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Research participation and turnover intention: An exploratory analysis of substance abuse counselors

Hannah K. Knudsen, (Ph.D.)[a,*], Lori J. Ducharme, (Ph.D.)[a], Paul M. Roman, (Ph.D.)[a,b]

[a]Center for Research on Behavioral Health and Human Services Delivery, The University of Georgia, Athens, GA 30602-2401, USA
[b]Department of Sociology, The University of Georgia, Athens, GA 30602-1611, USA

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Abstract

Clinical research is increasingly being conducted in community-based addiction treatment settings. Although the primary focus of such research is on the development of effective clinical interventions, less attention has been paid to the potential impact of these projects on counseling staff who are involved in their implementation. Such involvement may be perceived as stressful or rewarding, and these perceptions may be associated with counselors' turnover intention. Using data from 207 counselors involved in research projects conducted within the National Institute on Drug Abuse's Clinical Trials Network, this study examines the associations between counselors' reactions to research experiences and turnover intention. When counselors perceived that research projects resulted in organizational benefits, turnover intention was significantly lower. However, there was a positive association between perceptions of research-related stressors and turnover intention. These findings suggest that the impact of clinical trials on treatment organizations and staff members warrants continued study.
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1. Introduction

Since the publication of the Institute of Medicine's report, *Bridging the Gap Between Practice and Research: Forging Partnerships With Community-Based Drug and Alcohol Treatment* (Lamb, Greenlick, & McCarty, 1998), considerable resources in the drug abuse specialty treatment field have been devoted to increasing the amount of clinical research conducted in real-world treatment settings. A major mechanism for this type of research has been the National Institute on Drug Abuse's (NIDA's) Clinical Trials Network (CTN), which was designed to test promising interventions in multisite clinical trials and to promote the transfer of evidence-based treatment techniques into routine practice (Hanson, Leshner, & Tai, 2002; NIDA, 2006). Selection, design, and implementation of these clinical trials rely on a collaborative process between researchers and clinical providers (Reback, Cohen, Freese, & Shoptaw, 2002; Saxon & McCarty, 2005). In contrast to efficacy studies conducted in traditional, laboratory-based research settings, these trials are largely staffed by community treatment centers' existing counseling staff (Carroll et al., 2002; Miller, Bogenschutz, & Villarreal, 2006). Thus far, the CTN has completed multisite clinical trials of medications as well as psychosocial interventions (Amass et al., 2004; Carroll et al., 2006; Ling et al., 2005; Peirce et al., 2006; Petry et al., 2005).

Although the primary goal of research conducted within the CTN (as in clinical trials generally) is to improve the quality of treatment, little is known about the reactions of the clinical staff who are actively involved in implementing the trials. Such concerns are highlighted in a recent call for recognizing the human subject protection issues related to staff involvement in research (Hilton, 2006). Although there is an emerging literature on counselors' attitudes toward various treatment techniques (Arfken, Agius, Dickson, Anderson, & Hegedus, 2005; Ball et al., 2002; Knudsen, Ducharme, Roman, & Link, 2005; McGovern, Fox, Xie, &

* Corresponding author. Tel.: +1 706 542 6090; fax: +1 706 542 6436.
E-mail address: hknudsen@uga.edu (H.K. Knudsen).

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Drake, 2004; Thomas, Wallack, Lee, McCarty, & Swift, 2003) and their beliefs about how to ethically conduct research (Forman et al., 2002), there is virtually no research about whether involvement in clinical trials or similar activities is associated with counselors' attitudes toward their jobs. As more research is conducted in community-based treatment facilities, both via the CTN and other federally funded research projects (Guydish, Sorensen, Rawson, & Zweben, 2003), the issue of how the clinical research experience affects staff members will only increase in significance for program managers.

An overriding management issue is that the high rate of counselor turnover faced by many substance abuse treatment centers is costly and potentially threatens the quality of care received by the center's clients (Barak, Nissly, & Levin, 2001; Lum, Kervin, Clark, Reid, & Sirola, 1998; McLellan, Carise, & Kleber, 2003). Given that turnover intention is the strongest work-related predictor of actual turnover (Griffeth, Hom & Gaertner 2000; Tekleab, Takeuchi, & Taylor, 2005), understanding the potential linkages between clinical trial research participation and turnover intention is of practical significance. This article examines the experiences of 207 counselors who have been actively involved in the CTN's research activities. We specifically consider whether the quality of counselors' experiences in research implementation is associated with turnover intention.

Conventional models of job stress can be readily applied to an examination of the implications of research involvement for counselors' job-related affect. There is a long tradition of research documenting how job demands and rewards are associated with attitudinal outcomes, such as turnover intention (Griffeth et al., 2000). Given that research is not a normal part of their job descriptions or training, counselors involved in clinical research activities may face both unexpected demands and rewards, particularly when research studies require substantial changes in how counselors perform their jobs (Rawson & Branch, 2002).

Polcin (2004) notes that research projects bring with them a range of new requirements for the clinicians who participate in study implementation. For example, clinicians may be required to use new intake and assessment measures, which may increase the amount of time spent on these activities (Reback et al., 2002). More specifically, psychosocial intervention trials often rely on manualized therapies, which may introduce not only new techniques but also specific structured strategies that involve a substantially different way of conducting sessions with clients. Requirements regarding high-quality data collection may also introduce new administrative demands that may vary considerably from counselors' routine experiences with paperwork. Within a treatment center, there is also the potential for interpersonal conflict between counselors involved in the trial and those who are not, particularly in terms of tensions over perceived pseudoprestige ascribed to those implementing the research protocols (Guydish et al., 2005). In addition, counselors may find themselves faced with clinical trials that are having significant implementation problems, such as clients not being recruited quickly enough or high rates of study dropout.

However, it is also possible that counselors involved in clinical research activities may experience new and unexpected rewards from their participation. For example, clinicians involved in implementing a new therapy may see noticeable improvements among their clients, which may boost job satisfaction (Kellogg et al., 2005). Learning new techniques may enhance their occupational self-efficacy as well as break up long-term routines of treatment delivery. Counselors may be able to perform their jobs more efficiently and effectively, which may also improve morale (Carise, Cornely, & Gurel, 2002). They may also develop a special sense of camaraderie with other clinicians affiliated with the research. These counselors may also feel that they will be able to train other counselors in the technique once the trial ends. Thus, involvement in clinical research may present counselors with new challenges and burdens, but it may also involve them in activities that are highly rewarding.

This article has three aims. First, it examines the factor structure and reliability of a set of new measures of counselors' experiences with clinical trials. Second, it describes the experiences of counselors involved in CTN-related research in terms of these measures. Finally, it estimates the associations between perceived quality of research experiences and turnover intention while controlling for counselors' sociodemographic characteristics.

2. Materials and methods

2.1. Sample

Between late 2002 and mid-2004, all of the community-based treatment programs (CTPs) affiliated with NIDA's CTN were invited to participate in a health services research project examining the organizational factors associated with the adoption of evidence-based treatment practices. At the time of data collection, the CTN consisted of 17 research "nodes." Each node was composed of at least one university-based research center and several CTPs. In total, the CTN included 109 distinct treatment provider organizations; embedded within these organizations were 262 treatment centers. For the purpose of this study, a treatment center was defined as an organizational unit having an autonomous administrator with discretionary control over the unit's budget. In most CTPs, these centers were equivalent to service lines; for example, one CTP consists of distinct cost centers devoted to adolescent services, methadone maintenance services, and adult outpatient services. The definition used in this study does not necessarily translate into either a "service delivery unit" or a physical location. The purpose of this definition was to consider all of the resources available to staff and clients within a distinct treatment center.

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