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Australia's National Research Centre
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A National Survey of Managers in Alcohol and Other Drug Treatment Services

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ISBN: 1 876897 13 9

Suggested citation:

Duraisingam, V., Roche, A.M., Pidd, K., Zoontjens, A. & Pollard, Y. (2007). Wellbeing, Stress and Burnout: A National Survey of Managers in Alcohol and Other Drug Treatment Services. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University,

Acknowledgments

The project was funded by the Australian Government Department of Health and Ageing, with additional support provided by the South Australian Department of Health.

The authors wish to thank all the managers and supervisors of AOD treatment services who participated in this study for their generous contribution of their time, support and interest in the project.

Thanks are also extended to Dr. Natalie Skinner for her input into the development and implementation of the project, Ms Hiroe Terao for her assistance with the distribution of the surveys, and Mr. Toby Freeman for his advice and help with the statistical analyses.

This publication is part of a suite of resources addressing worker health and wellbeing in the AOD field. Other publications in this series include:

Skinner, N. & Roche, A.M. (2005). Stress and Burnout: A Prevention Handbook for the Alcohol and Other Drugs Workforce. A workforce development resource. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Duraisingam, V., Pidd, K., Roche, A.M. & O'Connor, J. (2006). Satisfaction, Stress and Retention Among Alcohol and Other Drug Workers in Australia. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

Available at www.nceta.flinders.edu.au or e-mail nceta@flinders.edu.au for a free copy.

About NCETA

The National Centre for Education and Training on Addiction (NCETA) is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field. The promotion of Workforce Development (WFD) principles, research and evaluation of effective practices is NCETA's core business.

Established in 1992, NCETA is a collaborative venture between Flinders University and the South Australian Department of Health. Since 1999, NCETA has been funded by the Australian Government Department of Health and Ageing through the National Drug Strategy. NCETA is located within the School of Medicine at Flinders University in South Australia.

NCETA's mission is to advance the capacity of health and human services organisations and workers to respond to alcohol- and drug-related problems.

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EXECUTIVE SUMMARY

This report presents key findings from a national survey of managers of Alcohol and Other Drug (AOD) specialist treatment services. The study was undertaken by the National Centre for Education and Training on Addiction (NCETA).

The primary aim of the study was to examine the indicators and predictors of occupational wellbeing in managers and supervisors of AOD treatment services in Australia. The key indicators investigated were job satisfaction, organisational commitment, a measure of burnout, and turnover intention.

Data Collection

- The 2001 Clients of Treatment Service Agencies (COTSA) database was used as the sampling frame for the study.
- Surveys were sent to all 442 managers from eligible agencies listed in the COTSA database and 280 surveys were returned.
- The overall response rate was 63%.

Sample Characteristics

The main characteristics of the 280 AOD managers who completed the survey were:

- Females (61%); males (39%)
- Mean age was 47 years (range 27-67 years). Nearly two-thirds of managers (63%) were 45 years and over
- Work status: majority permanent (85%) and full-time (94%)
- Median length of service as an AOD manager was 4 years (range <1-35 years)
- Median length of service in current workplace was 5.5 years (range <1-44 years)
- Median length of service in the AOD field was 9 years (range <1-35 years)
- Sector: non-government (53%), government (40%), private (7%)
- Location: urban (50%), regional (22%), rural (25%), other (3%)
- Profession: predominantly nurses (36%) and generalist AOD workers (22%)
- Academic qualifications: mainly university-qualified (76%)
- AOD training: non-accredited and accredited short courses were the AOD-related training options most frequently undertaken by managers. Four out of five managers with AOD-generalist backgrounds had completed AOD tertiary training compared to less than half the managers with nursing and social work backgrounds.

Wellbeing Indicators

Job satisfaction and organisational commitment

- The majority of managers were satisfied with their jobs and were committed to their organisation.

Burnout: exhaustion, cynicism and professional efficacy

Overall, nearly a third of managers reported levels of burnout above the midpoint and 8% of all managers indicated experiencing very high levels of burnout.

- 30% of managers reported high levels of exhaustion from work
- 17% of managers reported feeling cynical about work
- Only a minority reported low levels of professional capability.

Turnover intention

- 61% of managers had thought about leaving their job and 29% planned to look for a new job over the next 12 months.
- One in five of all managers expressed intentions to look for a new job outside the AOD field.

Predictors of Wellbeing: Critical Workplace Factors

Several workplace factors were identified as significant predictors that were positively and negatively associated with managers' wellbeing. The table below outlines the predictors of job satisfaction, organisational commitment and professional efficacy (left-hand column) and contrasts these with the predictors of turnover intention, exhaustion and cynicism (right-hand column).

Predictors that enhance wellbeing	Predictors that impair wellbeing
Perceived reciprocity	(Lack of) perceived reciprocity
Perceived management competency	(Lack of) perceived management competency
Workplace support	(Low) workplace support
Job autonomy	(Lack of) job autonomy
Organisational support	(Lack of) knowledge of performance
(Lack of) role ambiguity	(Lack of) rewards for performance
(Safe & pleasant) physical work environment	(Poor) physical work environment
	(Excessive) workload

Younger and Less Experienced Managers at Risk

Compared to older managers, a significantly larger proportion of younger managers reported:

- Higher levels of exhaustion, intention to quit and role conflict
- Lower levels of perceived managerial competency due to a lack of management training and skills.

Compared to more experienced managers, a significantly greater proportion of managers with fewer years of experience reported:

- Difficulties in managing a diverse workforce
- Greater uncertainty in their work roles
- Less perceived competence as a manager
- Inadequate workplace support
- Less job autonomy
- Lack of financial rewards for performance
- Less support for professional development from upper management.

Managers in Government Treatment Agencies

Significant differences were found in working conditions and attitudes of AOD managers from the government sector in comparison to managers from other sectors.

- A greater proportion of government agency managers reported higher levels of perceived inequity of rewards in return for effort invested in their staff and organisation; lower levels of job autonomy; higher levels of conflict between clinical and administrative roles; less safe and / or pleasant working environments; and lower levels of organisational commitment, compared to managers from non-government agencies.
- Compared to managers from private agencies, proportionally more government agency managers reported greater uncertainty in their roles; lower probability of financial rewards for performance; and less satisfaction with their pay.

For a report on key findings from NCETA's national survey on satisfaction, stress and retention of frontline workers in AOD treatment services, please refer to:

Duraisingam, V., Pidd, K., Roche, A.M. & O'Connor, J. (2006). ***Satisfaction, Stress and Retention Among Alcohol and Other Drug Workers in Australia.*** Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Available at: www.nceta.flinders.edu.au

Workforce Development Implications

In order to improve managers' wellbeing, AOD treatment services need to enhance levels of job satisfaction and organisational commitment, and minimise or prevent burnout and turnover intention. In particular, strategies and interventions are needed which focus on workplace factors that influence burnout and turnover intention, as indicated below.

Issues Identified	Strategies Recommended
1. Lack of perceived reciprocity	Encourage staff and managers' Board and senior managers to ensure reciprocity in terms of rewards in return for efforts invested into an AOD service
2. Lack of perceived competency as a manager	Provide management training (an expressed need of almost half of all managers)
3. Lack of rewards for performance	Offer rewards such as recognition, praise, pay rises, promotions and positive performance appraisals, for good performance
4. Excessive workload	Help managers handle their workload more efficiently; provide de-briefing mechanisms to help cope with stress; boost their resources such as support and rewards to buffer their work demands
5. Younger, and less experienced managers at greater risk	Particular attention is required for these groups in the form of tailored, proactive support, and opportunities for management training

For more information on effective strategies to improve the wellbeing of the AOD workforce, please refer to the following NCETA resources:

Skinner, N. & Roche, A.M. (2005). ***Stress and Burnout: A prevention handbook for the alcohol and other drugs workforce.*** A workforce development resource. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Skinner, N. (2005). Worker Wellbeing. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.), ***Workforce development TIPS (Theory Into Practice Strategies): A resource kit for the alcohol and other drugs field.*** Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

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INTRODUCTION

Working in the Alcohol and Other Drugs (AOD) sector can be a very rewarding experience. Key sources of job satisfaction and reward for those working in the AOD sector include the opportunity to help people and the belief in the worth of their work in terms of making a contribution to society.[1, 2] From this perspective, work in the AOD field can be very engaging and satisfying. On the other hand, there is increasing recognition that workers in the health and human services sector, including the AOD field, often experience high levels of work-related demands or stressors, and are hence particularly vulnerable to stress and burnout.[3] Managers in the AOD field are not only exposed to these pressures, but also to those related to their higher level positions and responsibilities.

This study is focused on the health and wellbeing of managers within the AOD workforce. Human services managers, as a distinct occupational group, are often overlooked in workplace health and wellbeing research.[4] A manager's health and wellbeing may have a significant impact not only on organisational functioning but also on the welfare of their own staff.[5, 6] Managers are powerful influencers of the culture and norms of any organisation - if they are not satisfied with or are uncommitted to their jobs, these negative feelings may in turn affect their staff's attitude towards their jobs. In short, although managers are crucial members of an organisation, their experiences and attitudes that relate to their levels of wellbeing have not been adequately examined.

A brief review of past research on occupational wellbeing, with particular attention to research on individuals in managerial / supervisory roles, is presented below. It is structured in terms of indicators (i.e. job satisfaction, organisational commitment, burnout, and turnover intention) and predictors (i.e. workplace factors) of wellbeing.

Indicators of Wellbeing

The concept of wellbeing has broadened considerably from initially being viewed as a primarily affective state, to now including behaviour and motivation.[7] Van Horn and colleagues (2004) define occupational or workplace wellbeing as "a positive evaluation of various aspects of one's job, including affective, motivational, behavioural, cognitive and psychosomatic dimensions" (p.366). Using this multidimensional model of wellbeing as a basis, work-related attitudes, cognitions, behaviours and psychosocial health indicators can be construed to reflect different aspects of wellbeing in the workplace.

Two key job-related attitudes and a measure of health have been found to be good indicators of occupational wellbeing:

(1) job satisfaction

(2) organisational commitment

(3) (lack of) stress / burnout.[7]

In addition, it is proposed that *turnover intention* or *intention to quit* can be construed as a cognitive dimension of workplace wellbeing. Each of these factors and their relation to wellbeing are discussed below.

Job Satisfaction

Job satisfaction refers to the extent of pleasure or contentment an individual derives from their work.[8] Job satisfaction is a particularly salient issue for the AOD field. Although there has been some research examining job satisfaction in the AOD workforce, these studies have focused on treatment workers not agency managers. For instance, research from the USA[2], the UK[9], and Canada[10] indicate that most AOD workers report high levels of job satisfaction. The more personal and human aspects of work such as client interactions, commitment to treatment, and personal growth, are often reported as sources of satisfaction.[1] In contrast, factors such as excessive workload, paperwork and other "bureaucratic issues" have been identified by AOD workers as sources of dissatisfaction.[10] It is likely that similar factors influence levels of job satisfaction among AOD managers but this issue has yet to be examined.

Organisational Commitment

Organisational commitment refers to the strength of a worker's attachment to or identification with their organisation.[11] The literature search on organisational commitment uncovered one study measuring organisational commitment of workers in the AOD field. Knudsen and associates[12] found that AOD counsellors were more likely to be committed to their organisation if they felt they were rewarded and supported by their organisation. Given that previous research has found organisational commitment to be a good indicator of worker wellbeing,[7] an investigation of current levels of commitment among AOD managers, and associations with key organisational and job factors, is important.

Stress / Burnout

Stress is experienced when individuals feel unable to cope with the demands placed upon them.[9] A related concept is burnout which is a chronic form of strain that develops over time in response to prolonged periods of high stress.[13, 14] Burnout has long been recognised as an occupational hazard of the human service professions (e.g., doctors, social workers, teachers) which often place prolonged demands on workers' interpersonal and emotional resources.[3, 13]

Three core dimensions of burnout have been identified:

(1) exhaustion (feeling overextended and drained of emotional and physical resources),

(2) cynicism / depersonalisation (negative, detached or cynical view of one's work), and

(3) reduced professional efficacy / personal accomplishment (low sense of achievement, feelings of incompetence, low self efficacy).[13-17]

Burnout has also been linked with a range of negative consequences for workers' health and wellbeing including depression, psychosomatic complaints (e.g., musculoskeletal problems, gastrointestinal complaints) and health problems (e.g., coronary heart disease).[13, 18, 19] There is also evidence of a link between staff burnout and client outcomes. For instance, a study of mental health treatment teams in the U.S. found that teams characterised by higher levels of burnout were associated with lower levels of patient satisfaction with their treatment and therapist.[20]

Burnout is a good wellbeing indicator as it measures a set of affective, behavioural and cognitive symptoms that represent long-term physical and emotional strain in the workplace.[21] Hence, if AOD treatment managers have high levels of burnout, it would mean that their occupational wellbeing has been jeopardised.

The literature search did not reveal any studies that have examined burnout in AOD managers. However, Price and Spence (1994) found lower average burnout levels for alcohol and drug workers in New South Wales, when compared to normative data of social service workers in the U.S.[21]

Turnover Intention

Many factors are associated with a worker's decision to stay or leave an organisation, including factors unrelated to work (e.g., migration or illness). Turnover can have both direct and indirect costs to an organisation. Losing effective managers in a field that is already experiencing staff shortages could prove detrimental to the quality and availability of treatment workers and services. It is therefore crucial to examine factors that could lead to managers leaving their organisation or the AOD field altogether, particularly if these factors pertain to conditions of the workplace.

The few international studies that have examined turnover within the AOD workforce have identified a variety of potential contributory factors. For example, Gallon and colleagues found rates of turnover were associated with levels of public funding and the agency directors' years of experience in the AOD field.[1] Agencies who received less public funding and had less experienced directors were more likely to report higher levels of turnover.

Turnover intention has been identified as having the highest predictive power of actual turnover[22] and is the most reliable indicator after measuring actual turnover. Thus, it is important to understand the factors affecting turnover intentions in order to understand actual turnover rates and patterns.[12] In addition, intention to turnover can also be a good gauge of occupational wellbeing.

If an individual is unhappy with their working conditions, they are more likely to form intentions to switch jobs whereas an individual who is happy with their work environment would have fewer reasons to search for another job elsewhere. Knudsen, Johnson and Roman found low levels of organisational commitment, low levels of job autonomy, and low salary were associated with AOD workers' increased turnover intentions.[12] More recently, Knudsen and colleagues identified that centralised decision making processes and levels of workplace procedural and distributive justice were also significant predictors of turnover intentions for AOD workers employed in therapeutic communities.[23]

Predictors of Workplace Wellbeing

There is wide acknowledgement of the importance of the organisational and job context in determining worker health and wellbeing in models and theories of healthy work organisations.[11, 24] Empirical studies have established significant associations between work characteristics and occupational wellbeing indicators.[11, 16, 22, 25]

Research has also shown that factors indicative of wellbeing (e.g., stress/ burnout, job satisfaction, organisational commitment, turnover intention) are inter-related. For example, individuals who are stressed or exhausted from work can gradually become dissatisfied with their jobs which can also then lead them to look for other jobs. A meta-analysis by Barak and colleagues found that human service workers are more likely to think about leaving their jobs if they lacked organisational commitment, felt dissatisfied with their jobs, and experienced chronic stress but insufficient social support.[26]

Workers who are less satisfied with their jobs may also be more susceptible to stress or burnout. Many of the same workplace conditions which are considered as 'stressors' have also been shown to influence job satisfaction, commitment and turnover

intention.[16] These workplace factors include workload, job autonomy, social support, perceived reciprocity, role clarity, adequacy of remuneration, knowledge of performance, rewards for performance, perceived managerial competency, and organisational support.[11, 16, 27]

Rationale

Despite their critical role in organisations, only a small number of studies have investigated the health and wellbeing of managers in the human services sector.[4, 28-34] For instance, of the 61 studies in a meta-analysis by Lee and Ashforth[16] only approximately 20% sampled human services managers or supervisors.

The unique pressures faced by AOD managers in dealing with clients, staff and organisational demands highlight the need for targeted research to further our understanding of the dynamics of health and wellbeing in this important occupational group. To address this issue NCETA undertook a national survey to examine the relationship between workplace factors and the wellbeing of managers of AOD treatment organisations in Australia.

METHODOLOGY

Sampling Frame

The sampling frame of specialist Alcohol and Other Drug (AOD) treatment services for this study was based on the 2001 version of the Clients of Treatment Service Agencies (COTSA) database.[35] In the COTSA database, a drug and alcohol treatment service is defined as an agency that provides one or more face-to-face specialist treatment services to people with alcohol and / or other drug problems.[36] It includes a variety of outpatient treatment services, inpatient rehabilitation programs, detoxification, therapeutic communities, methadone maintenance plus an additional service, and smoking cessation programs. However, the definition excludes self-help groups, sobering-up centres, and services that only provide information, education, accommodation, brief counselling and crisis interventions.[35]

This database was used to form the sampling frame for the survey of managers of specialist drug and alcohol treatment service agencies. The sample included government, non-government, and private specialist AOD agencies from various locations throughout the country. The survey instrument was distributed by mail. It included a return self-addressed envelope together with a letter of invitation to participate in the study.

Ethics Approval

Ethics approval for the project was obtained in August 2005 from Flinders University's Social and Behavioural Research Ethics Committee.

Survey Instrument

A purpose-designed survey instrument was developed to examine issues pertinent to the wellbeing of managers of AOD agencies. The questionnaire assessed the working conditions of managers, their attitudes towards their work, their levels of burnout and some basic demographics. It contained a total of 65 items and took approximately 15 minutes to complete. A copy of the survey is provided in Appendix I.

Measures

Working conditions

Respondents' perceptions of various aspects of their working conditions were addressed by 46 items under the following sub-sections.

Challenges of managing an AOD organisation

Participants were asked whether there were issues that create pressure for them at work. If participants responded in the affirmative (i.e., "Yes") to this question they were requested to complete an 11-item scale addressing the challenges of managing an AOD organisation (e.g., "staff shortages") adapted from Farmer et al.'s[9] Addiction Employee's Stress Scale. This scale requires respondents to rank the top three items that create pressure for them in order of importance (1 = most important, 3 = least important).

Management roles and responsibilities

This section included the following three scales designed to assess workload, level of job autonomy and nature of the job role (i.e., role ambiguity and role conflict). Responses for each item ranged from 1 (strongly disagree) to 5 (strongly agree). Scores for each scale item were summed to provide a total score for each scale.

Workload

Cammann et al.'s[37] 3-item scale was used to measure perceptions of workload (e.g., *"I have too much work to do everything well"*).

Job autonomy

Three items from Karasek's Job Control scale[38] were used to address perceptions of the extent to which participants make work decisions autonomously (e.g., "My job allows me to make a lot of decisions on my own about how my service operates"). A single item developed by the research team also addressed opportunities for input into organisational decision-making (i.e., *"I have opportunities to contribute to the development of organisational policies and procedures"*).

Role ambiguity

A 2-item scale from Cammann et al.[37] measured participants' uncertainty regarding their roles and responsibilities (e.g., *"Most of the time I know what I have to do in my job"*).

Role conflict

This section addressed perceived conflict between clinical and administrative responsibilities. An initial filter question ascertained whether participants had both clinical and administrative responsibilities in their current position, and if so, participants were presented with a 2-item scale developed by the research team that assessed conflict between clinical and administrative roles (e.g., *"I experience conflict between my clinical and administrative roles"*).

Relations with professional colleagues

This section included the following three scales that assessed relationships respondents had with work colleagues and staff. Responses for each item ranged from 1 (strongly disagree) to 5 (strongly agree). Scores for each scale item were summed to provide a total score for each scale.

Workplace support

A specifically designed 3-item scale assessed perceptions of support from staff, colleagues and senior management (e.g., *"My staff provide me with good support for my work as a manager"*).

Lack of perceived reciprocity

Developed from Schaufeli et al.'s scale,[39] three items were used to measure respondents' perception of the degree to which a fair balance existed between the amount of effort they invest in their work and the benefits and appreciation they receive in return (e.g., *"I invest more in the relationship with my staff than I receive in return"*).

Challenges of managing a diverse workforce

Difficulties encountered in managing employees from diverse professional backgrounds were addressed by 1 item developed by the research team (i.e., *"Managing staff from different professional backgrounds creates difficulties for me"*).

Recognition and rewards

This section included the following three scales that assessed reward, recognition and feedback on respondents' work performance. Responses for each item ranged from 1 (strongly disagree) to 5 (strongly agree). Scores for each scale item were summed to provide a total score for each scale.

Adequacy of remuneration

Two items developed from Cammann et al.'s[37] Pay Attitude scale were used to measure perception of financial reward (e.g., *"I am very satisfied with my pay"*).

Knowledge of performance

Cammann et al.'s [37] 2-item Knowledge of Results scale was used to assess the adequacy of performance feedback (e.g., *"I seldom know whether I'm doing my job well or poorly"*).

Rewards for performance

Three items assessed the importance of, and opportunities for, financial and non-financial rewards and recognition (e.g., *"If I perform well I am likely to get a bonus or pay increase"*). These items were developed from Cammann et al.'s[37] 2-item Extrinsic Reward Good Performance Contingency scale.

Physical work environment

Two items measuring participants' perceptions of their working environment as a safe and pleasant workplace (e.g., *"I work in a safe working environment"*) were used to assess managers' physical work environment. Responses for each item ranged from 1 (strongly disagree) to 5 (strongly agree). Scores for each scale item were summed to provide a total physical work environment score.

Professional development

This section assessed respondents' professional development opportunities. Responses for each item ranged from 1 (strongly disagree) to 5 (strongly agree). Scores for each scale item were summed to provide a total score for each scale.

Perceived management competency

Two items from Cammann et al.'s[37] Training Adequacy scale were used to measure participants' perceived competence in their professional skills and abilities as a manager (e.g., *"I have all the management skills I need in order to do my job"*).

Support for professional development

A single item developed from Addy et al.[40] addressed support for professional development opportunities (i.e., *"I have sufficient support from my Board/ Senior Management to access management training"*).

Organisational support

This section assessed organisational support for agency managers. Seven specifically developed items were used to measure the perceived level of guidance, support and supervision from senior managers, organisational practices (such as mentoring) and the availability of flexible working conditions that facilitate an appropriate balance between work and personal life (e.g., *"My organisation provides formal supervision that helps me in my role as a manager"*). Responses for each item ranged from 1 (strongly disagree) to 5 (strongly agree). Scores for each item were added to give a total organisational support score.

Wellbeing indicators

This section comprised three sub-sections that assessed managers' attitudes towards work (i.e., job satisfaction, organisational commitment), dimensions of burnout, and turnover intention. For each item, participants indicated their level of agreement on a five-point response scale. Item responses ranged from 1 (strongly disagree) to 5 (strongly agree). The score for each scale item was tallied to give a total score for each scale.

Job attitudes

Participants' attitudes towards various aspects of their work were addressed by five items. This section included the following two subscales:

Job satisfaction

A short 3-item scale developed by Price & Mueller[41] measured participants' job satisfaction (e.g., *"I find real enjoyment in my job"*).

Organisational commitment

Two items from Cook & Wall's[42] Organisational Identification subscale measured participants' affinity to their organisation (e.g., *"I am proud to tell people I work for this organisation"*).

Burnout

The Maslach Burnout Inventory - General Survey (MBI-GS)[43] was used to assess participants' level of burnout.[1] Similar to the standard MBI, the 16-item MBI General Survey consists of three subscales addressing the dimensions of burnout: Exhaustion (5 items), Cynicism (5 items) and Professional Efficacy (6 items). However, these dimensions are defined in relation to the job in general and not just in terms of relationships on the job.[13] Exhaustion items reflect physical and emotional fatigue (i.e., symptoms of stress) due to factors other than clients (e.g., *"I feel emotionally drained from my work"*). Cynicism items reflect a cognitive distancing from the individual's work (e.g., *"I have become less interested in my work since I started this job"*). The Professional Efficacy dimension reflects the individual's satisfaction with accomplishments and expectations of effectiveness at work (e.g., *"I can effectively solve the problems that arise in my work"*). The three sub-scales of the MBI-GS present a three-dimensional perspective on burnout. High scores on the exhaustion subscale and high scores on the cynicism subscale or low scores on the professional efficacy subscale are indicative of burnout.

Turnover intention

A 4-item scale developed by O'Driscoll & Beehr[44] addressed participants' intention to leave their current position (e.g., *"I have thought about leaving my job"*). The final item in this scale was adapted to refer specifically to the AOD field (i.e., *"I intend to search for a new job outside the AOD field"*). A single item developed by the research team was also included to measure the extent to which participants planned to change jobs as a career development strategy (i.e., *"Changing jobs every few years is a positive strategy to develop a career in management"*).

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[1] The MBI-GS was chosen as some managers may not have direct contact with clients or carry a client load, therefore many of the items from the standard MBI that refer to clients may not have been relevant to a significant proportion of the current sample.

Demographics

Demographic information collected included the type of organisation in which participants worked (e.g., government, non-government, private); how long participants had been working (1) for the organisation, (2) in the AOD field, and (3) as managers in the AOD field; the state / territory and geographical location of the workplace (e.g., urban, rural); participants' current working arrangements (e.g., permanent / casual, full / part time); participants' professional background (e.g., nursing, psychology, social work); highest formal qualification; and AOD qualifications.

Procedure

Survey packages containing the study questionnaire, an introductory letter, and stamped return envelope were sent to the manager of each eligible agency listed on the COTSA database (n = 442) in September 2005. Treatment agencies included government and non-government organisations in urban and rural areas in each state. To ensure that an acceptable response rate was achieved a follow-up survey package was sent to half the original sample (n = 221) in November 2005. A further invitation to participate in the survey was provided via email through the Alcohol and other Drugs Council of Australia (ADCA) national listserve - UPDATE. A follow-up email was also posted on ADCA update in December 2005.

Analyses

Data obtained by the survey were analysed using the Statistical Package for Social Sciences (SPSS) software. Descriptive statistics were used to summarise key responses and demographic characteristics of the sample. Correlational analyses were performed as a preliminary measure to examine the inter-relationships between workplace factors / conditions, and wellbeing indicators. Multivariate statistics were used to examine the predictors of managers' wellbeing, i.e. which organisational and job factors were influencing levels of job satisfaction, organisational commitment, burnout and turnover intention.

RESULTS

Respondents' Demographics

A total of 280 surveys were returned at the cut-off date (23rd December 2005) generating a response rate of 63%. Respondents (N = 280) were 47 years of age on average (SD = 8.3; range 27-67 years) and 61% were women and 39% were men. Respondents came from a range of professional backgrounds including AOD workers, nurses, psychologists, and social workers. The majority of managers worked in non-government agencies (53%), and 40% of managers were from the government sector and 7% were private-sector managers.

Gender

There was no significant difference between the average age of male (47 years) and female (46 years) managers.

The proportion of male and female managers was similar[2] across AOD government, non-government agencies, and private organisations (see Figure 1). The proportions of male and female managers employed in metropolitan and non-metropolitan agencies were also similar.[3] For metropolitan agencies, 37% (n = 44) of managers were male and 63% (n = 74) were female. For agencies located in non-metropolitan areas, 41% (n = 43) and 59% (n = 63) were male and female respectively.

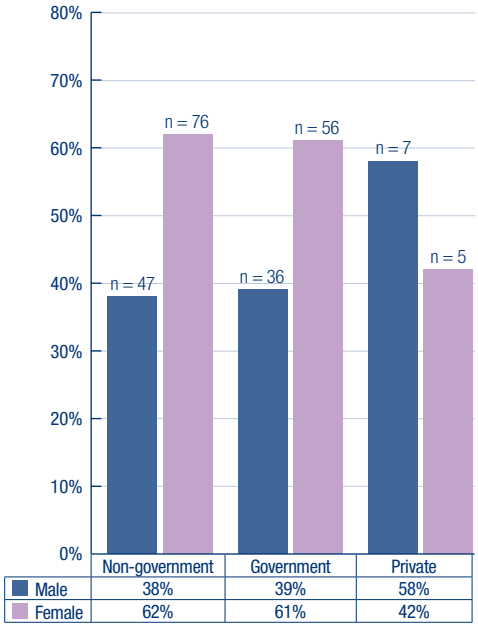


Figure1: Proportion of male and female AOD managers across organisational sectors

[2] There was no statistical difference between gender proportions across organisational type.

[3] There was no statistical difference between gender proportions across geographic locations.

Age

Figure 2 shows the age breakdown of respondents in the sample. Nearly two-thirds of respondents (63%) were 45 years and over. There were no significant age differences across government, non-government and private sector AOD agencies.

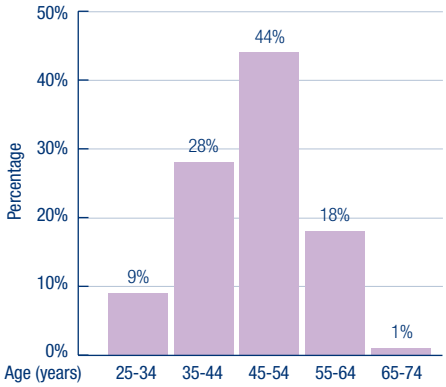
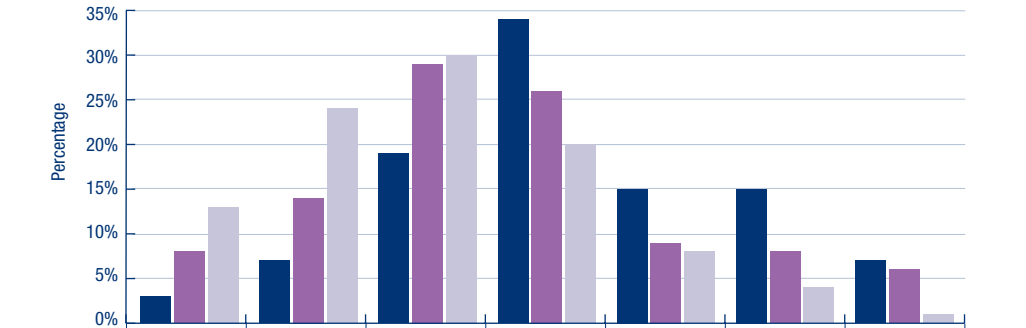


Figure 2: Proportion of AOD managers by age group (n = 267)

Length of service

The median[4] length of time respondents had worked in their current organisation was 5.5 years (n = 273, range <1- 44 years). The median length of service in the AOD field was 9 years (n = 269, range <1-35 years). On average,[5] respondents had 4 years of experience as an AOD manager (n = 267, range <1-35 years). Figure 3 depicts the length of service of respondents in the field, in their current organisation and as an AOD manager. Over a third of respondents (37%) had worked in the field for more than 10 years. Another 51% had been employed in their current organisation for about 5 years or less. More than half the respondents (54%) had between one and five years managerial experience.



Years	< 1	1-2	3-5	6-10	11-15	16-20	21-40	
AOD field	3%	7%	19%	34%	15%	15%	7%	n = 269
Current org.	8%	14%	29%	26%	9%	8%	6%	n = 272
Manager	13%	24%	30%	20%	8%	4%	1%	n = 267

Figure 3: Proportion of respondents by length of service in the AOD field, current organisation, and as an AOD manager

[4] Due to wide variability in scores, the median was used as the most appropriate measure of average length of service. The median is the mid-point where 50% of the scores fall below and above it.

[5] The median is reported as average length of service.

There were no significant differences in the average length of service in the field, or length of service as an AOD manager, across professions (i.e., nurses, AOD workers, psychologists, social workers and doctors). However, nurses had significantly more years of experience (M = 9.9, SD = 8.2) in their current organisation compared to social workers (M = 4.9, SD = 5.2; p <.01) (see Table 1).

There was a significant difference between length of service in the AOD field and whether or not respondents had undertaken AOD tertiary training. Respondents who had completed an AOD-related tertiary course (M = 11.6, SD = 6.6) had significantly more years of service in the field compared to those who had not completed AOD-related tertiary courses (M = 9.2, SD = 7.2; p < .01). Finally, age was positively correlated with length of service in the current organisation (r = .33; p < .01), in the AOD field (r = .38; p < .01), and as an AOD manager (r = .35; p < .01).

Profession and qualifications

The greatest proportion of respondents were nurses, who comprised more than a third of respondents (n = 98; 36%), followed by AOD workers (n = 61; 22%) (Figure 4). There were no significant gender differences across professions.

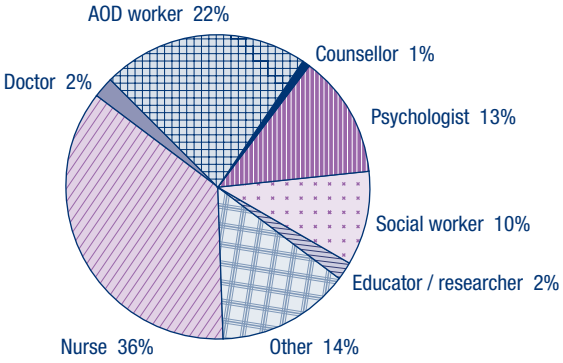


Figure 4: Proportion of respondents by profession (n = 275)

Table 1: Mean length of service and standard deviations across professions

Length of service / Profession	AOD field			Current organisation			As AOD manager		
	M	SD	n	M	SD	n	M	SD	n
Nurse	11.6	7.5	97	9.9*	8.2	96	5.5	4.5	95
AOD worker	11.3	6.1	54	7.3	4.9	54	5.9	6.0	53
Psychologist	10.8	6.5	36	6.6	6.8	36	5.2	4.3	36
Social worker	7.9	5.9	26	4.9*	5.2	27	3.7	4.6	25
Doctor	10.2	7.0	4	9.6	7.1	5	8.7	7.9	4

*Note: n = number of respondents; * p < .01*

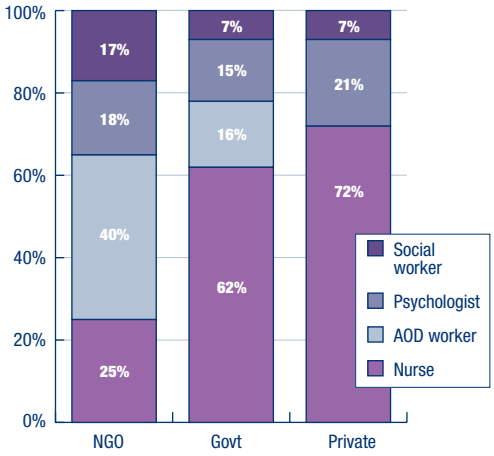


Figure 5: Proportion of respondents by profession and organisational sector

Figure 5 shows the composition of professions[6] across the different organisational sectors. As can be seen, the majority of managers in non-government (NGO) agencies were AOD workers whereas the majority of managers in government and private agencies had nursing backgrounds.

Eighty-five percent of respondents reported that they were in permanent employment and more than 90% of respondents were in full-time jobs (Table 2).

More than three-quarters of respondents had obtained a university qualification, and a further 13% had a TAFE qualification (Table 3).

Respondents in the nursing profession had varied qualifications ranging from hospital-based training (included in the 'Other' category in Figure 6) to PhD qualifications. Most respondents with AOD-specific backgrounds held a TAFE or undergraduate qualification. More than half the respondents who had a psychology background possessed a Master's qualification.

Table 2: Proportion of respondents by work status

Work status	Frequency	%
Permanent	235	85
Contract	37	13
Casual	2	1
Other	4	1
Total	**278**	**100**
Full-time	261	94
Part-time	17	6
Total	**278**	**100**

Table 3: Proportion of respondents by highest qualifications completed

Highest Qualifications	Frequency	%
High school	18	7
TAFE	35	13
Undergraduate / Honours degree	113	41
Other postgraduate qualification (postgrad. cert. / postgrad. diploma)	29	10
Masters	68	24
PhD	4	1
Other	11	4
TOTAL	**278**	**100**

[6] Only professions with n > 10 are included in the analysis.

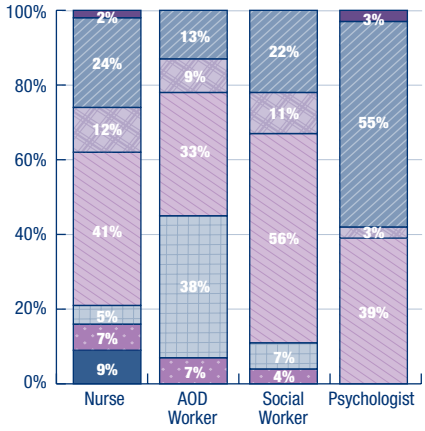


Figure 6: Proportion of respondents by profession and highest qualification completed

Table 4: Proportion of respondents who had completed AOD-related training courses or qualifications

AOD Training / Qualifications	Frequency*
Non-accredited training	171
Accredited short courses	157
TAFE training	82
Undergraduate program	57
Postgraduate program	52
Other	10

*Note: * Respondents could select more than one category*

AOD-specific qualifications / training

As outlined in Table 4, the type of AOD-related training courses that were most frequently undertaken by respondents were non-accredited and accredited short courses.

There were no significant differences across professions in terms of the proportion of managers who had attended non-accredited and accredited training (Table 5).[7] At least half of each professional group had attended non-accredited courses (including in-service training) and accredited short courses.

Significant differences were found for AOD tertiary qualifications by profession. Four out of five managers with AOD-generalist backgrounds (80%) had completed tertiary training (mainly TAFE), while less than half the respondents in the nursing and social work professions had done so.

Table 5: Proportion of respondents who had completed AOD-specific training by occupation

Organisation / Course	AOD Worker (%)	Nurse (%)	Psych. (%)	Social Worker (%)
Non-accredited training	71	58	56	67
Accredited short courses	69	56	50	52
Tertiary training	80*	49*	56	41*

Note: Psych. – Psychologist
** p < .001*

[7] Doctors and counsellors were not included in this analysis due to low numbers, and the 'other' category was excluded as it represented small numbers of different professions.

Table 6 details the proportion of respondents who had undertaken non-accredited, accredited, and tertiary AOD specific courses across organisational sectors. No significant differences were found.

Location

Figure 7 illustrates the distribution of respondents across states and territories (n = 273). More than a third of respondents were from New South Wales. The distribution of agencies across states and territories in the sample was consistent with that in the COTSA database.

There were no significant differences with regard to the work locale of respondents (i.e. state / territory, and urban / rural areas) across states and territories.

Half the respondents worked in urban treatment agencies and a quarter of respondents were located in rural and remote areas (Table 7).

Across government, non-government, and private sectors, most managers worked in urban agencies (Figure 8). There was approximately a 50-50 split of managers working in metropolitan and non-metropolitan areas for both government and non-governmental agencies. However, less than one-third of private AOD services were located in regional and rural areas.

Table 6: Proportion of respondents who had completed AOD-specific training by organisational sector

Course \ Organisation	Govt. (%)	Non-govt. (%)	Private (%)
Non-accredited short courses	57	67	50
Accredited short courses	58	57	39
Tertiary training	50	57	44

Note: Analysis does not include respondents who worked for multiple sectors or whose agency was funded from multiple sources.

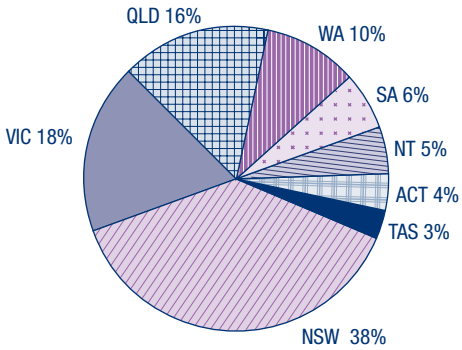


Figure 7: Proportion of respondents by state / territory (n = 273)

Table 7: Proportion of respondents by geographic location

Geographic Location	Frequency	%
Urban	131	50
Regional	61	22
Rural and remote	68	25
Other	10	3
TOTAL	**277**	**100**

The next section presents the results for the work factors measured in the survey, followed by the indicators of wellbeing (i.e., job satisfaction, organisational commitment, burnout dimensions, and turnover intention).[8]

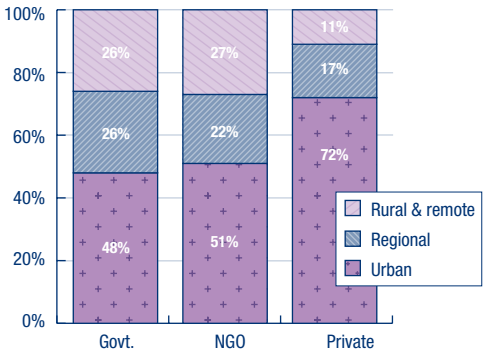


Figure 8: Proportion of respondents across organisational sector and geographical location

Working Conditions

Management challenges

The majority of respondents (97%) indicated that they experienced work-related challenges that created pressure for them as managers. Table 8 details the issues that respondents identified as creating most pressure. Staff shortages were most frequently ranked as the main factor that created pressure for managers.

Table 8: Responses regarding work issues that create the most pressure

Work Issues	Frequency	%
Staff shortages	70	32
Having too little time to do what is expected of me	25	12
Conflicting demands between different job roles	22	10
Shortage of essential resources	17	8
Decisions or changes which affect me are made from 'above' without my acknowledgement or involvement	13	6
Conflicting demands on my time at work by others	12	5
Organisational change	10	5
Uncertainty about future funding	9	4
Trivial tasks that interfere with my job role	9	4
Deciding task priorities	8	4
Staff management issues	6	3
Having to attend too many meetings	4	2
Other miscellaneous issues	10	5
TOTAL	**215**	**100**

[8] The correlations between workplace factors and wellbeing indicators can be found in Appendix II.

Management roles and responsibilities

Workload

The workload scale contained statements regarding the amount of work required in a managerial role (Table 9).[9] Nearly a third of respondents (31%) thought that the amount of work they were asked to do was unfair. Over half (54%) felt that they had too much work to do everything well. The majority of respondents (67%) also felt that there was not enough time to get everything done. Respondents' total scores for workload ranged from 4 to 15 (maximum possible score 15) with a mean score of 10 (SD = 2.5). There were no significant differences between demographic factors and total workload score.

Job autonomy

The job autonomy scale comprised statements concerning the degree of decision making latitude respondents had at their workplace (Table 10).[10] Respondents' total job autonomy scores ranged from 8 to 20 (maximum possible score 20) with a mean score of 15.9 (SD = 2.8), indicating that the majority of respondents had a relatively high degree of freedom to make decisions about the way in which their service operates and to contribute to the development of organisational policies and procedures (Table 10).

Job autonomy was positively associated with length of service as an AOD manager (r = .14; p < .05). Respondents with more years of experience as an AOD manager reported higher levels of job autonomy.

Table 9: Responses to items in the Workload Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I have too much work to do everything well	2	21	23	39	15	276
I never seem to have enough time to get everything done	1	14	18	51	16	277
The amount of work I am asked to do is fair	3	28	30	36	3	277

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[9] The workload scale had high reliability (α = .80) and each item had strong factorial loadings for the scale. An item that was positively worded was reverse scored.

[10] The job autonomy scale had high reliability (α = .84) and each item had strong factorial loadings for the scale. An item that was negatively worded was reverse scored.

Managers in government agencies (M = 15, SD = 2.9) reported less job autonomy than those in non-government agencies (M = 16.5, SD = 2.5; $p < .001$). There were no significant differences between other demographic variables and job autonomy.

Role ambiguity

The role ambiguity scale measured respondents' perceived degree of uncertainty concerning their work role as a manager.[11] Respondents' total scores ranged from 2 to 8 (maximum possible score 10) with a mean score of 4.2 (SD = 4.0). As can be seen from Table 11, most managers had a high level of certainty regarding their job role and expectations of them.

Length of service in the field and length of service as an AOD manager were negatively associated with the degree of role ambiguity one perceived in regard to their job. Respondents with more years of experience in the AOD field, and as a manager, had a higher degree of certainty in their work role and responsibilities.

Table 10: Responses to items in the Job Autonomy Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
My job allows me to make a lot of decisions about how my service operates	0	12	12	52	24	277
I have a lot to say about what happens in the service that I manage	1	7	14	51	27	276
I have opportunities to contribute to the development of organisational policies and procedures	0	8	8	54	30	277
In my job I have very little freedom to decide how I run my service	25	56	11	8	0	277

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

Table 11: Responses to items in the Role Ambiguity Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
Most of the time I know what I have to do in my job	0	2	6	71	21	277
In my job I know exactly what is expected of me	0	12	19	56	13	277

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[11] The role ambiguity scale had moderate reliability ($\alpha = .62$) and each item had moderate factorial loadings for the scale. Both items were reverse scored so that higher scores reflected higher role ambiguity.

There were significant differences in mean scores for role ambiguity between managers in government and private agencies. Government sector managers (M = 4.4, SD = 1.2) had high levels of role ambiguity compared to private sector managers (M = 3.4, SD = 1.2, $p < .01$). There were no other significant differences between role ambiguity and demographic variables.

Role conflict

This scale measured perceived conflict between administrative and clinical roles of AOD managers.[12] More than three quarters of respondents (77%) had both clinical and administrative roles in their current position.

Scores for role conflict ranged from 2 to 10 (maximum possible score 10) and the mean score was 7.2 (SD = 1.9). Most managers agreed that there was conflict between their clinical and administrative roles (Table 12). There was a negative correlation between age and role conflict ($r = -.14$, $p < .05$), indicating that younger respondents perceived a higher degree of conflict between their clinical and administrative roles. Managers from government treatment services (M = 7.7, SD = 1.7) had significantly higher role conflict than managers from non-government treatment services (M = 6.8, SD = 1.8; $p < .01$). No other significant differences were found.

Relations with professional colleagues

Workplace support

This scale measured the extent of support received from staff, colleagues and senior management.[13] The total

Table 12: Responses to items in the Role Conflict Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
My clinical and administrative roles involve conflicting priorities	2	21	14	49	14	213
Administrative responsibilities reduce my capacity to operate effectively in a clinical role	1	18	17	43	21	211

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[12] The role conflict scale had moderate reliability ($\alpha = .62$) and each item had moderate factorial loadings for the scale.

[13] The workplace support scale had low reliability ($\alpha = .51$) and two items had moderate factorial loadings on the scale.

scores for workplace support ranged from 5 to 15 (maximum possible score 15) and the mean score was 11 (SD = 1.9). Most respondents perceived that their colleagues, staff and upper management were supportive of their work role. However, one in five respondents disagreed or strongly disagreed that they were provided with positive support from senior management (Table 13).

There was a positive correlation between workplace support and length of service as an AOD manager (r =.15, p < .01) and between workplace support and length of service in the field (r = .13, p < .05). Respondents with more years of service as a manager and those with more years of service in the field reported higher levels of workplace support. There was also a significant difference between those who had high school qualifications and those who had a Masters qualification. Respondents with high school qualifications reported more support (M = 12.1, SD = 1.7) compared to those with Masters qualifications (M = 10.5, SD = 2.1; p < .05). No other significant differences were found.

Lack of perceived reciprocity

This scale measured respondents' perceptions regarding the degree to which the amount of effort invested in their work was reciprocated by their staff and organisation.[14] The mean score for this scale was 9 (SD = 2.0) and total scores ranged from 3 to 15 (maximum possible score 15).[15] More than a third (36%) of respondents believed that they invest more in their relations with staff than they receive in return. Nearly half (46%) agreed that

Table 13: Responses to items in the Workplace Support Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
My staff provide me with good support for my work as a manager	2	9	17	53	19	276
My professional colleagues provide me with good support for my work as a manager	0	7	20	58	15	277
My Board or Senior Management provide me with good support for my work as a manager	2	19	23	44	12	277

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[14] The perceptions of reciprocity scale had low reliability (α = .48) and the first item had a weak factorial loading on the scale.

[15] A higher score reflects lower levels of reciprocity.

the organisation should provide them with more rewards and benefits, given the respondent's work contribution (Table 14).

Managers from government agencies (M = 9.5, SD = 2.0) had significantly less perceived reciprocity compared to managers from non-government agencies (M = 8.7, SD = 2.0; $p < .01$). There were no other significant differences observed.

Challenges of managing a diverse workforce

One item was used in this section to examine the difficulties encountered in managing a workforce from diverse professional backgrounds. More than one in four managers agreed or strongly agreed that there were difficulties in managing a varied workforce (Table 15).

Respondents with more years of service in the AOD field ($r = -.21$; $p < .01$) and more years of service as a manager ($r = -.19$; $p < .01$) reported fewer perceived difficulties in managing a diverse workforce. No other significant demographic differences were observed.

Table 14: Responses to items in the Lack of Perceived Reciprocity Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I invest more in the relationship with my staff than I receive in return	3	31	30	30	6	277
I benefit little from the efforts I put into the organisation	9	44	23	20	4	277
If I take into account my contribution, the organisation ought to provide me with more rewards and benefits	2	17	35	37	9	276

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

Table 15: Responses regarding the challenges of managing a diverse workforce

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
Managing staff from different professional backgrounds creates difficulties for me	9	39	25	21	6	276

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

Recognition and rewards

Adequacy of remuneration

This scale measured the perceived adequacy of respondents' remuneration.[16] Total scores for the scale ranged from 2 to 10 (maximum score 10) with a mean total score of 5.6 (SD = 2.0). Forty-three percent of respondents indicated that they were not satisfied with their pay and nearly half (47%) considered their pay unfair compared to what other managers were getting paid (Table 16).

Significant differences were found for perception of remuneration adequacy between managers from private agencies (M = 7.1, SD = 1.6) and managers from government (M = 5.9, SD = 1.9) and non-government agencies (M = 5.3, SD = 1.9).

Managers from private organisations were the most satisfied with their pay compared to managers from government and non-government agencies ($p < .001$): 61% of managers from private agencies indicated satisfaction with their pay compared to 36% of government managers and 23% of non-government managers.

There was also a significant difference between respondents with Masters qualifications (M = 4.7, SD = 2.1) compared to those with TAFE qualifications (M = 6.0, SD = 1.9; $p < .05$). Forty-two percent of respondents with a Masters degree considered their pay to be fair compared to only 14% of TAFE-qualified respondents. No other significant differences were found for adequacy of remuneration.

Table 16: Responses to items in the Adequacy of Remuneration Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I am very satisfied with my pay	11	32	26	27	4	278
My pay is fair considering what other managers in health and human services are paid	12	35	18	32	3	278

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[16] The adequacy of remuneration scale had high reliability ($\alpha = .80$) and the items had high factorial loadings on the scale.

Knowledge of performance

This scale measured the level of knowledge respondents had about their work performance.[17] The total scores ranged from 2 to 10 (maximum possible score 10) and the mean score was 7.0 (SD = 1.7).[18] Approximately two-thirds of respondents indicated that they knew how well or poorly they were doing their jobs. However, one in five respondents indicated that they were unsure of the adequacy of their performance (see Table 17).

Knowledge of performance was negatively correlated with length of service in current organisation. Those respondents with shorter lengths of service in their work organisation reported better knowledge of their work performance (r = -.10, $p < .05$). There were no significant differences for other demographic variables.

Rewards for performance

This scale examined the opportunities for financial and non-financial rewards for good work performance.[19] The total scores for the non-financial rewards subscale ranged from 2 to 10 (maximum possible score 10) with a mean total score of 6.0 (SD = 1.9). The total scores for the financial rewards subscale ranged from 1 to 5 (M = 1.7, SD = 0.9). As can be seen in Table 18, while 36-44% of respondents agreed that they were likely to receive recognition and opportunities to develop their own ideas, the majority of respondents (88%) disagreed that a good performance resulted in a bonus or pay increase.

There were no significant differences for the non-financial rewards scale. However, significant differences in perceptions of financial rewards were

Table 17: Responses to items in the Knowledge of Performance Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I seldom know whether I'm doing my job well or poorly	6	51	22	20	1	277
I usually don't know whether or not my work is satisfactory in this job	8	59	15	17	1	277

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[17] The knowledge of performance scale had high reliability (α = .85) and the items had high factorial loadings on the scale.

[18] Both items were reverse scored so that a higher score reflects more knowledge of performance.

[19] The rewards for performance scale as a whole had moderate reliability (α = .65) and the items had moderate factorial loadings on the scale.

found between managers in the private sector (M = 2.3, SD = 1.3) compared to those in the government (M= 1.5, SD = 0.8) and non-government (M = 1.7, SD = 0.9) sectors ($p < .01$). Proportionally more managers from private agencies (17%), than those in government and non-government organisations (4-5%), agreed that they were likely to receive a financial reward if they performed well at work.

A significant difference in perceived financial rewards was also evident between respondents who had completed an AOD-specific tertiary course (M = 1.8, SD = 1.0) and those who had not (M = 1.5, SD = 0.6; $p < .01$). Only 1% of those who had not completed an AOD-specific tertiary program agreed that they were likely to be financially rewarded for a good performance compared to the 9% of AOD-specific tertiary-trained respondents.

There was a positive association between perceived financial rewards and length of service as a manager ($r = .31$, $p < .01$), length of service in the AOD field ($r = .22$, $p < .01$), and age ($r = .12$, $p < .05$). Those who were older, had more years of experience as an AOD manager, and worked for a longer time in the field, reported more financial rewards. However, there was a negative correlation between length of service in current organisation and perceived non-financial rewards, indicating that respondents who had worked for a shorter period in their current organisation reported higher recognition for good performance ($r = -.15$, $p < .01$).

Table 18: Responses to items in the Rewards for Performance Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
Non-financial rewards If I perform well, I am likely to receive praise and recognition from my Board / Senior Management	8	27	21	39	5	278
If I perform well, I am likely to get opportunities to develop my own projects / strategies	13	25	26	30	6	277
Financial rewards If I perform well, I am likely to get a bonus or pay increase	54	34	7	3	2	278

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

Physical work environment

Total physical work environment scores ranged from 2 to 10 (maximum possible score 10), with a mean score of 7.5 (SD = 1.7).[20] As indicated in Table 19, most respondents agreed or strongly agreed that they worked in a safe and pleasant environment.

There was a significant difference in responses of managers from non-government agencies (M = 7.8, SD = 1.5) and those from government agencies (M = 7.2, SD = 1.7; $p < .01$). A larger proportion of managers from government agencies disagreed that their physical work environment was safe and pleasant compared to managers from non-government agencies.

In addition, 20% of respondents with nursing backgrounds (M = 7.1, SD = 1.8) perceived their physical work environment to be less than pleasant compared to 4% of respondents who were in AOD-generalist professions (M = 8.1, SD = 1.3; $p < .001$). There were no other significant differences among the demographic factors.

Professional development

Perceived management competency

This scale measured respondents' beliefs about their capabilities as a manager.[21] Total scores ranged from 2 to 10 (M = 6.1, SD = 1.9). A substantial proportion of respondents (41%) reported that they did not have sufficient management skills and training to perform their jobs satisfactorily (Table 20).

Those with PhD qualifications (M = 3.8, SD = 0.5) indicated that they had significantly less training and skills in management compared to those with other qualifications (M = 6.2, SD = 1.8;

Table 19: Responses to items in the Physical Work Environment Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I work in a safe working environment	4	8	13	59	16	277
I work in a pleasant working environment	4	9	14	55	18	277

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[20] The physical work environment scale had high reliability ($\alpha = .70$) and the items had high factorial loadings on the scale.

[21] The management competency scale had high reliability ($\alpha = .74$) and the items had high factorial loadings on the scale. An item that was negatively worded was reverse scored.

$p < .01$). For example, all respondents with PhD qualifications agreed or strongly agreed that they did not have sufficient management training to perform their jobs to their satisfaction, whereas 30-40% of respondents with other qualifications agreed with this statement.

Management competency was positively associated with length of service as an AOD manager ($r = .26$, $p < .01$), age ($r = .24$, $p < .01$), and length of service in the field ($r = .19$, $p < .01$). Those with more years of experience as a manager and those with more years of work experience in the AOD field reported higher levels of management skills and training. No other significant differences were observed.

Support for professional development

One item was included to examine the level of support provided to attend professional development courses. Scores for this item ranged from 1 to 5 with a mean score of 3.3 (SD = 1.0). Over half the respondents agreed that they had sufficient support from upper management to access management training (Table 21). There was a positive correlation between length of service as a manager and the level of support for professional development ($r = .18$, $p < .01$).

Respondents with secondary school qualifications (M = 4.1, SD = 0.7) were significantly more likely to receive support for professional development

Table 20: Responses to items in the Perceived Management Competency Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I do not have enough management training to do my job to my satisfaction	9	38	15	33	5	277
I have all the management skills I need in order to do my job	3	41	22	29	5	277

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

Table 21: Responses regarding support for professional development

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I have sufficient support from my Board / Senior Management to access management training	3	19	26	46	6	276

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

compared to respondents with tertiary qualifications (excluding those with Masters and PhD qualifications; M = 3.2, SD = 0.9; $p < .01$). No other significant differences were observed.

Organisational support

Total scores for organisational support ranged from 7 to 35 (maximum possible score 35) and the mean score was 23.1 (SD = 4.8).[22] Nearly half (43%) the respondents disagreed or strongly disagreed that their organisation provided them with formal supervision or access to a mentor to guide and support them in their managerial roles (Table 22). However, 88% of respondents were in agreement that informal support was accessible when required. One in five respondents disagreed that formal mechanisms for critical incident debriefing existed (23%) and that upper management responded in an enabling way (26%). About half the respondents indicated that there were adequate management guidelines (53%) and flexible working conditions (56%) in their workplace. No significant demographic differences were observed for organisational support scores.

Table 22: Responses to items in the Organisational Support Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
My organisation provides formal supervision that help me in my role as manager	12	31	10	37	10	270
There are formal mechanisms in my organisation to help me debrief after a critical incident	5	18	7	53	17	275
I am able to readily access informal support within my organisation when I feel the need	2	7	9	60	22	276
My Board of Management / Advisory Panel responds in an enabling way when I raise pressing issues	5	21	28	39	7	270
I have access to a mentor to help me in my role as a manager	9	34	12	36	9	267
There are adequate guidelines within my organisation to help me in my role as a manager	2	23	22	45	8	273
My organisation has flexible working conditions designed to help me achieve a balance between work and my personal life	7	21	16	40	16	276

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[22] The organisational support scale had moderate reliability ($\alpha = .69$) and the items had moderate factorial loadings on the scale.

Job Attitudes

Job satisfaction

The Job Satisfaction Scale measured the degree of fulfilment respondents receive from their jobs.[23] Respondents' scores ranged from 4 to 15 (maximum possible score of 15) and the mean total score was 11.8 (SD = 2.1). As can be seen in Table 23, the majority of respondents were satisfied with and enjoyed their jobs. There were no significant differences among the demographic variables.

Organisational commitment

This scale measured the extent to which respondents identified with their organisation.[24] The total scores ranged from 3 to 10 (maximum possible score of 10) and the mean total score was 8.0 (SD =1.4), indicating high levels of organisational commitment by the majority of respondents (Table 24).

There was a significant difference between responses of managers from government (M = 7.6, SD = 1.4) and non-government (M = 8.2, SD = 1.3) treatment services ($p < .01$). Nearly 10% of government managers disagreed or strongly disagreed that they felt proud to inform others about their organisation compared to 2% of non-government managers who disagreed with this statement. There were no other significant differences in organisational commitment among the demographic factors.

Table 23: Responses to items in the Job Satisfaction Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I find real enjoyment in my job	0	4	13	56	27	278
Most days I am enthusiastic about my job	1	5	10	64	20	280
I feel well satisfied with my job	0	8	19	58	15	279

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

Table 24: Responses to items in the Organisational Commitment Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I am quite proud to tell people I work for this organisation	1	5	19	52	23	280
I feel myself to be a part of this organisation	0	3	12	60	25	279

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[23] The job satisfaction scale had high reliability ($\alpha = .89$) and the items had high factorial loadings on the scale.

[24] The organisational commitment scale had high reliability ($\alpha = .76$) and the items had high factorial loadings on the scale.

Burnout

The burnout scale consisted of 16 items and measured three dimensions of burnout – exhaustion, cynicism and professional efficacy. Each dimension of burnout was analysed separately.

Exhaustion

The Exhaustion subscale included statements regarding levels of stress and fatigue experienced due to the job.[25] The total scores ranged from 5 to 25 (maximum possible score 25) and the mean total score was 14.3 (SD = 4.1). Nearly half the respondents (48%) felt emotionally drained from work and over a third of respondents (37%) felt used up at the end of the workday (Table 25). Thirty percent of respondents agreed that they felt tired at the prospect of facing another day at work and over 20% agreed or strongly agreed that they felt burnt out from their work. Overall, 21% of the respondents obtained high scores on the Exhaustion subscale.[26] Exhaustion was negatively associated with age, that is, younger respondents reported higher levels of exhaustion (r = -.13, p < .05). There were no significant differences for other demographic factors.

Cynicism

Items in the Cynicism subscale reflect the level of disillusionment experienced with one's job (Table 26). [27] Respondents' scores ranged from 4 to 20 (maximum possible score of 20) and the mean total score was 9.6 (SD = 3.4). Overall, 17% of respondents obtained high scores on this scale.[28] There were no demographic differences observed for scores in cynicism.

Table 25: Responses to items in the Exhaustion Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I feel emotionally drained from my work	3	24	25	41	7	280
I feel used up at the end of the workday	4	31	28	30	7	280
I feel tired when I get up in the morning and have to face another day on the job	5	41	24	25	5	280
Working all day is a strain for me	9	54	24	10	3	280
I feel burned out from my work	9	42	27	18	4	280

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[25] The exhaustion scale had high reliability (α = .88) and the items had high factorial loadings on the scale.

[26] Scores that were in the upper third range of the scale were categorised as 'high scores'.

[27] The cynicism scale had high reliability (α = .84) and the items had high factorial loadings on the scale except for one item.

[28] Scores that were in the upper third range of the scale were considered high.

Professional efficacy

The Professional Efficacy subscale examined respondents' confidence in their work performance.[30] Respondents' scores ranged from 16 to 30 (maximum possible score of 30) and the mean total score was 12.4 (SD = 3.8). The majority of respondents reported high levels of professional capability (Table 27). No significant differences were observed between demographic variables for professional efficacy.

Table 26: Responses to items in the Cynicism Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I have become less interested in my work since I started this job	17	45	16	19	3	278
I have become less enthusiastic about my work	15	46	13	23	3	278
I just want to do my job and not be bothered[29]	8	36	32	20	4	278
I have become more cynical about whether my work contributes anything	16	44	20	18	2	278
I doubt the significance of my work	23	50	16	10	1	278

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

Table 27: Responses to items in the Professional Efficacy Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I can effectively solve the problems that arise in my work	1	6	11	74	8	280
I feel I am making an effective contribution to what this organisation does	0	1	7	73	19	277
In my opinion, I am good at my job	0	4	16	60	20	278
I feel exhilarated when I accomplish something at my work	0	1	8	59	31	274
I have accomplished many worthwhile things in this job	0	4	12	68	16	278
At my work, I feel confident that I am effective in getting things done	0	3	8	67	22	279

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[29] This item was excluded from the total score and subsequent analyses due to its poor factorial loadings on the scale. Previous research has also excluded this item due to its ambivalent nature.

[30] The professional efficacy scale had high reliability (α = .84) and the items had high factorial loadings on the scale.

Turnover Intention

This scale examined respondents' intention to leave their current position.[31] The total scores ranged from 4 to 20 (maximum possible score of 20) with a mean total score of 11 (SD =3.7). Sixty-one percent of respondents had thought about leaving their job. However, only 29% indicated that they were planning to look for a new job over the next 12 months. About one in five respondents (19%) reported plans to look for a new job outside the AOD field (Table 28).

There was a negative correlation between turnover intention and age (r = -.21, p < .01) and length of service in the organisation (r = -.16, p < .01), indicating that younger managers, and those with shorter durations of employment with their organisation had higher intentions to quit. There were no other significant demographic differences for this factor.

Career strategy

The maximum possible score was 5, and the mean score for this item was 3 (SD = 1.1). A similar percentage of respondents either agreed or disagreed with this statement (Table 29). The item was negatively correlated with length of service in the organisation (r = -.25, p < .01), age (r = -.16, p < .01) and length of service as a manager (r = -.13, p < .05), indicating that younger managers and those with fewer years of work experience as a manager were more likely to agree that changing jobs from time to time is a good career development strategy.

Table 28: Responses to items in the Turnover Intention Scale

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
I have thought about leaving my job	7	19	13	46	15	280
I plan to look for a new job over the next 12 months	15	36	20	18	11	280
I intend to search for a new job within the AOD field but outside this organisation	19	44	23	9	5	279
I intend to search for a new job outside the AOD field	19	37	25	14	5	279

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

Table 29: Responses regarding changing jobs as a career strategy

Statements	SD (%)	D (%)	NA/ND (%)	A (%)	SA (%)	n
Changing jobs every few years is a positive strategy to develop a career in management	9	23	34	27	7	280

Note: SD – strongly disagree, D – disagree, NA/ND – neither agree nor disagree, A – agree, SA – strongly agree

[31] The turnover intention scale had high reliability (α = .82) and the items had high factorial loadings on the scale.

Predictors of Wellbeing

A series of stepwise regressions was subsequently conducted to investigate the influence of workplace factors / conditions on managers' wellbeing in terms of their job satisfaction, organisational commitment, burnout and turnover intention.

Predictors of Job Attitudes

Job satisfaction

The biggest predictor of job satisfaction was perceived reciprocity, which contributed 15% to the variance in job satisfaction scores. Higher levels of job satisfaction were also associated with lower levels of role ambiguity (8%), and higher levels of workplace support (2%). Together, these variables accounted for 23% of the variance in job satisfaction (Table 30).

Table 30: Predictor variables for job satisfaction

Predictor variables	R^2 Change	Beta	t	Sig.
Lack of perceived reciprocity	.15	-.273	-3.98	.000
Role ambiguity	.08	-.226	-3.40	.001
Workplace support	.02	.166	2.28	.024
Adjusted R^2 = .23				

Organisational commitment

Workplace support was observed to be the main predictor of organisational commitment, accounting for 13% of the variance in scores. Other workplace factors that were associated with higher levels of organisational commitment included higher levels of job autonomy (7%), perceived management competency (3%) and greater organisational support (2%). These factors accounted for 24% of the variance in organisational commitment scores (Table 31).

Table 31: Predictor variables for organisational commitment

Predictor variables	R^2 Change	Beta	t	Sig.
Workplace support	.13	.199	2.90	.004
Job autonomy	.07	.242	3.75	.000
Perceived management competency	.03	.165	2.61	.010
Organisational support	.02	.156	2.33	.021
Adjusted R^2 = .24				

Predictors of Burnout

As the burnout scale is measured in terms of three distinct but inter-related dimensions, stepwise regressions were performed on each dimension separately.

Exhaustion

The most important predictor of exhaustion was perceptions of low levels of reciprocity, which contributed 14% to the variance in exhaustion scores. Higher levels of work exhaustion were associated with lack of reciprocation of effort from others in the organisation. Other contributors to the variance in exhaustion scores were high workloads (7%), perceived lack of management competency (4%), and unsafe and unpleasant physical work environments (3%). Combined, these work conditions predicted 26% of the variance in exhaustion (Table 32).

Table 32: Predictor variables for exhaustion

Predictor variables	R^2 Change	Beta	t	Sig.
Lack of perceived reciprocity	.14	. 257	4.05	.000
Workload	.07	.238	3.80	.000
Perceived management competency	.04	-.184	-3.03	.003
Physical work environment	.03	-.169	-2.67	.008
Adjusted R^2 = .26				

Cynicism

Knowledge of performance was the most important predictor of cynicism, accounting for 21% of the variance in cynicism scores. Having less knowledge about one's work performance was associated with higher levels of cynicism towards work. Other predictor variables that accounted for the variance in cynicism were lower perceptions of reciprocity (9%), lower levels of workplace support (4%), unsafe physical work environments (2%), lower job autonomy (2%), and perceived lack of managerial competence (1%). Together, these work conditions predicted 37% of cynicism (Table 33).

Table 33: Predictor variables for cynicism

Predictor variables	R^2 Change	Beta	t	Sig.
Knowledge of performance	.21	-.235	-3.75	.000
Lack of perceived reciprocity	.09	.222	3.48	.001
Workplace support	.04	-.146	-2.25	.026
Physical work environment	.02	-.131	-2.23	.027
Job autonomy	.02	-.140	-2.29	.023
Perceived management competency	.01	-.117	-2.03	.044
Adjusted R^2 = .37				

Professional efficacy

The most important predictor of professional efficacy was higher scores in management competency, which accounted for 13% of the variance in professional efficacy scores. That is, higher levels of perceived managerial competence were associated with a higher degree of professional efficacy. Other factors that contributed to the variance in professional efficacy were lower levels of role ambiguity (7%), safer and more pleasant work environments (3%), and higher job autonomy (2%). Combined, these variables accounted for 24% of the variance in professional efficacy scores (Table 34).

Table 34: Predictor variables for professional efficacy

Predictor variables	R^2 Change	Beta	t	Sig.
Perceived management competency	.13	.256	3.99	.000
Role ambiguity	.07	-.189	-2.74	.007
Physical work environment	.03	.158	2.51	.013
Job autonomy	.02	.166	2.47	.014
Adjusted R^2 = .24				

Predictors of Turnover Intention

The key predictor for turnover intention was lack of rewards for performance, which contributed 11% to the variance in turnover intention scores. Lack of perceived reciprocity (6%), lack of perceived management competency (4%) and less safe / pleasant work environment (2%) also predicted turnover intention. In total, these workplace factors accounted for 21% of the variance in turnover intention (Table 35).

Table 35: Predictor variables for turnover intention

Predictor variables	R^2 Change	Beta	t	Sig.
Constant			7.29	.000
Rewards for performance	.11	-.204	-3.07	.002
Lack of perceived reciprocity	.06	.225	3.39	.001
Perceived management competency	.04	-.179	-2.82	.005
Physical work environment	.02	-.159	-2.47	.015
Adjusted R^2 = .21				

DISCUSSION

This study was designed to examine indicators and predictors of wellbeing among managers of AOD treatment service agencies. Managers were surveyed about their job-related attitudes, burnout, turnover intention, and working conditions. Overall, the findings of the current study indicated that the majority of managers were highly satisfied with their jobs, committed to their organisations and displayed a high level of confidence in their professional capabilities. Despite this, they face considerable workforce development challenges that may compromise their health and wellbeing in the workplace. A significant proportion of AOD managers reported intentions to leave their job and burnout levels above the midpoint.

Indicators of Wellbeing

The majority of managers reported high levels of job satisfaction and organisational commitment. However, burnout appeared to be an issue for a substantial proportion of managers. While the majority of managers reported high levels of professional efficacy, one in five managers reported high levels of exhaustion from work, and 17% reported high levels of cynicism. Nearly a third of managers reported burnout levels that were above the midpoint, with 8% of all managers experiencing very high levels of burnout. Similar levels were observed in a sample of AOD workers in the US.[45]

With regard to turnover intention, nearly one in three intended to look for a new job over the next 12 months. Of most concern was that nearly one in five of all managers intended to leave the AOD field. These findings support anecdotal and other evidence from the field regarding high turnover and difficulties experienced in recruitment and retention.[46-49] The recent NCETA nationwide study of AOD frontline workers also revealed a similar percentage of workers reporting intentions to leave the AOD field to look for another job.[27] Given that anecdotal evidence suggests that the AOD field is experiencing a serious shortage of workers, coupled with recruitment challenges,[46, 50] there is a compelling need to address turnover and retention in the workforce. Improving recruitment and reducing turnover are essential for the effective and efficient running of AOD services. Moreover, turnover among managers may also affect the morale and wellbeing of their staff.

Given these levels of turnover intention and burnout, a significant proportion of AOD managers in the field may be experiencing less than optimal levels of wellbeing. Critical workplace factors that could be contributing to negative attitudes, stress and burnout were identified in this study that can inform strategies designed to enhance AOD managers' sense of wellbeing.

Critical Workplace Factors

Several key workplace factors were significantly associated with AOD managers' indicators of wellbeing. Table 36 outlines the predictors of job satisfaction, organisational commitment and professional efficacy (left-hand column) and contrasts these with the predictors of turnover intention, exhaustion and cynicism (right-hand column).

Managers' levels of job satisfaction, organisational commitment and professional efficacy were found to be high, even though the mean scores for turnover intention and exhaustion were above the midpoint level. Given this, the positive work factors that contribute to wellbeing are discussed below, followed by an examination of the work factors that contribute to turnover intention, exhaustion and cynicism, and compromise wellbeing.

Positive work factors

A number of positive working conditions were identified that predicted managers' high levels of job satisfaction, organisational commitment and professional efficacy and / or low levels of exhaustion, cynicism and turnover intention. These included high levels of workplace support, knowledge of performance, job autonomy, low levels of role ambiguity, and safe and pleasant work environments.

Workplace support

Workplace support was a key predictor of high levels of organisational commitment and job satisfaction, as well as lower levels of cynicism among AOD managers. While most managers reported having supportive colleagues and staff, one in five managers disagreed that they were well supported by upper management. Clear evidence exists for the relationship between lack of workplace support and burnout[16, 18] and some studies have found that social support

Table 36: Predictors of wellbeing

Predictors that enhance wellbeing	Predictors that impair wellbeing
Perceived reciprocity	(Lack of) perceived reciprocity
Perceived management competency	(Lack of) perceived management competency
Workplace support	(Low) workplace support
Job autonomy	(Lack of) job autonomy
Organisational support	(Lack of) knowledge of performance
(Lack of) role ambiguity	(Lack of) rewards for performance
(Safe & pleasant) physical work environment	(Poor) physical work environment
	(Excessive) workload

may be an effective buffer against demanding job conditions.[18] As such, strategies that encourage support from staff and colleagues, particularly senior management, are essential.[51]

Knowledge of performance

Most managers were aware of how well they performed in their jobs. This is essential, as knowledge of one's performance helps maintain motivational levels, and aids in the development of competence.[52, 53] Generally, managers with fewer years of experience in their current work organisation had more knowledge of their performance. While this finding seems counter-intuitive, it may be that managers who are new to this role tend to receive more feedback about their performance, or actively seek it out. The present findings highlight the value of having continuous, planned and structured feedback on performance as opposed to having it occur on a sporadic or ad hoc basis.

Job autonomy and role clarity

AOD managers also reported high levels of job autonomy and high levels of role clarity. The majority of managers reported that they had the freedom to make decisions about work and were certain about what to do and what was expected of them in their work role. As with the findings from previous research, these workplace factors were associated with high levels of organisational commitment,[25] job satisfaction[54, 55] and professional efficacy.[16, 56]

Physical work environment

The physical work environment played an important role in the prediction of managers' wellbeing. The majority of managers in the study reported that their workplace was safe and pleasant. Ensuring a safe and secure workplace is particularly relevant for work with AOD clients given the potential for aggression when clients are intoxicated, in withdrawal, or drug seeking. In addition to safety and physical security, a pleasant working environment can also have a significant impact on worker morale. For example, adequate space, light, equipment and physical location (e.g., proximity to transport and other services) are important aspects of a pleasant physical working environment.

Given that positive attitudes in the workplace are good indicators of wellbeing, it is essential that measures, such as those highlighted above, are taken to ensure that work factors such as knowledge of performance, workplace support, job autonomy and role clarity are encouraged and maintained.

Negative work factors

There were also negative working conditions that were affecting managers' levels of wellbeing in the study. These included lack of perceived reciprocity, lack of management competency, inadequate rewards for performance, and excessive workloads. These factors contributed to higher levels of turnover intention, exhaustion and cynicism and / or low levels of job satisfaction, organisational commitment and professional efficacy among AOD managers.

Perceived reciprocity

A perceived lack of reciprocity in staff and organisational relationships was a significant predictor of turnover intention, job satisfaction, and burnout. These results are consistent with previous research that identified a link between perceived inequity, and burnout[57-59] and turnover.[60] It may be that AOD managers who feel they give more than they receive in return from their organisation tend to feel more emotionally fatigued, less interested, and more dissatisfied with their work and subsequently form intentions to leave. Feelings of inequity were reported by more than a third of managers in the study who agreed that their contributions to the organisation outweigh the benefits they receive in return. Strategies that promote an equitable exchange in working relationships are known to be important preventative steps in mitigating the risk of turnover and burnout in managers.[39, 57] Simple measures such as explicitly encouraging Board members and staff to show demonstrable support and offer positive feedback to managers would go some way to addressing this pivotal issue.

Perceived management competency

Lack of perceived management competency was a significant predictor of turnover intention and all three burnout dimensions (exhaustion, cynicism and professional efficacy). Younger and / or inexperienced managers reported lower levels of managerial training and skills compared to older managers and those with more years of work experience. Just over 40% of all managers reported insufficient management skills and training. Related to this issue, nearly one in four managers reported that they did not receive adequate support from upper management to attend training and over a quarter reported difficulty in managing staff from different professional backgrounds. These findings are consistent with the project stakeholder consultation[61] where it was noted that AOD workers with mainly clinical experience are usually promoted to managerial positions without proper training and therefore often lack essential managerial knowledge and skills. Given the dynamic and complex nature of the AOD field and its workforce, and the large proportion of managers with predominantly clinical

backgrounds, the issue of limited managerial skills and training requires attention. Management training is highlighted here as a high priority need to retain AOD managers and reduce their levels of stress and burnout.

Rewards for performance

Lack of rewards for performance was a key predictor of turnover intention among managers in the study. Nearly 90% of managers disagreed that they were likely to be financially rewarded if they performed well. In terms of non-financial rewards, approximately a third of managers reported that they were less likely to receive praise and recognition from senior managers or be provided with opportunities to develop their own projects, as a reward for good performance. These results accord with previous research that has found a link between performance-contingent rewards and turnover.[22] If AOD managers feel that they are not being acknowledged (financially or otherwise) for their performance then this may partly influence their intentions to quit and look for a job elsewhere. While the provision of adequate financial rewards can be a challenge in AOD organisations, non-tangible rewards such as recognition or opportunities for advancement often work just as effectively.[62] It is important to note that individuals need to feel that they are being acknowledged and appreciated for their contributions, and that there are incentives for performing well in their job.

Workload

This study also found excessive workloads to be a significant predictor of exhaustion. This is consistent with previous research findings in the AOD workforce.[21] Excessive workload appears to be a particularly important factor as more than half the managers surveyed reported having too much work to do everything well and not enough time to get everything done.

Staff shortages may be the most salient contributor to excessive workload, as this was the most frequently reported factor that caused pressure at work. However, the strong statistical association between workload and role conflict indicates that conflict between clinical and administrative roles may also play a part. Over three-quarters of managers surveyed reported having dual administrative and clinical work roles. Of these, almost two-thirds reported conflicting priorities between these work roles, which reduced their effectiveness in performing their clinical role. Clearly, juggling roles as both manager and clinician requires attention.

Regardless of whether managers' exhaustion levels are due to workloads created by staff shortages or conflicting roles, the excessive workload of AOD agency managers needs to be addressed. It may be worthwhile developing strategies to help clarify the diverse roles of managers, or strategies that may help them balance these demands on their time.[51, 63] Programs or interventions that help manage work-related pressures and demands could also be implemented.[51]

Younger and Less Experienced Managers at Greater Risk

Younger managers reported higher levels of exhaustion compared to older managers in this study. Previous studies have found a similar link between age and levels of exhaustion or stress.[4] This may be due to younger managers still being in the process of developing the necessary skills and resources to cope with their jobs. Younger managers also reported higher levels of role conflict, lower levels of managerial competency, and higher intentions to quit. In addition, managers with fewer years of experience reported more difficulties in managing a diverse workforce, greater uncertainty in their work roles, less perceived competence as a manager, inadequate workplace support, less job autonomy, less financial reward for performance, and less support for professional development from upper management.

These findings indicate that younger and less experienced managers need tailored, proactive support and encouragement, and access to management training. AOD management mentoring programs could be an effective and cost-efficient strategy to address these issues.

Managers in Government Treatment Agencies

Results from this study indicated significant differences in a number of working conditions and attitudes among government sector AOD managers in comparison to managers from other sectors. A larger proportion of government agency managers reported an inequitable return for their investment in their work relationships and organisation; lower levels of job autonomy; higher levels of conflict between their clinical and administrative roles; less safe and pleasant working environments; and lower levels of organisational commitment compared to managers from non-government agencies. Furthermore, there were significant differences between managers from government agencies and those from private agencies. Managers from government agencies reported greater uncertainty in their roles; lower probability of receiving bonuses as a reward for their performance; and less satisfaction with their remuneration compared to private agency managers. These factors are of specific relevance to government treatment funders and agencies and need to be considered when developing strategies to improve wellbeing and retention levels of their AOD managers / supervisors.

Conclusion

In general, it appears that AOD managers experience substantial satisfaction from their work and are committed to their organisations. However, a proportion experience less than adequate working conditions: inequitable working relationships, lack of managerial competence, excessive workloads, and lack of performance-contingent rewards. This combination of factors contributed to high levels of turnover intention and burnout in a substantial proportion of managers.

The implications of the current study are clear. In order to protect and enhance AOD managers' wellbeing, job attitudes need to be improved, the risk of stress and burnout needs to be minimised, and organisations need to focus on workplace factors that predict turnover intention, stress and burnout in particular, as these were the indicators of wellbeing that were at elevated levels. Specifically, AOD managers need to feel that efforts invested in their staff and their organisation are equitably rewarded in return. More management-focused training is needed to build capabilities and competencies of managers, and excessive workloads need to be addressed. Finally, managers need to be provided with strong support from all levels in the organisation in order to cope with the challenges of managing an AOD service. If these issues are not addressed, then managers' health and wellbeing may be severely compromised. While it is acknowledged that many AOD organisations have limited resources, it may be worthwhile investing in evidence-based organisational strategies to improve occupational wellbeing and retention, which will be cost-efficient in the long-term.[63]

This study's findings may be an underestimation of the full extent of the problems faced by AOD managers in terms of their health and wellbeing. While the response rate to the survey was encouraging, there may have been a proportion of managers who did not complete the survey because they were too busy, overburdened with work, or too stressed. In addition, the survey did not include managers who had already left the field including those who may have left due to being burnt out. Finally, the sampling frame utilised in the current study was sourced from a database of agencies established in 2001 and it may not have encompassed all current treatment services.

The results of this study have important implications for strategies designed to improve the working conditions of AOD managers. To preserve managers' health and wellbeing, and to maintain effective retention levels, workforce development strategies need to focus more specifically on ensuring reciprocity in workplace relationships, providing managerial training opportunities, manageable workloads and adequate rewards and recognition for performance.

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APPENDIX I

THE SURVEY INSTRUMENT

Health and wellbeing of managers in the Alcohol and Other Drugs (AOD) workforce

An examination of factors that contribute to managers' wellbeing and effectiveness

About this survey...

The National Centre for Education and Training on Addiction (NCETA) is conducting a research project on the health, wellbeing and job satisfaction of managers in the alcohol and other drugs (AOD) workforce.

This survey has been distributed to the manager of each agency registered on the Clients of Treatment Services database (COTSA).

We would be most grateful if you would volunteer to spare the time to assist in this important project, by completing a questionnaire which touches upon certain aspects of this topic. No more than **15 minutes** of your time would be required.

Be assured that any information provided will be treated in the strictest confidence (i.e., all responses are confidential) and none of the participants will be individually identifiable in the resulting reports or other publications (i.e., all participants are completely anonymous). You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Once you have completed the survey, please mail it to the principal researcher in the stamped, self-addressed envelope provided.

For each questionnaire that is completed and returned an amount of $1 (maximum value $500) will be donated to Oxfam Australia.

Any queries you may have concerning this project should be directed to the principal researcher at the address given on the title page or by telephone (08) 8201 7535, fax (08) 8201 7550 or e-mail (ken.pidd@flinders.edu.au).

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. The Secretary of this Committee can be contacted on 8201 5962, fax 8201 2035, or e-mail sandy.huxtable@flinders.edu.au.

Thank you for your attention and assistance.

Yours sincerely,

Dr. Ken Pidd
Senior Researcher
National Centre for Education and Training on Addiction
Flinders University, Adelaide Australia

Please be aware that this survey contains questions which address the topic of stress and burnout, specifically whether you have experienced particular signs and symptoms of stress and burnout. Please do not complete this survey, or certain questions within it, if you feel uncomfortable answering questions on this topic.

A. Challenges of Managing an AOD Organisation

A1. Are there issues that create pressure for you at work?

Yes ❑ 1 No ❑ 2 (If No – go to Section B below)

If Yes please rank the **top 3** factors.

Use the numbers **1 - 3** in order of importance (1 = most important; 2 = 2nd most important; 3 = 3rd most important). ONLY MARK 3 BOXES.

- ☐ Staff shortages
- ☐ Shortage of essential resources
- ☐ Deciding task priorities
- ☐ Trivial tasks that interfere with my job role
- ☐ Having too little time to do what is expected of me
- ☐ Conflicting demands on my time at work by others
- ☐ Having to attend too many meetings
- ☐ Organisational change
- ☐ Conflicting demands between different job roles
- ☐ Uncertainty about future funding
- ☐ Decisions or changes which affect me are made 'above' without my knowledge or involvement
- ☐ Other (please specify in BLOCK LETTERS)

. . . . . .

B. Your Working Conditions

B2. Management Roles and Responsibilities

Please tick the response which best describes your level of agreement with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have too much work to do everything well	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. I never seem to have enough time to get everything done	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
3. The amount of work I am asked to do is fair	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
4. My job allows me to make a lot of decisions about how my service operates	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
5. I have a lot to say about what happens in the service that I manage	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
6. I have opportunities to contribute to the development of organisational policies and procedures	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
7. In my job I have very little freedom to decide how I run my service	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
8. Most of the time I know what I have to do in my job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
9. In my job I know exactly what is expected of me	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

B3. Relations With Professional Colleagues

Please tick the response which best describes your level of agreement with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. My staff provide with me with good support for my work as a manager	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. My professional colleagues provide me with good support for my work as a manager	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
3. My Board or Senior Management provide me with good support for my work as a manager	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
4. I invest more in the relationship with my staff than I receive in return	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
5. I benefit little from the efforts I put into the organisation	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
6. If I take into account my contribution, the organisation ought to provide me with more rewards and benefits	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
7. Managing staff from different professional backgrounds creates difficulties for me	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

B4. Recognition and Rewards

Please tick the response which best describes your level of agreement with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I am very satisfied with my pay	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. My pay is fair considering what other managers in health and human services are paid	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
3. I seldom know whether I'm doing my job well or poorly	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
4. I usually don't know whether or not my work is satisfactory in this job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
5. If I perform well, I am likely to receive praise and recognition from my Board / Senior Management	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
6. If I perform well I am likely to get a bonus or pay increase	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
7. If I perform well I am likely to get opportunities to develop my own projects / strategies	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

B5. Physical Work Environment

Please tick the response which best describes your level of agreement with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I work in a safe working environment	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. I work in a pleasant working environment	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

B6. Professional Development

Please tick the response which best describes your level of agreement with each of the following statements.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I do not have enough management training to do my job to my satisfaction	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. I have all the management skills I need in order to do my job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
3. I have sufficient support from my Board / Senior Management to access management training	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

B7. Organisational Support

Please tick the response which best describes your level of agreement with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N / A
1. My organisation provides formal supervision that helps me in my role as a manager	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑
2. There are formal mechanisms in my organisation to help me debrief after a critical incident	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑
3. I am able to readily access informal support within my organisation when I feel the need	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑
4. My Board of Management/Advisory Panel responds in an enabling way when I raise pressing issues	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑
5. I have access to a mentor to help me in my role as a manager	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑
6. There are adequate guidelines within my organisation to help me in my role as a manager	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑
7. My organisation has flexible working conditions designed to help me achieve a balance between work and my personal life	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑

C. Your Relationship With Your Work

C1. Attitudes Towards Your Work

Please tick the response which best describes your level of agreement with each of the following statements.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I find real enjoyment in my job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. Most days I am enthusiastic about my job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
3. I feel well satisfied with my job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
4. I am quite proud to tell people I work for this organisation	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
5. I feel myself to be a part of this organisation	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
6. I have thought about leaving my job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
7. I plan to look for a new job over the next 12 months	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
8. I intend to search for a new job within the AOD field but outside this organisation	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
9. I intend to search for a new job outside the AOD field	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
10. Changing jobs every few years is a positive strategy to develop a career in management	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

C2. Your Wellbeing

Please tick the response which best describes your level of agreement with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel emotionally drained from my work	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. I feel used up at the end of the workday	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
3. I feel tired when I get up in the morning and have to face another day on the job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
4. Working all day is a real strain for me	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
5. I can effectively solve the problems that arise in my work	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
6. I feel burned out from my work	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
7. I feel I am making an effective contribution to what this organisation does	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
8. I have become less interested in my work since I started this job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

9. I have become less enthusiastic about my work	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
10. In my opinion, I am good at my job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
11. I feel exhilarated when I accomplish something at my work	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
12. I have accomplished many worthwhile things in this job	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
13. I just want to do my job and not be bothered	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
14. I have become more cynical about whether my work contributes anything	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
15. I doubt the significance of my work	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
16. At my work, I feel confident that I am effective in getting things done	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

D. Clinical and Administrative Roles

Do you have both clinical and administrative responsibilities in your current position?

Yes ❑ 1 Please answer the following 3 questions

No ❑ 2 Please move on to Section E (DEMOGRAPHICS)

Please tick the response which best describes your level of agreement with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. My clinical and administrative roles involve conflicting priorities	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. Administrative responsibilities reduce my capacity to operate effectively in a clinical role	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

E. Demographics

1. What type of organisation do you work for?

❑ 1 Government ❑ 3 Non-government

❑ 2 Private ❑ 4 Other (please specify) . . . . . .

2. In what geographic location is your workplace is situated?

❑ 1 Urban ❑ 3 Rural

❑ 2 Regional ❑ 4 Remote

3. What state or territory do you work in? . . . . . .

4. How long have you been working for this organisation?. . . . . years . . . . . months

5. How long have you been working in the AOD field?. . . . . years . . . . . months

6. How long have you been working as a manager in the AOD field?
. . . . . years . . . . . months

7. What is your age? . . . . . years

8. Are you working full-time or part-time? ❑ 1 Full-time ❑ 2 Part-time

9. What is your gender? ❑ 1 Male ❑ 2 Female

10. Which of the following options best describes your current working arrangement?
- ❑ 1 Permanent
- ❑ 2 Contract
- ❑ 3 Casual
- ❑ 4 Other (please specify) . . . . . .

11. What is your professional background?
- ❑ 1 AOD worker
- ❑ 2 Nurse
- ❑ 3 Psychologist
- ❑ 4 Social worker
- ❑ 5 Doctor
- ❑ 6 Other (please specify) . . . . . .

12. Please indicate the **HIGHEST** formal qualification you have **COMPLETED**.
- ❑ 1 Secondary school – less than Year 12
- ❑ 2 Secondary school – completed Year 12
- ❑ 3 TAFE
- ❑ 4 University Degree Undergraduate or Honours
- ❑ 5 Postgraduate Masters degree
- ❑ 6 PhD
- ❑ 7 Other (please specify) . . . . . .

13. Please indicate **ALL** qualifications you have completed where alcohol and other drugs were the ***primary focus*** or a ***substantial part*** of the course (tick as many boxes that apply).
- ❑ 1 Non-accredited training courses
- ❑ 2 Accredited short courses
- ❑ 3 TAFE
- ❑ 4 University Degree Undergraduate or Honours
- ❑ 5 Postgraduate Masters degree
- ❑ 6 PhD
- ❑ 7 Other (please specify) . . . . . .

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Please enclose the questionnaire in the reply paid envelope provided and return it to NCETA

APPENDIX II

CORRELATIONS BETWEEN WORK FACTORS AND WELLBEING INDICATORS

		W	JA	RA	RC	WS	PR	AR	KP	NR	FR	PE	MC	SPD	OS	JS	OC	T	E	C	PF
Work Factors																					
1.	Workload (W)	1.00																			
2.	Job autonomy (JA)	-.06	1.00																		
3.	Role ambiguity (RA)	.11*	-.40**	1.00																	
4.	Role conflict (RC)	.40**	-.12*	.08	1.00																
5.	Workplace support (WS)	-.19**	.30**	-.34**	-.21**	1.00															
6.	Lack of perceived reciprocity (PR)	.26**	-.27**	.20**	.25**	-.42**	1.00														
7.	Adequacy of remuneration (AR)	-.17**	.08	.05	-.13*	.04	-.28**	1.00													
8.	Knowledge of performance (KP)	-.16**	.36**	-.49**	-.03	.32**	-.34**	.00	1.00												
9.	Non-financial rewards (NR)	-.09	.44**	-.27**	-.11	.43**	-.29**	.20**	.43**	1.00											
10.	Financial rewards (FR)	-.12*	.09	-.10	-.02	.19**	-.08	.23**	.17**	.39**	1.00										
11.	Physical environment (PE)	-.21**	.18**	-.16**	-.21**	.26**	-.25**	.16**	.20**	.16**	.16**	1.00									
12.	Perceived management competency (MC)	-.07	.15**	-.29**	-.18**	.24**	-.04	.09	.18**	.11*	.14**	.16**	1.00								
13.	Support for professional development (SPD)	-.12*	.33**	-.22**	-.12*	.34**	-.25**	.24**	.25**	.49**	.24**	.16**	.31**	1.00							
14.	Organisational support (OS)	-.26**	.26**	.25**	-.21**	.39**	-.39**	.22**	.35**	.42**	.16**	.25**	.06	.38**	1.00						
Wellbeing indicators																					
15.	Job satisfaction (JS)	-.08	.27**	-.31**	-.03	.38**	-.38**	.12*	.33**	.26**	.06	.24**	.16**	.22**	.26**	1.00					
16.	Organisational commitment (OC)	-.07	.36**	-.22**	-.18**	.39**	-.32**	.14**	.27**	.38**	.16**	.25**	.19**	.35**	.33**	.54**	1.00				
17.	Turnover intention (T)	.17**	-.21**	.20**	.16*	-.36**	.39**	-.20**	-.27**	-.33**	-.17**	-.33**	-.22**	-.35**	-.33**	-.43**	-.47**	1.00			
18.	Exhaustion (E)	.35**	-.16**	.26**	.24**	-.29**	.37**	-.13*	-.29**	-.16**	-.11*	-.31**	-.24**	-.12*	-.28**	-.45**	-.26**	.40**	1.00		
19.	Cynicism (C)	.15**	-.37**	.35**	.17**	-.42**	.44**	-.17**	-.46**	-.37**	-.09	-.32**	-.25**	-.29**	-.35**	-.64**	-.49**	.56**	.53**	1.00	
20.	Professional efficacy (PF)	-.07	.31**	-.36**	-.13*	.31**	-.21**	.10	.31**	.14*	-.01	.26**	.36**	.15**	.20**	.50**	.43**	-.27**	-.26**	-.47**	1.00

*Note: * p = .01*
*** p = .001*

FLINDERS
UNIVERSITY
ADELAIDE
AUSTRALIA