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JOB SATISFACTION AMONG CASE MANAGERS

FOR COMMUNITY-DWELLING OLDER ADULTS

by

Ying Tang

Under the Direction of Frank J. Whittington

ABSTRACT

The significant role of case managers in improving the health status of clients and in achieving cost-containment has been increasingly recognized. However, very few studies have touched on the emerging group of case managers who work exclusively with frail older adults.

The purpose of this study was to determine the level of overall job satisfaction and some of its determinants among case managers of the Visiting Nurse Health System, Atlanta, Georgia, working primarily with older adults in two community-based programs. The objectives were to learn: (1) the level of overall job satisfaction among these case managers; (2) how these case managers perceive their role; and (3) what factors facilitate their work, what factors present barriers to their job performance, and what policy or procedural changes they feel would improve their performance.

An established job satisfaction scale was employed to assess job satisfaction among the case managers. The overall job satisfaction scores ranged from 109 to 198 (out of a maximum possible score of 216), with a mean of 158.2, which is considerably higher than the theoretical mid-point of the scale (126). Nine subscales of job satisfaction, ordered by the satisfaction level from highest to lowest were, Coworkers, Supervision, Nature of Work, Communication, Contingent Rewards, Fringe Benefits, Operating Conditions, Pay, and Promotion.

Case managers in the Older Group (aged 45 and older) showed higher overall satisfaction compared to those in the Younger Group (younger than 45). Furthermore, satisfaction levels with Fringe Benefits and Operating Conditions were significantly higher in the Older Group than in the Younger Group. No significant difference was found in job satisfaction between case managers in the two programs (CCSP and CBSP). Case managers with longer experience (at least 4 years) showed a higher satisfaction level with Pay compared to those with shorter experience (less than 4 years) in their current program. No significant difference in job satisfaction was found between social worker and nurse case managers, except that nurse case managers were significantly more satisfied with Fringe Benefits than social worker case managers.

Qualitative analysis of the interview found that case managers tended to describe their role in terms that were either related to program objectives or activities. They viewed their role more as providing or ensuring services to their clients than as cost-containment. At the same time, initial assessment appeared to be the most important component of their role compared to other activities, such as evaluation or contact with service providers. Nature of the work, management, and coworkers are the three major sources of facilitating factors reported. On the other hand, the majority of deterring factors, related to operating procedures, pay, promotion, supervision, funding, and management, fell in the category of organizational factors. Deterring factors related to individual factors were related to communication and coworker relationship.

Long-term study is needed to learn the job satisfaction among case managers working primarily with older adults and to determine what contributes to or undermines their job satisfaction. Policy changes might be needed at the organizational level to enhance job satisfaction among case managers.

JOB SATISFACTION AMONG CASE MANAGERS

FOR COMMUNITY-DWELLING OLDER ADULTS

by

Ying Tang

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2007

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Ying Tang
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FOR COMMUNITY-DWELLING OLDER ADULTS

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LIST OF ABBREVIATIONS

CCSP	Community Care Services Program
CBSP	County-based Services Program
JSS	Job Satisfaction Survey
VNHS	Visiting Nurse Health System
SPSS	Statistical Package for the Social Sciences

CHAPTER I

CONCEPTUAL FRAMEWORK

Introduction

Atlanta's rapidly growing and aging population soon will outpace the services available. The older adult population in the Atlanta region doubled between 1970 and 2000 and will double again by 2015. By 2030, one in five Atlantans will be over 60. As the older population increases, the demand for case managers providing community- and home-based services also will rise. Along with increased demands, emphasis on patient outcome and cost containment has placed more responsibilities on individual case managers. Meanwhile, the variety in race and health status among the older population in Atlanta creates more barriers and difficulties for case managers. Nevertheless, job satisfaction of case managers who work with frail older adults has been surprisingly less attended to by researchers and organizations. This study is designed to get a preliminary view of job satisfaction among case managers in the Visiting Nurse Health System, Atlanta. The findings will help program administrators improve case managers' job satisfactions and performance and service quality for clients, and they will help future researchers design better studies to identify specific factors or mechanisms that enhance job satisfaction of case managers.

Background

Over the next 30-40 years, baby boomers will put heavy demands on the public health sector as well as on families, especially when they reach the age where functional impairments normally develop and help is required from others to handle daily living and the health problems. On the other hand, the preference for aging in place is apparent, and most older people, even

with considerable disability, prefer to stay at home (Bernabei, Landi, Gambassi, Sgadari, Mor, Rubenstein, & Carbonin, 1998). Thus, additional and improved preventive and supportive services are highly needed to improve health status of frail or functionally-impaired older adults so that they can remain at home as well as to postpone functional impairment and health problems among healthy older people (Hallberg & Kristensson, 2004). Case management appears to be one of the most frequently used mechanisms to link individuals with services and coordinate their care while facilitating service access (Cox, 2005).

Since the appearance of case management, various studies have focused on its application and outcome (Boyd, Fisher, Davidson, & Neilsen, 1996; Hammer, 2001), showing its significant role in improving individual health (Gellis, Kim, & Hwang, 2004; Schein, Gagnon, Chan, Morin, & Grondines, 2005; Bernabei et al, 1998) and cost containment (Marshall, Long, Voss, Demma, & Skerl, 1999; Eggert, Zimmer, Hall, & Friedman, 1991; Anderson-Loftin, 1997; Long, 2002). Job satisfaction of case managers also has been thoroughly studied in order to enhance job performance and further improve its social outcome (Hromco, Lyons, & Nikkel, 1995; Gellis & Kim. 2004; Abott, 1994). However, since geriatric care appears to be one of the most overlooked areas of health care, case managers who manage health care and social services for frail old adults have been, to some extent, neglected. On the other hand, predicted severe nursing shortages and an increasing demand for home health care services have made the retention of experienced and qualified nursing staff a priority for health care organizations (Ellenbecker, 2004).

However, considering the unique characteristics of case management for older clients, who demonstrate a great variety of health problems, social-economic status, religion, and cultural beliefs (Naito-Chan, Damron-Rodriguez, & Simmons, 2004), studies are needed to explore job satisfaction among this group of managers who need specialized knowledge and skills and are likely to face a very different scenario compared to other case managers. At the

same time, it is also of great importance to determine the perceived factors deterring or enhancing job satisfaction among this group of case managers working primarily with older adults.

Literature Review

Plenty of studies have researched job satisfaction of case managers in hospital settings, and an apparent focus appears to be the association between job satisfaction and the care delivery model, or the case management approach. However, fewer studies have touched on case management for frail older adults in community settings. Among the limited number of studies, a majority focused on the cost-effectiveness of case management and the effects of case management interventions on utilization and cost of services and on quality of care. I failed to locate any study on job satisfaction of case managers who work exclusively or primarily with frail older people in community settings.

Case Management and Job Satisfaction

As nurses have comprised the traditional group of case managers, studies of job satisfaction in case management have focused on nurses, either in clinical, home, or long-term care settings. Case management model, care delivery and settings of case management have been found to be closely related with job satisfaction among nurse case managers.

Among studies of job satisfaction in case management, two major interests are apparent. One is the association between organizational factors, such as the care delivery model in the clinical setting or the case management model, and the job satisfaction of case managers. The other interest has been the environmental aspects that either enhance or lower job satisfaction, such as the rural or urban setting of the work or whether it is done in a long-term care or community setting.

One study (Song, Daly, Rudy, Douglas, & Dyer, 1997) compared two case management models and studied the association of job satisfaction with individual nurses' perceptions of and

their preferences for a case management model. The practice model with a shared governance management model and minimal technology produced greater satisfaction with a lower absenteeism rate compared to the bureaucratic management model with high technology. Goode (1995) studied the effect of a CareMap (management of defined patient groups using multidisciplinary clinical guidelines) and nursing case management on staff job satisfaction as well as on patient satisfaction, collaboration, and autonomy. The patients who had a CareMap and a nurse case manger were more satisfied with their care. The multidisciplinary staff who worked on the experimental unit had increased job satisfaction, and nurses who applied and were selected for case management positions had higher levels of collaboration and increased autonomy (Goode, 1995).

Another quasi-experimental pre- and post-intervention study by Sherman and Johnson (1994) compared nurse satisfaction before and after implementation of nursing case management. The case managers planned, coordinated, and facilitated care that was delivered by registered nurses, licensed practical nurses, and nursing assistants. Unlike the studies by Goode (1995) and Song and collegues (1997), neither job satisfaction of nurses nor patient-perceived quality of life showed significant improvement, although patient satisfaction showed a statistically significant increase six months after implementation of nursing case management (Sherman, 1994).

While most studies reveal positive effects on job satisfaction after implementation of various models of case management, such as the patient care delivery model with governance shared by case managers and other health care providers (Abbott, 1994; Lynn & Kelley, 1997; Song et al., 1997), findings also show increased autonomy in case managers, higher levels of collaboration, and shared risks or responsibilities between case managers and other staff workers. In addition, most studies found higher satisfaction among clients who received case management (Goode, 1995). Empowerment of nurse case managers improves achievement of

goals and job satisfaction (Anderson-Loftin, 1997). Some studies particularly looked at the relationship between supervisors and case managers, suggesting a positive relationship with higher job satisfaction and autonomy of case mangers (Hogan, 2005).

A comparison study between nurses who work primarily with older adults within and outside long-term care suggested that dissatisfaction of long-term care nurses had more to do with environmental/management issue related to the long-term care setting than to the patients themselves (Carr & Kazanowski, 1994)s. These issues included working conditions, negative attitudes of society towards elderly people, and supervision. Although, it is unclear whether there was case management involved in these nurses' work, this study may shed some light on how to design future studies of case management for frail older adults.

Case Management for Older Adults

Case management for frail older people dwelling in community settings is a relatively new topic compared to traditional case management. As early as 1983, Steinberg and Carter presented the complex subject of case management with the frail elderly from the perspective of the planner, the administrator, and the evaluator. Their book mainly focused on the formation phase of case management. Current studies of case management for frail older adults direct their attention to the models of case management and their effects on client outcome, service utilization, and cost of services.

Eggert et al. (1991) conducted a randomized controlled study, comparing two types of case management for skilled nursing patients (with a mean age of about 76) living at home: the centralized individual model and the neighborhood team model. By applying the descriptive framework of three case management models (minimal, coordination, and comprehensive) developed by Ross (1980), Eggert and colleagues (1991) found the two models in their study lie between the coordination and the comprehensive models, but their functions differ considerably in organization and operation. The team model lies closer to the comprehensive model because

of its emphasis on direct casework, public education, client assessment, care planning, and reassessment. In the team model, case managers adopted a more personalized, independent, and efficient approach to providing services to their clients. However, in the centralized individual model, certain case management functions, principally assessment, care plan development, and reassessment, were delegated to hospitals and certified home health agencies. Eggert's group found the average annual cost for team cases was 13.6 percent less than that of individual model cases. Hospital days and home health aide hours for the team group also were lower than those for the individual model group, but not nursing home use. Characteristics of the team model, including continuity of assessor, smaller caseloads, the use of teams, home visits, familiarity with neighborhood resources, and the targeting of the high-use/high-cost group, were suggested to explain the findings (Eggert et al., 1991).

To answer the question of whether community-based case management for chronically ill older adults is cost-effective, Boyd and colleagues (1996) compared a control group with an experimental group of clients who received case management services in their homes. They found case management decreased emergency department visits, hospital admissions, and hospital length of stay. Another study of case management measured use and costs of health services, variations in functional status, and admission to an institution among older people living in the community (Bernabei et al., 1998). Positive impact was found after the implementation of integrated social and medical care with case management. Yet, another study reported inconsistent findings on five outcome measures (perceived health status, functional status, satisfaction with care, service use, and service costs) of a comprehensive case management program for elderly clients (Marshall, Long, Voss, Demma, & Skerl, 1999). No significant differences were seen in the measures between the group with case management and that without. The authors did suggest that changing the care setting or changing protocols of case management within the existing setting might yield different findings.

Long (2002) compared the effects of case management models and case manager type on service use, service cost, and patient outcome in an elderly, functionally impaired population. A patient advocacy model, relying on a "brokering arrangement for services in the best interest of the patient," was found to result in increased service use and costs along with increased survival rates, compared to an interrogative model that relies on "intense oversight with expected cost reduction" (Long, 2002). But no significant difference in either service use and cost or survival was found between nurse case managers and social worker case managers.

Recently, a diary study explored differences in case management in three distinct settings: community-based older people's teams, hospital social work teams for older people, and community-based teams for adults with mental health problems (Jacobs, Hughes, Challis, Stewart, & Weiner, 2006). This study confirmed results in earlier studies that assessment activities predominate in the services provided with little time left for ongoing activities such as monitoring and review. These authors also noted a very small percentage of care managers' time spent in direct care.

Hallberg and Kristensson (2004) summarized studies of care/case management interventions for community-dwelling, frail older people and concluded that very few interventions took a preventive, rehabilitative approach or a family-oriented approach. They further suggested that the content of case management should be expanded and frail older people should be targeted.

Research Questions

This study aimed to gain a preliminary understanding of job satisfaction among case managers working in one agency serving community-dwelling frail older adults and answer the following questions:

(1) What is the level of job satisfaction among the case managers in this agency? Is there significant difference in job satisfaction within the sample, between workers in different programs?

(2) How do case managers for community-dwelling frail older adults perceive their role?

(3) What are the managers' perceptions of factors facilitating or deterring their case management?

Theoretical Framework

Different definitions of job satisfaction are present in the literature. Spector (1997) defined job satisfaction as "simply how people feel about their jobs and different aspects of their jobs." Locke and Henne (1986) viewed job satisfaction as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences." Meanwhile, Blegen and Mueller (1987) specifically gave a definition of nurses' job satisfaction which represents nurses' degree of positive affective orientation toward their job.

In The Motivation to Work (Herzberg, Mausner, & Snyderman, 1959), a two-factor motivating theory of job satisfaction was formulated. After conducting two pilot studies which proved the feasibility of the study and helped the development of the method as well as the determination of the sample population, Hertzberg and colleagues (1959) interviewed approximately 200 middle-management engineers and accountants and asked what pleased and displeased them about their work. They found that the factors causing job satisfaction were different from those causing job dissatisfaction. Thus, they postulated that satisfaction and dissatisfaction are two separate, sometimes even unrelated, phenomena. Intrinsic factors (i.e., factors intrinsic to the nature and experience of doing work) which they found to be job satisfiers, include: achievement, recognition, the work itself, and responsibility. They named these factors "motivators." Extrinsic factors, which they found to be job "dissatisfiers," include: company policy, administration, supervision, salary, interpersonal relations, and working conditions. They named these "hygiene" factors. The majority of research addressing nursing job satisfaction has focused upon "hygiene" factors.

This study will apply the two-factor theory and look at job satisfaction by measuring both intrinsic and extrinsic factors. Case managers will be asked about their opinion about their pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, cowokers, and communication in their work, as well as the nature of their work. Among the nine factors, only the nature of their work is an intrinsic factor. The remaining eight factors reflect extrinsic characteristics of job satisfaction among these case managers.

CHAPTER II

RESEARCH METHODS

A cross-sectional survey design was used to collect data in March, 2007. The quantitative approach was taken to determine and compare the current job satisfaction of case managers in the three programs, while a qualitative approach to the data collected through interviews allowed a description of how the case mangers view their role, and what factors they felt facilitating and deterring case management.

Research Setting

The setting for this research is the Visiting Nurse Health System (VNHS), which is a comprehensive health care organization in Atlanta. It was chartered in Atlanta in 1948 "to promote health, to prevent disease and to provide skilled nursing care for the sick in their homes on a part-time basis, without respect of financial condition, race, color or religious beliefs" (VNHS, 2007). It mainly provides home health services (e.g., skilled nursing and rehabilitative services), hospice service, and specialized Alzheimer's care. VNHS provided care management for over 3,500 individuals in FY 2006, with a total of more than 82,000 hours of care management (Ivy, 2007).

Case managers in this study are employees of VNHS who work in three different programs with the same goal of "achieving excellent outcomes among clients as determined by their medical conditions and creating an alternative to nursing home placement" (VNHS, 2007). There are a total of 61 case managers, among whom 14 are registered nurses and 47 are social workers. Three programs–Community Care Services Program (CCSP), Service Options Using Resources in Community Environments (SOURCE), and the county-based services program (CBSP)–have 30, 2, and 29 case managers, respectively (Ivy, 2007). Most clients in the three

programs are older adults. CCSP helps Medicaid-eligible people who are elderly and/or functionally impaired to continue living in their homes and communities; SOURCE creates a continuing care network for at risk individuals who need medical attention and personal care and prefer to stay in their own homes and communities; and the county-based program is funded by a particular county to serve the eligible clients in its area. The three programs mainly differ in eligibility criteria, available services, and cost of services. Permission was obtained from the VNHS Director of Case Management for the researcher to distribute surveys to case managers and interview selected case managers (see Appendix A).

Sample

The sample was drawn from case managers working in one of the three home- or community-based care programs in VNHS. All of the 61 case managers were asked to complete the job satisfaction and demographic survey, and 41 (68%) actually did so. After collection of the job satisfaction survey, eleven randomly selected case mangers were contacted for the follow-up interview, and nine agreed and were interviewed.

Data Collection

After receiving approval from the university institutional review board, I attended a monthly meeting of the organization when most of the case managers were present. Then, with support and an introduction from the supervisor of the VNHS case management program, I briefly introduced the purpose of the study and asked for cooperation of the case managers to participate in this study on a voluntary basis.

Self-administered Survey

Packages for each team with consent forms (two forms for each individual) and job satisfaction surveys were prepared beforehand. A cover letter explaining the purpose of the study and collection of the filled surveys was addressed to the team leader and was put in the package (Appendix B). Team leaders picked up the packages delivered to their mailboxes and distributed

them to their team members during their team meeting time. After case managers signed a consent form (Appendix C) and filled out the survey, team leaders collected both consent and survey forms, put them in a sealed envelope and put the envelope in an outgoing mailbox in the VNHS office. The student researcher was notified to pick up the surveys whenever one was ready.

Interview

Case managers randomly selected were contacted by telephone and asked to participate in the interview voluntarily. The student researcher made phone contacts with those case managers who showed interested in participation and scheduled a time with each of them. Interviews were conducted between March 22 and March 30, some in the conference room of VNHS and some in a cafeteria in the building where VNHS's office is located.

Before each interview, the case manager was asked to read and sign the consent form for the interview (Appendix D). A semi-structured interview guided the interview process by asking case managers about the program they work in, the professional background, their caseload. They were asked to describe their role as a case manager in their current program. Every case manager would be asked about their opinion of factors deterring and facilitating their role as a case manager. When answers were too short or brief, further questions were asked to elaborate so that their statement was appropriately understood.

The interviews were tape recorded and then transcribed. During one interview, the researcher took notes of the case manager's comments because the tape recorder did not work.

Measures

Case managers were asked to provide information about their sociodemographic characteristics (age and gender), professional role, and experience. They also will completed the Job Satisfaction Survey, a 36-item, nine-facet scale to assess how people feel about their jobs and different aspects of their jobs (Spector, 1997) (complete survey from in Appendix E).

Job Satisfaction

Overall job satisfaction was measured with the Job Satisfaction Survey. The Job Satisfaction Survey (JSS) has been proved by earlier studies to have adequate reliability and validity as a measure of job satisfaction in health and human services (Hulin & Judge, 2003). The JSS provides an overall score by assessing nine facets of job satisfaction, which are pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication. Respondents were asked to express agreement or disagreement with 36 statements about their job on a 6-point continuum, with 1 representing "disagree very much" and 6 representing "agree very much." The Job Satisfaction Survey yields a total job satisfaction score ranging from 36 to 216. Respondents with higher total job satisfaction scores are considered to be more satisfied with their jobs than are individuals with lower scores.

Each of the items is a statement that is either favorable or unfavorable about an aspect of the job. The responses from a respondent were summed together by adding scores from the 36 items. Since half the items are positively worded (e.g., "I feel I am being paid a fair amount for the work I do") and half are negatively worded (e.g., "Raises are too few and far between") items, the scores from the negatively worded items were reversed before being added to the others. The total satisfaction score was computed by combining scores from all of the items. Each of the nine subscales contains four items, which were irregularly distributed in the survey. Scores for each subscale was computed by the same method used for the total scale.

Perception of the Case Manager's Role

There remains a lack of continuity in the definition of the case manager role (Genrich & Neatherlin, 2001; Hromco et al., 1995). Moreover, how case mangers interpret their role may depend upon "the actual job demands—e.g., consumer needs, professional training and formal organizational demands" (Hromco et al., 1995). Hromco and colleagues (1995) reviewed earlier

studies of the case manager role and found that most case management models include service systems management as an essential case manager role. However, the descriptions of the case manager role range from case managers as therapists to case managers as “managed care providers” or “systems agent” (Anderson-Loftin, 1997; Hromco et al., 1995). More recently, Genrich and Neatherlin (2001) suggested that the case manager role requires “interpersonal skills, and knowledge of planning, economic and evaluation strategies.” It was also revealed that case management organizations recently are placing an increased emphasis on the need to work in groups, conduct cost accounting, and facilitate change.

During the interviews for this study (Appendix F), case managers were asked to describe their perceived role as a case manager in their individual programs. The case managers also were asked about their view of the most frequent or serious barriers to effective case management and their idea on training or education which they regard as most necessary or helpful in enhancing their work performance. The perceived facilitating and deterring factors in case management serve as a possible indication of what has contributed to job satisfaction or, perhaps, led to a low satisfaction level.

Data Analysis

Data collected from the Job Satisfaction Survey was processed with SPSS version 12.0. Missing data were replaced with the mean. The overall job satisfaction score and its nine facets (sub-scales) were used to provide an overall description of VNHS case managers and to learn whether case managers with different characteristics working in different programs have different levels of satisfaction. Data collected from the tape-recorded interviews were qualitatively analyzed. Content analysis (Weber, 1990) was conducted to determine : 1) how case managers perceive their role; 2) what factors they feel facilitate their work; and 3) the most common barriers or difficulties indicated by case managers affecting their jobs. These qualitative data were used to augment the interpretation of the quantitative data on job satisfaction.

The student researcher read through the transcripts sentence by sentence and highlighted the statements about the case manager role. By analyzing all the answers from the nine respondents, the student researcher was able to identify two dimensions case managers used to think about and describe their role: an activities-related dimension and an objective-related dimension. The activities-related role was identified by an action verb that was used to introduce the statement, such as “review,” “meet with,” “document,” and “assess.” The objective-related role was often preceded by a phrase such as “make sure” or “ensure.” Examples of objective-related statements were “make sure they get the services they need” or “ensure their needs are being met.” Similarly, factors facilitating and deterring the case manager role were identified and listed before categories were determined. All transcripts were read and analyzed at least twice to ensure higher reliability.

CHAPTER III

RESULTS

Sample Description

In total, 61 surveys were distributed. Sixty-eight percent (N=41) of case managers returned the questionnaire within two weeks. Due to our assurance of confidentiality, no demographic information is available about case managers who did not return the questionnaire, so it is not known whether non-participants differed in any systematic way from participants.

Among the 41 survey respondents, 27 are from the Community Care Services Program (CCSP), and the remaining14 from county-based programs. A large majority of the respondents are female (90.2%), with ages of the respondents ranging from 29 to 60 (mean age =44.6). The length of time the respondents have been working in the current program, either CCSP or the county-based programs, ranges from as little as 4 months to 11.5 years. The mean caseload in CCSP is 107.4, which is significantly higher than that in the county-based programs of 79.5 ($t= 0.15$, $p<0.005$).

Survey Results

Job Satisfaction Survey Scores

After replacing missing data with the mean score, the total JSS scores among the 41 respondents are shown in Figure 1. The overall job satisfaction scores ranged from 109 to 198 (out of a maximum possible score of 216), with a mean of 158.2, which is considerably higher than the theoretical mid-point of the scale (126). The distribution (seen in Figure 1) is relatively skewed to the higher end, with 33 JSS scores over 140 and only 8 less than or equal to 140 (S.D.= 21.3). Among the 33 higher scores, 14 were in the range of 141-160, 12 in the range of 161-180, and another 7 in the range of 181-200.

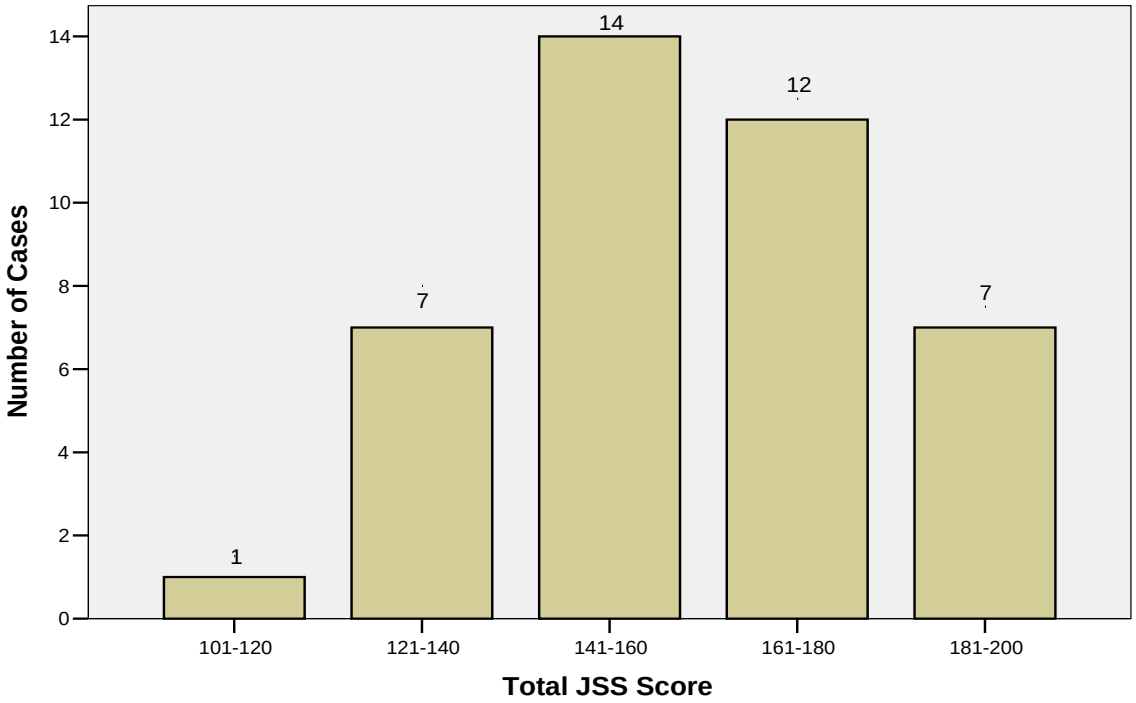

Figure 1. Distribution of Total JSS Scores

The job satisfaction survey also yielded scores on the nine subscales of JSS, shown in Table 1. The highest score (24) was found on most of the subscales, except for Pay and Promotion with their highest scores of 23 and 19, respectively. The lowest score (4) was found in subscales of Contingent rewards, Fringe benefits, Operating conditions, Pay, and Promotion. Subscales of Coworkers and Supervision yielded the highest mean score of 22.4 and 22.2, respectively, and they were also the subscales with the lowest standard deviation of 2.4. Mean JSS scores for Nature of Work and Communication were above 20, and ranked 3rd and 4th highest among the nine subscales. The lowest mean JSS score of 12.1 and 12.4 were found in subscales of Promotion and Pay, respectively.

Age and Job Satisfaction

Four out of the 41 respondents failed to report their age, so there were 37 cases with valid age value. Based on their mean age (44.6 years), I chose 45, the closest integer to the

Table 1. Job Satisfaction Survey Results: Overall and Subscales

	Minimum	Maximum	Mean	Std. Deviation
Coworkers	13	24	22.4	2.4
Supervision	16	24	22.2	2.4
Nature of work	10	24	21.9	2.6
Communication	13	24	20.5	3.2
Contingent rewards	4	24	18.0	5.2
Fringe benefits	4	24	14.4	5.3
Operating procedures	4	24	14.2	4.3
Pay	4	23	12.4	5.7
Promotion	4	19	12.1	3.8
Total	109	198	158.2	21.3

N=41

mean age, as the cut-point to group these case managers into two groups, the Older Group, aged 45 or older (n=20) and the Younger Group, aged younger than 45 (n=17). Significant difference was found between the two groups in the total JSS score and in subscales of Fringe benefits and Operating conditions (Table 2). (165.7 for Older Group vs. 150.4 for Younger Group). The Older Group was found to have a significantly higher satisfaction level with Fringe benefits ($t=2.0$, $p<.05$) and Operating conditions ($t=2.2$, $p<.05$) than the Younger Group.

However, similarities between the two groups are evident. In both groups, subscales of Coworkers, Nature of Work, and Supervision had the highest satisfaction mean scores. The score for Cowokers was 23.0 in the Older Group and 21.8 in the Younger Group (out of a maximum possible of 24). Also, mean JSS scores of Promotion, Pay, Operating conditions, and Fringe benefits subscales fell to the bottom of the list in both Older and Younger Groups.

Table 2. Job Satisfaction by Age of Case Managers

	Mean		Std. Deviation				
	Older Group (n=20)	Younger Group (n=17)	Older Group (n=20)	Younger Group (n=17)	t	p	Sig
Coworkers	23.0	21.8	1.7	3.0	1.6	.12	NS
Nature of Work	22.7	21.4	1.5	3.4	1.5	.13	NS
Supervision	22.5	21.8	2.1	3.0	.9	.38	NS
Communication	21.2	20.1	2.8	3.2	1.1	.28	NS
Contingent Rewards	19.4	17.1	5.1	4.4	1.4	.17	NS
Fringe Benefits	16.0	12.5	6.3	3.2	2.0	.05	*
Operating Conditions	15.9	12.8	4.2	4.2	2.2	.04	*
Pay	12.8	11.2	6.5	4.3	0.9	.40	NS
Promotion	12.4	11.7	4.2	3.5	0.6	.56	NS
Total JSS Score	165.7	150.4	20.5	20.0	2.2	.03	*

*p<.05

The scores for Promotion were 12.4 and 11.7 in the Older Group and Younger Group, respectively.

The satisfaction scores of Pay and Fringe benefits in the Older Group and those of Contingent rewards and Pay in the Younger Group showed the highest dispersion compared to other subscales within each group, indicating somewhat less agreement among respondents regarding these issues.

Case Management Program and Job Satisfaction

Case Managers either work in the CCSP program or in county-based programs. When grouped by program, 27 were in Group CCSP and the remaining 14 were in Group CBSP (Table 3). The mean JSS scores in CCSP and county-based programs were 161.3 and 152.1, respectively. No statistically significant difference between the two programs was found in

Table 3. Job Satisfaction by Case Management Program

	Mean		Std. Deviation				
	Group CCSP (n=27)	Group CBSP (n=14)	Group CCSP (n=27)	Group CBSP (n=14)	t	p	Sig
Coworkers	22.8	21.8	2.4	2.3	1.3	.21	NS
Supervision	22.6	21.5	2.3	2.7	1.4	.17	NS
Nature of Work	21.9	21.9	2.9	1.9	.04	.97	NS
Communication	21.0	19.5	3.4	2.7	1.5	.15	NS
Contingent Rewards	18.6	17.0	5.0	5.6	0.9	.35	NS
Operating Conditions	14.5	13.5	3.8	5.3	0.7	.48	NS
Fringe Benefits	14.4	14.2	5.7	4.4	0.1	.90	NS
Pay	13.0	11.4	5.7	5.7	0.8	.42	NS
Promotion	12.4	11.4	3.9	3.7	0.8	.41	NS
Total JSS Score	161.3	152.1	20.7	22.0	1.3	.20	NS

the overall mean JSS scores. As with age comparisons, subscale satisfaction scores showed a very similar ordering for the two program groups, with Coworkers, Supervision and Nature of Work again leading the list. The Pay subscale showed the highest dispersion in both groups, indicating a wider range of opinions about this issue among managers in both programs.

Length of Service and Job Satisfaction

Among the 41 case managers, 38 reported their working experience with their current program, ranging from 4 months to 11.5 years. Mean length of service in the whole sample was 4.2 years. Based on their working experience, I divided the case managers into two groups: the Long-Term Group (n=15) with working experience in the current program equal to or more than 4 years, and the Short-Term Group (n=23) with less than 4 years service (Table 4).

Table 4. Job Satisfaction and Length of Service at VNHS

	Mean		Std. Deviation				
	Long-Term (n=15)	Short-Term (n=23)	Long-Term (n=15)	Short-Term (n=23)	t	p	Sig
Supervision	22.8	22.0	1.9	2.6	1.0	.31	NS
Coworkers	22.7	22.1	2.8	2.2	0.8	.43	NS
Nature of Work	22.1	21.8	2.0	3.0	0.4	.69	NS
Communication	20.3	20.5	3.6	3.2	-0.1	.90	NS
Contingent Rewards	19.3	17.5	5.0	5.6	1.0	.30	NS
Fringe Benefits	15.7	14.0	5.4	5.3	1.0	.32	NS
Pay	14.9	10.8	6.6	4.8	2.2	.03	*
Operating Conditions	14.8	13.7	3.3	5.2	0.7	.49	NS
Promotion	13.3	11.7	3.6	3.8	1.3	.20	NS
Total JSS Score	166.0	154.0	21.6	21.4	1.7	.10	NS

* $p<.05$

A significant difference was found between the two groups in the subscale of Pay. Case managers in the Long-Term Group showed a significantly higher satisfaction with Pay than those in the Short-Term Group. However, no significant different was found in other subscales.

Profession and Job Satisfaction

Since VNHS includes both social worker case managers and nurse case managers, I also grouped them into the Social Work Group (n=28) and the Nurse Group (n=12) (one failed to reply to this question). A significant difference was found in the subscale of Fringe benefits between the two groups, where nurse case managers were significantly more satisfied with their fringe benefits than social worker case managers. Other than that, as in all previous comparisons, the two groups showed little variation (Table 5). The two groups did not differ a lot in ranking the subscale dimensions of satisfaction, again placing Coworkers, Supervision, and Nature of Work at the top of both lists.

Table 5. Job Satisfaction by Profession of Case Managers

	Mean		Std. Deviation				
	Social Worker Group (n=28)	Nurse Group (n=12)	Social Worker Group (n=28)	Nurse Group (n=12)	t	p	Sig
Coworkers	22.2	22.8	2.6	1.7	-0.8	.46	NS
Supervision	22.1	22.2	2.5	2.4	-0.1	.90	NS
Nature of Work	21.7	22.6	2.9	1.7	-1.0	.33	NS
Communication	20.2	20.9	3.5	2.6	-0.6	.56	NS
Contingent Rewards	17.4	19.4	5.9	3.3	-1.1	.28	NS
Operating Conditions	13.7	15.3	4.5	4.1	-1.0	.31	NS
Fringe Benefits	13.4	17.0	4.9	5.5	-2.1	.05	*
Promotion	11.9	12.8	3.8	4.1	-0.7	.51	NS
Pay	11.7	14.2	5.8	5.3	-1.3	.22	NS
Total JSS Score	154.4	167.2	22.3	17.6	-1.8	.09	NS

* $p<.05$

Qualitative Interview Results

Perception of the Case Manager Role

The researcher contacted 11 randomly selected case managers to ask that they be interviewed, and 9 agreed. The managers' responses to the question about their perceptions of the role of a case manager and their comments about facilitating and deterring factors in case management were analyzed qualitatively. After transcribing the interviews, the themes and concepts that emerged were identified and were classified into different categories.

When case managers were asked to describe their role as a case manager in the current program, most of them defined their role in terms of their relationship to the clients and the government which sponsors the services. One case manager regarded case managers as generally "the follower or the guardian for the client," the one who follows the clients and "makes sure the

clients are getting the services they need." Similarly, some case managers saw their role as go-between for clients and resources, (i.e., government), a person who links or connects clients and their families to resources and the government providing those resources. By analyzing the case managers' responses to the main question about the case manager role, recurrent themes can be seen as falling in two groups: 1) case management objectives (Table 6) and 2) activities related to case management (Table 7).

Table 6. Frequency of Objective-related Perceptions of Case Manager Role

Ensure services are up-to-date	1
Ensure client's needs are met	3
Ensure services are being provided properly	3
Ensure effective services	2
Enable clients to "age in place"	6
Ensure clients' quality of life	1
Ensure that services are provided at lower cost	1
Total Comments	17

Case Management Objectives

Three regarded a part of their role as ensuring services are provided to the clients in the way that they are supposed to, and three thought they must ensure clients are getting the services they need; in other words, their view of their role–to make sure clients' needs for services are being met–conforms with the objectives of the program. In one word, all the above were about the way, the amount, the type, and the effectiveness of services case managers provide to their clients. Furthermore, six out of nine interviewees went beyond service delivery and pointed out that, as a case manager, they need to make sure that clients can "stay where they are," or "stay in their homes or community." It appeared that they saw their role as assisting clients to "age in

place" through their act of ensuring needed services were provided. Interestingly, only one case manager mentioned the importance of containing cost.

Case Management Activities

For the activities-related aspects of their role, more varied statements were offered (Table 7). Most of them fell into categories of determining needs, service delivery, and client-related activities. Among the activities of determining clients' needs, initial assessment was referred to by all managers except one. In addition, eight respondents described "getting the services and resources for the clients and family." To monitor service changes, follow up service providers, control cost of services for each client, make phone contacts, and fax, and print documents were all activities involved in service delivery. Altogether there were 24 comments about service delivery. In addition, some case managers went beyond services and commented that to assist caregivers and address problems related to family dynamics was part of their role as a case manager. Four expressed clearly that they need to comfort and communicate with both clients and their families. The remaining 8 comments did not fall into any of the 3 categories above and were categorized under "other."

Factors Facilitating the Role

Case managers then were asked to identify factors that facilitated their work. Facilitating factors were identified and grouped mainly into three categories: coworkers, management, and nature of work (Table 8). Those factors which did not fall into the three categories were identified as "other." In the category of coworkers are three subcategories: 1) support of coworkers; 2) respect from coworkers; and 3) teamwork and collaboration between coworkers. Case managers identified supportive and knowledgeable administrative staff, leadership, and respect and trust as the facilitating factors related to management. Flexibility, freedom, and autonomy were frequently referred to as facilitating factors and were deemed to fall into the category of characteristics of the job, which I have labeled the nature of the work. Finally,

Table 7. Frequency of Activities-related Perceptions of Case Manager Role

Determining Needs	
To make initial assessment (physical, mental, cognitive)	8
To determine what resources and services are needed by the clients	4
To get resources and services to the clients and their family	8
Total	20
Service Delivery	
To monitor service changes	5
To follow up with the service provider	4
To control cost of services for each client	4
To make phone-contact	3
To fax and print documents and respond	1
To make home-visits	5
To document	2
Total	24
Clien-related	
To assist caregivers	2
To comfort and communicate with clients and their caregivers	4
To address problems related to family dynamics	2
Total	8
Other	
To perform disease management	1
To perform crisis management	3
To provide support and help to colleagues	3
To attend seminars and conferences	1
Total	8

Table 8. Frequency of Factors Facilitating the Role

Coworkers	
Support	8
Respect	1
Teamwork/collaboration	4
Total	13
Management	
Supportive and Knowledgeable staff	4
Great Leadership	2
Respect and Trust	2
Total	8
Nature of the Work	
Flexibility/freedom	7
Autonomy/Independence	3
Total	10
Other	
Technology	5
Positive Working Environment/atmosphere	4
Total	9

technology, education/training, and appreciation from clients and families ("other" factors) have also been mentioned as factors facilitating the process of case management.

There were 13, 8, and 10 comments on facilitating factors in the three categories of coworkers, management, and nature of the work, respectively. In the coworker category, supportive coworkers and staff and teamwork/collaboration were frequently mentioned. Case managers described their coworkers as "supportive" and administrative staff "ready to help." One said, "Anytime you have this issue, you can do your work better because you know you got someone else on the side of you, who understands and are trying really hard to help you. Like,

‘I’ve been through that and I know resources that you can try.’ A sort of like team effort . . . .” And,

> We have generally helpful, kind and supportive co-workers. That’s been very supportive and helpful. Some things they carry you along and they show you from their work ethics and their empathy with clients and . . . I see that . . . that’s the strength. That’s a good support. Everybody supports each other. You have people who support you even when you are falling. When you are down, they are willing to help you. That’s why a lot of people stayed here. That’s the way I see it. It’s a good group. It’s a supportive group.

> We have a good team. . . . Staff work really well together. They are very helpful, share information. Having that support from the group, that’s very beneficial. That’s a big factor.

> That full collaborative spirit. You never feel that you are the only fish in the big sea. It’s like a whole bunch of . . . that is a big piece with job satisfaction. ‘Cause you never feel you are alone. That helps a lot to do my job better

> I love the people I work with. People are very eager to help each other and to help the clients.

In the management category, supportive and knowledgeable administrative staff was regarded by four case managers as a factor helping and facilitating their case management. Two case managers referred to great leadership in VNHS as a facilitating factor, and both of them attributed it to the director’s understanding as a case manager. One of them said “We have a good leader. She’s walked in my shoes and she’s been through what I am going through, which is very helpful. We have good leader.” And the other said,

> She is a good team leader, since she kind of knows the right things and puts it into the right place and to make sure that we do our job, or have our tools to do our job with.

> That's very important, to have someone who has been involved in the job herself. She knows what is required. So that's very important. To have someone come in our program and run our program but never actually have done the job with her experience [would be bad]. Her experience makes it a lot easier.

In addition, two case managers attributed the flexibility they experienced to respect and trust from the management. In fact, flexibility was frequently referred to as a facilitating factor. Among the eight case managers who commented on flexibility, some of them even stressed that it was the aspect that they liked most about their job or the one that makes their job easier.

> The flexibility is really the best part.

> There is the flexibility of the job . . . you would be able to chart your own course in terms of how you are going to broker and link clients to services, that type of thing. So there is a huge support of flexibility.

> We have so much freedom and flexibility to really change people's lives . . . . With that kind of freedom and flexibility, you can create your own resources.

> I like the autonomy and the respect that comes with it . . . it's like the biggest secret in town. Because you can have your personal life going on and still do the stuff. It's something that you can do both. Some people, they cannot do both and they work hard all the time. Here you can kind of do both. You can enjoy your life and still get your things done. You really do not have that whole bunch of deadlines. I love the flexibility and autonomy.

> The flexibility of the job, that we don't have to come into the office at a certain time, is a major plus.

Technology was mentioned by four case managers. Computers, laptops and measurement softwar/tools were said to facilitate case management. Four case managers expressed their feeling of a favorable, positive atmosphere or working environment as facilitating:

> It's the style, the personality and people working in CCSP. You have a really good environment.

> It seems that everybody is on the same page in terms of that social work mentality that you are here to help and a lot of times you are on the front line. A lot of time you are like the last person that clients [have to] get to their solutions and resources to their problems. And I think everybody starts from the common ground, having a big heart, and I think that permeates through the environment. So that you have colleagues, your coworkers and your management staff on the same page. So it creates a really positive energy and environment.

Factors Deterring the Role

Unlike facilitating factors, deterring factors in case management were found to vary a lot among these case managers (Table 9). Some factors appear more related to the individual case managers (n=5). Examples include communication between coworkers and between themselves and the service providers. One person mentioned not having time to develop a relationship with fellow case managers and another one regarded non-compliance from clients as deterring case management. On the other hand, most factors mentioned (n=25) related to the organization, such as funding, management, and operating procedures.

Individual-Related Deterring Factors

Three case managers commented on deterring factors at the level of individual responsibility, all related to communication. Two case managers said there were times when case management was affected because of ineffective communication between social worker and nurse case managers. They revealed:

Table 9. Frequency of Factors Deterring the Role

Related to the Individual Case Manager	
Communication between:	
Social workers and nurses	2
Case managers and service providers	1
Lack of time to develop co-worker relationship	1
Client non-compliance	1
Total Comments Related to Individual	5
Organizational factors	
Operating procedures	
Documentation/paper work	5
Printing/faxing	3
Choice over service providers	2
Assessment/screening	1
Management	
Respect and appreciation of case managers	2
Support and equal treatment to programs	1
Lack of response to case managers	3
Funding	2
Initial training	1
Total Comments Related to Organization	20
Other	
Pay	2
Promotion	
Promotion possibilities unclear	1
Promotion Criteria	2
Total Comments on Pay and Promotion	5

What is known to case workers is not necessarily known to the flow of what the social worker does sometimes. Connecting the whole piece . . . I can really get them in the door, but what really happens after that? . . . Because I have no idea how much paperwork the

case worker has to do to get the services to come. Sometimes matching those dots probably is the biggest hindrance.

> Sometimes the social workers will forget to send the client that is due [for re-assessment] that month. Then you will get only a few days [to do it] by the time you figure out that she didn't send you that one. So it's not always a smooth process.

One case manager said communication between herself and the service provider was the most "frustrating" part of her job. Unlike the communication between case mangers themselves, the way that communication was achieved between case mangers and service providers seems to be the major reason that communication was deterring. She described the communication process like this:

> It's a lot of faxes back and forth instead of direct contact. Whereas, if I had to make a change, I have to send and write, which is appropriate, but they have to send something back. And it goes back and forth three or four times as opposed to, saying, that I call the provider to contact them and see if there are appropriate actual services and documenting my call. Instead, we go back and forth with faxes. They respond to mine and I respond to theirs. In that sense, that's very time consuming . . . . That is the most frustrating to me.

Another case manager expressed her difficulty in facing non-compliant clients.

> Some clients are difficult to manage because they either do not want the services, or they really do need something but they won't accept it. Or they do not follow the doctor['s orders] on a regular basis.

Organizational Factors Deterring the Role

Moving to the deterring factors related to the organization, rather than individuals within it, 20 comments were made about factors related to operating procedures, management, funding and initial training.

Operating Procedures

Related to operating procedures, there were five and three comments on Documentation/paperwork and Printing/faxing, respectively. Documentation/paperwork was felt "too much" and "too time-consuming" and was mentioned frequently with printing and faxing.

> There is a lot of paperwork and some things seem redundant . . . . I would love to see less paperwork, more time to be involved with clients themselves. But at least half the time we spend, I'd say, it's for paperwork, documenting what we do.

> Paperwork, documentation. That's a needless step and time consuming. It just takes so much time, but it's something [that] needs to be done. So you have to do it. But I think that's a big factor . . . . I think everyone has the problem.

> They make us do everything on computer and come back and print it out and put it in the file. I would hope it would eventually . . . it's just a waste of paper. We import all our stuff to the server every time we are in the office or anywhere. So all the things in our laptop go to the main server anyway . . . . It's just such a waster of paper and time for us to have to print it all out, put it all in the file.

> On the reduction of paperwork. I know social services has a lot of paperwork. Sometimes it's duplication of efforts, too.

> If they told us we didn't have to print stuff and put it in file, it wouldn't be so bad. But when you have to come here, have to print it and have to file it, give different file works to different people needing it.

Different from Documentation/paperwork and Printing/faxing which are more likely to be addressed at the organization level, choice over service providers and assessment/screening are deterring factors perceived at the organizational level and tends to be more a result of state policies and rules. Two case managers described their inability to choose service providers for their clients.

> Sometimes the hindrance is that you want to pick a capable provider for that client, but you cannot. Because you are not supposed to.
>
> I mean we cannot choose the services they offer. We have to be fair. So whatever whose turn is next, we provide to the client, and it is difficult providing the client with agencies that we know are not very good agencies. But in order to be fair, we have to.

One case manager felt as if always changing and increasing requirements about case management assessment had posed difficulty in her job performance.

> The assessment takes me almost two hours in the home. It's a long process. It's additional paperwork . . . if I say somebody is really depressed, I would either talk to the doctor or the family member if I can intervene in some way. But to do a depression screening on everybody that I see, to make sure that I am not missing somebody, it's not necessary. Same thing with dementia. Someone who is able to communicate as well as I am, they got . . . there's no reason for me to suspect that they have any memory problems. I don't feel I need to do a dementia screening on them. That's what they want [me] to do. Do at least everybody for one time. You know they do not have dementia, but that's 250 dementia screenings that you have to do.

Management

Deterring factors related to management included two comments about respect and appreciation of case managers from the management, one about support and equal treatment to different programs in the organization, and three about lack of management's responses.

> The respect factor for case managers would need to be in the forefront. . . .The people running the business are only looking at the money factor, which in turn makes our jobs harder, because we are working harder and being compensated for the amount of work, ‘cause they are only seeing the numbers that go out as opposed to what we actually do behind the scene. . . . I think there needs to be a mutual respect for the work we do.

> But it’s like anyone is so busy, forgot to stop and turn around to say something like “Thank you” or. . . you know, just once in a while, throw us a lunch or something every once in a while, to be like we appreciate that you do this.

Three case managers talked about their individual experience with management in which they either made a request or reported situations needing attention, but nothing was done. These are related to other factors described above.

Funding

Two case managers said “lack of funding” was deterring case management. Both mentioned services when they commented on funding.

> Lack of funding. I could go in somebody’s house and give them some services. But I can’t go beyond that. Part of me was stuck in the middle . . . .

> Lack of money, I suppose. . . . A part of our job is making the best of what there is. So I don’t . . . there is not enough money, because [if there were,] people could get more services they need.

Initial Training

One case manager talked about her personal experience with initial training, which she described as: “[The training] was a sort of sporadic. . . . It was sort of uncomfortable to me, and it didn’t seem to have a clear protocol. . . . Training was sort of pissing me off.”

Pay and Promotion

Although pay and promotion are frequently studied in association with job satisfaction and staff retention, only two case managers in this study did perceive low pay as a deterring factor in carrying out their role as a case manager.

> The salary and the pay scale. I understand the rationale. For a nonprofit, they have a certain scale that they work with. They have to make sure by the end of the day the bottom line agrees in terms of the work they are getting out of a person and the amount of the money that they have to pay them. So I understand the business model of it. But on the other side, you have good quality of case managers, social workers that come through that have other options that have higher salaries, that type of thing. There comes to a time when you have to make personal decisions about whether or not you have to stay in a particular place. You are really trying to weigh out the flexibility, the camaraderie versus the salary, that type of thing. I would just say salary.
>
> For me, salaries are low. We don't get raises.

Similarly, unclear promotion possibility was regarded as a deterring factor by one case manager. Another two shared the same opinion about what they thought were rigid promotion criteria.

> In this particular department, the room for advancement, I am not sure it's that clear-cut. Even with me right now, getting into my third year, I love where I am. But also realistically, I am trying to look around and figure out where is the next level that I am able to go to. I don't think it's that clear-cut. There's management, the team leader that goes right above us . . . and beyond that . . . , either you are gonna be a team leader [or] are you gonna make a shift to the community care program? Just room for advancement . . . .
>
> Like in CCSP, you have to have a master's [degree] and I don't think they take

experience [into account]. Like they hire somebody right out of the master's degree. And they have never been a case manager or anything. I couldn't get a CCSP job . . . even though I could do it . . . . You know, they all have master's [degrees].

Not to place emphasis on paper qualification . . . , 'cause like you have to have your MSW or you have to have your BSW or have to have your license. That's not the basis. Some people may not have that qualification, but they could be really hard working. I'd like us to . . . you don't have to have MSW, BSW to get into this program, but it still shows that . . . how many certifications or how many years of MSW experience you have . . . [there are] other things that could make a good case manager.

CHAPTER IV

DISCUSSION

Case Manager Role

Case managers in VNHS viewed their role as more service-oriented rather than cost-containment-related. Services were frequently mentioned when case managers were describing their role. Yet, only one noted “control the cost for each client” in describing case management activities. Since all the case managers were either social workers or nurses, it is more likely that case management in this organization falls under the sociomedical model, “relying on a brokering arrangement for services,” rather than a medical case management model in which cost-reduction is more attended (Long, 2002; Evans, Drennan, & Roberts, 2005). Qualitative analysis of activities suggested that assessment was the most frequently used element in case management, compared to the less mentioned implementation or hardly mentioned evaluation (Evans et al., 2005; Naito-Chan, Rodriguez, & Simmons, 2004; Boyd et al., 1996).

The case manager role is largely dependent on the organization that determines its particular objectives, and it has to respond to the needs of the consumer it serves. With complex characteristics demonstrated by older clients as well as varied approaches taken by individual agencies, it is no wonder that no uniform definition of the case manager role has been determined. Case managers in VNHS may have viewed their role differently from case managers in other organizations.

Although some case managers said during the interview that they wanted to have more time for each client, most of them still agreed that their caseload was manageable. This appears paradoxical. Yet, it might indicate that case managers wished to include establishing client relationships as a component to their role instead of being merely the go-between or

broker for the clients. However, they regarded their caseload as manageable if their role was more limited to getting the services needed by clients.

Closely associated with the way the case managers viewed their role, role conflicts they experienced were always related to services. They often saw themselves in a dilemma where they wanted to satisfy the unmet needs of the client but were not able to. Or, they could not connect clients with service providers which they knew would be better than the one they had to use.

Job Satisfaction

In the present study, overall job satisfaction appeared to be high. The mean (158.2) was far above the mid-point of the range of the scale (126). The only other study known to have used this scale employed it with case managers in mental health services (Gellis et al, 2004). In that study the case managers' mean score was slightly lower than those in the current study who work for VNHS. Thus, while case mangers identified some barriers to doing their job well, they do seem to enjoy their work, find it meaningful, and appreciate many things about the organization. I will attempt to interpret and understand the case managers' job satisfaction further by examining both the facilitating and deterring factors they perceived to be associated with each of the subscales.

Coworkers

The subscale Coworkers had a mean score of 22.4, the highest among the nine subscales, and it is also the subscale with the lowest standard deviation of 2.4, compared to the highest (5.7) found in the subscale of Pay, suggesting the satisfaction level with Coworkers was not only higher but also more stable than those of other subscales.

On the other hand, the analysis of interviews revealed that the Coworkers category was most frequently mentioned when case managers talked about facilitating factors. Coworkers are most often described as "supportive" and as showing understanding and respect, ready to help,

and collaborative. Moreover, coworkers were mentioned only once when case managers were asked about deterring factors. As a matter of fact, in this particular instance, the case manager identified the lack of opportunity for establishing relationships with coworkers as a deterring factor, which reflects the fact that she did value the importance or necessity of coworker relationships. Meanwhile, four case managers regarded positive working environment/atmosphere as facilitating, which I understand as closely associated with coworkers and an indicator of satisfaction with coworker relationships.

Thus, it is evident that case managers in VNHS value their coworkers and the relationships they form during their collaborative work, which they also viewed as facilitating factors in case management.

Supervision and Management

Case managers in this sample were comparatively satisfied with supervision they received, giving it the second highest mean satisfaction score of 22.2, following only that of Coworkers. At the same time, qualitative analysis revealed that management was a very important source of facilitating factors. Case managers perceived their management staff as very supportive and knowledgeable, and, especially, appreciated their leader's capability and understanding which helped to "make it (case management) a lot easier." Similarly, Gimbel and his colleagues (2002) also found that supportive supervision and management was one of the organizational predictors of job satisfaction. It also was an important variable in nurses' decisions to stay in a job (Boyle, Bott, Hansen, Woods, & Tauntan, 1999). Meanwhile, lack of support from the management was consistently identified as a key job stressor (Gellis et al., 2004).

On the other hand, supervision and management also were mentioned by a few case managers as deterring factors, mainly originating from management's perceived failure to make requested changes or react to certain situations. Overall, however, these few negative comments did not raise significant doubts about the relatively favorable views of most case managers.

Nature of the Work

The subscale of Nature of Work yielded a higher mean score of 21.9 than all other subscale means, except those of Coworkers and Supervision. Combining the results from the interview, it was found that the flexibility/freedom of case management is the most important characteristic of the job in this particular organization (VNHS), which is regarded by the case mangers as a facilitating factor and, probably, is the factor contributing to their job satisfaction as much as Coworkers. Case managers felt that being flexible has enabled them to draw their own plans more on an individual basis, and several pointed out that they "like the respect and trust that come with" the flexibility. One case manager emphasized the significance of flexibility by saying, "There comes a time you have to make a personal decision" and "you are really trying to weigh out the flexibility, the camaraderie versus the salary."

In addition, the high mean of the subscale of Nature of the Work also may be related with the positive attitude indicated by case managers' statements about their patients and services. They felt their work is "rewarding," and they were glad that they "do so much for so many people," because patients and families always "appreciate" what they do. This finding is similar to that in Carr's (1994) study which found that nurses who were working with older adults chose to do so and were happy working with this age group.

Promotion

The mean score of Promotion was 12.1, the lowest among the nine subscales and much lower than the 22.4 found in Coworkers. In addition, both the minimum and the maximum scores in subscale Promotion were lower than those of other subscales. Obviously, there was a very low level of satisfaction with promotion among these case managers.

In the qualitative analysis, Promotion was not related to any facilitating factors perceived by case managers, but unclear possibility for advancement and criteria for promotion were noted as deterring factors by 3 respondents. As a matter of fact, promotion opportunities are more

related with job retention, and it is hard to prove that lack of promotion would deter a case managers' actual work. Rather, the fact that some case managers' perception of few or unclear promotion opportunities as deterring their role is suggesting that they were so unsatisfied with promotion that they even felt the impact in their work.

Pay

The subscale of Pay for all respondents yielded a mean score of 12.4, with the lowest and highest scores of 4 and 23, respectively, ranking pay after all the other subscales of job satisfaction except Promotion. It also had the highest standard deviation among the subscales, suggesting the most varied satisfaction level among the case managers. It was found that satisfaction level with pay was significantly higher in the Long-Term Group than in the Short-Term Group. The difference might result from more favorable pay scale for case managers with longer experience, or it may be explained that case managers with longer experience would be more likely to accept their pay as a matter of fact, placing greater weight on other dimensions of their work, and be more satisfied than those who are relatively new to this job.

Qualitative analysis revealed no facilitating factors associated with pay, and only two case managers out of the nine interviewed identified low pay and no raises as deterring factors for their jobs as case managers. Although another four case managers did complain about low salary and pay throughout the interview, they did not clearly label or regard it as a deterring factor but seemed to accept it as part of the profession they had chosen. One case manager said, "[Case management], as rewarding as it can be, you have to be prepared for [low pay] and live with that." Another commented, "[Salary] is irrelevant. I am not doing this to make money." One mentioned low pay while talking about co-workers: "That's why it's keeping many people here. It's not because of the pay. Because the pay is not fantastic." The high percentage of comments on "low pay and no raise" (6 out of 9) corresponded to the finding of very low satisfaction level on the subscale Pay.

Thus, it is clear that case managers were not satisfied with their pay, but most of them did not see it as a deterring factor, either. They appeared to accept low pay as the way it is, and they valued other aspects about case management enough to outweigh the effect of low pay. Similarly, mixed effects of pay on job satisfaction have been found in other studies (Goodell & Coeling, 1994; Traynor & Wade, 1993).

Operating Conditions

Job satisfaction with the subscale Operating conditions was only a little bit higher than those with Pay and Promotion. Echoing the low satisfaction level with Operating conditions, multiple deterring factors were suggested by case managers related to operating procedures. Most of the case managers interviewed shared the opinion that there was too much paperwork, redundant paperwork/documentation, unnecessary requirements of printing documents, and excessive faxing between case managers and service providers. As in earlier studies (Gellis et al.,2004; Jacobs et al., 2006; Hromco et al., 1995), paperwork occupied a large part of their time and efforts. Paperwork and documentation also has been found by other studies to relate to pressures and stresses experienced by case managers (Tovey & Adams, 1999). Increased paperwork has been found to contribute to the case managers' leaving their job in long-term care (Carr & Kazanowski, 1994). In the current study, satisfaction level with Operating conditions was significantly lower in the Younger Group than that in the Older Group. Younger case managers, more likely to have a less experience, may be less prepared to deal with operating conditions than those more experienced case managers and, therefore, less satisfied with the operating conditions.

However, most managers seemed to understand the rationale and the necessity of paperwork and documentation, despite the fact that there is "too much." Only one case manager referred to rigid assessment requirements, in particular, as deterring case management.

Fringe Benefits

Fringe benefits was the sixth highest subscale with a mean of 14.4. It also had a very high standard deviation, second only to that of Pay, indicating very different opinions on fringe benefits among the case managers. Fringe benefits was related to neither facilitating nor deterring factors and appears to be a non-factor in determining job satisfaction at VNHS.

Significantly higher satisfaction with Fringe benefits was found in nurse case managers than in social worker case managers. In addition, older case managers were more satisfied with Fringe benefits than the younger ones. More information is needed to explain the satisfaction level on Fringe benefits among the case managers.

Communication

No facilitating factors were mentioned relating to communication, but it was a commonly cited deterring factor. Case managers were “frustrated” by the way communication was done between themselves and the service providers. Nurse case managers revealed the communication between them and social work case mangers was “not always a smooth process,” which deterred their performance of certain tasks, although they expressed their understanding for case managers by saying social workers “have a lot on their plate.” On the other hand, no social worker criticized their nurse colleagues on this point.

The communication subscale yielded a relatively high mean score of 20.5. The result from the quantitative analysis, however, does not contradict the frequent mentioning of communication-related factors in the qualitative analysis as a deterrent to the case managers’ role. As a matter of fact, it indicates the expectation from the case managers that improved communication in the organization would further facilitate their role.

Contingent Rewards

The job satisfaction level of Contingent (or non-material) rewards ranked in the middle among the nine subscales, with a mean score of 18.0, and it showed a comparatively high

standard deviation of 5.2. The minimum and maximum scores in Contingent rewards were 4 and 24, respectively. No significant difference was found in Contingent rewards between any of the groups compared.

Contingent rewards were not named as facilitating factors by any case managers. Three managers made statements about receiving appreciation from clients and their families, but none of them regarded it as facilitating. Conversely, contingent rewards are related to some deterring factors found in the qualitative analysis. A few case managers complained about a lack of respect and appreciation for case managers by the management staff, and it appears that some case managers regretted not receiving the small appreciations that management sometimes uses to recognize good work and motivate workers. Another case manager talked about respect and appreciation on a more general basis, not only from the "people running the business" in this organization but also from the whole society. The moderate satisfaction level for contingent rewards echoes the finding that lack of respect and appreciation can deter case management.

Implications for Research

Case managers working primarily with older adults are found in various care settings, such as skilled nursing facilities, assisted living facilities, and in the community. Being a case manager in different settings will demand different roles. In addition, the case management model or approach also affects the expected role and function of case managers. Further study is needed to clarify the specific case manager role for different case management approaches and in different care settings. Case managers in the current study see their role as more service related and few of them referred to establish relationships with clients as a part of their role. However, it is of interest to researchers to determine how the inclusion of case manager-client relationship in the role would affect job satisfaction of case managers. To find out whether this more personal and individual approach might enhance overall satisfaction or, rather, produce more stressful effects on case managers will guide the designing of case management for older adults.

Since objectives of case management can differ a lot, case management procedures and focuses also vary. Thus, components in case management that contribute to job satisfaction or lead to job stress may be different. Future research design should take care settings and case management model into consideration so as to determine the factors related to job satisfaction and dissatisfaction under various scenarios.

Implications for Policy and Practice

The need of case management for older adults will continue to increase as the population ages and the older population grows ever older and more disabled. To retain case managers in this profession, policy changes are needed that will increase the respect from the general society for what the case managers do and how their work contributes to older persons' quality of life.

In addition, policies should place an emphasis on continuing education and training to enhance case managers' ability to handle ever-increasing job demands and thus improve job satisfaction. While pay and promotion are not deterrents to doing case management well, they are clearly sources of dissatisfaction with the job and are likely to lead workers to seek higher–paid positions. Policy–makers should expect to provide the highest possible salaries for these important workers, who appear to be doing excellent work, rather than the lowest possible. Finally, it appears case managers love working with older adults and enjoy the nature of their jobs, their co-workers, and even their supervisors very much. Their frustrations are few and specific: paperwork and communication problems. It would appear that small adjustments in procedure might cause overall job satisfaction to rise significantly and cement these dedicated workers in their jobs.

Limitations

This inquiry has several limitations. First, this study involved a small sample of participants, which greatly limits quantitative analysis of the data obtained through the survey. However, since nearly 70% of the case managers employed in this agency did respond, the sample is likely a fair representation of how case management is viewed at VNHS. Second,

because VNHS differs from other organizations providing case management in staff make-up, working settings, etc, generalizing findings from this study beyond VNHS is probably not possible. There may also be a subjective component to the coding since the transcripts and notes were coded solely by the student researcher, thus significantly limiting reliability.

Conclusion

Case managers working primarily with community–dwelling older adults face significant challenges because of increasing and diverse needs presented by this particular group of clients. Job satisfaction of these case managers should be addressed not only to retain capable case managers but also to ensure good quality of services provided. This study has taken a glimpse of the job satisfaction of case managers in a social and health services organization and found teamwork spirit, supportive management, and job flexibility have contributed to their high satisfaction level. Factors facilitating or deterring the case manager role, as perceived by the case managers themselves, suggest organizations can and should play a major role in ensuring their workers' satisfaction.

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APPENDIX A

CONSENT FORM FROM VNHS FOR PARTICIPATION

Georgia State University

Gerontology Institute

Documentation of Agreement

Title: Job Satisfaction Among Case Managers for Community-dwelling Older Adults

Principal Investigator: Frank J. Whittington

I _____, acting on behalf of _____, grant researchers at the Gerontology Institute at Georgia State University Permission to enter the facility for purposes of conducting research. By signing this form, I acknowledge that the study, "Job Satisfaction Among Case Managers for Community-dwelling Older Adults" has been explained to me and all questions have been answered to my satisfaction. I agree to allow researchers at the Gerontology Institute at Georgia State University to conduct research on the organization's premises.

_____ _____

Date Organization Representative Signature

_____ _____

Date Researcher Signature

APPENDIX B

LETTER TO TEAM LEADERS ABOUT SURVEY DISTRIBUTION

February 2007

Dear Clinical Manager:

As a master's student in the Gerontology Institute at Georgia State University, I am asking your cooperation in distributing and collecting the enclosed survey forms to all the members of your team.

Enclosed are at least 15 blank forms (extras may be used to replace lost forms) and 2 copies of the informed consent form for each of your team members, plus yourself. One consent form copy is signed by me and is yours to keep. I ask each person who fills out the survey form to sign the other form and return it along with the survey. Be sure not to attach the consent form to the survey form to insure anonymity.

When you have collected all the forms from your team members who choose to participate, please enclose them in this envelope, along with the signed consent forms, SEAL THE ENVELOPE, and return it to Catherine's administrative assistant, who will inform me they are ready to pick up.

Remember: I want you to complete a survey, too. I appreciate very much your help with this project.

Sincerely,

Ying (Doris) Tang

APPENDIX C

JOB SATISFACTION SURVEY CONSENT FORM

Informed Consent
Georgia State University
Gerontology Institute

Study Title: Job Satisfaction among Case Managers for Community-dwelling Older Adults

Principal Investigator: Frank J. Whittington, Thesis Advisor

Ying Tang, Student

I. Purpose:

You are being asked to participate in a study. The purpose of this study is to further our understanding of the current job satisfaction among case managers working primarily for older adults. Your participation in the research study is voluntary and participation will require no more than 10 minutes of your time. Before agreeing to be part of this study, please read the following information carefully. Feel free to ask questions if you do not understand something.

II. Procedures:

If you decide to participate, you will be asked to fill out a short survey. To fill out the survey may take you between 3 and 10 minutes.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life.

IV. Benefits:

Participation in this study may not benefit you personally. However, through your participation, what we learn from the study may help us to better understand job satisfaction among case managers working primarily with older adults and might help design and establish new mechanisms to enhance job satisfaction among case managers and improve their work performance.

V. Voluntary Participation and Withdrawal:

Participation in this research is voluntary. You have the right not to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time.

Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. Confidentiality:

Any and all information obtained from you during the study will be confidential. Your privacy will be protected at all times. You will not be identified individually in any way as a result of your participation in this research. The data collected, however, will be compiled with the responses of others and reported in Ying Tang's master's thesis and may be used as part of publications and papers related to job satisfaction of case managers.

VII. Contact Persons:

Call Dr. Frank Whittington at (404)651-2692, fwhittington@gsu.edu, or email Ying Tang at ytang5@student.gsu.edu if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at Georgia State University, at 404-463-0674 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Subject:

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research, please sign below.

_____ _____

Participant Date

_____ _____

Principal Investigator or Researcher Obtaining Consent Date

APPENDIX D

INTERVIEW CONSENT FORM

Informed Consent
Georgia State University
Gerontology Institute

Study Title: Job Satisfaction among Case Managers for Community-dwelling Older Adults

Principal Investigator: Frank J. Whittington, Thesis Advisor

Ying Tang, Student

I. Purpose:

You are being asked to participate in a study. The purpose of this study is to further our understanding of the current job satisfaction among case managers working primarily for older adults. Your participation in the research study is voluntary and participation will require no more than 40 minutes of your time. Before agreeing to be part of this study, please read the following information carefully. Feel free to ask questions if you do not understand something.

II. Procedures:

If you decide to participate, you will be interviewed and asked about your opinion on your work of case management. The interview may take you between 30 and 40 minutes. The interview will be audio taped and transcribed.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life. There is a possibility that some of the questions may make you feel uncomfortable. This rarely happens, but if you do feel uncomfortable, you can choose not to answer certain questions or end the interview.

IV. Benefits:

Participation in this research may not benefit you personally. However, through your participation, what we learn from the study may help us to better understand job satisfaction among case managers working primarily with older adults and might help design and establish new mechanisms to enhance job satisfaction among case managers and improve their work performance.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You have the right not to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time.

You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. Confidentiality:

Any and all information obtained from you during the study will be confidential. Your privacy will be protected at all times. We will use study numbers instead of your name on study files. The tape will be destroyed after your interview has been transcribed. All the data will be safely stored in the Ying Tang's personal computer, whose password is known only to Ying Tang. Only Ying Tang and the other three investigators of the study will have access to the data. The data collected, however, will be compiled with the responses of others and reported in Ying Tang's master's thesis and may be used as part of publications and papers related to job satisfaction of case managers.

VII. Contact Persons:

Call Dr. Frank Whittington at (404)651-2692, fwhittington@gsu.edu, or email Ying Tang at ytang5@student.gsu.edu if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at Georgia State University, at 404-463-0674 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Subject:

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research, please sign below.

_____ _____

Participant Date

_____ _____

Researcher Obtaining Consent Date

APPENDIX E

JOB SATISFACTION SURVEY

Case Manager Satisfaction Survey

This survey is designed to find out how satisfied you are as a case manager in the Visiting Nurse Health System. Please fill in this questionnaire where it is applicable (Part I and Part II). This questionnaire is completely anonymous.

Part I

Age____ Sex: Female Male

Education:

_____1. Bachelor's (major):_____

_____2. Master's (major): _____

_____ 3. Other (specify): _____

I have been working in case management for __ years.

Program: ☐CCSP ☐ County-based Program
☐ SOURCE

How many clients are there in your current program? (Case load)

Part II

INSTRUCTIONS: **Please rate how strongly you agree or disagree with each of the following statements by circling the appropriate number. (1=disagree very much, 2=disagree moderately, 3=disagree slightly, 4=agree slightly, 5=agree moderately, 6= agree very much). For example,**

I'd like to spend a week on a Hawaii beach.

1 2 3 4 5 ⑥

By circling the number 6, the respondent agrees very much with the above statement.

	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of the program policies and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communication seems good within the program/organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job than I should because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6

	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
21	My supervisor is quite incompetent in doing his/her job.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my co-workers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the case management department.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paperwork.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are often not fully explained.	1	2	3	4	5	6

APPENDIX F

SEMI-STRUCTURED INTERVIEW QUESTIONS

SEMI-STRUCTURED INTERVIEW QUESTIONS

1. Which program are you working in? How long have you been working in the current program?
2. Are you a social worker or nurse case manager?
3. How do you perceive your role of a case manager for older adults? Please explain what activities are involved in performing your role?
4. What are the factors, if any, that are facilitating case management?
5. What are the factors, if any, that are deterring case management?