A Process-Oriented Model of the Relationship between Clinical Supervision, Burnout, and Turnover Intentions among Substance Abuse Counselors

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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, & Ibison, 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 (Nummerof, Abrams, & Shanek, 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). Thirty-six 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.

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

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
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<tr>
<td>Positive clinical supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative clinical supervision</td>
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<td></td>
<td></td>
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<td>Negative clinical experiences</td>
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<td>18**</td>
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<td>Depersonalization</td>
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<td>23**</td>
<td>52**</td>
<td></td>
<td></td>
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<tr>
<td>Emotional exhaustion</td>
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<td>39**</td>
<td>36**</td>
<td>52**</td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
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<td>39**</td>
<td>36**</td>
<td>52**</td>
<td>40</td>
</tr>
<tr>
<td>Pay satisfaction</td>
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<td>-15**</td>
<td>-07</td>
<td>-22**</td>
<td>-35**</td>
</tr>
</tbody>
</table>

*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.

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 consisten for negative clinical 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.

Selected References


