

A conceptual model for Comprehensive Disability Management

Disability Management is a new and burgeoning field (Harder & Voaklander, 2003) that up until now has been without a conceptual model to guide practice. This article fills that gap and provides a conceptual framework for the practice of Disability Management.

Every conceptual model should describe the key terms and relationships between concepts, goals, and interventions. The model in this paper is a systematic view of the field of Disability Management and proposes three major spheres of influence: work, the workplace and the non-workplace (external environment). These spheres are permeable, recognizing the interconnected interaction of their multiple components.

In order to provide a context for this model, a brief review of Disability Management is presented. Disability Management has been defined as "a systematic, goal oriented process of actively minimizing the impact of an impairment on the individual's capacity to participate competitively in the work environment, and maximizing the health of employees to prevent disability, or further deterioration when a disability exists". (Tate, Habeck, & Schwartz, 1986)

The details of the Comprehensive Disability Management model are based on the following premises.

Goals

The goals of a generic disability management program focus on the

optimal return to function and ultimately the earliest appropriate return to the work. While embracing these goals Comprehensive Disability Management also stresses and recognizes all influences on the worker that directly impact and influence the outcomes. Further, Comprehensive Disability Management stresses the need for feeding all information gleaned from dealing with illnesses or injuries back to occupational health and safety in order to learn from these experiences and prevent the recurrence of illness and injury.

Philosophy

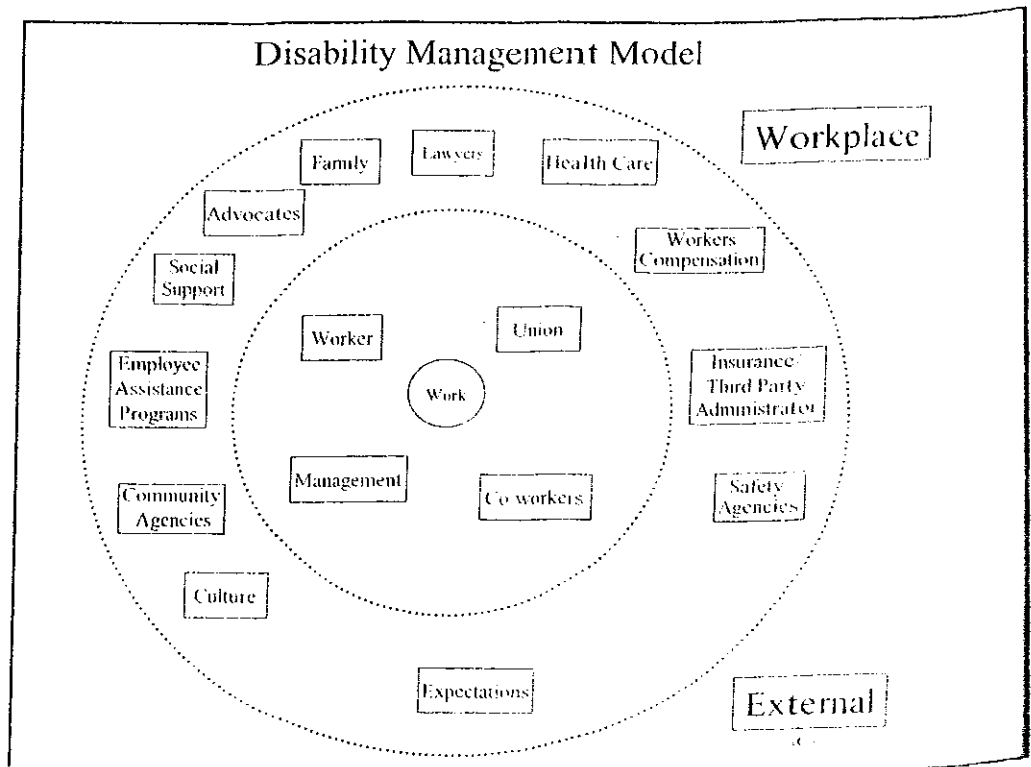
Within a Comprehensive Disability Management program the disability management practitioner facilitates early and safe return to work and strives to decrease the human and

financial costs of disabilities regardless of the employee's age, gender, ethnicity, culture or health status. The disability management practitioner accomplishes this through professional expertise and practice, blended with collaboration, education and empowerment in the workplace community.

In a Comprehensive Disability Management Program disability management practitioners are responsive to work, workplace parties and all relevant external influences. The need to understand the critical importance of these interactions and their influence on the worker and the worksite led to the development of the model.

Description of the model

The model is presented as the following diagram.



At the **core** of the model is work. Work refers to the performance of tasks for monetary compensation and is an integral part of our social fabric. As discussed by Acton (1981) the absence of work is problematic, it provides more than a task — it provides meaning.

The **inner circle** represents the workplace and has many distinct features that comprise a work setting.

This environment is influenced by the individual and collective attitudes of workers, co-workers, union and management participants. Interplay occurs among these elements of the work environment. Being able to understand the needs of these varied and complex roles and being able to resolve the myriad of issues represented in these roles leads to successful Comprehensive Disability Management in the workplace.

A workplace is simply a designated facility or area where work is performed. The workplace must comply with standard regulations and laws. Additionally, workplace policies, procedures, and philosophy govern the organization's actions. Some workplaces create an environment with unique physical and mental stressors. These elements need to be recognized and addressed because if left unattended, they can create an organization/individual susceptible to poor disability management practices.

Representing the permeability of the borders between the spheres, the spheres are separated with dotted lines. This indicates ongoing, fluid relationships with interactions occurring both inside and outside of each sphere. The workplace is not self-contained; it interacts with providers, suppliers, and

customers, family, community, and environment.

The **outer circle** represents elements that may have an influence on the worker. The outer elements are important and the impacts of these relationships need to be considered in the Comprehensive Disability Management process. Ignoring the outer circle influences will significantly reduce the outcomes of disability management. The workplace can influence these interrelationships by the selection and use of appropriate preferred partners for treatment and resolution of disability and other issues impacting on the disability. In a Comprehensive Disability Management program these interrelationships are prioritized, identified and treated for optimal disability management outcomes.

There are many external parties that can influence the disability management process and outcomes. Included in these are, health care providers, workers' compensation boards, insurers / third party administrators, safety agencies, lawyers, family, advocates, social support, employee assistance programs, community agencies, culture, and expectations.

A striking contemporary example of an external influence is the Ontario Workplace Safety Insurance Board legislative change that mandated Return To Work. These efforts have driven dramatic changes in the likelihood of employers to reemploy injured workers.

A successful Comprehensive Disability Management program builds a team commitment to encourage the worker, the workplace and the external circle to

actively participate in promoting health and return to work.

Role of the Disability Management Practitioner in Comprehensive Disability Management

An important role of the disability management practitioner in Comprehensive Disability Management is to facilitate the placement of workers according to their physical, mental and emotional capacities. The goal is to allow workers to perform the required work with an optimal degree of efficiency and without endangering their own health and safety or that of others. In this process it is critical that the disability management practitioner consider the needs of all the relevant elements within the three spheres.

Teamwork is vital to this process. No single worker in an organization will be responsible for disability management and returning the employee to work safely.

Further, it is crucial to recognize and always remember that the three spheres are vitally interconnected. If we keep this sharply in focus, we can more completely understand and address the effects of increased demands placed on workers by contemporary society. In so doing, we are better able to develop programs that are useful and effective. The authors are optimistic that in spite of the complexities inherent in optimal return to work at the workplace a "fair – fair" situation for both employees and employers are possible.

Conclusion

Comprehensive Disability Management is a model of practice

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that is appropriate for the health needs of all individuals and organizations; for their corporate goals and for their corporate cultures. Within this model, disability management practitioners influence and direct the delivery of services by identifying the interactions within and between the spheres, analyze the trends and provide the most effective solutions.



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