Characteristics & wellbeing of the NSW non-government AOD workforce

A Report to the Network of Alcohol and Other Drugs Agencies (NADA)

By

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About NCETA

NCETA is based at Flinders University in South Australia and is an internationally recognised research and training centre that works as a catalyst for change in the alcohol and other drug (AOD) field. NCETA's areas of expertise include training needs analyses, the provision of training and other workforce development approaches. We have developed training curricula, programs and resources, and provided training programs, to cater for the needs of: specialist AOD workers; frontline health and welfare workers; Indigenous workers; community groups; mental health workers; police officers; and employers and employee groups. The Centre focuses on supporting evidence-based change and specialises in change management processes, setting standards for the development of training curriculum content and delivery modes, building consensus models and making complex and disparate information readily accessible to workers and organisations.

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Executive summary

In June 2017, the National Centre for Education and Training on Addiction (NCETA) was commissioned by the Network of Alcohol and Other Drugs Agencies (NADA) and Matua Ra<u>ki</u> to conduct a comprehensive survey of the alcohol and other drugs (AOD) / addictions workforces in New South Wales (NSW) and New Zealand (NZ). This report presents results from the NSW survey (findings from the NZ component are presented separately).

The survey was designed to:

a) Map the demographic and professional profile of non-government (NGO) AOD workers in NSW
b) Examine the current state of worker wellbeing in the NGO AOD sector.

Background

A survey of AOD workers from the NGO sector NSW was conducted. The survey sought to map the demographic profile of AOD workers and gauge the level of health and wellbeing in the AOD workforce. The project aimed to inform future capacity building activities and policy decisions, and to support individuals and organisations to meet the needs of their clients.

A purpose-designed online survey was co-designed with NADA and Matua Ra<u>ki</u> containing 74 questions which examined the personal and professional characteristics of respondents, the structure of the organisations within which they worked, and the prevalence of individual and workplace factors known to influence levels of wellbeing. A set of established scales were also included to ensure comparable and reliable data was obtained.

The survey was administered between September and November 2017. To be eligible to participate respondents needed to be a worker in the NGO AOD sector in NSW.

Results

Workforce profile

A total of 294 useable surveys were obtained.

Most respondents were women (66%), and aged 40+ years (60%). However, a large proportion of the sample (40%) were relatively young (aged 20-39 years). Most (72%) had been in their current role for

less than five years and 38% had been in their current role for less than one year. Just under half the sample (44%) had been in the AOD sector for less than five years. Approximately half (53%) the sample worked in urban locations, with a third (32%) in regional, 14% in rural, and 1% in remote areas.

The majority (68%) were employed full time, with slightly more than half in permanent positions (58%). Most earned $50,001-$70,000, with many expressing dissatisfaction with remuneration levels.

While 40% had undergraduate or postgraduate qualifications (26% were "AOD-specific"), almost one in five (18%) did not have an AOD-related qualification. Respondents possessed a diverse array of professional affiliations but almost half (48%) had no professional registration/affiliation or didn't know what professional registration/affiliation they possessed.

Less than half reported having access to internal (37%) or external (42%) clinical supervision, with mentoring / coaching opportunities even scarcer (11%).

Most respondents reported that they were "satisfied" (42%) or "very satisfied" (24%) working in the NGO AOD sector and felt supported to undertake their role. However, there was a high level of job insecurity: a quarter believed that there was at least a medium chance that they would lose their job in the next 12 months for reasons beyond their control.

Health and wellbeing

Most respondents perceived their own health to be good. Substantial proportions reported regularly undertaking activities to optimise their health and wellbeing. However, rates of daily tobacco use were higher than the national average, and almost a quarter reported drinking alcohol at risky levels 1-4 times per week. Prescription drug use in the past 3 months (including pain medication, heroin and opioids) was reported by 15% of respondents.

Most respondents reported positive quality of life and moderate-high levels of resilience, engagement, job satisfaction, and confidence, with burnout rare. Work-related factors such as work / life balance, social support, job feedback, and job clarity were also favourable.

However, a considerable proportion of respondents felt that workloads were too high, and found their job to be stressful and cognitively demanding.

Discussion and conclusions

This survey of NSW NGO AOD specialist workers found a positive and well qualified workforce. A high proportion of workers, however, were young with limited AOD work experience and new to their current role.

Although rates of personal health and wellbeing in the NSW NGO AOD workforce were generally high, many respondents reported high levels of job insecurity and dissatisfaction with some aspects of working conditions, including their remuneration. A clear need for expanded worker and management support strategies (such as clinical supervision, mentoring and professional development) emerged.

These findings highlight a range of workforce development strategies that can be implemented to support and retain workers with limited AOD work experience, stabilise their employment and improve working conditions to optimise client service provision.

Further analyses are underway to examine the relationships between a range of predictor variables and outcome measures.

Introduction

Background and rationale

Mapping the current workforce is important in a rapidly evolving and continually changing field such as the AOD sector. AOD workers come from a diverse array of personal and professional backgrounds, and operate in a wide range of capacities and organisations. Policy and planning decisions require accurate and up-to-date data regarding the characteristics of individuals employed in the AOD workforce, as well as the roles they perform. Furthermore, personal characteristics and working conditions play an important role in levels of health and wellbeing. Research and workplace programs focussing on worker wellbeing should therefore be informed by current workforce and organisational data. However, to-date such data has been limited in Australia.

Understanding the wellbeing of the workforce (or lack thereof) is also an imperative. Worker wellbeing has been broadly characterised as "flourishing employees achieving their full potential for both their own benefit and that of the organisation"[1]. Importantly, worker wellbeing is more than simply the absence of negative circumstances. It also includes positive features related to the physical, material, social, and emotional dimensions of workers' lives, as well as characteristics of the workplace such as job security, work engagement, work/life balance and remuneration[1].

Worker wellbeing has been the subject of increasing interest in recent years. Workplaces are becoming aware of the importance of enhancing and maintaining worker wellbeing, not only from a humanistic perspective but also due to legal and fiscal imperatives. In NSW, organisations have a responsibility to safeguard the health of their employees under the Work Health and Safety Act (2011)[2] and Work Health and Safety Regulation (2017)[3]. There is also a substantial body of literature demonstrating the productivity and profitability costs associated with unwell workers, or alternatively the economic benefits of promoting employee wellbeing[4-7]. The influence of stress on workers is similarly becoming more widely recognised[8, 9], with many workplaces implementing initiatives (e.g., EAPs) to ameliorate the impact of work-related and personal stressors on employees.

In the AOD sector, ensuring high levels of wellbeing in the workforce is particularly important[10]. Alcohol and other drugs place a large burden on Australian society, and contribute to a substantial proportion of illness, disease, injury and death[11]. In order to prevent and respond to AOD-related harm, a highly effective AOD workforce is critical[12]. As research has demonstrated that healthcare worker wellbeing

can influence patient outcomes[13-17], workforce welfare has been recognised as an essential component of high quality service provision[18, 19].

However, due to the nature of their job, AOD workers may be vulnerable to poor wellbeing[20]. Working in the AOD field can be highly rewarding, and many workers report gaining high levels of job satisfaction from helping people, participating in "meaningful" work, and making a positive contribution to society[21]. Nevertheless, AOD workers may also experience considerable work-related demands and challenges which have the potential to lead to burnout and poor wellbeing[19]. One study found that key stressors for AOD workers were concerns about:

- Whether their work is making a difference
- Whether they have the necessary skills and are effective in their role
- Whether their work is valued and adequately remunerated
- Workplace conflict
- Lack of supervisory and collegial support
- Job uncertainty[22].

To inform this survey, NCETA initially undertook a literature review[18] to identify factors impacting AOD workers' wellbeing and challenges they confronted in their contemporary work roles. Factors identified included:

- Difficulties recruiting and retaining staff in the context of a worldwide shortage of health and welfare workers
- The need to work across sectors (e.g., primary care, corrections, social services)
- Recurring service restructuring
- Outcomes - (rather than inputs- or outputs-) focussed funding
- Increased occupational exposure to violence
- Stigma associated with providing services to AOD clients
- Lack of resourcing for professional development and upskilling
- Management being inadequately trained and supported to carry out their role
- Pay disparities depending on occupation / professional title and employment in different sectors
- Insufficient co-worker and line manager support and absent / limited clinical supervision
- Qualifications that have become increasingly academic and less applied, challenging the 'work readiness' of students / those new to the workforce

- Broadening scope of care to include addressing the social determinants of AOD use
- Increasing complexity of client care (e.g., new substances and patterns of use, increasing awareness of multiple morbidities, emphasis on family sensitive practice, influx of elderly clients with additional needs, need for cultural competence, increasing consumer input)[18].

The review concluded that despite these risk factors, the wellbeing of the AOD workforce has not been extensively studied. Furthermore, existing research tends to focus on the narrow concept of psychological wellbeing, rather than a broader conceptualisation of wellbeing that encompasses health and organisational factors[18]. The current study sought to address these limitations in the extant literature, and builds on and extends the findings of the literature review.

Current study

Strategies to maintain and enhance the wellbeing of AOD workers are crucial, in order to fulfil duty of care obligations, improve organisational functioning, and support client engagement and outcomes. Consequently, it is important to examine the characteristics of AOD workers and their employing organisations, as well as their working conditions and current levels of health and wellbeing.

To address these issues, a survey of NGO AOD workers in NSW and addiction workers in NZ was conducted to examine: a) the demographic and organisational profile of workers and workplaces; and b) the prevalence of personal characteristics and external factors which are known to influence levels of wellbeing.

The current report presents the findings of the NSW survey; NZ results are discussed in a separate report.

Methodology

Survey development

A custom online survey was developed to gather information on the demographic and professional characteristics of respondents, as well as their levels of health and wellbeing. The survey was co-designed in collaboration between NCETA, NADA, and Matua Raki project staff. A preliminary version of the survey was pilot tested by non-project staff at all organisations, and subsequently refined to improve the clarity of instruction and questions, and to reduce length.

Survey instrument

The final instrument contained a total of 74 multiple-response and open-ended questions assessing participants' demographic information, organisational characteristics, health and wellbeing. The majority of questions were developed specifically for the current study, however 13 validated scales were also included to examine wellbeing levels. The full survey took approximately 30 minutes to complete.

The constructs assessed in the survey are summarised in Table 1, Table 2, and Table 3. A full copy of the questionnaire is provided in Appendix A.

Table 1. Demographic characteristics assessed in survey

Age	Household composition	Languages spoken
Gender	Household income	Ease of 'being yourself'
Sexual orientation	Dependents*	Presence of / adjustments for disability*
Country of birth	Lived experience of AOD use	
Indigneous status	Ethnicity*	

Table 2. Organisational characteristics assessed in survey

Geographical location	Position	Satisfaction with salary
Rurality	Role	Workplace wellbeing initiatives
Services provided*	Primary clients*	Supervision opportunities
Contract type	Activities performed	Affiliations
Hours per week	Years of experience	Liklihood of job loss
Salary	Qualifications	Perceptions of support
Satisfaction with supervision	Lived experience role	

* Data for these measures was found to be unreliable and therefore is not presented here

Table 3. Measures assessing health and wellbeing in survey

Validated health and wellbeing measures			
Construct	**Tool**	**Included Subscales**	**Number of Items**
Job demands/ support/ resources	Copenhagen psychosocial questionnaire	Cognitive demands	9
		Emotional demands	4
Organisational factors	Texas Christian University organisational readiness for change	Staffing	6
		Growth	5
		Communication	5
		Stress	5
		Satisfaction	6
		Cohesion	6
		Autonomy	5
	Copenhagen psychosocial questionnaire	Quality of leadership	8
Engagement	Utrecht work engagement scale	Vigour	6
		Dedication	5
		Absorption	6
Burnout	Shirom-Melamed burnout measure	Physical fatigue	6
		Emotional exhaustion	3
		Cognitive weariness	5
Resilience	Brief resilience scale	n/a	6
Therapeutic optimism	Therapeutic optimism scale	n/a	10
Role ambiguity	Role ambiguity scale	n/a	2
Social support	Brief job stress questionnaire	n/a	9
Workload	Workload scale	n/a	3
Feedback	Knowledge of performance scale	n/a	2
Turnover	Turnover intention scale	n/a	4
AOD use	ASSIST-FC	n/a	16
Quality of life	EUROHIS-QOL 8-Item Index	n/a	8
Non-validated wellbeing measures (developed for this survey)			
Occupational self-efficacy			1
Negative workplace experiences			3
Satisfaction working in NGO sector			1
Work/life balance			3
Self-rated health			1
Healthy behaviours			11

N/A = Tool does not include stand-alone subscales

Recruitment

Email invitations to participate in the survey were sent to NADA's contact list, which contained service managers and contacts that had nominated to receive communications from NADA. Individuals who received the email were encouraged to disseminate the invitation to their staff and / or colleagues. A poster advertising the study was also attached to the email, and the receiver requested to place it in a location visible to staff members. A letter of invitation was additionally mailed to AOD NGO service providers in NSW, and the study advertised on the NADA website, at training events and other forums. In recognition of respondents' time and contribution, they were given the chance to go in the draw to win an iPad mini.

Data collection

The survey was available for completion on SurveyMonkey from September to November 2017. Although pen-and-paper copies were offered to participants without internet access, no participants utilised this option.

Data analysis

Raw data were exported from SurveyMonkey into SPSS. Scores for validated scales were calculated according to relevant scoring manuals. Participants' responses were excluded from scales if they had not answered all items for that scale. Frequency analyses were conducted to examine the proportion of participants who endorsed each response category.

Results

A total of 294 respondents from NSW completed the survey. The NGO AOD workforce in NSW comprises approximately 1,000 individuals[23]. As such, it can be estimated that this survey represents the views of approximately one-third of the workforce. While this is a respectable response rate for a self-report survey of this kind, caution should be utilised in generalising the current results to the total workforce.

Select Tables and Figures are included in the Results section below; all others can be found in Appendix B.

Workforce profile

Demographic characteristics

Overview

Most respondents were female (66%) (Table 36), heterosexual (82%) (Table 37), and aged 40-59 years (52%), with 16% aged less than 30 years (Figure 1**)**. The majority were born in Australia (77%) (Table 38), did not identify as Aboriginal or Torres Strait Islander (92%) (**Table 39**), and only spoke English (87%) (Table 40). Most reported living with a partner (29%) or with a partner plus children (32%) (Table 41), and with a combined household income of $50,001-$100,000 (41%) (Figure 2). The majority (60%) of workers earnt individual salaries of less than $70,000 pa. (Figure 3).
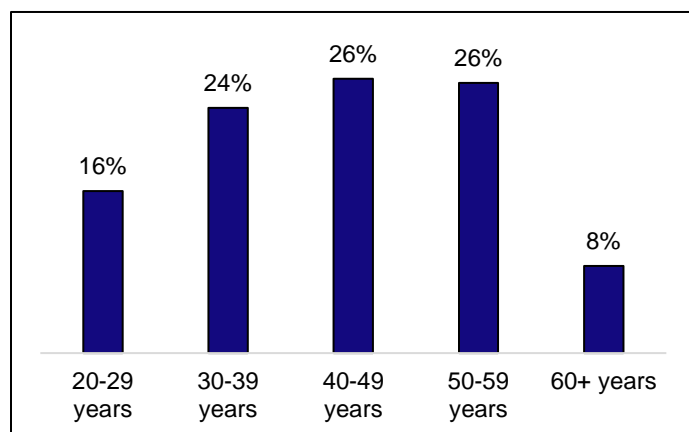
Figure 1. Age (N=250)
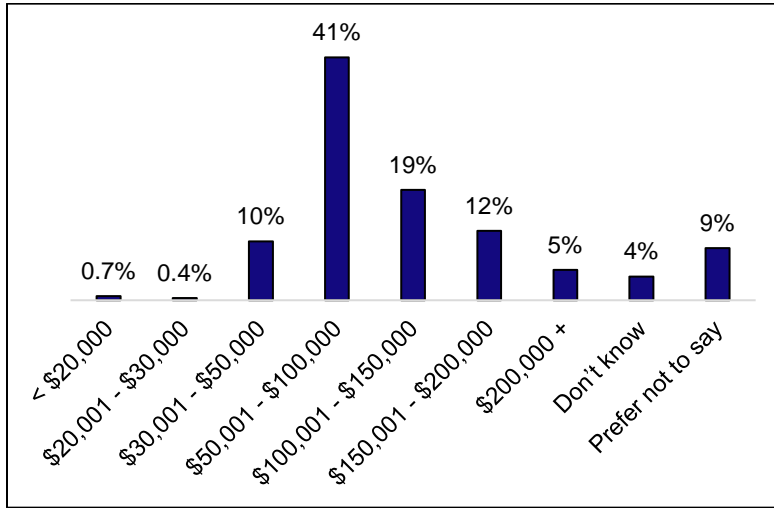
Figure 2. Annual gross household income (N=274)
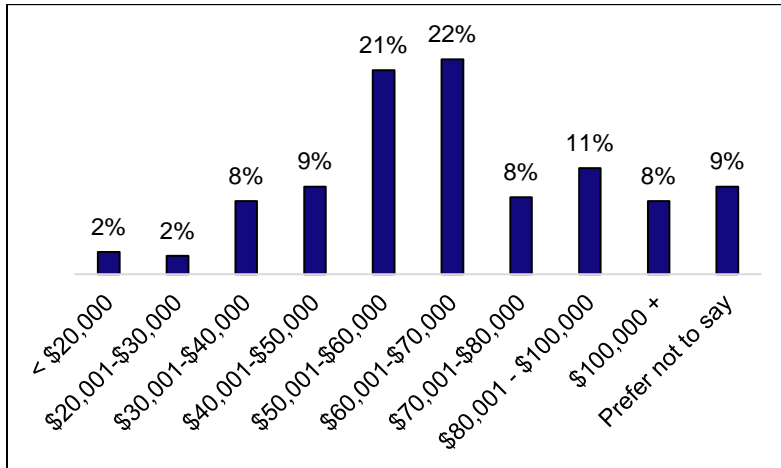
Figure 3. Annual individual salary (N=264)

Workplace-related characteristics

Overview

Respondents came from locations across NSW. Approximately half (53%) were employed in urban locations, with a further 47% located in regional, rural, and remote areas (Figure 4).

A large proportion of respondents had less than 5 years' experience in their current position (72%), in their current organisation (56%), and in the AOD sector (44%) (Table 5). A substantial proportion (38%) reported that they had been in their current role for less than one year.

However, as a counter-balance to this limited AOD work experience, almost three-quarters (73%) had been in the workforce for more than 10 years (Figure 5).

Respondents possessed a diverse range of qualifications. Approximately 40% had undergraduate or postgraduate qualifications of which 26% were AOD specific, and 36% possessed an AOD-related Certificate or Diploma. However, almost one in five respondents (18%) did not have an AOD-related qualification (Table 6). Similarly, a large proportion (39%) reported that they had no professional registration or affiliation (Table 7).

The majority of respondents were permanently employed on a full-time basis (58%), were contracted to work 31-40 hours per week (72%), and were primarily involved in providing direct client services (76%). Almost 5% reported speaking languages other than English with clients (Table 8). The most commonly reported work role was AOD worker (34%) followed by case manager / case worker (24%) (Table 9).The majority of respondents (60%) reported spending "most" or "all" of their time face-to-face with clients, although a similar proportion (56%) spent at least half of their time on paperwork / administration (Table 10).

Although a relatively large proportion of respondents reported that they had 'lived experience' of AOD use (42%) and had disclosed this to their workplace (29%), only a minority were employed in an identified 'lived experience' role (12%) (Table 11).

Working Conditions

As noted, the largest proportion earnt an annual salary of between $50,001 and $70,000 (44%) (**Figure 3**). While there was a perception that salaries were generally fair compared to other workers in the same organisation (54%) and other organisations (73%), most believed their organisation did not pay good salaries (60%), that they could not live comfortably on their pay (58%), and that they were not paid enough for what they did (68%) (Table 12).

Almost two-thirds of respondents reported that their workplace had an employee assistance program (61%) and more than half noted that they were provided with professional development support (55%), recognition of additional time worked (54%), and flexible work practices (53%) (Table 13).

A substantial proportion reported that they had access to supervision opportunities, most commonly external clinical supervision (42%) and line management (40%) (Table 14). Supervision was typically accessed relatively frequently, with most (>65%) participants receiving internal / external clinical supervision, line management, and peer supervision at least once a month. However, a considerable number of participants reported accessing supervision once a year or less; this was typically 10-15% (Table 15). Rates of dissatisfaction with the amount of supervision received were relatively high (15-30%), but quality of supervision was generally positively perceived (Table 15).

Most respondents reported that they were "satisfied" or "very satisfied" working in the NGO AOD sector (66%) (Figure 6), felt supported to undertake their role (85%) (Table 16), and that they could "be themselves" at work (71%) (Figure 7). However, a quarter believed that there was at least a medium chance that they would lose their job in the next 12 months for a reason beyond their control (Table 17).
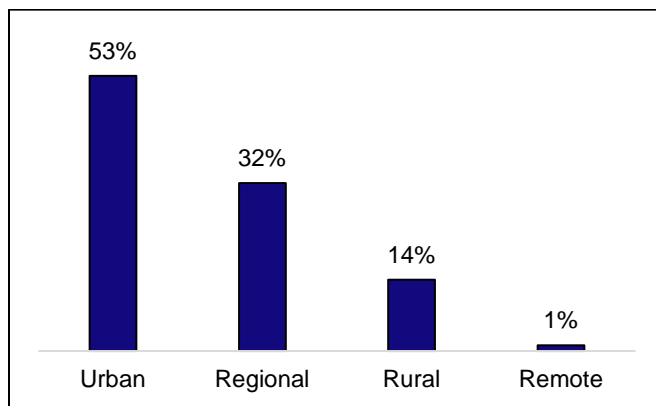
Figure 4. Location of workplace (N=294)
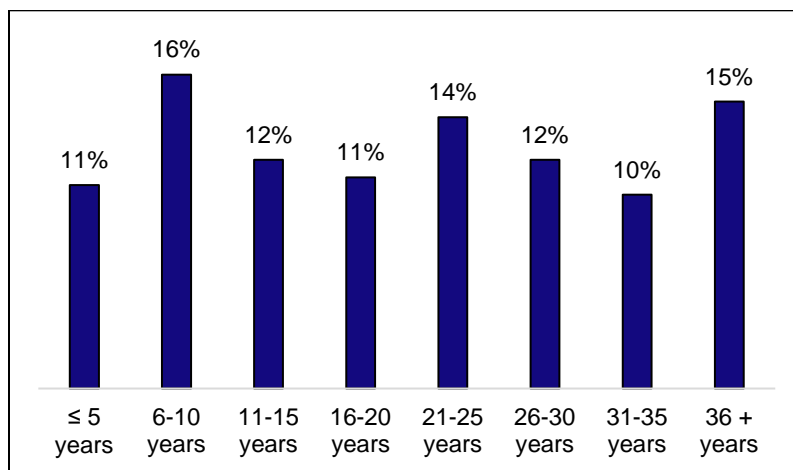
Figure 5. Length of time in the workforce (N=229)

Table 4. Geographical location of workplace

Local Health District (LHD) in which workplace is based	N	%
Central Coast	26	9.9
Far West	4	1.5
Hunter New England	24	9.1
Illawarra Shoalhaven	16	6.1
Mid North Coast	12	4.6
Murrumbidgee	7	2.7
Nepean Blue Mountains	8	3.0
Northern Sydney	5	1.9
South Eastern Sydney	31	11.8
Southern NSW	3	1.1
South Western Sydney	20	7.6
Sydney	73	27.8
Western NSW	16	6.1
Western Sydney	12	4.6
Unsure / don't know	6	2.3
Total	**263**	**100.0**

Table 5. Years of experience

Years of experience	In current position		In current organisation		In the AOD sector	
	N	%	N	%	N	%
1 year or less	87	37.7	58	25.7	37	16.4
2-4 years	79	34.2	69	30.5	62	27.4
5-9 years	42	18.2	62	27.4	61	27.0
10-14 years	16	6.9	21	9.3	25	11.1
15+ years	7	3.0	16	7.1	41	18.1
Total	**231**	**100.0**	**226**	**100.0**	**226**	**100.0**

Table 6. Highest AOD and non-AOD related qualifications

Highest qualification	AOD related		non-AOD related	
	N	%	N	%
Nil	41	17.5	6	2.6
Up to and including Year 10/School Certificate	NA	NA	11	4.8
Year 12 or equivalent College Certificate	NA	NA	10	4.3
Accredited short course	19	8.1	NA	NA
Certificate (I-IV)	29	12.4	29	12.6
Diploma	44	18.8	39	16.9
Advanced Diploma	10	4.3	9	3.9
Undergraduate Degree	32	13.7	58	25.1
Graduate Certificate	5	2.1	4	1.7
Graduate Diploma	16	6.8	21	9.1
Master's Degree	29	12.4	34	14.7
PhD/Doctoral Degree	1	0.4	1	0.4
Other	8	3.4	9	3.9
Total	**234**	**100**	**231**	**100.0**

Table 7. Professional bodies with which respondents have practitioner registration or affiliation

Registration/affiliation with professional bodies	N	%
No professional registration or affiliation	108	39.4
Aboriginal and Torres Strait Islander Health Practice Board of Australia	3	1.1
Australian Association of Social Workers	16	5.8
Australian Community Workers' Association	8	2.9
Australian Counsellors' Association	17	6.2
Australian Psychological Society	14	5.1
Case Management Society of Australia & New Zealand	2	0.7
Drug and Alcohol Nurses of Australasia	9	3.3
Medical Board of Australia	4	1.5
Nursing & Midwifery Board of Australia	19	6.9
Pharmacy Board of Australia	1	0.4
Psychology Board of Australia	18	6.6
Royal Australian & New Zealand College of Psychiatrists	2	0.7
Royal College of Physicians	3	1.1
Don't know	23	8.4
Other	25	9.1

Table 8. Job characteristics

Job characteristics		N	%
Employment contract type	Permanent full time	153	58.2
	Permanent part time	59	22.4
	Fixed term contract full time	23	8.7
	Fixed term contract part time	9	3.4
	Casual	17	6.5
	Other	2	0.8
Hours worked per week	15 or less	10	4.0
	16-30	49	19.6
	31-40	180	72.0
	41+	11	4.4
Work duties	Direct client services	208	75.9
	Management	84	30.7
	Administration	113	41.2
	Other	23	8.4
Language spoken with clients	English only	261	97.4
	Other	13	4.9

Table 9. Primary work role

Primary role	N	%[1]
AOD Worker	93	33.9
Case Manager / Case Worker	65	23.7
Counsellor	51	18.6
Manager / Team Leader	36	13.1
Residential Support Worker	18	6.6
Nurse	16	5.8
Organisation / Service Manager	13	4.7
Social Worker	12	4.4
Administration Officer / Receptionist	11	4.0
Psychologist	11	4.0
Health Education Officer	8	2.9
Community Development Worker	7	2.6
Educator / Trainer	7	2.6
Peer Worker	6	2.2
Project Officer	6	2.2
Youth Worker	6	2.2
Other[2]	24	8.8

1. Respondents could select all that applied. Percentages are based on 274 NSW respondents who answered the location question and at least one other question within the survey.
2. Aboriginal worker; CEO/Executive officer; Doctor; Finance/Business officer; Project manager; Quality coordinator; Research officer.

Table 10. Time spent on work duties

Proportion of time spent on work duties	Face-to-face with clients		Paperwork / administration		Working across services / liaising and networking		Training and education		Research / quality / evaluation	
	N	%	N	%	N	%	N	%	N	%
None	7	3.0	3	1.3	12	5.3	24	11.3	53	25.4
Some	40	17.2	99	42.7	156	68.4	148	69.8	133	63.6
About half	45	19.4	71	30.6	33	14.5	25	11.8	12	5.7
Most	101	43.5	46	19.8	21	9.2	11	5.2	7	3.3
All	39	16.8	13	5.6	6	2.6	4	1.9	4	1.9
Total	**232**	**100.0**	**232**	**100.0**	**228**	**100.0**	**212**	**100.0**	**209**	**100.0**

Table 11. Lived experience of AOD use

Lived experience		N	%
Respondent identifies as having 'lived experience'	No	154	56.2
	Yes - disclosed to workplace	78	28.5
	Yes - not disclosed to workplace	36	13.1
	Prefer not to say	6	2.2
Respondent's role is a 'lived experience' position	Yes	28	11.8
	No	168	70.9
	NA	41	17.3

Table 12. Satisfaction with salary

| To what extent…	Does your org pay good salaries?		Can you live comfortably on your pay?		Are you paid enough for the work you do?		Are you fairly paid compared to other people in your org?		Is pay in your org lower than in comparable orgs?	
	N	%	N	%	N	%	N	%	N	%
Never	38	14.4	37	14.2	99	37.9	30	11.7	87	34.3
Sometimes	121	46.0	115	44.2	78	29.9	88	34.4	99	39.0
Often	64	24.3	70	26.9	53	20.3	74	28.9	34	13.4
Always	40	15.2	38	14.6	31	11.9	64	25.0	34	13.4
Total	**263**	**100.0**	**260**	**100.0**	**261**	**100.0**	**256**	**100.0**	**254**	**100.0**

Table 13. Practices / initiatives provided by employers to support employees' work

Practices / initiatives in place at workplace	N	%
Recognition of additional time worked (e.g. TIL, overtime)	148	54.0
Flexible work practices (e.g., start/end times, work from home, unpaid leave)	146	53.3
Annual salary increments (not related to performance)	91	33.2
Laptop/mobile/vehicle use	86	31.4
Employee assistance program (access to support when needed)	168	61.3
Support for professional development (e.g., study leave, fees paid, conferences etc.)	151	55.1
Long service leave (or other recognition of service)	126	46.0
None	6	2.2
Don't know	9	3.3
Other	3	1.1

Table 14. Supervision opportunities to which respondents have access

Supervision opportunities	N	%
Internal clinical supervision	100	36.5
External clinical supervision	115	42.0
Line management	110	40.1
Peer supervision	79	28.8
Mentoring / coaching	30	10.9
Cultural supervision	11	4.0
Not applicable	11	4.0
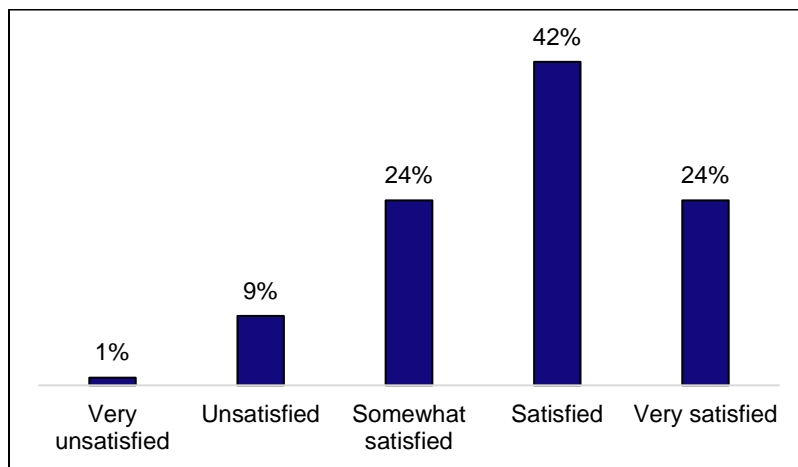
Figure 6. Satisfaction working in the NGO AOD sector (N=200)

Table 15. Use of and satisfaction with supervision

	Internal[1]		External[2]		Line[3]		Peer[4]		Mentor[5]		Cultural[6]	
	N	%	N	%	N	%	N	%	N	%	N	%
Frequency of access to supervision												
Fortnightly or more	21	17.9	19	15.3	48	35.0	48	52.2	15	30.0	1	3.3
Every month	64	54.7	69	55.6	43	31.4	21	22.8	11	22.0	2	6.7
Every 3 months	9	7.7	19	15.3	17	12.4	9	9.8	5	10.0	3	10.0
Every 6 months	5	4.3	5	4.0	10	7.3	4	4.3	5	10.0	6	20.0
Once a year or less	18	15.4	12	9.7	19	13.9	10	10.9	14	28.0	18	60.0
Total	**117**	**100.0**	**124**	**100.0**	**137**	**100.0**	**92**	**100.0**	**50**	**100.0**	**30**	**100.0**
Satisfaction with amount of supervision received												
Quite dissatisfied	30	21.3	27	19.0	28	19.2	17	15.2	20	25.3	14	30.4
Indifferent / mildly dissatisfied	30	21.3	17	12.0	29	19.9	16	14.3	19	24.1	13	28.3
Mostly satisfied	46	32.6	42	29.6	50	34.2	45	40.2	21	26.6	10	21.7
Very satisfied	35	24.8	56	39.4	39	26.7	34	30.4	19	24.1	9	19.6
Total	**141**	**100.0**	**142**	**100.0**	**146**	**100.0**	**112**	**100.0**	**79**	**100.0**	**46**	**100.0**
Quality of supervision received												
Poor	18	14.6	9	7.3	25	17.6	10	10.0	11	18.3	12	37.5
Fair	22	17.9	11	8.9	30	21.1	16	16.0	11	18.3	9	28.1
Good	43	35.0	33	26.6	51	35.9	48	48.0	22	36.7	7	21.9
Excellent	40	32.5	71	57.3	36	25.4	26	26.0	16	26.7	4	12.5
Total	**123**	**100.0**	**124**	**100.0**	**142**	**100.0**	**100**	**100.0**	**60**	**100.0**	**32**	**100.0**

1. Internal clinical supervision 2. External clinical supervision 3. Line management 4. Peer supervision 5. Mentoring / coaching 6. Cultural supervision

Table 16. Perceptions of support

Do you feel supported to undertake your role?	N	%
Yes	177	85.1
No	31	14.9
Total	**208**	**100.0**
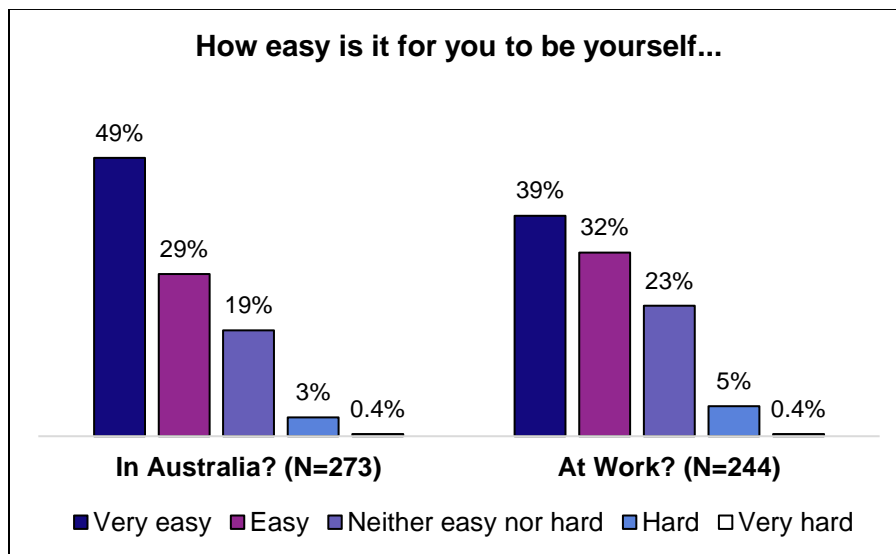
Figure 7. Perceived ease of "being yourself"

Table 17. Perceived likelihood of respondents losing their job in the next 12 months for a reason beyond their control

Chance of losing job	N	%
Almost certain	3	1.4
A high chance	9	4.3
A medium chance	41	19.7
A low chance	55	26.4
Almost no chance	67	32.2
Don't know	33	15.9
Total	**208**	**100.0**

Worker wellbeing

Health

Overview

Most respondents perceived their health to be "good", "very good", or "excellent" (81%) (Figure 8). Approximately half to two-thirds reported that they regularly engaged in behaviours to optimise health and wellbeing such as taking work breaks, eating well, sleeping enough, socialising, engaging in non-work interests and asking for help when needed (Table 18, Table 19). However, taking sick leave when needed, limiting screen time, and taking "time out" were somewhat less frequently reported (Table 18, Table 19).

The drugs most commonly used were alcohol, tobacco, sedatives, and prescription drugs (**Table 20**). With the exception of alcohol, the majority of participants reported never using drugs. However, rates of daily tobacco use were a third higher than the national average (12%)[24] at 16%, and almost a quarter (24%) reported drinking at risky levels 1-4 times per week. In the past three months, 8% reported using cannabis at least once. Prescription drug use in the past 3 months (including pain medication, heroin and opioids) was reported by 15% of respondents. Few respondents reported that a friend, relative, or someone else had expressed concern about their substance use; where this had occurred, it was typically for tobacco (25%) or alcohol (13%) (Table 21).
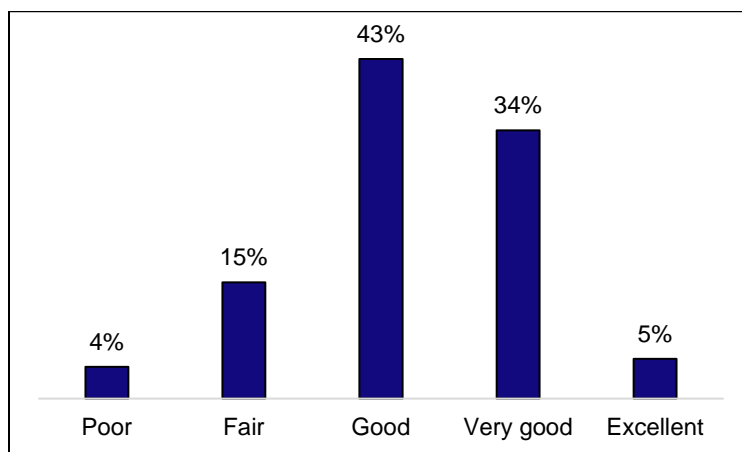
Figure 8. Self-assessed health status (N=199)

Table 18. Health behaviours

| | How often do you... | | | | | | | | | | | |
| | Breaks[1] | | Stretching[2] | | Sick leave[3] | | Diet[4] | | Exercice[5] | | Sleep[6] | |
	N	%	N	%	N	%	N	%	N	%	N	%
Never	5	2.4	13	6.3	8	3.9	6	2.9	13	6.3	4	1.9
Rarely	38	18.4	41	19.8	51	24.6	18	8.7	54	26.1	27	13.0
Sometimes	64	30.9	71	34.3	83	40.1	61	29.5	51	24.6	60	29.0
Often	78	37.7	68	32.9	50	24.2	91	44.0	56	27.1	101	48.8
Always	22	10.6	14	6.8	15	7.2	31	15.0	33	15.9	15	7.2
Total	**207**	**100.0**	**207**	**100.0**	**207**	**100.0**	**207**	**100.0**	**207**	**100.0**	**207**	**100.0**

Table 19. Health behaviours (continued)

| | Screen time[7] | | Recharging[8] | | Socialising[9] | | Hobbies[10] | | Ask for help[11] | |
	N	%	N	%	N	%	N	%	N	%
Never	15	7.2	4	1.9	0	0.0	0	0.0	4	1.9
Rarely	53	25.6	57	27.5	10	4.8	15	7.2	29	14.0
Sometimes	64	30.9	98	47.3	56	27.1	57	27.5	72	34.8
Often	62	30.0	37	17.9	98	47.3	101	48.8	78	37.7
Always	13	6.3	11	5.3	43	20.8	34	16.4	24	11.6
Total	**207**	**100.0**	**207**	**100.0**	**207**	**100.0**	**207**	**100.0**	**207**	**100.0**

1. Take breaks during the work day (e.g., for lunch, between appointments)
2. Intentionally interrupt sitting at work (e.g., taking a walk, stretching, alternating standing/sitting)
3. Take time off when sick
4. Eat recommended servings of fruit and vegetables (The minimum recommended number of serves of fruit per day is 2 for adults. The minimum recommended number of serves of vegetables per day is 5 for women and men aged 70 years and over; 5½ for men aged 12-18 and 51-70; and 6 for men aged 19-50).
5. Do 30 minutes or more of walking or moderate or vigorous activity at least 5 times a week
6. Get a good night's sleep
7. Consciously limit screen time (i.e., using electronic devices, watching television)
8. Take time out (e.g., taking a trip)
9. Spend time with people you care about
10. Engage in interests unrelated to work
11. Ask for help when you need it

Table 20. Frequency of AOD use

	In the past 3 months, how often have you used the following substances? N (%)				
	N	Never	Once or twice	1-4 times / week	Daily / almost daily
Tobacco	206	149 (72.3)	6 (2.9)	18 (8.7)	33 (16.0)
Alcohol	207	73 (35.3)	32 (15.5)	90 (43.5)	12 (5.8)
Alcohol - risky drinking levels[1]	207	115 (55.6)	43 (20.8)	49 (23.7)	0 (0.0)
Cannabis	207	190 (91.8)	7 (3.4)	9 (4.3)	1 (0.5)
Cocaine	207	200 (96.6)	5 (2.4)	2 (1.0)	0 (0.0)
ATS	207	202 (97.6)	5 (2.4)	0 (0.0)	0 (0.0)
Sedatives	206	185 (89.8)	12 (5.8)	6 (2.9)	3 (1.5)
Prescription pain medication or heroin or opioids	206	175 (85.0)	13 (6.3)	14 (6.8)	4 (1.9)
Other	206	197 (95.6)	8 (3.9)	1 (0.5)	0 (0.0)

[1] 5 (male) / 4 (female) or more drinks on one occasion

Table 21. Severity of AOD use

	Has a friend or relative or anyone else ever expressed concern about your use of these substances? N (%)				
	N	N/A	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Tobacco	206	114 (55.3)	40 (19.4)	31 (15.0)	21 (10.2)
Alcohol	206	61 (29.6)	119 (57.8)	4 (1.9)	22 (10.7)
Cannabis	206	144 (69.9)	47 (22.8)	2 (1.0)	13 (6.3)
Cocaine	206	157 (76.2)	45 (21.8)	0 (0.0)	4 (1.9)
ATS	204	155 (76.0)	41 (20.1)	0 (0.0)	8 (3.9)
Sedatives	206	150 (72.8)	47 (22.8)	0 (0.0)	9 (4.4)
Prescription pain medication or heroin or opioids	207	146 (70.5)	49 (23.7)	3 (1.4)	9 (4.3)
Other	204	146 (71.6)	48 (23.5)	0 (0.0)	10 (4.9)

Wellbeing

Individual wellbeing

In general, most respondents reported high levels of wellbeing. Quality of life was reported to be "good" or "very good" by 80% of respondents (**Table 22**). Normal to high levels of resilience were apparent in 88% of respondents (Table 23), and burnout was very uncommon (2%) (Table 24). Most respondents reported that they frequently (i.e., more than weekly) felt a sense of vigour, dedication, and absorption – all indicators of engagement – about their work (88%) (Table 25). Approximately half (49%) were optimistic that their work could make a meaningful difference to

clients, with half (50%) "neither agreeing nor disagreeing" that their work could make a difference and 1% disagreeing (Table 26).

However, half (50%) had thought about leaving their job, with almost a third (30%) planning to look for a new job over the next 12 months and a fifth (20%) planning to look for a new job outside the AOD field (**Table 27**).

Organisational factors

Most respondents were satisfied with their job, and were positive about the potential for growth and staff cohesion within their workplace (Table 28). However, most were less positive about staff levels, communication, and workplace autonomy, and almost a third (32%) perceived their work to be stressful (Table 28). Similarly, although respondents' jobs were not typically perceived as overly emotionally demanding, high levels of cognitive demands were reported by almost half the respondents (48%) (**Table 29**).

Workloads were also perceived to be too high by approximately 20-40% of respondents (**Figure 9**). Nevertheless, work / life balance was generally viewed positively (Table 30, Figure 10), although half (52%) worked 1-10 hours more per week than contracted (**Table 31**).

Respondents reported high levels of support from supervisors (54%), co-workers (71%), and family / friends (89%) (Figure 11). Although a large proportion of respondents perceived leadership quality in their organisation to be high (43%), approximately a third perceived it to be low (29%) (Table 32). Most were satisfied with the level of feedback they received on their performance (Figure 12), clearly understood what their role involved (Table 33), and believed they had the skills necessary to work effectively (Table 34).

Although discrimination and harassment were uncommon, 9% of respondents reported experiencing bullying / intimidation regularly (Figure 13).

Table 22. Quality of life (QOL)

	N	%
Very poor / poor	9	4.4
Neither good nor poor	32	15.8
Good / very good	162	79.8
Total	**203**	**100.0**

Table 23. Resilience (BRS)

	N	%
Low	27	11.9
Normal	174	77.0
High	25	11.1
Total	**226**	**100.0**

Table 24. Burnout (SMBM)

	Physical Fatigue		Emotional Exhaustion		Cognitive Weariness		Total	
	N	%	N	%	N	%	N	%
Not burned out	183	92.0	197	96.6	200	99.5	193	98.5
Burned out	16	8.0	7	3.4	1	0.5	3	1.5
Total	**199**	**100.0**	**204**	**100.0**	**201**	**100.0**	**196**	**100.0**

Table 25. Work engagement (UWES)

	Vigour		Dedication		Absorption		Total	
	N	%	N	%	N	%	N	%
A few times a year or less (including never)	0	0.0	1	0.5	0	0.0	0	0.0
Once or a few times a month	32	15.8	13	6.4	37	18.4	23	11.8
Once or a few times a week	154	76.2	148	73.3	157	78.1	163	83.6
Every day	16	7.9	40	19.8	7	3.5	9	4.6
Total	**202**	**100.0**	**202**	**100.0**	**201**	**100.0**	**195**	**100.0**

Table 26. Therapeutic optimism (TOS)

Response options[1]	N	%
Disagree	2	0.9
Neither agree nor disagree	110	50.2
Agree	107	48.9
Total	**219**	**100.0**

1. Extent to which participants agree with scale items assessing therapeutic optimism (e.g. "clinicians have the capacity to positively influence outcomes for people with AOD disorders"). For all items see Q38 of the survey (Appendix A).

Table 27. Turnover intentions (TIS)

	I have thought about leaving my job		I plan to look for a new job over the next 12 months		I intend to search for a new job within the AOD field but outside my current organisation		I intend to search for a new job outside the AOD field	
	N	%	N	%	N	%	N	%
Strongly disagree	34	16.4	45	21.7	54	26.2	53	26.0
Disagree	45	21.7	48	23.2	53	25.7	49	24.0
Neither agree nor disagree	25	12.1	52	25.1	61	29.6	61	29.9
Agree	75	36.2	41	19.8	30	14.6	34	16.7
Strongly agree	28	13.5	21	10.1	8	3.9	7	3.4
Total	**207**	**100.0**	**207**	**100.0**	206	100.0	**204**	**100.0**

Table 28. Characteristics of respondents' workplace (ORC)

Response options[1]	Staffing		Growth		Communication		Stress		Satisfaction		Cohesion		Autonomy	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Disagree	24	11.1	7	3.2	53	25.5	48	22.4	2	1.0	19	8.8	34	15.7
Neither agree nor disagree	110	50.7	58	26.1	63	30.3	98	45.8	44	21.8	60	27.9	79	36.4
Agree	83	38.2	157	70.7	92	44.2	68	31.8	156	77.2	136	63.3	104	47.9
Total	**217**	**100.0**	**222**	**100.0**	**208**	**100.0**	**208**	**100.0**	**202**	**100.0**	**215**	**100.0**	**217**	**100.0**

1. Extent to which participants agree with scale items assessing the relevant construct (i.e. staffing / growth / communication / stress / satisfaction / cohesion / autonomy). For all items see Qs 40, 41, 42, 43, 44, 58 of the survey (Appendix A).

Table 29. Job demands (COPSOQ)

	Cognitive Demands		Emotional Demands	
	N	%	N	%
Low	10	4.5	99	42.3
Average	105	47.1	113	48.3
High	108	48.4	22	9.4
Total	**223**	**100.0**	**234**	**100.0**
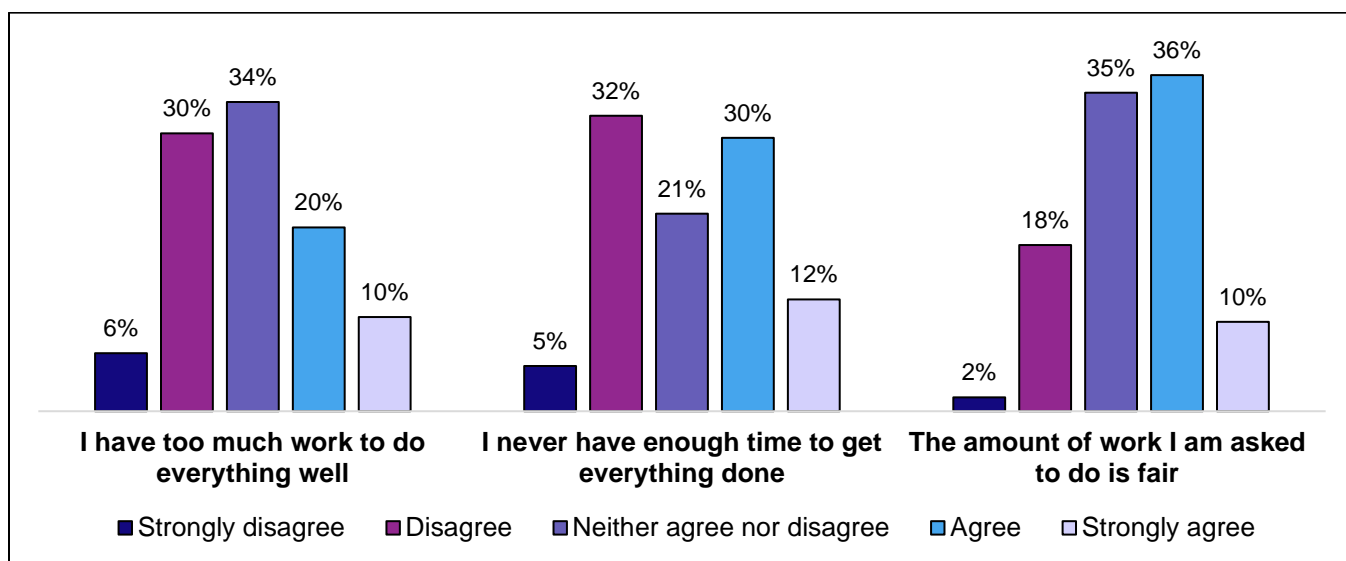
Figure 9. Workload (N=206)

Table 30. Satisfaction with work / life balance

Satisfaction with work-life balance	N	%
Very dissatisfied	7	3.4
Dissatisfied	29	14.0
Neither dissatisfied nor satisfied	50	24.2
Satisfied	86	41.5
Very satisfied	35	16.9
Total	**207**	**100.0**

Table 31. Work / life balance

	Hours per week spent on…													
	Work additional hours (current organisation)		Other paid employment (AOD related)		Other paid employment (non-AOD related)		Voluntary work (AOD related)		Voluntary work (non-AOD related)		Social / recreational / cultural activities		Family time	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Nil / NA	94	46.3	174	91.1	169	90.4	169	89.4	155	82.4	28	14.1	23	11.4
1-10 hrs	105	51.7	11	5.8	12	6.4	17	9.0	28	14.9	119	59.8	58	28.7
11-20 hrs	3	1.5	1	0.5	5	2.7	2	1.1	5	2.7	44	22.1	55	27.2
21-30 hrs	0	0.0	2	1.0	0	0.0	1	0.5	0	0.0	4	2.0	29	14.4
31-40 hrs	1	0.5	2	1.0	1	0.5	0	0.0	0	0.0	2	1.0	15	7.4
41-50 hrs	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.5	7	3.5
51-60 hrs	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	2.5
61+ hrs	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0	1	0.5	10	5.0
Total	**203**	**100.0**	**191**	**100.0**	**187**	**100.0**	**189**	**100.0**	**188**	**100.0**	**199**	**100.0**	**202**	**100.0**
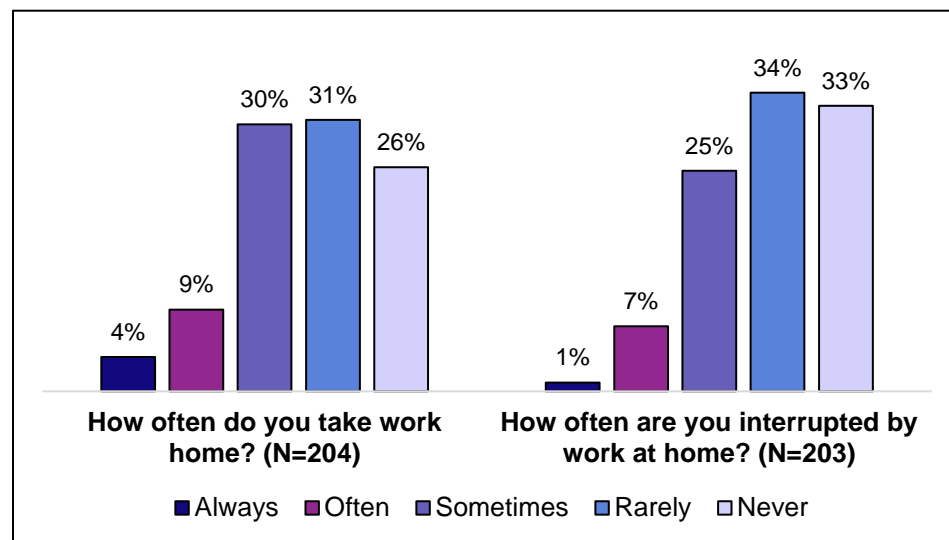
Figure 10. Work / life balance
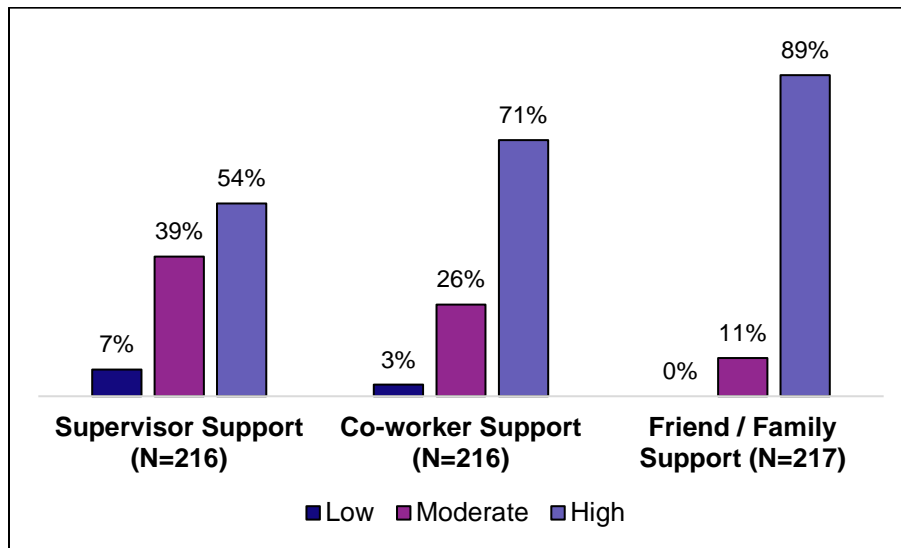
Figure 11. Social support

Table 32. Leadership quality (COPSOQ)

	Quality of leadership	
	N	**%**
Low	63	29.0
Average	60	27.6
High	94	43.3
Total	**217**	**100.0**
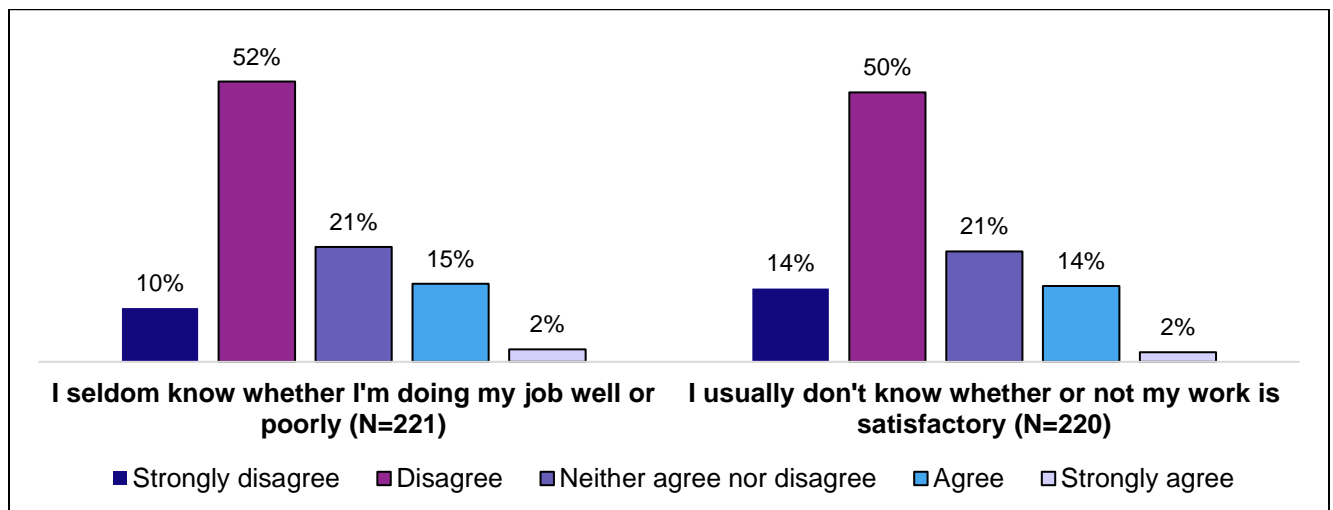
Figure 12. Job feedback (KPS)

Table 33. Role ambiguity (RAS)

	Most of the time I know what I have to do in my job		In my job I know exactly what is expected of me	
	N	%	N	%
Strongly disagree	0	0.0	0	0.0
Disagree	5	2.3	16	7.2
Neither agree nor disagree	14	6.3	31	14.0
Agree	149	67.4	128	57.9
Strongly agree	53	24.0	46	20.8
Total	**221**	**100.0**	**221**	**100.0**

Table 34. Occupational self-efficacy

I am confident that I have the necessary skills and knowledge to do my job effectively	N	%
Strongly disagree	3	1.3
Disagree	3	1.3
Neither agree nor disagree	11	4.9
Agree	125	55.6
Strongly agree	83	36.9
Total	**225**	**100.0**
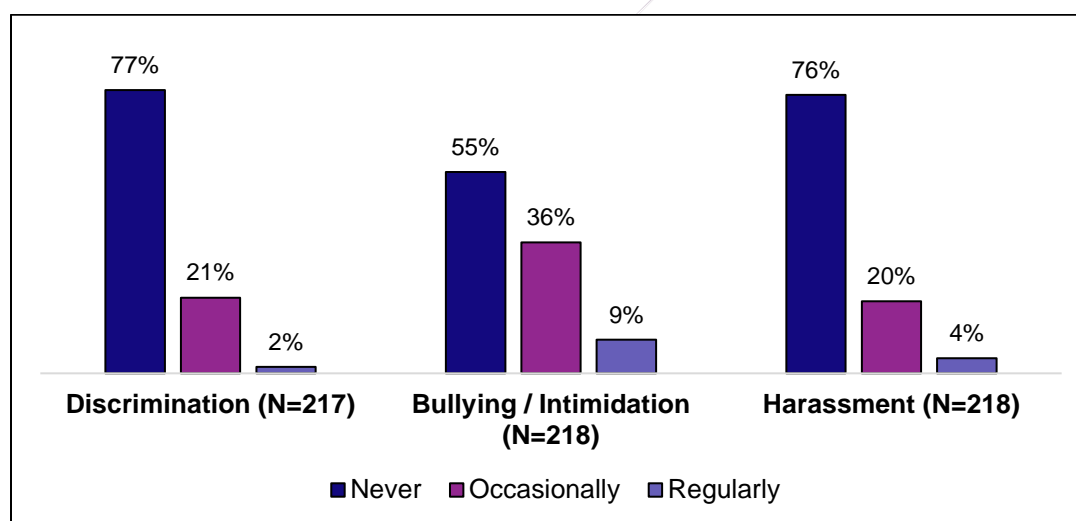
Figure 13. Negative workplace experiences

Table 35. Summary of scores on validated wellbeing scales (Please refer to Appendix C for information on scoring and interpretation)

Scale / subscale		N	Mean	SD	Median	Mode
BJSQ	Supervisor support	216	8.6	2.3	9.0	9.0
	Co-worker support	216	9.4	2.1	9.0	9.0
	Friend/family support	217	10.6	1.7	12.0	12.0
BRS		226	3.7	0.6	3.8	4.0
COPSOQ	Quality leadership	217	62.5	26.6	68.8	75.0
	Cognitive demand	223	73.3	14.7	72.2	72.2
	Emotional demand	234	49.3	17.1	50.0	50.0
ORC	Staffing	217	31.9	5.9	31.7	36.7
	Growth	222	38.2	6.9	38.0	40.0
	Communication	208	31.5	8.7	34.0	36.0
	Stress	214	31.3	7.6	32.0	30.0
	Satisfaction	202	39.6	6.9	40.0	40.0
	Cohesion	215	35.8	7.9	36.7	36.7
	Autonomy	217	33.2	8.2	34.0	38.0
SMBM	Physical fatigue	199	3.5	1.3	3.5	4.0
	Emotional exhaustion	204	2.9	1.3	3.0	2.0
	Cognitive weariness	201	2.5	1.1	2.4	2.0
	Total	196	3.0	1.1	3.0	4.0
UWES	Vigour	202	4.3	0.8	4.3	5.0
	Dedication	202	4.8	0.9	5.0	5.0
	Absorption	201	4.0	0.8	4.0	4.0
	Total	195	4.3	0.7	4.4	4.0[a]
QOL		203	3.9	0.7	4.0	4.0
TOS		219	34.4	3.5	34.0	34.0
KPS		220	7.1	1.7	8.0	8.0
RAS		221	3.9	1.3	4.0	4.0
WS		206	8.7	2.8	9.0	6.0
TIS		204	2.7	1.1	2.9	1.0

Notes: [a] Multiple modes exist. The smallest value is shown.

BJSQ=Brief Job Stress Questionnaire	QOL= Quality of Life
BRS=Brief Resilience Scale	TOS=Therapeutic Optimism Scale
COPSOQ= Copenhagen Psychosocial Questionnaire	KPS=Knowledge of Performance Scale
ORC=Organisational Readiness to Change	RAS=Role Ambiguity Scale
SMBM=Shirom-Melamed Burnout Measure	WS=Workload Scale
UWES=Utrecht Work Engagement Scale	TIS=Turnover Intention Scale

Discussion

The NGO AOD workforce

This survey was developed and co-designed with NADA and Matua Raki to assess a range of features related to the AOD workforce in the NGO sector in NSW.

The survey sample possessed characteristics that were broadly consistent with those reported by previous studies of the NSW NGO AOD workforce. Surveys conducted by NADA in 2008 and 2013[23, 25] found a middle-aged, predominantly female workforce; results that were mirrored in the present study. However, a noteworthy difference between the samples was the lower proportion of workers in the current study who reported feeling satisfied or very satisfied working in the NGO AOD sector, compared to the 2013 survey (66% vs 80%).

Results of this study highlighted the diverse nature of the NGO AOD workforce in NSW. Almost a quarter of workers were born overseas, and 15% identified as LGBTI. Furthermore, the number of workers with lived experience of AOD use appears to be much higher than the prevalence of specific lived experience positions would suggest. More than 40% of respondents indicated that they had lived experience, compared to just 12% who were employed in a lived experience role. These data suggest that increased funding for lived-experience roles may be warranted.

A concerning finding was the low prevalence of supervision opportunities; less than half of respondents reported that they had access to internal / external clinical supervision, line management, or peer supervision. Rates of mentoring / coaching were even lower. This is highlighted as an area for remediation given the relatively large proportion of respondents who had limited experience in the AOD sector, and / or did not have an AOD-specific qualification. Previous research has emphasised the importance of clinical supervision and mentoring as workforce development strategies[26, 27], especially for workers with less experience. It is also imperative that supervision and mentoring opportunities are extended to managers as well as frontline workers. Other professional development opportunities (e.g. training courses, continuing education) are also important components to be offered in conjunction with supervision.

Although respondents were relatively positive about their job, concerns about adequate remuneration and job security were apparent. More than half of respondents felt that they could not live comfortably on their pay, and that they were not paid enough for the work that they did. Given that the majority earnt $50,001 - $70,000 – considerably less than the average Australian

annual salary of approximately $81,600[1] – this dissatisfaction is not surprising. Compounding this, a quarter believed that there was at least a medium chance that they would lose their job in the next year for a reason beyond their control. Addressing job insecurity is flagged as an issue of pivotal concern for the stability of the AOD sector.

Health and wellbeing

Health and wellbeing among the NGO AOD workforce in NSW were generally reported to be positive. Most respondents perceived their own health to be good, and reported that they had not used drugs in the past three months (excepting alcohol). Substantial proportions reported regularly undertaking activities to optimise their health and wellbeing. These positive results notwithstanding, the comparatively high levels of tobacco use, risky alcohol consumption and pharmaceutical drug use are a cause for concern. The rates of smoking and risky drinking reported in the current study are particularly noteworthy given the demographic composition of the workforce - i.e., largely middle-aged women who do not traditionally have the highest rates of substance use[24]. The current data do not allow for inferences to be made regarding the factors which may underlie these results. Future research could explore whether, for example, job stressors or pre-existing personal characteristics may play a role. In the meantime, organisations are encouraged to implement programs / initiatives to support workers to reduce or cease their consumption.

Most respondents also reported positive quality of life and moderate-high levels of resilience, engagement, job satisfaction, and confidence, with burnout very rare. These results indicate that personal wellbeing levels among NGO AOD workers in NSW are relatively high, and broadly accord with similar conclusions in the extant literature[18]. However, caution is warranted in the interpretation of these findings. It is unclear from the present study what factors are driving the apparently high levels of wellbeing. That is, the relative influence of personality (e.g., natural levels of resilience and optimism that would manifest in any job) vs. external factors (e.g., workplace

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[1] The Australian Bureau of Statistics reports that the full-time adult average weekly salary in Australia is $1,569.60 (excluding overtime, as of November 2017) (see Article no. 6302.0). This number was multiplied by 52 to obtain the yearly estimate referred to here.

programs and initiatives) is unclear. In other words, are workers reporting high levels of wellbeing *because of* or *in spite of* their working conditions?

Certainly, the present data indicate that several aspects of working conditions are perceived positively by workers. Specifically, respondents were typically satisfied with their work / life balance, level of social support, job feedback, and job clarity. However, several other aspects of their work life and roles were perceived less positively.

A relatively large proportion of respondents felt that staffing, communication, and leadership were unsatisfactory, workloads were too high, some experienced bullying, and a substantial proportion believed their job to be stressful and cognitively demanding. As noted above, remuneration levels and job security were also issues of concern for a substantial proportion of participants. Many of these factors have previously been noted as substantial challenges facing the AOD workforce[28].

There is an apparent contradiction between the level of personal wellbeing reported by respondents and the dissatisfaction reported with some aspects of their job. More than three-quarters reported being satisfied with their job, and yet half had thought about leaving. It is feasible that workers gain considerable personal reward and fulfilment from their role, and that this acts as a "buffer" to maintain wellbeing even in the face of challenging working conditions. Those whose personalities are less resilient may also simply leave the sector; this selection effect may result in only the most robust workers remaining. Alternatively, workers may find their job rewarding yet plan to leave due to high levels of job insecurity.

Although the exact causes of this discrepancy are unknown at present, it is clear that the high rates of individual worker wellbeing apparent in this study should not be cause for complacency, or extrapolated to imply that working conditions are equally positive. Further research investigating the relationship between personal characteristics, working conditions, and worker wellbeing would assist in shedding light on this complex association.

Implications for policy and practice

Encouragingly, most of the features of the workplace with which participants reported dissatisfaction are amenable to change. These include organisational communication, leadership quality, access to supervision, workplace bullying, staffing levels, workload, stress, remuneration, and job security. Some of these are relatively straight-forward to address, while others will require more concerted effort and resources. However, all highlight opportunities for organisational

capacity building and have the potential to be improved through targeted initiatives, programs, and policies.

While there have been few studies examining worker wellbeing strategies specifically in the context of the AOD sector, research indicates that organisational initiatives to improve worker wellbeing can be effective. These include:

- Worker wellbeing policies
- Multifaceted health promotion programs
- Programs to enhance worker resilience
- Effective clinical supervision
- Ensuring that organisations are well managed
- Encouraging help-seeking behaviours in the workplace
- Programs to prevent and reduce stress and burnout
- Encouraging individual self-care approaches.

More detail about these approaches can be found in Nicholas et al.'s (2017) literature review[18].

This study also highlighted the considerable diversity of the AOD workforce. The specific health and wellbeing needs of workers are likely to vary considerably between occupation and demographic groups, and particularly between organisations. Likewise, different workplaces will have different resources, supports, and constraints in regard to implementing wellbeing programs. It is therefore advisable for organisations to conduct thorough needs-analyses for their own workforces in order to inform the implementation of future wellbeing initiatives.

The large proportion of workers who are new to their AOD roles flags the need for specific workplace supports and interventions designed to ensure that such workers are retained within the AOD sector and are protected from high levels of stress and burnout that might contribute to workforce loss.

Conclusion

The findings from this survey indicate that levels of health and wellbeing in the NSW NGO AOD workforce are generally high. However, while respondents reported positive personal wellbeing and job satisfaction, dissatisfaction was also expressed with some aspects of the working environment.

• • •

There is scope to implement policies and practices to address the workplace factors identified in this study as potentially problematic. In cases where resources or practical constraints disallow large-scale organisation-level strategies, smaller scale initiatives to address working conditions should be considered.

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Appendix A: Survey

Sample

* 1. Do you currently work in:

○ New South Wales AOD sector

○ New Zealand Addiction sector

○ Neither of the above

NSW Demographics

2. What is your age?

○ Prefer not to say

Age in years:

[   ]

3. Do you identify as:

○ Male

○ Female

○ Transgender male

○ Transgender female

○ Non-binary/indeterminate

○ Prefer to not say

4. Do you consider yourself to be:

○ Straight or heterosexual

○ Lesbian, gay, homosexual

○ Bisexual

○ Queer

○ Prefer not to say

5. Which country were you born in?

◯ Australia

◯ Other (please specify)

[   ]

6. Do you identify as Aboriginal or Torres Strait Islander?

◯ No

◯ Yes - Aboriginal

◯ Yes - Torres Strait Islander

◯ Yes - Aboriginal and Torres Strait Islander

7. Which cultural and ethnic group/s do you belong to? (Select as many as apply)

	Select from drop-down	
1	[ ]	
2	[ ]	
3	[ ]	
4	[ ]	
5	[ ]	

Other (please specify)

[   ]

8. What language/s are you comfortable speaking? (Select all that apply)

☐ English

☐ Other (please specify)

[   ]

9. What language/s do you speak in your work with clients? (Select as many as apply)

☐ English only

☐ Other (please specify)

[   ]

10. What is your living arrangement?

○ Alone

○ With partner/spouse only

○ With partner/spouse and children

○ With children only

○ With friends

○ With flatmates

○ Other (please specify)

[   ]

11. What is the annual gross (before tax) household income?

○ Less than $20,000

○ $20,001 - $30,000

○ $30,001 - $50,000

○ $50,001 - $100,000

○ $100,001 - $150,000

○ $150,001 - $200,000

○ More than $200,000

○ Don't know

○ Prefer not to say

12. How many people do you live with that are dependent on the household income? (Enter '0' if nil or N/A)

Adults: [   ]

Children: [   ]

13. Do you identify as having a disability?

○ No

○ Yes

○ Prefer not to say

14. Do you / your colleagues adjust work practices to accommodate your disability?

○ N/A

○ No

○ Unsure

○ Prefer not to say

○ Yes (please specify)

[   ]

15. Do you identify as having "lived experience"? (Lived experience = having experienced problematic AOD use for which you may or may not have sought treatment or support)

○ I do not identify as having lived experience

○ I do identify as having lived experience and I have disclosed this in the workplace

○ I do identity as having lived experience but I have NOT disclosed this in the workplace

○ Prefer not to say

16. People in Australia have different lifestyles, cultures, and beliefs that express their identity. How easy or hard is it for you to be yourself:

	Very easy	Easy	Neither easy nor hard	Hard	Very hard
In Australia?	○	○	○	○	○
At work?	○	○	○	○	○

Employment

17. In which Local Health District (LHD) region is your workplace geographically based? (Note: sorted in alphabetical order)

○ Central Coast

○ Far West

○ Hunter New England

○ Illawarra Shoalhaven

○ Mid North Coast

○ Murrumbidgee

○ Nepean Blue Mountains

○ Northern Sydney

○ South Eastern Sydney

○ Southern NSW

○ South Western Sydney

○ Sydney

○ Western NSW

○ Western Sydney

○ Unsure / don't know

18. Would you describe this area as:

○ Urban

○ Regional

○ Rural

○ Remote

19. Please indicate which service delivery type/s: (Select all that apply)

	Your organisation provides	You personally provide/work in
Psychosocial counselling	☐	☐
Case management	☐	☐
Psychosocial aftercare / continuing care program	☐	☐
Pharmacotherapy (e.g. Opioid Treatment Program)	☐	☐
Withdrawal management	☐	☐
Residential rehabilitation	☐	☐
Rehabilitation day program	☐	☐
AOD health promotion and prevention – information and education	☐	☐
AOD health promotion and prevention – community development	☐	☐
Supported living/transitional housing program	☐	☐
Other (please specify below)	☐	☐

Comments

20. Which best describes your employment contract type?

○ Permanent full time

○ Permanent part time

○ Fixed term contract full time

○ Fixed term contract part time

○ Casual

○ Other (please specify)

21. How many hours are you contracted to work per week?

22. What is your annual gross (before tax) salary range?

◯ Less than $20,000

◯ $20,001-$30,000

◯ $30,001-$40,000

◯ $40,001-$50,000

◯ $50,001-$60,000

◯ $60,001-$70,000

◯ $70,001-$80,000

◯ $80,001 - $100,000

◯ More than $100,000

◯ Prefer not to say

23. To what extent...

	Never	Sometimes	Often	Always
Do you think that your organisation pays good salaries?	◯	◯	◯	◯
Can you live comfortably on your pay?	◯	◯	◯	◯
Do you think you are paid enough for the work that you do?	◯	◯	◯	◯
Do you think that you are fairly paid in comparison with other people in your organisation?	◯	◯	◯	◯
Do you think that the pay in your organisation is lower than the remuneration paid in comparable organisations?	◯	◯	◯	◯

Role, experience and qualifications

24. Which of following best describes your current role/s?

	Primary role	Secondary role (if applicable)
Aboriginal Worker	○	○
Administration Officer / Receptionist	○	○
AOD Worker	○	○
Case Manager / Case Worker	○	○
CEO / Executive Officer	○	○
Community Development Worker	○	○
Counsellor	○	○
Doctor	○	○
Educator / Trainer	○	○
Finance / Business Officer	○	○
Health Education Officer	○	○
Manager / Team Leader	○	○
Nurse	○	○
Organisation / Service Manager	○	○
Occupational Therapist	○	○
Peer Worker	○	○
Pharmacist	○	○
Psychiatrist	○	○
Project Officer	○	○
Project Manager	○	○
Psychologist	○	○
Quality Coordinator	○	○
Research Officer	○	○
Residential Support Worker	○	○
Social Worker	○	○
Youth Worker	○	○

Other (please specify)

[   ]

25. Is your current role an identified "lived experience" position? (Note: Lived experience workers are people who are employed for their specific skill set, which includes their experience of AOD use which they draw upon purposely in their work)

○ Not applicable

○ No

○ Yes

26. What does your role involve? (Select all that apply)

☐ Direct client services

☐ Management

☐ Administration

☐ Other (please specify)

[   ]

27. Who are your primary clients? (Select all that apply) Note: This question is to help identify workers that provide specialist interventions/programs to target populations.

☐ General population / men and women

☐ Men only

☐ Women only

☐ Parents with dependent children

☐ Children

☐ Young people

☐ Family members / carers

☐ Clients identifying as Aboriginal and / or Torres Strait Islander

☐ Clients from culturally and linguistically diverse backgrounds

☐ Clients that identify as lesbian, gay, bisexual, transgender, intersex, queer

☐ Clients connected with the criminal justice system

☐ Clients with coexisting mental health issues

☐ Other (please specify)

[   ]

28. Approximately how much of your work is:

	None	Some	About half	Most	All
Face-to-face with clients	○	○	○	○	○
Paperwork / administration	○	○	○	○	○
Working across services / liaising and networking	○	○	○	○	○
Training and education	○	○	○	○	○
Research / quality / evaluation	○	○	○	○	○
Other	○	○	○	○	○

Other (please specify)

[   ]

29. Please indicate how often each of the following applies to you:

	Never / hardly ever	Seldom	Sometimes	Often	Always
Do you have to keep your eyes on lots of things while you work?	○	○	○	○	○
Does your work require that you remember a lot of things?	○	○	○	○	○
Does your work demand that you are good at coming up with new ideas?	○	○	○	○	○
Does your work require you to make quick decisions?	○	○	○	○	○
Does your work require you to make difficult decisions?	○	○	○	○	○
Do you have to make decisions of great importance to your place of work?	○	○	○	○	○
Do you have a responsible job?	○	○	○	○	○
Does your work require a wide knowledge?	○	○	○	○	○
How often do you have to deal with difficult problems in your work?	○	○	○	○	○

30. Please indicate how often each of the following applies to you:

	Never / hardly ever	Seldom	Sometimes	Often	Always
Does your work put you in emotionally disturbing situations?	○	○	○	○	○
Is your work emotionally demanding?	○	○	○	○	○
Do you get emotionally involved in your work?	○	○	○	○	○
Does your work require that you get personally involved?	○	○	○	○	○

31. How many years have you been working in:

Your current position: [   ]

Your current organisation: [   ]

The AOD sector: [   ]

The workforce in total: [   ]

32. What is the highest qualification that you have attained that is AOD / addiction related?

○ Nil

○ Accredited short course

○ Certificate (I-IV)

○ Diploma

○ Advanced Diploma

○ Undergraduate Degree

○ Graduate Certificate

○ Graduate Diploma

○ Masters Degree

○ PhD/Doctoral Degree

○ Other

Please specify the name of the qualification:

[   ]

33. What is the highest qualification that you have attained that is not AOD / addiction related?

○ Nil

○ Up to and including Year 10/School Certificate

○ Year 12 or equivalent College Certificate

○ Certificate (I-IV)

○ Diploma

○ Advanced Diploma

○ Undergraduate Degree

○ Graduate Certificate

○ Graduate Diploma

○ Masters Degree

○ PhD/Doctoral Degree

○ Other

Please specify the name of the qualification:

[   ]

34. Which professional bodies do you have practitioner registration or affiliation with? (Select all that apply)

☐ No professional registration or affiliation

☐ Aboriginal and Torres Strait Islander Health Practice Board of Australia

☐ Australian Association of Social Workers

☐ Australian Community Workers Association

☐ Australian Counsellors Association

☐ Australian Psychological Society

☐ Case Management Society of Australia & New Zealand

☐ Drug and Alcohol Nurses of Australasia

☐ Other (please specify)

☐ Medical Board of Australia

☐ Nursing & Midwifery Board of Australia

☐ Pharmacy Board of Australia

☐ Psychology Board of Australia

☐ Royal Australian & New Zealand College of Psychiatrists

☐ Royal College of Physicians

☐ Don't know

[   ]

Worker Attributes

35. I am confident that I have the necessary skills and knowledge to do my job effectively.

○ Strongly disagree   ○ Disagree   ○ Neither agree nor disagree   ○ Agree   ○ Strongly agree

36. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages and supports professional growth	○	○	○	○	○
You read about new ideas and techniques related to your duties each month	○	○	○	○	○
You have enough opportunities to keep your professional skills up-to-date	○	○	○	○	○
You regularly read professional articles or books related to your job	○	○	○	○	○
You do a good job of routinely updating and improving your skills	○	○	○	○	○

37. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times	○	○	○	○	○
I have a hard time making it through stressful events	○	○	○	○	○
It does not take me long to recover from a stressful event	○	○	○	○	○
It is hard for me to snap back when something bad happens	○	○	○	○	○
I usually come through difficult times with little trouble	○	○	○	○	○
I tend to take a long time to get over set-backs in my life	○	○	○	○	○

38. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
Clinicians have the capacity to positively influence outcomes for people with AOD/addiction disorders	○	○	○	○	○	○
There is little that can be done to help many people with AOD/addiction disorders	○	○	○	○	○	○
My contribution to positive outcomes is insignificant in comparison to other treatments, for example, medications	○	○	○	○	○	○
I can make a positive difference to outcomes for most people with AOD/addiction disorders	○	○	○	○	○	○
Positive outcomes are directly related to the quality of clinician skills and knowledge	○	○	○	○	○	○
There are always new skills and knowledge I can acquire to improve my work	○	○	○	○	○	○
The outcome of AOD/addiction disorders is not significantly affected by clinician interventions	○	○	○	○	○	○
With my assistance most people with AOD/addiction disorders will recover	○	○	○	○	○	○
Often there is little I can do to help people with their AOD/addiction disorders	○	○	○	○	○	○
Even the most challenging clients can benefit from my intervention	○	○	○	○	○	○

Organisational factors

39. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Most of the time I know what I have to do in my job	○	○	○	○	○
In my job I know exactly what is expected of me	○	○	○	○	○
I seldom know whether I'm doing my job well or poorly	○	○	○	○	○
I usually don't know whether or not my work is satisfactory	○	○	○	○	○

• • •

40. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Staff here have the skills they need to do their jobs	○	○	○	○	○
More support staff are needed for getting tasks completed	○	○	○	○	○
Frequent staff turnover here is a problem	○	○	○	○	○
Staff here usually have enough time to complete assigned duties	○	○	○	○	○
There are enough staff here to meet organisational needs	○	○	○	○	○
Staff here are qualified for their duties	○	○	○	○	○

41. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Ideas or suggestions from staff get a fair hearing from management	○	○	○	○	○
The formal and informal communication channels here work fine	○	○	○	○	○
The staff here are kept well informed by management	○	○	○	○	○
More open discussions about issues would be helpful	○	○	○	○	○
Staff members here always feel free to ask questions and express their concerns	○	○	○	○	○

42. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
You have too many pressures to do your job effectively	○	○	○	○	○
The staff here often shows signs of stress and strain	○	○	○	○	○
You feel a lot of stress here	○	○	○	○	○
The heavy workload reduces staff effectiveness	○	○	○	○	○
Staff frustration is common here	○	○	○	○	○

43. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Staff here all get along very well	○	○	○	○	○
There is too much friction among staff members	○	○	○	○	○
The staff here work together effectively as a team	○	○	○	○	○
Staff here are always quick to help one another when needed	○	○	○	○	○
Mutual trust and cooperation among staff here are strong	○	○	○	○	○
Some staff members do not do their fair share of work	○	○	○	○	○

44. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Too many staff decisions have to be reviewed by someone else	○	○	○	○	○
Management here fully trust your professional judgement	○	○	○	○	○
Staff members are given broad authority in carrying our their duties	○	○	○	○	○
Staff here are free to try out different ideas or techniques	○	○	○	○	○
There are too many rules and limitations here	○	○	○	○	○

45. Have you experienced any of the following in the workplace?

	Never	Occassionally	Regularly
Discrimination	○	○	○
Bullying / intimidation	○	○	○
Harassment	○	○	○

46. To what extent would you say that your line manager….

	To a very small extent	To a small extent	Somewhat	To a large extent	To a very large extent
Appreciates the staff and shows consideration for the individual?	○	○	○	○	○
Makes sure that the individual member of staff has good development opportunities?	○	○	○	○	○
Gives high priority to further training and personnel planning?	○	○	○	○	○
Gives high priority to job satisfaction?	○	○	○	○	○
Is good at work planning?	○	○	○	○	○
Is good at allocating work?	○	○	○	○	○
Is good at solving conflicts?	○	○	○	○	○
Is good at communicating with the staff?	○	○	○	○	○

Supports and Supervision

47. How freely can you talk with the following people?

	Extremely	Very much	Somewhat	Not at all
Superiors, managers, team leaders, etc.	○	○	○	○
Co-workers	○	○	○	○
Spouse, family, friends, etc.	○	○	○	○

48. How well will the following people listen to you when you ask for advice on personal matters?

	Extremely	Very much	Somewhat	Not at all
Superiors, managers, team leaders, etc.	○	○	○	○
Co-workers	○	○	○	○
Spouse, family, friends, etc.	○	○	○	○

49. How reliable are the following people when you are troubled?

	Extremely	Very much	Somewhat	Not at all
Superiors, managers, team leaders, etc.	○	○	○	○
Co-workers	○	○	○	○
Spouse, family, friends, etc.	○	○	○	○

50. What practices / initiatives are provided by your employer to support your work? (Select all that apply)

☐ Recognition of additional time worked (e.g. TIL, overtime)

☐ Flexible work practices (e.g. start/end times, work from home, unpaid leave)

☐ Annual salary increments (not related to performance)

☐ Laptop/mobile/vehicle use

☐ Employee assistance program (access to support when needed)

☐ Support for professional development (e.g. study leave, fees paid, conferences etc)

☐ Long service leave (or other recognition of service)

☐ None

☐ I don't know

☐ Other (please specify)

[   ]

51. Which of these supervision opportunities do you have access to? (Select all that apply)

☐ Internal clinical supervision

☐ External clinical supervision

☐ Line management

☐ Peer supervision

☐ Mentoring / coaching

☐ Cultural supervision

☐ Not applicable

52. How frequently do you access the following supervision opportunities?

	Fortnightly or more	Once a month	Once every 3 months	Once every 6 months	Once a year or less	N/A
Internal clinical supervision	○	○	○	○	○	○
External clinical supervision	○	○	○	○	○	○
Line management	○	○	○	○	○	○
Peer supervision	○	○	○	○	○	○
Mentoring / coaching	○	○	○	○	○	○
Cultural supervision	○	○	○	○	○	○

53. How satisfied are you with the amount of supervision you have received?

	Quite dissatisfied	Indifferent or mildly dissastisfied	Mostly satisfied	Very satisfied	N/A
Internal clinical supervision	○	○	○	○	○
External clinical supervision	○	○	○	○	○
Line management	○	○	○	○	○
Peer supervision	○	○	○	○	○
Mentoring / coaching	○	○	○	○	○
Cultural supervision	○	○	○	○	○

54. How would you rate the quality of supervision you have received?

	Poor	Fair	Good	Excellent	N/A
Internal clinical supervision	○	○	○	○	○
External clinical supervision	○	○	○	○	○
Line management	○	○	○	○	○
Peer supervision	○	○	○	○	○
Mentoring / coaching	○	○	○	○	○
Cultural supervision	○	○	○	○	○

How you feel at work

55. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have too much work to do everything well	○	○	○	○	○
I never seem to have enough time to get everything done	○	○	○	○	○
The amount of work I am asked to do is fair	○	○	○	○	○

56. The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you <u>ever</u> feel this way about your job.

	Never	Almost never (a few times a year or less)	Rarely (once a month or less)	Sometimes (a few times a month)	Often (once a week)	Very often (a few times a week)	Always (every day)
At my work, I feel bursting with energy	○	○	○	○	○	○	○
I find the work that I do full of meaning and purpose	○	○	○	○	○	○	○
Time flies when I'm working	○	○	○	○	○	○	○
At my job, I feel strong and vigorous	○	○	○	○	○	○	○
I am enthusiastic about my job	○	○	○	○	○	○	○
When I am working, I forget everything else around me	○	○	○	○	○	○	○
My job inspires me	○	○	○	○	○	○	○
When I get up in the morning, I feel like going to work	○	○	○	○	○	○	○
I feel happy when I am working intensely	○	○	○	○	○	○	○
I am proud of the work that I do	○	○	○	○	○	○	○
I am immersed in my work	○	○	○	○	○	○	○
I can continue working for very long periods at a time	○	○	○	○	○	○	○
To me, my job is challenging	○	○	○	○	○	○	○
I get carried away when I'm working	○	○	○	○	○	○	○
At my job, I am very resilient, mentally	○	○	○	○	○	○	○
It is difficult to detach myself from my job	○	○	○	○	○	○	○
At my work I always persevere, even when things do not go well	○	○	○	○	○	○	○

57. Below are a number of statements that describe different feelings that you may feel at work. Please indicate how often, **in the past 30 workdays**, you have felt each of the following feelings:

	Never or almost never	Very infrequently	Quite infrequently	Sometimes	Quite frequently	Very frequently	Always or almost always
I feel tired	○	○	○	○	○	○	○
I have no energy for going to work in the morning	○	○	○	○	○	○	○
I feel physically drained	○	○	○	○	○	○	○
I feel fed up	○	○	○	○	○	○	○
I feel like my "batteries" are "dead"	○	○	○	○	○	○	○
I feel burned out	○	○	○	○	○	○	○
My thinking process is slow	○	○	○	○	○	○	○
I have difficulty concentrating	○	○	○	○	○	○	○
I feel I'm not thinking clearly	○	○	○	○	○	○	○
I feel I'm not focused in my thinking	○	○	○	○	○	○	○
I have difficulty thinking about complex things	○	○	○	○	○	○	○
I feel I am unable to be sensitive to the needs of coworkers and clients	○	○	○	○	○	○	○
I feel I am not capable of investing emotionally in coworkers and clients	○	○	○	○	○	○	○
I feel I am not capable of being sympathetic to co-workers and clients	○	○	○	○	○	○	○

58. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
You are satisfied with your present job	○	○	○	○	○
You would like to find a job somewhere else	○	○	○	○	○
You feel appreciated for the job you do	○	○	○	○	○
You like the people you work with	○	○	○	○	○
You give high value to the work you do here	○	○	○	○	○
You are proud to tell others where you work	○	○	○	○	○

59. How satisfied are you working in the non government AOD sector?

Very unsatisfied	Unsatisfied	Somewhat satisfied	Satisfied	Very satisfied
○	○	○	○	○

Comments:

60. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have thought about leaving my job	○	○	○	○	○
I plan to look for a new job over the next 12 months	○	○	○	○	○
I intend to search for a new job within the AOD / addiction field but outside my current organisation	○	○	○	○	○
I intend to search for a new job outside the AOD / addiction field	○	○	○	○	○

61. In the next 12 months, what is the chance that you could lose your job for a reason that is beyond your control?

○ Almost certain

○ A high chance

○ A medium chance

○ A low chance

○ Almost no chance

○ Don't know

Work Life Balance

62. Please indicate how often you:

	Always	Often	Sometimes	Rarely	Never
Take work home	○	○	○	○	○
Are interrupted at home by work	○	○	○	○	○

63. Approximately how many hours per week do you spend on: (enter '0' if nil or N/A)

Working additional hours at your current place of employment
(e.g. paid overtime, time in lieu):

[   ]

Other paid employment (AOD/addiction related):

[   ]

Other paid employment (non-AOD/addiction related):

[   ]

Voluntary work (AOD/addiction related):

[   ]

Voluntary work (non-AOD/addiction related):

[   ]

Social / recreational / cultural activities:

[   ]

Time with family:

[   ]

64. Overall, how satisfied or dissatisfied are you with the balance between your work and other aspects of your life (such as time with your family or leisure)?

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither dissatisfied nor satisfied ◯ Satisfied ◯ Very satisfied

Health and Wellbeing

65. In general, would you say your health is:

Poor	Fair	Good	Very good	Excellent
◯	◯	◯	◯	◯

66. <u>In the past three months</u> how often have you used the following substances:

	Never	Once or twice	1-3 times per month	1-4 times per week	Daily or almost daily
Tobacco (such as cigarettes, snuff, chewing tobacco, cigars etc)	○	○	○	○	○
Alcoholic beverages (such as beer, wine, hard liquor, etc)	○	○	○	○	○
Alcoholic beverages - Q2. How often have you had 5 (male)/ 4 (female) or more drinks on one occasion?	○	○	○	○	○
Marijuana (cannabis, pot, grass, reefer, weed, ganja, hash, chronic, blunts etc)	○	○	○	○	○
Cocaine or Crack (coke, blow, snow, flake, toot, rock etc)	○	○	○	○	○
Amphetamine-type stimulants (such as Ritalin, Concerta, Adderall, diet pills, uppers, methamphetamine, speed, crystal meth, P, ice, glass, fire, crank etc)	○	○	○	○	○
Sedatives or sleeping pills (sucah as valium, Ativan, Xanax, Halcion, Librium, Rohynol, Serepax, Seconal, Phenobarbital, GHB, Ketamin, downers, tranquilisers, sedatives, hypnotics etc)	○	○	○	○	○
Prescription pain medication or Heroin or opioids (such as fentanyl, oxycodone, Oxycontin, Percocet, hydrocone, Vicodin, methadone, buprenorphine, codeine, Darvon, Dilaudid, Demerol, Tylenol, morphine, poppies, poppy seeds etc)	○	○	○	○	○
Other (Ecstacy, Molly, MDMA, Hallucinogens, Inhalants etc)	○	○	○	○	○

67. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of the substances you just mentioned?

	Not applicable (have not used that substance)	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Tobacco (such as cigarettes, snuff, chewing tobacco, cigars etc)	○	○	○	○
Alcoholic beverages (such as beer, wine, hard liquor, etc)	○	○	○	○
Marijuana (cannabis, pot, grass, reefer, weed, ganja, hash, chronic, blunts etc)	○	○	○	○
Cocaine or Crack (coke, blow, snow, flake, toot, rock etc)	○	○	○	○
Amphetamine-type stimulants (such as Ritalin, Concerta, Adderall, diet pills, uppers, methamphetamine, speed, crystal meth, P, ice, glass, fire, crank etc)	○	○	○	○
Sedatives or sleeping pills (sucah as valium, Ativan, Xanax, Halcion, Librium, Rohynol, Serepax, Seconal, Phenobarbital, GHB, Ketamin, downers, tranquilisers, sedatives, hypnotics etc)	○	○	○	○
Prescription pain medication or Heroin or opioids (such as fentanyl, oxycodone, Oxycontin, Percocet, hydrocone, Vicodin, methadone, buprenorphine, codeine, Darvon, Dilaudid, Demerol, Tylenol, morphine, poppies, poppy seeds etc)	○	○	○	○
Other (Ecstacy, Molly, MDMA, Hallucinogens, Inhalants etc)	○	○	○	○

68. How often do you:

NB: The minimum recommended number of serves of fruit per day is 2 for adults. The minimum recommended number of serves of vegetables per day is 5 for women and men aged 70 and over; 5½ for men aged 12–18 and 51–70; and 6 for men aged 19–50.

	Never	Rarely	Sometimes	Often	Always
Eat recommended servings of fruit and vegetables (see NB above)	○	○	○	○	○
Do 30 minutes or more of walking or moderate or vigorous activity at least 5 times a week	○	○	○	○	○
Get a good night's sleep	○	○	○	○	○
Consciously limit screen time (i.e. using electronic devices, watching television)	○	○	○	○	○
Take breaks during the work day (e.g. for lunch, between appointments)	○	○	○	○	○
Intentionally interrupt sitting at work (e.g. taking a walk, stretching, alternating standing/sitting)	○	○	○	○	○
Take time off when sick	○	○	○	○	○
Take time out (e.g. taking a trip)	○	○	○	○	○
Spend time with people you care about	○	○	○	○	○
Engage in interests unrelated to work	○	○	○	○	○
Ask for help when you need it	○	○	○	○	○

69. How would you rate your quality of life?

○ Very poor ○ Poor ○ Neither poor nor good ○ Good ○ Very good

70. How satisfied are you...

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
With your health?	○	○	○	○	○
With your ability to perform your daily living activities?	○	○	○	○	○
With yourself?	○	○	○	○	○
With your personal relationships?	○	○	○	○	○
With the conditions of your living place?	○	○	○	○	○

71. Do you have enough...

	Not at all	A little	Moderately	Mostly	Completely
Energy for everyday life?	○	○	○	○	○
Money to meet your needs?	○	○	○	○	○

Other Comments

72. In general, do you feel supported to undertake your role?

○ Yes

○ No

Comments:

73. Is there anything else you would like to tell us to help us better understand the health and wellbeing of the AOD / addiction workforce?

74. Do you have any suggestions on how we could better support the health and wellbeing of the AOD / addiction workforce?

Appendix B: Additional tables and figures

Table 36. Gender

Gender	N	%
Male	91	33.2
Female	182	66.4
Transgender	1	0.4
Non Binary	0	0
Prefer not to say	0	0
Total	**274**	**100.0**

Table 37. Sexual orientation

Sexual orientation	N	%
Straight / heterosexual	221	81.5
Lesbian / gay / homosexual	27	10.0
Bisexual	8	3.0
Queer	5	1.8
Prefer not to say	10	3.7
Total	**271**	**100.0**

Table 38. Country of birth

Country of birth	N	%
Australia	205	76.5
Other	63	23.5
Total	**268**	**100.0**

Table 39. Indigeneity

Indigenous status	N	%
Non-Indigenous	251	91.6
Indigenous	23	8.4
Total	**274**	**100.0**

Table 40. Languages spoken

Languages spoken	N	%
English only	226	86.6
English and at least one other	33	12.6
Other only	2	0.8
Total	**261**	**100.0**

Table 41. Living arrangement

Living arrangement	N	%
Alone	43	15.8
With partner / spouse only	79	28.9
With partner / spouse and children	86	31.5
With children only	21	7.7
With friends	10	3.7
With flatmates	21	7.7
Other	13	4.8
Total	**273**	**100.0**

Appendix C: Scoring of scales

Brief Job Stress Questionnaire (BJSQ)

- Survey questions 47-49
- 3 subscales:
    - Superior support
    - Co-worker support
    - Friend and family support
- Scores for each subscale range from 3 – 12 (high score = high social support)
- Scoring guidelines:
    - 3 – 5 = low support
    - 6 – 8 = moderate support
    - 9 – 12 = high support

Brief Resilience Scale (BRS)

- Survey question 37
- Total score
- Scores range from 1 – 6 (high score = high resilience)
- Scoring guidelines[2]:
    - 1.00 – 2.99: low resilience
    - 3.00 – 4.30: normal resilience
    - 4.31 – 6.00: high resilience

Copenhagen Psychosocial Questionnaire (COPSOQ)

- Survey questions 29, 30, 46
- 3 subscales:
    - Quality of leadership
    - Cognitive demands
    - Emotional demands
- Scores range from 0 – 100 (high score = high values on the respective subscale)
- Scoring guidelines:
    - 0.00 – 49.99: low
    - 50.00 – 74.00: average
    - 75.00 – 100.00: high

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[2] As per: Smith, B., Dalen, J., Wiggins, K., Tooley, E. Christopher, P. & Bernard, J. (2008). The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine, 15*, 194-200.

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Texas Christian University Organisational Readiness for Change (ORC)
- Survey questions 36, 40, 41, 42, 43, 44, 58
- 7 subscales:
    - Staffing
    - Growth
    - Communication
    - Stress
    - Satisfaction
    - Cohesion
    - Autonomy
- Scores range from 10-50 (high score = high values on the respective subscale)
- Scoring guidelines:
    - 10.00 – 24.99: Agree
    - 25.00 – 34.99: Neither agree nor disagree
    - 35.00 – 50.00: Agree

Shirom-Melamed Burnout Measure (SMBM)

- Survey question 57
- 3 subscales plus total burnout score
    - Physical fatigue
    - Emotional exhaustion
    - Cognitive weariness
- Scores for each subscale range from 1 – 7 (high score = high values on the respective subscale)
- Total score computed by averaging item scores
- Scoring guidelines[3]:
    - 1.00 – 5.49: not burned out
    - 5.5 – 7.00: burned out

Utrecht Work Engagement Scale (UWES)

- Survey question 56
- 3 subscales plus total score
    - Vigour
    - Dedication
    - Absorption
- Scores for each scale range between 0-6 (high score = high values on the respective subscale)
- Total score computed by averaging item scores
- Scoring guidelines:

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[3] As per: Bianchi, R., & Schonfeld, I.S. (2016). Burnout is associated with a depressive cognitive style. *Personality and Individual Differences,100*,1-5.

- o 0.00 – 1.49: Engaged a few times a year (including never)
- o 1.50 – 3.49: Engaged once or a few times a month
- o 3.50 – 5.49: Engaged once or a few times a week
- o 5.50 – 6.00: Engaged every day

Quality of Life (QOL)

- Survey questions 69, 70, 71
- 8 items
- Scores for each item range from 1 – 5 (high score = high quality of life)
- Total score computed by averaging item scores
- Scoring guidelines:
  - o 1 – 2.49 = very poor / poor quality of life
  - o 2.5 – 3.49 = neither good nor poor quality of life
  - o 3.5 – 5.0 = good / very good quality of life

Therapeutic Optimism Scale (TOS)

- Survey question 38
- Total score
- Scores range from 10-50 (high scores = high optimism)
- Scoring guidelines:
  - o 10.00 – 24.99: Disagree
  - o 25.00 – 34.99: Neither agree nor disagree
  - o 35.00 – 50.00: Agree

Knowledge of Performance Scale (KPS)
- Survey question 39
- Two items (reverse scored)
- Scores range from 2 – 10 (high scores = high feedback)

Role Ambiguity Scale (RAS)
- Survey question 39
- Two items (reverse scored)
- Scores range from 2 – 10 (high score = high role ambiguity)

Workload Scale (WS)
- Survey question 55
- Three items (one reverse scored)
- Scores range from 3 – 15 (high score = high workload)

Turnover Intentions Scale (TIS)
- Survey question 60
- Four items
- Scores range from 4 – 20 (high score = high turnover intention)