THE CURRENT AND FUTURE ROLE OF OCCUPATIONAL THERAPISTS IN THE SOUTH AFRICAN GROUP LIFE INSURANCE INDUSTRY

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SYNOPSIS

With the emergence of a new awareness of disability rights in South Africa, the introduction of new labour legislation and the poor disability claims experience of the South African life insurance industry in the early 1990's, the role of the occupational therapist in the management of disability in the workplace has gained increasing recognition.

The South African group life insurance industry began employing occupational therapists in 1991 and from an informal survey conducted by the researcher in 1999, the number of occupational therapists employed in this industry had reached thirty nine. This is a new role for occupational therapists that has not been documented in the international literature and appears to be unique to South Africa.

Occupational therapists employed in the group life insurance industry in South Africa are faced with the challenge of both adapting to a new professional role and identity, and of securing a professional future in this new field. The research aimed to investigate the current role and develop a future perspective for occupational therapists employed in the group life insurance industry in South Africa.

In order to gather information systematically and to obtain the opinions from experts on this topic, the researcher chose a cross-sectional descriptive study using the Delphi technique. Twenty panel members who were identified as being experts in the field of disability management were purposively selected to take part in the study. Three questionnaires were circulated in order to achieve consensus on the issues identified by the panel members. A response rate of 65% was achieved in the final round of the questionnaire.

Responses were received to the same five questions in each of the three rounds of questionnaires circulated to the panel members. Questions related to:

- the current role of the occupational therapist in group insurance,
- the challenges currently faced and the likely future trends in managing disability in the workplace,
- how occupational therapists in group insurance could facilitate the management of disability in the workplace in the future and,
- the additional skills and knowledge required for this.

The research highlighted that the future group insurance arena is likely to become increasingly competitive. A competitive edge for group insurers lies in addressing the impact of a high incidence of disability claims through a more pro-active approach. With the current employment of occupational therapists, the group assurers already have the necessary expertise to begin to facilitate workplace based disability management strategies. Occupational therapists

employed in the group life assurance industry are ideally positioned to bridge the gap between the insurer and the employer, and to facilitate the formulation and implementation of disability management strategies in the workplace.

From the results the current role performed by the occupational therapist in group insurance in disability claims assessment and management is likely to broaden into the more holistic and pro-active approach of workplace based disability management, incorporating:

- strategic disability management planning,
- educating role players on disability management,
- managing disability claims more pro-actively with early intervention and prevention and,
- developing a network of experts in impairment assessment and disability management.

It is likely that occupational therapists outside the insurance industry will also be required to perform workplace based disability management as well. The challenge is for the occupational therapists to equip themselves with the necessary additional skills and knowledge, to market their abilities, and to educate insurers and employers on the benefits of the more pro-active disability management approach. The need for further knowledge and skills to be incorporated in the curriculum at an under and post-graduate level, and for further research in this new field has been highlighted in the study.

CHAPTER ONE: INTRODUCTION

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1 INTRODUCTION

1.1 BACKGROUND

The philosophy of occupational therapy recorded in 1979, states that the profession is based on the belief that purposeful activity (occupation) may be used to prevent or medicate dysfunction[1]. Recently, the relationship between occupation and quality of life has sparked a renewed interest in the study of occupation and practice of occupational therapy[2-5].

Work is an important occupation in adult life, providing a source of satisfaction and sense of personal mastery[6]. The expert role of occupational therapy in vocational rehabilitation[7-8], industrial rehabilitation[9-11] and occupational health[12-14] has been well documented in the literature.

With the emergence of a new awareness of disability rights and issues in South Africa[15], the introduction of new labour legislation[16-17] and the poor disability claims experience of the South African life insurance industry in the early 1990's[18], the role of the occupational therapist in the prevention[9,12-14], assessment[8-9,12,19], treatment[8-12] and management[9,14,20-2] of disability in the workplace has gained increasing recognition.

The South African group life insurance industry began employing occupational therapists in 1991 and from an informal survey conducted by the researcher in 1999, the number of occupational therapists employed in this industry had reached thirty nine. This is a new role for occupational therapists that has not been documented in the international literature and appears to be unique to South Africa.

1.2 PROBLEM STATEMENT

Occupational therapists employed in the group life insurance industry in South Africa are faced with the challenge of both adapting to a new professional role and identity, and of securing a professional future in this new field.

1.3 PURPOSE

The purpose of the research is to investigate the current role and develop a future perspective for occupational therapists employed in the group life insurance industry in South Africa.

1.4 SIGNIFICANCE

The study aims to contribute towards the following:

- An understanding of the current role of occupational therapists employed in the group life insurance industry.
- An understanding of the likely future developments of the role of occupational therapists employed in the group life insurance industry.
- An understanding of the possible implications of this future role for occupational therapists outside of the insurance industry.
- The identification of training needs for curriculum development at under and post graduate levels.
- The identification of further aspects in this new field of occupational therapy that can be researched.

1.5 POPULATION

The results of the study will not be able to be generalised to the entire population of occupational therapists employed in the group life insurance industry.

1.6 OPERATIONAL DEFINITIONS

In this dissertation, the following meanings will be ascribed to the terms listed hereunder:

Insurance / assurance: For the purposes of this study, these terms will be used interchangeably. Assurance is the term used in the United Kingdom for insurance. Insurance is defined as "financial protection against loss or harm: an arrangement by which a company gives customers financial protection against loss or harm, for example theft or illness, in return for payment (premium)" [23].

Life insurance companies: In this dissertation, the term will refer to companies that are licensed to sell life, health and disability cover in the form of individual or group policies.

Life insurance industry: For the purposes of this dissertation, the life insurance industry will refer to life

insurance companies, insurance brokerages and reassurance companies.

Group life insurance: Pension or provident funds, life, health and disability cover offered to employers (policy holder) for their employees (life insured) usually in the form of employee benefit plans which form part of the employee's total remuneration[18].

Disability benefits: There are two main types of disability benefits:

- Lump sum disability benefits:

The benefit is paid in the form of a lump sum. The definition of disability in the policy is usually "own or similar occupation" where the claimant is required to be totally and permanently unable to perform any occupation for which he/she is reasonably suited by education or training[18].

- Disability income benefits:

Benefits are based on percentage of earnings. The definition of disability is frequently for "own occupation" for the first two years of the claim and thereafter, "own or similar occupation". The emphasis is on total disability rather than on total and permanent disability as for the lump sum benefits[18].

Role:

For the purposes of this study, a role will comprise of four of the five components described in the American Journal of Occupational Therapy[24] namely, major functions, scope of the role, key performance areas and qualifications. The fifth component, supervision, is not relevant to the study.

Impairment / Disability:

The American Medical Association's[25] definitions of these terms will be used in this study (refer to *Chapter 2.1*):

- Impairment is defined as a condition which interferes with a person's performance of activities of daily living such as self-care, recreational, social and work activities.
- Disability arises from a person's altered capacity to meet personal, social or occupational demands because of the impairment.

Functional impairment: For the purposes of this study, this term will relate to the affected performance of activities of daily living, particularly work activities as a result of an injury or illness.

1.7 ASSUMPTIONS

The occupational therapists employed in the group life insurance industry were requested to select the sample population of experts in the field of disability management. It was therefore assumed that these occupational therapists have knowledge of and exposure to experts in this field.

1.8 LIMITATIONS

A sample of twenty experts in the field of disability management was finally selected to take part in the research. The sample is not representative of all the experts in this field in South Africa. Reid[26] cautions that the generalisability of the results from a small sample, are questionable. For this reason, the results will not be able to be generalised to the entire population of occupational therapists.

CHAPTER TWO: LITERATURE REVIEW

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2.4 OCCUPATIONAL THERAPY AND THE GROUP LIFE INSURANCE INDUSTRY

- 2.4.1 INTRODUCTION
- 2.4.2 DISABILITY CLAIMS ASSESSMENT
- 2.4.3 CASE MANAGEMENT
- 2.4.4 INDUSTRIAL REHABILIATION
- 2.4.5 DISABILITY MANAGEMENT
- 2.4.6 CONCLUSION

2 LITERATURE REVIEW

2.1 PERSPECTIVES ON DISABILITY

Modern medicine often loses sight of the patient as a human being...by reducing health to mechanical functioning. This is perhaps the most serious shortcoming of the biomedical approach. The phenomenon of healing cannot be understood in reductionist terms. This applies to the healing of wounds and even more to the healing of illnesses, which generally involve a complex interplay among the physical, psychological, social and environmental aspects of the human condition.

F Capra "The turning point", 1982

2.1.1 INTRODUCTION

Truter[15] estimates the prevalence rate of disability in South Africa to be between 5% and 12% but he cautions that there are no reliable statistics on the nature and prevalence of disability in South Africa. Several reasons may account for this, including the use of different definitions of disability, different survey techniques and the poor service infra-structure that exists[15].

Marks[27] identifies a further reason for the difficulty in obtaining accurate statistics on the prevalence of disability, because capacities and values given to people's physical, intellectual and psychological abilities are highly changeable. In spite of this, "our benefit and employment systems expect

disabled people to have fixed functional capacities which can be reliably measured. The nature and extent of impairments occur on a continuum, rather than on one or other side of a clear boundary distinguishing ability and disability"[27].

There are a number of definitions of disability referred to in the literature. These definitions can be summarised according to three models of disability[28]:

- Biomedical model
- Economic model
- Socio-political model

2.1.2 BIOMEDICAL MODEL

The biomedical model focuses on the impairment, on what is wrong and on what can be cured[28]. The WHO international classification[29] is based on this model and defines the following:

- Impairment as "any loss or abnormality of psychological, physiological, or anatomical structure or function"
- Disability as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being".

This classification of disability is criticised for its "outsiders" or medical view of disability and because it ignores structural and attitudinal barriers[27].

According to Truter[15], the South African Employment Equity Act's[16] definition of disability is also based on the biomedical model. It focuses on the effect the impairment has on achieving success and promotion in the workplace with no mention of the societal barriers excluding people with disabilities from the open labour market. Disability is defined in the act as, "people who have long-term or recurring physical or mental impairments, which substantially limit their prospects of entry into or advancement in employment"[16].

2.1.3 ECONOMIC MODEL

The economic model focuses on disability and assesses the individual according to his/her capacity to be productive and to contribute to the economy[28]. The definitions of disability in insurance policies would fall into this category. Insurance policies usually define disability in terms of a person's ability to perform an occupation[22-3]. Most insurance policies do not take environmental considerations such as transport, structural barriers and availability of alternative employment into account[23].

The American Medical Association[25] (AMA) has developed definitions of impairment and disability to facilitate assessment for insurance purposes:

- Impairment is defined as a condition which interferes with a person's performance of activities of daily living such as self-care, recreational, social and work activities.
- Disability arises from a person's altered capacity to meet personal, social or occupational demands because of the impairment. Disability is assessed as the gap between environmental demands such as the requirements of a person's job and the impaired person's abilities.

According to the AMA, impairment is a medical issue and is assessed by medical means[25]. Disability is assessed by non-medical means and should be assessed in the context of the relevant insurance policy, the nature of the person's job and other factors such as the person's education and work experience[25].

2.1.4 SOCIOPOLITICAL MODEL

The socio-political model focuses on the promotion of self-advocacy to bring about social change, equality and justice[28]. It emphasises what is wrong with the environment from the viewpoint of the person with a disability[28]. In terms of the socio-political model, dependency is not related to an intrinsic incapacity but rather to the way in which needs are met.

According to Waddington[30] there is a move internationally, away from the medical model towards a social model of disability. A social model is

becoming more acceptable as it encourages the integration of disabled people and the removal of physical and attitudinal barriers[30]. Marks[27] advocates that "we need to rethink our culture, institutions and relationships in order to create a more inclusive society which can tolerate a higher degree of differences". In South Africa, a national strategy on the disabled was published as a white paper in 1997[31]. It advocates a social model of disability and addresses issues such as public transport, employment and integrated education[15].

2.1.5 CONCLUSION

Disability is a complex issue and many factors have been identified as having an effect on a person's ability to adapt and adjust to a disability. These include the severity of the disability, prognosis and stability of the condition, the experience of pain, gender and age, a person's internal and external resources, their interests, values and goals, the activities affected, as well as the environment[28].

The different medical, social, legal and contractual definitions of disability does little to facilitate the adjustment of the person with a disability or to reduce the confusion for all parties involved in the assessment, treatment, and employment of people with disabilities.

2.2 THE SOUTH AFRICAN GROUP LIFE INSURANCE INDUSTRY

Whenever there is a contingency, the cheapest way of providing against it is by uniting with others, so that each man may subject himself to a small deprivation, in order that no man may be subjected to a great loss. He, upon whom the contingency does not fall, does not get his money back again, nor does he get from it any visible or tangible benefit, but he obtains security against ruin and consequent peace of mind. He upon whom the contingency does fall, gets all that those whom fortune has exempted from it have lost in hard money, and is thus enabled to sustain an event which would otherwise overwhelm him.

Select Committee of the House of Commons, 1825

2.2.1 INTRODUCTION

Insurance is a concept that was well established by the Middle Ages in Europe, being mainly concerned with ships and their cargoes[32]. The first South African life insurance company was established in 1845, namely the South African Mutual Life Assurance Society, commonly known as Old Mutual which is still in operation today[32].

In South Africa, group assurance grew after the Second World War in the post-war economic boom, in conjunction with the introduction of legislation such as the Insurance Act (1943), the Pension Funds Act (1956) and the Workmen's Compensation Act (1941)[18]. Life insurance companies have

become the most important risk carriers in the group assurance market and most of the large South African insurers are involved in this market today[18]. Group assurance plays an important social and economic role in the country, providing death and disability cover to a greater proportion of the population than possible with individual assurance[18].

According to Murphy and de Kock[18], "perhaps the greatest spur in the growth of the group assurance market, however, has been as a result of the increased affluence and awareness of employees, and the corresponding attempts by employers to attract and retain suitable staff with additional benefits". It is estimated that more than 90% of all employers with a hundred employees or more provide some form of group assurance to their staff[18]. By 1992, the total group assurance market was worth R1 billion to the South African insurance industry[18].

Group assurance is one channel employers can use to provide their employees with risk benefits such as health, death and disability cover. These benefits can also be arranged directly through the employer himself or through a pension or provident fund established by the employer[18]. The benefits provided through group assurance are typically in the form of employee benefit plans, the formation of which has been encouraged by legislative and fiscal incentives available to employers[18]. The employer is typically the policyholder while the members (employees) are the insured

with the employee benefits constituting a significant portion of the insured's total remuneration. The pricing of group assurance is based on the expected cost of claims, expenses such as administrative costs, a profit charge and a margin for adverse claims fluctuations[18].

2.2.2 ROLE PLAYERS IN GROUP INSURANCE

There are many role players in the group life insurance industry in South Africa. It is not relevant for the purposes of the research to discuss all of the role players. For a model depicting all the role players in group insurance, refer to refer to *Figure 3* in *Chapter 6*. Some of the role players will be discussed hereunder:

- THE INTERMEDIARY

Insurance brokers/intermediaries represent the interests of their clients in dealings with insurers[18]. Currently, there is no legislation in South Africa preventing someone with a minimal knowledge of insurance from becoming a broker[33]. The South African Financial Services Intermediaries Association developed minimum standards and a code of conduct for its members in an attempt to regulate this industry[33].

Some very large firms of intermediaries have developed in the South African insurance industry. They control the placement of business with

insurers for schemes with 1000 members or more[18]. The powerful position that the large brokerages have frequently places pressure on insurers with regard to premium rates and the admission of claims[18].

- THE REINSURANCE INDUSTRY

A reinsurance company only transacts reinsurance – it shares the risk that an insurance company accepts if the amount that needs to be paid in the event of a claim is more than the insurer can afford[33]. The reinsurer shares in the premiums received by the insurer in these instances[33].

- THE LIFE OFFICES ASSOCIATION OF SOUTH AFRICA (LOA)

The LOA is a voluntary association of life insurers in South Africa and it operates as the spokesperson for the insurance industry and the insuring public[33]. The management committee of the LOA is comprised of twelve members, all of whom are senior executives of member offices[33]. The LOA member offices conduct more than 98% of the insurance business in South Africa[33].

2.2.3 THE DIFFERENCE BETWEEN GROUP INSURANCE AND WORKMEN'S COMPENSATION

There are fundamental differences between group insurance and workmen's compensation. The Workmen's Compensation Act of 1941 was replaced by the Compensation for Occupational Injuries and Diseases Act (COIDA) of 1993[15]. "COIDA provides a system of no-fault compensation for employees who are injured in accidents that arise out of and in the course of their employment or contract occupational diseases"[15]. Group insurance on the other hand is not restricted to the payment of benefits for events arising solely from the workplace[18].

Coverage and contributions under COIDA extends to all employees but the benefits are restricted[15,18]. This coverage is therefore inadequate for higher earners[18]. All employers in South Africa except for the mining and building industry which have their own centralised funds, must register and pay contributions to the state fund[15]. Group insurance however, is not compulsory for employers.

2.2.4 LEGISLATION REGULATING THE INSURANCE INDUSTRY

Section 46 of the Long-term Insurance Act, 1998[34], requires life insurers to ensure that their policies are actuarially sound and that premium distinctions are actuarially justified[35]. According to Section 29 of the Long-term Insurance Act, 1998[34], the business of a life insurer must be maintained in a financially sound condition[35].

Recent legislation protecting the rights of the individual has emerged, including the Promotion of Access to Information Act, 2000[36] which entitles the insured to obtain access to the documents upon which a decision was based[35]. The Policy Holders Protection Rules (under the Long-term Insurance Act[32]), which becomes effective from 1 July 2001, will enable policyholders to make informed decisions and ensure that intermediaries and insurers conduct business honestly, fairly and with appropriate care and diligence[33].

2.2.5 DISABILITY CLAIMS

Because disablement is not an easily measured and objective phenomenon, it is a source of potential conflict amongst the parties' concerned[37]. Approving disability claims carries significant economic consequences for the employee, employer and the insurer[37-8].

The correlation between disability claims experience and the economic climate is well publicised in the literature[18,39-40]. From the mid-nineteen eighties, claims incidence rates in South Africa soared[18,41]. "Employers and employees seemed to be selecting against disability insurers as a more humane way of retrenching staff"[18]. This, combined with a casual approach by insurers with regard to claim admission and monitoring, had a prominent by 1992 and 1993 when some insurance companies lost more money than the accumulated value of their historical profits[18,40].

A number of factors have been referred to in the literature that may account for an increased incidence of disability claims in the insurance industry world wide:

- Employer anti-selection – employers use their insured disability benefits in an attempt to manage unproductive employees as an alternative to retrenchment, dismissal or early retirement. This has helped them to avoid complications such as union pressure, the financial burden and legal obligations [39-40]

- Lack of objective medical data provided by medical practitioners who are not trained to appropriately assess and report on impairment and disability for insurance purposes[25]

- Lack of qualified claims assessors and poor claims assessment practices resulting in poor claims management[40,41]

- Loosely worded insurance policies that do not provide return to work incentives and do not stipulate obligations to undergo reasonable medical treatment[40]

- Generous disability benefits – Frequency of claims and severity of disability have been observed to increase as benefits increase[40-2].

In South Africa the incidence of claims and the management of disability claims in particular, is further affected by the following:

- In 1996, 24% of the population over the age of nineteen only had a primary school education and 19% had no formal education[43]. Employment for this sector of the population is limited to unskilled, manual occupations with a higher risk of illness and injury, but where the chances for re-training or re-alignment thereafter, are minimal.

- Employment-related health insurance is available to only 20% of the population[43]. Medical treatment and rehabilitation is for 80% of the

population is therefore limited to public facilities where the resources for quality care are limited.

- An unemployment rate of around 34%[43] limits the employment opportunities for all people particularly for those with disabilities.

- Approximately 15% of South Africans between the ages of twenty and sixty-four are infected with HIV[43]. HIV prevalence in the workplace is expected to plateau at between 15% and 18% of the workforce in 2008[44]. The impact of HIV on individual households, on the health care system, the economy and the cost of employee benefits is likely to be significant[43]

- The number of work-related accidents is increasing. According to compensation statistics, work-related accidents increased from 230 000 in 1994 to 304 000 in 1995[44]. In total, the compensation commissioner in 1994 paid R42 million and this figure increased dramatically to R300 million the following year[44].

2.2.6 CONCLUSION

The South African life insurance industry has grown significantly over the years into a dominant sector of the economy. The social role of insurance has developed with a wide range of individual and employee benefits available for the sick, aged and bereaved. The profitability of this industry lies in the careful pricing of these benefits and the management of claims. The latter is complicated by the HIV/AIDS epidemic and high unemployment rate in the country. The industry has become highly regulated and the introduction of new legislation protecting the rights of the individual has posed further challenges.

2.3 THE NEW SOUTH AFRICAN LABOUR LEGISLATION

An equitable and just (social security) system should aim at preventing disability if possible, to compensate disability where it occurs, to help people recover from disability and the resulting loss of income, and to (re) integrate people into society by ensuring access to employment and other social activities. Preferences must be given to prevention and rehabilitation and positive incentives must be available to persons to continue with employment.

L Truter in "Social Security Law", 1999

2.3.1 INTRODUCTION

The Constitution of South Africa, 1996, prohibits discrimination on the grounds of disability[15]. New labour legislation introduced in South Africa requires employers to integrate and accommodate people with disabilities in the workplace[15,19-21]. "People with disabilities form an important minority group within society...Fortunately, a new awareness of disability issues and rights has started to emerge"[15].

2.3.2 LABOUR RELATIONS ACT, 1995

The Labour Relations Act, 1995 declares dismissal based on discriminatory grounds, as unfair[15]. Dismissal based on a person's disability is prohibited unless it can be shown that the ill or injured person cannot perform the essential functions of the job[15]. *Schedule 8: Code of Good Practice* (The

Code)[17] is a guide for employers on the norms when dealing with dismissal due to misconduct, poor work performance or incapacity[21]. It places a greater responsibility on the employer to investigate the extent of an employee's incapacity, as well as the realignment and rehabilitation of the employee[19-21].

The Code focuses on the incapacity or inability of the employee to perform efficiently, effectively and safely in the workplace, in an attempt to prevent past practices of dismissal of employees simply because they became ill or injured[19-21]. The employer has a responsibility to investigate the nature and extent of an employee's illness or injury[15]. Where an employee is likely to suffer permanent incapacity, all alternatives short of dismissal should be explored. The employer has a responsibility to determine the possibility of securing altemative employment and adapting the duties or work circumstances of the employee to accommodate the employee's disability[15].

According to Strasheim[20], "The new Act and Code therefore makes available a wider range of fairer and empowering alternatives – other than 'boarding' or dismissal".

2.3.3 THE EMPLOYMENT EQUITY ACT, 1998

The Employment Equity Act, 1998[16] is of great importance to ensure equal opportunities for people with disabilities in the workplace[15]. The Act prohibits unfair discrimination in the employment of designated groups including people with disabilities.

The Act is twofold in that it firstly, prohibits unfair discrimination against disabled employees based on irrelevant legal, social or economic grounds[15]. Secondly, it requires employers to implement affirmative action measures, including the reasonable accommodation of people with disabilities[15]. Reasonable accommodations are defined as "any modification or adjustment to a job or to the working environment that will enable a person from a designated group to have access to or participate in or advance in employment"[16].

A Code of Good Practice: Disability (The Code: Disability) has been drafted by the Department of Labour[46]. "The Code: Disability covers four key areas of disability rights in employment practice: at entry, employee development, retention, as well as return to work and reintegration"[46]. The Code: Disability provides guidelines for interpreting the Act's broad definition of disability and for the application of the right to reasonable accommodations in three areas: the job application process; modifications

to the job and work environment; and in employee benefits and conditions of service[46].

2.3.4 IMPLICATIONS OF THE NEW LEGISLATION

Employers have in the past relinquished the responsibility of managing disability in the workplace to the insurer and other parties external to the work environment[39-40]. According to Botes[47], "Protection against income loss due to disablement has always been an essential part of any employee benefit package. However, the traditional approach to disability benefits – simply seeking to terminate employment rather than implementing effective disability management and rehabilitation – is no longer appropriate".

Disability benefits should be aligned with the new labour legislation by promoting staff retention, development, vocational rehabilitation and return to work[46]. Lump sum benefits do not facilitate the employer's compliance with the disability equity and retention requirements of the new labour legislation[46]. Furthermore, once the lump sum benefit has been paid, the claimant is usually placed on ill-health retirement, which relinquishes any responsibility the employer has towards the claimant[46]. According to Strasheim[46] monthly benefits may become the benefit of choice as their

purpose and structure supports most of the disability equity and fair labour practice requirements of the new labour legislation.

In response to the new labour legislation, most life insurance companies have developed products that combine a monthly benefit with a rehabilitation benefit for re-training the disabled employee or re-aligning the job in an attempt to facilitate return to work[48]. Most insurance companies have also employed occupational therapists to assess and manage disability claims[49].

2.4 OCCUPATIONAL THERAPY AND THE GROUP LIFE INSURANCE INDUSTRY

"Those we serve need the power to achieve their vital goals, walk the pathways of independence, and derive a sense of efficacy from their own efforts. We, as occupational therapists, need the power to achieve our potential contribution to society, defining our own knowledge and scope of practice."

EJ Yerxa in AJOT,1997.

2.4.1 INTRODUCTION

The employment of occupational therapists in the group life insurance industry in South Africa appears to coincide with the period in the early 1990's when both the number of disability claims increased significantly and changes to labour legislation occurred [40].

The role of the occupational therapist in the insurance industry in South Africa has not been well documented in the literature. There is no indication in the international literature that occupational therapists are employed in the insurance industry in countries other than South Africa. The literature, which will be discussed hereunder, refers to a number of roles and functions which may in varying degrees, be performed by occupational therapists in the insurance industry and which may lead to an understanding of their unique role. The following functions namely,

disability claims assessment, case management, industrial rehabilitation and disability management, will be discussed hereunder.

2.4.2 DISABILITY CLAIMS ASSESSMENT

The assessment of disability claims is a complex process requiring individuals with professional training in a variety of fields as well as good problem solving and analytical skills[41]. Historically, however, most disability claims assessment jobs were considered little more than entry-level positions[42]. According to Lehman[41], "to be effective today, a claims examiner needs to be a bit of an accountant; a medical, legal and occupational expert; an investigator; a salesperson; and a sympathetic yet street-smart listener". Although medical practitioners are able to comment on the employee's impairment, they do not have the training to make recommendations on disablement [19,25].

With the incorporation of rehabilitation benefits in the disability products, the occupational therapists employed by group life insurers are also involved in the development and co-ordination of rehabilitation programmes, training programmes and return-to-work schedules[49].

2.4.3 CASE MANAGEMENT

Case management is a specialised practice that has emerged with the introduction of managed care in the USA[50]. Occupational therapists appear to be ideally suited to performing case management (outside the life insurance industry) particularly in the workers compensation arena[50]. A number of the roles mentioned by Fisher[50] are similar to the functions that occupational therapists may currently perform in the South African insurance industry such as:

- assisting the human resource manager by acting as a liaison between the employer and insurer
- directing care and rehabilitation to service providers who have an early return-to-work philosophy and
- advising on task modifications and job accommodations

2.4.4 INDUSTRIAL REHABILITATION

Occupational therapists in industrial rehabilitation perform evaluation, rehabilitation and training services to meet the specialised needs of business and industry[9]. Workplace based strategies fall into two main areas namely primary prevention, and secondary/tertiary intervention (rehabilitation)[14]. Industrial rehabilitation is therefore closely aligned with

occupational health and safety. Innes[14] has developed a model depicting the occupational therapist's role in the workplace (refer to *Figure 1*).

From a review of the literature, the role of the occupational therapist in industrial rehabilitation encompasses a range of services including pre-placement screening[9], job modification[9,12-13], injury prevention programmes[9,12-14], health promotion and wellness programmes[9,14], ergonomics consultation[9,12-14], functional and work evaluations[9-10,12-14,19], work hardening programmes[9,11-12] and vocational rehabilitation[8,9,12].

"Occupational therapy offers the corporate sector... a unique range of skills and expertise which results in a cost effective method of providing quality occupational health and safety programmes in both preventative and rehabilitative areas.... The challenge that occupational therapy now faces is to promote these skills and expertise to the corporate sector"[14]. The need for the promotion of these services is particularly relevant for the occupational therapist's new role in the insurance industry where the range of skills of and the scope for intervention by occupational therapists is not yet fully developed or understood.

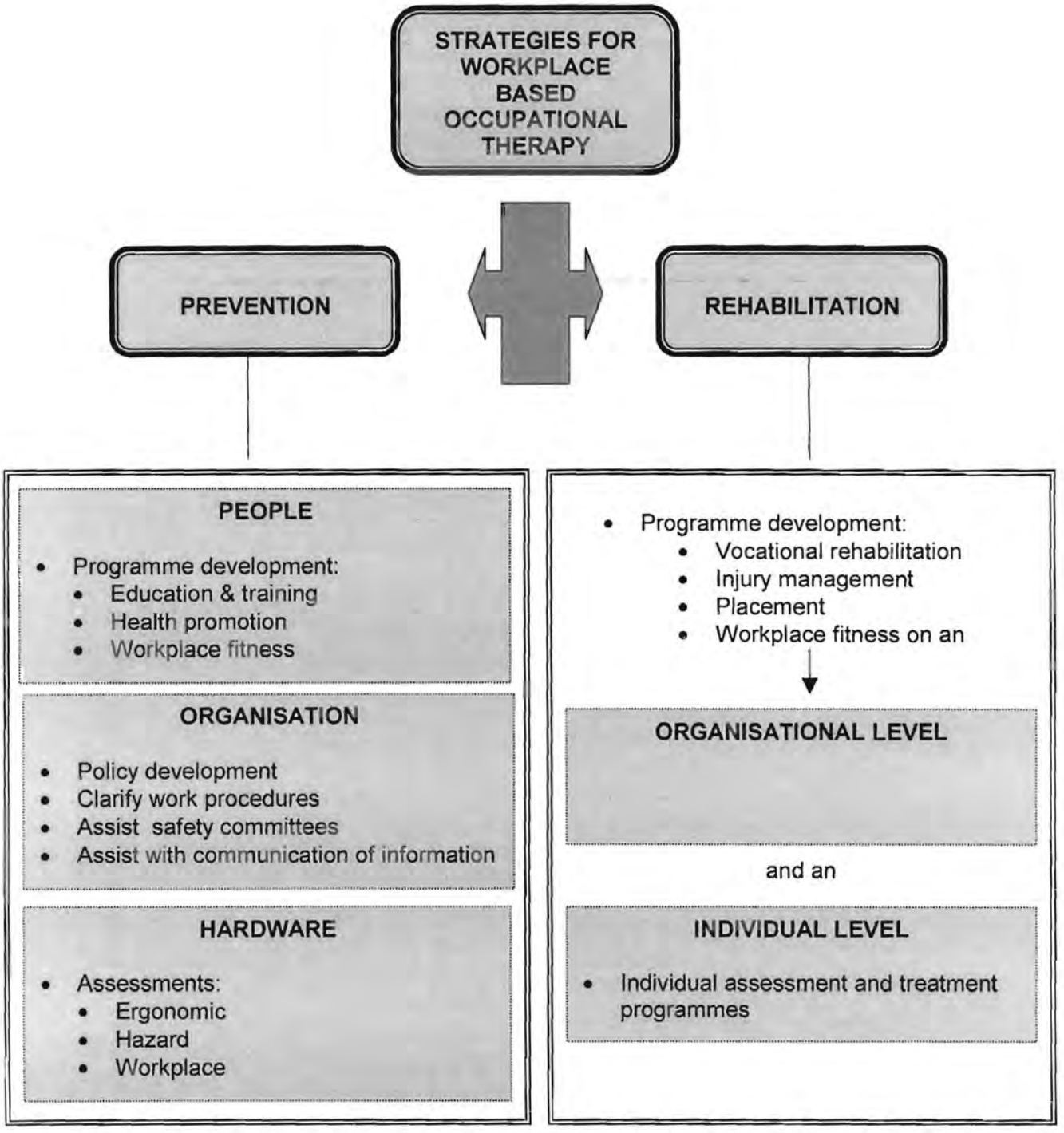

Figure 1: Workplace based occupational therapy (adapted from Innes[14])

2.4.5 DISABILITY MANAGEMENT

Disability management has become one of the most broadly defined terms in health care mainly because it has been conceptualised in many different fields including medicine, insurance and rehabilitation to promote the self-interests of the particular field[51]. Disability management is defined by Shrey[51] as "an active process of minimising the impact of an impairment (resulting from injury, illness or disease) on the individual's capacity to participate competitively in the work environment". In this context, occupational therapists employed in the insurance industry have a crucial role in disability management.

Trends in disability management internationally suggest a paradigm shift from the medical management model and traditional approaches of rehabilitation performed in hospitals and specialised centres, to workplace based intervention strategies[10,39,51-2] that take into account the complexity of the return to work process[37]. The trends are a direct result of the increasing costs related to poorly managed incapacity, which have impacted heavily on employees, employers and insurers alike[37].

From a review of the literature, crucial elements of new trends in disability management include:

- Early intervention[38-9,51,53]

- Promotion of disability prevention strategies[13-4,39,51]
- Occupation-centred rehabilitation[9-11,54]
- Return-to-work/transitional work programmes implemented at the workplace[9,14,39,51]
- Preservation of the ill or injured employee's perception as a wage earner[51]
- Maintenance of the psychological bond with the work environment and of compatible relationships with supervisors and co-workers[39,55]
- A multi-disciplinary team approach[38,51]
- Shared responsibility amongst all the parties involved including the medical and legal profession, insurance and vocational experts, management and labour[38,51,56]
- Recognition of the complexity of work-related injury[57].

The three main components of a disability management strategy as proposed by Shrey[51], are depicted in *Figure 2*, namely:

- a human resource component
- an operational component
- a communications component

Innes's[14] model of workplace based occupational therapy, depicted in *Figure 1*, can be applied to Shrey's[51] broader model of the components of a disability management strategy as depicted in *Figure 2*. Services provided

by occupational therapists in the workplace such as those in industrial rehabilitation should take into account the broader context of disability management as depicted by Shrey.

2.4.6 CONCLUSION

At present, it is mainly through the insurance industry that occupational therapists are gaining a platform for the development of workplace based intervention strategies in South Africa. Occupational therapists in the insurance industry are challenged to develop an understanding of, and skills in, claims assessment, case management, industrial rehabilitation and disability management all of which can be applied in the group insurance arena where there is an interface with the employer and employee.

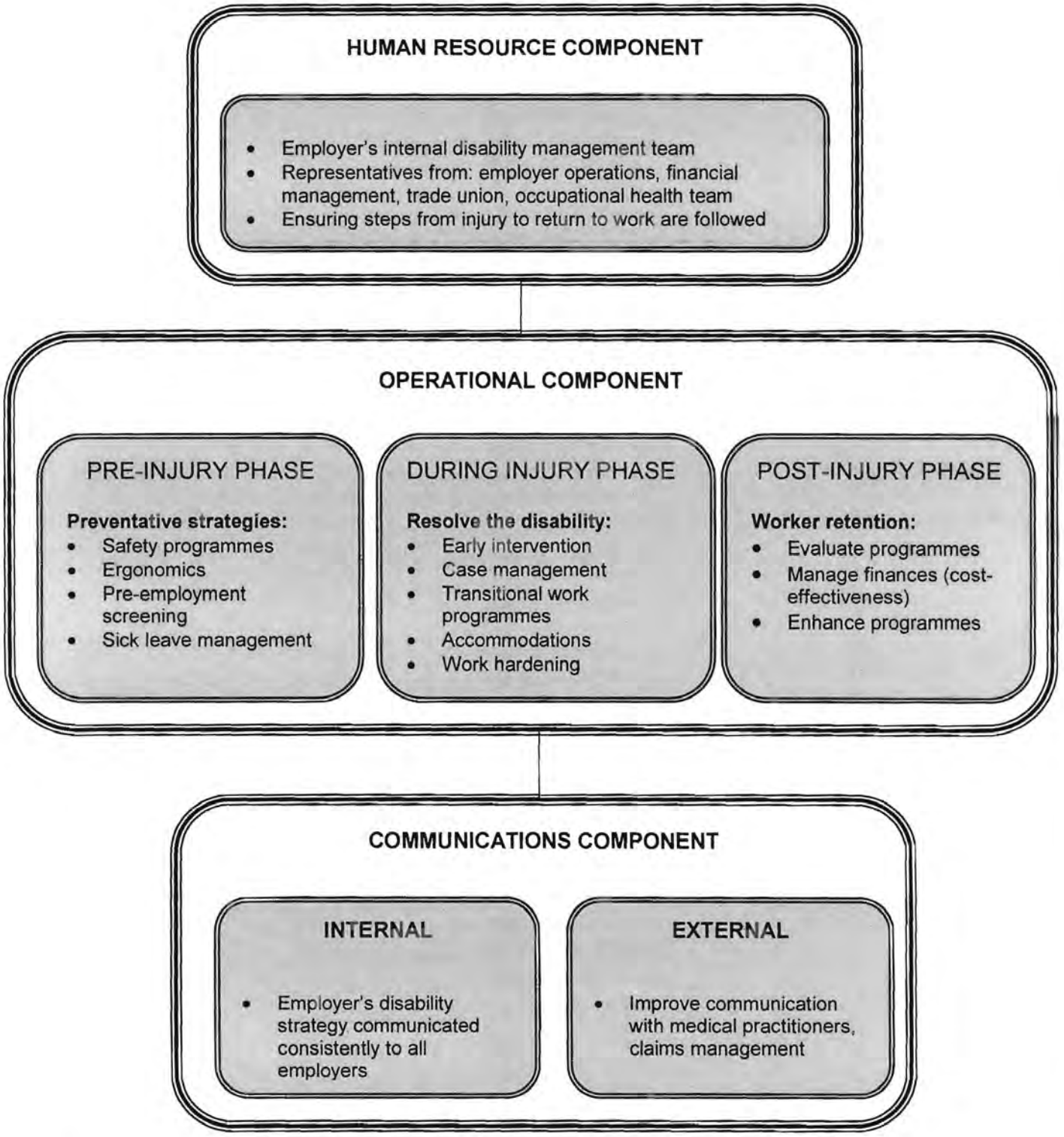

Figure 2: The three main components of a disability management strategy (adapted from Shrey[51])

CHAPTER THREE: METHODOLOGY

CONTENTS:

3 METHODOLOGY

3.1 RESEARCH DESIGN

In order to gather information systematically and to obtain the opinions from experts on this topic, the researcher chose a cross-sectional descriptive study using the Delphi technique.

3.1.1 THE DELPHI TECHNIQUE

The Delphi technique was first used in the 1950's in a study that attempted to predict the effects and policy implications of an atomic attack on the USA[26]. The technique has also been used successfully by occupational therapists in South Africa[58]. The technique solicits the opinions from a group of experts on an individual basis about a particular subject on which they are believed to possess expertise[59]. Goodman[60] refers to four characteristics of the Delphi technique namely:

- *Anonymity,* which encourages respondents to express their true opinions[60-1].
- *The use of experts*, selected on the basis of their knowledge of a particular topic and willingness to take part in the study[60-1]. The

validity of the panel's responses relies on their commitment and understanding of the aims at the outset of the study [60].

- *Controlled feedback through multiple iterations* provides the opportunity for thorough consideration and response[60-1].
- *Statistical summaries of the group's responses* enable respondents to see where their opinion lies in relation to the group[60].

Goodman[60] maintains that the stability of the group response on an item over successive rounds is more important than an apparent consensus, and areas of disagreement should be noted and included in the results. The Delphi technique is therefore effective not only for obtaining consensus, but also for elucidating areas where there is no apparent consensus[59].

The Delphi technique is useful in dealing with problems that do not lend themselves to precise analytical techniques but can benefit from subjective judgements on a collective basis[26]. The technique also lends itself to studies that gather opinion rather than those that seek an in-depth analysis of an issue[61]. It allows experts from diverse backgrounds and covering a wide geographical area to contribute inexpensively[61]. The technique ensures that all respondents have an equal voice and that interpersonal influences on reaching consensus are removed[26].

After considering all these factors, and the fact that the Delphi technique has been used by South African occupational therapists successfully in a similar manner, the researcher decided that is a suitable method for achieving the aims of the study.

3.1.2 ETHICAL CONSIDERATIONS

Informed consent was obtained from the panel members. The anonymity of their responses was guaranteed and the confidentiality of the panel members was ensured. Researcher bias in the selection of the panel members was removed. Ethical approval certificate number: S113/99 was obtained through the University of Pretoria.

3.2 SAMPLE SELECTION

The sample selection was divided into three phases, namely identifying the sample population, confirming eligibility criteria and obtaining consent, and the purposive selection of the sample.

3.2.1 IDENTIFICATION OF THE SAMPLE POPULATION

In order to eliminate researcher bias in selecting the sample, the occupational therapists working in the life insurance industry were asked to identify the sample population of experts in incapacity management.

The names of all the occupational therapists employed by life insurance companies in South Africa were obtained from the group, "Occupational Therapists in Life Insurance" and by contacting the various life insurance companies. At the time, thirty-eight occupational therapists (excluding the researcher) were employed in this industry.

These occupational therapists were asked to identify individuals with a tertiary qualification working in the field of medicine, labour law, human resources, occupational health, occupational therapy, life insurance, reinsurance and incapacity management whom they considered to be an expert in the field of incapacity management.

Forms were provided for recording the necessary details of the individuals' the occupational therapists identified (see *Appendix A: Form For Identification Of Experts*). They were requested not to discuss their choices with other occupational therapists.

Six of the thirty-eight occupational therapists did not take part in this identification process – four declined and two did not respond. A total number of a hundred and six experts were identified but only fifty-one of these experts were identified by more than one occupational therapist.

3.2.2 ELIGIBILITY CRITERIA AND CONSENT

The researcher sent consent forms to the fifty-one experts who had been identified by more than one occupational therapist (see *Appendix B: Consent form for experts*). The experts were requested to provide the following information:

- Contact details and date of birth
- Details of tertiary qualification/s
- Years of experience dealing with occupational therapists involved in the life insurance industry

3.2.3 PURPOSIVE SELECTION OF THE PANEL MEMBERS

Of the fifty-one experts contacted, eleven declined participation in the research. From the forty experts that consented to taking part in the research, a purposive sample of twenty panel members was selected. Three steps were involved in the selection process (see *Table I: Selection of Panel Members*):

1. The sample was divided into the following four categories:
    - medical practitioners
    - occupational health practitioners and nurses
    - occupational therapists
    - other (labour lawyers, human resource personnel, physiotherapists, insurance personnel)

2. A score was obtained for each expert based on:
    - the number of occupational therapists who had identified the expert
    - the number of years they had dealt with occupational therapists involved in the life insurance industry

3. The five panel members with the highest scores in each of the four categories were selected. In this way, a heterogeneous panel of experts in incapacity management, representing a wide geographical area and a variety of ages, types and levels of professional qualifications, types of experience and work settings were selected.

A letter was sent to the experts who had not been selected advising them of the outcome of the selection process and thanking them for their participation. Letters were also sent to the experts selected advising them of what would be required and when the first questionnaire would be circulated.

Table I: Selection of panel members

	FIELD OF WORK	YEARS OF DEALING WITH OT'S IN INSURANCE	NUMBER OF OT NOMINATIONS	SCORE
		MEDICAL PRACTITIONERS		
1	**Insurance**	**10**	**4**	**14**
2	**Insurance**	**6**	**6**	**12**
3	**Insurance**	**8**	**4**	**12**
4	**Insurance**	**10**	**2**	**12**
5	**Insurance**	**10**	**2**	**12**
6	Insurance	7	3	10
7	Medico-legal	7	2	9
8	Insurance	2	6	8
9	Insurance	5	2	7
		OCCUPATIONAL HEALTH PRACTITIONERS/NURSES		
1	**Medicine**	**10**	**2**	**12**
2	**Medicine**	**7**	**2**	**9**
3	**Medicine**	**7**	**2**	**9**
4	**Medicine**	**6**	**2**	**8**
5	**Medicine**	**5**	**3**	**8**
6	Medicine	5	2	7
7	Nursing	4	2	6
8	Nursing	2	2	4
		OCCUPATIONAL THERAPISTS		
1	**Medico-legal**	**6**	**11**	**17**
2	**Medico-legal**	**5**	**10**	**15**
3	**Insurance**	**9**	**4**	**13**
4	**Insurance**	**10**	**3**	**13**
5	**Medico-legal**	**9**	**3**	**12**
6	Insurance	6	5	11
7	Insurance	5	5	10
8	Insurance	6	4	10
9	Medico-legal	8	2	10
10	Medico-legal	5	2	7
11	Medico-legal	5	2	7
12	Insurance	2.5	3	5.5
13	Insurance	3	2	5
14	Insurance	2.5	2	4.5
15	Insurance	2	2	4
16	Medico-legal	2	2	4
		OTHER		
1	**Labour lawyer**	**10**	**5**	**15**
2	**Labour lawyer**	**6**	**8**	**14**
3	**Insurance**	**7**	**4**	**11**
4	**Insurance**	**6**	**4**	**10**
5	**Physiotherapist**	**6**	**2**	**8**
6	Lawyer	2	3	5
7	Social worker	.5	2	2.5

3.2.4 PILOT STUDY

The pilot study was conducted once the sample selection process had been completed. Four experts (two of whom were occupational therapists), not selected to take part in the research, were requested to take part in the pilot study.

It was necessary to pilot the following aspects of the study:

- the first questionnaire - in order to check the validity of the questions (see *Appendix C: Pilot Questionnaire*)
- the method of content analysis - to become proficient in the use of this method of data analysis

3.3 DATA COLLECTION

3.3.1 INTRODUCTION

The panel members were given four weeks to complete the first questionnaire, which required detailed responses. Panel members were given ten days to complete the subsequent questionnaires (see *Table II: Questionnaire time frames*). A maximum of four questionnaires would be circulated in order to reach consensus. As consensus was reached after the third questionnaire, a fourth one was not circulated.

The researcher circulated the first questionnaire to the panel members in January 2000. Questionnaires were sent and responses were received by facsimile or electronic mail. Response dates and dates for the circulation of the subsequent questionnaires was provided with the circulation of each questionnaire. The researcher sent reminders via electronic mail, telephone and facsimile during the week before the responses were due and when responses had not been received by the due date.

Table II: Questionnaire time frames

QUESTIONNAIRE	DATE CIRCULATED	DATE RETURNED
FIRST QUESTIONNAIRE	10/1/00	10/2/00
SECOND QUESTIONNAIRE	13/3/00	24/3/00
THIRD QUESTIONNAIRE	10/4/00	20/4/00

3.3.2 THE FIRST QUESTIONNAIRE

Five open-ended questions were used to elicit the panel members' ideas and insights on the current and future role of occupational therapists employed in the life insurance industry in incapacity management (see *Appendix D: The First Questionnaire*). The same five questions were repeated in the subsequent rounds.

3.3.3 THE SECOND QUESTIONNAIRE

The responses to the questions in the first questionnaire were summarised and grouped into categories and sub-categories using content analysis. Using a Likert scale (refer to *Table III: Likert scale*), the panel members were asked to agree or disagree with the summarised panel statements.

The panel members also had the opportunity to suggest changes to clarify the categories and sub-categories; to identify summarised panel statements that did not fit in the category; to rephrase statements to clarify their distinctiveness; and to identify any issues omitted from the results of the initial questionnaire (see *Appendix E: The Second Questionnaire*).

3.3.4 THE THIRD QUESTIONNAIRE

The third questionnaire included the mean scores of the responses from the panel members to the second questionnaire. The panel members were asked to confirm their opinions of the panel statements using the Likert scale. Comments and suggestions made by panel members in the second questionnaire were included in the third questionnaire (see *Appendix F: The Third Questionnaire*). For a summary of the data collection process, refer to *Table IV*.

Table III: Likert scale

5	STRONGLY AGREE
4	AGREE
3	UNCERTAIN
2	DISAGREE
1	STRONGLY DISAGREE

Table IV: Summary of the data collection process

QUESTIONNAIRE	FIRST	SECOND	THIRD
DETAILS OF THE QUESTIONNAIRE	5 questions asked	Results from content analysis for each of the 5 questions, in the form of: • Categories • Sub-categories • Summarised panel statements	Questionnaire based on prior questionnaire with same: • Categories • Sub-categories • Summarised panel statements Also included from prior questionnaire: • Mean scores from the Likert scale • PMs initial choice from Likert scale • Additional comments made in prior questionnaire
REQUIRED OF PANEL MEMBERS (PMs)	Provide detailed answers	Use Likert scale to agree / disagree with above Make additional comments	Use Likert scale to confirm initial choice Make additional comments
REQUIRED BY RESEARCHER	Interpret results using content analysis	Calculate mean scores from the Likert scale	Calculate mean scores from the Likert scale Determine degree of consensus

CHAPTER FOUR: DATA ANALYSIS

CONTENTS:

4 DATA ANALYSIS

4.1 DEMOGRAPHICS OF THE PANEL MEMBERS

The following demographic detail was obtained from the twenty panel members selected (refer to *Table V: Demographics of panel members*):

- The average age of the experts was 43 years
- Eight experts were female and twelve were male
- Nineteen experts had a minimum qualification of an honours degree
- Of these nineteen experts, fifteen had additional post-graduate qualifications
- Nine experts resided in Cape Town, nine in Johannesburg and two in Durban

Table V: Demographics of the panel members

AGE	GENDER	QUALIFICATIONS	YEARS OF DEALING WITH OT'S IN INSURANCE	CITY
43	M	MBCHB, FCP	6	JOHANNESBURG
40	F	MBCHB	8	JOHANNESBURG
58	M	MBCHB, MFGP	10	JOHANNESBURG
47	M	MBCHB, BSC (HONS), FAADEP	10	CAPE TOWN
46	M	MBCHB, BSC	10	CAPE TOWN
41	M	MBCHB, MMED, DOH	7	CAPE TOWN
58	M	MBCHB, MSC, MFGP, DOH	6	DURBAN
40	M	MBCHB, BSC, DOH, MBA	10	DURBAN
45	M	MBCHB, DOH, MBA	7	CAPE TOWN
47	M	MBCHB, DGG (COMM HEALTH) DOH, DHSM (HEALTH SERVICES)	5	CAPE TOWN
31	F	BSCOT (HONS), MOT, DIPL VOC REHAB, ADVANCED LABOUR LAW	6	JOHANNESBURG
35	F	BSCOT (HONS)	10	CAPE TOWN
37	F	BSCOT (HONS, MOT	5	JOHANNESBURG
41	F	BSCOT (HONS), DIPL VOC REHAB	9	JOHANNESBURG
36	F	BSCOT (HONS)	9	CAPE TOWN
38	M	BA, LLB, LLM	10	CAPE TOWN
44	M	BA BPPROC, LLB, ADVANCED LABOUR LAW	6	JOHANNESBURG
44	F	BSC (HONS)	6	JOHANNESBURG
44	F	DIPL NURSING, FELLOW-INSURANCE INSTITUTE	7	JOHANNESBURG
38	F	BSCPT (HONS)	7	CAPE TOWN

4.2 RESPONSE RATE

The response rate for each questionnaire is summarised in *Table VI*. From the twenty panel members who consented to taking part in the research, thirteen (65%) completed the third and final questionnaire. For a description of these thirteen panel members, refer to *Table VII*. The main reason given by the experts who did not complete the questionnaires related to their busy schedules and a lack of time.

Table VI: Response rate

QUESTIONNAIRE	FIRST	SECOND	THIRD
NO. THAT COMPLETED QUESTIONNAIRES	18	15	13
PERCENTAGE	90%	75%	65%

Table VII: Panel member profile at the end of the third questionnaire

	MEDICAL PRACTITIONERS	OCCUPATIONAL HEALTH PRACTITIONERS	OCCUPATIONAL THERAPISTS	OTHER
NO.AT START	5	5	5	5
NO. AT FINISH	3	3	5	2
PERCENTAGE	60%	60%	100%	40%

4.3 CONTENT ANALYSIS

Content analysis was used to interpret and summarise the panel statements from the first questionnaire. This method of data analysis has been used successfully in conjunction with the Delphi technique[62-3].

Categories to classify the content of the panel statements were developed by identifying similar themes. Refer to *Appendix G: Content Analysis of the Responses to the First Questionnaire* for the preliminary identification of themes/categories and sub-categories from all the panel statements received in the first questionnaire. Similar panel statements were listed under these categories and sub-categories. In order to keep the questionnaire to a realistic length, the researcher reduced the similar panel statements in each category and sub-category by developing brief summaries of the similar panel statements. Only those statements supported by at least one other panel member were included in the second questionnaire.

Steps to increase the validity of content analysis have been described in the literature[64-6]. In this study the panel members had an opportunity in the second and third questionnaires to ensure that the researcher had accurately interpreted their statements. For a summary of the themes that

emerged in the first, second and third questionnaires, refer to *Table VIII: Themes from the first questionnaire*.

Table VIII: Themes from the first questionnaire

QUESTION 1
WHAT IS YOUR UNDERSTANDING OF THE KEY FUNCTIONS CURRENTLY PERFORMED BY THE OCCUPATIONAL THERAPISTS IN THE LIFE INSURANCE INDUSTRY.
• TO INTERPRET INFORMATION FOR CLAIMS ASSESSMENT AND MANAGEMENT • TO PROVIDE AN OPINION OR ADVICE ON IMPAIRMENT AND WORK ABILITY • TO DETERMINE EXTENT OF IMPAIRMENT/CAPACITY TO WORK BASED ON FUNCTIONAL EVALUATIONS AND WORK ASSESSMENTS • TO CONSULT WITH EMPLOYER TO EDUCATE AND FACILITATE RETURN TO WORK • INVOLVEMENT IN REHABILITATION ADDITIONAL FUNCTIONS SUCH AS INPUT IN PRODUCT DESIGN, MARKETING OF THE PROFESSION AND CONTINUING OWN PROFESSIONAL DEVELOPMENT

QUESTION 2
WHAT PROBLEMS AND CHALLENGES ARE YOU CURRENTLY ENCOUNTERING IN YOUR PARTICULAR FIELD IN MANAGING INCAPACITY IN THE WORKPLACE, WHERE THERE ARE GROUP DISABILITY BENEFITS

• INSURER:
  • CLAIMS ASSESSMENT AND MANAGEMENT
  • OCCUPATIONAL THERAPISTS AS CLAIMS ASSESSORS
  • DESIGN OF INSURANCE PRODUCTS
  • INTERNAL DEPARTMENT MANAGEMENT
• EMPLOYER:
  • LACK OF INTEGRATED HR POLICIES/PROCEDURES WITH INSURED DISABILITY BENEFITS, LACK OF UNDERSTANDING OF DISABILITY MANAGEMENT, LACK OF SICK LEAVE MANAGEMENT
• EMPLOYEE:
  • LACK OF UNDERSTANDING OF INSURANCE POLICY, MISCONCEPTIONS AND SENSE OF ENTITLEMENT
• REHABILITATION:
  • LACK OF SERVICE PROVIDERS AND INSUFFICIENT UTILISATION THEREOF
• LEGAL ENVIRONMENT
  • THE INTERFACE BETWEEN CONTRACTUAL LAW AND LABOUR LEGISLATION, AND THE LACK OF LEGISLATION FOR DISABILITY MANAGEMENT
• MEDICAL/ALLIED HEALTH PROFESSIONS
  • MEDICAL PROFESSION'S POOR UNDERSTANDING OF INSURANCE/DISABILITY, PREMATURE RECOMMENDATION OF MEDICAL BOARDING, SUBJECTIVE REPORTS
  • OCCUPATIONAL THERAPISTS' INADEQUATE ASSESSMENT OF FUNCTION, REPORTS REFLECT A CLAIMANT BIAS

QUESTION 3
WHAT CHANGES AND NEW TRENDS DO YOU FORESEE AND WHAT CHALLENGES DO YOU EXPECT TO ENCOUNTER IN THE FUTURE, IN YOUR PARTICULAR FIELD, IN MANAGING INCAPACITY IN THE WORKPLACE WHERE THERE ARE GROUP DISABILITY BENEFITS?

• INSURANCE
  • CLAIMS ASSESSMENT AND MANAGEMENT MORE PROFESSIONAL CLAIMS ASSESSMENT WITH MORE TRAINING FOR ASSESSORS, MORE ACTIVE CLAIMS MANAGEMENT
  • PRODUCTS PROMOTING SICK LEAVE MANAGEMENT, EARLY INTERVENTION AND EARLY RETURN TO WORK
  • DIRECT ACCESS TO THE CLIENT, BETTER CLIENT SERVICE
• EMPLOYER
  • IMPROVED AWARENESS AND ATTITUDE TOWARDS NEW LABOUR LEGISLATION
• EMPLOYEE
  • GREATER EXPECTATIONS OF COMPREHENSIVE BENEFITS, INCREASING ENTITLEMENT ATTITUDE
• DISABILITY MANAGEMENT
  • MORE COMPREHENSIVE DISABILITY MANAGEMENT, CONDUCTED AT THE WORKSITE WITH INVOLVEMENT OF OCCUPATIONAL THERAPISTS
• IMPACT OF EMPLOYMENT EQUITY ACT
  • INCREASED RESPONSIBILITY OF EMPLOYERS, INCREASING DEMAND FOR INDEPENDENT MEDICAL/ALLIED MEDICAL OPINIONS
• HIV/AIDS
  • INCREASING COSTS OF DISABILITY INSURANCE AND IMPACT ON PENSION FUND, CHALLENGE FOR JOB ACCOMMODATION
• REHABILITATION
  • RISK OF FAILED REHABILITATION, RISK OF QUICKER DETERIORATION IN CONDITION OF DISABLED EMPLOYEES WHO RETURN TO WORK
• MEDICAL/ALLIED HEALTH PROFESSIONS
  • ADDRESSING OF PROBLEMS RELATED TO MEDICAL PROFESSION RECOMMENDATIONS FOR MEDICAL BOARDING
  • OCCUPATIONAL THERAPISTS CONSULTING IN EMPLOYMENT RELATED FIELDS

QUESTION 4
IN YOUR OPINION, HOW SHOULD OCCUPATIONAL THERAPISTS WORKING IN THE SECTOR OF THE LIFE INSURANCE INDUSTRY YOU IDENTIFIED IN QUESTION 1, BEST FACILITATE THE MANAGEMENT OF INCAPACITY IN THE WORKPLACE, WHERE THERE ARE GROUP DISABILITY BENEFITS, IN THE FUTURE.
• EDUCATION OF STAKEHOLDERS ON DISABILITY MANAGEMENT • INTERACTION WITH EMPLOYER TO FACILITATE DISABILITY MANAGEMENT • MORE INVOLVEMENT IN CLAIMS ASSESSMENT AND MANAGEMENT INCLUDING SCREENING POTENTIAL CLAIMS, COUNSELING CLAIMANTS, DEVELOPING A NETWORK OF EXPERTS • PREVENTION OF CLAIMS THROUGH EARLIER INVOLVEMENT, SAFETY AND ERGONOMIC EVALUATIONS, SICK LEAVE MANAGEMENT • OVERSEEING OF REHABILITATION, ADVISING ON ACCOMMODATIONS AND FACILITATING CREATION OF EMPLOYMENT OPPORTUNITIES
QUESTION 5
BASED ON YOUR ANSWER TO THE PREVIOUS QUESTION, WHAT ADDITIONAL KNOWLEDGE, SKILLS OR TRAINING DO THE OCCUPATIONAL THERAPISTS WORKING IN THE SECTOR OF THE INSURANCE INDUSTRY YOU IDENTIFIED IN QUESTION 1, REQUIRE TO MEET THESE FUTURE CHALLENGES?

• THEORETICAL KNOWLEDGE
  • MEDICINE
  • INSURANCE
  • LABOUR LEGISLATION
  • BUSINESS AND FINANCIAL
• INTERPERSONAL SKILLS
• HIGHER COGNITIVE SKILLS
• CLINICAL SKILLS
• OTHER KNOWLEDGE AND SKILLS
• **ADDITIONAL POST-GRADUATE TRAINING**

4.4 CONSENSUS

Panel members were deemed to have reached consensus when 20% or fewer of the statement mean scores moved above/below the mean of 4 ("agree" on the Likert Scale).

The panel statement mean score was calculated by obtaining the average of the individual scores. *Appendix H* contains the table with the mean scores for the second and third questionnaires listed in the second and third columns (MS2 and MS3). Scores that moved above/below 4 from the first round are underlined.

Refer to *Table IX* for the results of the consensus achieved in each question. In total, 35 of the 228 (15%) panel statement mean scores moved from above/below the mean of 4.00 in the third questionnaire. As the degree of consensus defined in the study was the point at which 20% or fewer of the panel statement mean scores moved from above/below the mean of 4.00, consensus had been achieved after the third questionnaire.

Table IX: Consensus achieved after the third questionnaire

CONSENSUS IN TERMS OF THE MEAN SCORES						
QUESTIONS	**ONE**	**TWO**	**THREE**	**FOUR**	**FIVE**	**TOTAL**
NUMBER OF PANEL STATEMENTS	42	54	48	38	46	228
TOTAL NUMBER OF MEAN SCORES THAT MOVED ABOVE/BELOW 4.00	13	4	10	5	3	35
EXPRESSED AS A PERCENTAGE	31%	7%	21%	13%	6%	15%

CHAPTER FIVE: RESULTS

CONTENTS:

5 RESULTS

5.1 ANALYSIS OF THE RESPONSES TO THE QUESTIONS

The three questionnaires were comprised of the same five questions, each of which will be discussed hereunder. In the discussion of the responses to the questions, the following terms will be used to describe the quantitative results:

LIKERT SCALE		TERMS USED IN THE DISCUSSION
5:	**STRONGLY AGREE**	Likert score of 4.5 and above: strong consensus / strong agreement / agreed strongly
4:	**AGREE**	Likert score of 4 – 4.4: agreement / consensus / agreed upon
3:	**UNCERTAIN**	Uncertain / unsure
2:	**DISAGREE**	Disagreed / disagreement
1:	**STRONGLY DISAGREE**	Strong disagreement

5.1.1 QUESTION ONE

In the first question, the panel members were questioned about their understanding of the key functions currently performed by the occupational therapists in the life insurance industry.

DISCUSSION

The responses received were grouped into four main categories: disability claims assessment/management, consultation with the employer, rehabilitation and additional functions.

- DISABILITY CLAIMS ASSESSMENT/MANAGEMENT

Strong consensus was achieved with regards to occupational therapists providing an opinion or advice on functional impairment and alternative work/accommodations. Panel members agreed that the occupational therapist's current involvement in claims assessment and management includes:

- The interpretation of information to determine the validity of claims
- Making recommendations on the further management of claims
- Providing advice on claims and
- Determining the extent of functional impairment or capacity to work.

Agreement was reached on the performance of functional and work evaluations, on the assessment of alternative occupations and work-place accommodations, and on giving feedback in team discussions. Consensus was also achieved with regards to the assessment of inappropriate illness behaviour (symptom exaggeration / malingering) with the application of various techniques during the functional evaluation.

Strong consensus was noted for the compilation of reports including recommendations, and for counselling new claimants to encourage return to work.

- CONSULTATION WITH THE EMPLOYER

Panel members agreed strongly that occupational therapists are currently consulting with the employer to facilitate a claimant's early return to work, and to advise on prevention and disability management. Consensus was achieved with regards to the education of the employer on the impact of disability, prevention and rehabilitation. Agreement was also reached on the occupational therapist's role in negotiating the implementation of accommodations in the workplace. Panel members were uncertain that the role of the occupational therapist extended to the evaluation of the employer's compliance with the new labour legislation.

- REHABILITATION

Strong consensus was reached on the advisory role of the occupational therapist in vocational rehabilitation, on making recommendations for rehabilitation or re-training, for formulating a rehabilitation plan, motivating stakeholders on the benefits thereof, and for referring claimants to service providers. Agreement was noted with regards to the evaluation of the claimant's rehabilitation potential, for overseeing the implementation of rehabilitation and for liasing with doctors/therapists where

treatment/rehabilitation is sub-optimal. The education of occupational health professionals on rehabilitation and the facilitation of job reintegration by occupational therapists employed in the insurance industry were also agreed upon.

- ADDITIONAL FUNCTIONS

Panel members agreed that occupational therapists are currently involved in the design of insurance products specifically related to rehabilitation and in providing assistance with the assessment of client needs. Marketing the role of the occupational therapist in the insurance industry and the pursuit of continued professional development and education achieved consensus.

Panel members were unsure if the occupational therapist's current role included management, supervisory and administrative functions within the claims department. They were also uncertain that occupational therapists currently assist insurers with the interpretation and implementation of the new labour legislation in relation to claims assessment and management.

5.1.2 QUESTION TWO

In the second question panel members were asked about the problems and challenges they were currently encountering in their particular field in managing incapacity in the workplace, where there were insured disability benefits.

DISCUSSION

The problems/challenges identified by the respondents were divided in terms of those related to the insurance industry, employers, employees, rehabilitation, legal issues and the medical profession. In some instances, the respondents also provided solutions.

- INSURANCE INDUSTRY

Strong consensus was achieved on problems such as the late notification of claims; lengthy claims assessment procedures which inhibit return to work and rehabilitation efforts. Solutions suggested included the streamlining of claims processes, sick leave management and earlier intervention by the insurer. Consensus was also reached on the problem of contentious claims with legal/ombudsman involvement and the increasing number of claims in the current retrenchment climate. Panel members were uncertain that claims teams were too busy to conduct case

management and that there was a need for this function to be out-sourced. The statement that the public has a negative impression of the insurer's approach to disability claims also received an uncertain response from panel members.

Panel members agreed that lump sum benefits also inhibit return to work and rehabilitation efforts. It was suggested that insurers should review the structure of these disability benefits. The panel members were unsure about the statement that disability policies are based on the medical model and that they should be aligned with the Employment Equity Act which is based on the social model of disability.

The mismatch between the client and the insurance product achieved agreement amongst panel members and the need to educate employers and intermediaries was suggested as a possible solution. Another problem, which achieved strong consensus, related to communication with the employer being hampered by the intermediary or insurance broker. It was suggested that the insurer should attempt to improve the relationship with the intermediary and to clarify their role.

Agreement was reached on the problem related to the lack of objective parameters/information for the assessment of disability claims. Providing

guidelines for the medical profession for the writing of reports was suggested as a possible solution to this problem.

There was strong disagreement from panel members with regards to concerns surrounding the ethically questionable employment of occupational therapists in the group life insurance industry. The negative influence that claims managers may have on the occupational therapists decisions on claims drew an uncertain response. Panel members were also unsure about the lack of standard practices amongst occupational therapists in claims assessment.

- EMPLOYER

Several respondents indicated problems related to the employer's poor understanding of disability management, group life insurance and labour law as well as the lack of integration of human resource policies and procedures with insured disability benefits. The education and integration of human resource personnel was suggested as a solution. Strong consensus was reached in this regard as well as on the lack of sick leave management within companies.

The employers' negative attitude towards the employment and accommodation of people with disabilities, and non-compliance with labour legislation achieved agreement amongst the panel members. Consensus

was achieved with regards to the lack of communication/integration with the insurer on disability claims and the lack of involvement of line managers, occupational health services and human resource personnel in disability management. Panel members agreed on the misuse of group life insurance by employers evading their responsibility with regards to disability management and retrenchment, and the poorly managed cycle of poor staff relations, resulting in sick-leave abuse and eventual disability claims. The lack of pre-placement screening resulting in employee/job mismatch also achieved consensus. In general, solutions suggested related to the education of the employer, developing a closer working relationship between the employer and insurer, and facilitating the implementation of the new legislation.

- EMPLOYEE

Panel members agreed strongly that claimants have a lack of knowledge of insurance policies and a misconception that a claim will be readily paid on the recommendation of the treating doctor. A further problem identified that received strong consensus was the claimant's sense of entitlement. The adoption of a disability mindset and sick role by claimants which results in an unwillingness to undergo rehabilitation or attempt to return to work, achieved consensus.

- REHABILITATION

Most respondents agreed strongly on the lack of adequate service providers, and the poor utilisation of rehabilitation and work hardening services where those services do exist. Strong consensus was reached with regards to the lack of rehabilitation incentives for disability claimants and of redeployment opportunities. The lack of training/re-training facilities and the lack of follow-up by the insurer on recommendations for rehabilitation achieved consensus. Panel members were uncertain with regards to a statement highlighting the problem of a lack of sheltered employment and the suggestion that insurers should develop such facilities.

- LEGAL ENVIRONMENT

No strong consensus was achieved on items under this sub-heading. The main problem identified related to the interface between contract law and the Employment Equity Act. At the time the Delphi was circulated, the Act had only been in force for two years and may play a bigger role in the future.

- MEDICAL AND ALLIED HEALTH PROFESSIONS

Panel members were in strong agreement on the poor understanding of the medical profession of insurance and legal aspects related to disability. The

problems related to their premature labelling of people as disabled, premature recommendations for medical boarding, as well as their reports being frequently inadequate and lacking in detail, achieved strong consensus.

The respondents were generally uncertain with regards to the problems identified with occupational therapy assessments and reports, which included:

- inadequate assessment of functional impairment
- reports reflecting a claimant bias
- few occupational therapists specialising in insurance, disability management and vocational rehabilitation and
- insufficient discussion amongst occupational therapists and the medical profession on specific claims

5.1.3 QUESTION THREE

The third question requested respondents to share the changes and trends they foresee and the challenges they expect to encounter in the future, in their particular field, in managing disability in the workplace where there are insured disability benefits.

DISCUSSION

The issues highlighted in the responses were related to the insurer, employer, employee, disability management, the impact of the Employment Equity Act, HIV/AIDS and the medical and allied health professions.

- CLAIMS ASSESSMENT AND MANAGEMENT

Panel members agreed strongly that claims assessment practices were likely to become more professional in the future with claims assessors undergoing more training. The panel members agreed to predictions of more complex claims with increasing symptom magnification and fraud, increasing litigation, and more claims related to subjective medical conditions. More active claims management due to financial pressures, earlier intervention in claims with involvement in potential claims, and more risk management with incentives to promote preventative measures in the workplace achieved consensus. Agreement was also reached on the

likelihood of insurers outsourcing disability assessment, rehabilitation and case management in the future.

Most panel members agreed that foreseeable changes to insurance policies and products would relate to alignment with the new labour legislation, and the provision and promotion of services related to sick leave management, early intervention and early return to work. Panel members were uncertain that insurers would begin insuring impairment, which is more objectively definable than disability, in the future.

Strong consensus was achieved with regards to intermediary involvement being diluted in the future and that group life insurers would have more direct access to their client, the employer. Agreement was reached with regards to future sharing of knowledge as an industry and the payment of rehabilitation costs.

- EMPLOYER

Panel members agreed strongly that employers were anticipated to have an improved awareness and positive attitude towards job accommodation, rehabilitation and retraining in the future.

- EMPLOYEE

The threat of rising unemployment and the employee's rising expectations of more comprehensive benefits achieved consensus among panel members. A greater entitlement attitude with regards to sick leave and disability claims were also envisaged and agreed upon by the panel members.

- DISABILITY MANAGEMENT

Panel members were in strong agreement about broader disability management incorporating aspects such as pre-placement screening and on-site vocational rehabilitation. Consensus was achieved with regards to these services being conducted at the worksite by occupational health teams with case management services offered by the insurer/broker alongside this.

- IMPACT OF THE EMPLOYMENT EQUITY ACT

Panel members agreed strongly that employers would make use of independent medical / paramedical assessment services more frequently in the future as a result of this new labour legislation. Consensus was achieved on the likelihood of more labour/union involvement and the need for employers to develop more functional job descriptions, provide reasonable accommodations and investigate each case of disability.

- HIV/AIDS

Panel members agreed strongly that HIV/AIDS would have an increasing impact on claims, the cost of disability insurance and the extent of the employer's contributions to pension funds.

- MEDICAL AND ALLIED HEALTH PROFESSIONS

Strong consensus was achieved with regards to the future addressing of the problem of medical practitioners inadvertently encouraging disability behaviour. Agreement was reached with regards to the prediction that occupational therapists would begin consulting, in employment related areas with other consulting professionals, and in vocational rights and rehabilitation. Panel members agreed that occupational therapists would provide solutions to prevent employer non-compliance, offer independent disability claims assessment services, and specialise in vocational rehabilitation in the future. The utilisation of case management as a disability management tool, and the likelihood of reports with recommendations for accommodations becoming more disclosable were also agreed upon.

5.1.4 QUESTION FOUR

The fourth question focussed on how occupational therapists working in the sector of the life insurance industry identified by the panel member in question 1, should best facilitate management of incapacity in the workplace in the future, where there are insured disability benefits.

DISCUSSION

The results from this question were categorised under the headings of education, interaction with the employer, claims assessment and management, prevention, rehabilitation and other.

- EDUCATION

Strong consensus was not achieved on any of the items in this category. Many panel members were in agreement on the future role of the occupational therapist involving more education of the employer, union representatives and the medical and occupational health team on the implications and application of the insurance policy, labour legislation and disability management. It was also agreed that occupational therapists in the insurance industry should educate claims assessors who do not have a formal medical qualification on functional capacity, impairment and disability. Consensus was achieved with regards to occupational therapists

educating other occupational therapists outside of the insurance industry on disability management.

- INTERACTION WITH THE EMPLOYER

Interaction with the employer was seen as important and strong consensus was reached on the statement that more direct and frequent contact with the employer was required. Agreement amongst panel members was noted with regards to occupational therapists assisting employers to implement disability management strategies in alignment with the insured benefits and labour legislation. Panel members also agreed that the occupational therapist should consult with the employer on disability claims and perform work visits to become familiar with the work environment and the range of jobs available when an employer commences the insurance. Interaction with the employer as a risk management tool to prevent employer non-compliance was agreed upon.

- CLAIMS ASSESSMENT AND MANAGEMENT

Agreement was reached on the occupational therapist's role in case management and the counselling of claimants; liaison with other occupational therapists, medical and occupational health teams; and with regards to developing, coaching and maintaining an independent network of experts to assist in claims management. Panel members were uncertain of the need for more modern/accredited measurement tools in functional

evaluations performed by occupational therapists. The assessment and cost-effective screening of potential claims by occupational therapists in the future also received an uncertain response from panel members.

- PREVENTION

Strong agreement was achieved on the need for earlier occupational therapy intervention. Consensus was achieved on the need for more preventative measures such as safety and ergonomic evaluations, and the early identification of and intervention in those employees who are more at risk of becoming injured/ill within a company. Panel members were uncertain that occupational therapists should analyse sick leave in the future.

- REHABILITATION

Panel members were in agreement on the need for occupational therapists to facilitate, oversee and monitor the implementation of recommendations for rehabilitation. The need for occupational therapists within the insurance industry to support their colleagues in the rehabilitation field to encourage their services was agreed upon. Consensus was achieved with regards to occupational therapists facilitating the creation of employment opportunities, advising on and facilitating job restructuring and redesign. The respondents were unsure on the need for occupational therapists to develop multi-disciplinary teams/centres in the future.

- OTHER

The occupational therapist's future involvement in the design of insurance products based on their experience of the employers and employees needs was agreed upon. Consensus was achieved on their involvement in strategic planning within the insurance industry regarding disability management. Agreement on the need for teamwork with all the role players, and on the need to market the role of the occupational therapist in the insurance industry, was also reached. Panel members were uncertain on the need for research to standardise and streamline functional and work assessments for use in the insurance industry. The view that occupational therapists would become involved in vocational rights consultancy in the future also drew an uncertain response.

5.1.5 QUESTION FIVE

The fifth question requested the panel members to, based on their opinions in the previous question, identify the additional knowledge, skills and training required by the occupational therapists working in the life insurance industry to meet these future challenges.

DISCUSSION

The comments received were grouped in terms of theoretical knowledge (including medicine, insurance and labour legislation), interpersonal, higher cognitive and clinical skills, and other knowledge/skills.

- THEORETICAL KNOWLEDGE

- Medicine

Panel members identified and agreed that occupational therapists required an improved knowledge of medical conditions, the treatment thereof, pharmacology and physiology.

- Insurance

Strong agreement was reached with regards to the need for occupational therapists to understand the legal interpretation of insurance contracts, and to have a broad, holistic concept of disability management. Panel

members were in agreement on the need for a broad understanding of the insurance industry, the employer and employee, knowledge of insurance products, and of the claims management process. Consensus was achieved with regards to the need for standard, formal claims assessment training.

Panel members were uncertain on the need for formal examination of occupational therapists employed in the insurance industry, to establish qualified experts. The need for occupational therapists to have insurance qualifications also drew an uncertain response.

- Labour legislation and the Constitution

Panel members were in strong agreement on the need for occupational therapists to have knowledge of these laws and the implications for disability management. Panel members were unsure that occupational therapists need to acquire knowledge on compliance strategies, dispute resolution strategies and disability rights.

- Business and Financial

Panel members were uncertain on the need for occupational therapists to have basic financial/business knowledge of administration, information technology, corporate culture and human resource management.

- INTERPERSONAL SKILLS

Strong consensus on the importance of communication skills, and agreement with regards to counselling and networking skills was achieved, for occupational therapists employed in the group life insurance industry. Panel members were uncertain about the other interpersonal skills identified including negotiation, mediation, leadership and education skills as well as presentation skills and skills for conflict management.

- HIGHER COGNITIVE SKILLS

The panel members agreed on the need for occupational therapists to possess problem solving and interpretative skills and the ability to think laterally.

- CLINICAL SKILLS

Strong consensus was achieved on the need for occupational therapists employed in group life insurance to be skilled in the use of assessment techniques and methods, and applied disability management skills including vocational counselling, accommodation strategies and transitional work programmes. Panel members also strongly agreed on the need for clinical reasoning skills. The need for clinical skills related to medical rehabilitation and vocational rehabilitation were highlighted and agreed upon. The respondents were unsure on the need for placement skills.

- OTHER KNOWLEDGE AND SKILLS

Panel members agreed strongly on the need for occupational therapists to familiarise themselves with new trends in related fields and for medico-legal report writing skills. Knowledge of and skills to manage the impact of HIV/AIDS in the work environment and on the insured benefits was highlighted and agreed upon. Panel members also agreed on the need for knowledge in the field of occupational health. The respondents were unsure on the need for job creation skills, skills for absenteeism control and risk assessment/management skills.

- POST-GRADUATE QUALIFICATIONS OUTSIDE OCCUPATIONAL THERAPY

Panel members were uncertain that occupational therapists were required to acquire further post-graduate qualifications in the fields of industrial psychology, industrial relations and human resource management, and neuro-psychiatry and neuro-psychology.

CHAPTER SIX: DISCUSSION

CONTENTS:

6 DISCUSSION

6.1 INTRODUCTION

A number of interesting themes have emerged from the responses of the panel members. Clear distinctions between the role of the occupational therapist in group insurance and the traditional role of the occupational therapist in the public health sector, as well as between the patient and the claimant became apparent. An understanding of the group insurance / disability claims arena, the key role players and the disability claims process emerged from the research and the literature reviewed. It became apparent from the research that a dilemma exists with regards to the employment of people with disabilities, the new labour legislation and group insurance.

Clear future developments of the role of the occupational therapist in group insurance emerged against a likely future backdrop of the group insurance / disability claims arena. The impact of high disability claims incidence on the insurer, employer and employee and ways in which this can be better managed in the future is explored. The broad concept of disability management as a future role for occupational therapists inside and outside the group insurance industry is reviewed. The need for further knowledge, skills and research for the development of this future role is highlighted.

6.2 THE OCCUPATIONAL THERAPIST'S CURRENT ROLE IN THE GROUP ASSURANCE

6.2.1 A COMPARISON OF THE OCCUPATIONAL THERAPIST'S ROLE IN THE PUBLIC HEALTH SECTOR AND GROUP ASSURANCE

Although the group life insurance industry has become one of the main employers of occupational therapists in the private sector in South Africa, more occupational therapists are currently employed in the public health sector. It emerged from the research that the occupational therapists' role in group insurance differs significantly from the role of the occupational therapist in the public health sector. Although the latter role was not specifically researched, the researcher has tried to highlight some of the role differences that became apparent during the course of the research with a comparison in *Table X*.

Table X: A comparison between the traditional role of the occupational therapist and their role in group assurance

TRADITIONAL ROLE	CURRENT ROLE IN GROUP LIFE INSURANCE
EMPLOYER AND WORK ENVIRONMENT	
Public hospital Medical community Hospital environment	Insurance company Business community Office environment
POPULATION SERVED	
Community at large, especially developing community Majority of the population Low socio-economic bracket	Formally employed sector Minority of population Low to upper socio-economic bracket
DISABILITY PERSPECTIVE	
Mainly biomedical Holistic view of patient within this framework	Mainly economic Holistic view of claimant within this framework
PURPOSE OF JOB	
To remediate impairment of body structures & functions that will lead to maximum independence in all spheres of life	To professionally assess & manage disability claims for the optimal management of the insured group risk
NATURE OF THE JOB	
Mainly clinical: Patient assessment & treatment Focus on patients' functioning in all spheres of life Co-ordinate holistic patient management Perform rehabilitation aimed at patient's functional independence Involvement in service development	From the research: Mainly administrative: Disability claims assessment Perform some functional & work-site assessments Focus on claimant's work ability Co-ordinate optimal management of claim Facilitate rehabilitation aimed at claimant's financial independence Consult with employer on disability claims Involvement in product & service development
THE "CUSTOMER"	
The patient (and their family)	The policy holder (employer)

NATURE OF CLIENT INTERACTION	
Direct contact with patient Therapeutic relationship Patient centred Subjective – advocate patient's rights Perception of positive interaction	Mainly indirect contact with claimant & employer Business relationship Business centred Objective – decisions based on insured policy Occasional perception of negative interaction
SKILLS REQUIRED	
Mainly clinical skills (assessment & treatment) Interpersonal skills Cognitive skills	From the research: Occasional use of clinical skills (assessment only) Interpersonal skills Cognitive skills
PHILOSOPHY OF OCCUPATIONAL THERAPY	
Traditional professional philosophy *applied* in daily work	Traditional professional philosophy *seldom applied* in daily work.

6.2.2 A COMPARISON OF THE PATIENT AND THE CLAIMANT

An understanding of the differences between the hospital patient and the disability claimant is vital for occupational therapists employed in the group life insurance industry. From the consensus responses in the research it appears that the motivation amongst disability claimants to be re-trained, vocationally rehabilitated and to resume work is low. The claimant's primary concern is financial security. The treating doctor frequently sympathises with the claimant's predicament and supports a disability claim. The claims process encourages a long absence from work which

significantly reduces the chances of a return to gainful employment. Refer to *Table XI* for a comparison of "the patient" and "the claimant".

Table XI: A comparison of the patient and the claimant

THE HOSPITAL PATIENT	THE DISABILITY CLAIMANT
• A person in the acute phase of medical recovery	• A person who is medically stable but deemed unfit to return to work either temporarily or permanently
• Concerns: – Quality of medical treatment – Nature and extent of injuries – Duration of recovery – Likely extent of recovery – Cost of treatment – Anticipated effect in the short-term on work, daily chores and hobbies	• Concerns: – Loss of financial security – Loss of worker role & identity – Altered status in family & community – Poor understanding of insurance & the claims process – Lengthy duration of claim assessment – Strength of medical evidence – Outcome of claim – Implications if claim declined – Implications for future employment & employee benefits
• Motivation: – Efforts focused on recovery	• Motivation: – Efforts focused on approval of disability claim

6.3 THE CURRENT GROUP ASSURANCE DISABILITY CLAIMS ARENA

6.3.1 THE KEY ROLE PLAYERS

There are many new role players in the group insurance arena that traditionally the occupational therapist has not dealt with. A model of the key role players and their relationships in the group life insurance disability claims arena is depicted in *Figure 3.* The Constitution, as well as specific laws, regulates the industry of each of the role players. Refer to *Chapter 2.2* of the literature review for a further discussion of some of the role players.

The health care sector plays an important role in the treatment of patients as well as in the assessment of disability claimants. Occupational therapists in the public or private health care sector may treat a patient who is formally employed. In these instances, occupational therapists should prompt a discussion with the employer, in the early stages of occupational therapy intervention, conveying information regarding likely duration off work and enquiring into the nature of the employee benefits available to the patient. A report from the treating occupational therapist could accompany the submission of a disability claim. This earlier involvement of the

occupational therapist in a potential claim is advocated in the research and in the literature reviewed.

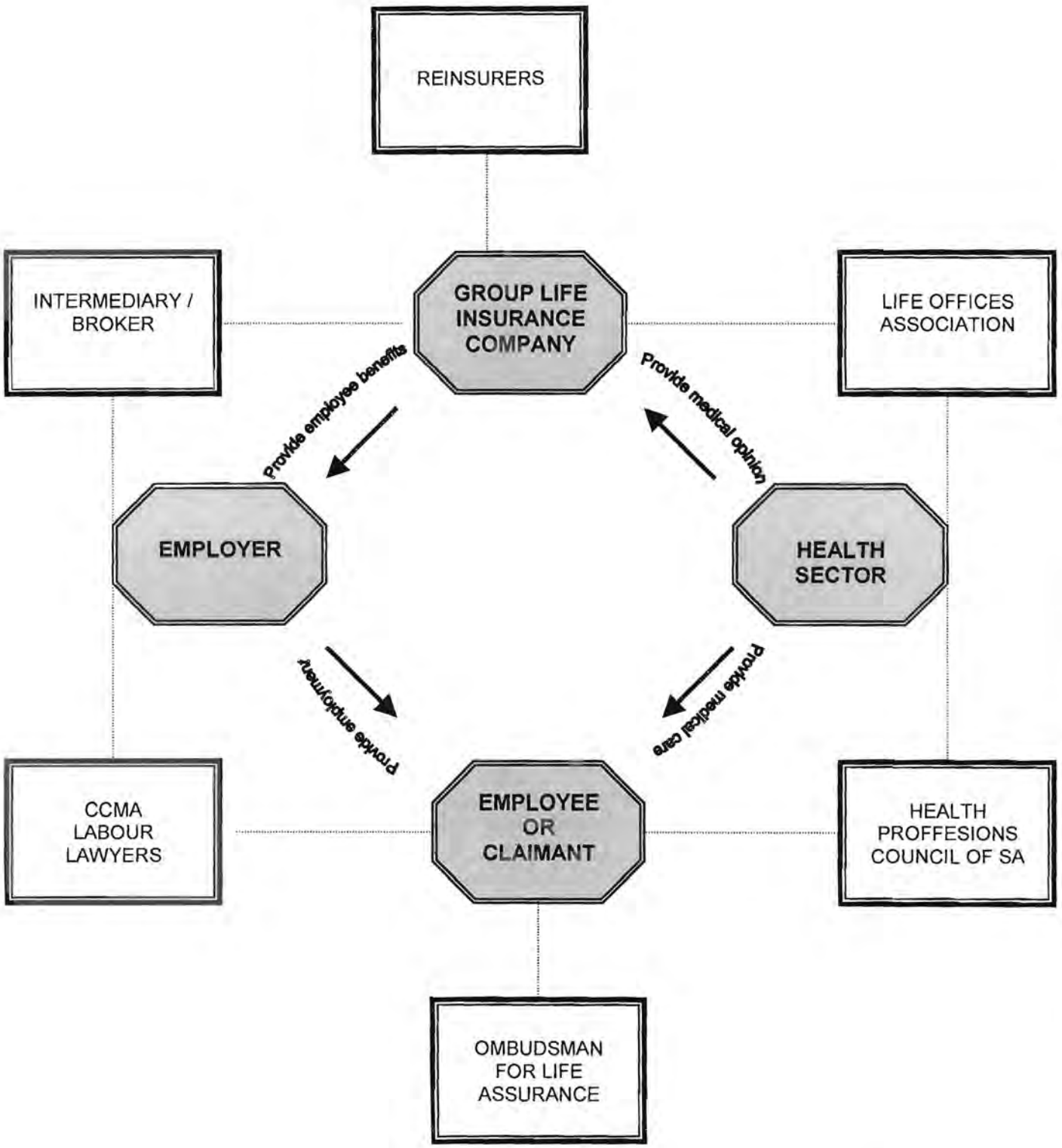

Figure 3: The key role players and their relationships in the group life insurance / disability claims arena

6.3.2 THE DISABILITY CLAIMS PROCESS

The process for a typical disability income benefit claim is shown in *Figure 4*. In the disability claims process, the current role of the occupational therapist in the public and private health sector can be described as follows:

- The provision of independent functional and work evaluations:

  These may be requested directly by the claimant, the employer or the insurer. However, in most instances the insurer requests them, usually once an independent medical opinion has been obtained. From the research, it is clear that the value of these occupational therapy evaluations is well recognised. The purpose of these evaluations is:

  - to determine the claimant's ability to perform his own or a suitable alternative occupation,
  - to make recommendations for reasonable job accommodations and adaptations,
  - to make recommendations for rehabilitation and/or re-training.

- Intervention to facilitate the claimant's return to work:

  To a lesser extent, occupational therapists outside the insurance industry may become involved in a range of interventions to facilitate a claimant's return to work. Currently, these services are mainly

requested by the insurer. Intervention may range from providing rehabilitation services to facilitating a claimant's return to work during a work trial conducted over several months.

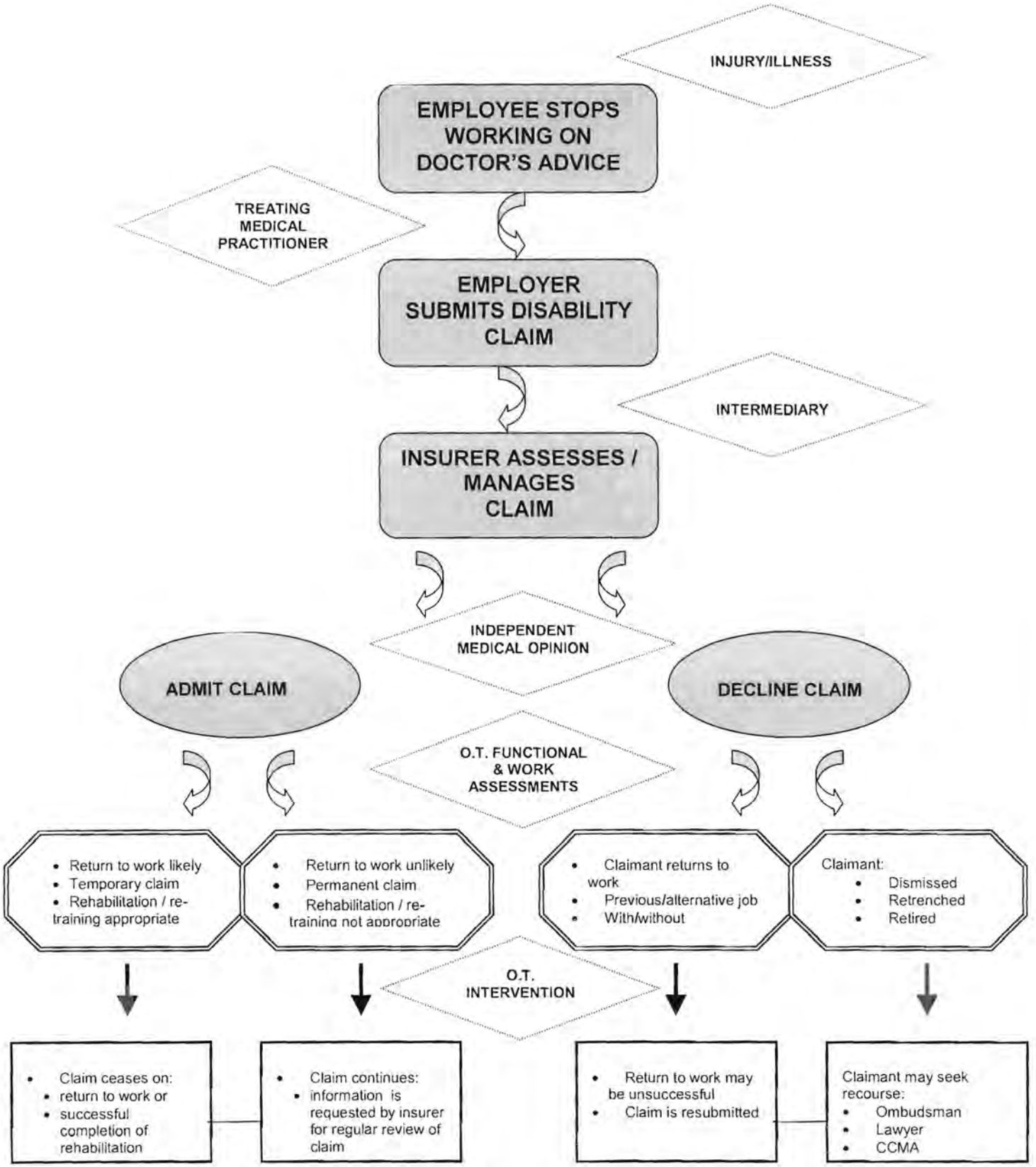

Figure 4: The process of a typical monthly disability income benefit claim

6.3.3 THE CURRENT ARENA

The group life insurance industry in South Africa has become increasingly complex. Insurers only realised this in the late 1980's and early 1990's when huge claims losses were suffered by the industry. The employment of occupational therapists and the introduction of new labour legislation coincides with this period[41].

Figure 5 provides a summary of the problems of claims management in group insurance in South Africa today identified in the research. These include:

- problems related to insurer's and employer's current policies, practices and attitudes with regards to disability
- the poor communication between the employer and insurer as a result of the broker's role
- the difficulties surrounding the application of new labour legislation in an emerging market economy
- the negative influence that medical practitioners can have on facilitating the return to work of ill/injured employees
- problems related to the delivery of quality healthcare and rehabilitation.

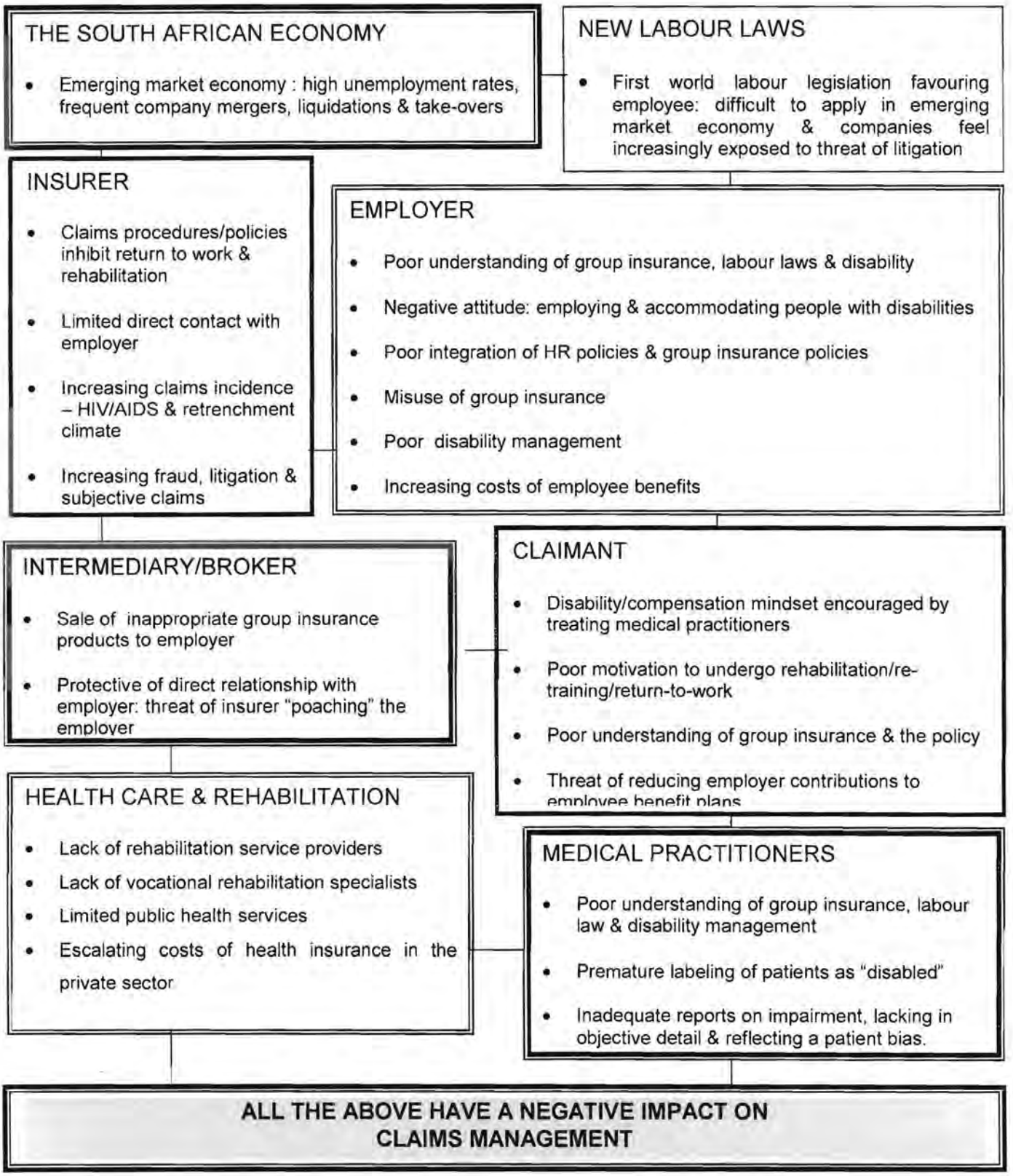

Figure 5: Current problems in claims management in the group life insurance industry in South Africa

6.3.4 THE DISABILITY DILEMMA

In all cases of life insurance, people with a significant medical history are at risk of having medical exclusions applied to the policy, having additional premiums being charged and even having the policy declined. Thus people with disabilities, who are formally employed, particularly in smaller companies, may find it difficult to obtain employee benefits such as death, disability and health cover. This hampers the employment of people with disabilities and does little to facilitate the implementation of the Employment Equity Act. A disabled employee who receives employee benefits from his company may not obtain the same employee benefits when attempting to rejoin the open labour market through another company.

It appears from the research, that employers currently have a negative attitude towards the employment of people with disabilities, and that the new labour legislation has, to some extent, instead of encouraging the employment of people with disabilities, had the opposite effect. One reason for this may be that the labour legislation favours the employee, and that employers are concerned about their increasing exposure to litigation. In addition, the new labour legislation is difficult to apply in an emerging market economy where companies are downsizing, and the threat of mergers, take-overs and retrenchments are ever present.

6.4 THE OCCUPATIONAL THERAPISTS' FUTURE ROLE IN THE GROUP ASSURANCE

6.4.1 A COMPARISON OF THE OCCUPATIONAL THERAPISTS' CURRENT AND FUTURE ROLE IN GROUP ASSURANCE

The research has highlighted that the main role of the occupational therapist currently employed in the group life insurance industry is in claims management, while the consensus on the future role is in the broader concept of disability management. In *Table XII*, the current and future role of the occupational therapist in the group life insurance industry is compared.

Table XII: The current and future role of the occupational therapist in the group life insurance industry

CURRENT ROLE	FUTURE ROLE
CLAIMS MANAGEMENT	**DISABILITY MANAGEMENT**
CLAIMS ASSESSMENT	

• Interpret information to determine validity of claim, in accordance with policy
• Make recommendations for further management of claim
• Provide opinion/advice on claimant's:
  • Level of functioning & work ability
  • Alternative work/accommodations
• Perform functional & work evaluations & compile reports
• Counsel claimants to facilitate return to work
	In addition to current role:
	• Develop and coach a network of experts in the evaluation of impairment

REHABILITATION	
• Assess claimant's rehabilitation & return to work potential • Make recommendations for rehabilitation • Persuade stakeholders on benefits of rehabilitation • Formulate rehabilitation plan • Refer to service providers • Facilitate implementation • Monitor progress • Educate occupational health teams on rehabilitation • Facilitate job re-integration	• No significant change in future role
CONSULTING WITH EMPLOYER	
• Educate the employer on prevention, disability management & rehabilitation • Consult with employer to facilitate claimant's return to work • Negotiate job accommodations	In addition to current role, • Assist employers to develop disability management strategies • Consult on disability claims • Perform work-site assessments on commencement of insurance

PRODUCT & SERVICE DEVELOPMENT	

• Assist to:
  • Identify client needs
  • Design insurance products related to rehabilitation
	In addition to current role:
	• Assist in strategic planning related to disability management
	• Team work with all role-players

EDUCATION	

• Currently, this role is not emphasised	• Education of:
	  • Employer, union & occupational health team on group insurance, labour legislation & disability management
	  • Claims assessors with no formal medical training
	  • Occupational therapists outside the insurance industry

PREVENTION	
• Currently, this role is not emphasised	• Prevention of and, earlier identification & intervention in potential claims
OTHER	
• Marketing the role of the occupational therapist in the insurance industry • Continued professional development	• No significant change in future role

From the comparison it appears that the occupational therapist's role could broaden in the future and involve the following:

- strategic disability management planning within the group life insurance industry,
- consulting with the employer to develop disability management strategies,
- educating the other role players on disability management,
- developing a network of experts specifically trained in impairment assessment and disability management and,
- pro-active claims management including early intervention and prevention.

Questions surrounding the occupational therapist's future role that need to be asked include:

- How realistic is this future role in the South African context?
- How appropriate is it for occupational therapists to perform this role?
- How are occupational therapists going to perform this role?
- What additional training is required?

These questions will be considered in the following discussion.

6.5 THE FUTURE GROUP ASSURANCE DISABILITY CLAIMS ARENA

6.5.1 THE LIKELY FUTURE ARENA

Based on the research, the future group life insurance / disability claims arena may be characterised by the following:

- the cost of employee benefit plans is likely to continue to rise, placing employers under pressure to review the structure of and their contribution to the benefit plans,
- the group insurers will be increasingly challenged to provide competitive benefits at a competitive premium and,
- the incidence of disability claims will remain high in view of the volatility of the South African emerging market economy, HIV/AIDS and the high proportion of manual labourers and semi-skilled workers in the formal employment sector.

At the same time the consensus response amongst the panel members indicated that:

- the employer's compliance with the new labour legislation with regards to the employment and accommodation of people with disabilities will improve,

- group insurance policies and procedures will promote prevention and early intervention in disability claims,
- insurers will have more direct contact with employers and,
- specific training for independent experts in impairment evaluations for the insurance industry will be developed.

6.5.2 THE IMPACT OF A HIGH DISABILITY CLAIMS INCIDENCE

To understand how the occupational therapist's role in the group insurance industry may evolve in the future, it is important to explore the importance of claims management and the effect that a high claims incidence has on the employer and the insurer (refer to *Figure 6*).

Insurance premiums are in part based on claims experience. Thus, poor claims experience in any one year will have an effect of the employer's premium in the following year. Employers currently make use of two options to try to contain the insurance premium:

- reduce the level of the employee benefits or
- change to an insurer that will charge a cheaper premium

These two options have disadvantages and most notably, neither option provides a long-term solution to the underlying cause, namely a high claims incidence. One variable in the disability claims equation that could change to the benefit of the employer, the insurer and the employee is the extent to

which all the role players prevent/manage disability. From the research, it is clear that this variable is not being used optimally and pro-actively enough.

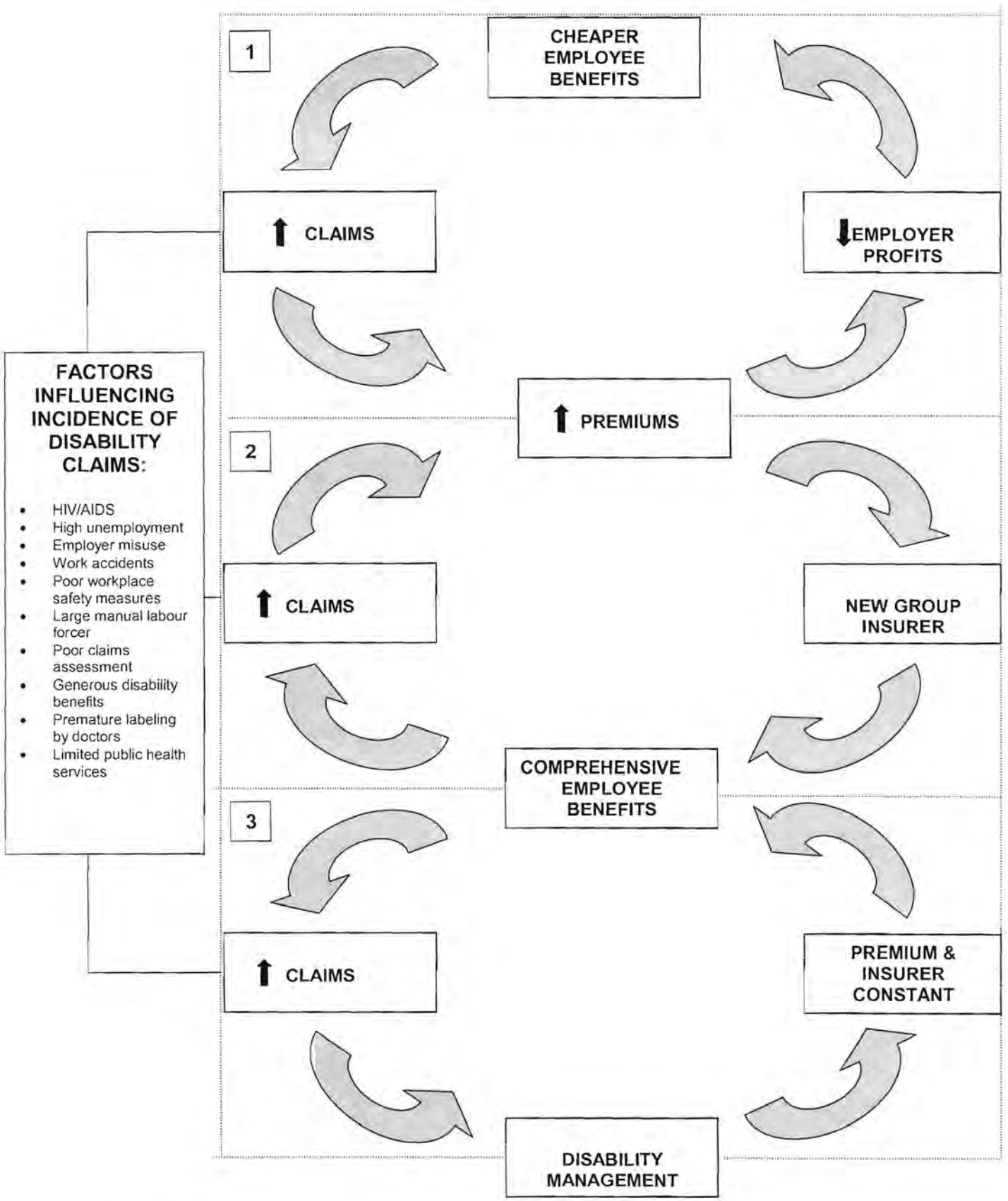

Figure 6: The impact of a high disability claims incidence

6.5.3 FROM CLAIMS MANAGEMENT TO DISABILITY MANAGEMENT

The research and the literature reviewed in *Chapter 2.4* highlight the need for:

- a move away from hospital based rehabilitation to workplace based interventions and
- interventions incorporating preventative measures as well.

The more pro-active approach has yielded significant cost savings in the USA[9,51]. It is apparent from the research that the traditional reactive methods of disability claims management in group insurance in South Africa are not as effective as they could be. The need for insurers and employers to develop workplace based disability management strategies is highlighted by the increasing:

- incidence of disability claims,
- competition in group insurance,
- economic volatility and
- awareness of employees of the employers' legal obligations. (Refer to *Figure 6*).

A question that could be asked is why insurers and employers have not done this already. There are a number of possible reasons for this:

- the insurer has traditionally not had a direct relationship with the employer,

- the employer has been of the opinion that disability management is the insurer's problem,
- neither the insurer nor the employer think they have the necessary expertise for disability management,
- neither the insurer nor the employer understand the concept of disability management and,
- there is a lack of statistics or literature to demonstrate the effectiveness of disability management interventions in South Africa.

From the research it appears that, with the current employment of occupational therapists, the group assurers already have the necessary expertise to begin to facilitate workplace based disability management strategies. The group assurers should be encouraged to research the difference that these strategies make. From the literature reviewed, workplace based disability management could yield more profitable and lasting business relationships between the group assurers and employers.

6.6 OCCUPATIONAL THERAPY AND DISABILITY MANAGEMENT

6.6.1 A NEW CHALLENGE FOR OCCUPATIONAL THERAPISTS IN THE SOUTH AFRICAN GROUP INSURANCE INDUSTRY

The occupational therapist's future role in the South African group insurance industry (as discussed in *Chapter 6.4.1*) is closely aligned with Shrey's[51] concept of disability management, discussed in the literature review (refer to *Chapter 2.4*). Disability management as defined by Shrey[51] presents an exciting new dimension to the scope of practice of occupational therapists in disability claims management. It advocates a more pro-active and holistic approach with the potential for significant cost savings for the employer and insurer.

Several questions were posed in *Chapter 6.4.1* by the researcher with regards to the future role of the occupational therapist, which we will be discussed hereunder:

- One question asked how realistic the future role identified in the research was in the South African context. The consensus responses indicated that trends towards broader disability management in the workplace are likely to develop in the future. The preceding discussion highlights that the facilitation of disability management in the

workplace by the group insurance industry could have a significant impact on business and profits. The insurer already has access to the necessary expertise, namely the occupational therapists they employ.

- With regard to the appropriateness of occupational therapists performing this future role, occupational therapists employed in the group life assurance industry are ideally positioned to bridge the gap between the insurer and the employer, and to facilitate the formulation and implementation of disability management strategies in the workplace. The occupational therapists' training in the assessment and treatment of impairment/disability, the study of occupation, and their growing knowledge and experience of the group life insurance industry provides the necessary background for their performance of a new and vital role in disability management. Being the largest group of allied health professionals employed by the group insurers in South Africa, occupational therapists are also ideally placed to perform this role in the insurance industry.

- Another question related to how this role will be performed. Occupational therapists in group insurance need to prepare for the successful development of their future role by considering the following:
    - their knowledge and understanding of the concept of workplace based disability management and of the three components of a

disability management strategy as identified by Shrey[51] (refer to *Figure 2* in *Chapter 2.4*),

- their understanding of the functions performed by role players in the workplace such as the occupational health team and human resource personnel,
- their skills to educate, consult and network with all the role players,
- their ability to market their skills and expertise and,
- the need to research and document interventions.

- The final question related to the training required for occupational therapists to perform the future role identified in the research, which will be discussed in *Chapter 6.6.3*.

6.6.2 A NEW CHALLENGE FOR OCCUPATIONAL THERAPISTS' OUTSIDE THE GROUP ASSURANCE INDUSTRY IN SOUTH AFRICA

From the research it appears that the role of the occupational therapist outside the insurance industry is likely to expand into the field of disability management as well, in the following areas:

- consultation in employment related areas, on vocational rights and rehabilitation
- services to assist the employer's compliance with the new labour legislation
- independent disability claims assessment services
- case management
- services specialising in vocational rehabilitation

These roles are also well aligned with international trends in workplace based disability management as discussed in the literature review (refer to *Chapter 2.4*). The paradigm shift from traditional rehabilitation services to workplace based intervention and prevention poses an exciting challenge for occupational therapists outside the insurance industry. Workplace based Interventions such as those referred to by Innes[14] and depicted in *Figure 1* of *Chapter 2.4* could become a reality for occupational therapists in South Africa.

Currently however, it appears from the research that on the one hand, vocational rehabilitation services are under-utilised in South Africa. The research highlights a number of possible reasons for this:

- a lack of adequate service providers – the emphasis appears to be on the word 'adequate'. There may be several service providers but there services may not be perceived as satisfactory or appropriate,
- a lack of rehabilitation incentives for disability claimants – claimants are generally not motivated to undergo rehabilitation,
- a lack of re-deployment opportunities,
- a lack of training / re-training facilities and,
- a lack of follow-up by the insurer of the occupational therapists' recommendations for rehabilitation.

After reviewing the outcome of 36 work-hardening programs in the USA, Niemeyer et al[67] found that the strongest variable affecting the return to work of employees was the length of the disability, measured either as the time since the date of the injury or the date last worked. They concluded however, that there is lack of good outcome research to support interventions such as work-hardening programmes and to demonstrate that early intensive rehabilitation of those identified at risk can prevent disability.

Some prospective studies show that early rehabilitation programmes for employees with lower back pathology have been effective in returning

these employees back to work[68-9]. Furthermore, vocational rehabilitation and working on a trial basis appears to have a significant positive impact on employment after rehabilitation[70]. The researcher, however, found no literature on the effectiveness of vocational rehabilitation amongst ill or injured South African employees to facilitate their return to work. Solid research conducted in a South African context could facilitate the greater utilisation by insurers and employers of vocational rehabilitation services offered by occupational therapists.

6.6.3 ADDITIONAL KNOWLEDGE AND SKILLS REQUIRED

The research has identified areas of additional knowledge and skills required by occupational therapists for the performance of a future role in disability management (refer to *Table XIII*). The skill and knowledge requirements could be incorporated in curricula on a broad level at an undergraduate level and in detail on a post-graduate level. The former would facilitate the adaptation of recently qualified occupational therapists to the new arena of group insurance and disability management. The latter would assist occupational therapists inside and outside of the insurance industry to move into the disability management arena.

Table XIII: Skills and knowledge required by occupational therapists in group insurance for the future

KNOWLEDGE	
INSURANCE	• Insurance contracts & products • Labour legislation • Claims assessment • Claims management • Role players including employer/employee
MEDICINE	• Medical conditions • Medical treatment • Pharmacology • Physiology
DISABILITY MANAGEMENT	• In relation to the group life insurance industry • Implications of labour legislation
OTHER	• Up-dated on new trends • HIV/AIDS & impact in workplace & on employee benefits
SKILLS	
INTERPERSONAL	• Communication • Networking • Counselling
HIGHER COGNITIVE	• Problem solving • Interpretative skills • Lateral thinking
CLINICAL	• Assessment techniques • Vocational counselling • Accommodation strategies • Transitional work programmes • Clinical reasoning
OTHER	• Medico-legal report writing • Management of impact of HIV/AIDS in workplace & on employee benefits • Occupational health

6.6.4 THE NEED FOR RESEARCH

From the preceding discussion of the occupational therapists' future role in disability management, it is apparent that the need for research on several levels is crucial. The research should be used to market the profession, particularly to the insurers' and employers' financial managers, to support and justify occupational therapy interventions in the workplace. The research would also facilitate the continuing education of occupational therapists and the other role players in the group assurance arena on disability management issues.

The following research is suggested:

- Research to gain further knowledge and insight in the fields of occupational therapy, group insurance and disability management. Examples include:
    - researching the prevalence of premature recommendations for 'medical boarding' by the medical profession,
    - researching the prevalence of employer non-compliance with the Labour Relations Act: Code of Good Practice and,

- comparing the recommendations made in occupational therapy reports on disability claimants and the final decisions made by the insurer.

- Research to critically evaluate interventions and services, so that service delivery is improved and interventions are more effective. For example:
    - case studies to gain insight into the nature and complexities of early intervention/prevention strategies in the workplace, and of the assessment/management of disability claimants with lower back pain, cardiac or psychiatric conditions and,
    - over time the results of return to work strategies including rehabilitation, re-training, workplace accommodations and alternative job placements, should be well documented and compared in a consistent and objective manner.

- Research for curriculum development at under and post-graduate levels related to the occupational therapists' role in the insurance industry. Examples include:
    - researching the training needs of occupational therapists in the insurance industry to guide the type of material to be covered in post-graduate courses and,

- researching the knowledge and skills required of occupational therapists in the insurance industry to guide training at an under-graduate level.

CHAPTER SEVEN: CONCLUSION

CONTENTS:

7 CONCLUSION

7.1 CONCLUSIONS

The research has highlighted that the current role and work environment of the occupational therapist in group insurance is fundamentally different to the traditional role performed by the occupational therapist in the public health sector. The main role currently performed by the occupational therapist in group insurance is related to the assessment and management disability claims. Clinical treatment is not performed by these occupational therapists and there are several differences between the patients treated by occupational therapists in the public health sector and the ill or injured person who is claiming disability benefits from the group insurer.

Insight into the complexities of the current group insurance disability claims arena, as characterised by the different role players, the claims process, and the dilemma related to the employment of people with disabilities is crucial to understand the challenges faced by the occupational therapists employed in this sector. The future group insurance disability claims arena is likely to be even more complex as the full impact of HIV/AIDS is realised and as the group insurance industry becomes increasingly more competitive. A competitive edge for group insurers lies in addressing the

impact of a high incidence of disability claims through a more pro-active approach.

A future role for occupational therapists in group insurance has been identified in the research with regards to:

- strategic disability management planning,
- educating role players on disability management,
- managing disability claims more pro-actively with early intervention and prevention and,
- developing a network of experts in impairment assessment/disability management.

By making full use of the services of the occupational therapists in their employ group insurers have the potential to yield more profitable and lasting business relationships with employers.

Occupational therapists outside the insurance industry will also face the exciting challenge of workplace based disability management in the future. The research has highlighted the likely expansion of their role to include consultation on vocational rights and rehabilitation, services to assist the employer's compliance with the new labour legislation, independent

disability claims assessment services, case management and services specialising in vocational rehabilitation.

It is important to note that the results of the research will not be able to be generalised as the small sample of panel members who took part in the research cannot be considered to be representative of all the experts in the field of disability management. However, care was taken to remove researcher bias in the selection process and to select panel members from all over South Africa.

7.2 RECOMMENDATIONS

Although occupational therapists employed in the group life insurance industry are currently trying to adapt to a new professional role, the effectiveness of this role in the broader context of disability management is starting to be challenged by experts in this field. In order to secure a professional future in the new field of group insurance, occupational therapists need to evaluate their current role and determine a relevant future plan for the development of this role. The research has implications for the development of the future role of the occupational therapist outside the insurance industry as well.

The challenge is for the occupational therapists to equip themselves with the necessary additional skills and knowledge, to market their abilities, and to educate insurers and employers on the benefits of the more pro-active disability management approach. It is therefore necessary for the academic institutions to include topics such as group insurance, claims assessment and management, and disability management, and to teach the clinical skills for workplace based disability management in the curriculum at an under and post-graduate level.

The need for research, the documenting of results and marketing of successes will also be vital in assisting the profession to meet the future challenge of workplace based disability management.