

# A Process-Oriented Model of the Relationship between Clinical Supervision, Burnout, and Turnover Intentions among Substance Abuse Counselors<sup>1</sup>

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## Abstract

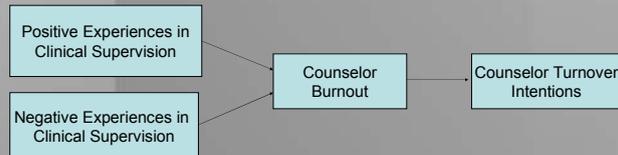
We examined the relationship between positive and negative aspects of clinical supervision and the counselor outcomes of burnout and turnover intentions using a sample of 462 counselors working in substance abuse treatment facilities across the United States. Strong support was found for a mediated model whereby experiences in supervision relate to perceptions of burnout, which in turn relates to intentions to leave.

## The Current Study

The health services field is increasingly concerned about burnout and turnover among service providers. Substance abuse professionals are particularly susceptible to burnout since factors such as large caseloads, limited resources, low pay, and bureaucratic work environments contribute to burnout (Jones, Fletcher, & Ibbetson, 1991; Roessler & Rubin, 1992). In addition, substance abuse professionals work with a challenging client population of addicts and referrals from the criminal justice system (Shoptaw, Stein, & Rawson, 2000) which can leave them feeling frustrated, depressed, and helpless in assisting clients (Shoptaw et al., 2000). Burnout is important to study because it is associated with increased rates of voluntary turnover (Maslach & Jackson, 1981) and employee turnover rates are higher in healthcare than most other industries (Numerof, Abrams, & Shank, 2002).

This highlights the need to examine work environment factors that are amenable to change and may make a difference in curbing burnout (and ultimately deterring turnover) among substance abuse counselors. Clinical supervision is one such factor since it is the primary mechanism for on-the-job training and counselor development (Powell & Brodsky, 1993). Further, negative experiences in clinical supervision can contribute to burnout and ultimately turnover (Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002).

As such, we propose that positive experiences with one's clinical supervisor may reduce counselor burnout whereas negative experiences may actually exacerbate burnout. And consistent with previous research, burnout should predict counselor turnover intentions. Figure 1 displays the study hypotheses.



## Method

### Sample

Participants were 462 substance abuse counselors employed in 15 substance abuse treatment facilities located throughout the United States. The treatment centers represented a broad array of free-standing and hospital based treatment providers (e.g., in-patient, out-patient, methadone-only). Sixty-three percent of the counselors were female and 58% were Caucasian. The mean age of respondents was 41.1 (SD=12.1) years and 83% held at least a college degree. Thirty-six percent of the counselors were certified or licensed substance abuse professionals and 30% were personally in recovery. The annual salary reported by counselors was \$32,996 (SD=\$8144) and the average caseload was 25 clients.

### Procedure

Participants completed a paper-and-pencil survey during normal business hours.

### Measures

**Positive Experiences in Clinical Supervision.** A modified version of Ragins and McFarlin's (1990) mentor role instrument was used to measure positive experiences in clinical supervision. This 29-item measure assesses a broad range of positive experiences with one's clinical supervisor, such as the provision of challenging assignments, task assistance, job-related feedback, friendship, counseling, and acceptance-and-confirmation. Coefficient alpha for the measure is .97.

**Negative Experiences in Clinical Supervision.** Eby et al's (in press) 20-item measure of negative mentoring experiences was used to examine a wide range of negative experiences with one's clinical supervisor. This includes interpersonal problems, neglect, and manipulation, among other things. Coefficient alpha is .87 for this measure.

**Burnout.** Burnout was operationalized in terms of depersonalization (i.e., lack of empathy for clients and emotional hardening) and emotional exhaustion (i.e., feeling emotionally drained from work; Maslach, 1982). The depersonalization measure included 5 items and demonstrated a coefficient alpha of .74. The emotional exhaustion measure included 9 items and has a coefficient alpha of .91.

**Turnover Intentions.** Cammann et al's (1979) 3-item scale was used to assess intentions to leave one's current employer. Coefficient alpha for this measure is .93.

Control variable. Pay satisfaction (2 items, alpha=.58) was used as a statistical control variable given the generally low pay associated with this occupation and association between pay satisfaction and turnover intentions.

## Results

Correlations among the study variables appear in Table 1. As expected, positive experiences in clinical supervision were negatively related to burnout and turnover intentions. And, negative experiences in clinical supervision were positively related to both burnout and turnover intentions. Also consistent with previous research, both dimensions of burnout (depersonalization, emotional exhaustion) were positively associated with turnover intentions.

Table 1

Zero-order Correlations among Study Variables

	1	2	3	4	5
1. Positive clinical supervisory experiences					
2. Negative clinical supervisory experiences					
3. Depersonalization					
4. Emotional exhaustion					
5. Turnover					
6. Pay satisfaction					

\*p<.05. \*\*p<.01. Pay satisfaction included as a control in all analyses.

The relationships depicted in Figure 1 were examined using James and Brett's (1984) criteria for demonstrating mediation: (1) the independent variable must be significantly correlated with the mediator, (2) the mediator variable must be significantly related to the dependent variable, and (3) when the influence of the mediator variable is held constant, the effect of the independent variable on the dependent variable becomes non significant. Table 1 demonstrates that criteria 1 and 2 are met, allowing us to examine criterion 3. Multiple regression was used to test for mediation. In all regression analyses, the control variable of pay satisfaction were included. The results appear in Table 2.

Table 2

Mediation Analysis

Independent variable	Turnover Intentions	
	Step 1 Beta	Step 2 Beta
Positive experiences	-.23**	-.23**
Negative experiences	.16*	.12
Depersonalization		.28**
R <sup>2</sup> at each step	.26	.34
F at each step	50.74**	54.37**

Independent variable	Turnover Intentions	
	Step 1 Beta	Step 2 Beta
Positive experiences	-.23**	-.18**
Negative experiences	.16*	.13*
Emotional exhaustion		.39**
R <sup>2</sup> at each step	.26	.40
F at each step	50.74**	70.71**

\*p<.05. \*\*p<.01. Pay satisfaction included as a control in all analyses.

As shown in Table 2 (Step 1), after controlling for pay satisfaction, both positive ( $\beta = -.23, p < .01$ ) and negative ( $\beta = .16, p < .05$ ) clinical supervisory experiences are uniquely associated with turnover intentions ( $F(3,420) = 50.74, p < .01, R^2 = .26$ ).

In Step 2 the mediator is included in the regression sequence and the beta weight associated with positive and negative clinical supervisory experiences is examined. Two mediator analyses were conducted, the first for the depersonalization dimension of burnout (see top panel of Table 2), and the second for the burnout dimension of emotional exhaustion (see bottom panel of Table 2). Interestingly, when depersonalization was considered as a mediator, no evidence of mediation was found for positive experiences in clinical supervision but full mediation was found for negative experiences in clinical supervision (see top panel of Table 2, comparing Step 1 and Step 2). A slightly different pattern of effects was found when emotional exhaustion was considered as a mediator. For both positive and negative experiences in clinical supervision, emotional exhaustion served as a partial mediator (see bottom panel of Table 2, comparing Step 1 and Step 2).

## Conclusion and Implications

- Both positive and negative experiences in clinical supervision have unique explanatory power in understanding the burnout-turnover intention relationship.
- Some support was found the mediating role of burnout in the clinical supervision-turnover intention relationship, but the effects were more consistent for negative clinical supervisory experiences. Also, some differential patterns of effects were found between the two dimensions of burnout.
- Practical suggestions include in-house and education-based training on effective clinical supervision and performance management systems for clinical supervisors.

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