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Job Assessments and the Anticipated Retention of Behavioral Health Clinicians Working in Health Professional Shortage Areas

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Background

A shortage of behavioral health clinicians (BHCs) impedes access to mental health services nationwide, with the shortage most acute for areas designated as federal Mental Health Professional Shortage Areas (mHPSA) (HRSA, 2024). The job turnover of BHCs is high in many settings (Beidas et al., 2016; Eby et al., 2010), and while existing research identifies the reasons why nurses and primary care clinicians and behavioral health center staff as a group leave (Adams et al., 2021; Mor Barak et al., 2001), the potentially modifiable factors about the work and jobs of BHCs is less well known, and particularly for those in mHPSAs (Pathman et al., 2012). This study's purpose was to identify, for BHCs working in mHPSAs, the aspects of work and jobs associated with their anticipated job retention.

Methods

Data for this cross-sectional study were drawn from the Provider Retention and Information System Management (PRISM) Collaborative, which annually surveys BHCs completing education loan repayment support contracts for working in mHPSAs across approximately half of U.S. states (https://3rnet.org/Prism/About). Data were collected between 2016 and 2023. Factor analysis was used to consolidate Likert-scaled levels of agreement with statements about various aspects of BHCs' jobs and work. Bivariate associations with 5-year anticipated retention for all clinician, community, job, work variables, and scales were assessed with chi-square tests. Binary logistic regression was then used to test for independent associations with 5-year anticipated retention for six scale and individual item assessments of jobs and work, while controlling for reported demographic, professional, and community variables.

Key Findings

The respondent sample of 2,587 BHCs (67.5% response rate) was comprised of 42% licensed clinical social workers (LCSWs), 39% licensed professional counselors (LPCs), 12% psychologists, and 7% licensed marriage and family therapists (LMFTs). Two-thirds worked in community health centers or community mental health centers. Respondents had worked in their current practices a mean of 4.88 years (range, 0.5 to 26 years) and worked, on average, 41.0 hours per week.

Three-quarters of BHC's agreed or strongly agreed with statements indicating overall satisfaction with their practices and work. BHCs' assessments of various aspects of their jobs

and work ranged from strongly positive to somewhat negative. Nearly all (97.4%) reported that they found meaning in their work, a strong majority (84.5%) agreed that they were able to provide the full range of services they wanted, and two-thirds (67.3%) felt personally supported by the staff of their practices. On the other hand, over half (56.7%) felt their practice had a good and supportive administration, over one-third (37.3%) indicated they had a good work-life balance, and just one-third (33.4%) felt well and fairly compensated.

Three-quarters (76.7%) of BHCs foresaw remaining at least another year in their current practice, 66.8% anticipated remaining at least another two years, and 42.2% anticipated remaining another five years or more. Clinicians who anticipated remaining in their practices five or more years were more likely to be older, have children, and be psychologists. Anticipated retention rates were also higher for clinicians who had worked within their practices longer and for those who served in administrative roles 10 or more hours per week. Five-year anticipated retention percentages were lowest for clinicians working in community health centers and highest for those working in correctional facilities.

Without controlling for other factors, clinicians' assessments of all six queried aspects of their work and jobs were associated with their 5-year anticipated retention. Using logistic regression to control for other factors, anticipated retention remained associated with four of the six queried aspects of work and jobs: having a good and supportive administration, having good work-life balance, feeling well and fairly compensated, and being able to provide the full range of services they wanted (**Table 1**).

Policy Implications

Four out of ten of this study's BHCs working in mHPSAs anticipated they would still be working in their practices in five years. The importance of these clinicians' jobs to their retention plans is evident: 5-year anticipated retention rates were nearly three times higher for BHCs who indicated strong satisfaction with their work and practices overall than BHCs who felt neutral or dissatisfied.

This study's finding that retention rates for BHCs in mHPSA practices is better when there is administrative leadership that is effective and empowers and supports clinicians mirrors findings of studies of other health care disciplines and behavioral health workers in other settings (Knudsen, 2002). Findings suggest that mHPSA BHC satisfaction and retention may be improved by developing and disseminating new administrative approaches that better acknowledge BHCs' needs and recognizes what clinicians value regarding their care for patients, work environments, and jobs. Administrators in mHPSA practices should understand that staffing success depends fundamentally on the quality of the jobs they offer for BHCs.

As also found for other disciplines and settings (de Vries 2023; Wong 2020), a good work-life balance was associated with higher anticipated retention rates for this study's mHPSA BHCs. In this study, work-life balance was better when clinicians had flexibility in their work hours and did not exceed limited overtime. Work-life balance for BHCs likely can be promoted by

scheduling systems that permit more individualization and flexibility, including within the frequency, scheduling, and location in which clinicians can perform virtual visits.

Anticipated retention was also greater for BHCs who felt their jobs allowed them to provide the desired range of services, a finding aligned with prior nursing research (Déry et al., 2018; Patel 2024). Accordingly, BHC employers can engage BHCs in discussions when new services are considered for clients. Employers can also update job roles in states that have expanded BHC independent practice and prescription authority, and where insurers have expanded covered behavioral health services and allow independent billing (CMS, 2024).

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Table 1. Associations of behavioral health clinicians' assessments of various aspects of their jobs and work and their 5-year anticipated retention in their current mHPSA safety net practices after controlling for other factors[1]: results of logistic regression (n=2,587)

	Anticipating retention 5 years or longer	
	Exp(B)	*p*
Work scale 1: Having good administration (5-point scale)	1.56	<.001
Work scale 2: Finding meaning in work (5-value scale)	1.05	.63
Work scale 3: Having good work-life balance (5-value scale)	1.15	.008
Work scale 4: Feeling well and fairly compensated (5-value scale)	1.27	<.001
Feeling personally supported by staff (5-value Likert response)	1.07	.20
Being able to provide full range of services desired (5-value Likert response)	1.27	<.001
Model Chi-square	350.87	<.001
Nagelkerke R square	.194	-

[1] Fully adjusted models include clinician gender (F/M), marital status (married/not married), children at home (y/n), age (26-33, 34-40, 40-49, 50+), current education debt ($0-9,999; $10,000-34,999; $35,000-79,999; $80,000+), discipline (LCSW, LPC, LMFT, Psychologist), serving administrative roles 10+ hours per week, having close family within convenient driving distance (y/n), clinician-community fit scale (1 to 5 continuous), county practice location (rural/urban); pre-COVID period vs. COVID period vs. post-COVID period