ABSTRACT

PERSPECTIVES OF CASE MANAGERS IN COMMUNITY-BASED ELDER CARE:
WORK ROLES, STRESSES, MEDIATORS, AND REWARDS

By Emily Ann Slominski

As policies in the last two decades have shifted toward community-based care, case managers have become an increasingly important part of the delivery system. Serving as the mediator between older adults needing care and the service providers, case managers need to be the advocate for consumer needs and manage the costs of care for adults experiencing a chronic disability (Dill, 2001; Applebaum and Austin, 1990). Case managers are now working with an increasingly frail population with more complex needs in an era of extreme financial pressures. This qualitative study examined the perceptions of case managers in two community-based care programs through the use of in-depth interviews. Findings include: experience is influential on stress and coping, all case managers are highly supportive of the shift to community-based care, and this high level of support creates personal and professional rewards that counteract occupational stresses.
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Chapter 1: Introduction

In this critical inquiry, I am focusing on case managers who work in community-based care and am going to examine how they perceive their work-related tasks, roles, stressors, and mediators. Through these perceptions, a deeper insight can be revealed as to how job-related perceptions reflect aspects of the organization they work within, policies that frame the programs they work within or the broader system in general, either positive or negative. As I will detail further, this project focus is important for multiple reasons, which include the fact that the popularity of community-based programs is increasing but not much has been examined to this point. Also, case managers (as direct workers in this field) can provide insight into what aspects of programs or policies are or are not working. The case managers, as an information resource, have not been tapped for their deep insights and reflections, which can help shape organizations, programs, and policies to further assist both clients and workers affected by how they are modeled.

The area of community-based care for older adults is constantly expanding. For example, programs under the Home and Community-Based Waiver (2176), which are funded through Medicaid, have increased since its passage in 1981. Miller (1992) notes, “in 1982, only six states were participating in the 2176 waiver program. By 1991 all but Alaska and Arizona had active home and community-based care waiver programs” (p. 163). In more recent data, a high amount of state participation is also indicated: “In 1998-1999, there were active Medicaid 1915 HCBS waivers in 49 states and Washington, D.C., serving more than 500,000 persons” (LeBlanc, Tonner, and Harrington, 2000: 170).

Another example is state funded programs. Summer and Ihara (2004) report that out of the 47 states that responded, 21 states noted 41 single-service programs and 37 states noted 51 multi-service programs (p. 6). Although these are only two funding types of community-based program, these details begin to provide insight into how popular community-based care is becoming.

Forces that have increased the provision of community-based care involve the expansion of funding resources and increased types of services available in the community. As described by Dill (2001), the increasing range of services has not been utilized to the level providers thought they could be (p. 29). Applebaum and Austin
(1990) argue that case managers can be integrated into community-based care “without restructuring relationships among the providers in that system” (p. 4). It is also a belief that case managers can be “the agent to overcome the fragmented delivery system, coordinating the complex web of programs, services, and agencies” (Austin, McClelland, & Gursansky, 2006: p. 162). Thus, there has been much speculation, but little clarity or consensus regarding the role of case managers in the shift to community-based long term care. This project aims to assist in providing insight into the case manager’s role in this movement.

As policies in the 1970s were shifting toward community-based care to counter institutionalization, case managers were increasingly considered the mediator between older adults needing care and service providers, but were also thought to have the ability to address/manage the costs of care for adults living longer (Dill, 2001; Applebaum and Austin, 1990). Alongside the issue of increasing longevity and the likelihood for more years of care, older adults have also been stating the need for diverse care options.

The popularity of this reform within long-term care involves greater diversity of program types and services available. Regardless of the type of program/services, there continue to be vital roles for case managers. When changes and demands of programs are varied, the case manager is one key player who is directly affected. This inevitably results in increased and varying types of stresses and mediators that can affect the case managers’ ability to do their job; in turn, the provision of services and quality of life for clients are shaped by the nature and performance of case management.

**Practicum Experience In Community-Based Care**

Over the summer of 2007, my graduate practicum provided insight into the actual daily tasks and roles of a case manager in a community-based care program for older adults. My own roles and tasks during the practicum encompassed both research and much exposure to program implementation. By witnessing this over an extended period of time, it became clear to me that various types of stresses and mediators are constantly affecting the ability of the case manager to interpret their role and actually do their job.

Various types of stresses included: dealing specifically with older adult needs in regards to both actual care and case management services; taking on additional tasks in
new projects and other types of activities, like committees; the variability in interpretation of the case managers’ roles, both among case managers and between them and others in the long term care network; the various ways of understanding guidelines and the assessment process; maintaining relations with supervisors, co-workers, and service providers; actual caseload size and severity; and recognition of the increased future demand on the program and community resources. Through directly experiencing the stresses/mediators, roles, and tasks case managers dealt with, I recognized both the complexity of the case manager role and the significance of understanding the pressures they face. Through the evolution of my understanding, I also came to realize that although case managers in community-based care programs have increasing demands due to the direction towards this type of service provision in long-term care, the impact of stressors/mediators and how they perceive their position has not been explored as much as it should be.

Certain characteristic issues within all service realms of case management are well known, such as high caseload sizes and high levels of burnout and turnover (Kiyak, Namazi, and Kahana, 1997; Poulin and Walter, 1993; Seifert, Jayaratne, and Chess, 1991). These issues expand into a larger problem in community-based programs because the case managers have a more complex and highly variable environment in which they work. Social workers or nurses in nursing homes work in a concentrated building and have access to clients in that defined area, whereas in community-based programs they work in the general community and in the client’s home. In the institutional setting, there is a more narrow and explicit “menu” of service options. There is a necessity to stay conscious of community and client changes, not just those specific to the program in which they work. Also, the concept of quality becomes fuzzy as case managers take a step in defining it on their own, but it is also more difficult to create a clear definition for all to follow accordingly.

**Purpose of Research**

What has been a neglected area of focus in research is the direct perception of case managers in community-based care about their work-related roles and tasks. Also,
there has not been enough analysis of stresses from their jobs and also the mediators they may utilize to relieve these stresses.

The goal of this critical inquiry is to assist this applied area of gerontology by focusing on this specific topic and area of care for older adults. To approach this goal, my guiding research question was:

- How do case managers in community-based care programs perceive their roles, tasks, stressors, and mediators?

The overarching question entails the inclusion of the direct perceptions, opinions, and practices of the case managers themselves. This is important because case managers witness and handle aspects of care that others, such as administrators and policy-makers, may not due to the different levels of involvement in the actual programs. A second question is to examine whether and how their perceived stresses, rewards, and overall perceptions are changing in the current environmental shift to home and community-based care. Since the goal is to examine the direct perceptions of case managers through their own words, I utilized a qualitative approach. Little is known on this subject and qualitative research facilitates examination of deeper context and rich description, which can assist in providing initial insights.

A note about terminology – the term “case manager” has been questioned, or even rejected, by some in the research and lay communities. Many clients and advocates have decreed: “I am not a case, and I don’t want to be managed.” This indicates how the very job title reflects the patronizing, “top-down,” quasi-medical character of the traditional long-term care system, based in institutions. Some have favored terms such as “care manager” or “client advocate” or better alternatives. Having noted this controversy, I use the conventional term in this document, in part because it is in common usage among my informants.
Chapter 2: Literature Review

*Case Management in Community-Based Care and Long-Term Care*

There are specific models of case management that have their own variation in setup, and include broker, service management, and managed care (Applebaum and Austin, 1990). The broker model case managers do not have access to service funds for their clients; instead, “they develop care plans and they make referrals using services funded within the existing service delivery system” (Applebaum and Austin, 1990: 11). Also, this model “stops short of coaching the client or taking responsibility for making sure the client gets the service, and places much of the responsibility for obtaining services on the client or identified family members” (Salfi and Joshi, 2003: 68). The next type of model is referred to as the service management model and case managers work to create care plans that are “within predetermined cost caps, usually a specified percentage of the cost of nursing home care” (Applebaum and Austin, 1990: 11). The case manager in this model has more power to control services included and costs. This type of model includes “Home and Community-Based Waiver (2176) programs funded through Medicaid;” in 1990, the authors note that this included 41 states (Applebaum and Austin, 1990: 11). Lastly, there is the managed care model, which “creates provider risk where financial responsibility and liability for expenditures are shifted to provider agencies. Providers are at risk for expenditures that exceed the prepaid amount and can create a surplus if costs are kept below capitated payments the agency receives” (Applebaum and Austin, 1990: 11). As can be determined by overall description alone, these models entail a great amount of variability in how programs can be arranged and also what kind of role and power a case manager has within them.

As stated earlier, there is a wide range of variation in long-term care program and service types. Although much varies, Kane (1988) notes that there are general consistent tasks of case management that occur in any type of model or program: “screening, comprehensive and multidimensional assessment, care planning, plan implementation, monitoring, and formal reassessment” (p. 5). General goals associated with these common tasks are similar as well. Gwyther (1988) mentions that, in regards to assessment and reassessment of clients, “the overall goal of an assessment is to
individualize a plan of care for a client or family,” but goes on to note that older adults’ situations are constantly changing (i.e., health status, disability, family support) and therefore reassessment must occur regularly as well (p. 11). As with assessment, there are also some overarching beliefs about care plans, which are central to providing care and services to the client. These include working from what is learned in the assessment, involvement of client and informal caregivers, focusing on a certain time frame, including formal and informal services, consistently being aware of costs, and documentation of the resulting care plan (Schneider, 1988: 16-17). In general, these general beliefs about what tasks should occur in case management are common in any type of program or model. Beyond these general tasks and beliefs is what creates differences. This includes the main program goals, funding sources, and approaches.

Hyduk (2002) examined varying community-based care models in older adult programs and found that they had different organizational missions, referral methods, case management types, funding schemes, and services offered. But the same author found similarities in population focus, case management characteristics (outreach, assessment, etc.), and an overall failure to discuss consumer-driven involvement (p. 21-37). This implies that each program and case management model can vary in relation to demands on the case manager.

One specific type of community-based care examined has been community funded property tax levies. Applebaum and Mayberry (1996) discussed two examples (Senior Options in Franklin County, OH and Elderly Services Program in Hamilton County, OH) and noted potential benefits of and/or differences in locally-funded levy programs: this model attempts “to involve consumers much more extensively in the planning and monitoring of in-home care received (in a tri level care system) and the ability to “have considerably more contact with clients and increased interaction between case managers and home care workers” (in a clustered care system) (p. 704). This variation of community-based care provides insight into the evolution and implementation of program types and suggests how more inclusion of clients in the decision-making process assumes the role of case management also to be more inclusive and consumer/client-driven.
Although the client is always a strong area of focus for case managers, others note that there is inherent conflict between the needs of the client and the organization/agency/community for whom case managers work. As part of Dill’s (2001) ethnographic study of older adult case management programs, she notes: “the way case managers define and manage the case is inherently shaped by what they can do or provide for the client, which in turn is framed by the structure of their organization and its relations with others…the challenge is how to ensure that organizational interests do not override those of serving clients in a manner they themselves prefer” (p. 64-65). Applebaum and Austin (1990) also describe conflict between client goals and system goals, but also increasing stress that can occur in increasing roles/tasks related to: “management, advocacy, monitoring, gatekeeping, and concern for clients’ and caregivers’ welfare” (p. 43).

In general, there has been a research concentration on questions regarding what kinds of program types exist in community-based and long-term care, and how they compare to provision of institutional care. Research in this area has also shed light upon conflicts that arise due to flexibility in organizational or program goals and the adjustment of case managers to achieving those goals. Some limitations in this area of study involve the need to continuously examine the program types because they are still evolving and expanding to fit consumer needs. The present study can assist in providing some of this continuous insight into evolving programs. Although not specifically focused on program types and operation, examination of the case managers’ perceptions can allow for a new insight into how program structure and goals may work for or against the distinctive mission of the case manager.

**Case Management Tasks and Roles: Theoretical Types of Conflict**

Related to the concepts just described, Vinton, Crook, and LeMaster (2003) examine frustrations on individual, organizational/agency, and community levels for older adults’ case managers. Their overarching questions focused on job frustrations of case managers and whether these frustrations were within or beyond the domain of the agency/organization. By taking a quantitative approach, the authors’ descriptions of frustrations are limited to lists including: “unclear job expectations; high caseload;
lacking training, supervision, and advancement opportunities; nature of clients’ problems; and an inability to match available services to clients’ needs” (Vinton, et al, 2003: 5). The researchers also determined that more respondents (78%) mentioned frustrations beyond their agency/organization and point to the idea that many issues arise out of the community and region in which a case manager works (Vinton, et al, 2003: 2).

Wooddell (2003) focused specifically on the perceptions of social workers who work within a more institutional model: nursing homes. Questions were designed to be broad and also to focus on working within this specific realm of care. Through qualitative interviews related to macro and micro issues, Wooddell (2003) describes particular areas of pressure on nursing home social workers, but touches on stresses related to paperwork, policy/regulations, professional beliefs, financial regulations, and other aspects that can limit social workers’ ability to do their job on behalf of clients.

Beyond discrete tasks and limitations, the ambiguous definition of the case managers’ position and roles can create workplace stress and conflict. As mentioned earlier, agencies/organizations are capable of modifying the case manager position to fit their needs but also the needs of the clients and the community in general. The opaque nature of the role can be increased by the organization not being clear about how case managers should approach their position and what is expected of them. The impact of role ambiguity has been examined before in positions that may be considered a little clearer than case management. One such example was an examination of nurses and the impact of role ambiguity. Elovainio and Kivimaki (2001) created a model that examined antecedents, consequences, and mediators of role ambiguity and tested it on a group of nurses, another type of caring profession. The researchers found that low levels of control and feedback, but also a high level of personal need for structure increased role ambiguity. There was a positive relationship between role ambiguity and occupational strain (Elovainio and Kivimaki, 2001: 374-375). The level of complexity related to the lack of role clarity only increases with case management because it involves individuals with social work, nursing, and other backgrounds. It is especially difficult to create clear role definitions when an agency/organization employs staff with different backgrounds that are centered on different training, ideals, and beliefs. On the other hand, there are clearly stated ethical and procedural standards that help individuals with nursing and
social work backgrounds, even if their job is not clear. The National Association of Social Work (1992) created a list of standards which includes client related aspects, such as the client being the priority, assisting in maintenance of client’s independence, and confidentiality. It also addresses organizational and occupational goals, such as recognizing the importance of increasing access to quality services, being educated on the system, cost maintenance, and quality assurance. The American Nurses Association (2005) created similar ideals with its code of ethics, recognizing the maintenance of client care and dignity, but also aspects related to the nurse’s own maintenance of integrity and morals; on a higher level, it notes the importance of job-related responsibility, knowledge of research, and promotion of reform through collective advocacy.

According to Lipsky (1980), case managers would be considered street-level bureaucrats because they are directly involved with clients and have discretion over the relations they have with them (p. 3). This can either have a positive or negative effect on the amount and types of stresses case managers experience. Having discretion over interactions with and assistance provided to clients can increase the complexity and confusion related to an already ambiguous occupational position. Some case managers understand what kinds of limits they need to place between themselves and clients, whereas others may risk being too involved with their clients. Unclear boundaries and the need for personal/professional discretion, which differs among case managers, can ultimately create a more stressful situation.

On a theoretical level, previous authors have discussed how professional trainings/beliefs affect the social worker role in client care. Buchbinder, Eisikovits, and Karneli-Miller (2004) examine psychological and social perspectives that social workers may take on the job. The researchers found that there are three types of orientations: those who identify with the psychological aspect, those who identify with both psychological and social aspects, and those who identify primarily with the social aspect. Conflicts can occur when case managers are dealing with their abilities/inabilities to address issues facing their clients and when they do not focus on both psycho and social aspects. Clemens, Wetle, Feltes, Crabtree, and Dubitzky (1994) studied client-centered theory and whether case managers for older adults actually maintained their beliefs in actual practice and found differences between what was said and what was done. In
general, if case managers realize that their actions taken in tasks conflict with the needs or desires of the clients, the focus according to client-centered theory, this tends to increase stress both personally and professionally.

Previous studies have focused on a variety of aspects related to caring professions. Some address specifics related to nursing, social work, or both as seen in case management. Also, researchers have acknowledged different approaches, such as concentration on psychological, social, or agency-specified aspects related to client care. Limitations on this area of research center on limited examination of community-based care, which differs greatly from nursing homes, hospitals, or more institutional care realms. There are also fewer qualitative studies focusing on case managers, especially in the realm of community-based care. The tasks, roles, and expectations of case managers in community-based care are as variable as the numbers and types of programs they work within.

**Different Conceptions of Stress**

What also must be considered is that there are multiple conceptions of what stress is and what types of stress are acknowledged. What is widely thought to be considered stress is of a psychological, clinical, and/or individual nature. Lazarus and Folkman (1987) provide multiple analyses of psychological and individual approaches to stress and coping. Emotion, which is a concept expanded to cover stress along with more positive aspects, involves recognizing that “relationships and transactions” that occur in stressful moments are “interchangeable,” that “process involves change over time or across situations,” and that emotion is a system that evolves and goes through a process related to different factors (Lazarus and Folkman, 1987: 142-143). On a more theoretical level, Lazarus and Folkman state that individuals are involved in a process of “cognitive appraisal” in which they examine, or “appraise,” the current situation and continuously do so as it evolves and react accordingly to suit their own well-being (p. 145). Qualitative methodology, particularly the use of interviews, allows this project to explore the concept of cognitive appraisal and how it applies to case managers. The environment in which a case manager works can provide insight into the process of cognitive appraisal because it in constantly evolving and necessitates the need for evaluation by the individual.
Another aspect that needs to be recognized is occupational stress. In relation to occupational stress, one must remember the type of profession being examined. In relation to case management, the realm of the sociology of work identifies this type of work a “semiprofession” and it, and the workers themselves, may be marginalized because of an association with work that is sometimes geared towards women specifically (Ritzer and Walczak, 1986; Caplow, 1964).

Ritzer and Walczak (1986) identify types of occupational stress that can result from not being able to directly assist the clients in the manner they strive for or have learned about in their education: “social workers have entered the field with the notion that help must be provided to the ‘whole’ client. But the realities of bureaucratic life make it easier to divide up the labors and therefore divide up the client into a set of psychological problems, economic problems, family problems, and so forth” (p. 187). There is also the issue of supervisor control that may conflict with client care. This reiterates that the previously described pressures between the individual goals, supervisor goals, and organizational goals come into conflict with each other. Educational background, another factor directly related to the relative occupation, can also provide conflict if differences occur related to what is considered important. Caplow (1964) points out other occupational issues related to an inability to move through occupations and organizations vertically, which may be due to gendered work ideologies.

Overall, one must consider the specific occupational stresses for case managers alongside the other stresses that exist. Previous authors have addressed more individual and psychological aspects of stresses that can have an impact on a person, both personally and professionally. There has also been focus on questions relating to stresses particular to caring professions and have highlighted ways in which these types of jobs differ in the types of stresses that may occur. Conflicts between personal and professional goals, as well as the format of the program a case manager works within, can create stress. Limitations in past research relate to lacking specifics into varieties of case management situations or detailed descriptions from the case managers about stresses they witness. By focusing on the case manager and their perception, this study will add to the level of depth in what is known about stresses in the caring professions. It will also explore it in the lens of community-based care.
Mediators, Strengths, and Coping

As with stresses, there are various levels of description for mediators, strengths and coping. Lazarus and Folkman’s (1987) discuss the evolution of psychological understanding of coping, which involved the “animal model, in which coping was viewed as behavioral responses that controlled aversive environmental conditions” and also the “ego psychology model,” which concentrates on “the thinking involved in making adaptational decisions as well as the actions employed to manage impulses and to deal with the environment” (p. 146). In their own respective theory, they formulate the belief that coping functions “to change the actual terms of the troubled person-environment relationship…and to regulate emotional distress” (Lazarus and Folkman, 1987: 147).

Again, researchers have also examined aspects directly related to occupation and organization. Clemens, et al (1994) also discussed actions that may improve the level of conflict occurring for case managers: ethics education, discussing preferred decision-control with the client, and creating more opportunities to help case managers understand role conflict, burnout, and stresses (p. 84-85). Vinton, et al (2003) included descriptions of positive aspects of the case managers’ job that may assist in alleviating stresses, including a “challenging” environment, utilizing personal/professional “skills,” enjoying working with older clients, and “doing a good thing” (p. 5). In general, if a case manager feels they are doing a good job and receiving positive feedback on it, stress may be less detrimental and could become constructive.

Kahn (1993) discusses this in relation to focusing on organizational care giving/receiving and identified eight dimensions of caregiving (accessibility, inquiry, attention, validation, empathy, support, compassion, and consistency) and three reasons for unequal care giving/receiving at the agency Kahn studied: understaffing, separation between supervisor and social workers, and stress (p. 546, 559-560). The impact of supervision and management practices, among numerous other job-related aspects, is shown to have an effect on case managers’ level of satisfaction. In relation to Kahn’s (1993) discussion of understaffing and how it may influence overall organizational/agency cohesiveness, studies have examined antecedents related to retention and turnover. Mor Barak, Nissly, and Levin (2001) examined retention and
turnover in the environments of child welfare, social work, and human services. Certain characteristics on both personal and organizational levels were shown to influence a person to stay in the job or go through with the decision to leave, including level of contentment with their position, association with the organization, and agreement/disagreement with managements’ performance (Mor Barak, Nissly, and Levin, 2001: p. 652-653). This project will provide insight into what aspects of the case manager’s job keep them working there and satisfied with their position.

Overall, mediators are as complex as the stresses, tasks, and roles with which case management is associated. As discussed in the previous section, mediators also vary in professions. Researchers have focused on questions involving how mediators are related to both self and organization. They have shown that there are both micro and macro influences on the well-being of workers in these types of professions. Again, as mentioned in the previous section, this study aims to add to this body of knowledge through details from the workers’ perspective in a consistently evolving and expanding model of care. The level of changes involved in this evolution can provide a different environment for the facilitation of mediators, which will be explored in this project.

**Summary of Themes in Prior Literature on Stress, Coping, and Working in Human Service Professions**

In general, themes in prior literature include: history of community-based care and case management; the evolution of services and types of case management in community-based care; how case managers explain their job; theoretical explanations for certain aspects that may produce stress; and brief explanations of general mediators of stress. Program-specific questions have focused on what variations of community-based programs exist and how these different types utilize case managers to fit organizational goals. Within program structure, and also relating to stresses and mediators, researchers have addressed the fact that conflict often occurs between case manager and program goals. Further stress-related questions have focused on what general types of stresses exist on personal, professional, organizational, and broader levels. Mediator-related questions have been specifically related to different levels, as seen in studies on stresses. In general, there has been more focus on more institutional aspects of case management.
and less on community-based work. There has also been less work addressing case managers and more work addressing specifically social workers or nurses alone.

Research has not had a direct focus on the case managers’ perceptions of their roles, tasks, stressors and mediators, specifically in the growing area of community-based care for older adults. Case management also heightens complexity in understanding because different worker backgrounds (i.e., social work, nursing, etc.) may all be included. More specifically, community-based programs focusing on older adults have potential for different types of stressors, mediators, roles, and tasks when compared to other age groups. This may be partly due to age and relative length of care or other aspects like health and disability statuses in which older adults may have increasing issues. All of these aspects shall be touched upon in this study. Therefore, the aim of this project is to explore these variations.
Chapter 3: Methodology

To explore community-based case managers’ actual perceptions, I used qualitative methods. The choice of qualitative methods centered on the idea that, because little is known on the subject, it would allow for more open discussion and expansion on the situation of case managers and their subjective views and bases of action. As seen through examples like Vinton, Crook, and LeMaster (2003), quantitative methods to address stress/mediators have been well-utilized in current literature, but there is a lack of exploration of actual scenarios and descriptions from the case managers themselves. Weiss (1994), in his discussion of differences between survey interviewing and qualitative interviewing, states clearly what can be gained by doing qualitative interviews: “if we depart from the survey approach in the direction of tailoring our interview to each respondent, we gain in the coherence, depth, and density of the material each respondent provides. We permit ourselves to be informed as we cannot be by brief answers to survey items. The report we ultimately write can provide readers with a fuller understanding of the experiences of our respondents” (p. 3). In other words, a qualitative approach allows the respondent to provide as much detail as they choose to and they are also not limited to one-word or sentence-length responses that cannot even begin to grasp the context of the scenarios and perceptions being discussed.

Also, there has not been much case management literature on this topic. Qualitative methods would allow exploration into what they think and do about the pressures they are facing. As stated by Austin (1993), “Case managers are in an excellent position to document the impact of newly implemented policies. Case managers have access to the day-to-day practice experience that can inform policy development and facilitate problem-solving efforts” (p.457). Ultimately, this project will contribute to what is already available and provide personal insight into a growing area for professionals in case management.

Although concentrating specifically on workers (social workers, nurses, others) in the area of mental health service, Sheid (2004) utilizes qualitative methods to examine what these workers think about their job and the pressures they feel. By providing clear examples of how these direct workers describe their situations, Sheid (2004) shows the
actual impact of the “emotional labor” they provide and also how bureaucratic and organizational pressures take a toll on them (p. 114 – 122). This is but one example of key work demands that are “informal” and are not explicitly stated in the job description. Sheid’s work provides one example of the personal and detailed descriptions that arise out of a qualitative approach and is an example of the approach I seek to emulate in this critical inquiry.

**Participants and Recruitment**

For this critical inquiry, the goal number of respondents was 10 to 15 case managers. The final total was 11 participants. All participants were female. I strived to include male case managers because they might provide a different perspective than the female majority, but none volunteered for this project. The programs I included in this study involve case managers from both social work and nursing backgrounds. Out of the final 11, 2 were nurses and 9 were social workers. The overall lengths of employment for the case managers ranged from 1-16 years, but most were concentrated within the 3-10 year range. This was understood as useful during the analysis process because most individuals were at a point of employment where they understood their job better than individuals new to the position.

I recruited the targeted group of case managers from two community-based, public programs located in the Midwest that focused on older adults. The two programs vary in how they are set up, length of operation, and funding sources. One is a locally funded program whereas the other is a home and community-based waiver program. Also, each program concentrates on different populations of older adults; one includes less intensive clients with fewer needs whereas the other focuses on more intensive clients who would have to match the level of eligibility criteria for nursing homes. Due to the differences of average level of need in each program, the caseload sizes for the case managers vary as well; the case managers in the less intensive program had caseloads ranging from 80-134 clients whereas the more intensive program had a range of 60-70 clients per case manager. The number of clients served also varies: one serves a little less than 4,000 whereas the other serves a much higher amount at over 20,000. Average monthly costs for services vary due to the differences in level of need: the less intensive
program had an average monthly cost per client of around $250 whereas the more intensive program averaged a little under $2000. The services provided are generally similar and include: home-delivered meals, homemaking, electronic monitoring/emergency response systems, medical equipment, medical transportation, personal care, independent living assistance, home modifications/repair, and adult daycare. Other services may vary based upon what is and is not covered through each program’s funding and guidelines. Overall, these differences further facilitate the possibility for variety in perceptions from the case managers.

As a pre-recruitment step, I attained permission and access to the case managers through discussions with supervisors for each program, who allowed permission. I recruited participants through e-mailed letters to the case managers in each program. I continued further clarification and setup of the actual interviews through e-mail or telephone calls with each case manager who volunteered for the project.

I was clear that I wanted the interviews to occur at a time and location of each case manager’s convenience and we set up each interview together. Locations were chosen that fit into each case manager’s schedule, location, and did not have too much background noise, which allowed for tape-recording. Most importantly, each location was a setting in which they felt comfortable talking about their experiences.

Confidentiality

I acquired signed letters of consent before the interview started. I asked the respondents for permission to be interviewed and to have the interview tape-recorded as well. All participants and programs involved in this project were notified during this process that I would not disclose any names or use any descriptions that would identify programs, case managers, or clients. All participants were given pseudonyms. Only I know the actual names of participants and have access to the recorded interviews.

Data Collection and Analysis

I conducted face-to-face interviews after obtaining consent. I utilized a semi-structured interview guide which lists some general guiding questions for each topic area but still allows for openness to new topics the respondents may want to discuss (Maykut
and Morehouse, 1994: 83). I included additional questions and probes relative to each interview in the process as well.

The interviews lasted an average of one hour. After the interview was completed, the participant completed a one-page demographic questionnaire to cover any general details that had not already been addressed in the interview. Topics covered in the interview questions and the demographic questionnaire include: role perception, description of tasks, perceptions of stressors and mediators, positive and negative organizational aspects, caseload size and severity of clients, level of experience, the future of the program that they work in, the future of case management in general, and experiences related to working specifically with the older adult population (see Appendix C and D).

I transcribed and analyzed the interviews by myself. I transcribed all interviews verbatim. After I completed transcription, the process of coding and analysis was assisted through the use of the ATLAS.ti computer program. Throughout the entire coding and analysis process, I utilized the “constant comparative method” (Maykut & Morehouse, 1994; Rossman & Rallis, 2003). According to Maykut and Morehouse (1994), “as each new unit of meaning is selected for analysis, it is compared to all other units of meaning and subsequently grouped (categorized and coded) with similar units of meaning” (p. 134). This method allows for an evolution of understanding of themes during the analysis process.
Chapter 4: Findings - Perspectives on Caring Professions

Before delving into central themes of this project, it is important to spend some time describing the beliefs, backgrounds, and experiences of the case managers. By discussing and understanding these aspects at the outset, later themes and findings related to tasks, roles, stressors, and mediators will become clearer to readers.

Individuals who decide to work in caring professions, such as nursing, social work, or case management, become deeply involved in the underlying beliefs and values such occupations reflect. The commitment is both psychological and experiential. Kneafsey, Long, Reid, and Hulme (2004) studied how individuals adjust to and settle into working in a care managed assessment and rehabilitation program in the United Kingdom. They discovered that these individuals went through three processes, “learning to become a care manager, how to do care management, and experiencing the role” (p. 132). Individuals of varying backgrounds start with varying levels of understanding and must fill any voids in knowledge of the program, community, or clients. There is also some adjustment to the confines of the program in which they work.

Simpson (1979) examines socialization in the nursing field, focusing on student nurses. The author notes that there are two models of socialization: induction and reaction. Simpson (1979) states that the induction model “focuses on the acquisition of the professional role by students during professional education; it studies attitudes, values and outlooks along with the skills and knowledge that constitute the professional role” (p. 4). The reaction model is different because it “looks at students but does not view them as acquiring a professional role. It looks at their identities and the commitments that sustain them during their professional education and motivate them to complete it and go on to professional practice” (p. 4). As a focus, the author notes that neither is a better method; in fact, both models have aspects that should be examined to better encompass the concept of socialization (Simpson, 1979: 5). Furthermore, findings indicate that socialization not only focuses on individual learning, but also involves “occupational recruitment” and that the most influential roles were long-term (Simpson, 1979: 226-228). Overall, the author shows us that socialization into a profession is multi-faceted and complex.
On a broader level, individuals in all fields go through forms and processes of socialization. Mortimer and Simmons (1978) discuss the process of adult socialization in various aspects of life, including work. According to Mortimer and Simmons (1978), an individual may have to deal with “unrealistic and idealistic expectations…a hazing phase…reality shock and disillusionment…and the importance of peers who join with and support the recruit” (p. 440-441). The researchers go on to note that socialization occurs constantly throughout one’s employment, through experiences related to “technological advances, change of occupation, organization, or jobs within an organization” (Mortimer and Simmons, 1978: p. 441). In general, socialization occurs throughout the entire time one is an employee, due to consistent changes in one’s job and organization. Regardless of when an individual starts a job and at what stage of life, similar processes of development, occupational dilemmas, and often, attrition occur.

This chapter will continue by providing insights into motivations and beliefs provided by the case managers in this study, the level of support for community-based care, and advice for individuals considering becoming a case manager. Again, by examining these initial insights, this fundamental level of understanding will assist in the exploration of themes discussed in the next chapter.

Beliefs and Motivations of Case Managers in Community-Based Care

As will be mentioned in the next chapter, the case managers in this study place much importance on feeling like they are making a difference and seeing a positive difference in their clients’ situations. A central aspect of motivation is related to wanting to help others. Also, at least a few case managers discussed feeling that they were meant to be working in this care realm. There is a deep level of belief in their current job, which may relate to early caregiving experiences, faith, a need to help others, or enjoyment from working with older adults, to name a few. Almost half of the informants discuss how their beliefs and experiences created a motivation to work in a field like case management.

Rita: I love what I do. I know I’m where I’m supposed to be…you can do without things, I do without things because of the making the big bucks in social work ha ha. Um, but that’s my choice that’s what I want. And so, I give up some stuff to have he position I do but I know God wants me to do it and he takes care of me.
Cindy: I found out through different careers that I am a person that has to be able to give to the community and I feel like this job makes a difference, I see it.

Mary: I didn’t know what I wanted to do. I knew I wanted to do social work, but I didn’t really know where I wanted to do social work…by working at the adult day care, I found out how I wanted to do social work. And that was to work with the elderly. And as far as case management, that kind of popped up in my first job. But I think it’s a really wonderful job because I get to help people…in our program we get to help people stay in their homes. It’s really nice to be able to do that. This is my first job because I actually interviewed at a nursing home and I think it was really meant to be that I work here…and to continue to do that is probably more of a blessing than being, you know, forced to do it.

Joanne, talking about taking on a job at a nursing home when younger: I was like, you know, I’ll give that a try, but I don’t know though. I remember talking to my mom about it, like “I’m not sure if I can work with old people who are dying.” And she’s like, “You know what, you can make a difference in these people’s lives, their last days on earth. You can make a difference.” And I’m like, “That sounds pretty cool.” So I did it and I loved it…I’d go you know and serve them food and try to make their day happier and I was like, this is what I should be doing. I should be working with this population. So I went and talked to my counselor in college and she told me I was looking into gerontology but because of what I really wanted to do, she was like, “you should go into social work and get your minor in gerontology and that’s the way you should do it.” And that’s how I’m here. It’s because of that nursing home.

Nicole: I can pick and choose which kids I like (laughs) based on their behavior and I don’t do that with the elderly. I mean, I basically like all of them and it’s just an instinct in me and I think you have to recognize what you can do, what you’re good at. I find, I think very few people in this world find a job they truly love, very few. And I think that’s sad and I think that’s why the turnover is so great. Especially in case management, because people haven’t found their niche and I think you should keep looking.

As indicated through examples like Cindy, Mary, Joanne, and Nicole, beyond general beliefs and a nature to help, experiences help to frame and reinforce motivations on a more concentrated level. By the time someone has had a few jobs or different experiences, she realized what is enjoyable, feels rewarding, as well as frustrates or repels her from the occupation.

In relation to community-based programs, other types of motivation center on the high level of commitment among case managers to this type of care. One aspect case managers find positive is that there is a push for client independence and choice. Kunkel
and Nelson (2006) focused on one specific area of long-term and community-based care, consumer direction, and examined the perspectives of case managers involved in this type of care. The authors found that although the case managers were unsure of the rewards of the program in the beginning, they saw over time how beneficial it was to their clients (Kunkel and Nelson, 2006: 8-9). As indicated through other studies like this example, programs emphasizing client independence and choice are often seen as highly positive and rewarding by the case managers working within them. The case managers who work in programs of this nature focus on working with the client to create a care plan together, a collaborative rather than authoritarian model. There is emphasis from this standpoint on creating as much opportunity for choice as possible. Two case managers, Ann and Mary, show a deep level of support for choice, even if it does not necessarily coincide with what others – whether family members or professionals – regard as “best” for the client.

Ann: …you don’t have that person creating what’s right for them and what’s right for them may be exactly the opposite of what I think. I have one client who at one point said, “You make me want to be the best person I can be, but I’m not going to do it.” And that was perfect, because he was making the decision that was right for him…it was kind of affirming because it was kind of like I’m giving him choices, opportunities, and whatever and obviously it may have had an effect on him. But, at the same time, he’s creating whatever is right for him.

Mary: I said importantly that it is a program based on their independence and their choice about what they want to do…we don’t especially with our job, make them do anything that they don’t want to do. Even though we might have some clients that we really feel need help…if they choose not to, that is their choice, even though, like I said, they may need something and we might suggest something. You know, unfortunately, you can’t make everybody do what you want them to do (laughs). Especially family think that sometimes it is more important what they want and their mom or dad versus what their mom or dad wants. We have to remind them that they have their own abilities to make choices, even if sometimes they don’t make the best choices (laughs).

Another aspect of support is keeping the client in the home for as long as possible instead of nursing home placement. Many of these case managers indicate the influence of choice and independence as well. The majority of case managers interviewed clearly express strong support for keeping clients in the home.
Becky: They’re so happy to get that help. They’re like, a lot of times, they’re like “we feel bad for even needing this help” but they’re grateful for anything you can do for them. It really makes you feel good, like you actually are making a difference in this. They’re so happy to be able to stay home and out of a nursing home and it’s like, okay, this is why I do this.

Cindy: You’re helping them stay in the home and I think it’s a worthy mission.

Joanne: …the ability to help people stay in their own homes has been wonderful or me.

Mary: I think that’s a wonderful thing and to me it’s keeping them home longer that’s really rewarding because we have so many clients that go to a nursing home and once they do, that’s kind of a, I hate to say it, point we’re they’re…I’m trying to word these things nicely, but um they’re not as happy to live maybe?..they’re not motivated as much to care for themselves. I just had someone recently…he told me he was going to die three years in a row every time I went to see him, and when he’d been in a nursing home, he passed away. I think you know as long as he was home, he was doing good. Once he got in that nursing home, it was the end of him. But I don’t know exactly what happened for him…

Lucy: The main goal is to allow them to stay in their home independently as long as possible. So I like that concept of helping them stay where they’re comfortable and familiar

Joanne: I think there’s a time and place for nursing homes very much but personally, because of doing this for a this length of time, I think that it is in the client’s best interest to keep them in their home as long as possible. It’s where they want to be. It’s where their families can come and be very much more themselves. I think sometimes when they visit nursing homes, it’s not a relaxed environment even for visitors. So I think the home environment is the best but there is a time and place for a nursing home…24-hour care, they’re no longer safe at home.

Amy: When they say without services, they would be in a nursing home, you know that you’re providing a good service for people in the last stages of their life.

Rita: My idea of a nursing facility is if the person is not safe to remain in their home then that’s where they need to be or some other option. That is, safety is the number one thing…if they don’t have to go in there, I don’t want them there but if I think that they’re not gonna be safe at home, there’s no other option. That’s a scary evil I guess a times.

Some of the case managers are clear in wanting to keep the client in the home for as long as possible, especially when it is what the client wants. Others, such as Joanne
and Rita, note that there are some limits, such as safety or other concerns that may negate this belief. This points to the idea that case managers have strong beliefs, such as keeping a client in the home, but there are other considerations, such as client safety, that continuously take priority. Crook and Vinton (2000) studied the decision-making processes of community-based case managers and also found that safety is of high priority when considering what is best for the client.

Overall, beliefs and motivations regarding client autonomy and the mission of case management appear to be very influential in regards to how much a case manager can enjoy their position and gain rewards from the experience. On a broader scope, the presence of strong motivation and beliefs can potentially help in decreasing turnover or high levels of burnout. If the position they have and the organization they work for are a good fit, it has a positive impact on how the case manager perceives their job.

**Advice and Strategies for Someone Considering Becoming a Case Manager**

As part of the interview, I wanted to give the case managers the ability to make suggestions and provide advice. One question that will be a focus for this section emphasized advice they would have for individuals considering becoming a case manager. The advice provided varies with the individual’s experiences, either positive or negative. Such examples include approaches that work for them and also things learned through hindsight. Overall, however, these statements reflect an underlying set of values and convictions.

The most common type of advice provided centered on approaches that they follow, mostly learned through experience. This type of reflection may involve aspects that current case managers wish they had heard before or upon entering the field. Other aspects may revolve around techniques that work or may be considered necessary to be a successful case manager.

Becky: I guess you really gotta be open. You never know what they’re going to need, what’s gonna happen. I mean when I first started I pretty much figured, oh I’m just going to be visiting them, making sure they have the services they need. I mean, I find myself going out to just look at someone’s mail, because they don’t…you really just kind of have to be open.
Amy: To remember to take the bad days and remember that you’re going to have some really bad days. Because that was my big thing…

Nicole: …ask for help or ask questions if you’re not sure you know the answer or you’re not sure you’re allowed to do this…Don’t feel like you have to figure this all out on your own. Don’t let the stress get to you. I mean, you’ve got to leave it at the office and have a sense of humor because that’s helped me a lot. And just take a deep breath (laughs) and understand that you can only do so much and don’t beat yourself up for it if there’s something that has to wait until tomorrow.

Erin: Just be prepared for a lot of change. You have to be patient and um, this sounds kind of bad, but maybe get a second job (laughs) because it’s you know, it doesn’t pay very much…just be prepared to deal, you have to be open minded about races, cultures, religions, everything. You just have to really really be open minded, which is something that I left out that I enjoy about the job is getting to meet so many different cultures of people.

Joanne: Wow, there’s a lot of ups and downs. You have to really like the variety. Some people don’t like that. They like the same thing all the time, the routines…This job as a care manager is very intrinsically rewarding, not monetarily. And so my advice is to make sure that you remember all the good things because when you have bad days (laughs), the good things are what keep you going.

Wanda: To go with a thick skin (laughs). Don’t take things personally. Know that you have to be flexible…If you can’t be flexible, just don’t be a case manager…And really, just know your biases, I think that’s the biggest thing. You really have to be aware of where your biases lie and who you can and can’t work with. If you don’t know yourself, I think that’s really important because everybody has biases and nobody can work with everybody.

Cindy: I think that they, one, have to really find out what their strengths are and their weaknesses. I think if they love people. If they want to make a difference. I don’t know, what color is your parachute, you know? If they would just take time to explore what they like and what they don’t like and what their talents are, if they, one, in care management you have to at least care about the person, not get too emotionally involved, be objective. You want what’s right but within reason because you have to deal with the politics and you have to deal with your limits and you have to deal with the corporation.

Others mentioned the ability to help people or to work with older adults. As will be mentioned in multiple sections of this paper, there are differences in working with older versus younger people, and also being in a position that allows the worker to see how they help clients.
Mary: I think that I don’t know if it’s the case management part, but more just working with the elderly. I don’t think a lot of people think it sounds exciting and maybe being a case manager too, but there’s certainly rewards to knowing that you’re helping someone. I don’t know if you can get that not being a case manager.

Lucy: …the bottom line is you have to like older people and appreciate the situations that they’re in.

Rita: If you want to work very closely with people on the micro level, this is it. It’s perfect…Case management is case management, you’re helping assist an individual to have as good of life, connected to services that are necessary for them.

Lastly, one individual framed her advice into broad introspective questions, which was a much different approach than the other case managers.

Ann: …it’s what are you willing to give up? Ah, you know the pro is the passion, the helping people. You know the cons are that you will not have, you know, the financial ability to do all the things that you know young people want to do. What are you willing to compromise? Where are you in life that you can do that?

Overall, these case managers provide insightful advice for individuals considering working in a caring profession and becoming a case manager. As will be argued in the next chapter, experience helps frame perception and this can be seen in the types of advice provided, as well as in the case managers’ modes of adaptation to chronic occupational stress.

**Chapter Summary on Perspectives Related to Working in a Caring Profession**

To assist in understanding the perceptions and strategies discussed in the next chapter, I have briefly addressed what these case managers perceived to be motivational and where/how their beliefs come into play at work. As will be explored further in the next sections, experience has a big influence on case managers. In general, this group of case managers was motivated by the desire to help clients, which will be discussed further in the mediators section as well. Learning through experience helps the case manager to reinforce and concretize beliefs and motivations. Also, there is a high level of support for community-based care programs, which emphasize independence, choice, and keeping the client in the home for as long as possible. Furthermore, the insightful advice
provided by this group of case managers allows outsiders without their level of experience and knowledge to gain a glimpse into what being a case manager is like.

The next chapter will focus on the four main areas framed in the overarching question: tasks, roles, stressors, and mediators. This preliminary foundation establishing the nature and importance of beliefs, motivation, and advice, help to support and connect empirical themes and findings to which we turn next.
Chapter 5: Central Themes Regarding the Processes, Stresses, and Mediators of Case Management in Community-Based Elder Care

Areas of themes discussed will be centered around my overarching question, which focused on roles, tasks, stressors, and mediators. Each respective section will provide in-depth details and quotations that assist in gaining further understanding of the community-based case manager’s situation and their own perceptions of it. I must note that there is much interrelation between themes. Certain tasks and roles may create stress. Since they influence each other, there is also a relationship between stressors and mediators.

Although the focus is on the four respective areas, other strong themes that came out of the interviews will also be included throughout. Some general ideas are centered on missions and goals of case managers. For example, the meaning and stress that is related to particular tasks and roles is shaped by the overall mission that case managers are trying to fulfill. The case managers’ support for community-based care may assist in alleviating stresses related to tasks and roles. Also, the level of involvement is somewhat chosen by the case manager and based upon goals as well. In general, all individuals were clear on how they perceived their tasks, but may have not necessarily known how much was entailed in the job. Overall, opinions and perceptions are greatly affected by the case manager’s level of experience; as experience increases, situations considered stressful or mediating may change. Discretion is an important part of the case manager’s job and they must decide how they want to work with clients, coworkers, or within the organization. Further in-depth details will be provided within the next sections with quotations from participants to assist in understanding of themes.
The Nature of, and Balance Between, Work Tasks in Case Management

Table 1. Tasks Discussed By Participants

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<td>Documentation</td>
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<td>Home Visits</td>
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<td>Setting up &amp; Changing Services</td>
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<td>Assessment &amp; Monitoring</td>
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<tr>
<td>Ordering &amp; Purchasing Equipment/Supplies</td>
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<td>Making Referrals</td>
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<tr>
<td>Volunteering for Committees</td>
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<tr>
<td>Staying Educated</td>
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<td>Linking Clients to Resources</td>
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<td>Cost Management</td>
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Tasks were discussed much more extensively than the other theme areas. Certain aspects are similar to those of other work environments in case management, such as nursing homes or hospitals, but the nature, mix, and goals of tasks in community-based case are distinctive.

Overall, regardless of what service realm they work within, case managers often partake in similar tasks and routines throughout the day. As a note, this broad discussion is based on my interviews and the information I learned from the case managers. Clients are at the center of their job and providing care and services to them is a priority. Case managers create a service/care plan related to each client’s needs, which is arranged accordingly to program demands and limitations. These limitations may be related to financial resources, available services in the region, the client target population, or regulations. Different forms of client interaction and correspondence are also involved in the setup and maintenance of a service/care plan; these include e-mails, phone calls, or conferences with service providers, other programs in the community that may help in informal ways, or, for those who work within a facility, other individuals with whom they work but have other tasks and roles. There may also be conversations with the clients’ doctors, psychiatrists, or other individuals who provide different forms of care. Once the service/care plan is initiated, constant assessment of the client occurs, often in regards to time definitions specific to each relative program/facility. Adjustments occur when necessary. Throughout the whole time a case manager has a client, they must adhere to
documentation, as it is required. Every time a case manager talks to a client, a service provider, or the situation changes, they must document these instances. Documentation is seen as required because it serves as a way to clarify things, a way to adhere to requirements sometimes set by financial resources, and a way to fulfill any applicable state or national requirements.

In relation to these general tasks of case managers, this section provides more specific details related to characteristics of the programs involved in this study. The two programs in this study, although quite different in many aspects, have abilities that are greatly defined by the amount of financial resources available, which fluctuates. The general goal of both programs is to keep older adults in the community for as long as it is possible. As mentioned before, each program has different target populations of older adults they serve. This means that services provided and the amount of money allowed for a service/care plan is relative to the client’s abilities and health/disability status, which are dynamic over time. The more severe a client’s limitations, the more help they need, which is taken into consideration. Both programs serve specifically older adult populations but one concentrates on more severely limited older adults. Since both are community-based programs, the case managers do home visits to assess the clients. Much travel occurs due to this requirement. More correspondence occurs because the case managers need to contact clients, as well as service providers, by phone. More documentation coincides with increased correspondence because there may be more instances that need to be recorded. Keeping these general descriptions in mind, I asked the case managers to describe, in their own words, what their tasks consist of related to their program and position.

In general, documentation takes up a good portion of their time. There are multiple places they have to document each visit, phone call, or other situation that arises, through certain case management computer programs and other files. The information documented involves descriptions of discussions between the case manager and whomever they are speaking with, updates on client information they receive (i.e., time in hospital, nursing home, etc.), and information they attain from assessments and visits. Although there are general insights into what is documented, there is much discretion involved in deciding how to document and how much to say. Some case managers are
very descriptive and create a small story whereas others are short and matter of fact. Six out of the eleven participants spoke of having a large amount of documentation to do, which was sometimes mentioned as time-consuming and a stressor, which will be discussed in the stressor section. Although time-consuming, some case managers made sure to note the necessity and importance of careful documentation. A few case managers provided clear descriptions of this:

Ann: For every hour you see someone there’s an hour of paperwork…I mean, it’s a yin-yang in life…It’s a little extreme, but at the same time, you know good, concrete documentation is vital and necessary and you do have to have that.

Lucy: Probably the least favorite part is documentation. We have to document everything we say and do. And so it’s almost like doing it double because I’ll take care of the issue or set up the services then I have to go back in and case note all of that. So there’s a lot of paperwork, documentation-type things we have to do. It’s not all paper, some of it is computer, but it’s time-consuming and it has to be done because when we have like 70 people that want follow-up on what you’ve done, you can go back and look and see who you’ve talked to and…for example, if I order a lot of the older people needing cotton and supplied and they call and they didn’t get what they needed, so I have to follow up and see if they didn’t get sent or what, you know kind of follow up. So if I don’t have it written in there, then it’s harder to keep track of it all.

These examples provide insight into the fact that the case managers know that there are some very time-consuming aspects related to their job, but at the same time they see it as important because it may assist them and, ultimately, their clients.

Documentation helps the case manager clarify their decisions and the situation for supervisors, other case managers, and service providers.

Other tasks that are similar to other case management positions that the respondents discussed generally involve correspondence, setting up and changing services, ordering and purchasing equipment/supplies, assessment and monitoring, home visits, providing information, making referrals, and other things they choose to do, such as volunteering for committees. Correspondence involves phone calls and e-mails with clients, the client’s family members, service providers, or other individuals involved in each client’s situation. One case manager noted differences in relation to correspondence and what current older adults desire as a form of contact. Lucy provided details into this aspect: “…with these people it’s important that you talk to them. They don’t like voice
mail, they want to connect with you. It’s the generation; it’s still their primary way to communicate.” Lucy notes that there are sometimes increased demands placed on the case manager based on the generation, as well as the chronological age, of older adults they are assisting. In order to truly assist the client, the case manager must alter her approach to better relate to them. This can help the client feel more comfortable and, in some situations, provide more details to assist the case manager in determining the client’s needs. Also, case managers are obliged to develop “cultural competence” in seeing and respecting racial, ethnic, and class differences.

Setting up and changing services are part of the constant process of monitoring each client’s situation to determine what they need, which also ties in ordering and purchasing equipment that assist with these needs. Case managers may also choose to be part of tasks that are not mandatory, which include being part of committees. Examples of committees center on community outreach, coordination, and workplace. Of the eleven participants, nine mentioned that they were involved in voluntary participation in committees, outreach, or education.

Community-based care is different from nursing homes, hospitals, or other work environments. It becomes apparent that there are different work tasks and approaches within them that the case managers utilize. The case managers touched on certain tasks, which include linking to resources, staying educated, cost management, and doing visits to the client’s home.

Although other case management environments involve dealing with resources, community-based care heightens this because the case managers deal with different service providers and different areas in which clients live. These may affect the applicability of certain resources. It appears that case managers see being a resource linkage to clients as an important part of their jobs. A few case managers provided details into this aspect:

Mary: There are some people I think that are really unfamiliar with how much there is, but they didn’t know was out there for them…we are probably a big link unless they know someone who had services…or they had, unfortunately this is kind of sad to say, unless they have resources to be able to pay for things themselves, they probably don’t know about a lot of services out there.
Erin: …you’re kind of the stepping-stone. A lot of times you’re the first one the family thinks of to call about a question and I may not be able to answer it for them, but I can at least direct them hopefully where to go or what they need to do.

Mary points to the fact that in community-based programs, case managers deal with individuals of widely varying income levels. This increases the complexity of this resource linkage because the case manager needs to be knowledgeable about what services and resources are specific to certain groups of older adults. Mary also notes that the case manager may be the individual who shows the client everything available in the community that they did now know about before. Erin points out that the client and family may not know where to start or where to ask a particular question, so the case manager may be the individual that they see as someone who can assist them in various ways with many types of questions.

In order to be knowledgeable about the resources available in the community, the case manager needs to be consistently educated on resources, programs, policies, and approaches they can use to assist their clients. Clients and their families sometimes have questions about issues that arise or policies they do not understand and the case manager may be the person they feel comfortable to ask. Some case managers also see themselves as educators about long-term care options in general. As specified earlier, many of the case managers noted how they felt about nursing homes. One case manager, Cindy, provides details into how she approaches nursing homes or other care options with clients: “What we try to do is educate them right up front saying the best plan is to have these options researched, have it in the back of your pocket in case you need it, then you can pull it out in case of an emergency. I’m not saying you have to do it right now and hopefully you never will, but you can use it then that way.” Cindy shows that community-based case managers may try to be as knowledgeable as possible in regards to care in general. It also shows that the case managers do not close off other options because they may be appropriate for certain clients.

Already mentioned is the aspect of cost management, which was noted earlier as a reality of which community-based case managers are constantly aware. The case managers in this project saw the importance of regulating care costs and being conscious of it at all times. Part of this consciousness comes from differing community-based care
from other types of competition. One case manager, Lucy, touches on the complexity of cost management:

…you’re talking about a lot of money and a lot of resources available. We have to really critique each person’s care plan to see what they’re getting and is it appropriate and should they have more, should they have less, and keep…and that’s sort of a fluid changing thing. If they fall and break their hip and when they come home, they’re going to need a lot more services, but when we get to know that person it’s kind of like having 70 parents. You know them and you kind of get a feel for what they need and they’re not just a number. They’re a person with particular needs and sometimes in the business realm it is not looked at that way.

Lucy notes that costs are important but one must recognize the individual aspects of the client. This is one particularly positive characteristic of community-based case management and also one that the case manager sees as significant. In fact, below I will argue that this is a major indicator of occupational stress.

Home visits are what ultimately differentiate community-based care from other models. Instead of having clients all in one location, clients are spread out over a wide area. This can be both positive and negative. Case managers need to drive to get to their clients, which also takes up more of their limited time. Rising gas costs also affect the case managers’ ability to conduct their visits. To alleviate these issues, some programs allow their case managers to work at home or have clients in a more concentrated area. These particular qualities will be discussed further in the mediators section because they were often found to help alleviate stress. In relation to tasks, home visits can help the case manager get information that they may not have been able to otherwise. Case managers are better able to assess how clients adapt to their home environment.

Overall, tasks are generally well understood by case managers. Tasks consist of documentation, correspondence, initiating and changing services, ordering and purchasing equipment/supplies, assessment and monitoring, home visits, providing information, making referrals, and other things they choose to do, such as volunteering for committees. There are also some tasks that are more specific to community-based care, which include linking clients to resources, staying educated, cost management, and doing visits to the client’s home.
Added Complexity through Integration of Work-Related Roles

Table 2. Roles Discussed by Participants

<table>
<thead>
<tr>
<th>ROLES</th>
<th>Counselor</th>
<th>Peacemaker</th>
<th>Educator</th>
<th>Informant</th>
<th>Detective</th>
<th>Parent</th>
<th>Circulator</th>
<th>Ally</th>
<th>Arbitrator</th>
<th>Team Member</th>
<th>Advocate for Agency/Program</th>
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Beyond their varied tasks, the roles discussed heighten the complexity of the case manager’s position. In all examples of roles discussed, an underlying aspect related to them all is discretion. Case managers sometimes decide the roles that they take on, but if not optional, they may be able to decide how they want to approach them. As with tasks, roles can be both formal and informal; case managers may have more of an expectation to take on formal roles but may choose to involve informal and non-required roles as well. The general responsibility of discretion will be discussed further in other sections as well.

Only the individual can discuss how they perceive roles, so the only way to truly get insight into them is to ask the case managers themselves. This section will provide more details into how case managers in community-based programs see their roles, as opposed to discrete tasks. Although other theme sections have the ability to tie in occurrences of things discussed, each individual is so different in the perception of roles. Therefore, discussion of occurrences cannot happen in this section. These perceptions are truly on the individual level.

A few quotes discuss multiple roles that may be interrelated. One example is provided by Cindy:

It seems like there’s several roles you could participate in. Not a credentialed counselor, but you need to direct the elderly and different community sources. You may be playing the peacemaker among family members. You’re an educator. You’re an informant on what’s available. Sometimes you’re an arbitrator trying to get families to agree upon a care plan that’s reasonable or feasible.

Another example is discussed by Joanne:
Some days I feel like a detective because you’re taking all the pieces together and you’re trying to problem solve it. Other days I feel very parental (laughs). Um, you have to talk to clients about things…and you have to set up behavior contracts with them.

These two examples provide insight into some of the general roles. These quotes show that the case manager may have tasks they need to do, but roles add complexity to the situation because there are other things they have to do as well. Sometimes taking on these other roles assists them in completing tasks. Other times they may help the case manager frame their overall job, roles, and boundaries for them.

Also noted in Cindy’s quote is that family and the informal care network around the client can have a large impact on the case manager. They may help or hinder the case manager’s ability to assist the client to a greater extent than is true in institutional/custodial care. The role of the family and the positive and negative aspects of it will be discussed further in the stressors and mediators sections because they directly impact both of them. Overall, these varied and indirect or collaborative roles assist the case manager in getting closer to the client, better assessing the situation, and also helping the client in ways they may have not considered before. A heightened goal and challenge in community-based long-term care is integrating formal and informal sources of support.

One such situation is discussed by Joanne, who reflects on being in a position where you take the side of the client versus the side of the family or informal network.

I have found this population to be that much more appreciative because you are helping. They see you as the one helping them to keep them in their homes. And I tell clients when I first meet them, “I cannot put you in a nursing home. I do not have the ability to make that decision. Do I have the ability to say to your family I’m concerned and these are my safety issues? Yeah, but do I have the ability to say, your mom needs to go to a nursing home and do it?” I can give them resources, but I can’t force them anywhere. So they see me as an ally because I can’t put them there. I can only help serve them and help get them services.

This situation involves remembering that you are there for the client and their position needs to be remembered by the family or network around the client. It is also ironic in the sense that the effectiveness of the case manager may have an inverse relation to their formal power, which is not a typical characteristic of professional or clinical practice. As mentioned earlier, the case managers try to be educated on the whole area of
long-term care and try to be as helpful as possible. Also, by being up front with the clients and families, the case manager may be doing himself or herself a favor because their role is more clearly understood by the client. This can further assist in creating a more open relationship with the client. As noted in various situations, by taking that additional step, be it through stating your position or spending more time with a client, it can ultimately help the case manager do their job. Such interactions may be more likely to occur in community-based practice.

Another example of roles discussed involves being an advocate for the program in which the case manager works. Becky provides an example of this:

One of the biggest things that we do is advocating for the agency and the services that are provided. Trying to make sure that we’re more well known in the community because, unfortunately, it seems like a lot of people just aren’t aware…until they’ve been through everything. They’re kind of more jaded about the system.

This quote indicates that public education and advocacy are important because case managers believe in their programs and they want to show the public how strongly they feel about it. The case managers are realizing that community-based programs may still be unknown to potential clients, which can result in more individuals going into nursing homes or other, more restrictive forms of care even if they could still be able to stay in their home. Since the case managers are reluctant about suggesting the client go to a nursing home, they appear to be less hesitant about being an advocate. Also, an underlying aspect related to advocacy is job security. Since community-based programs have varying types of funding, some may be dependent on the public and their tax dollars; increasing program enrollment may help to maintain program viability.

These additional roles are not always involving the client. One case manager discusses her role as a worker. According to Rita: “I’m a member of a team and my team is one of several teams.” This provides insight into how case managers in community-based care are conscious of both micro and macro realms as workers. Case managers are conscious of what is going on beyond the circle of employees that surround them. Again, part of this may stem back to the desire of being educated and conscious for the sake of themselves and for their clients. If the case manager understands the situation on a broader level, they can become more educated. Rita also discusses other work-related
roles in relation to caring for coworkers: “I am a circulator and I am a peacemaker type of person…obviously service is my first thing so I’m always wanting to make sure…I’m a caregiver type, I’m wanting to make sure that everyone’s ok.” The individual chooses roles of this nature. Although all case managers may be in this type of job because they have a caring personality and strive to be like that for others, not all take this step in their work environment. Another related question is whether community-based long-term care programs provide greater opportunity to express these talents and objectives, than is true for institutional care. A case manager who takes on these additional personal roles may be creating more situations that induce stressors or mediators.

Sources and Interpretation of Stress and Conflict in Community-Based Case Management

Table 3. Stresses Discussed by Participants

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<th>STRESSES</th>
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<td>Caseload Size</td>
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<tr>
<td>Documentation</td>
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<tr>
<td>Work Environment</td>
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<tr>
<td>Emotional Job</td>
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<tr>
<td>Office Politics</td>
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<tr>
<td>Family &amp; Informal Care Network</td>
</tr>
<tr>
<td>Turnover &amp; Retention</td>
</tr>
<tr>
<td>Unclear Expectations</td>
</tr>
<tr>
<td>Overuse/Abuse of System</td>
</tr>
<tr>
<td>Cannot Do or Know Everything</td>
</tr>
<tr>
<td>Constant State of Policy/Program Change</td>
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<tr>
<td>Limitations for Discretion &amp; Power Use</td>
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As with tasks, there are some stressors that occur frequently in any realm of case management. Examples include caseload size, a high volume of work, and the greater ambiguity regarding “success” in community-based long-term care.

In this project, I included two community-based programs that have different caseload sizes. The less intensive program had a range of 80-134 clients whereas the more intensive program had a range of 60-70 clients per case manager. Regardless of intensity level of clients, both programs and case managers within them felt that their caseloads were too high to provide adequate care for clients. Two out of the eleven participants clearly mentioned large caseloads as a stress. Other problems related to caseload size include turnover and retention issues. One case manager, Becky, notes that
these two issues constantly have an effect: “Caseload size is going to be the same no matter what happens because you lose people and then you gain them.” It may be hard to adjust to caseloads when things are constantly changing and shifting related to some of these other issues. Although this creates more stress for the case manager, another part of the issue is that clients are, even if inadvertently, also affected by high caseloads. Quality of care can become a problem, which often results in moral dilemmas for individuals of social work and nursing backgrounds.

As described above in connection with work, the intensity of work per case can be very time consuming. In relation to stresses specifically, documentation is a specific task that was often mentioned. Everything done needs to be recorded in multiple places. Other issues that arise include unclear expectations for documentation and evaluations and added pressure put on documentation. One description of unclear expectations for documentation is discussed by an informant who is of a nursing background:

I’m just from an organization in the hospital. We had to find information fast and had to be precise…it’s short and to the point. But as a social worker, and I’m not saying it’s bad, it’s more expanded and it’s a narrative. But with the hospital, they do chart reviews…and I’ve been told this, “we love to look at your chart reviews.” Why? Because you can pull out the information real fast. But there’s a drawback to that too. It’s real easy to find a mistake too (laughs). Because I have outlines and I can go and plug it in but they’re outlines. And I feel they still get the information they need and they still get…but still I’m trying to figure out what they do want. As a nurse, I’m thinking more of safety, health, and I know as a social worker, you’re trying to think of longevity or trying to keep the program in existence, and community, and mental and all that…so I think it’s a good team, to have that difference because that’s what makes a good team. Sometimes you scrape each other but you’re generating new thoughts and new things are needed and I just wish…I’m not the only one complaining about this because some of them, and this is what the supervisors tell me and I’m sure they’re telling the truth…is that some like the long narrative which is okay I have to read through all this to find out where you know, okay needing the lifeline, where’s that at…needing for the services or is there some danger in the environment or something like that. But I don’t know if that’s, to me it just takes more time, but I don’t know.

This individual is dealing with confusion involving documentation requirements from past experience (i.e., situations involving nursing practice) and how it relates to her current experience (i.e., situations involving social work). Another aspect that creates difficulty in this situation is discretion. Documentation is clearly open to each case.
manager’s methods and beliefs, which can be a good thing, but it can create stress when evaluations and opinions of the case manager may be based on them.

There are personal stressors as well. Case management is an emotionally complex and demanding job. My informants are dealing specifically with older adults nearing the end of their lives. Another personal stressor relates to social work and nursing backgrounds in which individuals want to help, be knowledgeable, and be effective in their work. Many individuals in case management want to be able to do everything and understand as much as they can, but constant program and policy changes, along with work demands, limit their ability to do this. A stress discussed by four of the participants was that they couldn’t do everything:

Mary: …especially with our job sometimes you can have twenty messages one day and then the next day you have none (laughs). So you just can’t know what to expect with that. So unfortunately you have to balance that out and know that sometimes you can’t get everything done, which is hard especially for me who likes to get everything done in a day.

Ann: You know that it’s impossible to get the work done. Anyone that comes into this field and stays, as insane as they are to do it, are their worst enemy as far as getting things done…So when you get more than you can do, it’s just extremely frustrating. And when you’re not working up to your standards which can be ridiculously high. And it’s not just me, it’s people that tend to do this work, that’s extremely frustrating.

Rita: …another stressor would be when everything happens…Then it’s like triage. I have to determine which one needs my attention first and this is immediate, this can wait a little bit, this can go down here, this can go back up here…and then you start filtering through them. That’s a stressor.

Becky: …you gotta be aware that you’re not going to know everything. There’s just too much. You just have to be aware of the fact that you’re going to have to say a lot of “I’m not sure about that, but I’ll find the answer and I’ll call you back.”

Although this is mentioned in connection with stressors, a mediator related to this is touched upon as well. Not all case managers realize that they will not be able to do everything and this may come with experience, as implied by the participants’ statements. Experience assists in alleviating this stress, but another mediator is being able to admit one’s limitations. My data suggest that this ability develops over time.
A more macro-level stressor relates to clients taking advantage of the system. This statement also includes overuse of services in the system or clients/families feeling that they needed more than they actually did. In relation to this last aspect, one must note that not all types of overuse are intentional and that there are also clients on the other end of the spectrum who choose not to ask for services for which they qualify. One example specific to system overuse relates specifically to a situation in community-based care, as noted specifically by one case manager, Becky:

I see more of this problem in the senior buildings when there’s a whole bunch living together because well when we go in and I see one client, I’ll never say “Oh, I see so and so over here too” because you know. But everyone else is aware. They all talk, they all know who is on the program, they all know whose case manager is who, and they all know what everyone gets. So if someone down here gets, say a fancy new walker with a seat, then everyone…you get calls like “I need a walker with a seat,” “I need one too.”

Perceived overuse/abuse can be stressful for the case manager because it is yet another type of task/role that they take on as being a regulator. It may also be difficult when a case manager suspects abuse/overuse and cannot necessarily do anything about it if there is not clear evidence.

Certain stressors relate to the work environment and may be program specific. Office politics can create stress. There is also the constant state of policy change, which may involve increasing competition with other programs, unstable funding sources, and changing rules. Approximately seven out of eleven case managers discussed work-environment related stresses, which included constant change, restructuring, communication issues, conflict between case managers and supervisors, and dealing with competition. An example of competition discussed was managed care. It was not just thought of as competition related to job security, but also as an ethical issue, as specified by one case manager:

Ann: They’re talking about having case management done by the agencies per se within there, and more the nursing model, etc. and just kind of doing away with this type of role whatsoever…having that social work kind of disappear. And you know where that sounds “Oh yeah, maybe we’ll save money,” you know it’s also going to be highly unethical. The person providing the service is supervising themselves and providing the services…So as you move away from having that case management there and you give it just to whoever is performing it and saying
“We trust you to do this,” you know even if they’re the best person in the world, it’s just an ethical bind.

Stress can be created by competition that case managers think is not centered on quality or the maintenance of ethics. The formal code of ethics is of little use in resolving such dilemmas. This also points to the fact that these community-based case managers see the separation between their position at their agency/program and the service providers as important. It is not just about personal job security; if the case managers see the system and options within it going in an unethical direction, they will most likely be against it because it goes against their professional beliefs and may ultimately affect the client.

Family and the informal network around the client can induce stress as well. Only a few case managers clearly specified family as a stressor, but others would include words such as “family” and “caregiver” when discussing stresses non-specific to those around the client, so it may be more of an underlying issue for others. As mentioned before, addressing tasks, dealing with the family’s issues may take up more time than dealing with the actual client’s situation. Family members may want something different than what the client wants. For example, family may ask for more assistance than the client wants or needs. On the other end of the spectrum of family involvement, there are more absent families. Also, the case managers must be observant of the client-family relationship and determine if there is an abusive or exploitive relationship. The involvement of the family, in these negative forms, can intensify the stress levels and workload of the case manager.

Finally, there are many recurring circumstances in which the case manager’s ability to use discretion and personal/professional power is limited. As discussed earlier, work demands, such as documentation and client relations, are all open to interpretation. There is sometimes an unwritten professional code that is utilized to assist in creating approaches to these demands, but there are still gray areas left that are not covered by professional standards or regulations. Individuals of varying backgrounds add to these unclear situations because professional and personal codes may be different with each case manager on the team.
On the other hand, discretion can create positive aspects of the job. As will be discussed further in the mediators section, case managers can modify certain parts to fit their needs and how they want to do their job, which include working at home and adjusting home visits to each client’s needs. Although not openly discussed directly, discretion is an underlying topic with many of the themes discussed in the paper.

Overall, the stressors discussed vary based on discretion and experience, as with all other sections. Some of the stressors included are non-specific to community-based care, but instead encompass many other care sectors, which include high caseloads and issues with turnover and retention. Also mentioned was the intensity of work in that it involves much documentation. Another aspect of documentation that yielded issues is that guidelines may be vague. Therefore, the case managers may be unsure as to how they should do it and what exactly to report. On a personal level, emotions run high in case management and, more generally, in caring professions; specifically, this group of case managers is dealing with clients nearing the end of their lives. In relation to professional backgrounds such as social work and nursing, individuals in these jobs want to get the job done; they want a sense of achievement and completion. This is difficult in case management because they cannot do everything the client may require. They also have to deal with being a regulator and watching for overuse/abuse of the system. On the work environment level, case managers find frustration in office politics and a constant state of change due to competition, unstable funding sources, and changing rules. Many of the above stresses and source of conflict have also been noted in previous studies, such as Vinton, Crook, and LeMaster (2003), who indicate that frustrations include: “unclear job descriptions and expectations, high caseloads, high volumes of paperwork, limited resources, and policy changes in funding” (p. 5). Dealing with issues related to family and the informal network around the client is also seen as a stressor because it takes away from precious time that can be directed solely to the client. Lastly, there are limited instances in which case managers can use discretion.
Mediators for Stresses and Conflict in Community-Based Case Management

This section will discuss how case managers cope with stresses and the rewards of being a case manager in community-based care programs. Although described separately, coping and rewards may interact with each other at times.

Mediators are an important aspect of the case managers’ job because they assist in alleviating some of the negative results of stresses. If mediators did not exist, the stresses could overtake the experiences of the case manager and become too much to handle. It is important to understand how mediators assist the case manager because ultimately, the presence of coping abilities and rewards help counter turnover, burnout, and some of the issues that are common in caring professions. In this section I will discuss how the case managers in this study cope and also what aspects of the job they see as rewarding. Coping aspects to be discussed include support for community-based care, the assistance of the home environment, talking to coworkers, letting things go, separating work and home, job flexibility, and experience. Rewarding aspects of the job include supportive coworkers, the ability to help clients, to make a difference and to ultimately see a difference in what they do. Further details will be provided in the next sections.

Methods of Coping Utilized by Case Managers

Table 4. Coping Approaches Discussed by Participants

<table>
<thead>
<tr>
<th>COPING APPROACHES</th>
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<tbody>
<tr>
<td>Support for Community-Based Care</td>
</tr>
<tr>
<td>Assistance from Client’s Home Environment</td>
</tr>
<tr>
<td>Letting Things Go</td>
</tr>
<tr>
<td>Separating Work &amp; Home</td>
</tr>
<tr>
<td>Flexibility &amp; Choice in Scheduling/Hours</td>
</tr>
<tr>
<td>Work Environment</td>
</tr>
<tr>
<td>Venting to Coworkers</td>
</tr>
<tr>
<td>Self-Care</td>
</tr>
<tr>
<td>Sense of Humor</td>
</tr>
<tr>
<td>Experience</td>
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The situation is often made easier and more manageable because the case managers are strongly supportive of the shift to community-based care. As described in the previous chapter, many had worked in other care settings before taking their current position and think of community-based care as something that coincides with their
personal and professional beliefs. They want to help clients stay in their home as long as possible and to stay independent as much as possible. The case managers feel strongly about the goals of the programs for which they work.

The home environment also assists the case manager in obtaining more information, and because it relaxes the client. One case manager, Wanda, stated this clearly:

I think they’re warmer and I think they’re more relaxed and I think they tend to tell you things that they may not say outside of the home…A lot of mine have mobility issues and things like that and when they’re out, they’ve got all that going on. All that, you know, how to navigate this, how to navigate that, are people watching me…And I think when they’re in the home they’re a lot more comfortable…and so I think they open up more because they’re on their turf.

If clients are more open with their information, this helps the case manager create a more effective care plan for them and understand them better. It may also be easier for the case manager to find ways to relate to the client if they see their surroundings and understand the individual better. Also, this is another informal skill that is not covered in training.

Various aspects of the work environment can also assist with coping. To assist in framing the work environment, I will briefly discuss the environment in which these case managers work. The agency for which they work is located in one building, which means that most case managers have access to one another. The location of their desks is in a large area consisting of cubicles. Although there are some negative aspects related to an environment like this, such as no windows and no doors, this does facilitate access to each other. Finding someone to talk to is most likely not a big issue. As will be discussed further, not all case managers work in this environment and some choose to work from home, which has positive aspects as well. In general, the positive aspects of an environment depend on the personality and work style of the case manager; as with every other aspect discussed in this paper, experience helps the individual learn what works for them.

Beyond the physical environment, many of the environmental aspects involve the case manager choosing what approach they want to use. Each has individual decisions to make, which among other things, is based on personality and personally defined limits.
As with any other job, venting to coworkers is an important way of coping. Seven out of eleven participants discussed the importance of talking to coworkers. Each case manager decides to what level they want to vent and with whom. Another aspect of venting relates to letting stressful moments go after they have happened. One case manager alludes to this:

Wanda: …unless we’ve had something really emotional happen, we give each other like a half an hour and then we’re done. We have to let it go and go on because we will tend to talk all night long and never get a break from it…there’s always some client that’s got you going and you have to learn to let it go. So we have to set limits because we noticed our stress levels weren’t going down.

Case managers allow themselves time to vent and see this as necessary, but they do not want to continue stressing over things. Another environmental aspect that many of the case managers discussed was the importance of separating work and home and not to take work home at the end of the day. Two of eleven case managers clearly stated that they do this.

Lucy: I try to keep a balance between my work and family and free time and doing things for myself…by the end of the day, emotionally you’re just drained from working all day and a lot of case managers just go home and go to bed.

Nicole: I don’t take this stuff home at night like I used to. There were days when I worked in adult protective and I worked in child protective and I took those things home with me. And I don’t anymore. I don’t take these things home because I’ve learned how to separate my home life and I think if I were still taking all this stuff home with me at night, then I wouldn’t be able to cope.

Lucy points to the idea that if the case manager does not learn how to separate themselves from their job when they go home, it is likely to take an excessive emotional and physical toll on them. For some case managers, the need to separate is often learned through past experience. In general, past experience can be seen as helpful to the case manager because it aids them in evaluating their options and choose the most positive or constructive route to take.

In certain community-based care programs, case managers may be allowed more flexibility in regard to how often they are in the office. Some case managers may have adjustable schedules, the ability to work through lunch, and the ability to work at home and not come to the office every day of the week. The flexible scheduling enables the
case manager to ease the stress coming from other parts of their lives, such as managing health care, children, or other personal situations. The ability to work through lunch gives them the opportunity to get more work done in a day and feel more in control of their time. The option most discussed was that of working at home, which was often spoken of positively. Three case managers provided clear details into why this option can be beneficial:

Mary: I work from home. Can do visits whenever, which is really awesome. Because I can go do visits and come back to the office and it actually is wonderful now because I was able to like go out and do a visit, come home, and actually send out a request for services and probably hook this person up with services today…I feel a little bit stress now because I can do work at home… I can get up a half hour later and be at work on time because I’m in my home and it doesn’t take much to get me ready every day because I have plenty of time throughout the day to make sure everything I do I can get done and I can take a lunch, and use my lunch to get ready (laughs). So that really helps a lot, I feel like I can get more done now. I think that hopefully the goal was to get more done for the agency, not necessarily for us, but it’s a good thing for both of us.

Wanda: …my stress level dropped automatically. Just because I don’t have that gotta get up and go to work part of it. And I can do things when I’m at home, like get up and throw some laundry in. That really helps to decrease the overall stress level, not even job related. So I can get things done that I couldn’t do. And it’s quieter. I don’t have all the hubbub around me that you do in the office and I don’t have all the office stresses you know, sometimes you get sucked into all that.

Erin: …you save so much on gas money, it’s ridiculous.

The case managers who chose to work from home provide insight into benefits associated with it, which include lower expenses, more efficient use of time, less travel time, and the ability to take care of tasks in the home while doing work. As Mary pointed out, there are not only benefits to the case manager, but also to the clients and program. If the case manager is less stressed, healthier, and enjoys her job even more, she may be able to concentrate on her job more and become more effective. Even though not all case managers with this option choose to work at home, the main point is that they have the choice. Throughout all themes discussed, discretion and choice are strong factors in the case manager’s job satisfaction. Such discretion is less present in “custodial” care. Self-perception of control over their position is also influential.
Beyond environmental aspects, personal qualities were also coping mechanisms. One quality of individuals in social work, nursing, or other positions related to care is that they recognize the importance of caring for themselves because they are so deeply involved in their job. As shown through previous statements, this may be realized after a case manager sees the effects of not taking care of herself as she would for others. They learn to separate themselves, set boundaries, and use discretion to maintain physical and emotional well-being. As stated by one case manager, Rita: “you have to, you are the instrument.”

The care a case manager provides is only as good as they are. Another personal aspect is realizing how one reacts to intense and sometimes emotional situations. Many of the case managers discussed how emotional situations may make them cry or perhaps even become depressed for a period of time. They do not necessarily want to cry in these intense situations, so some may react in other ways. As discussed in venting, some case managers just learn to let it go and create some sort of barrier. One case manager provides a clear reasoning for this:

Erin: …let it go at the end of the day because I mean it will take a toll on you. It has, I go through spurts where I don’t let it go and it just eats at me because you can’t, you just have to keep in mind not to take it personally when somebody yells at you or the client has mental issues and is being rather difficult, you know that sort of thing. You just kind of have to take a step back.

Others discuss the importance of maintaining a sense of humor in times where they may have cried in the past. One case manager, Nicole, stated this clearly: “I guess my sense of humor is kind of weird, but we laugh about stuff like that because it’s just, I guess if you don’t laugh, you’ll cry.”

Experience in relation to coping is highly influential on the case managers’ overall well-being. Many of the case managers discussed instances when they had just started where they were highly stressed, which were centered on difficult clients or caregivers and client relationships. They recognize that they reacted a different way in the past because their level of experience was so much lower. In fact, in some of the examples, the case managers stated that they would react very differently if the same situations arose today.
In summary, one important aspect of coping is that my group of informants is highly supportive of community-based care and its goals. The home environment assists the case manager because it may allow for more access to detailed information due to the client being more relaxed; it ultimately helps the case manager know and understand the client better. Although discussed under stressors, there are other aspects of the work environment that help the case managers cope. The programs are providing flexibility in scheduling, the ability to work from home, and also other benefits. A strong attachment to and support of their coworkers is positive; they also use their coworkers for venting stresses. The case managers also note the importance of separating work and home. Self-care is another central aspect of coping; learning to let things go, setting boundaries, using discretion, and maintaining a sense of humor are some examples. Walsh (2000) examined case manager boundary issues and also found that the maintenance of boundaries helps the case manager alleviate stress and burn out, but can also create a positive relationship with the client (p. 80, 84). All of these self-care approaches clearly help the case manager, but on a less obvious level, ultimately assist the client and the case manager-client relationship. Experience is highly influential on the case manager’s overall well-being.

Rewards and Benefits of Being a Case Manager in Community-Based Elder Care

Table 5. Rewards Discussed by Participants

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<td>Relationships with Clients</td>
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<td>Learning From Clients</td>
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<td>Feel Like Making a Difference</td>
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<td>Coworkers They Enjoy &amp; Respect</td>
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<td>Working With Older Adult Clients</td>
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<td>Seeing The Difference They Make</td>
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Rewards help in mediating stresses because they may assist in lessening the impact of stress on the case manager. If a case manager sees a work-related aspect as rewarding, they may be more likely to continue through stressful moments. This section expands from methods of coping by describing some of the clear benefits of being a case
manager in community-based care, which include coworkers, the ability to help clients, to make a difference and to ultimately see a difference in what they do.

Although previously discussed as a coping mechanism, one other work environment aspect is seen as rewarding: their community of coworkers. A positive environment is created by coworkers the case managers enjoy and respect. They tend to share the same level of passion for helping clients and the same level of belief in professional dedication. They also have similarities in gender and race/ethnicity. Two out of eleven case managers describe why they enjoy their coworkers.

Ann: Phenomenal, everyone around me is phenomenal. They’re performing well, they’re doing well, they’re committed, they’re passionate. And that’s kind of cool…these are people you know that, hey you like (laughs). You like to be around them, you like what they’re capable of doing.

Rita: …our environment is different than a lot of places because when you’re working with social workers or RNs…they’re generally caring people. And if we ever have a need, we’ll send out an e-mail…You’ll get all kinds of stuff…we have fun and coverage. When I’m out of the office, someone checks my messages for me. I’ll say, “I’m going to be off March 2 to March 5”…And sometimes you will have gone out to lunch, and not been in the office, to even see this come out, so you can’t even offer to help…and it’s covered. And then whoever sends it out, “thanks to you all, it’s already covered.” And the second e-mail, that one will come out 6 minutes after the first one. I had a couple, Octobers or Septembers ago, and people came out of the woodwork…Oh my gosh, very supportive. I always say it’s like a big bra (laughs). You’ve got all this support around you.

These two examples show how influential coworkers are in the overall mood of the work environment. If the case managers like their coworkers, they will try as much as possible to help them if ever needed. The caring nature is reciprocal; they are willing to help and also know if they need help, it is there. Some of the case managers mentioned that good coworkers are one of the reasons they have stayed in their position for so long.

Caring is central to many of the rewards. Beyond coworkers, clients are an integral aspect of multiple rewards may be because the case manager’s job and personal and professional beliefs are focused on them. All case managers in this study mentioned rewards related to the clients they serve. Also, in programs based on older adults, some of the rewards relate to that population specifically.
Some of the case managers clearly discussed rewards that focus specifically on working with older adults more than younger populations. One concept was that the case manager has the ability to honor and respect older adults.

Lucy: …letting them know you care about them as a senior. I think one of the things lacking in our country, I don’t think we honor and respect the elderly like we should…what I do has to have purpose and meaning to me.

Another example relates specifically to dealing with death and assisting clients deal with this sensitive point in their lives.

Rita: I’m assisting them in their lives and I feel that’s very important. I want to help people have dignity and comfort at the end of life. Because that’s where we’re working; my consumers, the way I lose consumers is either by death, nursing facility placement, or they move away. Rarely do I have one who improves so much that they don’t meet the level of care…I’m gonna help them have the best end of their life that I can…

Again, the relationship between case manager and client is reciprocal. A few of the case managers also discussed some of the intrinsic “gifts” they receive from clients, such as learning from them.

Ann: …people are just extremely interesting and complicated and you learn so much from these people and their struggling and particularly in what we do. I mean, we’re dealing with death, we’re dealing with illness…an aspect of life is fragile and it’s wonderful and you meet these people and each individual give you a little something, a little gift, a little something special.

Joanne: You learn so much from you clients. I feel like I’m going to be better prepared to be an older person myself just learning from the experiences that I’ve been able to get from my people.

What the case manager learns from the client affects them on both personal and professional levels. Personal rewards are important because they may not necessarily be as present as professional ones.

Another personal and professional reward is that many of the case managers talk about feeling like they make a difference and four of them directly use that statement to describe their situation. They noted the ability to tell that a difference is being made by getting comments or other examples specifically related to community-based care. Many discuss this in a manner of hearing a “thank you” from a client or a caregiver.
Erin: I think when you go to a family that’s like “I could not have done this without you,” “you really helped us out,” or “I didn’t get an answer before now, now I know what to do and I understand it” is probably my biggest thing. I don’t know how else to describe it. Or if you go over to somebody’s house and they say something nice or give you a hug…

Mary: Sometimes you’ll have clients that tell you how much it means to them or their caregivers…when you get that notice, it’s kind of like a moment of aha, I’m doing something here that is rewarding.

Rita: I got a Christmas card from one lady…that said “Thank you for all your help, you’re an angel to me.”

Amy: When you have a client tell you that they really appreciate what you’ve done and the help you’ve given them.

Joanne: …you have clients who say “thank you so much for that lifeline, I would have sat on the floor for days had I not had that,” or “my homemaker, she’s really made a difference in my life.” And you just, you hear these kinds of things. How wonderfully rewarding.

Wanda: Success stories. People that, whose families were at their wits end, didn’t know what to do, can’t do this anymore. They were the ones trying to to take care of everything and then you go in, you work with them, you get services in place, you kind of do some counseling, and you know the next time you go out or the next time you talk to them, they’re like, “you know what, this had made such a difference in the family’s lives. We have a life again.”

Cindy: …having your clients when you come back and just seeing some families saying, “gosh you were really helpful, your agency was so helpful.”

As shown in the previous chapter, some case managers focus on helping the client stay in their home versus going into a nursing home when there are no other options. The case managers interviewed feel strongly for their job because they know that without community-based programs, many of these clients would be in nursing homes or options not as optimal for an older adult needing some assistance. They respect the clients’ attitudes about staying in the home because many of the case managers themselves discussed how they desire to stay in the home when they get older.

Although most case managers, regardless of the arena of care they work within, may believe that they make a difference, what separates community-based care from
other options is that these case managers actively see the difference. One case manager, Joanne, described this difference quite clearly:

> You know, sometimes you do good in life and you don’t see the outcome of it. In this job, you see a lot of the direct impact of what you do. I’ve been into houses that you walk in and you’re like, it’s just disgusting. And you come back at that 6 month visit, and while it may not be the house you would still live in, you can see the effect. You can look at the client and see, maybe you got meals on wheels for them set up. You see them putting on weight they needed to put on. You can see that they’re smiling. You can see that interaction of somebody coming in once a week to clean because that’s so beneficial. You see that direct impact and that’s what’s very rewarding.

The ability to see the difference could almost be considered a different reward than making a difference. As mentioned before, many of the case managers previously worked in other arenas of care (i.e., nursing homes, assisted living, child protective services, etc.) and did not get that same feeling in those positions even though individuals in case management focus on the ability to make a difference. The ability to see the difference may also have a stronger impact on the case manager. It can raise the general mood of the case manager and the case manager may feel more strongly for their program. If the general group of case managers in a program feels this positive, the level of turnover can decrease and the environment can feel more cohesive. In general, the coping mechanisms and rewards have a huge impact on how the case manager perceives their position as a person and as a worker in a caring profession.

**Summary of Central Themes**

Themes discussed in this section included how the case managers perceive their work-related tasks, roles, stressors, and mediators. The array of opinions within each area was increased due to the fact that the case managers vary in years of experience, past jobs, and general opinion towards their position. All were quite clear on how they perceived their tasks, but may have not necessarily known how much was entailed in the job. This point often involves the additional complexity of multiple and even conflicting roles that the case manager decides to take on, which were shown to be optional and perceived differently by each individual. The addition of these roles and underlying complex aspects of the job increase the possibility for stress to occur in this type of case
management position. Certain aspects of community-based care, such as seeing the individual in the home and increased opportunities for discretion, were discussed as either being a hindrance or helpful in regards to caring for the client. In general, the overriding support for community-based long-term care seems to allow many of my informants to perceive and manage their stresses positively. Some of the stresses depend on how much the case manager is involved in the job and what kind of boundaries they decide upon. Factors in these decision processes influence how they work with the client, coworkers, or within the organization in general. Mediators, which include both coping mechanisms and rewards, are also open to discretion and active decision-making. The ability to cope appears to be at least partly learned through experience, either through this current job or through past experiences, where the case manager has to deal with stresses. As noted previously through the work of Mortimer and Simmons (1978), experience is an integral aspect of socialization and the case manager, as an individual, continuously evolves through experiences.

In general, all four themes are shown to have a large amount of importance for the program and case management field. General clarification and understanding of tasks and roles is important for the case manager to understand what is necessary in their job. These aspects, along with coworkers and management, need to maintain a healthy level of openness to individual differences in each case manager. This may not necessarily be acknowledged at this point, but it is important because case managers come from different backgrounds and have different experiences. Instead of seeing these differences as liabilities, community-based programs need to remember that variation can provide multiple outlooks or a better way of accomplishing goals. Furthermore, if the case manager learns how to cope in healthy ways and sees their position as personally and professionally rewarding, this can result in lower levels of turnover and better quality of care.

The next chapter will focus on insights about the future and implications that are already being recognized in respect to what has already been discussed. Some of the previously mentioned themes relate to some of the positive and negative aspects of being a case manager in community-based care, which may have an impact on the future of case management.
Chapter 6: Implications for the Future

The case managers were also provided the ability to discuss how they perceive the future of case management in regards to what they are witnessing today. As can be noted through the interview guide in the appendix, a few questions are directly related to the future, but overall discussions may have taken the direction of this area as well. Direct questions included discussions of the future role of the case manager in general and also specifically related to the program in which they work. Another aspect explored in the interview relates to how the case managers would change the programs that they work in if they had no limitations and could do whatever they want. These questions related to future and changes prompted different kinds of responses in that they are not as descriptive as some of the others. Again, as noted in the last chapter, some of this insight is reliant on the numbers of and level of experiences. Experience is a big factor that ties into some of the implications and insights discussed herein. The suggestions provided by the case managers focus on either policy or occupational aspects and will be discussed within two respective sections.

Case Managers’ Insights on Future Implications and the Future Role of Case Management

When discussing how the case managers perceived the future of case management and of their program, many discussed uncertainty due to the amount of influence those in political power will have on community-based programs and other types of care as well. At least five of eleven participants mentioned political influence, but others involved politics in a less clear manner through discussion of funding or policy changes.

In general, many case managers stated that they see the potential for longer relationships with clients. This situation is dependent on longevity and the direction of the program they work in as well. Some programs take on a client beginning at age 65, which means that there is the potential to have a client for many years if they live longer. Three case managers clearly discussed this.

Mary: my guess is the way people take care of themselves now, our program may change to where we have more people that are older and I know we definitely have probably a lot more clients living a lot longer already, so I think that will
definitely be based on what our client population turns out to be in the next few years.

Lucy: We’re actually working with an older and older population. I mean, they’re getting into their 80’s and 90’s.

Joanne: …we’ve got so many 100 year olds now, it’s amazing. So I’m sure that we’ll be care managing somebody for much longer in the future because people are able to stay well longer and in their homes.

A result of longevity is the increasing potential number of older adults in the future. References to the Baby Boomer generation were often mentioned in interviews because the case managers are starting to see how many potential clients are approaching the time of needing care. It was also noted that there is often a fine line in dealing with increasing numbers of potential clients. It is positive for the programs and case managers to have a consistent number of clients because it shows a need for the services they provide. On the other hand, there may be negative aspects, such as increasing caseloads and limits on what can be provided to a large number of clients. If services are spread out too thin between all clients, then quality becomes an issue that can result in the case managers dealing with personal and professional conflict. Also, a few case managers referred to Baby Boomers being more demanding of options that fit their needs and preferences.

Joanne: I think it’s probably going to change quite a bit because of the Baby Boomers. I know already, I’ve already heard that they’re changing the name of a senior program because they didn’t like the word “senior.” So they’re changing names around and that’s all for the Baby Boomers because the Baby Boomers do not like to feel old. They don’t want the world elderly, they don’t want the word senior…anything that sounds like they’re sick or old. So things, just because I can see that names are changing, I can see that many things are going to change with the role of care management.

Lucy: I think with the Baby Boomers coming in, they’re going to be more demanding on what they want and they’re going to want more choices and more involvement.

Again, one significant difference for community-based case managers is that they need to be educated on what is occurring in the community and what trends they see. What they witness for other organizations may provide insight into how their program will change.
Policy-Related Suggestions

To counter some potentially negative aspects related to the unclear future, the case managers also discussed ways in which programs can adjust to the situation. To maintain the justification for community-based programs, they may need to include more services. Each program will need to continue marketing themselves to their respective client population and the community in which they work. The case managers themselves are often one of the most knowledgeable groups regarding what clients want and they often hear about services that are desired. When I asked the case managers about how they would change the program they work in, many suggestions were mentioned. Most of the time, these ideas are centered on things the clients suggest or things that the case manager thinks would help the client.

Mary: I have tons of clients that still like to do their grocery shopping, but they can’t do that because they can’t get there and have no one to take them. We have homemakers that can go for them, but they can’t take them with them. So it’s like, well, someone can go for you, but we can’t pay anyone to take you…I wish we could have someone take them, if they could be independent enough to do that on their own, they’d probably like that.

Amy: I would allow for companionship because that’s a big thing for most people. They’re lonely, they don’t want to go to like an adult day center or a senior center…I think we’re just allowed medical transportation, but we can’t provide transportation for them to go to the store to get their hair cut or just to go out to a mall somewhere…

Joanne: I’d probably pay for some family members to get away on vacation. There’s so many caregivers that could use a break so bad. If I could send them to the Bahamas for a week (laughs). If I had all the money in the world.

Wanda: I’d make family conferences for people with families mandatory. Um, like once a year, just to get the whole family together and talk about what’s going on…a lot of times you get to talk to the family but I think that should be one of our requirements is that for the ones that have family involved, we have a family care conference and let them know what’s going on. I’d like to see us have, and this is in a perfect world, a conference with all the providers. Even if it’s a phone conference, like everybody on a conference call, their aide and their physical therapist and maybe their primary care doctor, and case manager, everybody like once every 6 months have a conference call…I think it would really be helpful because a lot of times you call the doctors, you’re like “I’m trying to get a prescription so they can get this.” “Well, why do they need that, why do they need a wheelchair?” “They can’t walk anymore.” “Oh really, I haven’t seen them in like 7 months.”
Even though some suggestions are not realistic, they do provide insight into areas that should be addressed. Four individuals mentioned transportation issues and four individuals discussed the issue of lacking inclusion of low-cost items. In regards to more work-related aspects, as mentioned by four individuals, some suggestions included streamlining documentation, allowing for more independent case management and more discretion, dropping caseloads, and more coordination with providers. By learning from the case manager, a realistic approach can be created. Other examples not quoted here involve assisting in the payment of certain supplies, such as Depends, or items, such as hearing aids, baby wipes, or bathmats, that are not covered in these respective programs. Some items, such as the bathmat, are not expensive and case managers see them as something that can help increase confidence and safety for the client. Although programs vary in what is and is not covered, all case managers would be able to see things that could be changed.

Programs may also take on a more holistic approach in which the case manager serves the entire client and not just certain areas. One example could involve expanding from just medical services to cover psychological and social needs as well. In general, evolution may be an absolute necessity in the future because the clients, the general population, and needs will be changing constantly. As mentioned in the previous chapter, change is a constant that the case managers recognize and accept. The issue with changing a program is when it does not coincide with the case managers personal and professional beliefs and it seems that the case managers keep this in mind.

**Occupation-Related Suggestions**

On a more occupational level, the case managers discussed how the incentives to recruit and retain case managers are lacking. Most of the currently placed incentives may not recognize the older case managers. One such example is student loan repayment. Programs need to recognize the case managers that are providing quality care and work with their suggestions because these individuals see an unclear future. The future is unclear in multiple ways. The case managers do not necessarily know what their position will consist of because they are unsure of what changes will be made. The current case
managers who have been in their position for a number of years don’t necessarily see incentives for them to stay. A few case managers also recognize generational differences in case managers.

Ann: I don’t know what the future brings. I don’t think young people are quite as willing to work for as little for you know. I think it’s just a different world…when my daughter went to school, there was no way that she was going to go into social work, just no way. Because financially in today’s world it would not pay the bills…I have made choices that I’m not going to have certain things in my life, which you know in her generation you just assume that you are. She wants to travel, she wants to do these things and you know she needs to get an occupation that will pay for that.

Erin: I feel like social work as a whole is not the most desirable position to want to attain because it’s not lucrative, unless they give some incentives, which I think they are now. They’re giving incentives for social workers, like student loans and things like that, but for people my age, they don’t have that. It’s for people that are graduating now. I think there’s going to have to be a change in the way that social workers are paid…or are compensated if there’s some sort of benefit or reward because I feel like there’s going to be less and less case managers that are willing to do it for that amount of money.

These quotes indicate potential conflict between current and future case managers due to different mindsets. The current case managers point to the idea that they are already differentiating themselves from others they see as having varying work-related passion. At the same time, the current case managers are describing concrete issues that need to be addressed: increasing pay and work-related incentives. Another topic discussed involves the allowance for more independence and discretion for the case manager, which was discussed by one individual.

Cindy: I think that some of us could be on autopilot to tell you the truth. Yeah, we do need to have someone to go to and ask about approvals for care plan costs if it goes over…I would like to see if one person could go through a program, whatever they suggest, and look at your career and say, “you’re self motivated, you’re self disciplined, you get your reports done on time, your work is very good…you know what, you can go on autopilot”…I feel like I’m in grad school and when will I get my degree? I know there’s different degrees of care managers, some that need to have their hand held and still contribute and still need a little more supervision, but I think they should have different levels. I know you still need control to make sure the work is done because it’s very political.

This example points to the idea of creating different kinds of work incentives for experienced, qualified, and quality-driven case managers. A less formal way may be to
find ways to allow for more discretion or independence, but still follows program and state guidelines. If these older and more experienced case managers are respected and given incentives like the future case managers, turnover may decrease, there may be greater feelings of respect, or there may be less feelings of separation. These caring-natured positions take a toll personally and professionally. Quality of life for the case manager should also be considered when making changes in the future.

**Chapter Summary on Future Implications**

Based on the policy-related suggestions discussed, the case managers shed light upon the presence of support for more consumer direction. This can be acknowledged through initiating more service options that clients can choose from and also by allowing for variation within already present services. The most highlighted example was related to transportation. A greater quality of life for clients and a greater sense of service on the case managers’ end can both be achieved by examining possible ways to expand services to encompass clients’ needs and wants.

In general, the case managers provide insight into some important issues or changes that may occur in the future. Community-based programs will need to make policy adjustments relative to changes in longevity, varying generational service requests, and competition. On an organizational level, they were also very clear on what they see needs to change in regards to their own respective programs, such as including certain services and allowing for more discretion to aid in assisting the client.
Chapter 7: Concluding Statements

The overarching question for this project is: How do case managers in community-based care programs perceive their roles, tasks, stressors, and mediators? A second and contextual question is whether and how these stresses, rewards, and general perceptions are changing in the current environmental shift to home and community-based care. The overarching question is of a qualitative focus and an interview guide using broad questions was the approach for exploration. A qualitative focus was preferred due to the fact that there has not been much research directed solely on case managers that work in the area of community-based care.

The community-based case managers who did interviews for this project provided thorough, descriptive insights into their experiences. As noted in the themes section, tasks are oftentimes considered to be straightforward. Documentation, setup and readjustment of services, client assessment and visits, and phone calls are examples of tasks. Heightened complexity and variation between case managers’ experiences occurs when considering ones work-related roles. Which roles are taken on depends on what limitations the case manager sets for themselves. Discretion comes into play when taking on multiple work-related roles and setting boundaries for them. Stresses involve common case management issues, such as high caseload sizes and an overall high volume of work. There are also stresses that relate specifically to working within community-based care, such as the added complexity of working out in the community in the clients’ homes and the inability to use the level of discretion that is necessary to work in these various contexts. Case managers cope with their various stresses through venting, separating work and home, personal hobbies, self-care, and the maintenance of a sense of humor. In general, the case managers’ stress is alleviated by the fact that they are supportive of the shift to community-based care and the options it provides for their clients. Further rewards are seen in positive relationships with coworkers, the ability to respect and honor older adults, and that the client-case manager relationship is reciprocal and provides the ability to learn from one another. As in any other case management work area, they feel as if they are making a difference, but what is different with community-based programs is that the case managers see a difference in their clients’ lives.
Based on these general insights, I can conclude that community-based case managers may have a more complex role due to less defined boundaries and more individual decisions to make. Also, they need to use discretion in their daily tasks and roles, but are often limited in resources and the ability to make their own decisions. Programs in the area of community-based care are constantly evolving, which means that change is a constant and most case managers recognize this. As discussed in all theme areas, the client may not be an individual, but a larger formal network that can include family and caregivers. Furthermore, stresses are a trade-off that the case managers recognize and accept for some of the personal and professional rewards they get from their position.

**Table 6. The Occupational Stress Spectrum**

<table>
<thead>
<tr>
<th>Level of Occupational Stress is influenced by:</th>
<th>Personal/Professional</th>
<th>Program/Policy</th>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Ideologies</td>
<td>Training</td>
<td>Program Models</td>
<td>Client Relations</td>
</tr>
<tr>
<td>Sense of Mission</td>
<td>Bureaucratic Rules</td>
<td>Boundaries/Discretion</td>
<td></td>
</tr>
<tr>
<td>Personal Experiences</td>
<td>Funding Sources &amp;</td>
<td>Outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constraints</td>
<td>Status of Clients</td>
<td></td>
</tr>
</tbody>
</table>

**General Concluding Insights**

In general, when comparing the responses between the two programs, there were generally no differences. The only question that yielded a noticeable difference between the two groups of case managers was when I asked them about the future of the program within which they work. The respondents in the program that is a home and community based waiver program, funded through Medicaid, mentioned more often the influence of politics when thinking about the future. This may partly be due to the type of funding source they work with, which has different demands and facilitates numerous programs. The locally funded program is influenced by politics as well, but functions individually. Other than this one question, the case managers in both programs answered very similarly on everything else. This indicates that the stresses, rewards, and perceptions of their job are not very different, regardless of how the programs are modeled and set up.
Overall, the perspectives of my informants highlight the shift within long-term care to support community-based care. Historically, there has been a fragmentation of client into areas that may be psychological, social, or income-related (Ritzer and Walczak, 1986). Community-based care is countering this through acknowledging the whole client and by caring for many of these areas. Also, there may be aspects of these caring professions that are shifting as well. As indicated through the work of Netting, Kettner, and McMurtry (1998), there is heightened emphasis on macro social work practice. As stated by the authors, “macro practice is professionally guided intervention designed to bring about planned change in organizations and communities…Macro-level activities engage the practitioner in organizational, community, and policy areas…Macro activities go beyond individual interventions but are often based on needs, problems, issues, and concerns identified in the course of working one-on-one with clients” (Netting, Kettner, and McMurtry, 1998: 6). Furthermore, the authors note that “the focal points of the social worker’s efforts in undertaking a macro-level change episode” involve the “problem, population, and arena” and that all are within the realm of the “formalized policy context” that is influenced by the “political environment” (p. 8). As can be noted through these interviews, my informants are highly aware of the influence of policy and how important it is to be knowledgeable of the current environment. The attitudes of these case managers are very similar to the core ideals of macro social work, which involve understanding the individual client in the context of the greater context that encompasses program type, policy influences, and community. In the future, there may be greater emphasis on this higher level of understanding that is becoming more recognizable.

Another aspect that my informants shed light upon is that although they have a higher tendency to feel helpful through making a difference and seeing the changes, ultimately their clients are still limited in other parts of their lives. Many community-based programs focus on poor and disadvantaged older adults. Although the case managers may improve situations related to some issues, they cannot address everything. There are program, organizational, and overall policy boundaries that limit their ability to attempt to address other issues. This may result in limited effectiveness. Some of the programs, especially home and community-based waiver programs focus on clients with
overriding economic and social vulnerabilities and the case managers are unable to overcome these problems or even address them all. Other issues, beyond what can be addressed through current general service provision, need to be addressed as well but it is clear that case managers have so much on their plate that this would be difficult. Other resources need to be created to help fill in the holes that current programs cannot completely address today.

Furthermore, it is clear that there needs to be more creation of job-related benefits that make case management more enticing as a profession. Based on what this group of case managers was saying, it will increasingly become an issue as time passes and is just beginning to be recognized as a problem now. Both retention and recruitment need to be addressed. Although programs are starting to create benefits for new case managers, individuals who have been working in the field for lengthy periods of time need to be acknowledged as well. As with many other caring professions, the level of pay is not increasing as work demands are increasing. Increasing pay is a necessity and is a common issue in many fields. Other types of benefits can be created that address level of experience. If certain benefits, like loan reimbursement, are focused on new case managers, there are benefits that can be created for case managers on the other end of the spectrum that have been there the longest and are the most knowledgeable. Although tangible benefits, such as pay increases, are preferred, other types of benefits could assist in filling in the gaps of lacking acknowledgement of the older case managers. Some of the participants began to touch on other options they saw as rewarding, such as increased freedom in their job through less intense supervision once their capabilities are highly consistent and proven. Through the creation of both more concrete benefits and rewards for individuals who have proven their abilities and commitment, but also individuals new to the field, retention and recruitment issues can begin to be addressed.

In conclusion, this project is intended to be a beginning step in learning about case managers who work in the area of community-based care. Research on this area is a necessity because the area of community-based care is expanding and will continue to do so in the future. As seen through the experiences of the case managers in this project, this area is highly complex and constantly changing. Their descriptions only begin to touch on the variety of programs and the case managers that work within them. In order to
understand it properly, more research needs to be completed. Future questions/themes may focus on further differences/similarities between case managers in a more extensive variety of program types or examining the perceptions of case managers for a longer time frame to analyze the influence of experience.
References


Appendices

Appendix A: Recruitment Letter

Dear Case Managers,

My name is Emily Slominski. I am a graduate student at Miami University in the Gerontology program and am conducting qualitative interviews for my thesis project.

For this project, I plan on interviewing 10-15 case managers in community-based programs. I am focusing on how case managers interpret their work-related roles, tasks, stressors, and mediators. In addition to adding to academic knowledge of case managers – which is limited – I hope the project will inform policies to better support those playing this vital role in the provision of health and social services.

I am writing to you to ask if you would be willing to participate in one interview relating to how you perceive your role as a case manager, the tasks involved in the job, and stressors/rewards that occur with the job. The interview would be scheduled at your convenience and should take approximately one hour. To ensure confidentiality, the interview can take place at a location of your choice in an environment, which you deem comfortable. Also, your name will not be identified in the research; co-workers and supervisors will not be told who volunteers to participate.

Your assistance in this project will help me in my research and it will further add to the information currently available. The direct perspective that you can provide can assist in describing issues and benefits of working in the area of community-based care for older adults.

If you are interested in participating or have further questions, please feel free to contact me. Your assistance in this project would be greatly appreciated.

Thank you for your time,

Emily Slominski
701-330-7749
slominea@muohio.edu
Appendix B: Informed Consent

I understand that I am participating in an interview and brief questionnaire that will discuss my role as a case manager and the roles, tasks, stressors, and mediators that are associated with it. I understand that the interview/questionnaire discussion will be audio recorded. I understand that participating in this interview will take approximately one hour of my time.

I understand that participation is voluntary. I understand that refusal to participate is associated with no penalty or negative consequences. I understand that my personal information and responses will be confidential throughout the whole process and that my name will not be identified in this research. I understand that the interviewer will be the only individual who knows that I was personally involved with this project and the details of my interview. I understand that my supervisors and co-workers will not be told who volunteers to participate in this study. I understand that I am not being asked to disclose client names or identifiable characteristics and that this information will not be used.

I understand that the risks associated with this study are minimal or low. I understand that by participating in this study, I may benefit from discussing the topic of being a case manager and may learn more about the role, tasks, stressors, and mediators associated with it.

If you have further questions about this project, please contact Emily Slominski by e-mail at slominea@muohio.edu or by phone at 701-330-7749. You may also contact her advisor, Dr. Christopher Wellin, by e-mail at wellincr@muohio.edu or by phone at 513-529-1592. If you have any questions about your right as a research participant, please contact the Office of
Advancement of Research and Scholarship at Miami University by e-mail at humansubjects@muohio.edu or by phone at 513-529-3734.

Printed Name: ____________________________________________

Signature: ________________________________________________

Date: ____________________________________________________

I understand and agree to be tape-recorded for this interview.

Signature: ________________________________________________

Date: ____________________________________________________
Appendix C: Interview Questions

- What motivates you to be a case manager?
- Tell me about your roles and tasks as a case manager
- How does your role as a case manager in the program you work in differ with what you learned about case management through training/education?
- Describe the biggest stresses related to your case manager role
- How do you cope with the occupational stresses you experience?
- Describe the biggest rewards related to your case manager role
- Describe the future role of the case manager
- Describe the future of the program you work in
- How would you change the program?
- What advice would you have for someone considering becoming a case manager?
- Is there anything else you would like to discuss?
Appendix D: Demographic Questionnaire

Training and education: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Social Worker or Nurse (circle one)

Other types of settings you have worked in: ______________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Length of time employed in the current program you work in: ______________________
____________________________________________________________________________

Length of time as a social worker/nurse: __________________________________________
____________________________________________________________________________

Current caseload size: _________________________________________________________
____________________________________________________________________________

Current typical severity level of clients: __________________________________________
____________________________________________________________________________

Are you involved in anything else beyond the case manager role in the program you
work in (for example, committees, board member, fundraising, etc.)?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________