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Productivity Standards, Marriage and Family Therapist Job Satisfaction, and Turnover Intent

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Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

Turnover among mental health professionals is high, which can have a direct impact on access to services and continuity of care. Informed by goal-setting theory, social-cognitive theory, and self-efficacy, this quantitative study investigated how California community mental health agency productivity standards were related to self-efficacy, job satisfaction, and marriage and family therapist (MFT) turnover intent among 141 MFTs. Participants completed a Demographic and Productivity Questionnaire, Job Self-Efficacy Scale, Job Satisfaction Scale, and Turnover Intention Scale. The relationship between participant age, gender, experience, number of work hours, licensure status, and job site with job satisfaction and turnover intent were assessed using hierarchical multiple regression. The results of the study showed that productivity standards positively impacted (i.e. increased) turnover intent and were partially mediated by job self-efficacy and job satisfaction. Additionally, productivity standards negatively impacted job satisfaction, as partially mediated by job self-efficacy. Hours worked per week and gender were also found to impact turnover intent. Licensure status was found to impact job satisfaction. Implications for positive social change include assisting MFT employers in community mental health agencies in designing jobs for providers that promote job satisfaction and reduce turnover intent.

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Chapter 1: Introduction to the Study

Introduction

Marriage and family therapists (MFTs) who work in community mental health agencies experience higher burnout rates than those working in private practice (Rosenberg & Pace, 2006). Consequently, burnout leads to turnover (Jung & Kim, 2012), which can adversely affect the quality of care that a client receives (McVanel-Viney, 2008) and lead to mental health agencies incurring higher financial costs than mental health agencies that do not have high turnover rates (Selden, 2010). Mental health professionals may not understand or accept productivity standards set by community mental health agencies (CMHA) (Lloyd, 2007). Productivity standards that community mental health agencies can use are the percentage of their total workday that MFTs spend in providing face-to-face services to their clients (Technical Assistance Collaborative & Human Services Research Institute [TACHSRI], 2013). Identifying the relationship between productivity standards set by CMHA and an MFT's job satisfaction and turnover intent can be a significant step in addressing any potential sources of low job satisfaction and turnover intent by redesigning MFT job characteristics to increase MFT job satisfaction and reduce turnover intent.

MFTs are part of the mental health system and are considered mental health professionals (American Association for Marriage and Family Therapy [AAMFT], 2014). Turnover among mental health professionals is a problem (Delk & Golden, 1975; Selden, 2010). For example, New York mental health agencies have reported turnover rates of 27% to 54%, whereas the average turnover rate across all employers was about 15%

(Selden, 2010). Presently, smaller budgets combined with increased demand make it a necessity for CMHA to reduce turnover (Lambert et al, 2012). Researchers have concluded that clinician turnover (e.g., MFTs) can impact the quality of care that a client receives in treatment (Aarons, Sommerfeld, & Willging, 2011; McVanel-Viney, 2008).

Background

MFTs can work in a variety of settings in California (California Association of Marriage and Family Therapists [CAMFT], 2014). In California, the mental health system is decentralized, which means that public mental health services are managed at the county level (Network of Care, 2012) and most direct face-to-face services are provided via county systems (TACHSRI, 2013). Counties offer a variety of services including psychiatric hospital inpatient services, therapy, medication support services, day treatment intensive services, day rehabilitation services, crisis intervention services, crisis stabilization services, adult residential treatment services, adult crisis residential services, psychiatric health facilities, targeted case management, and therapeutic behavioral services (California Department of Health Care Services, 2014; TACHSRI, 2013). As a result, MFTs find themselves working in settings ranging from inpatient psychiatric hospitals to community mental health centers providing community mental health services (AAMFT, 2014).

Psychiatric hospital inpatient services provide clients with inpatient psychiatric care at either the acute psychiatric portion of a general hospital or an acute psychiatric hospital, (TACHSRI, 2013). These services serve individuals with severe mental illness (Kim et al., 2014), yet there are few beds available to serve these individuals (California

Hospital Association, 2013). Therapy and other services provided for clients include a range of services such as assessments, client plan development, collateral services, and individual and group therapy (TACHSRI, 2013).

Counties also provide medication services such as administering, dispensing, prescribing, and monitoring medication (TACHSRI, 2013). Overall, national mental health expenditures for prescriptions drugs increased from 7% in 1986 to 27% in 2005 (California Healthcare Foundation, 2013). One third of adults in California who are receiving treatment for emotional or mental health issues take medication (Mental Health Services Oversight and Accountability Commission, 2012). Day treatment intensive services are programs that are structured and consist of therapy and rehabilitation (Marshall & Stewart, 1969; TACHSRI, 2013). A client can either participate in half-day treatment, which is a minimum of 3 hours, or full-day services, which are more than 4 hours per day (TACHSRI, 2013).

Crisis intervention services last less than 24 hours and are in place for clients that need treatment for more than a normal session or visit (Department of Health Care Services [DHCS], 2013; TACHSRI, 2013). Crisis stabilization services are similar to crisis intervention services in that they are in place when a client requires more treatment than a normal session or visit and include therapy, collateral services, and assessment (TACHSRI, 2013). Adult residential treatment services are in place for clients at risk for hospitalization, take place in a noninstitutional residential setting, and include client plan development, therapy, and collateral (DHCS, 2013; TACHSRI, 2013). Adult crisis residential services are also an alternative to acute psychiatric hospital settings

(TACHSRI, 2013). Psychiatric health facilities, on the other hand, provide acute inpatient care for clients and provide psychiatric treatment (TACHSRI, 2013). Targeted case management services are in place to help clients access a variety of services such as medical, social, educational, vocational, and other community services (DHCS, 2013; TACHSRI, 2013). Therapeutic behavioral services are short-term intensive services individualized for clients under 21 who have serious emotional disturbances (DHCS, 2013; TACHSRI, 2013).

Outpatient mental health services dominated national mental health expenditures at 33% of mental health expenditures in 2005 (California Healthcare Foundation, 2013). Outpatient CMHA includes individual, group, and family therapy (TACHSRI, 2013). Historically, outpatient community mental health agencies are first in a list of community-based service categories by dollar amount for mental heal services using Medi-Cal and for substance use services (TACHSRI, 2013). CMHA can use performance indicators such as units of service per client for outpatient services (California Mental Health Planning Council [CMHPC], 2003).

Marriage and Family Therapists

The MFT profession developed in part as the result of the 1940s cybernetics movement, which was concerned with organization, process, and pattern instead of content, matter, and material (Bateson, 1972; Becvar & Becvar 2003; Davey, et al, 2011; Guttman, 1991). Today systems theory, which evolved from the movement, is the foundation of the MFT profession (Becvar & Becvar 2003). Systems theory differs from the individualistic, reductionist, and linear cause and effect relationships of individual

psychology, in that it is relational, holistic, looks for reciprocal causality, and is based on subjective reality (Bateson, 1977; Becvar & Becvar 2003). Consequently, the MFT CMHA work environment clashes with the philosophical worldview that mental health professionals are socialized to in graduate school. For example, CMHA productivity standards are reductionist.

According to the California Board of Behavioral Sciences (CABBS, 2012a), MFTs provide services to individuals, groups, and couples where interpersonal relationships are looked at in order to achieve marriage and family adjustments that are satisfying and productive. MFTs can work in a variety of job settings such as nonprofit/charitable agencies, county/municipal agencies, licensed health care facilities, schools, state/federal agencies, colleges, universities, and in private practice (CABBS, 2007). Job variables that can affect MFTs are hours worked per week and emotional exhaustion (Rosenberg & Pace, 2006). With approximately 44% of registrants in the CABBS being licensed MFTs (CABBS, 2007), understanding an MFT's job satisfaction, job self-efficacy, and turnover intent can bring insight to a significant population in the CABBS.

CMHA programs can use performance measures such as penetration rates, expenditures per client, and units of service per client to measure productivity (CMHPC, 2003). Penetration rates are the amount of clients being served in treatment versus those that are present in the community that need services and have not been served yet; expenditures are the cost of providing mental health services per client; and mental health professionals use units of service to measure the quantity of services provided, such as

the number of days in inpatient treatment (TACHSRI, 2013). CMHA programs also use these performance measures to establish productivity standards (TACHSRI, 2013). TACHSRI (2013) asserted that a currently accepted industry standard in mental health for productivity is that 70% of a clinician's time should be spent providing services to a client, and they recommended that mental health agencies in California adopt a 70% productivity standard to increase client contact hours, which translates roughly to 112 hours per month and 5.6 hours per day on a 20-day work month. Productivity standards can vary by county in California, and in San Diego the standards for outpatient programs were 60% as of 2013 (County of San Diego Health and Human Services Agency, 2013). This translates roughly to 4.8 hours per day and 96 hours on a 20-day work month.

Performance measurement of mental health professionals has been a topic of interest outside of California (e.g. U.S. Department of Health and Human Services, 2003; Wolf, Parkman, & Gawith, 2000). Wolf et al. (2000) found that clients in the United Kingdom rated crisis intervention, crisis prevention, and a building a good therapeutic relationship as important activities that a mental health professional should be doing. In a study on mental health performance measures across 16 different states, researchers found that each state had some performance measures that were unique (U.S. Department of Health and Human Services, 2003). For example, in a mental health center in South Carolina, clinicians were required to have 50% of their time engaged in documented billable services, including client contact hours (South Carolina Department of Mental Health [SCDMH], 2011). This roughly translates to 4 hours a day and 80 hours in a 20-day work month. When compared to productivity standard of 80 hours, the productivity

standards recommended for the state of California, 112 hours per month, and those of San Diego, 96 hours, are significantly larger.

Statement of the Problem

Mental health professionals experience stress and job dissatisfaction at work (Farber & Heifetz, 1981; Reid et al., 1999). Administrative demands and work overload are sources of stress for mental health professionals (Reid et al., 1999). Low job satisfaction and increased turnover can adversely impact social work agencies by decreasing their effectiveness, efficiency, and overall image (Lambert et al., 2012). Productivity standards, which are set by community mental health agencies, may not be understood nor accepted by mental health clinicians (Lloyd, 2007). For example, Lloyd (2007) asserted staff members at community mental health agencies believe that the only reason productivity standards exist is to manage their cost per service delivered, which goes against their belief that they must choose between cost and quality. In addition, TACHSRI recommended that California adopt a 70% productivity requirement (TACHSRI, 2013) and some counties currently adopt a 60% productivity requirement (County of San Diego Health and Human Services Agency, 2013). While counties adopt minimum productivity requirements, community mental health agencies can adjust their standards higher than the minimum requirements (SCDMH, 2011). Variables outside of an employee's control can impact his or her achievement of goals and his or her self-efficacy (Public Consulting Group, 2007; Stajkovic & Luthans, 1998). Bedi and Schat (2013) asserted that work politics that signal to employees that their work performance is not self-determined and is instead controlled by those in power experience increased

absenteeism and turnover intent. While there is research available on the constructs of job satisfaction, turnover intent, productivity, and performance measurement, there has been a paucity of research on the relationship between productivity standards set by community mental health agencies and an MFT's job satisfaction and turnover intent. Understanding the relationship among productivity standards, job satisfaction, and turnover intent in California MFTs can contribute to further understanding of these constructs in the MFT population and can enact social change by informing policy makers and program managers on MFT job attitudes, which can impact how MFTs work at their jobs.

Purpose of the Study

The intent of the research was to investigate the relationship between productivity standards set by community mental health agencies in California and an MFT's job satisfaction and turnover intent as mediated by job self-efficacy. The intent of the research was to also investigate the relationship between productivity standards set by community mental health agencies in California and an MFT's turnover intent as mediated by job self-efficacy and job satisfaction. The purpose of the study was to promote social change by enabling program managers and policy makers to make informed decisions in designing jobs for MFTs in California. Goal-setting theory (Latham & Locke, 2006) and social-cognitive theory (Bandura, 1991) were used as theoretical frameworks. The results of the study can be used to promote positive social change by assisting MFT employers in community mental health agencies to design jobs for MFT providers that will promote job satisfaction and reduce turnover intent.

Nature of the Study

The study involved a quantitative approach, which is the approach used to examine the relationships between variables and to test a theory (Creswell, 2009). The target population was MFTs working in California. The sampling frame consisted of MFTs registered in the CBBS. Participants were selected from a Department of Consumer Affairs (DCA) list (CBBS, 2014). Participants were also selected from community mental health agencies in California. A Demographic and Productivity Questionnaire (DPQ) assessing participants' age, gender, experience, number of work hours, licensure status, and job site was included in the study to assess for the relationship between a participant's demographic background and the criterion variables of job satisfaction and turnover intent. Demographic characteristics were also used to compare the sample with those registered in the CBBS to assess whether a representative sample was drawn. Messersmith, Patel, Lepak, and Goud-Williams' (2011) Job Satisfaction Scale (JSS) and Cohen's (1999) Turnover Intention Scale (TIS) were used to respectively measure job satisfaction and turnover intent. Wilk and Moynihan's (2005) Job Self-Efficacy Scale (JSES) was administered to assess for participants' self-efficacy. Mailed surveys were sent to participants in order to collect the data. The productivity standards set by community mental health agencies as measured by the minimum percentage of face-to-face time required by an agency per work day were used as a predictor variable.

MFTs' turnover intent was the criterion variable. Job self-efficacy and job satisfaction were used as mediating variables in the study. In order to investigate the relationships, three regression models were tested. Figure 1 depicts the relationship

between productivity standards and turnover intent, as partially mediated by job self-efficacy. Figure 2 depicts the relationship between productivity standards and job satisfaction, as partially mediated by job self-efficacy. Figure 3 depicts the relationship between productivity standards and turnover intent, as partially mediated by job satisfaction. During the analysis, a path analysis was conducted to assess the first three research questions and describe the directed dependencies of job self-efficacy, job satisfaction, productivity standards, and turnover intent as depicted in Figure 4. In addition, the study investigated the relationship between MFTs' demographic characteristics and job satisfaction and turnover intent. In order to measure productivity standards, participants were asked to report the minimum percentage of time their community mental health agency required them to see clients each workday. In order to examine the relationship between productivity standards set by mental health agencies and MFT job satisfaction and turnover intent, a multiple regression was conducted. The variables that were included in the multiple regression analysis were productivity standards set by mental health agencies, demographic variables, job self-efficacy, job satisfaction, and turnover intent. Additional details regarding methodology appear in Chapter 3.

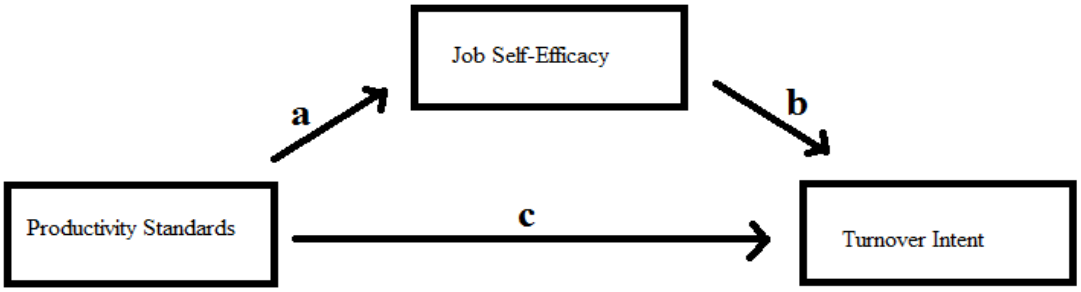

Figure 1. Productivity standards predict turnover intent, mediated by job self-efficacy.

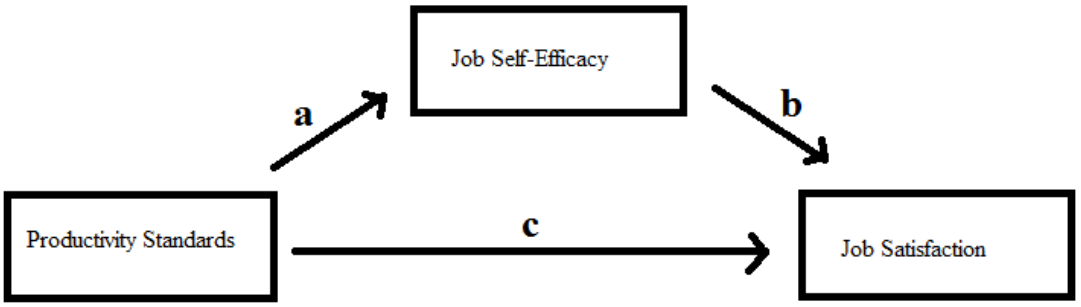

Figure 2. Productivity standards predict job satisfaction, mediated by job self-efficacy.

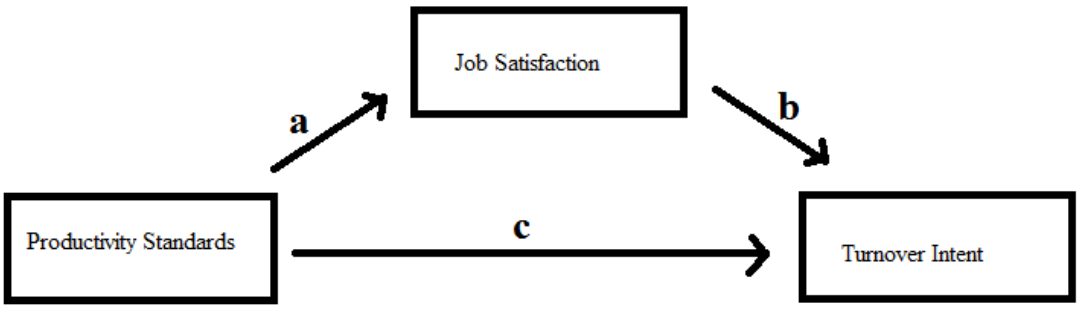

Figure 3. Productivity standards predict turnover intent, mediated by job satisfaction.

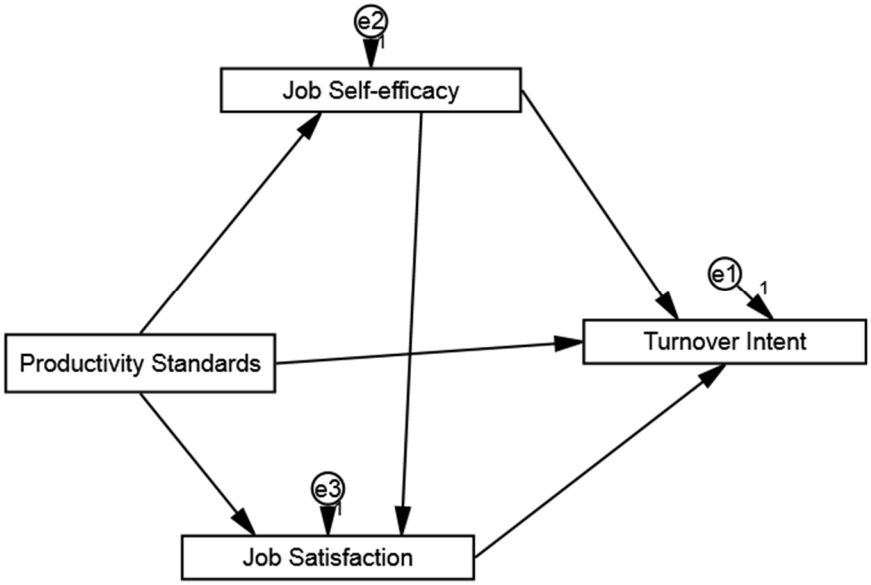

Figure 4. Path diagram.

Research Questions and Hypotheses

Based on findings in the current literature on productivity standards and its impact on job satisfaction and turnover intent, the following research questions and hypotheses were raised:

Research Question 1: Do community mental health agency productivity standards predict an MFT's turnover intent? If so, is it partially mediated by MFT job self-efficacy?

$H_0$1a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT turnover intent.

$H_0$1b: This relationship is not partially mediated by MFT job self-efficacy.

H_a1a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent.

H_a1b: This relationship is partially mediated by MFT job self-efficacy.

Research Question 2: Do community mental health agency productivity standards predict MFT job satisfaction? If so, is this partially mediated by MFT job self-efficacy?

$H_0$2a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT job satisfaction.

$H_0$2b: This relationship is not partially mediated by MFT job self-efficacy.

H_a2a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT job satisfaction.

H_a2b: This relationship is partially mediated by MFT job self-efficacy.

Research Question 3: Do community mental health agency productivity standards predict MFT turnover intent? If so, is this partially mediated by MFT job satisfaction?

$H_0$3a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT turnover intent.

$H_0$3b: This relationship is not partially mediated by MFT job satisfaction.

H_a3a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent.

H_a3b: This relationship is partially mediated by MFT job satisfaction.

Research Question 4: Is there a relationship between mental health agency productivity standards set by mental health agencies and MFT job satisfaction?

$H_0$4: There is no relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction.

H_a4: There is a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction.

Research Question 5: Is there a relationship between mental health agency productivity standards set by community mental health agencies and MFT turnover intent?

H_05: There is no relationship between MFTs mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent.

H_a5: There is a relationship between MFTs mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent.

Research Question 6: Do MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT job satisfaction?

H_06: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work do not predict MFT job satisfaction.

H_a6: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT job satisfaction.

Research Question 7: Do MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT turnover intent?

$H_0$7: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work do not predict MFT turnover intent.

H_a7: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT turnover intent.

Theoretical Framework

Goal-setting theory (Latham & Locke, 2006) was used to ground the study. According to goal-setting theory, higher levels of task performance result from difficult and specific goals than from easy or do-your-best goals (Latham & Locke, 2006). The relationship between difficult, specific goals and task performance occurs if the employee is committed to the goal, has the ability to obtain the goal, and does not have conflicting goals (Latham & Locke, 2006). Feedback, goal commitment, task complexity, and situational constraints are moderators in goal setting (Latham & Locke, 2006). The study assessed the relationship between productivity standards set by community mental health agencies in California and turnover intent, as mediated by job self-efficacy and job satisfaction, in MFTs. The study also looked at the relationship between productivity standards and job satisfaction, as mediated by job self-efficacy. A positive relationship between productivity standards and job satisfaction can be explained by goal-setting theory as occurring as a result of setting challenging goals.

Social-cognitive theory (Bandura, 1991) was also used to frame the study. Social-cognitive theory contains five capabilities, which are anticipation and forethought, symbolizing, vicarious learning, self-regulation, and self-reflective capabilities (Bandura, 1991). Within the self-motivating subfunction of self-regulation is goal setting (Bandura, 1991). A negative relationship between productivity standards set by community mental health agencies and job satisfaction and turnover intent can be explained by Social-cognitive theory as a result of goals being fixed and not employee-developed.

Definition of Terms

Effectiveness: Effectiveness refers to the degree that an organization achieves its goals (Robbins & Judge, 2009).

Efficiency: Efficiency refers to the ratio of the effective output of an organization and the input needed to achieve that output (Robbins & Judge, 2009).

Job satisfaction: Job satisfaction is defined as an employee's overall satisfaction at work (Spector, 1997).

Licensed marriage and family therapist: An MFT licensed to practice independently in California (CABBS, 2012c).

Marriage and family therapist intern: A prelicensed MFT with a qualifying master's or doctoral degree registered in the CABBS and has not yet completed 3,000 hours of supervised experience, passed the California standard written examination, and passed the California clinical vignette examination (CABBS, 2012c).

Marriage and family therapist (MFT): A MFT is a mental health professional trained in both psychotherapy and family systems (American Association for Marriage

and Family Therapy, 2013). MFTs can diagnose and treat mental disorders in the context of marriage, couples, and family systems (American Association for Marriage and Family Therapy, 2013).

Productivity: Productivity is a performance measure that includes the components of effectiveness and efficiency (Robbins & Judge, 2009).

Self-efficacy: Self-efficacy is a person's belief in their ability to complete tasks and achieve goals (Bandura & Locke, 2003).

Turnover intent: Turnover intent is defined as an employee's conscious and deliberate intent to leave the organization that they work for (Tett & Meyer, 1993).

Assumptions

It was assumed that the MFT participants completed the mailed survey as best as they were able to and in an honest manner. It was assumed that the three-item JSS and TIS respectively were appropriate measures for job satisfaction and turnover intent for the MFT population. It was also assumed that the JSES was an appropriate measure for the MFT population.

Scope

The scope of the study was limited to MFTs registered in the CBBS. The reason behind the limitation was that while other professions such as master's level social workers, licensed professional clinical counselors, and clinical psychologists occupy the same job positions, the philosophy behind the MFT profession is unique because it originated from a systemic perspective. The scope of the study was limited to California

to reduce confounding variables that may have arisen from different state requirements for licensing MFTs and registering MFT interns.

Limitations

The administration of surveys posed several limitations:

- Low survey response rate
- Nonrespondents may be differ from respondents, resulting in bias
- Sample completing the survey may not representative of the population
- No control as to who responds to the questionnaire
- Sample is limited to California MFTs and results may not generalizable to other regions and/or other mental health professions.
- There was little research available that assessed for the TIS's validity
- The validity of the JSES was not discussed in the literature

Significance of the Study

The results of the study can help program managers and policy makers in charge of designing jobs for MFTs to gain a better understanding of the relationship between the productivity standards that they set and an MFT's job satisfaction and turnover intent. This can enable policymakers and program managers to better design an MFT's job and to take into account their systemic philosophical view. Results can enable MFTs to gain a better understanding of their own experiences at their jobs and how job characteristics, such as productivity standards, are related to how they perceive their jobs. The results of the study can promote social change by addressing the jobs of MFTs, who themselves affect the lives of their clients. By employers designing jobs that reduce MFT turnover

intent and increase MFT job satisfaction, clients can benefit from the improved quality of care that can result from MFTs who stay at their jobs and are satisfied with their work.

Summary

Studies have shown that work measurement can have a negative effect on employee morale (e.g. Sirota & Wolfson, 1972a, 1972b). In addition, Rodriguez et al. (2009a) found a negative relationship between focusing on efficiency in performance measurement and client quality of care. By definition, one of the components of productivity is efficiency (Robbins & Judge, 2009). Community mental health agencies that focus on an MFT's productivity may be inadvertently adversely impacting client quality of care.

The goal of the study was to identify the relationship between productivity standards set by community mental health agencies and an MFT's job satisfaction and turnover intent. The mediating variables were job self-efficacy and job satisfaction. Identifying the relationship between productivity standards and an MFT's job satisfaction and turnover intent using survey methodology contributed to the literature on job satisfaction, turnover intent, and productivity by assessing how these constructs interact with each other in the MFT population. The study contributed to enacting social change by providing information that can enable program managers and policy makers to make informed decisions in designing the work environments of MFTs.

Chapter 1 consisted of the introduction to the study, including a brief review of the background to the study, a review of the research questions and hypotheses, and a review of the significance of the study as well as implications for social change. Chapter

2 consists of a literature review on the topics of job satisfaction, turnover intent, performance measurement, productivity, MFT work environment, burnout, goal-setting theory, and social-cognitive theory.

Chapter 3 consists of a detailed description of the research methodology used in the study. The discussion includes a comprehensive description of the study's research design, sample population, data collection measures, and data analysis. A review of ethical concerns and strategies to address participant anonymity will be presented in Chapter 3. Chapter 4 consists of the results of the study. This includes a brief introduction followed by a description of data collection and analysis. Chapter 4 concludes with a brief summary. Chapter 5 consists of a brief introduction followed by the interpretation of the findings. This is followed with a discussion on the limitations of the study, recommendations, and implications for social change. Chapter 5, I also discuss the summary, conclusions, and recommendations of the study.

Chapter 2: Literature Review

Overview

MFTs who work in community mental health agencies experience higher burnout rates than those working in private practice (Rosenberg & Pace, 2006). Burnout is positively related with turnover intent. Within the mental health profession, employee turnover has resulted in hard costs, such as advertising for vacant positions (Selden, 2010) and soft costs, such as lower coworker productivity and morale (Lambert et al., 2012). Researchers have correlated job satisfaction with turnover intent, and they have concluded turnover intent to be correlated with turnover (Singh & Loncar, 2010). Identifying the relationship between productivity standards set by community mental health agencies and MFT job satisfaction and turnover intent may enable employers to design the job of an MFT working in a community mental health agency in a manner that increases job satisfaction and reduces the turnover intent of this population.

The review of current literature focused on key concepts relevant to the study. Concepts covered in the literature review are burnout and how it affects MFTs. Job satisfaction, turnover intent, and the relation between the two constructs is covered as well as how these constructs were addressed in the MFT literature. Other major topics are performance measurement, goal-setting theory, social-cognitive theory, and self-efficacy.

Search Strategy

Databases that were used when searching the literature included Academic Search Premier, Business Source Complete, PsycARTICLES, PsycINFO, PsycTests, SocINDEX, Psychology: A SAGE Full-Text Collection, and ProQuest Central. Key

words that were used included *community mental health agencies, marriage and family therapists, marriage and family therapy, MFT, mental health clinicians, job satisfaction, burnout, turnover intent, turnover, job dissatisfaction, productivity, productivity standards, job measurement, mental health turnover, job satisfaction scale, turnover intent scale, social-cognitive theory,* and *goal-setting theory*.

Information on MFTs and their work environment was also obtained by searching the websites of the professional organizations associated with MFTs. The websites were found by typing *marriage and family therapists, marriage and family therapy,* and *California board of behavioral sciences* using the Google search engine. Additional results for government web pages were found by typing *mental health in California*.

The number of article hits ranged from 56 for *job satisfaction* and *therapist* to 10,623 for *job satisfaction* and 10,164 for *self-efficacy*. The relevance criteria for sources that were selected for the literature review were whether the sources were peer-reviewed articles, whether the research was conducted within the last 10 years, and whether the research population in those articles included therapists and MFTs. Articles meeting the relevance criteria were given priority during the literature search. For information on MFTs in California and current MFT practices, the relevance criteria were whether sources came from government or professional organization sources. Articles that came from government or professional organizations were given priority during the literature search.

Burnout

Burnout is a significant factor of an MFT's work environment (Rosenberg & Pace, 2006). Burnout is prevalent among mental health professionals (Finnøy, 2000) and has been studied in the MFT population (e.g. Rosenberg & Pace, 2006). Researchers have posited burnout to be the result of prolonged time of stress resulting from not being able to achieve goals (van Dam et al., 2011). Studies have shown that individuals with burnout were averse to expending more effort and did not improve their performance after motivational interventions have been implemented (van Dam et al., 2011). Researchers have discussed the concept of burnout as a process that involves failure, wearing out, or becoming exhausted due to excessive demands on a person's resources, energy, and strength (Cieslak et al., 2014; Freudenberger, 1974; Shin et al., 2014). Freudenberger (1974) asserted that there are different symptomatic manifestations of burnout and that there can be physical and behavioral signs. Physical signs of burnout include exhaustion, fatigue, and sleeplessness (Cieslak et al., 2014; Freudenberger, 1974; Shin et al., 2014). Behavioral signs include depression, difficulty to hold in feelings, and verbalized negative attitude (Freudenberger, 1974; Shin et al.; 2014). Freudenberger asserted that people who are prone to burnout are those that are dedicated and in jobs that have long hours with little compensation, such as those working in therapeutic communities, free clinics, and crisis intervention centers (Freudenberger, 1974).

Bianchi et al. (2013) conducted a study to compare individuals with symptoms of burnout to individuals with symptoms of depression. They compared 46 workers with symptoms of burnout, 46 outpatient individuals with depression, and 453 workers

without symptoms of burnout via Internet surveys containing the Maslach Burnout Inventory (MBI). They found that similar severe symptoms of depression between workers with symptoms of burnout and outpatient individuals with depression. They concluded that their findings did not support the view that depression and burnout are separate constructs (Bianchi et al., 2013).

Human service workers and mental health professionals are at a high risk of developing burnout (Finnøy, 2000; Jenaro, Flores, & Arias, 2007). Rzeszutek and Schier (2014) stated that burnout is high among mental health professionals. They collected a sample of 200 surveys from therapists (Rzeszutek & Schier, 2014). Rzeszutek and Schier found that perceived social support and briskness, which refers to a person's tendency to react quickly and change their behavior in response to changes in the environment, were associated with a decrease in burnout symptoms (Rzeszutek & Schier, 2014).

Green et al. (2014) asserted that public health sector mental health providers are at a high risk for burnout and that this adversely affects the quality of care that a client receives in treatment. Green et al. administered surveys to 285 mental health providers in an urban public mental health system. They found that age was the only demographic variable significantly related to burnout and that organizational climate and transformational leadership were associated the most variance in provider burnout (Green et al., 2014). Additionally, they found no significant relationship between caseload size and burnout (Green et al., 2014). They recommended that organizational development strategies should focus on creating a less stressful organizational climate and increasing transformational leadership behaviors (Green et al., 2014).

In a study conducted on MFT burnout, Rosenberg and Pace (2006) found that 15.5% of MFTs responding to their survey worked in community mental health agencies (Rosenberg & Pace, 2006). This finding was second only to MFTs working in private practice settings, which was at 46.6% (Rosenberg & Pace, 2006). As such, a significant amount of MFTs work in community mental health agencies, but there is a paucity of research conducted on MFTs in these settings. There is a significant difference in the work environments of therapists working in private practice as opposed to those working in community mental health agencies (Deutsch, 1985; Farber & Heifetz, 1982; Rosenberg & Pace, 2006). Rosenberg and Pace found that MFTs working in community mental health agencies had significantly higher burnout rates than those working in private practice. Rosenberg and Pace concluded that their results were similar to studies that looked at individuals working in community agencies and burnout.

Deutsch (1985) analyzed 264 survey responses from doctoral and master's level therapists and found that inexperienced and agency therapists lost more work time than experienced and private practice therapists. The author also found that the background characteristics of the participants who returned the surveys resembled that of Farber and Heifetz's (1982) study on therapist burnout.

Farber and Heifetz (1982) conducted 2-hour semistructured interviews with 60 psychotherapists. They found that burnout stemmed from nonreciprocated attentiveness, giving, and the responsibility associated with a therapeutic relationship. They also found that clinical setting affected a therapist's predisposition to disillusionment with

institutionally based therapists experiencing disillusionment more frequently than those in private practice (Farber & Heifetz, 1982).

Rosenberg and Pace (2006) asserted that MFTs working in community mental health agencies experienced constraints due to the hierarchical system in place at these settings as those who were not at the top of the hierarchical system had to work under the rules, policies, and expectations of individuals at the top of the hierarchical system. In addition, they asserted that MFTs working in community mental health agencies experienced excessive caseloads and limited salaries (Rosenberg & Pace, 2006). While there is research available on burnout in MFTs and while productivity standards set by community mental health agencies can be seen as the result of rules policies and expectations of individuals at the top of the hierarchical system, there has been little research on the relationship between productivity standards and an MFT's job satisfaction and how the attainability of productivity standards through job self-efficacy mediate the relationship between the two.

Job Satisfaction

The extent to which social needs are met is positively related with job satisfaction (Miryala & Tangella, 2013). Miryala and Tangella asserted that, for physicians, good relationships with other staff as well as their colleagues is an important contributor to their job satisfaction (Miryala & Tangella, 2013). After collecting the surveys of 106 physicians, Miryala and Tangella found that social needs and the selection process accounted for 16.387% of the total common variance (Miryala & Tangella, 2013). They

concluded that social needs is a significant factor, along with human resources practices, in a physician's job satisfaction (Miryala & Tangella, 2013).

An employee's work environment can also have an impact on that employee's job satisfaction (Bilal, Zia-ur-Rehman, & Raza, 2010; Rupert et al., 2012). Bilal et al. conducted a post hoc evaluation of a compressed work week for banking employees and found that a compressed work week positively impacted an employee's work-life balance (Bilal, Zia-ur-Rehman, & Raza, 2010). Bilal et al. concluded that there is a positive relationship between an ideal work environment and job satisfaction (Bilal, Zia-ur-Rehman, & Raza, 2010).

Delobelle et al. (2011) asserted that factors associated with an employee's work environment are more important than their demographic or individual characteristics. They used a cross-sectional survey design to assess for job satisfaction and turnover intent (Delobelle et al., 2011). 143 nurses responded to the survey (Delobelle et al., 2011). They found that nurses reported satisfaction with their work content and coworker relationships (Delobelle et al., 2011). Delobelle et al. also found that nurses reported dissatisfaction with their pay and work conditions (Delobelle et al., 2011).

Lee and del Carmen Montiel (2011) looked at mentoring and job satisfaction in mental health professionals. 56 email surveys were collected from mental health practitioners and supervisors at a county mental health agency (Lee & del Carmen Montiel, 2011). They found that, when compared with mental health practitioners without mentoring relationships, those that did have mentoring relationships reported higher job satisfaction (Lee & del Carmen Montiel, 2011). On the other hand, they did not find a

significant relationship between demographic variables, including gender, and job satisfaction (Lee & del Carmen Montiel, 2011).

Other variables that are positively associated with job satisfaction are job variety (Lambert et al., 2012) and value similarity (Cunningham & Sagas, 2004). Lambert et al conducted a study on a turnover intent model (Lambert et al., 2012). They administered a survey to 500 social work employees (Lambert et al., 2012). Lambert et al. found that job variety had the greatest impact on job satisfaction (Lambert et al., 2012). They also found that job autonomy and quality of supervision had a positive impact on job satisfaction (Lambert et al., 2012).

It has been argued that gender can be a significant factor in job satisfaction (e.g. Higgins et al., 2000; Lipińska-Grobelny & Wasiak, 2010). Higgins et al. conducted a study on emotional management in male and female MFTs (Higgins et al., 2000). They found a significant relationship between marital satisfaction and job satisfaction in male MFTs, but not female MFTs (Higgins et al., 2000). In women, Higgins et al. found a negative relationship between hours worked per week and emotional work in relationships (Higgins et al., 2000). They conclude that men and women experience different interactions in the variables of relation satisfaction, emotion management, and job satisfaction (Higgins et al., 2000).

A therapist's personality traits can also be important factors contributing to their job satisfaction (Topolinski & Hertel, 2007). Topolinski and Hertel looked at psychotherapists' personality traits, therapeutic schools, and job satisfaction (Topolinski & Hertel, 2007). They found that congruence between treatment orientation and

personality affected job satisfaction (Topolinski & Hertel, 2007). They also found that self-employed, open, and psychoanalytically oriented therapists expressed higher job satisfaction than therapists that did not express these three variables (Topolinski & Hertel, 2007).

Finnøy (2000) looked at the relationship between job satisfaction and self-esteem, somatic complaints, and clinical practice routines in mental health professionals. Finnøy collected 115 mailed questionnaires from mental health professionals in child psychiatric inpatient and outpatient facilities (Finnøy, 2000). Finnøy found that complaints associated with self-esteem and scheduling routines were associated with variances in job satisfaction (Finnøy, 2000).

Cunningham and Sagas studied deep and surface level diversity on job satisfaction and turnover intent (Cunningham & Sagas, 2004). They collected a survey sample from 235 intercollegiate coaches (Cunningham & Sagas, 2004). Cunningham and sagas found that there is a positive correlation between value similarity and job satisfaction (Cunningham & Sagas, 2004).

An employee's work environment can result in a decrease in an employee's job satisfaction (Delobele et al., 2001; Higgins et al., 2000; Lambert et al., 2001; Lambert et al., 2012; Pasupuleti et al. 2009). Lambert et al. (2001) conducted a study on the impact of job satisfaction on turnover intent using a national sample of American employees. They asserted that role conflict, which they defined as occurring when an employee has conflicting duties, responsibilities, and directives, is an environmental factor (Lambert et

al., 2001). They found that role conflict is negatively related to job satisfaction (Lambert et al., 2001).

Pasupuleti et al. (2009) looked at the impact of work stressors on social services workers' life satisfaction. They asserted that without social services employees, the organizations that they work for could not fulfill their missions (Pasupuleti et al., 2009). Pasupuleti et al. collected the survey responses of 255 employees working in social service agencies (Pasupuleti et al., 2009). They found a negative correlation between job dissatisfaction, role conflict, role ambiguity, and role overload with social services workers' life satisfaction (Pasupuleti et al., 2009). They also found positive correlations between role conflict, role ambiguity, role overload, and job distress with job dissatisfaction (Pasupuleti et al., 2009). Work environment variables can be significant contributors to an employee's job satisfaction. Variables such as role conflict, role ambiguity, and role overload have a negative relationship with an employee's job satisfaction.

Priebe et al. (2005) looked at morale and job perception of staff in community mental healthcare. Factors of employee morale that they looked at were team identity, burnout, and job satisfaction (Priebe et al., 2005). Mailed survey responses were collected from 189 mental health professionals that included psychiatrists, community psychiatric nurses, and social workers (Priebe et al., 2005). They found that social workers experienced higher burnout and lower jobs satisfaction than other mental health professionals (Priebe et al., 2005). Lower burnout and higher team identity was found in males, but not females (Priebe et al., 2005). Priebe et al. also found that participants'

professional group and site interacted to predict for burnout and job satisfaction (Priebe et al., 2005). Open-ended question responses showed a consensus among participants in that they enjoyed direct patient care and disliked bureaucracy (Priebe et al., 2005).

Reid et al. (1999) conducted an exploratory qualitative study to assess for explanations for stress and job satisfaction in mental health professionals. They conducted semi-structured interviews with 24 mental health staff working in community mental health and 6 hospital staff (Reid et al., 1999). They found that sources of job satisfaction for staff were contact with colleagues and contact with clients (Reid et al., 1999). Reid et al found that there were differences between community mental health staff and hospital staff in what they found stressful (Reid et al., 1999). Hospital staff found unrewarding relationships with patients and having a limited role with them (Reid et al., 1999). Community mental health staff found administrative demands, lack of resources, work overload, and responsibility for clients as stressful (Reid et al., 1999). Reid et al. assert that reduced caseloads and strategies to maximize productive use of time with clients in community mental health staff can help reduce their stress (Reid et al., 1999).

Job satisfaction can impact the quality of care that a client receives (Chang et al., 2009; Chou & Robert, 2008; Chuang et al., 2012; Miryala &Thangella, 2013; Suhonen et al., 2013). There is a paucity of empirical research available on the job satisfaction of MFTs. Higgins et al. indirectly address MFT job satisfaction (2000). Higgins et al. conducted a study on emotional management in male and female MFTs (Higgins et al., 2000). They asserted that MFTs experience stress and burnout at their jobs (Higgins et

al., 2000). The survey data of 277 licensed MFTs in Colorado was collected (Higgins et al., 2000). Higgins et al. found a significant relationship between marital satisfaction and job satisfaction in male MFTs (Higgins et al., 2000). Higgins et al.'s (2000) findings mirror the assertions of studies that argue that gender can be a significant factor in job satisfaction (e.g. Higgins et al., 2000; Lipińska-Grobelny & Wasiak, 2010; Norcross, Prochaska, & Farber, 1993; Willyard, 2011).

You covered some good literature here and made a strong case for including job satisfaction in your model. However, reading this section is like reading a list of studies where each has some common and some unique characteristics. Your case would be even stronger if you integrate the findings into a single narrative about job satisfaction and why it is important to your study. If you pick up a journal article from any good journal (APA journals, for example, or JAP), and examine the literature review section you will see what I mean here – the presentation of the literature is not a list of studies, but rather an integrated review.

Turnover Intent

Withdrawal behavior can be temporary, such as in absenteeism and tardiness or can be permanent, such as in turnover (Spector, 1978). Turnover can be costly to an organization because when an employee leaves, the organization has to spend their resources in order to replace the employee (Singh & Loncar, 2010). Turnover can also result in a negative image to an organization (Singh & Loncar, 2010). Turnover intent is strongly related to turnover (Singh & Loncar, 2010; Strolin-Goltzman et al., 2009).

Strolin-Goltzman et al. (2009) looked at how design team interventions affected both turnover and turnover intent in child welfare workers from 12 county agencies. Five of the twelve agencies received the design team intervention aimed towards reducing turnover, turnover intent and improving job satisfaction agency commitment, and work climate. Strolin-Goltzman et al. measured turnover intent using a workforce retention survey and measured turnover using the state's personnel database. Strolin-Goltzman et al. found that, a significant decrease in turnover intent between the intervention and comparison counties was also associated with a decrease in turnover.

Turnover can adversely affect an organization (Krausz et al. 1999; Lambert et al. 2001; Lambert et al., 2012; Lum et al., 1998; Selden, 2010; Singh & Loncar, 2010; Tae Heon et al., 2008; Webb & Carpenter, 2012; and Weisberg & Kirschenbaum, 1991). Krausz et al. assert that when an employee leaves an organization, it interferes with familiar patterns (Krausz et al. 1999). They further assert that this interference interrupts stable behaviors and is accompanied by an emotional arousal of employees whom stay in an organization. Krausz et al. collected 260 surveys from field police officers in their first stage and 70 surveys were collected in their second stage (Krausz et al. 1999). The 70 surveys from the second stage were collected from field police officers from the first stage that had a coworker quit between stages 1 and 2 (Krausz et al. 1999). They found that a departure of a friend was perceived as more negative than positive (Krausz et al. 1999). Krausz et al. also found that, contrary to their hypothesis, if the coworker's departure was perceived as having a positive impact on an employee's work, the employee's turnover intent increased (Krausz et al. 1999). As an explanation for their

finding, Krauz et al. asserted that the departure of a colleague signals to employees that stay that there are external job alternatives (Krauz et al., 1999). The findings suggest that turnover can have an impact on remaining employees' turnover intent (Krausz et al. 1999).

Reifels and Pirkis (2012) state that factors such as staff turnover, stress, and burnout can adversely affect organizational capacity, the well-being and retention of staff, and the continuity and quality of the mental health services that an organization provides. Reifels and Pirikis analyzed the data from 23 key informant interviews with long-service staff and managers in the psychiatric rehabilitation sector (Reifels & Pirkis, 2012). They found that organizations had a significant staff turnover rate of 25.6% and that there were challenges in recruiting staff with the experience to match their clients' needs (Reifels & Pirkis, 2012).

Selden (2010) asserts that employee turnover includes both hard and soft costs. An example of a hard cost is that an organization would have to pay remaining employees to cover for the employee that left (Selden, 2010). Examples of soft costs would be low employee productivity and morale (Lambert et al., 2012). Studies have concluded that clinician turnover, which include a range of professions such as psychologists, physicians, and nurses, can also impact the quality of care that a client receives in treatment (Aarons, Sommerfeld, & Willging, 2011; McVanel-Viney, 2008).

Bliss, Gillespie, and Gongaware (2010) assert that clinical knowledge lost in caseworker turnover adversely impacts the effectiveness of a community mental health center. Bliss, Gillespie, and Gongaware used a case study design to test a model they

created to assess the relationship between caseworker turnover and clinical knowledge in community mental health centers (Bliss, Gillespie, & Gongaware, 2010). They found that there is a theoretical connection between loss of clinical knowledge and turnover (Bliss, Gillespie, & Gongaware, 2010). They conclude that the greater proportion of experienced caseworkers, the more knowledge-rich the community mental health center and that high turnover amplify knowledge depreciation that occurs with time (Bliss, Gillespie, & Gongaware, 2010). The impact of the effectiveness of a community mental health center due to loss of clinical knowledge can impact the quality of services that a client receives in treatment.

Strolin-Goltzman, Kollar, and Trinkle (2010) conducted a study on children's opinions on child welfare workforce turnover rates. They collected data from 25 children with a mean age of 17.6 years (Strolin-Goltzman, Kollar, & Trinkle, 2010). Strolin-Goltzman, Kollar, and Trinkle found that youths experience lack of stability and loss of trusting relationships as a result of workforce turnover (Strolin-Goltzman, Kollar, & Trinkle, 2010).

There is a scarcity of mental health professionals in some areas of California (Technical Assistance Collaborative & Human Services Research Institute, 2013). While studies on turnover intent have been conducted in similar occupations to MFTs, such as social work (i.e. Lambert et al., 2012), there is little research available on MFTs and turnover intent. Rosenberg and Pace (2006), in their study on burnout in MFTs, the authors mention that MFTs whom may have experienced higher levels of burnout may

have already left the field. More research on turnover intent in MFTs needs to be conducted in order to fill the gap in the literature.

Job Satisfaction and Turnover Intent

Studies have argued that there is a negative correlation between job satisfaction and turnover intent (Chou & Robert, 2008; Cunningham & Sagas, 2004; Delobelle et al., 2011; Han & Jekel, 2011; Krausz et al., 1999; Lambert et al., 2001; Lambert et al., 2012; Lum et al., 1998; Singh & Loncar, 2010; and Weisberg & Kirschenbaum, 1991). In their study on deep and surface level diversity on job satisfaction and turnover intent, Cunningham and Sagas found that there is a negative correlation between job satisfaction and turnover intent (Cunningham & Sagas, 2004). Delobelle et al. found in their study on job satisfaction and turnover intent that higher educated nurses with low job satisfaction were twice as likely than less educated nurses with low satisfaction to consider turnover (Delobelle et al., 2011). They also found that age, job satisfaction, and education were statistically significantly related with turnover intent (Delobelle et al., 2011).

Weisberg and Kirschenbaum (1991) looked at employee turnover intentions using a national sample of participants working in various professions. They drew a sample from 589 employees and self-employed males (Weisberg & Kirschenbaum, 1991). They found a relationship between job satisfaction and turnover intent (Weisberg & Kirschenbaum, 1991). They conclude that the results of their turnover intent study conducted at the national level mirror studies conducted at the organizational level (Weisberg & Kirschenbaum, 1991).

Lambert et al. (2012) look at turnover and job satisfaction in the field of social work to test an unnamed proposed causal turnover model for social work employees. Lambert et al. discuss the impact of turnover on social work agencies on 500 social work employees (Lambert et al., 2012). In addition to their finding that job variety had a positive relationship with job satisfaction, they found that a social worker's role overload and role ambiguity had a negative impact on their job satisfaction (Lambert et al., 2012). They also found that a social worker's perceived dangerousness of their work had a smaller effect (Lambert et al., 2012). They asserted that employees working in social work agencies are relied on in order for these agencies to complete their tasks (Lambert et al., 2012). They state that employees affect the level of service, effectiveness, efficiency, an agency's overall image, and their success or failure (Lambert et al., 2012).They state that too much turnover can harm or devastate a social work organization (Lambert et al., 2012).

Performance Measurement and Productivity

Jenaro, Flores, and Arias (2007) assert that the recent focus in technology and productivity ignores an employee's satisfaction, which they assert is one of the most important sources of efficacy. Studies have looked at performance measurement and its relationship with employee attitudes (e.g. Böckerman & Ilmakunnas, 2012; Rodriguez et al., 2009a; Rodriguez et al., 2009b; Sirota & Wolfson, 1972a; and Sirota & Wolfson 1972b). Sirota and Wolfson (1972a) looked at employee morale and measurement. They administered a survey to 1,200 employees that assessed employee morale and work measurement and found that there was a negative relationship between productivity

requirements and employee morale (Sirota & Wolfson, 1972a). They also found that the morale of employees working in departments where there were good grievance channels available was as high as employees in departments whom easily met their productivity standards (Sirota & Wolfson, 1972a). The study concluded that if an organization creates a climate in which employees can voice their complaints, this could help that organization manage the decline in morale (Sirota & Wolfson, 1972a).

Rodriguez, von Glahn, Rogers, and Safran (2009a) looked at medical group and market factors and their relationship with the performance in the areas of communication, care coordination, access to care, and office staff interaction of primary care physicians on patient experience surveys. Rodriguez et al. found that physicians working in clinics serving vulnerable populations performed worse on patient access to care and care coordination than physicians working in settings serving non-vulnerable populations (Rodriguez et al., 2009a). In addition, they found a negative relationship between emphasizing productivity and efficiency in a physician's financial incentive formula and client access to care (Rodriguez et al., 2009a). The Rodriguez et al. study highlighted the need to address clinician performance in clinics serving vulnerable populations due to their conclusion that productivity incentives used to meet excessive patient demands in underserved populations can create a culture that emphasizes hierarchical controls.

In a second study, Rodriguez, von Glahn, Elliott, Rogers, and Safran (2009b) researched the effects of performance-based incentives on the improvement of patient care experience. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data of 1,444 primary care physicians from 25 California medical heath

groups were analyzed. Twenty-five California medical heath group directors were interviewed (Rodriguez et al., 2009b). They found that performance based incentives focusing on clinical quality and patient experience were associated with improvements in care coordination whereas performance based incentives focusing on productivity and efficiency were associated with reduced performance on communication and staff interaction (Rodriguez et al., 2009b). Rodriguez et al. asserted that communication between staff may be a variable that affects job satisfaction (Rodriguez et al., 2009b). They concluded that patient care experiences improved with performance based financial incentives (Rodriguez et al., 2009b). They also concluded more research is needed to clarify what makes physician performance in the areas of access to care and care coordination improvement (Rodriguez et al., 2009b).

While the studies discussed thus far have discussed mixed to negative effects to performance measurement Böckerman and Ilmakunnas (2012) found different results when studying job satisfaction and productivity. Böckerman and Ilmakunnas looked at job satisfaction and productivity data from the European Community Household Panel (ECHC), (Böckerman & Ilmakunnas, 2012). From the ECHC, they found that there is a positive relationship between job satisfaction and productivity (Böckerman & Ilmakunnas, 2012).

Goal-Setting Theory

Goal-setting theory is based on the idea that a person's goals and their intentions are responsible for their behavior (Latham & Locke, 2006). Goal-setting theory focuses on conscious goals and how they act as motivators for task performance (Locke &

Latham, 2004). A goal is defined as an action's aim or object (Locke & Latham, 2002). These goals are normally set within a specific time limit (Locke & Latham, 2002). Examples of goals in work settings are deadlines, work norms, quotas, and levels of job performance (Locke et al., 1981).

Goal-setting theory asserts that goals determine a person's behavior, are not the same as intentions, and that specific goals result in more effort than vague goals (Locke & Latham, 2002; Pinder, 2008). A major assertion of goal-setting theory is that hard goals will result in greater performance than easy goals (Latham & Locke, 2006; Latham & Locke, 2007). Several studies provide support for this assertion (i.e. LaPorte, & Nath, 1976; Latham & Locke, 1975; Locke et al. 1981; Locke & Latham 2002; Ronan, Latham, & Kinne, 1973). In Latham and Locke's (1975) classic study with loggers, they measured the output rate of loggers which was measured by dividing the amount of 4 feet by 4 feet by 8 feet pile of wood delivered by each crew and the total man hours worked (Latham & Locke, 1975). They collected the data on 379 wood harvesting crews and found that workers with quotas had higher productivity than those that could sell as much wood as they could harvest (Latham & Locke, 1975).

On the other hand, if an employee's task is new and complex, learning goals surpass hard goals (Locke & Latham, 2002). The characteristics of a task, such as task complexity, can moderate goal effects (Latham & Locke, 2007; Wood, Mento, & Locke, 1987). For example, Wood, Mento, and Locke (1987) conducted a meta-analysis on 72 studies on goal-difficulty effects and on 53 studies on goal-specificity difficulty effects. They found that goal-setting effects were strongest for easy tasks like brainstorming and

that they were the weakest for complex task, such as faculty research productivity (Wood, Mento, & Locke, 1987). They concluded that task complexity is a moderating variable between goal attributes and task performance (Wood, Mento, & Locke, 1987).

Another assertion from goal-setting theory is that more effort will also result from specific goals and that incentives for achieving goals, like money, will not affect an employee's behavior unless they lead to the setting, accepting, or setting and accepting of hard, specific goals (Latham & Locke, 2006). Earley (1985) conducted two studies, one was a laboratory experiment on 96 college students, and one was a field experiment on 40 animal caregivers. Participants were assigned to high information, choice manipulation, or task complexity conditions (Earley, 1985). It was found that providing information about a task enhanced goal acceptance and performance (Earley, 1985). An inverse relation between task complexity with goal acceptance and performance was also found (Earley, 1985). Earley concluded that information tells a person how to perform effectively and that the finding that information increases goal acceptance suggests that information has motivating effects (Earley, 1985).

Goal commitment, an employee's ability, and feedback are concepts discussed in goal-setting theory (Hollenbeck, Williams, & Klein, 1989; Locke & Latham, 2007). Locke and Latham assert that goal commitment, ability, and feedback moderate goals (Locke & Latham, 2007). Having supervisory support is a way to gain commitment and is strongly related to performance (Locke & Latham, 2007; Ronan, Latham, & Kinne, 1973). For example, Ronan, Latham & Kinne (1973) conducted a factor analysis of a questionnaire given to 292 pulpwood producers and found that goal-setting without

immediate supervision was related to turnover. They concluded that, in industrial situations, goal-setting has a positive effect on performance in the presence of supervision (Ronan, Latham, & Kinne, 1973).

Latham and Locke assert that employee values are an important component of goal-setting theory as they reflect employee beliefs about what is important (Latham & Locke, 2006). They further assert that engaging values ensures goal-commitment (Latham & Locke, 2006). The philosophy of the marriage and family therapy profession is based on relational, holistic and looks at reciprocal causality (Becvar & Becvar 2003), which may impact an MFT's goal commitment if that goal is seen as reductionistic.

The concept of self-efficacy is significant in goal-setting theory (Latham & Locke, 2007). Latham and Locke assert that people with high self-efficacy are likely to choose and commit to high goals while those with low self-efficacy are not likely to do so (Latham & Locke, 2007). Mangos and Steele-Johnson (2001) looked at the role of subjective task complexity in goal orientation, self-efficacy, and performance by having 138 undergraduate students complete a computer simulation of a class-scheduling task. They found that subjective task complexity mediates goal orientation and performance (Mangos & Steele-Johnson, 2001). They also found that subjective task complexity was related to self-efficacy and that subjective task complexity's effect on performance was mediated by self-efficacy (Mangos & Steele-Johnson, 2001). The next section will discuss social-cognitive theory and self-efficacy.

Social-Cognitive Theory

Stajkovic, Luthans, and Slocum Jr. (1998) assert that social-cognitive theory and self-efficacy will enable one to both better understand human resources and enable one to more effectively manage performance. Psychosocial functioning is explained by social-cognitive theory as the result of triadic reciprocal causation between a person's behavior, a person's cognitive and other personal factors, and the person's external environment (Wood & Bandura, 1989). These reciprocal relationships do not all have to be of equal intensity or have to all occur at the same time (Wood & Bandura, 1989).

Social-cognitive theory contains five capabilities, which are anticipation and forethought, symbolizing, vicarious learning, self-regulation, and self-reflective capabilities (Bandura, 1991). Anticipation and forethought refers to a person's capability to expect a likely consequence to their behavior (Bandura, 1991). Symbolizing refers to the notion that people have the ability to imagine events and the consequences of their behavior in their thoughts (Bandura, 1991). Vicarious learning is the capability of someone learning from another's actions and their consequences (Bandura, 1991). Self-regulation is a person's capability to evaluate and regulate their own behavior according to their own standards (Bandura, 1991; Pinder, 2008). The capability to reflect on one's own abilities, thoughts, emotions desires and experiences defines the self-reflective capability of social-cognitive theory (Bandura, 1991; Pinder, 2008). Within the self-motivating sub-function of self-regulation is goal setting (Bandura, 1991).

Self-Efficacy

Self-efficacy is another component of the self-regulation capability of social-cognitive theory (Bandura, 1991). Self-efficacy is defined as a person's own belief in their ability to complete tasks and achieve goals (Bandura & Locke, 2003; Dicke et al., 2014; Stajkovic & Luthans, 1998). Bandura and Locke assert that self-efficacy beliefs can affect whether people think in self-enhancing or self-debilitating ways (Bandura & Locke, 2003). A person's self-efficacy beliefs can influence their choices, their motivation, and can influence how a person sees their successes and failures (Bandura, 1991; Habibi, Tahmasian, & Ferrer-Wreder, 2014). Bandura asserts that a person's self-beliefs of efficacy can affect the goal-setting sub-function of social-cognitive theory (Bandura, 1991). For example, if people see themselves as capable they will set higher goals for themselves (Pane Haden, 2012; Wood & Bandura, 1989) and be more committed to them (Wood & Bandura, 1989).

Zellars et al. (2001) refer to collective efficacy as a person's perceptions of their group's competency. Zellars et al. looked at the moderating effects of collective efficacy and self-efficacy on an employee's job satisfaction, turnover intent, and exhaustion (Zellars et al., 2001). They collected 188 mailed surveys from nurses at a metropolitan hospital (Zellars et al., 2001). They found that high collective efficacy was associated with lower levels of exhaustion, turnover intent and high levels of job satisfaction (Zellars et al., 2001). They also found that self-efficacy was positively correlated with perceived group efficacy, job satisfaction, and exhaustion, but not turnover intent (Zellars et al., 2001).

May et al. (1997) investigated the moderating effects of health locus of control (HLOC) and self-efficacy. They conducted a field survey of 180 municipal government employees (May et al., 1997). May et al. found that (HLOC) moderated the relationship between ergonomic job design and turnover intent and somatic complaints (May et al., 1997). They also found that self-efficacy moderated the relationship between job design and job satisfaction, somatic complaints, and persistent pain (May et al., 1997).

Federici and Skaalvik (2012) argue that self-efficacy serves as a buffer for turnover intent. They found that self-efficacy was indirectly negatively related with turnover intent and that this relationship was mediated by job satisfaction and burnout (Federici & Skaalvik, 2012).

Self-efficacy has also been studied in mental health professionals and social workers (e.g. King, 2009; Letteney, 2010; Ross, Buglione, & Safford-Farquharson, 2011; Teasley & Miller, 2011). For example, King (2009) collected 188 case manager responses to an online cross-sectional survey. King found that higher caseloads were associated with higher levels of work-related stress and lower levels of personal efficacy (King, 2009).

Mutchler and Anderson (2010) tested a Therapist Personal Agency (TPA) model, which included self-efficacy, trainee developmental level, supervisor working alliance, family of origin relationships, and psychological states, on a national sample of 125 MFT students via an online survey. They found that the data supports the model and that the data is consistent with other research on therapist self-efficacy (Mutchler & Anderson, 2010). Mutchler and Anderson concluded that there are a multitude of factors that affect a

person's performance as a therapist and that, during training, a more holistic view should be implemented in order for trainees to explore different aspects of their endeavor to become a therapist (Mutchler & Anderson, 2010).

Summary

Employee turnover can be costly to a community mental health agency and can affect client quality of care. The marriage and family therapy profession originated from a philosophical background based on systemic thought. An MFT's systemic philosophy may come into conflict with reductionist measures used by many community mental health agencies in California to measure clinician performance.

The current literature looks at the connection between job satisfaction and turnover intent in various job settings. It also looks at the role of productivity in various job settings. On the other hand, there is a paucity of research available on how these constructs impact MFTs. The aim of the present study is to address the gap in the literature on the relationship between productivity standards set by community mental health agencies and an MFT's job satisfaction, turnover intent, and how demographic variables and job self-efficacy mediate the relationships between these variables. An additional aim of the present study is to enact positive social change by providing program managers and policy makers more insight towards MFT job attitudes and work environment, giving them the tools to make informed decisions in designing jobs for MFTs and ultimately, improving the quality of care that a client receives in treatment.

Chapter 3 contains a description of the research methods used in the present study. The discussion includes a comprehensive description of the study's research

design, sample population, data collection measures, and data analysis. A review of ethical concerns and strategies to address participant anonymity will be presented in chapter 3.

Chapter 4 consists of the results of the study. This includes a brief introduction followed by data collection and analysis. Chapter 4 concludes with a brief summary. Chapter 5 consists of a brief introduction followed by the interpretation of the findings. This is followed with a discussion on the limitations of the study, recommendations, and implications for social change. Chapter 5 discusses the summary, conclusions, and recommendations of the study.

Chapter 3: Research Method

Chapter 3 provides an overview of the research methods and sample used in the study. The overview of the study is presented first. A description of the participants in the study will follow, including inclusion criteria, exclusion criteria, and protecting participants. This is followed by a description of the procedure that was used in the study and a description of the measures used to collect the data. Data analysis procedures are discussed afterward, and Chapter 3 closes with a brief summary.

Research Design and Approach

The quantitative cross-sectional survey design was used to assess the relationship between productivity standards set by community mental health agencies and an MFT's job satisfaction and turnover intent as mediated by job self-efficacy. A correlational approach was used to examine the relationship between the predictor variable of productivity standards, the criterion variables of job satisfaction and turnover intent, and the mediating variables of job self-efficacy and job satisfaction. The relationship between the demographic characteristics of the sample and the criterion variables of job satisfaction and turnover intent were also examined.

A survey design was appropriate to assess the relationships between the predictor, criterion, mediating, and moderating variables due to job attitudes such as job satisfaction and turnover intent being used in the study. Asking a person about his or her experience with a construct of interest is done when the researcher cannot directly observe the effects of that construct (Frankfort-Nachmias & Nachmias, 2008). Survey methodology was

appropriate to address the research questions because the constructs of job satisfaction and turnover intent are job attitudes and cannot be directly observed.

Research Questions and Hypotheses

Based on findings in the current literature on productivity standards and its impact on job satisfaction and turnover intent, the following research questions and hypotheses were raised:

Research Question 1: Do community mental health agency productivity standards predict an MFT's turnover intent? If so, is it partially mediated by MFT job self-efficacy?

$H_0$1a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT turnover intent, as measured by the DPQ, TIS, and JSES.

$H_0$1b: This relationship is not partially mediated by MFT job self-efficacy, as measured by the DPQ, TIS, and JSES.

H_a1a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent, as measured by the DPQ, TIS, and JSES.

H_a1b: This relationship is partially mediated by MFT job self-efficacy, as measured by the DPQ, TIS, and JSES.

Research Question 2: Do community mental health agency productivity standards predict MFT job satisfaction? If so, is this partially mediated by MFT job self-efficacy?

$H_0$2a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT job satisfaction, as measured by the DPQ, JSS, and JSES.

$H_0$2b: This relationship is not partially mediated by MFT job self-efficacy, as measured by the DPQ, JSS, and JSES.

H_a2a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT job satisfaction, as measured by the DPQ, JSS, and JSES.

H_a2b: This relationship is partially mediated by MFT job self-efficacy, as measured by the DPQ, JSS, and JSES.

Research Question 3: Do community mental health agency productivity standards predict MFT turnover intent? If so, is this partially mediated by MFT job satisfaction?

$H_0$3a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT turnover intent, as measured by the DPQ, TIS, and JSS.

$H_0$3b: This relationship is not partially mediated by MFT job satisfaction, as measured by the DPQ, TIS, and JSS.

H_a3a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent, as measured by the DPQ, TIS, and JSS.

H_a3b: This relationship is partially mediated by MFT job satisfaction, as measured by the DPQ, TIS, and JSS.

Research Question 4: Is there a relationship between mental health agency productivity standards set by mental health agencies and MFT job satisfaction?

$H_0$4: There is no relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction as measured by the JSS.

H_a4: There is a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction as measured by the JSS.

Research Question 5: Is there a relationship between mental health agency productivity standards set by community mental health agencies and MFT turnover intent?

$H_0$5: There is no relationship between MFTs mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent as measured by the TIS.

H_a5: There is a relationship between MFTs mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent as measured by the TIS.

Research Question 6: Do MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT job satisfaction?

$H_0$6: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work do not predict MFT job satisfaction as measured by the DPQ and JSS.

H_a6: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT job satisfaction as measured by the DPQ and JSS.

Research Question 7: Do MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT turnover intent?

$H_0$7: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work do not predict MFT turnover intent as measured by the DPQ and TIS.

H_a7: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT turnover intent as measured by the DPQ and TIS.

Participants

Population

The population that was used for the survey study included registered MFTs in the CSBS. The CSBS website has a license verification page with the contact information of licensed and prelicensed marriage and family therapists (CSBS, 2014). The license verification page has a link to BreEze, an online license verification page provided by the DCA (2013). The DCA provided a list of MFTs registered in the CSBS and BreEze upon

written request. A written request was sent upon Institutional Review Board (IRB) approval on 12/4/14.

Surveys were also sent to community mental health agencies in California. The survey solicited MFTs registered in the CABBS. The cover letter instructed participants to return surveys for MFTs that were registered in the CABBS.

The population and area that was targeted were marriage and family therapists with addresses in California. The purpose of the study was to look at the correlation between the productivity and job satisfaction in mental health agencies, and focusing the study in California reduced potential time and costs associated with mailing surveys to other states and researching other states' licensing boards. The potential cost of focusing the study on one state was that its generalizability to marriage and family therapists outside of California may have been compromised.

Population Size

At the time of data collection, there were 36,600 licensed marriage and family therapists in the State of California (CBBS, 2012b). In California, there were 22,275 marriage and family therapist interns (CBBS, 2012b). That results in a total of 58,875 registered on the CBBS.

Sampling Type

The study involved convenience sampling to collect the data. In other words, the sample was drawn from sampling units that were conveniently available (Frankfort-Nachmias & Nachmias, 2008). For example, the sample was drawn from a population

that was easily accessible to me as the researcher. Inclusion criteria consisted of MFTs registered in the CBBS. Exclusion criteria consisted of MFTs not registered in the CBBS.

The sample design of choice was convenience sampling because the economy and convenience of the approach outweighed the advantages of probability sampling (Frankfort-Nachmias & Nachmias, 2008). In addition, convenience sampling enabled me to recruit more participants from community mental health agencies that were easily accessible. This ensured that a higher proportion MFTs were recruited from community mental health agencies because there were significantly more MFTs working in private practice than in community mental health agencies (Rosenberg & Pace, 2006).

A challenge when using convenience sampling approach is that the sample may not be representative of the entire MFT population. Additionally, there may still be an underrepresentation of some demographic variables. Men and ethnic minorities, for example, are underrepresented in psychology (Wilyard, 2011). This issue was addressed during the data analysis.

Sample Size

A hierarchical multiple regression analysis was conducted as part of the quantitative study. G*Power version 3.1.8 was used to calculate the sample size for a linear multiple regression, fixed model, R^2 deviation from zero (Buchner, Faul, & Erdfelder, n.d). An effect size of .15, a $p < .05$ error, a .8 power, and nine predictors were selected as the program's options for calculating the sample size. The sample size needed for the study, as calculated by G*Power, was 114. The sample size was within the range of 101 to 150, which was the largest frequency of sample sizes used by studies

conducting mediational testing (Fritz & MacKinnon, 2010). Rosenberg and Pace (2006), when conducting their study on MFT burnout, administered 375 surveys and obtained 116 surveys for their analysis, yielding a response rate of 32.3%. In their study involving self-efficacy using MFT student participants, Mutchler and Anderson (2010) sent 236 surveys and 125 usable surveys were returned, yielding a 53%. Taking into account a low survey response rate and the sample size range needed at114 or above, 350 surveys were sent to MFTs registered in the CABBS and to MFTs working in community mental health agencies that were easily available to me in order to obtain a convenience sample.

Instruments

Measures that were used in the study consisted of an eight-item DPQ, a three-item JSES, a three-item JSS and the TIS, which consists of three items. The total number of items for all three measures was 17. Participants were asked to complete all questionnaires via a mailed or online survey.

Demographic and Productivity Questionnaire

An eight-item DPQ was used to capture age, gender, number of work hours, place of work, licensure status, and work experience. The DPQ also asked the participants whether participants have productivity standards as measured by the percentage of face-to-face client contact time per workday. They were then be asked what their productivity in percentage of face-to-face client contact time per work day was if they answered *yes* to the first question. If they answered *no,* productivity was entered as "*0"* in SPSS during data reduction.

The DPQ asked participants their age in chronological years and their gender. Work experience was framed in a question asking how many years a participant has been working as an MFT. Number of work hours was framed in a question that asked how many hours a week participant works. Licensure status was obtained by asking the participant to circle whether they are a licensed MFT or an MFT intern. Place of work was asked using a question asking the participant to select where they work from the following answers:

A) In a private practice setting.

B) In a community mental health agency.

C) In a hospital setting.

D) Not currently working.

E) Other: _____.

For Participants that answered *Other*, their responses were coded in SPSS using dummy variables.

Job Self-Efficacy Scale

A three-item JSES adapted by Wilk and Moynihan (2005) from Jones (1986) was used to measure an MFT's job self-efficacy. The JSES 5-point Likert scale ranging from "1", for "strongly disagree", to "5", for "strongly agree" (Wilk & Moynihan, 2005). The three items are '"I am certain that I can meet the performance standards of this job," "I am confident that I am able to successfully perform my current job," and "I feel I have the skills and knowledge necessary to complete my job effectively."', (Wilk & Moynihan, p.921, 2005).

The JSES has an alpha of .89 (Wilk & Moynihan, 2005). The JSES was used alongside the career commitment scale (CMS), the Position Analysis Questionnaire (PAQ), and a scale for emotional exhaustion (Wilk & Moynihan, 2005). They collected 429 completed surveys from supervisors and a total sample from subordinates of supervisors whom responded to the surveys ranging from 948 to 671 (Wilk & Moynihan, 2005).

A limitation of the JSES is that the validity of the measure was not discussed in the literature. A recognized strength of the JSES is that it was developed based on previous research. Jones, from which the JSES was developed from, discussed the development of the self-efficacy questionnaire from Bandura's (1977, 1978) conceptualization of self-efficacy as people's expectations that the can successfully perform the behavior needed for the outcome (Jones, 1986). If a scale or test has content relevant to what is being studied, then it can be said that it has content validity (Cone, 2008; Groves et al., 2009). While the validity of the JSES was not discussed in the literature, the scale was created using Bandura's conceptualization of self-efficacy and its three items ask about the participant's expectations in completing their job and its performance standards (Wilk & Moynihan, 2005).

Job Satisfaction Scale

MFT job satisfaction was measured using a three-item JSS adopted by Messersmith et al. (2011) from Bowling and Hammond (2008), Spector, Chen, and O'Connell (2000), and Vancouver and Schmitt's (1991) jobs satisfaction scales. The Messersmith et al. three-item JSS uses a 7-point Likert scale ranging from 1 for *strongly*

disagree to 7 for *strongly agree* (Messersmith et al., 2011). The three items are "(a) 'In general, I like working here', (b) 'In general, I don't like my job' (reverse coded), and (c) 'All things considered, I feel pretty good about this job.' (Messersmith et al., 2011, p. 1111).

Bowling and Hammond (2008) conducted a meta-analysis to look at the construct validity of the Michigan Organizational Assessment Questionnaire Job Satisfaction Subscale (MOAQ-JSS), which Messersmith et al. (2011) adopted in their JSS. They assert that MOAQ-JSS, a three-item job satisfaction questionnaire, is a face-valid measure of global job satisfaction (Bowling & Hammond, 2008). They found that the MOAQ-JSS is a construct-valid measure (Bowling & Hammond, 208).

Messersmith et al.'s (2011) JSS contains an alpha of .83. Messersmith et al. used their version of the three-item JSS alongside measures assessing for organizational commitment, psychological empowerment, and organizational citizenship behaviors and their relationship with performance and high-performance systems (Messersmith et al., 2011). They administered their scales through surveys and collected 6,625 responses from employees working for various departments in the Wales government authority (Messersmith et al., 2011). They found a positive relationship between high performance systems and job satisfaction, organizational commitment, and psychological empowerment (Messersmith et al. 2011).

A limitation of the Messersmith et al.'s (2011) JSS is that it does not assess for specific aspects of job satisfaction. For example, the Job Descriptive Index (JDI) assesses for both long-term and short-term domains (Kinicki et al., 2002). The long-term domain

assesses and employees comparison of their current job with their past jobs (Kinicki et al., 2002). The short-term domain looks at the employee's perception of their day-to-day work (Kinicki et al., 2002). Productivity standards may affect an MFT's short-term job satisfaction if they perceive them as affecting their day-to-day activities, which global job satisfaction measures do not measure. Another limitation of Messersmith et al.'s JSS is that it was conducted using government employees. There is a paucity of empirical research conducted on Messersmith et al.'s JSS and MFTs.

While the three-item JSS has its limitations, it also contains significant strengths (Bowling & Hammond, 2008). For example, the MOAQ-JSS is short (Bowling & Hammond, 2008; Cammann et al., 1983). Additionally, it is a Likert scale, which are commonly used to measure attitudes (Bradburn, Sudman, & Wansink, 2004). Its short length can be an advantage when concerns about length make longer job satisfaction questionnaires impractical (Bowling & Hammond, 2008). The length of a survey is an important factor in study drop-out rates and shorter survey length is associated with reduced drop-out rates (Hoerger, 2010).

Another advantage of using the three-item JSS is that it measures the affective component of job satisfaction (Bowling & Hammond, 2008). Bowling and Hammond assert that job satisfaction include one's feelings about their job (Bowling & Hammond, 2008). Other measures, such as the JDI, have been criticized for not measuring the affective component of job satisfaction (Bowling & Hammond, 2008).

Turnover Intention Scale

Turnover intent was measured using Cohen's (1999) TIS. The TIS was developed using Mobley, Griffeth, Hand, and Meglino's (1979) conceptualization of turnover intent (Cohen, 1999). Mobley et al. asserted that the relationship between turnover and turnover intent is stronger with more specific intention statements (Mobley et al., 1979). The TIS uses similar measures of turnover intent to Miller, Katerberg, and Hulin (1979) and Michaels and Spector (1982).

The TIS contains three items, which are "(1) 'I think a lot about leaving the organization'; (2) 'I am actively searching for an alternative to the organization'; (3) 'As soon as it is possible, I will leave the organization' (Cohen, 1999, p. 377). These items are adopted to measure different dimensions of turnover intent by changing the world "organization" in each item to "job" or "occupation" (Cohen, 1999). The items are measured on a 5-point Likert scale ranging from "1", for "strongly agree", to "5", for "strongly disagree" (Cohen, 1999). The TIS' Cronbach's alpha was 0.94 for intent to leave the organization (Cohen, 1999). The TIS also had an alpha of 0.92 for intent to leave the occupation and an alpha of 0.89 for intent to leave the job (Cohen, 1999). The study used the intent to leave the job dimension of the TIS in order to assess for MFT intent to leave their jobs.

The strength of the TIS is that it measures three different dimensions of turnover (Cohen, 1999). Another strength of the TIS is that it has a comparable alpha to turnover intent scales used in other studies. For example, Aarons et al. (2011) used a five item scale, which had a coefficient alpha estimate of reliability of .88 to assess for turnover

intentions. The TIS had comparable alphas of ranging from .89 to .94 (Cohen, 1999).A limitation of the TIS is that its psychometric properties were established using nurses (Cohen, 1999). The psychometric properties of the TIS may differ when applied to MFTs. Another limitation of the TIS is that there is little research available that assesses for the TIS' validity.

Data Collection

MFT business contact information is public information that is made available through the DCA's license verification database (2013). A mailed letter and email were sent to the DCA to inform them of the research and the intent to use the license verification database to contact participants upon gaining permission and approval from the IRB. A copy of the letter can be found in Appendix F. Surveys were sent to the participant's address as listed by the DCA's license verification database. An email was sent to community mental health agencies in California with a link to an online survey to solicit MFTs. A copy of the letter can be found in Appendix G. Both email and mail surveys contained a cover letter that included a background to the study, the procedures that were to be used to collect survey data, confidentiality procedures, ethical concerns, and the voluntary nature of the study as part of client informed consent. The informed consent also discussed the purpose of the study and how the data was to be disseminated. Participants were informed that the survey will take approximately 15 minutes to complete. A copy of the survey letter can be found in Appendix E.

Surveys contained the productivity and demographic questionnaire, JSES, three-item JSS, and TIS. A self-addressed stamped envelope was included for participants to

return completed mailed surveys. After two weeks, a reminder letter was sent to participants whom have not returned the survey. Each packet was examined upon return to assure that the survey was completed correctly. Surveys that were not completed were deleted. Completed returned surveys were used for the analysis. Surveys were computer scored and analyzed using the statistical package for social sciences (SPSS) version 21 and AMOS version 21.

Data Analysis

SPSS version 21 and SPSS AMOS version 21 was used to analyze the data. A multiple regression was used to analyze the relationships between the predictor variable of productivity standards and the criterion variable of turnover intent. Job self-efficacy and job satisfaction were treated as mediating variables. Demographic characteristics were entered as control variables in the regression analyses.

Cronbach's alpha was calculated to test the internal consistency of the measures. Descriptive statistics were used to summarize the data and compare the sample with those registered in the CBBS to assess whether a representative sample was drawn. Descriptive statistics were also be used to assess the mean and standard deviation for productivity standards, job self-efficacy, job satisfaction, turnover intent, work experience, age, number of work hours, and how they relate to licensure status, gender, and place of work. Pearson's *r* was used to examine the correlations between variables.

The first three research questions were assessed, for descriptive purposes, using a path analysis to describe the directed dependencies of job self-efficacy, job satisfaction, productivity standards, and turnover intent. The path analysis used the recursive model

depicted in Figure 4.There were four variables involved, so the number of observations was 10. The number of parameters were 10, resulting from six paths, one variance from the exogenous variable, no covariance because of one exogenous variable, and three error terms from the endogenous variables. Job self-efficacy, job satisfaction, and turnover intent were the endogenous variables and productivity standards were the exogenous variable. The model was analyzed using SPSS AMOS version 21. The model's standardized path coefficients and a goodness-of-fit Chi Square were used to see if the model fits the data.

For the regression analyses, statistical assumptions had to be met. The first statistical assumption, normally distributed errors, states that residuals in a model are random and differences between the model and observed data are close to zero. The second statistical assumption, homoscedasticity, is that there should be the same variance for the residuals of each level of predictor variables. The third statistical assumption, multicollinearity, is that the predictor variables do not highly correlate with one another. The fourth statistical assumption, independent errors, states that the residuals should not be correlated. Analyses that were used to confirm that the assumptions of regression were met were the Durbin-Watson test for independent errors and collinearity diagnostics for multicollinearity. The assumption of normally distributed errors was tested using a normal probability plot and histogram. Partial plots and were used to test for homoscedasticity.

Hypothesis Testing

H_a1: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent, partially mediated by MFT job self-efficacy, as respectively measured by the DPQ, TIS, and JSES. Baron and Kenny's (1986) steps for mediation analysis were conducted in order to analyze the first hypothesis. Step one was to regress productivity on turnover intent to confirm that the predictor variable is a significant predictor of the criterion variable. Step two was to regress the mediator, job self-efficacy, with the productivity standards in order to confirm that the predictor variable is a significant predictor of the mediator. The third step was to regress turnover intent with productivity and job self-efficacy to confirm that the mediator is a significant predictor of the criterion variable while controlling for the predictor variable. If a significant relationship between productivity standards and turnover intent as mediated by MFT job self-efficacy was found and if there was a significant indirect effect of job self-efficacy, then the first null hypothesis was rejected. As a result, the first hypothesis was accepted.

H_a 2: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT job satisfaction, partially mediated by MFT job self-efficacy, as respectively measured by the DPQ, JSS, and JSES.

Baron and Kenny's (1986) steps for mediation analysis were conducted in order to analyze the second hypothesis. Step one was to regress productivity on job satisfaction to confirm that the predictor variable was a significant predictor of the criterion variable.

Step two was to regress the mediator, job self-efficacy, with the productivity standards in order to confirm that the predictor variable was a significant predictor of the mediator. The third step was to regress job satisfaction with productivity and job self-efficacy to confirm that the mediator was a significant predictor of the criterion variable while controlling for the predictor variable. If a significant relationship between productivity standards and job satisfaction as mediated by MFT job self-efficacy was found and if there was a significant indirect effect of job self-efficacy, then the second null hypothesis was rejected. As a result, the second hypothesis was accepted.

H_a 3: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent, partially mediated by MFT job satisfaction, as respectively measured by the DPQ, TIS, and JSS.

Baron and Kenny's (1986) steps for mediation analysis were conducted in order to analyze the third hypothesis. Step one was to regress productivity and turnover intent to confirm that the predictor variable was a significant predictor of the criterion variable. Step two was to regress the mediator, job satisfaction, with productivity standards in order to confirm that the predictor variable was a significant predictor of the mediator. The third step was to regress turnover intent with productivity and job satisfaction to confirm that the mediator was a significant predictor of the criterion variable while controlling for the predictor variable. If a significant relationship between productivity standards and turnover intent as mediated by MFT job satisfaction was found and if there was a significant indirect effect of job satisfaction, then the third null hypothesis was rejected. As a result, the third hypothesis was accepted.

H_a 4: There is a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction as measured by the Mesersmith et al. JSS.

Pearson's *r* was used to analyze the fourth hypothesis. If the results of Pearson's *r* approach 1, then the fourth null hypothesis was rejected and the fourth hypothesis was not rejected. If the results of Pearson's *r* approach -1, then the fourth null hypothesis was rejected and the fourth hypothesis was accepted.

H_a 5: There is a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent as measured by a Cohen's TIS.

Pearson's *r* was used to analyze the fifth hypothesis. If the results of Pearson's *r* approach 1, then the fifth null hypothesis was rejected and fifth hypothesis was not rejected. If the results of Pearson's *r* approach -1, then the fifth null hypothesis was rejected and the fifth hypothesis was accepted.

H_a 6: There is a relationship between MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work and an MFT's job satisfaction as measured by the DPQ and JSS.

A multiple regression analysis was conducted in order to assess the relationship between an MFT's demographic characteristics and their job satisfaction. MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work were the predictor variables. Job satisfaction was the criterion variable. If work experience, age, gender, number of work hours,

licensure status, and place of work statistically predicted significant change in job satisfaction, then the null hypothesis was rejected and the sixth hypothesis was accepted.

H_a 7: There is a relationship between MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work and an MFT's job turnover intent as measured by the DPQ and TIS.

A multiple regression analysis was conducted in order to assess the relationship between an MFT's demographic characteristics and their turnover intent. MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work were the predictor variables. Job satisfaction was the criterion variable. If work experience, age, gender, number of work hours, licensure status and place of work statistically predicted significant change of turnover intent, then the null hypothesis was rejected and the seventh hypothesis was accepted.

Ethical Considerations

The study assessed a participant's attitudes towards productivity, which may affect the participant if employers discover their identities and data. No identifying information besides gender, age, place of work, and licensure status were included in order to protect participant confidentiality. The participants were informed that they have the final decision as to the anonymity of their information and that they may withdraw from the study at any time.

The participants were provided with the address, telephone, and e-mail of the researcher, research advisor, and of the university. The participants were prompted in the informed consent form to contact the researcher if they have any questions regarding the

study. The findings of the study will be made available to the participants at their request. As the study was a cross-sectional study, no follow-up surveys will be mailed to the participants.

Summary

Chapter 3 discussed the quantitative survey design of the study and its application in assessing the relationship between productivity standards set by community mental health agencies in California and turnover intent, as mediated by job self-efficacy and job satisfaction, in MFTs. Chapter 3 also looked at the relationship between productivity standards and job satisfaction, as mediated by job self-efficacy. Chapter 3 included a description of MFTs, inclusion criteria, exclusion criteria, and drawing the sample. Chapter 3 discussed the reasoning behind the selection of the JSES, three-item JSS, and the TIS as well as their strengths and limitations. Chapter 3 indicated the use of mailed surveys to collect the data and the use of SPSS version 21 to analyze the data. Ethical considerations and steps to promote participant confidentiality were discussed in Chapter 3.

Chapter 4 consists of the results of the study. This includes a brief introduction followed by data collection and analysis. Chapter 4 concludes with a brief summary. Chapter 5 consists of a brief introduction followed by the interpretation of the findings. This is followed with a discussion on the limitations of the study, recommendations, and implications for social change Chapter 5 discusses the summary, conclusions, and recommendations of the study.

Chapter 4: Results

Introduction

The present study investigated the relationship between productivity standards set by community mental health agencies in California and MFT job satisfaction and turnover intent as mediated by job self-efficacy. The study was also intended to investigate the relationship between productivity standards set by community mental health agencies in California and MFT turnover intent as mediated by job self-efficacy and job satisfaction. The purpose of the study was to promote social change by enabling program managers and policy makers to make informed decisions in designing jobs for MFTs in California.

Based on the current literature on productivity standards and their impact on job satisfaction and turnover intent, the following research questions and associated hypotheses were raised:

Research Question 1: Do community mental health agency productivity standards predict MFT turnover intent? If so, is it partially mediated by MFT job self-efficacy?

$H_0$1a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT turnover intent.

$H_0$1b: This relationship is not partially mediated by MFT job self-efficacy.

H_a1a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent.

H_a1b: This relationship is partially mediated by MFT job self-efficacy.

Research Question 2: Do community mental health agency productivity standards predict MFT job satisfaction? If so, is this partially mediated by MFT job self-efficacy?

$H_0$2a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT job satisfaction.

$H_0$2b: This relationship is not partially mediated by MFT job self-efficacy.

H_a2a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT job satisfaction.

H_a2b: This relationship is partially mediated by MFT job self-efficacy.

Research Question 3: Do community mental health agency productivity standards predict MFT turnover intent? If so, is this partially mediated by MFT job satisfaction?

$H_0$3a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday do not predict MFT turnover intent.

$H_0$3b: This relationship is not partially mediated by MFT job satisfaction.

H_a3a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent.

H_a3b: This relationship is partially mediated by MFT job satisfaction.

Research Question 4: Is there a relationship between mental health agency productivity standards set by mental health agencies and MFT job satisfaction?

$H_0$4: There is no relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction.

H_a4: There is a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction.

Research Question 5: Is there a relationship between mental health agency productivity standards set by community mental health agencies and MFT turnover intent?

H_05: There is no relationship between MFTs mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent.

H_a5: There is a relationship between MFTs mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent.

Research Question 6: Do MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT job satisfaction?

H_06: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work do not predict MFT job satisfaction.

H_a6: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT job satisfaction.

Research Question 7: Do MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT turnover intent?

$H_0$7: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work do not predict MFT turnover intent.

H_a7: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT turnover intent.

Chapter 4 presents the results of the study. The data collection results are presented first. The demographic data are presented including licensure status, gender, place of work, online versus mailed origin of the survey responses, and the mean and standard deviation of productivity standards, the JSES, the JSS, the TIS, work experience, age, and number of work hours. This is followed by a Cronbach's Alpha to test for the internal consistency of the measures. This is followed by a *t*-test data screening of the online and mailed survey groups and the results of the path analysis. The results of the hypothesis testing are discussed afterwards, and Chapter 4 closes with a brief summary.

Data Collection

Three hundred mailed surveys, with stamped and addressed return envelopes and a link to the online survey, were sent to participants registered in the CBBS. Fifty electronic surveys were sent to community mental health agency program managers across California to dispense surveys. Participants were given 2 weeks to respond to the

survey before a reminder letter and e-mail were sent. Data were collected within a 1-month period. One hundred and forty-seven surveys were returned. Of those, 141 were complete and used in the analysis. Table 1 depicts the frequency of the surveys that were returned based on whether they were completed online or by mail.

Demographics of the Sample

The MFT sample consisted of 27 male participants, 110 female participants, and 4 participants who did not report their gender. This resulted in roughly 19.1% male, 78.0% female, and 2.8% not reporting a gender (See Table 1). The percentages were comparable with licensees registered in the CBBS, which were 20.95% male, 78.53% female, and 0.53% with no response (CBBS, 2007). Table 1 also depicts the frequency and percentage of MFT places of work. The most frequent places of work reported by the sample were private practice, at 77, and community mental health agencies, at 44. This translates to 54.6% for private practice and 31.2% for community mental health agencies. The CBBS reported the primary practice of setting of MFTs as private practice at 59.19% (CBBS, 2007). The CBBS did not report data on community mental health agencies for MFTs. Rosenberg and Pace (2006) reported that 15.5% of their MFT sample worked in community mental health agencies and 46.6% worked in private practice. The CBBS (2007) reported that 19.24% of their respondents, which included MFTs, clinical social workers, and educational psychologists, worked in nonprofit and charitable agencies.

The sample in the present study had a sample comparable with what scholars reported in the literature at 54.6% for private practice. On the other hand, the sample in the present study had twice as many MFTs working in CMHA, at 31.20%, than that

reported by Rosenberg and Pace (2006). The present study also had almost twice as many MFTs working in CMHAs as what was reported by the CBBS for all their respondents. This may be the result of the recruiting process targeting MFTs working in community mental health agencies to address the research questions, which involved community mental health agency productivity standards. A limitation was that the results may not generalize to MFTs outside the scope of the study.

There were 38 prelicensed and 103 licensed MFTs who responded to the survey. This translates to 27.0% prelicensed and 73.0% licensed MFTs. There were 36,600 licensed MFTs in the State of California (CBBS, 2012b). In California, there were 22 MFT interns (CBBS, 2012b). That is a total of 58,875 registered on the CBBS. This translates to 37.83% prelicensed MFTs and 62.17% licensed MFTs. Compared to the CBBS, there were fewer prelicensed MFTs and more licensed MFTs in the sample.

Table 1

Sample Demographics

Demographic	Demographic	*Frequency*	*Percentage*
Gender	Male	27	19.1
	Female	110	78.0
	No Gender Reported	4	2.8
Work Site	Private Practice	77	54.6
	CMHA	44	31.2
	Hospital	6	4.3
	Not Working	2	1.4
	Group Home	2	1.4
	Agency Owner	1	.7
	Private Practice	1	.7
	Health Center	1	.7
	Government Agency	1	.7
	Residential	2	1.4
	School	3	2.1
	Prison	1	.7
Licensure	Pre-Licensed	38	27.0
	Licensed	103	73.0

Note. Percentages do not add to 100% due to rounding.

Table 2 depicts the mean age, hours worked per week, and work experience of the sample. The mean age of the sample was 45.48 years. The mean hours worked per week was 30.77. The mean work experience of the sample was 10.46 years. The mean age of all CBBS respondents was 51.44 years, and the mean work experience was 15.53 years (CBBS, 2007). Compared to the CBBS demographic data presented, the mean age of the sample was younger at 45.48 and had less work experience at 10.46 years.

Table 2

Descriptive Statistics of MFT Predictor Variables

Items	*N*	*Mean*	*SD*	*Min*	*Max*
Productivity Standards	141	.19	.30	0	1
Job Satisfaction	141	5.82	1.54	1	7
Job Self-Efficacy	141	4.33	.83	1	5
Turnover Intent	141	2.11	1.27	1	5
Work Experience	141	10.46	8.78	.33	38
Age	141	45.48	13.10	27	78
Hours Per Week	141	30.77	13.31	0	60
Work Setting	141	1.10	2.24	0	11
Gender	141	.84	.44	0	2
Licensure	141	.73	.45	0	1
Survey Type	141	.57	.50	0	1

Note. Work Experience was measured in years.

Table 2 depicts the mean and standard deviation of productivity standards, job satisfaction, job self-efficacy, and turnover intent. The mean productivity standard is .19, which translates to 19% of face-to-face client contact time per workday with a standard deviation of .30, which translates to 30% of face-to-face client contact time per workday. Job satisfaction has a mean of 5.82 and a standard deviation of 1.54. Job Self-Efficacy has a mean of 4.33 and a standard deviation of .83. Turnover intent has a mean of 2.11 and a standard deviation of 1.27.

Table 3 depicts the Cronbach's α and number of items for each of the three scales. *The JSS*, which has 3 items, α = .91. *The JSES*, which has 3 items, α = .92. *The TIS*, which has 3 items, α = .95. All three scales had good internal consistency.

Table 3

Cronbach's Alpha for the JSS, JSES, and TIS

Subscale	*Number of Items*	*Cronbach's* α
JSS	3	.91
JSES	3	.92
TIS	3	.95

Note. N = 141.

Table 4 depicts the correlation matrix of the variables used in the study: Work Setting (WS), Productivity Standards (PS), Hours Per Week (Hours), Work Experience (WE), Licensure Status (LS), Job Satisfaction (JS), Job Self-Efficacy (JSE), and Turnover Intent (TI). Significant correlations were flagged. Table 4 depicts significant correlations between productivity standards and job satisfaction, job self-efficacy, and turnover intent.

Table 4

Summary of the Correlations Between the Variables Measured in the Study

Measure	WS	PS	Hours	Gender	Age	WE	LS	JS	JSE	TI
WS	-	.08	.14	.10	-.30**	-.21*	-.06	-.18	-.16	.17*
PS	.81	-	.29**	-.02	-.24**	-.20*	-.31**	-.42**	-.35**	.32**
Hours	.14	.29**	-	.18*	-.42**	-.23**	-.18*	-.25**	-.11	.30**
Gender	.10	-.02	.18*	-	-.15	-.07	-.04	.06	.11	-.07
Age	-.30**	-.24**	-.42**	-.15	-	.70**	.42**	.34**	.25**	-.34**
WE	-.21*	-.20*	-.23**	-.07	.70**	-	.48**	.26**	.26**	-.25**
LS	-.06	-.31**	-.18*	-.04	.42**	.48**	-	.35**	.31**	-.31**
JS	-.18*	-.42**	-.25**	.06	.34**	.26**	.35**	-	.66**	-.84**
JSE	-.16	-.35**	-.11	.11	.25**	.26**	.31**	.66**	-	-.50**
TI	.17*	.32**	.30**	-.07	-.34**	-.25**	-.31**	-.84**	-.50**	-

Note. * $p < .05$. ** $p < .01$.

t Tests

An independent samples *t*-test was used to examine the difference between online survey respondents and mailed survey respondents with regards to the variables of job satisfaction, turnover intent, job self-efficacy, and productivity standards. Bootstrapping was used to reduce potential bias in the analyses. Table 5 shows the independent samples *t*-test of the groups. As shown in Table 5, the Levine's test was significant for productivity standards, job satisfaction, and turnover intent. The equal variances not assumed *t*-tests were also significant $t_{137} = -3.48$, $p < .05$, Bca 95% CI [-.25, -.07] for productivity standards, $t_{137} = 4.77$, $p < .001$, Bca 95% CI [.64, 1.55] for job satisfaction, and $t_{138} = -4.63$, $p < .001$, Bca 95% CI [-1.26, -.51] for turnover intent. Levine's test was not significant for job self-efficacy. The equal variances assumed t test was significant $t_{139} = 2.87$, $p < .05$, Bca 95% CI [.11, .67] for job self-efficacy.

Table 5

Independent Samples t-test of MFT Predictor Variables

Items	*Equal Variances*	*F (Levine's Test)*	*Sig. (Levine's Test)*	*T*	*Df*	*95%CI Lower*	*95%CI Upper*
Productivity Standards	Assumed	26.81	.00	-3.40*	139	-.26	-.07
	Not Assumed			-3.48*	137.40	-.26	-.07
Job Satisfaction	Assumed	23.22	.00	4.54*	139	.63	1.60
	Not Assumed			4.77*	137.32	.65	1.57
Job Self-Efficacy	Assumed	.06	.81	2.87*	139	.12	.66
	Not Assumed			2.84*	122.30	.12	.67
Turnover Intent	Assumed	21.53	.00	-4.43*	139	-1.30	-.50
	Not Assumed			-4.63*	138.23	-1.28	-.52

Note. * $p < .05$.

The bootstrap confidence interval, at 95 %, is depicted for each variable in Table 6. As a result of the *t*-tests, there were significant differences in the responses between the online and the mailed survey groups. Due to the significant differences in between both of the groups, the mailed versus online responses were controlled for during the hypotheses testing for demographic characteristics by adding whether surveys were completed by mail or online into the regression models.

Table 6

Bootstrap for Independent Samples t-test of MFT Predictor Variables

Items	*Equal Variances*	*Mean Difference*	*Bias*	*Std. Error*	*BCa 95%CI Lower*	*BCa 95%CI Upper*
Productivity Standards	Assumed	-.16*	.00	.05	-.25	-.07
	Not Assumed	-.16*	.00	.05	-.25	-.07
Job Satisfaction	Assumed	1.11*	-.01	.23	.64	1.55
	Not Assumed	1.11*	-.01	.23	.64	1.55
Job Self-Efficacy	Assumed	.39*	.00	.14	.11	.67
	Not Assumed	.39*	.00	.14	.11	.67
Turnover Intent	Assumed	-.90*	.19	.19	-1.26	-.51
	Not Assumed	-.90*	.19	.19	-1.26	-.51

Note. *$p < .05$.

Path Analysis

Figure 5 depicts the completed path analysis using SPSS AMOS version 21. The path analysis was conducted in order to describe the directed dependencies of job self-efficacy, job satisfaction, productivity standards, and turnover intent. The goodness of fit chi square could not be computed, which indicates that the model did not have enough degrees of freedom. As a result, the model had to be re-specified to increase the amount of degrees of freedom for analysis. Table 7 depicts the regression weights. Productivity standards have a significant negative effect on job self-efficacy at -.99, $p < .001$. Job self-efficacy has a significant positive effect on job satisfaction at 1.09, $p < .001$. Productivity standards have a significant negative effect on job satisfaction at -1.09, $p < .05$. Job satisfaction has a significant negative effect on turnover intent at -.75, $p < .001$. There is no significant effect of productivity standards on turnover intent at -.10, $p = ns$ There is no significant effect of job self-efficacy on turnover intent at .13, $p = .18$.

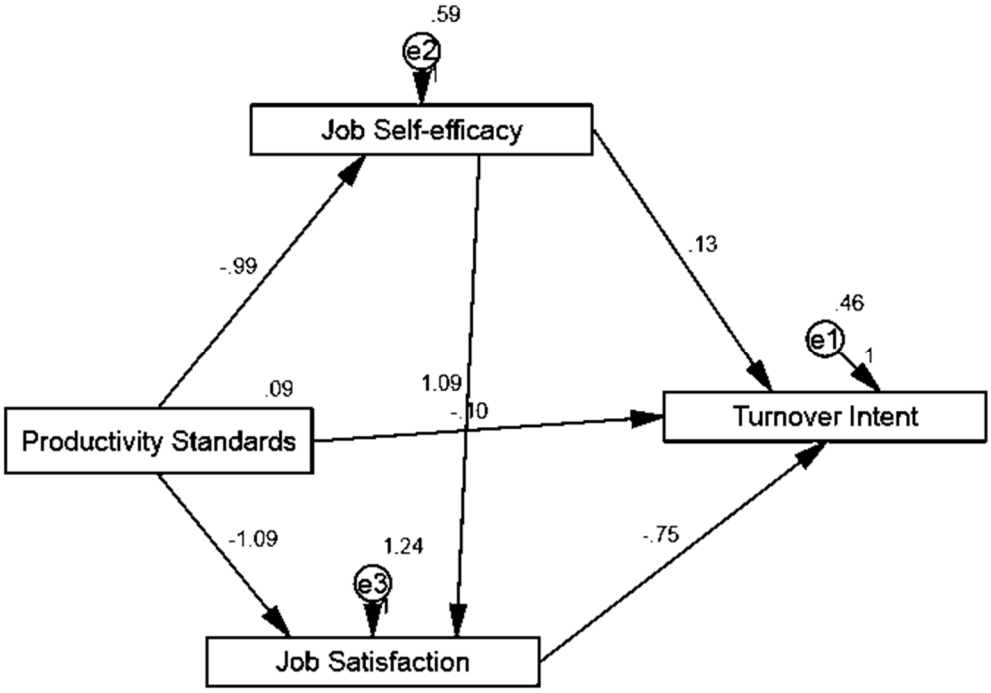

Figure 5. Path analysis 1 diagram results.

Table 7

Regression Weights of Path Analysis 1

Variables	*Estimate*	*S.E.*	*C.R.*
Job Self-Efficacy ←Productivity Standards	-.99	.22	-4.48***
Job Satisfaction ←Job Self-Efficacy	1.09	.12	8.90***
Job Satisfaction ←Productivity Standards	-1.09	.34	-3.20*
Turnover Intent ←Productivity Standards	-.10	.22	-.47
Turnover Intent ←Job Satisfaction	-.75	.05	-14.49***
Turnover Intent ←Job Self-Efficacy	.13	.09	1.38

Note. * $p < .05$. *** $p < .001$.

Figure 6 depicts the re-specified path analysis using SPSS AMOS version 21. The goodness of fit chi square was not significant, $X^2 = 2.30$, p = ns which indicates that the model is a good fit for the data. Table 8 depicts the re-specified regression weights. Productivity standards have a significant negative effect on job self-efficacy. Job self-

efficacy has a significant positive effect on job satisfaction. Productivity standards have a significant negative effect on job satisfaction. Job satisfaction has a significant negative effect on turnover intent. Implications for future research as a result of the path analysis will be discussed in chapter 5.

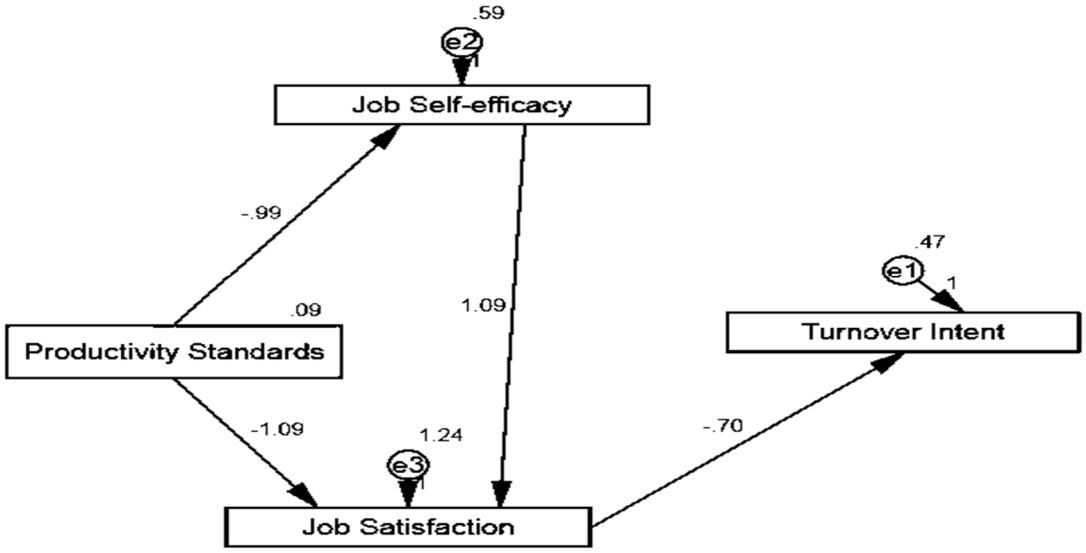

Figure 6. Re-specified path analysis 2 diagram results.

Table 8

Regression Weights of Path Analysis 2

Variables	*Estimate*	*S.E.*	*C.R.*
Job Self-Efficacy ←Productivity Standards	-.99	.22	-4.48***
Job Satisfaction ←Job Self-Efficacy	1.09	.12	8.90***
Job Satisfaction ←Productivity Standards	-1.09	.34	-3.20*-
Turnover Intent ←Job Satisfaction	-.70	.03	18.36***

Note. * $p < .05$. *** $p < .001$.

Hypothesis Testing

The path analysis was conducted for descriptive purposes to describe the directed dependencies of job self-efficacy, job satisfaction, productivity standards, and turnover

intent. The hypotheses for the first three research questions were tested using Baron and Kenny's (1986) steps for mediation analysis. The hypotheses for research questions 4 and 5 were tested using Pearson's *r*. The hypotheses for research questions 6 and 7 were tested using regression.

Baron and Kenny's (1986) steps for mediation analysis contain three steps. Step one is to regress predictor variable on the criterion variable to confirm that the predictor variable is a significant predictor of the criterion variable. Step two was to regress the mediator with the predictor variable in order to confirm that the predictor variable is a significant predictor of the mediator. The third step was to regress the criterion variable with the predictor and mediator variables to confirm that the mediator is a significant predictor of the criterion variable while controlling for the predictor variable.

For the regression analyses, statistical assumptions had to be met. The first statistical assumption, normally distributed errors, states that residuals in a model are random and differences between the model and observed data are close to zero. The second statistical assumption, homoscedasticity, is that there should be the same variance for the residuals of each level of predictor variables. The third statistical assumption, multicollinearity, is that the predictor variables do not highly correlate with one another. The fourth statistical assumption, independent errors, states that the residuals should not be correlated. Analyses that were used to confirm that the assumptions of regression were met were the Durbin-Watson test for independent errors and collinearity diagnostics for multicollinearity. The assumption of normally distributed errors was tested using a

normal probability plot and histogram. Partial plots and were used to test for homoscedasticity.

If the assumptions were not met, then the data was analyzed using bootstrapping to create a more robust analysis. Whether surveys were completed online or by mail will be added to the regression models to control for the results of the independent samples *t*-test. Significant demographic variables from research questions 6 and 7 were also included in the analyses for the first three research questions to control for their significance.

The hypothesis testing was conducted based on each research question. The following section will provide the results organized by each research question. The results of hypothesis testing are as follows:

Research Question 1

Do community mental health agency productivity standards predict an MFT's turnover intent? If so, is it partially mediated by MFT job self-efficacy?

H_a1a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent.

H_a1b: This relationship is partially mediated by MFT job self-efficacy.

Baron and Kenny's (1986) steps for mediation analysis was used to analyze the first hypothesis. The variables of online vs. mail surveys, age, work experience, work setting, licensure, hours per week, and gender were added into the regression analyses to control for their significance. The first step, to regress productivity standards on turnover intent, was conducted. Table 9 shows the model summary. As can be seen from Table 9,

the model predicts 25% of the variability. Table 9 shows that there is a positive relationship between productivity standards and turnover intent.

Table 9

Predictors of Turnover Intent

	Turnover Intent					
			Model 1			
Variable	*B*	*SE B*	*B*	*Tolerance*	*VIF*	*Durbin Watson*
Constant	2.50	.38				
Productivity Standards	.73	.36	.17*	.83	1.20	2.18
Survey	.34	.27	.13	.52	1.90	
Licensure	-.42	.27	-.15	.64	1.56	
Hours Per Week	.01	.01	.15	.75	1.33	
Gender	-.40	.22	-.14	.95	1.05	
Age	-.02	.01	-.15	.40	2.51	
Work Experience	.01	.02	.08	.44	2.25	
Work Setting	.04	.05	.07	.85	1.18	
R^2			.25			
F			5.36***			

Note. $N = 141$. Analysis was redone with bootstrapping due to model not meeting assumptions.
* $p < .05$. *** $p < .001$.

The assumptions were also tested. Table 9 depicts a Durbin-Watson of 2.18. This is close to 2, which means that the assumption of independent errors has been met. Table 9 shows the collinearity diagnostics of model 1. Model 1 had tolerances above the minimum of .2 and VIFs below 10, therefore collinearity was not a problem. Figure 7 depicts a histogram of the regression standardized residual showing it is not a normal distribution. Figure 8's P-P plot confirms the non-normal distribution violates the normality of errors assumption.

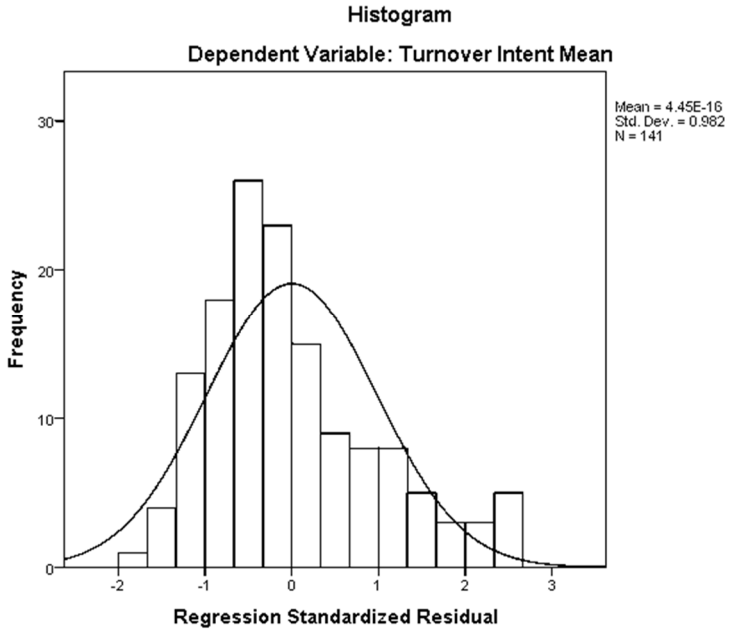

Figure 7. Histogram of the regression standardized residual.

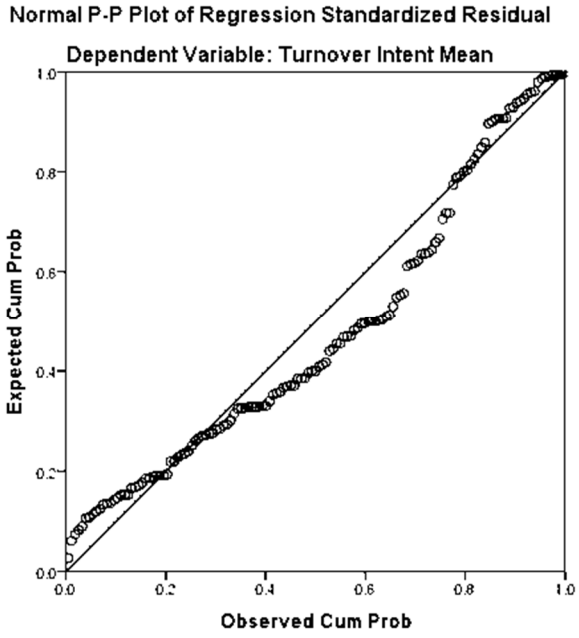

Figure 8. P-P plot of the regression standardized residual.

Figure 9 shows the scatterplot of the regression standardized predicted value and standardized residual. The funneling of the scatterplot shows that there is heteroscedasticity.

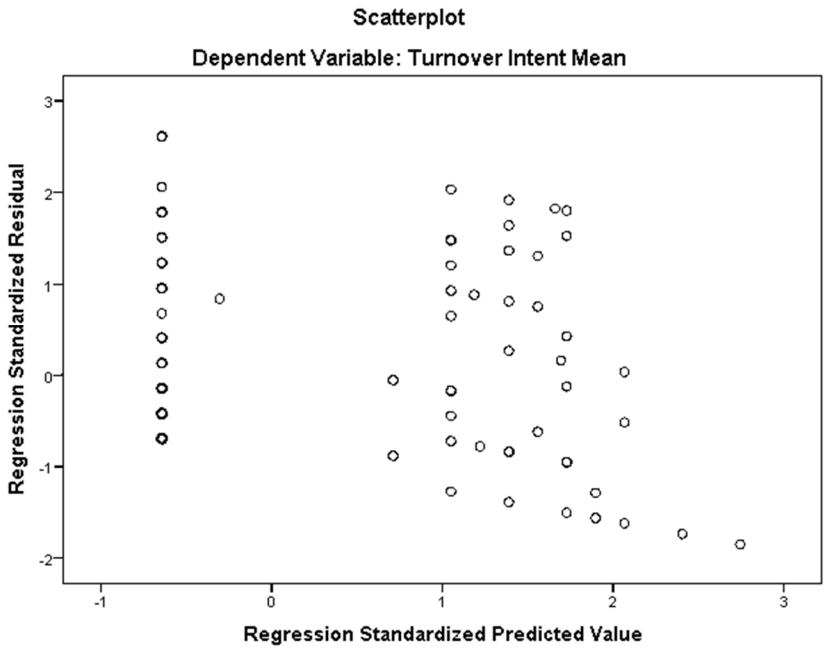

Figure 9. Scatterplot of the regression standardized residual.

Figure 10 depicts a scatterplot of turnover intent. The model did not meet the assumption of heteroscedasticity and therefore, the model was re-analyzed using bootstrapping to obtain confidence intervals and significance tests of the model parameters.

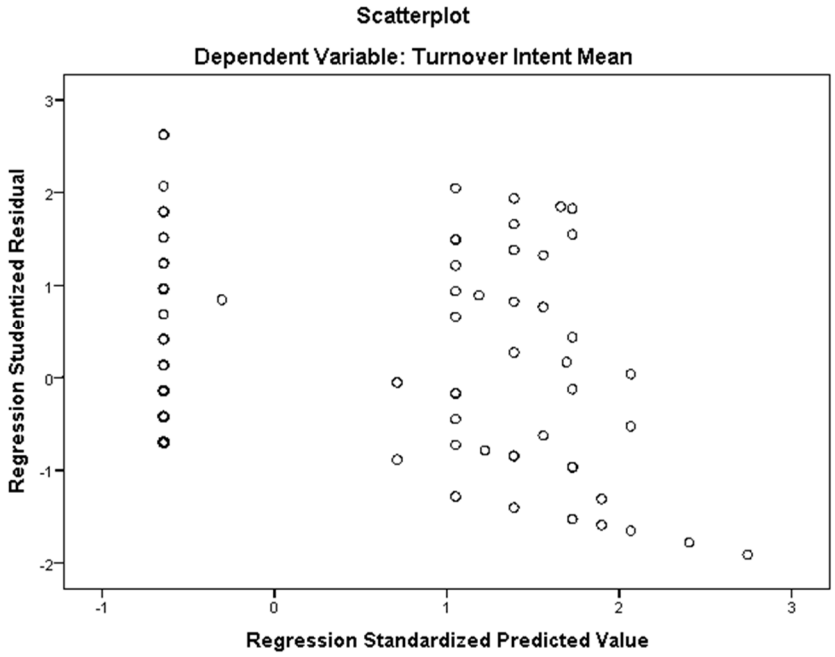

Figure 10. Scatterplot of the regression.

Since the assumptions were not all met, Baron and Kenny's (1986) steps for mediation analysis were conducted with bootstrapping. The variables of online vs. mail surveys, age, work experience, work setting, licensure, hours per week, and gender were added into the regression analyses to control for their significance. Step one was to regress turnover intent on productivity to confirm that the predictor variable is a significant predictor of the criterion variable. The result was significant $b = .73$ [-.83, 1.20], $p < .05$, with 25% of the variability being explained by the model. The *b* value of the bootstrapped result was identical to the result prior to bootstrapping at .75, with 23% of the variability being explained by the model, suggesting that there is no problem with the data. Step two was to regress the mediator, job self-efficacy, with productivity standards in order to confirm that the predictor variable is a significant predictor of the

mediator. The result was significant b = -.76 [-1.47, -.19], p < .05, with 21% of the variability being explained by the model. The third step is to regress turnover intent with productivity and job self-efficacy to confirm that the mediator is a significant predictor of the criterion variable while controlling for the predictor variable. The result was that b = .28 [-.37, 1.05], p = ns for productivity and b = -.60 [-.96, -.33], p < .05, for job self-efficacy, with 37% if the variability being explained by the model. The predictor variable predicted the outcome less strongly and without significance with the presence of the job self-efficacy at .28 than in isolation, at .73. See Table 10 for details. The first null hypotheses were rejected, and the alternative hypotheses were accepted.

Table 10

Mediation Analysis Using Baron and Kenny (1986) with Bootstrapping

	Turnover Intent	Job Self-Efficacy	Turnover Intent
	Step 1	Step 2	Step 3
Variable	*B*	*B*	*B*
Constant	2.50	3.74	4.74
Productivity	.73*	-.76*	.28
Job Self-Efficacy			-.60*
Survey	.34	-.02	.35
Licensure	-.42	.31	-.23
Hours Per Week	.01	.00	.02*
Gender	-.40	.24	-.26
Age	-.02	.00	-.01
Work Experience	.01	.01	.02
Work Setting	.04	-.04	.02
R^2	.25	.21	.37
F	5.36***	4.36***	8.38***

Note. Unless otherwise noted, based on 1000 bootstrap samples.
*p < .05. ***p < .001.

Research Question 2

Do community mental health agency productivity standards predict MFT job satisfaction? If so, is this partially mediated by MFT job self-efficacy?

H_a2a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT job satisfaction.

H_a2b: This relationship is partially mediated by MFT job self-efficacy.

Since the data did not meet the assumptions, Baron and Kenny's (1986) steps for mediation analysis were conducted with bootstrapping. The variables of online vs. mail surveys, age, work experience, work setting, licensure, hours per week, and gender were added into the regression analyses to control for their significance. Step one was to regress job satisfaction on productivity standards to confirm that the predictor variable is a significant predictor of the criterion variable. The result was significant b = -1.49 [-2.77, -.41], $p < .05$, with 29% of the variability being explained by the model. Step two was to regress the mediator, job self-efficacy, with productivity standards in order to confirm that the predictor variable is a significant predictor of the mediator. The result was significant b = -.76 [-1.45, -.16], $p < .05$, with 21% of the variability being explained by the model. The third step is to regress job satisfaction with productivity and job self-efficacy to confirm that the mediator is a significant predictor of the criterion variable while controlling for the predictor variable. The result was that b = -.72 [-1.62, .03], $p <$ .ns for productivity and b = 1.01 [.61, 1.45], $p < .05$, for job self-efficacy, with 52% of the variability being explained by the model. The predictor variable predicted the outcome less strongly and without significance with the presence of the job self-efficacy

at -.72 than in isolation, at -1.49 (.see Table 11). The second null hypotheses were rejected. As a result, the second hypotheses were accepted.

Table 11

Mediation Analysis Using Baron and Kenny (1986) with Bootstrapping

	Job Satisfaction	Job Self-Efficacy	Job Satisfaction
	Step 1	Step 2	Step 3
Variable	*B*	*B*	*B*
Constant	5.20	4.09	1.93
Productivity	-1.49*	-.76*	-.72
Job Self-Efficacy			1.01*
Survey	-.37*	.02	-.38
Licensure	.54	.31	.23
Hours Per Week	.00	.00	-.01
Gender	.37	.24	.13
Age	.02	.00	.01
Work Experience	-.01	.01	-.02
Work Setting	-.05	-.04	-.01
R^2	.29	.21	.52
F	6.57***	4.38***	15.68***

Note. Unless otherwise noted, based on 1000 bootstrap samples.
*$p < .05$. ***$p < .001$.

Research Question 3

Do community mental health agency productivity standards predict MFT turnover intent? If so, is this partially mediated by MFT job satisfaction?

H_a3a: Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent.

H_a3b: This relationship is partially mediated by MFT job satisfaction.

Since the data did not meet the assumptions, then Baron and Kenny's (1986) steps for mediation analysis were conducted with bootstrapping. The variables of online vs.

mail surveys, age, work experience, work setting, licensure, hours per week, and gender were added into the regression analyses to control for their significance. Step one was to regress productivity on turnover intent to confirm that the predictor variable is a significant predictor of the criterion variable. The result was significant b = .73 [-.04, 1.71], p < .05, with 25% of the variability being explained by the model. Step two was to regress the mediator, job satisfaction, with productivity standards in order to confirm that the predictor variable is a significant predictor of the mediator. The result was significant b = -1.49 [-2.92, -.40], p < .05, with 29% of the variability being explained by the model. The third step is to regress turnover intent with productivity and job satisfaction to confirm that the mediator is a significant predictor of the criterion variable while controlling for the predictor variable. The result was significant, b = -.28 [-.79, .18], p = .ns for productivity standards and b = -.68 [-.79, -.58], p < .05, for job satisfaction, with 72% of the variability being explained by the model. The predictor variable predicted the outcome less strongly and without significance with the presence of the job satisfaction at -.28 than in isolation, at .73. See Table 12 for details. The third null hypotheses were rejected. As a result, the third hypotheses were accepted.

Table 12

Mediation Analysis Using Baron and Kenny (1986) with Bootstrapping

	Turnover Intent	Job Satisfaction	Turnover Intent
	Step 1	Step 2	Step 3
Variable	*B*	*B*	*B*
Constant	2.49	5.20	6.00
Productivity	.73*	-1.49*	-.28
Job Satisfaction			-.68*
Survey	.34	-.37*	.09
Licensure	-.42	.54	-.05
Hours Per Week	.01	-.01	.01
Gender	-.40	.37	-.15
Age	-.02	.02	.00
Work Experience	-.02	-.01	.00
Work Setting	.04	-.05	.00
R^2	.25	.29	.72
F	5.36***	6.57***	37.71***

Note. Unless otherwise noted, based on 1000 bootstrap samples.
*$p < .05$. ***$p < .001$.

Research Question 4

Is there a relationship between mental health agency productivity standards set by mental health agencies and MFT job satisfaction?

H_a4: There is a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction.

Pearson's *r* was used to analyze the fourth hypothesis. Table 5 depicts the correlation between productivity standards and MFT job satisfaction. The correlation was significant $r(139) = -.42$, $p < .01$. This means that productivity standards are significantly negatively correlated with job satisfaction. As a result, the null hypothesis is rejected and the fourth hypothesis is accepted.

Research Question 5

Is there a relationship between mental health agency productivity standards set by community mental health agencies and MFT turnover intent?

H_a5: There is a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent.

Pearson's *r* was used to analyze the fifth hypothesis. Table 5 depicts the correlation between productivity standards and turnover intent. The correlation was significant $r(139) = .32$, $p < .01$. This means that productivity standards are significantly positively correlated with turnover intent. As a result, the null hypothesis is rejected and the fifth hypothesis is accepted.

Research Question 6

Do MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT job satisfaction?

H_a6: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT job satisfaction.

A multiple regression analysis was conducted in order to assess the relationship between MFT demographic characteristics and their job satisfaction. Mailed versus online survey responses were entered in the first block to control for differences between response format. MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work were entered in the second block as the predictor variables. Job satisfaction was the criterion variable.

Bootstrapping was conducted due to the data not meeting the assumption of heteroscedasticity. If a statistically significant change of job satisfaction can be predicted by work experience, age, gender, number of work hours, licensure status, and place of work the null hypothesis is rejected and the sixth hypothesis is accepted.

Table 13 shows the model summary. As can be seen from Table 14, 12.90% of the variance can be accounted by model 1 and 21.60% of the variance can be accounted by model 2. Table 13 also depicts the adjusted R^2, which is .12 for model 1 and .17 for model 2. This means that the surveys being completed by mail or online account for 12.90 % of the variability and demographic variables account for an additional 8.70% variability.

Table 13

Predictors of Job Satisfaction

	Job Satisfaction	
	Model 1	Model 2
Variable	*B*	*B*
Constant	6.45	4.94
Survey	-1.11***	-.45
Work Setting		-.06
Hours Per Week		-.01
Gender		.46
Age		.02
Work Experience		-.01
Licensure		.77*
R^2	.13	.22
F	20.60***	5.24***
ΔR^2		.09
ΔF		2.47***

Note. Survey = Mailed or Online Survey.
*Significant at the $p < .05$ level. ***Significant at the $p < .001$ level.

Table 13 shows a summary of the *B* values of MFT demographic characteristics with bootstrapping. Table 13 shows that there is a significant positive relationship between MFT licensure status and job satisfaction in the model, $b = .77$ [.06, 1.41], $p < .05$. All other demographic characteristics were not significant. The regression model was significant, so the sixth null hypothesis was rejected. As a result, the sixth hypothesis was accepted.

Research Question 7

Do MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT turnover intent?

H_a7: MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work predict MFT turnover intent.

A multiple regression analysis was conducted in order to assess the relationship between MFT demographic characteristics and turnover intent. Mailed versus online survey responses were entered in the first block to control for them. MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work were entered in the second block as the predictor variables. Turnover intent was the criterion variable. Bootstrapping was conducted due to the data not meeting the assumption of heteroscedasticity.

Table 14 shows the model summary. As can be seen from Table 14, 12.40% of the variance can be accounted by model 1 and 22.10% of the variance can be accounted by model 2. Table 14 also depicts the adjusted R^2, which is .12 for model 1 and .10 for

model 2. Surveys being completed by mail or online account for 12.40% of the variability and demographic variables account for an additional 9.70% variability.

Table 14

Predictors of Turnover Intent

	Turnover Intent	
	Model 1	Model 2
Variable	*B*	*B*
Constant	1.60	2.62
Survey	.90**	.38
Work Setting		.04
Hours Per Week		.02*
Gender		-.46*
Age		-.02
Work Experience		.01
Licensure		-.53
R^2	.12	.22
F	19.60**	5.39**
ΔR^2		.01
ΔF		2.77***

Note. Survey = Mailed or Online Survey.
*Significant at the $p < .05$ level. **Significant at the $p < .001$ level.

Table 14 shows a summary of the *B* values of MFT demographic characteristics with bootstrapping. Table 14 shows that there is a significant positive relationship between an MFT's hours per week and turnover intent in the model, $b = .02$ [.00, .03], $p < .05$ and a significant negative relationship between gender and turnover intent, $b = -.45$ [-.85, -.04], $p < .05$. All other demographic characteristics were not significant. The regression model was significant, and as a result the seventh null hypothesis was rejected. As a result, the seventh hypothesis was accepted.

Summary

As a result of the quantitative analysis the answers to the research questions were as follows:

For Research Question 1, mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent, partially mediated by MFT job self-efficacy. The predictor variable predicted the outcome less strongly and without significance with the presence of the job self-efficacy at .28 than in isolation, at .73. In step 3 the model explained 37% of the variability. The first null hypotheses were rejected, and the alternates were accepted.

For Research Question 2, mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT job satisfaction, partially mediated by MFT job self-efficacy. The predictor variable predicted the outcome less strongly and without significance with the presence of the job self-efficacy at -.72 than in isolation, at -1.49. In step 3 the model explained 52% of the variability. The second null hypotheses were rejected. The second hypotheses were accepted.

For Research Question 3, the predictor variable of productivity standards predicted the outcome variable of turnover intent less strongly and without significance with the presence of the job satisfaction at -.28 than in isolation, at .73. In step 3 the model explained 72% of the variability. The third null hypotheses were rejected. The third hypotheses were accepted. Mental health agency productivity standards as measured

by the percentage of face-to-face client contact time per workday predict MFT turnover intent, partially mediated by MFT job satisfaction.

For Research Question 4, there is a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction ($r_{(139)} = -.42$, $p < .001$).

For Research Question 5, there is a relationship between MFTs mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent ($r_{(139)} = .32$, $p < .001$).

For Research Question 6, the regression model was significant, indicating the sixth null hypothesis was rejected. As a result, the sixth hypothesis was accepted. There is a relationship between MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work and an MFT's job satisfaction. Of the demographic variables, licensure status was the only significant predictor of job satisfaction at $b = .77$ [.06, 1.41], $p < .05$ for model 2 with 8.70% additional variance being explained by that model.

For Research Question 7, the regression model was significant, indicating the seventh null hypothesis was rejected. As a result, the seventh hypothesis was accepted. There is a relationship between MFT demographic variables of participant's work experience, age, gender, number of work hours, licensure status, and place of work and an MFT's turnover intent. Of the demographic variables, hours per week, $b = .02$ [.00, .03], $p < .05$, and gender, $b = -.45$ [-.85, -.04], $p < .05$, were significant predictors of

turnover intent for model 2 with 9.70% additional variance being explained by that model.

Chapter 4 provided an overview of the results the study. The data collection results of the study were presented first. The demographic data was presented and included licensure status, gender, place of work, online vs. mailed origin of the survey responses, and the mean and standard deviation of productivity standards, the JSES, the JSS, the TIS, work experience, age, and number of work hours. This was followed by a Cronbach's Alpha to test for the internal consistency of the measures. The results of the path analysis and a t-test data screening of the online and mailed survey groups were then presented. The results of the hypothesis testing were discussed afterwards and Chapter 4 closed with a brief summary of the results. Chapter 5 discusses the summary, conclusions, and recommendations of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of the study was to investigate the relationship between productivity standards set by community mental health agencies in California and MFT job satisfaction and turnover intent as mediated by job self-efficacy. Additionally, the study investigated the relationship between productivity standards set by community mental health agencies in California and an MFT's turnover intent as mediated by job self-efficacy and job satisfaction. The aim of the study was to promote social change by enabling program managers and policy makers to make informed decisions in designing jobs for MFTs in California.

The study involved a quantitative approach to examine the relationships between the predictor variable of productivity standards, partially mediating variables of job satisfaction and job self-efficacy and criterion variable of turnover intent. The target population was MFTs working in California. The sampling frame consisted of MFTs registered in the CBBS. A DPQ assessing participant age, gender, experience, number of work hours, licensure status, and job site was included in the study to assess for the relationship between a participant's demographic background and the criterion variables of job satisfaction and turnover intent. Demographic characteristics were also used to compare the sample with those registered in the CBBS to assess whether a representative sample was drawn. In addition, the study investigated the relationship between a MFTs demographic characteristics and job satisfaction and turnover intent.

Messersmith et al.'s (2011) JSS and Cohen's (1999) TIS were used to measure job satisfaction and turnover intent respectively. Wilk and Moynihan's (2005) JSES was administered to assess for participants' self-efficacy. Mailed and online surveys were sent to participants in order to collect the data. The productivity standards set by community mental health agencies as measured by the minimum percentage of face-to-face time required by an agency per workday were used as a predictor variable.

MFTs' turnover intent was the criterion variable. Job self-efficacy and job satisfaction were used as mediating variables in the study. In order to investigate the relationships, three regression models were tested. Figure 1 depicts the relationship between productivity standards and turnover intent, as partially mediated by job self-efficacy. Figure 2 depicts the relationship between productivity standards and job satisfaction, as partially mediated by job self-efficacy. Figure 3 depicts the relationship between productivity standards and turnover intent, as partially mediated by job satisfaction. During the analysis, a path analysis was conducted to describe the directed dependencies of job self-efficacy, job satisfaction, productivity standards, and turnover intent as depicted in Figure 4.

Seven key findings resulted from the quantitative analysis:

Research Question 1

Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predict MFT turnover intent, partially mediated by MFT job self-efficacy. The predictor variable predicted the outcome less strongly and without significance with the presence of the job self-efficacy at .28 than in

isolation, at .73. In Step 3, the model explained 37% of the variability. The first null hypotheses were rejected, and the alternates were accepted.

Research Question 2

Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predicted MFT job satisfaction, partially mediated by MFT job self-efficacy. The predictor variable predicted the outcome less strongly and without significance with the presence of the job self-efficacy at -.72 than in isolation, at -1.49. In Step 3, the model explained 52% of the variability. The second null hypotheses were rejected. The second hypotheses were accepted.

Research Question 3

The predictor variable of productivity standards predicted the outcome variable of turnover intent less strongly and without significance with the presence of the job satisfaction at -.28 than in isolation, at .73. In Step 3, the model explained 72% of the variability. The third null hypotheses were rejected. The third hypotheses were accepted. Mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday predicted MFT turnover intent, partially mediated by MFT job satisfaction.

Research Question 4

There was a relationship between mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT job satisfaction ($r_{(139)} = -.42, p < .001$)..

Research Question 5

There was a relationship between MFTs' mental health agency productivity standards as measured by the percentage of face-to-face client contact time per workday and MFT turnover intent ($r_{(139)} = .32$, $p < .001$).

Research Question 6

The regression model was significant, indicating the sixth null hypothesis was rejected. As a result, the sixth hypothesis was accepted. There was a relationship between MFT demographic variables of participants' work experience, age, gender, number of work hours, licensure status, and place of work and an MFT's job satisfaction. Of the demographic variables, licensure status was the only significant predictor of job satisfaction at $b = .77$ [.06, 1.41], $p < .05$ for Model 2 with 8.70% additional variance being explained by that model.

Research Question 7

The regression model was significant, indicating the seventh null hypothesis was rejected. As a result, the seventh hypothesis was accepted. There was a relationship between MFT demographic variables of participants' work experience, age, gender, number of work hours, licensure status, and place of work and an MFT's turnover intent. Of the demographic variables, hours per week, $b = .02$ [.00, .03], $p < .05$, and gender, $b = -.45$ [-.85, -.04], $p < .05$, were significant predictors of turnover intent for Model 2 with 9.70% additional variance being explained by that model.

Interpretation of Findings

The research available discussed performance measurement and employee job attitudes (e.g. Böckerman & Ilmakunnas, 2012; Rodriguez et al., 2009a, 2009b; Sirota & Wolfson, 1972a, 1972b). Some studies have found that employee morale can be negatively impacted by work measurement (e.g. Sirota & Wolfson, 1972a, 1972b). The results of the study are in line with these studies.

Productivity standards, a form of work measurement, were negatively correlated with MFT job satisfaction. In addition, it was found that MFT productivity standards negatively predicted MFT job satisfaction and this effect was mediated by MFT job self-efficacy. In other words, the presence of productivity standards had a negative impact on MFT job satisfaction. The negative impact of productivity standards was less significant when partially mediated by job self-efficacy.

The negative relationship between productivity standards and job satisfaction can be explained using goal-setting theory and social-cognitive theory. Self-efficacy is significant in goal-setting theory and Latham and Locke assert that people with high self-efficacy are likely to choose and commit to high goals (Latham & Locke, 2007). This can explain the partially mediating effects of self-efficacy in the study. Productivity standards predicted an MFT's job satisfaction less strongly in the presence of job self-efficacy as a partial mediator. MFTs who have high levels of job self-efficacy may not be affected as much by productivity standards than MFTs with lower levels of job self-efficacy. MFTs with high amounts of job self-efficacy may see productivity standards as high goals that

they choose to commit to. Productivity standards may not impact MFT job satisfaction in MFTs with high job self-efficacy.

Social-cognitive theory explains that a person's psychosocial functioning is the result of triadic reciprocal causation between a person's behavior, a person's cognitive and other personal factors, and the person's external environment (Wood & Bandura, 1989). For example, an MFT's cognitive and personal factors such as their job satisfaction and job self-efficacy, and an MFT's external environment, such as MFT job characteristics and productivity standards, can have reciprocal causation with their behavior. Turnover can be such a behavior and turnover is positively related to turnover intent (Singh & Loncar, 2010; Strolin-Goltzman et al., 2009).

It was found in the study that there is a positive correlation between productivity standards and turnover intent. It was also found that productivity standards predict MFT turnover intent and that MFT job self-efficacy mediates this relationship. An MFT's psychosocial functioning at work can be explained using social-cognitive theory as the interaction between their behavior at work, their cognitive and personal factors, and their work environment. Productivity standards set by community mental health agencies, job self-efficacy, and turnover intent can be considered two thirds of the triad with productivity standards being the work environment component and job self-efficacy and turnover intent being the cognitive and personal factors. Future studies on actual MFT turnover can shed more light on the behavioral component of the reciprocal triad.

Several studies have found that there is a negative relationship between job satisfaction and turnover intent (Chou & Robert, 2008; Cunningham & Sagas, 2004;

Delobelle et al., 2011; Han & Jekel, 2011; Krausz et al., 1999; Lambert et al., 2001; Lambert et al., 2012; Lum et al., 1998; Singh & Loncar, 2010; and Weisberg & Kirschenbaum, 1991). The results of the study confirm this relationship. The findings suggest that job satisfaction partially mediates the relationship between productivity standards and turnover intent.

When framed from a goal-setting perspective, one would expect that higher productivity standards would be related to higher job satisfaction because high, specific goals, as Latham and Locke (2006) assert, lead to higher effort and motivation than ambiguous goals. This was not the case with the results of Research Questions 1 through 5. In each of the first five research questions productivity was negatively associated with job satisfaction and positively associated with turnover intent. From the perspective of goal-setting theory, one would expect the opposite.

On the other hand, goal-setting theory offers a potential explanation for this finding. According to goal-setting theory, more effort will also result from specific goals and that incentives for achieving goals, like money, will not affect an employee's behavior unless they lead to the setting, accepting, or setting and accepting of hard, specific goals (Latham & Locke, 2006). Perhaps the challenge is that the acceptance of productivity standards as goals may be a challenge for this population. For example, Lloyd (2007) stated that staff members at community mental health agencies believe that the only reason productivity standards exist is to manage their cost per service delivered, which goes against their belief that they must choose between cost and quality. Further

qualitative research in the area of productivity standards and whether MFTs perceive and accept productivity standards as performance measures can bring light to this question.

MFT demographic characteristics were found, as a whole, to be a significant predictor of both MFT job satisfaction and MFT turnover intent. The literature is mixed with regards to demographic characteristics and job attitudes. Some studies did not find a significant relationship between demographic variables and job satisfaction (e.g. Lee & del Carmen Montiel, 2011). Other studies found a significant relationship between marital satisfaction and job satisfaction in male MFTs, but not female MFTs (e.g. Higgins et al., 2000).

The results of the present study indicated that MFT demographic characteristics significantly predicted MFT job satisfaction and turnover intent. Licensure status was a significant predictor of MFT job satisfaction, as depicted in Table 13. Hours worked per week and gender were significant predictors of MFT turnover intent, as depicted in Table 14.

One possible explanation for the significance of MFT demographics in predicting job satisfaction and turnover intent can arise from the disparity in gender in the MFT population. For example, in the MFT population, there are 20.95% male, 78.53% female, and 0.53% with no response (California Board of Behavioral Sciences, 2007). In the field psychology, there are more female than male psychologists (Willyard, 2011). Willard asserts that a male perspective is underrepresented in psychology. Perhaps this is also occurring in the field of marriage and family therapy. Future studies investigating the role

of demographics characteristics can increase the scientific body of knowledge in this area.

The results of the path analysis, depicted in Table 8 and Figure 6, suggested that the role of job self-efficacy may be possibly described as a moderating rather than mediating variable between productivity standards, job satisfaction, and turnover intent as depicted in figure 11. The results of the study are in line with the path analysis in that self-efficacy influenced the strength of the relationship between productivity standards and job satisfaction as well as between productivity standards and turnover intent. A future study exploring the possible role of job self-efficacy as a moderating variable is suggested.

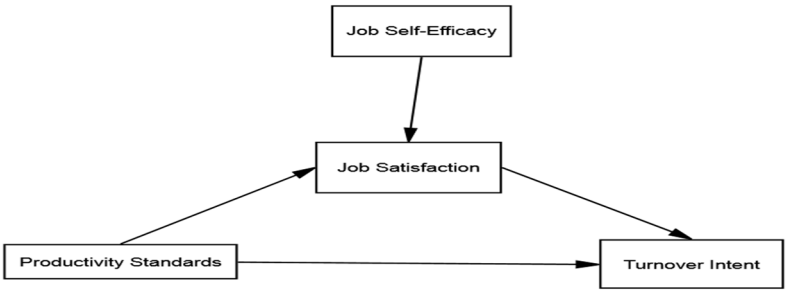

Figure 11. Productivity standards predict turnover intent, mediated by job satisfaction and moderated by job self-efficacy.

Limitations of the Study

There were several limitations with the study. The first limitation was low survey response rate. The study had a 40.28% survey response rate. Non-respondents may differ from respondents, resulting in bias. On the other hand, the study did have a similar response rate as similar studies using the MFT population (e.g. Rosenberg & Pace, 2006; Davey et al., 2011; California Board of Behavioral Sciences, 2007). For example, the California Board of Behavioral Sciences reported a survey response rate of 40.48% for their licensee demographic survey (California Board of Behavioral Sciences, 2007).

Another limitation was that a convenience sampling was used to collect the data and this may affect the generalizability of the data because it could have affected the representativeness of the sample. For example, there were a disproportionate percentage of MFTs whom worked in community mental health agencies when compared to the sample demographics. On the other hand, the gender percentages of the sample, presented in chapter 4, were similar to those of the population. Additionally, there was a statistically significant difference between respondents whom answered the surveys online versus those that answered the survey via postal mail. This had to be controlled for during the analysis of the data. One final limitation of the study was the sample was drawn from Californian MFTs, therefore the results may not be generalizable to MFTs outside of the state.

Recommendations

As alluded to earlier, conducting future studies on the behavioral component of the reciprocal triad in social-cognitive theory and how it plays a role in actual MFT

turnover can provide more insight as to what leads to actual turnover in MFTs. In addition, further qualitative research in the area of productivity standards and whether MFTs perceive and accept productivity standards as performance measures can bring light to this question. Future studies investigating the role of demographics characteristics can increase the scientific body of knowledge in this area.

Implications

Due to the results of the study, a recommendation for policy makers and program managers employing MFTs can conduct a job analysis to determine what MFT job characteristics are critical for the job and modify MFT work measurement accordingly. Currently, CMHA programs can use performance measures like penetration rates, expenditures per client, and units of service per client to measure productivity (CMHPC, 2003). While these performance measures can be important from a business perspective, they may not be perceived by MFTs as critical to their performance as a therapist. Conducting a job analysis to identify and measure behaviors that are critical to an MFTs performance may help reduce MFT turnover intent and increase job satisfaction because MFTs may buy in to performance measures that they find critical to their job.

Implications for social change are threefold. The results of the study can help program managers and policy makers gain a better understanding of the relationship between the productivity standards that they set and an MFT's job satisfaction and turnover intent which can enable policymakers and program managers to better design an MFT's job and to take into account their systemic philosophical view. The results of the study can promote social change by addressing the jobs of MFT's and increase the

quality of their work environment. By increasing the quality of MFT work environments, clients would benefit from a higher quality of care that can result from MFTs who stay at their job and are satisfied with their work.

Conclusion

It was found that there are significant relationships between productivity standards and MFT job satisfaction and turnover intent. Productivity standards significantly predict MFT turnover intent as partially mediated by job satisfaction and job self-efficacy. Productivity standards significantly predict MFT job satisfaction, partially mediated by job self-efficacy. MFT demographic characteristics predict MFT job satisfaction and turnover intent. The impact of productivity standards on the work that MFTs do cannot be overlooked.

With the 1 in 6 adults in need for mental health services in California (California Healthcare Foundation, 2013), the need for satisfied MFTs is indicated. Systems of care utilizing productivity standards as a performance measurement tool may not be the solution to the problem. Conducting a job analysis and identifying relevant performance indicators is offered as a solution to this problem. By promoting social change and increasing the quality of an MFT's work environment, community mental health agencies and ultimately their clients will benefit by retaining and motivating these clinically trained mental health professionals.

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Appendix A: Demographic and Productivity Questionnaire

Directions: Please read the following questions and circle your selection or fill in the blank.

1) Which of the following work settings do you spend most of your time working at as a marriage and family therapist?

a) In a private practice setting.
b) In a community mental health agency.
c) In a hospital setting.
d) Not currently working.
e) Other: _____.

2) Does your place of work measure your performance using productivity standards that require you to spend a percentage of your time per work day face-to-face with a client?

a) Yes b) No

3) If you answered "yes" to question 2, what percentage of your time per work day are you required to spend face-to-face with a client (i.e. 50%, 60%, etc.)? _____

4) How many hours a week do you work on average (i.e. 40 hours, 20 hours, etc.)?

_____

5) What is your gender?

a) Male b) Female

6) What is your age? _____

7) How long have you been working as a marriage and family therapist?

_____ Years _____Months

8) I am a:

a) Licensed MFT b) MFT intern (pre-licensed MFT)

Appendix B: Job Self-Efficacy Scale

PsycTESTS Citation: Wilk, S., & Moynihan, L. M. (2005). *Job Self-Efficacy Scale* [Database record]. Retrieved from PsycTESTS. Doi: 10.1037/t09306-000

Test Format: The Job Self-Efficacy Scale utilizes a 5-point scale with responses ranging from 1 = strongly disagree to 5 = strongly agree.

Source: Wilk, Steffanie L., & Moynihan, Lisa M. (2005). Display Rule "Regulators": The Relationship Between Supervisors and Worker Emotional Exhaustion. *Journal of Applied Psychology*, *90*(5), 917-927. Doi: 10.1037/0021-9010.90.5.917

Directions: Rate your agreement with each statement on a scale of 1 to 5:

1 = strongly disagree
2 = disagree
3 = neither disagree nor agree
4 = agree
5 = strongly agree

Purpose: The purpose of the JSES is to assess for a participant's self-efficacy at their job.

Items:

_____ I am certain that I can meet the performance standards of this job.

_____ I am confident that I am able to successfully perform my current job.

_____ I feel I have the skills and knowledge necessary to complete my job effectively.

PsycTESTS™ is a database of the American Psychological Association

doi:10.1037/t09306-000

Appendix C: Job Satisfaction Scale

PsycTESTS Citation: Messersmith, J. G., Patel, P. C., Lepak, D. P., & Gould-Williams, J. S. (2011). *Job Satisfaction Scale* [Database record]. Retrieved from PsycTESTS. Doi: 10.1037/t08267-000

Test Format: Items use a 7-point Likert scale (1= strongly disagree to 7 = strongly agree).

Source: Messersmith, Jake G., Patel, Pankaj C., Lepak, David P., & Gould-Williams, Julian S. (2011). Unlocking the black box: Exploring the link between high-performance work systems and performance. *Journal of Applied Psychology*, *96*(6), 1105-1118. Doi: 10.1037/a0024710

Directions: Rate your agreement with each statement on a scale of 1 to 7:

1 = strongly disagree
2 = moderately disagree
3 = slightly disagree
4 = neither disagree nor agree
5 = slightly agree
6 = moderately agree
7 = strongly agree

Purpose: The JSS assesses participant overall job satisfaction.

Items:

_____ In general, I like working here.

_____ In general, I don't like my job. (reverse coded)

_____ I All things considered, I feel pretty good about this job.

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doi:10.1037/t08267-000

Appendix D: Turnover Intention Scale

PsycTESTS Citation:Cohen, A. (1999). *Turnover Intention Scale* [Database record]. Retrieved from PsycTESTs. doi: 10.1037/t10116-000

Test Format: Turnover Intention Scale responses are rated on a scale from 1 (strongly agree) to 5 (strongly disagree).

Source: Cohen, Aaron. (1999). The relation between commitment forms and work outcomes in Jewish and Arab culture. *Journal of Vocational Behavior*, Vol 54(3), 371-391. doi: 10.1006/jvbe.1998.1669,

Permissions:

Directions: Rate your agreement with each statement on a scale of 1 to 5:

1 = strongly disagree
2 = disagree
3 = neither disagree nor agree
4 = agree
5 = strongly agree

Purpose: The purpose of the Turnover Intention Scale's Job subscale is to assess a participant's intent to quit their job.

Items:

_____ I think a lot about leaving the job.

_____ I am actively searching for an alternative to the job.

_____ As soon as it is possible, I will leave the job.

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doi:10.1037/t10116-000

Appendix E: Survey Letter and Consent Form

12/16/14

Dear Participant,

This correspondence is to request your assistance to participate in a survey to assess the relationship between productivity standards set by community mental health agencies in California and turnover intent, as mediated by job self-efficacy and job satisfaction, in marriage and family therapists. The study will also look at the relationship between productivity standards and job satisfaction, as mediated by job self-efficacy. The survey provides a 17-item questionnaire for you to complete that includes questions about your job satisfaction, turnover intent and productivity standards, if applicable, at your place of work. The survey also includes questions about your demographic characteristics including place of work, work experience, number of work hours, age, licensure status, and gender. This survey should take approximately 15 minutes to complete and I would greatly appreciate your time if you have a few minutes to complete it. This survey is completely anonymous, and is being conducted via postal mail or online.

I, Gilbert E. Franco, am a doctoral student of the Ph.D. in Psychology program at Walden University. My study is an investigation of marriage and family therapist job satisfaction and turnover intent as it relates to productivity standards set by community mental health agencies in California. I will be looking at job self-efficacy and job satisfaction as mediating variables. I would like to solicit marriage and family therapists from the following organizations of professional membership organization databases of the California Board of Behavioral Sciences (CABBS) to participate in a mailed survey. A copy of the IRB Review Board approval letter will be available by request. My dissertation chair is John Schmidt, PhD. The risks in participating are minimal, as the survey simply involves an assessment of your opinions and demographic characteristics.

I will be sharing the findings of my study with my department and I am willing to email the results to you if you are interested. I can also provide you a summary of the results upon your request. Participation will be of no direct benefit to you, but will provide indirect benefits of new insights into the concept of MFT job satisfaction, turnover intent, and job self-efficacy. No compensation will be provided for participation. If, at any time, after you begin this study, you do not feel like participating, you can simply not return this letter and discard it.
To return the completed survey, please use the self-addressed stamped envelope and mail it at your earliest convenience. By returning the completed survey, you are acknowledging that you are participating in this study on a voluntary basis.

For your convenience, you can also find the survey online at:

https://www.surveymonkey.com/r/MFTProductivityJobSatisfactionTurnover

If you have any questions or concerns, please feel free to contact me at: gilbert.franco@waldenu.edu. You can also contact the Walden University representative, Dr. Leilani Endicott, at 1-800-925-3368, extension 3121210 if you have any questions about participant rights. Walden University's approval number for this study is 12-01-14-0322785 and it expires on November 30, 2015. Please keep this consent form for your records. Thank you for your time.

Sincerely,

Gilbert Ernest Franco, MFT
Doctoral Student
Walden University

Appendix F: Letter of Permission

September 14, 2014

Dear Department of Consumer Affairs:

My name is Gilbert Ernest Franco and I am a doctoral student in the School of Psychology department at Walden University. I am conducting research in the areas of job satisfaction, self-efficacy, and turnover intent in marriage and family therapists (MFTs). The inclusion criteria for the participants will be MFTs registered in the California Board of Behavioral Sciences. The sample studied will be drawn from the BreEZE database provided by the Department of Consumer Affairs. The MFTs will be asked to complete a 17-item survey to assess the relationship between productivity standards set by community mental health agencies in California and turnover intent, as mediated by job self-efficacy and job satisfaction. The study will also look at the relationship between productivity standards and job satisfaction, as mediated by job self-efficacy. The survey should take approximately 15 minutes to complete. Registered MFTs in your database meeting the above criteria will be eligible to be a participant in the study. Participation of MFTs registered in your database will be completely optional.

Your database was selected because it contains all MFTs registered in the California Board of Behavioral Sciences. Participation will be of no direct benefit to you, but will provide indirect benefits of new insights into the concept of MFT job satisfaction, turnover intent, and job self-efficacy.

Your reply to this letter with permission to use your database indicates willingness of your agency to provide potential participants via access to your database. The researcher will make every effort to protect the anonymity of participant responses under federal: state law.

Upon completion of the survey, the results of the study will be sent to each participating agency.

If you have any questions or would like further information, please contact me at (619)446-8096 or at gilbert.franco@waldenu.edu. You can also contact my research advisor, Dr. John Schmidt, at john.schmidt@waldenu.edu. You can also contact the Walden University representative, Dr. Leilani Endicott, at 1-800-925-3368, extension 3121210 if you have any questions about participant rights.

Sincerely,

Gilbert Ernest Franco, MFT
Doctoral Student
Walden University

Appendix G: CMHA Letter of Permission

December 10, 2014

Dear Agency Director:

My name is Gilbert Ernest Franco and I am a doctoral student in the School of Psychology department at Walden University. I am conducting research in the areas of job satisfaction, self-efficacy, and turnover intent in marriage and family therapists (MFTs). The inclusion criteria for the participants will be MFTs registered in the California Board of Behavioral Sciences. The MFTs will be asked to complete a 17-item survey to assess the relationship between productivity standards set by community mental health agencies in California and turnover intent, as mediated by job self-efficacy and job satisfaction. The survey should take approximately 15 minutes to complete. Registered MFTs in your agency meeting the above criteria will be eligible to be a participant in the study. Participation of MFTs registered in your database will be completely optional.

Participation will be of no direct benefit to you, but will provide indirect benefits of new insights into the concept of MFT job satisfaction, turnover intent, and job self-efficacy.

Your reply to this email indicates willingness of your agency to provide potential participants. The researcher will make every effort to protect the anonymity of participant responses under federal: state law.

Attached to this email is the survey cover letter with a link to the survey. Please forward the attachment to any of your employees whom meet the selection criteria if you choose to participate in this study. You can also find a link to the survey here:

https://www.surveymonkey.com/r/MFTProductivityJobSatisfactionTurnover

Upon completion of the survey, the results of the study will be sent to each participating agency. If you have any questions or would like further information, please contact me at (619)446-8096 or at gilbert.franco@waldenu.edu. You can also contact my research advisor, Dr. John Schmidt, at john.schmidt@waldenu.edu. You can also contact the Walden University representative, Dr. Leilani Endicott, at 1-800-925-3368, extension 3121210 if you have any questions about participant rights. Walden University's approval number for this study is 12-01-14-0322785 and it expires on November 30, 2015. Please keep this consent form for your records. Thank you for your time.

Sincerely,

Gilbert Ernest Franco, MFT
Doctoral Student
Walden University

Appendix H: Productivity and Work Hours

Productivity standards set by community mental health agencies refer to the percentage of an MFT's client billable client contact hours per work day. Work hours, on the other hand represent the MFT's total time per work week at work regardless of how much of that time is spent in billable client contact hours with a client. For example, if a therapist worked 40 hours per week and spent 50% of their time engaging in billable client contact time, then 20 hours would be spent in billable client contact time while 20 hours would be spent in other work activities such as writing clinician notes. Another clinician working at another agency may have a productivity standard of 80%, which would mean that a clinician whose program expects him or her to spend 32 hours engaged in billable client contact time would have 8 hours to do other work. A clinician whom has a productivity standard of 0% would not have these expectations and could spend 40 hours a week engaged in various work activities, including billable client contact time, but not having that expectation can enable a clinician to experience their work environment differently than a clinician whom has these expectations.

Research questions 1, 2, and 3 focus on assessing whether productivity standards themselves play a role predicting a clinician's turnover intent and job satisfaction. Research questions 6 and 7 look at whether a clinician's amount of time at work, along with other MFT demographic characteristics, can predict MFT job satisfaction and turnover intent. Research questions 6 and 7 look at an MFT's time at work regardless of whether there are productivity standards or not to see whether it is a clinician's amount of

time at work in general versus the agency measuring the MFT's performance on productivity that predicts job satisfaction and turnover intent.