

Workplace Outcomes Related to Participation in the
Flight Attendant Drug and Alcohol Program (FADAP)

Annual Report

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Report prepared by

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Introduction

In 2014, the Flight Attendant Drug and Alcohol Program (FADAP) contracted with Dr. Jodi Jacobson Frey to provide consultation services related to the development of outcome measures and data management of the FADAP outcomes database. Pre- and post-test surveys, in addition to data provided by FADAP peers and approved treatment providers, were created based on a preliminary study Dr. Frey conducted and presented to the 2014 FADAP Advisory Board. Outcomes of interest that emerged from the preliminary study and were subsequently integrated into the currently used surveys focused on job performance, including absenteeism, presenteeism, work engagement, rapport with coworkers and management, customer satisfaction, safety, and professionalism, in addition to satisfaction with FADAP services and treatment specifics. Additionally, the surveys were designed to measure lost work time before and after FADAP treatment and into recovery from alcohol and other drugs (AOD).

All data used in this report was measured through flight attendant self-report, with some information provided initially by the FADAP peers and some data coming directly from the treatment providers. These surveys were implemented in 2014 and this report presents findings from almost three years of data collection.

Sample

Since September 2014, 322 flight attendants with unique cases¹ completed pre-test surveys. For flight attendants who reported multiple treatment episodes, only data from their

¹ In this sample, a “unique case” refers to an individual flight attendant who accessed FADAP services. Some flight attendants had more than one treatment episode during the year in which data is recorded and reported; however, only the most recent treatment episode was included in this report.

most recent treatment episode was included in this report. Over 77% of the treatment providers who saw flight attendants in this sample completed forms for the flight attendants included in this study.

At the time of this report, 181 flight attendants had reached their one-year post-treatment date and were eligible for follow-up surveys (sent by mail and/or email). Of those eligible, 49 completed surveys for an overall response rate of 27%. Flight attendants who did not complete surveys were mostly due to not being able to establish contact with them or not knowing if they received the survey via mail or email.

Of the 322 flight attendants included in this report, 79% were referred to FADAP by their union and 17% self-referred to FADAP. Ten percent reported having a drug or alcohol violation at the time of the referral to FADAP. Significantly, more flight attendants (31% of the total sample) reported having any formal disciplinary actions at the time of referral. Fifteen percent reported facing written discipline or corrective action; 9% were under investigation; 7% were facing termination; 4% were facing disciplinary suspension; and 1% were on last chance agreements. *(Note: flight attendants were allowed to provide more than one response to this question).*

Results

Treatment Data

All flight attendants in this sample were referred to inpatient treatment and the average number of treatment episodes for flight attendants in this sample was 2.0 ($SD=1.8$). The majority (91%) of flight attendants for whom treatment data was provided ($n=248$) completed

treatment according to the treatment provider. Over 70% of treatment providers reported a primary problem of mental health. The specific categories treatment providers reported working with flight attendants were: alcohol and mental health (46%) followed by alcohol only (19%), alcohol, drugs, and mental health (18%), drugs and mental health (6%), alcohol and drugs (4%), and drugs only (3%).

While in treatment, 55% of treatment providers reported that flight attendants were offered social support programs, which are required by FADAP. The primary reason why social support (family or friends) were not included in treatment was due to the flight attendant refusing to allow family members to be involved. Other reasons reported for lack of family involvement included family members declining and barriers such as financial limitations and travel distances that prevented family members from being engaged with in-person treatment.

FADAP requires all treatment providers to offer Medically Assistant Treatment (MAT). A total of 56% of providers reported offering MAT treatment. Among those who did not offer it, the majority reported that the program did not discuss MAT with the flight attendant (48%) followed by 20% reporting that the flight attendant did not agree to use MAT and 13% reporting that the flight attendant was not medically cleared for MAT.

Treatment Engagement

Treatment engagement was measured using a 5-point scale ranging from (1= not at all engaged to 5= extremely engaged). From the treatment provider's perspective, flight attendants were rated an average of 3.7 ($SD=1.4$) for engagement while in treatment. Flight attendants rated themselves slightly higher with average scores of 4.4 ($SD=.8$) for initial

treatment engagement. When asked to rate their initial engagement at follow-up (12 month hindsight view), they rated themselves slightly lower ($M=3.9$, $SD=1.3$). Flight attendants also rated themselves slightly lower for current treatment engagement one year post treatment with an average score of 3.7 ($SD=1.4$). Overall, engagement appeared to be sustained through treatment and 12-month follow-up.

Satisfaction with FADAP

Overall satisfaction with FADAP services was high. On a scale comprised of five questions and with total satisfaction scores ranging possibly from 5-25, flight attendants in this sample reported average scores initially of 22.5 ($SD=4.2$) and 20.7 ($SD=6.1$) at follow-up. While the follow-up score was slightly lower, this decrease was not statistically significant.

Work Engagement

Work engagement was measured using a single item indicator on the survey that asked flight attendants if they “are often eager to get to the work site to start the day”. Response options range from 1 (strongly disagree) to 5 (strongly agree) and the average score for flight attendants in this sample was 3.7 ($SD=1.0$) initially and 3.9 ($SD=.9$) at follow-up. This slight decrease in work engagement was not statistically significant ($p=.514$). When compared to national EAP norms reported for the Workplace Outcomes Suite by Chestnut Global Partners, flight attendants reported higher pre (3.23) and post-test (3.45) scores on engagement.

Presenteeism

Presenteeism, or one's focus on non-work tasks while at work, was measured using the Workplace Outcomes Suite standardized measure with response options ranging from 1 (strongly disagree) to 5 (strongly agree) and total scores ranging from 5-25. Flight attendants in this sample reported average presenteeism scores of 10.6 ($SD=4.5$) initially and 9.0 ($SD=6.02$) at follow-up. Lower scores are better on this scale. The decrease in presenteeism reported here was statistically significant ($p=.027$) and when compared to national EAP norms reported by Chestnut Global Partners, flight attendants reported lower levels of presenteeism, before (13.98) and after (10.99) treatment.

Additional Workplace Outcomes

As described above, the surveys measured many constructs related to workplace outcomes. Results from the time of the initial survey to the time of the follow-up survey for the 27 flight attendants who completed follow-up surveys, had returned to work as a flight attendants, and reported being in recovery at the time of the follow-up survey are reported here. We used the Wilcoxon signed-rank test (or Wilcoxon T test) to test for differences in-group mean ranks due to the small sample size. We also used a conservative alpha of 0.10 given the exploratory nature of this study and desire to look for trends in the data that might inform FADAP programming moving forward.

Significant improvement in ranked scores from pre-test to post-test were reported for flight attendants with regard to attendance, overall work record, not showing for a trip due to AOD, showing up for a flight hungover, and drinking past cut-off time.

At follow-up, flight attendants were asked to look back to their behavior prior to entering treatment or hindsight, and re-rate their initial scores for various workplace outcomes now that they had significant recovery time behind them. When asked how they viewed various work outcomes prior to recovery at the time of the 12-month follow-up survey, results were significantly worse for the following outcomes: on-duty performance, customer services, rapport with coworkers, professionalism, compliance with company policies, rapport with management, use of emergency health services, attention to safety duties, compliance with FAA regulations, possible on-the-job injury to self and disregard to safety procedures. As we did in the last report, the flight attendants continued to rate their work and safety behavior significantly better at pre-test then when asked to reflect on their pre-treatment behavior after having one year of clean time and having returned to work.

We compared the hindsight values to post-treatment or follow-up scores and found additional significant improvements in: on-duty performance, rapport with coworkers, professionalism, compliance with company policy, compliance with FAA regulations, possible injury to self, disregard to safety procedures, bidding trips to have access to AOD, management rapport, and attention to safety duties and safety procedures.

In conclusion, significant improvement ($p < .10$) was reported in the following work performance areas: overall work performance, attendance, on-duty performance, rapport with coworkers, rapport with management, not showing up for a trip, bidding a trip to access AOD, and in the following safety areas: attention to safety duties, compliance with company policy, compliance with FAA regulations, showing up for a trip hung-over, drinking past cut-off time, and possible injury on the job to self.

Lost Work Time

On the initial survey, which is completed by the flight attendant approximately three weeks into their treatment, lost work time due to AOD averaged 84.3 hours per month. The average cost to the workplace for this lost time, based on flight attendants' hourly wages was \$3,534 per month. Lost work time for reasons other than AOD use averaged 17.5 hours per month at baseline, costing \$637 per month, per flight attendant. Together, flight attendants in this sample lost an average of 111.8 hours per month (average cost per flight attendant per month is \$4,389).

At follow-up, we were able to compare hours lost for 27 flight attendants who had paired data (had returned to work as a flight attendant after 12 months post treatment and returned their follow-up survey). Lost work time due to AOD averaged 4.1 hours per month. The average cost to the workplace for this lost time, based on flight attendants' hourly wages was \$84 per month. Lost work time for reasons other than AOD use averaged 11.7 hours per month at baseline, costing \$445 per month, per flight attendant. Together, flight attendants in this sample lost an average of 8.1 hours per month (average cost per flight attendant per month is \$456).

Using paired samples t-tests, hours lost and costs were compared pre- and post-treatment. The reduction in time and cost lost due to AOD and total costs were statistically significant reductions ($p < .05$).

These hours lost and costs do not take into consideration the costs of flight attendant benefits or replacement costs when absent from work; therefore, the estimates reported here are much lower than actual losses.

Conclusion and Next Steps

Among the flight attendants who completed follow-up surveys and were in recovery at the time of the follow-up survey, results are promising that work performance overall, and with specific workplace behaviors and attention and adherence to safety, improved while in recovery from AOD. Additionally, flight attendants were generally satisfied with FADAP services and some of them who needed more than one treatment, came to FADAP again for help.

The sample included only a few flight attendants reporting having an AOD violation at the time of their referral to FADAP. As FADAP strives to help flight attendants as early in their addiction as possible, this result may suggest that flight attendants are being referred to FADAP or self-referring for treatment earlier as only 10% reported having violations at the time of referral. This could mean that employers are not referring flight attendants to FADAP who violate an alcohol or drug test as they might be terminated and not offered a chance to use the FADAP program.

With over 77% of the treatment providers providing data to FADAP, this figure speaks to the positive communication FADAP has with its providers. It is often quite difficult for workplace programs to get treatment data from the community, so 77% seems to be a very good response. Additionally, with 91% of flight attendants completing treatment, as reported by the provider, this appears to be a good rate for treatment completion. In future reports, Dr. Frey will try to compare these results to the nursing industry, which often uses similar peer-to-peer referral programs.

When asked at follow-up to re-rate their initial workplace performance on various outcomes, flight attendants were much more likely to rate their behaviors as worse after having one year post-treatment to reflect and look back. This decrease in score evaluation may reflect flight attendants' potential overinflated view of their workplace behaviors when early in recovery, and they may not be able to see the seriousness of their AOD use until they have entered recovery for a significant period. Moving forward, FADAP will continue to monitor this effect to make a determination about how future surveys should be structured and timing for data collection.

Over the next 12 months, an additional 122 flight attendants are expected to reach their one-year post treatment response. With an expected response rate of almost 30%, this will increase the potential pre/post-test sample by 37 pairs of data. Dr. Frey will also be working to compare results from this sample to other similar industries, including nursing.