

Older workers in the alcohol and other drug sector: Predictors of workforce retention

Ann Roche¹  | Alice McEntee¹  | Victoria Kostadinov¹  | Sianne Hodge²  |
Janine Chapman¹ 

¹National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, SA, Australia

²Network of Alcohol and Other Drugs Agencies (NADA), Woolloomooloo, NSW, Australia

Correspondence

Ann Roche, National Centre for Education and Training on Addiction (NCETA), Flinders University, GPO Box 2100, Adelaide, SA 5001, Australia.
Email: ann.roche@flinders.edu.au

Funding information

This work was supported by the Australian Government Department of Health and a grant from the Network of Alcohol and other Drugs Agencies

Abstract

Objective: Older workers are increasingly prevalent in health and human services, including the alcohol and other drug (AOD) sector. Their turnover intentions have important implications for service system stability and retention.

Methods: Descriptive and regression analyses of survey data examined age-related differences (<50, ≥50 years old) in non-government workers' demographic, health and professional profiles and predictors of turnover intention.

Results: Older workers (≥50 years, n = 86) comprised one-third of this workforce. Compared to younger workers (n = 164), they experienced greater discrimination but higher work-life balance and work engagement. Turnover intention was predicted by job satisfaction, discrimination and work engagement.

Conclusion: Older workers' well-being and workforce retention are essential for effective leadership, succession planning and service continuity. Their needs and retention motivations are identified. Age-specific support mechanisms, proactive retention and anti-discrimination strategies are identified priorities.

KEYWORDS

discrimination, drug and alcohol workers, non-government alcohol and other drug sector, older workers, workforce development, workforce retention

1 | INTRODUCTION

The increasing proportion of older workers is a key issue for Australia's labour market,^{1,2} with implications for worker satisfaction, retention, premature attrition and transition to retirement strategies. The health and human services workforce, from which alcohol and other drug (AOD) workers are sourced, comprises a disproportionately large representation of senior employees.³

Although Australians are remaining in the workforce longer than in previous decades,² their needs and motivations for workforce retention are poorly understood. With a shrinking pool of replacement workers,⁴ recruitment is a growing

challenge.^{5,6} Appropriate numbers of trained, experienced and competent workers are required for optimal service delivery.⁷ Loss of institutional and corporate knowledge through attrition threatens high-quality care and the capacity of organisations to provide mentorship, supervision and coaching to younger workers.⁵ Understanding the factors likely to support older workers to remain in the workforce is therefore increasingly important.

The AOD sector is especially vulnerable to these challenges. Studies have found this sector to comprise a substantial proportion of older workers.^{6,8-10} As a sector characterised by constant change, political pressures and heavy emotional labour,¹¹ retention of older workers and succession planning

are an increasing priority. Hence, retaining older AOD workers may require structural and organisational-level change.

To understand older workers' current and emerging needs, clearer articulation of relevant workforce development needs is required to facilitate informed policy and planning processes, and projected service needs and demands.¹²

Little research has specifically examined older Australian AOD workers, and no studies have examined their work-related experiences or organisational requirements. The present study assessed the demographic composition, organisational characteristics, working conditions and health of older workers within the New South Wales (NSW) non-government AOD workforce and specifically explored the following research questions:

1. In what ways do the demographic, health and professional profiles of workers aged ≥ 50 years differ from younger workers (< 50)?
2. What factors predict older workers' turnover intentions?

2 | METHODS

A customised survey assessed participants' demographic and organisational characteristics, working conditions, health and well-being (see ref. 9 for full study protocol).

2.1 | Measures

2.1.1 | Demographics and health

Demographic characteristics included age, gender, Aboriginal and/or Torres Strait Islander identity, sexual orientation, highest AOD qualifications and AOD lived experience (no, yes (disclosed to workplace), yes (undisclosed to workplace)). The SF-36 instrument's global health status item examined participants' health (poor/fair, good/very good/excellent).¹³

2.1.2 | Employment characteristics

Employment characteristics included years worked in the AOD sector, contract type (permanent, fixed term), rurality (urban, regional/rural/remote) and if role involved management (yes, no). Respondents nominated a salary category, recoded for full-time workers as below, average and above average compared to the mean Australian income (November 2017: \$81,755).¹⁴

Practice Impact

Older workers require tailored workforce development initiatives to address their specific needs. Suggested mechanisms include anti-discrimination policies, flexible working conditions, and mentoring and leadership programs. Such strategies may reduce discrimination, enhance job satisfaction and work engagement, and facilitate retention. These proactive age-specific strategies are necessary to enhance well-being and retention.

2.1.3 | Workplace conditions

Satisfaction working in the non-government AOD sector and work-life balance were each measured on a 5-point scale (very dissatisfied – very satisfied). Perception of remuneration fairness (*Do you think you are paid enough for the work that you do?*) was measured on a 4-point scale (never – always).¹⁵ Job insecurity was assessed with the single item: *In the next 12 months, what is the chance that you could lose your job for a reason that is beyond your control?* (almost no chance – almost certain).¹⁶ Perception of workload¹⁷ was measured by three items on a 5-point scale (Cronbach's $\alpha = 0.86$). One positively worded item was reverse coded for consistency. Total workload was calculated by summing scores across items and recoded as: low/medium (3-9) or high (10-15). Participants indicated their experience of workplace discrimination (yes (occasionally/regularly), no (never)).

2.1.4 | Work-related personal characteristics

Quality of life was assessed through the EUROHIS-QOL 8-item scale¹⁸ (Cronbach's $\alpha = 0.90$). Work engagement was measured by the 17-item Utrecht Work Engagement Scale,¹⁹ scored on a 7-point scale (never – always) with total score the average of the items (Cronbach's $\alpha = 0.89$). The 14-item Shirom-Melamed Burnout Measure assessed overall burnout (Cronbach's $\alpha = 0.95$).²⁰ Frequency of experiencing each item (eg *My thinking process is slow*) was scored on a 7-point scale with total scores averaged across scale items. Job satisfaction was assessed through the item *You are satisfied with your present job* (strongly disagree – strongly agree). A 4-item scale determined turnover intention,²¹ scored on a 5-point Likert scale (Cronbach's $\alpha = 0.89$).

2.2 | Ethics

Flinders University Social and Behavioural Research Ethics Committee granted ethics approval for the study (#7647).

2.3 | Recruitment

All employees in the NSW non-government AOD sector were eligible to participate. Invitations were sent to workers/organisations via the Network of Alcohol and other Drugs Agencies member/stakeholder communication channels and promoted at events/online forums. A snowball sampling method was utilised to promote the survey.

2.4 | Data collection

SurveyMonkey[®] hosted the online survey. Data were collected between September and November 2017. Pen-and-paper options were available but not utilised. Survey completion signified consent.

2.5 | Analyses

Data were exported into SPSS, version 25. Scores for validated scales were calculated according to relevant scoring manuals, with unanswered or 'don't know' responses excluded. To assess research question 1, responses were compared by age group (<50 vs ≥50 years). Frequency analyses, χ^2 tests of independence, and *t* tests examined between group differences. Statistical significance was set at $P \leq 0.05$ with Cohen's *d* (for *t* tests)²² or Cramér's V (denoted as ϕ_c) (for χ^2 tests) reported to indicate magnitude of effect. The conventional standard for interpreting Cohen's *d* is 0.2 = small, 0.5 = medium, and 0.8 = large and for ϕ_c , 0.1 = small, 0.3 = medium, and 0.5 = large.²²

To assess research question 2, bivariate correlations were undertaken to examine associations between variables among workers aged ≥50 years. The correlations informed the selection of predictors of turnover intention in the regression model with inclusion criterion set at $r \geq 0.30$ (moderate correlation or higher). Potential threats of multicollinearity, homoscedasticity, normality and linearity were checked prior to undertaking the regression, and there were no violations of the assumptions.

3 | RESULTS

3.1 | Demographics and health

Of 294 useable surveys, 250 included data on age. Mean age was 43.4 years (SD = 11.8; <50: M = 36.4, SD = 7.9; ≥50:

M = 56.6, SD = 4.3). Approximately one-third (34%, *n* = 86) were aged ≥50 years. The demographic profile of older and younger workers largely did not differ. Both had similarly high proportions of workers who were: female (<50: 68%; ≥50: 60%); heterosexual (<50: 85%; ≥50: 80%); non-Indigenous (<50: 92%; ≥50: 92%); and in good/very good/excellent health (<50: 86%; ≥50: 77%). Although there was no significant difference in the proportion of workers with lived experience of problematic AOD use by age group, older workers were more likely to have disclosed this to their workplace (<50: 60%; ≥50: 83%, χ^2 (1, 104) = 5.96, $P = 0.01$, $\phi_c = 0.24$) (Table 1).

3.2 | Employment characteristics

Significant age-related differences were observed across several employment characteristics (Table 1). Older workers were significantly more likely to have: permanent contracts (88% vs 76%, respectively: χ^2 (1, 239) = 4.51, $P = 0.03$, $\phi_c = 0.14$); worked for longer in the AOD sector ($t(205) = -7.36$, $P < 0.01$, $d = -0.44$); and reported earnings above the national average (χ^2 (2, 147) = 8.48, $P < 0.01$, $\phi_c = 0.24$).

3.3 | Workplace conditions

Older workers were significantly more likely than younger workers to perceive their remuneration as fair (41% vs 28%, respectively: χ^2 (1, 238) = 3.95, $P = 0.05$, $\phi_c = 0.13$), to report higher work-life balance (<50: 52%; ≥50: 71%, χ^2 (1, 188) = 6.15, $P < 0.01$, $\phi_c = 0.18$) and to have experienced discrimination (<50: 16%; ≥50: 32%, χ^2 (1, 198) = 6.66, $P < 0.01$, $\phi_c = 0.18$). No significant age differences were observed for sector satisfaction, job insecurity or workload (Table 1).

3.4 | Work-related characteristics

Compared to younger workers, older workers reported significantly higher quality of life (<50: 3.8; ≥50: 4.1, $t(183) = -2.8$, $P < 0.01$, $d = -0.2$) and work engagement (<50: 4.3; ≥50: 4.6, $t(177) = -2.9$, $P < 0.01$, $d = -0.2$); and significantly lower turnover intention (<50: 2.9; ≥50: 2.3, $t(183) = 3.6$, $P < 0.01$, $d = 0.3$), and burnout scores (<50: 3.2; ≥50: 2.5, $t(176) = 4.6$, $P < 0.01$, $d = 0.4$) (Table 1).

3.5 | Correlational analyses

The mean, standard deviations and correlations between the outcome and predictor variables are presented in Table 2.

TABLE 1 Demographic, health status, employment characteristics, workplace conditions experienced and work-related characteristics of older (≥ 50) and younger (< 50) workers

Characteristics	<50 y		≥ 50 y	
	n	%	n	%
Sample ^a	164	66	86	34
Demographics and health				
Highest AOD qualification: Undergraduate/postgraduate degree	40	29	17	25
Lived experience of problematic AOD use: Yes	63	40	41	48
Disclosed to workplace ^{b*}	38	60	34	83
Health status: Good/very good/excellent	91	77	54	86
Employment characteristics				
Employment type: Permanent*	120	76	71	88
Role: Management	47	29	33	38
Annual gross salary ^{c*}				
Below average	38	26	14	19
Average	78	52	26	35
Above average	33	22	34	46
	M	SD	M	SD
Years of experience: AOD field**	5.6	5.1	13.4	10.2
Workplace conditions				
	n	%	n	%
Satisfaction: Sector ^d	77	64	46	75
Work/life balance ^{e**}	64	52	46	71
Fairly remunerated*	44	28	33	41
Chance of job loss ^f	33	31	14	25
High workload	50	41	23	35
Experienced: Discrimination**	21	16	21	32
Work-related personal characteristics				
	M	SD	M	SD
Quality of life ^{g**}	3.8	0.7	4.1	0.6
Work engagement ^{h*}	4.3	0.7	4.6	0.7
Burnout: total ^{g**}	3.2	1.1	2.5	0.9
Job satisfaction ^{g**}	3.8	1.0	4.2	0.9
Turnover intention ^{g**}	2.9	1.0	2.3	1.1

Note: Differences between groups significant at * $P \leq 0.05$; ** $P \leq 0.01$.

Abbreviations: AOD, alcohol and other drug; M, mean; SD, standard deviation.

^aUnless otherwise specified, n's range from 118 to 164 for < 50 y and 63 to 86 for ≥ 50 y due to item non-response.

^bProportion based on the number of respondents who reported they had lived experience (< 50 y n = 63; ≥ 50 y n = 41).

^cThe average annual income (ordinary earnings) in November 2017 for all workers (ordinary earnings) was \$62,138.64 (Australian Bureau of Statistics, Average Weekly Earnings, Australia, Nov 2017, 6302.0.2018, Canberra, Australia).

^dIncludes the response options mostly satisfied and very satisfied.

^eIncludes the response options satisfied and very satisfied.

^fIncludes the response options medium, high or almost certain.

^gScoring range: 1.00 (low) – 5.00 (high).

^hScoring range: 1.00 (low) – 7.00 (high).

Significant correlations, with moderate to large effect sizes, were found between turnover intention and job satisfaction ($r = -0.62$, $P < 0.001$); work engagement ($r = -0.47$, $P < 0.001$); burnout ($r = 0.46$, $P < 0.001$); discrimination

($r = 0.37$, $P < 0.01$); and work-life balance ($r = -0.32$, $P = 0.01$). Small, significant correlations were found between turnover intention and years worked in the AOD sector ($r = 0.28$, $P = 0.03$); general health ($r = -0.26$, $P = 0.04$);

TABLE 2 Descriptive statistics and intercorrelation of variables, older workers aged ≥50 years

	Intercorrelations															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1 Turnover intention ^a	2.3 (1.1)															
2 Age	56.6 (4.3)	0.00														
3 Gender	1.6 (0.5)	-0.05	0.04													
4 Lived experience	1.6 (0.6)	0.06	-0.26*	-0.19												
5 Employment status ^b	1.1 (0.3)	0.22	0.19	-0.16	-0.15											
6 Salary	2.3 (0.8)	0.10	0.09	-0.11	-0.08	-0.07										
7 General health	1.9 (0.4)	-0.26*	0.17	0.04	-0.14	0.02	-0.20									
8 Discrimination	1.3 (0.5)	0.37**	-0.05	0.20	0.21	-0.05	0.18	-0.28*								
9 Years worked AOD	13.4 (10.2)	0.28*	0.09	0.03	-0.18	-0.03	0.37**	-0.23	0.22							
10 Remuneration ^c	1.4 (0.5)	-0.20	0.14	-0.06	-0.09	0.07	0.57**	0.09	-0.15	0.07						
11 Work-life balance ^d	1.7 (0.5)	-0.32*	-0.06	-0.04	0.08	-0.17	-0.19	0.33**	-0.37**	-0.49**	0.08					
12 Burnout ^a	2.5 (0.9)	0.46**	-0.08	0.07	0.03	-0.09	0.26	-0.29*	0.44**	0.34**	-0.21	-0.40**				
13 Work engagement ^e	4.6 (0.7)	-0.47**	0.06	0.16	-0.05	-0.08	-0.12	0.15	-0.07	-0.22	0.12	0.06	-0.46**			
14 Workload ^f	8.6 (2.7)	0.25*	-0.24*	0.21	0.01	-0.15	-0.04	-0.29*	0.30*	0.25	-0.43**	-0.31*	0.54**	-0.07		
15 Job satisfaction ^d	1.8 (0.4)	-0.62**	-0.08	0.13	0.01	-0.20	-0.17	0.22	-0.16	-0.24	0.25*	0.28*	-0.52**	0.48**	-0.24	
16 Quality of life ^a	4.1 (0.6)	-0.25	0.20	-0.06	-0.16	0.10	-0.07	0.50**	-0.40**	-0.38**	0.25*	0.47**	-0.47**	0.20	-0.46**	0.33**

Note: n's range from 54 to 86.

^aScoring range: 1.0 (low) – 5.0 (high).

^bResponse options: 1.0 (permanent); 2.0 (fixed contract).

^cDo you think you are paid enough for the work that you do: 1.0 (no), 2.0 (yes).

^dScoring range: 1.0 (not satisfied) – 2.0 (satisfied).

^eScoring range: 1.0 (low) – 7.0 (high).

^fScoring range: 3.0 (low) – 15.0 (high).

* $P < 0.05$.

** $P < 0.01$.

and workload ($r = 0.25$, $P = 0.05$). These small correlations did not meet the minimum requirement ($r \geq 0.30$) for inclusion in the regression.

3.6 | Regression analysis

A linear regression was performed to determine the effects of work-related factors on turnover intention (Table 3). The total variance explained by the model was 46%. Significant and unique contributions, with small-moderate effect sizes, were made by three of the five variables. High job satisfaction and work engagement predicted lower turnover intention ($\beta = -0.5$, $P < 0.001$ and $\beta = -0.3$, $P = 0.04$, respectively) and having experienced discrimination predicted higher turnover intention ($\beta = 0.3$, $P = 0.03$).

4 | DISCUSSION

This study examined the demographic, organisational and working conditions of older AOD workers and provides information that can inform workforce planning, policy development and organisational responses to aid retention.²³ Older workers comprised approximately one-third of this workforce. As such, they form a large component of this service sector, with effective and efficient delivery of high-demand clinical care heavily reliant on them. Ensuring their well-being and preferred duration of workforce retention is a high priority.^{5,6}

While burnout and turnover intention have generally been reported to be comparatively high for this sector,²⁴ this was not the case with older workers. In this study, older workers were significantly more likely to be satisfied with their job, work-life balance and quality of life and were less likely than younger workers to report burnout and turnover intentions. They were also more likely to report favourable employment

conditions (permanent contracts, higher incomes and perceptions of fairer remuneration). This may partly explain lower turnover intentions among older workers, as job security is an established determinant of job retention.²⁵ In relation to why older workers may report higher overall satisfaction than younger workers, evidence suggests that increased job autonomy and perceptions of organisational support may be key structural and relational predictors of both job satisfaction and turnover intention.²⁴ Although the current study did not measure these factors directly, it is plausible that the favourable employment conditions reported by these workers – in addition to more on-job expertise – are associated with increased autonomy and support. Moreover, previous research has indicated that many older workers report significantly less family-to-work conflict,²⁶ which again is associated with increased job satisfaction, particularly in women. An alternative explanation may be a selection effect, whereby workers who are less satisfied with the AOD sector leave before they reach 50 years of age. More nuanced research is warranted to explore why older workers might experience higher job satisfaction, lower burnout, lower turnover intention and better work-life balance.

As noted, older workers were found to be significantly less burnt-out than younger workers and thus less exhausted physically, emotionally and mentally. These workforce characteristics are highly advantageous and provide an important counterbalance to younger workers who may experience higher levels of these stressors.

Older workers also scored significantly higher on work engagement than younger workers. Workers with higher levels of engagement have been found to (a) stay in their role for longer, (b) be more skilled and (c) address complex demands more competently.²⁷ Prior research has found work engagement to be predicted by positive leadership and social support, suggesting these may be useful targets for improving work engagement and its resultant impact on retention.²⁸ More generally, retention of older workers is related

TABLE 3 Regression analysis of work factors on turnover intention for older works (≥ 50 y)

Predictors	R	R ²	R ² _{adj}	B	SE	β
(Constant)	0.71	0.50	0.46	6.2	1.3	
Discrimination ^a				0.6	0.3	0.3*
Work-life balance ^b				-0.2	0.3	-0.1
Burnout ^c				-0.1	0.2	-0.1
Work engagement ^c				-0.4	0.2	-0.3*
Job satisfaction ^b				-1.3	0.3	-0.5***

Note: n = 56.

^aDichotomised as having experienced discrimination: (a) yes or (b) no.

^bDichotomised as (a) not satisfied and (b) satisfied.

^cPossible scores on the scale range from 1 (low) to 7 (high).

* $P < 0.05$.

*** $P < 0.001$.

to higher education and better health status.²⁹ These features are substantial assets to AOD workplaces, where work can be demanding and unpredictable and requires considerable coping capacity. Importantly, the two personal characteristics that predicted low turnover intention among older workers in this study were job satisfaction and work engagement. In contrast, the predictors of turnover intention among workers in this sector generally were dissatisfaction with the sector, high workloads and tenuous employment status.³⁰ Hence, purpose-designed strategies are required to ensure work remains sufficiently rewarding and engaging to support older workers and to retain them in the workforce. Important organisational measures exist that can extend working life.³¹ Such strategies include flexible working conditions; embracing new technology and technical aids; ensuring sustainable workloads (both mentally and physically); emphasising the importance of experience and knowledge over physical capability; and embracing mentorship relationships to optimise inter-generational knowledge and skill transfer.³¹

4.1 | Older workers and older clients

There is a further emerging advantage of older workers in the AOD sector. As the population experiencing AOD-related problems continues to age (reflecting later AOD uptake, ageing cohorts of long-term users and the emergence of prescribed drug problems),³² there is a closer alignment between clients' and workers' ages. Serendipitously, this may enhance the therapeutic alliance and contribute to better clinical outcomes, further underscoring the importance of the retention of older workers.

4.2 | Discrimination and other challenges

The many positive features of this older workforce notwithstanding some important challenges were encountered that have implications for organisational, policy and workforce development initiatives.²⁶ Concerningly, older workers were twice as likely to experience discrimination than younger workers (32% vs 16%, respectively) and it significantly predicted turnover intention. Higher levels of discrimination experienced by older workers may stem from having been in the workforce longer with greater opportunity for exposure to discriminatory behaviour. It may also be a consequence of the workplace discrimination measure used that captured lifetime experience. An important policy implication of these findings is the need to undertake internal cultural reviews and support the necessary changes that promote positive workplace relationships. Further research is required to explore recent experience and/or frequency of workplace discrimination, as detailed below.

It is currently unclear what form the discrimination takes. It possibly indicates ageist attitudes of staff/clients, which warrant appropriate response strategies. Alternatively, it may reflect the significantly larger proportion of older workers who disclosed their AOD lived experience to their workplace. Other factor(s) related to negative attitudes towards older workers may be at play.³³ Further research about experiences of discrimination by older workers is important from a duty of care and an economic and pragmatic perspective, especially given its potential to impact both retention and quality of life. Regardless of the underpinning mechanism, anti-discrimination policies should be implemented in all AOD organisations.

Although this cohort of older workers reported higher levels of good health, many older workers may have to cope with deteriorating health and/or greater extended family responsibilities. Workplace policies and practices that are responsive to the changing needs of older workers (eg flexible/reduced hours) may help retain them for longer.³⁴ Retention strategies such as enhancing role stability and manageable workloads may offset premature attrition. Role- and age-appropriate work designs and modifications may also be required,³⁵ as well as workforce development activities that represent the needs/roles of older workers, such as leadership, financial management and new technology skills. Establishment of support mechanisms specifically for older workers may also be valuable: for instance, creation of communities of practice to address emergent issues and provide collegial support.

4.3 | Broader implications

Ideally, the age distribution of any given workforce might display a proportional spread of young, mid-aged and older workers to facilitate mentoring, enable transfer of essential institutional knowledge and technical skills, and optimise critically important leadership, supervision and coaching capabilities.⁸ It is therefore encouraging that one-third of this workforce comprised older workers and that they were relatively young ($M = 56.6$ years). Effective workforce development and succession planning is thus vital to optimise older workers' productivity in their remaining work years and to ensure their knowledge and expertise are transmitted to co-workers.³⁶

The AOD sector is dominated by female workers at a ratio approximating 2:1. However, this ratio decreased to 1.5:1 among workers aged ≥ 50 years, suggesting that women may leave the sector and/or retire earlier than their male counterparts. Additional promotion, mentoring, training and leadership opportunities may be required for female workers to ensure their retention and advancement.²⁹

Older workers in the current study reported high levels of work satisfaction and low levels of turnover intention.

Nonetheless, as workers reach retirement age issues of natural attrition, replacement and succession planning require concerted attention.³⁶ The loss of older workers to the workplace may be more pronounced if proactive replacement strategies are not implemented: for instance, there has been long-term concern about the difficulties encountered in replacing ageing opioid pharmacotherapy prescribers.³⁷ From the broader perspective of services planning, there is a need for a comprehensive understanding of treatment service needs/roles and workforce factors that impact planning. This, together with a comprehensive analysis of current treatment utilisation, is essential to advance planning efforts.¹²

4.4 | Further research

Additional research is warranted to determine what factors contribute to job satisfaction, work engagement and discrimination among senior AOD staff. Qualitative studies may be useful in unpacking why older workers experience higher job satisfaction and work engagement, and the nature and career stage of the discrimination experienced (including how, where and by whom the discrimination occurred). Enhancing our understanding of these factors may provide vital insight into factors that impact workforce retention and have significant policy and practice implications: for instance, the type of anti-discrimination policies to be enacted, and which working condition(s) AOD organisations should target to improve job satisfaction and/or work engagement.

4.5 | Limitations

As participants were sampled from the NSW non-government AOD sector, and impacted by the conditions of the specific sector, jurisdiction and agency within which they operated, caution is required in generalising these findings. Methodological issues related to sampling design (ie snowballing technique), self-report measures and dichotomising scales for the regression analysis may also bias or limit interpretation of the results. The low response rate to some items may also limit the interpretation of the findings. The use of multiple comparisons may have increased the chance of a type 1 error, and thus, caution has been applied in the interpretation of these results. Further research with non-government, government and private AOD sectors is required with in-depth examination of factors specifically relevant to older workers.

5 | CONCLUSIONS

This study provides unique insights into older AOD workers and identifies factors associated with their retention.

Important work-related issues that can inform workplace policies and practices were identified. These included anti-discrimination policies and strategies to enhance job satisfaction and work engagement. By targeting these identified policy and practice strategies, the retention of older workers can be enhanced. The study also demonstrated the value of effective succession planning and retention strategy implementation to ensure service system stability.

CONFLICTS OF INTEREST

No conflicts of interest declared.

ORCID

Ann Roche  <https://orcid.org/0000-0002-5992-8757>

Alice McEntee  <https://orcid.org/0000-0002-9124-2093>

Victoria Kostadinov  <https://orcid.org/0000-0002-6573-2179>

Sianne Hodge  <https://orcid.org/0000-0001-7412-2439>

Janine Chapman  <https://orcid.org/0000-0002-9202-9788>

REFERENCES

1. Radford K, Chapman G, Bainbridge HTJ, Halvorsen B. The ageing population in Australia: implications for the workforce. In: Werth S, Brownlow C, eds. *Work and Identity: Contemporary Perspectives on Workplace Diversity*. Cham: Springer International Publishing; 2018:39-54.
2. Sims J. Working in ageing and working while ageing: business opportunities. *Australas J Ageing*. 2018;37(1):7. <https://doi.org/10.1111/ajag.12515>
3. Buchan J, Campbell J. Challenges posed by the global crisis in the health workforce. *BMJ*. 2013;347:f6201. <https://doi.org/10.1136/bmj.f6201>
4. Health Workforce Australia. *Health Workforce 2025*. Canberra: Health Workforce Australia; 2012.
5. Hoge MA, Stuart GW, Morris J, Flaherty MT, Paris MJ, Goplerud E. Mental health and addiction workforce development: federal leadership is needed to address the growing crisis. *Health Aff*. 2013;32(11):2005-2012. <https://doi.org/10.1377/hlthaff.2013.0541>
6. Whitter M, Bell EL, Gaumont P, Gwaltney M, Magaña CA, Moreaux M. *Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce*. Rockville, MD: Abt Associates Incorporated; 2006.
7. van de Ven K, Ritter A, Roche A. Alcohol and other drug (AOD) staffing and their workplace: examining the relationship between clinician and organisational workforce characteristics and treatment outcomes in the AOD field. *Drugs: Educ Prev Policy*. 2020;27(1):1-14. <https://doi.org/10.1080/09687637.2019.1622649>
8. Gethin A. *NSW Alcohol and Other Drug Non Government Sector: Workforce Profile and Issues*. Sydney, NSW: NADA; 2008.
9. Roche A, Kostadinov V, Hodge S, et al. *Characteristics and Wellbeing of the NSW Non-Government AOD Workforce*. Adelaide, SA: National Centre for Education and Training on Addiction; 2018.
10. Skinner N, McEntee A, Roche A. *Victorian Alcohol and Other Drug Worker Survey 2019*. Adelaide, NSW: National Centre for Education and Training on Addiction; 2019.

11. Ewer P, Teesson M, Sannibale C, Roche A, Mills K. The prevalence and correlates of secondary traumatic stress among alcohol and other drug workers in Australia. *Drug Alcohol Rev.* 2015;34:252-258. <https://doi.org/10.1111/dar.12204>
12. Ritter A, Mellor R, Chalmers J, Sunderland M, Lancaster K. Key considerations in planning for substance use treatment: estimating treatment need and demand. *J Stud Alcohol Drugs.* 2019;(s18):22-30. <https://doi.org/10.15288/jsads.2019.s18.22>
13. Ware J Jr, Sherbourne C. The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. *Med Care.* 1992;30(6):473-483. <https://doi.org/10.1097/00005650-199206000-00002>
14. ABS. *Average Weekly Earnings, Australia.* Canberra, ACT: Australian Bureau of Statistics; 2018. Report No.: 6302.0.
15. Van Veldhoven M, Meijman T. *Questionnaire on the Experience and Assessment of Work: VBBA—English Version.* Amsterdam: The Foundation for Quality in Occupational Health Care; 1994.
16. Pacheco G, Morrison P, Cochrane B, Blumenfeld S, Rosenberg B. *Understanding Insecure Work.* Auckland: New Zealand Work Research Institute; 2016.
17. Cammann C, Fichman M, Jenkins G Jr, Klesh J. Assessing the attitudes and perceptions of organizational members. In: Seashore SE, Lawler EEI, Mirvis PH, Cammann C, eds. *Assessing Organizational Change: A Guide to Methods, Measures and Practices.* (pp. 71–138). New York, NY: Wiley; 1983.
18. Rocha NSD, Power MJ, Bushnell DM, Fleck MP. The EUROHIS-QOL 8-item index: comparative psychometric properties to its parent WHOQOL-BREF. *Value Health.* 2012;15(3):449-457. <https://doi.org/10.1016/j.jval.2011.11.035>
19. Schaufeli WB, Salanova M, González-romá V, Bakker AB. The measurement of engagement and burnout: a two sample confirmatory factor analytic approach. *J Happiness Stud.* 2002;3(1):71-92. <https://doi.org/10.1023/A:1015630930326>
20. Lundgren-Nilsson Å, Jonsdottir IH, Pallant J, Ahlberg G. Internal construct validity of the Shirom-Melamed Burnout Questionnaire (SMBQ). *BMC Public Health.* 2012;12(1):1. <https://doi.org/10.1186/1471-2458-12-1>
21. O'Driscoll M, Beehr T. Supervisor behaviours, role stressors and uncertainty as predictors of personal outcomes for subordinates. *J Organ Behav.* 1994;15:141-155. <https://doi.org/10.1002/job.4030150204>
22. Cohen J. *Statistical Power and Analysis for the Behavioral Sciences,* 2nd edn. New York, NY: Lawrence Erlbaum Associates; 1988.
23. Knauth P, Karl D, Braedel-Kühner C. How to improve the work ability of elderly workers: the European research project RESPECT. *Int Congr Ser.* 2005;1280:11-16. <https://doi.org/10.1016/j.ics.2005.02.046>
24. Duraisingam V, Pidd K, Roche AM. The impact of work stress and job satisfaction on turnover intentions: a study of Australian specialist alcohol and other drug workers. *Drugs: Educ Prev Policy.* 2009;16(3):217-231. <https://doi.org/10.1080/09687630902876171>
25. Scanlan JN, Still M. Relationships between burnout, turnover intention, job satisfaction, job demands and job resources for mental health personnel in an Australian mental health service. *BMC Health Serv Res.* 2019;19(1):62. <https://doi.org/10.1186/s12913-018-3841-z>
26. Hill EJ, Erickson JJ, Fellows KJ, Martiengo G, Allen SM. Work and family over the life course: do older workers differ? *J Family Econ Issues.* 2014;35(1):1-13. <https://doi.org/10.1007/s10834-012-9346-8>
27. Duraisingam V, Roche AM, Kostadinov V, Hodge S, Chapman J. Predictors of work engagement among Australian non-government drug and alcohol employees: implications for policy and practice. *Int J Drug Policy.* 2020;76:102638. <https://doi.org/10.1016/j.drugpo.2019.102638>
28. Hoole C, Bonnema J. Work engagement and meaningful work across generational cohorts. *SA J Hum Resour Manag.* 2015;13(1):1-11. <https://doi.org/10.4102/sajhrm.v13i1.681>
29. Majeed T, Forder PM, Tavener M, Vo K, Byles J. Work after age 65: a prospective study of Australian men and women. *Australas J Ageing.* 2017;36(2):158-164. <https://doi.org/10.1111/ajag.12382>
30. McEntee A, Roche A, Kostadinov V, Hodge S, Chapman J. Predictors of turnover intention in the non-government alcohol and other drug sector. *Drugs: Educ Prev Policy.* 2020; Advance online publication:1-9. <https://doi.org/10.1080/09687637.2020.1759508>
31. Blomé MW, Borell J, Håkansson C, Nilsson K. Attitudes toward elderly workers and perceptions of integrated age management practices. *Int J Occup Saf Ergon.* 2020;26(1):112-120. <https://doi.org/10.1080/10803548.2018.1514135>
32. Rao R, Roche A. Substance misuse in older people. *BMJ.* 2017;358:j3885. <https://doi.org/10.1136/bmj.j3885>
33. Fasbender U, Wang M. Negative attitudes toward older workers and hiring decisions: testing the moderating role of decision makers' core self-evaluations. *Front Psychol.* 2017;7:2057. <https://doi.org/10.3389/fpsyg.2016.02057>
34. Volkoff S, Pueyo V. How do elderly workers face tight time constraints? *Int Congr Ser.* 2005;1280:17-22. <https://doi.org/10.1016/j.ics.2005.02.095>
35. Wolf M, Kleindienst M, Ramsauer C, Zierler C, Winter E. Current and future industrial challenges: demographic change and measures for elderly workers in industry 4.0. *Ann Fac Eng Hunedoara Int J Eng.* 2018;16(1):67-76.
36. Crettenden IF, McCarty MV, Fenech BJ, Heywood T, Taitz MC, Tudman S. How evidence-based workforce planning in Australia is informing policy development in the retention and distribution of the health workforce. *Hum Resour Health.* 2014;12(1):7. <https://doi.org/10.1186/1478-4491-12-7>
37. Hotham E, Roche A, Skinner N, Dollman B. The general practitioner pharmacotherapy prescribing workforce: examining sustainability from a systems perspective. *Drug Alcohol Rev.* 2005;24(5):393-400. <https://doi.org/10.1080/09595230500286013>

How to cite this article: Roche A, McEntee A, Kostadinov V, Hodge S, Chapman J. Older workers in the alcohol and other drug sector: Predictors of workforce retention. *Australas J Ageing.* 2021;00:1–9. <https://doi.org/10.1111/ajag.12917>