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Leadership, burnout, and job satisfaction in outpatient drug-free treatment programs

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Abstract

Counselors are a critical component of substance abuse treatment programming, but their working experiences are not yet well understood. As treatment improvement efforts focus increasingly on these individuals, their perceptions of program leadership, emotional burnout, and job satisfaction and related attitudes take on greater significance. This study explores counselor views and the impact of organizational context using data from a nationwide set of 94 outpatient drug-free treatment programs in a hierarchical linear model analysis. Results show counselors hold generally positive opinions of program director leadership and job satisfaction and have low levels of burnout, but they also have important variations in their ratings. Higher counselor caseloads were related to poorer ratings, and leadership behaviors predicted both satisfaction and burnout. These findings add further evidence that treatment providers should also address the workplace environment for staff as part of quality improvement efforts.

Keywords: Counseling staff; Burnout; Job satisfaction; Leadership; Hierarchical linear models

1. Introduction

Like many areas of behavioral health care, substance abuse treatment relies heavily on professional and paraprofessional counselors and other clinical staff to deliver care. These individuals are central to the success of treatment interventions, particularly to the many approaches that are counseling based rather than medications based. However, despite their importance, clinical staff may be one of the most insufficiently understood components of treatment programs (Harwood, 2007). Recent surveys within the National Institute on Drug Abuse (NIDA) Clinical Trials Network (McCarty et al., 2007) show staff to be a diverse group of individuals, with widely varying characteristics and attitudes. They are not a generic and interchangeable resource for programs. This situation signals a need to understand better the counselors and their working environment. To do so, substance abuse researchers are turning to many of the same perspectives and issues long used in other industries.

Substance abuse treatment programs and their workforce face several key challenges. McLellan, Carise, and Kleber (2003) highlight three trends from a nationally representative sample of programs, namely, (a) organizational and administrative instability reflected in program closings and reorganization, (b) high staff turnover at all levels, and (c) overwhelming data collection and reporting requirements. Against this backdrop, programs also are under pressure to adopt more "evidence-based" clinical approaches, which are increasingly the subject of state-level regulations and funding contracts (Marton, Daigle, & de la Gueronniere, 2005).

Taken together, these factors raise important questions about the job attitudes of substance abuse treatment counselors. Although the possible set of attitudes is extensive and complex, we focus here on three dimensions that are especially salient: job satisfaction, burnout, and

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leadership. In light of the turnover and instability, as well as the pressures for change, these three perceptions are expected to be central to understanding which individuals and programs will remain successful. Consequently, potential facilitating factors and the opportunity to make improvement will be of interest to program management. Below, we offer an overview of each and begin to explore the program organizational features that might shape them.

1.1. Satisfaction

Job satisfaction—an affective reaction to the job situation—is an intuitive concept to most workers who would consider it a desirable goal. Subsequently, assessment and study of satisfaction has been of enduring research interest (Hulin, 1992; Smith, 1992). Some common themes for measurement include value or interest in the work itself, sufficiency of rewards, connections with peers, and appraisals of supervisors and the organization as a whole (Cook, Hepworth, Wall, & Warr, 1981). The multifaceted nature of satisfaction makes it closely allied with some other attitudes. For example, organizational commitment is closely related but is conceptually distinct, by focusing on affinity for the employing organization as a whole rather than on the job experience (Cook et al., 1981).

For organizations and managers, interest in job satisfaction often stems from its links to job-related behaviors, including performance (Riketta, 2008) and employee turnover and turnover intentions (Smith, 1992). As noted above, the substance abuse treatment field suffers particularly from turnover, with estimated annual rates of 18.5% (Johnson, Knudsen, & Roman, 2002), and some programs reporting even higher rates. Retaining qualified counselors is a priority for most treatment programs, and satisfaction is potentially useful as an easy-to-assess barometer for the success of these efforts.

1.2. Burnout

Early writing on burnout focused on those working in the human services and health care fields (Freudenberger, 1975; Maslach, 1976). By nature, such work is highly interpersonal, involving direct interaction with the recipient, and can be emotional and stressful (Pines & Aronson, 1988). These authors documented patterns of emotional depletion and loss of motivation and commitment that could develop in reaction to the ongoing stress.

Modern work on burnout focuses on three main issues (Maslach, Schaufeli, & Leiter, 2001): exhaustion, cynicism, and inefficacy. Exhaustion is the most common symptom and most likely develops first. The latter two elements may be, in part, reactions to the experience of exhaustion. Cynicism (or "depersonalization") refers to a tendency to adopt an impersonal or indifferent view of clients. It is a protective mechanism, intended to reduce stress by disengaging from the clients and their unique situations. Feelings of inefficacy reflect a low sense of personal accomplishment.

In turn, burnout symptoms have been linked to other undesirable outcomes. Across industries, workers reporting more burnout also tend to experience poorer job performance (Taris, 2006) and personal health (Maslach et al., 2001). For the individual worker, these problems can take the form of illness, fatigue, and depression (Kahill, 1988; Maslach et al., 2001). For the organization, personal difficulties raise further challenges, including absenteeism, intentions to leave (Knudsen, Ducharme, & Roman, 2006; Wright & Cropanzano, 1998), and reduced client satisfaction with services received (Garman, Corrigan, & Morris, 2002; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). Burnt-out individuals may also become more rigid in their approach and resistant to change (Cherniss, 1980). Taken together, the potential consequences provide ample reason to monitor for staff burnout and take corrective action.

1.3. Leadership

Issues of leadership are slightly different from those of satisfaction and burnout, in that they refer to leader or supervisor behaviors rather than solely to personal experiences and attitudes. Nonetheless, the leader and the relationship he or she has with staff constitute important ingredients in the workplace. There is also an attributional component involved when staff members assess the behavior of their leaders (Hollander, 1985).

Successful leaders use a broad range of behaviors in interacting with staff. Some strategies focus on social exchange or transactions (Bass, 1985; Donohue & Wong, 1994). Transactional behaviors include the leader telling the followers exactly what is expected of them and what they can expect in return. Other strategies are more interpersonal in nature and emphasize the leader's role in transforming a situation (Bass, 1985; Donohue & Wong, 1994; Rafferty & Griffin, 2004). Relevant behaviors include articulating a vision for the future, listening to individual concerns and needs, serving as a mentor or coach, and encouraging experimentation. Individual leaders may find any of these behaviors to be useful in different situations, making them complementary approaches (Yukl & Van Fleet, 1992). Indeed, a recent meta-analysis on leadership (Judge & Piccolo, 2004) found separate measures of these strategies to be so closely related that it was difficult to separate their unique effects.

Recent interest in leadership within the substance abuse and mental health treatment fields has grown, in part, because leaders can play an important role in times of change and instability (Conger & Kanungo, 1998; Donohue & Wong, 1994). By promoting new ways of thinking and by focusing on longer-range goals, it is argued, leaders can support and manage change more easily. Leadership has therefore emerged as a focal point in efforts to improve treatment and promote adoption of evidence-based practices. For example, in mental health programs, supervisors' leadership practices were associated with greater staff