

Staff Turnover and Retention in Addiction Treatment
Annotated Bibliography

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Introduction

This bibliography is designed to briefly review the literature regarding staff turnover and retention in addiction treatment programs. It has been developed as part of our participation in the Health Services Research Special Interest Group of the NIDA Clinical Trials Network.

The focus of this bibliography concerns issues regarding the continuation of professional staff who provide drug and alcohol treatment services. Professional staff includes personnel who provide direct addiction counseling or psychotherapeutic services to clients, program directors, and medical staff. Drug and alcohol treatment programs are defined as any program that provides treatment for drug and/or alcohol use disorders. These settings include free-standing programs, hospital-, prison- or university-based programs, for-profit or not-for-profit programs, outpatient, day treatment, residential programs, therapeutic communities and halfway houses, and private practice.

Publications that primarily focus on staff retention and turnover issues in settings other than addiction treatment programs (e.g. psychiatric or mental health facilities) have been excluded from this bibliography. Likewise excluded are publications that focus on non-professional staff, such as clerical workers.

The bibliography consists of 10 citations. Most of the citations involve surveys of substance abuse treatment programs and staff regarding turnover. One citation attends to the relevant issue of staff “burnout” through a literature review and case study in a substance abuse program.

Methodology

Several sources were used to identify the citations in this bibliography. We conducted literature searches with *PsychInfo*, using combinations of the following key words: *substance abuse counselor, alcohol counselor, turnover, recruit, retention, personnel, workforce, employ, addiction treatment, drug rehabilitation, and substance abuse treatment*. The search specified peer-reviewed journals, books written for professionals, conference proceedings, reference books, handbooks and manuals, electronic collection items, dissertations, and encyclopedias for all years of the database. Database “hits” for items other than peer-reviewed journals were then searched by the author(s) of the citation for relevant peer-reviewed journal articles. We also examined the reference sections of the citations to identify additional publications, and asked colleagues to nominate references.

Summary

These 10 articles mainly reflect surveys of substance abuse treatment programs in the United States (Gallon, Gabriel, and Knudsen, 2003; Knudsen, Ducharme & Roman, 2007; Knudsen, Ducharme and Roman, 2006; Knudsen, Johnson and Roman, 2003; McLellan, Carise and Kleber, 2003; McNulty, Oser, Johnson, Knudsen and Roman,

2007; Mulvey, Hubbard and Hayashi, 2003) conducted between 1997 to 2004. In addition to workforce surveys, the bibliography also includes analysis of departmental data from Australian states (Hotham, Roche, Skinner and Dollman, 2005), a review of the literature (Lacoursiere, 2001), and case studies Lacoursiere, 2001; Linhouse, Knight, Johnston and Trickey, 2001). Staff turnover rates ranged from a low of 16% (McNulty, Oser, Johnson, Knudsen and Roman, 2007) to 30% (Hotham, Roche, Skinner and Dollman, 2005) although it appears that turnover rates vary greatly by program. Overall, turnover appears related to emotional burnout (Hotham, Roche, Skinner and Dollman, 2005; Knudsen, Ducharme & Roman, 2007; Knudsen, Ducharme and Roman, 2006; Lacoursiere, 2001), and increased agency centralization and decreased autonomy for professional staff (Knudsen, Ducharme and Roman, 2006; Knudsen, Johnson and Roman, 2003; McNulty, Oser, Johnson, Knudsen and Roman, 2007). Professional addiction staff with higher academic degrees also appear more likely to voluntarily turnover (Knudsen, Ducharme and Roman, 2006; McNulty, Oser, Johnson, Knudsen and Roman, 2007). Publicly-funded programs appear to experience lower rates of turnover (Gallon, Gabriel, and Knudsen, 2003; McNulty, Oser, Johnson, Knudsen and Roman, 2007).

Annotated Citations

Gallon, S. L., Gabriel, R. M., & Knudsen, J. R. W. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment, 24*, 183-196.

Purpose: The purpose of this survey of addiction treatment programs in the Pacific northwestern region of the United States is to systematically gather information from program administrators and clinicians to on workforce development.

Hypotheses/theories tested: No specific theories or hypotheses are tested in this exploratory survey. However, a synthesis of information from a number of developmental models identifies 5 strategic planning components for workforce development: staff retention, personnel recruitment, education system capacity building, reciprocity of professional credentialing, and public image enhancement.

Data collection: Surveys were mailed to 462 addiction treatment agencies in Alaska, Idaho, Washington, and Oregon in the winter and spring of 2000. The final sample included 197 (43%) treatment agencies and 469 (34%) individual staff responses (consisting of agency directors and clinicians).

Methodology: The survey instrument consists of 28 items that covered the characteristics of substance abuse treatment professional staff, workforce recruitment and retention strategies, levels of proficiency, and interest in training in 21 substance abuse counselor competencies. Responses to the items were tested for significant differences across the four states, between administrative vs. clinical staff, and levels of education. Multiple regression explored predictive models to workforce turnover rates.

Main findings: No differences were found among the four states although numerous differences were found between administrative and clinical personnel and among levels of education. Agencies experienced an average of almost 25% staff turnover annually. Resignations were the most common source of staff turnover. Most agencies (71%) reported serious difficulties recruiting qualified staff, and 84% considered low salary a barrier to recruitment. Fewer clinicians than directors perceived that their agency engaged

in retention activities, such as supervision, in-service trainings, continuing education and in-house mentoring. Agencies that received the majority of funding from public sources and that have experienced directors were less likely to experience high staff turnover.

Implications for program development: In order to develop a steady workforce, programs may decrease voluntary staff turnover by increasing commitment to retention activities and increasing salaries.

Hotham, E., Roche, A., Skinner, N., & Dollman, B. (2005). The general practitioner pharmacotherapy prescribing workforce: Examining sustainability from a systems perspective. *Drug and Alcohol Review, 24, 393-400.*

Purpose: In Australia general practitioners (GP) are increasingly becoming the primary type of service delivery for opioid pharmacotherapies (e.g. methadone). The purpose of this study is to examine the nature and sustainability of the Australian GP prescriber workforce in order to continue its development.

Hypotheses/theories tested: No specific theories or hypotheses are tested in this exploratory survey.

Data collection: The study was conducted in two parts. In Part 1 data were collected from the health departments of four Australian states: South Australia, Queensland, Victoria and New South Wales for the period of 2001 to 2002. Data requested included the number of GP prescribers, their client load and demographic details of the prescribers. In Part 2 state health departments and training providers were queried about the number of GPs who receive pharmacotherapy training and who subsequently become prescribers between 1999 and 2001. Information collected differed by state.

Methodology: The exact items sought by the investigators from the state health departments and training providers was not described in the article. Descriptive statistics were used.

Main findings: Although these results are preliminary and vary by state, the study identified a number of trends. Across states it appeared that a relatively small number of prescribers provided services for the majority of methadone clients. In two states over 30% of registered prescribers were not currently providing methadone prescription services. Trends were observed in three states concerning decreasing numbers of new trainees and significant rates of attrition from training to prescribing practice.

Implications for program development: This study suggests that GPs in private practice also may face obstacles to maintaining prescription methadone services. Heavy client caseloads may lead to burnout and increase the withdrawal of service provision.

Knudsen, H.K., Ducharme, L.J., & Roman, P. M. (2007). Research participation and turnover intention: An exploratory analysis of substance abuse counselors. *Journal of Substance Abuse Treatment, 33(2), 211 - 217.*

Purpose: The purpose of this survey is to examine the associations between counselors' reactions to research experiences and turnover intention in community treatment programs (CTPs) associated with NIDA's Clinical Trial Network (CTN). The reliability and factor structure of a set of new measures of counselors' experience with clinical trials also is examined.

Hypotheses/theories tested: No specific hypotheses or theories are tested. However, the survey collects and examines data related to counselors' experiences concerning the

implementation and conduct of research in their workplace and how their quality of experience impacts attitudinal outcomes.

Data collection: 109 distinct treatment provider organizations with 262 treatment centers embedded within were surveyed from late 2002 to mid-2004. The administrators of 240 centers were interviewed with a response rate of 91.6%. A list of counselors was provided from the administrators after their face-to-face interview and a total of 1,643 questionnaires were mailed and 1,001 were received (60.9%). A sub-sample of 207 (20.7%) counselors was analyzed for this study representing those who reported being involved in the operation of a clinical trial.

Methodology: The questionnaires examine issues about counselors' jobs, caseloads, work experience, and CTN involvement. The independent variables are counselors' experiences with implementing the study protocols, and the dependent variable of interest is turnover intention. Descriptive statistics, factor analysis, chi-square tests and t tests were used for data analysis.

Main findings: A 3 factor solution was yielded regarding research-related stressors, organizational benefits of the implementation of the trial and the extent to which the trial had resulted in organization costs. Data suggests that counselor perceptions about research they have been involved with are associated with turnover intention. Turnover intention is significantly lower if the counselor viewed that the research resulted in improvements for the client. However, turnover intention was greater for counselors who perceived the work load and job demands had increased

Implications for program development: Attitudinal outcomes are important to consider when bringing research to clinical practice. Further research is necessary.

Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2006). Counselor emotional exhaustion and turnover intention in therapeutic communities. *Journal of Substance Abuse Treatment, 31, 173-180.*

Purpose: The purpose of this study is to examine the role of organizational culture in predicting counselor turnover in therapeutic communities (TC).

Hypotheses/theories tested: The authors hypothesize that centralized decision making, perceived unfair workload and reward distributions (i.e. distributive justice), and perceived unfairness of organizational decisions (i.e. procedural justice) are significantly related to counselor emotional exhaustion and intention to quit (i.e. turnover intention).

Data collection: The sample is drawn from a national randomly-selected sample consisting of 380 self-identified therapeutic communities located in 42 states, including urban, suburban and rural locales. Face-to-face interviews were held with the program administrator and/or clinical director. Over 1000 (n=1,053) counselors identified in the interviews completed mail-in questionnaires. Data was collected between 2002 – 2004.

Methodology: The two dependent variables consist of emotional exhaustion, measured by nine items from the *Maslach Burnout Inventory*, and turnover intention, measured by three items adapted from a questionnaire on feedback obstruction and turnover intent. The three independent variables are centralized decision-making, distributive justice and procedural justice. These measures also were adapted from items from other scales.

Main findings: The results supported the hypotheses. Counselors who reported working in organizations with a hierarchical chain of command were significantly more emotionally exhausted than counselors who reported working in less centralized

organizations. Counselors who perceived their organizations to be highly centralized also reported greater intentions to quit. Counselors who perceived a fair distribution of workload and rewards were less likely to report emotional exhaustion than counselors who perceived distributive injustice at their TCs. Distributive justice also was positively associated with less intention to quit. Likewise, counselors who perceived fair workplace procedures reported significantly less emotional exhaustion than counselors who perceived higher procedural injustice. Turnover intention similarly was associated with higher levels of procedural injustice. Emotional exhaustion was significantly associated with turnover intention. Gender, race, age and education, the control variables, were more predictive of emotional exhaustion than turnover intention. Younger, male, Caucasian counselors with at least a master's-level degree reported significantly higher emotional exhaustion, while only a master's or higher degree was associated with intent to quit. Implications for program development: Decreasing centralization and examination of staff perceptions of procedural and distributive justice may lead to decreases in emotional exhaustion and turnover intention among substance abuse counselors.

Knudsen, H.K., Johnson, J.A., Roman, P. M. (2003). Retaining counseling staff at substance abuse treatment centers: effects of management practices. *Journal of Substance Abuse Treatment, 24, 129-135.*

Purpose: The purpose of this study is to examine how management practices and organizational commitment impact turnover intention among addiction counselors.

Hypotheses/theories tested: It is hypothesized that the turnover intention will be directly impacted by management practices, while it will be only indirectly affected by organizational commitment, which is defined as the employee's identification with and loyalty to the organization. Rewarding job characteristics created by management practices, such as job autonomy, performance-based rewards, and organizational support for creativity, are hypothesized to reduce turnover intention.

Data collection: Names of counselors were provided by the administrators of 345 randomly selected privately funded treatment centers that participated in the second wave of the National Treatment Center Survey in 1997 and 1998. The questionnaire was mailed out to the counselors, and 1,074 (55% of those contacted) responded.

Methodology: The dependent variable was turnover intention, and organizational commitment was an intervening variable. Management practices were measured by job autonomy, support for creativity, and performance-based rewards. Using Mplus software for structural equation modeling, confirmatory factor analysis was conducted to create latent variables. In addition, the software estimated the structural relations between the latent variables. Estimates of all hypothesized paths between variables, t-tests of those path coefficients, and overall measures of model fit were produced.

Main findings: The structural model explained about 66% of the variance in organizational commitment and about 60% of the variance in turnover intention. The effects of two measures of management practices, performance-based rewards and support for creativity, had significant indirect effects on turnover intention through organizational commitment. Job autonomy had a significant direct effect on turnover intention.

Implications for program development: Increasing counselor autonomy, providing rewards for strong performance, and building a work environment that supports creativity may decrease turnover rates among counselors in substance abuse treatment centers.

Lacoursiere, R.B. (2001). "Burnout" and substance user treatment: the phenomenon and the administrator-clinician's experience. *Substance Use & Misuse*, 36(13), 1839-1874.

Purpose: The purpose of this study is to review the concept of burnout within the substance treatment field literature.

Hypotheses/theories tested: No specific hypotheses are tested in this exploratory study.

Data collection: Using a non-exhaustive review procedure, this study reviews "burnout" measures and studies in substance treatment settings and mental and general health care settings. In addition, a case study of the author's experience in substance treatment and administrative work is presented.

Methodology: Selection methods, total number of measures and studies included, and review procedures are not described in the study.

Main findings: Burnout is "a syndrome of emotional and physical exhaustion" (p.1840). Staff in substance treatment settings are more likely to experience burnout due to more work pressure, uncertain work policy, and lack of coping strategies. The authors offer the definition of burnout as "one's 'fuel' to continue such work was essentially exhausted" (p.1839). Burnout in the field is a complex interaction of work stress, coping methods, and individual factors. Burnout has negative effects on substance treatment, with high levels of absenteeism and job turnover.

Implications for program development: Both personal strategies and organizational strategies to prevent and treat burnout need to be provided for staff in substance treatment settings.

Lyndhurst, D.M., Knight, K., Johnston, J.S., Trickey, M. (2001). Situational influences on the implementation of a prison-based therapeutic community. *The Prison Journal*, 81 (4), 436-453.

Purpose: Fletcher and Tims argue that situational influences may affect the implementation of TC programs, though no research had been done to investigate this hypothesis. This study investigates the effects of two situational influences, a no-smoking policy and change in treatment providers, on the implementation of a TC in a state prison.

Hypotheses/theories tested: This qualitative study was based on the hypothesis developed by Fletcher and Tims that implementation of prison-based TCs can be affected by situational influences. All inmates participated.

Data collection: In 1998 focus groups were conducted in a Missouri men's prison that had instituted a TC substance abuse treatment program and also had undergone organizational changes, such as a smoking ban for prisoners and a new treatment provider contract that no longer excluded unruly patients from the program and that paid for the number of inmates served rather than the former flat rate. One focus group included 8 counselors who had been employed by both treatment providers, a second focus group consisted of 3 counselor supervisors, and a third was made up of 4 administrative staff members. Interviews were conducted with inmates who had been released from the prison between April 1, 1995 (the day the first inmates graduated from the program) and

September 30, 1997 (the ending date for the follow-up surveys). Additionally, three sets of DOC documents were reviewed (minutes from Oversight Committee meetings, an unpublished DOC report, and a monthly tally of conduct violations that was supplied by DOC) for supplemental information about how and if the smoking ban and the change in providers affected the implementation of the TC program.

Methodology: The analyses assessed how well the TC was implemented considering the two situational influences (a smoking ban and a change in treatment providers).

Main findings: Both staff and inmates agreed that the smoking ban disrupted the implementation of the TC. A majority of inmates indicated that the smoking ban hurt their morale (59%) and negatively affected the treatment program (92.4%). After the change in providers occurred, several staff members left their jobs due to the new provider cutting pay and positions within the program. This caused a shortage of staff for approximately 6 months. Once all positions had been filled, the workload was still heavier than it had been before due to the fact that the new provider had permanently cut 4 positions within the program. Counselors indicated that the training provided to them by the new provider was inadequate and affected the quality of the TC in the prison. They also indicated that the changes in staffing had affected the sense of trust and community that is vital to TC programs. The majority of inmates (60%) indicated that the treatment provider change had no effect on their morale but 65% reported that the change negatively affected their treatment. Counselors also stated that the requirement that all inmates participate in the TC program was very disruptive.

Implications for program development:

The authors argue that negative situational influences can produce a negative effect on program implementation. The negative situational influences may be related to staff discontent and turnover.

McLellan, A.T., Carise, D., Kleber, H.D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment*, 25, 117-121.

Purpose: The purpose of this article is to disseminate the results from a national study of the substance abuse treatment system which uncovered several current problems with substance abuse treatment program stability and organization, staff retention and qualifications, and data collection requirements.

Hypotheses/theories tested: No theories or specific hypotheses are directly tested in this survey. The review of the data and results for this manuscript indicate that there has been an increase in referrals to substance abuse treatment as well as overall changes in the management of health care. The impact of these system wide shifts on service delivery and a description of who is providing services is the focus of this paper.

Data collection: The sampling frame includes a subset of the facilities listed in the 2000 edition of the National Survey of Substance Abuse Treatment Services (N-SSATS). Adolescent-only facilities, in-prison facilities, private practices, and very small facilities that saw fewer than 50 admissions per year are excluded from the sampling frame. Two selection strata (urbanity and modality) are used to select 250 agencies (from each stratum) as primary and back-up samples from 10,334 facilities. The results of this study include data gathered from the first 175 programs contacted. The principal investigator conducted initial unstructured calls with agency program directors and project

coordinators conducted telephone interviews with clinical and administrative staff during the summer of 2002.

Methodology: The telephone interviews assessed how the national substance abuse treatment system has accommodated to the various recent changes that have occurred in the substance abuse treatment field.

Main findings: Of the 175 agencies that were contacted, 14 had closed and one third had experienced a significant administrative reorganization during the past year. Computers and information resources were available in 80% of programs, but for the most part these resources were available only to administrative staff. Also, the workforce of the substance abuse treatment system is very unstable. There was high turnover among staff at all levels, including program directors (54% had been occupying their position for less than a year). Over half (54%) of agency program directors had occupied their position for less than a year. Additionally, there were very few physicians, nurses, social workers and psychologists on staff at these agencies. Only 54% of the programs had a part-time physician and less than 15% of the programs had a nurse on staff. Third, data collection requirements are taking up significant amounts of valuable staff time and for the most part, the data collected is not used as part of treatment planning.

Implications for program development: Overall, the authors suggest that the aforementioned problems are currently present in the substance abuse treatment system and are making it difficult for agencies to provide appropriate and quality care to patients. Many current and effective treatments require qualified staff and technological resources that are not currently present in many of the treatment programs that were interviewed. Similarly, high staff turnover and a lack of qualified staff (psychologists, social workers, etc.) prevent treatment programs from providing a continuous and stable level of care.

McNulty, T.L., Oser, C.B., Johnson, J.A., Knudsen, H.K., & Roman, P.M. (2007). Counselor turnover in substance abuse treatment centers: An organizational-level analysis. *Sociological Inquiry*, 77(2), 166 - 193.

Purpose: The primary purpose of this research is to investigate whether participatory management is associated with lower rates of staff turnover and to determine if this relationship is at least in part mediated by organizational commitment.

Hypotheses/theories tested: This research uses institutional and ecological theories to develop a conceptual model of staff turnover as a collective phenomenon rather than reflecting solely individual level behavior.

Data collection: Panel data from Wave 2 (1997-1998) and 3 (2000-2001) of the National Treatment Center Study (NTCS) is used in this study. The NTCS uses a nationally representative sample of private-sector treatment centers and the response rate was 95% (n=217 centers). The NTCS uses multi-method techniques including onsite-interviews and mailed questionnaires.

Methodology: The dependent variable is staff turnover and the independent variables are counselor-management relations, measured by participatory management and organizational commitment scales; center characteristics, measured by hospital or freestanding, for-profit or not, center capacity, service capacity (levels of care), mean counselor salary, and prior staff turnover; workforce composition, and counselor-client relations, measured by percent of clients relapsed, percent of court-mandated clients, percent Medicaid, and percent managed-care. The background section of the article

provides specific discussion of the hypothesized relationship between the dependent and independent variables.

Main findings: Counselor average yearly turnover rate was approximately 16 percent, although turnover varied greatly among the centers. Participatory management was associated with lower rates of staff turnover. The statistical models suggest that this association is mediated by organizational commitment (although structural equation modeling was not used). Independent variables associated with staff turnover include organizational commitment; for-profit status, mean counselor salary, prior staff turnover; percent female employees, percent minority employees, percent certified addiction counselors, percent of staff in recovery; and percent managed care. Hospital-based programs had lower staff turnover rates, while for-profit centers and programs with larger client capacity, higher number of levels of care, and higher counselor salaries experienced greater turnover. Higher turnover also was associated with larger percentages of female counselors with graduate degrees and counselors in addiction recovery. Turnover rate was negatively associated with the percentage of minority and certified addiction counselors.

Implications for program development: Participatory management may be an organizational-level intervention that substance abuse treatment facilities could adopt as a strategy to reduce staff turnover.

Mulvey, K. P., Hubbard, S., & Hayashi, S. (2003). A national study of the substance abuse treatment workforce. *Journal of Substance Abuse Treatment, 24*, 51-57.

Purpose: The purpose of this article is to provide demographic, educational, and employment related information on staff within state recognized substance abuse treatment programs.

Hypotheses/theories tested: This study is descriptive and is not based on any specific theories or designed to test hypotheses.

Data collection: Secondary data analysis of Wave 1 of the Retrospective Study of treatment professionals which was administered via the mail with an option to complete the survey online. All Single State Agency directors were surveyed and the National Master Facility Inventory (NMFII) was used to select a random sample of facilities within which Program directors, clinical supervisors and counselors were surveyed. The overall response rate was 80.1% (n=3,267). Data was collected in 1998.

Methodology: A trained actor was utilized to make the follow-up phone calls and the authors attributed the successful response rate to use of a trained actor (prior to follow up phone calls the rate was 49.4% and after 80.1%).

Main findings: There are four main findings from this study. First, substance abuse treatment providers are more highly educated than anticipated. Overall, 80% of the respondents had at least a bachelor's degree. Among program counselors, 74% had at least a bachelor's degree and 72% were certified drug and alcohol counselors. Second, there is a "graying" of the workforce given that 60% of the respondents were 40 to 55 years of age. Third, demographically the workforce reflects the general population but does not reflect the demographic characteristics of treatment clients (in terms of gender and race/ethnicity). Fourth, the data suggests that there is substantial staff turnover at the agency level but that the workforce is staying in the substance abuse treatment field. For

example, 62% of the respondents reporting working in the substance abuse treatment field for at least 10 years whereas 51% reported that they had worked in their current position for less than five years (10% less than one year).

Implications for program development: 1) Efforts may be needed to increase the diversity of the workforce relative to the client population, 2) individuals should be encouraged to enter the field to avoid a potential staff shortage in the next 10 years and 3) programs should consider incorporating a mechanism to address quality of care during periods of high staff turnover.