

# Stress and Burnout Among Rehabilitation Counsellors Within the Context of Insurance-Based Rehabilitation: An Institutional-Level Analysis

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Work stress and burnout are common problems in rehabilitation services. Usually, attempts to account for stress and burnout focus on the qualities of the individual and the demands of the organisational environment. However, the current paper has responded to recent demands in the occupational stress literature to examine burnout from a third perspective, namely the institutional level. This level of analysis transcends the boundaries of organisations and can be defined by the various political, economic, social and legal constraints that characterise a broad area. It is argued that the rapid growth of insurance-based rehabilitation in Australia has created a unique institutional context that has significant implications for the development of stress and burnout among rehabilitation counsellors. Rehabilitation counsellors in this context face a diverse array of conflicting demands within a system that often does not support the goals of rehabilitation. It is proposed that the development of strategies to reduce stress and burnout in this area would benefit from an institutional-level analysis. While individualised stress management training clearly has a role in the minimisation of stress and burnout, it is proposed in the current paper that this issue has human resource management and educational implications that must be addressed.

Work stress and burnout are extremely common in the human services (Inglehart, 1990; Pranger & Brown, 1992; Shulz, Greenley & Brown, 1995), particularly in the area of rehabilitation (Flett, Biggs & Alpass, 1995). In terms of the factors that contribute to burnout, most research has focused on two major dimensions, namely the individual worker and the organisational environment. For instance, at the individual level, stress and coping models (e.g., Lazarus & Folkman, 1984) suggest that burnout can be predicted with reference to particular characteristics of the employee that either buffer them against the effects of stress or increase their vulnerability. While these models have been useful in that they can account for a great deal of individual variation in the development of burnout, a second line of research has focused heavily on the role of organisational factors. Specifically, it has been acknowledged that, irrespective of counsellor characteristics, particular organisa-

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tional demands are more likely to engender burnout than others (Ursprung, 1986). Unfortunately, rehabilitation and disability service organisations are usually characterised by extremely stressful work environments as a result of excessive workloads, lack of role clarity and the inability to participate in decision making (Arches, 1991; Jones, Fletcher & Ibbetson, 1991; Roessler & Rubin, 1992; Ursprung, 1986).

While these individual and organisational lines of research have been fruitful, some researchers have called for the investigation of burnout at an institutional level (Cherniss, 1991). This demand for macro-level analysis has been based on the premise that workers in particular contextual settings are likely to be more susceptible to burnout than others, irrespective of their own characteristics or the nature of their specific organisational environment. Although the general rehabilitation context has already been identified as a stressful work setting (Flett et al., 1995), it has been further complicated by the growth of insurance-based rehabilitation in most Australian states since the 1980's as a result of the legislative provision for rehabilitation in workers' compensation and motor accident schemes. A considerable body of evidence has indicated that the ideosyncratic characteristics of insurance-based rehabilitation represent a unique source of stress for rehabilitation counsellors. Indeed, researchers have suggested that analysing stress and turnover as a function of different contextual segments of the rehabilitation sector may enable preventative strategies to be identified (Schmidt, Riggat, Crimando & Bordieri, 1992). Further, it has been claimed that human service workers who understand and appreciate the contextual stressors they confront, can become more proactive at this level (Jones & May, 1995), and therefore, more able to manage their own well-being. These suggestions indicate that an institutional-level analysis of burnout would be highly relevant in the current rehabilitation context.

Consequently, the purpose of the current paper is to examine the institutional rehabilitation context that is created by insurance-based schemes as it relates to stress and burnout among rehabilitation counsellors. An attempt will be made to identify the institutional stressors that are relevant to insurance-based rehabilitation and to incorporate this level of analysis into a more traditional approach for predicting burnout in rehabilitation settings. Finally, the current paper will explore some potential strategies for addressing stress and burnout, with particular emphasis on the implications of institutional-level stress for human resource management and the education of rehabilitation counsellors.

## **Stress and Burnout among Rehabilitation Providers**

Burnout is defined as a state of physical and emotional exhaustion that is specifically related to the workplace (Price & Spence, 1994). In rehabilitation services, stress and burnout have been associated with poor work performance, high levels of absenteeism and frequent staff turnover (Crimando, Riggat & Hansen, 1986; Flett et al., 1995; Matkin & Bauer, 1993; Mitchell, 1994; Roberts, 1987). Although regular staff turnover has been linked to some beneficial effects for organisations (Inglehart, 1990), the process is usually extremely costly (Flett et al., 1995; Jones et al., 1991; Riggat, Hansen & Crimando, 1987).

Working with survivors of traumatic accidents, such as motor vehicle accidents or work-related injuries, has been identified as particularly distressing for rehabilitation workers (Berle, Haver & Karterud, 1994). Workers in this area have reported

problems with performance guilt, overextension, frustration and anger (Stewart & Hodgkinson, 1994). They frequently experience a need to do something in response to such a tragedy but feel helpless (Stewart & Hodgkinson, 1994). The relief that comes from helping in these circumstances can be elating, but can lead to frustration, excessive commitment to work and guilt about perceived inadequacies. Raphael (1986) noted exposure to accident survivors also reminds workers of their own vulnerability. She claimed that the empathic bonds that develop between workers and survivors or their families can result in over-identification and shared anguish.

In support of this conclusion, a study conducted by Stewart and Hodgkinson (1994) found that 99% of human service workers reported that they regularly imagined how they would cope if they were a survivor of a traumatic accident. Similarly, 63% imagined themselves as a family member of an accident survivor. Almost 90% indicated that they ruminated about survivors' experiences and over 60% said that these experiences reminded them of earlier unhappy events in their own lives. In relation to long-term changes, 61% reported that they had developed a heightened sense of vulnerability and mortality as a result of their work with accident survivors. Over 60% of these workers also reported experiencing severe and persistent psychological distress. However, when the actual syndrome of burnout has been studied, variable findings have emerged. For instance, of 120 responses to the Maslach Burnout Inventory, Price and Spence (1994) found that only 17 human service workers exceeded the criteria for moderate to severe burnout. This finding suggests that, although rehabilitation in this area is extremely stressful, it does not necessarily lead to burnout. Consequently, it is necessary to develop models that enable variation in the development of burnout to be predicted and, hopefully, prevented.

## Predicting Burnout

As noted earlier, a great deal of research has examined the impact of worker characteristics, such as self-esteem, coping strategies and social support, on burnout (e.g., Rosse, Boss, Johnson & Crown, 1991; Terry, Callan & Sartori, 1996). Other research has focused exclusively on the demands of the work environment (see Roberts, 1987 for a review). Although the unidimensional approach is a useful starting point, these studies have the potential to identify an extensive number of significant predictors that may not be useful if examined in a multidimensional context (Kendall & Terry, 1996). On the basis of a series of qualitative interviews with new human service workers over the first few years of their careers, Cherniss' (1980) confirmed that burnout was associated with two multidimensional factors, namely the qualities of the individual worker and the demands of the organisational environment. The interaction between these two factors determines the extent to which the individual experiences stress and work dissatisfaction (Schulz, Greenley & Brown, 1995), which then influences the likelihood of burnout (Riggall, Godley & Hafer, 1984).

There is reasonable agreement in the literature about which variables are the most useful predictors of burnout within each of these categories. In terms of the individual characteristics that might protect workers from experiencing burnout even in stressful work environments, most researchers have drawn on models of stress and coping, such as that proposed by Lazarus and Folkman (1984). These

models suggest that individuals who have high levels of self-esteem (Rosse et al., 1991), supportive social networks (Himle, Jayaratne & Thyness, 1991; Jones et al., 1991; Kruger, Bernstein & Botman, 1994) and the belief that they can manage their difficulties successfully (Leiter, 1991) are less likely to experience stress in the workplace.

However, in relation to the demands of the organisational environment, researchers have found that most workers are particularly distressed by a lack of role clarity (Cherniss, 1991), low levels of autonomy (Maslach, 1982) and the inability to be involved in the decisions that affect their work requirements (Schaubroeck & Jennings, 1991). Other more tangible organisational factors that have been associated with work stress include team functioning (Schulz et al., 1995), organisational size (Price & Spence, 1994) and work pressure (Jones et al., 1991). Unfortunately, rehabilitation organisations are likely to be characterised by many of these stressors (Flett et al., 1995).

### **Institutional Predictors of Burnout**

Although individual and organisational factors do predict work stress and burnout, researchers have recently begun to examine the role of the broad institutional context on burnout. Cherniss (1991) defined this institutional context as the bureaucratic structures that contribute to the unique "culture" of an area and, over time, socialise the human service professionals who work within that culture. It has been suggested that the conflicts and pressures that arise as a result of this institutional context may have a greater impact on stress and burnout than any individual or organisational factors (Leiter, 1991).

In describing human service organisations, Jones and May (1995) noted that they do not exist in a vacuum. Indeed, they suggested that the climate or culture within which human service workers must operate is defined by the interaction of five major forces, namely, political, legal, economic, societal and technological. Although these forces are not considered to be inherently stressful, Cherniss (1991) suggested that it is not uncommon for the culture they create to contradict the values that are instilled in human service workers.

An Australian study conducted by Chinnery et al. (1995) has indicated that the institutional level of analysis may be a fruitful avenue for future research into stress and burnout in the rehabilitation sector. Chinnery et al. examined burnout in three different rehabilitation contexts, namely government, private and religious. These researchers found that the most highly stressed rehabilitation counsellors were those employed in government rehabilitation agencies and that the most significant contributor to stress was the existence of "demands that over-ride client needs" (p. 68). Unlike organisational-specific stressors, such as management styles and workloads, which are likely to be unique to particular working environments, the conflict created by the juxtaposition of political or economic demands against the rehabilitation needs of clients is likely to traverse organisational boundaries. In other words, this factor is likely to represent an institutional-level conflict that will pervade all organisations within a particular context (i.e., the government rehabilitation context), even though some organisations within that context may attempt to minimise such pressures and some individual rehabilitation counsellors may be less vulnerable to the deleterious impact of institutional stress.

## The Institution of Insurance-based Rehabilitation

Over the last two decades, the nature of rehabilitation has changed considerably in most industrialised countries (Gilbride, Connolly & Stensrud, 1990; Hawkins, 1993). As a result of legislation in the areas of workers' compensation and motor accident rehabilitation, insurance-based rehabilitation has become a massive industry (Havranek & Brodwin, 1994) that is likely to continue expanding over the next decade (Kilbury et al., 1990). These legislative changes have effectively placed an individualised and humanistic service model (i.e., rehabilitation) within an adversarial framework which is dominated by legal, financial and political debate. Thus, the conflicts and pressures that are already associated with the delivery of rehabilitation are likely to be magnified by the entry of political, financial and legal organisations into the rehabilitation market. Indeed, institutional conflicts, such as those identified by Chinnery et al. (1995), are likely to be more evident in this context than anywhere else in the rehabilitation sector.

For instance, rehabilitation counsellors continually face conflicts created by the fact that they are accountable to large organisations, but professionally, ethically and morally devoted to their clients (Kendall, Buys & Larner, 1996). They must already balance the competing, and usually opposing, demands of several parties, such as families, employers, communities, government agencies and unions (Curl & Sheldon, 1992). However, in an insurance-based system, rehabilitation counsellors must also be able to simultaneously comply with the cost containment demands of insurance personnel, the agendas of various political groups, restrictions imposed on their practice by lawyers, and medico-legal conflict among physicians (Desmond, 1987). These conflicting demands are intensified by the fact that insurance companies and legal bodies have not been renowned for actively promoting rehabilitation in the past (Harris, 1994). Given the strong focus on paid employment and the reduction of financial support needs in the insurance-based rehabilitation context, the expectation that rehabilitation counsellors will achieve high return to work rates despite unfavourable economic conditions is likely to be intensified (Kenny, 1995). However, more than ever before, there is an overriding directive that rehabilitation counsellors will achieve these results with minimal expenditure.

At the client-counsellor interface, insurance-based rehabilitation has introduced a new ethos within which providers and clients interact (Lynch, Lynch & Beck, 1994). Rather than being a two-way partnership between rehabilitation counsellors and their clients (Kendall, Buys & Larner, 1996), the rehabilitation relationship in an insurance-based system appears to have absorbed an adversarial flavour. Rehabilitation providers are often placed in conflict with legislators, legal representatives and funding sources. On many occasions, clients are drawn into this multi-faceted battle and, as a result, become suspicious and unco-operative (Desmond, 1987). This situation is likely to be detrimental to client outcomes and will intensify the stress experienced by counsellors, as noted in the Workers' Compensation and Rehabilitation Commission review (1997).

Some recent evidence has suggested that insurance-based rehabilitation in Australia is characterised by a range of institutional stressors. For instance, in a submission to the Western Australian Workers' Compensation and Rehabilitation Commission (1997), insurance-based rehabilitation providers indicated that they had little control over the content or process of rehabilitation service delivery.

Specifically, they believed that rehabilitation in the workers' compensation system was largely determined by insurers and lawyers rather than by the counsellors and clients. They also stated that it was difficult to formulate rehabilitation plans due to "potential adversarial relationships and conflicting medical opinion" (p. 29). Similarly, Kenny (1995) concluded that insurance-based rehabilitation in New South Wales tended to encourage the formation of dyadic or triadic coalitions among various stakeholders, a situation that could be detrimental to both clients and counsellors. In a qualitative study conducted in South Australia, Mitchell (1996) found that rehabilitation counsellors nominated liaison with employers, insurers, medical personnel and unions as being major sources of stress in addition to a range of organisational and personal issues.

A recent Industry Commission report (1994) highlighted several barriers to the delivery of effective rehabilitation that were likely to be problematic for rehabilitation counsellors in the Australian insurance-based sector. It was observed in this report that the provision of workers' compensation rehabilitation was often limited by legislative, bureaucratic and economic constraints. These constraints included:

- difficulty in implementing those sections of Workers Compensation statutes concerning suspension of compensation payments where workers were not adequately participating on rehabilitation programs;
- make up pay provisions in some awards which reduced the incentive to return to work following injury;
- access to common law;
- inflexible work practices which did not provide for part-time work or job re-design, both of which are useful return to work strategies;
- lack of return to work options for injured employees of small employers;
- employers not taking responsibility for the rehabilitation of their injured employees;
- discrimination in hiring practices against job applicants with workers compensation 'records';
- delays in referral of injured workers to rehabilitation programs;
- delays in accepting claims and delays in dispute resolution.

Rehabilitation counsellors are likely to experience frustration as a result of the constraints that are inherent in this context. Their work may be extremely complicated and dissatisfying, with minimal success rates. Nevertheless, the demand for high return to work rates with minimum input remains prominent. Indeed, Kenny (1995) recently confirmed that insurance-based rehabilitation is driven by two critical agendas, namely a high return to work rate and cost containment. She suggested that, even though these two objectives may be compatible, they are perceived by most rehabilitation workers to be mutually exclusive and, thus, represent a major source of institutional stress. Indeed, in the study conducted by Mitchell (1996), rehabilitation counsellors nominated financial restrictions and expectations about cost reduction as being among the worst aspects of rehabilitation counselling.

Finally, at a structural level, different insurance systems throughout Australia vary considerably in their approach and emphasis (Industry Commission Report, 1994). As a result of these inconsistencies, insurance-based rehabilitation in Australia is plagued by ambiguity, particularly in relation to operational boundaries, goals and procedures (Heads of Workers' Compensation Authorities, 1997). Due to

the relatively high mobility of the Australian population, rehabilitation counsellors in the insurance-based context are regularly required to work with clients from different State systems. Thus, the fragmented and inconsistent nature of State systems creates the potential for conflict and confusion (Buys, 1996), thus contributing to insitutional stress among rehabilitation counsellors.

### The Role of Institutional Factors in the Prediction of Stress and Burnout

In terms of the prediction of stress and burnout among rehabilitation counsellors, it is possible that institutional factors will play a primary role. Specifically, institutional stressors are likely to result in organisational environments that are extremely demanding and are associated with a lack of role clarity and autonomy (Cherniss, 1991). Because rehabilitation counsellors in these organisations will repeatedly confront the need to attain pre-determined outcomes within restricted time and financial limits, they may be forced to engage in practices that contradict their professional values. According to Leiter (1991), counsellors in these contexts usually feel helpless, causing a reduction in the qualities that are likely to protect them from burnout (i.e., damaged self-esteem, lowered self-efficacy and isolation from one's collegial support networks).

Thus, it is likely that, over time, institutional factors could determine both the stressfulness of the organisational environment and the susceptibility of the worker to the negative effects of stress. As predicted by Cherniss, these two factors will then interact to predict work stress and dissatisfaction which, over time, will influence the existence of burnout. This primary role of institutional factors in the prediction of stress and burnout is illustrated in Figure 1.

### Strategies for the Prevention of Stress and Burnout Among Rehabilitation Counsellors

Researchers have suggested that the insurance-based rehabilitation system will continue to expand over the next decade (Kilbury, Benshoff & Rigger, 1990),

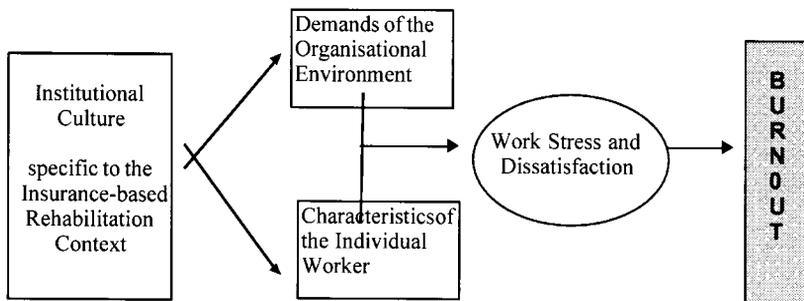


FIGURE 1

An illustration of the relationships among institutional culture, organisational demands and individual characteristics in the prediction of burnout among rehabilitation counsellors within the insurance-based context.

leading to an increased likelihood that rehabilitation counsellors will experience institutional stress. If institutional stressors do occupy such a primary role in the development of burnout then, as Cherniss (1991) noted, analysis at this level is imperative. Specifically, it is necessary to explore the nature of the institutional stressors that are experienced within the insurance-based rehabilitation context with the aim of developing strategies that will reduce the such stressors and will prepare rehabilitation counsellors for the demands of this context. It is likely that these strategies will encompass three major areas, namely individual coping skills training (Roberts, 1987), effective human resource management (Toohey, 1993) and appropriate education for rehabilitation counsellors (Gilbride et al., 1990).

At the individual level, researchers have frequently suggested that rehabilitation counsellors must be trained in the use of stress reduction techniques and coping skills (Kilbury et al., 1990) to facilitate their ability to manage stressors. Most of these programmes tend to focus on the development of coping resources (e.g., social support, self-esteem, assertion) and coping responses (e.g., positive re-appraisal, problem-solving, relaxation or meditation, anxiety management etc.) as a means of assisting individuals to deal with stress (Roberts, 1987). However, more generic skills such as time management and communication skills are often incorporated into the staff development programmes of larger organisations.

Although stress management programmes are likely to be useful, they often involve a focus on treatment rather than prevention because they are most likely to be accessed by individuals who are already experiencing the detrimental impact of stress. Further, if the thesis of the current paper is accurate, then stress management training alone is likely to have only short-term benefits for human service workers, a suggestion that has been supported by empirical research (Munday, Windham, Cartwright & Bodenhamer, 1995; Reynolds, Taylor & Shapiro, 1993). Indeed, researchers have criticised stress management training for its failure to recognise the important role of organisational demands in the development of stress and burnout (Reynolds & Shapiro, 1991). Similarly, Reynolds and Briner (1994) concluded that most stress management interventions are based on inadequate and simplistic theories that obscure the importance of the conflicting interests of employers and employees that are inherent in most workplaces (i.e., organisational and institutional stressors).

As noted by Toohey (1993), stress in human services is a human resource management issue that requires a corporate-level response rather than, or at least in addition to, the individual approach. Researchers have confirmed that organisations have an underlying responsibility for the well-being of their workers (Jones & May, 1995). In order to fulfill this obligation, employers must engage in thorough job analyses so they are able to understand the stressors and demands that are faced at the front-line. Further, they must provide or facilitate sufficient support networks, supervision and performance appraisal together with opportunities for staff training and professional development (Schmidt et al., 1992). Most importantly, these researchers have noted that the organisational objectives need not conflict with those of the human service workers if a small amount of time is devoted to individualised career planning for employees (e.g., promotion opportunities, salary advancement, duties and responsibilities, identification of strengths and weaknesses, development of skills etc.). According to Schmidt and his colleagues, a joint employer-employee commitment to the worker's career will enable employees to

maintain a feeling of self-determination and will enhance the likelihood that employers will receive high quality performance and loyalty.

However, it has been noted that there is a great deal of diversity in the responsiveness of management to the needs of human service workers (Jones & May, 1995). Accordingly, Jones and May have suggested that human service workers must become more proactive at a managerial, political, legal and economic level to ensure that their needs are adequately addressed. Specifically, these researchers noted that workers may be buffered against the negative impact of institutional stress if they are able to understand and influence the institutional factors that create such a complex culture. This objective has major implications for current models of education because rehabilitation counsellors will require a thorough knowledge of institutional issues that are not presently included in most curricula. As Riggan, Crimando, Bordieri and Phillips (1988) concluded, to be psychologically prepared for the demands of an insurance-based system, rehabilitation counsellors must be educated to be effective "change managers" (p. 100), with a business-like orientation to the provision of rehabilitation. Indeed, Habeck, Kress, Scully and Kirchner (1994) suggested that it may be necessary to expand rehabilitation education to enable the inclusion of students with backgrounds in labour relations, human resource management and business. Thus, rehabilitation counsellor education must include training in the skills they will require to understand and effectively negotiate within the insurance-based institution. Further, as Gilbride et al. (1990) suggested, the insurance-based rehabilitation system has become a separate market segment, and as such, warrants the inclusion of a specific focus in tertiary education programmes.

In relation to the type of skills that are necessary, Hursh (1995) noted that although many of the core rehabilitation skills are transferrable to the insurance-based sector, additional competencies are required in the areas of labour management or co-ordination, and disability programmes and policy. Several other researchers have also recommended that insurance-based rehabilitation counsellors must develop knowledge in the areas of policy, compensation systems, forensic testimony and cost containment (Gilbride et al., 1990; Matkin, 1987). Havranek and Brodwin (1994) provided a comprehensive list of areas in which rehabilitation education must expand to meet the requirements of the insurance-based sector. This list included specific training about insurance-based settings, workers compensation, reporting to different audiences, legal issues, business administration, fiscal management and marketing. Finally, in their seminal paper, Habeck et al. (1994) confirmed that, as a result of the growth of insurance-based rehabilitation, the role of the rehabilitation counsellor has diversified considerably. Habeck and her colleagues therefore suggested that students should be exposed to a range of work environments, given that not all graduates are suited to the insurance-based sector.

Results of studies conducted in the United States of America have suggested that training programmes without these components are not able to fully prepare graduates for employment in the insurance-based sector (Matkin & Riggan, 1986). Australian studies have also suggested that rehabilitation workers educated in the current system tend to lack the knowledge and skills that enable them to be perceived as competent in an insurance-based sector (Williams, 1993). Clearly, if adequate levels of graduate placement and job retention are to be maintained, training programmes must keep pace with the changing rehabilitation market (Hursh, 1995; Kilbury et al., 1990). However, it is argued in the current paper that,

in addition to ensuring competitive advantage for graduates in an insurance-based employment market, appropriate education will enable rehabilitation counsellors to minimise stress and burnout.

## Conclusion

Work stress and burnout present a common and costly problem for rehabilitation agencies. Usually, attempts to account for stress and burnout focus on the qualities of the individual and the demands of the organisational environment. The current paper has presented a third source of stress for human service workers, namely institutional stress. It is claimed that the insurance-based rehabilitation sector represents a unique institution which is highly stressful for rehabilitation counsellors, particularly as a result of conflicting demands or values and fragmented procedures. It is proposed that the development of strategies to reduce stress and burnout in this area would benefit from an institutional-level analysis. While individualised stress management training clearly has a role in the minimisation of stress and burnout, it is proposed in the current paper that this issue has human resource management and educational implications that must be addressed. Some recommendations are made regarding the managerial and educational activities that could be incorporated into the Australian insurance-based rehabilitation system.

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