Stress and Burnout

A Prevention Handbook
for the Alcohol and
Other Drugs Workforce

A Workforce
Development
Resource

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Department of Health and Ageing

Government of South Australia

Department of Health

About this Handbook

This handbook is designed to be a user-friendly and practical resource that:

- Identifies the key factors likely to impact on stress and burnout for AOD workers

- Describes practical strategies to prevent and alleviate stress and burnout in AOD workers.

The information provided in this resource is based on the best available evidence regarding the causes and consequences of stress and burnout and strategies to support workers' wellbeing in the workplace.

This handbook has two components:

Part 1 provides a summary of the research literature on the causes and consequences of stress and burnout, with a focus on the health and human services sector.

Part 2 describes practical evidence-based strategies to address stress and burnout at a systems, organisational and individual / team level.

About NCETA

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

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

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

Contents

Stress and burnout – a key workforce development issue for the AOD workforce

The workers within the Alcohol and Other Drugs (AOD) field are the greatest resource that the sector possesses. Ensuring their health and wellbeing and maximising the opportunity for them to perform at an optimal level is essential.

High levels of stress and burnout impact on the effectiveness and wellbeing of individual workers, AOD organisations and the wider sector. Preventing stress and burnout, and addressing current levels of stress and burnout, is a priority workforce development (WFD) issue for the AOD field.

> *Workers in the health and human services field often experience high levels of work-related demands and stressors, and are hence particularly vulnerable to stress and burnout.[1]*

Workforce development – a brief overview

Workforce development (WFD) is a multifaceted approach which addresses the range of factors impacting on the capacity of the AOD workforce to function effectively.

An effective AOD workforce has the capacity to provide accessible and high quality services based on the best available evidence. Just as the factors that contribute to an individual's high risk or problematic AOD use are often complex, so too are the factors that influence the capacity of health and human service workers to deliver high quality services. These factors include the health and wellbeing of professionals in the workplace.

Stress and burnout are also linked to recruitment and retention issues. Specifically, stress and burnout have been linked with:[2]

- Turnover intention
- Job satisfaction and organisational commitment
- Performance effectiveness.

Therefore, developing strategies to address stress and burnout, and to prevent its future occurrence, is a key workforce development issue for the AOD workforce.

The challenges of working in the AOD sector

Working in the AOD sector can be a very rewarding experience. Sources of job satisfaction and reward for workers include:[3]

- The opportunity to help and work directly with people
- Belief in the worth of their work in terms of making a contribution to society
- The opportunity for growth and development at a personal and professional level.

INTOXICATED CLIENTS – AN IMPORTANT OHS ISSUE

A recent analysis[4] of data from the 2001 National Drug Strategy Household Survey (NDSHS) found that 6% of respondents reported being physically abused by a person affected by alcohol and / or drugs. Overall, for all employed respondents, nearly 17% of these incidents occurred in the workplace (as opposed to other settings such as in the street).

However for health workers, a much larger percentage of this type of incident occurred in the workplace. Nearly 56% (55.8%) of all incidents of physical abuse by a person affected by alcohol and/or other drugs, that were reported by workers in the health services sector of the services industry, occurred in the workplace.
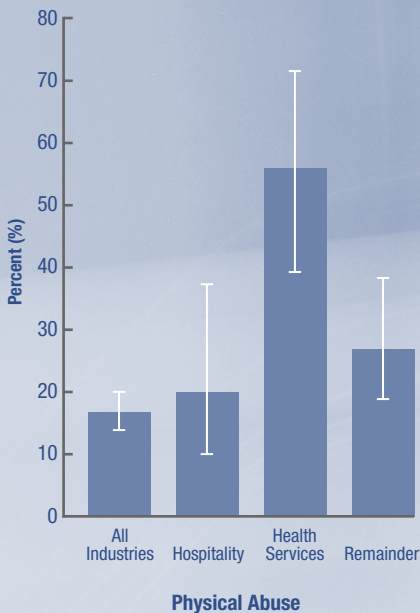
On the other hand, there is increasing recognition that workers in the health and human services field often experience high levels of work-related demands and stressors, and are therefore particularly vulnerable to stress and burnout.[1] This is also the case for workers in the AOD field. For too long this has been overlooked or ignored. This resource is designed to acknowledge the challenges (as well as the rewards) of working in the sector and to provide strategies for offering better support to workers.

AOD workers face many significant challenges related to:[5-7]

- The client population (complex circumstances, stigmatisation of drug use, reluctance to engage in treatment)

- Negative community attitudes towards drug users (and the people who work with them)

- The need to continually develop and refresh knowledge and skills to manage changing treatments and complex client presentations (e.g., polydrug use)

- Working conditions (e.g., remuneration, availability of professional development, job security, access to clinical supervision, heavy client workloads).

Physical Abuse

"Burnout entraps employees in a negative, vicious spiral in which they do not seek help or are not prone to strive for changes in their situation, and, as a result, they continue to perform ineffectively." [8 (p. 185)]

PART 1

CAUSES AND CONSEQUENCES OF STRESS AND BURNOUT

Distinguishing between stress and burnout

Stress refers to psychological, physical and behavioural responses to work-related demands over a discrete or short-term period.[1]

Burnout is a form of chronic strain that develops over time in response to prolonged periods of high stress.[9]

The state of burnout is qualitatively distinct to stress. Burnout may include some of the signs and symptoms of stress, but it also has its own features over and above stress reactions. Burnout is a long-term process characterised by "chronic malfunctioning" and negative and cynical attitudes towards clients and work in general.[9]

Whilst most people will experience periods of work stress, most people do not experience the more chronic and long-term condition of burnout.

Three core dimensions of burnout have been identified:[9]

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

2. Depersonalisation (negative, detached or cynical view of one's work)

3. Reduced personal accomplishment (low sense of achievement, feelings of incompetence, low self efficacy).

While the symptoms of stress and burnout differ, the factors that contribute to stress, and in the longer-term to burnout, are quite similar.

Therefore, this booklet addresses both stress and burnout as key workforce development issues.

BURNOUT SCENARIO 1

Increased workload as other staff are off 'sick'

Today Joan has six appointments with AOD clients, and is also on intake (two people have walked in off the street). For many months now this has been a typical scenario.

Competing expectations of acting as a clinician and receptionist

Role ambiguity – today she has to fulfil multiple tasks, with all stakeholders feeling they have a priority claim on her time and energy.

She will also have to cover the phones at lunch-time, missing out on a break. Late in the afternoon, a request for information comes through from the funding department in response to a ministerial query. Joan quickly attempts to access service data to respond, as her manager is at a conference.

There is mounting time pressure as the day draws to a close (one client needs assistance to find accommodation, but all the shelters are full). Joan has to stay behind to complete all her clinical work, quickly phoning her kids to ask that they begin to prepare dinner; they complain (stress!).

Dangerous working environment

Meanwhile other staff have departed (contravening protocol, but they have pressing engagements), leaving her alone in the building with an increasingly agitated client.

Joan gets no case notes completed today; tomorrow looks 'hellish'. She shouts at the kids when she gets home, has a few drinks, and is too tired to eat properly. She sleeps poorly and wakes early with a sense of dread about work.

This is a typical week for Joan.

Burnout!
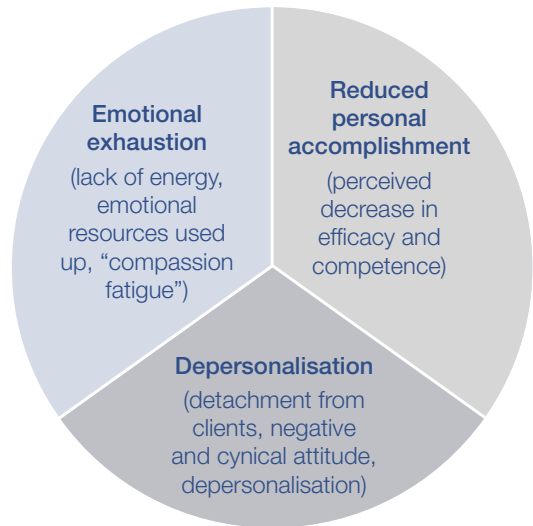
Figure 1. The three dimensions of burnout (Maslach)

Preventing stress from becoming burnout

To prevent stress from developing into burnout timely interventions are required. Burnout occurs when stressful working conditions are experienced over a prolonged period of time.

Therefore, it is important to regularly monitor workers' stress levels, and to take action to address stressors or stressful working conditions at the point when they begin to emerge.

The Consequences of Stress and Burnout

Stress and burnout have been linked with outcomes at three levels:

1. Organisational functioning
2. Worker health and wellbeing
3. Client outcomes.

The strongest evidence exists for the relationship between stress / burnout and organisational and individual worker outcomes.

Organisational functioning

Stress and burnout are important occupational health and safety issues:[10]

- In 2001-2002 mental stress accounted for the longest average time lost (16 weeks) and the highest cost of all Occupational Health and Safety (OHS) claims in Australia

- In 2001 the highest percentage of all OHS claims due to mental illness were reported within the health and community services sector (19.8%).

Stress and burnout have well established links with three key job-related outcomes:[2]

1. Reduced job satisfaction
2. Lower organisational commitment
3. Increased turnover.

1. Reduced job satisfaction

What is it?

Job satisfaction is the degree of pleasure or fulfilment a person derives from their work based on the match between a person's expectations and the reality of the job (i.e., whether expectations are met).[11]

Why is job satisfaction important?

Lower job satisfaction has been linked with two important outcomes:[12]

- Decreased work effectiveness
- Increased turnover.

JOB SATISFACTION AND PERFORMANCE – A FEEDBACK LOOP?

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.[13]

RETENTION OF STAFF – NOT ALWAYS THE BEST OPTION

Retention of staff is necessary to reduce turnover costs and increase productivity within the organisation. However, having a high retention rate is not necessarily an optimal outcome.

Workers may choose to remain in an organisation because of the lack of better alternatives but they may remain highly disengaged from their work. Workers who are disaffected and do their job poorly can be just as costly to productivity as having high staff turnover.

2. Lower organisational commitment

What is it?

Organisational commitment refers to workers' identification with, attachment to and involvement in an organisation.[14]

Why is organisational commitment important?

Lower organisational commitment has been linked with two important outcomes:[15]

- Increased intention to leave an organisation (i.e., higher turnover intention)
- Lower job involvement.

3. Increased turnover

What is it?

Turnover refers to a worker's decision to leave an organisation. A range of factors may impact on a worker's decision to leave an organisation, including circumstances unrelated to work (e.g., illness, spouse's new job).

Three key factors have consistently been linked with turnover:[16]

- Inadequate salary and remuneration
- Lack of opportunities for career development
- Work-related demands and stress.

High turnover rates may impact on the quality and availability of treatment services. It can contribute to long waiting lists and add to the workload of remaining workers thereby increasing the risk of stress and burnout.

Why is turnover important?

Turnover can be costly, particularly when it involves the unplanned loss of workers who leave voluntarily and who employers would prefer to keep. In addition to the direct costs of recruiting a replacement, indirect costs of turnover include:

- Lost productivity
- Decreased worker morale
- Increased stress.

Retention of effective employees serves a range of important purposes, including ensuring:[5]

- A highly skilled, professionally "mature" and effective workforce
- The organisation receives a return-on-investment for formal and informal training of workers
- The development of cohesive work groups and teams
- An available pool of mentors and supervisors
- A mechanism to maintain useful corporate knowledge and experience.

Worker health and wellbeing

Stress and burnout have been linked with a range of negative consequences for workers' health and wellbeing including:[9]

- Depression
- Psychosomatic complaints (e.g., musculoskeletal problems, gastrointestinal complaints)
- Health problems (e.g., immune suppression, greater risk of colds / flus).

"I am a psychologist, going on my third year of employment as a therapist in a community mental health center. I have seen myself change from an avid, eager, open-minded, caring person to an extremely cynical, not-giving-a-damn individual in just two and a half years ...... I've gone through drinking to relax enough to go to sleep, tranquilizers, stretching my sick leave to its ultimate limit, and so on ..... It hurts to feel like a failure as a therapist in terms of not being able to handle the pressure ...." [17(p. 5)].

BURNOUT SCENARIO 2

Managing an inner city health service for injecting drug users

My week started, abruptly, at 12.15am Monday morning, with a phone call from the Sunday night-shift workers on our street outreach team. They needed to debrief and report a critical incident. One of the workers had been engaging with a new client who had unexpectedly become aggressive and had attempted to sexually assault her. She was very upset. When I arrived at the clinic later that morning I found that the incident report had not been completed or signed, so I then scheduled a time to go over to the worker's home and see them personally. I eventually did this at around 10.00am, and also made appointments for both workers to see our external employee counsellor for debriefing. However, before I could do this, I had to give a verbal report about the incident over the phone to the CEO, who was located 30 km away at another site. The CEO's immediate concern was "make sure the workers don't try and claim over-time pay for attending debriefing sessions" and "don't pay for more than one counselling session for the staff person – or it will start to get very expensive for us". This was, unfortunately, a typical reaction from the senior management of the organisation who generally lacked an understanding of the real stresses and hazards of working with a complex client group such as injecting drug users. The worker did get her one counselling session for debriefing. She also resigned and got a job elsewhere within a fortnight in a different sector that had a better reputation for staff safety and support!

Client outcomes

There is evidence of a link between staff burnout and client outcomes. A study of mental health treatment teams in the U.S. found that teams characterised by higher levels of burnout were associated with lower levels of patient satisfaction in regard to their treatment and therapist, and lower satisfaction with their capacity to live independently on discharge.[18]

Hence, in addition to the negative consequences of stress and burnout experienced at the individual worker and organisational level, burnout is likely to impact on clients.

At any level there is cause for concern and an imperative exists for early identification and remediation of burnout and chronic stress.

The Causes of Stress and Burnout

A relatively simple perspective on the causes of stress and burnout is presented here that can help to make sense of the wide range of factors that may impact on stress and burnout in the AOD sector.

It can be useful to think of the causes of stress and burnout in terms of demands and resources. Put simply, stress and burnout are most likely to occur when demands and resources are out of balance (i.e., too many demands and not enough resources).

The following section describes the specific demands and resources that have been consistently linked with stress and burnout, and provides a brief overview of each of these factors.

Resources
Career development
Supportive coworkers
High quality and supportive supervision
Performance feedback
Autonomy / opportunity for control
Opportunities for participative decision making
Reinforcement and rewards
Flexible working conditions
Professional development opportunities

Demands
Workload
Role conflict and role ambiguity
Physical working environment
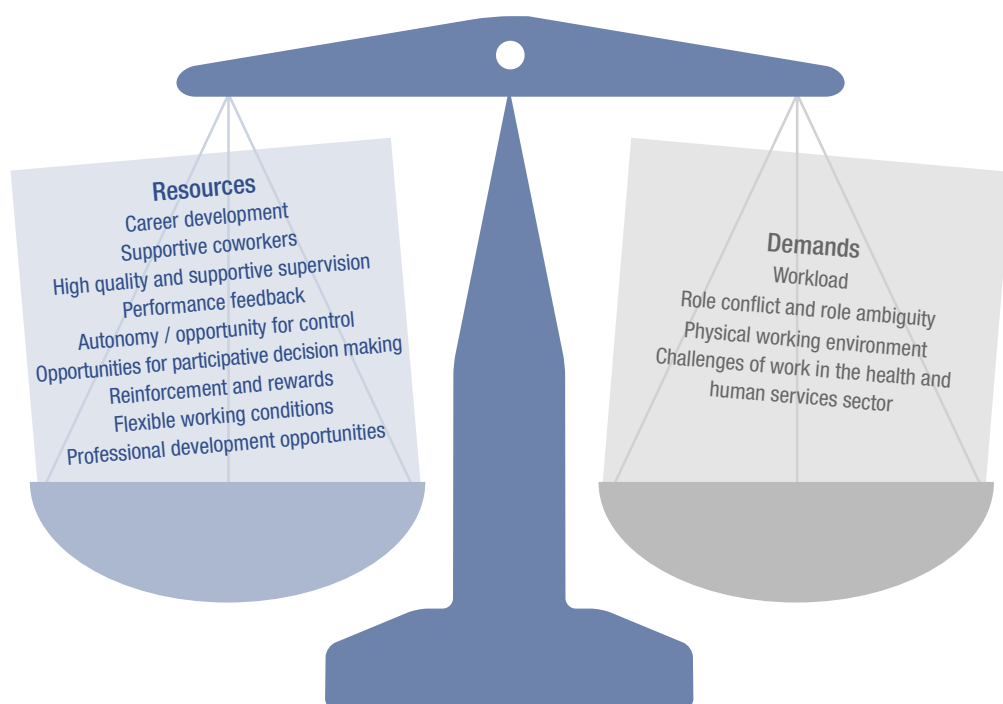Challenges of work in the health and human services sector

Figure 2. Stress and Burnout as an imbalance between job demands and resources

STRESS AND BURNOUT: A RESULT OF AN IMBALANCE BETWEEN DEMANDS AND RESOURCES

High levels of demand are primarily responsible for stress and burnout.[2] Specifically, high demands produce emotional exhaustion which leads to a defensive coping strategy in which individuals attempt to distance themselves from the emotional stressors associated with a demanding workload.

Emotional distance is achieved by depersonalising clients (seen as objects or tasks rather than people) and adoption of a cynical and detached attitude towards work.[2] Job resources act as a buffer that reduces the impact of job demands on exhaustion and depersonalisation.

In other words, stress and burnout are more likely to occur when workers have few resources available to them. Resources do not necessarily have to match a particular demand in order for a buffering effect to occur (e.g., high workload buffered by offers of help from colleagues). Job resources also support the achievement of work goals and boost perceptions of professional accomplishment.[2]

Job demands refer to aspects of a job that require mental or physical effort (e.g., workload, time pressure, challenging clients with multiple and complex problems) and hence may contribute to feelings of strain and exhaustion.

Key job demands that have been linked to an increase in stress and burnout include:[2, 19-22]

- High workloads
- Role conflict and role ambiguity
- Physical working environment
- Challenges of working in the health and human services sector.

CLIENT-RELATED VERSUS ORGANISATIONAL DEMANDS

There is evidence to suggest that organisational issues and demands, rather than the challenges of working with AOD clients, have the greatest impact on AOD workers' stress and wellbeing.[21, 22] This may be particularly the case for individuals in management positions who often have to work to address the expectations and requirements of multiple stakeholders (e.g., clients, staff, Board of Management, funders, Government authorities).

Resources are aspects of the job or work environment that support effective functioning by assisting the achievement of work goals, promoting personal and professional growth, or alleviating the impact of job demands.[19]

Job resources linked to prevention of stress and burnout include:

- Career development (opportunities for promotion, job security)[8]
- Flexible working conditions that facilitate an appropriate balance between work and personal life[21]
- Support from coworkers, supervisors and senior management[2, 20, 21, 23]
- Availability of high quality, fair and supportive supervision[2, 20, 24]
- Performance feedback[19]
- Opportunities for input into organisational decision-making (e.g., contribution to the development of organisational policies and procedures)[2, 21, 24]
- Autonomy / opportunity for control[2, 19, 20]
- Rewards and recognition[2, 19, 24]
- Opportunities to attend professional development activities.[21]

Take a moment here to think about which of these resources could be enhanced within your own working environment. Are any of the above noticeably lacking in your work setting? Could any of them be improved upon?

The following section considers each of these demands and resources in more detail.

Job demands

Workload

High workloads and work-related pressures are associated with:[1]

- Increased stress
- Increased anxiety and frustration
- Greater likelihood of resignation (i.e., increased turnover).

It is increasingly recognised that the challenges associated with balancing work and leisure (including family commitments) exert a significant impact on stress and burnout.

BURNOUT SCENARIO 3

Managing AOD-related issues in a hospital Emergency Department

Kiren is a nurse practitioner in an Accident and Emergency Department. "About 9 pm, an ambulance brought in a woman who had been a passenger in a car driven by a drunk driver. She had suffered massive trauma and there was nothing we could do to save her. Half an hour later, we treated three young men with stab wounds who had been involved in a fight outside a pub. Later that evening, we saw a student who had had a row with his girlfriend, downed a bottle of vodka and tried to cut his wrists. We also treated casualties from another fight outside a pub at closing time. At 1 am, a man who had clearly been drinking heavily brought his wife in a taxi. She'd got a broken arm and claimed she'd fallen downstairs, although by the look of the bruises on her face, I suspected domestic violence. She was staying by her story, so we reluctantly decided to take the matter no further. Alcohol was an important contributory factor in all these incidents. I spent the evening, rushed off my feet, trying to deal with the damage that people had done to each other and themselves, because people had been drinking too much. I suddenly thought, "What am I doing here? This is such a waste of energy and resources.""

An issue related to workload is the challenge of maintaining a healthy balance between work and one's personal life. There is likely to be significant "spillover" between work and personal domains of people's lives. Difficulties in one domain (e.g., work) are likely to impact on the other (e.g., personal life). For example:[25]

- 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 facilitate negative attitudes towards work.

Role conflict and role ambiguity

Role conflict is the experience of incompatible or divergent demands in a job.[26] Role ambiguity involves uncertainty regarding the roles and responsibilities associated with a particular job.[26]

Role conflict and role ambiguity can result in a range of negative outcomes including:[27]

- Increased stress
- Lower organisational commitment
- Lower job involvement
- Reduced job satisfaction
- Less effective performance.

Physical working environment

The physical working environment can also exert a significant impact on workers' health and wellbeing. Ensuring a safe and secure workplace is particularly relevant for work with AOD clients given the potential for aggression when clients are intoxicated, in withdrawal or drug seeking.

In addition to safety and physical security, a pleasant working environment can also have a significant impact on worker morale. For example, adequate space, light, equipment and physical location (e.g., proximity to transport, cafes and other services) are important aspects of a pleasant physical working environment.

Challenges of working in the health and human services sector

Work in the health and human services sector, including the AOD field, is often complex and demanding. AOD work often involves responding to a range of issues related to health promotion, mental health, child protection, homelessness, unemployment and poverty. It also often involves crisis management and dealing with critical incidents. In addition, positive outcomes can be difficult to obtain. This can present significant challenges to peoples' capacity to remain enthusiastic and engaged in their work.[21]

Resources

Career development

Lack of career opportunities can be an important issue in the AOD field. Lack of opportunity for career advancement and professional development has been identified as a significant source of job dissatisfaction for AOD workers.[28] This includes the availability of clinical supervision[28] and opportunities for promotion and advancement.[7]

Supportive relationships with coworkers

Social support is a key resource to prevent and alleviate the occurrence of stress and burnout. Providing support can help to address stress and burnout in three ways:[29]

- Enhancing coping capacity (with support, work demands are often perceived to be more manageable)
- Reducing severity of stress (under demanding conditions less stress is likely to be experienced)
- Buffering the impact of work demands on stress (support acts as a buffer between work demands and psychological and physical health and wellbeing).

AVOIDING POTENTIAL STRESS - ENHANCING EFFECTS OF SUPPORT

Under some circumstances offering support may have a negative impact. When demands and pressures are high and a worker is having difficulties, support needs to be managed carefully.

Support is most likely to be effective in reducing stress when:

- Communication between coworkers focuses on strategies for coping and problem solving (rather than reinforcing difficulties by talking about how stressful the work is)[32]

- Supervisors recognise their responsibility in monitoring and managing job-related demands (i.e., setting realistic deadlines and workloads), as well as providing emotional support during particularly challenging times[33]

- Practical support and assistance is organised after discussion and negotiation with the recipient (imposing assistance may be interpreted as a sign of inferior or incompetent performance[34]).

Coworkers are an important source of support. The opportunity to interact with coworkers as part of daily work, during breaks and after work hours forms the foundation of social and emotional support.[30] Fostering and encouraging such forms of interaction can be a practical stress management strategy.

Coworkers can also provide practical work-related support by:[31]

- Providing help and advice
- Filling in when others are absent
- Proving assistance to alleviate workload
- Providing constructive feedback
- Providing appreciation and recognition
- Sharing duties and responsibilities.

Availability of high quality and supportive supervision

Line supervisors can play an important role in preventing and alleviating stress and burnout. Support from line supervisors and managers is particularly important for workers' wellbeing. This is due to their status in the organisation and capacity to influence working conditions.[32]

Line supervisors in AOD organisations are in a good position to provide both social / emotional and practical work-related support.

Social / emotional support

Supervisors can:

- Ensure fairness of treatment

- Provide valued rewards

- Provide social and emotional support (e.g., socialising, helping to alleviate stressful situations, addressing negative feelings, validating feelings / emotions)

- Ensure private and public recognition of good work

- Facilitate opportunities for workers to participate in decision-making (e.g., asking for ideas or opinions, acting on workers' ideas).

Practical work-related support

Supervisors can:

- Manage role stressors (workload, role ambiguity, role conflict)

- Ensure sufficient resources are available

- Provide effective performance monitoring (e.g., maintaining regular contact, providing constructive positive feedback, timely monitoring, reacting to problems with understanding and help).

Clinical supervision

Clinical supervision is a "working alliance" between practitioners that is focused on enhancing the clinical effectiveness of the supervisee.[35]

The need for support and encouragement from a more experienced worker can be particularly important for workers in the AOD field given the challenging nature of some of the ethical and clinical issues that can be experienced on a day-to-day basis.

For a comprehensive guide on clinical supervision in the AOD field, refer to NCETA's Clinical Supervision Kit:

National Centre for Education and Training on Addiction (NCETA) (2005). ***Clinical Supervision Resource Kit for the Alcohol and Other Drugs Field.*** *National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.*

Available at www.nceta.flinders.edu.au

Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au.

Performance feedback

Providing positive feedback, support and encouragement is an essential part of creating "success experiences" and building confidence and motivation. Recognition of skills and abilities in undertaking one's work has been identified as an important preventive factor in research on stress and burnout experienced by health and human service professionals.[36] This is a particularly important point for AOD workers as experiences of success in terms of client outcomes can be difficult to achieve.

THE CHALLENGES OF MANAGING AUTONOMY IN THE AOD FIELD

Providing workers with increased autonomy regarding the way in which they organise and conduct their work has been shown to result in a number of benefits such as increased motivation and job satisfaction and enhanced teamwork.[7, 38]

However, providing workers with autonomy in the AOD sector (or wider health and human services fields) can be a challenge. Specific work practices and procedures may be required of workers due to legislation, funding requirements or evidence-based clinical guidelines and other protocols. Failure to adhere to particular work practices may represent a significant threat to clients' health and wellbeing or treatment efficacy.

Managers and supervisors should work to ensure that workers have realistic expectations regarding the degree of autonomy available to them within their work practice. For example, limitations and boundaries on autonomy should be discussed in a realistic job preview provided to new recruits.

Getting the balance right between autonomy and adherence to protocols, organisational procedures and evidence-based practice can be a significant challenge for management and workers. It is an important issue to address, particularly in relation to its potential as a contributor to stress and burnout.

Autonomy / opportunity for control

The opportunity to exert some degree of control over one's work has been identified as a key factor that prevents stress and burnout – even under conditions of high demand.[19] In regard to AOD work, there is evidence that workers in the AOD field place a high degree of value on autonomy and control over their work, particularly in regard to input into treatment approaches and decision making.[3, 7]

The issue of autonomy provides a good example of the need to tailor workforce development interventions to suit the specific needs of individual employees. There is 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.[37]

Opportunities for participative decision making

As indicated above, most AOD workers place a high level of importance on having autonomy in their work.[3, 7] Providing opportunities for participation in decision making is one strategy which can increase workers' sense of autonomy and their opportunities for influence and input.

Reinforcement and rewards

Inadequate remuneration has been identified as a particularly salient issue in the AOD sector, particularly for non-government organisations (NGOs). In addition to contributing to stress and burnout, a range of unfavourable outcomes are likely to result from perceived under-payment including:[39]

- Turnover and absenteeism

- Job dissatisfaction

- Lower performance.

Flexible working conditions that facilitate an appropriate balance between work and personal life

Achieving a balance between work and personal 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.

Opportunities to attend professional development activities

Opportunities to attend professional development courses and programs can help to alleviate stress and prevent burnout by:

- Assisting workers to build and develop their skills and abilities

- Demonstrating to workers that the organisation values their skills, abilities and professional development.

ADDITIONAL BENEFITS OF RESOURCES – FACILITATION OF ENGAGEMENT

There is evidence to suggest that provision of adequate and appropriate resources has additional benefits beyond preventing stress and burnout. Access to satisfactory levels of resources is also likely to facilitate and support a positive and fulfilling relationship with work.

There is evidence, for example, of a link between resources and a positive state of "engagement" which is characterised by high levels of vigour (energetic pursuit of goals and persistence in overcoming challenges), dedication (strong involvement in one's work, sense of significance and challenge) and absorption (high concentration and deep immersion in one's work).[9, 19]

EQUITY ISSUES AS CONTRIBUTORS TO STRESS AND BURNOUT

It can also be useful to think about the causes of stress and burnout in terms of justice and equity issues in the workplace. There is evidence that stress and burnout may be influenced by people's perception of the fairness or equity in the exchange between themselves and both the organisation and their clients.[40]

In general, people seek fairness and equity in their relationships with others (including their clients and their employer). In regard to clients, a common expectation is that the provision of care and attention will be reciprocated by gratitude and recovery (or an attempt to do so).[40] In terms of the employer-employee relationship, people expect a fair exchange between the resources they bring to an organisation (e.g., time, effort, attention, experience, skill) and the benefits they receive in return (e.g., supportive supervisor, recognition / appreciation, status, remuneration).[40]

The perception of an unfair exchange (i.e., giving much but receiving little in return) can be distressing and frustrating for many people, and can contribute to the development of stress and burnout.[40]

PART 2

STRATEGIES TO ADDRESS STRESS AND BURNOUT

Overview

Stress and burnout are complex phenomena for which there is no quick fix. Stress and burnout result from an interaction between the individual and their working environment.

The best strategy to prevent (or reduce) stress and burnout is to take both a top-down and bottom-up approach. Multi-level strategies are required that simultaneously focus on:[41]

- Broad system factors (funding, legislation, policy) within which AOD organisations operate
- AOD organisations
- Individual AOD workers.

This approach contrasts with the traditional approach to addressing stress and burnout which usually focuses on the individual as both the source and symptom of the problems.

Hence, solutions have traditionally been directed at the individual. However, such an approach is clearly limited and inappropriate in many ways. For example, providing stress management training is not likely to be effective in the longer-term if the person returns to the same unhealthy working environment. On the other hand, some aspects of the work environment are difficult or impossible to change (e.g., transient client populations, unpredictable clients). Therefore, it makes sense to ensure workers also have effective coping strategies to deal with these demands.

Three levels of stress management interventions have been identified:[42]

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 assessments of stressors are most effective in alleviating stress.[43] 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 to manage these stressors.

Secondary interventions focused on enhancing individuals' coping skills are the most common strategy used to address stress and burnout.[9] 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 stress and burnout.

Evidence concerning the effectiveness of secondary interventions is mixed, with most studies showing an impact on exhaustion but not depersonalisation or sense of personal accomplishment.[9] Tertiary interventions have been described as "the ambulance at the bottom of the cliff".[42] 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) is crucial to ensure a sustainable and healthy workforce.

Systems strategies

It is important to recognise that many of the stressors experienced by workers in the AOD field are influenced by structures, policies and processes within the field itself which are beyond the control of individual organisations or workers. Policy makers, funders and other decision makers also have the capacity to implement strategies to prevent and reduce stress and burnout in the AOD field. Strategies implemented at the systems level can have a particularly strong impact in regard to primary interventions that can prevent stress and burnout from occurring (i.e., reducing the presence of stressors).

Six key systems-level strategies and interventions to address stress and burnout are:

1. Provide and support professional development opportunities

2. Ensure fair and adequate remuneration and other forms of reward

3. Promote and support career development

4. Promote a positive image of the AOD field

5. Address organisational funding issues

6. Develop strategies to address excessive workload pressures.

System
Factors

Address Excessive Workload Pressures

Professional Development Opportunities

Organisational
Factors

Job Redesign

Stress Audit

Management Training

Realistic Job Previews & Employee Orientation Programs

Individual
Factors

Mental & Physical
Coping Techniques

Lifestyle Changes

Flexible Working Conditions

Support for Professional Development

Mentoring & Clinical Supervision

Fair and Adequate Renumeration and Rewards

Organisational Funding

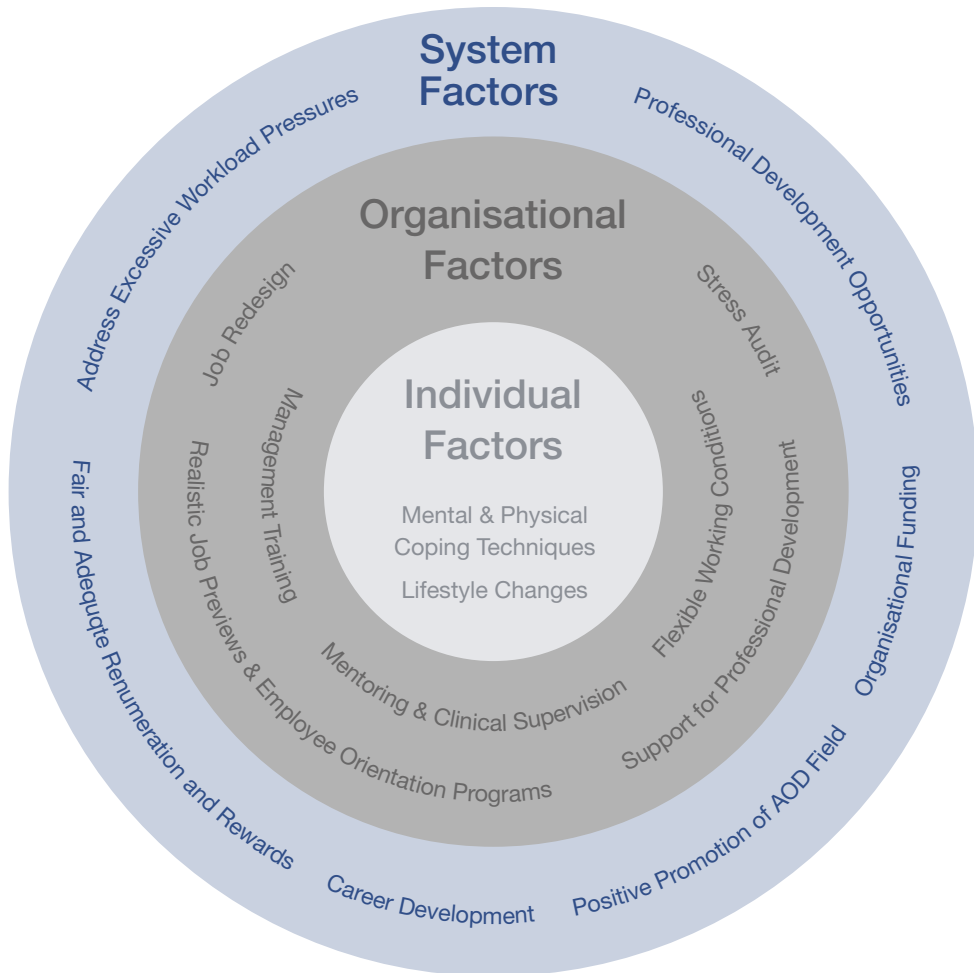Career Development

Positive Promotion of AOD Field

Figure 3. Factors impacting on stress and burnout

1. Provide and support professional development opportunities

There is often a large unmet need for professional development in AOD organisations due to a range of constraints.[44] These include a lack of available education and training programs at appropriate levels (e.g., postgraduate), geographical restrictions, and prohibitive costs (especially where backfill is required).

Key strategies at a systems level to support AOD workers' professional development include:

- Provision of flexible learning pathways to assist workers to balance work-related demands and responsibilities with professional development activities[45]

- Provision of grants and other funding arrangements (e.g., scholarships) to support workers' access to professional development opportunities

- Inclusion of AOD-related training in pre-service programs within the health and human service courses (e.g., undergraduate university courses) to support the knowledge, skills and confidence of potential future AOD specialists.[45]

2. Ensure fair and adequate remuneration and other forms of reward

Ensuring fair and adequate remuneration for all workers in the AOD field is a significant challenge, given the range of professions and award systems (state and national) that operate in the AOD field.

It is well recognised that one factor that contributes to turnover, particularly among those employed in the non-government sector, is the relatively low level of remuneration of many positions. While major award changes would be required to change this situation, short-term relief may be possible in the form of other types of compensation.

3. Promote and support career development

Lack of opportunities for career development, particularly in regard to opportunities for promotion and development,[7] has been identified as a significant source of job dissatisfaction for AOD workers and as such may contribute to, or exacerbate, workers' experience of stress and burnout.

4. Promote a positive image of the AOD field

A significant challenge associated with work in the AOD field is community attitudes towards drug users (and the people who work with them). Promoting the success and value of AOD interventions provides positive feedback to those working in the AOD field and also acts as a recruitment strategy to encourage new workers into this area.

5. Address organisational funding issues

A study of AOD treatment organisations in the U.S. found that organisations with a stable (or increasing) budget and a stable and predictable (i.e., more certain) environment reported more positive organisational attributes such as higher levels of staffing, more open communication, and greater openness to change.[46] These positive organisational attributes, in turn, are likely to prevent or reduce stress and burnout. In addition, it has been well established that job insecurity has a significant negative impact on people's health and wellbeing.[47] Therefore, an important systems strategy to prevent or reduce stress and burnout in AOD workers is to ensure stable, secure and long-term funding of AOD organisations.

"We will receive the quality of service and practice that we are prepared to invest in." [45 (p. 219)]

6. Develop strategies to address excessive workload pressures

Heavy workloads have been identified as a significant stressor for AOD workers. This includes the challenges of managing large client loads and balancing clinical and administrative (e.g., reporting requirements) responsibilities.[21, 22] Strategies developed at a systems level can exert a significant impact on easing the workload pressures on AOD workers. These may include, for example:

- Developing efficient and complementary client data collection systems between levels of national and state governments, and departments within these bodies

- Providing funding for sufficient staff (clinical and administrative) to meet service demand

- Support the development of programs and interventions that facilitate the capacity of (a) managers and supervisors to address stress and burnout in their staff, and (b) AOD workers to manage work-related pressures and demands.

Organisational strategies

Organisational strategies focus on changing the work environment or conditions that cause stress or burnout. Changing aspects of the work environment can be costly in terms of time and resources. It is acknowledged

that many AOD organisations face significant resource constraints. However, investing in organisational strategies is likely to produce significant benefits. It has been well established that addressing the source of stress or burnout is likely to have the greatest impact on workers' wellbeing over the long-term.[48]

The factors that impact on stress and burnout are likely to differ between organisations, work units, teams and individuals. In this situation, the workers are the "experts". An organisational strategy to address stress or burnout will be most successful if it is developed in collaboration with workers.[48]

Nine key organisational-level strategies and interventions to address stress and burnout are:

1. Conducting a stress audit
2. The realistic job preview and employee orientation programs
3. Support for professional development
4. Support for career development
5. Flexible working conditions
6. Management training
7. Job redesign
8. Recognition and rewards
9. Mentoring and clinical supervision programs.

1. Conducting a stress audit

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.

Most organisational strategies start with a stress audit to identify the particular aspects of the work situation that cause difficulties for workers.[48] A stress audit may be conducted as a survey of workers, or may involve more informal focus groups or discussions between workers and supervisors.[48]

Initially, a stress audit can be used to gauge the extent of the problem (i.e., how stressed are workers?) and the nature of the problem (i.e., are there difficulties with workload, supervision etc?). As with any organisational intervention or change, stress audits should be conducted on a regular basis to monitor and evaluate any changes that may occur in workers' wellbeing as a result of changes to the work environment.

To ensure an unbiased approach, the responsibility for implementing a stress audit should rest with an individual or group outside of a team, department or organisation.

2. The realistic job preview and employee orientation programs

One of the realities of working in the AOD field is that workers are likely to face a range of challenging situations such as heavy caseloads, limited resources and clients with complex needs.

There is some evidence to suggest that unrealistic work expectations (e.g., 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.[9] Providing realistic job previews (discussed below) may help to alleviate this risk factor for stress and burnout.

Realistic job previews

Ensuring that new recruits to an organisation have realistic expectations of the demands and rewards of the job is an important strategy to help reduce subsequent stress and burnout.[9] Workers provided with a realistic job preview are also more likely to be satisfied with their job and less likely to leave an organisation.[49]

A realistic job preview involves providing candidates with an accurate and complete representation of the tasks and responsibilities of the job. It presents the pros and cons of the job to potential candidates.

Realistic job previews may contain information such as:

- Describing a typical day on the job
- Aspects of the job that have been difficult for others
- Aspects of the job that have been rewarding for others
- Opportunities for advancement and professional development
- Remuneration and benefits
- Unique requirements: travel, physical demands, shift work.

Employee orientation programs

An effective orientation and induction process helps new workers understand their role and where they "fit" within their organisation. It also equips them with the tools they need to perform their work role.[50]

3. Support for professional development

Creating ongoing professional development opportunities is essential for a skilled, knowledgeable and effective AOD workforce. Professional development does not have to be limited to education and training. A range of activities can be developed to benefit the skills, knowledge and effectiveness of AOD workers.

WHAT TO INCLUDE IN AN INDUCTION PROGRAM

Various types of information should be included in an induction program. In the AOD field it is recommended that induction programs are based on the following principles:

- A well written employment manual that includes relevant policies and procedures

- An introduction to a potential mentor or "buddy" who can help to orientate the candidates (if resources allow)

- Realistic information about typical challenges and adjustment problems that are to be expected, as well as what actions are more effective in making a successful transition

- General support and reassurance

- An introduction to the sector, and the relevant AOD-related issues and strategies

- An induction to the service or the program.

These recommendations are based on the Victorian Alcohol and Drug Association (VAADA) resource: *Hitting the ground running: Induction for new workers in the alcohol and drug sector. A VAADA discussion paper.*

More information can be found at the VAADA website:

www.vaada.org.au/Induction%20paper.doc

Key professional development activities include:

- Study groups
- Mentoring
- Clinical supervision
- Planning days
- Site visits
- Staff retreats
- Education and training
- Journal clubs
- Online discussion groups
- Cross-organisational exchanges
- Online learning
- Membership of professional associations.

*For a comprehensive guide on professional development in the AOD field, refer to Pollard, Y. (2005). **Professional Development.** In N. Skinner, A.M. Roche, Y. Pollard, J. O'Connor & C. Todd (Eds.), **Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field.** National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.*

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4. Support for career development

Organisations in the AOD sector are often required to rely on short-term funding related to specific projects (e.g., research project) or outcomes (e.g., a specific client service). This can present significant challenges to career planning and advancement. In addition, across all sectors today's working environment is characterised by change. Changing jobs every few years is increasingly regarded as the norm. Expectations of career paths and career development must also evolve and adapt to this increasingly fluid employment environment.

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.[51]

AOD organisations can provide employees with continuous learning opportunities that enable employees to build a skill base that can be applied to a variety of work contexts.[52] Strategies for organisations to improve their employees' skill base and professional development include providing:[52]

- Challenging projects
- Mentoring
- Training that provides general (i.e., transferable) as well as specific skills
- Networking opportunities.

Additional career development techniques that are commonly used in Australian organisations include:[53]

- 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.

5. Flexible working conditions

Flexible working conditions are one solution to achieving a healthy work / personal life balance.[37] Advantages to flexible working hours include lower stress, reduced absenteeism, higher job satisfaction related to the scheduling of work, and higher morale and autonomy.[37] Strategies to develop more flexible working conditions include:[37]

Flexi-time arrangements
Allows employees greater autonomy to schedule their work hours

A compressed working week
Involves working the hours of a 5-day working week in 4 days (this strategy should be implemented with care since long working hours may contribute to feelings of work overload and stress)

Job sharing arrangements
In which two employees work part time to fulfil a full time position (not all positions in the AOD field will lend themselves to job sharing arrangements)

Telecommuting
Allows employees to work at home whilst keeping in touch with the organisation via technology (e.g., internet, phone, etc.).

6. Management training

Supervisors and managers have an important role to play in preventing and reducing stress and burnout. Individuals in these roles have direct influence over work characteristics such as distribution of workload, autonomy, work roles and so on.

In addition, managers and supervisors represent the "human face" of an organisation, and have a significant influence on workplace culture. Therefore, it is important that managers and supervisors receive training on strategies to effectively identify and respond to stress and burnout. Key issues to be addressed in management training include:[48]

- Recognising the signs and symptoms of stress and burnout
- Understanding the causes and consequences of stress and burnout
- Understanding the impact of stress and burnout on organisational effectiveness and workers' wellbeing
- Identification of strategies to prevent and address stress and burnout (at an organisational and individual level)
- Increasing awareness of services and resources to assist with stress management and prevention.

7. Job redesign

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

- Job enrichment focused on increasing workers' 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 a worker may not currently possess. Hence workers may require further training and education to perform successfully in their redesigned job.[54] Further, increased responsibility and skill requirements in a position effectively increase a worker's contribution to an organisation. 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 should be approached as a collaborative problem-solving exercise between workers and supervisors.[26]

Job redesign is a complex process that must be carefully planned and implemented. Issues to be considered in the job redesign process include:[37]

- Individual workers' needs and preferences

- Workers' 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)

- Alignment of human resources and other systems with the new work design

- Supportive leadership and management.

8. Recognition and rewards

Organisational rewards indicate that workers' contributions are valued and appreciated. Key organisational rewards are:[55]

- Positive acknowledgement and recognition

- Promotion

- Remuneration.

A range of financial and non-financial rewards can be used to support workers. In AOD organisations where financial resources are often limited, special consideration should be given to fully utilising non-financial rewards.

Developing valued and effective rewards can be a challenge. Financial rewards are often not an option in the government and non-government sector.

Alternatives to financial rewards include:

- Public recognition of effort and contribution

- Opportunities to work on preferred activities (and / or a break from less desirable work)

- Time off or flexi-time

- Support for professional development activities (e.g., financial contribution, time off)

- Opportunities to act in higher duties

- Attendance at workshops / conferences.

Don't forget – you can also ask the "experts" – the workers themselves. Developing reward systems that are based on workers' needs and preferences is likely to be most effective. Remember – what one person may find rewarding and satisfying may not appeal to another.

SUPPORTING AOD WORKERS' MOTIVATION AND ENGAGEMENT

The transient nature of the client population, high relapse rates and a lack of follow-up opportunities can present challenges to workers' capacity to maintain a positive, enthusiastic and engaged approach to their work. In this type of working environment, it is important to remember the importance of positive feedback and recognition.

Providing positive feedback, recognition and rewards for **workers' skills and abilities in providing services per se** (i.e., independent of client outcomes) has been identified as an important preventive factor for stress and burnout in health and human service professionals.[36]

9. Mentoring and clinical supervision programs

Mentoring and clinical supervision can address a number of recognised contributors to stress and burnout. For instance, a mentor or clinical supervisor may help with issues such as:

- **Stressful events**
  A mentor / clinical supervisor can provide assistance to develop coping strategies

- **Role ambiguity**
  A mentor / clinical supervisor can help to clarify the roles and responsibilities of the job

- **Career development**
  A mentor / clinical supervisor can facilitate career progression by helping practitioners to enhance clinical skills and experience and by providing (in some cases) the required credentials for registration with professional bodies

- **Skill use**
  Skill variety, task identity, task significance, autonomy and feedback are recognised contributors to job satisfaction,[37] which in turn can impact on worker wellbeing. Clinical supervision and mentoring can help to expand practitioners' repertoire of clinical and interpersonal skills.

It is important that workers involved in clinical supervision are aware that the clinical supervisor's role does not extend to counselling the supervisee on personal issues (referral to an external counsellor or an employee assistance program is the appropriate course of action if this situation arises).

For a comprehensive guide on mentoring in the AOD field, refer to NCETA's Mentoring Monograph:

McDonald, J. (2002). ***Mentoring: An age old strategy for a rapidly expanding field.*** *National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.*

Available at www.nceta.flinders.edu.au

Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

Individual worker strategies

While work in the AOD field can be highly rewarding and satisfying, it can also be stressful and demanding at times. Therefore, it is important that workers play an active role in managing their own levels of stress and burnout.

Interventions focused on the individual worker can be effective in reducing stress in the short-term.[56] However, unless accompanied by changes to the work environment (i.e., organisational strategies), these techniques are not likely to have a significant long-term impact on stress and burnout.[56]

One of the most common approaches to addressing stress and burnout is to provide workers with training on stress management techniques. Common stress management techniques include:[41]

Learning cognitive coping techniques to change perceptions of stressors
e.g., change goals / expectations, reduce attachment to work, increase understanding of the causes of stress

Reducing the effects of long-term strain
e.g., lifestyle changes (diet, exercise), meditation

Learning new strategies to cope with demanding situations
e.g., relaxation techniques, breathing exercises, assertiveness training

Many readers will be familiar with techniques such as cognitive behaviour therapy, rational emotive therapy and relaxation techniques as part of the "tools of their trade" in an AOD counselling / treatment role. Therefore, these techniques are not discussed in detail. Instead, some strategies that you may wish to add and adapt to your existing methods of stress management are outlined below.

COMMON IRRATIONAL BELIEFS IN THE HEALTH AND HUMAN SERVICES SECTOR [58]

1. It is an absolute necessity for me to be loved or appreciated by every client

2. I must always be in the "good books" with my supervisor

3. I must be thoroughly competent and successful in doing my job to be considered worthwhile

4. Anyone who disagrees with my ideas and methods is bad, wicked or ignorant and therefore becomes an opponent to be scorned, rejected or blamed

5. It is reasonable for me to become very upset over clients' problems and circumstances

6. It is awful and catastrophic when things are not as clients and the organisation would like them to be

7. Unhappiness is caused by clients or the organisation, and I have no control over my feelings

8. Until clients and the organisation straighten themselves out and do what is right I have no responsibility to do what is right myself

9. There is a right, precise, and perfect solution to human problems and that it is catastrophic if that solution is not found

10. Dangerous and fearsome things can happen to clients which are a cause for great concern and should be continuously dwelled upon.

Working smarter not harder

In many jobs within the health and human services professions the individual has some degree of control over the scheduling of their every day work activities. Strategies to help manage a demanding workload include:[17]

- Setting realistic goals and recognising the value of small achievements and steps towards a longer-term goal. For example, setting a goal of spending two hours with client X exploring a particular issue is more realistic and achievable than the goal of "helping client X improve their life"

- Scheduling regular rest breaks or "time out". Even small breaks can be valuable for stress reduction (e.g., scheduling five-minute breaks between clients, leaving the office during lunch breaks)

- Scheduling daily activities to include a mixture of high and low stress tasks. For example, schedule a session with a difficult client just before your lunch break, intersperse stressful activities with more mundane tasks such as paperwork.

Maintaining a healthy lifestyle

A range of strategies can be used to maintain good physical health, including maintaining good nutrition, "time-out" and relaxation breaks, and physical exercise. Regular physical exercise is one of the most effective strategies to reduce the negative effects of stress (e.g., depression, anxiety).[57] It may also be beneficial to reduce health-compromising behaviours (e.g., excessive caffeine intake may increase feelings of anxiety and tension).

Maintaining realistic expectations and beliefs

Cognitive behavioural therapy often focuses on the appropriateness of an individual's thoughts, beliefs and expectations, and the development of strategies to combat irrational or unrealistic perceptions. Professionals in health and human services work are not immune to these types of beliefs. Listed previously are ten common irrational beliefs that workers in the health sector may hold. It may be useful to review these beliefs as a "reality-check" on your perceptions and expectations about your work.

Seeking out a mentor or clinical supervisor

A more experienced colleague can be a useful source of support, guidance and advice for developing and implementing the types of stress management strategies discussed above. Many of these types of relationships are developed informally outside of any structured program, particularly in regard to mentoring. If an organisation or work unit does not have a formal mentoring or clinical supervision program, it is still possible to seek out this type of relationship within professional networks.

Conclusion

Work in the AOD field can be an important source of personal and professional satisfaction for many workers. However, like other areas of public health and human services, AOD work can be demanding and challenging for even the most experienced professional. As such, AOD workers are primary candidates for high levels of stress, and for some individuals, eventual burnout.

Addressing stress and burnout is likely to result in a number of positive outcomes including increased retention of valued workers, improved performance and service delivery and better clinical care, and good psychological and physical health in workers. Therefore, developing strategies to address stress and burnout at a systems, organisational and individual level should be considered a key workforce development priority for the AOD field.

RESOURCES

The following resources are provided to assist with the development and implementation of interventions to address and prevent stress and burnout:

1. Tools and resources from the internet and other sources

2. A stress and burnout check-up tool for frontline workers

3. A stress and burnout check-up tool for supervisors and managers.

Additional tools and resources

The *NCETA Workforce Development TIPS (Theory Into Practice Strategies) Resource Kit* provides straightforward and practical guidance, tools and resources to support workforce development (WFD) activities and initiatives in the Alcohol and Other Drugs (AOD) field. WFD strategies addressed in the Kit include professional development, mentoring, clinical supervision, performance appraisal and workplace support.

The Worker Wellbeing chapter contains a range of tools and resources that may be useful in addressing stress and burnout in AOD organisations including:

- A checklist to guide interventions for addressing workers' wellbeing

- Survey instruments to measure stress, burnout and job satisfaction

- Case studies of organisational programs to address stress and burnout and improve workers' wellbeing.

Available at www.nceta.flinders.edu.au

Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au.

For a comprehensive guide on clinical supervision in the AOD field, refer to NCETA's *Clinical Supervision Resource Kit for the Alcohol and Other Drugs Field.* Components include:

- An **Overview Booklet** containing information about the Kit

- A **Practical Guide**, including practical recommendations for conducting supervision programs and sessions

- A **DVD** containing a scripted demonstration with discussion breaks and **DVD Discussion Booklet**

- A **CD Rom** containing the Guide, PowerPoint slides with notes, and training booklet.

Available at www.nceta.flinders.edu.au

Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

For a comprehensive guide on mentoring in the AOD field, refer to NCETA's *Mentoring Kit for the Alcohol and Other Drugs Field.* Components include:

- A **Mentoring Booklet** which discusses practical strategies to develop a mentoring program
- A set of **Powerpoint Slides** which provide a brief introduction to theory and practice in mentoring
- Mentoring **Tools and Resources** including case studies of mentoring programs.

Available at www.nceta.flinders.edu.au

Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

The Network of Alcohol and Other Drug Agencies (NADA) *Workforce Development Resource Kit* provides practical guidance, tools and resources on key WFD issues such as:

- Conducting a training needs analysis
- Planning and implementing professional development strategies
- Human resource planning
- Strategic planning.

Available from the NADA website: http://www.nada.org.au/training/downloads.asp

Or contact NADA: 09 9698 8669, admin@nada.org.au

For readers interested in research on workers' health and wellbeing the report *Work Stress Health the Whitehall II study (2004)* provides a summary of a large U.K. study on health and wellbeing at work. This report was written for a non-academic audience, policy makers in particular. It provides a short and informative description of the impact of a range of factors (e.g., social support, effort-reward imbalance, organisational change) on health and wellbeing, with recommendations for further reading on each topic.

The report can be downloaded at: http://www.ucl.ac.uk/epidemiology/Whitehall/Whitehallbooklet.pdf

Stress and burnout check-up tool for frontline workers

How do you know if you, or a colleague, or someone who reports to you is suffering from chronic stress or burnout? Here are some early warning signs.

Do you experience the following signs and symptoms of stress / burnout on a regular basis:

1. Exhausted, tired and physically run down
2. Feel annoyed or irritated towards coworkers
3. Cynical and negative towards work
4. Care less about doing a "good job"
5. A sense of being besieged
6. Losing your temper
7. Frequent headaches and / or gastrointestinal disturbances
8. Weight loss or gain
9. Difficulty sleeping
10. Difficulty thinking logically and making decisions
11. Unable to relax and concentrate (at home and / or work)
12. Feeling weepy or tearful.

If you recognise 2 or 3 (or more) of these symptoms, then you (or your colleague) may be at risk of chronic stress, and potentially burnout.

This material is based on the following sources:

Tehrani, N. (2002). *Managing organisational stress - A CIPD guide to improving and maintaing employee health and wellbeing.* London: Chartered Institute of Personnel and Development.

Leka, S., Griffiths, A., & Cox, T. (2003). *Work organisation and stress: Systematic problem approaches for employers, manager and trade union representatives.* Geneva: World Health Organization.

Stress and burnout check-up tool for managers and supervisors

Stress and burnout can be expressed in a range of different ways depending on the individual worker's coping style and circumstances. Listed below are some common warning signs of stress and burnout to be aware of.

Work performance	**Physical symptoms**
Declining / inconsistent performance	Nervous stumbling speech
Loss of enthusiasm	Sweating
Accidents / uncharacteristic mistakes	Tiredness / lethargy
Increased time at work	Frequent headaches
Lack of holiday planning / leave requests	Hand tremor
Indecision	Rapid weight loss or gain
Memory lapses	Upset stomach
Criticism of others	Lack of interest in appearance / hygiene
Lack of cooperation with others	Increased alcohol consumption / smoking
	Out of character behaviours
Withdrawal behaviours	**Emotional reactions**
Reluctance to give support to coworkers	Crying
Arriving late and / or leaving early	Irritability / moodiness
Extended lunch breaks	Over reactions to problems
Increased absenteeism	Temper outbursts
Reduced social interaction	Aggressive behaviour
	Sudden mood swings

This material is based on the following sources:

Tehrani, N. (2002). *Managing organisational stress - A CIPD guide to improving and maintaining employee health and wellbeing.* London: Chartered Institute of Personnel and Development.

Leka, S., Griffiths, A., & Cox, T. (2003). *Work organisation and stress: Systematic problem approaches for employers, manager and trade union representatives.* Geneva: World Health Organization.

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