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Program Needs and Change Orientation: Implications for Counselor Turnover

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Abstract

While evidence suggests that turnover rates are higher in high-stress/high-needswork environments, it is unclear whether agencies' attempts at improving practices influence individuals' decisions to stay at or leave a job. The purpose of this study is to examine whether program needs and change orientation influence individual decisions to quit. A sample of 206 counselors from 25 outpatient substance abuse treatment programs completed the Survey of Organizational Functioning, rating the organization on program needs, leadership, and change. They also rated themselves on stress, burnout, and job satisfaction. Multilevel modeling indicated a significant interaction between program needs and change orientation, even after controlling for stress, burnout, job satisfaction, tenure, and selected program characteristics. When perceptions of program needs were high, counselors were more likely to stay if they felt that the organization was making progress toward change. These findings suggest that an orientation toward change can counteract negative effects of perceived need within the workplace.

Keywords

Turnover; program needs; change orientation; multilevel modeling; substance abuse treatment

1. Introduction

Counselors play an integral role in the delivery of substance abuse treatment services through their direct impact on clients (by shaping of treatment plans, facilitating progress, providing encouragement and feedback) and organizational health (as providers of quality services). Counselors are nested within an organizational culture, wedged between agency policies/practices and client needs/demands. They function as informants to management, identifying problem areas and advocating for client needs while simultaneously serving as managerial agents, implementing practices and ensuring that quality services are provided. They contribute to the dynamic system in powerful and predictable ways, while simultaneously being influenced and shaped by that same system.

Several examples of the dynamic interplay between individual and organizational factors within the substance abuse treatment workplace exist. For instance, larger caseloads are

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associated with more stressful working conditions for counselors (Broome, Knight, Edwards, & Flynn, 2009; organizational to individual). However, perceived stress is lower when individuals feel they can influence organizational decisions (Landrum, Knight, & Flynn, in this issue; individual to organizational). Similarly, when staff are dissatisfied with the departure of a supervisor (organizational to individual), the subsequent supervisor is less likely to remain in their position a year later (Knight, Broome, Edwards, & Flynn, 2011; collective individual to organizational). Hence, the interplay between the individual and their organization is dynamic and critically important in understanding complex issues such as staff retention.

Given the increasing emphasis on adoption of evidence-based practices (EBPs) and the reliance on workforce stability in promoting and sustaining new initiatives, it is important to understand how perceptions of an agency's change orientation impacts counselors' decisions to quit. Interest in the dynamic interplay between organizational and individual staff factors has increased in the last decade due to greater emphasis on the adoption and implementation of EBPs (see Garner, 2009 for a review). The TCU Program Change Model (Flynn & Simpson, 2009; Simpson, 2004, 2009; Simpson & Flynn, 2007; Simpson & Joe, 1993; 2004) describes the importance of leadership in the selection and decision to adopt new practices and the role of change agents and counselors in planning, promoting, implementing, and sustaining change. While theoretical models may differ in the specific stages of the process or the mechanisms that influence them (e.g., Elwyn, Taubert, & Kowalczyk, 2007; Fixsen, Blasé, Naoom, & Wallace, 2009), an underlying assumption is that individuals involved in (and responsible for) change protocols remain employed at the organization long enough to see a new initiative through the various stages of implementation. The unfortunate reality is that turnover is a significant problem in substance abuse treatment programs (Alcoholism & Drug Abuse Weekly, 2002; Gurel, Carise, Kendig, & McLellan, 2005; Knight et al., 2011), with serious and negative implications for changing practices. Turnover results in poorer adoption of EBPs (Squires, Gumbley, & Storti, 2008) and threatens implementation and sustainability of new initiatives (Glisson et al., 2008).

While it is intuitive that turnover can severely impact the success of change initiatives, it is not clear to what extent and in what ways agency efforts at change influence individuals' decisions to leave. Given that counselors serve as organizational informants/instruments of change, and are keenly aware of client needs, the degree to which they perceive their organization as capable and willing to address needs may factor into their decision to stay or leave. Therefore, the purpose of this study is to examine how perceptions of program needs and change orientation influence individual counselors' decisions to quit. Because counselors are embedded within an organizational system, it is important to examine departure decisions within the broader workplace context.

The Job Demands and Resources Model (Bakker & Demerouti, 2007) provides a possible framework for understanding how program change orientation and needs interact to influence personal employment decisions. According to this model, both positive and negative elements of the work environment influence individual well-being (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Job demands are usually characterized as negative conditions (e.g., work pressures, demanding interaction with clients, etc.), while job resources encompass positive aspects of the work environment (e.g., social support and autonomy). According to the model, higher job demands lead to increased job strain, which contributes negatively to organizational outcomes. Greater job resources, on the other hand, lessen the demands-strain relationship and lead directly to greater job motivation, which in turn promotes positive organizational outcomes. While demands and resources are fundamental components of all jobs, resources are particularly valuable because they not

only reduce negative effects of demands but also facilitate work engagement and motivation (Bakker & Demerouti, 2007).

Job demands include aspects that require sustained effort. Working in an environment where program needs are high can be demanding, as evidenced by greater burnout among counselors reporting high program needs (Garner, Knight, & Simpson, 2007). In such programs, greater sustained effort is needed to implement standard practice. As such, individual stress and burnout are characterized as job demands, and are reflective of individual reactions to sustained effort. Indeed, burnout and stress are consistent predictors of intentions to leave (e.g., Kim & Lee, 2007; Knudsen, Ducharme, & Roman, 2006; Lake, 1998) and turnover (e.g., Aarons & Sawitzky, 2006).

Job resources include aspects that are functional, reduce job demands, or stimulate growth. Orientation toward change (defined by both transformational leadership and an organizational climate that is open to change) is one example of a job resource. Change initiatives are often aimed at the most salient program needs. Re-framing a problem as a “challenge” (Boswell, Olson-Buchanan, & LePine, 2004) and encouraging active participation in solution-focused activities can mitigate negative effects of high demands. For instance, burnout among nurses is lower when transformational leadership approaches are utilized, suggesting that hospital nursing staff generally appreciate trying new ways to help their patients (Stordeur, D’Hoore, & Vandenberghe, 2001). Similar findings exist within substance abuse treatment organizations where positive leadership approaches are associated with lower burnout and higher job satisfaction (Broome et al., 2009).

When perceptions of program needs are high, counselors may begin looking for ways to address issues. They are more open to innovation (Saldana, Chapman, Henggeler, & Rowland, 2007), more willing to attend training on new interventions (Courtney, Joe, Rowan-Szal, & Simpson, 2007), and are more likely to assimilate innovations into practice (Gustafson et al., 2003) when they perceive their current situation as intolerable. It stands to reason that organizations that support and foster opportunities for improvement provide a resource that diminishes the relationship between workplace demands and poor organizational outcomes (such as turnover; see Bakker & Demerouti, 2007).

Depending on the level of existing program needs, it is important to note that change orientation could be perceived as a demand or as a resource. If perceptions of program needs are high and change orientation is high, then counselors would possibly interpret change as a support, anticipating that the agency is working toward solutions. However, if needs are low and change orientation is high, change may be interpreted as a demand, when counselors perceive protocol and procedural improvements as unnecessary. In the first instance, counselors may be more likely to remain at the agency as the changes are warranted by the perception of need, whereas in the second instance the additional burden of unwarranted change may increase the likelihood of departure. Similarly, high needs combined with low change orientation may result in departure, due to a perceived lack of support. Indeed, a lack of support for change can severely impact individual staff members’ motivation (e.g., Elwyn et al., 2007).

While the literature documents turnover as a significant problem in social service fields, there is relatively little evidence regarding predictors of turnover decisions within substance abuse treatment settings. What little research exists typically includes turnover intention (e.g., Knudsen et al., 2006) or proportion of turnover within the organization (e.g., Knight et al., 2011) as the outcome. While both are important outcomes, being able to model and predict actual turnover decisions will increase understanding of the unique features that these settings contribute to personal decisions and actions.

The purpose of this study is to examine how perceived program needs (conceptualized as a job demand) and program change orientation (conceptualized as a job resource) influence actual decisions to quit among counselors employed in outpatient substance abuse treatment centers. Two primary research questions are addressed: (1) are staff who perceive high demands (i.e., high program needs) less likely to leave when program management is oriented toward change and (2) do these influences remain after controlling for individual-level (i.e., measures of satisfaction, burnout, and stress) and program-level characteristics? It is hypothesized that the relationship between program needs and turnover will be stronger in programs with lower orientation toward change and that the moderating effects of program change orientation will remain after controlling for both individual and program-level characteristics.

2. Method

2.1. Sample

As part of the Treatment Costs and Organizational Monitoring (TCOM) project (Broome Flynn, Knight, & Simpson, 2007; Knight, Broome, Simpson, & Flynn, 2008), data were collected in 2004-2006 from 115 treatment programs in 9 states: Florida, Idaho, Illinois, Louisiana, Ohio, Oregon, Texas, Washington, and Wisconsin. Letters describing the project were distributed through Addiction Technology Transfer Centers (ATTCs) in four regions: Southern Coast, Great Lakes, Gulf Coast, and Northwest Frontier. To qualify for inclusion, participating programs had to primarily provide outpatient substance abuse treatment (could be embedded in the criminal justice or mental health system), and have a minimum of three clinical staff members. Some exceptions were made when a large organization with multiple outpatient units wanted to include all programs in the research project. A naturalistic quota-sampling plan was developed to provide adequate coverage of various program types (e.g., varying levels of care) and geographic regions. Programs were offered monetary compensation, training opportunities, and customized feedback reports in exchange for their participation. One hundred percent of programs that expressed interest and met eligibility requirements provided initial program data. Data collection plans and study protocols were approved by the university's Institutional Review Board (IRB).

The sample consisted of 206 clinical counselors from 25 programs. To be included in the analyses, programs were required to have one or more staff members who completed a survey and then left voluntarily in the following year, and one or more staff members who completed a survey and stayed for the following year. The sample allows for a comparison of individuals who stayed versus those who left within a given program and represents 22% of the 115 programs that were originally recruited. Program demographics for this sample are not statistically different from the entire TCOM sample, and are comparable to National Survey of Substance Abuse Treatment Services (N-SSATS) data collected in 2006 (see Knight et al., 2008; U.S. Department of Health and Human Services 2006). Programs were generally private-non-profit (77%) and located in urban or suburban settings (33% rural). Eleven percent of programs were regular outpatient (less than 6 hours of structured programming per week), 11% were intensive outpatient (minimum of 2 hours of structured programming on 3 days per week), and 78% were mixed (providing both regular and intensive tracks). Seventy percent were affiliated with a parent organization. On average, clients received 4.8 hours of group counseling and just under 1 hour of individual counseling (.9) per week. Agencies employed an average of 6.7 counseling staff with caseloads of about 26 clients. With few exceptions, program characteristics were comparable between the 25 programs with voluntary turnover and the sample of 115 programs. Programs with turnover were more likely to provide mixed outpatient services (combination of intensive and regular; $\chi^2_{(2)} = 9.17, p = .01$) and employ more counselors ($t = -4.14, p < .001$).

2.2. Procedure

The current study utilized data collected as part of a 3-year, multi-wave study and includes two instruments (1) an assessment of organizational structure and operations (completed by program directors) and (2) an assessment of organizational functioning (completed by all staff members with direct client contact).

Data collection procedures focused on obtaining a cross-sectional view of treatment program functioning. At the beginning of each annual data collection period, a program director or clinical manager completed a Survey of Structure and Operations (SSO; Knight et al., 2008), which took approximately 30 minutes to complete and gathered information about general program characteristics, organizational relationships, clinical assessment and practices, services provided, staff and client characteristics, and recent changes (e.g., staff turnover). During the same time period (spanning approximately 1 month), clinical staff and directors completed a Survey of Organizational Functioning (SOF; Broome et al., 2007), an expanded version of the Organizational Readiness for Change (ORC; Lehman, Greener, & Simpson, 2002) instrument, designed to assess program needs, resources, staff attributes, organizational climate, job attitudes, and workplace practices within social service settings. The SOF took approximately 20 minutes to complete, and identical forms were administered to directors and clinical staff. All staff (including the director) were asked to complete the SOF. Return rates across the 25 programs ranged from 45% to 100%, with an average rate of 85%.

At the start of each data collection period, program informants were asked to indicate the number of counseling staff who left during the preceding 12 month period. "Counselor" was defined as a staff member who had direct clinical contact with clients, including counselors, social workers, case managers, clinical supervisors, and therapists. Full-time, part-time, and contractual clinicians were included in the estimate. Demographic information about each individual who left and the reason for their departure was also collected. A linkage code comprised of 6 demographic markers was used to match the staff members who left with the survey they completed the year prior.

Of the 134 staff who left, 76 (57%) were matched using at least 5 of 6 markers. Mismatches could have been due to several factors, including omission of linkage information, inconsistent reporting of linkage information (i.e., informants may have answered questions about the staff member who left from memory or may have chosen to omit rather than look up ethnicity or birth year in agency records), or counselors who left may not have completed a staff assessment in the year prior. The number of staff who responded to the survey and left the following year ranged from 1 to 5, and averaged 2.08. The number of staff who responded to the survey and remained employed the following year ranged from 1 to 22, and averaged 6.16. Among those with survey data, 52 (68%) left voluntarily. Reasons for "voluntary turnover" include an opportunity with another program, changing careers, leaving the workforce, and moving to another city. Staff members that left the program due to a lay-off, structural downsizing, or termination were classified as leaving "involuntarily" and were excluded from the analyses. Because the focus of the current study is to examine organizational stressors and resources that affect voluntary turnover, the comparison group (154 individuals who stayed) includes only staff members that remained employed in programs with at least 1 individual who left voluntarily.

2.3. Participants

Counseling staff were predominantly female (66%), white (80%), in their mid-to-late forties ($M = 47.23$, $SD = 11.23$), held a Bachelors (64%) or Masters Degree (36%), and had over 5 years of experience in drug abuse counseling (58%). Program tenure ranged considerably,

with 32% reporting being in their current job for less than one year and a comparable percentage (29%) reporting five or more years (see Table 1).

2.4. Measures

Five scales from the SOF (Broome et al., 2007), were considered as possible predictors of voluntary turnover. Staff responded to a series of statements, rating each item on a one to five response scale, where 1 indicated “disagree strongly” and 5 indicated “agree strongly.” Scale scores were recoded to range from 10 to 50.

2.4.1. Staff perceptions of work-environment—Work-environment demands were measured by counselors’ perceptions of program needs (PN) and included eight items with a common question stem of “Your program needs additional guidance in...”. Examples include “measuring client performance” and “matching needs with services” (Cronbach’s coefficient alpha = .85). Work-environment resources were measured by two scales from the SOF: openness to change and director leadership. Openness to change was represented by five items including “you are encouraged here to try new and different techniques” and “it is easy to change procedures here to meet new conditions” (Cronbach’s coefficient alpha = .66). Director leadership was measured by 10 items with a common question stem of “My Program Director...”. Examples include “leads by example” and “encourages new ways of looking at how we do our jobs” (Cronbach’s coefficient alpha = .92). Individual responses on the openness to change and director leadership scales were averaged to form a measure of change orientation (CO; Cronbach’s coefficient alpha = .91)

2.4.2. Individual perceptions of stress, burnout, and satisfaction—Stress was measured by four items including “you are under too many pressures to do your job effectively” and “staff frustration is common here” (Cronbach’s coefficient alpha = .82). Satisfaction was measured by six items including “you are satisfied with your present job” and “you like the people you work with” (Cronbach’s coefficient alpha = .77). Burnout was measured by six items including “you feel like you aren’t making a difference” and “you feel depressed” (Cronbach’s coefficient alpha = .70).

2.4.3. Organizational measures—Three organization-level measures, obtained from directors using the SSO, were included in the analyses: parent organization affiliation, service approach, and staff size. Parent organization affiliation was defined as belonging to a larger organization or agency of which the clinic or program is a part (with either shared or separate financial accounting practices). Because parent affiliation has been found to be an important determinant of supervisory turnover (Knight et al., 2011) and hospital-based programs generally have lower turnover rates due perhaps to higher salaries, better benefits, and a more stable work environment (Neal, Johnson, Knudsen, & Roman, 2002), parent affiliation was included as a covariate in the analyses.

Directors described their outpatient service approach as (a) regular outpatient (less than six hours of structured programming per week), (b) intensive outpatient (minimum of two hours of structured programming on three days per week; or (c) mixed (both regular and intensive outpatient; Substance Abuse and Mental Health Services Administration, 2007). Staff size reflected the number of counselors employed at the program at the time staff reported perceptions of their work environment.

2.5. Data analysis

In order to assess how organizational factors and staff attributes affect voluntary turnover, a series of multilevel model analyses were run using the software program Hierarchical Linear Modeling 6.0 (Raudenbush, Byrk, & Congdon, 2005). The Bernoulli distribution was

selected for the dichotomous outcome. Following the suggestions of Raudenbush and Byrk (2002), the LaPlace method of approximation was selected because “(1) Integration per cluster is fully multivariate with arbitrary dimensions; (2) the approximation is accurate to any degree required; (3) convergence is numerical rather than stochastic; and (4) computations are remarkably fast” (p. 460).

Individual decision to leave (Voluntary Turnover) was the dependent variable in all models. Staff level 1 variables included all SOF measures of interest (Program Needs, Change Orientation, Stress, Burnout, Satisfaction), plus counselor demographic information. Level 2 variables included program characteristics: Parent Affiliation, Service Approach, and Staff Size.

A series of HLM models were conducted, beginning with an unconditional model (no Level 1 or Level 2 predictors) to determine the amount of variability attributed within and between program membership. Predictors were then added in sets in the following order, retaining all measures added in the previous model: (1) Level 1 Program Needs (PN), Change Orientation (CO), PN x CO Interaction, (2) Level 1 Stress, Burnout, Satisfaction, (3) Level 1 Staff Demographics: Experience, Tenure, Gender, Race, and Degree, and (4) Level 2 Program Characteristics: Parent Affiliation, Service Approach, and Staff Size.

3. Results

Means and standard deviations of key variables by voluntary turnover status are depicted in Table 1. Chi Square analyses revealed no statistically significant differences between groups on demographic measures. Staff who left voluntarily reported lower change orientation ($t_{(202)} = 2.34; p < .05$), and lower satisfaction ($t_{(204)} = 3.13; p < .01$), compared to staff who stayed.

While it may appear that one measure of primary interest – Program Needs – was not related to individual decisions to leave, it must be noted that these univariate analyses do not reflect the shared variance that occurs naturally among individuals working within the same environments. Figure 1 depicts the group means for Program Needs for each of the 25 programs, by individuals who stayed versus those who left. The 25th, 50th, and 75th percentile marks (across programs) are depicted. As evidenced, there is considerable variation across programs and between groups. Because Program Needs and Change Orientation reflect ratings of the program in which individuals are nested, it is important to analyze the data using a nested structure model (Gavin & Hoffmann, 2002; Raudenbush & Bryk, 2002). In this regard, within program variation, as well as between program variation can be examined (and controlled), resulting in more robust findings.

3.1. Unconditional HLM model

The preliminary unconditional model estimated the within group variance in voluntary turnover to be roughly 59% ($\tau_{00} = .59$). Because the variance is set to 1 with a dichotomous outcome, the intraclass correlation coefficient (ICC) is computed with a value of $\pi^2/3$ for the variance (Hox, 2010, p. 128; Raudenbush & Byrk, 2002, p. 334). The ICC for our null model was $\rho = .59 / (.59 + \pi^2/3) = .15$ indicating that roughly 15% of the total variance lies between groups (i.e., at Level 2).

3.2. HLM Model 1: Level 1 needs and change

In the first model, Program Needs, Change Orientation, and the PN x CO interaction were added as Level 1 predictors. All three of these variables were grand mean centered and were treated as fixed (Hoffman, 1997). Program needs ($t = 2.41, p = .017$) and change orientation ($t = 2.01, p = .046$) were significant predictors of turnover. The PN x CO

interaction ($t = -2.39, p = .018$) was also a significant predictor. This model does not sufficiently fit the data, as there is still significant variation in turnover across programs ($\chi^2_{(24)} = 44.31, p = .007$).

3.3. HLM Model 2: Level 1 needs X change controlling for individual job attitudes

In the second model, three individual-level perceptions of the work environment as well as demographic measures were added as Level 1 predictors: Stress, Burnout, and Satisfaction. All were grand mean centered and set as fixed. None of the staff attributes predicted turnover but the interaction of program needs and change orientation ($t = -3.21, p = .002$) was still a significant predictor. This model indicates that significant variation in turnover across programs still exists ($\chi^2_{(24)} = 41.48, p = .015$).

3.4. HLM Model 3: Level 1 needs X change controlling for individual job attitudes and individual demographics

In the third model, Experience, Tenure, Gender, Race, and Degree were added as Level 1 Individual Demographic predictors and were grand mean centered and set as fixed. The chi-squared test for this model indicates that this model fits the data ($\chi^2_{(24)} = 35.52, p = .061$). Experience, race, gender, and degree were not significant predictors of turnover. Tenure ($t = -2.06, p = .04$), satisfaction ($t = -2.14, p = .03$), program needs ($t = 2.93, p = .004$), change orientation ($t = 2.68, p = .008$), and the PN x CO interaction ($t = -3.4, p = .001$), were significant predictors of turnover.

3.5. HLM Model 4: Level 1 needs X change controlling for individual job attitudes, individual demographics, and level 2 program characteristics

In the final model, three program level predictors, Parent Affiliation, Service Approach, and Staff Size, were added as Level 2 predictors and grand mean centered and set as fixed. This model fits the data well, accounting for most between-program variance, as indicated by the non-significant chi-squared test ($\chi^2_{(21)} = 28.72, p = .12$). The results for this final model are displayed in Table 2. After controlling for job attitudes, staff demographics, and organizational factors, the PC x CO interaction ($t = -3.03, p = .003$) was a significant predictor of voluntary turnover, as was tenure ($t = -1.98, p = .05$), satisfaction ($t = -2.23, p = .03$), program needs ($t = 3.03, p = .003$), and change orientation ($t = -3.4, p = .001$).

3.6. The needs X change interaction

To gain a better understanding of the Program Needs X Change Orientation interaction, counselor ratings on Program Needs were dichotomized into two groups using a median split. As Figure 2 illustrates, voluntary turnover is more likely when there is a mis-match between perceived program needs and orientation toward change. Low needs with high change orientation results in turnover, as does high needs with low change orientation.

4. Discussion

Results of this study suggest that counselors' perceptions of workplace demands and resources contribute to subsequent decisions to leave a job. Within programs where at least one member of the counseling staff left voluntarily, individuals who decided to leave did so after reporting higher job demands and lower job resources. A significant interaction between program needs and change orientation suggests that the likelihood of turnover decreases when counselors feel that change is warranted (i.e., high needs) yet when efforts are not made toward change or when change is unwarranted (i.e., low needs) the likelihood of turnover increases. These relationships exist even after controlling for individual- and program-level factors.

Other individual-level factors identified as significant predictors in the model included job satisfaction and employment tenure. Consistent with prior research, counselors who reported lower job satisfaction were more likely to leave (Eby, Freeman, Rush, & Lance, 1999; Lake, 1998). Those who had been employed at the program for fewer years were also more likely to leave. Whether this is a function of poorer financial compensation (Luna-Arocas & Camps, 2008), lower autonomy (Knudsen, Johnson, & Roman, 2003), or generally less job embeddedness among a younger cohort of counselors (Crossley, Bennett, Jex, & Burnfield, 2007) is not known. Interestingly, including program-level factors as predictors increased model fit, but none of the program measures predicted turnover.

Findings are consistent with the Job Demands-Resources Model (Bakker & Demerouti, 2007), documenting that a change-oriented work environment can counteract the potentially negative impact of organizational factors on employee turnover. As hypothesized, a significant interaction between program needs and change orientation indicates that counselors are less likely to leave a job in a “high needs” program if they feel that the organization is committed to change. This interaction remained significant even after controlling for program membership, program characteristics, individual demographic variables, and individual perceptions of stress, burnout, and satisfaction. The interaction can be interpreted in the opposite direction as well – counselors who perceive low needs and a high orientation toward change are also more likely to leave, perhaps reflecting an attitude of “if it ain’t broke, don’t fix it.” In such instances, if a counselor perceives few problems but feels that the organization is emphasizing change, there could be greater frustration, less “buy-in,” and greater resistance, resulting in increased tension and stress within the workplace. Alternatively, individuals who report low needs in such environments may simply not be aware of the magnitude of program needs because of a lack of thought devoted to such issues, a lack of personal expertise around program needs, limited internal communication, or minimal involvement in discussions around needs and proposed changes. Yet another explanation may be that individuals who serve as change agents may choose to leave a program that they perceive as resistant to change for another that embraces efforts toward improvement and values their expertise/opinion. Clearly the issue is complex and requires further study to better determine the role that active participation in change processes play in counselors’ decisions to quit.

Several limitations are worth noting. While the sample size is robust at 25 programs, providing sufficient power for multilevel analyses, the sample reflects only a subsample of programs participating in the TCOM Project. The intentional exclusion of programs without turnover and of individuals who left involuntarily limits the generalizability of findings in programs with staffing stability or in those where staff are terminated. Furthermore, the change orientation measure does not include the degree of personal involvement in change planning and implementation. The degree of investment one has in the organization’s change plans could shape awareness of problem areas, awareness of the appropriateness and feasibility of proposed changes, and possibly influence personal decisions to stay. Finally, other potentially important climate variables such as organizational commitment were not available.

The results are important in that they have direct implications for increasing retention of clinical staff. First, resources in the form of social support – particularly those aimed at clinical and administrative improvement – can counteract the potentially negative effects that workplace demands have on counselors employed in outpatient substance abuse treatment settings. It appears as though the benefits of program improvement – or an openness to improvement – extend beyond the obvious areas of better service provision, improved service quality, and a greater likelihood of meeting client needs. Second, an openness to change may be particularly important for retaining newly hired counselors who

may not yet understand or embrace the organization's mission, understand policies and protocols, or may be intolerant of a perceived lack of attention to problems. These findings suggest that an important by-product of a program change orientation is employee retention, particularly in programs where program needs are high.

Potential strategies to help improve change orientation may involve intentional communication regarding how planned interventions and procedures will address program needs, and specific orientation and induction activities for newly hired staff. Such induction activities might include articulating the agency's mission, describing the rationale for existing protocols, and highlighting the procedures for expressing needs and promoting change. Implementing organization-level "interventions" can directly benefit treatment programs, not only in terms of staff retention, but ultimately in terms of program improvement and sustainability.

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Figure 1. Program Needs Means by Turnover Status within Each Program

25th percentile score = 27; 50th percentile score = 29; 75th percentile score = 32.

Number of staff who “Left” ranged from 1 to 5, and averaged 2.08.

Number of staff who “Stayed” ranged from 1 to 22, and averaged 6.16.

Figure 2. Interaction between Program Needs and Change Orientation

Note: Numbers represent mean change orientation scores

Table 1

Staff Characteristics

	Left (<i>n</i> = 54)		Stayed (<i>n</i> = 152)		Total (<i>n</i> = 206)	
	<i>M</i> (<i>SD</i>)	Frequency (%)	<i>M</i> (<i>SD</i>)	Frequency (%)	<i>M</i> (<i>SD</i>)	Frequency (%)
Staff Characteristics						
Female		38 (74.5)		93 (62.4)		131 (65.5)
Ethnicity						
African-American		5 (9.6)		21 (14.4)		26 (13.1)
Caucasian		41 (78.85)		118 (80.8)		159 (80.03)
Hispanic		6 (13.3)		12 (8.45)		18 (9.63)
Degree						
Master's Degree or higher		20 (39.22)		53 (34.42)		73 (35.61)
Bachelor's Degree or lower		31 (60.8)		101 (65.58)		132 (64.39)
Experience						
0-6 Months		3 (5.7)		6 (3.9)		9 (4.41)
6-11 Months		2 (3.9)		6 (3.9)		8 (3.92)
1-3 Years		12 (23.1)		28 (18.4)		40 (19.61)
3-5 Years		9 (17.3)		20 (13.2)		29 (14.22)
5+ Years		26 (50)		92 (60.5)		118 (57.84)
Tenure						
0-6 Months		11 (21.2)		25 (16.34)		36 (17.56)
6-11 Months		11 (21.2)		18 (11.8)		29 (14.15)
1-3 Years		15 (28.9)		39 (25.5)		54 (26.34)
3-5 Years		4 (7.7)		22 (14.4)		26 (12.68)
5+ Years		11 (21.2)		49 (32)		60 (29.27)
Program Needs	29.8 (8)		28.76 (7.26)		29.03 (7.45)	
Change Orientation	34.45 (7.6)		36.78 (5.64)		36.19 (6.27)	
Stress	34.22 (8.6)		31.7 (8.56)		32.33 (8.63)	
Satisfaction	38.53 (6.6)		40.61 (5.7)		40.77 (6.08)	
Burnout	23.65 (5.8)		21.63 (6.07)		22.87 (6.00)	

Table 2

HLM Results for Final Model

	Coefficient	SE	T Ratio
Individual (Staff)-level Measures			
Program Needs	.46	.15	3.03 **
Change Orientation	.37	.13	2.85 **
PN x CO Interaction	-.012	.004	-3.41 ***
Stress	-.005	.03	-.16
Burnout	-.05	.04	-1.32
Satisfaction	-.13	.06	-2.23 *
Gender	.32	.43	.74
Race	.42	.35	1.17
Experience	.02	.19	.11
Tenure	-.35	.17	-1.9 *
Degree	-.46	.42	-1.08
Program-level Measures			
Parent Affiliation	-.36	.37	-.98
Service Approach	-.09	.20	-.47
Staff Size	-.05	.03	-1.9

*
 $p < .05$

**
 $p < .01$

 $p < .001$