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Research Article

Nurse Case Managers' Experiences on Case Management for Long-term Hospitalization in Korea

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ABSTRACT

Purpose: The implementation of case management for long-term hospitalization use has been approved for controlling medical cost increases in other countries. But, introduction of the case management in Korea has created issues that hinder its effective operation. This qualitative study aimed to obtain further understanding of the issues surrounding the management of Medical Aid beneficiaries' use of long-term hospitalization from the case managers' perspectives and to provide suggestions for successful case management.

Methods: Thematic analysis was employed to analyze the data. Medical Aid case managers with 3 or more years of case management experience were recruited from urban, suburban, and rural regions. Data were collected through in-depth interviews: 12 nurse case managers participated in focus group interviews and 11 participated in individual one-on-one interviews.

Results: Four major themes emerged: on-site obstacles that hinder work progress; going in an opposite direction; ambiguous position of case managers; and work-related emotions. Eleven subthemes were discovered: chasing potential candidates; becoming an enemy; discharging patients who have nowhere to go; welfare-centered national policies increasing medical costs; Medical Aid Program that encourages hospitalization; misuse of hospitalization; feeling limited; working without authority; fulfilling the expected role; fretting about social criticism; and feeling neglected and unprotected.

Conclusion: The findings highlight the complexity and ambiguity of the issues faced by case managers. Successful management of Medical Aid resources requires the orchestrated efforts and collaboration of multiple stakeholders. More systematized support and resources for nurse case managers are essential to fully implement this nursing innovation in Korea.

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Introduction

Promotion and maintenance of health with limited resources is a critical health-care issue worldwide [1]. The Organization for Economic Cooperation and Development countries have reinforced health-care services for treatment of long-term illness to achieve both reduction in health-care cost and improvement in patient satisfaction [2]. Under such universal circumstances, case management has been proved to be an effective tool to respond to both economic and quality issues of national health care [3].

The Korean government has tried to resolve similar issues, especially for low-income households, by implementing a set of

controlling systems including case management [4]. The Medical Aid Program is one of the public assistance programs developed to provide free medical services to low-income households and currently serves approximately 2.9% of the total population [5]. However, its growing financial demands on Korea's national budget also have significantly threatened other welfare services as well as the system's sustainability itself [6].

Given this situation, the Korean government employed the US case management system for proper utilization of national resources for vulnerable populations in 2003 [7]. Since its introduction, the case management program has resulted in a significant decrease in outpatient-based health service usage [8]. According to the Ministry of Health and Welfare, the effect of case management programs was equivalent to about 59.9 million dollars of health-care cost reduction in 2014 [9]. However, such reduction has been accompanied by a concurrent increase in the utilization of inpatient services [10]. As a response, the case management program was extended to include long-term hospitalization in 2010 [11].

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Implementing case management for long-term hospitalization use has been approved for controlling medical cost increases in other countries [12].

Case management for long-term hospitalization use in Korea focuses on screening out those patients who have been hospitalized for more than 31 days and need not receive inpatient treatment. The Medical Aid managers manage long-term hospitalization, and qualification for the managers includes registered nurses who have 2 or more years of clinical experiences at a tertiary-level hospital or longer than four years of experience at a general hospital. They are assigned to various administrative areas, and the number of Medical Aid managers may vary according to the number of beneficiaries in a given administrative district. The managers' primary duties imposed by the enforcement regulations in Medical Aid Law include: providing education and consultation to enhance the beneficiary's self-care capability; assisting the beneficiaries with the Medical Aid program usage or medical care facility utilization; monitoring and counseling to enhance medication adherence and lifestyle modification; and referral to health-care resources [13]. Monitoring the judicious use of hospitalization has been one of the major roles of case managers; they are now carrying out a wide range of roles including the prevention of readmissions [14]. Although the Medical Aid Law describes the manager's duties, their positions are primarily temporary and their work boundary and legal status are not yet clearly defined [15].

While research on case management in other countries now tend to focus more on its impact of managing a specific disease process [16], previous research on case management of long-term hospitalization in Korea has been limited to identifying the necessity and economic impact of the management [17]. Such limited findings provide little information on the influences of the program at the individual level and health-care system level in Korea. As well, little is known about the barriers or facilitators to affect the successful implementation of case management.

Nurse case managers are the front-line professionals who directly communicate and work with medical service providers and the recipients of the Medical Aid Program in real-world settings. Such positions enable them to see the case management program's impact on various levels, from individuals to the various sectors in the social as well as health-care systems. As such, they can be a very important source of information on successful case management. Navigating the work experience of the managers can provide comprehensive information critical to the successful operation of case management on long-term hospitalization. To achieve such goals, this study explored the experience of nurse case managers in managing long-term hospitalization use to further understand the phenomenon and to provide information essential to case management success. Information from the study findings will help health-care providers and policymakers in other countries who just launched similar programs or are planning to employ such systems to control both quality and cost of their health-care systems.

Methods

Study design

This is a qualitative study using both focus group and individual interviews to obtain in-depth understanding on the phenomenon of case management focused on long-term hospitalization. Given the complicated nature of long-term hospitalization case management and the wide range of social contexts, we chose focus group interviews as the main method of data collection, since they can provide complex and multifaceted insight through participant interactions [18]. We also considered the potential impact of power hierarchy among participants who belong to the same organization.

Considering that participants might not feel comfortable to speak freely in the focus group context, we offered an option of an individual interview. The choice was up to each participant. The same interview questions and probes were used to conduct individual interviews.

Participants

The participants were recruited through a Medical Aid Program case manager association. The eligibility criteria included having 3 or more years of experience as a Medical Aid Program case manager and willingness to actively participate in the study. A total of 23 nurse managers participated. Twelve participated in focus group interviews and 11 opted for one-on-one interviews.

Based on expert advice that long-term hospitalization patterns vary depending on regional characteristics, we intentionally included case managers from various urban, suburban, and rural regions. Since six to 10 participants are ideal for a focus group [19], we formed two focus groups of six managers each, with two managers from each region in each focus group.

Interview questions

Guided by Krueger and Casey's suggestions [18], three open-ended questions were used to explore the case manager's experiences. The open-ended nature of each question was intentional, so as not to restrain subjects' responses. An introductory question was asked first: "Tell me about the process of case management on long-term use of hospitalization." Then following question was asked to open up the participant's stories: "tell me about your experiences managing long-term hospitalization use." At the end of the interview, participants were asked for any additional information regarding their case management experiences: "We have so far discussed your experiences on the case management. Would you like to add anything else on that? The first interview was carried out based on these questions. Probes and questions to clarify any aspects of the previous session and to supplement data were added in the second interview.

Data collection

Data for analysis were gathered from both the focus group and individual interviews. Four focus group interview sessions (two sessions per group) were conducted. The first author of this study (JO) and a professor with experience in qualitative research acted as the moderator and co-moderator of the sessions. Interviews with the focus groups were conducted in a small conference room and continued until no more new information was discussed. The first interview lasted for 3 to 3.5 hours, while the second lasted for 1 to 1 hour 40 minutes. Throughout the interviews, researchers reassured the participants that they could talk freely and encouraged all the participants to contribute to prevent any single participant from dominating the discussion. The sessions were recorded, and the research assistant transcribed the recorded data afterward. After group interviews, researchers reviewed the notes taken during the discussions and had debriefing sessions. Debriefing sessions included discussions about items that were commonly mentioned and apparently important to the participants, views that were similar or different from the researchers' preconceptions, or views that needed to be further explored with the focus groups. Individual interviews were conducted using the same questions, and each took approximately 30 to 40 minutes. The interviews took place in a conference room located at each participant's workplace. Interviews were recorded and transcribed with the participant's permission.

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