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Organizational Stress Moderates the Relationship between Mental Health Provider Adaptability and Organizational Commitment

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Abstract

Objective—Community mental health providers often operate within stressful work environments and are at high risk for emotional exhaustion, which can negatively affect job performance and client satisfaction with services. This cross-sectional study examines the relationships between organizational stress, provider adaptability, and organizational commitment.

Methods—Variables were analyzed using moderated multi-level regression in a sample of 311 mental health providers from 49 community mental health programs.

Results—Stressful organizational climate, characterized by high levels of emotional exhaustion, role conflict, and role overload, was negatively related to organizational commitment. Organizational stress moderated the relationship between provider adaptability and organizational commitment, such that those who were more adaptable had greater levels of organizational commitment when organizational stress was low, but were less committed than those who were less adaptable when organizational stress was high.

Conclusions—In the current study, providers higher in adaptability may perceive their organization as a greater fit when characterized by lower levels of stressfulness; however, highly adaptable providers may also exercise choice that manifests in lower commitment to staying in an overly stressful work environment. Service systems and organizational contexts are becoming increasingly demanding and stressful for direct mental health service providers. Therefore, community mental health organizations should assess and understand their organizational climate and intervene with empirically based organizational strategies when necessary to reduce stressful climates and maintain desirable employees.

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Community mental health organizations face increasing challenges as a function of governmental oversight and accountability associated with funding of services. This results in increased burden (e.g., increased administrative work, productivity requirements) and demands (e.g., following national guidelines, accountability to funders) on mental health organizations and direct service providers (1). Increased burden and demands may contribute to a stressful organizational climate, defined as perceptions of, and emotional responses to, an overwhelming work environment, (2–4) that may in turn result in decreased commitment to an organization and its goals (5, 6). Meta-analytic research on stressful organizational climates has demonstrated negative consequences including lower job satisfaction and service quality (7), and the relationship between stressful organizational climates and reduced organizational commitment is one of the most corroborated (6, 8–10). Organizational commitment, defined as a willingness to exert considerable effort on behalf of the organization and a strong desire to remain a member of the organization, (11) is correlated with improved workforce stability, job performance, and service quality as well as lower job burnout and sick leave use (3, 12–18) and is one of the strongest predictors of staff turnover (3, 14, 15). Hence, it is imperative to understand factors such as organizational stress that may impact organizational commitment among desirable employees, such as those high in adaptability, a trait associated with more positive attitudes towards evidence-based practices among mental health providers (19) and better work performance (20).

Mental health organizations undergo frequent transformations (21), necessitating a workforce which can be flexible in adapting to change. We define individual adaptability in-line with the definition from Baard, Rench, and Kozlowski's review as a tendency to make "cognitive, affective, motivational, and behavioral modifications … in response to the demands of a new or changing environment, or situational demands" (22). Adaptability is related to a number of important personal constructs such as task orientation, conscientiousness, and satisfaction (23). Further, workers higher in adaptability and psychological flexibility demonstrate better mental health, motivation, job performance, innovation, and creativity as well as reduced absence rates and reduced turnover intentions (24–26). In a study examining the role of emotional competence, personality, and job attitudes as predictors of job performance, the adaptability component of the Emotional Competence Inventory was the single strongest predictor of job performance ratings among public sector factory workers (20). Hence studies suggest that individual differences in adaptability play an important role in both individual and organizational performance. Additionally, the association of individual adaptability with reduced absenteeism and turnover intentions in corporate settings suggests that mental health provider adaptability may increase provider organizational commitment. However, it is unknown how provider adaptability may operate within the context of stressful organizational climates in community mental health settings.

Previous research in the healthcare field has found a negative relationship between organizational stress and organizational commitment (6, 8), such that employees reporting high job stress were more likely to exhibit lower organizational loyalty (8). A stressful organizational climate, as measured by the Organizational Social Context scale (11) is composed of emotional exhaustion, role conflict, and role overload. Respectively, these relate to feeling overwhelmed, experiencing multiple conflicting demands, and having

impossible amounts of work to accomplish (11). In meta-analyses, role conflict was positively correlated with both job dissatisfaction and job related tension (27) and role conflict and role overload were negative antecedents of organizational commitment (9). Although previous research has found adaptability to be a desirable characteristic among workers (e.g. increasing positive attitudes towards evidence-based practice, decreasing turnover intentions), it is still unclear how adaptable workers operate within stressful organizational climates. For example, the same characteristics of adaptability that lead to positive employee attributes in a workplace, such as flexibility and ability to manage change well, may also lead to exercising discretion manifesting as willingness to change jobs in situations where the worker perceives their current work environment to be untenable (28). As such, although workers higher in adaptability may be more likely to accept change and new initiatives, they may also be more likely to engage in active strategies and purse alternatives that are more in line with their career goals when the work environment is overly stressful (28, 29).

The current study examines the relationships between stressful organizational climate, provider adaptability, and organizational commitment. In accordance with previous literature, we hypothesized that higher levels of stressful organizational climate would be negatively related to organizational commitment. We also hypothesized that provider adaptability would be positively associated with organizational commitment. Finally, we hypothesized that organizational stress would moderate the relationship between provider adaptability and organizational commitment such that providers higher on adaptability would have greater levels of organizational commitment when organizational stress is low, but be less committed than those who were less adaptable when organizational stress was high.

Methods

Participants

Participants were clinical and case management service providers working in public-sector mental-health programs for children and their families in a large California County (30). The county provided the research team with a list of all county-operated and county-contracted mental health programs providing services to children and families (n=54). Managers from each mental health program were contacted and provided with a detailed description of the study which aimed to examine organizational characteristics among mental health programs for children and families using survey methods. Forty-nine of the 54 programs (91%) agreed to participate in this study and provided time during work hours for their clinicians and case managers to complete the survey. Program types included outpatient (42%), day treatment (21%), wraparound (19%), case management (17%) and inpatient (2%). A total of 335 clinicians and case managers worked within the 49 programs that agreed to participate, and 96% (n=322), consented and participated in the current study. Complete data on all variables of interest was available for 311 (93%) of the 335 clinicians and case managers from participating programs. Chi-square and t-test analyses comparing providers with missing data for at least one variable to those with complete data revealed no significant differences in demographic variables, work characteristics, or variables examined in our primary

analysis. The number of mental health providers at each program ranged from 1 full time equivalent (FTE) employee to 72 FTEs (M = 14.6 ±16.2). Clinicians and case service managers who did not work for a county-operated or county contracted mental health program serving children and families (ex. private practice, military organizations, adult treatment programs) were excluded from participating in this study.

Procedures

Using a county provided list of all county-operated and county-contracted mental health programs serving children and families, a program manager was contacted at each program and the study was described in detail. Survey sessions were scheduled at the program site at a time designated by the program manager and surveys were administered to groups of direct service providers without supervisors present. The project coordinator and a trained research assistant administered surveys, ensuring participants of confidentiality and the need to answer honestly, and were available during the survey session to answer any questions that arose. Participants received a verbal and written description of the study and informed consent was obtained prior to the survey administration. This study and procedures were approved by the appropriate institutional review boards.

Measures

Organizational Stress—The Organizational Social Context (OSC) was used to assess organizational stress. The factor structure of the OSC has been confirmed in a large national sample of 100 mental health agencies (11). OSC subscales of Role Conflict (e.g., “interests of the clients are often replaced by bureaucratic concerns such as paperwork,” 7 items, current sample α =.85), Role Overload (e.g., “the amount of work I have to do keeps me from doing a good job,” 7 items, current sample α =.84), and Emotional Exhaustion (e.g., “I feel emotionally drained from my work,” 6 items, current sample α = .90) subscales create the OSC Stress measure (current sample α = .93). All 20 items were rated on a 5-point scale ranging from 0-“Not at all,” to 4-“To a very great extent,” with the Stress score calculated as the average across all items. Additionally, we provide the T-score for the current sample to provide a comparison to the national sample.

Adaptability—The Adaptability subscale of the Emotional Competence Inventory (31) was used to measure the extent to which providers are flexible in handling change and new circumstances in the work environment (e.g., “smoothly juggles multiple demands”, “adapts by changing overall strategy, goals, or project to fit situation,” 5-items, current sample α = . 62). Each item was rated on a 5-point scale ranging from 0-“Not at all,” to 4-“To a very great extent,” with provider Adaptability scores calculated as the average of all items.

Organizational Commitment—The Organizational Commitment subscale of the Organizational Social Context was used to assess the extent to which a provider is committed to the agency (e.g., “I am proud to tell others that I am a part of this organization,” “For me this is the best of all possible organizations to work for,” 8-items, current sample α = .91). The subscale has excellent psychometric properties, has been used in numerous studies in children’s mental health and social services, and has been shown to be related to staff turnover (3). Each item was rated on a 5-point scale ranging from 0-“Not

at all," to 4-"To a very great extent," with the Organizational Commitment score calculated as the average of all items.

Analyses

Moderated regression analyses were conducted to examine the associations of provider adaptability and organizational stress with organizational commitment as well as the moderating effect of organizational stress on the relationship between provider adaptability and organizational commitment. Aggregation analyses were conducted as organizational stress is believed to represent a team level construct (11). In order to examine this assumption we computed the average within group correlation (a_{wg}) and the intraclass correlation coefficients (ICC) for the stressful climate measure. The a_{wg} inter-rater agreement statistic was used to assess the degree to which members within each program agreed in their responses to the stressful climate scale. In order to facilitate interpretability and comparability to other reliability/consistency measures we scaled the a_{wg} statistic with a range of 0 to 1, where 1 indicates perfect agreement and values of .70 indicate moderate agreement (32).

Because providers were nested within mental health programs, multilevel hierarchical linear model (HLM) analyses were conducted to control for the effects of the nested data structure (33–35). Provider age, gender, and months working in agency were included in the analyses as control variables. HLM analyses were conducted using maximum marginal likelihood estimation for mixed effects models in IBM SPSS Statistics 22 (36). The final model included participants with no missing data (n=311). An unconditional model including only the intercept was estimated to compute the ICC for organizational commitment.

Results

Descriptive Statistics

Seventy-six percent of the sample was female. The race/ethnicity of the sample was non-Hispanic Caucasian (65%), Hispanic (15%), African American (7%), Asian American (6%), American Indian (1%), and "other" (7%). The mean age for the sample was 35.93 years (SD = 10.68) and the mean job tenure was 23.4 months (SD = 37.6). Provider education for the sample was Master's degree (57%), college graduate (19%), some graduate work (11%), Doctoral degree (10%), or some college (3%). Thirty-three percent reported their primary discipline as marriage and family therapy, 32% social work, 22% psychology, and 13% other (e.g. drug/alcohol counseling, psychiatry).

The average Organizational Stress score was 1.37 ±0.79. The average T-score utilizing the normative national sample, was 47.20 ±9.57. The average provider adaptability score was 2.52 ±0.55, with higher scores signifying higher levels of provider adaptability, and the average level of organizational commitment was 2.57 ±0.76, with higher scores indicating greater commitment to one's organization.

Multi-level Regression Analyses

The ICC for the unconditional HLM model was 0.10, indicating that 10% of the variance in organizational commitment is accounted for by mental health program. There was moderate agreement across mental health programs on organizational stress (awg = .73; ICC = .11). The first step in the HLM model examined whether stressful organizational climate would be negatively associated with organizational commitment as well as whether provider adaptability would be positively associated with organizational commitment (see Table 1). A strong negative relationship was found between stressful climate and organizational commitment (B=−0.54, p<.01); however, there was no significant relationship found between adaptability and organizational commitment (B=0.11, p>.05) when controlling for the effects of organizational climate, mental health program clustering, age, gender, and tenure at an organization. The second step in the model tests the hypothesis that stressful climate would moderate a relationship between provider adaptability and organizational commitment. This analysis revealed a significant positive relationship between provider adaptability and organizational commitment (B=0.36, p<.01). However, this effect should be viewed within the context of the significant interaction effect (B=−0.17, p<.05). Compared to those lower in adaptability, providers with higher levels of adaptability reported reduced organizational commitment when organizational stress was high and increased organizational commitment when organizational stress was low. To examine this interaction graphically, we employed a median split on the organizational stress variable, categorizing providers into high (top 50%) and low (bottom 50%) levels of organizational stress. Figure 1 displays the relationship between provider adaptability and the HLM predicted values for organizational commitment by high and low stress.

Discussion

Although significant relationships with organizational commitment were found between provider adaptability and stressful organizational climate in HLM models with and without the interaction term, respectively; the relationship among the variables is best explained by the significant interaction effect rather than main effects. Examining the moderating role of organizational stress revealed that although adaptability was associated with higher organizational commitment at lower levels of organizational stress, it was associated with lower organizational commitment at higher levels of organizational stress. It may be that providers high in adaptability do well at adapting to their work environment when it is more functional, enhancing commitment; however, in line with the work of Fugate and colleagues (29) flexibility and openness to change may allow them to exercise more discretion regarding employment options when they perceive their work environment as stressful. Alternatively, providers lower in adaptability may be more likely to avoid change, even within the context of a stressful organizational climate. Such findings suggest that organizations characterized by role overload, role conflict, and emotional exhaustions may be in danger of losing providers who are more adaptable.

Implications for Practice

We argue that efforts should be made to retain adaptable providers, as adaptability is associated with positive worker attributes such as occupational preparedness, job

satisfaction, and organizational performance (23, 37). The loss of such individuals is detrimental to community mental health agencies as they are more likely to be open to evidence based practice implementation (38), have higher work-team performance and productivity (39), and their loss raises mental healthcare costs for agencies and consumers (40). Given the moderation effect of stressful climates on the relationship between provider adaptability and organizational commitment, mental health programs should assess and understand their organizational climate and intervene when necessary to reduce stressful climates. Competing work demands in community mental health service systems often come in the form of increased clerical and administrative duties and productivity demands (41, 42). These factors may lead to more stressful climates and may be untenable for providers whose primary training lies in the provision of direct mental health services. Organizational interventions can be implemented to assist providers in utilizing structured methods to streamline record keeping and reporting data. Although organizational stress reduction interventions are understudied compared to individual stress reduction techniques (43, 44) possible strategies organizations to reduce stressful organizational climates include: redesign the task, redesign the work environment, establish flexible work schedules, encourage participative management, include the employee in career development, analyze work roles and establish goals, provide social support and feedback, build cohesive teams, establish fair employment polies, and share the rewards (45). These strategies are often an incentive for organizations to become a more employee-empowered culture (43). A more specific example is the ARC (availability, responsiveness, continuity) organizational intervention (46). The ARC organizational intervention has been shown to improve the organizational climate of human service organizations, resulting in improved staff retention and client outcomes and facilitation of the outcomes of evidence-based practice implementation (4, 47).

Limitations

Some limitations of the present study should be noted. First, only cross-sectional data was collected, therefore causality cannot be inferred. Second, all variables were based on respondent self-reports, and therefore common method variance may have influenced the results presented here. However, we attempted to minimize this potential bias by utilizing one of Podsakoff and colleagues' approaches for increasing procedural control and promoting accurate and unbiased responses, "protecting respondent anonymity and reducing evaluation apprehension" (48). Surveys were administered in groups without the presence of supervisors, respondents were ensured that they would be identified by a researcher generated number, and research staff reinforced the importance of honest responding and asking questions. Future research using more objective measures such as organizational turnover rates and corroborative methods should be used to confirm results found using self-report data (49, 50). Finally, this study took place in one county mental health system and results may not generalize to other geographies or service sector. However, these results may inform studies in other sectors and service systems, as workforce issues are often common across service sectors and types.

Conclusions

Service systems are becoming increasingly demanding for mental health service providers. For example, the Affordable Care Act has increased the impetus for integration of mental health, substance abuse, and physical health services. There have also been major initiatives to increase the implementation and sustainment of evidence-based practices in mental health systems and organizations. Such demands and efforts are fraught with complexity, and it is clear that approaches for decreasing work stress and facilitating the delivery of quality mental health services are needed. Organizations can work strategically to develop supportive organizational climates that reduce stressfulness and increase functionality. Such a course of action is needed to reduce emotional exhaustion, role conflicts, and role overload and retain adaptive providers in the workplace so that they may provide high-quality care and continuity in the delivery of mental health services.

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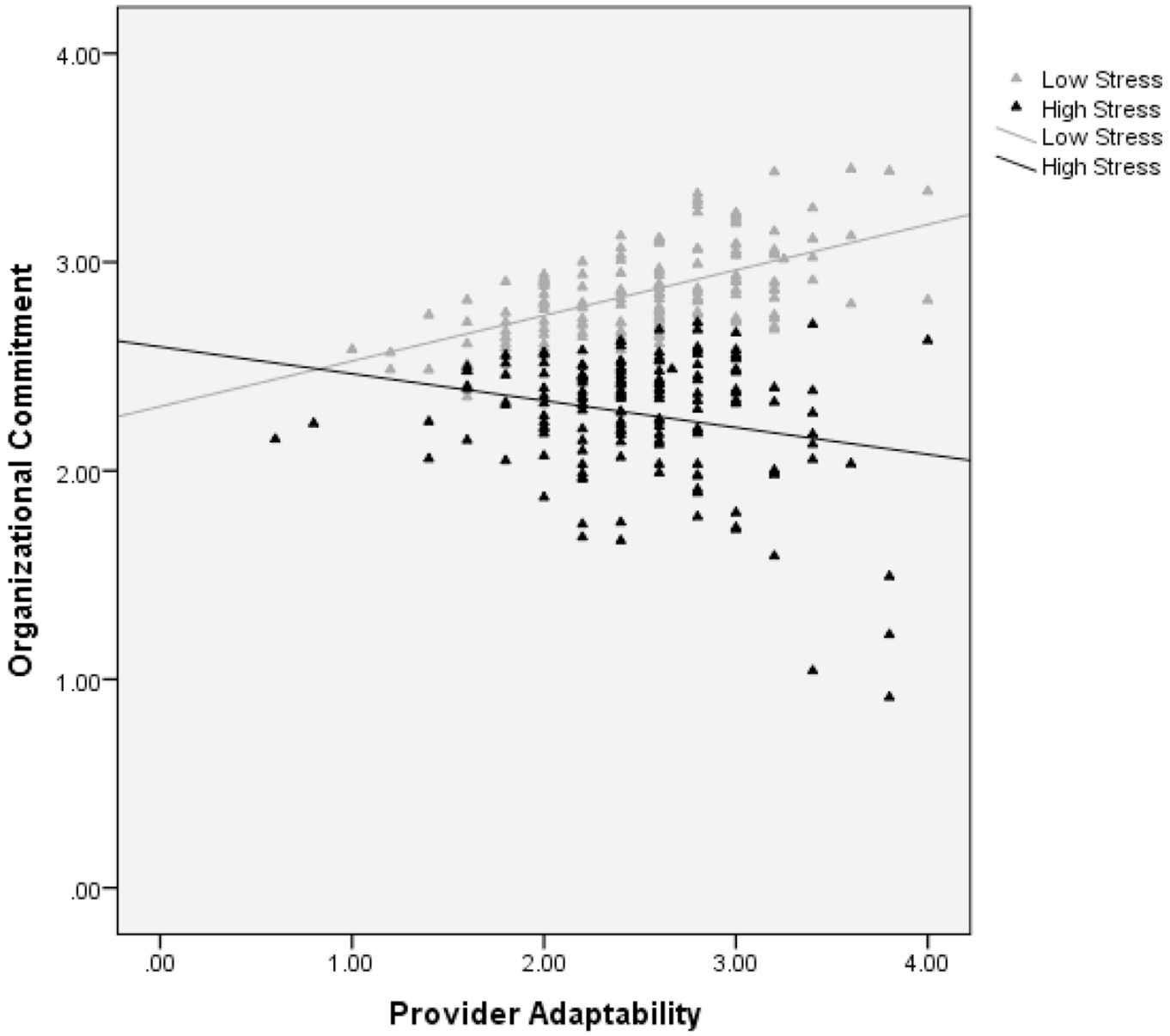

Figure 1.
Stressful Climate moderates the relationship between Provider Adaptability and Organizational Commitment

Table 1

Multilevel Regression of Adaptability and Stressful Climate on Organizational Commitment; ICC (unconditional) =.10

Step 1	***B***	***SE***	***t***
Intercept	2.88.	.29	9.84
Agency Tenure	.00	.00	.61
Provider Age	.00	.00	.41
Provider Sex	.11	.09	1.23
Adaptability	.11	.07	1.68
Stressful Climate **	−.54 **	.05 **	−9.94 **
Step 2	*B*	*SE*	*t*
Intercept	2.26	.42	5.37
Agency Tenure	.00	.00	.61
Provider Age	.00	.00	.41
Provider Sex	.10	.09	1.23
Adaptability **	.36 **	.14 **	2.59 **
Stressful Climate	−.08	.24	−.32
Adaptability X Stressful Climate *	−.17 *	.08 *	−2.03 *

Note: 1=male, 2=female;

* p<.05,

** p<.01