

Regular article

How serious of a problem is staff turnover in substance abuse treatment? A longitudinal study of actual turnover

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Received 9 October 2009; received in revised form 24 June 2010; accepted 25 June 2010

Abstract

In the substance abuse treatment field, the annual turnover rate is cited as being anywhere between 19% and 50% (J.A. Johnson & P. M. Roman, 2002; S.L. Gallon, R.M. Gabriel, J.R.W. Knudsen, 2003; H.K. Knudsen, J.A. Johnson, & P.M. Roman, 2003; A.T. McLellan, D. Carise, & H.D. Kleber, 2003). However, no research to date has evaluated these claims by tracking turnover longitudinally using organizational turnover data from substance abuse treatment centers. This research presents the results of a longitudinal study designed to systematically examine actual turnover among counselors and clinical supervisors. Twenty-seven geographically dispersed treatment organizations, serving a wide range of clients in the public and private sector, provided data for the study over a 2-year time span (2008–2009). The annual turnover rate was 33.2% for counselors and 23.4% for clinical supervisors. For both groups, the majority of turnover was voluntary (employee-initiated). Specific reasons for turnover were largely consistent across the two groups, with the most common reason being a new job or new opportunity. The findings are discussed in terms of the unique employment context of substance abuse treatment. Practical recommendations are also discussed to help stem the tide of turnover in the field of substance abuse treatment. © 2010 Elsevier Inc. All rights reserved.

Keywords: Substance abuse counselors; Clinical supervisors; Turnover; Employee retention

1. Introduction

Clinician turnover is discussed as a major problem in substance abuse treatment facilities (Ducharme, Knudsen, & Roman, 2008; Knight, Broome, Simpson, & Flynn, 2007; Knudsen, Johnson & Roman, 2003; McLellan, Carise, & Kleber, 2003), with estimates of annual turnover rates ranging between 19% and 50% (Johnson & Roman, 2002;

Gallon, Gabriel, & Knudsen, 2003; Knudsen et al., 2003; McLellan et al., 2003). Despite the claim that turnover is a serious concern, we are aware of no published studies that systematically track the employment status of individuals over time to ascertain actual turnover. Rather, some existing research used program administrator estimates of clinician turnover rates (Gallon et al., 2003; Johnson & Roman, 2002; Knudsen et al., 2003), which may or may not be accurate. Other estimates of turnover were from larger research projects that do not specify how information on clinician turnover were obtained or calculated (Carise, Gurel, McLellan, Dugosh, & Kendig, 2005; Carise, McLellan, Gifford, & Kleber, 1999; McLellan et al., 2003).

Based on the current state of research, the actual rate of clinician turnover and the reasons why individuals leave substance abuse treatment organizations remain elusive. This study pursues three goals to address this gap in the literature. First, using longitudinal data, we track actual turnover among a geographically dispersed sample of full-time counselors and clinical supervisors working in community-

This project described was supported by Award R01DA019460 from the National Institutes on Drug Abuse awarded to Lillian T. Eby. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Drug Abuse or the National Institutes of Health. Thanks to Lisa Baranik, Marcus Butts, Lori Ducharme, Sarah Evans, Carrie Hurst, Hannah Knudsen, Aaron Johnson, Charles Lance, and Carrie Owen for their assistance with data collection and analysis.

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based substance abuse treatment organizations throughout the United States. This yields information on both voluntary (employee-initiated) and involuntary (employer-initiated) turnover, which is an important distinction because voluntary turnover is generally viewed as undesirable for the organization, whereas involuntary turnover is typically viewed as less undesirable. Second, we provide an in-depth account of the specific reasons why counselors and clinical supervisors leave their employing organizations (both voluntarily and involuntarily) by content-analyzing qualitative data on the reason for departure derived from organizational records. Third, turnover rates and reasons for turnover are examined separately for counselors and clinical supervisors. Finally, we use interview data from a subsample of former employees to verify the accuracy of the organizational data and to provide insight into postturnover employment decisions.

1.1. Importance of clinician turnover in substance abuse treatment

As with any organization, both voluntary and involuntary clinician turnover incurs a direct financial cost in terms of recruitment, selection, and training (Alexander, Bloom, & Nuchols, 1994; Staw, 1980). Turnover can also reduce organizational efficiency (Alexander et al., 1994; Kacmar, Andrews, Van Rooy, Steilberg, & Cerrone, 2006), particularly if high-performing employees leave. Organizations with high rates of turnover also often suffer from low employee morale (Johnson & Roman, 2002), which can have reverberating negative effects on the organization. Indirect costs also accrue with turnover, such as the loss of institutional knowledge and less success in the adoption and implementation of evidence-based practices for treating substance abuse (Carroll & Rounsaville, 2007; Saxon & McCarty, 2005). Finally, turnover can increase stress on remaining counselors by increasing their caseloads in an effort to meet treatment demands (Knight et al., 2007; Powell & York, 1992).

Turnover can also have a deleterious effect on patient care (Ducharme et al., 2008; Lum, Kervin, Clark, Reid, & Sirola, 1998). Research finds that patients stay in drug treatment longer if they have the same counselor (McCaul & Svikis, 1991), have more therapeutic contact with longer tenured counselors, and do better in drug treatment if there is continuity in treatment provision (Lamb, Greenlick, & McCarty, 1998). In addition, a stronger therapeutic alliance between counselor and patient is associated with greater drug treatment participation, more days abstinent, and fewer drinks per day (Connors, Carroll, DiClemente, Longabaugh, & Donovan, 1997). At the system level, there is the concern that the current national shortage of substance abuse counselors is a key barrier to expanding service delivery capacity (Center for Substance Abuse Treatment [CSAT], 2000; Whitter et al., 2006). Adding to this crisis are repeated reports of serious problems in recruiting qualified staff who meet minimum job requirements (Gallon et al., 2003).

1.2. Review of existing research on the turnover problem in substance abuse treatment

Probably, the most widely cited estimates of turnover are from McLellan and Carise's research on efforts to improve the substance abuse treatment system. Carise et al.'s (1999) report on the development and initial use of an electronic information system (the Drug Evaluation Network Survey) included pilot data from a sample of 34 adult-only treatment programs in five urban cities. Of the 34 treatment programs, 8 (24%) dropped out of the pilot study due to turnover among program directors and administrators. Carise et al. (1999) also reported that on average, 50% of program staff either left or changed positions within a year. Unfortunately, it is not clear who reported this information or what sources of data are used to compile turnover estimates. Moreover, Carise et al. noted that their data are nonrepresentative and that their results should be interpreted cautiously.

A commentary on the infrastructure crisis in the substance abuse treatment system is also cited as evidence of the turnover problem (McLellan et al., 2003). This study interviewed program directors and other staff members from a nationally representative sample of 175 substance abuse treatment programs drawn from the list of facilities in the 2000 edition of the National Survey of Substance Abuse Treatment Services (2001). This study focused on a wide range of structural and process characteristics of treatment programs, with an eye toward those that may hinder efficiency and could compromise treatment care or capacity. One conclusion noted by McLellan et al. is the "extreme instability of the workforce at all levels within the national treatment system" (p. 120). Although no specific statistics are provided and the data source is not clear, the article reported that more than half of program directors had not been in their jobs for 1 year and similarly high rates of turnover were found among counseling staff.

Carise et al. (2005) provided a more specific estimate of clinician turnover based on a technology transfer study conducted in nine community-based drug treatment programs in Philadelphia. The authors experienced difficulty with initial recruitment, which program administrators attributed in part to high levels of staff turnover. Although not the focus of the study, these authors noted in the discussion section that over 6 months of the study, 32% of the counselors had left the treatment organization and another 27% dropped out of the study.

In another study Gallon et al. (2003) surveyed substance abuse treatment program directors and clinical staff working in four states in the Pacific Northwest. Although the response rate was rather low (43%), agency directors reported an average loss of 2.78 staff per year, which was estimated to reflect an annual turnover rate of nearly 25% because the average agency employed 11 staff members. Gallon et al. also provided some insight into the reasons for turnover. On average, treatment programs reported losing 1.75 staff members annually due to

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