

The New Zealand addiction workforce: characteristics & levels of wellbeing

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Introduction

- Enhancing and maintaining addiction worker wellbeing is important for a number of reasons:
 - Humanistic / moral imperative
 - Legal duty of care to employees
 - Reducing productivity costs associated with poor wellbeing
 - Enhancing client outcomes¹⁻⁴
- However, due to the nature of their jobs, some addiction workers may be vulnerable to poor wellbeing⁵
- Mapping the addictions workforce is also an imperative; accurate and current information regarding the characteristics of addictions workers, the organisations in which they work, and the jobs they perform is needed to:
 - Inform policy and planning decisions
 - Understand how working conditions / personal characteristics influence levels of wellbeing
- However, to-date such information has been under-researched
- NCETA, in collaboration with NADA and Matua Raki, conducted an online survey of addiction workers and their levels of wellbeing

Aims

To identify the:

- Demographic profile of addiction workers
- Prevalence of personal characteristics and external factors which are known to influence levels of worker wellbeing
- Predictors of job engagement, quality of life, and burnout among addiction workers.

Method

- Online survey of NZ and Australian addiction workers (only NZ results reported here)
- 72 open and closed questions regarding:
 - Demographic characteristics
 - Organisational / job characteristics
 - Levels of health and wellbeing
- Frequency analyses examined the demographic and workforce profile of participants
- Stepwise multiple linear regressions identified predictors of job engagement, quality of life, and burnout

Results

Workforce characteristics

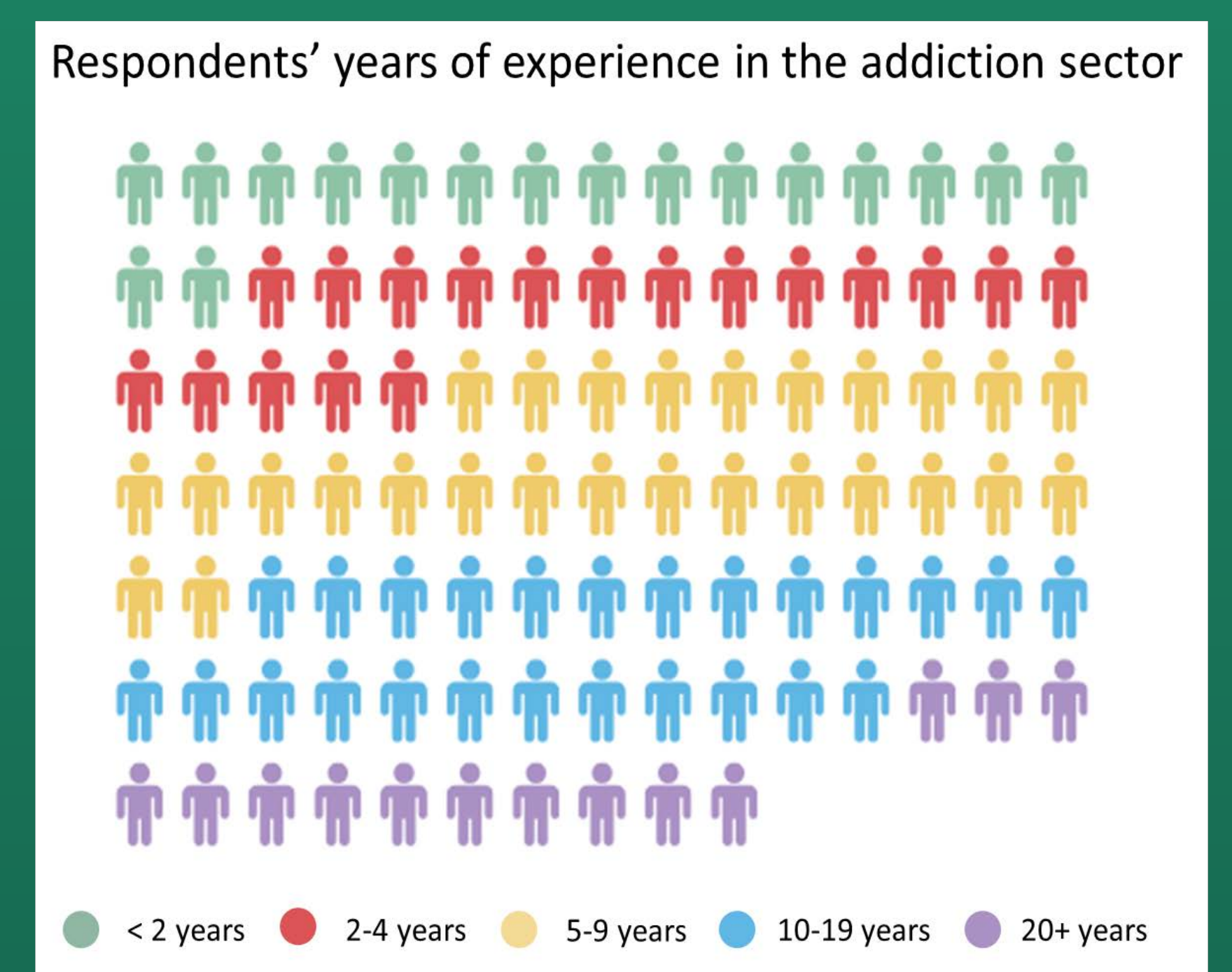
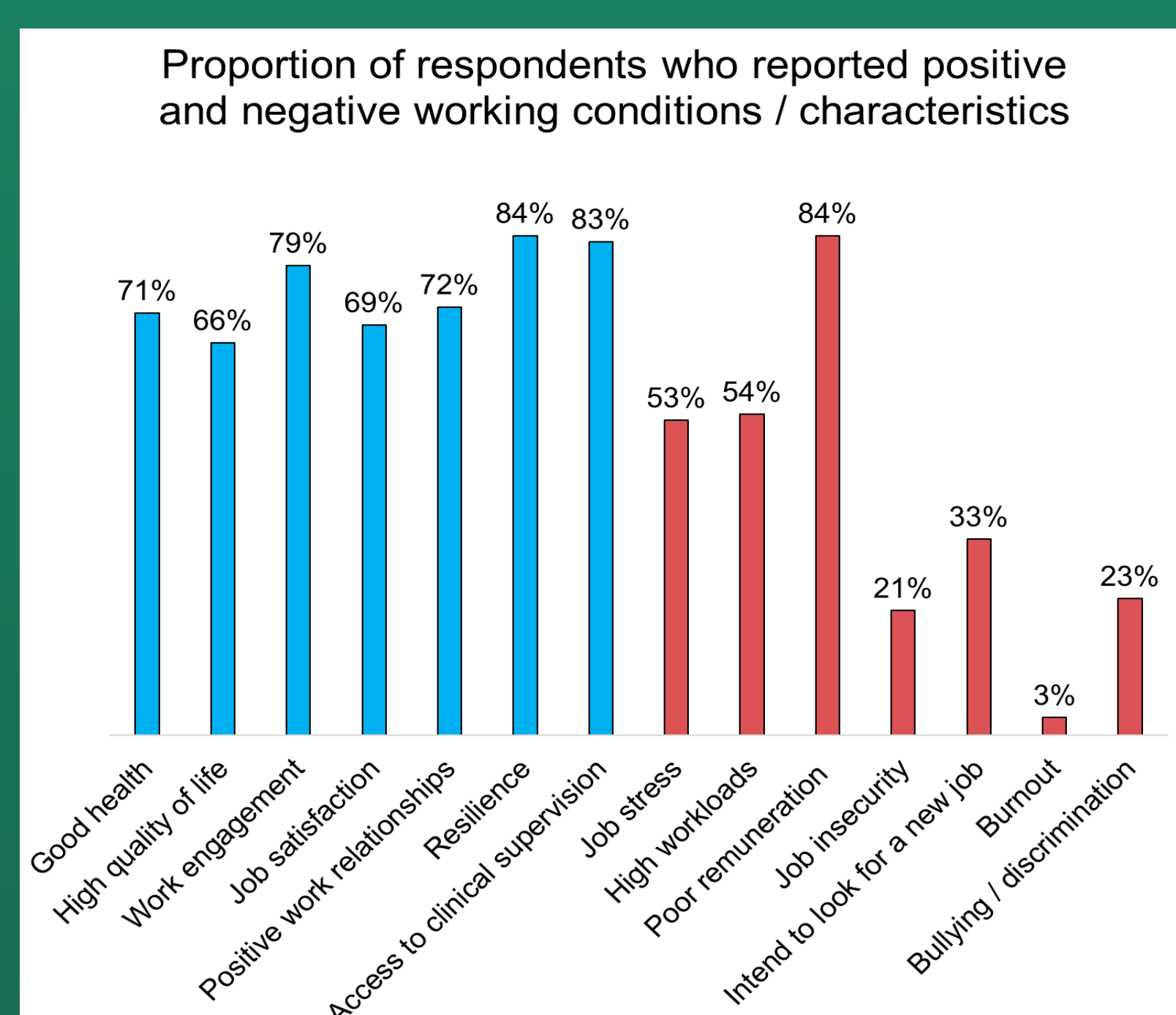
- NZ respondents (N=349) were primarily women (71%) who were employed full time (87%)
- Most were aged 40-59 years (60%), with an additional 16% aged 60+ years
- Most (59%) had been in their current role for less than five years
- 16% identified as Māori & 7% as rainbow/LGBTIQA
- 37% had lived experience of problematic AOD use, 2% had lived experience of problematic gambling, and 33% had lived experience of mental health problems

Worker wellbeing

- Respondents were typically satisfied with level of social support from co-workers and colleagues, opportunities for growth, staff cohesion, job feedback, and job clarity
- A relatively large proportion felt that their job was stressful, remuneration, staffing, communication were unsatisfactory, leadership was poor quality, and workloads were too high

Predictors of engagement, quality of life, and burnout

- The strongest predictor of engagement was support from superiors/managers/team leaders, accounting for 15% of the variance. Other predictors were resilience, health and time spent on social activities
- The strongest predictor of quality of life was health, accounting for 49% of the variance. Other predictors were resilience and work/life balance
- The strongest predictor of burnout was resilience, accounting for 32% of the variance. Other predictors included workload, health, and performance feedback



Key messages

- Levels of wellbeing in the NZ addiction workforce are generally high
- However, dissatisfaction with some aspects of working conditions was reported
- There is scope to implement policies and practices to address the workplace factors identified as potentially problematic – e.g., via worker wellbeing policies, health promotion programmes, effective clinical supervision, and encouraging self-care and help-seeking
- Enhancing worker wellbeing is a priority, in order to enhance client outcomes, fulfil duty of care obligations, and support, recruit, and retain workers



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