

Regular article

Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse treatment counselors in the Clinical Trials Network of the National Institute on Drug Abuse

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Abstract

An intriguing hypothesis is that clinical supervision may protect against counselor turnover. This idea has been mentioned in recent discussions of the substance abuse treatment workforce. To test this hypothesis, we extend our previous research on emotional exhaustion and turnover intention among counselors by estimating the associations between clinical supervision and these variables in a large sample ($N = 823$). An exploratory analysis reveals that clinical supervision was negatively associated with emotional exhaustion and turnover intention. Given our previous findings that emotional exhaustion and turnover intention were associated with job autonomy, procedural justice, and distributive justice, we estimate a structural equation model to examine whether these variables mediated clinical supervision's associations with emotional exhaustion and turnover intention. These data support the fully mediated model. We found that the perceived quality of clinical supervision is strongly associated with counselors' perceptions of job autonomy, procedural justice, and distributive justice, which are, in turn, associated with emotional exhaustion and turnover intention. These data offer support for the protective role of clinical supervision in substance abuse treatment counselors' turnover and occupational well-being. © 2008 Elsevier Inc. All rights reserved.

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1. Introduction

Systematic attention to features of the substance abuse treatment workforce (Annapolis Coalition on the Behavioral Health Workforce, 2007; Whitter et al., 2006) underlines that the high rates of counselor turnover and emotional exhaustion have several negative consequences for the field (Gallon, Gabriel, & Knudsen, 2003; Hser, 1995; McLellan, Carise, & Kleber, 2003). First, counselor turnover poses a threat to the quality of care that clients receive by disrupting the client–therapist relationship (Barak, Nissly, & Levin, 2001; Smith, 2005). Furthermore, turnover is costly to behavioral health care organizations, requiring recruitment, hiring, and training

of new counselors (Alexander, Bloom, & Nuchols, 1994). Efforts spent in replacing clinical staff may undermine organizational efforts to adopt and implement evidence-based treatment practices (Carroll & Rounsaville, 2007).

Emotional exhaustion has been linked to the turnover process (Blankertz & Robinson, 1997; Cropanzano, Rupp, & Byrne, 2003; Lee & Ashforth, 1996) and is an important issue in its own right. First, several researchers have argued that emotional exhaustion is the most significant dimension of the larger phenomenon of employee burnout (Maslach, Schaufeli, & Leiter, 2001; Schaufeli & Taris, 2005). Emotional exhaustion is associated with negative health outcomes (Cherniss, 1980; Melamed, Shirom, Toker, Berliner, & Shapira, 2006) and reductions in job performance (Cropanzano et al., 2003; Taris, 2006; Wright & Cropanzano, 1998). Furthermore, there is evidence that individual-level burnout may become an organization-level phenomenon in that it

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spreads to other employees (Bakker, Schaufeli, Sixma, & Bosveld, 2001; Halbesleben & Buckley, 2004).

In our work, we have measured counselors' turnover intention because it is the strongest predictor of actual turnover (Griffeth, Hom, & Gaertner, 2000) and avoids the methodological problems of valid retrospective data on actual turnover. In prior work, we have focused on counselors' perceptions of managerial practices within treatment centers, particularly the distribution of power and justice within these organizations (Knudsen, Ducharme, & Roman, 2006; Knudsen, Johnson, & Roman, 2003). Our first study documented the linkage of turnover intention to job autonomy, meaning the degree to which managers empower counselors to make decisions about how to perform their jobs (Knudsen et al., 2003). We found that autonomy was negatively associated with turnover intention, a finding consistent with the large body of research that has applied Karasek and Theorell's (1990) theoretical framework of work stress to turnover intention (Lee & Ashforth, 1996).

Our second study focused on perceptions of organizational justice, emotional exhaustion, and turnover intention (Knudsen et al., 2006), examining both distributive justice and procedural justice. Distributive justice encompasses perceptions about how fairly job demands and rewards are distributed across employees of the organization (Adams, 1965). Previous research had linked distributive justice with emotional exhaustion and turnover intention across a range of occupations (Cohen-Charash & Spector, 2001; Colquitt, Conlon, Wesson, Porter, & Ng, 2001; Cropanzano, Goldman, & Benson, 2005; Halbesleben & Buckley, 2004; Schaufeli, Van Dierendonck, & Van Gorp, 1996; Van Dierendonck, Schaufeli, & Buunk, 2001). Our data from a large sample of counselors employed in therapeutic communities indicated that distributive justice was negatively associated with both emotional exhaustion and turnover intention.

A related, but distinct, dimension of organizational justice is procedural justice, which focuses on the fairness of decision-making processes within organizations (Leventhal, 1980). This has been operationalized in terms of whether managers collect information from employees before making decisions and allow employees to have a voice in managerial decision making (Niehoff & Moorman, 1993). Recent meta-analyses have linked procedural justice with intention to quit in a variety of occupations (Cohen-Charash & Spector, 2001; Colquitt et al., 2001). Consistent with this literature, our research indicated that procedural justice was negatively associated with both emotional exhaustion and turnover intention (Knudsen et al., 2006).

In a related study, we built upon these models by introducing the concept of coworker support and its influence on counselor burnout and turnover intention (Ducharme, Knudsen, & Roman, 2008). Although coworker support is an important predictor of these outcomes, it does not attenuate the robust effects of autonomy and justice. Left

unmeasured in those models, however, was the influence of counselors' interactions with supervisors.

Clinical supervision in the behavioral health care field goes beyond supervisory support as measured in most other occupational studies. It is a more complex relationship than generic job supervision. Clinical supervision is important for understanding the range of dynamics influencing counselors' perceptions about their jobs and their desire and willingness to remain with their organizations. Moreover, understanding the impacts of clinical supervision on counselor retention and well-being can lead to the design and delivery of workplace interventions targeted at enhancing the quality and quantity of supervision in these settings.

Based on relatively scant empirical data, clinical supervision has been suggested by policymakers as a key element in improving the addiction treatment workforce (Center for Substance Abuse Treatment, 2007). Discussions in related fields such as nursing have also pointed to clinical supervision as a means to both improve patient care and reduce employee burnout (Clegg, 2001). Among the rare studies of clinical supervision and employee well-being, a study of nurses found a significant negative association between clinical supervision and emotional exhaustion (Edwards et al., 2006).

There are several reasons to suggest that there may be a strong but possibly indirect link between clinical supervision and turnover intention in addiction counseling. Supervisors directly influence the day-to-day experience of work and can offer valuable support in performing job tasks (Stinglhamber & Vandenberghe, 2003). Instrumental social support, which refers to supervisors providing assistance with job tasks, has been linked to employee well-being and actual turnover (Eisenberger et al., 2002). Such support may help employees feel empowered to make decisions about how to perform their jobs. Furthermore, supervisor behaviors have been shown to shape employees' perceptions about job-related stressors and, subsequently, turnover intention (O'Driscoll & Beehr, 1994).

In addition, supervisors represent the most visible symbol of the organization (Kozlowski & Doherty, 1989). Previous research suggests that employee perceptions about supervisors are often generalized to broader evaluations of the organization (Eisenberger et al., 2002). For example, perceptions of supervisor support have been shown to be strongly associated with perceptions that the organization is supportive (Maertz, Griffeth, Campbell, & Allen, 2007; Shanock & Eisenberger, 2006). Others have documented that employees who perceive a higher quality relationship with their supervisors tend to report greater procedural and distributive justice (Lee, 2001). Another possible benefit of clinical supervision is that employees may perceive that their supervisors are paying closer attention to their job performance. Niehoff and Moorman (1993) found that when supervisors engaged in greater observation of employees' work, employees reported greater procedural and distributive justice. They argued that employees likely

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