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

Annual Report

Fall 2018

Report prepared by

Jodi Jacobson Frey, PhD, LCSW-C, CEAP

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 to data management of the FADAP outcomes database. Pre- and post-test surveys, using data provided by FADAP peers and approved treatment providers, were created based on a preliminary study that Dr. Frey conducted and presented to the 2014 FADAP Advisory Board. Outcomes of interest that emerged from the preliminary study that were also 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. Further, 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 were measured through flight attendant self-report, with the exception of 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, 494 flight attendants with unique cases[1] have completed pre-test surveys[2]. For flight attendants who reported multiple treatment episodes, only data from their most recent treatment episode was included in this report. Over 81% (*n*=402) of the treatment providers who saw flight attendants in this sample completed forms for the participants included in this study.

At the time that data were run for this report (May 31, 2018), 278 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, 88 completed surveys for an overall response rate of 32%, which is 5% higher than the response rate reported in last year's annual report. Lack of response from the flight attendants who did not complete surveys was mostly due to an inability to establish contact with them or flight attendants not knowing if they received the survey via mail or email.

Of the 494 flight attendants included in this report, 80% were referred to FADAP by their union and 15% self-referred to FADAP. Eight percent reported having a drug or alcohol violation at the time of the referral to FADAP. Notably, more flight attendants (31% of the total sample) reported having a formal disciplinary action of any kind at the time of referral. Fifteen percent reported facing written discipline or corrective action; 10.5% were under investigation; 7.5% were facing termination; 4.5% were facing disciplinary suspension; and 2.2% were on last

[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.
[2] Total cases calculated May 31, 2018 when data for this report was ran.

chance agreements. *(Note: flight attendants were allowed to provide more than one response to this question).*

Results

Treatment Data

Almost all (99%) of the flight attendants in this sample were referred to inpatient treatment and the average number of treatment episodes for flight attendants since 2010 in this sample was 1.9 ranging from 1-16. The vast majority (almost 80%) reported that this was their first or second time in treatment. The majority (84.6%) of flight attendants for whom treatment data was provided (*n*=402) completed treatment according to the treatment provider. This statistic represents a drop in completed treatment rates from last year's report, when treatment completion was reported for 91% of the flight attendants. Over 76% of treatment providers reported an identified problem of mental health that they were addressing as part of the flight attendants' treatment. This number signifies a 5% increase from the report last fall. The specific categories in which treatment providers reported working with flight attendants were: alcohol and mental health (49%), followed by alcohol alone (17%), alcohol, drugs, and mental health (19%), drugs and mental health (6%), alcohol and drugs (3%), drugs alone (2%), and mental health alone (2%).

While in treatment, 61% of treatment providers reported that flight attendants were offered social support programs, which are required by FADAP. This is a 6% increase from last year's report. The primary reason why social support (family or friends) was 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 to participate, and barriers, such as financial limitations and travel distances, that prevented family members from engaging with in-person treatment.

FADAP requires all treatment providers to offer Medication-Assisted Treatment (MAT). A total of 58% of providers reported offering MAT treatment, representing a slight increase from last year (2%).

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 4.0 (*SD*=1.0) 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*=4.0, *SD*=1.2). Flight attendants also rated themselves slightly lower for current treatment engagement one year post-treatment with an average score of 3.7 (*SD*=1.3). 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 of 22.6 (*SD*=4.7) initially and 20.6 (*SD*=6.1) at follow-up. This

decrease in score was statistically significant (*p*=.023). When we looked at satisfaction scores among only flight attendants who had returned to work in their job as a flight attendant by the 1-year follow-up, total scores still decreased (23.0 to 21.9), but this decrease was no longer statistically significant (*p*=.393).

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*=1.2) initially and 3.8 (*SD*=1.1) at follow-up. This slight decrease in work engagement was not statistically significant (*p*=.487). When compared to national EAP norms reported for the Workplace Outcomes Suite by Chestnut Global Partners, flight attendants reported higher than average pre- and post-test 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 11.3 (*SD*=5.0) initially and 8.4 (*SD*=5.3) at follow-up. Lower scores are more desirable for this scale. The decrease in presenteeism reported here was statistically significant (*p*=.001) and when compared to national EAP norms

reported by Chestnut Global Partners, flight attendants reported lower than average levels of presenteeism, both before and after 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 are reported here for the 47 flight attendants who completed follow-up surveys, had returned to work as flight attendants, and reported being in recovery at the time of the follow-up survey. 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.

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. Additionally, improvements in compliance with company policy and FAA regulations were also statistically significant and represent outcomes that were not previously significant in past reports.

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. As we did in the last two annual reports, 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 recovery from AOD 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, customer service, rapport with coworkers, professionalism, possible injury to self, disregard to safety procedures, bidding trips to have access to AOD, management rapport, and attention to safety duties.

In conclusion, significant improvement ($p<.05$) was reported in the following work performance areas: overall work performance, attendance, on-duty performance, rapport with coworkers, rapport with management, professionalism, customer service, 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 or others.

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 12.8 hours per month. The average cost to the workplace for this lost time, based on flight attendants' hourly wages, was $597 per month. Lost work time for reasons other than AOD use averaged 8.0 hours per month at baseline, costing $370 per month on average, per flight attendant. Together, flight attendants in this sample lost an average of 20.8 hours per month (average cost per flight attendant per month is $967).

At follow-up, we were able to compare hours lost for 47 flight attendants who had paired data (had returned to work as a flight attendant after 12 months post treatment and completed their follow-up survey). Lost work time due to AOD averaged 1.4 hours per month. Based on flight attendant's hourly wages, the average cost to the workplace for this lost time

was $65 per month. Lost work time for reasons other than AOD use averaged 5.8 hours per month at baseline, costing $260 per month per flight attendant. Together, flight attendants in this sample lost an average of 7.2 hours per month (average cost per flight attendant per month is $325).

Using paired samples t-tests, hours lost and costs were compared pre- and post-treatment. The reduction in hours lost and cost lost due to AOD and total costs were statistically significant ($p<.05$)[3].

Conclusion and Next Steps

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

The sample continues to include less than one-third of flight attendants using FADAP reporting a disciplinary action. Of the flight attendants facing disciplinary action, 86% were referred to FADAP from their union.

With the majority of treatment providers providing data to FADAP, this figure speaks to the positive communication FADAP has with its providers. It is often quite difficult for

[3] 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.

workplace programs to acquire treatment data from the community, so having 81% with completed data from providers is a great response. While the percentage of flight attendants who completed treatment decreased this year, almost 85% were reported to have completed treatment, which seems to be a positive finding.

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 more poorly 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 data collection should be scheduled.

Over the next 12 months, Dr. Frey will work closely with the FADAP staff to revise the database so that it is more user-friendly and accessible for analysis. She will also provide consultation and suggestions for revising the survey, specifically with attention to measures of program satisfaction as it relates to quality of life outcomes for peer programs; consider deleting or changing the question related to bidding trips; and look into any data she can obtain regarding replacement costs for flight attendants who do not return to work. She will also work with FADAP staff to consider revising the question that asks treatment providers what the flight attendant was "primarily" treated for, in effort to ascertain outcomes related to dual diagnosis or mental illness that might be exacerbated by AOD use/misuse. Finally, Dr. Frey will work with FADAP staff to consider creation of a new brief survey to be completed by flight attendants

immediately after they are discharged from treatment to evaluate self-assessment of treatment engagement, peer engagement, and program satisfaction.