICATIONS

Introduction

This study has explored the organizational context of social work activism. Using a grounded theory approach and qualitative methodology, three central questions have been examined:

- What is the experience of activist social workers who practice in hospitals?
- How does the environment of hospital-based practice affect organizational change and advocacy efforts?
- How does location in the hospital/social work department hierarchy affect activism?

Findings indicate that respondents balance the interests of multiple constituencies, that is, the hospital, social work department, medical and other colleagues, patients and their families, among others, in order to successfully pursue activist endeavors.

This chapter will summarize findings and discuss substantive and methodological implications.

Summary of Findings

The "responsible" activist

The "responsible activist" label was coined by a line social worker to describe his strategy for balancing "what's right" for his patients, the social work department and the union in which he is highly involved. This label is then applied to many respondents who are similarly conscious of the need to attend to the interests of multiple constituencies. By remaining attuned to their divergent interests, and by employing institutionalized, consensus strategies to promote change, those interviewed are perceived as trustworthy and consequently are able to remain involved in change activities. Their use of strategies which are generally legitimate within the hospital stems from their understanding of the needs and interests of their colleagues. Their approach also reflects the trend among social workers in general towards collaborative, institutionally accepted change strategies (Reeser & Epstein, 1990).

Respondents define activism

Social workers interviewed define activism in a variety of ways. Some focus on the importance of changing organizational or social policy. Some emphasize consistency in working towards change. Others view activism as a way to link practice with more global change. A portion of the sample expresses ambivalence about being identified as an activist. It is suggested that this ambivalence may result

from high expectations of the activist which respondents feel they do not meet, often engendering feelings of guilt. It may also stem from the need to sometimes separate practice and activism, thereby limiting the extent to which organizational change is possible.

Becoming an activist

Many in the sample describe lifelong involvement in activism. Family members, mentors and the social movements of the 1960's along with disadvantaged conditions growing up and negative family experiences are cited as influencing their participation. A common theme is the evolutionary process of becoming "responsible" activists. Respondents portray themselves as more confrontational or radical in younger years. Over time many have felt the need to develop strategies which are less alienating while pursuing change efforts. Some describe movement towards more "age appropriate" approaches or methods which are viewed as more permissible in the workplace. These strategies may also be more acceptable within the social work profession (Reeser & Epstein, 1990) and society in general. Without broader social movements to support more controversial forms of protest, their tactics reflect those common to most social work activists.

Benefits/costs of activism

Interviewees enjoy participating in advocacy efforts. They feel energized and connected with other activists as a result of their involvement. However, participation is

sometimes limited due to family responsibilities or other obligations. It is also affected by a loss of energy from unsuccessful efforts or hectic work schedules.

In addition, a significant cost for many in the sample is the feeling of isolation from colleagues. They sometimes feel that they are viewed as the "token activist" of the department, encouraged to become involved in a limited, non-threatening form of activism. Loneliness results as they find themselves one of a small minority of social work activists in the hospital.

Organizational context of activism

Social workers interviewed generally view the hospital as an inherently conservative institution in which to work. As the financial health of hospital has become of paramount importance, many feel that constraints are placed on social workers' advocacy efforts, especially if they are viewed as counterproductive to the fiscal concerns of the hospital. Within the hierarchy of the hospital setting, social workers are in a subordinate, and therefore less powerful position in relation to other professions. The lack of power subsequently affects their credibility in promoting change. A variety of actions which would threaten the organization and therefore should not be attempted are discussed by the sample.

Alternatively, hospitals are also viewed as enablers of activism. Characteristics such as size, leadership style, religious affiliation, and responsiveness to the surrounding

community can influence the extent to which opportunities exist for social action within hospitals. In general, respondents do not convey a great sense of frustration towards the constraints imposed upon their activism by the conservative culture of the hospital. Instead, limitations on activism in the workplace are seen more as a "given" to be managed. Although aware of constraints, respondents take advantage of the opportunities within the hospital to continually promote change.

Mixed messages

Interviewees as "responsible" activists are highly sensitive to the messages they receive from administrators regarding their involvement. They describe both encouraging and discouraging messages from administrators. Support is given when activities are consistent with the hospital's or social work department's interests, are non-threatening and when administrators are personally in favor of the change. The NIMBY syndrome (Wagner, 1990) is apparent as social work administrators, possibly because they too are "responsible" activists, at times provide only limited support for activism at the workplace. Other times they are supportive of activism only if it is kept out of the workplace.

Nevertheless, social work administrators interviewed feel that they encourage advocacy efforts among staff. Although they too recognize constraints within the workplace, they do not view themselves as one of them. Their lack of recognition of themselves as a potential

constraint may prevent them from genuinely supporting activism among staff.

Inevitably then an activist approach is at times separated from and other times combined with daily practice. In order to maintain the "responsible" label and in response to constraints within hospital settings, respondents describe completing their "work" first before they move on to social action. At the same time, some have struggled throughout their careers to integrate activism and practice. Through clinical practice, supervisory and administrative duties and organizational change endeavors, they attempt to practice activism within the workplace.

In relation to hierarchical position within hospitals, social workers at all levels generally feel that their position is advantageous to promoting change. On the other hand, some social workers find they have less time for activism and that rising in the hierarchy may place one in a more precarious position. However, hierarchical position was not viewed as a significant constraint by most respondents. It is possible that they have been able to maintain their "responsible" activist reputation in whatever position they have held.

Strategies to maintain the "responsible" label

Merton's (1957) theory of role-sets and status-sets is applied to these findings. He focuses on the conflicts which can arise from varied expectations among the role-set, similar to those facing hospital social workers. When

involved in activism, hospital social workers many times are confronted by the demands of an employer that is increasingly financially-driven and those of patients who are interested in quality services. While Merton focuses on social mechanisms which can potentially neutralize the conflict, this study is concerned with the strategies used by the status-holder- activist social workers- to balance the interests of multiple constituencies.

Maintaining multiple loyalties is viewed as a delicate balancing act but one which is possible through a variety of strategies. They include:

- being able to combine activist and "good" worker identities
- understanding the interests of the role-set
- maintaining a non-threatening stance
- seeking alternative strategies
- disengaging from activist efforts.

By recognizing the interests of their multiple constituents, respondents use institutionalized, generally non-threatening approaches. Sensitivity to the organizational environment allows these social workers to test the boundaries of acceptable activism. At times they limit their activity when they realize they have overstepped the boundaries. Other times they are able to successfully move beyond them. Through these strategies, they are able to promote change while maintaining their "responsible" label.

Impact of activism on professional advancement

Due to the success of most of those interviewed in using these strategies, many view the impact of activism on career and upward mobility as a positive one. Only one social work supervisor speculates that her activism might actually have placed a constraint on moving up. However, due to strong union ties, she has not attempted to advance further.

Institutionalized vs. noninstitutionalized activism

Two examples of incidents in which respondents become involved in issues which are potentially threatening to the hospital are used to highlight the strategies described above. Beth is characteristic of the majority of those sampled who consciously try to understand and balance the interests of those around her and consequently use institutionalized activist methods. Karen can be distinguished from the sample in her use of noninstitutionalized, confrontational tactics and overriding allegiance to her clients. She is able to maintain her position in the hospital due to her union status and probably because of the powerful position of some members of her role-set. Although Beth and Karen differ in tactics, both view themselves as successful in their change efforts.

Study Implications

A grounded theory approach has yielded an in-depth understanding of how these social workers manage activism within the context of hospital practice. Their perspectives on the struggles and rewards, the constraints and opportunities existing in the workplace have been highlighted. Substantive and methodological implications will now be discussed.

Substantive implications

Supporting activism

It is obvious that organizational constraints on activism are a way of life for hospital social workers. On the one hand, an emphasis on continuous quality improvement in healthcare bodes well for advocates of improved patient services (Baker & Zatirka, 1993). On the other hand, the advocate role promoted by the social work profession will continue to conflict at times with the employee role. As hospitals become increasingly concerned about their position in the healthcare marketplace, it will become even harder to promote change unless it is seen as cost-effective. Therefore, support for social workers' participation in advocacy efforts which advance quality, cost-effective services for patients is crucial.

It is especially important that the social work profession and social work administrators encourage those involved in activist efforts. One of the ironic findings of the study is that social work administrators feel they are

supportive of activism among staff while those lower in the hierarchy experience a variety of messages, from supportive to mixed to blatantly negative. The administrators interviewed, all self-identified activists, may encourage their staff in this area. However, it is important for social work managers to recognize the restrictive role they can potentially play. At times limitations on activist efforts may be in the best interests of the department and hospital and therefore cannot be avoided. However, a recognition of the inherent conflicts for activist staff at all levels of the hierarchy and discussion of strategies to balance multiple allegiances is one type of support which should be built into the workplace. Through individual supervision, group discussion and continuing education seminars, development of effective activist approaches within hospitals can be addressed. Social policy committees can also be established to encourage linkage between policy and daily practice.

Social work administrators also require assistance as they must attend to the cost-conscious nature of hospital practice at the same time that they are promoting quality patient services. Some activist administrators may have advanced in the hierarchy because of their ability to successfully promote change within the hospital setting. However, conflicts will continue to arise as social work managers participate in budget, staffing and patient care decisions. Workshops and seminars in graduate schools and

professional organizations such as NASW and The Society for Social Work Administrators in Health Care would aid managers in developing decision-making approaches to address these issues. NASW can be particularly instrumental as a supportive reference group for activist social workers at all levels of the hierarchy (Mailick & Ashley, 1983).

In addition, as noted in social work literature, graduate education on social policy and techniques to encourage change is lacking (Figueira-McDonough, 1993; Garvin, 1991; Humphreys et al., 1993; Smith, 1991). Therefore, coursework on the realities of hospital practice along with methods of balancing multiple roles should be provided to prepare beginning social workers for the transition into healthcare settings. Social workers practicing in hospitals should be included as speakers in these courses.

Ethical issues

It is interesting to note the lack of focus on ethical dilemmas facing respondents as they attempt changes within the hospital. Only one respondent, a social work director, mentioned the issue of ethics in discussing the need to balance responsibility for patient care while attending to hospital interests. In discussing her role in working with unionized employees, she states:

> I was always very clear about being on management's side and never sold the hospital down the river as a manager, because that would have been stupid and it would be unethical. Because if you sit in a management position, you have to

> ethically do what goes with that job. But on the other hand, one can try to help staff understand that you expect the union delegate to be the best delegate that they can.

Otherwise, the need to balance interests of multiple constituencies was surprisingly not discussed as an ethical dilemma by these social workers. Instead, they view the need for balance as a "given" and a continual factor in deciding advocacy strategies. The difficulty of managing multiple loyalties is demonstrated in chapter VII. However, the social workers interviewed generally were comfortable with the roles of advocate and employee. Within the interviews there was less of a sense of agonizing over ethical dilemmas and more thought given to the best strategy to sustain the loyalty of colleagues while achieving change. Interviewees were acutely aware of the nature of the conservative environment and, although probably cognizant of the ethical issues potentially involved in balancing the advocate and employee roles, they instead moved on to focus on structural, legitimate strategies for promoting change.

It is possible that respondents may have focused on ethical issues if questioned more specifically. Further research on ethical dilemmas which arise for social work activists in the workplace would generate data on the topic. It is especially important because of research showing a positive relationship between ethically informed practice and advocacy of services to clients (Kugelman, 1992).

Optimistic vs. pessimistic findings

The extent to which activist social workers in hospitals experience constraints and must compromise or even give up on advocacy efforts is a discouraging finding. Many experience a lack of power and credibility due to social work's position in relation to other disciplines within hospitals. Respondents highlight the struggles involved in fostering quality patient care when hospitals are so focused on increasing revenue and cutting costs.

On the other hand, those interviewed did not present themselves as disheartened by continual battles to encourage change in the workplace. They view themselves as promoting essential changes in and outside of the healthcare setting. Many are leaders, whether they are situated at the bottom or top of the hierarchy, because of their broad vision, creativity and ability to compromise. They do not talk about being co-opted by "the system" and instead speak with pride about their evolution towards "responsible" activism. They are realistic about the incremental changes which can be promoted. Although respondents are angered and frustrated many times by mixed messages they receive regarding activist endeavors or the limiting nature of the hospital environment, they also speak with enthusiasm about continuing efforts to promote change within the confines of hospital practice. Some describe a waning of activist efforts, at times due to changing obligations and interests

which restrict time for advocacy. However, many times there are plans for re-involvement in the future.

If the social work activist's intent is radical change without threatening job security, most organizations are not the place for activities to reach that goal. However, if the goal is to find ways to promote change that is accepted within the constraints of organizations, which it seems to be for many in this study's sample, then one can conclude optimistically that hospitals do offer opportunities for this activity.

Nevertheless, do these social workers avoid important issues because of their "responsible" nature? In an effort to be non-threatening, do their activist efforts go unheeded? Presently, "downsizing" efforts within hospitals (Landers, 1993) and focus on gearing up for managed care (Durkin, 1993) place activist social workers in a precarious position. Efforts at maintaining one's job in a changing health care environment can potentially diminish the desire to challenge hospital policies. And without a strong social movement to support their efforts, activists must step carefully through the maze of social action. Therefore, it is likely that the nature of hospital work, wherein the goals of the organization are not necessarily those of the social work activist (Zald & McCarthy, 1975), requires "responsible" activism if the social worker is to be successful. Some issues may realistically have to be avoided. However, through strategies to maintain the

"responsible" label and encourage change, others can become a focus of activism among hospital social workers.

Methodological Implications

A grounded theory approach using qualitative methodology has provided a better understanding of the impact of hospital practice on social work activism. The study has also generated many more questions yet to be studied. As one of the few qualitative studies focused on activism, further research which explores the experience of social workers involved in advocacy efforts in healthcare and other settings is needed. More specifically, research should focus on the following questions:

- Is the concept of "responsible activist" heuristically useful?
- Is it generalizable to other settings?
- Are the social workers interviewed characteristic of others interested in organizational and policy change?
- Are the strategies discussed typical of social work activists?
- What other kinds of social work activists can be found within the workplace?
- What other strategies are used to promote change?
- What are the consequences of using these strategies?
- What is the impact of organizational context on social work activists in settings other than hospitals?
- What do social workers regard as supports which can facilitate participation in activism?

- How can these supports be implemented within the present context of the hospital environment?
- How do social workers view the conflict between advocate and employee?
- What are strategies for managing conflicts?
- When do social workers identify these conflicts as an ethical issue?
- How do they attempt to resolve the conflict when it involves ethical dilemmas?
- How do social workers attempt to integrate activism and practice?
- When do they integrate and when do they separate activism and practice?
- What happens when activists "rock the boat" from the line workers' perspective/ from the managers' perspective?
- How do social work administrators view staff focused on social action?
- How do administrators manage activist staff?
- What kinds of struggles do managers experience as advocate and hospital administrator?
- How do they manage the roles of administrator and advocate as they interact with hospital administrators?
- What is the impact of location in the hierarchy on social work activism?
- What is the impact of an activist approach on career mobility?

- How do characteristics of the hospital and social work department (e.g. size, auspice, leadership style) affect social work activism?

Grounded theory and qualitative methodology have generated these researchable questions. By asking social workers themselves, and through data analysis using grounded theory techniques, the conflicts, rewards and processes of activism are vividly highlighted. The similarities and differences among respondents- about the impact of hospital practice on activism and activism on hospital practice- have become apparent. The concept of the "responsible activist" and all that it implies could only have been generated by encouraging participants to tell their story.

APPENDIX I

INTERVIEW SCHEDULE

Introduction

Thank you for taking the time to see me. Before we begin the interview, I would like to explain in greater detail its purpose and answer any of your questions.

The purpose of this study is to gather information for a doctoral dissertation about medical social workers and activism. Historically, there has always been a group of social workers within the profession who have called for more involvement in social action. At the same time, those social workers who could be considered activists have made up a minority of the profession. Therefore, I am interested in identifying activist social workers that work in hospitals. I am also interested in the impact of working in health care settings on social workers' participation in activism. My attention to the topic comes from my own experience in social action efforts at Mt. Sinai Hospital and NASW.

I have asked you to participate because I would like to get the perspective of social workers, social work supervisors, and social work administrators in hospitals and

(referring source) thought you would be a great person to interview about activism.

The interview should take about 1 1/2 hours. At the end of the interview, I will ask you to complete a demographic data sheet which should take a couple of minutes.

I appreciate your participation in the study and if you like, I will send a final summary report to you. Before we begin the interview, do you have any questions? Now, I would like you to sign the consent form for your participation.

From the first set of questions, I would like to understand who you are as an activist. The next set of questions has to do with how hospital-based practice affects activism.

Who are the activist medical social workers?

(1) First I would like to know whether you consider yourself an activist.

PROBES: Why? What do you mean when you use this term? How do others perceive your involvement?

(2) Next, I would like to know about your career and how you got to be an activist.

PROBES: Influences? What has helped you to sustain your activism? What discourages you from activism?

(3) Now I would like to ask you about your involvement in social action activities. Describe any activities in which you are presently involved that you would consider activist.

PROBES: At work? Outside of work? Focus of activities?

(4) What motivated you to become involved in these activities?

PROBES: When/how did you become involved? Anyone/anything that influenced your participation? If your participation has changed over time, describe how. What contributed to the change?

How does hospital-based practice affect activism?

(5) How does working in a hospital affect your activism?

PROBES: How does regulatory environment affect activism? Constraints/supports in hospital affecting activism? What kinds of activities are supported/discouraged? Examples of how you handle constraints? Impact of working with a variety of disciplines on activism?

(6) How does your activism affect day-to-day practice?

PROBES: Affect how you work with clients/supervisees/other hospital staff? How does it affect your view of practice?

(7) Can you give me an example of an instance when you chose to take action at your hospital?

PROBES: How did you decide to take action? What did you do? What made you decide to take action in the way you did? How did the department/hospital respond?

(8) What has your experience been if you have tried to involve social work staff in social action? What about other professionals in the hospital?

PROBES: How do you get people to participate? Above you? Below you? Laterally? Examples? Why did you use these strategies? How has activism affected relationships with social work staff/other staff?

(9) Has your involvement in activism affected your career in any way? How?

PROBES: Positive/negative effects? Effect of present position on activism? How has the move into a

management position affected activism (for supervisors/administrators)?

Interviewee Questions/Suggestions

(10) Do you have any questions or additional information we have not discussed so far in the interview?

(11) Are there other medical social workers, supervisors, administrators you would recommend that I interview?

APPENDIX II

DEMOGRAPHIC DATA SHEET

ID# _____

Current Position _____

Your age: _____

Are you
____(1) Asian
____(2) Black
____(3) Hispanic: Non-White
____(4) Hispanic: White
____(4) Native American
____(5) White
____(6) Other (please specify_____)

Religious group to which you belong (please specify)
_____

_____ none

Political party affiliation
_____ Democratic
_____ Republican
_____ Independent
_____ Other (please specify)
_____

Check the highest degree which you hold.
____ (1) BSW
____ (2) MSW/MS in social work
____ (3) MA in _____
____ (4) DSW or PhD
____ (5) other (please specify_____)

Place of birth _____

Parents' occupation

Mother _____
Father_____

Organizational memberships (please list and specify leadership positions, if applicable)

professional:

political:

other:

APPENDIX III

LETTER TO REFERRING SOURCE

Dear :

As part of Hunter College's IRB guidelines for doctoral research, I am required to have your signature in order to contact those social workers you have suggested that I interview for my dissertation on medical social workers and activism. I would therefore appreciate your signature on the attached form. I have enclosed a stamped self-addressed envelope for your convenience.

Thanks so much for your suggestions on my project. If you have thought of other social workers to interview since we have talked, please feel free to list them on the form.

Sincerely,

Judy Dobrof

Permission for Contact of Interviewees

I hereby give permission to Judy Dobrof to contact the following person(s)

_____

_____

_____

for the purpose of conducting an interview for a doctoral dissertation on medical social workers and activism.

_____

signature date

APPENDIX IV

TELEPHONE CONVERSATION FOR RECRUITMENT OF PARTICIPANTS

Hello, my name is Judy Dobrof. I am a social worker at Mt. Sinai Hospital and a doctoral student at Hunter College School of Social Work. I am doing a dissertation on medical social workers and activism and (referring source) suggested I call you. I am especially interested in exploring the factors which motivate social workers to become involved in social action and what sustains their involvement. I am also interested in how working in a hospital affects participation in social action.

I am calling to ask if you would be willing to be interviewed because I would like to talk to (social workers, social work supervisors, social work directors/ administrators) in health care settings and (referring source) thought you would be a great person to interview about activism. The interview will take about 1 1/2 hours and will include questions about your involvement in advocacy on organizational, public and health policy whether you are active at work or in outside agencies or advocacy groups. Would you be interested in participating?

The information you give me is confidential and will be presented anonymously in the dissertation. You do not have

to answer any question which you do not want to answer. I would like to tape the interview. Would you be willing to have the interview taped? In the written dissertation, neither your hospital or the community in which it is located will be named, nor will any individual interviewed be identified by name. Do you have any questions about the dissertation, the interview or your participation? Where and when would you like to meet?

Thanks so much for your participation.

APPENDIX V

INFORMED CONSENT FORM

Instructions to Research Participants

PLEASE READ THE FOLLOWING CAREFULLY

Participation in this study is voluntary. There will be no penalty or loss should you decide not to participate. Withdrawal from this study at any time, even after you begin, will not affect you in any way.

Your identity as a participant in this research and the identity of the hospital or community in which it is located will remain confidential with regard to any publications and oral presentations of the results of this study. All tapes and transcripts of the interviews will be kept in the investigator's files.

If you believe you have experienced any problems as a result of your participation in the research you should contact me at:

8 Wallace Avenue, Mt. Vernon, N.Y.

(h) 914-699-8871 (w) 212-241-6821

As a participant, you will be asked to do the following:

- Respond to questions about participation in activism
- Respond to questions about the impact of hospital-based social work practice on activism
- Complete a demographic data sheet

The interview will take approximately 1 1/2 hours. There are no anticipated risks or discomforts for participants.

You will receive a summary report of the data which should add to knowledge about medical social workers and activism.

Your continued participation means that you are fully aware of the nature of this project and that you do agree to participate. A copy of this consent form will be provided to you if requested.

Do you have any questions?
Thank you for your consideration and cooperation.

I understand these instructions and the information provided, and do agree to participate in the research described.

Signature Date

APPENDIX VI

CODING CHART

acthx	history of involvement in activism
activact	activist activity
advanhosp	advantage of working in a hospital
advocate	advocate for change
aligncl	align with clients
anger	anger
anticprob	anticipate problems
auspice	auspice affects activism
autonomy	autonomy
balance	balance between activism and practicalities of professional work
benefit	show staff that change will benefit them
buildcoal	build coalitions
cantdo	cannot promote change on that issue
carhx	career history
co	community organization
collab	collaborate
comeout	revealing homosexuality to colleagues
commun	communication
commwork	committee work
confront	confront
confstaff	conflict among staff
connect	feeling connected to other activists
corpenv	corporate environment in hospital
cultdiv	cultural diversity
curiosity	curiosity
cutcost	cutting costs
defact	definition of activism
definfocus	hospital practice defines focus of activism
disappoint	disappointed with social workers
disconnect	feeling disconnected from other activists
educate	educational activity
empower	empower people
empowsw	empowering social workers
encstaff	encouraging staff to get involved
energize	energize
enjoy	I enjoy activism
envdiscact	hospital environment discourages activism
envonpract	affect of hospital environment on practice
family	family responsibilities
fewswact	there are few social work activists
fired	staff are fired
fittog	activism and practice fit together
fixth	desire to fix things
friendship	establishing friendships

havemoney	have money
health	health reasons
hierarchy	hierarchy
hiertime	place in hierarchy affects time for activism
hospenv	hospital environment
Idomyjob	I do my job
inflstaff	influencing staff for change
informact	keep administration/staff informed about activist activities
interpers	interpersonal skills
isschange	issues change
joinact	join with other activists
knowledge	having knowledge
lacked	lack of education on activism
lackorgsup	lack of organizational support
listen	listen
lobby	lobby
lonely	loneliness of activism
march	protest march
meetopp	meet with opponents
mentor	mentor influencing career/activism
mobcl	mobilize clients
multloy	having multiple loyalties
negeffect	negatively affects career
negotiate	negotiate
negresp	negative response of staff to activism
nevenuf	never do enough
noresource	lack of resources
notconf	I'm not confrontational
notenuf	not effective enough
orgstaff	organizing staff to get involved
othact	other activities
othinfact	other factors influencing towards activism besides people
peopinfact	people influencing towards activism
percbyadmi	how activism perceived by administration
percother	how activism perceived by others
personal	change in personal life
polcamp	work in political campaign
politics	politics
poschange	positive change
poseffect	positively affects career
posfeedbac	positive feedback
posrep	positive reputation
power	power issues
practmotact	practice motivates activism
practrole	practice role orientation
progdev	program development
prothosp	protect hospital
protstaff	protect staff

provlead	provide leadership
regspract	how regulations affect social work practice
research	research activity
rolemodel	act as role model
separate	separation of activism and practice
sizedept	size of the social work department
skill	feel skillful
slfap	activism self-appraisal
stafffun	encourage staff to see action as fun
staffres	staff resistance to change
staffsup	staff support change/activism
stafnosup	staff do not support change/activism
status	status
staywithit	staying with activist activities
strengthsw	strengthening social work
survive	survive
swroleact	social work role in activism or lack thereof
time	time devoted to activism
tired	activism is tiring
understenv	understanding the work environment
union	union activity
unionprot	union protects activist
voterreg	voter registration
workcond	working conditions
workload	workload constrains activism
workmean	the work is meaningful
workstress	the work is stressful
write	writing activity

APPENDIX VII

CODES ORGANIZED BY CATEGORIES[1]

traditional activities
activact
commwork
lobby
march
othact
polcamp
progdev
research
voterreg
write
educate
union/unionprot
co

strategies

to change policy	to maintain responsible label
advocate	anticprob
aligncl	collab
benefit	interpers
buildcoal	informact
collab	knowledge
confront	prothosp
empower	protstaff
encstaff	understenv
inflstaff	notconf
interpers	balance
joinact	friendship
knowledge	listen
listen	multloy
mobcl	negotiate
multloy	provlead
negotiate	Idomyjob
orgstaff	buildcoal
rolemodel	commun
prothosp	percadmi
protstaff	percother
stafffun	knowledge
havemoney	skill
friendship	unionprot

[1] Some codes are listed under more than one category.

commun
havemoney
meetopp
notconf
orgstaff

other codes related to responsible activist
cantdo
fittog
separate
hospenv
percbyadmi
percbyother
politics
posrep
skill
selfap

when things don't work
negeffect
cantdo
negresp
noresource
notenuf
staffres
nevenuf
staffnosup
envdiscact
fewswact
fired
lackorgsup
disappoint
disconnect

when things work
poschange
poseffect
posfeedbac
staffsup
posrep
connect

the environment
hospenv
envdiscact
politics
power
corpenv
envonpract

auspice
regspract
status
survive
understenv
cutcost
confstaff

social work practice in hospitals
workcond
workload
workmean
workstress
regspract
practmoact
practrole
sizedept
cultdiv

personal history
acthx
carhx
mentor
othinact
peopinfact
personal
comeout

definition of activism
definfocus
swroleact
defact

"feeling" categories
anger
connect
curiosity
disconnect
energize
enjoy
lonely

hierarchy
hiertime
autonomy

constraints on activism
family
isschange
health

lacked
time
tired
fewswact

why I do activism
fixth
energize
enjoy
poschange
practmoact
staywithit
strengthsw

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