# The impact of organizational stress and burnout on client engagement

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## Abstract

This article explores the impact of organizational attributes on client engagement within substance abuse treatment. Previous research has identified organizational features, including small size, accreditation, and workplace practices, that impact client engagement (K. M. Broome, P. M. Flynn, D. K. Knight, & D. D. Simpson, 2007). This study sought to explore how aspects of the work environment impact client engagement. The sample included 89 programs located in 9 states across the United States. Work environment measures included counselor perceptions of stress, burnout, and work satisfaction at each program, whereas engagement measures included client ratings of participation, counseling rapport, and treatment satisfaction. Using multiple regression, tests of moderation and mediation revealed that staff stress negatively predicted client participation in treatment. Burnout was related to stress but was not related to participation. Two additional organizational measures—workload and influence—moderated the positive relationship between staff stress and burnout. Implications for drug treatment programs are discussed. © 2012 Elsevier Inc. All rights reserved.

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## 1. Introduction

The Texas Christian University (TCU) treatment process model (Simpson, 2004) and supporting empirical studies (Simpson & Joe, 1993, 2004) document that early engagement and the development of therapeutic relationships are integral components of effective drug abuse treatment. Although client factors such as problem severity and readiness for treatment impact client participation (Simpson, 2004), other factors, including organizational health, also contribute to the therapeutic process (Simpson et al., 1997). Organizational features (e.g., small size, accreditation) and staff perceptions of the workplace (e.g., better climate, more collaborative workplace practices, and higher staff efficacy) are associated with higher client engagement (Broome, Flynn, Knight, & Simpson, 2007; Greener, Joe, Simpson, Rowan-Szal, & Lehman, 2007). Although newer

versions of the TCU treatment process model depict organizational factors as important (Simpson, 2008), the ways in which organizational factors interact as they affect client outcomes are not specified.

This study extends this research by exploring the impact of organization-level stress, burnout, and satisfaction on client engagement within outpatient substance treatment programs. Because the focus is on organizations and how variations in contextual factors affect an organization's ability to engage clients, the unit of analysis is the program. In the sections that follow, literature on burnout, satisfaction, and stress is reviewed. Although most of the relevant research has been conducted with health service organizations and has implications for the field of substance abuse treatment, the intent of this study was to examine how these specific aspects of organizational functioning impact client engagement specifically within substance abuse treatment settings. Burnout and satisfaction have been shown to influence client engagement (e.g., Garman, Corrigan, & Morris, 2002; Killaspy et al., 2009), and staff stress has been linked to both burnout and satisfaction (Cummins, 1990; Spielberger & Reheiser, 1995). Further exploring these

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relationships and their impact on client engagement in these settings will begin to inform the role that organizational factors play in treatment process and identify possible organizational implications.

### 1.1. Staff burnout, satisfaction, and stress

#### 1.1.1. Burnout

Burnout describes the overall condition of emotional exhaustion due to an overload in demands, including emotional and interpersonal stressors (Boswell, Olson-Buchanan, & LePine, 2004; Iverson, Olekalns, & Erwin, 1998), higher caseloads (Broome, Knight, Edwards, & Flynn, 2009), and inadequate resources (Garland, 2004; Garner, Knight, & Simpson, 2007). Burnout has been shown to affect physical health, mental health, and job performance including turnover, staff absenteeism, and intentions to quit (Belcastro, Gold, & Grant, 1982; Cherniss, 1992; Elman & Dowd, 1997; Kahill, 1988). It is especially salient in human service organizations (Pines & Aronson, 1988) and specifically in substance abuse treatment where clients are apt to deny and minimize their problems (Elman & Dowd, 1997; Farmer, 1995).

Adverse effects of burnout on staff can extend to client engagement. Leiter, Harvie, and Frizzell (1998) found that patients under the care of nurses who reported more emotional exhaustion and expressed an intention to quit were less satisfied with the care they received. Garman et al. (2002) examined team burnout among treatment staff at a psychosocial rehabilitation facility and found higher burnout was predictive of lower client satisfaction. Although this relationship is seen in related fields including nursing and health services, the degree to which burnout affects client outcomes in drug abuse treatment organizations is unknown.

#### 1.1.2. Satisfaction

Although sometimes considered as conceptually opposite of burnout, staff satisfaction is a distinct construct, which consists of beliefs, attitudes, and behaviors toward one's job (Weiss, 2002). Staff satisfaction has been linked to higher levels of job performance including commitment, job retention, and job attendance (Bannister & Griffeth, 1986; Locke, 1976). Given that higher staff turnover is associated with higher client dropout rates and difficulty bonding with counselors (Hiatt, Sampson, & Baird, 1997), staff satisfaction has implications for client engagement. For instance, studies in the field of nursing and community mental health organizations found that when staff reported higher satisfaction and fewer conflicts with clients, clients reported higher satisfaction (Daub, 2005; Weisman & Nathanson, 1985) and were more engaged with treatment (Killaspy et al., 2009). Similar to burnout, the relationship between staff satisfaction and client outcomes has been documented in health service organizations but has not yet been examined within the context of drug abuse treatment.

### 1.2. Stress

Organizational stress is defined as the level of environmental demand that can disrupt or enhance an individual's physiological or psychological state and change the normal mode of functioning (Schuler, 1980). Environmental demands include time pressures, increases in work load, and lack of organizational resources (Bhagat & Allie, 1989). Stress has been shown to adversely affect organizations wherein staff who report higher levels of stress have lower job satisfaction, increased turnover, increased absenteeism, and lower productivity (e.g., Cummins, 1990; Spielberger & Reheiser, 1995). However, although stress has been cited as one cause of burnout and dissatisfaction among staff, it has not yet been shown to directly affect client outcomes. The lack of empirical evidence for a direct staff stress–client engagement link could indicate a more complex set of relationships among stress, burnout, and satisfaction.

Although stress has not been linked to client outcomes, stress has been associated with both burnout and satisfaction, two staff attributes hypothesized to mediate the stress–client outcome relationship. Iverson et al. (1998) examined role stress (when a task must be reconciled because of conflicting requirements or through role ambiguity when a task requires clarification and additional information) and found that stress predicted increased burnout among health care workers. This stress–burnout relationship is particularly salient in social service agencies where turnover rates are higher, workloads overextend the staff, and staff report high levels of stress and burnout (Johnson, Brems, Mills, Neal, & Houlihan, 2006). Indeed, stress has been found to be a significant predictor of counselor burnout in corrections-based drug treatment organizations (Garner et al., 2007).

Similar patterns exist for the relationship between stress and job satisfaction. Bhagat and Allie (1989) found that high organizational stress was a significant predictor of lower ratings of work, coworker, and supervisor satisfaction among staff. Similarly, higher role ambiguity (one component of job stress) was a significant predictor of lower job satisfaction within social service organizations (Pasupuleti, Allen, Lambert, & Cluse-Tolar, 2009). Overall, staff who report a stress-filled work environment also report dissatisfaction with their job. Consequently, exploration of how organizational stress affects client engagement should include tests of meditational effects of burnout and satisfaction.

#### 1.2.1. Moderating influences on stress and burnout

As the literature demonstrates, a highly stressful environment cultivates higher burnout. This relationship between stress and burnout has been shown to be influenced by several staff and client attributes, including self-efficacy, influence, and workload. Bandura's (1997) behavior change theory states that people with high self-efficacy (i.e., belief that they can perform a task well) will view difficult tasks as a challenge, carry out more challenging tasks, set higher goals, and achieve them (Schwarzer, 1992). Self-efficacy