

Workforce Development 'TIPS'

Theory Into Practice Strategies

A Resource Kit for the Alcohol and Other Drugs Field

WORKER WELLBEING





Workforce Development 'TIPS'

Theory Into Practice Strategies

Edited by

Natalie Skinner

Ann M. Roche

John O'Connor

Yvette Pollard

Chelsea Todd

WORKER WELLBEING © Alcohol Education and Rehabilitation Foundation Ltd (AER) 2005

ISBN 1 876897 06 6

The text in this document and corresponding electronic files available on the NCETA website may be used, modified and adapted for non-commercial purposes. It is not necessary to seek permission from AER and/or NCETA to use the materials for non-commercial purposes. The source of the material must be acknowledged as the National Centre for Education and Training on Addiction (NCETA).

Suggested Citation:

Skinner, N. (2005). Worker Wellbeing. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.), Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

www.nceta.flinders.edu.au

Printed on Recycled paper – Monza Satin Recycled Art 100gsm Design and layout by Inprint Design, Adelaide. Ph: 08 8201 3223. (IPD 2962)

Funded by the Alcohol Education and Rehabilitation Foundation Ltd, with additional support provided by the Australian Government Department of Health and Ageing, the South Australian Department of Health and the Drug & Alcohol Services South Australia.







Department of Health



ABOUT THE WORKFORCE DEVELOPMENT TIPS RESOURCE KIT

This Resource Kit aims to provide straightforward and practical guidance, tools and resources to support workforce development activities and initiatives in the Alcohol and Other Drugs (AOD) field.

The Resource Kit comprises 14 chapters: an introduction to workforce development and 13 workforce development topics relevant to the AOD field. Each chapter contains evidence-based strategies to address a particular workforce development issue, as well as resources and tools that can be used to implement the strategies. Each chapter can be treated as a stand alone section, however, as workforce development topics are inherently interrelated, links between chapters are identified throughout the Kit.

Worker Wellbeing is the 13th chapter in the Resource Kit.

CHAPTER

- 1 An Introduction to Workforce Development
- 2 Clinical Supervision
- 3 Developing Effective Teams
- 4 Evaluating AOD Projects and Programs
- 5 Goal Setting
- 6 Mentoring
- 7 Organisational Change
- 8 Performance Appraisal
- 9 Professional Development
- 10 Recruitment and Selection
- 11 Retention
- 12 Worker Performance

13 Worker Wellbeing

14 Workplace Support



Acknowledgements

This project was funded by the Alcohol Education and Rehabilitation Foundation (AER), with additional support provided by the Australian Government Department of Health and Ageing, the South Australian Department of Health, and Drug and Alcohol Services South Australia. The production of the Resource Kit has involved the input, support and collaboration of many players and partners.

The principal editors of the Kit were Dr Natalie Skinner and Professor Ann Roche. Additional editorial support was provided by Dr John O'Connor, Yvette Pollard and Chelsea Todd.

The authors and editors would like to gratefully acknowledge the feedback and input received from the Project Reference Group. Input from these contributors has enabled comprehensive AOD experience and relevance to be incorporated into the Resource Kit.

Project Reference Group

Kieran Connolly	Education and	Training Contract	Manager,	Turning Point Drug and Alcohol
-----------------	---------------	-------------------	----------	--------------------------------

Centre, Melbourne, Victoria

Katherine Gado Acting Senior Adviser, Drugs of Dependence Unit, Queensland Health

Bill Goodin Lecturer/Researcher, Faculty of Nursing, University of Sydney

Trish Heath Senior Education Officer, Drug and Alcohol Office, WA

John Howard Director Clinical Services, Training and Research, Ted Noffs Foundation, NSW

Terry Huriwai Project Manager AOD, New Zealand Ministry of Health

Karen Lenihan Manager, Population Health and Infrastructure Development, Centre for

Drug and Alcohol, NSW Health

Diana McConachy Manager, Workforce Development Program, Network of Alcohol and

Other Drugs Agencies (NADA), NSW

Thanks also to Dr James Guinan (Northern Sydney Health), Sally Laurie (Uniting Care Moreland Hall), and Kate Marotta (Department of Human Services Victoria) for providing their AOD specific programs and experiences to be used as Case Studies.

In addition to the editors and project reference group, an important role was played by a team of NCETA staff who worked on editing, design, development and overall production of the Kit. They are Yvette Pollard, Chelsea Todd, Anna McKinnon and Belinda Lunnay. The final editorial team comprised Ann Roche, Yvette Pollard and Chelsea Todd.

WORKER WELLBEING

Natalie Skinner

Table of Contents

2
4
4
5
5
5
6
6
9
9
10
11
14
14
14
15

Resources and Tools



Checklist for addressing workers' wellbeing



Case Studies

- An intervention to improve worker wellbeing
- An intervention program to address burnout



Survey Instruments: Assessing and measuring wellbeing issues: Stress, burnout and job satisfaction



Recommended Readings

WORKER WELLBEING

Overview

Stress and burnout

Alcohol and other drug (AOD) workers in health and human services fields often experience high levels of work-related demands and stressors (e.g., complex cases with comorbidity and polydrug use, negative community attitudes) which make them particularly vulnerable to stress and burnout.

Stress refers to psychological (e.g., anxiety), physical (e.g., high blood pressure) and behavioural responses (e.g., sleeping difficulties, irritability) to work-related demands over a discrete or short-term period.

Burnout is a form of chronic strain that develops over time in response to prolonged periods of high stress. It is a long-term process characterised by "chronic malfunctioning" and negative and cynical attitudes towards clients and work in general.

Consequences of stress and burnout

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

- Reduced job satisfaction
- Lower job performance (quality and quantity of work)
- Increased absenteeism and turnover
- Reduced organisational commitment.

Strategies to address stress and burnout

The best strategy to prevent (or reduce) stress and burnout is to take a two-pronged approach that focuses on:

- The organisation (focus on changing the work environment or conditions that are causing stress / burnout)
- The individual worker (e.g., teaching coping strategies and stress management techniques).

Organisational strategies

Most organisational strategies start with a stress audit to identify the particular aspects of the work situation that cause difficulties for workers.

Organisational factors contributing to stress and burnout can be understood in terms of:

- **Job demands** that have been linked to an increase in stress and burnout (e.g., workload, role conflict, role ambiguity, time pressure, stressful events, physical working environment)
- **Job resources** linked to a reduction in stress and burnout (e.g., career development opportunities, supportive relationships with colleagues, availability of high quality and supportive supervision, autonomy / opportunity for control, opportunity to use skills, task variety, remuneration, reinforcement and rewards).

Individual worker strategies to prevent stress and burnout

The nature of AOD work can 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. Common stress management techniques include:

- Learning cognitive coping techniques to change perceptions of stressors
- Reducing the effects of long-term stress
- Learning new strategies to cope with demanding situations.

Job satisfaction

Addressing health and wellbeing in the workplace extends beyond alleviating stress and burnout. A healthy workplace is one in which workers experience fulfilment and satisfaction with their work.

Maintaining good levels of job satisfaction should be a high priority for the AOD field for two important reasons. Satisfied workers are more likely to:

- 1. Produce a higher standard of performance
- 2. Stay with the organisation longer (i.e., less turnover).

Factors that contribute to job satisfaction

In general, three themes emerge from research on sources of job satisfaction for AOD workers:

- 1. The importance of providing an important and valued social service
- 2. Having input in regard to treatment approaches and strategies
- 3. Support for career development.

In the wider research literature, some organisational factors that have received the most consistent support include:

- Job characteristics: skill variety, task identity, task significance, autonomy and feedback
- Clarity of job roles and responsibilities, and consistency between multiple job roles
- Work / leisure life balance
- Availability of support from colleagues, supervisors and the workplace
- Job conditions (e.g., salary).

Introduction

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.¹

Workers in the AOD field in particular face many significant challenges related to:

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

Developing strategies to support workers' wellbeing should be considered a central workforce development priority for organisations in the AOD field.

Symptoms of stress and burnout

Stress refers to psychological, physical and behavioural responses to work-related demands over a discrete or short-term period.²

Stress is commonly expressed as a range of psychological, physical and behavioural symptoms.²

Psychological symptoms ³⁻⁶	Physical symptoms ²	Behavioural symptoms ²
AnxietyDepressionIrritability and angerFrustration	Increased blood pressureHigh cholesterol levelsIncreased heart rate	 Changing sleep patterns Social withdrawal Increased drug use (e.g., smoking, alcohol)

Burnout is a form of chronic strain that develops over time in response to prolonged periods of high stress.^{7,8} It is particularly common in the health and human services professions including the AOD field.

The symptoms of burnout are quite different to stress. Burnout is a long-term process characterised by "chronic malfunctioning" and negative and cynical attitudes towards clients and work in general. 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 symptoms of burnout have been identified:8, 10, 11

- 1. Emotional exhaustion (lack of energy, "compassion fatigue", depletion of emotional resources)
- 2. Depersonalisation (detachment from clients, negative and cynical work attitudes)
- 3. Reduced personal accomplishment (decrease in perceived professional efficacy and competence).

Preventing stress from becoming burnout

To prevent stress from developing into burnout the key issue is time. Burnout occurs when stressful working conditions have been experienced over a prolonged period of time. Therefore, it is important to regularly monitor workers' stress levels, and to take action to address stressful working conditions as quickly as possible.

UNDER THE MICROSCOPE



Finding the middle road between stress and boredom

Most people would agree that stress at work is undesirable and interferes with effective job performance. However, the dynamics of stress in the workplace may not be quite this straightforward.

Over 20 years ago French and colleagues¹² suggested that stress can both help and hinder performance. They argued that some degree of demand and challenge at work is required for optimal motivation, skill development and employee growth.

According to French and colleagues, a careful balance must be maintained between working conditions with too few and too many demands. Both conditions are suggested to result in strain (dissatisfaction, boredom, anxiety).

The notion of an optimal level of job demand is the foundation of one of the most influential theories of work stress – Karasek and colleagues' job demands-support / control model of work stress.

According to this theory, the optimal situation is an "active" job with high demands and high control (e.g., capacity to make decisions regarding timelines, task priorities and schedules).

This type of "active" job is suggested to stimulate active learning, feelings of achievement, confidence and job satisfaction.

Consequences of stress and burnout

In addition to the negative impact on workers' physical and mental health, a range of undesirable consequences for the organisation have been linked with worker stress including:²

- Reduced job satisfaction
- Lower job performance (quality and quantity of work)
- Increased absenteeism and turnover.

Similar to stress, the chronic condition of burnout has well established links with three job-related outcomes:10, 15

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

Strategies to address stress and burnout

The best strategy to prevent (or reduce) stress and burnout is to take a two-pronged approach that focuses on:

- The organisation (i.e., working conditions), and
- The individual worker (i.e., coping strategies). 16

For example, providing stress management training to workers 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 and heavy client loads). Therefore, it makes sense to ensure workers have effective coping strategies to deal with these demands.

The role of managers and supervisors

Managers and supervisors 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 therefore 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.¹⁷

Organisational strategies

Organisational strategies focus on changing the work environment or conditions that are causing stress / 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 / burnout is likely to have the greatest impact on workers' wellbeing over the long-term.¹⁸

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 / burnout will be most successful if it is developed in collaboration with workers. A crucial first step is to conduct a stress audit to establish workers' current wellbeing (i.e., stress, burnout, job satisfaction) and the key factors they perceive to positively or negatively influence their wellbeing at work.

Best practice in stress management is based on constructive collaboration between workers and the employer with an emphasis on shared responsibility.

Conducting a stress audit

Most organisational strategies start with a stress audit to identify the particular aspects of the work situation that cause difficulties for workers. ¹⁹ A stress audit may be conducted as a survey of workers, or may involve more informal focus groups or discussions between workers and supervisors.

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.

Causes of stress and burnout: Demands and resources

A relatively simple perspective on the causes of stress and burnout is presented below that can help to make sense of the wide range of factors that may impact on workers' wellbeing.

A perspective that has received good research support is to consider the work situation in terms of **demands** and **resources**. The key to managing stress and burnout from a demands-resources perspective is to ensure that under conditions of high demand, appropriate resources are provided (to the extent possible) to counterbalance the impact of demands.

Job demands refer to aspects of a job that require mental or physical effort (e.g., workload, challenging clients with multiple and complex problems) and hence may contribute to feelings of strain and exhaustion.^{14, 21}

Job demands that have been linked to an increase in stress and burnout include:

- Workload (too many or too few demands)^{10, 21-23}
- Role conflict (contradictory or competing expectations and responsibilities)^{10, 21-23}
- Role ambiguity (lack of clarity regarding key tasks, responsibilities and expectations)^{10, 21-23}
- Lack of necessary skills (i.e., lack of professional development to support essential knowledge, skills and abilities)²⁴
- Time pressure^{10, 21}
- Stressful events and daily hassles^{10, 21}
- Physical working environment (e.g., exposure to contaminated blood products, threats of violence).^{22, 23}

PRACTICAL TIP



The realistic job preview: A stress / burnout prevention strategy

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.

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.⁸ Workers provided with a realistic job preview are also more likely to be satisfied with their job and less likely to leave an organisation.^{26, 27}

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.²⁸

Realistic job previews may contain information such as:

- Description of 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 such as travel, physical demands, and shift work.

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.²¹

Job resources linked to a reduction in stress and burnout include:

- Career development (opportunities for promotion, job security)²²
- Supportive relationships with colleagues^{10, 22, 23, 25}
- Availability of high quality and supportive supervision^{10, 22, 23, 25}
- Organisational structure and climate (opportunity for participative decision-making, healthy office politics)^{2, 10, 22, 25}
- Autonomy / opportunity for control^{10, 21, 23}
- Opportunity to use skills²³
- Task variety (opportunity to perform a range of tasks)²³
- Appropriate remuneration²³
- Reinforcement and rewards. 10, 21

Developing supports and providing resources is just as important as addressing potential sources of stress (i.e., demands). ²⁰

IN PRACTICE



A burnout scenario

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. **Burnout!**



The *Workplace Support* chapter discusses strategies to provide support to workers from the organisation, supervisors and coworkers.

Performance appraisal interviews present a good opportunity to discuss demands and resources with workers. The *Performance Appraisal* chapter discusses strategies to conduct positive and constructive appraisal interviews that address these issues.

Individual worker strategies

Work in the AOD field can 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. 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: 16, 29

Learning cognitive coping techniques to change perceptions of stressors	For example: Change goals / expectations Reduce attachment to work Increase understanding of the causes of stress
Reducing the effects of long-term strain	For example: • Lifestyle changes (diet, exercise) • Meditation
Learning new strategies to cope with demanding situations	For example: Relaxation techniques Breathing exercises

These types of approaches can be effective in reducing stress in the short-term.¹⁹ 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.¹⁹

The key to managing stress and burnout from a demandsresources perspective is to ensure that under conditions of high demand appropriate resources are provided to counter-balance the impact of demands.

Promoting job satisfaction

Addressing health and wellbeing in the workplace extends beyond alleviating stress and burnout. A healthy workplace is one in which workers experience fulfilment and satisfaction with their work.¹⁹

Job satisfaction is an important issue for the AOD field. The difficulties and challenges of work in this field that contribute to stress and burnout are also likely to result in low job satisfaction. Maintaining good levels of job satisfaction should be a high priority for the AOD field for two important reasons. Satisfied workers are more likely to:

- 1. Produce a higher standard of performance³⁰
- 2. Stay with the organisation longer (i.e., less turnover).31

UNDER THE MICROSCOPE



The reciprocal relationship between job satisfaction and performance

- In providing feedback on workers' performance it can be easy to overlook or underemphasise good
 performance and focus on mistakes and errors (e.g., the worker developed good rapport with an
 AOD client but forgot to complete the assessment inventory within the first few sessions).
- Positive feedback is crucial for sustaining good performance.
- For most people, achieving good performance is an important source of personal satisfaction (i.e., satisfaction with a job well done).
- Job satisfaction, in turn, is likely to motivate workers to apply effort in their work and to become engaged and involved with their work.³⁰
- Providing positive feedback to promote workers' sense of achievement and success should be a
 high priority for supervisors and managers in the AOD field. This is a particularly important point
 since experiences of success in terms of client outcomes can be difficult to achieve in the AOD field.³²

Here we consider job satisfaction from two different perspectives:

- 1. Factors that contribute to job satisfaction for AOD specialist workers (i.e., factors unique to this profession)
- 2. Factors that contribute to job satisfaction relevant to most jobs.

Job satisfaction of AOD workers

A recent survey of AOD workers in Canada indicated that the majority of workers derived "quite a lot" or "a great deal" of satisfaction from their work.³³

In general, three themes emerge from research on sources of job satisfaction for AOD workers:34,35

- 1. The importance of providing a social service
- 2. Having input in regard to treatment approaches and strategies
- 3. Support for career development.

Lack of opportunities for career advancement has been identified as a significant source of job dissatisfaction for AOD specialists.³⁵ This includes the availability of clinical supervision³⁵ and opportunities for promotion and advancement.³⁶ Issues related to workload, paperwork and other "bureaucratic issues" have also been identified by AOD workers as a significant source of dissatisfaction.³³

Managers and supervisors can play an important role in supporting and promoting positive attitudes towards AOD work. Three management practices that are likely to promote job satisfaction for AOD workers are:36

Providing autonomy	Providing workers with the freedom to choose how to go about doing key tasks including making decisions necessary for quality treatment.		
Providing appropriate rewards for effective job performance	Rewarding good performance with recognition, praise, pay rises, promotions and positive performance appraisals.		
Supporting creativity and innovation	Encouraging workers to express their opinions and ideas.		

A large amount of research has been conducted on the factors that contribute to job satisfaction in general (i.e., across various professions). The factors discussed below are also likely to apply to workers in the AOD field.

Factors contributing to job satisfaction in general

A wide range of factors have been suggested to influence job satisfaction. Some of the organisational factors that have received the most consistent research support include:

- 1. Job characteristics (e.g., skill variety, task identity, task significance, autonomy and feedback)³⁹
- 2. Clarity of job roles and responsibilities, with consistency (i.e., lack of conflict) between multiple job roles / responsibilities
- 3. Work / leisure life balance
- 4. Availability of support from colleagues, supervisors and the workplace
- 5. Job conditions (e.g., salary).

1. Job characteristics

There is a great deal of variation in the tasks and responsibilities performed by AOD workers. Specific aspects of AOD specialists' work contribute to these workers' job satisfaction (e.g., opportunity to help people). However, there are also particular dimensions of work that have been shown to influence job satisfaction (regardless of the occupation, profession or specific tasks).

Five key job dimensions are likely to influence job satisfaction:^{39, 40}

- i. Skill variety: opportunity to use a range of skills
- ii. Whole work identity: opportunity to complete whole projects or tasks (versus small subcomponents or parts)
- iii. Work significance / meaning: degree to which the job has a significant impact on the lives of other people
- iv. Autonomy: degree of independence and discretionary decision-making available
- v. Feedback: positive feedback and acknowledgement of staff achievements.

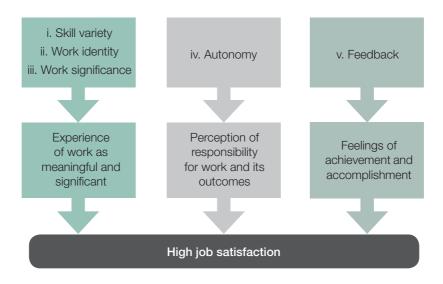


Figure 1. Five key work factors that influence job satisfaction^{39, 40}

UNDER THE MICROSCOPE



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 motivation, job satisfaction and enhanced teamwork.³⁶⁻³⁸

However, providing workers with autonomy in the AOD sector (or wider health and human services fields) can be a challenge. Specific work practice 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.

It is important 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 (see the Recruitment and Selection chapter).

Getting the balance right between autonomy and adherence to protocols and organisational procedures is an important challenge for management and workers.

2. Role conflict and role ambiguity

Both role conflict and role ambiguity have been shown to reduce job satisfaction.⁴⁰ **Role conflict** is the experience of incompatible or divergent demands in a job.⁵ **Role ambiguity** involves uncertainty regarding the role and responsibilities associated with a particular job.⁵

The effect of role conflict on satisfaction is stronger with lower-level positions, whereas the effect of role ambiguity is stronger with higher-level positions.⁴²

3. 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.

The spillover hypothesis suggests that:43,44

- · 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.

4. Availability of support from colleagues, supervisors and the workplace

A consistent finding across a wide range of occupations is that job satisfaction is positively associated with perceived support offered by:

- The organisation⁴⁵
- Supervisors. 46-48

There is some evidence that support from direct supervisors, rather than people further removed in the organisational hierarchy, is more strongly related to job satisfaction.⁴⁶



The *Workplace Support* chapter discusses strategies to provide support to workers from the organisation, supervisors and coworkers.

IN PRACTICE



Promoting work identity and significance in the AOD field

The transient nature of the client population, high relapse rates and a lack of follow-up opportunities can present challenges to promoting a sense of work identity (seeing a complete piece of work through from start to finish) and work significance (completing meaningful work that has a positive impact on others) for AOD workers.

Two strategies to support workers' perception of work identity and significance are to:

- Ensure workers have a theoretical framework that helps them to understand the nature of AOD use.
 Clinical supervision, mentoring and professional development activities (e.g., training workshops)
 may be useful
- 2. Provide positive feedback, recognition and rewards for workers' skills and abilities in providing services per se (i.e., independent of client outcomes). This type of positive reinforcement has been identified as an important preventive factor for burnout in health and human service professionals.⁴¹

5. Job conditions

Providing workers with satisfactory job conditions is an important issue for the AOD field, particularly for smaller organisations with limited resources.^{49, 50}

It is important to recognise that job conditions are one of the major factors influencing job satisfaction.^{51, 52} Job conditions linked with increased satisfaction include:^{52, 53}

- Pay and other benefits
- Availability of equipment and resources
- Adequate professional development opportunities
- Opportunities for further training
- Availability of adequate supervision.

PRACTICAL TIP



Job satisfaction is strongly influenced by individual needs and preferences

Similar to stress and burnout, the range of factors that may influence job satisfaction is broad.

- People differ in the importance they place on particular aspects of their work, and what they find interesting or boring.
- The starting point for effectively addressing workers' satisfaction (or stress / burnout) is to establish the most important issues for each individual (and team or work group). For example, 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.⁵⁴

On the other hand, job satisfaction is likely to decrease with: 42, 52, 53

- Heavy workloads
- Unfavourable work schedules
- Repetitive or boring tasks
- Unpleasant environmental conditions (e.g., excessive heat or noise).

Useful workforce development tools for supporting workers' wellbeing

Other chapters in this Kit that provide useful information and advice for supporting AOD workers' wellbeing are:

- Chapter 2: Clinical Supervision
- Chapter 6: Mentoring
- Chapter 9: Professional Development
- Chapter 14: Workplace Support.

Summary

The challenging nature of work in the AOD field makes supporting workers' wellbeing a workforce development priority. Healthy workers and a healthy workplace are likely to bring a number of benefits including lower turnover and more effective performance. The factors that impact on stress, burnout and job satisfaction are complex and likely to vary between organisations, teams and individual workers.

Strategies to support workers' wellbeing should be developed as a collaborative problem-solving exercise between workers and managers / supervisors. Generally speaking, in the AOD field priority should be given to increasing resources such as professional and career development opportunities, supervisory support and rewards and recognition. At the same time, building workers' capacity to manage work demands through organisational and individual interventions is likely to produce the best outcomes for workers' wellbeing in the long-term.

Resources for maintaining workers' wellbeing

This chapter includes the following resources and tools to support workers' wellbeing:

- Checklist for addressing workers' wellbeing
- Case studies on an intervention to improve worker wellbeing, and an intervention program to address burnout
- Survey instruments to assess and measure stress, burnout and job satisfaction
- Recommended readings.

References

- 1. Dollard, M. F., Winefield, A. H., & Winefield, H. R. (2003). Occupational stress in the service professions. London: Taylor & Francis.
- 2. O'Driscoll, M., & Brough, P. (2003). Job stress and burnout. In M. O'Driscoll, P. Taylor, & T. Kalliath (Eds.), *Organisational Psychology in Australia and New Zealand* (pp. 188-211). Melbourne, Victoria: Oxford University Press.
- 3. Cummings, T. G., & Cooper, C. L. (1998). A cybernetic theory of organizational stress. In C. L. Cooper (Ed.), *Theories of organizational stress* (pp. 101-121). Oxford: Oxford University Press.
- 4. Narayanan, L., Menon, S., & Spector, P. E. (1999). Stress in the workplace: A comparison of gender and occupations. *Journal of Organizational Behavior, 20,* 63-73.
- Spector, P. E. (2000). A control theory of the job stress process. In C. L. Cooper (Ed.), Theories of organizational stress (pp. 15-69).
 New York: Oxford University Press.
- 6. National Occupational Health and Safety Commission. (2003). *National Workers' Compensation Statistics Database*. Australian Government. Available: http://nosi2.nohsc.gov.au [2003, 23.02.04].
- 7. Maslach, C. (1982). Burnout: The cost of caring. Englewood Cliffs, NJ: Prentice-Hall.
- 8. Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. Annual Review of Psychology, 52, 397-422.
- 9. Schaufeli, W. B., & Enzmann, D. (1998). The burnout companion to study and practice: A critical analysis. London: Taylor & Francis.
- 10. Lee, R. T., & Ashforth, B. E. (1996). A meta-analytic examination of the correlates of the three dimensions of job burnout. *Journal of Applied Psychology*, 81, 123-133.
- 11. De Jonge, J., & Schaufeli, W. B. (1998). Job characteristics and employee well-being: A test of Warr's vitamin model in health care workers using structural equation modelling. *Journal of Organizational Behavior, 19,* 387-407.
- 12. French, J., Caplan, R., & Harrison, V. (1982). The mechanisms of job stress and strain. Chichester, U.K: Wiley.
- 13. Karasek, R. A. (1979). Job demands, job decision latitude and mental strain: Implications for job design. *Administrative Science Quarterly*, 24, 285-308.
- 14. Karasek, R. A., & Theorell, T. (1990). Healthy work: Stress, productivity and the reconstruction of working life. New York: Basic Books.
- 15. Cordes, C. L., & Dougherty, T. W. (1993). A review and integration of research on job burnout. *Academy of Management Review,* 18, 621-656.
- 16. Beehr, T. A. (1995). Treating occupational stress. In T. A. Beehr (Ed.), *Psychological stress in the workplace* (pp. 153-181). London: Routledge.
- 17. Briner, R. (2000). Stress management 2: Effectiveness of interventions. Employee Health Bulletin, 18, 9-17.
- 18. Theorell, T. (1999). How to deal with stress in organizations? A health perspective on theory and practice. Scandinavian Journal of Work Environment and Health, 99, 616-625.
- 19. Cooper, C. L., & Cartwright, S. (1994). Healthy mind; healthy organization A proactive approach to stress management. *Human Relations*, 47, 455-471.
- 20. Dewe, P. (1989). Developing stress management programs: What can we learn from recent research? Australian and New Zealand Journal of Occupational Health and Safety, 5, 493-499.
- 21. Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86,* 499-512.
- 22. Cooper, C. L., & Marshall, J. (1976). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill-health. *Journal of Occupational Psychology, 49,* 11-28.
- 23. Warr, P. (1994). A conceptual framework for the study of work and mental health. Work and Stress, 8, 84-97.
- 24. Morrison, D. L., & Payne, R. L. (2003). A multilevel approach to stress management. Australian Psychologist, 38, 128-137.
- 25. Demerouti, E., Bakker, A. B., de Jonge, J., Janssen, P. P. M., & Schaufeli, W. B. (2001). Burnout and engagement at work as a function of demands and control. *Scandinavian Journal of Work Environment and Health*, 27, 279-286.
- 26. Wanous, J. P. (1989). Installing a realistic job preview: Ten tough choices. Personnel Psychology, 42, 117-134.
- Phillips, J. M. (1998). Effects of realistic job previews on multiple organizational outcomes: A meta-analysis. Academy of Management Journal, 41, 673-690.
- 28. Cascio, W. F. (1998). Applied psychology in human resource management (5th ed.). Upper Saddle River, NJ: Prentice-Hall.
- 29. Munz, D. C., Kohler, J. M., & Greenberg, C. I. (2001). Effectiveness of a comprehensive worksite stress management program: Combining organizational and individual interventions. *International Journal of Stress Management*, 8, 49-62.
- 30. Judge, T. A., Thoresen, C. J., Bono, J. E., & Patton, G. K. (2001). The job satisfaction-job performance relationship: A qualitative and quantitative review. *Psychological Bulletin*, 127, 376-407.
- 31. Tett, R. P., & Meyer, J. P. (1993). Job satisfaction, organizational commitment, turnover intention, and turnover: Path analyses based on meta-analytic findings. *Personnel Psychology, 46,* 259-293.
- 32. McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance and outcomes evaluation. *Journal of the American Medical Association*, 284, 1689-1695.
- 33. Ogborne, A. C., & Graves, G. (2005). Optimizing Canada's addiction treatment workforce: Results of a national survey of service providers. Ottawa, ON: Canadian Centre on Substance Abuse.
- 34. Gallon, S. L., Gabriel, R. M., & Knudsen, J. R. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment, 24,* 183-196.
- 35. Evans, W. N., & Hohenshil, T. H. (1997). Job satisfaction of substance abuse counselors. *Alcoholism Treatment Quarterly,* 15, 1-13
- 36. Knudsen, H. K., Johnson, J. A., & Roman, P. M. (2003). Retaining counselling staff at substance abuse treatment centers: Effects of management practices. *Journal of Substance Abuse Treatment*, 24, 129-135.
- 37. Campion, M. A., Medsker, G. J., & Higgs, A. C. (1993). Relations between work group characteristics and effectiveness: Implications for designing effective work groups. *Personnel Psychology, 46,* 823-849.
- 38. Cohen, S. G., & Bailey, D. E. (1997). What makes teams work: Group effectiveness research from the shop floor to the executive suite. *Journal of Management*, 23, 239-290.

- 39. Hackman, J. R., & Oldham, G. R. (1976). Motivation through the design of work: Test of a theory. *Organizational Behavior and Human Performance*, 16, 250-279.
- 40. Jackson, S. E., & Schuler, R. S. (1985). A meta-analysis and conceptual critique of research on role ambiguity and role conflict in work settings. *Organizational Behavior and Human Decision Processes*, *36*, 16-78.
- 41. Maslach, C., & Leiter, M. P. (1997). The truth about burnout. San Francisco, CA: Jossey-Bass.
- 42. Muchinsky, P. M. (1993). Psychology applied to work (4th ed.). Pacific Grove, CA: Brooks/Cole.
- 43. Kossek, E. E., & Ozeki, C. (1998). Work-family conflict, policies, and the job-life satisfaction relationship: A review and directions for organizational behavior-human resources research. *Journal of Applied Psychology, 83,* 139-149.
- 44. Paton, D., Jackson, D., & Johnston, P. (2003). Work attitudes and values. In M. O'Driscoll, P. Taylor, & T. Kalliath (Eds.), Organisational psychology in Australia and New Zealand (pp. 127-149). South Melbourne, Victoria: Oxford University Press.
- 45. Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I. L., & Rhoades, L. (2002). Perceived supervisor support: Contributions to perceived organizational support and employee retention. *Journal of Applied Psychology, 87*, 565-573.
- 46. Baruch-Feldman, C., Brondolo, E., Ben-Dayan, D., & Schwartz, J. (2002). Sources of social support and burnout, job satisfaction, and productivity. *Journal of Occupational Health Psychology, 7*, 84-93.
- 47. Dollard, M. F., & Winefield, A. H. (1998). A test of the demand-control / support model of work stress in correctional officers. *Journal of Occupational Health Psychology, 3,* 243-264.
- 48. Dollard, M. F., Winefield, H. R., Winefield, A. H., & de Jonge, J. (2000). Psychosocial job strain and productivity in human service workers: A test of the demand-control-support model. *Journal of Occupational and Organizational Psychology, 73*, 501-510.
- 49. Pierce, L., & Long, V. (2002). The NADA workforce development project. In A. M. Roche & J. McDonald (Eds.), *Catching clouds: Exploring diversity in workforce development in the alcohol and drugs field* (pp. 51-54). National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.
- 50. Pitts, J. A. (2001). Identifying workforce issues within the alcohol and other drugs sector: Responses to a national survey. In A. M. Roche & J. McDonald (Eds.), Systems, settings and people: Workforce development challenges for the alcohol and other drugs field (pp. 31-36). National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.
- 51. Dormann, C., & Zapf, D. (2001). Job satisfaction: A meta-analysis of stabilities. Journal of Organizational Behavior, 22, 483-504.
- 52. Ellickson, M. C., & Logsdon, K. (2002). Determinants of job satisfaction of municipal government employees. *Public Personnel Management*, 31, 343-358.
- 53. Brown, K. A., & Mitchell, T. R. (1993). Organizational obstacles: Links with financial performance, customer satisfaction, and job satisfaction in a service environment. *Human Relations*, 46, 725-757.
- 54. Sparks, K., Faragher, B., & Cooper, C. L. (2001). Well-being and occupational health in the 21st century workplace. *Journal of Occupational and Organizational Psychology, 74,* 489-509.



Checklist
for addressing workers' wellbeing



Case Studies

- An intervention to improve worker wellbeing
- An intervention program to address burnout



Survey Instruments

Assessing and measuring wellbeing issues: Stress, burnout and job satisfaction



Recommended Readings



Checklist for Addressing Workers' Wellbeing

Important considerations for addressing workers' wellbeing are summarised in this checklist.¹ Not all points will be relevant for all organisations or workers. Consultation with individual workers and teams is required to identify the issues that have the most impact on their wellbeing.

It is recommended that this checklist be filled in by both workers and their manager / supervisor. This process will enable the identification of differing opinions / viewpoints, and provides opportunity for awareness and discussion of factors that may be contributing to stress or the development of burnout.

Consultation with workers

1.	Have open discussions been held with workers regarding the key
	issues that impact on their wellbeing? Specifically:

- Aspects of work that contribute to their job satisfaction and engagement
- Aspects of their work that are challenging / difficult
- Key resources and / or redistribution of workload that can help to reduce the impact of work demands.

Stress and burnout: workplace demands

2.	Do workers have manageable workloads (neither too few or too many demands)?	
3.	Do workers have a clear understanding of their roles, responsibilities and expectations for their performance?	
4.	For workers with multiple roles and responsibilities, are these expectations consistent and complementary (i.e., not in conflict)?	
5.	Are there reasonable expectations regarding time required for completion of tasks and responsibilities?	
6.	Are stressful events or hassles (e.g., aggressive clients, violent incidents) rare or infrequent? Are systems and processes in place to ensure that stressful events or hassles are satisfactorily dealt with?	
7.	Is the physical environment safe and comfortable?	

Str	ess and burnout: workplace resources	
8.	Are workers provided with opportunities for professional development to support the necessary skills and knowledge for their role?	
9.	Do workers have opportunities for career development (e.g., promotion, working in diverse roles)?	
10.	Do workers have positive and supportive relationships with their colleagues?	
11.	Do workers have positive and supportive relationships with their managers / supervisors?	
12.	Is the organisational structure and climate positive and supportive? (e.g,. Do supervisors provide positive social interaction such as praise and encouragement? Are valued rewards provided?)	
13.	Do workers have opportunities to make decisions regarding the organisation of their own work (timelines, task priorities etc.)?	
14.	Do workers have the opportunity to use valued skills and abilities?	
15.	Do workers have the opportunity to perform a variety of tasks?	
16.	Do workers receive appropriate remuneration?	
17.	Do workers receive recognition and rewards for their contributions?	
Job	o satisfaction and engagement	
Not	e: Most of the previous items are also relevant to job satisfaction.	
18.	Do workers have an appropriate amount of autonomy regarding the organisation of their work and their approach to providing services to clients?	
19.	Are workers encouraged to suggest creative and innovative changes to organisational policies, procedures and work practices?	
20.	Do workers receive timely and constructive feedback on their performance?	
21.	Does the organisation support workers' capacity to balance work and leisure / family commitments?	

22. Are there sufficient resources and equipment available to support

effective work practice?



An Intervention to Improve Worker Wellbeing

Overview

People working in the health care sector may be more prone to job stress and burnout due to high levels of work-related demands and stressors faced on a day-to-day basis. This case study describes a 12-week intervention to improve workers' job satisfaction and wellbeing by involving workers in the process of identifying and implementing strategies to address perceived stressors. The intervention was undertaken in two community health care organisations in Norway.

The intervention

The intervention involved implementation of a change program to address stress and job dissatisfaction in community health care organisations. A collaborative approach between workers, management and researchers was used in light of evidence that workplace stress can be reduced by:

- Increasing workers' involvement in identifying workplace stressors and strategies to address them
- Increasing workers' autonomy (i.e., control over their work situation)
- Offering workers opportunities to enhance their understanding of the organisation and play a role in determining how task performance and organisational values may be improved.

Four steps were involved in the implementation of the intervention:

- 1. Planning
- 2. Establishing objectives
- 3. Establishing key areas for concern
- 4. Addressing the objectives to reduce workplace stress.

1. Planning

The program was part of a national workplace health program. The project was first introduced to top level management. The plan for the project was then developed by an advisory committee comprising of management, union representatives and several administrative health care units, with the assistance of an external consultant.

2. Establishing objectives

Three main objectives for the intervention were established:

- 1. To improve coworker support by encouraging workers to put forward their opinions and concerns
- 2. To identify factors in the work unit contributing to a healthy working environment
- 3. To formulate action plans that detailed the types of strategies that should be implemented to improve job satisfaction and reduce stress.

3. Establishing key areas of concern

A six-hour seminar was attended by workers and members of management to establish workers' key concerns. The aim was to understand the factors that contribute to a healthy and effectively functioning workplace.



The seminar group was asked to respond to two questions:

- 1. "What are the key factors in this work unit for a good work environment?"
- 2. "What kind of actions do you want to be instituted to reduce the gap between the desired situation and reality?"

4. Addressing workplace stressors

Employees and supervisors met to address the key areas of concern at nine meetings (two hours each) held over a 12-week period. During these meetings they identified:

- Stressors connected to their work concerns
- Likely causes of the identified stressors
- Possible interventions to address work stressors.

With the assistance of an external consultant, the discussions and proposed interventions were summarised in a report and sent to a steering committee consisting of members from management, work groups and unions. The committee discussed and made decisions about the proposed changes. Concrete action plans documented potential solutions to the issues which were then given to the work groups and work units.

Main outcomes

The intervention resulted in a number of action plans being formulated to address identified issues.

Positive organisational outcomes of this intervention included:

- Fewer reports of work-related stress
- Reduced perception of job demands
- Increased perception of social support
- Increased role harmony (i.e., less role conflict)
- Increased job satisfaction.

Conclusion

This case study demonstrates the benefits of a structured approach to addressing workers' wellbeing that is founded upon collaboration between workers and management. Important aspects of this intervention included workers' identification of key stressors in the workplace, and involvement of a range of stakeholders (e.g., management, workers, trade unions) in planning and implementing the interventions. As the outcomes indicate, the intervention had a significant positive impact on workplace conditions and workers' wellbeing.



An Intervention Program to Address Burnout

Overview

This case study demonstrates the success of a burnout intervention program for direct-care professionals working with mentally disabled clients. It describes a five-week program for staff working in an organisation in the Netherlands.

The intervention program addressed workers' perceptions of the demands of their job and the positive outcomes they receive from their work. A central focus of this intervention was to encourage workers to evaluate whether they had realistic and appropriate expectations regarding their inputs to their work and outcomes / rewards received in return.

The program encouraged workers to consider three strategies to maintaining a fair and satisfactory balance between inputs and outcomes received from their work:

- Adjusting actual contributions (e.g., participants formulated a written plan of how to change undesirable aspects of their current work circumstances)
- 2. Changing beliefs about the investment-outcome relationship (e.g., the program facilitated smaller, more realistic expectations about the outcomes of working with mentally disabled clients)
- 3. Leaving the job / profession (e.g., in the case that participants were unable to restore equity in their current job / career, the program endorsed a decision to take up an alternative career).

The intervention program

The program was publicised as "Working at Your Career" to promote positive perceptions amongst employees about the program and the organisation's motives. Participation was voluntary.

The program was conducted by a psychologist. Participation involved five group sessions (6-8 participants from various units within the organisation) on either one morning or one afternoon per week. The program addressed the following issues:

Participants' motivation for choosing their current job	Sessions 1 & 2
Why burnout develops, the risk factors and how burnout applies to participants' work	Sessions 1 & 2
How well participants' goals and expectations match their actual work situation	Session 3
How to cope with work-related stress using a relaxation exercise	Session 3
Self image	Session 4
Developing a plan for the following year (changing present job, looking for another job suited to goals / expectations)	Session 5

The program incorporated a separate workshop for supervisors. Three group meetings were run by the same psychologist who trained supervisors in:

- Communications skills
- Social skills.

Outcomes of the intervention

The short and long-term effects of the program were evaluated at six and 12-month follow-ups.

Overall, the intervention program had a positive effect on workers' wellbeing and the following outcomes were reported:

- Burnout was reduced
- Perceptions of social support increased
- Perceptions of the fairness and equity of working relationships increased (input to work compared with outcomes received)
- Turnover intentions decreased (and remained stable for workers who did not participate in the program)
- Absenteeism decreased slightly for workers who participated in the program (and significantly increased in their colleagues who did not participate).

Conclusion

This case study demonstrates the benefits of conducting interventions for stress and burnout in health and human services organisations. This program provided a comprehensive range of information to participants including why burnout develops and how it applies to their work, individual coping strategies, and the need to look forward and beyond a current stressful situation.

An important component of this program was the inclusion of professional development training for supervisors – a strategy often overlooked in stress and burnout interventions.





Assessing and Measuring Wellbeing Issues: Stress, Burnout, and Job Satisfaction

To be used in conjunction with the Guideline "How to Conduct Workplace Surveys" located in the Resources and Tools Section of Chapter 7 Organisational Change.

Introduction

A set of scales are provided below that can be used to assess the wellbeing issues discussed in this chapter. The scales address:

- Stress: Workplace pressure and support
- Burnout (exhaustion and disengagement)
- Job satisfaction.

The scales provided can be used as tools to:

- Assess whether stress, burnout and job satisfaction are significant issues in a particular organisation
- Monitor worker wellbeing over time, or evaluate the impact of a particular organisational change or intervention on workers' wellbeing.

As discussed in this chapter, a wide range of factors may impact on workers' stress, (potential) burnout, and job satisfaction. A questionnaire to assess all of these factors would be quite large and impractical. It is recommended that organisations consider alternative approaches to surveying workers' views such as focus groups or interviews with a small number of individuals representing different professions, roles and perspectives. The Guideline "How to Conduct Workplace Surveys" in the Organisational Change chapter provides further advice on conducting interviews and focus groups.

These scales are not designed to be diagnostic instruments. Rather, they can be used as tools to benchmark and monitor change, and to identify particular issues that may require attention.

Calculating a final score

The scales provided here can be scored in two different ways:

1. Total scale score (mean or average score)

Obtain a total score for the scale by adding the score for each item and dividing by the total number of items. For example, on a scale with four items an individual's total scale score may be 2(3 + 2 + 2 + 1 = 8); divided by 4 = 2.

2. Individual item scores

It may also be useful to examine responses to each item. You may wish to examine the average score for all respondents for a particular item. This provides a more in-depth analysis of respondents' views. For example, it may be useful to know that, on average, respondents scored a '4' ("agree") with the item *I* am satisfied with my working conditions.

Important note about scoring

Reverse scoring negatively worded items

The survey scales provided here contain positively and negatively worded items.

- An example of a positively worded item is: "Staff are always kept well informed"
- An example of a negatively worded item is: "Novel treatment ideas by staff are discouraged".

When scoring negatively worded items, it is necessary to use reverse-scoring to make the meaning of the item consistent with other items within the scale. For example, on a measure of job satisfaction higher scores indicate stronger job satisfaction. All items on this scale are scored so that a higher number indicates more job satisfaction.

An example of a negatively worded item is provided below (Q.1). Stronger agreement with this item indicates lower levels of satisfaction. Reverse scoring the item is necessary to ensure all scores on the scale have the same meaning (i.e., higher scores indicate greater satisfaction).

Example:

		Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
Q1.	My pay and other benefits are inadequate					
Q2.	I am satisfied with my working conditions					

Note: Reverse score question 1.

Negatively worded questions are indicated by the statement "Note: Reverse score question #" placed at the end of the scale. This statement is provided for scoring purposes only – it should not be included in the version of the survey to which workers respond.

Responses to the negatively worded scale item (question 1) would be reversescored as follows:

Response scale	Original scores	Reversed scores	
Strongly Disagree	1	5	
Disagree	2	4	
Undecided	3	3	
Agree	4	2	
Strongly Agree	5	1	





The survey scales

Stress

1. Workplace Pressure and Support

As discussed in this chapter, workers' levels of stress can have a significant impact on their job satisfaction, job performance (quality and quantity of work), absenteeism and turnover. The scales presented below are useful tools for measuring perceptions of workload which may impact on levels of stress experienced by individuals.

OI WOII	kload which may impact or	n levels of s	tress experi	enced by Indi	viduals.	
		Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
	under too many pressures o my job effectively.					
	members often show signs ress and strain.					
	heavy workload here ces program effectiveness.					
4. Staff	frustration is common here.					
Note:	Higher scores indicate hig	her levels o	f stress			
Version). Available	Adapted from the Texas Christian Fort Worth: Texas Christian University www.ibr.tcu.edu/resources/rc-constant and the seale addresses the extent to ealistic and workloads man	versity, Institute orgfunc.html. [e of Behavioral Downloaded 2-	Research. 4th February 200	05.	
		Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
	much is expected of all staff y workplace.					
con	f members experience stant pressure in my xplace.					
	ervisors expect too much a staff in my workplace.					

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

Burnout



This scale is an alternative to the most commonly used instrument for the measurement of burnout, the Maslach Burnout Inventory (MBI). The Oldenburg Burnout Inventory (OLBI) measures two key dimensions of burnout: "Exhaustion", and it's opposite, "Engagement". Exhaustion refers to general feelings of fatigue, feeling overtaxed from work, a strong need for rest, and a state of physical exhaustion. Engagement refers to a positive state of involvement and enthusiasm in one's work together with motivation to overcome challenges and pursue important goals.

This scale is a useful tool to assess whether workers are feeling overwhelmed and disconnected from their work. It can be a useful tool to monitor workers' wellbeing, and to identify potential problems or issues that may need to be addressed.

		Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
1.	I always find new and interesting aspects in my work.				
2.	It happens more and more often that I talk about my work in a negative way.				
3.	After work, I tend to need more time than in the past in order to relax and feel better.				
4.	Lately, I tend to think less at work and do my job almost mechanically.				
5.	I find my work to be a positive challenge.				
6.	During my work, I often feel emotionally drained.				
7.	Over time, one can become disconnected from this type of work.				
8.	After working, I have enough energy for my leisure activities.				
9.	After my work I usually feel worn out and weary.				
10.	This is the only type of work that I can imagine myself doing.				
11.	There are days when I feel tired before I arrive at work.				
12.	I can tolerate the pressure of my work very well.				
13.	I feel more and more engaged in my work.				
14.	When I work, I usually feel energised.				

Note: Reverse score questions 2, 4, 7, 8, 12, 14.

Questions 3, 6, 8, 9, 11, 12 and 14 assess exhaustion (higher scores indicate higher burnout).

Questions 1, 2, 4, 5, 7, 10 and 13 assess engagement (higher scores indicate higher engagement).

Source: Adapted from Demerouti, E., Bakker, A.B., Vardakou, I. & Kantas, A. (2003). The convergent validity of two burnout instruments: A multitrait-multimethod analysis. *European Journal of Psychological Assessment*, 19, 12-23.





Note: The Oldenburg Burnout Inventory (OLBI) is provided as an alternative to the more popular instrument for the measurement of burnout, the Maslach Burnout Inventory (MBI). The MBI was developed specifically for the measurement of burnout amongst human service workers and provides measures for the three components of Maslach's Burnout theory: Emotional Exhaustion; Depersonalisation; and Personal Accomplishment. The MBI is available for purchase from www.cpp-db.com

Job Satisfaction

3. Job Discrepancy Satisfaction

This scale addresses the extent to which workers are satisfied with their current working conditions including remuneration, supervision, and autonomy. This instrument can be a useful diagnostic tool to identify organisational factors that may need to be addressed to support and maintain a healthy workplace.

		Not at all satisfying (1)	Somewhat satisfying (2)	Moderately satisfying (3)	Very satisfying (4)
1.	How does the type of work that you currently do compare to what you think it should be?				
2.	How does the amount of pay that you currently receive compare to what you think it should be?				
3.	How do the number of opportunities for promotion that you currently have compare to what you think they should be?				
4.	How does the quality of supervision that you currently receive compare to what you think it should be?				
5.	How does the quality of colleagues and people you currently work with compare to what you think it should be?				
6.	How do the working conditions in your job compare to what you think they should be?				
7.	How does the amount of autonomy or personal freedom that you have compare to what you think it should be?				
8.	How does your overall satisfaction with your current job compare to what you think it should be?				

Source: Nagy, M.S. (2002). Using a single-item approach to measure facet job satisfaction. *Journal of Occupational and Organizational Psychology, 75,* 77-86.

Cooper, C.L., & Cartwright, S. (1994). Healthy mind; healthy organization - A proactive approach to stress management. *Human Relations*, *47*, 455-471.

This article reviews literature concerned with work stress. Stressors important to maintaining worker wellbeing are discussed, including the benefits and disadvantages of employee assistance and stress management programs, and the utility of stress reduction strategies. A tool for measuring occupational stress known as the Occupational Stress Indicator (OSI) is described. This article is useful for managers and supervisors looking to identify and address key stressors in the workplace.

Judge, T.A., & Church, A.H. (2000). Job satisfaction: Research and practice. In C.L. Cooper & E. A. Locke (Eds.), *Industrial and organizational psychology:* Linking theory with practice (pp. 166-198). Malden, Massachusetts: Blackwell.

This book chapter provides a comprehensive review of research on job satisfaction. Practical information concerning the nature and outcomes of job satisfaction, as well as research issues concerned with theoretical approaches and job satisfaction measures are described. The chapter discusses job satisfaction with specific reference to its contribution to the effective functioning of organisations, as well as barriers faced by practitioners and organisations. This chapter is most suitable for readers interested in workforce development theory and research.

Gallon, S.L., Gabriel, R.M., & Knudsen, J.R. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment*, *24*, 183-196.

This research article describes the results of a U.S. substance abuse treatment survey, conducted to determine individual AOD workers' and AOD organisations' needs. It provides insights into workers' perceptions of turnover, recruitment, retention and job satisfaction issues within AOD organisations. This paper is most suitable for readers interested in workforce development theory and research. It is also relevant to AOD managers and funding bodies.

Elkin, A.J., & Rosch, P.J. (1990). Promoting mental health at the workplace: The prevention side of stress management. *Occupational Medicine: State of the Art Reviews*, *5*, 739-754.

This research article examines strategies for reducing work-related stress within organisations. Important work-related stressors are highlighted and a range of individual and organisationally directed stress reduction strategies are described. This article is useful for managers and supervisors interested in implementing stress reduction programs within their organisation.















