

# Who stays? Australian alcohol and other drug work and worker characteristics predicting regional, rural and remote job retention

Jane Anne Fischer PhD  | Victoria Kostadinov MPsyCh | Jacqueline Bowden PhD

National Centre for Education and Training on Addiction, College of Medicine and Public Health, Flinders University, Australia, Adelaide, South Australia, Australia

## Correspondence

Victoria Kostadinov, National Centre for Education and Training on Addiction, College of Medicine and Public Health, Flinders University, Australia, GPO Box 2100, Adelaide, SA 5001, Australia.

Email: [victoria.kostadinov@flinders.edu.au](mailto:victoria.kostadinov@flinders.edu.au)

## Present address

Jane Anne Fischer, College of Education, Psychology and Social Work, Flinders University, Adelaide, South Australia, Australia

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## Abstract

**Introduction:** The Australian alcohol and other drug (AOD) regional, rural and remote (RRR) workforce experiences chronic workforce retention challenges. However, little is known about the characteristics of RRR AOD workers nationally, or factors associated with retention.

**Objective:** To examine the personal and professional characteristics of RRR AOD workers and identify factors that predict intent to remain in the workforce.

**Design:** Secondary analysis of Australian National AOD Workforce Survey data, a cross-sectional online survey of AOD workers ( $N = 1506$ ).

**Participants:** AOD workers employed in RRR Australia ( $N = 447$ ).

**Main Outcome Measures:** Demographic and professional characteristics; intent to remain in current job for the next year.

**Results:** The majority of RRR AOD workers were female (72%) and worked full time (65%) in the NGO sector (58%). Most (56%) intended to stay in their job. There were not only high rates of poor job engagement (33%) and high burnout (42%) but also high job satisfaction (80%). Significant predictors ( $p < 0.05$ ) of retention intention were job satisfaction, low burnout, employment security and respect in the workplace.

**Conclusions:** Workforce initiatives and benefits tailored to the current composition of the RRR AOD workforce are needed. Retention of workers may be facilitated by increasing job satisfaction, security and respect, and decreasing burnout.

## KEYWORDS

alcohol and other drug workers, Australia, regional, retention, rural and remote

## 1 | INTRODUCTION

Alcohol and other drug (AOD) use represents an issue of considerable concern in regional, rural and remote (RRR) areas of Australia. Australians living in remote areas are more likely to use illicit drugs, twice as likely to smoke tobacco, and 1.6 times as likely to drink at risky levels, compared to those living in metropolitan locations.<sup>1</sup> It is

imperative that the RRR AOD workforce is well-equipped to manage problematic AOD use and prevent the escalation of harms.

RRR Australia (understood here as locations outside of capital cities or metropolitan centres) employs approximately one-third of the AOD workforce,<sup>2</sup> but experiences chronic workforce retention challenges.<sup>3,4</sup> While many workers report their jobs to be highly meaningful and

satisfying,<sup>5</sup> experiences of job dissatisfaction, burnout, job insecurity and stigma can result in high turnover.<sup>5-10</sup>

At the same time, the recruitment of RRR workers can be highly challenging.<sup>11</sup> Resultant workforce shortages compound the difficulties of accessing treatment in RRR locations,<sup>3</sup> and make the retention of existing RRR workers an issue of key importance for the AOD field.

Efforts to ensure appropriate workforce coverage in RRR areas are further hampered by a lack of national data. The size and characteristics of the national RRR AOD workforce are currently unknown. A more comprehensive understanding of the workforce would allow for more accurate workforce planning, and enable recruitment and retention initiatives to be tailored to the current (and desired future) workforce.

Key priorities for the RRR AOD field are therefore obtaining an accurate overview of the characteristics of the workforce, and identifying the organisational factors which increase the likelihood of them remaining in their role. While it is important to recognise negative employment conditions which are associated with high turnover, in a RRR context many of these can be outside of the organisation's control (e.g. poor infrastructure, isolation). By contrast, the current study adopts a strengths-based approach, with the aim of identifying positive organisational characteristics which can be promoted and enhanced in order to facilitate worker retention (and in turn, treatment access).

## 2 | METHODS

Data were drawn from the 2019 to 2020 Australian national AOD workforce survey. To date, this survey constitutes the most comprehensive source of information about the Australian AOD workforce available. Ethics approval was obtained from Flinders University Social and Behavioural Research Ethics Committee, Southern Adelaide Clinical Human Research Ethics Committee (under the National Mutual Acceptance Scheme) and jurisdictional research ethics and governance bodies. A detailed methodology for the survey is available elsewhere.<sup>2</sup> The sample for the current study comprised survey respondents ( $N=1506$ ) who indicated that they worked in a rural ('large or small rural centre') or remote (<5000 inhabitants) location (30.1%;  $N=447$ ).

### 2.1 | Measures

#### 2.1.1 | Retention intention

Participants were asked to indicate the extent to which they agreed with the statement 'it is likely that I will leave

#### What is already known on this subject?

- Alcohol and other drug (AOD) use and associated harms are disproportionately higher in regional, rural and remote (RRR) areas of Australia.
- However, the AOD RRR workforce experiences chronic retention challenges.
- Workforce planning initiatives are further hampered by a lack of data regarding the composition of the workforce.

#### What does this study add?

- A comprehensive overview is provided of the characteristics of RRR AOD workers, including personal demographics, job characteristics, levels of well-being and job satisfaction.
- High job satisfaction, good job security, respect in the workplace and low burnout are associated with increased odds of RRR AOD workers remaining in their current job over the next year.

my job in the next year'. Over half (56.1%,  $n=254$ ) disagreed, 19.9% ( $n=90$ ) neither disagreed nor agreed, and 22.7% ( $n=103$ ) agreed. Those who indicated agreement or ambivalence (i.e. neither agree nor disagree) were merged into one category (leave) (43.2%,  $n=193$ ) while the remainder who disagreed comprised the other category (stay) (56.1%,  $n=254$ ). Missing cases were excluded.

#### 2.1.2 | Individual characteristics

Sex (male/female), age (18-49 years/50+ years), identify as Aboriginal or Torres Strait Islander (yes/no), Australian born (yes/no), caring for others (yes/no), AOD lived experience (yes/no), health status (poor-fair/good/very good-excellent) and quality of life (QOL) (very-poor/neither/very-good).

#### 2.1.3 | Work characteristics

AOD qualification (yes/no), sector (government/non-government), employment (full time/part time), years in organisation (0-3 years/4-9 years/10+ years), line supervision (yes/no), clinical supervision (none/poor/good), job satisfaction (unsatisfied/neither/satisfied), professional development (difficult/easy to access) and job security (not secure/secure). Short scales measured job engagement (two items;  $\alpha=0.74$ ), burnout (seven items;

TABLE 1 Characteristics &amp; retention intention of non-metropolitan Australian AOD workers.

Participant characteristics	Intention		Total (%)	Test statistic
	Stay (%)	Leave (%)		
<b>Worker</b>				
Sex				
Male	29.1	26.5	28.0	$\chi^2(1, N=440)=0.370$ , $p=0.54$
Female	70.9	73.5	72.0	
Age				
To 49 years	51.2	55.6	53.1	$\chi^2(1, N=439)=0.820$ , $p=0.37$
50+ years	44.4	48.8	46.9	
Aboriginal and/or Torres Strait Islander				
Yes	10.0	11.4	10.6	$\chi^2(1, N=434)=0.193$ , $p=0.66$
No	90.0	88.6	89.4	
Australian born				
Yes	77.6	77.7	77.6	$\chi^2(1, N=447)=0.002$ , $p=0.97$
No	22.4	22.3	22.4	
Care for others				
Yes	48.8	46.1	47.7	$\chi^2(1, N=447)=0.322$ , $p=0.57$
No	51.2	53.9	52.3	
AOD lived experience				
Yes	68.3	67.0	67.7	$\chi^2(1, N=437)=0.077$ , $p=0.78$
No	31.7	33.0	32.3	
Health status				
Poor-fair	15.5	21.5	18.1	$\chi^2(2, N=442)=7.670$ , $p=0.02$
Good	41.0	47.6	43.9	
Very good-excellent	43.4	30.9	38.0	
QOL				
Very/poor	2.4	4.7	3.4	$\chi^2(2, N=442)=13.897$ , $p\leq 0.01$
Neither	12.7	25.1	18.1	
Very/good	84.9	70.2	78.5	
<b>Work</b>				
AOD qualification				
Yes	66.9	71.0	68.7	$\chi^2(1, N=337)=0.838$ , $p=0.36$
No	33.1	29.0	31.3	
Work sector				
Government	41.2	44.1	42.5	$\chi^2(1, N=334)=0.382$ , $p=0.54$
Non-government	58.8	55.9	57.5	
Employment				
Part-time	32.7	38.0	35.0	$\chi^2(1, N=339)=1.373$ , $p=0.24$
Full-time	67.3	62.0	65.0	
Work intensity				
Intense	35.4	44.3	39.2	$\chi^2(1, N=446)=3.582$ , $p=0.06$
Not intense	64.6	55.7	60.8	
Line supervision				
Yes	62.8	58.0	60.8	$\chi^2(1, N=385)=0.890$ , $p=0.35$
No	37.2	42.0	39.2	

(Continues)

TABLE 1 (Continued)

Participant characteristics	Intention		Total (%)	Test statistic
	Stay (%)	Leave (%)		
Clinical supervision				
None	20.0	25.7	22.4	$\chi^2(2, N=428)=5.204$ , $p=0.07$
Poor	24.1	29.5	26.4	
Good	55.9	44.8	51.2	
Professional development access				
Difficult	60.9	46.6	54.7	$\chi^2(1, N=337)=8.948$ , $p<0.01$
Easy	49.3	50.7	45.3	
Job security				
Not secure	17.3	25.5	20.9	$\chi^2(1, N=446)=4.453$ , $p=0.03$
Secure	82.7	74.5	79.1	
Job satisfaction				
Unsatisfied	1.6	13.0	6.6	$\chi^2(2, N=442)=52.369$ , $p\leq 0.01$
Neither	6.8	22.9	13.8	
Satisfied	91.6	64.1	79.6	
Respect				
Low	34.3	62.7	46.5	$\chi^2(1, N=339)=35.659$ , $p\leq 0.01$
High	65.7	37.3	53.5	
Job engagement				
Low	24.7	44.7	33.3	$\chi^2(2, N=441)=23.812$ , $p\leq 0.01$
Medium	20.3	21.6	20.9	
High	55.0	33.7	45.8	
Burnout				
Low	59.8	37.4	50.1	$\chi^2(2, N=333)=22.881$ , $p\leq 0.01$
Medium	7.6	8.4	7.9	
High	32.7	54.2	42.0	

$\alpha=0.87$ ); and as a crude counter-measure of stigma, feeling respected by colleagues and treated fairly at work ('respect')<sup>12</sup> (two items;  $\alpha=0.79$ ). All short scales were recoded into categorical variables (job engagement: low/medium/high; burnout: high/medium/low; and respect in the workplace: low/high).

## 2.2 | Analysis

Chi-square tests examined associations between retention intention and individual/work characteristics. Logistic regression examined predictors of retention, adjusting for all significant variables.

## 3 | RESULTS

Study participants ( $N=447$ ) were predominantly from rural areas (91.7%,  $n=410$ ) with a small number from

remote locations (8.3%,  $n=37$ ). A third (33.6%) were from NSW, with 28.4% from QLD, 20.4% from VIC, 8.5% from WA, 5.6% from SA, 2.9% from the NT, 0.2% from TAS and 0.4% from the ACT.

Most participants were female (72.0%), and approximately half were under 50 years of age (53.1%). Most (77.6%) were born in Australia and 10.6% identified as Aboriginal or Torres Strait Islander. Half (52.3%) cared for others and most (67.7%) reported AOD lived experience. Overall, 38.0% reported very good-excellent health, while 78.5% assessed their QOL as good-very good. Of these personal characteristics, retention intention was significantly associated with very good/excellent health, and high QOL (Table 1).

AOD qualifications were held by 68.7% of participants. Participants were typically employed full time (65.0%) by non-government organisations (57.5%). At work, 60.8% received line supervision, and 51.2% received good clinical supervision. Over half (54.7%) reported difficulty accessing professional development. Most (79.1%) reported

adequate job security, and 79.6% were satisfied with their job. 'Intense' work and burnout were reported by 39.2% and 50.1% of the sample, respectively. Approximately half (53.3%) felt respected at work and reported high job engagement (45.8%). Of these work characteristics, six were significantly associated with retention intention: having access to professional development, job security, job satisfaction, respect, job engagement and having low levels of burnout (Table 1).

Logistic regression was undertaken to ascertain the predictors of retention intention. Significant variables from the univariate analyses were included in the model, that is, health status, QOL, professional development, job security, job satisfaction, respect, job engagement and burnout. Four characteristics were found to significantly predict retention intention: high job satisfaction, low burnout, high employment security and high respect (Table 2).

## 4 | DISCUSSION

The composition of the RRR Australian AOD workforce is broadly consistent with the AOD workforce at large; workers are typically female, often with other caring duties and personal experience of AOD use.<sup>2</sup> However, the proportion of Aboriginal and Torres Strait Islander workers was found to be higher in RRR areas (11% vs. 6% nationally<sup>2</sup>). Substantial numbers of RRR workers are part time, do not have AOD-specific qualifications, and have limited access to supervision or professional development. Initiatives such as flexible work hours and supported access to further training/professional development may therefore be valuable. Tailoring benefits to the needs of workers – including specific supports for Indigenous workers – is likely to increase satisfaction and may act as an incentive to remain.

While most RRR workers reported good levels of health/well-being, more than a third reported intense work, low levels of respect/job engagement and high burnout. Despite this, the majority were satisfied with their job. This apparent contradiction of challenging working conditions but high levels of satisfaction has been noted in other studies.<sup>5</sup> It highlights the importance of considering worker well-being from multiple angles; focussing on one element alone (e.g. satisfaction) may mask important issues in other areas.

Job satisfaction was the strongest predictor of retention intention; those with high satisfaction were five times more likely to plan to stay in their jobs than those with low satisfaction. Job satisfaction is inherently subjective and does not have a single accepted definition.<sup>13</sup> Given its apparent importance for RRR AOD workers, a priority

TABLE 2 Predictors of retention intention among non-metropolitan Australian AOD workers.

Characteristic	p	OR	95% CI	
			Lower	Upper
Health status				
(RC: Poor/fair)				
Good/excellent	0.80	1.07	0.62	1.87
QOL				
(RC: Poor)				
Good/very good	0.80	0.85	0.24	2.97
Job satisfaction				
(RC: Unsatisfied)				
Neither/satisfied	0.01	5.04	1.61	15.71
Burnout				
(RC: High/medium)				
Low	0.00	1.94	1.25	3.01
Engagement				
(RC: Low)				
High/medium	0.11	1.46	0.91	2.33
PD access				
(RC: Hard)				
Easy	0.71	1.09	0.71	1.67
Job security				
(RC: Insecure)				
Secure	0.00	2.19	1.30	3.69
Respect				
(RC: Low)				
High	0.00	2.51	1.62	3.91

should be examining the specific components of job satisfaction which are most meaningful for this group. In the meantime, other factors which were found to predict intent to remain (i.e. employment security, feeling respected in the workplace, low burnout) may be usefully prioritised by RRR organisations seeking to enhance retention. Importantly, any retention initiatives should be cognisant of, and tailored for, the unique workplace and community characteristics of RRR services.

The factors identified here as relevant to RRR AOD worker retention are largely focussed on the workplace, rather than individual workers. This is significant because workplace factors are typically more amenable to change than individual characteristics. Enhancing job security, ensuring respectful workplace relationships and countering the stress/overwork that contributes to burnout are all initiatives that can be implemented at the systems level. Previous AOD and RRR literature has similarly highlighted the importance of supportive work environments for worker retention.<sup>5,6,14</sup> The exception to this is work intensity, which

is often found to be related to retention but was insignificant in the current study. More research is needed to replicate the current results with a larger sample of RRR workers, and to examine the predictors of retention in greater depth.

There are some limitations to note. The Australian National AOD Workforce Survey data did not measure the length of time participants had lived in an RRR location, nor prior RRR AOD education/training, both of which are associated with RRR workforce retention.<sup>14,15</sup> Furthermore, the sample size of the RRR workforce was relatively small and likely subject to selection bias whereby workers who were experiencing high stress/burnout (and thus more likely to be seeking to leave their jobs) would be less likely to participate.

Notwithstanding the above, these results provide the clearest picture to date of the Australian RRR AOD workforce, and highlight key areas of focus for future retention efforts.

### AUTHOR CONTRIBUTIONS

Jane Anne Fischer was responsible for conceptualisation, formal analysis and original draft preparation. Jacqueline Bowden was responsible for supervision, project management, and reviewing and editing the manuscript. Victoria Kostadinov was involved in initial survey development and was responsible for revising the manuscript per peer reviewers' comments.

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### CONFLICT OF INTEREST STATEMENT

The authors have no relevant financial or non-financial interests to disclose.

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

### ETHICS STATEMENT

Ethics approval was obtained from Flinders University Social and Behavioural Research Ethics Committee, Southern Adelaide Clinical Human Research Ethics Committee

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### ORCID

Jane Anne Fischer  <https://orcid.org/0000-0001-9631-4685>

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