
The Impact of Skills Training on the Burnout and Distress of Employment Service Case Managers

RICHARD GODDARD

Queensland University of Technology, Kelvin Grove, Australia

PETER CREED

Griffith University, Brisbane, Australia

WENDY PATTON

Queensland University of Technology, Kelvin Grove, Australia

ABSTRACT This study investigated the impact of formal skills training on levels of burnout and psychological distress in a sample of Australian case managers who work with long-term unemployed people. Eighty-six case managers responded to a mail survey that included the Maslach Burnout Inventory ([MBI] Maslach et al, 1996), the 12-item General Health Questionnaire ([GHQ-12] Goldberg, 1978), and the short form of the revised Eysenck Personality Questionnaire ([EPQ-R/s] Eysenck & Eysenck, 1991). Case managers were also asked a series of demographic questions including details of skills training undertaken. Two-thirds of respondents indicated they had not undertaken any formal programme of skills training relevant to their current duties. A between-subjects MANOVA indicated that those case managers who had received formal skills training reported significantly lower levels of burnout on all MBI subscales, and reported significantly lower levels of distress on the GHQ-12 than those who had not received formal skills training. When the influence of the personality variable neuroticism was discounted, much of the hypothesised effect of formal skills training disappeared.

The general focus of this study is on the state of burnout and psychological well-being of Australian personnel who deliver employment services to the unemployed. In particular, the question of whether participation in formal skills training influences either burnout or well-being being reported by case managers was considered. The investigation

reported here was part of a programme of field research investigating burnout and well-being in case managers delivering intensive assistance to unemployed Australians in 1999. Like much research that is required to evaluate programme effectiveness, the present study was conducted *in situ* and did not have the opportunity to manipulate variables experimentally.

Burnout and its Consequences

Building on Hans Selye's (1967) three-stage general adaptation response to stressful stimuli, which is the alarm, resistance and exhaustion trilogy, burnout is usually equated to the last phase of exhaustion, and the consequential depletion of physiological and psychological resources that occurs when an individual continually fails to adapt positively to chronic stress. Thus, the commonly held view is that burnout is a unique and tragic end point in a long-term response to ongoing stressors, viz job stress, resulting from frequent, and usually intense interactions between staff and their clients (Cordes & Dougherty, 1993; Lee & Ashforth, 1996; Maslach & Goldberg, 1998). Today, the most widely accepted definition of burnout stems from Maslach's assertion that burnout is '... a three dimensional syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that occurs among individuals who work with people in some helping capacity' (Maslach, 1982, p. 3).

Based on a substantial research history spanning the past three decades, several major conclusions about burnout have been accepted. First, it is well accepted that the experience of burnout is associated with debilitating physical symptoms that, over time, lead to significant reductions in health and well-being (see Cordes & Dougherty, 1993, and Kahill, 1988, for comprehensive reports of the health consequences of burnout). Secondly, it is also increasingly accepted that burnout has a detrimental impact on the quality of service that is delivered by the organisations employing workers who are burnt out (Cherniss, 1995; Maslach & Leiter, 1997; Maslach & Goldberg, 1998). Indeed, research into burnout has long been recognised as being particularly germane to the principles of both effective personnel management and evaluations of the efficiency and quality of service delivery in organisations employing human service workers (Beehr & Newman, 1978; Maslach & Goldberg, 1998; Spector et al, 1988).

Australia's Job Network

This research was conducted following a time of great change in the way employment services were delivered in Australia. Historically, employment services in this country had been delivered directly by the Australian Federal Government through a national employment agency,

the Commonwealth Employment Service (CES). In response to high unemployment rates and the prevailing mood of economic rationalisation of public expenditures, successive Australian Federal Governments progressively privatised the delivery of services to the unemployed during the 1990s.

The resulting national employment service (the Job Network) is now comprised of several hundred welfare, community and private sector organisations operating in competition with each other to assist the unemployed into open employment. At the commencement of 1999, the Job Network included 150 different organisations offering intensive assistance case management across 842 separate sites to more than 240,000 long-term unemployed Australians seeking full-time employment (Australian Bureau of Statistics, 1999). At the time this survey was undertaken, the fully privatised national employment service described above had been operating for just 8 months.

The Present Study

This study has focused upon the influence that skills training might have on case manager reports of their well-being and burnout. Using a survey methodology, the Maslach Burnout Inventory ([MBI] Maslach et al, 1996), the 12-item General Health Questionnaire ([GHQ-12] Goldberg, 1978), and the revised short form of the Eysenck Personality Questionnaire ([EPG-R/s] Eysenck & Eysenck, 1991) were administered to Australian case managers operating from different locations throughout Australia. The skills training history of case managers involved in the present study was measured by asking case managers if they had, prior to the time they were surveyed, undertaken any formal skills training course that had any relevance to their current case manager duties. Given the multifaceted nature of the case manager role (Goddard & Patton, 1998), and the positive contributions that role competence and reduced role conflict could be expected to make to case manager well-being, it was hypothesised that case managers who had undertaken formal skill training would, on average, have significantly lower GHQ-12 Likert scores, corresponding to a lower distress level, than the group of case managers who indicate that they have not undertaken such training (Hypothesis 1).

Furthermore, as skills training may be conceptualised as the acquisition of skills and information that facilitates the optimal use of resources, both internal and external, a history of skills training could be expected to ameliorate burnout levels on all three subscales of the MBI. A lack of external resources has already been linked with higher burnout levels on the Personal Accomplishment (PA) subscale of the MBI (Maslach et al, 1996; Maslach & Leiter, 1997; Maslach & Goldberg, 1998), therefore this study predicted that case managers who reported having undertaken any relevant skills training would also report significantly

higher mean PA scores than case managers who had not had the benefit of formal skills training (Hypothesis 2). Similarly, a lack of internal resources has been linked with higher levels of burnout on the Emotional Exhaustion (EE) and Depersonalisation (DP) subscales of the MBI (Maslach et al, 1996). Therefore, as formal skills training may also positively influence the internal resources of case managers, for example, by facilitating a sense of confidence and competence within their interpersonal transactions, the present study predicted that case managers who reported having undertaken relevant skills training would also report significantly lower mean EE (Hypothesis 3) and lower mean DP (Hypothesis 4) scores than mean scores for case managers who have not had the benefit of formal skills training.

Finally, as the personality trait neuroticism has been repeatedly identified as a potential source of bias in symptom reporting in self report surveys of well-being (Costa & McCrae, 1987; McCrae, 1990; Moyle, 1995) and burnout (Piedmont, 1993; Iverson et al, 1998), a well accepted measure of neuroticism was included in the present investigation. Watson & Clarke (1984) have succinctly described this widely accepted stable personality trait as 'the disposition to experience negative emotional states' (p. 465). Therefore, the inclusion of the neuroticism subscale from the EPQ-R/s allowed the results of the present study to be re-analysed in a manner that systematically controlled for the potential influence that the disposition to view experiences negatively might have on the reporting patterns of case managers on the dependent variables investigated. It was hypothesised that, when the effect of neuroticism was controlled for, the amount of variance in each of the remaining dependent variables that could be explained by training history would be reduced.

Methods

Participants

Participants were 86 case managers employed by job placement organisations that constituted the national employment service in Australian (the Job Network). The sample was drawn from a number of job placement agencies across every State of Australia. The average age of participants was 38 years (SD = 9.70). They had been employed for approximately 29.4 months (SD = 25.45) as case managers, and had an average caseload of 132 unemployed clients. Fifty-six (65%) of the case managers surveyed were female, which reflects the gender proportions typically found in this industry. Twenty-nine (35%) indicated that they had undertaken formal skills training pertinent to their case management duties, while 56 (65%) indicated that they had not received formal skills training. One respondent failed to answer this question.

Instruments

Burnout. Burnout was measured by using the Human Services Survey version of the MBI (Maslach et al, 1996). This is a 22-item self-report instrument described in the literature as 'the most widely used operationalization of burnout' (Lee & Ashforth, 1996, p. 124). The MBI consists of three subscales: Emotional Exhaustion (EE: sample item, 'I feel emotionally drained from my work'), Depersonalisation (DP: 'I feel I treat some of my clients as if they were impersonal objects') and Personal Accomplishment (PA: 'I feel I am positively influencing other people's lives through my work'). Participants responded on a seven-point rating scale, ranging from 'never' (0) to 'every day' (6). High scores on the EE and DP subscales, and low scores on the PA subscale are characteristic of burnout. Reliability coefficients published in the technical manual were 0.90 for EE, 0.79 for DP and 0.71 for PA (Maslach et al, 1996). In the present study, the corresponding reliability coefficients were 0.88 for EE, 0.72 for DP and 0.70 for PA.

Psychological well-being. Well-being was assessed using the 12-item GHQ-12 (Goldberg, 1978). This is a self-administered, point in time, screening test designed to detect minor psychiatric disorders. The GHQ-12 has been recommended for use in occupational settings, and has been used in a variety of occupational and community settings as a screening measure for psychological ill-health (see Banks et al, 1980). The GHQ-12 asks respondents to report how they felt recently on a range of variables, including cognitive processing, self-esteem, anxiety and depression, on a four-point scale, using endpoints of 'better than usual' to 'much less than usual'. A sample item is, 'Have you recently been able to concentrate on whatever you're doing?' Two methods of scoring the GHQ-12 are possible, the binary method and the Likert method. The Likert method was utilised in this study. The Likert method scores the four-point scale as 0-1-2-3, such that higher scores correspond to increasing psychological pathology. Goldberg & Williams (1988) have published an extensive presentation of the psychometric properties of the GHQ-12, which are more than satisfactory. Mean internal reliability consistency reported in the manual was 0.85. The internal reliability co-efficient calculated in the present study was 0.92.

Neuroticism. This personality dimension was measured by administering the 12-item short version of the neuroticism subscale of the EPQ-R/s (Eysenck & Eysenck, 1991). This subscale of the EPQ-R/s requires respondents to make yes/no decisions on items describing behaviours or responses typical of this dimension. A sample item is, 'Are your feelings easily hurt?' The technical manual reports reliability coefficients for this subscale as 0.88 for males and 0.85 for females (Eysenck & Eysenck,

1991). The validity of this instrument is discussed in the manual (Eysenck & Eysenck, 1991) with reference to 40 years of development, and a large number of psychometric and experimental studies involving the Eysenck Personality Scales, and was considered satisfactory. In this study, an internal co-efficient of 0.78 was calculated for males and 0.82 for females.

Procedure

A sample of Job Network agencies was initially contacted via mail to secure participation in the project. Following this agreement, questionnaires containing the MBI, GHQ-12, EPQ-R/s (Neuroticism) and asking for demographic information, were forwarded to be completed by individual staff members. Reply paid envelopes were included with the survey so that completed forms could be returned directly to the researchers.

Results

Summary Data

Summary scores for the total sample of case managers on the MBI, GHQ-12 and neuroticism are presented in Table I.

Variables	<i>N</i>	<i>M</i>	<i>SD</i>
MBI-Emotional Exhaustion	86	22.31	10.03
MBI-Depersonalisation	86	8.05	5.56
MBI-Personal Accomplishment	86	37.35	5.88
GHQ-12 (Likert scoring)	86	12.35	6.53
EPQ-R/s (Neuroticism)	85*	4.23	2.96

*One participant failed to complete this scale.

Table I. Summary data for total sample on MBI, GHQ-12 and EPQ-R/s (Neuroticism).

Using one-sample *t*-tests, mean case manager MBI subscale scores were compared with normative data reported by Maslach et al (1996) developed from a large sample ($n = 11,067$) of human service workers encompassing several occupational groupings. The mean case manager PA score was found to be significantly different from the norm ($t(85) = 4.37$, $p < .001$), indicating a lower burnout level. No differences were indicated for EE and DP. For GHQ-12 scores, the mean for case managers (Likert scoring method) did not differ from levels reported for hospital- and community-based mental health staff (Prosser et al, 1996), and the unemployed themselves (Winefield et al, 1991). For EPQ-R/s

(Neuroticism), case manager scores did not differ significantly from normative data supplied in the technical manual (Eysenck & Eysenck, 1991). The evidence here is that this sample of case managers differed little on the MBI from workers in comparable jobs and did not differ in comparisons with other distressed samples for the GHQ-12. The sample as a whole did not vary on personality when contrasted with normative data.

Effect of Skills Training on Burnout and Psychological Distress

First, a series of independent *t*-tests and chi-square tests was used to determine whether the group with formal skills training differed from the group with no formal skills training on the demographic and workload variables of age, gender, length of employment and caseload. No significant differences were identified.

Secondly, to test for the impact of formal skills training on levels of burnout and psychological distress, a 2×1 between-subjects multivariate analysis of variance was performed. The MBI subscales scores (EE, DP and PA) and the GHQ-12 (Likert scoring) acted as dependent variables, and the two levels of training (formal training and no formal training) acted as the independent variables.

A significant multivariate effect was identified for the different training histories ($F(4, 80) = 3.23, P < 0.05$). Univariate analyses of variance indicated significant main effects in the hypothesised direction for skills training for all dependent variables, indicating, as hypothesised, that those with formal training reported significantly less feelings of EE and DP, significantly more feelings of PA, and significantly less psychological distress (GHQ-12). Summary data are reported in Table II.

Impact of Neuroticism on Observations of Burnout and Psychological Distress

To test for the effects of neuroticism on burnout and psychological distress for case managers with and without formal training, the above 2×1 between-subjects multivariate ANOVA was repeated with neuroticism included as a covariate. In this analysis, a significant multivariate effect was not identified for the different training histories ($F(4, 78) = 1.76, P > 0.05$). As separate hypotheses had been specified, it was appropriate for univariate ANOVAs controlling for neuroticism to be conducted for each dependent variable. Univariate analyses indicated significant main effects in the hypothesised direction for skills training on only one dependent variable, that of PA ($F(1, 83) = 5.26, P < 0.05$). This analysis indicated that neuroticism had acted to modify the relationship between formal skills training and the dependent variables to such an extent that at least three

of the four significant observations made earlier could be explained by the effect of neuroticism on reported levels of MBI and GHQ-12.

Variables	With training		Without training		Test of difference
	(n = 29)		(n = 56)‡		
	M	SD	M	SD	F
Emotional exhaustion	19.66	9.43	23.82	10.16	3.37*
Depersonalisation	6.03	5.29	9.11	5.49	6.13**
Personal accomplishment	39.72	4.36	35.96	6.12	8.64**
GHQ-12 (Likert scoring)	10.38	5.23	13.57	6.78	4.90*
EPQ-R/s (Neuroticism)	3.28	2.71	5.29	3.04	9.00**

* $P < 0.05$; ** $P < 0.01$.

‡One participant did not complete the neuroticism subscale

Table II. Summary data for case managers with and without formal skills training. Note: $n = 85$, 1-tail significance, one participant did not indicate training history.

Discussion

The Influence of Skills Training on Case Manager Burnout and Distress

While the investigation of the cause(s) for the levels of pathology observed in the present study was beyond the scope of this research programme and is only properly dealt with by prospective methodologies, the relationship between a history of formal skills training and case manager distress levels was a major focus of this investigation. In particular, this study had hypothesised that appropriate skills training would be empowering to case managers and, therefore, would be associated with lower burnout levels and higher levels of well-being. It was suggested that by imparting skills and knowledge directly relevant to the case management role in an employment service context, case manager access to resources, both internal and external, would be enhanced and, consequently, case manager burnout and well-being would be favourably influenced.

Support for the hypotheses proposed at the outset of the present study was found. The one-third of case managers who reported having undertaking formal case manager skills training reported MBI scores corresponding to significantly lower burnout levels than the untrained case manager cohort. Furthermore, the observation that case managers

who reported having undertaken skills training also had a significantly lower mean GHQ-12 Likert score, corresponding to lower psychological distress, was also as hypothesised and could be interpreted as added support for the observations involving the MBI. In view of the considerable role complexity that is involved in delivering services to the long-term unemployed through a case management strategy (Goddard & Patton, 1998), this result was not surprising. Perhaps the most surprising element of the initial evaluation was the relative proportion of case managers who reported that they were engaged in the complex role of case management without the benefit of formal skills training.

While the results appear to be highly consistent with the conclusion that skills training has a significant influence on case manager burnout and well-being, the methodology employed by the present study, although appropriate for field research, precludes drawing such a firm conclusion from this data alone. Indeed, the absence of a significant effect for training on any dependent variable after neuroticism had been entered as a covariate in the MANOVA indicated that neuroticism had, indeed, acted to modify the observed relationship between training history and burnout. The *post-hoc* finding that those who reported having undertaken relevant skills training also scored significantly lower on the neuroticism subscale provides an alternative explanation for the differences observed, that is they are potentially the result of differing neuroticism levels, rather than the result of differing training histories as hypothesised.

Therefore, while the hypotheses of the present study were supported, the subsequent evaluation of the influence of the personality trait neuroticism suggests that only on the PA subscale can the results be taken to suggest a relationship between skills training and burnout. While such a finding is consistent with current understanding of PA as a dimension of burnout that is independent of EE and DP (Leiter, 1993; Maslach & Goldberg, 1998), prudence demands that the hypothesised relationship is replicated in other studies, with perhaps the inclusion of other personality traits, before it is accepted.

Implications for Future Research

The present study makes clear the usefulness of including a measure of neuroticism or similar, if not identical measure, Negative Affectivity (Costa & McCrae, 1987) in cross-sectional studies seeking to investigate the potential benefits of skills training. Given the ability of neuroticism to account for variance in MBI subscales and GHQ-12 Likert scores in this study, there is a strong argument to include neuroticism in all future studies that do not control for neuroticism through a methodology that is both prospective and which includes the random allocation of participants to categories. Furthermore, given that these results are

consistent with results presented by other burnout researchers (Piedmont, 1993; Iverson et al, 1998; Zellars et al, 1999) the present study not only adds to the literature demonstrating an association between MBI subscales and neuroticism found in other occupational groups, it reinforces the call for neuroticism to be routinely included in all investigations of burnout utilising a self-report survey methodology. The results presented here give every reason to extend to burnout researchers the warnings and advice published by Watson & Clarke (1984) and Brief et al (1988), and the later exhortation by McCrae (1990), to always include a measure of neuroticism or negative affectivity in studies of job stress.

The finding that case manager respondents who had undertaken formal skills training also had significantly lower scores on the neuroticism subscale than those respondents who indicated that they had not undertaken a formal skills training programme is particularly intriguing, particularly as it raises questions about the influence that a stable personality trait might have on how case managers are selected into training programmes. It may be that a low neuroticism level influences a worker's perception of formal training in a manner that results in the worker being more favourably disposed to and available for formal skills training programmes.

Correspondence

Richard Goddard, School of Learning and Development,
Queensland University of Technology, Victoria Park Road, Kelvin Grove,
Queensland 4059, Australia (r.goddard@qut.edu.au).

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