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**HIRING TRENDS AND TRAINING NEEDS OF CASE
MANAGERS IN FEDERAL REGION FOUR**

A Thesis
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Master of Science
Degree
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ABSTRACT

This study discussed the hiring trends and training needs of case managers that provide case management services to individuals with disabilities in order to hasten the return to work process. The definition of case management used in this study is as follows:

Case Management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health care needs, using communication and available resources to promote quality, cost-effective outcomes (Mullahy, 1995, p.9).

A sample population was taken from the directories of the National Association of Rehabilitation Professionals in the Private Sector and the Case Management Society of America. The sample population was 148 and there was a return rate of 55.4%.

There was not a considerable difference between the hiring of nurse case managers and rehabilitation counselors to provide case management services. There was a difference, however, in the perceived need for additional training for nurse case managers and for rehabilitation counselors. Respondents reported that nurse case managers needed additional training in job

analysis, counseling, and job accommodations and modifications. Rehabilitation counselors needed additional training in medical knowledge, job accommodations and modifications, pathology of diseases, and job analysis.

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CHAPTER ONE

INTRODUCTION

Case Management is a widely growing discipline that impacts most facets of business, but especially vocational rehabilitation of persons with disabilities and return to work. Various definitions can be found for case management, some very specific while others are general (Faherty, 1990). For purposes of this study, the definition of case management that was developed by the Certification of Insurance Rehabilitation Specialists Commission in 1992 will be used:

Case Management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health care needs, using communication and available resources to promote quality, cost-effective outcomes. (Mullahy, 1995, p.9)

This definition is used by the Credentialing Board for Certified Case Managers as well as the Case Management Society of America as the global definition of Case Management.

OVERVIEW

The Importance of Case Management

Rehabilitation practices change every day. A client may visit several different agencies and programs to obtain rehabilitation services required for recovery and return to work. At times, miscommunication occurs among service providers resulting in services being duplicated because too many people are involved in the rehabilitation process. Unless a single individual is responsible for coordinating services with the client, the rehabilitation process becomes a maze of twists and turns that leaves injured workers without definitive direction in their treatment and return-to-work plan. A case manager is the designated person to fulfill this role for the injured worker by being a client advocate as well as a coordinator of services (Cooper & Leha, 1990; McBride, 1992; Smith, 1995).

It is estimated that 33% of the working population will be injured or disabled and, consequently, will not be able to engage in gainful employment for at least six months (Dyck, 1996). In 1986 disability benefits, public and private, totaled \$87.3 billion dollars (Reith, Ahrens, & Cummings, 1995). Rehabilitating injured workers can yield a return of "\$35.00 on every dollar spent" (Personnel Journal,

1993, p.18) in the rehabilitation process. This financial advantage is largely a benefit of effective case management interventions that have been utilized in returning an employee to work (Beane & Joseph, 1994). For economic reasons, many employers and insurance companies are beginning to hire their own case managers to facilitate rehabilitation of the injured worker.

Roles of the Case Manager

The functions of a case manager are as diverse as the population they serve. Consumers of case management services include "injured workers and their families, supervisors, union officers, safety coordinators, personnel directors, administrative managers, treatment providers, insurance processors, and other third party representatives" (Martin, 1995, p.245). With all of these individuals demanding their needs be met, the case manager must fulfill a variety of tasks. These work activities include "coordinating care and services, case finding and screening..., comprehensive assessment and care..., assessment of informal and formal support systems, analysis and synthesis of all data..., planning return to work, monitoring and modifying the return to work plans..., problem solving, acting as a liaison, facilitating

communication..., documenting..., evaluating employee and program outcomes, implementing actual return to work, following up with the employee and others..., working as an employee advocate" (Reith et al., 1995, p.274).

Most case management positions are filled by nurses and rehabilitation counselors, both of whom believe they are qualified to meet the knowledge and skill requirements of the occupation. The goal of case management is to return the person with a disability to employment regardless of the professional discipline of the individual providing return-to-work services.

Rehabilitation Counselor as Case Manager

One occupation that produces a major influx of professionals providing case management in the private sector is the rehabilitation counselor. A rehabilitation counselor can be described as an individual who coordinates a "comprehensive sequence of services, mutually planned by the consumer and rehabilitation counselor, to maximize employability, independence, integration, and participation of people with disabilities in the workplace and the community" (Jenkins, Patterson & Szymanski, 1992, p.2). Rehabilitation Counselors have worked in the Federal-State Vocational Rehabilitation Program since 1920, providing

counseling and case management services to individuals with disabilities. It is in this capacity that they have demonstrated competency in medical aspects of disabilities, job analysis, disability management, vocational assessment, and counseling (Hanna, Mullinax & Sadler, 1983; Mandeville & Brabham, 1992; Vandergoot, 1994).

The primary goal of rehabilitation counseling is to assist the person with a disability to enter or return to work. There is an urgency in providing rehabilitation services because the longer the individual is away from the work environment, the greater the probability that the client will never return to work (Di Guida, 1995; Kaplan, 1994; Leigh, 1993; Mannon, Conrad, Blue & Muran, 1994; Personnel Journal, 1994; Reith et al., 1995). Rehabilitation counselors have been providing case management services within the federal-state vocational rehabilitation program for over 75 years. It is not surprising, therefore, that rehabilitation counselors are taking advantage of opportunities for professional growth and increased earnings as case managers in the private sector. Their training and experiences have provided the skills needed to perform case management services in this new work environment.

Nurse as Case Manager

Nurses also have been attending to workers during the rehabilitation process, primarily in hospitals, rehabilitation centers, long-term care facilities, insurance companies, and community agencies (Hanna et al., 1983). Some nursing specialists are taking advantage of their experience and knowledge by becoming case managers. An Occupational health nurse, for example, is involved in the "application of nursing principles in conserving the health of workers in all occupations..., and involves prevention, recognition and treatment of illness and injury, and requires special skills and knowledge in the fields of health, education and counseling, environmental health, rehabilitation, and human relations" (Solomon, 1982, p.9; Zal, 1985,p.600-1). Experience and training in collecting occupational and medical data, administering physicals, dealing with worker's compensation claims, controlling incidents on the job, maintaining records, and providing health prevention training programs for employees provides the experience that nurses believe is needed to perform case management services with the injured employee (O'Brien, 1995).

An additional nursing specialty involved in case management is the rehabilitation nurse, who is typically involved in the rehabilitation process from admission to

discharge. Rehabilitation nurses rely on their knowledge of disabilities and the rehabilitation/recovery process in order to fulfill the role of case manager. The occupational health nurse and the rehabilitation nurse are the two nursing specialties that have dominated the case management movement in the field of nursing.

STATEMENT OF THE PROBLEM

Since the early eighties there has been discussion among rehabilitation counselors and nurse case managers regarding which profession is most qualified to provide case management services to individuals with disabilities (Hanna, Mullinax, & Sadler, 1983). The basic point of disagreement seems to be whether medical knowledge of the nurse is superior to the counselor's knowledge of medical and vocational aspects of disabilities, and competency in vocational evaluation and counseling, rehabilitation programming, job analysis, and knowledge of workplace accommodations and modifications (Faherty, 1990; Marschke & Nolan, 1993; McBride, 1992; Sandler, 1994; Vandergoot, 1994). The current study will address the question of discipline preference:

Is there a trend in private rehabilitation companies to hire Nurse Case Managers over Rehabilitation Counselors to provide case management services to injured workers so that the

return-to-work process for these individuals will be hastened?

Employers must make decisions regarding which professionals they will hire. These decisions are based on many considerations including the applicant's educational background, job experience and additional training time once hired. By knowing the professional background employers seek, individuals from both disciplines will be able to obtain specific skills in order to perform the job with minimal additional training. With this thought in mind, there is another important question to address:

As perceived by respondents, what types of additional training do case managers from both vocations need in order to fulfill their expanding roles?

Therefore, the purpose of this study is to determine the hiring trends of case managers in the Southeast and to ascertain the additional training needs of both the nurse case manager and the rehabilitation counselor case manager.

SIGNIFICANCE OF THE STUDY

Both rehabilitation counselor case managers and nurse case managers believe they are qualified to provide case management services. There are distinct differences, however, in the types of service provided and what each discipline believes is the most important aspect of the

rehabilitation process. Philosophies and professional preparation programs for rehabilitation counselors and nurses differ on several key points which could impact the process and outcome of performance (Hanna et al., 1983; Marschke & Nolan, 1993; O'Brien, 1995; Sandler, 1994; Solomon, 1982; Zal, 1985;). Many times an insurance company or an employer will feel obligated to assign the 'most appropriate case manager' to an individual case (Hanna et al., 1983). One question this study addresses concerns which discipline is considered to be the most appropriate for case management. Therefore, it is be very important to determine which discipline employers prefer to hire to perform case management services, reasons for this preference, and how training needs/competencies are perceived to differ for the two disciplines, respectively.

ORGANIZATION OF THE STUDY

This study contains five chapters. The first chapter included a brief introduction with background information on case management, nurse case managers, rehabilitation counselors, statement of the problem, the purpose of the study and questions to be answered, significance of the research, and organization of the study. Chapter two presents a review of relevant literature on case management,

nurse case managers, and rehabilitation counselors. The focus of the literature review is on historical perspectives, academic preparation, and current employment data for nurse case managers and rehabilitation counselors. Chapter three describes the design of the study and approach to data analysis. Chapter four presents the findings and data analysis. Chapter five includes a summary of the study followed by conclusions and recommendations for further research.

CHAPTER TWO

LITERATURE REVIEW

Case management is an old concept with a new life. Although case management has been practiced for many decades, it is now being considered a new discipline for the 1990s. With the advent of the case management certification process and the new *Standards of Practice for Case Management*, case management has transitioned into a career path of its own (Smith, 1995). This literature review will discuss the historical aspects of case management, definitions of case management, the case management process, and two professions that are stepping into the forefront of case management services: nurses and rehabilitation counselors. These two professions will also be discussed from a historical perspective, the academic preparation of the two disciplines, as well as the concomitant certifications will be compared. Finally, two especially pertinent studies will be discussed.

HISTORICAL ASPECTS OF CASE MANAGEMENT

Case Management has been practiced since the early 1900s, with many of the providers being public health nurses

and social workers. In 1918, rehabilitation counselors began offering services to people with disabilities with the passage of the Soldier's Rehabilitation Act which authorized vocational rehabilitation services, including case management, for World War I veterans with disabilities. This type of case management was made available to civilians with physical disabilities in 1920 with the passage of the Smith-Fess Act (Jenkins, Patterson, & Syzmanski, 1992). After World War II, insurance companies began to hire nurses to coordinate care for soldiers with complex injuries that would require many types of care (Smith, 1995).

Federal legislation in 1954 and 1965 contributed to the development of case management services. Public Law 83-565 and Public Law 89-333 authorized the use of federal funds for the development and provision of case management services. This federal legislation allowed acute care facilities as well as vocational programs to flourish (McBride, 1992). In the early 1970s, Medicaid and Medicare expounded on the case management definition and made it a part of many demonstration projects. Social workers were hired in order to "facilitate and follow over time a client's use of an array of health and social services" (Smith, 1995, p.7). Also at this time, case managers became a part of the health care network of providers. Many professions, including nurses and rehabilitation counselors,

were being hired to perform case management services for insurance companies and treatment facilities (McBride, 1992; Smith, 1995).

Internal and external case managers also began to emerge at this time. Internal case managers work within a treatment facility or program and monitor care for the patient from admission to discharge. An external case manager focuses on the entire continuum of care and monitors progress of the client from one facility to another until the client has optimum return to function (McBride, 1992).

The 1990s have witnessed new interest in the field of case management. Since 1985, there has been an estimated growth from five to ten thousand case managers to fifty to one hundred thousand in 1995 (Mullahy, 1995). Although case managers continue their success in treatment facilities and insurance companies, they have extended their services to private industry and independent contractors. With disability costs averaging 8.4% of industry's payroll in 1986, many business owners, in an effort to decrease these costs, have implemented their own disability management departments or have contracted with small private firms to provide case management services to their injured employees (Reith, Ahrens, & Cummings, 1995).

This interest in case management created the need to identify and recognize, professionally, the people who

provided case management services. In September 1992, it was announced that a new certification process would begin. This process would give any professional, who had qualifying experience and who passed the certified case management examination, the title of Certified Case Manager. This process was developed under the supervision of the Certification of Insurance Rehabilitation Specialists Commission. This same commission went on to develop the definition of case management (Mullahy, 1995).

DEFINITIONS OF CASE MANAGEMENT

As case management developed, so did the definition. According to Cooper and Leja (1990), case management "evolved from a need to document services rendered; eliminate duplication of services and case records; and respond to legal, legislative, and ethical mandates" (p.219). The definition of case management varies with the population served and the discipline of the case manager (Faherty, 1990; Smith, 1995). One definition from Susan M. McBride (1992), stated that case management was a "systematic approach to identifying suitable patient populations, assessing opportunities to coordinate care, assessing and choosing treatment options and care providers, developing specific treatment plans that improve quality of

and efficacy of services provided, controlling costs and monitoring outcomes"(p.68). In 1993, another definition emerged, stating that case management was a "complex set of activities designed to coordinate and manage services and resources that are pertinent to the outcome of the individual's health care problem" (Leigh, 1993, p.170). The American Association of Occupational Health Nurses defined case management as a "process of coordinating an individual client's health care services to achieve optimal, quality care delivered in a cost effective manner" (AOHN Advisory, 1995).

Since the 1970s, two distinct types of case management have emerged with their own definitions. Internal case management developed out of the need for specific programs and rehabilitation facilities to manage the care of their patients while in the care of the treatment team. An internal case manager is designated at the time of admission to the facility and coordinates care for the patient until discharge. The external case manager, usually provided by the payer or employer, provides case management services until optimum return to function is achieved. This may be from the time the patient is in the hospital, following an accident, until all phases of the rehabilitation process are completed. External case managers work with the various

treatment facilities, employers, family, and service providers (McBride, 1992).

A case manager must have knowledge in several key areas. According to Mullahy (1995) a case manager must be "aware of the psychosocial, environmental, family, economic, and religious dynamics" (p.10) that could have an effect on the client. Knowledge from a variety of disciplines must be utilized: medical, counseling, insurance, legal, vocational, family functioning and business. The case manager must be able to rely on adequate knowledge in all of the above areas in order to provide quality service at the most affordable cost (Mullahy, 1995).

In an attempt to unify case managers, the Case Management Society of America developed a model of case management, illustrated in Figure 2.1 (Smith, 1995). This model depicts the client as the focus of case management. The case manager is central to coordinating care and facilitating communication between the provider, payer, and client. The case manager performs these duties by being the assessor, evaluator, planner, coordinator and facilitator. This model developed into the current definition of case management issued in 1995 by the Case Management Society of America: "Case management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's

health needs through communication and available resources to promote quality cost-effective outcomes" (Smith, 1995, p.9). This definition has become the standard definition for all fields of case management and is part of the *Standards of Practice for Case Management* (Smith, 1995).

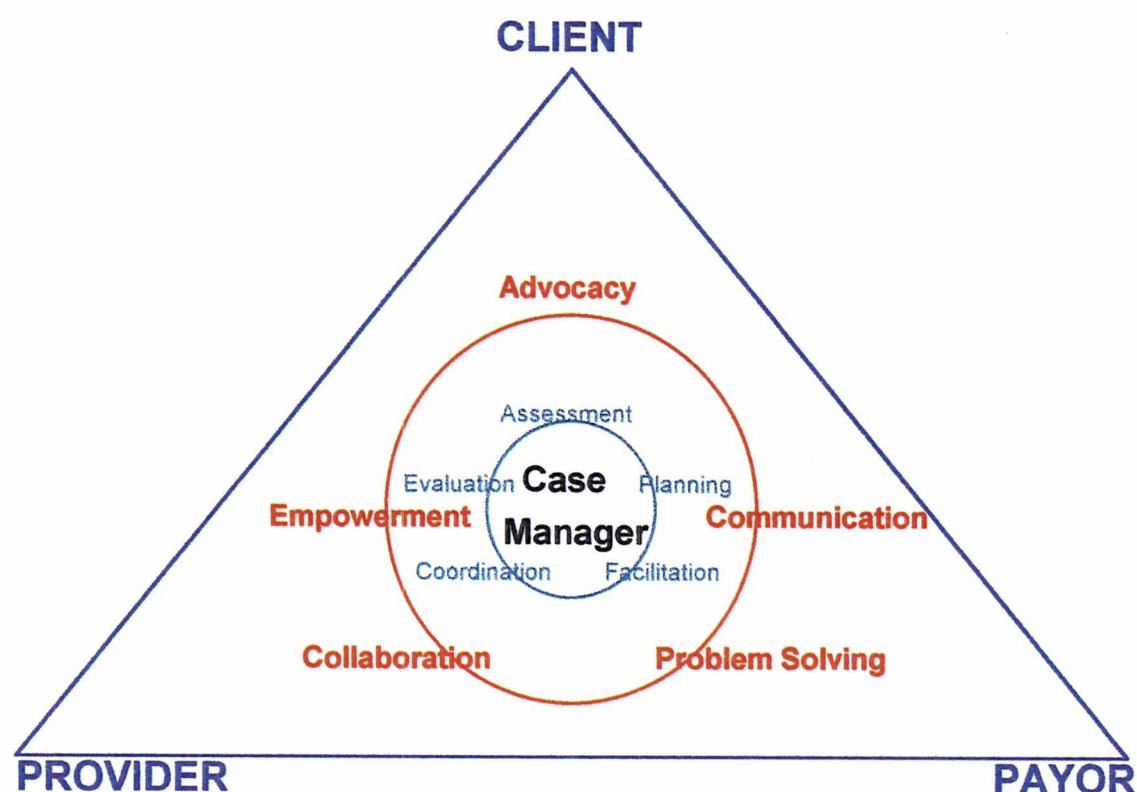


Figure 2.1. The Functions of Case Manager. The functions of the case manager are illustrated here by outlining the client/provider/payor relationship and the central role and functions of the case manager. Source: *Standards of Case Management*. Smith, 1995.

THE CASE MANAGEMENT PROCESS

The case management process must be able to clearly define the roles of the case manager and how they are to be performed. These roles can range from determining the benefits of outpatient therapy versus home therapy programs to explaining a complicated medical procedure to a client. In order for the case manager to provide the appropriate services to each client, the case management process must be followed. The case management process can be divided into four key stages: advocacy and empowerment, assessment, rehabilitation planning and facilitation (Smith, 1995).

Advocacy and Empowerment

The first stage in the case management process is advocating for the client. Advocacy is providing a voice for the client in the rehabilitation process. Many times clients must be educated about their rights within their rehabilitation program. Until clients become aware of their rights and responsibilities, the case manager functions as an advocate to insure that quality services are provided in a timely manner. In order for clients to resume control of events affecting their lives, the clients must believe in themselves and guard all personal and legal rights.

Advocating for clients enables them to advocate for themselves (Cooper & Leja, 1990; Guinan, 1993; McBride, 1992; Mullahy, 1995; Smith, 1995).

Assessment

Assessment is the second stage of the case management process. One area in which assessment plays a major part is the initial interview. The initial interview with a client requires the case manager to be able to assess the information provided and evaluate the entire situation. Data from employers, physicians, clinical treatment team members, family, and the client all must be gathered and analyzed in order to make valid recommendations for further care and treatment. Assessment is the key to the rehabilitation plan that is developed in consideration of all the information gathered during the assessment phase. Without a thorough and valid assessment, realistic goals cannot be determined and the rehabilitation process will stall (Kirkpatrick, 1992; Leigh, 1993; Reith et al, 1995; Smith, 1995).

The Rehabilitation Plan

After the assessment, the third phase begins in which a detailed rehabilitation plan is developed. The rehabilitation plan takes into account all activities necessary for the client to return to the optimal level of functioning. Realistic goals are determined for rehabilitation, and timelines are set for the completion of these goals. The specific individual responsible for each step in the process is identified and contacted, as appropriate, throughout the facilitation phase. The rehabilitation plan contains step-by-step instructions for achieving the long-term rehabilitation objective.

The primary decision-maker in rehabilitation planning is the client. Although all members of the treatment team must be in agreement with the plan, the client has primary control over the rehabilitation process. The treatment team includes medical, psychological, social and vocational service providers. The case manager is the leader of the team and keeps communication flowing throughout the rehabilitation process. The rehabilitation plan is updated continually throughout the rehabilitation process to insure that the services provided are the most appropriate and cost-effective (Guinan, 1993; Kirkpatrick, 1992; Reith et al, 1995; Smith, 1995; Whitman, 1991).

Facilitation

Facilitation, the most complex and difficult phase of rehabilitation, is the fourth stage in the case management process. The case manager is responsible for monitoring the rehabilitation plan and insuring that the client receives all prescribed services. In order to assure that appropriate services are provided, the case manager must be able to perform four key functions: collaboration, communication, problem-solving and evaluating.

Facilitating the implementation of the rehabilitation plan requires a multitude of skills. Collaboration, communication, and problem-solving are critical elements of the case manager's duties in an effort to maximize services for the client, while controlling costs for the payer (Guinan, 1993; Smith, 1995). Collaboration with other treatment team members requires the case manager to work objectively with professionals from different fields. In order to provide the best services available throughout the rehabilitation process, the case manager must communicate the needs of the client, the treatment team and the family to each professional working with the rehabilitation plan. Open communication decreases the chance of miscommunication and enhances each person's involvement and awareness of progress as the plan evolves.

Although problems may occur within the rehabilitation process, the case manager must be able to intervene and facilitate open discussions with the client, providers, payer, or family. Based upon needs identified by the client and treatment team members, the rehabilitation plan can be updated (Guinan, 1993; Kirkpatrick, 1992; Leigh, 1993; McBride, 1992; Mullahy, 1995; Rieth et al, 1995; Smith, 1995).

Evaluation

Evaluating the effectiveness of the rehabilitation plan is crucial to the continuing care of the client. The case manager must periodically evaluate the goals projected in the rehabilitation plan and assess the progress made towards completion of these goals. It is necessary to make changes, with agreement of the client and treatment team, to the rehabilitation plan to insure steady progression toward goal completion. These changes could include alternative treatment or providers. The utility of the rehabilitation plan is maximized when it is evaluated and updated periodically throughout the rehabilitation process. Evaluation also can impact the cost/benefit ratio of case management. In order to validate specific services to the payer, previous cases with positive outcomes can be used to

provide evidence of the benefit of case management (McBride, 1992; Rieth et al,1995; Smith, 1995; Whitman, 1991).

WHO IS PROVIDING CASE MANAGEMENT

During the Certified Case Manager examination in May of 1993, participants were asked to provide specific information about their job titles and work settings. From that information, it was found that 16.2% of the applicants listed their job titles as registered nurses, 12.7% were rehabilitation counselors, and 53% listed their occupations as case manager. Unfortunately, there was no information concerning professional backgrounds of individuals who identified themselves as case managers (Althoff, 1994). Therefore, there is no reliable data from this source to help differentiate between rehabilitation counselor and nurse case manager examinees.

Many individuals are providing case management services from different career paths. Providers include rehabilitation specialists, occupational health and rehabilitation nurses, physicians, physical therapists, and social workers. The nature of services provided by case managers largely depends on the educational and employment background of the individual case manager and their work environment. The background of the case manager is often

the deciding factor for individual agencies and companies when looking at hiring case managers (Marschke & Nolan, 1993; McBride, 1992; Mullahy, 1995; Sandler, 1994).

NURSE CASE MANAGERS

Nurse case managers have been working in rehabilitation settings and providing clinical care for many years. Nurse case managers have witnessed the rehabilitation process from the moment of inception until optimum return of function has been achieved, therefore providing them with hands-on experience of the requirements of rehabilitation. Their medical knowledge and experience in rehabilitation settings provide them the ability to explain procedures and treatment plans to the client along with the ability to provide other case management services. These services provided by the nurse case manager include many non-traditional nursing functions: job analysis, assessment of functional capacities, provision of family services, utilization review, and case management (O'Brien, 1995). Some individuals believe that only nurses have the correct background to provide case management services because other fields "fail to provide the clinical skills necessary to assess and analyze client problems and proposed treatment remedies, provider qualifications, and system problems that

present barriers to health care goal attainment" (McBride, 1992, p.72).

Historical Perspectives of Nurse Case Managers

Nurses traditionally have fulfilled clinical roles within the rehabilitation process and worked within hospital or community clinic settings. Nurses have been providing case management services in combination with their clinical services since the early 1900's. At this time, nurse case managers worked primarily with soldiers who had been severely wounded in World War I and needed intensive rehabilitation services. After World War II, many nurses abandoned their clinical settings and focused on providing case management services for insurance companies (Smith, 1995).

Since that time, nurses have been steadily moving into the case management field working for hospitals, corporations and insurance companies. This work field has offered continued challenges that focus on providing quality services at the most cost-effective price. Nurse case managers have been providing this type of service for over thirty years. More opportunities have become available for rehabilitation nurses including the development of their own private case management firms in order to provide

services to agencies and companies on a contract basis (McBride, 1992).

Academic Preparation of Nurse Case Managers

The education and certification requirements of nurse case managers vary depending on the area of specialization. Rehabilitation and Occupational Health are two of the nursing specialties that have the greatest influx of professionals entering case management. The education for many specialties within the field of nursing is characterized by on-the-job-training. The curriculum for a Bachelors degree in Nursing from the University of Tennessee at Knoxville (Appendix D), Michigan State University, University of Texas at Galveston, Northern Arizona University and Auburn University at Montgomery do not provide for any type of specialization within the program. Instead these programs provide education in clinical methods and an overview of a variety of nursing options.

Technology today allows more individuals to survive life altering disabilities at an alarming rate. With this increase in the number of survivors, comes a dramatic expansion in rehabilitation center programs to address the many needs of these patients. It is estimated that by the year 2000, there will be a 100% increase in the

number of beds in rehabilitation settings (Flannery, Korcheck, & Brehm, 1994). Some individuals express the need for a greater focus on rehabilitation in nurse preparation courses due to the shortage of rehabilitation nurses and the growing opportunities in the field of rehabilitation nursing (Edwards & Kittler, 1991; Flannery et al, 1994).

Many programs do not provide for specialization within nurse education until the Masters degree level. In order to better prepare nursing students for the changing health care scene, many nursing schools are adding case management courses and concentrations to their curriculum (Leigh, 1993). Arizona University has a Post-Master's Certificate Option for Nurse Case Management (Appendix E) This program offers courses that focus on the variety of issues that case managers face and the roles they play in a variety of settings such as acute care hospitals, community clinics, home maintenance organizations and health departments. These programs are necessary in order for nurses to gain the knowledge and skills required to provide case management services.

Certification of Nurse Case Managers

Many nurse case managers have a Bachelor's or Master's degree and also possess certification in a specific area. Rehabilitation nurses take the Rehabilitation Registered

Nurses Certification Examination while Occupational Health Nurses must take a Occupational Health Nurses Certification Examination. These certifications are important to the professions attest to a level of expertise in their particular field, usually backed by several years experience (Drew, 1984; Drew, 1985; Lassen, 1994; Pierce, Gibbons, & Cullen, 1991).

The first Rehabilitation Registered Nurse Certification Examination was given in 1984. This certification was developed to recognize nurses who did not have a graduate degree, but who had expertise and knowledge in rehabilitation nursing. In order to obtain certification, the individual would need two years of experience as a rehabilitation nurse and also must pass the examination (Drew, 1985). The examination is composed of 5 distinct sections:

- ** Theoretical Background
- ** Data Collection
- ** Nursing Diagnoses and Interventions
- ** Purpose and function of the Rehabilitation Team
- ** Reintegration of the client into the community

These content areas are critical to the rehabilitation nursing profession and, consequently, case management (Pierce et al, 1991).

Another certification that many nurse case managers pursue is Certified Insurance Rehabilitation Specialist.

This certification (CIRS) was designed to acknowledge individuals who worked primarily in the insurance industry and in disability compensation programs. This certification may be obtained by any qualified individual who works within the field of insurance case management; it is not limited to nurses (Drew, 1985).

REHABILITATION COUNSELOR AS CASE MANAGER

Although nurse case managers are increasingly involved in providing case management services throughout the rehabilitation process, rehabilitation counselors are making their own presence known. Rehabilitation counselors traditionally have many interdisciplinary roles. It is their overall competency and flexibility that allows them to readily adapt to the role of case manager. Rehabilitation counselors possess specific knowledge and skills for conducting job analyses and functional assessments, obtaining information about the local and regional job markets, visiting job sites, working with other disciplines to develop accommodations for employees with disabilities, and managing large caseloads. It is for these reasons that rehabilitation counselors need to be involved in the rehabilitation process as early as possible; they are in position to work with all disciplines to facilitate an early return to work. (Kaplan, 1994)

Over the past few years, however, "rehabilitation nurses... are replacing rehabilitation counselors as professionals of first choice for serving workers with disabilities who are returning to work." (Vandergoot, 1994, p.247) One possible explanation for this observation is the lack of documentation of vocational rehabilitation services to industrially injured workers. Therefore, it has not been possible to verify the rehabilitation counselor's work with this population. By adopting comprehensive case management principles and providing the necessary services, rehabilitation counseling now can "reclaim its rightful place in the rehabilitation of workers with disabilities." (Vandergoot, 1994, p.247)

Historical Perspectives of Rehabilitation Counselors

The history of the rehabilitation counselor can be followed along with a review of legislation for the State-Federal Vocational Rehabilitation Program. Rehabilitation counselors were created out of the need to provide vocational services to wounded veterans of World War I. The various laws that govern the State-Federal Vocational Rehabilitation Program helped to establish the profession of rehabilitation counseling, as well as the academic programs for rehabilitation counselors. As time

progressed, professional associations, a code of ethics, and certifications developed to stabilize the profession and provide it with opportunity for growth (Jenkins, Patterson & Syzmanski, 1992).

Rehabilitation counselors have been providing services to individuals with disabilities since 1918. Initially assisting soldiers who had been injured at war under the Soldiers Rehabilitation Act, vocational rehabilitation services quickly were made accessible up to civilians in 1920 with the passage of the Smith-Fess Act. These services included "vocational guidance, occupation adjustment, and placement services for civilians with physical disabilities" (Jenkins, Patterson, & Syzmanski, 1992, p.5). These two acts not only authorized the beginning of the State-Federal Vocational Rehabilitation Program, but also the beginning of the profession of rehabilitation counseling.

Academic Preparation of Rehabilitation Counselors

Legislation was passed within the Vocational Rehabilitation Amendments of 1954 that provided federal funds to universities for the purpose of creating graduate level educational programs for rehabilitation counselors. Training opportunities became available across the country. This legislation was crucial to the survival of the field of

vocational rehabilitation because it provided a permanence to the vocational rehabilitation program and also established criteria for the qualifications of personnel who would implement the program (Jenkins et al, 1994).

The Council on Rehabilitation Education (CORE) was incorporated in 1972 to "promote the effective delivery of rehabilitation services to individuals with disabilities by promoting and fostering continuing review and improvement of master's degree level Rehabilitation Counseling Education programs" (Jenkins et al, 1994, p.30). The Council on Rehabilitation Education focused energies on five areas of CORE accredited programs which included the "curriculum,... job performance of graduates,... professional involvement of the students,... and the programs support and resources" (Jenkins et al, 1994, p. 30). CORE-accredited programs at the University of Tennessee at Knoxville (Appendix F), George Washington University, Stephen Austin State University, University of South Carolina and Utah State University offer similar programs that provide a variety of learning experiences. These programs focus on counseling theories, disability and case management, vocational evaluation, and practicum and internship.

In addition to educational programs, professional organizations emerged to enhance the development of rehabilitation counseling as a profession. These

organizations provided information on the latest research as well as current issues about vocational rehabilitation. Currently, there are two primary professional organizations for rehabilitation counselors: the American Rehabilitation Counseling Association and the National Rehabilitation Counseling Association. Founded in the 1950s, these organizations added strength to the argument that the field of rehabilitation counseling was viable and needed to be recognized as a profession separate from other types of counseling and rehabilitation (Jenkins et al, 1994).

Certification of Rehabilitation Counselors

The American Rehabilitation Counseling Association and the National Rehabilitation Counseling Association, both paved the way for certification and a code of ethics. In 1973, both organizations formed a joint commission to discuss standards of practice and certification for rehabilitation counselors. This nonprofit organization is called the Commission on Rehabilitation Counselor Certification (CRC Certification Guide, 1995). The purpose of certification is to provide assurance that individuals providing vocational rehabilitation services have the knowledge and experience to perform such services. There

are five knowledge areas that are covered on the

Rehabilitation Counselor Certification Examination:

- ** foundations of rehabilitation counseling
- ** client assessment
- ** planning and service delivery
- ** counseling and interviewing
- ** job development and placement

These areas have significant impact on the profession of rehabilitation counseling and case management. It is estimated that 50% of the individuals practicing rehabilitation counseling are certified. State-Federal vocational rehabilitation agencies have not required their counselors to be certified (Jenkins et al, 1994).

SIGNIFICANT RESEARCH

Case management has only recently come into its own as a field of study; therefore, the literature concerning professionals who provide case management services is sparse. The majority of research describes methods of case management, roles of case managers, and the various occupations that are migrating to this new field. Little information is available, however, on the effectiveness of case management or which discipline is most effective in providing case management services (Mannon, Conrad, Blue & Moran, 1994).

Two research articles were identified and are summarized in this section. The Cooper and Leja Study (1990) discussed the professions who receive the most referrals for case management services in Michigan. The second article focuses on education and experience differences between rehabilitation counselors and nurse case managers.

Cooper and Leja Study

The Cooper and Leja study (1990) attempts to identify the characteristics and roles of case managers by surveying 200 rehabilitation specialists in the Midwest and 50 health care case managers in the southwestern part of Michigan. Of the 56 surveys returned, 30 were from rehabilitation specialists and 26 from case managers. The majority of the respondents, i.e. 70%, stated that case management was their full-time job. Several different types of disabilities were served by the respondents including physically impaired, emotionally impaired, developmentally delayed and medically fragile children (Cooper & Leja, 1990).

The results of this study indicated that more referrals for case management services were routinely being made to vocational rehabilitation specialists and social workers rather than to nurses. It was also determined that most of

the medical services were completed prior to the client being referred for case management. This finding raises the issue of treatment teams and timely case management services. The majority of referrals for case management involved psychological or emotional problems, chronic physical health problems and acute physical health problems (Cooper & Leja, 1990).

The authors of this study thought there were several questions raised by the results, the most significant being ethical concerns regarding referrals for case management. The authors also thought that case management was growing and that efforts needed to be placed on interdisciplinary treatment teams in order to improve provider services. Case managers in the future will "require a number of practitioners who are highly skilled in basic health care sciences, symptoms of dysfunction, rehabilitation services, adaptation, ethics, and quality assurance" (Cooper & Leja, 1990, p.224).

Although this study found that vocational rehabilitation specialists were more apt to receive a referral for case management services, there were several limitations to the study that allowed for unreliable data that cannot be generalized to the population as a whole. There was only a 15% return rate from the sample of 200 rehabilitation specialists and a return rate of 52% from the

group of known case managers. The fact that the case managers were all from one area of Michigan, gives reason to think that the statistical data could be skewed to indicate only what that particular area does, which could be due to lack of certain resources that would be available in other areas.

Comparison of Roles and Training

In order to compare the rehabilitation counselor and the rehabilitation nurse, the competencies of each had to be analyzed. The need to define the appropriateness of nurse case manager or rehabilitation counselor, propelled Hanna, Mullinax, and Sadler (1983) to compare the two fields based on training and traditional job experience. Then, realistic conclusions could be made regarding which profession is more prepared for the diverse functions of a case manager.

Rehabilitation nurses were the first nursing professionals to enter the private sector as case managers. They utilized their experience in coordinating medical care to become case managers and assisting in the return-to-work process. In the 1960's, the need for vocational services was emphasized and nurses quickly began to provide these services in addition to their more clinically based experience (Hanna et al., 1983).

The rehabilitation counselor traditionally "identifies the specific needs of the injured worker, helps the injured worker to understand the need for particular assistance, and coordinates the various services needed for return of the individual to work" (Hanna et al., 1983, p.76). The rehabilitation counselor has steadily been moving out of the public sector to provide case management services for the private sector, especially in light of worker's compensation laws that require the use of case management services (Hanna et al., 1983).

The training for each profession varies. The rehabilitation nurse has been taught how to gather medical information and apply that to creating the medical rehabilitation plan. The rehabilitation counselor has been taught counseling theories and techniques as well as the vocational aspects of disability encompassing the knowledge and the ability for "analysis, synthesis, and interpretation of medical, psychological, educational, vocational, and social information" (Hanna et al., 1983, p. 77).

There also are differences in the strengths of each discipline's academic preparation program. Rehabilitation counselor education programs provide instruction and practice in job analysis, transferability of work skills, identifying trends in the labor market, and placing individuals in compatible employment. The rehabilitation

nurse has learned the medical aspects of rehabilitation and has grasped the ability to explain the procedures to clients (Hanna et al., 1983).

Although roles of nurse's and rehabilitation counselor's in the rehabilitation process differ, each has specific areas of specialty that are important to the injured worker. It is noteworthy to mention that "both professionals accept the responsibility of working together within their professional boundaries" (Hanna et al., 1983, p.77) and therefore should look to each other for assistance, not as adversaries.

Limitations in the presentation include the relevance of the data for two primary reasons. First, the article was written by three rehabilitation counselors who work for private rehabilitation companies in the State of Georgia. Second, the information presented in the article was collected prior to 1983, the publishing date. During that time and the present, many changes could have been made in the curricula of academic preparation programs and in the roles of both Rehabilitation Nurses and Rehabilitation Counselors.

SUMMARY OF LITERATURE REVIEW

The literature review indicates that the nursing profession dominates the literary domain of case management. The majority of articles concerning case management appear in occupational health and rehabilitation nursing journals. In analyzing the literature, it is evident that the nurse case manager is in an advantageous position to take over the case management field. However, they are not the only occupation that is moving into private case management. The articles in vocational rehabilitation journals report that rehabilitation counselors need to band together and reclaim the business they have been so successful in for decades (Vandergoot, 1994).

CHAPTER THREE

METHODOLOGY

Methodology is defined by Webster (1990) as "the mode or rule of accomplishing an end; orderly procedure; orderly arrangement; system; (and) classification" (p.342). The methodology for this study was designed in order to answer two specific questions:

1. Is there a trend in private rehabilitation companies to hire Nurse Case Managers over Rehabilitation Counselors to provide case management service to injured workers so that the return-to-work process for these individuals is hastened?
2. As perceived by respondents, what types of additional training do case managers need in order to fulfill their expanding roles?

The methodology regarding how those questions were answered is discussed in this chapter. Chapter Three contains two distinct sections. The first section describes the subjects and sampling procedure. The second section describes the procedures for developing the survey, collecting data and analyzing data.

POPULATION AND SAMPLING

The population that was targeted for this study was private-practice rehabilitation professionals who provided case management services. In order to target these case managers, professional organizations were contacted to obtain a directory of their members. Two professional organizations were identified as the study's population: the National Association of Rehabilitation Professionals in the Private Sector and the Case Management Society of America.

The National Association of Rehabilitation Professionals in the Private Sector is a professional organization for individuals who work in the field of rehabilitation with a focus in the private sector. This organization's focus is to "enhance the competency of private rehabilitation professionals, advancing the professional field, improving the effectiveness of state-level affiliates, and lead in the resolution of public policy issues that affect private sector rehabilitation" (NARPPS Directory, 1996, p.xiii). The Case Management Society of America is a professional organization for individuals who provide case management services. This organization's mission is to "promote the individual and collective professional development of health care case management services" (CMSA Directory, 1996, p.5).

The directories were reviewed and members from Federal Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) were identified. The National Association of Rehabilitation Professionals in the Private Sector's directory listed several individuals from the same corporation with the same address listing. One of these individuals would be chosen at random and the others would be eliminated. Further, individuals who did not list a background in nursing, rehabilitation counseling, or case management were also eliminated from the study. The Case Management Society of America Directory members were listed by expertise. The expertise chosen for selection in the study was rehabilitation counseling, eliminating the specialties of AIDS/HIV, Behavioral Health, Brain Injury/Disease, Burns, Cancer/Hospice, Chemical Abuse, Geriatrics, High Risk Pregnancy, Insurance, Life Care Planning, Long Term Care, Occupational Health, Orthopedics, Pediatrics, Sales/Marketing, SCI, Strokes, Transplants, Wellness/Prevention, and Other. The total population from the both the Case Management Society of America and the National Association of Rehabilitation Professionals in the Private Sector's Directories was 593. From that point, 25% of members from each state was randomly selected for a overall sample population of 148. Of these members,

Fifty-two had nursing backgrounds, sixty were certified rehabilitation counselors, twenty-one were certified case managers without identification regarding educational background, one was a certified rehabilitation counselor and who also had a nursing background, and fourteen had a variety of other backgrounds that included social work, education, and vocational assessment. These demographics are illustrated in figure 3.1.

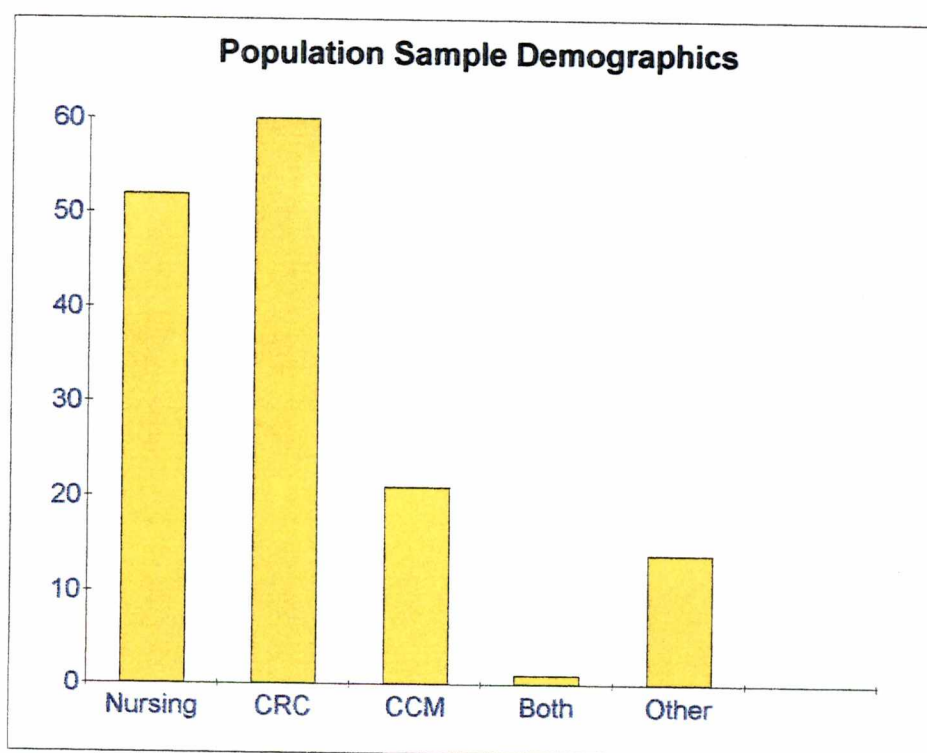


Figure 3.1. Population Sample Demographics.
The background of the population sample which received the surveys.

INSTRUMENT

Survey Development

The survey was designed to answer the research questions stated at the beginning of the chapter. Respondents were asked to list their job title and educational background and/or certifications. The first section of the survey was related to the offering of case management services and hiring practices for those positions. Question one addressed the issue of whether case management services were provided using the definition of case management included in the cover letter. The second question queried from which fields were case managers hired for that particular company. Three choices were given: Nursing, Vocational, and Other. Examples from each category were included.

The second section of the survey was related to the perceived training needs of both rehabilitation counselors and nurse case managers. The third question on whether Certified Case Managers were required was intended to help in detecting trends in training and certification requirements. The fourth and fifth questions asked what additional training needs were perceived for individuals coming from nursing (#4) and a vocational (#5) background.

Both questions had the same choices for response. All questions were multiple choice.

Collection of Data

In order to answer the research questions the survey was mailed to 148 individuals identified in the directories of the National Association of Rehabilitation Professionals in the Private Sector and the Case Management Society of America. These subjects were chosen because they provided case management services to individuals with disabilities in the private sector and resided within Federal Region IV. Each respondent was mailed a copy of the survey; a cover letter explaining the study, definition of case management, and confidentiality of participation; and a self-addressed stamped envelope for return of the survey. A return deadline was established for two weeks from the mailing date.

Discussion of Data

Data tabulation began two weeks after the return deadline. The information was tabulated per question and percentiles were created from the raw data. The data was

discussed for each specific research question. The first research question regarding hiring trends of case managers is answered by item two of the survey. The second research question regarding perceived training needs of case managers was addressed in items three, four, and five. This information is presented in Chapter Four.

CHAPTER FOUR

DATA PRESENTATION AND DISCUSSION

Chapter four discusses the results of the study. This chapter is divided into four major sections. The first section explores the return rate and completion of surveys. This information provides a brief overview of demographics of the sample population that returned the surveys, discusses the return rate, provides a brief look at the backgrounds of the individuals who returned the surveys, and presents the percentage of respondents who actually provide case management services.

The second section discusses question two of the survey, provides statistics on the hiring trends in case management in Federal Region IV, and relates this information to the first research question.

The third section provides information concerning the training needs of cases managers when hired from nursing or the rehabilitation counseling field. This information relates to the second research question.

All three sections present interpretation of the data. Information is presented with percentiles and graphs to highlight the results. The raw data is located in Appendix

C. The last section provides a brief summary of chapter four.

RETURN RATE AND RESPONDENT INFORMATION

Of the 148 surveys that were sent, eighty-two or 55.40% were returned. Eight of the surveys were returned-to-sender due to address forwarding order expiration at the post office. Of the eighty-two respondents, thirty-nine were from the field of rehabilitation counseling (RC), twenty-eight were from the field of nursing, nine listed being a certified case manager without a rehabilitation counseling or a nursing background (CCM), three listed being from the field of social work (Other), and three left the section blank (Figure 4.1).

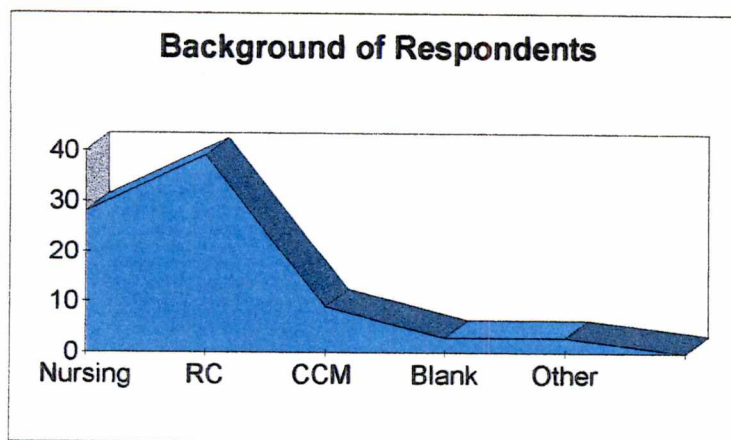


Figure 4.1. Background of Respondents. The background of the individuals who responded to the survey.

Of the respondents that reported they had a nursing background, 71.4% were certified case managers. In comparison, only 51.2% of the respondents who had a background in rehabilitation counseling were certified case managers.

There was no dominant professional background among the individuals who responded to the survey. The largest field represented was rehabilitation counseling with 47.56% of the returned surveys, with nursing at 34.14%. This difference represents the possibility of responder bias in sections two and three. It was important to determine if the Case Manager Certification was held by respondents in order to determine if their answers to question 3 regarding the requirement of the Case Manager Certification as a requirement for case manager positions with their company was valid. Bias, if it exists, can be seen more clearly with this information.

An objective of the sampling was to identify individuals who provided case management services to persons with disabilities to assist them in the return-to-work process. Of the professionals who returned surveys, 91.46% provided these case management services. Only seven, or 8.5%, of these individuals did not provide this type of case management services, although some provided other types of services.



Figure 4.2. Case Management Services.
The percentage of the sample that
provides case management services

The first section of the survey showed that over 90% of the individuals in the sample did in fact provide case management services (Figure 4.2). This suggests a valid sampling in that the survey was sent to individuals who worked in the field being studied.

DATA ON HIRING TRENDS

The third question on the survey addressed hiring trends for case managers (Figure 4.3). The question asked from which backgrounds were case managers hired for their company. Three choices were given, and more than one could be selected:

- A. Nursing (RN, CRRN, BSN, etc.)
- B. Vocational (CRC, CVE, etc.)
- C. Other (LCSW, PT, SLP, etc.)

Of these three choices, 15.85% of companies tend to hire individuals with a nursing background, 18.29% hire individuals with a vocational background, and 2.4% hire individuals from the other category. Remarkably, 45.12% of companies that responded to the survey hired people with both nursing and vocational backgrounds. Individuals with nursing backgrounds and individuals from other backgrounds were hired by 4.87% of the companies that responded. Some companies (3.6%) hired individuals from all three backgrounds, while 9.7% of companies did not respond to this question.

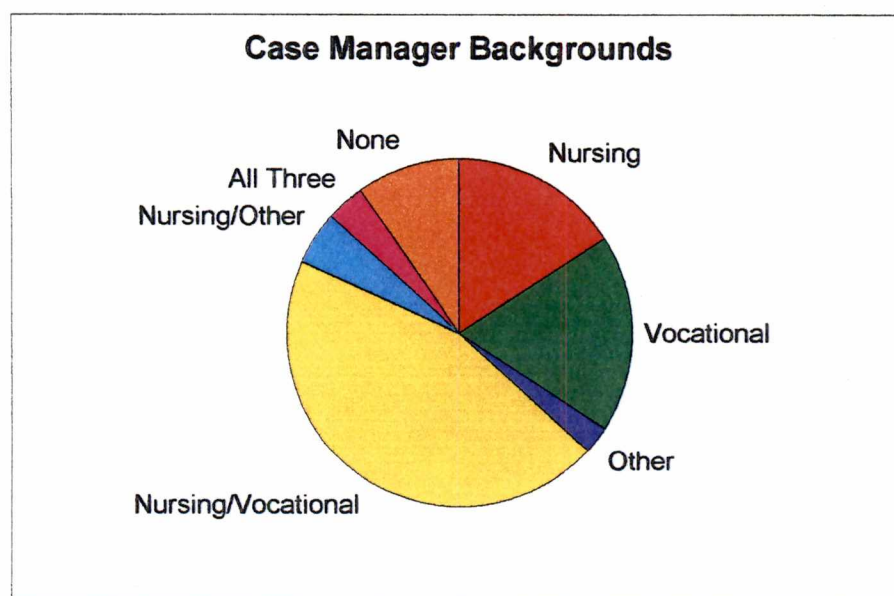


Figure 4.3. Case Manager Backgrounds. The backgrounds from which the respondents tended to hire case managers

Discussion of Hiring Trends Data

The results indicated that, although some companies hire individuals with a nursing background or a vocational background, the majority hire from both professions. When the nursing-only companies were combined with the nursing/vocational companies and nursing/other companies, individuals with a nursing background were hired by 66.84% of the respondents. The review for individuals with vocational backgrounds indicated that 63.41% of the respondents prefer case managers from vocational preparations. The first research question was:

Is there a trend in private rehabilitation companies to hire Nurse Case Managers over Rehabilitation Counselors to provide case management service to injured workers so that the return-to-work process for these individuals is hastened?

The results of this study suggest no dominant trend, in Federal Region IV, to hire nurse case managers over rehabilitation counselors to provide case management services to individuals with disabilities to hasten the return-to-work process. Actually, rehabilitation counselors are hired by slightly a few more companies than nurse case managers, but more companies hire nurses in combination with other professions than rehabilitation counselors.

DATA ON TRAINING NEEDS

There were three survey questions related to the additional training needs of nurse case managers and rehabilitation counselors who provided case management services. The first question was concerned with case manager certification. When asked if the CCM was a requirement for case management jobs, only 13% responded affirmatively, while 74.39% noted it was not required. Only 4.8% did not respond to question number 3; the remainder of the survey respondents did not provide case management services.

Some respondents stated the reason that the Case Manager Certification was not required in their state was due to current state law not requiring such competency certification. Others stated that it was preferred, but not required, or that individuals needed to sit for the examination as soon as experience requirements were met.

Questions four and five focused on particular areas of training that respondents felt nurse case managers and rehabilitation counselors needed to provide case management services (Table 4.1). Eight specific categories were listed: medical knowledge, job analyses, clinical methods, accommodations/modifications, counseling techniques,

pathologies of diseases, vocational evaluation and job coaching. Multiple responses were acceptable.

Nurse case manager and rehabilitation counselor training needs varied. The survey found that 65.85% of the respondents perceived rehabilitation counselors to need additional training in medical knowledge, whereas only 40.24% of the nurse case managers needed additional training in this content area. In the content area of pathologies of disease, 46.34% of the respondents perceived rehabilitation counselors needing additional training. It was reported that 24.39% of nurse case managers needed additional training. According to the survey, the respondents also perceived rehabilitation counselors to need additional training in the content areas of vocational evaluation (40.24%), job analysis (45.12%), accommodations and modifications (51.21%), counseling techniques (43.90%), clinical methods (32.90%), and job coaching (34.14%). In comparison, respondents perceived nurse case managers needed additional training in the content areas of vocational evaluations (26.80%), job analysis (51.20%), accommodations and modifications (59.75%), counseling techniques (45.12%), clinical methods (18.29%), and job coaching (15.85%).

Table 4.1. Survey Responses on Training Needs of Case Managers

Training Needs	Nurse Case Managers	Rehabilitation Counselors
Medical Knowledge	40.24%	65.85%
Job Analysis	51.20%	45.12%
Clinical Methods	18.29%	32.90%
Accommodations/Modifications	59.75%	51.21%
Counseling Techniques	45.12%	43.90%
Pathologies of Disease	24.39%	46.34%
Vocational Evaluation	26.80%	40.24%
Job Coaching	15.85%	34.14%

Note. The percentages indicate the percentage of respondents stating the training needs of nurse case managers (column 2) and rehabilitation counselors (column 3) for each identified training need (column 1).

Discussion of Training Needs Data

The information in section three responds to the second research question:

As perceived by respondents, what types of additional training do case managers need in order to fulfill their expanding roles?

The results indicate that both nurse case managers and rehabilitation counselors need additional training when placed on the job. After reviewing the background of the respondents for each training category, it appeared there were no major differences between the responses of individuals with a nursing background and responses of individuals with a background in rehabilitation counseling. Nurse case managers needed additional training in

accommodations/modification, job analysis, counseling techniques, and medical knowledge. Rehabilitation counselors needed additional training in medical knowledge, accommodations/modifications, pathologies of disease, and job analyses. All of the above categories were chosen by more than 40% of the respondents.

Results concerning perceived training needs seem to conflict with information concerning hiring trends. Rehabilitation counselors needed more training than nurse case managers; yet there were no major differences found in the hiring of the two professions. This may be due to the pre-conceived expectations companies have of case managers hired with different educational backgrounds. Rehabilitation counselors may be expected to perform duties commensurate with their educational background, and, thereby need additional training in select areas. However, in the categories of medical knowledge and pathologies of diseases, the respondents perceived rehabilitation counselors needing more training than nurse case managers, which would be relative to the differences in academic preparation of nurses and rehabilitation counselors.

Nurse case managers were perceived to need additional training in three major areas: accommodations/modifications, job analyses, and counseling techniques. Again, this could be reflective of noted difference in the educational

backgrounds of nurse case managers and rehabilitation counselors.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND FUTURE RESEARCH

SUMMARY OF STUDY

Case management is becoming increasingly popular in the health care arena. Case management offers many benefits for the individual with a disability, as well as for insurance companies and service providers, which include decreased medical costs, coordination and organization of services, and decreased recovery time. The person with a disability can expect to receive quality services in a timely manner leading to an early return to work. Insurance companies are assured the injured party will receive services needed, at an affordable price. Service providers find case management attractive because of expanding employment opportunities that are both rewarding and challenging. Some of these professional service providers, however, especially nurses and rehabilitation counselors, are debating as to whom is most qualified to provide case management services.

This study investigated hiring trends of case managers in Federal Region Four which includes the eight southeastern states. The study also identified post-employment training

needs of nurse case managers and rehabilitation counselor case managers.

Questionnaires were sent to 148 individuals, identified as case managers, from directories of the National Association of Rehabilitation Professionals in the Private Sector and the Case Management Society of America. Fifty-two (52) of these subjects had nursing backgrounds, 60 were certified rehabilitation counselors, 21 were certified case managers (with no distinguishing information concerning nursing or rehabilitation counselor backgrounds), one was a certified rehabilitation counselor with a nursing background, and 14 were from a variety of backgrounds including social work, education, and vocational assessment. Eighty-two questionnaires (55.4%) were returned. Thirty-nine (47.56%) were returned from subjects with a rehabilitation counseling background., and 28 (34.15%) were returned from subjects with a nursing background. Nine (9) respondents were certified case managers with no designation of discipline. Three (3) were social workers, and three (3) never responded to the question. The return rate was 55.40%.

The results indicated there were no trends among the respondents to prefer nurses over rehabilitation counselors when hiring case managers. Of the subjects (i.e., private rehabilitation companies) participating in the study, 16%

indicated a preference for case managers with a nursing background; 18% preferred case managers with a vocational (rehabilitation) background; and 2.4% hired case managers from the 'other' category. The majority of the respondents, however, (45.12%), hired case managers with both nursing and vocational backgrounds.

Data concerning training needs indicated that both nurses and rehabilitation counselors were perceived to need additional training after being hired. Sixty-six (66%) percent of the respondents reported that rehabilitation counselors needed additional training in the area of medical knowledge, whereas only 40% of the respondents indicated that nurses needed additional training in medical knowledge. More respondents (51%) indicated that nurses needed additional training in job analysis than reported for rehabilitation counselors (45%). Thirty-three (33%) percent of the respondents reported a need for additional training in clinical methods for rehabilitation counselors as compared to 18% of the respondents reporting a similar need for nurses. Sixty (60%) percent of the respondents reported that nurses needed additional training in job accommodations and modifications compared to only 51% of the respondents reporting a similar need for rehabilitation counselors. Slightly less than 50% of the respondents reported that both nurses and rehabilitation counselors needed additional

training in counseling techniques. Forty-six (46%) percent of the respondents indicated that rehabilitation counselors needed additional training in pathology of diseases compared to only 24% of the respondents indicating a similar need for nurses. Forty (40%) percent of the respondents reported rehabilitation counselors needed additional training in vocational evaluation compared to only 27% of the respondents indicating a similar need for nurses. Thirty-four (34%) percent of the respondents indicated that rehabilitation counselors needed additional training in job coaching whereas only 16% on the respondents indicated a similar need for nurses.

CONCLUSIONS FROM THE STUDY

There are several conclusions that can be drawn from this study. First, noting there were more professionals from the rehabilitation counseling field (47.56%) returning the surveys than professionals from the nursing field (34.14%), there were no observable differences between the hiring of rehabilitation counselors and nurse case managers. In fact, the majority of respondents preferred both nurse case managers and rehabilitation counselors (45.12%) which suggests the field is opening up to more professionals from varying backgrounds to perform case management services.

Second, rehabilitation counselors require more training to perform their expected job roles as a case manager than nurse case managers. There were considerable differences in the types of additional training that rehabilitation counselors need in comparison to nurse case managers, particularly in the areas of medical knowledge and pathology of diseases. The differences in post-employment perceived training needs seem logical when the academic preparation programs for nurses and rehabilitation counselors are compared. For example, medically based courses within the two programs vary considerably in number and in depth.

Rehabilitation counselors, however, were perceived to need additional training in job analysis, job accommodations and modifications, counseling techniques, and vocational evaluation. In consideration that rehabilitation counselors have extensive training in these content areas, consideration must be given to the possibility that the job roles for the rehabilitation counselor as case manager and the nurse case manager may differ and, therefore, account for the vast differences in the areas of perceived training needs.

Third, nurse case managers needed additional training in the areas of job analysis, job accommodations and modifications, and counseling techniques. This perceived training need is understandable in consideration of academic

preparation programs for nurses. Taking that in account, it would make sense that they would also need additional training in the areas of vocational evaluation and job coaching. However, in these areas a greater number of respondents stated rehabilitation counselors needed additional training in than what was reported for the nurse case manager.

Finally, academic preparation programs for rehabilitation counselors and nurses need to provide additional coursework in private sector case management. Rehabilitation counselors need additional coursework in medical aspects of disabilities, job accommodations and modifications, and pathology of diseases in order for the counselors to remain competitive in the field of case management. Rehabilitation counselor preparation programs should add medically based courses and information on job accommodations and modifications while continuing the focus on job analysis, counseling techniques, vocational evaluation, and job coaching.

Nurse education programs need to add specific courses for prospective nurse case managers in the areas of job analysis, job accommodations and modifications, and counseling techniques, while continuing their focus on medical knowledge and pathology of diseases. The need for additional training in clinical knowledge ranked low for

both nurse case managers and rehabilitation counselors which could indicate that clinical methods are not as important as other skills performed in case management.

SUGGESTIONS FOR FUTURE RESEARCH

Further research on hiring trends of case managers could be expanded to address specific expertise areas by disability, for example, AIDS/HIV, behavioral health, brain injury, burns, cancer, chemical abuse, orthopedics, or strokes. Currently, no information is available concerning disability specialties by discipline. No information is available concerning hiring trends discipline preferences, or performance outcomes.

Related to these outcomes are work functions of case managers. A study of actual work functions of nurse case managers and rehabilitation counselor case managers may help to answer questions regarding differential roles. For example, are nurse case managers assigned to only medical care management? Are rehabilitation counselors assigned to only vocational case management? Do roles overlap? If roles overlap, are assignments based on specific competencies of the case manager regardless of the discipline? Does the disability and/or functional limitations of the client dictate case manager assignment

with or without consideration to the case manager's discipline? Are perceived training needs related to work functions, stereotyped impressions of the discipline, or performance evaluations. The answers to these questions should contribute to the growing information on case management in a very meaningful way.

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APPENDICES

- A. Sample Cover Letter**
- B. Sample Survey**
- C. Raw Data**
- D. University of Tennessee BSN Curriculum**
- E. Arizona State Nurse Case Manager
Curriculum**
- F. University of Tennessee Rehabilitation
Counseling Curruculum**

Appendix A

Cynthia Young Johnson
Address

Date

Respondent Name
Respondent Address

As a graduate student in Rehabilitation Counseling at the University of Tennessee in Knoxville, I am conducting a study regarding hiring practices and training needs among companies providing case management services to individuals with disabilities during the rehabilitation process with special emphasis on return to work issues. This survey is being mailed to randomly selected members located within the NARPPS (National Association of Rehabilitation Professionals in the Private Sector) and CMSA (Case Management Society of America) membership directories.

Case Management is a widely growing field in all facets of business, but especially in Rehabilitation regarding the area of Return to Work. For the purposes of my study, the definition of case management that was developed by the CIRSC in 1992 will be used:

“Case Management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual’s health care needs, using communication and available resources to promote quality, cost-effective outcomes.”
(Mullahy, 1995, p.9)

This study is designed to identify hiring trends for case managers as well as any additional training case managers need in order to fulfill their expanding roles.

The information obtained through this survey will help me to complete requirements for my Masters degree and also will be very important to all rehabilitation counseling education programs. Your participation is voluntary and you will not be penalized or identified if you choose not to participate. It is not necessary for you to indicate your name on the questionnaire. If you desire a copy of the results of this survey, please contact me at the phone numbers above and I will be happy to send them to you..

I would greatly appreciate it if you would take a few minutes to fill out the questionnaire and send it in the enclosed self-addressed stamped envelope by October 16. Thank you so much for participation in this study.

Thank you,

Cynthia Young Johnson

Appendix B**Case Management Survey**

Please refer to the definition of case management in the attached letter to answer the following questions.

Title:_____ Certifications/Degrees:

1. Does your company provide case management services to assist individuals with disabilities in the return-to-work process?

YES

NO

2. If yes, from what background does your company tend to hire case managers?

NURSING (RN, CRRN, BSN, etc)

VOCATIONAL (CRC, CVE, etc.)

OTHER (LCSW, PT, SLP, etc)

3. Does your company require that all case managers have passed the Certified Case Manager (CCM) exam?

4. If case managers are hired from the field of NURSING, what areas of additional training do they need?

MEDICAL KNOWLEDGE

COUNSELING TECHNIQUES

JOB ANALYSES

PATHOLOGIES OF DISEASES

CLINICAL METHODS

VOCATIONAL EVALUATION

ACCOMMODATION/MODIFICATION

JOB COACHING

5. If case managers are hired from the VOCATIONAL field, what areas of additional training do they need?

MEDICAL KNOWLEDGE

COUNSELING TECHNIQUES

JOB ANALYSES

PATHOLOGIES OF DISEASES

CLINICAL METHODS

VOCATIONAL EVALUATION

ACCOMMODATION/MODIFICATION

JOB COACHING

Appendix C

Case Management Survey

Please refer to the definition of case management in the attached letter to answer the following questions.

Title: _____ Certifications/Degrees:

1. Does your company provide case management services to assist individuals with disabilities in the return-to-work process?

YES = 75 NO = 7

2. If yes, from what background does your company tend to hire case managers?

NURSING (RN, CRRN, BSN, etc) = 57

VOCATIONAL (CRC, CVE, etc.) = 55

OTHER (LCSW, PT, SLP, etc) = 27

3. Does your company require that all case managers have passed the Certified Case Manager (CCM) exam?

YES = 13 NO = 61

4. If case managers are hired from the field of NURSING, what areas of additional training do they need?

MEDICAL KNOWLEDGE (33) COUNSELING TECHNIQUES (37)

JOB ANALYSES (42) PATHOLOGIES OF DISEASES (20)

CLINICAL METHODS (15) VOCATIONAL EVALUATION (22)

ACCOMMODATION/MODIFICATION (49) JOB COACHING (13)

5. If case managers are hired from the VOCATIONAL field, what areas of additional training do they need?

MEDICAL KNOWLEDGE (54) COUNSELING TECHNIQUES (36)

JOB ANALYSES (37) PATHOLOGIES OF DISEASES (38)

CLINICAL METHODS (27) VOCATIONAL EVALUATION (33)

ACCOMMODATION/MODIFICATION (42) JOB COACHING (28)

Appendix D**University of Tennessee Curriculum for BSN**

Freshman	Hours
English 102/102	6
Mathematics 110 or higher	3
Mathematics 115 or any statistics course	3
Chemistry 100-110 or 120-130	8
Humanities	6
Psychology 110	3
Sociology or Anthropology	
Sophomore	
Zoology 240	3
Zoology 230	5
Microbiology 210	3
Nutrition 300	3
Child and Family Studies 210	3
Sociology or Anthropology	3
History	6
Multicultural or Integrative Studies	3
Junior	
Philosophy 345	3
Nursing 301 Clinical Pharmacology	3
Nursing 302 Intro to Professional Nursing	6
Nursing 304 Nursing Assessment and Wellness Promotion	4
Nursing 306 Health Deviation Concepts I	3
Nursing 313 Nursing Research	3
Nursing 316 Health Deviation Concepts II	4
Nursing 324 Nursing of Children and Adults	6
Senior	
Multicultural or Integrative Studies	3
Nursing 401 Family Health Nursing	6
Nursing 403 Community Health Nursing	6
Nursing 405 Professional Nursing Seminar	2
Nursing 409 Nursing Management and Strategies	6
Nursing 411 Psychosocial Long-Term Nursing	6

Source: University of Tennessee at Knoxville Undergraduate
Catalog, 1995-96

Appendix E**Curriculum Overview for Nurse Case Manager Certification at
Arizona State University**

Core courses of Master's degree students

- N504 Conceptual Models
- N530 Research Methods
- N625 Advanced Role Development
- N_____ Clinical or Research Selective
- N910 Thesis

Nurse Case Manager Students

- N600 Clinical Specialization (Adult Health,
Gerontological, Maternal-Child, or
Psychiatric-Mental Health Nursing
- N640 Nursing Case Management I
- N641 Nursing Case Management II
- N694 Practicum
- N_____ Clinical or Research Elective
- Electives: Nursing or Non-Nursing

Source: <http://nursing.arizona.edu/ncm.html> 11/6/96

Appendix F**University of Tennessee at Knoxville Rehabilitation
Counseling Curriculum**

Fall Semester

- RAD 530 Orientation to Rehabilitation
- RAD 537 Vocational Evaluation: Clinical Methods
- RAD 543 Medical Aspects of Disability
- RAD 545 The Rehabilitation Interview
- RAD 592 Assistive Technology in Vocational
Rehabilitation

Spring Semester

- RAD 532 Caseload Management in Rehabilitation
- RAD 547 Practicum in Rehabilitation
- RAD 579 Disability Management
- ESMRT 580 Techniques in Research
- CECP 552 Career Development: Vocational Theory,
Research, and Practice

Summer Semester

- RAD 533 Job Analysis, Development, and Placement
- RAD 593 Research Project
- CECP 551 Theory and Practice of Counseling
- CECP 554 Group Dynamics and Methods

Fall Semester

- RAD 549 Internship in Rehabilitation

Source: "REHABILITATION COUNSELING, Student Handbook and Internship
Manual", Miller, 1993

VITA

Cynthia Faye Young was born in Pikeville, TN. on December 17, 1971. She attended public schools in Bledsoe County and Cumberland County, where she graduated from Cumberland County High School in June 1990. She entered the University of Tennessee, Knoxville during August 1990, where, in May 1994, she received a Bachelor of Science degree in Human Ecology with a major in Child and Family Studies. During her senior year, she began working with children with mental and physical disabilities. She entered the Master's program in Rehabilitation Counseling in August 1994 and continued to work with children with disabilities. The Master's degree was received December 1996.

Cynthia currently works with children of Migrant Farmworkers whose parents travel into the state of Tennessee in pursuit of agricultural work. She provides case management and transition services to 150 children throughout each migrant season.