

# Role Ambiguity and Role Conflict in Nurse Case Managers

## *An Integrative Review*

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### ABSTRACT

**Purpose/Objectives:** The purpose of this integrative review is to critically examine the relationship between the transition from a direct caregiver to a nurse case manager role and the perceived levels of role ambiguity and role conflict.

**Primary Practice Setting(s):** Nurse case managers in acute care, postacute care, and managed care settings.

**Findings/Conclusions:** Nurses can expect to experience substantial role ambiguity and role conflict as they take on the case manager role, primarily because of inadequate role definition, unexpected ethical challenges, and lack of prior insight into the case manager role. Role ambiguity and role conflict may impact nurse case managers' job satisfaction and job performance.

**Implications for Case Management Practice:** Well-designed broad-scale descriptive studies are needed to further explicate the relationship between transition from direct caregiver to nurse case manager roles and the experience of role ambiguity and role conflict. Nurses transitioning from direct caregiver to nurse case manager roles should be systematically prepared to identify and manage specific ethical challenges commonly encountered by case managers. Further development of a nursing theoretical foundation for case management would be very useful in helping caregivers understand that as case managers, they remain practicing nurses with all the inherent rights and responsibilities of professional nursing.

**Key words:** case management, nurse case manager, role ambiguity, role conflict, role transition

Now a well-established professional role, nursing case management had its roots in turn of the century public health nursing (Tahan, 1998). With the onset of prospective payment and managed care systems in the 1980s, various renditions of case management proliferated as hospitals scrambled to adapt to modified reimbursement structures (Weiss, 1999). Nursing case management has now become a prevalent model of care delivery in acute care hospitals throughout the United States, often with a predominant focus on optimal resource utilization and timely patient throughput across the care continuum (Zander, 2002). Although cross-sectional descriptive studies have revealed ongoing variation in terms of case management roles and functions, it appears that nursing case management is here to stay (Tahan & Campagna, 2010; Terra, 2007).

Early case management literature focused on defining role responsibilities and describing proposed models. One sentinel article from Zander (1988) described nursing case management as evolving from primary nursing and presenting a new direction for

the nursing profession. Efforts to describe contemporary practice (Park & Huber, 2009; Park, Huber, & Tahan, 2009; Reimanis, Cohen, & Redman, 2001) and case management dosage (Huber, Sarrazin, Vaughn, & Hall, 2003) have contributed to the development of an empirical basis for nursing case management. Quantification of the outcomes of various models has also been a priority (Chow & Wong, 2010; Kim & Soeken, 2005; Liu, Edwards, & Courtney, 2010; Lynn & Kelly, 1997; Oeseburg, Wynia, Middel, &

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*Defining case management had proven to be much more challenging than defining other evolving nursing roles, such as the nurse practitioner, because of its primary focus on utilization of organizational resources, with an apparent dichotomy observed between cost containment and patient advocacy.*

Reijneveld, 2009; Zwarenstein, Reeves, Straus, Pinfold, & Goldman, 2000).

At the same time, evidence of some unique challenges faced by nurses who chose to move into nurse case manager (NCM) positions has slowly emerged in the literature, particularly in the areas of professional identity, role boundaries, and job stress (Bergen, 1992; Hogan, 2005; Johansson, 2002; Powell, 1996; Reimanis, Cohen, & Redman, 2001; Schutt, Fawcett, Gall, Harrow, & Woodford, 2010). Case management literature reveals ongoing confusion surrounding the plethora of case management models, functions, and roles that emerged inductively from clinical practice settings, each with its own culture and objectives. Brault and Kissinger (1991) asserted that defining case management had proven to be much more challenging than defining other evolving nursing roles, such as the nurse practitioner, because of its primary focus on utilization of organizational resources, with an apparent dichotomy observed between cost containment and patient advocacy.

In a comprehensive review of early nursing case management research, Lamb (1994) found that substantial role confusion persisted because of constant change in case management models, lack of clear definitions, and little theoretical foundation. At that time, the state of the science was described as "limited in theory and focused on outcomes" (p. 152). The issues of inconsistent roles and functions primarily driven by individual organizational expectations rather than nursing theory and science continued to recur in the nursing literature in the years that followed (Conti, 1996; Genrich & Neatherlin, 2001; Huber, 2002; Lee, Mackenzie, Dudley-Brown, & Chin, 1998; Tahan, 1999; Tonges, 1998; Wayman, 1999; Weiss, 1999; Yoshie, Saito, Takahashi, & Kai, 2008). This general lack of consensus as to what constitutes nursing case management has continued to be an ongoing concern for professional nursing (Zander, 2002; Park, Huber, & Tahan, 2009).

Although case management programs have become widespread in contemporary health care set-

tings, NCM roles are not clearly defined and lack standardization (Genrich & Neatherlin, 2001; Huber, 2002). Furthermore, clinical nurses choosing to move into NCM positions often have limited insight into the NCM role and the inherent tensions experienced (Schmitt, 2006). These factors may culminate in substantial role ambiguity and role conflict in NCMs (Park, Huber, & Tahan, 2009). This is significant, as role ambiguity and role conflict may negatively impact NCM job performance and job satisfaction (Tonges, 1998). The purpose of this integrative review is to critically examine the relationship between the transition from a direct caregiver to NCM role and perceived levels of role ambiguity and role conflict.

## METHODS

For the purpose of this review, *transition from direct care giver to NCM* was operationally defined as movement of a registered nurse or advanced practice nurse from a clinical nursing position to a formal NCM position as a result of new program implementation, restructuring, or expansion of the scope of an existing role. *Role ambiguity* was operationally defined as uncertainty on the part of the case manager as to what his or her role within the organization actually is and what is expected by colleagues. *Role conflict* was operationally defined as stress resulting from multiple job requirements that are perceived as incompatible because of divided loyalties or accountabilities. Registered nurses functioning in case management roles in a variety of clinical settings were the target population in this review. The accessible population included nurses employed in a variety of case manager roles and settings including hospitals, home care, workers compensation vendors, and insurance companies as described in the available literature.

Search terms were identified a priori as "case manager," "nurse case manager," "care coordinator," "care manager," "care management," "case management," "role stress," "role strain," "role ambiguity," "role conflict," "job stress," "job satisfaction," "role transition," and "orientation." A search of MeSH terms identified via PubMed included "case management."

Inclusion criteria consisted of published qualitative or quantitative research, case studies, and unpublished doctoral dissertations focused on registered nurses in any health care setting. A date range of 1985 to 2010 was established to coincide with the onset of prospective payment systems through present day. No language restriction was applied. Excluded were articles addressing professional disciplines other than registered nurses and non-health care-related settings, and those not assessing the outcomes of interest. Primary, secondary, and informal sources were

queried. Databases searched included CINAHL, PubMed, and Google Scholar. The Cochrane Collaborative, Trip Database, and Joanna Briggs Institute were also queried for systematic reviews and preprocessed materials. Reference lists of articles meeting criteria were also scanned for additional studies; saturation was reached.

## RESULTS

A total of 42 articles were identified initially and screened for inclusion and exclusion criteria by title and abstract (if available). Articles not specific to role transition or not focused on case managers were discarded, as were those focused on disciplines other than nurses, such as social workers, as case managers ( $n = 25$ ). The remaining 17 articles were retrieved in full text and carefully read. Six additional articles were then excluded because of mixed samples, undefined samples, or exclusion of role ambiguity and/or role conflict as specific variables of interest. A total of 11 articles remained as the final group for appraisal and synthesis.

The final group of articles incorporating all key variables included five qualitative studies, three case studies, two quantitative studies, and one theoretical application Table 1. Qualitative research designs included grounded theory and interpretive phenomenology. Cohort design quasi-experimental and cross-sectional correlational designs were applied in the identified quantitative studies. Samples sizes ranged from 1 to 413 case managers. All articles focused on case managers in the United States with the exception of one from the United Kingdom. Settings included acute care hospitals ( $n = 7$ ), acute rehabilitation ( $n = 1$ ), and insurance and workers compensation companies ( $n = 1$ ). The theoretical application article ( $n = 1$ ) focused on NCMs in general.

Studies varied in purpose, variables, and analytical approach. Some articles sought to specifically examine the process of role transition from bedside nurse to NCM and on gaining insight into the experience of role implementation ( $n = 7$ ). Three articles focused on the experience of ethical problems encountered during the transition, and one article described the development of an acute care case manager orientation program. Variables included perceived job characteristics, well-being, sources of role strain, job satisfaction, role preparation, clinical nurse specialist (CNS) as case manager, patient satisfaction, nurse satisfaction, and quality of life. Methods of analysis included a variety of statistical techniques, comparative and thematic analysis, and narrative discussion.

## ANALYSIS

The quantitative and qualitative studies were critically appraised using guidelines published by DiCenso, Guyatt, and Ciliska (2005). The majority of the research ( $n = 5$ ) identified used a qualitative design (Schmitt, 2006; Jamison, Ross, Hornberger, & Morse, 1999; O'Donnell, 2007a, 2007b; Waterman, Waters, & Awenat, 1996). Each of these qualitative articles posed a clearly stated research purpose. Upon appraisal, it was found that qualitative methods were appropriate for the stated aims in each of these studies, which were to gain insight into the role transition experience or to explore the lived experience of transitioning into the NCM role. Qualitative designs are appropriate when the purpose of the study is to discover the social-psychological processes or lived experience of phenomena (Russell, Gregory, Ploeg, & DiCenso, 2005). However, with the exception of one study (Jamison et al., 1999) the primary limitation of these qualitative articles was that data analysis techniques were not presented in detail, thus rendering it impossible to evaluate whether the analysis was sufficiently rigorous. All qualitative studies used purposive or convenience samples.

Significant evidence of role ambiguity or role conflict experienced by bedside nurses as they transitioned into the case manager role was found in all five qualitative articles. Schmitt (2006) studied 11 case managers to explore the transition from bedside to case manager, primarily in the areas of motivations, expectations, sources, of role strain, and job satisfaction. In the area of role strain, four major themes emerged: professional identify and self-image, interactions and relationships, time-task orientation, and business culture and financial objectives. Interestingly, within the business culture and financial objectives theme, participants revealed feelings of conflict and being at odds with the employer regarding the expected focus on cost containment and financial issues; some perceived this expectation as conflicting with their role as patient advocate and created tension as well as decreased job satisfaction and self-confidence. Also noted was the participants' perception of not being aware prior to transition of not being prepared for the role and of not being aware of aspects of the case manager role that would be problematic.

O'Donnell (2007a, 2007b) described a two-part study using an interpretive phenomenology approach with the primary purpose of describing the experiences of ethical concerns identified by nurses as they transitioned to case manager roles. O'Donnell (2007a) examined the transition process and ethical concerns raised by participants as they took on case manager roles, and well as actions taken to resolve these concerns. Several themes were identified related to not

**TABLE 1**  
Evidence Grid

Author(s), Year, Title	Participants (Number, Characteristics, Sampling)	Purpose	Research Design	Variables: Dependent & Independent (How Measured)	Method of Analysis	Results	Implications for Nursing Practice
Schmitt (2005) Role transition from caregiver to case manager: Part I	Nurses moving from direct caregiver to nurse case manager roles (general population)	Present a theoretical model and propose use of model to examine the process of role transition as it pertains to nurses moving from caregiver to case manager roles	Application of theory: Model of the role-transition process	Role transition Role strain Antecedent conditions Moderators Reactions Consequences Seven domains of nursing practice	Comparison of hands-on (caregiver) to facilitator (case manager) responsibilities using Benner's domains of nursing practice to identify qualitative differences between the two roles	Nurses entering case management encounter new role expectations, ethical issues, and conflicting interests. Basic nursing education does not prepare nurses for case management. Case manager expectations and boundaries are not clearly defined and may further increase role strain	Academic programs need to incorporate case management role information into curricula and provide supervised practice. Organizations need to create comprehensive orientation and training programs that are sensitive to sources of role strain experienced by nurses making the transition to case manager.
Schmitt (2006) Role transition from caregiver to case manager: Part II	Nurses ( $n = 11$ ) who had recently moved into case manager roles from direct caregiver roles. Age 29–53 years Employed in insurance, workers comp, and vendor case manager positions Clinical experience in acute, skilled care, ED, and clinic settings prior to case management 100% female	To explore the process of role transition from direct caregiver to case manager. Gain insight as to how nurses experienced transition and learned how to function as case managers.	Qualitative design based on conceptual framework of symbolic interactionism. No further detail on design provided.	Individual and focus group interviews Dialogue on contextual variables: motivations, expectations, sources of role strain, and job satisfaction.	Analysis based on symbolic interactionism Details on methods of analysis were not described.	Significant role strain occurred from unanticipated role disparities; were not prepared for many case management situations; were not aware of aspects of case manager role that would be problematic. Four sources of role strain identified: Self-image & professional identity;	Need to alert nurses and prepare for role strain in advance; provide structured support; inform of relevant learning resources; guide discussion between new and experienced case managers.

(continues)

**TABLE 1**  
Evidence Grid (Continued)

Author(s), Year, Title	Participants (Number, Characteristics, Sampling)	Purpose	Research Design	Variables: Dependent & Independent (How Measured)	Method of Analysis	Results	Implications for Nursing Practice
	Purposive sampling					Time-task orientation; Interactions & relationships; Business culture & objectives. Tensions may lead to decreased job satisfaction & decreased self-confidence.	
Waterman, Waters, and Awenat (1996) The introduction of case management on a rehabilitation floor.	Seven case managers, Newly created in an elderly care hospital in United Kingdom. Moved into role rapidly with minimal preparation. Purposive sample.	Examine the feelings and concerns of new case managers, their conception of case management, and perceived educational needs.	Qualitative Started one month after unit opened and continued for 7 weeks. Part of a larger evaluative study	Ethnographic qualitative interviews. Participant observation. Case manager concerns and feelings; perceived educational needs; perception of case manager role. Field notes.	Analysis concurrent with data collection. Qualitative analysis based on techniques described by Glaser & Strauss. Identified structure and process themes.	Case managers experienced anxiety and confusion over role during transition. Perceived responsibility with limited authority. Case managers did not anticipate some of the problems encountered with new colleagues, workload, communication difficulties, physical environment.	Further research is needed to explore the tension between individualizing patient care and following standardized methods used in this case management model.
Jamison, Ross, Hornberger, and Morse (1999). Implementation of the care coordinator role: A grounded	One staff nurse chosen to implement the care coordinator role; 17 staff who interacted with care coordinator.	Discover the processes of care coordinator role implementation. Develop a substantive theory explaining the social and	Grounded Theory	Non participant observation Tape recorded interviews focused on understanding changes occurring	Concurrent comparative analysis to develop theoretical constructs and generate a grounded theory.	Basic social psychological problem associated with care coordinator role implementation	Role ambiguity can result in role stress, which may have detrimental effects on those involved in role implementation. (continues)

**TABLE 1**  
Evidence Grid (Continued)

Author(s), Year, Title	Participants (Number, Characteristics, Sampling)	Purpose	Research Design	Variables: Dependent & Independent (How Measured)	Method of Analysis	Results	Implications for Nursing Practice
theory approach.	Two medical surgical units serving trauma, neurologic, and orthopedic patients at the University of Kansas Hospital.	psychological processes associated with care coordinator role implementation.		through implementation of care coordinator role through eyes of participants over the course of 3 months. Field notes	Level I, II, III coding. Saturation occurred. Transferability, dependability, confirmability, and member check procedures were used.	was "role ambiguity." Role ambiguity created confusion and discomfort for care coordinators. Lack of clear expectations, absence of clear boundaries, lack of adherence to education requirements; inconsistency of functions of care coordinators in hospital, personal role expectations, inconsistent feedback, perceived expectations of others all contributed to role ambiguity.	Conceptual model of care coordinator role implemented developed; may be used to plan education and mentoring, plan for physical needs; determine need for clarity in role responsibilities; develop communication strategies, and minimize detrimental effects of role ambiguity.
O'Donnell (2007). Ethical dilemmas among nurses as they transition to hospital case management: Implications for organizational ethics, part I.	Nurse case managers (n = 15). Purposive sampling. Mid-Atlantic metropolitan acute care settings, 5–15 years clinical experience before	To examine the transition process and ethical problems encountered by nurses during transition from bedside to case manager role.	Qualitative – interpretive phenomenology	Process that led clinical nurse to case manager role Preparation for new role Ethical dilemmas encountered and actions taken. Barriers and facilitators of resolution.	Max Van Manen method of thematic analysis	Encountered ethical dilemmas related to cost, access, quality; professional accountability, safety, autonomy, respect, self-determination; fairness. Case managers felt	Importance for case managers of values clarification; acknowledging patients' rights; keeping informed of legal and regulatory rules; having confidence in clinical skills (continues)

**TABLE 1**  
Evidence Grid (Continued)

Author(s), Year, Title	Participants (Number, Characteristics, Sampling)	Purpose	Research Design	Variables: Dependent & Independent (How Measured)	Method of Analysis	Results	Implications for Nursing Practice
O'Donnell (2007). Ethical dilemmas among nurses as they transition to hospital case management: Implications for organizational ethics, part II.	case manager role, 3 months to 3.5 years case management experience.	To explore the lived experiences of ethical dilemmas among nurses transitioning from clinical to case management positions.	Qualitative-- interpretive phenomenology.	Insights gained to assist in future conflict. In-depth interviews averages 1–1.5 hours; audio taped and transcribed.	Max Van Manen method of thematic analysis	distressed, helpless, powerless, frustrated. Lack of adequate orientation coupled with ethical concerns made nurses uncomfortable during transition.	Case managers experienced frequent ethical due to rules and regulations that conflicted with professional nursing judgment; had insufficient knowledge of how cost, access, and quality decisions are made; needed skill in handling interdependence with work of others. May not be able to overcome obstacles to serve competing obligations; need to measure and report outcomes; need to become (continues)

**TABLE 1**  
Evidence Grid (Continued)

Author(s), Year, Title	Participants (Number, Characteristics, Sampling)	Purpose	Research Design	Variables: Dependent & Independent (How Measured)	Method of Analysis	Results	Implications for Nursing Practice
Tonges (1998) Job design for nurse case managers: Intended and unintended effects on satisfaction and well-being.	N = 413 308 staff nurses, 44 care coordinators, 60 case managers, 100% female. Minimum 2 years' experience. Mean age: 40 years. Acute care.	To test an extended model of job characteristics for human service professionals, and to investigate characteristics of case management as a new job design expected to have mixed motivational consequences.	Cross-section correlational design. Framework: Job Characteristics Model.	Perceived job characteristics and workplace well- being outcomes. Mailed survey packet; used items from 11 instruments and demographic data form questionnaire mailed to 1432 nurses; 29% response rate.	Hierarchical regression analysis to evaluate hypotheses concerning correlations predicted in the extended model.	Significant relationship between working in nurse case manager role and perceived role conflict ( $p < .01$ ) and role ambiguity ( $p < .01$ ) as compared with staff nurse.  Significant relationship between working in nurse case manager role and perceived role conflict ( $p < .01$ ) and role ambiguity ( $p < .01$ ) as compared with staff nurse.  Significant relationship between working in nurse case manager role and perceived role conflict ( $p < .01$ ) and role ambiguity ( $p < .01$ ) as compared with staff nurse.	advocates for policy reform. Organizations need to find more effective ways to prepare case managers to manage ethical dilemmas they will encounter. Be aware of role conflict, and ambiguity in nursing case management. Consider tolerance for ambiguity & interpersonal skills when hiring. Specific recommendations for orientation and training Need more research on specific aspects of role that give rise to role ambiguity and role conflict.
Sherman (1994). CNS as unit-based case manager.	Three clinical nurse specialists hired to fill newly created case manager roles. Convenience sample 50 oncology inpatients,	Evaluate the impact of involving CNSs as unit based case managers. Hypothesized increases in patient satisfaction,	Cohort design quasi- experimental study. Pre- and postintervention groups 6 months apart	IV: case management by CNS DV: patient satisfaction, quality of life perceived by patient, nurse	t-tests for independent samples	Significant increase in patient satisfaction ( $t =$ $2.76, p < .008$ )  No significant increase in quality of life.	Case managers nursing staff need more education and clearly defined role expectations for case managers.  <i>(continues)</i>



**TABLE 1**  
Evidence Grid (Continued)

Author(s), Year, Title	Participants (Number, Characteristics, Sampling)	Purpose	Research Design	Variables: Dependent & Independent (How Measured)	Method of Analysis	Results	Implications for Nursing Practice
	68 staff nurses, 36-bed medical unit of 495-bed acute care hospital.	patient quality of life, and nurse satisfaction would result from implementation of case manager roles.		satisfaction. Lamonica--Oberst Patient Satisfaction Scale; Quality of Life Index; Index of Work Satisfaction Questionnaire.		Nursing satisfaction decreased, but not statistically significant. Decreased job satisfaction and role confusion among case managers still existed 6 months after implementation.	
Strzelecki & Brobst (1997). The development of an acute care case manager orientation	Six acute care nurses hired to implement case manager role on 3 medical surgical units MSN = 2 BSN = 1 Diploma/AD = 3 Convenience sample	To describe the development of an acute care case manager orientation program in a community hospital using Benner's model of skill acquisition	Case Study/quality improvement. Application of Benner's model of skill acquisition.	New orientation program based on Benner's model. Participant satisfaction with orientation measured with a Likert scale of 1-5 at the end of orientation program.	Analysis of participant satisfaction scores. Performance standards analyzed using Benner's framework to plan progress toward proficiency of candidates.	All classes were evaluated as "4s" or "5s." Notes that case managers experienced considerable distress from role ambiguity. During orientation new case managers tended to focus heavily on role boundaries.	Model may be a predictive framework for ongoing educational needs of case manager. Identifying case manager skill acquisition stage is difficult new role required new application of previous skills plus development of new skills.
Beilman, Sowell, Knox, and Phillips (1998). Case management at what expense? A case study of the emotional costs of case management	One female nurse case manager in a large regional hospital. Arrived in position as a result of corporate reengineering Little formal training in case management.	Provide insight into the potential emotional costs to both patients and nurse case managers when a case management program was implemented with an emphasis on cost control	Case study	Case management Emotional costs Variables not operationally defined	Narrative discussion	Role conflict resulted from conflicting expectations of professional nurse and that of employer; role conflict was major source of stress.	Case management focus on cost control may lead to negative outcomes Need for realistic balance between cost and quality foci.

(continues)

**TABLE 1**  
Evidence Grid (Continued)

Author(s), Year, Title	Participants (Number, Characteristics, Sampling)	Purpose	Research Design	Variables: Dependent & Independent (How Measured)	Method of Analysis	Results	Implications for Nursing Practice
McLaughlin, Miller, and Wooten (1999). Ethical dilemmas in critical care: Nurse case managers' perspective	Member of case management team with primary goal of cost savings.	Describe ethical dilemmas encountered by nurse case.	Case studies (3)	Case manager. Ethical dilemmas. Beneficence Autonomy Veracity Justice	Discussion of ethical dilemma and the relevant ethical principles experienced in each case.	Participant felt "trapped," "frustrated and angry." Values about patient care conflicted with goals of the organization and insurer. Contemplated resigning from role and leaving hospital	Case managers experience a wide spectrum of problematic ethical situations; role conflict arising from need to patient advocacy versus cost containment objectives is major source of stress for case managers.

being sufficiently prepared for the role and role conflict related to issues of cost containment, perceived rationing, and difficulty dealing with patients and coworkers when attempting to enforce administrative policies despite no authority for final decisions. In part II of the study, O'Donnell (2007b) further explored the NCM's lived experiences of ethical dilemmas during the transition, culminating in four themes: case management as a balancing act, framing contentious options, speaking for vulnerable individuals, and responsibility without power. Throughout these themes, role conflict was evidence as case managers interfaced between increasingly frail patients and the acute care hospital system on issues of cost, quality, and access to resources.

Jamison et al. (1999) used a grounded theory approach to explore the process of implementing a new care coordinator role on a medical surgical unit, identifying role ambiguity as the basic social-psychological problem encountered during implementation. Participants identified lack of clear expectations and boundaries, inconsistent care coordinator roles in other areas of the organization, personal role expectations, and perceived expectations of others as contributing this role ambiguity. Implementation of case management on a newly created rehabilitation unit by a clinical nurse specialist was studied by Waterman et al. (1996). The aim of the study was to examine the feelings and concerns of seven case managers during introduction of case management on the unit, and ethnographic qualitative interviews were used along with participant observation. Analysis methods were stated to be drawn from qualitative methods of thematic analysis, but not described in detail. The study found that NCMs experienced anxiety and confusion over their new roles, although it was unclear how much of that was attributable to the physical relocation of this unit setting at the same time as case management was implemented.

Both quantitative studies included in this review also revealed evidence of significant role conflict and role ambiguity in nurses transitioning from direct caregiver to case manager positions (Tonges, 1998; Sherman, 1994). In a cross-sectional correlational study, Tonges (1998) sought to explore the correlation between workplace well-being and perceived job characteristics in NCMs and staff nurses. The sample, variables, methods, and data analysis were thoroughly described. Results indicated that NCMs reported significantly higher levels of role conflict, ambiguity, and overload than staff nurses ( $p < .01$ ). Although the study design did not gather data on root causes of role ambiguity and role conflict in this sample, the discussion section described role conflict as associated with violations of the principles of single accountability and unity of command, while role

ambiguity was associated with vague task definition, inconsistent direction, and unclear scope of job responsibility. Sherman (1994) evaluated the impact on patient satisfaction, nurse satisfaction, and quality of life because of the hiring of three clinical nurse specialists to fill newly created case manager roles. Although patient satisfaction increased as a result ( $t = 2.76, p < .008$ ), nursing satisfaction showed a nonsignificant decrease. Anecdotal evidence of job dissatisfaction and role ambiguity among case managers was noted as well, still present at 6 months postimplementation.

Three case studies also revealed evidence of role ambiguity and role conflict as major stressors for NCMs moving into the role or adapting to new case management models. Beilman, Sowell, Knox, and Phillips (1998) described the emotional costs to both patients and NCMs when hospital case management roles in a large facility were refocused to emphasize cost control and length of stay. The NCM featured in the study reported that an ethical dilemma arose because of difficulty advocating for the patient, while maintaining loyalty to the employer; this resulted in anxiety and stress for the NCM, who verbalized feeling frustrated, angry, abandoned, confused, distrustful, and trapped. This NCM was contemplating resignation from her position and the hospital altogether. The work of Strzelecki and Brobst (1997) was based on their experience in developing a hospital case manager orientation program for new NCMs using Benner's application of the Dreyfus model of skill acquisition. Considerable distress because of role ambiguity was observed by the orientation instructors, who noted the NCM's almost exclusive focus on role boundaries. Role conflict or ethical dilemmas were not mentioned. McLaughlin, Miller, and Wooten (1999) described multiple case examples in which the NCM experienced stress and conflict between perceived primary function of patient advocate and accountabilities to patients, employers, and payers.

The article by Schmitt (2005) on the role transition from caregiver to NCM was included in this review as it presented a theoretical model of the process of role transition from caregiver to case manager based on role theory and provided explanatory evidence of a perceived disparity between caregiver and case manager behaviors within a nursing framework and the expected consequences of role strain. According to Schmitt, the subjective experience of anxiety, disequilibrium, and discomfort that can be expected to occur during this transition may be influenced by clarity of boundaries and competing expectations. Lack of insight into the ethical dilemmas, politics, and focus on cost effectiveness of care that NCMs bring to the new position were identified as factors contributing to role strain. New NCMs

*New nurse case managers should expect to encounter competing interests and new ethical issues not dealt with in the direct caregiver role, such as patient versus payer rights, underutilization of services, and employer involvement.*

should expect to encounter competing interests and new ethical issues not dealt with in the direct caregiver role, such as patient versus payer rights, underutilization of services, and employer involvement (Schmitt, 2005).

Overall, the evidence included in this review was determined to be relatively weak in strength as the majority of the identified articles were qualitative work and case studies. Inclusion of more detailed information on sampling and analysis would have enhanced the ability to confidently conclude a strong relationship between role transition and role ambiguity and conflict. Meta-analysis and metasynthesis were not attempted because of the relatively small number of studies, limited sample sizes, and inadequate description of methods used in many of the studies. Among the articles included in this review, there were no inconsistencies in terms of the relationship between transition from direct caregiver to NCM and its effect on role ambiguity and role conflict. Gaps in the literature predominantly relate to the abundance of publications focused on describing NCM models and role functions while generally ignoring the NCM's point of view and perceptions of the effectiveness of those functions, and limited evidence as to what specific actions were taken by NCMs to resolve role ambiguity and role conflict.

Collectively, these articles revealed significant role strain resulting from role ambiguity and role conflict that arose during the transition from direct caregiver to NCM. The experience of encountering unexpected ethical dilemmas resulting in role conflict, while taking on the new NCM role was also identified in 6 studies of 11 papers. Two primary themes emerged from this body of literature related to the experience of nurses transitioning from direct caregiver to NCM roles. First, new NCMs experience significant role ambiguity because of unclear role boundaries, lack of educational preparation in case management, and difficulty reconciling the roles of the nurse as direct caregiver versus that of the case manager (Jamison et al., 1999; Schmitt, 2005; Schmitt, 2006; Strzelecki & Brobst, 1997; Tonges, 1998; Waterman et al, 1996). The second theme re-

lated to NCMs transitioning from direct caregiver roles was the common experience of substantial role conflict primarily due to ethical dilemmas that the nurses did not anticipate and for which they were not prepared to manage effectively (Bielman, Sowell, Knox, & Phillips, 1998; McLaughlin et al, 1999; Schmitt, 2005; Schmitt, 2006; Tonges, 1998).

## **APPLICATION TO PRACTICE**

The current state of the science indicates that nurses transitioning from direct caregiver to NCM roles can expect to experience substantial role ambiguity and role conflict primarily because of insufficient preparation for the NCM role, inadequate role definition within a nursing framework, and unanticipated ethical dilemmas. This evidence suggests the need for specific changes in nursing education and orientation, and in professional development and support structures for NCMs.

As professional nurses, both direct caregivers and NCMs are accountable to the nursing profession's Code of Ethics (American Nurses Association, ANA, 2001), which states that the nurse's primary commitment is to the patient, and that the nurse advocates for the health, safety, and rights of patients. The American Case Management Association's (ACMA's) Standards of Practice & Scope of Services for Hospital/Health System Case Management (2007) also lists advocacy as one of the core standards for NCMs. Among the responsibilities listed under this standard are such things as promoting the patient's right to self-determination; assuring patients receive information on costs, alternatives, risks, and benefits of treatment; and supporting optimal health for at-risk individuals. However, under a separate standard, professionalism, the NCM is expected to align his or her practice with the goals of the employer (ACMA, 2007). Since the NCM's responsibilities to advocate for patients' perceived rights and preferences may directly conflict with organizational goals and policies to which the NCM is held accountable, these two sets of standards seem to be at odds with each other, further contributing to role conflict and ambiguity among NCMs. The evidence presented in this review is certainly consistent with this position, and points to the need for clarification of these ACMA standards of practice.

*Consideration by managers of an applicant's ability to tolerate role ambiguity and conflict when making hiring decisions may be important.*

The Standards of Practice for Case Management published by the Case Management Society of America (CMSA) provide some clarity to this dilemma, clearly stating that the client's needs are the case manager's primary obligation (CMSA, 2010, p. 20). In its discussion of case management roles and functions, these standards acknowledge that conflict may arise as the case manager attempts to balance client needs and limited resources. When this occurs, the case manager is expected to adhere to ethical principles and advocate for the needs of the client (CMSA, 2010). In addition to the CMSA standards, case managers should adhere to the ethical standards underlying their individual professional credential; for NCMs, the ANA Code of Ethics would be the appropriate point of reference (ANA, 2001; CMSA, 2010; Commission for Case Manager Certification, 2009).

A need for incorporation of NCM role content into foundational nursing program curricula to provide early exposure to case management responsibilities and challenges is evident (Schmitt, 2005). Proactively introducing the concepts of case management as part of basic nursing preparation would provide bedside nurses with needed perspective on the role and responsibilities of NCMs. In addition, customized orientation programs for new NCMs that proactively address expected sources of role strain and resources available for support may facilitate a smoother transition (Powell, 1996; Tonges, 1998). During orientation to the case manager role, provision to transitioning nurses of core content specific to identification and management of ethical dilemmas commonly encountered may mitigate experiences of role conflict (Craig & Banja, 2010). Furthermore, clear elucidation of the Standards of Practice for Case Management (CMSA, 2010) and demonstration of the consistency of these standards

with the ANA Code of Ethics (2001) during the initial orientation period may provide a clear frame of reference for nurses transitioning from the bedside to NCM positions.

Recommendations for clinical practice include clear definition of role boundaries communicated consistently to both the NCM and the interdisciplinary team (Jamison et al, 1999; O'Donnell, 2007a). Consideration by managers of an applicant's ability to tolerate role ambiguity and conflict when making hiring decisions may be important (Tonges, 1998). Evidence-based protocols identifying, evaluating, and managing ethical dilemmas in accord with professional nursing standards should be developed, and NCMs must have immediate access to ethics committee consultation. Both novice and seasoned NCMs may also benefit from specialized training in mediation skills and in the initiation of crucial conversations (Anderson, Helms, & Kelly, 2004; Moss & Maxfield, 2007; Thornby, 2006). The use of mediation and negotiation skills to facilitate conflict resolution and improve communication is also recognized in national case management standards of practice as integral to coordination and collaboration with the client and interdisciplinary team (CMSA, 2010). Opportunities for personal values clarification and debriefing should be made available to NCMs (Craig & Banja, 2010).

## CONCLUSION

Nurse case managers experience substantial role ambiguity and role conflict as they transition from clinical bedside to case manager roles (Park et al., 2009; Tonges, 1998). Recommendations for further research include the development of solid descriptive studies to further evaluate this relationship on a broader scale, delineation of the skill acquisition stages as they relate to NCM roles (Strzelecki & Brobst, 1997), more detailed exploration of specific ethical problems typically encountered by NCMs and with what frequency, and testing of nursing strategies for management of ethically charged clinical scenarios. Further development of a stronger nursing theory foundation for nursing case management would be very useful in helping caregivers understand that as case managers, they remain practicing nurses with all the inherent rights and responsibilities of professional nursing (Newman, 1991). Such theory would facilitate exploration of the perceived disconnect between advocating for patients and obligations to the employer (O'Donnell, 2007b) and provide a framework to guide the role transition process and identify expected outcomes (Smith, 1993; Tonges, 1998; Williams, 1991).

*Evidence-based protocols identifying, evaluating, and managing ethical dilemmas in accord with professional nursing standards should be developed, and nurse case managers must have immediate access to ethics committee consultation. Both novice and seasoned nurse case managers may also benefit from specialized training in mediation skills and in the initiation of crucial conversations*

Finally, employers and professional case management organizations alike would be well advised to consider development of policy positions, toolkits, forums, and protocols to address ethical dilemmas and resulting moral distress among NCMs, similar to those published by the American Association of Critical Care Nurses (2004), but customized to the needs of NCMs and focused on clinical situations germane to case management. Systematic program evaluations to test any interventions are needed. Clearly, the evidence supports the need to more proactively inform and educate nurses as to the nature of ethical dilemmas they will encounter as they move into the case manager role, to prepare nurses for specific sources of role ambiguity and role conflict inherent to case management, and to create innovative solutions for responding effectively to the unique stressors of NCM practice.

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