AOD Worker Wellbeing in Australia and New Zealand

Authors:
ANN ROCHE[1], VICTORIA KOSTADINOV[1], KEN PIDD[1], VINITA DURAISINGAM[1], ROGER NICHOLAS[1]
SIANNE HODGE[2], KLARE BRAYE[3]

[1]*National Centre for Education and Training on Addiction (NCETA), Flinders University, SA*
[2]*Network of Alcohol and Other Drugs Agencies (NADA), NSW*
[3]*Matua Raki, NZ*

Presenter's email: ann.roche@flinders.edu.au

Nominated Chair: Ann Roche, National Centre for Education and Training on Addiction, Flinders University, South Australia & Robert Stirling, Network for Alcohol and Other Drugs Agencies, New South Wales

Chair's email address: ann.roche@flinders.edu.au & robert@nada.org.au

Aim of Abstract: To improve participants' understanding of AOD worker wellbeing, including risk and protective factors and strategies to promote a well workforce.

Presentation 1 – Enhancing AOD workers' wellbeing: A literature review

Presenting Authors: ANN ROCHE[1], ROGER NICHOLAS[1], VINITA DURAISINGAM[1], SIANNE HODGE[2], KLARE BRAYE[3]

[1]*National Centre for Education and Training on Addiction (NCETA), Flinders University, SA*
[2]*Network of Alcohol and Other Drugs Agencies (NADA), NSW*
[3]*Matua Raki, NZ*

Introduction / Issues: A healthy workforce is critical to providing effective AOD services. In order to enhance workforce wellbeing, NADA (NSW) and Matua Raki (NZ) commissioned NCETA to review the literature examining the health and wellbeing of the Australasian AOD workforces. This paper outlines key review findings. The findings of this review inform the subsequent workforce and organizational surveys reported below.

Method / Approach: Major electronic databases were examined: Premedline, Medline, Embase, PsycINFO, Nursing and Allied Health Database, Informit Health Collection, Cochrane Data Base, Pubmed. Hand searches of study reference lists and grey literature were also conducted using conventional electronic search engines.

Key Findings: The wellbeing of Australasian AOD workers has not been extensively researched. Existing research addresses psychological wellbeing, rather than wellbeing more broadly. While most AOD workers are faring well from a psychological perspective, 10-30% experience psychological distress. Most vulnerable are younger workers, managers, Indigenous workers and workers with lower educational levels and/or lived experience. Programs to protect and enhance worker wellbeing can be implemented at the individual and/or organisational level and should be based on actual worker wellbeing issues and the characteristics of individual organisations.

Discussions and Conclusions: Effective approaches to enhance AOD worker wellbeing include: worker wellbeing policies; multifaceted health promotion programs; enhancing resilience; effective clinical supervision; sound organisational management; encouraging workplace help-seeking and self-care; and programs to prevent and reduce stress and burnout. Younger, less experienced workers, managers, Indigenous workers and those lacking formal qualifications should be a priority for workplace wellbeing programs.

Presentation 2 – Work engagement, burnout, and quality of life among Australian AOD workers

Presenting Authors: ANN ROCHE[1], VICTORIA KOSTADINOV[1], KEN PIDD[1], VINITA DURAISINGAM[1], SIANNE HODGE[2], KLARE BRAYE[3]

[1]*National Centre for Education and Training on Addiction (NCETA), Flinders University, SA*
[2]*Network of Alcohol and Other Drugs Agencies (NADA), NSW*
[3]*Matua Raki, NZ*

Introduction and Aims: Enhancing alcohol and other drug (AOD) worker wellbeing is a priority. It ensures quality, best practice, fulfils duty of care, and maximises efficiency. Improving engagement and quality of life (QoL) and decreasing burnout are vital to support and retain AOD workers. However, little is known about relevant contributory/contextual factors.

Design and Methods: Non-government (NGO) AOD workers in New South Wales (NSW) (N=294) were surveyed online. Health, wellbeing and demographics were examined using reliable scales. Stepwise multiple linear regressions identified predictors of engagement, burnout and QoL.

Results: Six predictors accounted for 32% of the variance in engagement, with role ambiguity accounting for most (15%). Other variables that increased likelihood of engagement were older age, quality leadership, social support, good health, and therapeutic optimism. Eight predictors accounted for 56% of the variance in burnout, with work/life balance accounting for most (22%). Other variables that decreased likelihood of burnout were resilience, good health, social support and performance feedback. Burnout was more likely among workers who were younger, had high workloads and heavy emotional demands. Five predictors accounted for 57% of the variance in QoL, with health accounting for most (44%). Other variables that increased QoL were work/life balance, social support, job security, and healthy behaviours.

Discussions and Conclusions: Various personal and contextual factors contribute to worker engagement, burnout and QoL. Results provide a basis for developing better support strategies for workers. Practical, low-cost strategies for workplaces will be highlighted.

Presentation 3 – Profile of the NZ addiction workforce and their levels of wellbeing

Presenting Authors: ANN ROCHE[1], VICTORIA KOSTADINOV[1], KEN PIDD[1], VINITA DURAISINGAM[1], SIANNE HODGE[2], KLARE BRAYE[3]

[1]*National Centre for Education and Training on Addiction (NCETA), Flinders University, SA*
[2]*Network of Alcohol and Other Drugs Agencies (NADA), NSW*
[3]*Matua Raki, NZ*

Introduction and Aims: Addiction work can be highly rewarding. However, workers face significant demands. This study profiled the addiction workforce in New Zealand (NZ), and identified personal and professional predictors of work engagement, quality of life (QoL), and burnout among workers.

Design and Methods: An online survey was administered to addiction workers in NZ (N=349). The survey contained 72 questions that examined workers' demographic profile, health, and wellbeing. Stepwise multiple linear regressions were conducted to identify factors that predicted engagement QoL, and burnout.

Results: Respondents were primarily women (71%) aged 40-59 years (60%). Most (59%) had been in their current role for less than five years. Sixteen percent identified as Māori. Levels of QoL, resilience, engagement, and job satisfaction were high. However, dissatisfaction was reported with workloads, job security, and remuneration. The strongest predictor of engagement was supervisor support, accounting for 15% of the variance. Other predictors were resilience, health and time spent on social activities. The strongest predictor of burnout was resilience, accounting for 32% of the variance. Other predictors included a workload, health, and performance feedback. The strongest predictor of QoL was health, accounting for 49% of the variance. Other predictors were resilience and work/life balance.

Discussions and Conclusions: Levels of wellbeing in the NZ addiction workforce are generally high, however dissatisfaction with some aspects of working conditions was reported. Enhancing worker wellbeing is a priority, in order to enhance client outcomes, fulfil duty of care obligations, and support, maintain and retain workers.

Discussion Section: Implications of the literature review and survey results for individual workers and organisations will be explored interactively with Symposium participants. The aim is to identify practical strategies for creating a workplace environment, culture and practices that proactively enhance workforce health, wellbeing and resilience. Interactive real-time audience participation technology will be used to gain feedback from participants regarding their personal wellbeing levels and working conditions. This will be used to guide the discussion, identify issues of greatest concern, and workshop strategies to address them. After attending the symposium, participants will: have an improved understanding of factors impacting worker wellbeing; be able to identify wellbeing risk and protective factors; know about available tools to assess and monitor workplace wellbeing; and be better placed to develop strategies for their workplace to proactively manage workplace wellbeing.