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STATISTICS OF MEDICAL SOCIAL CASEWORK
IN NEW YORK CITY: 1945

WITH EXPLANATION OF THE
REPORTING PLAN

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NEW YORK
RUSSELL SAGE FOUNDATION
1946

Price, 25 cents

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STATISTICS OF MEDICAL SOCIAL CASEWORK IN NEW YORK CITY: 1945

THE statistics of this report relate to the casework service during the year 1945 of 52 medical social work departments of hospitals in New York City. Most of the data are directly comparable with those of the similar report for 1944.¹ Information is presented here, however, on some additional topics, including the extent to which casework interviews were held outside the hospital, the turnover of professional workers during the year, and the size of medical social work staffs in relation to size of hospital. Corresponding data in the two reports are similarly arranged in order to facilitate comparisons. Generally the figures for 1945 will be found to resemble rather closely those of the preceding year.

PARTICIPATING DEPARTMENTS

The number of participating departments was one fewer in 1945 than in 1944. Because of depletion of staffs, two small departments of voluntary hospitals discontinued reporting during the year, while another, also in a voluntary hospital, joined the group at the beginning of the year. Nine of the 52 departments are in municipal and 43 in voluntary hospitals. All of the larger medical social work departments of voluntary hospitals in the city are included, but several in municipal hospitals are not. No state or federal hospital is represented. The staffs of the participating departments include more than 80 per cent of all medical social workers employed in the municipal and voluntary hospitals of the city.

The hospitals represented are identified in Tables 3, 4, and 5, which present statistics of the individual medical social work departments. Twelve of the 52 institutions are classified as

¹ Statistics of Medical Social Casework in New York City: 1944. Russell Sage Foundation, New York, 1945.

special hospitals. They include four for women and children, two orthopedic, two eye and ear, two chronic disease, one contagious disease, one neurological.

The staffs of most of the participating departments are small, which is true of medical social work agencies generally. The median number of medical social workers employed by these departments in the average month of this year, including the directors of social work, was 4.9. Five departments had only one medical social worker, while in the largest the average number during the year was 32. Eleven departments averaged 10 or more medical social workers during the year. They account for a little more than half of the total professional personnel of the entire group.

THE REPORTING PROJECT

The project through which the data of the report were obtained has been carried on under the auspices of the Committee on Medical Social Work Statistics of the United Hospital Fund of New York since 1942.¹ From January of that year, 50 or more departments of medical social work each month have exchanged statistics of their casework operations compiled in accordance with a standard plan. Participation in the project has been voluntary. The monthly reports have been made to the United Hospital Fund, which has had administrative need for the data. The Department of Statistics of the Russell Sage Foundation assisted the Committee in developing the plan for the statistics and has prepared monthly and annual analyses of the reported figures. From the beginning of the collection, comparative statistics have been returned each month to the co-operating departments. The data of this report are in the main annual figures derived from the monthly tabulations.²

¹ The Committee on Medical Social Work Statistics is a subcommittee of the United Hospital Fund's Advisory Committee on Medical Social Service. Most of its members are directors of participating medical social work departments. The members are: Mrs. Eleanor Bishop, Miss Grace Cooke, Miss Mercedes Geyer, Mrs. Freda B. Goldfeld, Miss Hazel Halloran, Mrs. Mildred Maxwell, Miss Mabel McGuire, Mrs. B. V. McMillan, Mrs. Fanny L. Mendelsohn, Mrs. Edith G. Seltzer, Miss Sadie Shapiro, Miss Theodate H. Soule, Ralph G. Hurlin, Chairman.

² The preparation of the monthly tabulations during this year and of the figures of this report has been the work of Miss Florence Abe of the Department of Statistics of the Foundation.

The report form used for collecting the statistics and brief definitions of the principal terms appearing on it are reproduced at the end of the report. It should be emphasized that the statistics are intended to record only the casework service of the reporting departments.

Because of differences in interpretation of the underlying definitions, the statistics should be regarded as only approximate measurements. However, although they are subject to important qualifications, it is believed that the figures for the group of departments give a useful quantitative description of the current practice of medical social work in New York City, and that generally the figures of the individual departments are sufficiently accurate to justify interagency comparisons.

DEFINITION OF CASEWORK SERVICE

For the purpose of these statistics, social casework is defined as individualized consideration or treatment by a social worker of a problem that affects the well-being of a particular person or family for the purpose of assisting in solving the problem. The definition is intended to exclude all work that is not specifically directed to the removal, or alleviation, of a client's problem. On the other hand it is intended to include all instances in which the social worker attempts either to diagnose or take action concerning a client's problem, even though the service is brief or incomplete, and regardless of its probable success or the satisfaction of either the client or the worker with it.

The volume of casework service is measured in terms of two units, the case of service and the casework interview. Following the tradition of medical social work, and because the problems dealt with are predominantly aspects of the medical problems of hospital or clinic patients, persons rather than families are counted as cases. A case has been defined as any person in whose interest casework service is given. It is now defined more accurately as an instance or sequence of service given in the interest of a particular client.

A casework interview is defined as a contact by a social worker with the client or another person, except a member of the casework staff, for the purpose of diagnosing or treating the client's problem. The contact may be face to face (in

person) or by telephone, but telephone conversations in which there is not important discussion of the nature of the problem or of action concerning it do not satisfy the definition.

These definitions exclude from the casework function several varieties of routine interviewing of patients not infrequently performed by medical social workers. Some of this interviewing is directly concerned with the administration of medical service, such as, for example: routine interviewing of patients in clinic to insure that the physician's instructions have been understood; interviewing of patients on admission to hospital or clinic to determine their eligibility for medical service; routine interviewing to obtain social histories or other data for hospital or clinic records. Another type of routine interviewing, although recognized as part of the casework function, contributes only indirectly to the counts of casework interviews and of cases. This is the regular brief interviewing of patients in clinics or wards for the purpose of disclosing problems that need study and treatment by the medical social worker. Only if a problem needing social casework service is found and the caseworker goes on to explore and act concerning it, is the contact counted as a casework interview.

Variation inevitably occurs, here as elsewhere in social casework service, in counting the briefer instances of service. Because of it, the statistics should be interpreted as relating to cases and interviews in which the social worker concerned has considered that casework service, as defined, was given. It should be noted that the variation in counting marginal instances of service influences not only the figures relating to volume of service but also the ratios that describe the nature of the service. Thus, other factors being equal, more cases of very brief service will result in more cases per worker, more cases of immediate service only, and fewer interviews per case.

TRENDS OF CASE AND STAFF FIGURES

Diagram 1 records the month-to-month changes during the three years, 1943 through 1945, in the aggregate case and staff figures of 52 departments. The staff line of the diagram relates only to the number of medical social workers on the staffs of the departments. The three lines relating to cases concern, respectively: intake, or cases in which work was begun during

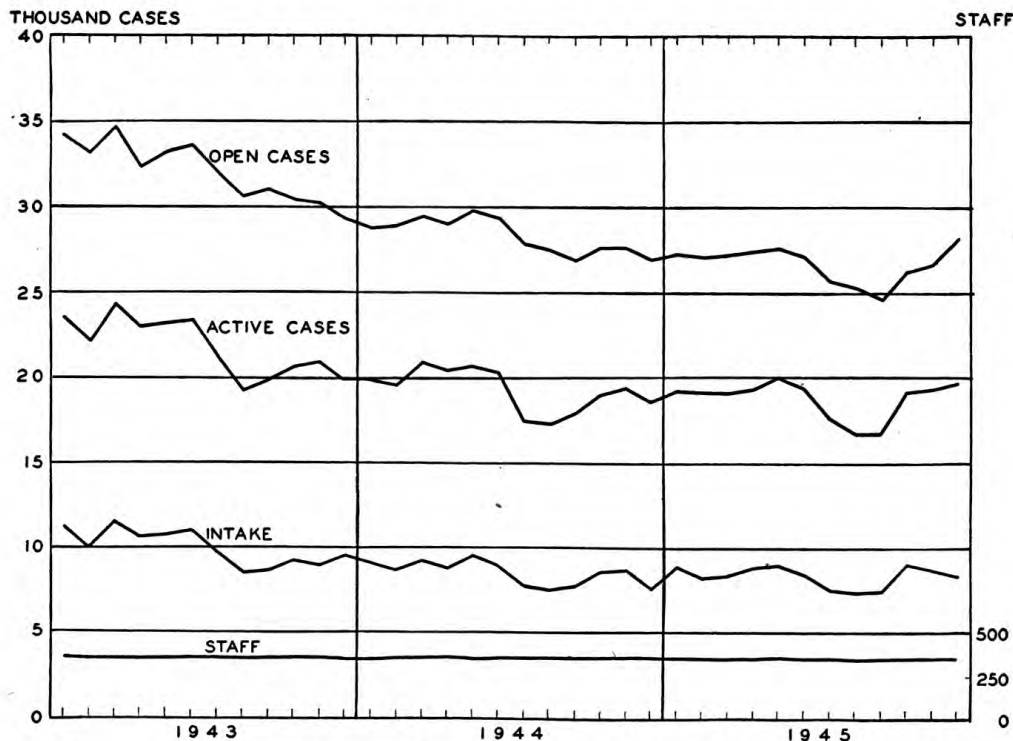


DIAGRAM 1. AGGREGATE NUMBER OF CASES AND OF PROFESSIONAL WORKERS MONTHLY, 52 MEDICAL SOCIAL WORK DEPARTMENTS, JANUARY, 1943, TO DECEMBER, 1945

the month; active cases, or those in which there was action within the month; and open cases, which include both active cases and others held open with the presumption that additional service will be given.

The aggregate number of professional workers, it will be seen, varied little in the course of the three years. It was lowest in February, 1943, when in all the departments the equivalent of 347 full-time workers were employed. It was highest in December, 1944, when the number was 357. Throughout the period vacancies reduced the number of professional staff members appreciably.

Each of the case curves indicates a declining trend, which is much more pronounced during the earlier than during the later half of the period. In considerable part, at least, this trend is accounted for by changes in the practice of some of the agencies in respect to the counting of cases. It probably means that the comparability of the figures was considerably

greater in 1945 than in 1943. It seems probable, however, that there was also some decline in the number of hospital and clinic patients between 1943 and 1944, which may have affected these statistics to some extent.

The small seasonal drop in active cases and intake in the summer of each year reflects the reduction of casework service because of vacations. The staff line does not show corresponding changes, since the monthly counts of workers include those who are absent on normal vacation or sick leave.

Although the aggregate figures are influenced by the individual departments in proportion to their size, the diagram is indicative of the experience of a majority of the departments. Separate diagrams for the two groups of departments in municipal and voluntary hospitals resemble each other, although the decline of the case figures is somewhat greater for the municipal departments.

COMPARATIVE RATIOS OF MUNICIPAL AND VOLUNTARY DEPARTMENTS

The casework operations of the groups of departments in municipal and voluntary hospitals are compared in Table 1, by means of a series of ratios computed from the statistics reported during the year 1945. For each group, the lowest, median, and highest values found for individual departments is shown for each of the ratios. In determining these figures the large and small departments have equal weight.

It will be seen that for most of the ratios, the medians for the two groups of departments are similar. Generally, also, the values of the several ratios in this year are similar to those of the two preceding years. The extreme ratios are included in the table because it is of interest to observe the actual limits of the variation of each ratio. It should be recalled, however, that they are the least typical values and may be explained by exceptional circumstances.

ACTIVE CASES PER WORKER

It is unnecessary to comment upon each of the ratios. Some of them, however, deserve special mention. Perhaps more interest attaches to the ratio of active cases per medical social

worker than to any of the others. The range of this ratio is wide—from only 24 cases for one voluntary department to 144 for another. There is also wide variation, but much less wide, among the fewer municipal departments. The median number of active cases per worker is about one-third higher for the municipal than for the voluntary departments. This ratio de-

TABLE 1. SUMMARY OF RATIOS DESCRIBING CASEWORK OPERATIONS, 52 MEDICAL SOCIAL WORK DEPARTMENTS, 1945

Ratio	9 departments in municipal hospitals			43 departments in voluntary hospitals		
	Lowest	Median	Highest	Lowest	Median	Highest
Of open cases monthly, per cent inactive	3	23	36	2	23	64
Of active cases monthly, per cent intake	25	51	82	17	45	92
Of intake monthly, per cent immediate service only	18	43	72	14	47	87
Active cases monthly per medical social worker	51	65	100	24	48	144
Casework interviews monthly per active case:						
Telephone interviews included	2.9	3.9	4.4	1.5	3.7	7.9
Telephone interviews excluded	2.1	3.0	3.4	0.8	2.6	4.9
Of total casework interviews:						
Per cent by telephone	21	26	35	14	32	60
Per cent:						
With physicians	11	19	22	2	20	35
With social agencies	12	19	22	6	17	32
All other	59	65	70	43	61	83
Of casework interviews in person monthly, per cent outside hospital	1.2	4.0	6.6	0.1	3.7	39.1
Casework interviews monthly per medical social worker:						
Telephone interviews included	177	249	385	55	175	608
Telephone interviews excluded	129	193	283	22	122	480

clined over the three-year period for both groups of departments. The decline was greater for the municipal departments. For them the median ratio was 83 cases per worker in 1943 and 65 in 1945. For the voluntary departments the corresponding figures are 54 in 1943 and 48 in 1945. The month-to-month changes in this ratio are shown for the two groups of departments in Table 2.

That available figures indicate much higher caseloads per worker among the medical social work departments than among family casework agencies was commented upon in the report of these statistics for 1944. The figures for 1945 have the same implication. The median number of active cases per worker monthly in 1945 for 60 private family agencies reporting statistics to the Department of Statistics of the Russell Sage Foundation was 29.¹ This number relates to "client-service" cases only. If cases are included in which advice or information was given by caseworkers to assist another agency or a lay person in providing service to a client, the ratio becomes 33 cases per worker. The fact that for these agencies cases represent families rather than persons affords part of the explanation of their lower average number of cases per worker. It seems doubtful if it is the entire reason.

TABLE 2. MEDIAN RATIOS OF ACTIVE CASES PER MEDICAL SOCIAL WORKER PER MONTH, JANUARY, 1943, THROUGH DECEMBER, 1945

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
<i>Departments in municipal hospitals</i>												
1943	98	88	89	103	83	83	69	66	64	76	72	73
1944	81	78	82	74	84	74	60	64	71	80	68	64
1945	65	60	66	65	73	70	63	67	61	73	61	66
<i>Departments in voluntary hospitals</i>												
1943	59	55	60	52	55	60	59	50	46	45	50	47
1944	51	49	49	45	52	51	47	43	47	49	50	45
1945	48	47	50	49	53	46	40	42	38	45	44	45

CASEWORK INTERVIEWS PER CASE

When telephone interviews are taken into account, the median ratios indicate closely similar numbers of casework interviews per active case per month for the two groups of departments. Telephone interviews, however, are relatively more frequent among the voluntary than among the municipal departments, so that when consideration is limited to interviews in person the number per case is substantially larger for the municipal departments. Excluding telephone interviews, the median ratios are 3.0 interviews per case per month for

¹ Operation Statistics of Selected Family Casework Agencies, 1945. In preparation.

the municipal departments, and 2.6 for the voluntary departments.

Here also comparison with the family casework agencies is of interest. For them in 1945 the median number of interviews per active case per month, with telephone interviews included, was 3.7, which is the same as the median ratio for the voluntary medical social work departments and very close to that for the municipal departments. With telephone interviews excluded the family casework median was 1.8, or lower than that of either group of medical social work departments. The median proportion of telephone interviews among the family casework agencies was 51 per cent, as compared with 32 per cent for the voluntary and 26 per cent for the municipal medical social work departments.

OTHER INTERVIEW RATIOS

The distribution of the casework interviews of the medical social workers among physicians, workers of other social agencies, and other persons was closely similar in 1945 to that in the two previous years. In each group of departments both physicians and social work agencies tend to account for a fifth or somewhat less of the total number of casework interviews.

The next ratio in the table was not computed for the two preceding years. A tendency is shown in both groups of departments for only a very small proportion of casework interviews to take place outside the hospital. If decimals are disregarded, the median ratio is 4 per cent for both municipal and voluntary departments. One voluntary department reported only one-tenth of one per cent of its interviews occurring outside the institution. At the other extreme, almost two-fifths of the casework interviews of another voluntary department took place outside the hospital. It is probably significant that this is the medical social work department of a hospital for orthopedic diseases. Only seven of the 52 departments reported as much as 10 per cent of their interviews occurring outside the hospital. Among the family casework agencies in 1945 the typical proportion of interviews held outside the offices of the agency was 38 per cent.

Their much greater frequency of outside interviews—which may usually require more time for travel than for interviewing

—is likely to contribute to an important extent to the explanation of the family agencies' lower ratio of cases per worker. Obviously, the use of professional workers' time in traveling from place to place in order to make outside contacts is costly. In the interest of efficiency this expense should be reduced as much as possible without impairing the quality of the casework done.

The two final ratios of the table register the relation of casework interviews monthly to the number of professional workers employed. They indicate that generally the social workers of the municipal departments hold more casework interviews than those in the voluntary departments. This might be explained if generally more of the time of medical social workers is devoted to the casework function, and less to medical administrative functions, in the municipal than in the voluntary departments. Other factors, however, may explain this difference. Both the lowest and highest values of these two ratios for the voluntary departments invite question. The lowest of both ratios relates to the same voluntary department, which has but one medical social worker; they suggest that functions other than casework require a major portion of the worker's time. The highest values of these ratios would evidently be possible only if in the department to which they relate the entire time of all medical social workers was occupied by casework interviewing and the interviews were typically very brief.

STATISTICS OF INDIVIDUAL DEPARTMENTS

In Tables 3, 4, and 5 the statistics of the departments in municipal and voluntary hospitals are grouped separately. All figures of these tables are averages based upon data for the twelve months of the year. The arrangement of the departments is the same in each table, the order being that of the size of the departments as indicated by the average number of medical social workers serving during the year.

Included in these tables, in addition to the median ratios for the respective groups, which are also shown in Table 1, are median figures for the entire group of departments. They resemble more closely the median ratios of the voluntary than those of the municipal departments, because of the larger number of voluntary departments.

TABLE 3. ACTIVE CASES MONTHLY AND THREE RATIOS PER
TAINING TO AVERAGE MONTHLY CASELOAD, 52 MEDICAL
SOCIAL WORK DEPARTMENTS, 1945

Hospital	Active cases monthly	Of active cases monthly, per cent intake	Of intake monthly, per cent immediate service only	Of open cases monthly, per cent inactive
<i>Municipal</i>				
Harlem	910	41	28	36
Metropolitan	691	47	38	22
Queens General	811	61	34	16
Lincoln	455	48	72	26
Cumberland	488	63	49	5
Goldwater	335	51	67	3
Coney Island	205	52	43	33
Greenpoint	250	82	46	30
Kingston Avenue	259	25	18	23
Median, municipal	—	51	43	23
<i>Voluntary</i>				
Presbyterian	1,277	49	68	21
Mount Sinai	2,300	28	43	23
New York	518	33	14	15
Joint Diseases	807	37	36	23
Post-Graduate	357	19	17	31
St. Luke's	482	28	30	19
St. Vincent's, Manhattan	327	51	50	19
Beth Israel	665	83	65	37
Jewish, Brooklyn	562	26	28	33
Bronx	258	62	27	31
Special Surgery	462	33	34	32
Neurological	388	57	84	18
Lenox Hill	345	48	63	51
New York Orthopaedic	254	41	68	51
Long Island College	226	32	48	23
Lebanon	309	28	76	22
Manhattan Eye, Ear and Throat	768	24	41	41
Montefiore	274	43	51	40
Babies	456	55	32	32
New York Eye and Ear	189	64	61	18
Flower and Fifth Avenue	550	39	62	64
Roosevelt	246	65	56	30
Sydenham	275	44	63	32
New York Infirmary	138	60	35	2
Lying-In	163	35	16	14
Beekman	151	40	32	16
New York Polyclinic	175	52	60	40
Beth-El	165	17	38	13
Mary Immaculate	73	58	39	37
St. Clare's	78	63	56	21
Jewish Memorial	110	38	47	36
Woman's	200	92	87	5
Staten Island	114	50	38	13
St. Mary's	117	62	37	63
St. John's, Queens	99	74	53	42
Methodist	71	50	62	16
St. John's, Brooklyn	59	44	41	16
Jamaica	89	45	47	21
Beth Moses	39	71	75	35
Brooklyn Womens	28	40	52	51
Flushing	59	48	45	16
Knickerbocker	97	78	53	62
Wyckoff Heights	72	20	21	14
Median, voluntary	—	45	47	23
Median, all	—	48	47	23

TABLE 4. NUMBER OF PROFESSIONAL WORKERS, RATIOS OF CASES PER WORKER AND OF INTERVIEWS PER CASE, AND PROPORTION OF INTERVIEWS OUTSIDE HOSPITAL, 52 MEDICAL SOCIAL WORK DEPARTMENTS, 1945

Hospital	Medical social workers monthly	Active cases monthly per worker	Casework interviews monthly per active case		Of casework interviews in person, per cent outside hospital
			Telephone interviews included	Telephone interviews excluded	
<i>Municipal</i>					
Harlem	14.0	65	2.9	2.1	4.2
Metropolitan	12.9	54	4.3	3.0	6.6
Queens General	9.7	84	4.4	3.3	5.5
Lincoln	9.0	51	3.5	2.5	4.0
Cumberland	5.8	84	3.1	2.3	1.8
Goldwater	5.3	63	3.9	3.1	1.2
Coney Island	3.6	57	4.3	3.4	1.8
Greenpoint	2.7	94	4.1	3.0	1.8
Kingston Avenue	2.6	100	3.5	2.3	4.1
Median, municipal	5.8	65	3.9	3.0	4.0
<i>Voluntary</i>					
Presbyterian	32.1	40	3.4	2.6	4.9
Mount Sinai	31.2	74	4.0	3.3	4.0
New York	17.0	31	3.9	2.7	3.3
Joint Diseases	16.4	49	3.2	2.4	1.8
Post-Graduate	12.7	28	3.9	2.6	3.7
St. Luke's	12.7	38	4.7	3.2	2.8
St. Vincent's, Manhattan	11.5	29	3.3	2.2	5.0
Beth Israel	10.9	61	3.5	2.7	17.3
Jewish, Brooklyn	10.8	52	2.3	1.4	0.8
Bronx	9.8	27	3.1	2.2	0.1
Special Surgery	8.4	55	4.1	3.1	5.1
Neurological	8.0	48	4.3	2.6	10.3
Lenox Hill	7.4	47	3.6	2.1	4.5
New York Orthopaedic	7.0	36	1.5	1.3	39.1
Long Island College	6.2	37	2.7	1.6	8.9
Lebanon	5.9	52	3.1	2.1	1.3
Manhattan Eye, Ear and Throat	5.3	144	3.2	2.8	0.3
Montefiore	5.3	31	4.7	2.9	0.6
Babies	5.0	92	—	2.9	5.9
New York Eye and Ear	5.0	38	3.5	2.4	7.0
Flower and Fifth Avenue	4.8	116	5.3	4.1	6.6
Roosevelt	4.6	54	7.9	4.9	20.0
Sydenham	4.6	60	3.2	2.4	0.8
New York Infirmary	4.0	34	5.8	3.6	3.9
Lying-In	3.4	48	3.3	2.2	1.5
Beckman	3.1	49	4.1	3.1	18.6
New York Polyclinic	3.1	57	2.9	2.2	5.9
Beth-El	3.0	55	4.1	2.7	1.5
Mary Immaculate	3.0	24	4.2	2.8	1.5
St. Clare's	2.7	29	4.0	2.6	2.2
Jewish Memorial	2.6	42	5.3	3.1	0.7
Woman's	2.5	79	3.3	2.3	1.6
Staten Island	2.4	48	3.8	2.6	10.9
St. Mary's	2.2	54	5.1	2.9	4.7
St. John's, Queens	2.0	49	1.9	1.5	1.2
Methodist	1.9	38	4.5	2.4	4.5
St. John's, Brooklyn	1.9	31	3.8	2.4	6.6
Jamaica	1.4	65	3.3	2.3	0.6
Beth Moses	1.0	39	4.9	3.5	0.8
Brooklyn Womens	1.0	28	2.0	0.8	13.6
Flushing	1.0	59	3.5	2.0	1.8
Knickerbocker	1.0	97	2.9	2.0	1.5
Wyckoff Heights	1.0	72	3.9	3.0	0.2
Median, voluntary	4.6	48	3.7	2.6	3.7
Median, all	4.9	52	3.8	2.6	3.8

TABLE 5. CASEWORK INTERVIEW RATIOS, 52 MEDICAL SOCIAL
WORK DEPARTMENTS, 1945

Hospital	Percentage distribution of total casework interviews			Of total casework interviews, per cent by telephone	Casework interviews monthly per worker	
	With physicians	With social agencies	All other		Telephone interviews included	Telephone interviews excluded
<i>Municipal</i>						
Harlem	11	19	70	27	190	138
Metropolitan	16	22	62	30	233	162
Queens General	17	17	66	25	371	277
Lincoln	20	20	60	27	177	129
Cumberland	19	22	59	25	259	193
Goldwater	22	12	66	21	249	196
Coney Island	20	15	65	21	244	192
Greenpoint	10	20	70	26	385	283
Kingston Avenue	19	18	63	35	348	228
Median, municipal	19	19	65	26	249	193
<i>Voluntary</i>						
Presbyterian	20	13	67	21	133	105
Mount Sinai	23	10	77	18	297	244
New York	23	17	60	32	120	82
Joint Diseases	23	15	62	24	158	120
Post-Graduate	22	18	60	35	110	72
St. Luke's	17	17	66	31	179	123
St. Vincent's, Manhattan	17	22	61	34	95	63
Beth Israel	18	16	66	21	211	166
Jewish, Brooklyn	18	20	62	37	117	74
Bronx	33	10	57	30	83	58
Special Surgery	20	15	65	23	224	172
Neurological	18	15	67	41	210	124
Lenox Hill	20	18	62	40	166	100
New York Orthopaedic	12	9	79	14	56	48
Long Island College	15	28	57	40	98	58
Lebanon	17	25	58	34	163	108
Manhattan Eye, Ear and Throat	25	6	69	15	465	397
Montefiore	26	14	60	38	146	90
Babies	—	—	—	—	—	269
New York Eye and Ear	21	16	63	32	132	90
Flower and Fifth Avenue	24	14	62	21	608	480
Roosevelt	20	25	55	39	426	262
Sydenham	15	16	69	25	194	145
New York Infirmary	17	26	57	38	197	122
Lying-In	13	32	55	33	156	104
Beckman	16	17	67	25	202	151
New York Polyclinic	25	14	61	27	168	123
Beth-El	16	17	67	33	224	150
Mary Immaculate	15	26	59	34	101	67
St. Clare's	19	28	53	36	116	74
Jewish Memorial	19	19	62	41	221	129
Woman's	4	23	73	29	256	182
Staten Island	21	26	53	32	184	125
St. Mary's	20	15	65	43	274	156
St. John's, Queens	2	15	83	25	96	72
Methodist	14	26	60	45	170	93
St. John's, Brooklyn	16	23	61	36	118	75
Jamaica	25	17	58	30	213	150
Beth Moses	35	20	45	28	190	137
Brooklyn Womens	26	31	43	60	55	22
Flushing	16	25	59	44	205	115
Knickerbocker	27	25	48	30	285	198
Wyckoff Heights	24	15	61	23	282	218
Median, voluntary	20	17	61	32	175	122
Median, all	19	18	62	30	190	127

PROFESSIONAL STAFF TURNOVER DURING YEAR

Because maintenance of professional staff has been an acute problem in several of the participating departments, analysis was made of the information concerning accessions and separations of professional workers which was entered regularly in the staff section of the monthly reports for the year. This information was supplemented by replies to a brief special inquiry made at the close of the year relating to both the replacement of workers and the number of vacancies.

The special inquiry provided a variety of evidence of shortage of medical social workers. For example, at the end of December there were 38 unfilled medical social work positions for which funds were available and workers were being sought. This does not include several positions which were to become vacant on January 1. The vacancies were nearly a tenth of the total number of budgeted positions at the end of the year. Some of them had remained unfilled for long periods. In some instances the fact that salaries were clearly inadequate was mentioned as the principal reason for the long duration of vacancies.

The data concerning accessions and separations of medical social workers during the year are given in Table 6 for the total group of departments and also for the municipal and voluntary departments separately. Within the twelve months, 114 professional workers left and 119 joined the staffs of the 52 departments.

TABLE 6. TURNOVER OF MEDICAL SOCIAL WORKERS
IN 52 DEPARTMENTS DURING YEAR 1945

	9 municipal departments	43 voluntary departments	Total
Professional workers employed at beginning of year	70	288	358
Separations during year	17	97	114
Accessions during year	18	101	119
Professional workers employed at end of year	71	292	363
<i>Turnover rates</i>			
Per cent of workers at beginning of year:			
Separations during year	24.3	33.7	31.8
Accessions during year	25.7	35.1	33.2

The separations were 31.8 per cent, while accessions were almost exactly a third, of the number of workers employed at the beginning of the year. The rates for the voluntary departments were materially higher than those for the municipal departments. At least 11 additional medical social work positions were established in the group of hospitals during the year.

The foregoing rates relate to groups of departments. Those of individual departments, as would be expected, show wide differences. Eighteen departments, most of which were small, experienced no separations during the year, and 13 of these departments had no accessions. At the other extreme, in one department of medium size both separation and accession rates were 120 per cent of the number of workers at the beginning of the year. The separation rates of the largest nine voluntary departments, those having 10 or more professional workers at the beginning of the year, varied from 8 to 45 per cent, their median rate being 27 per cent. The median separation rate for all the voluntary departments was 33.7 per cent, while the median for the entire group of 52 departments was 31.8 per cent.

It should be noted that in the figures of Table 6 distinction has not been made between part-time and full-time positions. Only eight part-time professional workers were employed at the end of the year and only three were reported at the beginning of the year. Several of the part-time workers were employed because full-time workers were not available.

COMPOSITION OF MEDICAL SOCIAL WORK STAFFS

In addition to medical social workers, four other categories of personnel are included in the staffs of the medical social work departments. They are: paid casework aides, clerical workers, social work students who are obtaining practice for which academic credit will be received, and volunteers contributing regularly scheduled time. At the end of December the aggregate personnel of all the departments was made up as follows:

	Full-time workers	Part-time workers	Total
Directors of medical social work	52	—	52
Supervisors	25	—	25
Caseworkers	278	8	286
Total medical social workers	355	8	363

	Full-time workers	Part-time workers	Total
Paid casework aides	8	2	10
Clerical workers	140	10	150
Social work students	—	45	45
Volunteers giving regular time	1	76	77

Of the medical social workers, 77 were either directors of departments or supervisory workers. The 52 directors include the professional worker in four departments having but one such position. The supervisors include workers with such titles as supervisor of casework, educational director, and, in the larger agencies, assistant director of medical social work. Together the directors and supervisors comprise a little more than one-fifth of the total number of professional workers, but, as will be seen, the ratio of supervisory to other medical social workers is greatly affected by the size of staff.

Paid casework aides, workers without formal social work training or experience who are assisting to a limited extent in social work processes, were reported by five different departments, one of which does not use this title.

Only those clerical workers are included in this tabulation who are available to perform the clerical work of the medical social work departments. The total number of such clerical workers was about 41 per cent of the number of medical social workers, or in other words the ratio was approximately one clerical worker to $2\frac{1}{2}$ medical social workers. If casework aides are included with social workers, the ratio is not changed significantly. Here again the ratios tend to vary with size of staff.

USE OF STUDENTS AND VOLUNTEERS

During at least part of the year 19 of the departments in voluntary hospitals reported provision of practice work for social work students. In December, 45 students were reported by 16 departments, the numbers varying from one to nine.

Only 77 volunteers giving regular assistance in the work of the departments were reported by five of the nine municipal departments and by 19 of the 43 voluntary departments. In one instance the voluntary worker was acting as a full-time visitor. In another, an experienced social worker was contributing one-third of full-time regularly to the work of a

department of medium size. More of the volunteers, however, gave relatively small amounts of time, some as little as a few hours weekly. Altogether the reports concerning volunteers indicate relatively small use of this category of personnel.

RATIOS OF SUPERVISORY AND OF CLERICAL WORKERS

Table 7, which again relates to the situation at the close of the year, gives for both municipal and voluntary departments the aggregate numbers of both filled and unfilled positions for each of the three classes of paid workers. It contains also ratios of clerical to medical social workers determined from the numbers of positions rather than of workers actually employed.

TABLE 7. FILLED AND VACANT PAID POSITIONS IN 52 MEDICAL SOCIAL WORK DEPARTMENTS AT END OF YEAR 1945

Position	Filled	Vacant	Total
<i>Municipal departments</i>			
Medical social worker	71	2	73
Casework aide	1	—	1
Clerical worker	23	1	24
Medical social workers per clerical worker	—	—	3.0
<i>Voluntary departments</i>			
Medical social worker	292	36	328
Casework aide	9	1	10
Clerical worker	127	7	134
Medical social workers per clerical worker	—	—	2.4
<i>All departments</i>			
Medical social worker	363	38	401
Casework aide	10	1	11
Clerical worker	150	8	158
Medical social workers per clerical worker	—	—	2.5

In Table 8, ratios both of supervisory workers to caseworkers and of clerical workers to social workers are shown for groups of departments classified by size of professional staff. Both the classification of departments by size and also the ratios are here based upon numbers of positions, and the few part-time positions have been counted as half positions.

These figures indicate a strong tendency for the number of caseworkers per supervisor to increase or, in other words, for the proportion of supervisors to decrease as the departments

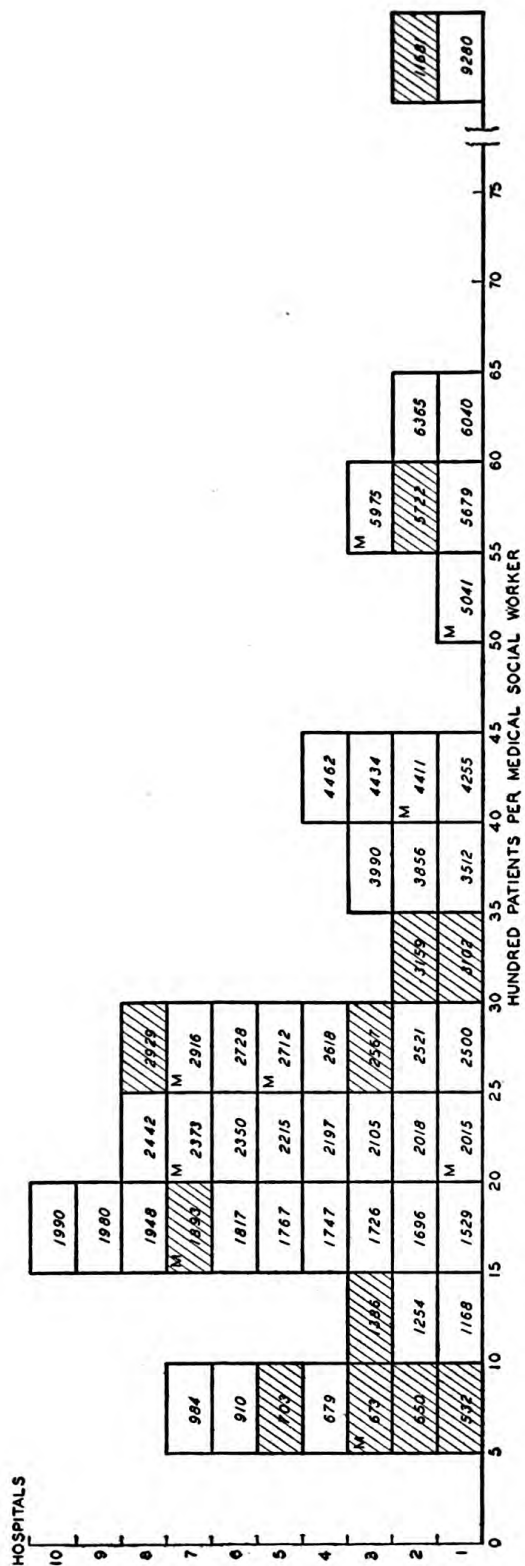


DIAGRAM 2. DISTRIBUTION OF 53 HOSPITALS BY NUMBER OF CLINIC AND WARD ADMISSIONS DURING YEAR PER MEDICAL SOCIAL WORKER

Each box represents one hospital. Shading indicates a special hospital; lack of shading a general hospital; M a municipal hospital. The median of the 53 ratios is 2,373 admissions per medical social worker.

TABLE 8. RATIOS OF CASEWORKERS PER SUPERVISORY WORKER AND OF PROFESSIONAL WORKERS PER CLERICAL WORKER IN 52 DEPARTMENTS, END OF YEAR 1945, BY SIZE OF PROFESSIONAL STAFF

Number of professional positions	Number of departments	Caseworkers per supervisory worker	Professional workers per clerical worker
<i>Municipal departments</i>			
10 to 15	4	7.5	3.2
3 to 9	5	3.4	2.8
Total	9	5.6	3.0
<i>Voluntary departments</i>			
15 to 37	4	6.1	2.7
10 to 14	8	4.9	2.5
5 to 9	12	3.6	2.5
3 or 4	11	2.2	2.4
2	4	1.0	2.0
1	4	—	1.6
Total	43	3.9	2.4

become larger. There is a less strong tendency for the relative number of clerical workers also to decrease as the size of professional staff increases. The municipal departments are supplied with relatively fewer of both supervisory social workers and of clerical workers than are voluntary departments of similar size.

NUMBER OF SOCIAL WORKERS IN RELATION TO PATIENT LOADS

Although the topic is one of great practical importance, very few statistics are available concerning the size of medical social work staffs in relation to the size of the institutions they serve. Because questions are so frequently raised concerning either the appropriate or the usual relation of number of social workers to number of patients, several attempts have been made to test this relationship for the hospitals represented in this statistical reporting project. The results of one of them are shown in Diagram 2. Figures for 1945 are not used in this diagram and the number of hospitals concerned is one more than the number to which other data of this report relate.

In determining the ratios recorded in the diagram the most recent yearly figures for admissions of patients to clinics and wards were taken as indication of the patient load to be served. The number of private patients, and also the number of newborn patients, was disregarded in the computation. The figures for patients are reported by all hospitals in New York City following the close of each year to the New York State Department of Social Welfare and by the voluntary hospitals to the United Hospital Fund. For each hospital the admission figures were divided by the average number of medical social workers employed during the year. The diagram makes distinction both between special and general hospitals and between municipal and voluntary hospitals.

The diagram indicates little uniformity with respect to this ratio, although there is a tendency to concentrate in the neighborhood of the frequently cited ratio, originally suggested by Dr. Haven Emerson, one medical social worker per 2,000 patients. The median ratio for this group of hospitals is 2,373 patients per worker. This average figure, however, should carry no implication concerning the desirable, or appropriate, ratio, partly because numbers of workers employed rather than of positions available were used in the computations, and partly because a substantial number of the departments were recognized as being understaffed. The data suggest, however, that further inquiry would reveal outstanding understaffing of the social work departments of at least a third of these hospitals.

Probably the most significant relationship revealed by these figures is that the lowest three ratios are those of the one special hospital for neurological patients and the two special hospitals, of which one is municipal and the other voluntary, for chronic disease. In these three hospitals the medical specialization has clearly been taken into account in determining the size of the medical social work staff. The nine municipal hospitals are scattered through the diagram, five of the nine having ratios above the median. Of the 12 voluntary departments employing largest numbers of medical social workers the ratios of nine were lower than 2,000 patients per medical social worker and that of only one was higher than the median.

APPENDIX: THE REPORTING PLAN

DEFINITIONS OF PRINCIPAL TERMS

Social casework is individualized consideration or treatment by a social worker of a problem affecting the well-being of a particular person or family for the purpose of assisting in solving the problem. To satisfy the definition, the service must be in the interest of a client, and must concern a problem which has been recognized as needing attention.

A case is an instance or sequence of casework service provided by the medical social work department in the interest of a particular person. A case of service may be confined to a single interview.

A casework interview is a contact in person or by telephone by a social worker with a client, or with another person who is not a member of the casework staff of the department, for the purpose of discussing a client's problem in order to assist in meeting it. Discussion of a client's problem by a caseworker with a supervisor or other member of the casework staff is not classified as a casework interview. Routine interviews with patients in clinic or ward for the purpose of ascertaining whether or not patients have problems which need social casework attention are also not classified as casework interviews. The routine interview becomes a casework interview only if a problem is found and the worker then initiates the indicated casework service concerning it.

An open case is one in which the department is currently responsible for providing casework service. The case is recognized as *opened* when a worker decides that a problem deserving casework service exists and undertakes to provide the needed service. The case remains *open* until it is closed by a decision to terminate the responsibility for service.

Intake is the group of cases opened within a specified period. Cases included in intake are *new* if they have not been pre-

viously recorded as cases. They are *reopened* if they have been previously recorded as cases. Reopened cases are divided into two groups, those reopened after closing in a previous year and those reopened after closing in the current year. The subdivision of intake into new and reopened cases is optional.

A closed case is one in which responsibility for current casework service has been terminated. The case is closed when decision is made that the service that is possible or practicable for the present has been given and that further service will not be attempted in the immediate future. If, after a decision to close has been made, a case recurs before the end of the month, the closing is canceled and the case remains open until a further decision to close is made. In other words, the closing of a case does not become final until the end of the month. Depending on the rule of the agency, which may vary with the experience of the worker or the nature of the case, the decision to close may be made by a caseworker independently or may require the approval of a supervisor.

An active case is one in which casework service was provided during the month of the report through one or more casework interviews, or through correspondence that involved discussion of the client's problem. A case should not be counted as active in any month in which the work concerning it consisted only of one or more of the following items: recording of work in the case record; review of the case record and planning of further work; discussion of the case with a supervisor of casework or other member of the casework staff.

An inactive case is one, included in the count of open cases, in which no casework service was provided during the month of the report through a casework interview or by correspondence.

An immediate-service-only case is one in which casework service is given in an initial casework interview without plan, or expectation, on the part of the worker for any continuation of the service. If without plan by the worker, the client returns and receives casework service in another interview, the case continues to be an immediate-service-only case unless the worker then plans to give still further casework service. If the

worker plans to continue study or treatment of the problem by discussion with a physician or a worker of another social work agency, or through other contact for the purpose of obtaining information or taking action in the interest of the client, the case should not be classified as immediate-service-only.

A continued-responsibility case is one in which, after casework service has been given in a first interview, the worker plans for some further casework service. The further service need not be intensive service.

The paid casework staff consists of the paid workers who are employed for the purpose of providing social casework service. It may include workers in one or more of the four following categories:

The director is the worker in charge of the medical social work department.

A supervisor is a worker, other than the director, the major portion of whose time is given to directing, training, or supervising caseworkers or social work students.

A caseworker is a worker, other than the director or supervisor, who is recognized by the department as qualified by formal training or experience to provide social casework service. A casework aide or other assistant to a caseworker, if any, should not be classified as a caseworker, but should be reported separately.

A paid casework aide is a paid worker, not recognized by the department as a qualified caseworker by reason of formal training or experience, who assists caseworkers, or acts in place of a caseworker with limited responsibility and under close supervision.

A social work student is a student currently enrolled in a school of social work or a college or university course in social work, who is assigned to the department for practice work for which, if satisfactory, academic credit will be given.

A volunteer is an unpaid worker other than a social work student. Only volunteers who participate in the work of the medical social work department on a regular time schedule

should be counted. Incidental or occasional service by volunteers should be disregarded.

A clerical worker is a paid worker assigned to the social work department for performance of its clerical work. Only clerical workers whose time is at the disposal of the department should be counted.

MONTHLY REPORT FORM

The form provided for reporting the monthly statistics of social casework of a medical social work department is reproduced, in slightly reduced size, on the two preceding pages.

The face of the form consists of two sections. The first contains space for recording the movement of the caseloads of individual workers. The figures of each member of the staff giving casework service to clients should occupy a separate line. The workers are identified by last names or initials, and if desired the medical service to which they are assigned may be indicated. At the foot of the section total figures are obtained, which show the movement of the caseload of the department as a whole.

The second section calls for record of the personnel of the department for the month. Members of the paid social work staff, school of social work students obtaining practice in the department, volunteers, and paid clerical workers are recorded separately, and in each category distinction is made between full-time and part-time workers. Workers employed during only part of the month are included, but marginal record is requested of the date on which any worker joined or left the staff during the month of the report. If paid casework aides are employed, they should be reported on an added line in the staff section of the report.

The back of the schedule also contains two sections, the use of which is optional. The first is for record of the casework interviews of each worker providing casework service in the month. The second contains space for the single item, the aggregate number of interviews by medical social workers during the month which do not satisfy the definition of casework interviews. The item is included on the form for the purpose of enabling the department to obtain, if desired, a ratio between the volume of interviewing by the casework staff

MONTHLY STATISTICS OF MEDICAL SOCIAL CASEWORK

Social Service Department of _____ City _____ Month _____, 194_____

I. Cases Receiving Casework Service

Worker and assignment	Cases carried from last month	Cases opened in this month						Cases transferred between workers		Cases open this month			Cases closed in this month	Cases carried forward
		New	Reopened		Total intake	Imme- diate service only	Con- tinued respon- sibility			Total*	Active this month	Inactive this month		
			From prior year	From this year				In	Out					
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
Total														

*For each worker "total cases open" should include cases received, but should omit cases lost, by transfer between workers during the month.

II. Social Service Staff

Full-time workers

Part-time workers

Directors and supervisors _____
 Caseworkers _____
 Total paid casework staff _____
 School of social work students _____
 Volunteers _____
 Paid clerical workers _____

Include workers employed part of month. Show in footnote name and title of each worker joining or leaving during month, with date of joining or leaving. Include workers absent on ordinary vacation or sick leave.

FACE OF MONTHLY REPORT FORM (REDUCED)

III. Casework Interviews on Cases Receiving Casework Service

Worker	With patient or patient family			With physician			With social agency			All other			Total			
	Inside	Outside	Tele-phone	Inside	Outside	Tele-phone	Inside	Outside	Tele-phone	Inside	Outside	Tele-phone	Inside	Outside	Tele-phone	Total
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
Total																

IV. Other Interviews

Total number of interviews by medical social workers with or concerning patients not counted as cases

Note here any unusual circumstances affecting comparability of these figures with those of the preceding month.

Russell Sage Foundation
Department of Statistic
M.S.W.J., PRINTED IN U.S.A.

Recorded by _____
Title _____ Date _____

BACK OF MONTHLY REPORT FORM (REDUCED)

for casework purposes and that for other purposes, including medical research, hospital or clinic admission service, or clinic administration. If this figure is desired, provision should be made for obtaining it from the workers' daily record sheets.

SUPPLEMENTARY FORMS

Four forms for use in compiling these statistics have been prepared and published by Russell Sage Foundation. They may be purchased through the Publication Department of the Foundation. They are:

MSW-1. Form for reporting monthly statistics of medical social casework

MSW-2. Form for worker's daily record of work

MSW-4. Index card for alphabetical reference file of cases

MSW-5. Statistical case card

A fifth form MSW-3 was used temporarily and discarded.