**Organizational Analysis**

**Framework of analysis**

In 2015, I did my placements at Wollongong hospital. During the placement, we formed a team of five different professionals and carried out research on food addiction in people living with schizophrenia who were attending Clozapine and Olanzapine clinic. I worked with Jay, a clinician, who directed me to patients who were coming for the clinic since he was familiar with them. I worked with Ivana, a dietician who also worked as the research assistant looking upon the diet in the research. Another person in the interdisciplinary team was Judy, the psychiatrist who was the owner of the research project and the research manager in the analysis of the data. As a social work student I was exploring the issue by collecting the data with questionnaire, typing, data entry, data verification and the analysis using the Yale Food Addiction Scale.  Working together as a multidisciplinary team, we eventually published a journal - Food Addiction manuscript. Although there was no formal social work supervisor on this placement, this organizational analysis paper is based on social work student, experience, and potential to the role of social worker.

**Nature and basis of authority**

With a capacity of more than 500 beds, Wollongong Hospital stands out as a main tertiary referral infirmary in the Shoalhaven and Illawarra regions in the Wollongong Metropolitan area, New South Wales, Australia. Wollongong Hospital’s emergency unit receives over 50, 000 emergency cases every year making it one of the busiest in the greater New South Wales region.

Wollongong Hospital has a formal organizational structure. It is headed by the CEO. Immediately below the CEO is an Operations Manager.  The Operations Manager is a member of the Hub and works closely with other members of the Executive as well as senior managers. The major role of the Operations Manager is to provide leadership with regards to the hospital’s operations. Similarly, the Operations Manager, in conjunction with Department managers and Department heads, ensure that the clinical services provided are safe and of the apposite quality and makes follow-ups to ensure that service delivery is efficient and effective and decisions made are implemented throughout the hospital (AASW, 2013).

In view of the above, Wollongong Hospital can be considered a bureaucratic organization. The authority of the CEO, Operations manager, Department heads and others within the hospital comes from the office they hold. This implies that anyone who holds the offices has legal authority. In their explication of Weber’s bureaucratic theory, Hughes and Wearing (2013) explain that “This form of authority is seen to emerge from clearly defined and procedurally determined rules and regulations that coordinate and control relationships between administrative units within the organisation…Central to this is a hierarchy of authority or chain of command in which each level is accountable to the one higher up” (p. 35). This is particularly true in Wollongong Hospital where even those in the senior management team follow the rules and regulations guiding the organization and its operations while clinicians and other lower level employees are answerable to their seniors.

**Patterns of inter-dependency among members and units**

At Wollongong Hospital members of the organization work collaboratively. At times, professionals from one unit (department) seek assistance from those in other related – or even different – departments. The hospital believes that “Genuine partnerships between those receiving care and those providing it lead to the best possible outcomes” (Wollongong Hospital, 2013, p. 6). This is a clear indication that the success of the workers at Wollongong hospital is highly dependent on their ability to link with others.

This direct inter-dependency has been necessitated by the fact that good social work practice requires interdisciplinary efforts and contributions. The fact that we came up with a multidisciplinary report on food addiction in people living with schizophrenia by combining the efforts of various professionals is a clear indication of the interdependency inherent in Wollongong hospital. As a social work student on placement, it would have been difficult to identify schizophrenic patients as I was not acquainted with them. However, the fact that the clinician – Jay – helped me in patient identification made my work easier. Ivana was a dietician and as a research assistant, Nagesh was a psychiatric while Judy was a Research Manager. The presence of these people drawn from various departments helped us deliver a good report that the hospital may use to enhance service deliver (AASW, 2013).

Wollongong Hospital has different areas of placement – and working - with each involving dissimilar tasks. The project team, for instance, had professionals from the Research department, Psychiatry department, the Nursing department, among others who were tasked with the responsibility of helping clients suffering from schizophrenia – specifically, food addiction. Applying the systems-like thinking to Wollongong Hospital, the organization can be considered to be an open-system since it allows to be influenced by the external environment – the views of schizophrenic patients – and its clinical decisions are made after an extensive consideration of the effect on the external world. It is because of its strong belief in systems theory that Wollongong Hospital allows and supports interdisciplinary relationships between various disciplines such as social work and nursing (Meyer, 1983). Wollongong Hospital does not take this interdisciplinary relationships for granted as they have in fact helped the organization to establish trust among its members, manage teams effectively and efficiently as well as enhance communication among the staff (Meyer, 1983). In showing the importance of systems thinking in social work, Hughes and Wearing (2013) posit that “A profession, such as social work, can be involved in managing or being part of the rights, roles and relationships of staff in such systems, while still adhering to autonomous professional roles and discretionary activity” (38). Thus, as a way of enhancing professionalism within the organization, Wollongong Hospital does not specify the framework that should be used in understanding patients’ problems or the specific interventions that must be used. Instead, these decisions are left at the discretion of the social workers, nurses, clinicians, among others. At the hospital, social workers, nurses, and clinicians may come up with the best intervention to various medical conditions based on their assessment of the patient. the public health system offers high quality services for a range of health care needs – “You will be given access to services on the basis of a medical assessment of your condition and the urgency of your need for treatment” (Wollongong Hospital, 2013, p. 6). This is exactly what the Systems theory requires as accentuated by Meyer (1983).

**Main stakeholders, their interests and values**

The Illawarra Health and Medical Research Institute and the University of Wollongong are the major stakeholders. The interests of these stakeholders are to ensure that Wollongong residents receive quality clinical services at affordable rates (NSW Government, 2017).

The stakeholders value transparency (openness), respect, empowerment, and collaboration. These have become Wollongong Hospital’s core values. With regards to transparency, the hospital reveals all costs that patients may be required to meet as well as the services to be offered (Wollongong Hospital, 2013; NSW Government, 2017). It clarifies that patients have the right to be treated with dignity, respect and consideration and the quality of care received must be of high quality and safe (Althaus, Bridgman & Davis, 2013).

**Implications of this analysis for social workers**

As evidenced by the group project that was undertaken during placement and the above analysis, healthcare organizations such as Wollongong Hospital consider themselves to be open systems. As such social workers must be ready and willing to be influenced by the healthcare facility’s employees and must also be willing to influence others (Althaus, Bridgman & Davis, 2013).

From the reflective practice theory, social workers must always stand back and explore the assumptions and thoughts relating to the tasks they have been assigned taking into perspective the condition or rather situation of the entire healthcare organization (Hyde, 2009). This will help them develop reflexivity which was defined in the lecture as a form of ‘self-consciousness’ that encourages social workers to stand in the shoes of others and gain their perspective in the organization. It is only through reflexivity that the social worker will understand the plight of patients and staff within the organization (Althaus, Bridgman & Davis, 2013; Hyde, 2009).

Correspondingly, since interdisciplinary teams that undertake multifactorial projects are common in the healthcare setting, social workers should be culturally diverse. They need to have sufficient understanding of various cultures so that they can continuously engage in consultations, supervision, and collaborate with others within the organization (AASW, 2013). They may enhance their knowledge of cultures by engaging in research and interacting with people from diverse social, political, and economic backgrounds. They must also always avoid being hypercritical since the success of multidisciplinary teams in organizations requires that members approach the tasks from a non-biased perspective and be willing to work with anyone.

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