

# Case Management: Where Theory Meets Occupational Health Nursing Practice?

By Dianne Dyck

Disability Case Management is a challenging aspect of the Occupational Health (OH) Nursing practice. People's lives are complicated and when illness/injury strikes, those lives become very complex. Occupational Health Nurses (OHNs) who undertake Disability Case Management, need tools to assist them to understand the disability situation and how best to support the ill/injured employee.

The purpose of this article is to explore how theory can position the OHN to effectively case manage the disability situation; to mitigate the negative impacts of employee disability; and to guide the relevant stakeholders on illness/injury prevention.

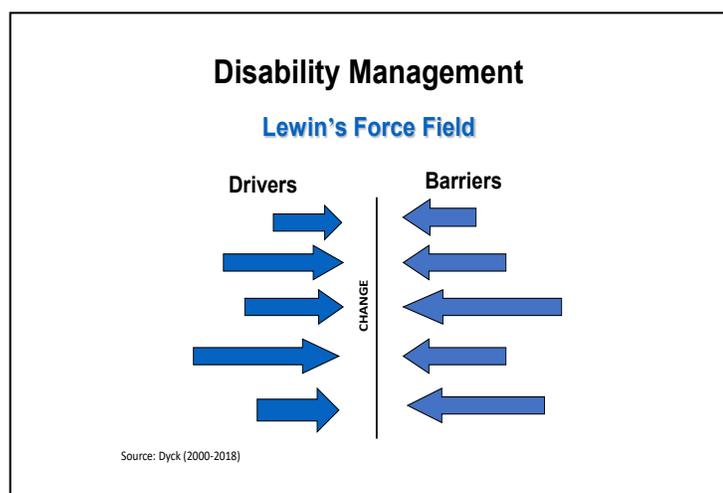
## Lewin's Force Field

Kurt Lewin developed the Change Theory of Nursing (1951) – a very useful and applicable tool. It is a three-stage model that is also termed the “unfreezing-change-refreeze model”. Composed of three major concepts: driving forces, restraining forces, and equilibrium, it demonstrates how change can be achieved.

The driving forces (**Drivers**) push towards change by encouraging the employee to move in a desired direction. Through movement, a shift in equilibrium occurs. The forces that counter the driving forces are termed the restraining forces (**Barriers**). If they are strong or plentiful enough, they oppose change. Equilibrium is a state where the Drivers equal the Barriers resulting in no change.

The process that makes it possible for the employee to let go of counterproductive attitudes and behaviours is termed *Unfreezing*. To achieve unfreezing, either the Drivers need to increase or strengthen, or the Barriers need to decrease in number or strength, or a combination of the two conditions must occur (Figure 1). *Change* lends to an alteration of thoughts, feelings, behavior, or all three. The intent of the Change Model is to move the employee towards a more productive state.

**Figure 1: Lewin's Force Field**



The final stage is *Refreezing*; the adoption of new norm or new habit, thereby preventing recidivism.

### **Lewin's Force Field Analysis**

Making decisions about another person's well-being and vocation requires a systematic and defensible approach. The Lewin's Force Field Analysis positions the OHN to identify the salient pressures for and against change. By listing all the drivers and barriers for change, the OHN can determine which barriers can be eliminated or reduced in strength, and which drivers can be enhanced. With greater pressures towards the desired change, change can be achieved.

### **Application: At an Individual Case Level**

The challenge for OHNs is to not only identify the barriers and drivers for a safe and timely return to work by the ill/injured employee, but also to:

- increase the drivers for return to work by decreasing the barriers, whether real or perceived in nature;
- facilitate open communication between the employee and workplace; and
- promote a team approach to bringing the employee back to work.

Lewin's Force Field Analysis is a tool that the OHN/Disability Management Practitioner can use to determine the various ways to decrease the barriers for a timely return to work, while increasing the drivers for a graduated return-to-work outcome (Figure 2).

**Figure 2: Lewin’s Force Field Analysis**

Driving Forces (Drivers)	Restraining Forces (Barriers)
Supervisor values the employee →	← Unable to drive
Employee likes the work →	← Labour position
Employees requesting to return to work from a disability →	← No definitive diagnosis
Employee Assistance Program available →	← Prognosis unknown
Some supportive policies available →	← Perception of no graduated return-to-work opportunities
Claim management →	← Limited rehabilitation resources
Case management →	← Physician support is absent
Attendance Support & Attendance Program in place →	← Limited transferrable skills

Lewin’s Force Field Analysis helps individuals select targets for change. By focusing on the restraining forces (**barriers to return to work**), and looking for ways to reduce their effect, or ways to change them into **driving forces**, the OHN can identify the real underlying factors preventing the employee from returning to work and hence, broker a workable solution.<sup>1</sup>

***Application: At the Organizational Level***

One way to analyze the organization’s situation is to identify the barriers and drivers for implementing an Integrated Disability Management Program. Using the Lewin’s Force Field Analysis, the OHN can determine the various ways to decrease the barriers for implementing an Integrated Disability Management Program, while increasing the drivers for having the program (Figure 3).

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<sup>1</sup> Institute for Work and Health publication, “Red flags/Green lights: A guide to identifying and solving return-to-work problems”, available online at: <http://www.iwh.on.ca/rtw-problems-guide>

**Figure 3: Lewin’s Force Field Analysis for an Integrated Disability Management Program**

Driving Forces (Drivers)	Restraining Forces (Barriers)
Rising costs of disability →	← Lack of company/union awareness and “buy-in”
Disability management reduces costs →	← No early intervention
Available internal resources →	← Some non-supportive disability benefit plans
Employees requesting to return to work from a disability →	← Lack of disability-related data
Employee Assistance Program available →	← Fear of workplace accommodation costs
Some supportive policies available →	← Perception of few graduated return-to-work opportunities
Claim management →	← Lack of rehabilitation resources
Case management →	← Lack of formal accountability for employee absence
Attendance Support & Attendance Program in place →	← Mismanagement of medical claims

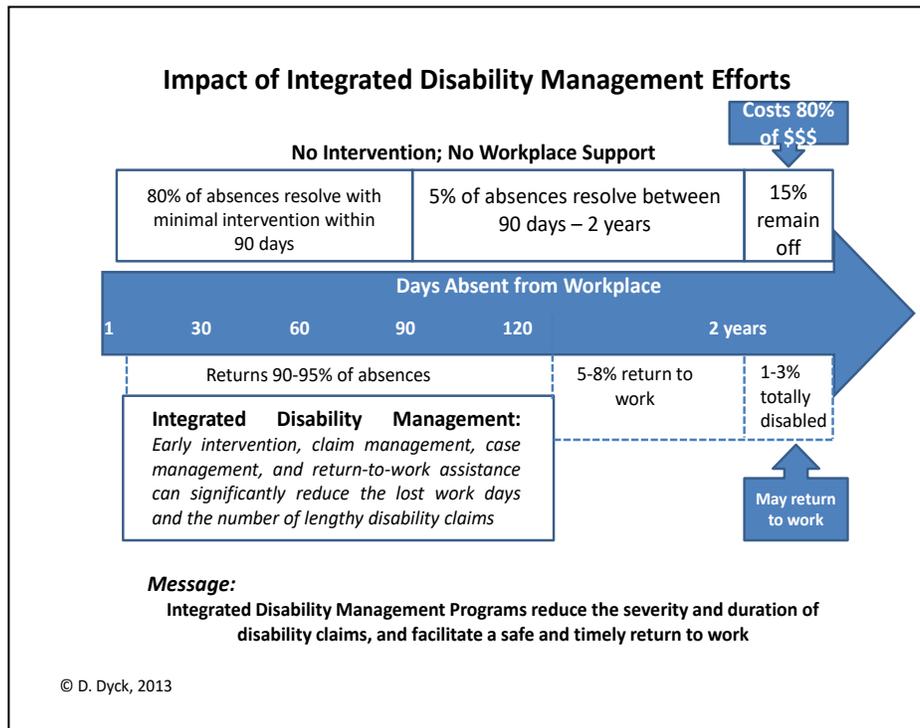
Hence, Lewin’s Force Field Analysis helps individuals select the targets for change. By focusing on the restraining forces and looking for ways to reduce their effect, or ways to change them into driving forces, the OHN can identify the real underlying factors preventing the implementation of an Integrated Disability Management Program, as well as the potential solution.

Additionally, by using related research outcome findings, the OHN can project the potential savings for the organization. This includes using recent survey data and the identified trends in disability costs. It also means the inclusion of any hidden costs of disability such as:

- the overtime paid for the remaining employees who assume a heavier workload while the ill/injured employee is absent;
- hiring replacement employees;
- training costs for replacement workers;
- lowered productivity due to the work-flow disruption;
- customer service disruptions;
- customer dissatisfaction;
- missed business opportunities;
- costs of employee benefits/services provided during the disability; and
- increased insurance premiums.

Likewise, the potential costs of “doing nothing” to manage illness/injury costs should be considered. This can be demonstrated by showing what work absences can look like without an Integrated Disability Management Program; and then, with an Integrated Disability Management Program in place (Figure 4).

**Figure 4: The Impact of an Integrated Disability Management Program<sup>1</sup>**



Lastly, the OHN/Disability Management Practitioner can demonstrate the outcomes of whatever disability management efforts are in place, or are planned. This can be achieved by using the following principles:

- Consider the structure, process, and outcomes of the Integrated Disability Management Program as per the established performance measures.
- Address the value that the Integrated Disability Management Program offers to the organization. Is the program justified from a business standpoint? Is it justifiable from a financial or legal standpoint? What is the potential return on investment?
- Consider whether some of the Integrated Disability Management Program performance measures should be valued higher than others. That is, is the impact on injury/illness severity more important than the injury/illness frequency of occurrence?
- Measure disability management data such as the frequency of claims; duration of claims; type and nature of claims; the number of long-term disability claims avoided; the return-to-work

statistics; the cost of interventions; the cost of replacement workers; the degree of cost-avoidance through the graduated return-to-work opportunities; the Workers' Compensation Board costs; and any identified trends.

## **Conclusion**

Knowledge of nursing theories can position OHNs to positive change in the workplace, in particular in the field of Disability Management. Theories like Lewin's Force Field Analysis lend a structured approach to managing change and bringing about successful outcomes.

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