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Clinical commentary

Goals in rehabilitation teamwork

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Summary

'Goal setting' is used in rehabilitation team management as a tool to improve the quality of the rehabilitation process. In general, goals must be relevant, expressing what should be accomplished, positively defined, put in behavioural terms, easily and clearly understood by all the team members, attainable, allow planning, and they must be measurable. Goals should be set in terms of activities of value to the patient, to be realized in a planned timespan.

Introduction

Goal setting may be a powerful management tool, but the expression of goals is a delicate process. In interdisciplinary rehabilitation team management goal setting can, as in other settings, contribute to the quality of the rehabilitation product.

The importance of goals, and the precise expression of goals, in rehabilitation teamwork is manifold:

(1) Common objectives are essential in teamwork in general, as Vincent Nolan illustrates by his popular definition of a team: 'A group of people working together to achieve common objectives and willing to forgo individual autonomy to the extent necessary to achieve those objectives'.[1]

(2) Goal setting has a communication impact: if more than one person takes part, as is hopefully always the case in teamwork, it is essential that the participants all have the same idea of what they are aiming at.

(3) Goal setting is a prerequisite for interdisciplinary teamwork. Interdisciplinary goal-orientated rehabilitation teamwork requires participation of the team members in problem analysis (What problem stands in the way? What hindering aspects can be distinguished? What possible actions can be undertaken to solve the problems?) and decision taking, including allocation of actions or tasks to the team members, the drawing up of a time schedule and an evaluation.

(4) Goal setting has a motivational aspect. Proceeding towards or reaching a goal may give the patient, the individual team member and the team as a whole, the satisfaction needed to get and stay motivated.

(5) Goal setting is important in the assessment of the rehabilitation outcome. It provides a means for the team members to evaluate the rehabilitation process, to evaluate the planning and the means and methods used. But it may also serve the healthcare planner. Philip Wood puts it this way: 'If health care processes are to be evaluated, they must be goal-orientated, because the appraisal is concerned with the extent to which goals are attained'.[2]

'Speaking generally, there is nothing original about the concept of goal setting. Everyone knows that you have to set goals in order to accomplish anything in life. Goal-directedness is, after all, the distinctive feature of rational human activity.'[3] Notwithstanding the undoubted truth of this citation of Edwin A. Locke, goal setting has many ramifications that bear on numerous aspects of human resource management. It already has a long history in management theory and practice, from scientific management, management by objectives to the 'goal setting theory'.[4,5]

In 1968 Edwin A. Locke formulated this 'goal setting theory'. He assumes that motivation is a result of rational and intentional behaviour. The directedness of the behaviour is a function of the individual goals set and the efforts of the individual concerned to achieve them.[6]

Despite the somewhat misleading title of Locke's book: *Goal Setting, a Motivational Technique that Works!*, goal setting and goal-orientated teamwork involve serious difficulties. To overcome these problems Locke and many other authors suggested some guidelines to make goal setting effective.[6–8]

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Requirements of goal setting

Objectives, goals and targets, are very important for management. The importance of careful and precise expression of goals is illustrated by the many mnemonics made to help in goal setting as the SMART criterion (Specified, Motivating, Attainable, Rational, Timed) or the RUMBA criterion (Relevant, Understandable, Measurable, Behavioural, Attainable).[9] Many techniques, skills and tools used in management are developed to help to achieve goals. In Table 1 the results of a study of requirements of goal setting in general are summarized. These results are illustrated by examples from the rehabilitation context.

Table 1 Requirements in goal setting.

Goals must:
1. Be relevant and motivating
2. Express what you want to accomplish
3. Be positively defined
4. Be put in behavioural terms
5. Be explicit and commonly understandable
6. Be attainable and enabling well-balanced planning
7. Enable measurement

Setting relevant and motivating goals

Though it seems trivial to say that goals should be relevant and motivating, in rehabilitation, as in other fields, this is not the case. In fact it is one of the bottlenecks of rehabilitation goal setting. Something relevant for the therapist may be regarded as completely irrelevant by the patient and/or the other way round. If the patient does not regard a goal as relevant, the team runs the risk that its efforts are in vain; the patient is not motivated to work at an irrelevant goal. This phenomenon pushed Bangma to make the distinction between the 'professionally found handicap' and the 'personally experienced handicapped'.[10]

To meet the first requirement of goal setting in general the goal must be an item that is of value to the patient.

Express what is to be accomplished

This requirement often involves difficulties which are clearly described by Schaffer as the 'task versus objective problem'. People tend to describe what they are doing instead of what they are trying to accomplish. If you ask any of your employees what justifies his being on the payroll, it is more than probable that the employee will reply by stating what he does rather than what he accomplishes: 'I get out these reports' or 'I operate this machine'. In other words he will be 'task-orientated' rather than 'accomplishment or contribution minded'.[11]

In a rehabilitation context it will be more probable that the answer is: 'I am giving a quadriceps drill', 'I am selecting a wheelchair' or 'I am prescribing antibiotics' than: 'I am re-establishing walking without help or aid', 'I am re-establishing ambulation inside and outside the home' or 'I try to diminish the social handicap by realizing urine continence'. But it is evident that the last statements offer the goals the rehabilitation team may try to achieve.

An advantage of expressing what you try to accomplish is avoiding narrow-mindedness. If the quadriceps drill does not result in re-establishing walking without help or aid, if the wheelchair does not result in full independant ambulation, or if the antibiotics do not help to realize continence, other measures may be needed. The team members are confronted with the failure of their efforts by evaluating goals expressing what should be accomplished, and are motivated to do a new problem analysis.

Define a goal positively

A universal trait is to know very well what is wrong. Anyone can tell you the disavantages of almost anything. 'The weather is horrible', 'politicians are tricky', and so on. But the objectives 'to change the world for the better', 'reduction of bad weather', or 'reduction of the deceitfulness of politicians', are not very handy goals to realize. They only tell what you should not aim at, but fail to inform you about the situation you should establish. Goals are often formulated in terms of reduction of disadvantages, reduction of aberrations, etc.; but telling what you do not want to accomplish is quite different from telling what you do want to accomplish.

In a rehabilitation context the goal 'reduction of the dependency in clothing' is much less informative than 'being able to fasten the buttons without help', or 'fastening the velcro strips without help within 1 month'.

Put a goal in behavioural terms

A positive definition of a goal alone will not always do. The *One-minute Manager* puts it this way: 'I do not want to hear about only attitudes and feelings. Tell me what is happening in observable, measurable, terms. Then tell me what you would like to be happening in behavioural terms. If you can't tell me what you would like to be happening, you don't have a problem yet. You're just complaining.'

A problem exists only if there is a difference between what is actually happening and what you desire to be happening.[5] The value of goal setting in behavioural terms may be best illustrated here with an example from the rehabilitation field: if in the case of a woman with quadriceps paralysis, the goal 'reduction of the paralysis' (negative) is replaced by 'strengthening of the muscles' (positive), again this is not very informative.

The complaint of the patient with the above-mentioned paralysis is not her paralysis, or the lack of muscle strength, but as often a sensation or a disability: fatigue, or the disability to climb the stairs of her house quickly enough. More informative, therefore, is the goal 'being able to climb the stairs of the house independently in 30 seconds'. That does require muscle strength. How much? Well, so much as is necessary to climb the stairs of the house in 30 seconds. And it requires not only muscle strength. It requires also the courage to climb stairs from which you may have fallen previously, the eyesight to see the next step, and the coordination of arm movements and leg movements.

In other words, by setting goals in behavioural terms an incomplete or wrong analysis of the problem leads, as a matter of course, to failing to accomplish the goal. And if the goal has not been reached in time, a new problem analysis may reveal aspects that have been overlooked the first time.

It should be noted that expressing goals in behavioural terms is especially important, but often (seemingly) more difficult with psychological problems. An example is the goal: 'dealing with the trauma' for the patient with impairments and disabilities after a traffic accident. But 'having an uninterrupted night's rest' (in case of nightmares), or 'driving home in his own car' (in case of traffic fear) offers a more clear goal that once may be reached.[12]

Put a goal in explicit and commonly understandable terms

Of course it is essential in any teamwork to have goals put in terms that any of the team members understands clearly. In rehabilitation teamwork this is as important as in any other interdisciplinary teamwork. This is especially stressed because the team consists not only of (para-)medical professionals. The composition of the clinical rehabilitation team in the Netherlands varies from team to team and from rehabilitation centre to rehabilitation centre. Almost the only common characteristic is the different background of the team members. Beside the team leader, a specialist in rehabilitation and physical medicine, nurses, educationalists, physiotherapists, occupational therapists, speech therapists, psychologists, social workers, minister and/or priest, rehabilitation engineers and often also the patient (and family) himself or herself may participate in the team. This means that team goals should be described in terms understandable for all the team members, including laymen. The goal description should be explicit and well defined, to prevent communication breakdowns or working at cross-purposes.

Choose a goal that is attainable and allows planning

Walking an endless road for several miles may be very discouraging. Soon one directs the attention to more easily achievable goals, the next village or the next restaurant. Even a very relevant goal may become irrelevant if it appears to be inaccessible. Goals should be attainable in a reasonable amount of time. And it may be better to make goals easy than to make them too difficult. If they are too easy, additions can always be set. If they are too difficult, the patient and the staff may become despondent.[12] Goals should be chosen that can be achieved in a reasonable amount of time. To keep the motivation high, goal planning is of great importance.

Choose a goal that is measurable

Achieving an aim may give satisfaction. To know whether a goal is accomplished it is necessary to choose a goal that is measureable. Goal setting should include a clear description of the performance. Very often the description of an activity alone will not satisfy, and should be completed by information about the place where, persons with whom, and the period in which, the activity should be accomplished.[13,14] If a checklist with goals and target dates accompanies the minutes or reports of the team meetings the first instruments for evaluation are available. Measurement of goals (in quantity and quality — especially speed of performance) enables evaluation of goal setting. It offers a means to clarify, organize and control the rehabilitation process, to detect obstacles and structural problems.

Goals in rehabilitation

The objective of medicine is to restore structure or function and to preserve biological life. The objective of rehabilitation medicine is prevention or reduction of handicaps, taking into account the importance of restoring structure and function and (biological) life.[10] A handicap is defined as a disadvantage for a given individual, resulting from an impairment or a disability,

that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.[11]

The requirements of goal setting (Table 1) structure goals in rehabilitation in a specific way.

To make a goal relevant and motivating the 'disadvantage', mentioned in the definition of handicap, must be a 'personally experienced disadvantaged'.[10]

A goal that expresses what you try to accomplish, that is positively defined and put in behavioural terms, can only be put in terms of actions (behaviour) of the patient. Requirements 1-4 of Table 1 therefore define goals in rehabilitation as actions or activities of value to the patient. Goals put in terms of 'activities of value to the patient' are mostly explicit and commonly understandable.

Attainable goals enabling well-balanced planning require a balanced structure of activities of value to the patient, from easy to difficult ones. Goals in rehabilitation should always be expressed in terms of 'activities of value to the patient, to be realized in a planned timespan'. Dosing activities is part of the expert knowledge of rehabilitation workers.

The requirement 'goals enabling measurement' is closely related to the requirement 'attainable goals enabling well-balanced planning'. The difficulty of an activity may be as well related to the specific action as to the time available for the action, or the circumstances under which the activity should be performed.

Conclusion

If the requirements of 'goal setting in general management' are applied to rehabilitation, goals should be expressed as 'activities that are of value for the patient, to be realized in a planned timespan'. Attention should be paid in rehabilitation goal setting to the differences between the value of activities for the patient and the professional. Planning of goals can be realized by choosing more or less complex activities, limiting the time available for the activity and changing the circumstances under which the activity is performed.

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