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Setting meaningful goals in rehabilitation: rationale and practical tool

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Abstract

Context: Goal-setting is a key characteristic of modern rehabilitation. However, goals need to be meaningful and of importance to the client.

Axioms: Both theories and empirical evidence support the importance of a hierarchy of goals: one or more overall goals that clients find personally meaningful and specific goals that are related to the overall goals. We posit that the client's fundamental beliefs, goals and attitudes ("global meaning") need to be explored before setting any rehabilitation goal. A chaplain or other person with similar skills can be involved in doing so in an open-ended way. The client's fundamental beliefs, goals and attitudes serve as a point of departure for setting rehabilitation goals.

Setting goals: We set out a three-stage process to set goals: (1) exploring the client's global meaning (i.e. fundamental beliefs, goals and attitudes), (2) deriving a meaningful overall rehabilitation goal from the client's global meaning and (3) setting specific rehabilitation goals that serve to achieve the meaningful overall rehabilitation goal.

Conclusion: This is an extension of current practice in many rehabilitation teams, which may help counter the drive toward exclusively functional goals based around independence.

Keywords

Goal-setting, rehabilitation, meaning, chaplaincy, tool

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Introduction

Goal-setting is a key characteristic of modern rehabilitation.[1] Goal-setting is hypothesized to lead to improved clinical outcomes via several mechanisms, which include a more person-centered rehabilitation,[2] enhanced client motivation and psychological adaptation, strengthened teamwork, enhanced specificity of training, as well as better communication and working relationships between clients, families and health professionals.[1] Systematic reviews of studies that involved adults participating in rehabilitation found only limited, rather low-quality evidence that goal-setting indeed improves clinical outcomes.[3,4]

On the other hand, goal-setting is one of the most prominent steps in tailoring rehabilitation to the client's needs.[5] Furthermore, goal-setting is a prominent behavior change technique, and the application of behavior change techniques has been shown to result in better clinical outcomes, including improved aerobic exercise tolerance in people with cancer[6] and better physical activity adherence in patients with chronic musculoskeletal conditions.[7] Thus, both theoretical considerations and at least some empirical evidence point to the importance of goal-setting in rehabilitation.

Nevertheless, goal-setting in rehabilitation is controversial. One of the major areas of controversy concerns how to set goals that clients find personally meaningful. Clients have been observed to set broad, long-term goals that express their hopes and aspirations.[2] Health professionals may consider such goals "unrealistic,"[8] preferring "realistic" short-term goals, frequently described as SMART goals (specific, measurable, attainable, relevant and timely).[2,8] Clients do not always appreciate these goals; clients in rehabilitation have reportedly been critical of health professionals for being prescriptive and inflexible with respect to goal-setting, instead of responding to their needs and aspirations.[9,10] Clearly, there is a need to reconcile these divergent approaches to goal-setting.

We have developed a practical tool that facilitates the setting of meaningful rehabilitation goals. In this article, we present the theoretical background of our approach and describe the practical tool itself:

- *First*, we review the literature suggesting that working with a hierarchy of goals can make goal-setting more personally meaningful.
- *Second*, we posit that the client's fundamental beliefs, goals and attitudes are the point of departure for setting meaningful rehabilitation goals. We briefly review recent research on "global meaning" (i.e. fundamental beliefs, goals and attitudes) in rehabilitation clients, which provided the theoretical rationale for this approach.
- *Third*, we describe the practical tool that facilitates the setting of meaningful rehabilitation goals.

A hierarchy of goals

Various authors have suggested that working with a hierarchy of goals can make goal-setting more personally meaningful and aspirational. Sivaraman Nair[11] reviewed the application of life goals in rehabilitation. Life goals consist of a complex hierarchy, extending from an idealized self-image and abstract motivations to personal goals (e.g. career, family, relationships) and specific actions (see also Sivaraman Nair and Wade[12]). He reviewed evidence suggesting that concurrence between a client's life goals and goals set by the rehabilitation team may improve the client's motivation for and outcomes of rehabilitation. Wade[13] suggested that goals are hierarchical in at least two ways: time and abstractness. He argued that the client needs to see the link between their own longer term aspirations and more immediate rehabilitation goals. Lee et al.[14] suggested that personal factors, such as an individual perception of one's self and purpose in life, must be actively considered when setting more specific rehabilitation goals.

McPherson et al.[15] describe a specific approach toward goal-setting in rehabilitation, called MEANING. This approach is derived from self-regulation theory,[16] specifically the work of Emmons and Kaiser[17] who suggested that self-regulatory behavior is most effective if one selects

concrete and specific goals that are related to personally meaningful, higher order goals. This idea led McPherson et al.[15] to make a distinction between "meaningful overall goals" and "concrete targeted goals"; the concrete targeted goals are anchored to what is most meaningful to the client.

From a different perspective (i.e. decision-making in people with multimorbidity), a recent qualitative study also identified "a new type of goals, which we labeled as fundamental goals" (p. 528).[18] Using a qualitative approach (i.e. inductive thematic analysis of interviews with general practitioners and clinical geriatricians), these authors made a distinction between "fundamental goals specifying patients' priorities in life, related to their values and core relationships" (p. 528) and "specific goals", including functional goals (reducing limitations in functioning) and disease- and symptom-specific goals (related to the diagnosis or treatment of a specific disease or symptom). The authors hypothesized that fundamental goals can be used as input for setting specific goals.[18]

Thus, theoretical considerations and some empirical evidence suggest that goal-setting can become more personally meaningful if one uses a two-tiered approach: first, setting one or more overall goals that clients find personally meaningful; second, setting specific goals that are related to the overall goals. For example, a client may be motivated to exercise in order to improve mobility and strength of the fingers (specific goals) if he or she is aware that improved mobility and strength contribute to taking care of children (meaningful overall goal).

Fundamental beliefs, goals and attitudes as the point of departure

Assuming that working with a hierarchy of goals indeed makes goal-setting more personally meaningful and aspirational, the important question arises of how to identify overall goals in rehabilitation.

Randall and McEwen[19] suggested to simply ask the client to state their goals for rehabilitation; in their experience, clients tend to state meaningful overall goals, such as "I want to return to work." McPherson et al.[15] refer to two techniques to identify meaningful goals. First, inviting clients to tell stories about what was important to them in the past and what they want for the future.[20] Second, metaphorical identity mapping; that is, using metaphors to explore clients' mental representations of what they would like to become ("hoped-for-selves").[21] Although these techniques may be useful, we feel that a more grounded approach toward identifying meaningful overall goals is needed.

We posit that the client's fundamental beliefs, goals and attitudes need to be explored before setting any rehabilitation goal. These fundamental beliefs, goals and attitudes can serve as the point of departure for setting a meaningful overall rehabilitation goal. Subsequently, more specific goals can be set that serve to achieve the meaningful overall rehabilitation goal. This approach was derived from our recent research on "global meaning" in rehabilitation clients, which we will briefly summarize below.

Global meaning and the impact of global meaning on rehabilitation

In her integrative review of the literature on meaning making, Park[22] distinguished two levels of meaning: global meaning and situational meaning. Global meaning is the more fundamental level of meaning. It refers to general orienting systems that guide people in living their lives. Situational meaning denotes meaning making in a particular situation. According to Park, global meaning consists of fundamental beliefs and goals, and the subjective experience of meaning or purpose in life. We regard the experience of meaning as a separate category.[23] Furthermore, based on our research, we added fundamental attitudes to the definition of global meaning, which is discussed below. Thus, we consider global meaning to consist of fundamental beliefs, goals and attitudes.

We have used Park's framework to study global meaning and the impact of global meaning on rehabilitation.[24–29] In two qualitative studies, we explored

the content of global meaning in two client groups participating in rehabilitation, those with a spinal cord injury and clients who had a stroke.[24,26] In both groups, we found that global meaning comprises five interlinked, yet distinguishable aspects: core values, relationships, worldview, identity and inner posture.

- *Core values* are fundamental beliefs about what is right and life goals worth pursuing, which give direction to thoughts and behavior.
- *Relationships* refer to a connection between a person and others, for example, children, a spouse, a therapist or even a pet. Meaningful relationships and the experience of being connected are life goals.
- *Worldview* is a set of fundamental beliefs about life, death and suffering that structure people's ideas on how life events are related.
- *Identity* refers to fundamental beliefs about one's self. Expressing one's identity provides people with a sense of belonging while underlining their uniqueness and self-worth.

Besides these four aspects of global meaning, we identified a fifth aspect, which we named "inner posture." When confronted with challenges resulting from their spinal cord injury or stroke, respondents reminded themselves of what they had learned earlier in life, or they tended to encourage or calm themselves with prayer or meditation. This seemed to help them bear their circumstances:

- *Inner posture* refers to the way in which people endure what cannot be changed. Inner posture involves acknowledging the facts of life and relating to them.[28] The finding of inner posture led us to add "attitudes" to the definition of global meaning: global meaning consists of the fundamental beliefs, goals and attitudes that guide people in living their lives.[29]

We also studied the impact of global meaning on the process and outcome of rehabilitation. In our qualitative studies of clients with spinal cord injury or stroke, we found that core values, relationships, worldview, identity and inner posture were all perceived to have an impact on the process and outcome of rehabilitation.[25,27] Clients reported impact on a range of issues, but in the present context, the impact on rehabilitation motivation is most relevant. Our studies suggested that core values, relationships, worldview, identity and inner posture all affect both rehabilitation motivation and decision-making. We cite three examples to illustrate the impact of global meaning on motivation.

According to one respondent, his motivation to rehabilitate was affected by relationships:

> Life has a meaning, yes. In relation to other people, my wife for example. [. . .] I believe I still have value for other people. If you don't, you can just as well end it right away. [. . .] That has given me motivation during my rehabilitation. I want to be able to really contribute something again.[25]

Another respondent explicitly stated that his core values and his worldview gave him the focus to rehabilitate. According to his worldview, positivism and kindness are part of life, and this motivated him to stay focused during the process of rehabilitation:

> Positivism, kindness, [. . .] that fortunately still exists in the world. [. . .] I strongly believe that when you do good, you will be treated well. When you do bad things, you get bad things back. [. . .] I just say, like . . ., come on, bring it on. I'll just see what comes my way. And er . . ., that provides focus to rehabilitate.[25]

A third respondent's worldview was that life is an assignment: you need to make the best of your life and of yourself. Corresponding with this worldview, his inner posture was to always do his best:

> To do the best you can, for me, is now: searching for a good posture on the couch, taking a book that is as interesting as possible, listen to music and trying to get through the day. So that is what I do. And keeping my appointments. When I have an appointment with the doctor, I go to the doctor, when I have to take my pills, I take my pills.

This quote illustrates how this person's worldview and inner posture affect his motivation to rehabilitate.[27]

Setting meaningful goals: three steps

The research cited above provided the theoretical rationale for our proposal on setting meaningful goals in rehabilitation. If global meaning affects rehabilitation motivation, one would expect that addressing the client's global meaning will result in improved motivation for rehabilitation. More specifically, we hypothesize that addressing the client's global meaning (fundamental beliefs, goals and attitudes) will facilitate the identification of an overall rehabilitation goal, which the client finds personally meaningful.

Once the meaningful overall rehabilitation goal has been identified, the rehabilitation team and the client set more specific goals that serve to achieve the overall goal. Because the specific goals are linked to the meaningful overall goal, we expect the client to find the specific goals meaningful and to be motivated to work on achieving these goals. This rationale suggests three steps in setting meaningful goals: (1) exploring the client's global meaning (i.e. fundamental beliefs, goals and attitudes), (2) deriving a meaningful overall rehabilitation goal from the client's global meaning and (3) setting specific rehabilitation goals that serve to achieve the meaningful overall rehabilitation goal.

The first step in our approach comprises the exploration of the client's global meaning (i.e. fundamental beliefs, goals and attitudes). We propose that chaplains or other persons with similar skills may play an important role in this step. Traditionally, chaplains have been providing religious and spiritual care in healthcare institutions. However, since the second half of the 20th century, there has been a move away from a religious affiliation toward a more individualized experience and expression of spirituality and meaning in life, especially in Westernized countries.[30] As a consequence, professional chaplaincy is developing toward a less religious and more existential focus, aiming at existential considerations and ethical questions, as well as issues such as hope and the need for contemplative silence.[30] The Dutch Association of Chaplains describes the role of the healthcare chaplain as follows:

> Chaplains come into view when the self-evident order of everyday life is broken; in situations of life and death, in the event of farewell and loss, in the case of experiences of great connection or of abandonment, and in ethical questions. They are proficient in dealing with life questions, meaning, spirituality and ethical considerations. Chaplaincy is professional support, assistance, and advisement concerning meaning and philosophy of life. (p. 7)[31]

Professionally trained chaplains may or may not have a religious background (e.g. in Christianity, Islam or Buddhism).

These considerations led us to call on chaplains' expertise in exploring the client's fundamental beliefs, goals and attitudes. In our tool to help set meaningful goals in rehabilitation, we are involving a chaplain to support the client in exploring their fundamental beliefs, goals and attitudes and setting the overall meaningful rehabilitation goal. However, it could be a possibility to train other professionals in exploring the client's fundamental beliefs, goals and attitudes (see section "Discussion").

A tool to facilitate the setting of meaningful goals in rehabilitation

We have developed a tool to help set meaningful goals in rehabilitation. The tool has been developed after discussions among the authors of this article, with feedback from representatives of client organizations, and using some pilot testing. The tool consists of the three steps identified above. The tool defines the role of the client, rehabilitation physician, chaplain and other members of the rehabilitation team in setting rehabilitation goals. Box 1 summarizes the tool. Figure 1 illustrates the process of using the tool. Box 2 provides an illustration of the global meaning, meaningful overall rehabilitation goal, and specific rehabilitation goals obtained using the tool. We will describe the tool below.

Exploring global meaning

In a session specifically dedicated to this purpose, the client, chaplain and rehabilitation physician explore the client's global meaning. We have developed a number of questions that can be used for this exploration. Box 1 provides an overview of these questions. It should be emphasized that these questions are not usually asked directly, and the

Box 1. Tool to set meaningful goals in rehabilitation.

Step 1. Exploring global meaning (i.e. exploring fundamental beliefs, goals and attitudes)
- Dedicated session
- Participants: Client, chaplain or other person with similar skills and rehabilitation physician (optionally: relatives)
- Key questions
  - Introduction: Could you give an example of an activity which you find or found particularly satisfying?
  - Relationships: Is there somebody in your life who is important to you?
  - Values: What are the important values in your life?
  - Worldview: Do you have a specific outlook or conviction in life?
  - Inner posture: How do you relate to what is going on in your life?
  - Identity: Who are you?
- Reporting: Summary of global meaning in the client's file, after approval by the client

Step 2. Setting of the meaningful overall rehabilitation goal
- At the conclusion of the dedicated session
- Participants: Client, chaplain and rehabilitation physician (optionally: relatives)
- Background information: Summary of global meaning, medical diagnosis and assessment of functioning
- Key question: Hearing all this, what would you like to achieve during your rehabilitation?
- Reporting: (Preliminary) meaningful overall rehabilitation goal in the client's file
- During regular sessions
- Other members of the rehabilitation team and the client may further explore the (preliminary) meaningful overall rehabilitation goal
- Sharing of the (preliminary) meaningful overall rehabilitation goal among members of the rehabilitation team
- A member of the team supports the client in setting the definitive meaningful overall rehabilitation goal
- Reporting: Meaningful overall rehabilitation goal in the client's file

Step 3. Setting and adjusting of specific rehabilitation goals
- Regular sessions
- Participants: Members of the rehabilitation team and client (optionally: relatives)
- Background information: Summary of global meaning, meaningful overall rehabilitation goal, medical diagnosis, assessment of functioning
- Approach: Rehab-Cycle or a similar model to set specific goals
- Reporting: Specific rehabilitation goals in the client's file
- Monitoring and adjustment: The usual procedures that exist in a specific institute

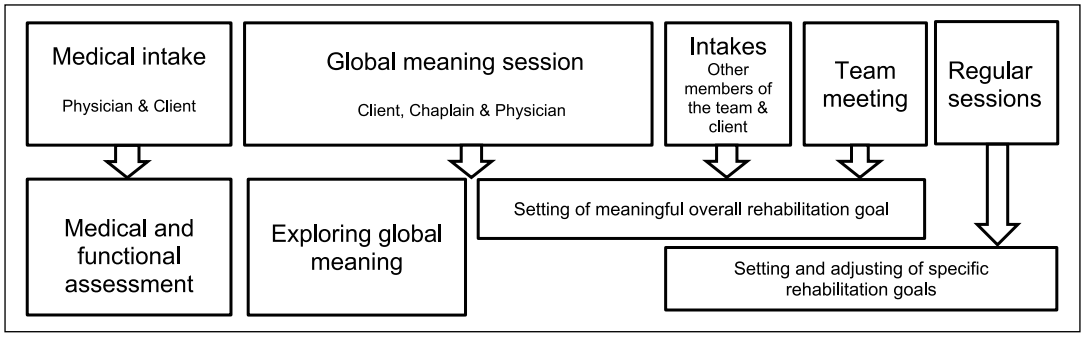

Figure 1. Setting meaningful goals in rehabilitation.

questions are by no means exhaustive or limiting. These questions illustrate key issues that can be discussed when exploring global meaning. The specific expertise of the chaplain is to explore global meaning, that is, relationships, core values, worldview, identity and inner posture. Supported by the chaplain's expertise, clients express and verbalize their global meaning.

Box 2. Illustration of global meaning, meaningful overall rehabilitation goal and specific rehabilitation goals obtained using the tool.

Case: Middle-aged woman with brain damage as a result of an illness.

Global meaning

- Relationships: My family and friends mean a lot to me and I to them. I like to be needed as a mother and grandmother, even if it is in a different way than before.
- Core values: Meaning something to others, trust, connectedness, recognition that you are who you are.
- Worldview: You have little control over life, I am not traditionally religious anymore but I do wonder "why are we here on earth?"
- Identity: I am a liberated, independent woman who dares to express her viewpoint, I am sociable and engaged, positive and realistic.
- Inner posture: I fight when necessary and possible, focus on the positive, handle difficult situations with humor. I accept what cannot be changed.

Meaningful overall rehabilitation goal

- To be and remain important to others.
- To pursue my creative hobbies, for which I need to be more stable physically.

Specific rehabilitation goals

- Within five weeks, it is clear which ankle-foot orthosis is most beneficial for me with the least drawbacks.
- Within four weeks, I have decided whether I want to walk outside using a walking aid.

Some adjustments were made to protect privacy.

Currently, our tool has been developed for use in the setting of outpatient rehabilitation. The dedicated session on the exploration of global meaning is part of the intake phase of outpatient rehabilitation and is planned on a separate day, after medical and functional assessment by the rehabilitation physician and before assessment by other members of the rehabilitation team. Relatives may or may not take part in the dedicated session, depending on the needs of the client and the procedures in a specific institute. The client's global meaning is summarized in the client's rehabilitation file.

Setting of the meaningful overall rehabilitation goal

At the conclusion of the global meaning session, the client, chaplain and rehabilitation physician identify the meaningful overall rehabilitation goal. The overall rehabilitation goal is derived from the exploration of global meaning, in combination with information on the medical diagnosis and functioning (assessment of structure and functions, activities and participation).[32] The chaplain and rehabilitation physician summarize the information on global meaning, medical diagnosis and functioning. Using this information, they support the client in setting the (preliminary) meaningful overall rehabilitation goal (see Figure 1 and Box 1). We are aware that the client may have more than one overall goal. For clarity's sake, we refer to "the meaningful overall rehabilitation goal."

After approval by the client, a summary of the client's global meaning and their (preliminary) meaningful overall rehabilitation goal are recorded in the client's file and communicated to the other members of the rehabilitation team (e.g. physiotherapist, occupational therapist, psychologist, and social worker). Other members of the rehabilitation team may further explore the meaningful overall rehabilitation goal (e.g. occupational therapists may use the Canadian Occupational Performance Measure (COPM)),[33,34] which may lead the client to amend the overall goal. The results are shared in the rehabilitation team meeting. Subsequently, a member of the team supports the client in setting the definitive meaningful overall rehabilitation goal, which is recorded in the client's file.

Setting and adjusting of specific rehabilitation goals

Members of the rehabilitation team and the client set specific rehabilitation goals that serve to achieve the meaningful overall rehabilitation goal, using and respecting the procedures that exist in a

specific institute. Drawing upon their specific professional expertise, rehabilitation professionals explore with the client which specific goals need to be set to achieve the meaningful overall goal. The rehabilitation professional may use a model such as the Rehab-Cycle to set specific goals.[35–37] The specific goals are recorded in the client's file. During the rehabilitation trajectory, the specific goals can be adjusted or revised, depending on the course of the rehabilitation process. The overall goal is assumed to be rather stable, while specific goals may vary depending on progress during the rehabilitation process. Again, the evaluation and planning procedures that exist in a specific institute can be used to adjust specific goals; we aim to avoid new routines that are foreign to the workflow in a specific institute.

Discussion and conclusion

It has been previously suggested that goal-setting can become more personally meaningful if specific goals are related to a personally meaningful, higher order goal. The important question is then how to identify the personally meaningful, higher order goal. We propose that an exploration of the client's fundamental beliefs, goals and attitudes ("global meaning") is the starting point for the identification of a meaningful overall rehabilitation goal. Once the overall goal has been formulated, specific goals can be set that serve to achieve the overall goal. We also propose that chaplains may play an important role in the exploration of global meaning.

In this approach, the client, chaplain, rehabilitation physician and other members of the rehabilitation team each has a specific role. The chaplain uses their expertise to explore the client's global meaning and to support the client in expressing and verbalizing that global meaning. The client then sets a meaningful overall rehabilitation goal, supported by the chaplain and the rehabilitation physician if needed. The other members of the rehabilitation team may further explore the meaningful overall rehabilitation goal, and together with the client, use their expertise to set specific goals, which serve to achieve the meaningful overall rehabilitation goal. The client, chaplain, rehabilitation physician and other members of the rehabilitation team are all protagonists at a specific phase of the goal-setting process.

We involve the chaplain in exploring global meaning and goal-setting. With their training and experience, chaplains seem to be well suited for this role. It could be argued that other professionals, such as occupational therapists, social workers or psychologists, can also fulfill this task. Furthermore, we are aware that a chaplain may not be available in some rehabilitation settings or that the required chaplaincy manpower may not be sufficient. A solution could be to train one or more members of the rehabilitation team in the exploration of global meaning. Whether it is feasible to train rehabilitation professionals in the exploration of global meaning is an empirical question that needs to be studied in the future.

Global meaning is not a well-known construct in rehabilitation. Global meaning refers to fundamental beliefs, goals and attitudes[22,29] and needs to be differentiated from situational meaning. Situational meaning refers to the process of psychological adjustment in the context of a particular situation.[22] The constructs of global and situational meaning have only recently been used in rehabilitation research.[38] To facilitate adoption of these constructs in rehabilitation, we point out that global meaning is categorized in the component "personal factors" of the International Classification of Functioning (ICF);[14,39] situational meaning and psychological adjustment are categorized in other ICF components, specifically "body functions" and "activities," although the ICF terminology could be improved to make it clear these components also refer to psychological issues.[39]

In conclusion, we propose both a rationale and a practical tool for setting meaningful goals in rehabilitation. We suggest to evaluate the impact of the tool on the meaningfulness of rehabilitation goals, clients' motivation for rehabilitation and the outcome of rehabilitation, as well as rehabilitation work processes in future research.

Clinical messages

- We have developed a tool to help set meaningful goals in rehabilitation.
- The tool starts with an exploration of the client's fundamental beliefs, goals and attitudes, leading to setting the meaningful overall rehabilitation goal.
- Specific rehabilitation goals are derived from the meaningful overall rehabilitation goal.

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