Workforce Development and the Alcohol and Other Drugs Field:

A Literature Review of Key Issues for the NGO Sector

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Foreword

This report is part of a national project *"Alcohol and Other Drug Workforce Development in Australia: The Assessment of Needs and the Identification of Strategies to Achieve Sustainable Change"*.

The project was a collaboration between state peak bodies: the Victorian Alcohol and Drug Association (VAADA), the NSW Network of Alcohol and other Drug Agencies (NADA), and the West Australian Network of Alcohol and other Drug Agencies (WANADA), in conjunction with the National Centre for Education and Training on Addiction (NCETA) and the Alcohol and other Drugs Council of Australia (ADCA). The project was funded by the Alcohol Education and Rehabilitation Foundation, with further support for the literature review provided by the South Australian Department of Health.

This literature review is a companion document to eight jurisdictional reports that identify the key themes, barriers and strategies arising from consultations held with alcohol and drug workers in each Australian state and territory.

For more information about workforce development, see the NCETA website at www.nceta.flinders.edu.au

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EXECUTIVE SUMMARY

Workforce development is a broad term used to encapsulate a number of key factors pertaining to individuals, the organisations within which they work and the systems that surround them. Workforce development is a multifaceted approach which addresses the range of factors impacting on the ability of the alcohol and other drug (AOD) workforce to function with maximum effectiveness.

Workforce development has a systems focus. Unlike more traditional approaches, it is broad and comprehensive, and incorporates far more than just the education and training of individual frontline workers. The primary aim is to facilitate and sustain the AOD workforce. It does this at different levels, targeting individual, organisational and structural factors.

The focus of this literature review is on the key workforce development issues of particular importance and relevance to the non-government organisation (NGO) sector. This document does not contain a comprehensive review of every workforce development issue and strategy relevant to the AOD field as a whole. The broad scope and complexity of such a review is beyond the scope of the current project, and would not serve the unique needs and interests of the NGO sector. Effective workforce development requires careful selection of the strategies and goals of most relevance to a particular team, organisation or workforce sector. Correspondingly, this review focuses on a selection of workforce development issues, strategies and outcomes of particular significance and applicability to the NGO sector.

Structure of the Literature Review

*The review contains three chapters focused on **(1)** A systems perspective, **(2)** Organisational capacity building, and **(3)** Development of a skilled AOD workforce (see Figure 1). The emphasis throughout the review is on the range of systemic, organisational and individual factors that contribute to effective workforce development. Where possible, practical examples are used to illustrate the development of effective workforce development strategies by individuals and organisations in the NGO sector. A summary is provided at the beginning of each chapter, and for Chapters 2 and 3, additional summaries are included of the subsections within those chapters.*

Chapter 1: A Systems Perspective

The first chapter explores workforce development from the broadest level of organisational policy and procedures and a systems perspective. This chapter highlights the importance of working within a systems perspective for effective workforce development. Also considered in this chapter is the important role of change management in today's world of rapid progression in knowledge, technology and work practice.

One of the important conceptual leaps involved in a workforce development approach is the shift to "systems thinking" (Roche, 2001). This is fundamental to grasping what workforce development is about. While education and training can be an important part of a workforce

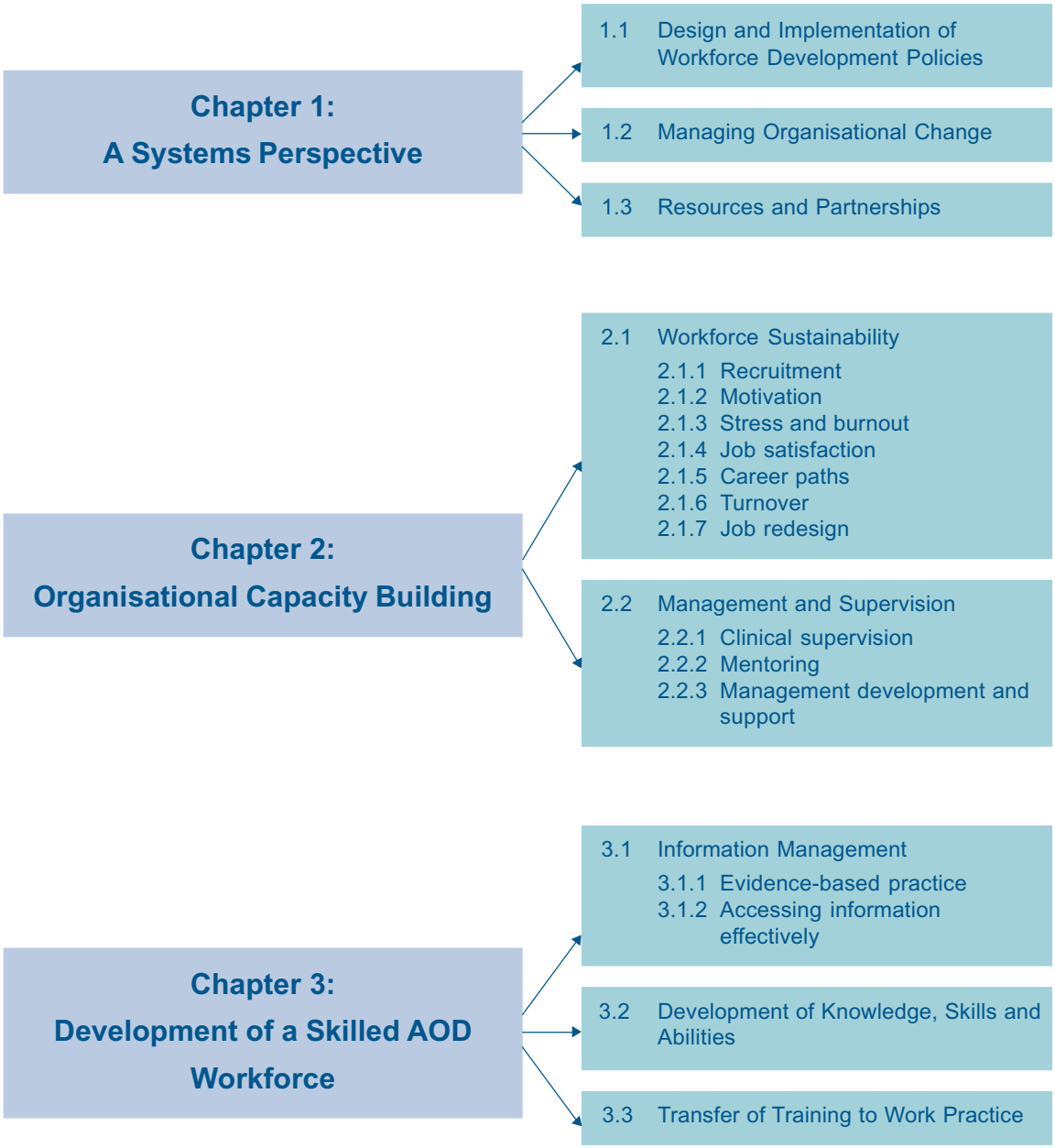

Figure 1. Structure of the literature review.

development perspective, they essentially focus on the individual learner or worker. The deficit requiring rectification (through training) is seen to lie with that individual. No further consideration is given to the organisational context in which that person operates or the wider system at large which may ultimately determine whether specific policies or practices can be put in place (Roche, 2001).

Workforce development at a systems level involves creating environments and systems that support the full range of workforce development strategies (Roche, 2001). Examples of systems and structural factors include:

- *legislation*
- *policy*
- *funding*
- *recruitment and retention*
- *resources*
- *support mechanisms*
- *incentives.*
  (Allsop & Helfgott, 2002; Roche, 2001)

Chapter One contains three subsections as outlined below.

Section 1.1 Design and Implementation of Workforce Development Policies

Organisational policies and procedures play an important role in workforce development by:

- *providing an established framework or structure within which workforce development strategies and initiatives can be placed*
- *"legitimising" the importance and relevance of workforce development*
- *ensuring a systematic and consistent approach to workforce development within an organisation.*

Key strategies to maximise the impact of policy on work practice include incorporating processes for employee input into policy development, providing clear communication of the potential benefits and advantages of workforce development policies, and ensuring compatibility with current working conditions and practices.

Section 1.2 Managing Organisational Change

Organisational change is a common occurrence in the AOD sector and is integrally linked to workforce development. Organisational change is often a time of significant uncertainty and upheaval for employees. Consequently, concerns related to justice, equity and fairness are likely to be salient during periods of organisational change.

Organisational change processes that are perceived to be unfair or unjust have been linked with a range of negative employee responses including:

- *lowered organisational commitment*
- *reduced trust in management*
- *increased intention to leave*
- *higher levels of stress*
- *negative attitudes towards change.*

Research on the management of organisational change has identified a range of strategies to assist organisations to successfully manage organisational change and avert the types of negative outcomes described above. Key strategies include:

- *development and implementation of a policy outlining the organisation's support for the organisational change and clarifying the change*
- *providing employees and other stakeholders with opportunities to participate in decision making*
- *employing a change agent to facilitate the change process by contributing to problem-solving, providing support to staff members and encouraging staff commitment to change (particularly useful when there is a low readiness for change amongst employees)*
- *"institutionalising" organisational change using strategies such as reward systems to encourage adoption of change, clear and timely communication to employees regarding new work practices and procedures resulting from the change, and providing training to ensure a smooth transition into new roles and responsibilities.*

Section 1.3 Resources and Partnerships

Resources and partnerships represent essential building blocks of effective workforce development. The capacity of NGO's to respond effectively to AOD issues, and to implement workforce development policies to ensure the future sustainability of these responses, is founded upon access to sufficient and sustainable resources; human, financial, administrative and physical.

As Pierce and Long (2002) note, obtaining funding to support workforce development initiatives by NGOs can be difficult. In these circumstances, it is crucial to make the best use of available workforce development opportunities.

Partnerships between AOD organisations represent one approach to maximising existing workforce development resources and opportunities. For example, partnerships can facilitate access to:

- *funding through collaborative grant applications*
- *appropriate cross-institutional mentors and supervisors*

- *information via shared responsibility for the search, evaluation and synthesis of information across institutions*
- *opportunities for knowledge and skill development via staff exchange programs between institutions.*

It is important to recognise that an organisation's capacity to engage in effective workforce development is also determined by systems factors that may be beyond its control or influence. The responsibility for the development and ongoing maintenance of resources necessary for successful workforce development must be shared between organisations in the field, and also industry and funding bodies and policy-makers.

CHAPTER 2: ORGANISATIONAL CAPACITY BUILDING

The second chapter focuses on workforce development strategies that (1) support the sustainability of the AOD workforce (including reviewing recruitment strategies, motivation, stress and burnout, job satisfaction, career paths, turnover and job redesign), and (2) facilitate and support frontline workers to effectively apply their knowledge and skill to work practice (e.g., clinical supervision, mentoring). This chapter also explores the often overlooked needs of managers in the NGO sector for training and support related to the development of managerial skills and abilities.

Capacity building is a central tenet of workforce development. It can be defined in a variety of ways. In essence, capacity building refers to "strategies and processes which have the ultimate aim of improving health practices which are sustainable" (Crisp, Swerissen, & Duckett, 2000, p. 99).

Crisp et al. (2000) identified four approaches to capacity building:

- *top-down organisational approach focused on the capacity of an organisation to respond effectively to health issues (e.g., policies and procedures, structures, quality assurance systems)*
- *bottom-up organisational approach focused on the development of highly trained, effective and committed staff*
- *partnerships between organisations to facilitate knowledge sharing, efficient use of resources, and sustainable health programs and initiatives*
- *community involvement in planning, initiating and implementing health initiatives.*

In this chapter we discuss bottom-up and top-down capacity building within organisations focused on:

- *recruitment and retention of effective staff*
- *facilitating staff well-being and capacity to function effectively*
- *development of effective managerial skills and supervisory relationships.*

Section 2.1 Workforce Sustainability

A sustainable workforce is one in which:

- *the number and skills of the workforce match the needs of the client population (recruitment and retention)*
- *individuals are positively engaged with their work and have the capacity to perform at their highest potential (motivation, stress and burnout)*
- *individuals' work contributes to their well-being (job satisfaction)*
- *opportunities are provided for individuals to further their professional development and career prospects (career paths).*

Central factors in the development of a sustainable AOD workforce include:

- *the equity or fairness of the exchange between the resources provided to an organisation by employees (e.g., skills, effort, high performance, commitment) and the rewards and benefits an organisation offers in return (e.g., remuneration, job security, recognition)*
- *availability of jobs designed to provide employees opportunities for professional development (e.g., autonomy, interesting work, opportunity for skill development and career advancement)*
- *workplaces that facilitate employees' job involvement, engagement and satisfaction. A number of factors impact on these outcomes including work demands/overload, role ambiguity (clear performance goals and expectations), and positive feedback and recognition*
- *supportive colleagues and supervisors in regard to individuals' social and emotional well-being and the requirements of the job (e.g., knowledge, performance strategies).*

2.1.1 Recruitment

An organisation's ability to attract and recruit appropriate and effective new staff is central to its capacity to deliver effective responses to AOD issues. A range of factors make recruitment of new staff into NGOs in the AOD field difficult, including:

- *a lack of suitably qualified workers*
- *inadequate salaries*
- *stigma of working in the AOD field*
- *lack of funding to fill vacant positions*
- *lack of clear career paths and opportunities.*
  (Pitts, 2001, p. 33)

There are some relatively straightforward strategies that are likely to enhance an organisation's capacity to recruit new staff including:

- *clear and detailed job descriptions to guide recruitment*

- *utilisation of professional networks and contacts of current staff*
- *choosing a recruiter with good interpersonal skills and sound knowledge of the position*
- *providing realistic job previews that describe the positive and less desirable aspects of a particular position.*
  (Breaugh, 1992; Breaugh & Starke, 2000; Brough & Smith, 2003; Phillips, 1998)

2.1.2 Motivation

Workers in the NGO field face a number of challenges which may potentially impact negatively on their work motivation including:

- *providing help, assistance and treatment to a highly stigmatised group (i.e., individuals who use drugs)*
- *issues related to funding of organisations and the wider NGO sector (job insecurity, inadequate remuneration)*
- *lack of training opportunities*
- *lack of public recognition for the value of their work.*
  (Pitts, 2001)

Three perspectives on motivation are discussed in this section. They provide important insights into the key factors likely to influence employees' willingness to strive for optimal performance.

Goal setting theory emphasises the importance of clear and realistic performance expectations, feedback on progress and achievement of goals, and appropriate support in the context of complex or difficult projects (Latham & Locke, 1991; Locke & Latham, 1990).

Organisational justice theory highlights the importance of considering issues of fairness and justice throughout the organisation, particularly in relation to the distribution of resources (e.g., time, status, promotions, remuneration) amongst employees in the organisation (Brewer & Skinner, 2003).

Need theories of motivation provide a valuable reminder that experiences at work serve to meet important physical and psychological needs of employees. Taking the time to discuss employees' work-related needs can provide important insight into the sources of motivation of most value and salience to individual employees (Brewer & Skinner, 2003).

2.1.3 Stress and burnout

There is increasing recognition that workers in health and human services fields often experience high levels of work-related demands and stressors and are hence particularly vulnerable to the experience of stress and burnout. Workers in the AOD field in general, and the NGO sector in particular, face many significant challenges related to the client population (complex circumstances, stigmatisation of drug use, recognition in the wider community of the value of their work) and their working conditions (e.g., remuneration, availability of training, job security, access to clinical supervision).

A range of potential antecedents of stress and burnout have been identified including:

- *career development (opportunities for promotion, job insecurity)*
- *work overload and time pressure (particularly predictive of exhaustion)*
- *role conflict*
- *role ambiguity*
- *lack of support – particularly from supervisors*
- *lack of feedback, rewards and recognition*
- *low opportunity for participation in decision making*
- *lack of autonomy*
- *severity of clients' problems*
- *appropriate remuneration.*
  (Cooper & Marshall, 1976; Maslach, Schaufeli, & Leiter, 2001; Warr, 1994)

The most effective strategies to prevent or alleviate stress and burnout focus on modifying or removing workplace stressors (Burke, 1993). This approach may not always be practical or realistic, particularly in regard to stressors (e.g., clients with chronic problems) that cannot be changed. In this situation, preventative strategies designed to support and facilitate employees' capacity to cope with workplace stressors have been shown to be moderately effective in addressing stress and burnout (Maslach et al., 2001).

2.1.4 Job satisfaction

In the organisational psychology literature job satisfaction is widely acknowledged as a key attribute contributing to the well being of individual employees and the wider organisation.

Job satisfaction has been linked with two key work-related outcomes:

- *performance*
- *turnover.*
  (Judge, Thoresen, Bono, & Patton, 2001; Tett & Meyer, 1993)

Research has consistently emphasised the role of five key workplace factors in job satisfaction:

- *job characteristics: skill variety, task identity, task significance, autonomy and feedback*
- *role conflict and role ambiguity*
- *work-family balance*
- *availability of support from colleagues, supervisors and the organisation*

- *job conditions (e.g., remuneration, availability of resources).*
  (Baruch-Feldman, Brondolo, Ben-Dayan, & Schwartz, 2002; Dollard, Winefield, Winefield, & de Jonge, 2000; Dormann & Zapf, 2001; Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002; Ellickson & Logsdon, 2002; Hackman & Oldham, 1976; Jackson & Schuler,1985; Paton, Jackson, & Johnston, 2003)

Research on AOD specialist treatment staff in the United States (Gallon et al., 2003) suggests four additional sources of job satisfaction that are particularly salient for AOD workers: personal growth, interactions with clients, collegiate co-worker relationships and a commitment to treatment.

2.1.5 Career paths

It is well established that issues related to career paths and opportunities for promotion and advancement are associated with a number of important work-related outcomes including recruitment of new staff (see Section 2.1.1), work motivation (see Section 2.1.2), job satisfaction (see Section 2.1.4) and turnover (see Section 2.1.6).

Organisations in the NGO sector often rely on short-term funding related to specific projects (e.g., a research project) or outcomes (e.g., a specific client service). For people employed in the NGO sector, a working environment characterised by short-term contracts, often linked to specific projects, presents significant challenges to career planning and development. Hesketh and Considine (1998) suggest that organisations in this situation provide employees with continuous learning opportunities that enable employees to build a skill base that can be applied to a variety of work contexts.

Strategies for organisations to improve their employees' skill base and professional development include providing:

- *challenging projects*
- *mentoring*
- *training that provides general (i.e., transferable) skills as well as specific skills*
- *networking opportunities.*
  (Hesketh & Considine, 1998)

Job roles and responsibilities which provide challenging work and opportunities to develop generalisable and transferable skills can provide employees with the skills and abilities they need to build a successful career in an environment of change.

2.1.6 Turnover

High employee turnover has been identified as a particularly salient issue within the NGO workforce (Pierce & Long, 2002). A range of factors have been suggested to contribute to turnover in the NGO sector and wider AOD field including:

- *short-term funding on a project-by-project basis*

- *low remuneration*
- *stressful working conditions*
- *use of the NGO sector as a "stepping stone" to more attractive jobs in the government sector.*
  (Pierce & Long, 2002; Pitts, 2001, p. 34)

Consistent with these findings, research in organisational psychology has emphasised three key factors likely to influence turnover:

- *inadequate salary and remuneration*
- *opportunities for career development*
- *work-related demands and stress.*
  (Griffeth, Hom, & Gaertner, 2000)

Retention of effective employees serves a range of important purposes including retention of "organisational memory" (i.e., historical events that impact on current work practice), ensuring the availability of mentors and supervisors, and ensuring the organisation receives a return-on-investment for formal and informal (on the job) training of staff. Addressing the causes of high turnover, therefore, should be considered a workforce development priority for the NGO sector.

2.1.7 Job redesign

Factors contributing to stress, burnout, satisfaction and motivation are complex and varied. Not all factors will be relevant or salient in all jobs or for all individuals. Addressing these issues requires a systematic and tailored approach focused on the particular circumstances of an individual or team and the wider organisation (Parker, Wall, & Cordery, 2001).

This section provides an overview of key strategies to ensure successful job redesign. Specific examples of job redesign strategies are provided for three job characteristics consistently highlighted in the research literatures on job satisfaction, motivation, stress and burnout:

- *autonomy*
- *role stressors (role conflict and role ambiguity)*
- *work-family balance.*

In general, job redesign initiatives are more likely to be successful when the process is undertaken as a collaborative problem-solving endeavour between staff and the organisation (Spector, 2000a), and takes into account the wider working environment and context, including considerations such as supervisor and management support, compatibility with existing policies and procedures, and the availability of appropriate support and remuneration.

Section 2.2 Management and Supervision

Management and supervision has been identified as an important workforce development issue for the NGO sector (Pierce & Long, 2002). In this section we consider three aspects of management and supervision:

- *the role of clinical supervision in the AOD sector and practical guidelines to ensure best practice in supervisory relationships*
- *the benefits of mentoring as a source of leadership, guidance and support*
- *the importance of recognising the diverse skill set required by effective managers and the need for organisations to invest in management development programs.*

2.2.1 Clinical supervision

Clinical supervision has many benefits including:

- *providing general support and relief, and a forum to discuss clinical issues (Shanley, 1992; Webb, 1997)*
- *maintaining clinical skills and quality practice (Reeves, Culbreth, & Greene, 1997; Webb, 1997)*
- *aiding acquisition of complex clinical skills (Kavanagh, Spence, Wilson, & Crow, 2002; Webb, 1997)*
- *improving job satisfaction and self-efficacy (Kavanagh et al., 2002; Milne & Westerman, 2001; Shanley, 1992; Webb, 1997)*
- *improving staff communications (Webb, 1997).*

Implementing clinical supervision requires navigation of many practical issues. Shanley (1992) recommends:

- *involving the workers in the planning process to ensure their needs are met*
- *allowing considerable planning time to avoid common practical barriers*
- *drawing up some form of contract between all groups to outline the aims, structure and process of the supervision.*

Finding clinical supervisors can be one of the most difficult steps in implementing clinical supervision. Possible methods are to:

- *train existing experienced workers in the theory and practice of supervision (Shanley, 1992; Webb, 1997)*
- *draw on supervisors from other fields that may have skills to offer AOD workers (Shanley, 1992)*
- *make use of agencies or structures that are already established in the field, such as local Health Area structures as a starting point to recruit supervisors or organise groups for supervision (Shanley, 1992).*

2.2.2 Mentoring

Mentoring represents a different approach to leadership and supervision which is often less structured and formal than clinical supervision. Mentoring is a developmental relationship where the primary objective is learning (Linney, 1999). It is a partnership where the mentor and protégé work together to set goals, driven by the needs of the protégé (Ritchie, 1999). A particularly appealing feature of mentoring is its cost effectiveness (Howard, 1999).

The primary objective of mentoring, from a workforce development perspective, is to maintain and improve the overall response to AOD issues. Mentoring has the capacity to achieve this objective by:

- *building and sustaining skills and knowledge*
- *providing incentives and support*
- *facilitating work practice change.*

For the AOD field the establishment of mentoring programs has the potential to:

- *act as an incentive to attract skilled and qualified workers to the field, and to retain those already in the field*
- *link different professions and institutions within the field*
- *provide support and accessible professional development for those working in rural and remote areas*
- *provide support during periods of change.*

2.2.3 Management development and support

This section explores the diverse skill set required by managers in NGOs, and highlights the need for specific workforce development strategies targeting the development and support of managers in the NGO sector.

Managers are required to take on a range of roles which require relatively specialised knowledge, skills and abilities. Furthermore, there is increasing recognition that managerial positions are associated with significant demands and stressors (Sparks, Faragher, & Cooper, 2001). Appropriate training and support, therefore, is crucial to the development of effective managers in NGOs.

Latham and Seijts (1998) identify three key management development strategies:

- *education conducted in formal classroom settings focused on broad conceptual knowledge and skills (e.g., business schools)*
- *training focused on specific skills and abilities such as leadership and problem solving*
- *on-the-job training provided by everyday experience in a management role.*

CHAPTER 3: DEVELOPMENT OF A SKILLED AOD WORKFORCE

The third and final chapter addresses strategies at the individual, team, organisational and systemic level that facilitate and support best practice by frontline workers responding to AOD issues. The focus here is on the building-blocks of effective work practice: supporting the capacity of frontline workers to implement evidence-based practice and effectively obtain and utilise the vast amount of information and research relevant to practitioners in the AOD field, developing workers' knowledge and skills and ensuring effective transfer of training into work practice.[1]

Section 3.1 Information Management

Timely access to accurate and relevant information is increasingly recognised as a keystone of effective work practice and it is a central workforce development issue. Yet in this age of information technology, the sheer volume of information available presents significant challenges to the capacity of workers and organisations to keep up to date on the latest research, policies and other developments.

3.1.1 Evidence-based practice

In today's information-rich world there is an increasing need for individual workers and organisations to take on the responsibility of becoming effective information managers. This expectation is particularly notable in the literature on evidence-based practice where the emphasis has traditionally been on individual practitioners' capacity to access, evaluate and apply the latest research evidence.

Key barriers to evidence-based practice include:

- *lack of high quality research evidence (although the evidence-base in the AOD field is rapidly expanding)*
- *research evidence that cannot be applied beyond specific settings or populations*
- *complexity of the problems experienced by AOD clients.*
  (Allsop & Helfgott, 2002; Evans, 2001)

In order for AOD workers to effectively engage in evidence-based practice a range of strategies are needed at the individual (e.g., training in critical appraisal and decision making skills) and organisational (e.g., support for evidence-based practice, climate of openness to work practice change and improvement) levels. A case study is provided which demonstrates a team-based approach to evidence-based practice which overcomes many common barriers to evidence-based practice.

[1] For more information about transfer of training, refer to the NCETA monograph, "*From Training to Work Practice Change: An Examination of Factors Influencing Training Transfer in the Alcohol and Other Drugs Field*" (Pidd, Freeman, Skinner, Addy, Shoobridge, & Roche, 2004).

3.1.2 Accessing information effectively

It is widely acknowledged that the sheer scope of information available presents significant challenges to individuals and organisations to access and utilise the types of information of greatest relevance to work practice (e.g., research evidence, government policies, funding opportunities). Strategies for information management that can be implemented at an organisational or systems level include:

- *team-based approaches*
- *rotating responsibility (and setting aside discrete periods of time) for obtaining and disseminating information amongst staff members*
- *assigning responsibility for different types of information to different staff members (e.g., funding sources, latest evidence regarding treatment for a particular drug, government policy changes)*
- *collaborating with other organisations with similar information needs to implement information sharing strategies (e.g., cross-institutional teams or rotation of responsibility for information search and dissemination).*

Section 3.2 Development of Knowledge, Skills and Abilities

Frontline workers responding to AOD issues come from a wide range of professions and have diverse needs in relation to developing knowledge, skills and abilities (KSAs). Education and training programs need to reflect the multidisciplinary nature of the field and draw upon a cross-section of disciplines (Roche, 1998), and target differing work environments within the AOD sector. In addition to training, a systems perspective is needed to ensure development of workers' KSAs, including assessing barriers and facilitators to workers' access to education and training.

A range of factors may impact on the ability of workers to access or attend training, such as:

- *vague, inadequate, unclear or outdated information about education and training programs*
- *inconsistencies between institutions regarding course language (e.g., "program", "elective", "option", "subject", "competencies", "recognition of prior competency")*
- *lack of funding for organisations to release staff or provide backfill to enable staff to attend training or other staff development initiatives (such as conferences)*
- *lack of recognition of available training and its value for performing on the job by immediate supervisors or managers*
- *training that is not accredited, therefore not recognised by tertiary providers*
- *workers who perceive that attending training is a requirement for maintaining their job*
- *the financial and personal costs (e.g., time) associated with undertaking study. (Kennedy & Roche, 2003; Shoobridge, 1998; Wolinski et al., 2003)*

An alternative to accessing external education and training programs is workplace learning. "Ideal" workplace learning occurs when:

- *workplace learning is aimed at increasing innovative capacity in enterprises*
- *organisational culture supports and values training and learning*
- *training and learning are a part of doing business and are included as an integral part of the strategic planning cycle*
- *training and learning in all forms are valued and used according to the appropriate circumstances*
- *training is customised to individuals and to increase work capability*
- *networks, partnership and supply chains are used to facilitate training. (NCVER, 2003, p. 1)*

Development of frontline workers' KSAs is a vital building block in workforce development for the AOD field.

Section 3.3 Transfer of Training

The AOD field has achieved significant milestones in the content of education and training (e.g., development of national AOD competency standards). It is important to recognise, however, that engagement in education and training alone is not likely to exert a strong and sustained impact on work practice. A range of factors have been shown to impact on the transfer of education/training to work practice including:

> ***individual characteristics:*** *readiness to change, motivation to learn, intelligence and personality, previous experience with training, development of transfer strategies (e.g., overcoming barriers to transfer), high self-efficacy*
>
> ***training program:*** *using a training needs analysis to guide training, ensuring a match between training and job requirements, modelling desired training outcomes, utilising self-management training (to overcome barriers to training), providing opportunities to practise new skills, using a range of learning strategies*
>
> ***organisational factors****: supervisor and peer support, situational cues (reminders) and rewards, workload, organisational policies and procedures, positive learning climate, consistency of training with organisational goals and strategic direction.*

Education and training requires a significant investment of resources by individuals (e.g., effort, motivation, practice) and organisations (e.g., financial cost, staff absence). Therefore, the development of strategies to facilitate the greatest return on this investment by ensuring that individuals have the capacity to translate their newly learned skills and knowledge into improved work practice should be considered a workforce development priority.

This literature review provides only a brief introduction to the complex and broad area of workforce development. It is not an exhaustive coverage of the area, and it has been significantly tailored to reflect the areas of interest and relevance to the AOD NGO sector.

This document is also structured in discrete sections and by topic. The reader is invited to select those topics of most pertinence to their own circumstance.

CHAPTER 1
A SYSTEMS PERSPECTIVE

Chapter Overview

> One of the basic principles of systems thinking is that all points of view need to be heard if the complexity of the matter is to be understood
>
> Bruce McKenzie (SOLA, 2003)

One of the important conceptual leaps involved in a workforce development approach is the shift to "systems thinking" (Roche, 2001). This is fundamental to grasping what workforce development is about. While education and training can be an important part of a workforce development perspective, they essentially focus on the individual learner or worker. The deficit requiring rectification (through training) is seen to lie with that individual. No further consideration is given to the organisational context in which that person operates or the wider system at large which may ultimately determine whether specific policies or practices can be put in place (Roche, 2001).

Workforce development at a systems level involves creating environments and systems that support the full range of workforce development strategies (Roche, 2001). Examples of systems and structural factors include:

- legislation
- policy
- funding
- recruitment and retention
- resources
- support mechanisms
- incentives.

(Allsop & Helfgott, 2002; Roche, 2001)

The impact of systems factors on workforce development are highlighted throughout this review. For example, the importance of funding, resources, support mechanisms and incentives has been highlighted in regard to ensuring adequate access to training opportunities, recruiting and retaining workers, preventing stress and burnout, improving job motivation and satisfaction and ensuring adequate support for managers.

(continued)

In this chapter we address systems level factors from three different perspectives:

- the design and implementation of effective workforce development organisational policies and procedures
- managing organisational change
- the role of resource availability and partnerships in supporting and facilitating workforce development.

Section 1.1 Design and Implementation of Workforce Development Policies

Organisational policies and procedures play an important role in workforce development by:

- providing an established framework or structure within which workforce development strategies and initiatives can be placed
- legitimising the importance and relevance of workforce development
- ensuring a systematic and consistent approach to workforce development within an organisation.

Section 1.1 addresses policy design and implementation strategies from two different perspectives; evidence-based policy in health care and organisational justice.

Key strategies to maximise the impact of policy on work practice, include incorporating processes for employee input into policy development, providing clear communication of the potential benefits and advantages of workforce development policies and ensuring compatibility with current working conditions and practices.

Section 1.2 Managing Organisational Change

Organisational change is a common occurrence in the AOD sector and is integrally linked to workforce development. Section 1.2 explores organisational change within a framework of organisational justice. Organisational change is often a time of significant uncertainty and upheaval for employees. Consequently, concerns related to justice, equity and fairness are likely to be salient during periods of organisational change.

Organisational change processes that are perceived to be unfair or unjust have been linked with a range of negative employee responses including:

- lowered organisational commitment

(continued)

- reduced trust in management
- increased intention to leave
- higher levels of stress
- negative attitudes towards change.

Research on the management of organisational change has identified a range of strategies to assist organisations to successfully manage organisational change and avert the types of negative outcomes described above. Key strategies include:

- development and implementation of a policy outlining the organisation's support for the organisational change and clarifying the change
- providing employees and other stakeholders with opportunities to participate in decision making
- employing a change agent to facilitate the change process by contributing to problem-solving, providing support to staff members and encouraging staff commitment to change (particularly useful when there is a low readiness for change amongst employees)
- "institutionalising" organisational change using strategies such as reward systems to encourage adoption of change, clear and timely communication to employees regarding new work practices and procedures resulting from the change, and providing training to ensure a smooth transition into new roles and responsibilities.

Section 1.3 Resources and Partnerships

Resources and partnerships represent essential building blocks of effective workforce development. The capacity of NGO's to respond effectively to AOD issues, and to implement workforce development policies to ensure the future sustainability of these responses, is founded upon access to sufficient and sustainable resources; human, financial, administrative and physical.

As Pierce and Long (2002) note, obtaining funding to support workforce development initiatives by NGOs can be difficult. In these circumstances, it is crucial to make the best use of available workforce development opportunities.

Partnerships between AOD organisations represent one approach to maximising existing workforce development resources and opportunities. For example, partnerships can facilitate access to:

(continued)

- funding through collaborative applications
- appropriate cross-institutional mentors and supervisors
- information via shared responsibility for the search, evaluation and synthesis of information across institutions
- opportunities for knowledge and skill development via staff exchange programs between institutions.

It is important to recognise that an organisation's capacity to engage in effective workforce development is also determined by systems factors that may be beyond its control or influence. The responsibility for the development and ongoing maintenance of resources necessary for successful workforce development must be shared between the organisations in the field, and also industry and funding bodies and policy-makers.

SECTION 1.1 DESIGN AND IMPLEMENTATION OF WORKFORCE DEVELOPMENT POLICIES

In this section we discuss the role of organisational policies and procedures in workforce development. It is beyond the scope of the current review to provide a detailed guide on the design of effective policies. The aim here is to highlight the role of organisational policies and procedures in the effective implementation of workforce development strategies.

Organisational policies and procedures play an important role in workforce development by:

- providing an established framework or structure within which workforce development strategies and initiatives can be placed
- legitimising the importance and relevance of workforce development
- ensuring a systematic and consistent approach to workforce development within an organisation.

The policy design and implementation literature largely addresses policy making by government, particularly health and social policies (e.g., Cook, 2002; Sanderson, 2002), or the design and implementation of evidence-based policy for health care practices (e.g., Elliot & Popay, 2000; Niessen, Grijseels, & Rutten, 2000).

The literature on evidence-based policy for health care practices addresses the influence of individual and organisational factors on the relationship between work practice policy and work practice change. Important lessons can be learned from this literature in regard to effective strategies for the design and implementation of workforce development policies and procedures. Here we identify key themes within this literature that can inform workforce development policy making. Finally, we provide a brief overview of organisational justice research which demonstrates the importance of considering fairness and justice in the design and implementation of organisational policies and procedures.

Evidence-based policy for health care: Implications for the design and implementation of workforce development policies

The design and implementation of evidence-based treatment and prevention practices has gained increasing popularity in the AOD and wider public health fields (see Section 3.1.1). The central aim of an evidence-based approach to treatment and prevention is to ensure that the most effective and efficient strategies are implemented which:

- maximise favourable client outcomes
- represent an efficient use of resources
- balance practitioners' clinical judgement and experience with the best available evidence

- are sufficiently flexible to allow a tailored approach that meets the particular needs and circumstances of individual clients and client groups (Dawes, 1999a; Ridsdale, 1998; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996).

These principles can also be applied to the design of evidence-based workforce development policy in order to:

- maximise favourable outcomes for workers (e.g., job satisfaction, career paths, low levels of stress) and organisations (e.g., committed, motivated and effective employees)
- make efficient use of resources
- balance the best available evidence regarding workforce development with managers', policy makers' and workers' judgements and experience
- ensure a flexible approach to workforce development that meets the particular needs and circumstances of individual workers, professional groups and sectors.

One of the most common approaches to the design and implementation of evidence-based policy regarding health care is the design and implementation of clinical guidelines. Table 1 summarises some of the central themes within this literature that are particularly relevant for the design of workforce development policies.

Table 1
Key Themes Within the Clinical Guidelines Literature and Implications for Workforce Development (WFD) Policy

Themes within the clinical guidelines literature	Implications for workforce development policy
Guideline Design	
Guidelines should be based on the best available evidence and developed on the basis of systematic reviews of evidence	WFD policy should be based on the best available evidence concerning the WFD strategies most likely to result in the desired outcomes
Guidelines should be cost-effective (maximising health outcomes based on available resources)	WFD policy should be based on a realistic assessment of the balance between potential positive outcomes for the individual/ organisation and the resource implications of policy implementation
Guidelines should take into account practitioners' knowledge, skills, abilities, work culture and practices	WFD policy should take into account current working conditions and practices, workers' knowledge, skills and abilities, and organisational culture
Acceptance of guidelines and incorporation into work practice may be enhanced by increasing practitioners' sense of ownership of the guidelines. Ownership may be enhanced through consultation with practitioners	Acceptance of WFD policy and associate changes to work practice may be enhanced by consultation with workers in the development of WFD policy
Guidelines should be regularly reviewed and updated to take into account new evidence	WFD policy should undergo regular reviews to take into account new research evidence
Guideline Implementation[1]	
Policy change (i.e., introduction of new clinical guidelines) is not equal to practice change Passive dissemination (e.g., journal articles, mail-outs) increases practitioners' awareness of guidelines but is not likely to change work practice	Development of WFD policy in itself is not likely to influence the desired WFD outcomes (e.g., job satisfaction, turnover)
Active dissemination strategies are required for practice change (e.g., educational outreach, opinion leaders)	Effective implementation of WFD policies requires organisations to be pro-active in communicating to employees the benefits and advantages of the policy, and the processes involved in implementation (e.g., staff workshops, staff advocate/information officer)
The process of guideline implementation should address potential barriers to practice change (e.g., increased workload, lack of time and resources, perceived lack of benefit)	The process of implementing WFD policies should address potential barriers (e.g., lack of financial resources, resistance to change, equity of access to WFD opportunities) to policy implementation
The impact of guideline implementation on the quality of patient care should be evaluated	The impact of WFD policy on relevant WFD outcomes (e.g., performance, job satisfaction, development of partnerships) should be evaluated

Note. [1]Feder, Eccles, Grol, Griffiths, and Grimshaw, 1999; Grimshaw et al., 1995; Grol and Jones, 2000; NHS Centre for Reviews and Dissemination, 1999.

Organisational justice – A key consideration in effective policy design and implementation

Workforce development policies guide decisions regarding the distribution of various types of resources (e.g., access to training, remuneration, mentoring and other forms of support and autonomy). Therefore, issues of procedural and distributive justice are likely to be particularly salient for the recipients of these policies (i.e., frontline workers). Further, research on organisational justice indicates that the perception of (in)justice is likely to influence a range of outcomes relevant to policy development and implementation including acceptance of decisions and outcomes associated with organisational policies and procedures.

Outlined below is an overview of the key principles of organisational justice, outcomes related to the perceived (in)justice, and the implications for the design and implementation of workforce development policies.

Organisational justice refers to "people's perceptions of fairness in organisations" (Greenberg & Lind, 2000). The organisational justice literature distinguishes between two tenets of justice (Greenberg & Lind, 2000):

- distributive justice (fairness of resource allocation or distribution)
- procedural justice (fairness of decisions, rules and procedures that guide resource allocation).

In this context, resources refer to both material (e.g., remuneration) and non-material (e.g., status, time) aspects of employees' work experience (Greenberg & Lind, 2000, p. 72).

Key principles of organisational justice

In their review of the organisational justice literature Greenberg and Lind (2000, pp. 77-79) identified four key principles of organisational justice:

1. "*The equity principle: outcomes should be distributed proportional to contributions*"
   There should be a fair balance between workers' contribution to the organisation (e.g., effort, skill, qualifications, responsibility) and the provision of rewards/ benefits (e.g., status, remuneration, intrinsically satisfying work).
2. "*The perception principle: justice is in the eye of the beholder*"
   Judgements of fairness are influenced by individuals' subjective perceptions of the importance or significance of their input, and also the relative importance of various types of inputs and rewards.
3. "*The voice principle: input into decisions enhances perceptions of fairness*"
   It has been well established that providing the opportunity for people affected by a decision to voice their opinions, concerns, and needs will enhance the perceived fairness of the decision making process. The key here is the perception that decision makers take into account the opinion and concerns of those affected by the decision.

4. "*The interpersonal justice principle: socially sensitive treatment enhances perceptions of even undesirable outcomes*"
   Perceptions of fairness are strongly linked to the experience of being treated in a dignified and respectful manner. Key considerations here include presentation of sufficient information concerning the outcome of a decision, and using a socially sensitive approach to discuss potentially negative outcomes of a decision.

Additional principles of organisational justice have been identified by Leventhal et al. (1980), including:

- consistency of treatment towards people
- basing decisions on accurate information
- enabling decisions to be corrected or amended
- ensuring decisions are representative by taking into account the interests of all stakeholders
- ensuring decisions are ethical.

Outcomes related to perceived (in)justice

A range of outcomes have been linked to perceptions of organisational justice or fairness. The strongest evidence (Greenberg & Lind, 2000) exists for the link between:

- perceived fairness of organisational change procedures and acceptance of change.
- the perceived fairness of conflict resolution procedures (particularly the opportunity for "voice") and acceptance of decisions
- perceptions of organisational justice and organisational citizenship behaviours (e.g., helping others, courtesy, conscientiousness)
- employee theft as a strategy to address perceived inequity of input (i.e., effort, skill, etc.) compared to reward (i.e., remuneration, etc.). Consistent with the fourth principle of organisational justice described previously, there is evidence that sensitive and respectful treatment and thorough explanations of the reasons for an inequity alleviate this effect (i.e., reduces theft)
- perceptions that disciplinary action is unfair (e.g., too harsh, no consideration of employee's viewpoint) and subsequent reduction in performance.

This research highlights the importance of considering the *process* by which workforce development policies are designed and implemented in addition to the content of such policies. Fair and just processes associated with workforce development policies are likely to facilitate employees' acceptance of such policies, and may also have positive spin-offs for job satisfaction, organisational commitment and job performance.

Implications for the design and implementation of workforce development policy

The organisational justice research (Greenberg & Lind, 2000) suggests a number of strategies to ensure that workforce development policies are accepted by employees and have the greatest positive impact on work practice, including:

- incorporating an employee consultation procedure within the process of workforce development policy design to ensure that employees' needs, concerns and views are taken into account
- providing employees with clear and comprehensive explanations for workforce development policies and procedures
- demonstrating concern and sensitivity in addressing any potential negative effects of workforce development policies (e.g., limiting employee access to workforce development opportunities based on the available resources)
- clearly explaining how the principles of justice and fairness have been considered in the design and implementation of workforce development policies
- apply workforce development policies consistently across the organisation
- appeal mechanisms that provide a means by which employees may challenge a particular workforce development policy or related decision.

Conclusion

This section examined strategies for designing and implementing workforce development policies to maximise favourable outcomes for an organisation and its employees. Policy development and implementation strategies were discussed from two different perspectives; research on evidence-based policy in health care and research on organisational justice. Several common themes emerged from these two very different literatures that can be used to guide the design and implementation of workforce development policies. Key strategies to facilitate employee acceptance of workforce development policies, and to maximise the impact of policy on work practice, include incorporating processes for employee input into policy development, providing clear communication of the potential benefits and advantages of workforce development policies and ensuring that policies are compatible with current working conditions and practices.

SECTION 1.2 MANAGING ORGANISATIONAL CHANGE

Organisational change is a common occurrence in the AOD field, as it is within the health field generally (Lemieux-Charles et al., 2002; Rousseau, 1997). Organisational change is a complex process that has the potential to bring significant benefit, but may also be associated with disadvantages. Benefits of organisational change can include improved cost efficiency and quality of service provision (Muchinsky, 1993). Potential disadvantages may include increased levels of stress among employees and disruption to the provision of services (Ashford, 1988). Maximising the benefits and minimising the disadvantages through successful management of organisational change represents an important workforce development challenge for the AOD field.

Employee concerns related to justice, fairness and equity have been demonstrated to have a significant impact on the outcomes associated with organisational change. In this section the process of organisational change is considered within a framework of organisational justice. Practical strategies for the successful management of organisational change are discussed, and a case study provided which illustrates a range of these strategies.

Organisational change: A justice issue

Organisational change can be a challenging period of transition for employees (Ashford, 1988). The uncertainty and disruption caused by organisational change has been found to be associated with higher levels of employee stress (Ashford, 1988). Organisational change can involve increased workloads, cost cutting, lay-offs and uncertainty about the organisation's future. Consequently, concerns related to justice, equity and fairness are likely to be salient during periods of organisational change.

Employees' perception that they have been treated in an unjust or unfair manner have been found to have significant negative consequences for the organisation (Korsgaard, Sapienza, & Schweiger, 2002). For example, employees who perceive the organisational change process to have been procedurally unjust are likely to feel less obligation towards the organisation, place less trust in management and have a higher intention to leave (Kickul, Lester, & Finkl, 2002; Korsgaard et al., 2002; Spreitzer & Mishra, 2002). Attending to justice issues and ensuring the fairness of organisational change has been found to reduce employee levels of strain and foster more positive reactions towards the change (Korunka & Karetta, 1993; Rousseau, 1997).

There are three main justice issues to consider when implementing organisational change (Novelli, Kirkman, & Shapiro, 1995):

> **Distributive justice** concerns the distribution of outcomes (e.g., budgets, workloads and pay increases) resulting from organisational change. From this perspective, a just and equitable change process is one in which losses (e.g., reductions in budgets or decreased autonomy) or gains (e.g., opportunities for bonuses or promotions) resulting from the change process are distributed fairly amongst employees (Rousseau, 1997).

Interactional justice refers to fairness in the interactions between the organisation and employees regarding the process of organisational change. The focus here is on the style and content of communication between the organisation and its employees. Key elements of fair and equitable interactions include providing specific, credible explanations for losses or other drawbacks, and presenting news to staff members with politeness and respect (Bies & Moag, 1986; Rousseau, 1997). Delivering important news and explanations orally rather than via a memo or letter is also important for interactional justice (Rousseau, 1997).

Procedural justice refers to the fairness of the processes of organisational change, in particular, the opportunity for staff participation in the decision-making and planning aspects of organisational change (Rousseau, 1997; Sheppard, Lewicki, & Minton, 1992).

An organisational justice perspective provides a broad framework to guide the organisational change process. Outlined below is a range of specific strategies that have been demonstrated to facilitate and support successful organisational change.

Successfully managing organisational change

Research on the management of organisational change has identified a range of strategies to assist organisations to successfully manage organisational change, aiding the transition for workers and maintaining their well-being, and improving organisational outcomes such as quality of service provision. These strategies include developing an organisational policy on the change, encouraging employees to participate in decision making, employing change agents, and ensuring institutionalisation of changes.

Organisational policies

Development and implementation of a policy outlining the organisation's support for the organisational change and clarifying the change has been found to significantly enhance employees' participation in the organisational change (Cooke, Mattick, & Campbell, 1998; Webb, 1997). For example, in a study on smoking cessation interventions, organisational policy was the strongest predictor of workers' implementation of interventions (Cooke et al., 1998).

Participation in decision making

The importance of providing employees and other stakeholders with opportunities to participate in decision making has been stressed in organisational development research and case studies of organisational change (Austin & Bartunek, 2003; DuBrow, Wocher, & Austin, 2001; Lord, Ochocka, Czarny, & MacGillivary, 1998; Queensland Health, 1999; Sinangil & Avallone, 2001). Employees who participate in decision making report less strain during the organisational change process, view the change more positively, and in some cases have greater job satisfaction than employees who do not participate in decision making (Korunka & Karetta, 1993; Sagie & Koslowsky, 1994; Wanburg & Banas, 2000). Employees are also more likely to participate in change activities, spend more time on work

tasks and work more effectively when given opportunities to participate in decision making (Cunningham et al., 2002; Sagie & Koslowsky, 1994).

Change agents

A change agent is a specialist, usually from the behavioural science field, brought into the organisation to help facilitate and manage the organisational change process. Change agents facilitate the change process by contributing to problem-solving, providing support to staff members and encouraging staff commitment to change (Queensland Health, 1999). When there is a low readiness for change amongst employees, change agents can have a substantial impact on employees' levels of readiness for organisational change (Armenakis, Harris, & Mossholder, 1993). The change agent's attributes (their credibility, trustworthiness, sincerity and expertise) are important factors in their ability to influence employees' attitudes towards organisational change (Armenakis et al., 1993).

Steps that may be carried out by a change agent in helping to facilitate and manage organisational change include:

1. **Start-Up**: Identifying issues and fostering staff commitment to participate in organisational change
2. **Assessment and Feedback**: Gathering information and providing feedback to stakeholders
3. **Action Planning:** Working with decision-makers and stakeholders to develop a plan for the organisational change
4. **Intervention:** Implementing the change plan
5. **Evaluation**: Evaluating the progress of the organisational change with the decision-makers and stakeholders
6. **Adoption**: Continuing the implementation throughout the organisation, and encouraging stakeholders to accept ownership of the change process. (DuBrow et al., 2001)

Institutionalisation

Planned organisational change, such as an improvement in the quality of service provision, needs to be "institutionalised" in order for the changes to persist over time (Goodman, Bazerman, & Conlon, 1980). Institutionalisation ensures that the benefits reaped from the organisational change will be sustained in the future, rather than the organisation reverting to its previous behaviour. Strategies to institutionalise the outcomes from an organisational change process include:

- reward systems. Rewards introduced to encourage adoption of the organisational change can increase employees' perceptions of the continuing legitimacy of the change
- ensuring employees have accurate expectations of the benefits of the organisational change, and that these expectations are met
- ensuring that the necessary information about new work practices and procedures arising from the change is transmitted to new employees

- providing follow-up training for new roles created by the organisational change to maintain the new behaviour
- ensuring that the new behaviours and roles are consistent with the organisation's goals and values, and that this congruence is clear to employees and stakeholders.
  (Goodman et al., 1980)

CASE STUDY

A brief case study of an organisational change intervention in a human services setting is presented below. A case study in the AOD field could not be located, therefore a case study from a U.S. human services agency is provided.

DuBrow, Wocher, and Austin (2001) provide a case study of planned organisational change in a U.S. human services agency. The organisation underwent a major change process stimulated by welfare reform, a new director and a new strategic direction. A survey of the workers in the agency found that they were struggling to keep up with the change, and needed more help understanding the organisational change plan and more feedback on their implementation of the plan.

To facilitate and help manage the organisational change, the agency hired a full time, internal Organisational Development (OD) consultant. Organisational development is the study of applying behavioural science principles to planned organisational change that aims to improve organisational outcomes and more successfully manage change (Sinangil & Avallone, 2001). The agency recruited by advertising to the national OD Network and university OD programs.

In the first step of the change management process, the OD consultant's tasks included clarifying the job description, learning the organisational culture and implementing start-up activities. A range of strategies were implemented to facilitate the change process including improving communications between staff and management, clarifying workers' new job functions, and identifying gaps in the information needed by the workers and the feedback needed by the management. Evaluation mechanisms were also introduced. An external evaluation program assessed the impact of service outcomes, and an internal evaluation program assessed problems encountered in implementing the changes. These tasks were conducted with the help of the OD consultant.

On the basis of this case study DuBrow et al. (2001) made several recommendations for organisations undergoing change, including:

- the importance of developing close working relationships between staff and management
- the importance of recommendations regarding the change process being developed from within the organisation, rather than from an external agent
- the need to provide feedback on the implementation of change, such as the success of new programs, to all levels of staff, preferably at the same time.

Conclusion

Organisational change can be a disruptive and stressful time for employees (Ashford, 1988), and needs to be carefully managed to minimise these negative consequences and ensure the benefits of the change. Successfully managing the disadvantages and benefits of organisational change is an important workforce development challenge for the AOD field. This section has identified some key strategies to successfully manage change, addressing important distributive, interactional and procedural justice issues. Critical considerations for the management of organisational change include developing an organisational policy to support the change, providing employees with the opportunity to participate in the decision making process, the possibility of hiring an external change agent to facilitate the change process, and monitoring the institutionalisation of the organisational change to ensure the implemented changes persist over time.

SECTION 1.3 RESOURCES AND PARTNERSHIPS

In this section we consider two systems-level factors that are central to effective workforce development – the availability of sufficient resources and the development of effective partnerships. Just like any workplace initiative, workforce development initiatives and programs require a range of resources to ensure their sustainability and effectiveness. Key resources that form the foundation of effective workforce development are identified. It is acknowledged that access to sufficient resources is a significant challenge for most NGOs. The potential of partnerships as one strategy to maximise the use of existing workforce development opportunities and resources is also explored.

Resource availability

Resources are often conceptualised in relatively narrow terms related to financial input. However, a range of resources are necessary to sustain an effective organisation. In the context of health promotion programs, the *Framework for Building Capacity to Improve Health* produced by NSW Health (2001) identifies six types of resources:

- financial resources
- human resources
- access to information
- access to specialist advice
- decision making tools and models
- administrative and physical resources.

The keystone of effective workforce development is access to sufficient and sustainable resources. These include:

> **Financial resources**: access to training programs, sustainability of programs to create career paths, access to information (e.g., electronic databases), adequate remuneration
>
> **Human resources**: stress and burnout due to work overload, access to mentors and supervisors
>
> **Access to information**: capacity to implement evidence-based practice
>
> **Decision making tools and models**: development of effective policies and procedures
>
> **Administrative and physical resources**: access to appropriate physical workplaces, administrative support to ensure the smooth and efficient running of services.

This brief review of the range of resources required to support effective workforce development highlights the importance of taking a systems perspective. As the list above demonstrates, workforce development resources extend far beyond the education and training needs of individual workers.

Developing and maintaining sufficient resources to support workforce development, however, presents significant challenges to NGOs within the AOD field (Pierce & Long, 2002; Pitts, 2001). As Pierce and Long (2002) note, obtaining funding to support workforce development initiatives by NGOs can be difficult, and is an issue that needs to be addressed by funding bodies and policy makers. In such circumstances, it is crucial to make the best use of available workforce development opportunities. Partnerships between AOD organisations represent one approach to maximising existing workforce development resources and opportunities.

Partnerships

The importance of partnerships in the AOD field is highlighted in the National Drug Strategic Framework 1998-1999 to 2002-2003 Building Partnerships.

There are many forms of partnerships ranging from formal contractual arrangements to informal relationships. A key principle underlying all forms of partnership is the reciprocal exchange of benefits between partners (Wilkinson, Browne, & Dwyer, 2002).

Partnerships perform many functions including:

- sharing resources, knowledge and skills
- improvement of service provision through enhancing coordination and exchange between complementary services
- achievement of goals or outcomes that neither partner could achieve by itself. (NSW Health, 2001; Wilkinson et al., 2002)

Partnerships and workforce development

Partnerships between organisations in the AOD and wider health fields have the potential to facilitate access to many of the workforce development resources discussed previously. For example, partnerships can facilitate access to:

- funding through collaborative funding applications between organisations
- appropriate cross-institutional mentors
- information via shared responsibility for the search, evaluation and synthesis of information across institutions
- opportunities for knowledge and skill development via staff exchange programs between institutions.

Barriers to partnerships

Successful partnerships require investment of time and resources by all partners. Common barriers to partnerships include:

- varying goals, expectations and standards between partners. This may be a particularly salient issue for cross-disciplinary or cross-sector partnerships
- differing work commitments

- challenges associated with coordinating partnership activities to fit in with existing work commitments
- limited resources (time, finances).
  (Wilkinson et al., 2002)

Key strategies for building effective partnerships

A report by the Australian Centre for Health Promotion identified several recommendations for establishing partnerships in the health sector:

- ensure that stakeholders and the wider community support the partnership
- establish and maintain strong networks of communication between participating organisations
- ensure that participating organisations have the capacity, knowledge and resources to achieve the proposed action, and are committed to the partnership
- establish relationships that are strong enough to implement and sustain the partnership
- ensure that organisations' values and goals are congruent with the desired outcomes of the partnership
- evaluate the outcomes of the partnership such that it is meaningful for all participating organisations
- include all participating organisations in the planning stage, and encourage critical feedback
- to improve the sustainability of the outcomes, continually monitor and evaluate partnership contact and actions.
  (Harris, Wise, Hawe, Finlay, & Nutbeam, 1995).

Conclusion

Resources and partnerships represent essential building blocks of effective workforce development. The capacity of NGOs to respond effectively to AOD issues, and to implement workforce development policies to ensure the future sustainability of these responses, is founded upon access to sufficient and sustainable resources; human, financial, administrative and physical. It is acknowledged, however, that gaining access to sufficient resources is a significant challenge for most NGOs. Developing collaborations and partnerships with external organisations represents one approach to optimising the use of existing workforce development opportunities and resources. It is important to recognise that an organisation's capacity to engage in effective workforce development is also determined by systems factors that are often beyond its control. The responsibility for the development and ongoing maintenance of resources necessary for successful workforce development must be shared between organisations in the field, and also industry and funding bodies and policy-makers.

CHAPTER 2
ORGANISATIONAL CAPACITY BUILDING

Chapter Overview

Capacity building is a central tenet of workforce development. It can be defined in a variety of ways. In essence, capacity building refers to "strategies and processes which have the ultimate aim of improving health practices which are sustainable" (Crisp, Swerissen, & Duckett, 2000, p. 99).

Crisp et al. (2000) identified four approaches to capacity building:

- top-down organisational approach focused on the capacity of an organisation to respond effectively to health issues (e.g., policies and procedures, structures, quality assurance systems)
- bottom-up organisational approach focused on the development of highly trained, effective and committed staff
- partnerships between organisations to facilitate knowledge sharing, efficient use of resources, and sustainable health programs and initiatives
- community involvement in planning, initiating and implementing health initiatives.

Crisp et al.'s definition demonstrates the broad scope of capacity building activities. In Chapter 1 we addressed broader top-down capacity building strategies focusing on organisational policy, resources and partnerships. Capacity building focused on the development of individual workers' knowledge and skills is discussed in Chapter 3.

In this chapter we discuss bottom-up and top-down capacity building within organisations focused on:

- recruitment and retention of effective staff
- facilitating staff well-being and capacity to function effectively
- development of effective managerial skills and supervisory relationships.

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Section 2.1 Workforce Sustainability (pp. 23-54)

A sustainable workforce requires:

- workers with the appropriate skills and abilities (recruitment)
- work environments which enable workers to perform at their maximal effectiveness (through increasing motivation and decreasing stress and burnout)
- opportunities for professional development and career advancement (career paths).

Central factors in the development of a sustainable AOD workforce include:

- the equity or fairness of the exchange between the resources provided to an organisation by employees (e.g., skills, effort, high performance, commitment) and the rewards and benefits an organisation offers in return (e.g., remuneration, job security, recognition)
- availability of jobs designed to provide employees opportunities for professional development (e.g., autonomy, interesting work, opportunity for skill development and career advancement)
- workplaces that facilitate employees' job involvement, engagement and satisfaction. A number of factors impact on these outcomes including work demands/overload, role ambiguity (clear performance goals and expectations), and positive feedback and recognition
- supportive colleagues and supervisors in regard to individuals' social and emotional well-being and the requirements of the job (e.g., knowledge, performance strategies).

Section 2.2 Management and Supervision (pp. 55-68)

Managers and supervisors play a key role in the professional development and well-being of staff. For example, managers and supervisors play an important role in:

- facilitating the transfer of training to work practice
- supporting evidence-based practice
- ensuring workers do not experience high levels of stress and burnout
- employees' motivation and job satisfaction.

Section 2.2 focuses on the roles and responsibilities of managers and supervisors themselves. In particular we explore the:

- benefits, barriers and best practice in regard to clinical supervision
- advantages of mentoring as an alternative to supervision
- unique combination of knowledge and skills required by effective managers and the most effective approaches to management development.

SECTION 2.1 WORKFORCE SUSTAINABILITY

SECTION OVERVIEW

Section 2.1 explores the individual, organisational and systems factors that influence workforce sustainability. A sustainable workforce is one in which:

- the number and skills of the workforce matches the needs of the client population (recruitment and retention)
- individuals are positively engaged with their work and have the capacity to perform at their highest potential (motivation, stress and burnout)
- individuals' work contributes to their well-being (job satisfaction)
- opportunities are provided for individuals to further their professional development and career prospects (career paths).

2.1.1 Recruitment

An organisation's ability to attract and recruit appropriate and effective new staff is central to its capacity to deliver effective responses to AOD issues. A range of factors make recruitment of new staff into NGOs in the AOD field difficult, including:

- a lack of suitably qualified workers
- inadequate salaries
- stigma of working in the AOD field
- lack of funding to fill vacant positions
- lack of clear career paths and opportunities.
  (Pitts, 2001, p. 33)

Research in organisational psychology suggests some relatively straightforward strategies that are likely to enhance an organisation's capacity to recruit new staff including:

- clear and detailed job descriptions to guide recruitment
- utilisation of professional networks and contacts of current staff
- choosing a recruiter with good interpersonal skills and sound knowledge of the position
- providing realistic job previews that describe the positive and less desirable aspects of a particular position.
  (Breaugh, 1992; Breaugh & Starke, 2000; Brough & Smith, 2003; Phillips, 1998)

(continued)

2.1.2 Motivation

Workers in the NGO field face a number of challenges which may potentially impact negatively on their work motivation including:

- providing help, assistance and treatment to a highly stigmatised group (i.e., individuals who use drugs)
- issues related to funding of organisations and the wider NGO sector (job insecurity, inadequate remuneration)
- lack of training opportunities
- lack of public recognition for the value of their work.
  (Pitts, 2001)

Three perspectives on motivation are discussed in this section. They provide important insights into the key factors likely to influence employees' willingness to strive for optimal performance.

Goal setting theory emphasises the importance of clear and realistic performance expectations, feedback on progress and achievement of goals, and appropriate support in the context of complex or difficult projects (Latham & Locke, 1991; Locke & Latham, 1990).

Organisational justice theory highlights the importance of considering issues of fairness and justice throughout the organisation, particularly in relation to the distribution of resources (e.g., time, status, promotions, remuneration) amongst employees in the organisation (Brewer & Skinner, 2003).

Need theories of motivation provide a valuable reminder that experiences at work serve to meet important physical and psychological needs of employees. Taking the time to discuss employees' work-related needs can provide important insight into the sources of motivation of most value and salience to individual employees (Brewer & Skinner, 2003).

2.1.3 Stress and burnout

There is increasing recognition that workers in health and human services fields often experience high levels of work-related demands and stressors, and are hence particularly vulnerable to the experience of stress and burnout. Workers in the AOD field in general, and the NGO sector in particular, face many significant challenges related to the client population (complex circumstances, stigmatisation of drug use, recognition in the wider community of the value of their work) and their working conditions (e.g., remuneration, availability of training, job security, access to clinical supervision).

A range of potential antecedents of stress and burnout have been identified including:

- career development (opportunities for promotion, job insecurity)

(continued)

- work overload and time pressure (particularly predictive of exhaustion)
- role conflict
- role ambiguity
- lack of support – particularly from supervisors
- lack of feedback, rewards and recognition
- low opportunity for participation in decision making
- lack of autonomy
- severity of clients' problems
- appropriate remuneration.
  (Cooper & Marshall, 1976; Maslach, Schaufeli, & Leiter, 2001; Warr, 1994)

The most effective strategies to prevent or alleviate stress and burnout focus on modifying or removing workplace stressors (Burke, 1993). This approach may not always be practical or realistic, particularly in regard to stressors (e.g., clients with chronic problems) that cannot be changed. In this situation, preventative strategies designed to support and facilitate employees' capacity to cope with workplace stressors have been shown to be moderately effective in addressing stress and burnout (Maslach et al., 2001).

2.1.4 Job satisfaction

In the organisational psychology literature job satisfaction is widely acknowledged as a key attribute contributing to the well-being of individual employees and the wider organisation.

Job satisfaction has been linked with two key work-related outcomes:

- performance
- turnover.
  (Judge, Thoresen, Bono, & Patton, 2001; Tett & Meyer, 1993)

Research in organisational psychology has consistently emphasised the role of five key workplace factors in job satisfaction:

- job characteristics: skill variety, task identity, task significance, autonomy and feedback
- role conflict and role ambiguity
- work-family balance
- availability of support from colleagues, supervisors and the organisation

(continued)

- job conditions (e.g., remuneration, availability of resources).
  (Baruch-Feldman, Brondolo, Ben-Dayan, & Schwartz, 2002; Dollard, Winefield, A., Winefield, H., & de Jonge, 2000; Dormann & Zapf, 2001; Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002; Ellickson & Logsdon, 2002; Hackman & Oldham, 1976; Jackson & Schuler,1985; Paton, Jackson, & Johnston, 2003)

Research on AOD specialist treatment staff in the United States (Gallon et al., 2003) suggests four additional sources of job satisfaction that are particularly salient for AOD workers: personal growth, interactions with clients, collegiate co-worker relationships and a commitment to treatment.

2.1.5 Career paths

It is well established that issues related to career paths and opportunities for promotion and advancement are associated with a number of important work-related outcomes including recruitment of new staff (see Section 2.1.1), work motivation (see Section 2.1.2), job satisfaction (see Section 2.1.4) and turnover (see Section 2.1.6).

Organisations in the NGO sector often rely on short-term funding related to specific projects (e.g., a research project) or outcomes (e.g., a specific client service). For people employed in the NGO sector, a working environment characterised by short-term contracts often linked to specific projects presents significant challenges to career planning and development. Hesketh and Considine (1998) suggest that organisations in this situation provide employees with continuous learning opportunities that enable employees to build a skill base that can be applied to a variety of work contexts.

Strategies for organisations to improve their employees' skill base and professional development include providing:

- challenging projects
- mentoring
- training that provides general (i.e., transferable) skills as well as specific skills
- networking opportunities.
  (Hesketh & Considine, 1998)

Job roles and responsibilities which provide challenging work and opportunities to develop generalisable and transferable skills can provide employees with the skills and abilities they need to build a successful career in an environment of change.

2.1.6 Turnover

High employee turnover has been identified as a particularly salient issue within the NGO workforce (Pierce & Long, 2002). A range of factors have been suggested to contribute to turnover in the NGO sector and wider AOD field including:

(continued)

- short-term funding on a project-by-project basis
- low remuneration
- stressful working conditions
- use of the NGO sector as a "stepping stone" to more attractive jobs in the government sector.
  (Pierce & Long, 2002; Pitts, 2001, p. 34)

Consistent with these findings, research in organisational psychology has emphasised three key factors likely to influence turnover:

- inadequate salary and remuneration
- opportunities for career development
- work-related demands and stress.
  (Griffeth, Hom, & Gaertner, 2000)

Retention of effective employees serves a range of important purposes including retention of "organisational memory" (i.e., historical events that impact on current work practice), ensuring the availability of mentors and supervisors, and ensuring the organisation receives a return-on-investment for formal and informal (on the job) training of staff. Addressing the causes of high turnover, therefore, should be considered a workforce development priority for the NGO sector.

2.1.7 Job redesign

As highlighted in the previous sections, the factors contributing to stress, burnout, satisfaction and motivation are complex and varied. Not all factors will be relevant or salient in all jobs or for all individuals. Addressing these issues requires a systematic and tailored approach focused on the particular circumstances of an individual or team and the wider organisation (Parker, Wall, & Cordery, 2001).

This section provides an overview of key strategies to ensure successful job redesign. Specific examples of job redesign strategies are provided for three job characteristics consistently highlighted in the research literatures on job satisfaction, motivation, stress and burnout:

- autonomy
- role stressors (role conflict and role ambiguity)
- work-family balance.

In general, job redesign initiatives are more likely to be successful when the process is undertaken as a collaborative problem-solving endeavour between staff and the organisation (Spector, 2000a), and takes into account the wider working environment and context, including considerations such as supervisor and management support, compatibility with existing policies and procedures, and the availability of appropriate support and remuneration.

2.1.1 Recruitment

Recruitment in the AOD field

Recruitment of skilled and effective staff is a central workforce development issue for the AOD field in general (Roche, 2001, 2002; Wolinski, O'Neill, Roche, Freeman, & Donald, 2003) and NGOs in particular (Pitts, 2001). Recruitment of skilled and effective workers is a particularly salient issue for the NGO sector which is characterised by smaller organisations in which most staff have extensive client contact and perform multiple roles in the organisation.

Recruitment of qualified staff was identified as a key workforce development issue in a national survey of NGOs conducted by the Alcohol and Other Drugs Council of Australia (ADCA) (Pitts, 2001)[2]. Recruiting qualified staff was identified as a difficulty by 74% of NGOs, whereas 94% of NGOs in rural or remote areas reported difficulties with staff recruitment. Challenges to recruitment of effective staff included:

- lack of qualified staff
- inadequate salary packages
- lack of resources
- limited scope for advancement and promotion
- remoteness of services
- stigma attached to working in the AOD field
- acute shortage of nurses.
  (Pitts, 2001, p. 33)

Pitts (2001, p. 34-35) concluded that:

> The demand for services in recent years may place further pressures on workers who feel their environments are inadequate to meet the purposes of the agencies for which they work. There is at present little support by way of resource allocation to provide capital improvement and/or infrastructure support. This factor impacts further on the ability of organizations to attract and retain staff.

The ADCA survey highlights a range of systems factors that impact on the capacity of NGOs to recruit qualified and effective staff. Similar findings were reported in a recent study of treatment agencies in the United States. Gallon et al. (2003) found that 71% of treatment agency administrators reported serious difficulties in recruiting new staff. Recruitment difficulties were most commonly attributed to a lack of qualified applicants and insufficient funding to fill vacant positions.

The issue of effective recruitment strategies has also received attention within the field of organisational psychology. A brief overview of this literature follows.

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[2] The small sample size (N = 43 organisations) achieved for this survey should be taken into account in the interpretation of findings.

Recruitment Research

Recruitment research in organisational psychology focuses on two key issues:

- development of an accurate description of the knowledge, skills and abilities (KSAs) required for a position
- recruitment strategies associated with desirable outcomes such as an applicant's interest in a position, intention to accept a job offer, and after accepting a position their job satisfaction and turnover intention.

Effective recruitment aims to establish good job-person fit. In other words, to find the right person for a particular job. This requires detailed and accurate information on two dimensions: **(1)** the tasks and the **k**nowledge, **s**kills and **a**bilities (KSAs) required by the position, and **(2)** the KSAs of applicants. The two steps are presented in Table 2.

Table 2
Two-step Process of Recruiting

Step 1: Ensuring an Up to Date Job Description – The Job Analysis
The first step in a recruitment process should be an analysis of the vacant position in order to ensure an accurate and sufficiently detailed job description (Brough & Smith, 2003). Roles, responsibilities and tasks within a particular position can change over time, therefore it is crucial to invest sufficient time at the start of a recruitment procedure to ensure an accurate job description. This will ensure that a good fit is obtained between the new job incumbent and the requirements of the position. Poor fit between an employee and their position may result in a number of adverse outcomes including low job satisfaction, higher turnover and lower performance (Dawis & Lofquist, 1984; Hesketh & Dawis, 1991). A job description can focus on the specific tasks and activities required (e.g., conduct counselling session, write client reports, write grant applications) or the KSAs required by the incumbent (e.g., able to conduct cognitive behavioural therapy, knowledge of harm minimisation practices, good communication skills). If a position is reasonably complex (e.g., multiple roles, challenging work, changing work demands) then a focus on the KSAs required for effective performance is recommended. A number of validated instruments and questionnaires are available for the development of comprehensive job descriptions. Current job incumbents, supervisors or other subject matter experts complete the survey indicating the most important KSAs and tasks that define a particular job. Whilst this method will produce the most comprehensive job analysis, most tests have to be purchased and require some expertise to administer. These tests will not be discussed as it is unlikely that many NGOs have the time and resources to purchase, administer and interpret these instruments. An alternative to the use of questionnaires is a conference of subject matter experts who are familiar with a position (e.g., previous or current employees, supervisors). Working from an existing job description subject matter experts should consider the position in relation to four key questions: *(continued)*

Table 2 — *(continued)*

Step 1 – *(continued)*

- what knowledge, skills and abilities (KSAs) are necessary for the position?
- what KSAs are practical and reasonable?
- what KSAs are essential for effective job performance?
- what KSAs distinguish between good and poor performers on the job? (Spector, Brannick, & Coovert, 1989).

The final job description should identify KSAs that are essential versus advantageous for the position. This distinction should then guide the focus of subsequent recruitment strategies.

Step 2: Recruiting Effective Employees

The science of recruitment has received a great deal of attention in organisational psychology. Presented below is a synthesis and distillation of the core findings emerging from this large field of research. It represents strategies and advice based on the best available evidence concerning effective recruitment techniques.

The source of recruitment

Commonly used recruitment sources include personal referrals from existing employees, newspaper ads and employment service offices. A number of studies have found that new employees hired on the basis of referrals from existing staff or "cold calling" (direct applications) have lower rates of turnover and higher job satisfaction compared to more traditional avenues of hiring through advertisements (Breaugh, 1992). Existing employees are suggested to act as a filter – providing realistic information to the potential new employee and also assessing the suitability of an individual for the available position (Breaugh, 1992; Ullman, 1966). Breaugh and Starke (2000) argue that individuals who make direct applications to an organisation are more likely to have researched the position and the organisation and hence possess more realistic expectations about a position. The impact of realistic expectations on various job outcomes is discussed below in regard to the realistic job preview.

The recruiter

A range of people within an organisation may be called upon to act as recruiters (i.e., answer telephone enquires, conduct interviews, etc.). A recruiter can have a significant impact on job applicants – particularly their interest in a position and their intention to accept a job offer (Breaugh & Starke, 2000). It has been argued that prospective supervisors and co-workers are likely to be the most effective recruiters as they will be viewed as trustworthy and credible sources of information about a position and the recruiting organisation (Breaugh & Starke, 2000). There is also evidence that friendly and informative recruiters are associated with firmer intentions to accept job offers (Breaugh & Starke, 2000; Taylor & Collins, 2000).

Providing information to potential employees – the realistic job preview

The process of advertising a position and attracting potential employees has not received much attention in organisational psychology. There is some research, however, on the advantages of providing potential applicants with a balanced view of the pros and cons of a position. Most job advertisements present a relatively rosy view of a position and its advantages. Whilst advertising

(continued)

Table 2 — *(continued)*

Step 2 – *(continued)*
the positive aspects of a position is important to attract desired applicants, an overly optimistic position description may create problems in the longer term when new employees' expectations are not met. In a recent meta-analysis Phillips (1998) found realistic job previews were associated with a range of positive outcomes including higher job performance and lower turnover. Realistic job previews are most effective when presented early in the recruitment process, contain only moderate amounts of negative information, and are presented verbally (Phillips, 1998; Wanous, 1989). There is also some evidence to suggest that providing specific and detailed information about a position (e.g., promotion opportunities, starting salary and raises, co-worker relations) increases applicants' interest in a position (Taylor & Collins, 2000). It is argued that provision of specific and detailed information reduces applicants' uncertainty concerning a position and emphasises the organisation's professionalism and interest in the applicant (Barber & Roehling, 1993).

Conclusion

An organisation's ability to attract and recruit appropriate and effective new staff is central to its capacity to deliver effective responses to AOD issues. A range of factors make recruitment of new staff into NGOs in the AOD field particularly challenging including a lack of suitably qualified workers, inadequate salaries, the stigma of working in the AOD field and a lack of clear career paths and opportunities. Research in organisational psychology suggests some relatively straightforward strategies that are likely to enhance an organisation's capacity to recruit new staff. Key strategies include: clear job and detailed descriptions to guide recruitment, utilisation of professional networks and contacts of current staff, choosing a recruiter with good interpersonal skills and sound knowledge of the position; and providing realistic job previews that describe the positive and less desirable aspects of a particular position. In addition, as Pitts (2001) and Gallon et al. (2003) highlight, adequate funding and resources for the organisation as a whole make an important contribution to an organisation's capacity to recruit new staff.

2.1.2 Motivation

A key issue for the NGO sector

Motivation refers to an individual's desire to achieve a certain standard of performance and to apply effort to reach this outcome. Workers in the NGO field face a number of challenges which may potentially impact negatively on their work motivation including:

- providing help, assistance and treatment to a highly stigmatised group (i.e., individuals who use drugs)

- issues related to funding of organisations and the wider NGO sector (job insecurity, inadequate remuneration) (see Section 2.1.1)
- lack of training opportunities
- lack of public recognition for the value of their work.
(Pitts, 2001)

Under these circumstances it may be difficult for workers to maintain high levels of dedication, commitment and energy directed towards providing services of the highest quality reflecting established standards of best practice.

There are three major perspectives on employee motivation that have gained wide support and acceptance within organisational psychology: addressing employees' needs, goal setting and, ensuring an equitable and fair relationship between employees and the organisation.

Psychological theories of motivation

The dynamics of motivation is one of the oldest research fields within organisational psychology in particular and psychology in general. A plethora of theories have been developed to explain an individual's willingness to strive towards high quality performance. An extensive discussion of this large research literature is beyond the scope of this review. Instead, we focus on three theories of work motivation that reflect broader themes within the work motivation literature:

- motivation stemming from the satisfaction of needs related to physical and psychological well-being (needs theories)
- motivation based on the relationship between striving for performance standards and rewards for effective performance (goal setting theory)
- motivation based on the perceived fairness and equality of one's contribution to an organisation, and consequent rewards compared to others' contribution and rewards.

Needs theory

One of the oldest theories of work motivation is Maslow's (1954) need hierarchy theory. According to this theory, work is motivating to the extent that it allows people to satisfy five basic needs:

1. physiological needs for food, rest and shelter (met by income, working hours, rest breaks)
2. safety (clean and safe working conditions)
3. love/belongingness (cohesive work teams, good interpersonal relationships)
4. self-esteem (achievement and recognition of success)
5. self-actualisation (opportunity to develop and express valued skills and abilities).

Maslow's theory has been criticised in the research literature on a number of grounds (cf. Brewer & Skinner, 2003 for a review). For the purposes of this review, however, Maslow's theory provides a useful model for understanding work motivation in highlighting:

- the importance of considering physical (e.g., safety, rest breaks) and psychological (e.g., recognition and rewards) working conditions
- the range of factors that may impact on work motivation
- the key role that work plays in social, emotional and psychological health and well-being.

Maslow's theory stimulated job enrichment and job redesign initiatives which aimed to make work more satisfying, stimulating and enjoyable (Brewer & Skinner, 2003). A more detailed discussion of job redesign to enhance motivation and satisfaction is provided in Section 2.1.7.

We now turn to two major theories of work motivation of particular relevance to the AOD field – goal setting theory and equity theory. Goal setting theory demonstrates how to effectively apply some fundamental principles of work motivation to everyday work practice through the use of performance targets and goals. Equity theory addresses a particularly salient issue in the NGO sector – the fairness or equity of exchange between the organisation (e.g., pay, conditions, rewards/incentives) and the employee (skill/knowledge, effort, performance).

Goal setting theory

Goal setting has also been identified as one of the most effective methods of motivating individuals in the workplace. In 1990 Edwin Locke and Gary Latham presented a comprehensive theory of goal setting that remains the predominant guiding model for research and practice in organisational psychology. Their theory has been tested on a wide variety of tasks and with a multitude of professions including research scientists, production line workers, nurses, sales representatives, executives, managers, and office administrative staff.

Goals are commonly used in everyday work practice. They appear in a variety of forms including project deadlines, targets for client loads, best practice or performance standards and clinical guidelines. Goal setting theory provides valuable insight into the key factors impacting on individuals' motivation to achieve these types of performance targets.

Goal setting and motivation. Goals enhance motivation via three key mechanisms (Latham & Locke, 1991; Locke & Latham, 1990):

- direction of attention/effort towards task-relevant behaviours and actions
- investment of effort and energy in goal-relevant behaviours
- persistence in goal-related striving in the face of difficulties or obstacles.

Setting effective goals. The impact of goal setting on motivation is strongest when goals involve specific and difficult performance targets. Setting general or "do your best" goals have been shown to be little more effective than a complete absence of performance targets (Locke & Latham, 1990). Setting effective goals requires careful planning – performance targets that are unreasonable or unrealistic are likely to decrease motivation and result in disengagement from a task.

Much of the work conducted by workers in the NGO field is complex, requiring high degrees of skill and specialised knowledge. An obvious requirement for successful performance is possession of the requisite skills and abilities. With complex tasks, extra care needs to be taken with goal setting and feedback to ensure that the overall effect on performance is beneficial rather than harmful. In this context, appropriate and effective task strategies are of central importance to the effectiveness of goal setting. It is also important to ensure that individuals possess the requisite knowledge, skills and abilities to achieve the required goal or performance target. A more detailed discussion of knowledge and skill development is provided in Section 3.2.

When goal setting for complex tasks the following principles are essential for success (cf. Latham & Locke, 1991; Locke & Latham, 1990; Wood & Locke, 1987):

- first, allow for a time-lag between goal setting and improved performance. Faced with a complex task individuals and groups may need to trial various strategies before choosing the most effective approach
- second, a period of goal-free practice (where individuals may employ trial and error strategies) is appropriate in the initial stages of learning a complex task or skill
- third, providing training in effective strategies can go some way to overcoming the time-lag between goal setting and performance mentioned previously
- fourth, provide short-term feedback on the process of achieving a goal.

Performance feedback. Goal setting and performance feedback go hand in hand. Without feedback goal setting is not effective (Latham & Locke, 1991; Locke & Latham, 1990; Neubert, 1998, see Neubert, 1998 for a meta-analysis). Performance feedback can be provided on both the outcome of goal-related striving (i.e., successful attainment or failure to obtain a desired level of performance), and the process of striving to achieve a goal. Feedback on the process of achieving a goal is particularly important for complex tasks (Locke & Latham, 1990). Process-related feedback should address:

- effectiveness of performance strategies or plans put into place to achieve a goal
- achievement of short-term goals representing incremental progress towards the final goal.

Summary: Effective management of goals to maximise motivation. As the discussion above demonstrates, effective goal setting requires much more than just setting a performance target. Goal setting theory provides an important reminder that the factors influencing employees' motivation at work must be considered in the context of organisational systems for the effective management of performance. Specifically, employees' motivation levels are likely to be highest when:

- there is a clear definition of "success" by the development of specific performance targets and expectations
- performance standards and expectations are appropriate to individuals' levels of knowledge and skill (i.e., realistic goals)

- feedback is provided on both progress towards a goal and final goal achievement
- goal setting for difficult or complex tasks takes into account the need for trialing strategies, skill development and training in effective work strategies
- performance rewards that are valued and desired by employees are linked to achievement of performance targets.

In addition, by clarifying work expectations and performance requirements—in other words by clearly defining successful performance—goal-setting can provide clarity to job roles and responsibilities, and assist in the management of role conflict (Locke & Latham, 1990). As will be discussed in Sections 2.1.3 and 2.1.4, role stressors such as role ambiguity (uncertainty concerning roles and responsibilities) and role conflict (competing demands between different work roles) have been identified as significant sources of job dissatisfaction and work-related stress.

Equity theory

Goal setting theory considers motivation in terms of the relationship between performance and rewards for individual employees. However, people do not work in a vacuum. They may also observe the working conditions of colleagues in the same organisation and within a wider sector or occupational group. Equity theory argues that a key source of motivation and satisfaction rests in the comparison of one's own working conditions (e.g., pay, rewards for performance, working hours) with others (Brewer & Skinner, 2003; Singer, 2003).

According to equity theory, people consider their input into a job (e.g., effort, skills, knowledge, performance) with the outcomes they receive (e.g., pay, status, rewards). This personal ratio of inputs to outcomes is then compared to the situation of others in the organisation and beyond (e.g., workers in the same sector or profession). If an imbalance is perceived to exist (e.g., two equally skilled and qualified individuals receive different levels of pay), then the under-rewarded person is likely to feel dissatisfaction with their job and a reduced motivation to strive for high performance (Brewer & Skinner, 2003).

Inadequate remuneration has been identified as a particularly salient issue in the NGO sector. Research on equity theory has identified a range of unfavourable outcomes likely to result from perceived under-payment including:

- turnover and absenteeism
- job dissatisfaction
- lower performance.
  (Brewer & Skinner, 2003)

Equity theory emphasises the importance of perceived justice and fairness in the workplace as a source of motivation. More recent research has expanded on this core theme underlying equity theory. There is increasing evidence that employees' perceptions of the degree to which an organisation treats its employees in a just and fair manner is likely to impact their work-related motivation.

As noted in Section 1.2, the organisational justice literature distinguishes between two tenets of justice (Greenberg & Lind, 2000):

- distributive justice (fairness of resource allocation or distribution)
- procedural justice (fairness of decisions, rules and procedures that guide resource allocation).

In this context resources refer to both material (e.g., remuneration) and non-material (e.g., status, time) aspects of employees' work experience (Greenberg & Lind, 2000, p. 72).
A range of outcomes have been linked to perceptions of organisational justice or fairness including:

- employee theft
- organisational commitment
- performance
- organisational citizenship behaviours (e.g., helping others, conscientiousness). (Greenberg & Lind, 2000)

Conclusion

As the previous discussion demonstrates, achievement of optimal levels of employee motivation is a complex issue requiring careful consideration. The three perspectives on motivation discussed in this section provide important insight into the key factors likely to influence employees' willingness to strive for optimal performance.

Need theories of motivation provide a valuable reminder that experiences at work serve to meet important physical and psychological needs of employees. Taking the time to discuss employees' work-related needs (e.g., autonomy, recognition of success, security) can provide important insight into the sources of motivation of most value and salience to individual employees.

Goal setting theory highlights the importance of careful planning in regard to setting and managing work-related goals. It is important to keep in mind that goals appear in many guises within the work setting including performance targets, clinical guidelines, standards of best practice and project deadlines. In each of these contexts, goal setting theory emphasises the importance of clear and realistic performance expectations, feedback on progress and achievement of goals, and appropriate support in the context of complex or difficult projects.

Equity theory and broader **theories of organisational justice** highlight the importance of taking a broader perspective on the relationship between employees and the organisation. From the perspective of equity theory, work represents an exchange of mutual benefit between an employee and the organisation. Motivation is likely to decline if individuals perceive the exchange to be unfair or unjust (e.g., insufficient remuneration or status for performance). Organisational justice theory highlights the importance of considering issues of fairness and justice throughout the organisation, particularly in relation to the distribution

of resources (e.g., time, status, promotions, remuneration) amongst employees in the organisation.

2.1.3 Stress and burnout

Stress and burnout in the NGO and wider AOD sectors

There is increasing recognition that workers in the health and human services field often experience high levels of work-related demands and stressors and are hence particularly vulnerable to the experience of stress and burnout (Dollard, Dormann, Boyd, Winefield, & Winefield, 2003). As mentioned previously, workers in the AOD field in general, and the NGO sector in particular, face many significant challenges related to the client population (complex circumstances, stigmatisation of drug use) and their working conditions (e.g., recognition in the wider community of the value of their work, remuneration, availability of training, job security, access to clinical supervision).

This section provides an overview of the key antecedents and consequences of work-related stress and burnout identified by research in organisational psychology. Successful strategies to address stress and burnout are also discussed.

Stress versus burnout

Within the organisational psychology literature a distinction is drawn between stress and burnout. Stress refers to psychological, physical and behavioural responses to work-related demands over a discrete or short-term period. Burnout refers to a more chronic stress response that develops over a longer period of time in relation to sustained and extreme work demands (O'Driscoll & Brough, 2003).

Symptoms of stress

Stress is commonly expressed as a range of psychological, physical and behavioural symptoms (O'Driscoll & Brough, 2003).

Psychological symptoms include:

- anxiety
- depression
- anger
- frustration.
  (Cummings & Cooper, 1998; Narayanan, Menon, & Spector, 1999; Spector, 2000a)

Physical symptoms include:

- blood pressure
- high cholesterol levels

- heart rate.
  (O'Driscoll & Brough, 2003)

Behavioural symptoms include:

- changing sleep patterns
- social withdrawal
- increased drug use (e.g., smoking, alcohol consumption).
  (O'Driscoll & Brough, 2003)

Stress – antecedents and consequences

Antecedents of stress: An overview

Most theories of stress emphasise the interaction between a person (e.g., anxiety level, coping behaviours) and their working environment (e.g., job demands, clarity of role, relationship with colleagues, availability of support). As shown in Figure 2, individual characteristics are usually suggested to reduce or intensify the impact of organisational characteristics on stress.

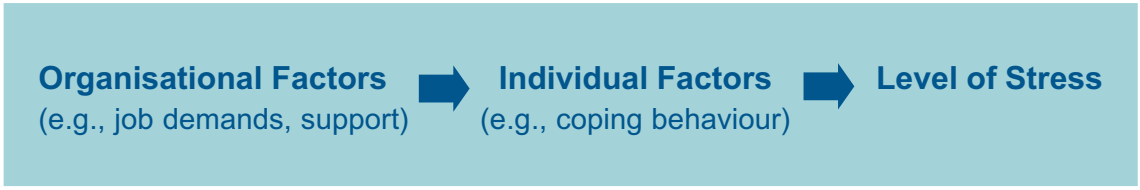

Figure 2. The person-environment interactional model of stress.

An integration and summary is provided below of the key organisational and individual factors contributing to work stress that have been identified in two major theories of work stress: Cooper & Marshall's (1976) work stress model and Warr's (1994) vitamin model.

Organisational antecedents of stress

Organisational factors identified as potential antecedents of stress include:

- physical working environment (e.g., danger, extreme temperatures) (Cooper & Marshall, 1976; Warr, 1994)
- work load (too many or too few demands) (Cooper & Marshall, 1976; Warr, 1994)
- work role (ambiguous or unclear role expectations, conflict between two different roles, negative image associated with a work role) (Cooper & Marshall, 1976; Warr, 1994)
- career development (opportunities for promotion, job insecurity) (Cooper & Marshall, 1976)
- relationships with colleagues (availability of support, quality of working relations with colleagues and supervisors) (Cooper & Marshall, 1976; Warr, 1994)

- organisation structure and climate (opportunity for participative decision making, office politics) (Cooper & Marshall, 1976; O'Driscoll & Brough, 2003)
- autonomy/opportunity for control (Warr, 1994)
- opportunity to use skills (Warr, 1994)
- task variety (opportunity to perform a range of tasks) (Warr, 1994)
- environmental clarity (understanding of the required behaviours, results of behaviour and information about the future) (Warr, 1994)
- appropriate remuneration (Warr, 1994).

As O'Driscoll and Brough (2003, p. 198) observe, rapid changes in the working environment in recent years have resulted in the emergence of new stressors including:

- changing working environment (e.g., job redesign, company restructuring)
- need for rapid skill acquisition (e.g., new work roles and technical abilities)
- interpersonal issues (e.g., bullying, harassment, conflict)
- impact of work on home life (and vice versa).

Individual characteristics influencing susceptibility to stress

Individuals differ in the extent to which the previously described organisational factors impact on their level of stress. Individual characteristics found to influence the impact of organisational factors on stress include:

- coping expectations and coping style (O'Driscoll & Brough, 2003)
- personality traits (e.g., anxiety, neuroticism, tolerance for ambiguity) (Cooper & Marshall, 1976).

Consequences of stress for the individual

Many of the symptoms of stress identified previously are also considered as consequences of stress, for example:

- anxiety and depression
- hypertension
- coronary heart disease.
  (O'Driscoll & Brough, 2003)

In general, the evidence is stronger for the impact of stress on psychological rather than physical outcomes (O'Driscoll & Brough, 2003).

Consequences of stress for the organisation

A range of undesirable consequences for the organisation have been linked with worker stress including:

- reduced job satisfaction (O'Driscoll & Brough, 2003)
- lower job performance (quality and quantity of work) (O'Driscoll & Brough, 2003)
- increased absenteeism and turnover (Adams, 1987; O'Driscoll & Brough, 2003).

Stress in Human Services Professions: Emotional Labour

The antecedents of stress identified previously have been found in a range of occupations. There is increasing recognition, however, that human services workers (e.g., social workers, teachers, counsellors) face unique stressors related to service provision and customer-provider interactions (Dollard, Winefield, & Winefield, 2003).

The requirement to work with one's own and other's emotions has been identified as a particularly salient stressor in human services work. Emotional labour involves "effort, planning, and control needed to express organizationally desired emotions during interpersonal transactions" (Morris & Feldman, 1996, p. 987, in Dollard, Dormann, et al., 2003). Three dimensions of emotion work have been identified: (1) support and companionship, (2) help and assistance, and (3) regulation of one's own and others' emotions. Particular emphasis has been placed on the stress associated with requirements to express and display positive emotions (even under stressful or unpleasant circumstances) and regulate negative emotions.

Burnout

The phenomenon of burnout has received increasing interest over the last 20 years. Burnout is a form of chronic stress that is most often related to the demands of interacting with others in the working environment, particularly in care-giving and service professions (Maslach, Schaufeli, & Leiter, 2001).

Maslach and colleagues (Maslach, 1982; Maslach & Jackson, 1986; Maslach et al., 2001) have identified three dimensions of burnout:

- emotional exhaustion (feeling overextended and drained of emotional and physical resources)
- depersonalisation of clients (negative, detached or cynical view of one's work)
- feelings of low personal accomplishment (low sense of achievement, feelings of incompetence).

According to Maslach's theory (Maslach et al., 2001), feeling emotionally exhausted and unable to cope with the demands of a situation (particularly interpersonal demand) leads to a defensive coping strategy, in which individuals attempt to distance themselves from the emotional stressors associated with their client load. Emotional distance is achieved by depersonalising clients (seen as objects or tasks rather than people) and adopting a cynical and detached attitude towards work. The third dimension of burnout is low self-efficacy in which the individual feels unable to meet goals or work effectively. There is some debate in the literature about whether low self-efficacy is a result of exhaustion or overload, or if it occurs independently. Maslach et al. (2001) suggest that low self-efficacy may result from a lack of support and resources, whereas exhaustion and depersonalisation may stem from high work loads and interpersonal conflict.

Antecedents of burnout: Organisational characteristics

Research on the antecedents of burnout has identified a range of factors similar to those identified for job stress. Key antecedents include:

- work overload and time pressure (particularly predictive of exhaustion)
- role conflict
- role ambiguity
- lack of support – particularly from supervisors
- lack of feedback, rewards and recognition
- low opportunity for participation in decision making
- lack of autonomy
- severity of clients' problems.
  (Maslach et al., 2001)

Initial studies indicated that characteristics of the job (e.g., work overload) rather than the clients (e.g., interacting with difficult clients, frequency of contact with terminally ill clients) exerted the greatest impact on burnout (Maslach et al., 2001). More recent research indicates that factors associated with "emotional labour" on the job (e.g., need for empathy and also suppression of emotions on the job) make a significant contribution to burnout beyond the influence of job-related stressors (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001).

Research on burnout among employees of drug and alcohol services has indicated that high levels of burnout are associated with workplace factors such as poorer workplace resources, more problems at work, lower levels of peer cohesion and more work overload (Price & Spence, 1994). Employees from larger agencies were more likely to report symptoms of burnout than employees from smaller agencies. Reporting more daily hassles (incorporating work, family, friend and environmental hassles) was also associated with higher levels of burnout among employees.

Maslach et al. (2001) suggest that perceptions of equity and fairness may also impact on burnout. According to equity theory, an implicit psychological contract exists between the employee and employer regarding the exchange of benefits. Specifically, an employee expects an organisation will provide certain benefits and outcomes (e.g., job security, career opportunity) in exchange for their contribution to an organisation (e.g., time, effort, skills). Maslach et al. (2001) suggest that perceived inequity may contribute to burnout by increasing emotional distress and encouraging cynicism towards the organisation. Equity theory is described in further detail in Section 2.1.2 (work motivation).

Antecedents of burnout: Individual characteristics

Maslach et al. (2001) emphasise that organisational factors rather than individual characteristics are the best predictors of burnout. Demographic factors (e.g., gender, age, education level) have not demonstrated a consistent impact on susceptibility to burnout. There is some evidence to suggest that a range of personality characteristics may be linked to burnout such as low self-esteem, external locus of control (consistently attributing

events to external causes such as luck or powerful others), passive/defensive coping styles and neuroticism (Maslach et al., 2001).

There is also some evidence to suggest that unrealistic work expectations (e.g., challenging and exciting work, the need to cure clients) may lead people to invest too highly in their work and experience exhaustion and cynicism when expectations are not met (Maslach et al., 2001). Providing realistic job previews (discussed in Section 2.1.1 on recruitment) may help to alleviate this risk factor for burnout.

Consequences of burnout

The consequences of burnout are similar to stress (e.g., depression, anxiety, physical illness, absenteeism and turnover) (Maslach et al., 2001; O'Driscoll & Brough, 2003).

Practical strategies to alleviate stress and burnout in the workplace

Stress and burnout are complex phenomena for which there is no "silver bullet". As the previous discussion highlights, stress and burnout result from an interaction between the individual and their working environment. Therefore, the first stage in an intervention to alleviate stress or prevent burnout is a comprehensive assessment of stressors in the workplace as experienced by individuals or groups. This process is crucial to the identification of stressors of most salience or relevance to a particular group or individual.

O'Driscoll and Brough (2003) identify three levels of stress management interventions:

1. primary interventions to reduce the presence of stressors (e.g., role restructuring, job redesign, organisational restructuring)
2. secondary interventions to modify a person's response to stressors (e.g., stress management programs, time management, conflict resolution)
3. tertiary interventions to treat the consequences of stress (e.g., counselling).

In general, primary interventions based on comprehensive assessment of stressors are most effective in alleviating stress (Burke, 1993). It is important to recognise that some stressors may not be under the control of individual employees (e.g., client loads). In these circumstances it is more appropriate to focus on secondary interventions designed to assist employees in their management of these stressors.

Secondary interventions focused on enhancing individuals' coping skills are the most common strategy used to address burnout (Maslach et al., 2001). Although this approach may be the easiest and least expensive, Maslach et al. emphasise the importance of addressing organisational factors as well as individual factors, as these variables have been shown to exert the strongest influence on burnout. Evidence concerning the effectiveness of secondary interventions is mixed, with most studies showing an impact on exhaustion but not depersonalisation or efficacy (Maslach et al., 2001).

Tertiary interventions have been described as "the ambulance at the bottom of the cliff" (O'Driscoll & Brough, 2003). Whilst employee counselling and assistance programs are valuable for managing current stress levels, a longer term approach focused on the individual

(secondary intervention) or the working environment (primary intervention) are crucial to ensure a sustainable and healthy workforce.

Strategies to alleviate emotional labour

Dollard, Winefield, et al. (2003) have identified a range of strategies that may be useful in addressing stress associated with emotional labour in health professions. Secondary interventions to enhance employees' capacity to cope with client-related demands include:

- ensuring an organisational culture of collegial and supervisory support
- appropriate training related to client management
- learning to achieve a level of "detached concern" for clients in which the client-professional relationship is viewed as one between an organisational representative (i.e., the health professional) and a client, rather than a personal relationship between two individuals.
  (Dollard, Winefield, et al., 2003)

Conclusion

Stress and burnout can exert a significant impact on the health and well-being of employees and organisational effectiveness. A range of potential antecedents of stress and burnout have been identified. The factors of most salience or relevance are likely to differ across individuals, organisations and occupations. This should be taken into account when designing organisational strategies to prevent or alleviate stress and burnout. Primary interventions designed to modify or remove workplace stressors are likely to be most effective, however this approach may not always be practical or realistic. Some stressors (e.g., clients with chronic problems) cannot be changed. In this situation, preventative strategies designed to support and facilitate employees' capacity to cope with workplace stressors have been shown to be moderately effective in addressing stress and burnout.

2.1.4 Job satisfaction

Job satisfaction and the NGO sector

Job satisfaction reflects the degree of pleasure or fulfilment a person derives from their work. It is based on the perceived match between an individual's expectations or standards and the degree to which these are met in the job (McCormick & Ilgen, 1980).

There is evidence to suggest that job satisfaction is a particularly salient issue for the NGO sector. For example, a national survey of NGOs conducted by ADCA (Pitts, 2001) found that 65% of respondents felt they were not adequately remunerated for their level of qualification and only 56% of respondents felt that they had received adequate training. Furthermore, high turnover of managers and other staff within the NGO sector highlights the importance of workforce development strategies to address the needs of AOD workers in the NGO sector.

Research from Britain and the U.S. has found that AOD specialists report relatively high levels of job satisfaction (Evans & Hohenshil, 1997; Farmer, 1995), although a substantial proportion report dissatisfaction with their job (Farmer, 1995). Important sources of job satisfaction identified by AOD specialists in the U.S. include the opportunity to help people, belief in the moral worth of their work, and the ability to use their own methods of working. Lack of opportunities for career advancement has been identified as a significant source of job dissatisfaction (Evans & Hohenshil, 1997). In a study of workforce development issues for AOD specialist staff in the Pacific Northwest of the U.S., Gallon et al. (2003, p. 189) found that the four most common sources of job satisfaction identified by treatment staff were personal growth, interactions with clients, collegiate co-worker relationships and a commitment to treatment.

In the broader organisational psychology literature job satisfaction is widely acknowledged as a key attitude contributing to the well-being of individual employees and the wider organisation. It has been linked with two central work-related outcomes: performance and turnover. The main antecedents and consequences of job satisfaction are outlined below.

Job satisfaction – A definition

Job satisfaction can be considered as a global feeling of pleasure or fulfilment (i.e., in general are you satisfied with your job?), or in terms of specific aspects of a job (e.g., job conditions, workload, supervision, co-workers, job conditions, career opportunities) (Spector, 2000b). Most research has considered job satisfaction as a global construct (i.e., additive combination of various facets or unidimensional). However, assessing satisfaction with specific aspects of a job is more likely to be useful in practical endeavours by organisations to enhance worker satisfaction.

Organisational antecedents of job satisfaction

A wide range of factors have been suggested to influence job satisfaction. Here we focus on a small selection of organisational factors that have received the most consistent support within organisational psychology:

- job characteristics: skill variety, task identity, task significance, autonomy and feedback (Hackman & Oldham, 1976)
- role conflict and role ambiguity
- work-family balance
- availability of support from colleagues, supervisors and the organisation
- job conditions (e.g., salary).

Job characteristics

One of the most influential theories of job satisfaction is Hackman and Oldham's (1976) job characteristics theory. Five key job dimensions (skill variety, task identity, task significance, autonomy and feedback) are suggested to influence job satisfaction (Hackman & Oldham, 1976):

- skill variety: opportunity to use a range of skills

- task identity: opportunity to perform complete tasks or projects (versus small sub-components or parts)
- task significance: degree to which the job has a significant impact on the lives of other people
- autonomy: degree of independence and discretion available
- feedback: availability of information concerning performance effectiveness.

Skill variety, task identity and significance are proposed to influence the perceived meaningfulness of work. Autonomy is argued to increase perceived responsibility for outcomes, whereas feedback provides knowledge of results concerning work-related effort. Meaningfulness, responsibility and knowledge of results, in turn, are proposed to enhance job satisfaction (Fried & Ferris, 1987).

Role conflict and ambiguity

Role conflict and role ambiguity have demonstrated a consistent relationship with job satisfaction. Role conflict refers to the experience of incompatible or divergent demands in a job, whereas role ambiguity refers to uncertainty regarding the role and responsibilities associated with a particular job (Spector, 2000b). Both of these types of role stressors have been shown to reduce job satisfaction (Jackson & Schuler, 1985), and also increase stress as discussed in Section 2.1.3. The negative effects of role conflict on satisfaction have been found to be stronger with lower-level positions, whereas the effects of role ambiguity are stronger with higher-level positions (Muchinsky, 1993). In addition, role ambiguity and role conflict have been found to have direct effects on satisfaction, as well as indirect effects through increasing job-related tension (Bedeian & Armenakis, 1981).

Engaging in goal setting exercises in which performance expectations, goals and standards are discussed and clarified with employees is one approach to addressing role conflict and ambiguity. Goal setting theory is discussed in more detail in Section 2.1.2.

Work / leisure life balance

It is increasingly recognised that the challenges associated with balancing work and leisure (including family commitments) exert a significant impact on job satisfaction. A number of studies have supported the “spillover” hypothesis which states that quality of life in one domain impacts on satisfaction in the other. Work demands (e.g., travel, shift work, long working hours) limit the time and attention that can be devoted to leisure and family commitments. Stress or dissatisfaction in one’s personal life may then facilitate negative attitudes towards work (Kossek & Ozeki, 1998; Paton, Jackson, & Johnston, 2003).

Flexible working hours have been suggested as one solution to work-leisure/family balance (Sparks, Faragher, & Cooper, 2001). Advantages to flexible working hours include lower stress, reduced absenteeism, higher job satisfaction related to the scheduling of work and higher morale and autonomy (Sparks et al., 2001). Potential pitfalls include difficulties in supervising employees working on different schedules and problems with work scheduling and coordination (Sparks et al., 2001). There is evidence, however, that employees who choose their flexible working hours are less likely to experience these negative outcomes (Sparks et al., 2001). It is particularly important to observe that long working days (i.e.,

longer than eight hours) have been associated with a range of unfavourable consequences for employee mental and physical health (Sparks, Cooper, Fried, & Shirom, 1997).

Availability of support

It has consistently been found across a wide range of occupations that job satisfaction is positively associated with perceived support provided by the organisation (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002), co-workers and supervisors (Baruch-Feldman, Brondolo, Ben-Dayan, & Schwartz, 2002; Dollard & Winefield, 1998; Dollard, Winefield, H., Winefield, A., & de Jonge, 2000).

Organisational support refers to the degree to which an organisation is perceived to value the contributions and effort of its employees and care about their well-being (Eisenberger, Cummings, Armeli, & Lynch, 1997; Eisenberger, Huntington, Hutchinson, & Sowa, 1986). Organisational support is theorised to increase job satisfaction through fulfilling workers' needs for approval, esteem and social identity and creating expectancies that high performance will be recognised and rewarded (Eisenberger et al., 1997). The association between organisational support and job satisfaction has been found to be quite strong, with one study reporting a correlation of .60 (Eisenberger et al., 1997).

Support from co-workers and supervisors has also found to be associated with increased job satisfaction. Correlations are generally modest (around .30), but are consistent across studies (Baruch-Feldman et al., 2002; Schaubroeck & Fink, 1998). Furthermore, there is some evidence to suggest that support from immediate supervisors is more strongly related to job satisfaction compared to support from less immediate supervisors, such as unit supervisors (Baruch-Feldman et al., 2002).

Job conditions

Working conditions are one of the major factors influencing job satisfaction (Dormann & Zapf, 2001; Ellickson & Logsdon, 2002). Aspects of job conditions that have been found to positively influence satisfaction include pay, other benefits, the availability of equipment and resources, adequate training and opportunities for further training (Brown & Mitchell, 1993; Ellickson & Logsdon, 2002). Excessive noise or heat in the workplace, a heavy workload, unfavourable work schedules or repetitive or boring tasks may increase workers' fatigue or stress levels, and lower job satisfaction (Brown & Mitchell, 1993; Ellickson & Logsdon, 2002; Muchinsky, 1993). It is important to note that different job conditions will appeal to different workers (Muchinsky, 1993). For example, work that some people may find boring, others may find engaging and satisfying.

Consequences of job satisfaction

Research has identified two central work related outcomes that are linked to job satisfaction:

- performance
- turnover.

Job satisfaction has been found to be related to performance over a wide range of occupations (Judge, Thoresen, Bono, & Patton, 2001). The relationship between satisfaction and performance is most likely bidirectional; satisfaction may motivate effort and engagement

(hence good performance), and experiences of success are likely to enhance feelings of satisfaction (Judge et al., 2001).

The relationship between job dissatisfaction and increased turnover has received consistent support (Tett & Meyer, 1993). The current rate of unemployment has been found to moderate the impact of job satisfaction on turnover. Not surprisingly, this relationship is strongest when unemployment rates are low. In conditions of high unemployment job satisfaction demonstrates little impact on turnover (Carsten & Spector, 1987; Gerhart, 1990).

Conclusion

Job satisfaction is often overlooked as an important workforce development issue – considered desirable but not essential for effective work practice. There is substantial evidence, however, that job satisfaction influences two outcomes of central importance to the NGO sector: high quality performance and turnover of staff. A wide range of factors may influence job satisfaction. Research suggests that job satisfaction is likely to be facilitated by work environments in which workers' have a clear understanding of their roles and responsibilities, work demands are manageable, work arrangements are flexible in response to family commitments, workers and supervisors are supportive (i.e., provide positive feedback and encouragement), and appropriate remuneration is provided. Research with AOD specialists in the U.S. suggests that four aspects of AOD work are likely to be important sources of job satisfaction: personal growth, interactions with clients, collegiate co-worker relationships and a commitment to treatment. However, in order to address the job satisfaction of workers effectively, it is important to establish the particular aspects of the working environment of most importance or salience to particular groups or individuals.

2.1.5 Career paths

Career paths in the NGO and wider AOD sectors

Organisations in the NGO sector often rely on short-term funding related to specific projects (e.g., research project) or outcomes (e.g., a specific client service). For people employed in the NGO sector, a working environment characterised by short-term contracts often linked to specific projects presents significant challenges to career planning and development.

Hornblow (2002) identified a range of career needs for health workers:

- "career choice – information, motivation, prerequisites
- pre-entry or basic training – relevant competencies
- entry to the workforce – orientation, accountabilities, intern supervision
- performance monitoring – supervision, support, review, feedback, merit awards, disciplinary and grievance mechanisms
- ongoing career development – continuing education, career path options, incentives

- career change – re-orientation and re-focusing, acquisition of new skills
- re-entry to the workforce – guidelines for re-entry, re-orientation, bridging/ upskilling courses, child care support."
  (Hornblow, 2002, p. 22)

Career paths and career development

In regard to career development, most research literature focuses on career decision making, counselling and the factors that predict career development (Whitson & Brecheisen, 2002). Here the focus is mainly on the individual and his or her career trajectory. A salient issue for the NGO sector, however, is the capacity of NGO organisations to provide career paths and opportunities to their employees.

The importance of career paths and opportunities is a concern shared by employees across a range of sectors. Hewitt and Associates' 2003 survey of nearly 28,000 employees in Australia (Fox, 2003) highlighted the importance of opportunities for personal/professional development and career opportunities for employees' commitment to an organisation.

The most commonly used career development techniques in Australian companies are:

- providing skills assessments
- reimbursing workers for tuition
- providing in-house training programs
- paying for workers' membership of professional associations
- allowing job rotation or internal transfers.
  (Hesketh & Allworth, 2003)

Career paths in the context of short-term and contract work

The short-term and changing nature of work is not unique to the NGO sector. Today's working environment is characterised by change. Changing jobs every few years is regarded as the norm in many sectors (e.g., IT), and is increasingly apparent in public health including the AOD sector. Expectations of career paths and career development must also evolve and adapt to this increasingly fluid employment environment.

Hall and Mirvis (1995) argue that success in a dynamic employment market requires individuals to be flexible and adaptable in their expectations of the types of work roles they will accept, and to recognise the need for continuous learning and skill development. Consistent with this argument, Hesketh and Considine (1998) have described a model of career development and change that highlights the key responsibilities of individuals and organisations to ensure successful career development. Their model focuses on how job roles and responsibilities can be adapted to provide employees with the skills and abilities they need to build a successful career in an environment of change.

Many organisations in the NGO sector cannot offer employees long term tenure and security. Hesketh and Considine (1998) suggest that organisations in this situation provide employees with continuous learning opportunities that enable employees to build a skill base that can

be applied to a variety of work contexts. Strategies for organisations to improve their employees' skill base and professional development include providing:

- challenging projects
- mentoring
- training that provides general (i.e., transferable) skills as well as specific skills
- networking opportunities.

Conclusion

It is well established that issues related to career paths and opportunities for promotion and advancement are associated with a number of important work-related outcomes including recruitment of new staff (see Section 2.1.1), work motivation (see Section 2.1.2), job satisfaction (see Section 2.1.4) and turnover (see Section 2.1.6). Therefore it is important that AOD NGOs and the wider sector are able to offer potential and current employees opportunities for career development and advancement. A dynamic and fluid employment market characterised by short-term contracts requires new and flexible approaches to career development that move beyond an exclusive focus on opportunities for promotion and advancement within one particular organisation. Rather, job roles and responsibilities which provide challenging work and opportunities to develop generalisable and transferable skills can provide employees with the skills and abilities they need to build a successful career in an environment of change.

2.1.6 Turnover

Retention and turnover issues in the NGO sector

High employee turnover has been identified as a particularly salient issue within the NGO workforce (Pierce & Long, 2002). In a qualitative survey conducted by the NSW Network of Alcohol and other Drug Agencies (NADA; Pierce & Long, 2002) a range of factors were identified that may contribute to high turnover in the NGO sector including:

- short-term funding on a project-by-project basis
- low remuneration
- stressful working conditions
- use of the NGO sector as a "stepping stone" to more attractive jobs in the government sector.

Similarly, in a national study of NGO organisations conducted by the Alcohol and Other Drugs Council of Australia (ADCA) 44% of organisations reported difficulties in retaining staff (Pitts, 2001). Key factors suggested to influence retention included:

- lack of adequate funding

- inadequate remuneration (35% of respondents felt they were adequately remunerated for their level of qualification)
- difficult working environment (e.g., inadequate premises, lack of resources for infrastructure, lack of training, stigma associated with AOD issues).
(Pitts, 2001, p. 34)

Retention of effective employees (i.e., low turnover) serves a range of purposes including:

- retention of "organisational memory" (i.e., historical events that impact on current work practice)
- ensuring an available pool of experienced mentors for new or inexperienced staff
- development of cohesive work groups and teams
- ensuring a highly skilled and effective workforce
- ensuring the organisation receives a return-on-investment for formal and informal (on the job) training of staff.

We now turn to an overview of research on the antecedents of turnover.

Turnover research

Low levels of job satisfaction and organisational commitment have been identified as the two strongest predictors of turnover (Tett & Meyer, 1993). A range of additional factors associated with turnover have been identified by Griffeth, Hom, and Gaertner (2000) in a meta-analysis of turnover studies. These included:

- the extent to which employees' expectations are met by the work and the organisation
- opportunities for promotion
- pay and pay satisfaction
- distributive justice (see Section 1.2 on managing organisational change for a description of distributive justice)
- work group cohesion
- role stress
- perceived alternative employment opportunities
- performance (high performers are less likely to quit than low performers).

In a study of 197 AOD treatment agencies in the Pacific Northwest of the U.S., Gallon, Gabriel, and Knudsen (2003) identified high rates of turnover as a key workforce development issue in this sector. It was estimated that, on average, agencies experience a 25% turnover rate per year, with resignations being the most common reason for staff turnover.

Agency managers and staff participating in Gallon et al.'s (2003) survey identified a range of strategies likely to enhance staff retention including:

- salary increases

- reduced paperwork
- opportunities for staff development and training
- increased recognition for effort and performance
- improved opportunities for career development.

Conclusion

A range of factors may impact on a worker's decision to leave an organisation, including personal circumstances unrelated to work (e.g., family commitments, relocation interstate or overseas). However, three key factors are consistently emphasised in research within the AOD field and organisational psychology: (1) inadequate salary and remuneration, (2) opportunities for career development, and (3) work-related demands and stress. Retention of effective employees serves a range of important purposes including retention of "organisational memory" (i.e., historical events that impact on current work practice), ensuring the availability of mentors and supervisors, and ensuring the organisation receives a return-on-investment for formal and informal (on the job) training of staff. Addressing the causes of high turnover, therefore, should be considered a workforce development priority for the NGO sector.

2.1.7 Job redesign

As highlighted in the previous sections, the factors contributing to stress, burnout, satisfaction and motivation are complex and varied. Not all the factors will be relevant or salient in all jobs or for all individuals. Addressing these issues requires a systematic and tailored approach focused on the particular circumstances of an individual/team and the wider organisation (Parker, Wall, & Cordery, 2001).

Many of the factors that contribute to stress, burnout, satisfaction and motivation relate to the characteristics of the work role or position that an individual occupies. As discussed in relation to burnout, interventions focused on the characteristics of the working environment (e.g., role conflict, work overload) are likely to have the greatest impact on employees' health and well-being. Job redesign represents one approach to creating working environments that facilitate optimal outcomes for employees and the organisation.

In this section we provide an overview of key strategies to ensure successful job redesign. Specific examples of job redesign strategies are provided for three job characteristics consistently highlighted in the research literatures on job satisfaction, motivation, stress and burnout:

- autonomy
- role stressors (role conflict and role ambiguity)
- work-family balance.

Job redesign: Key issues

At a broad level, job redesign can be understood in terms of two broad approaches:

- job enrichment focused on increasing employees' autonomy in their own position and participation in organisational decision making
- job enlargement focused on increasing the range and variety of tasks performed.

It is important to recognise that job enrichment and enlargement strategies may require additional skills or knowledge that an employee may not currently possess. Hence employees may require further training and education to perform successfully in their redesigned job (Morgeson & Campion, 2002). Further, increased responsibility and skill requirements in a position effectively increase an employee's contribution to an organisation. Equity and organisational justice theories of work motivation (Section 2.1.2) suggest that care should be taken to ensure that job redesign is accompanied by appropriate support and remuneration in order to maintain a fair exchange between the individual and the organisation.

Job redesign is a complex process that must be carefully planned and implemented. Key issues to be considered in the job redesign process include:

- individual employees' needs and preferences
- employees' level of skill – additional training may be required if job redesign substantially changes the nature of an individual's work (e.g., time-management training may be required with increased autonomy)
- compatibility of proposed redesign with existing working conditions (e.g., introduction of self-managing work groups with little opportunity provided for interaction and cooperation)
- an organisation's readiness for change (see Section 1.2)
- alignment of human resources and other systems with the new work design
- supportive leadership and management.
  (Parker et al., 2001; Sparks, Faragher, & Cooper, 2001)

Within the job redesign literature particular emphasis is placed on consultation with employees. Job redesign should be approached as a collaborative problem-solving exercise between employees and supervisors (Spector, 2000a).

Autonomy

The amount of control or autonomy available to an employee is often the focus of job redesign initiatives. Autonomy/control has been identified as a key factor in job satisfaction, stress and burnout.

Strategies to increase autonomy include:

- opportunities to participate in decision-making within the organisation (e.g., formulation/revision of policies and procedures)
- increased control over the scheduling of work (e.g., project time-lines)

- greater discretion concerning how tasks or activities are performed. (Sparks et al., 2001)

The issue of autonomy provides a good example of the need to tailor job redesign to the specific needs of individual employees. In general, there is evidence that increased autonomy is associated with a range of positive outcomes such as enhanced job satisfaction, job performance, decreased anxiety and depression and other health complaints (Sparks et al., 2001). However, there is also evidence that the positive effects of increased autonomy only apply to those individuals who actually desire increased control in their jobs. Some people do not desire increased control and the responsibility that comes with it, and hence do not benefit from job redesign focused on enhancing autonomy (Sparks et al., 2001).

Role conflict and role ambiguity

Goal setting is one approach to reducing role stressors related to conflicting roles and responsibilities or ambiguity regarding central responsibilities and functions. Burke (1993) describes a goal setting intervention in an insurance company in which supervisors and employees participated in a goal setting exercise involving the establishment of performance targets, supervisor behaviours to support those behaviours (e.g., provision of feedback) and the behaviours expected from employees. This joint exercise in the clarification of roles and responsibilities was found to reduce role conflict and ambiguity at a 5-month follow-up.

Work-family balance

As discussed in Sections 2.1.3 (Stress and burnout) and 2.1.4 (Job satisfaction), achieving a balance between work and family life has been identified as a central influence on work-related stress and job satisfaction. A range of strategies are available to provide individuals with greater flexibility in their working hours. Common strategies include flexi-time, compressed working week, job sharing and telecommuting (Jimmieson & Terry, 2003).

Flexi-time arrangements allow employees greater autonomy to schedule their work hours. A number of studies have found that flexi-time arrangements are associated with lower levels of stress and an increased capacity to manage the work-family balance (Baltes, Briggs, Huff, Wright, & Neuman, 1999; Parker & Allen, 2001; Seib & Muller, 1999).

A compressed working week involves working the hours of a 5-day working week in 4 days. This strategy is designed to provide employees with greater opportunity to pursue family or leisure interests. This strategy should be implemented with care since long working hours may contribute to feelings of work overload and stress (see Section 2.1.4), and hence produce counter-productive outcomes for the individual and the organisation in the longer term.

In a job sharing arrangement two employees work part time to fulfil a full time position. This strategy is likely to be most successful when a job involves discrete components that can be assigned to each person. Positions that involve multiple roles or interdependent tasks are less suitable for job sharing arrangements (Jimmieson & Terry, 2003).

Telecommuting allows employees to work at home whilst keeping in touch with the organisation through technology (e.g., internet, phone, etc.). This strategy provides

employees greater flexibility in their work schedule and may facilitate work-family balance (Jimmieson & Terry, 2003). However, employees may also experience feelings of isolation and a blurring of the boundaries between work and family life which may become a source of stress (Jimmieson & Terry, 2003).

Conclusion

Job redesign is an important workforce development strategy that can be used to address key issues such as job satisfaction, work motivation, stress and burnout. The purpose of job redesign is to identify and address the central aspects of an individual's position or working environment that contribute to their effectiveness as employees and their health and well-being. Job redesign initiatives will differ between individuals, teams and organisations depending on the particular context of work. In general, job redesign initiatives are more likely to be successful when the process is undertaken as a collaborative problem-solving endeavour between staff and the organisation (Spector, 2000a), and job redesign takes into account the wider working environment and context, including considerations such as supervisor and management support, compatibility with existing policies and procedures, and the availability of appropriate support and remuneration.

SECTION 2.2 MANAGEMENT AND SUPERVISION

SECTION OVERVIEW

Management and supervision has been identified as an important workforce development issue for the NGO sector (Pierce & Long, 2002). In this section we consider three aspects of management and supervision:

- the role of clinical supervision in the AOD sector and practical guidelines to ensure best practice in supervisory relationships
- the benefits of mentoring as a source of leadership, guidance and support
- the importance of recognising the diverse skill set required by effective managers and the need for organisations to invest in management development programs.

2.2.1 Clinical supervision

Clinical supervision has many benefits including:

- providing general support and relief, and a forum to discuss clinical issues (Shanley, 1992; Webb, 1997)
- maintaining clinical skills and quality practice (Reeves, Culbreth, & Greene, 1997; Webb, 1997)
- aiding acquisition of complex clinical skills (Kavanagh, Spence, Wilson, & Crow, 2002; Webb, 1997)
- improving job satisfaction and self-efficacy (Kavanagh et al., 2002; Milne & Westerman, 2001; Shanley, 1992; Webb, 1997)
- improving staff communications (Webb, 1997).

Implementing clinical supervision requires navigation of many practical issues. Shanley (1992) recommends:

- involving the workers in the planning process to ensure their needs are met
- allowing considerable planning time to avoid common practical barriers
- drawing up some form of contract between all groups to outline the aims, structure and process of the supervision.

Finding clinical supervisors can be one of the most difficult steps in implementing clinical supervision. Possible methods are to:

- train existing experienced workers in the theory and practice of supervision (Shanley, 1992; Webb, 1997)
- draw on supervisors from other fields that may have skills to offer AOD workers (Shanley, 1992)

(continued)

- make use of agencies or structures that are already established in the field, such as local Health Area structures as a starting point to recruit supervisors or organise groups for supervision (Shanley, 1992).

2.2.2 Mentoring

Mentoring represents a different approach to leadership and supervision which is often less structured and formal than clinical supervision. Mentoring is a developmental relationship where the primary objective is learning (Linney, 1999). It is a partnership where the mentor and protégé work together to set goals, driven by the needs of the protégé (Ritchie, 1999). A particularly appealing feature of mentoring is its cost effectiveness (Howard, 1999).

The primary objective of mentoring, from a workforce development perspective, is to maintain and improve the overall response to AOD issues. Mentoring has the capacity to achieve this objective by:

- building and sustaining skills and knowledge
- providing incentives and support
- facilitating work practice change.

For the AOD field the establishment of mentoring programs has the potential to:

- act as an incentive to attract skilled and qualified workers to the field and to retain those already in the field
- link different professions and institutions within the field
- provide support and accessible professional development for those working in rural and remote areas
- provide support during periods of change.

2.2.3 Management development and support

This section explores the diverse skill set required by managers in NGOs, and highlights the need for specific workforce development strategies targeting the development and support of managers in the NGO sector.

Managers are required to take on a range of roles which require relatively specialised knowledge, skills and abilities. Furthermore, there is increasing recognition that managerial positions are associated with significant demands and stressors (Sparks, Faragher, & Cooper, 2001). Appropriate training and support, therefore, is crucial to the development of effective managers in NGOs.

(continued)

Latham and Seijts (1998) identified three key management development strategies:

- education conducted in formal classroom settings focused on broad conceptual knowledge and skills (e.g., business schools)
- training focused on specific skills and abilities such as leadership and problem solving
- on-the-job training provided by everyday experience in a management role.

2.2.1 Clinical supervision

Supervision in the NGO and wider AOD field

Access to clinical supervision has been identified as an important workforce development issue within the AOD field in general (Roche, 2001) and the NGO sector in particular (Pierce & Long, 2002). Clinical supervision has been identified as a priority for the AOD field for over a decade (cf. Task Force on Training Requirements of Professionals and Non-Professionals Entering the Drug and Alcohol Field, 1986). In that time there have been several calls to emphasise and encourage clinical supervision for workers in the AOD field (Juhnke & Culbreth, 1994; Kavanagh, Spence, Wilson, & Crow, 2002; Shanley, 1992).

The purpose of this section is to clarify the key characteristics of clinical supervision, challenges and benefits associated with this approach to the development of skills and abilities, and practical strategies for ensuring effective clinical supervision.

What is clinical supervision?

There are many different perceptions and definitions of supervision in the AOD field (Kavanagh et al., 2002). Supervision can focus on clinical practice where an experienced supervisor provides support and guidance to a counsellor or other worker, or on managerial supervision which involves more day to day administrative issues. Most of the literature focuses on clinical supervision, and this is perhaps the type of supervision of most relevance to workers in NGOs in the AOD field.

Many different definitions of clinical supervision exist (Kavanagh et al., 2002; Shanley, 1992). Several researchers in the AOD field have suggested working definitions. Kavanagh and colleagues (2002, p. 247) defined supervision as:

> a working alliance between practitioners in which they aim to enhance clinical practice, fulfil the goals of the employing organization and meet ethical, professional and best-practice standards of the organization and the profession, while providing personal support and encouragement in relation to the professional practice.

Drawing from the general literature of supervision, Shanley (1992) identified several elements that may define supervision in the AOD field. These elements include:

- a helping relationship between an experienced AOD worker and one or more less experienced AOD workers
- a relationship whose purpose may change over time and in different situations. Supervision may have a number of purposes such as personal support and development, professional support and development, skills building, delivery of quality health care, and a process to provide supervisees' credentials
- a process that may involve counselling, teaching and consultation
- an in-depth exploration of the supervisee's work with clients, which occurs on a regular basis. The process is conducted in a systematic and planned way.

In summary, supervision encapsulates a relationship between an experienced and a less experienced AOD worker, the purpose of which may change over time, and involves regular

and systematic sessions that explore the less experienced individual's work with clients. The relationship directly involves a supervisor and supervisee, however there are other players who are affected or who influence the relationship, namely, clients, the agency and professional/registration bodies.

Benefits of clinical supervision

There is strong evidence that clinical supervision is desired by managers, AOD counsellors, psychiatrists, nurses and other allied health professions (Kavanagh et al., 2002; MacDonald, 2002; Milne & Westerman, 2001; Peake, Nussbaum, & Tindell, 2002; Reeves, Culbreth, & Greene, 1997; Webb, 1997). Clinical supervision has many benefits including:

- provision of general support and relief, and a forum to discuss clinical issues (Shanley, 1992; Webb, 1997)
- maintenance of clinical skills and high quality practice (Reeves et al., 1997; Webb, 1997)
- aiding acquisition of complex clinical skills (Kavanagh et al., 2002; Webb, 1997)
- improving job satisfaction and self-efficacy (Kavanagh et al., 2002; Milne & Westerman, 2001; Shanley, 1992; Webb, 1997)
- improving staff communications (Webb, 1997).

Barriers to clinical supervision

Several barriers to clinical supervision have been identified in the literature. These include:

- lack of training in supervision (McMahon, 2002; Peake et al., 2002)
- difficulty finding experienced clinical supervisors (Shanley, 1992; Webb, 1997), especially in rural or remote areas (Wolinski, O'Neill, Roche, Freeman, & Donald, 2003)[3]
- conflict and lack of clear differentiation between clinical and managerial supervision (Webb, 1997).

Practical guidelines for clinical supervision

Finding clinical supervisors can be one of the most difficult steps in developing a clinical supervision program. Possible approaches to recruiting appropriate supervisors include training existing experienced workers in the theory and practice of supervision (Shanley, 1992; Webb, 1997), drawing on supervisors from other fields that may have skills to offer AOD workers (Shanley, 1992), using established agencies such as local Health Area structures as a starting point to recruit supervisors or organise groups for supervision (Shanley, 1992).

Implementing clinical supervision requires navigation of many challenging workplace issues. Shanley (1992) recommends involving the workers in the planning process to ensure their needs are met, allowing considerable planning time to avoid common practical barriers, and drawing up some form of contract between all groups to outline the aims, structure and process of supervision.

[3] A practical guide to organising supervision in a rural or remote area is provided by Crago and Crago (2002).

McMahon (2002) has identified a range of important issues that a supervisor should discuss with potential supervisees prior to embarking on a supervisory relationship:

- "what practical issues should I consider, for example, how much to charge, or availability to supervisee?
- what do I expect of a supervisee?
- what is my approach to supervision, and how will I describe it to my supervisee?
- what do I perceive my role is in supervision and what do I perceive as the role of the supervisee?
- what are my strengths as a supervisor?"
  (McMahon, 2002, pp. 19-20)

Similarly, the supervisee should ask:

- "what practical issues do I need to consider, for example, location, time, cost, frequency of supervision?
- what do I perceive my role is in supervision and what do I perceive as the role of the supervisor?
- what sort of person am I looking for in a supervisor, for example theoretical framework, specialist expertise, experience, gender?
- what are my professional needs, for example to develop more skills, or to feel supported?"
  (McMahon, 2002, p. 20)

An AOD-specific issue: Supervisor matching

A unique aspect of the AOD counselling field is the employment of professional counsellors with graduate qualifications and para-professionals who may have no formal education or training in counselling (Culbreth & Borders, 1999; Powell, 1993). Para-professionals may be individuals who have had personal experiences with recovering from addiction, individuals who have known others who have dealt with the recovery process, or volunteer workers. It is likely that these two groups have different supervision needs (Culbreth & Borders, 1999). Both para-professionals and professionally trained counsellors tend to be more satisfied with their clinical supervision when the supervisor is matched in terms of professional status (Culbreth & Borders, 1999). However, little research has been conducted on the different supervisory needs of these two groups, and the reasons for the greater satisfaction with matched supervisors.

CASE STUDY

Implementing Clinical Supervision in a Community Healthcare Trust

In this section we present a brief case study of a clinical supervision program in a health care setting. A published case study in the AOD field could not be located, therefore a case study from the broader public health field is provided.

Webb (1997) described the implementation of a program to meet the clinical supervision needs of nurses in a community healthcare trust. A task force was established, which contracted a private company to provide a three day training course on receiving clinical supervision. The trust's nursing policy group ratified a policy on clinical supervision, and an audit was carried out 10 months later. The audit indicated that 65% of the staff who had completed the course were receiving clinical supervision. The majority of staff had elected to receive one-on-one managerial or peer supervision from a supervisor within the same profession and service.

In regard to the outcomes of clinical supervision, at the time of the 10-month post-training audit half of the staff who had received supervision believed their clients had benefited from them receiving the supervision. In terms of professional benefit, staff reported that supervision assisted in skill development and maintenance of high quality care standards, increased their self-confidence and improved staff communications. Only one staff member believed their needs were not met by the supervision. Consistent with staff perceptions of supervision, managers reported that supervision improved staff practice skills, empowered the staff members, reduced stress, increased self-confidence, and provided staff with a forum to address clinical and professional issues.

A number of barriers to effective clinical supervision were also observed. A major barrier to the uptake of clinical supervision was the lack of a specific individual within an organisation to encourage and facilitate the organisation of supervision. Lack of time, resources, and available supervisors were also significant barriers to program development. The researchers noted the importance of an organisational policy on supervision. In this case study the development of an organisational policy was observed to significantly ease the implementation of clinical supervision. One reason may have been that staff members saw the policy as a confirmation of the organisation's desire for clinical supervision.

2.2.2 Mentoring[4]

Mentoring – Application to the NGO and Wider AOD Sector

As discussed in Section 2.2.1, workers in the NGO sector often experience difficulties regarding access to adequate supervision. Indeed, interaction with colleagues has been identified as a common approach to skill development in the NGO sector (Pitts, 2001). Mentoring represents one approach to skill development that is particularly suited to the NGO sector and the wider AOD field.

For the AOD field the establishment of mentoring programs has the potential to:

- act as an incentive to attract skilled and qualified workers to the field and to retain those already in the field
- link different professions and institutions within the field
- provide support and accessible professional development for those working in rural and remote areas
- provide support during periods of change.

Mentoring – An overview

Mentoring is a well known strategy in the business world for supporting the career advancement and personal development of employees. Mentoring is a developmental relationship where the primary objective is learning (Linney, 1999). It is a partnership where the mentor and protégé work together to set goals, driven by the needs of the protégé (Ritchie, 1999). In meeting goals, the protégé draws on the experience of the mentor. The mentor encourages the protégé to uncover solutions themselves, rather than acting as the expert and simply providing answers (Linney, 1999).

Informal and formal mentoring programs

Mentoring may occur in an informal spontaneous manner or may be organised through formal structured programs. There is evidence to suggest that informal mentoring relationships are more effective than highly structured relationships (Scandura, 1998). The formation of informal relationships may be more successful because the relationship is more likely to have arisen out of a natural rapport and common interests between the mentor and protégé (Murray, 1991). However, formal mentoring programs have important advantages including increased accessibility for those who lack the social skills or opportunity to develop informal mentoring relationships (Coombe, 1995), and support for participants in the form of training and orientation and a coordinator to help solve problems (Murray, 1991).

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[4] This section is adapted from McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field. A what, why and how primer for the alcohol and other drugs field.* Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA). Available at: http://www.nceta.flinders.edu.au/mentoring-monograph.htm

Benefits of mentoring

From a workforce development perspective the primary objective of mentoring is to maintain and improve frontline workers' responses to AOD issues. Mentoring has the capacity to achieve this objective by:

- building and sustaining skills and knowledge
- providing incentives and support
- facilitating work practice change.

Building and sustaining skills and knowledge. As discussed earlier, mentoring can provide a valuable way to complement and support more formal approaches to skill development such as clinical supervision and education and training programs. Within the AOD field it is common for skill and knowledge development to occur through interaction with more experienced workers or peers (Knapper, 2001). Formal mentoring programs can be used to further develop and enhance this very personalised and flexible approach to knowledge and skill development.

Providing incentives and support. Recruitment and retention issues have become increasingly important for the AOD field. Many health services report difficulty in filling vacancies. A recent survey conducted by NCETA in March to August 2002 of 234 AOD specialist treatment service managers identified a lack of qualified staff, limited public support for working with drug users, insufficient salary or other remuneration, limited scope to advance, and difficult working environments as key issues for AOD treatment organisations. Establishment of formal mentoring programs can also be a powerful recruitment tool (Clark, 1995; Moore, 1992). Mentoring can offer enhanced career opportunities through a more rapid acquisition of skills and knowledge, assistance in career planning and introduction to a network of useful and powerful contacts (Clark, 1995; Murray, 1991).

Facilitation of work practice change. The AOD field is dynamic and rapidly changing, with fluctuations in drug use patterns, shifting public attitudes towards drug users, changes in funding and resource allocation, and innovations in treatment and prevention (Allsop et al., 1998). An experienced AOD practitioner can be a valuable source of advice and guidance to a protégé on these types of issues.

Mentoring sources – Peer and group mentoring

Peer mentoring refers to a mentoring relationship between two people of equal standing who engage in reciprocal mentoring activities, each adopting the roles of protégé and mentor (McBain, 1998). The peer mentoring model reflects increasing awareness that individuals can learn effectively from each other and that learning is an integral part of work (Chalmers, Murray, & Tolbert, 1996).

Peer mentoring can enhance:

- knowledge sharing and support between different professions and vocations, between generalists and specialists, and those with various degrees of AOD experience or academic qualifications

- collaboration within and between organisations, helping to reduce the “silo effect” which results in isolation between knowledge domains and different administrative and functional services
- dissemination of research and treatment innovations by pairing seasoned practitioners with those at the cutting edge of technology and research innovations.

Group mentoring offers the opportunity for a number of people to benefit from the attention of a single mentor and has an added synergistic effect through the interaction of the group members. The mentor helps group members to mentor each other by sharing ideas, skills, experience, guidance and feedback (Kaye & Jacobson, 1995). Participation in a mentoring group develops cooperation and collaboration between people with similar objectives but potentially diverse backgrounds, such as a multidisciplinary treatment team. Group mentoring can benefit those sharing a workplace, drawing on the potential of informal meetings and gatherings and transforming them into opportunities for context-specific learning and support.

Manager involvement

Managers play an important role in mentoring programs. The frequent contact and common work goals between a manager and their staff create good conditions for spontaneous development of a mentoring relationship (Linney, 1999). The readiness of managers to adopt a mentoring role is particularly important for workers who have limited access to professional development opportunities, such as those in regional areas (Little, Browne, & Sullivan, 2001).

Even if managers do not adopt a mentoring role, their participation and support is still important for the success of a mentoring program. Consulting with the manager about the mentoring activities of their staff can avoid conflicts with the protégé’s regular work activities and responsibilities. It can also help gain the manager’s commitment to the relationship by enhancing their awareness of the aim and benefits, thereby reducing the potential for misunderstanding.

Cost effectiveness and relevance to the workplace

A particularly appealing feature of mentoring is its cost effectiveness (Howard, 1999). The protégé has the opportunity to learn and practice desired skills without the costs of traditional training relating to room hire, trainer fees and time away from the workplace (Murray, 1991). In addition, mentoring can result in development of skills and knowledge that are directly pertinent to the work context, and can address issues and problems encountered by the protégé in their daily work.

2.2.3 Management development and support

Management development and support in the NGO sector

Turnover of managers has been identified as an important workforce development issue in the NGO sector (Pierce & Long, 2002). As discussed in Section 2.1.6, turnover is influenced

by a range of factors including the degree to which an employee receives adequate support in the performance of their role. In this section we explore the diverse skill set required by managers in NGOs, and highlight the need for specific workforce development strategies targeting the development and support of managers in the NGO sector.

Development of managerial skills and abilities

The management support unit of the Council of Social Service of New South Wales (NCOSS) has identified a range of key qualities for effective leadership including (see Table 3):

Table 3
Key Qualities for Effective Leadership

Provision of leadership, direction and guidance to the organisation by:

1. Creating and conveying a clear vision on the future direction.
2. Initiating and driving through change and managing that process perceptively.
3. Taking final responsibility for the actions of the team.
4. Establishing and communicating clear standards and expectations.
5. Demonstrating resilience, stamina and reliability under heavy pressure.
6. Demonstrating the high standards of integrity, honesty and fairness.
7. Choosing between options, taking into account the long-term consequences.

Facilitation of meetings and group discussions by:

1. Choosing methods of communication to secure effective results and encouraging creative thinking.

Maintaining effective networks by:

1. Knowing how to find and use other sources of expertise.
2. Applying best practice in dealings with other organisations.

Effectively representing the organisation by:

1. Taking a firm stance when circumstances warrant.
2. Effectively negotiating deals, communicating in a concise and persuasive manner.

Understanding and articulating the context in which the service operates by:

1. Understanding parliamentary and political processes and how to operate within them.

Promoting the organisation by:

1. Establishing a profile for the service, marketing that service and demonstrating presentation and media skills.

Table 3 — (continued)

Designing and implementing a promotional strategy by:

1. Choosing the methods of communication most likely to secure effective results.

Modelling organisational relationships based on trust and respect for all stakeholder groups by:

1. Being visible, approachable and earning respect.
2. Inspiring and showing loyalty, taking steps to building trust, demonstrating high morals and being co-operative.
3. Communicating effectively with the Chair and Board members.

Providing leadership that engenders a collective sense of identity and purpose of direction by:

1. Carrying forward decisions of the Board and managing relationships between staff and Board.

Managing and improving the performance of individuals and teams by:

1. Building a high performing team and addressing poor performance.

Supporting and developing staff by:

1. Consulting staff/volunteers and identifying training needs in order to develop their full potential.
2. Seeking face to face contact and responding to feedback from staff.

Developing effective leadership roles by:

1. Delegating decisions appropriately, making best use of skills and resources within and outside the team.

Note. Adapted from the Council of Social Service of New South Wales (NCOSS) Management Support Unit Fact Sheet No.7, "Qualities for Good Leadership" (2003).

As the previous list demonstrates, managers are required to take on a range of roles which require relatively specialised knowledge, skills and abilities. Furthermore, there is increasing recognition that managerial positions are associated with significant demands and stressors (Sparks, Faragher, & Cooper, 2001). Appropriate training and support, therefore, is crucial to the development of effective managers in NGOs.

Research on management development

There is a large literature within organisational psychology and management studies regarding management development. Management development refers to "the complex process by which individuals learn to perform effectively in managerial roles" (Baldwin & Padgett, 1993, p. 25, as cited in Latham & Seijts, 1998). Latham and Seijts (1998) identified three key management development strategies:

- education conducted in formal classroom settings focused on broad conceptual knowledge and skills (e.g., business schools)
- training focused on specific skills and abilities such as leadership and problem solving
- on-the-job training provided by everyday experience in a management role.

Formal education and training

It is beyond the scope of the current review to discuss specific education and training strategies for managers. However, the emphasis placed on formal training within the management development literature indicates that formal training for managers in NGOs should be considered a workforce development priority.

On-the-job training

Two commonly used strategies for on-the-job learning are action learning and mentoring. The action learning cycle is outlined in Figure 3.

Figure 3. The action learning cycle (Latham & Seijts, 1998).

Latham and Seijts (1998, p. 264) identified 5 stages in the action learning cycle:

1. Learning from experience
2. Sharing the experience with others
3. Inviting colleagues' critique and advice
4. Acting on the advice and implementing change
5. Reviewing with colleagues the actions taken and lessons learned.

Mentoring

Managers may often operate as a mentor for other staff. However, it is important to recognise that managers can also benefit from their own management mentor. Mentors and social support have been identified as a key factor in managerial advancement (Tharenou, 1997). As discussed above, mentors perform a range of functions including (Latham & Seijts, 1998):

- providing personal and career-related support (e.g., encouragement, exposure to challenging assignments, coaching)
- facilitating entrance into professional networks which provide further important sources of information and support
- modelling effective management skills and abilities

- providing support and advice during periods of stress or organisational change.

Advancement in a managerial career can be viewed as an indirect indicator of managerial success and effectiveness. In a comprehensive review of the managerial advancement literature, Tharenou (1997) identified nine key factors influencing managerial advancement:

- individual qualities and traits (e.g., ability, need for achievement, ambition)
- human capital factors (e.g., education, age)
- managerial training
- family circumstances (e.g., children, marital status)
- organisational factors (e.g., career ladders)
- access to social support and mentors
- opportunities for challenging assignments
- opportunities for managerial positions
- recruitment and selection procedures (e.g., affirmative action).

Conclusion

Managers are often expected to develop, initiate, or support workforce development initiatives and programs for staff within AOD organisations. It is important to recognise however, that managers themselves have important workforce development needs and issues. Managerial responsibilities are diverse and complex, spanning various roles across human resource, promotional, administrative, leadership, staff development and financial management domains. The development of this unique set of skills and competencies requires dedicated workforce development initiatives. Management development programs proven to be successful in other fields include formal training and education programs, mentoring and action learning.

CHAPTER 3
DEVELOPING A SKILLED AOD WORKFORCE

Chapter Overview

The focus of this chapter is on AOD workers' knowledge and skills, specifically the factors that:

- support workers' capacity to access and utilise information (e.g., research) to improve their knowledge, skills and work practice
- contribute to knowledge and skill development
- facilitate the transfer of skills and knowledge from training to work practice.

This chapter highlights the range and complexity of factors that impact on the development of knowledge and skills. A common theme in each sub-section is the need to move beyond a narrow focus on the characteristics and capacities of individual workers to a recognition of the organisational and systems factors that impact on the development of a skilled AOD workforce.

Section 3.1 Information Management

In today's information-rich world there is an increasing need for individual workers and organisations to take on the responsibility of becoming effective information managers. This expectation is particularly notable in the literature on evidence-based practice, where the emphasis has traditionally been on individual practitioners' capacity to access, evaluate and apply the latest research evidence.

This section explores two dimensions of information management of particular relevance to AOD workers:

3.1.1 Evidence-based practice

The increasing emphasis on evidence-based practice which requires advanced skills in information access, evaluation and application to work practice.

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3.1.2 Accessing information effectively

The challenges of "information overload" and strategies to manage information effectively.

Section 3.2 Development of Knowledge, Skills and Abilities

Frontline workers responding to AOD issues come from a wide range of professions and have diverse needs in relation to developing knowledge, skills and abilities (KSAs). Education and training programs need to reflect the multidisciplinary nature of the field and draw upon a cross-section of disciplines (Roche, 1998) and targeting differing work environments within the AOD sector. In addition to training, a systems perspective is needed to ensure development of workers' KSAs, including assessing barriers and facilitators to workers' access to education and training.

A range of factors may impact on the ability of workers to access or attend training, such as:

- vague, inadequate, unclear or outdated information about education and training programs
- inconsistencies between institutions regarding course language (e.g., "program", "elective", "option", "subject", "competencies", "recognition of prior competency")
- lack of funding for organisations to release staff or provide backfill to enable staff to attend training or other staff development initiatives (such as conferences)
- lack of recognition of available training and its value for performing on the job by immediate supervisors or managers
- training that is not accredited, therefore not recognised by tertiary providers
- workers who perceive that attending training is a requirement for maintaining their job
- financial and personal costs (e.g., time) associated with undertaking study. (Kennedy & Roche, 2003; Shoobridge, 1998; Wolinski, O'Neill, Roche, Freeman, & Donald, 2003)

An alternative to accessing external education and training programs is workplace learning. "Ideal" workplace learning occurs when:

- workplace learning is aimed at increasing innovative capacity in enterprises
- organisational culture supports and values training and learning
- training and learning are a part of doing business and are included as an integral part of the strategic planning cycle

(continued)

- training and learning in all forms are valued and used according to the appropriate circumstances
- training is customised to individuals and to increase work capability
- networks, partnership and supply chains are used to facilitate training. (NCVER, 2003, p. 1)

Development of frontline workers' KSAs is a vital building block in workforce development for the AOD field.

Section 3.3 Transfer of Training to Work Practice

The AOD field has achieved significant milestones in the content of education and training (e.g., development of national AOD competency standards). It is important to recognise, however, that engagement in education and training alone is not likely to exert a strong and sustained impact on work practice. A range of factors have been shown to impact on the transfer of education/training to work practice including:

- **individual characteristics:** readiness to change, motivation to learn, intelligence and personality, previous experience with training, development of transfer strategies (e.g., overcoming barriers to transfer), high self-efficacy
- **training program:** using a training needs analysis to guide training, ensuring a match between training and job requirements, modelling desired training outcomes, utilising self-management training (to overcome barriers to training), providing opportunities to practise new skills, using a range of learning strategies
- **organisational factors:** supervisor and peer support, situational cues (reminders) and rewards, workload, organisational policies and procedures, positive learning climate, consistency of training with organisational goals and strategic direction.

Education and training requires a significant investment of resources by individuals (e.g., effort, motivation, practice) and organisations (e.g., financial cost, staff absence). Therefore, the development of strategies to facilitate the greatest return on this investment by ensuring that individuals have the capacity to translate their newly learned skills and knowledge into improved work practice should be considered a workforce development priority.

Section 3.1 Information Management

Section Overview

Timely access to accurate and relevant information is increasingly recognised as a keystone of effective work practice and it is a central workforce development issue. Yet in this age of information technology, the sheer volume of information available presents significant challenges to the capacity of workers and organisations to keep up to date on the latest research, policies and other developments.

3.1.1 Evidence-based practice

Section 3.1.1 explores key barriers to evidence-based practice including:

- lack of high quality research evidence (although the evidence-base in the AOD field is rapidly expanding)
- research evidence that cannot be applied beyond specific settings or populations
- complexity of the problems experienced by AOD clients.
  (Allsop & Helfgott, 2002; Evans, 2001)

In order for AOD workers to effectively engage in evidence-based practice a range of strategies are needed at the individual (e.g., training in critical appraisal and decision making skills) and organisational (e.g., support for evidence-based practice, climate of openness to work practice change and improvement) levels. A case study is provided which demonstrates a team-based approach to evidence-based practice which overcomes many common barriers to evidence-based practice.

3.1.2 Accessing information effectively

This section explores the challenges associated with working in the “information age”. It is widely acknowledged that the sheer scope of information available presents significant challenges to individuals and organisations to access and utilise the types of information of greatest relevance to work practice (e.g., research evidence, government policies, funding opportunities). Much of the research on effective information management focuses on the individual (e.g., search strategies) or improving technology (e.g., database management systems). In this section we explore alternative approaches to information management that can be implemented at an organisational or systems level. These strategies include:

- team-based approaches
- rotating responsibility (and setting aside discrete periods of time) for obtaining and disseminating information amongst staff members
- assigning responsibility for different types of information to different staff members (e.g., funding sources, latest evidence regarding treatment for a particular drug, government policy changes)

(continued)

- collaborating with other organisations with similar information needs to implement information sharing strategies (e.g., cross-institutional teams or rotation of responsibility for information search and dissemination).

3.1.1 Evidence-based practice

Evidence-based practice in the AOD field

In this section we provide a brief introduction to the concept of evidence-based practice, the advantages of this approach and strategies to address some of the challenges associated with applying the principles of evidence-based practice to every-day work. A case study of evidence-based practice in an AOD treatment clinic is provided in order to demonstrate strategies to effectively incorporate research evidence into work practice.

The development of a skilled AOD workforce is more and more reliant on the uptake of evidence-based practice. There is also increasing interest in and awareness of evidence-based practice within the AOD field (Evans, 2001). The philosophy underpinning evidence-based practice is concerned with providing the best quality of care and treatment to clients based on sound knowledge and expertise. The concept of evidence-based practice originated in epidemiology, but has since been applied to a range of fields including medicine, public health, corrections, social work and education (Fowler, 2001).

Translating the philosophy of evidence-based approaches into practice, however, often raises significant challenges and difficulties. Within the AOD field in particular, there has been some debate concerning the appropriate balance between reliance on workers' knowledge and experience versus research evidence in guiding treatment and prevention practices (Evans, 2001). It has been argued that practitioners in the AOD field are faced with unique challenges in their work practice which present difficulties for the wholesale transfer of evidence-based practice techniques from the medical field. These challenges include:

- lack of high quality research evidence (although the evidence base in the AOD field is rapidly expanding)
- research evidence that cannot be applied beyond specific settings or populations
- complexity of the problems experienced by AOD clients.
  (Allsop & Helfgott, 2002; Evans, 2001)

Hocking (1997) highlights the importance of developing an approach to evidence-based practice suitable for the AOD field. Hocking (1997, p. 11) argues that the gap between research and practice in the AOD field has significant implications for a range of stakeholders:

> this [gap between research and practice] should be of concern to researchers, practitioners, service purchasers, policy makers and most importantly, clients. The goal of all these actors is to achieve an improvement in the health status and quality of life of the individuals seeking treatment. If the recommendations of research are not incorporated into practice they cannot play a role in improving clinical outcomes. If practitioners cannot access research findings, they may not feel confident that treatment interventions have the ability to achieve their aims. If service purchasers cannot buy services that are supported by research evidence, they may not be able to justify the cost. And if clients know they are the recipients of treatment programs of questionable efficacy, then they may not feel it is worth entering into treatment at all.

Evidence-based practice: A definition

The pervading model of evidence-based practice presents a view of the individual practitioner engaging in a complex decision-making task of balancing their clinical expertise with actively seeking the best available empirical evidence. This view is reflected in Sackett et al.'s (1996, p. 71) definition of evidence-based medicine as:

> The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgement that individual clinicians acquire through clinical experience and clinical practice …. [this includes] ... effective and efficient diagnosis and … more thoughtful identification and compassionate use of individual patients' predicaments, rights and preferences in making clinical decisions about their care. Good doctors use both individual clinical expertise and the best available evidence, and neither alone is enough. Without clinical expertise, practice risks becoming tyrannised by evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient.

Advantages of evidence-based practice

Evidence-based practice aims to make the best evidence possible available for clinical use (Dawes, 1999a). Thus, evidence-based practice has advantages for both the client and the practitioner: it allows the client to receive the most empirically supported treatment options, and it also provides an important aid to clinical decision making and encourages practitioners to engage in a process of continuous learning and practice improvement (Dawes, 1999a; Ridsdale, 1998).

Knowledge, skills and abilities required for evidence-based practice

As Sackett et al.'s (1996) definition highlights, evidence-based practice requires a range of advanced skills and abilities including:

- capacity to search and filter large databases of information (Lodge & Ridsdale, 1998; Snowball, 1999)
- critical appraisal skills (Dawes, 1999b; Havelock, 1998)
- knowledge regarding the key principles of research design and statistical analysis (Dawes, 1999c).

Implementation barriers

A range of difficulties and barriers are commonly experienced by professionals attempting to implement evidence-based practice (cf. Colyer & Kamath, 1999; Dyer, 2000; Kitson, Ahmed, Harvey, Seers, & Thompson, 1996; NHS Centre for Reviews and Dissemination, 1999; Ridsdale, 1998; Rosenberg & Donald, 1995). Key barriers include:

- lack of time
- lack of support from colleagues and supervisor
- role competence and legitimacy
- quality of critical appraisal and decision-making skills

- desire to maintain the status quo.

It is important to recognise, however, that the challenges of evidence-based practice are not restricted to the skill, ability and resources available to individuals and teams. A number of important systems level factors have been identified which impact on the capacity of practitioners to incorporate research evidence into their work practice. Hocking (1997) has identified four key systems level factors:

- generalisability and relevance of research findings to “real life” work practice (i.e., use of highly controlled interventions and specific populations that do not reflect the complex circumstances experienced by many AOD clients, lack of research with diverse cultural and ethnic groups)
- interpretation of research (capacity of frontline workers in the AOD field from a range of disciplines and life experiences to effectively interpret and apply complex research findings)
- dissemination of research findings (lack of communication between researchers and clinicians and wide dissemination of research findings beyond peer-reviewed journals)
- resources for research and practice.

Hocking (1997) suggests a range of strategies to address these issues including:

- increased funding for research dissemination strategies (e.g., instruction manuals, training programs newsletters, expert committees)
- funding for staff training and supervision regarding current best practice.

Although individuals and teams may not have the capacity to influence these broad systems factors, there are important strategies that can be put into place at the organisational level in order to facilitate and support evidence-based practice. Designing team-based approaches to evidence-based practice represents one approach to overcoming some of the major barriers or difficulties previously identified with the individual-practitioner model of evidence-based practice. A case study is presented below which describes one AOD organisation’s approach to overcome some of the challenges of evidence-based practice.

CASE STUDY

Evidence-Based Practice at a Drug and Alcohol Treatment and Rehabilitation Centre

The following is a case study of evidence-based practice at a Drug and Alcohol Rehabilitation Centre in an Australian capital city. The centre provides a range of AOD services including counselling, methadone maintenance and alcohol detoxification. The centre has a multi-disciplinary staff of nurses, psychologists, clinicians and researchers. A team-based approach forms the foundation of evidence-based practice in this centre. The process of evidence-based practice often proceeds as follows:

A member of staff (senior and other staff) becomes aware of research evidence that challenges current work practices (e.g., journal article, conference attendance)

↓

A multi-disciplinary group of volunteers is formed to discuss what sort of practice change is required and how to undertake the change

↓

Other staff members are kept informed of the issue via electronic and paper circulations. Input (comments, feedback) from these staff members is sought

↓

The issue is then discussed in a larger staff meeting and a practice change strategy agreed upon. The practice change is not initiated if the suggested change is rejected in the staff meeting

↓

In-house guidelines regarding the required practice change are developed

↓

The practice change is implemented

↓

Multiple sources of monitoring to ensure practice change is initiated consistently by all staff:

- multi-disciplinary case notes allow the monitoring of practice by all staff and allows informal mechanisms for reminding staff to follow the new practice guidelines
- clients are provided with information on work practice and may also remind staff if they do not follow correct practice
- small group staff meetings within a particular unit may discuss case notes and provide feedback to individual staff regarding their adherence to the required practice change.

(continued)

Regular group meetings are also held for each professional group within the centre (e.g., nurses, doctors). A range of professional practice issues are discussed within these meetings including recent research/evidence relevant to work practice, strategies to ensure quality control and consistency of work practice between staff.

Lessons learned:

- staff participation, ownership and participation in decision making are critical
- evidence-based practice initiatives occur in discrete periods of time, rather than operating continuously over time. It is important to intersperse periods of change with periods of stability in order to prevent "change fatigue" in staff
- an enquiring attitude and willingness to challenge established work practices is not necessary for all staff members. A mixture of "leaders" and "followers" is best – too many "leaders" challenging and questioning work practice can be counter-productive. A small group of leaders can inspire the rest of the group. Other staff members can contribute to the process by providing feedback, comments and suggestions.

Conclusion

Evidence-based practice should be a central component of any workforce development strategy. The goal of evidence-based practice is to provide clients with the highest quality treatment based on the best available evidence and the expertise of the practitioner. However, applying this principle to work practice in the AOD field presents many challenges. Suitable evidence that can be applied to the complex problems often experienced by AOD clients is often lacking, nor are many workers able to access the education and training required to effectively identify, evaluate and apply complicated research findings. Some of the challenges inherent in evidence-based practice must be addressed at a systems level, for example the dissemination of research findings in a form easily applicable to work practice. However, as demonstrated in the case study above, a team approach ensures that the responsibility for finding, evaluating and implementing research evidence is shared amongst staff at all levels, and hence may be useful in addressing some of the challenges and difficulties of evidence-based practice.

3.1.2 Accessing information effectively

Information overload

The effective management of information has been identified as a key priority for effective organisations (Broadbent, Weill, & St Clair, 1999; Martiny, 1998). In many sectors, including public health, the availability of information has increased rapidly over the past decade. As Gowing (2001) observed:

> *And of making books there is no end; and much study is weariness of the flesh. Let us hear the conclusion of the matter.*
>
> Ecclesiastes 12:12

> It is estimated that there are 3,000 new medical articles published every day. Of these, 1,000 will be included in Medline and 46 will be randomised controlled trials. Furthermore, the volume of information has been steadily increasing. For example, in 1976 Medline contained 3,810 articles on hypertension, in 1996 there were 7,591. **Clearly it is impossible for any one person, or even a small team of people, to monitor this volume of literature, let alone use it judiciously** (emphasis added).

Information overload is increasingly recognised as a significant factor in work-related stress and poor decision-making (Debowski, 2002; Kirsh, 2000; Murray, 1998). While no studies were identified which specifically examined this issue in the AOD field, anecdotal evidence and other information supports the view that information overload is a highly pertinent issue. Kirsch (2000) identifies two key sources of information overload:

1. **Oversupply of information from external sources** (e.g., email, letters, memos, phone calls) and intentional information searches (e.g., searching for information on library catalogues, databases, and the internet). In addition, the sheer *quantity* of information now available often requires an extensive search and screening process to identify information of sufficient *quality*. Furthermore, information generated from external sources or intentional searches must be screened and evaluated for its potential relevance to current or future work activities and then a decision made regarding its use or storage. Kirsh (2000) argues that the process of evaluating information and creating a useable system for categorisation and storage can in itself be a significant source of stress.
2. **Increased expectations for the use of high quality information.** The over-supply of information is mirrored by an increasing expectation that work practices will be informed by the best available information. Evidence-based practice is founded upon this principle (see Section 3.1.1). Translating the ideal into everyday work practices, however, involves many complications and ambiguities.

Kirsch (2000) identifies a range of issues relating to information searching including:

- how much is enough (i.e., how to decide if sufficient information has been obtained)?
- how much time and effort should be dedicated to the information search?
- what is the most appropriate source of information (e.g., peer reviewed journals, colleagues, government reports)

- how do I know if I've missed a valuable or crucial piece of information in my search?

The result of these supply and demand pressures is "information overload". Wurman (1989) described information overload as the experience of:

- not understanding available information
- feeling overwhelmed by the quantity of information available
- uncertainty if particular sorts of information exists
- uncertainty about where to find information
- inability to access a particular source of information.

Information overload can lead to "information anxiety" described by Wurman (1989, p. 34):

> Information anxiety is produced by the ever-widening gap between what we understand and what we think we should understand. It is the black hole between data and knowledge, and it happens when information does not tell us what we want or need to know.

Strategies to address information overload

Although the phenomena of information overload is increasingly recognised, very little research has been conducted on the design of workplaces to facilitate effective management and use of information (Kirsh, 2000). Most of the research relevant to information overload relates to information management systems (effective design and use of software or database systems), cognitive psychology (basic research on attention and decision-making), and techniques to train individuals to use more effective and efficient information search and retrieval strategies for databases or internet searches.

Nevertheless, a number of strategies have been suggested to assist with the effective management of information (Alesandrini, 1992; Hert, 1994; Murray, 1998; Shenk, 1997). The underlying theme in this literature is the importance of the individual taking control of information. Specific suggestions include:

- screen out sources of information which are of little direct relevance (e.g., re-assess the usefulness of email servers and automatic alerts)
- set clear goals and priorities for the type of information required – use this as a guide to screening incoming information and searching for additional information
- identify information resources that provide efficient access to useful information, for example:
    - journals such as Drug and Alcohol Findings

- web-sites such as
  The **National Institute of Drug Abuse** (NIDA; http://www.nida.nih.gov)
  The **Drug and Policy Alliance** (http://www.drugpolicy.org/homepage.cfm)
  Drugscope (http://www.drugscope.org.uk/home.asp)
  The **Virtual Clearinghouse on Alcohol, Tobacco and Other Drugs** (VCATOD; http:// www.atod.org/english/home.asp)
- set limits on the in-flow of information. For example, set aside discrete periods of time for information searching and evaluation.

A wide range of topics may be relevant to individuals working in AOD NGOs including policy and research related to specific drugs (e.g., heroin, methamphetamines), treatments (e.g., naltrexone) and specific populations (e.g., young people, women). The individual who attempts to keep abreast of the literature across this broad range of topics is a likely candidate for information overload. As discussed in Section 3.1.1 on evidence-based practice, a team-based approach may assist with the effective management of information. For example, five people all searching for the same type of information is clearly inefficient. Information overload may be decreased by assigning individuals to specific topics (e.g., hepatitis C, opiate pharmacotherapies, "party drugs"). Individuals could then provide the wider group with regular updates (e.g., emails, group meetings) regarding the latest developments in their assigned topic.

Other team-based strategies for managing information overload include:

- rotating responsibility (and setting aside discrete periods of time) for obtaining and disseminating information amongst staff members
- assigning responsibility for different types of information to different staff members (e.g., funding sources, latest evidence regarding treatment for a particular drug, government policy changes)
- collaborating with other organisations with similar information needs to implement information sharing strategies (e.g., cross-institutional teams or rotation of responsibility for information search and dissemination).

Conclusion

Information overload affects many professions including practitioners in the AOD sector. Keeping abreast of the latest news, information and developments in the AOD field serves a number of important functions including identification of opportunities for funding, networking and collaboration, and ensuring that current work practices reflect best practice in the field. Despite the importance of addressing information overload to ensure effective work practice, very little research has specifically addressed this issue. The strategies suggested here to address information overload are underpinned by one central principle: work smarter not harder. For example, information load can be alleviated by strategies such as setting clear goals and priorities for information search, working in teams, and sharing responsibility amongst staff members for information search, retrieval, evaluation and dissemination.

Section 3.2 Development of Knowledge, Skills and Abilities

Setting the scene: A profile of workers in community services and health

Frontline workers who encounter and respond to AOD–related issues represent a diverse group of specialist and generic workers. Workers from a range of occupational groups including professionals (medical officers, nurses, psychologists, social workers), para-professionals (ambulance officers, police, correctional services workers), welfare and volunteer workers (counsellors, youth, generalist health and welfare workers), and drug treatment providers respond to AOD issues (Allsop et al., 1998; Kennedy & Roche, 2003). The diversity of occupational groups in the AOD sector has important implications with regard to identifying the appropriate type and level of support required to meet the diverse learning and development needs for workers seeking to increase their skills in responding to AOD issues within this sector.

Non-government services operate within the health and community services sector, which includes private and public health services and hospitals, community based and residential and non-residential services, child and aged care. This sector employs close to 1 million workers, or about 9% of the total workforce. While it is the second largest employer of women, and the second largest provider of part-time jobs, it also has a high concentration of professional, intermediate clerical and service workers (NCVER, 1998), and a significant proportion (46-49%) of volunteer workers (CSHTA, 2002; NCVER, 1998). Compared with other industries, workers in the NGO sector are comparably older than the workforce as a whole (NCVER, 1998).

Identifying the nature of the AOD workforce from the data available is difficult. This is due in part to the inherent and diverse nature of alcohol and drug related problems, and because AOD problems are encountered by the diverse range of workers in everyday practice (Kennedy & Roche, 2003). Similarly, there is little information available identifying the learning and development needs (including education and training) of people responding to AOD-related issues. Moreover, there is no formal accreditation by which to monitor those who have undertaken training to gain formal qualifications (Wolinski, O'Neill, Roche, Freeman, & Donald, 2003).

Like other industries, the health and community services sector is affected by a dynamic environment of constant social, economic, political and technological change. These influences increase demands for a fluid, multi-skilled workforce. This impacts on the skills, work roles and training needs of its workers (CSHTA, 2002). Added to these pressures is evidence of increasing prevalence of problematic alcohol and other drug use in the Australian community. The subsequent demands placed on the community services and health industry, and in particular, frontline workers who respond to AOD issues, are becoming increasingly difficult and complex (Roche, 2002). Particularly evident is a need for workers skilled to respond to the problems experienced by vulnerable groups and individuals, such as young people (Stockwell, Heale, Dietze, Chikritzhs, & Catalano, 2001), Indigenous people (AIHW,

1995), women (Roche & Deehan, 2002) and those with co-existing disorders (Teesson, Hall, Lynskey, & Degenhardt, 2000). Treatment services report increasing complexity in presentations including those associated with concomitant mental health disorders. The latter require particularly specialised skills on the part of treatment providers, skills that are not necessarily readily available or easily acquired by many members of the existing AOD workforce (Saunders & Robinson, 2002).

In addition, there is increasing sophistication in the interventions available to manage alcohol related problems. Note for instance the increased use of pharmacotherapies such as acamprosate and naltrexone for the management of alcohol problems. Across the AOD field there has also been a substantial shift in orientation towards evidence-based practice. This requires significantly greater skill and understanding of the research literature and its implications for programs and services.

A focus on training

In the Australian AOD field, significant attention has traditionally been placed on increasing role legitimacy for frontline workers and others to respond to AOD-related issues. Education and training efforts have also concentrated on changing the knowledge, skills and abilities (KSAs) of frontline workers (see for example, Albery et al., 1997; Seigfried, Ferguson, Cleary, Walter, & Rey, 1998; Wragg, 1991). In the past, AOD training tended to be delivered "face-to-face", and comprised up to a few hours of training, although occasionally training was offered as a broader course of work. This narrow focus still tends to occur despite evidence that changing knowledge or attitudes alone is unlikely to result in sustainable changes in behaviour on the job (Davis et al., 2003; Ewan & Whaite, 1982; Foxon, 1989; Grol, 2001; Warr, Allan, & Birdi, 1999).

The training literature increasingly describes the need for a systematic approach to the development of knowledge, skills and abilities (KSAs) that aims to improve individual, team or organisational effectiveness. Training is now considered part of a broader system involving workplaces, educational institutions, individuals, government and community organisations (NCVER, 2003), and not seen as the only solution to KSA deficits. A systems approach is increasingly accepted as essential for effective workplace performance (Dawe, 2002; Goldstein & Ford, 2002). Training may still include an emphasis on changing KSAs, however, improvement needs to be measured by the extent to which the learning that occurs from training leads to meaningful changes in the work environment, improvements in individual effectiveness, or enhancement of work, team or organisational effectiveness. When considered in this way, training is integral to facilitating larger scale organisational change (Goldstein & Ford, 2002).

When non-traditional forms of learning are recognised and valued, a diverse range of less traditional forms of learning and development may be implemented or integrated into current human resource practices within the non-government sector to enhance development of KSAs, such as:

- competency-based approaches
- action learning

- on-the-job (OTJ) training
- applied learning
- assessment centres
- experience centred learning
- apprenticeships
- cross training
- team self-management
- interpositional training
- challenge education and adventure learning approaches
- enterprise team building training
- building employee capabilities (orientation, newcomer socialisation)
- leader development and behavioural role modelling
- embedded training (which incorporates new technologies, practice opportunities, and structured experiences on the job)
- induction and orientation packages.
  (Goldstein & Ford 2002)

Training content

It has been argued that the underpinning knowledge, skills and abilities required by AOD specialists are numerous and complex. Education and training programs need to reflect the multidisciplinary nature of the field and draw upon a cross-section of disciplines (Roche, 1998) and target differing work environments within the AOD sector. In addition, the substantial shift in orientation towards evidence-based practice within the AOD field (Evans, 2001) necessitates significantly greater understanding of the research literature and its implications for programs and services, and greater analytical and information accessing skills for both professional and other frontline workers (see Section 3.1.1).

The education and training needs of frontline workers have been described as requiring:

- the development of appropriate knowledge, skills and competencies
- access to appropriate resources, training systems and clear policy frameworks
- access to broad based learning and development strategies
- tailored education and training programs and performance management systems which meet specific professional, situational and workplace requirements of both specialist and generalist workers.
  (CEIDA, 2000; Kennedy & Roche, 2003)

According to King, Allsop, and Connolly (1997), specialists require:

- advanced drug and alcohol clinical skills
- familiarisation with intervention effectiveness research
- program evaluation and other research skills

- effective management of blood-borne viruses (such as hepatitis C)
- managing clients with a concurrent mental illness
- managing aggressive clients.

Sources of AOD education and training

In response to the increasing demands for training in AOD–related issues, the AOD field has expended considerable effort in recent years on:

- identifying the composition and training needs of the AOD frontline workforce Allsop et al., 1998)
- developing education and training programs (Allsop, 1995; Bush, 1987; Novak, 1995), including static education packages (Helfgott, 1996; Pead, Lintzeris, & Churchill, 1996)
- developing national AOD competency standards (endorsed and implemented in 1999) (Community Services and Health Training Australia, 2003; Dawe, 2002).

The demand for formal training opportunities has resulted in an increased availability of quality education and training programs across Australia in the last 10 years. In 2002, at least 70 education and training providers across Australia (31 tertiary institutions, 37 TAFE and 2 Registered Training Organisations, or RTOs) offered accredited training programs specifically in AOD (NCETA, 2002). As institutions are encouraged to promote career pathways, there is increasing recognition of Vocational Education and Training (VET) qualifications and notions of "credit transfer" arrangements with higher education institutions (Dawe, 2002).

For the most part, workers in the NGO sector tend to be more reliant on the VET sector, accessing courses such as the Community Services Certificate in Alcohol and Other Drugs (VAADA, 2003).

The latest revision of the Community Services Training Package (CSTP) has reduced the number of AOD qualifications to Certificate IV (intended for a first line supervisor or autonomous worker) or Diploma level (advanced skill worker or manager) (CSHTA, 2002).

Barriers and facilitators to AOD workers' access to training

A recent NCETA survey of over 800 AOD workers found that found that significant proportions of AOD workers received little or no AOD-related education and training (Freeman, Skinner, Roche, Addy, & Pidd, 2003). Higher education was more frequently undertaken by professional or specialist workers (medical and nursing staff, AOD specialists, youth and social workers) at undergraduate, graduate, or postgraduate university levels.

A range of factors may impact on the ability of workers to access or attend training, such as:

- vague, inadequate, unclear or outdated information about education and training programs

- inconsistencies between institutions regarding course language (e.g., “program”, “elective”, “option”, “subject”, “competencies”, “recognition of prior competency”)
- lack of funding for organisations to release staff or provide backfill to enable staff to attend training or other staff development initiatives (such as conferences)
- lack of recognition of available training and its value for performing on the job by immediate supervisors or managers
- training that is not accredited, therefore not recognised by tertiary providers
- workers who perceive that attending training is a requirement for maintaining their job
- the financial and personal costs (e.g., time) associated with undertaking study. (Kennedy & Roche, 2003; Shoobridge, 1998; Wolinski et al., 2003)

For the NGO sector, lack of funding to support workforce development issues was considered a significant barrier to upskilling the workforce (Roche et al., 2004; Wolinski et al., 2003).

Factors considered effective in supporting learning and development with organisations include but are not limited to:

- appropriately targeting training and development programs (i. e., conducting needs-based training)
- developing effective evaluation and review strategies to monitor performance over time
- developing strategies to enhance training transfer to the workplace
- developing in-house orientation or training manuals, workbooks or learning resource kits relevant to the job
- developing mentoring or “buddy” systems and manuals to assist workers to implement mentoring relationships
- access to electronic media as a source of information on AOD issues
- linking staff development initiatives to human resource practices such as performance management systems
- partitioning funding for staff development purposes
- developing effective recruitment and retention practices. (Goldstein & Ford, 2002; Shoobridge, 1998; Wolinski et al., 2003)

Workplace learning represents one approach to overcoming some of these barriers to accessing external training and education courses.

Workplace learning

Workplace learning is gaining increasing recognition as a model for developing effective learning and development strategies in the workplace. Like competency-based training, the concept of workplace learning emerged from rapid economic changes that have resulted

in demographic, occupational and workplace changes, meaning that the skill mix of workers must be continuously developed (NCVER, 2003). Workplace learning is defined as:

> learning or training undertaken in the workplace, usually on the job, including on-the-job training under normal operational conditions, and on-site training, which is conducted away from the work process (e.g., in a training room). (NCVER, 2003, p. 2)

According to recent Australian research, "ideal" workplace learning occurs when:

- workplace learning is aimed at increasing innovative capacity in enterprises
- organisational culture supports and values training and learning
- training and learning are a part of doing business and are included as an integral part of the strategic planning cycle
- training and learning in all forms are valued and used according to the appropriate circumstances
- training is customised to individuals and to increase work capability
- networks, partnership and supply chains are used to facilitate training. (NCVER, 2003, p. 1)

Workplace learning may be formal and structured (e.g., using structured sessions with demonstration and feedback) or informal (e.g., an employee being "shown the ropes") (Berry, 1998), and may improve the extent to which employees transfer the new skills and behaviours to their everyday work (Berry, 1998; Jin Hyuk & Chan, 2001). One form of workplace learning is mentoring, discussed earlier in Section 2.2.2. A possible benefit of workplace learning is that an external trainer may not need to be hired if the training is conducted by present employees (such as supervisors). However, this raises the possibility of the trainer inadvertently passing on their mistakes or faults to the trainee (Berry, 1998). A systemic view of workplace learning involving networks and partnerships is provided in Figure 4 below.

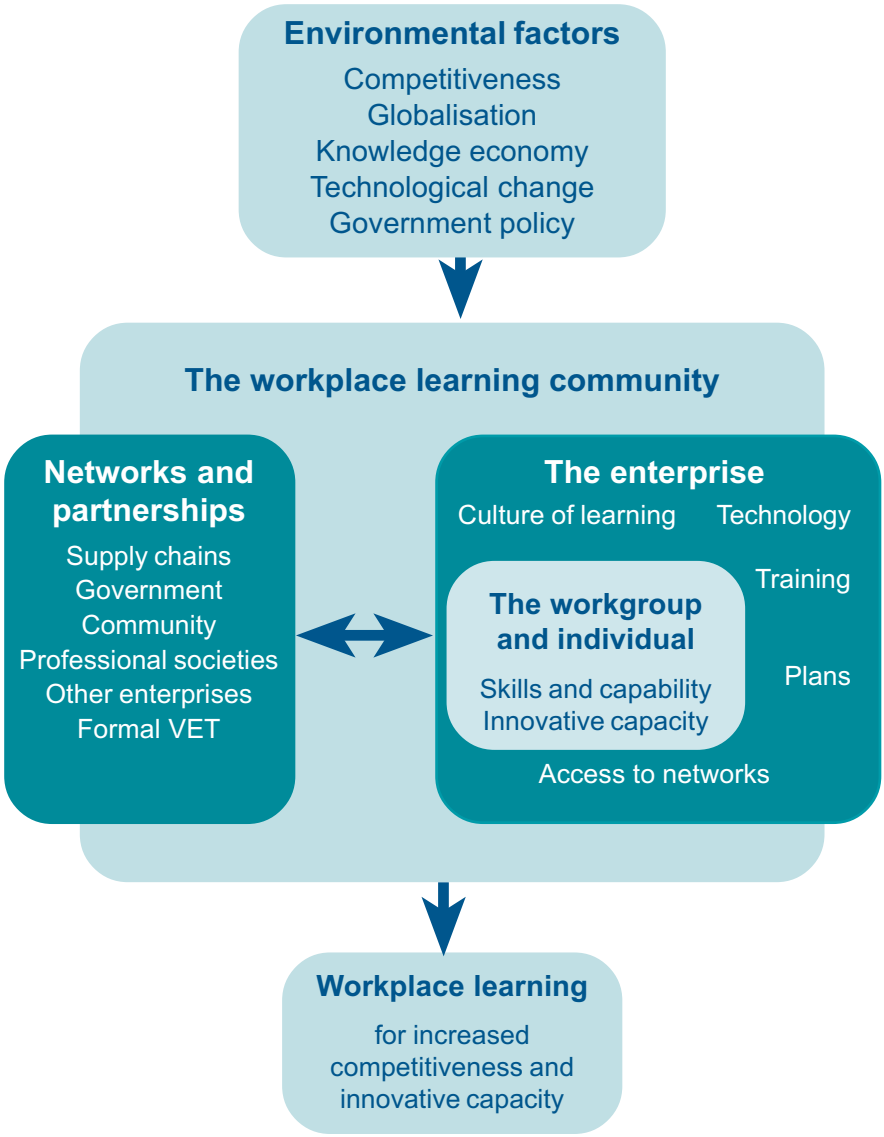

Figure 4. A systemic view of workplace learning.
(Adapted from NCVER, 2003, p. 2, Figure 1.)

The concept of workplace learning is consistent with approaches adopted by the VET sector, with the design of training packages that enable flexibility in delivery, and can be offered virtually anywhere, from schools, workplaces, via distance education, online delivery and at home (Dawe, 2002).

Conclusion

To demonstrate effective learning outcomes for individuals, organisations and their clients, a theoretically driven and systemic approach may be increasingly required to advance learning and development opportunities, and measure performance. While education and training certainly have their place, the AOD field needs to consider more than just equipping individuals with the skills to respond to AOD issues. Providing organisations with the capacity to get the most out of their investment in learning and development opportunities requires

a different way of doing business. Embracing the principles of evidence-based practice when designing training, and implementing organisational approaches to learning is consistent with the evidence-based approach now commonly accepted for attaining and measuring clinical outcomes.

Section 3.3 Transfer of Training to Work Practice[5]

Education and training provide the foundation for effective AOD work practice. However, it is increasingly recognised that the development of knowledge and skills is *necessary but not sufficient* to ensure improvements in work practice (Allsop et al., 1998; O'Donovan & Dawe, 2002; Roche, 1998). The application of newly acquired knowledge and skills is a crucial, but often overlooked, workforce development issue. In this final Section we discuss a number of key factors that have been shown to impact the transfer of training to work practice related to characteristics of:

- the individual trainees
- the training program
- the organisational environment.

A brief overview of the process of training transfer and common barriers to achieving this outcome follows.

The process of training transfer: An overview

Transfer of training refers to the capacity of individuals to apply newly gained knowledge, skills and abilities to their existing work (Salas & Cannon-Bowers, 2001). Similarly, Holton, Bates, and Ruona (2002, p. 334) write: "It is generally agreed that transfer of learning involves the application, generalizability, and maintenance of new knowledge and skills".

Goldstein and Ford (2002) have developed a model of training transfer which identifies the central factors influencing trainees' capacity to apply newly gained knowledge and skills to their work practice. They identified the following three critical factors that impact on transfer of training:

1. Instructional Design:
    - objectives
    - instruction plan
    - learning principles.
2. Trainee Factors:
    - readiness and motivation to learn.

[5] Based on Shoobridge, J. (2002). *Training transfer: The what, how and wherefore art thou?* In A. M. Roche & J. McDonald (Eds.), *Catching clouds: Exploring diversity in workforce development in the alcohol and other drugs field* (pp. 153-162). Proceedings of the 2002 Workforce Development Symposium, National Centre for Education and Training on Addiction (NCETA), Adelaide, South Australia.

3. Work Characteristics:
    - opportunity for practice
    - organisational climate that values the training
    - supervisor support to ensure trainees can access resources and strategies that will facilitate transfer of learning to work practice.

As shown in Figure 5 below, the characteristics of the training program and trainees are purported to influence the development of knowledge, skills and abilities. Work characteristics, in turn, are suggested to influence the impact of these learning outcomes on work practice. Goldstein and Ford (2002) identify four outcomes of training transfer:

1. **Generalisation:** the extent to which trainees are able to apply knowledge, skills and abilities to a variety of situations and work contexts
2. **Adaptability:** the extent to which the trainee can adapt or modify knowledge, skills and abilities to suit changing work environments and demands
3. **Maintenance:** the length of time trainees are expected to maintain their newly gained knowledge, skills and abilities
4. **Enhancement:** the required frequency of "refresher" programs to maintain and update knowledge, skills and abilities.

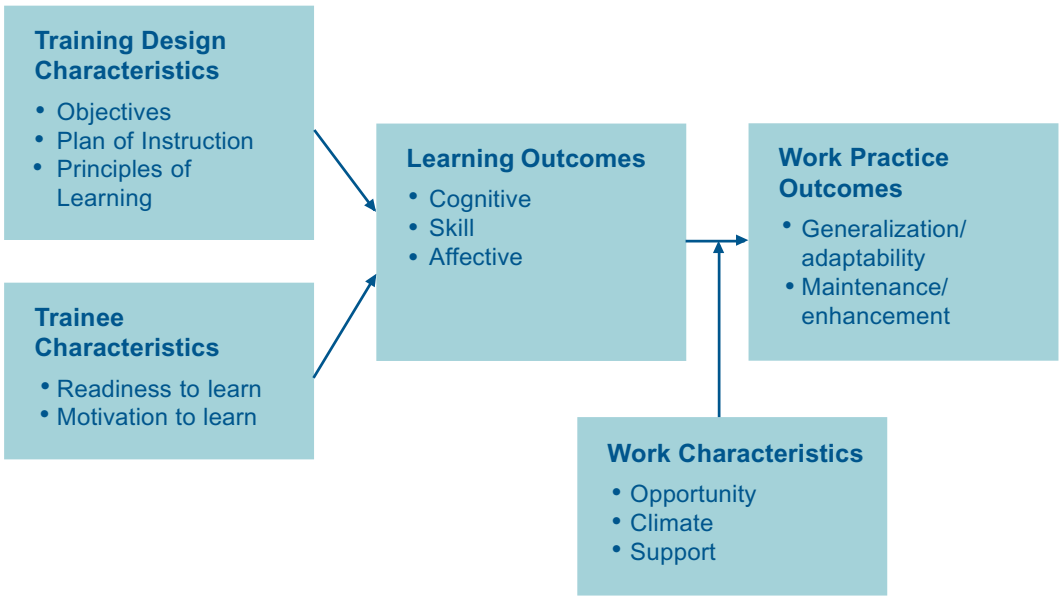

Figure 5. Model of characteristics affecting learning and transfer outcomes. (Adapted from Goldstein & Ford, 2002, p. 87.)

The degree of emphasis placed on each outcome will depend on the requirements of an individual's work role. However, it is important to carefully consider the specific outcome desired when designing and implementing training programs and organisational strategies to support training transfer (Goldstein & Ford, 2002).

Key barriers to transfer of training

It can also be useful to consider the model above from the perspective of potential barriers to training transfer. Goldstein and Ford (2002) have identified four main barriers to the transfer of training to work practice:

1. Little consideration of trainees' personal characteristics when designing training
2. Conducting training in isolation from the job trainees perform
3. Little consideration of strategies that may potentially enhance or detract from the trainee's ability to translate new skills into practice
4. Little consideration of the role or aims of the organisation.

Goldstein and Ford's (2002) model provides a useful framework to guide our understanding of the key factors that impact training transfer. In recent years a growing body of research has identified a range of additional factors, within this broad framework, that may also impact on the transfer of training outcomes to the workplace. In the tables presented below we provide an overview of factors that may influence training transfer at the individual, training program, workplace and organisational levels.

Trainee characteristics likely to influence training transfer

As shown in Table 4, a range of trainee characteristics have been linked with the effectiveness of training transfer. These characteristics can be broadly categorised as either specific skills and strategies that facilitate training transfer, or personality traits and attitudes of the individual trainees. The importance of teaching trainees specific transfer strategies is highlighted (Goldstein & Ford, 2002). In general, transfer strategies are designed to increase trainees':

- ability to identify and develop strategies for responding to barriers to training transfer (e.g., dealing with unsupportive colleagues, obtaining supervisor support to enhance transfer)
- readiness and motivation to learn
- capacity to set effective goals for using new skills in the workplace.

Table 4
Trainee Characteristics Likely to Influence Training Transfer

Trainee Characteristics	
Development of transfer strategies	• goal setting, relapse prevention and problem solving skills have been shown to help workers transfer KSAs learned in the training environment to the workplace • goal setting has been shown to provide useful cues for enhancing self-efficacy and individual effectiveness (Gibson, 2001) • relapse prevention training has particular relevance in preventing long-term skill decay (Tziner & Haccoun, 1991), particularly for complex tasks (Gist, Stevens, & Bavetta, 1990; Gist & Bavetta, 1990) • behavioural self-management techniques (e.g., self-monitoring of work performance) have been successfully employed in enhancing training transfer (e.g., Haccoun & Hamtiaux, 1994) • mental practice has been shown to enhance transfer of training in areas such as communication skills (Morin, 1999)
Readiness to change	• training is most likely to be effective when trainees recognise that transferring new skills and abilities is central to improved performance • unless skill transfer is perceived by trainees and their supervisor as crucial to job performance and they are rewarded in the work setting, training is unlikely to be effective (e.g., Rossett, 1997; Taylor, 2000)
Pre-training motivation /motivation to learn	• training motivation affects learning outcomes • post-training motivation is linked to behavioural change (Noe, 1986)
Individual characteristics (e.g., intelligence, ability, personality, motivation)	• general cognitive ability is a reliable predictor of job and training performance • personality traits (e.g., locus of control) and job attitudes (e.g., job involvement) have been linked with training motivation (Salas & Cannon-Bowers, 2001) • increased age of trainees is associated with poorer learning performance (Warr, Allan, & Birdi, 1999)
Previous experience and attitudes	• trainee attitudes related to low motivation or confidence are likely to reduce training transfer • trainees need refreshers, especially if the training task is complicated (Taylor, 2000)
Higher self-efficacy (belief in one's ability)	• trainees with high self-efficacy prior to and during training are more likely to perform better, seek out opportunities to practice, and attempt more difficult jobs (Gibson, 2001)

Characteristics of training programs likely to enhance training transfer

It is important to look beyond the characteristics of individual trainees when considering training transfer. Much of the transfer literature emphasises the important role that the design and implementation of education and training programs play in successful training transfer. Table 5 below summarises a number of key strategies available to trainers in order to facilitate trainees' capacity to apply their new skills and abilities to their work practice.

Table 5
Characteristics of Training Programs Likely to Enhance Training Transfer

Training Program Characteristics	
Perform a **T**raining **N**eeds **A**nalysis (TNA)	• training needs analysis ensures that training is the most appropriate solution to a problem, and will increase the likelihood that trainees receive information that is practical and relevant to their needs • involving trainees and their supervisors increases motivation to learn, and enables supervisors to identify both training content and means of supporting trainees on their return to the workplace (Goldstein & Ford, 2002; Hesketh & Ivancic, 1999; Salas & Cannon-Bowers, 2001)
Ensure training is consistent with job requirements	• examine job descriptions, undertake workplace visits, discuss potential training activity with workers and supervisors on the job (Hesketh & Ivancic, 1999)
Ensure strong transfer design	• develop training tasks that are similar to transfer tasks and ensure that content is consistent with job requirements (Scroth, 2000)
Behavioural modelling	• incorporate opportunities to model desired training outcomes where possible (Tziner & Haccoun, 1991)
Incorporate self-management	• include strategies for trainees to identify and respond to potential barriers to transfer. Other methods include work diaries, learning contracts with trainers, supervisors, team members (e.g., Atell & Maitlis, 1997; Tziner & Haccoun, 1991)
Aim for mastery to promote over learning, and practice, practice, practice	• training alone is sufficient to develop procedural and declarative knowledge, but does not ensure adequate development of automatic responses required for trainees to practice new skills in the training environment • participants need to over-learn material (i.e., theory) well before attending training, so training (over several rather than one or two sessions) can provide a forum for practice and skill development • mastery development requires organisational and supervisory support (Salas & Cannon-Bowers, 2001)

Examine learning strategies as legitimate styles of training	• utilise a variety of learning strategies in order to account for different learning styles, for example:
	  • cognitive (e.g., rehearsal, elaboration, mental organisation of material to be learned)
	  • behavioural (help seeking, application of learning)
	  • self-regulatory (emotion control, motivation, monitoring) strategies (Warr et al., 1999)

Aspects of the work environment likely to influence training transfer

A range of workplace and organisational factors have also been identified as central to the effective transfer of training into work practice. The degree to which an organisation supports training transfer has been found to impact employees' ability and motivation to translate learning into job performance (Huczynski & Lewis, 1980; Rouiller & Goldstein, 1993; Tracey & Tannenbaum, 1995; Warr et al., 1999). Table 6 identifies some of the workplace and organisational factors that have been demonstrated to enhance effective training transfer.

Table 6
Aspects of the Work Environment Likely to Influence Training Transfer

Aspects of the Work Environment	
Supervisor support	• supportive supervisor behaviour is one of the most important determinants of training transfer (Xiao, 1996) • encouraging supervisors to coach trainees prior to training enhances training transfer (Montesino, 2002)
Peer support	• negative peer attitudes may inhibit transfer (Taylor, 2000)
Antecedents and consequences for training	• situational cues (i.e., reminders) and consequences (i.e., rewards vs punishment) can significantly impact training transfer (Rouiller & Goldstein, 1993; Salas & Cannon-Bowers, 2001)
Context of work environment	• develop policies and procedures that support transfer • in a non supportive workplace where workplace pressures or lack of procedure inhibit transfer and workers are too busy to practice, trainees lose both opportunity and knowledge, therefore skill decline is likely to occur (Baldwin & Ford, 1988; Bennet, Lehman, & Forst, 1999; Tharenou, 2001)
Identify organisational context or climate to identify support for training and trainees	• trainees perform better when the transfer climate is more supportive • when trained employees lack supporting strategies they may actually perform more poorly than untrained workers. This may occur because trainee expectations are raised, and the dissonance between new ideals and reality adds to their stress (Bennet et al., 1999; Rouiller & Goldstein, 1993)
Ensure consistency of training with organisational goals or strategic direction	• trainees' self-reports indicate higher level of training usage in organisations that have implemented strategies to support training (Montesino, 2002)
Endorse training, reward trainees, and maintain interest in training outcomes	• development of a continuous learning culture promotes a positive transfer climate (Hesketh & Ivancic, 1999; Tracey & Tannenbaum, 1995)

Conclusion

This final Section has highlighted the importance of training transfer as a crucial workforce development factor. Training transfer involves a complex array of factors likely to influence a trainee's capacity to effectively transfer training outcomes into everyday work practice. Goldstein and Ford (2002) identified four main barriers to training transfer:

1. Little consideration of trainees' personal characteristics when designing training
2. Conducting training in isolation from the job trainees perform
3. Little consideration of strategies that may potentially enhance or detract from the trainee's ability to translate new skills into practice
4. Little consideration of the role or aims of the organisation.

As this list demonstrates, the responsibility for effective training extends beyond the trainer or educator alone. It is crucial that managers, supervisors, and organisations recognise the key role they play in providing opportunity, support, recognition and incentives to trainees to ensure sustained improvements in work practice to optimise this workforce development strategy.

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