Workplace Outcomes Related to Participation in the Flight Attendant Drug and Alcohol Program: An Exploratory Study

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Jodi Jacobson Frey, PhD, MSW
Rachel Liccardo, BA
University of Maryland, The Founding Campus, Baltimore, MD

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Introduction to Research Problem

- FADAP contracted with UMSSW to explore experiences of flight attendants who participated in FADAP, with attention to workplace outcomes
- Some research on clinical outcomes has been completed in the past, but very little has been studied on work performance, attendance, and safety

Literature Review

- Member Assistance Programs (MAPs) play an important role in reaching out and helping FAs with drug and alcohol problems, in addition to other personal and social problems
- Very little research has been conducted with MAPs
- Prior research on workplace outcomes suggests that workplace engagement may be a useful measure for FAs before treatment and in recovery

Research Objectives

What workplace outcomes (i.e., attendance, performance, coworker relationships, customer service, and safety) are affected by participation in FADAP?

What data should be collected in the future to evaluate workplace outcomes related to participation in FADAP?

Research Design

- Three Part Research Study
  - Part I: Evaluation of Existing FADAP Data
  - Part II: Survey Research with FAs Receiving FADAP Services
  - Part III: In-Depth Interviews with FAs who Participated in FADAP Services
- This research was approved by the University of Maryland, School of Medicine, Institutional Review Board

Part I: Evaluation of Existing FADAP Data

- Descriptive study using FADAP case management database
- Data included FA demographics & employment status, referral source, substance abuse & mental health problems, treatment summary, occupational problems, and recovery status
- Sample: 281 treatment episodes included from 9/2010 through 2/2013; 22 airlines represented

Part I: Preliminary Results
Question 1: Description of FAs Who Used FADAP

- Demographics and Employment Data
  - Age = 46 years average (Range 24-66)
  - Over half were female
  - Most were single or divorced
  - Three airline employers with highest representation: USA, UAL, and AMW
  - Top four domiciles: PHL, CLT, DCA

Part I: Preliminary Results
Question 1: Description of FAs Who Used FADAP

- Referral Source
  - Majority were referred by their union (45%) and self-referred (42%)

- Presenting Problem: Substance Abuse
  - Majority reported alcohol abuse only with over half reporting problems related to alcohol affecting work and personal life

Part I: Preliminary Results
Question 1: Description of FAs Who Used FADAP

- Presenting Problem: Mental Health
  - Most FAs received mental health services in addition to substance abuse services
  - Very few FAs presented with mental health problems as their primary presenting problem

- Presenting Problem: Physical Health
  - Assessed by treatment program with DSM
  - Most common Axis II dx included General Medical Condition, Disease of Musculoskeletal System and Connective Tissue, Endocrine, Nutritional and Metabolic Disease and Immunity Disorder, and Disease of the Circulatory System

Part I: Preliminary Results
Question 1: Description of FAs Who Used FADAP

- Treatment Received
  - Majority referred to in-patient substance abuse programs
  - Average length of stay = 47 days (range 7-300 days)
  - Limited data on continuing care treatment

Part I: Preliminary Results
Question 1: Description of FAs Who Used FADAP

- Occupational Problems
  - 1/3 reported SA led to on-duty impairment
  - Very few FA had been terminated at time of treatment referral
  - At time of study, 60 cases in database had been closed – majority were terminated
- Recovery Time
  - Average recovery time = 9 months (range 0-30 months)

Part I: Conclusion and Next Steps

- Discuss data collection procedures and missing data with FADAP staff
- Compare results from Part I to Parts II and III of research study
- Identify outcome measures with recommendations to revised data management information system for future

Part II: Survey Research with FAs Receiving FADAP Services

- Anonymous online survey – Summer 2013
- Sample = FAs who used FADAP services since September 2010 (*n*=217); Response rate = 24.1%
- Specific research questions addressed:
  - Work performance before and after participating in FADAP (attendance, safety, work relationships, customer service, etc.)
  - Outcomes for FAs with less than and more than 6 months recovery time
  - Satisfaction with FADAP
    - FADAP versus employer-provided EAP

Part II: Preliminary Results

- Sample
  - Average age = 46 years
  - Average work time as FA = 15 years
  - Over half were male
  - Majority were employed and had returned to work at time of survey
- Treatment History
  - Majority reported one treatment episode coordinated by FADAP
  - Majority self-reported as being in recovery at time of survey for at least 30 days (Average recovery time = 1 year)
  - Some were attending outpatient treatment

Part II: Preliminary Results

- Physical and Mental Health
  - Compared to average Americans (GSS survey):
    - FAs reported 2x more days of poor physical and mental health in a 30 day period, prior to entering treatment as compared to general public
    - FA reported 7-15x the national average number of days when poor health kept them from doing their usual activities including self-care, work and recreation

Part II: Preliminary Results

How do attendance and other work performance factors differ before and after treatment? Significant improvement, post-treatment ($p<.01$)

Work Performance Factors
- Attendance
- On-duty performance
- Rapport with management
- Attention to safety duties
- Professionalism
- Compliance with company policy
- Compliance with FAA regulations
- Overall work record

Substance Abuse Related Work Behaviors
- Not showing up for a trip
- Using a prescription pain medication
- Bidding flight schedule to access AOD
- Showing up hung-over
- Drinking past cut-off time

Safety Work Behaviors
- Disregarding safety procedures
- Engaging in activities that could have resulted in injury on the job to self or others
- Using emergency health services on or off duty

Part II: Preliminary Results

- Recovery time (6 months or more) and outcomes
  - No significant difference for attendance or work performance
  - FAs with less than 6 months recovery time were more likely to recommend FADAP services to another FA ($p<.05$)
- Overall Satisfaction
  - Majority were "extremely likely" to ask FADAP for help if needed in the future
  - Majority would recommend program to another FA

Part II: Preliminary Results

When asked how FADAP helped or hindered FAs' access to treatment and recovery, 38 (73%) of total sample responded.

- Majority reported positive comments regarding staff support and responsiveness, Deb McCormick, ability to seek help from a fellow FA
- Few constructive comments regarding need for better communication with employer and additional staff and peer skill training

Part II: Preliminary Results

When asked if FAs would seek help through employer, most would not. Reasons for not doing so included:

- Concerns about privacy and confidentiality
- Concerns about employer's response and potential retaliation
- Threat of job loss
- Stigma and embarrassment about problem

Part II: Conclusion and Next Steps

- Compare sample to broader FA sample in FADAP database
- Compare results from survey to results from Parts I and III of study to identify potential outcomes to measure and methods for measurement

Part III: In-Depth Interviews with FAs who Participated in FADAP Services

- Qualitative Study
  - Telephonic interviews using structured interview guide
  - Sample = FAs who volunteered from survey (Part II); 6 months recovery time; RTW status
  - Final sample: N = 12

Part III, Continued

- Interview questions focused on:
  - Job performance before and after recovery
  - Effect of substance abuse on physical and mental health
  - Job engagement and commitment to profession
  - Experience of seeking help through FADAP – challenges, strengths of program, factors influencing when and how they sought help
  - Recommendations to improve FADAP

Part III, Continued

- Interviews were analyzed by two researchers using a collaborative coding process.
- Interview transcripts were reviewed for patterns and themes were identified within each question. Each theme will be reported in the final report with supporting quotes.

Part III: Preliminary Results

- The following themes were identified in FAs' responses to the question, "*How has recovery impacted your work performance?*"
  - Engagement
  - Attendance
  - Customer Service
  - Work Performance
  - Relationship with Coworkers

Part III: Preliminary Results

- Engagement
  - "I've been picking things up on my days off, and I mean that's how much I love my job. I love to be there. I love to be on the airplane. It's so awesome. It's the best job I've ever had."
  - "I think it's given me a new appreciation for my profession that I didn't have before...I think that I value my job more, I value what I do, I value how I do it."

Part III: Preliminary Results

- Attendance
  - "[Attendance] got much better. [Sick time] was slowly accruing and that was nice to see too. There were these little markers on my paycheck like, 'Wow, now I have 6 hours of sick time. Now I have ten hours.' It's like little things meant a lot to me."
  - "When I'm sick I call out, when I'm not sick I go to work. Even if I just don't feel good I go to work now."

Part III: Preliminary Results

- Customer Service
  - "I'm really good with passengers. I don't sweat the small stuff. I kind of draw them in. I have the energy now to make them feel comfortable and the wall between me and them is just not there. I'm able to react differently to situations from passengers when they come up, instead of being confrontational."
  - "I want to make sure that everybody has an amazing experience, and I'm not put off by a simple request of, 'I want an extra this,' or helping people. I feel like I'm there for the passengers so much more."

Part III: Preliminary Results

- Work Performance
  - "I guess I work a better job now. I don't try to cut corners. I'm very 'by the book.' Things just seem easier now I guess. I just feel like I do a better job overall."
  - "I'm able to understand all the new policies that are coming out, I'm able to do the things that everybody else is doing and just understand my duties and understand all the new changes that's happening, as opposed to showing up to work and being like, 'I don't know what's going on.'"

Part III: Preliminary Results

- Relationships with Coworkers
  - "People actually look forward to flying with me. If they see my name on a trip sheet or they know they're going to fly with me, when I come on a plane now, it's like, 'Yay! It's so nice to see you. It's so good to fly with you.'"
  - "I'm getting along better with the cockpit crew…It makes for a better work environment, better safety if you're open to communication, and it's just more enjoyable to work that way."

Strengths and Limitations

- Strengths
  - One of the first studies of FAs focused on workplace outcomes related to participation in SA treatment
  - Mixed methods study allowed for richer data collection and comparison using both quantitative and qualitative methods
- Limitations
  - Due to the small sample, original data analysis plan for Parts I and II could not be completed
  - Sample was limited in each of the three parts of research and therefore, results cannot be generalized to entire FA population

Next Steps

- Preliminary results will be reviewed and finalized by researchers
- Results will be shared with FADAP staff to better understand themes and develop recommendations
- Recommendations for future outcomes measurement and program evaluation will be suggested in the final report

For more information about the study, please contact Dr. Jodi Jacobson Frey at jfrey@ssw.umaryland.edu