Indigenous AOD Workers' Wellbeing, Stress and Burnout:

Findings from an online survey

Vinita Duraisingam

Ann M. Roche

Allan Trifonoff

Amanda Tovell

NCETA
Australia's National Research Centre on AOD Workforce Development

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2010

NCETA

The National Centre for Education and Training on Addiction is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field.

Our mission is to advance the capacity of organisations and workers to respond to alcohol- and drug-related problems. Our core business is the promotion of workforce development (WFD) principles, research and evaluation of effective practices; investigating the prevalence and effect of alcohol and other drug use in society; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and organisations.

NCETA is based at Flinders University and is a collaboration between the University, the Australian Government Department of Health and Ageing and the SA Department of Health.

Acknowledgements

Artwork & Talking Stones

The artwork for the report, Talking Stones, was supplied by Irene Allan.

Irene Allan is a descendant of the Tanganekald Clan from Kingston South East, South Australia. She has been painting and programming Stones to hold healing energy for over two decades. When held with faith and belief the Stone empowers the mind to focus and attract positive thoughts.

The Talking Stone

Talking Stones are special stones used to facilitate sharing and communication in groups (talking circles). The person running a talking circle starts by holding the Talking Stone and acknowledging the ancestors and traditional owners of the land. They then pass the Talking Stone to the person on the left.

The Talking Stone is used to allow people to speak freely and to share what is on their mind. You only speak when you hold the Talking Stone. Anything that is personal must stay in the circle. The more you use the Talking Stone, the more energy it will hold. The Talking Stone will become very strong. It will be very powerful, trusting and sacred.

Preface

This project was funded by the Australian Government Department of Health and Ageing and was also endorsed by the Cooperative Research Centre for Aboriginal Health (CRCAH) as an in-kind project.

The project involved several components including public submissions, a national online survey, site visits to undertake face-to-face interviews and focus groups, and a literature review addressing key issues. Major findings from the interviews and focus groups are presented here. Findings from the other components of the project are presented in separate reports:

- Roche, A., Tovell, A., Weetra, D., Freeman, T., Bates, N., Trifonoff, A., and Steenson, T. (2011). *Stories of Resilience: Indigenous Alcohol and Other Drug Workers' Wellbeing, Stress, and Burnout.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.

- Gleadle, F., Freeman, T., Duraisingam, V., Roche, A., Battams, S., Marshall, B., Tovell, A., Trifonoff, A., and Weetra, D. (2011). *Indigenous Alcohol and Drug Workforce Challenges: A literature review of issues related to Indigenous AOD workers' wellbeing, stress and burnout*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.

This project is part of a wider program of work by NCETA examining wellbeing, stress, and burnout among workers involved in the alcohol and other drug field. For details of related projects visit the NCETA website: www.nceta.flinders.edu.au.

Other publications in this wider program of work include the following:

- Skinner, N., & Roche, A. (2005). Stress and burnout: A prevention handbook for the alcohol and other drugs workforce.

- Duraisingam, V., Pidd, K., Roche, A.M., & O'Conner, J. (2006). Satisfaction, stress and retention among alcohol and other drug workers in Australia.

- Duraisingam, V., Roche, A.M., Pidd, K., Zoontjens, A., & Pollard, Y. (2007). Wellbeing, stress, and burnout: A national survey of managers in alcohol and other drug treatment services.

Copies of these resources are available from NCETA.

A Note on the Terminology Used in This Document

Aboriginal and Torres Strait Islander peoples have diverse languages, cultures, and communities, and live in urban, rural, and remote settings. Many of these groups seek to maintain their particular cultural identity and preferred names as distinct from others. For the purposes of this report, and in recognition of this diversity, we have opted to use the term "Indigenous" Australians as a way of acknowledging all Australian Aboriginal and Torres Strait Islander groups, except where other terms were used by project participants in which case the authenticity of their words has been retained. We are however aware that this terminology has limitations.

Contents

Contents

List of Tables

List of Figures

Executive Summary

Overview

An online survey was conducted in 2008 among Indigenous and non-Indigenous workers from various alcohol and other drug (AOD) organisations which provided services to the Indigenous population across Australia. The survey was one component of a more extensive project conducted by the National Centre for Education and Training on Addiction (NCETA) at Flinders University examining Indigenous AOD workers' levels of wellbeing and contributing workplace factors.

To-date little is known about issues facing the Indigenous AOD workforce or the non-Indigenous AOD workforce who have a high proportion of Indigenous clients. Anecdotal evidence indicates that Indigenous AOD and other health workers are placed under considerable work pressure.

Survey Aims

The aim of the survey was to examine levels of stress and wellbeing and their contributing factors among a sample of workers from AOD organisations that mainly provide services to Indigenous people in Australia.

Methodology

The survey was designed for AOD specialist and generic health workers across government, non-government, and community-controlled organisations all over Australia. An online questionnaire (see Appendix 1) was specifically developed to assess various workplace conditions (i.e., co-worker support, cultural practices, work environment, client pressure, experience of racism, workload, and work-life imbalance), and work outcomes (i.e., mental health and wellbeing, job satisfaction, emotional exhaustion, and turnover intention). The survey was accessible for 6 months, with reminders sent periodically. Hard copies of the survey were provided to participants who preferred this option.

Key Findings

A total of 294 AOD workers in Australia (62% Indigenous, 37% non-Indigenous, 1% unknown) submitted surveys that were eligible for further analyses.

There were significant differences found between Indigenous and non-Indigenous workers in this survey:

1. Indigenous respondents were significantly more likely to have dependents than non-Indigenous respondents. Having dependents was significantly associated with greater mental health and wellbeing for non-Indigenous respondents, but not for Indigenous respondents.

2. Indigenous respondents were typically female, and were younger on average than the non-Indigenous respondents. The younger age of Indigenous respondents may reflect the reduced life expectancy of Indigenous people, but can also be seen as a positive in that the Indigenous AOD field may be succeeding in attracting new, young workers.

3. There were proportionally less older Indigenous workers in the field compared to non-Indigenous workers, which suggests that younger Indigenous workers may have less opportunities in having older, more experienced workers as role models, mentors or advocates to provide guidance and support in their jobs.

4. Indigenous respondents were less likely to hold permanent positions, and more likely to hold casual positions.

5. Indigenous workers reported lower salaries on average than non-Indigenous workers, and were less than half as likely to earn more than $60,000 compared to non-Indigenous workers, despite no significant differences in Indigenous workers' hours worked, and type of shifts worked. The difference in salaries is likely to be due to respondents' occupations: non-Indigenous workers were more likely to be AOD workers and nurses, while Indigenous workers were more likely to be Aboriginal / Torres Strait Islander Health Workers. Salary was also considered unsatisfactory by more Indigenous respondents and was noted as a key strategy to promote retention.

6. Non-Indigenous workers recorded higher average scores on mental health and wellbeing compared to the Indigenous group, indicating comparatively better levels of mental health for non-Indigenous workers.

7. Indigenous workers reported poorer self-rated health and mental health and wellbeing compared to non-Indigenous workers. Specifically, Indigenous respondents reported being worried, restless and affected by past events more often.

8. High levels of pressure were also reported from different types of clients, in particular, for the Indigenous workers, from demanding clients, manipulative clients, and clients with alcohol-related problems.

9. A higher proportion of non-Indigenous respondents reported experiencing physical and verbal abuse in their jobs over the past 12 months compared to Indigenous respondents.

10. Indigenous workers recorded higher levels of work and family imbalance compared to non-Indigenous workers, indicating that Indigenous workers found it more difficult to balance work and family life.

11. Indigenous respondents reported shorter lengths of service in their current organisation compared to non-Indigenous respondents, which may indicate greater levels of turnover or recency of recruitment.

12. Indigenous workers specifically highlighted having adequate salaries as a key strategy to promote retention and expressed interest in being provided with more career opportunities.

Table 1. Work factors found to be key predictors of differences between Indigenous and non-Indigenous workers

Work Outcomes	Key Predictors	
	Indigenous Workers	Non-Indigenous Workers
Emotional exhaustion (burnout)	Work imbalance	Work imbalance
	Co-worker support	Client pressure
Mental health	Family imbalance	Work imbalance
	Experience of racism	Family imbalance
Job satisfaction	Co-worker support	-
Turnover intention	Emotional exhaustion (burnout)	Emotional exhaustion (burnout)
	Job satisfaction	Work environment
	Work environment	

Implications

The results of the survey suggest that in order to effectively improve worker wellbeing and reduce turnover, organisations may need to implement customised strategies that meet the different needs and issues of Indigenous and non-Indigenous staff.

In the case of Indigenous AOD workers, a more holistic approach can be taken to examine the broader family and community context when addressing their levels of wellbeing. Furthermore, ensuring adequate and equitable salaries and benefits, as well as providing more opportunities for career and personal growth may well increase job satisfaction and thereby reduce turnover intention among Indigenous workers.

Findings from the online survey should also be considered in light of the information gathered in the interviews, focus groups and written submissions that formed a separate component of this project. It is likely that there may be other factors that could have an impact on Indigenous AOD workers' health and wellbeing that were not measured in this survey.

Indigenous Alcohol and Other Drug Workers' Wellbeing, Stress and Burnout: Findings from an online survey

Introduction

An online survey was conducted in 2008 among Indigenous and non-Indigenous workers from various alcohol and other drug (AOD) organisations which provided services to the Indigenous population across Australia. The survey was one component of a more extensive project conducted by the National Centre for Education and Training on Addiction (NCETA) at Flinders University examining Indigenous AOD workers' levels of wellbeing and contributing workplace factors.

The aims of the project were threefold:

1. To investigate levels of stress and wellbeing experienced by Indigenous AOD workers
2. To determine effective strategies to maintain and improve the wellbeing of the Indigenous AOD workforce
3. To facilitate the recruitment and retention of AOD workers, particularly those working with Indigenous people in rural and remote areas.

To achieve these goals, a number of different approaches were undertaken. In addition to this survey, a literature review of existing relevant research, a call for public submissions, face-to-face/telephone interviews, focus groups, and site visits were conducted.

This report focuses solely on the development, implementation and results of the online survey. It presents the results of a survey that examined levels of stress and wellbeing and their contributing factors among a sample of workers from AOD organisations that mainly provide services to Indigenous people in Australia.

The next section provides an overview of AOD and other health-related issues faced by the Indigenous population and the context of the Indigenous AOD workforce, within which the survey took place. The concepts of stress, burnout and wellbeing are also defined from a general and an Indigenous perspective followed by a rundown of relevant past research conducted in the area.

Context and Concepts

Indigenous Population

Indigenous Australians are at high risk of health and social problems associated with AOD use (Pink & Allbon, 2008). In addition, they are often marginalised in terms of health care services and other forms of social inequities (e.g., income, housing, education, and employment) (Henry, Houston, & Mooney, 2004). A larger proportion of Indigenous Australians live in remote areas where health services are limited or difficult to reach, compared to non-Indigenous Australians (Pink & Allbon, 2008). Cultural differences and language barriers can also add to difficulties in accessing culturally safe health care and AOD services (Pink & Allbon, 2008).

Compared to non-Indigenous Australians, Indigenous Australians experience greater health inequalities in terms of limited access and provision of health care services (Pink & Allbon, 2008), poorer health (i.e., poorer physical health, higher mortality rates and incidence of disease, lower levels of social and emotional wellbeing, greater psychological distress (AIHW, 2009b)), and greater social inequities including lower employment and education participation rates, lower income levels, and higher incarceration rates (Pink & Allbon, 2008).

Indigenous AOD Workforce

The Indigenous AOD workforce comprises those that provide AOD services to the Indigenous population in Australia. They include, but are not limited to, Aboriginal Health Workers[1], and Aboriginal liaison officers, as well as Indigenous doctors, nurses, drug and alcohol clinicians, community health workers and mobile patrol staff.

The size and other demographics of this workforce are difficult to estimate. The number of (Indigenous and non-Indigenous) workers in specialist AOD agencies in 2003 was estimated at 10,190 (Roche, 2008). However, this estimate does not account for staff employed in AOD programs / departments within non-AOD specialist organisations such as hospitals and community health centres. Hence, it is likely that the AOD specialist workforce is much larger. To-date, however, no extensive, nationally-coordinated workforce profiling has been undertaken to map out the statistics and characteristics of the AOD specialist workforce (Roche & Pidd, 2010). Data garnered from a number of national workforce surveys[2] indicate that the AOD specialist workers are typically female, aged 45 years and above, and have been working in the AOD field for about 5 years on average (Roche & Pidd, 2010).

The AOD workforce is a subset of the health services labour population. Based on the 2006 Census data compiled by the Australian Bureau of Statistics (ABS), a mere 1% of the health workforce comprised Indigenous workers, namely registered nurses, Aboriginal Health Workers[3] and nursing support workers (Pink & Allbon, 2008). In comparison, Indigenous peoples made up 2.5% of the nation's population (ABS, 2007). Clearly, Indigenous people are under-represented in the health workforce. This disparity may likely contribute to an increase in workload and excessive demands placed on existing Indigenous health workers in the field.

Workplace Stress, Burnout and Wellbeing

Stress is experienced when individuals feel unable to cope with the demands placed upon them (Farmer, Clancy, Oyefeso, & Rassool, 2002). More specifically, work stress refers to psychological, physical and behavioural responses to work-related demands over a discrete or short-term period (Dollard, Winefield, & Winefield, 2003).

A related concept to stress is burnout, which is a chronic form of strain that develops over time in response to prolonged periods of intense stress (Maslach, Schaufeli, & Leiter, 2001). There are three dimensions of burnout (Maslach, et al., 2001):

1. Emotional exhaustion – a feeling of being overextended and drained of emotional and physical resources
2. Depersonalisation – a negative, detached or cynical view of one's work
3. Reduced personal accomplishment – a low sense of achievement, feelings of incompetence, or low self efficacy.

Prolonged exposure to stressful working conditions and job demands can result in worker burnout over time. The symptoms of stress and burnout may differ but similar factors contribute to both conditions (Skinner & Roche, 2005).

Trewin (2001) defines wellbeing as "...a state of health and sufficiency in all aspects of life." (p.6). This includes aspects at the individual level (i.e., physical, emotional, psychological and spiritual) and at the broader level which comprises the social, material, and natural environments that surround each person. The concept of wellbeing does not just refer to the presence or absence of an illness or disease but rather extends to cover the wellness or positive state of an individual (Pink & Allbon, 2008). From an Indigenous perspective, wellbeing encompasses not just the individual but also the health and wellbeing of the family and wider community. The interconnection of the individual with his / her social, cultural, physical and economic environment is particularly important in defining Indigenous wellbeing (ABS, 2010).

In devising a framework for measuring Indigenous wellbeing, two out of the nine interrelated domains identified by the Australian Bureau of Statistics (ABS) (2010) were:

1. Customary, voluntary and paid work
2. Income and economic resources.

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1 Also includes Torres Strait Islander health workers.

2 Most of these national surveys were conducted by NCETA between 2001 and 2005.

3 Also includes Torres Strait Islander Health workers.

Undoubtedly, work is an important area of life that contributes to a person's wellbeing, namely, how satisfying and rewarding work is at an economic and non-economic level (Trewin, 2001). More specifically, occupational or workplace wellbeing can be seen as a positive, subjective evaluation of the different aspects of one's job, including affective, motivational, behavioural, cognitive and psychosomatic dimensions (Van Horn, Taris, Schaufeli, & Schreurs, 2004).

Stress and burnout can be seen as indicators of wellbeing as it measures a set of affective, behavioural and cognitive symptoms that reflect long-term physical and emotional strain in the workplace (Price & Spence, 1994). Thus, if an Indigenous AOD worker is experiencing high levels of burnout, it would mean that their wellbeing has been negatively affected.

Workers in the health and human services field often experience high levels of work-related demands which make them more vulnerable to stress and burnout (Dollard, et al., 2003). Job demands, such as heavy workloads and client pressure, coupled with a lack of job resources (e.g., lack of job autonomy or limited social support) can also jeopardise workers' health and wellbeing (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Recent research has identified the impact of work stress and burnout on mainstream AOD workers' wellbeing (e.g., Duraisingam, Pidd, Roche, & O'Connor, 2006; Duraisingam, Roche, Pidd, Zoontjens, & Pollard, 2007). Although some studies have examined the efficacy of Indigenous-specific AOD programs (e.g., Strempel, Saggers, Gray, & Stearne, 2004), and important Indigenous workforce development projects are underway[4], there have been few investigations into the wellbeing of Indigenous AOD workers or the capacity of Indigenous services to attract and retain AOD workers. There is also limited research on Indigenous AOD issues including workers' experiences of dealing with clients with AOD problems, and the impact that this may have on them as workers.

Nevertheless, anecdotal evidence indicates that Indigenous AOD workers experience a greater range of stressors and pressures in their work roles than their non-Indigenous counterparts. In addition to their lower labour participation rates in the workforce which causes more pressure in trying to meet the greater AOD-related needs of the Indigenous population, they also face the following issues:

- Rural / remote challenges including problems in recruitment and retention, limited access to education, training and clinical supervision, limited funding and managerial support
- Indigenous client-based issues such as high community expectations and need for community acceptance, literacy and language barriers, and dealing with often complex and emotional presentations
- Workforce development issues including wage disparity, gender imbalance, limited professional development opportunities, excessive work demands, and lack of traditional work-role boundaries (for cultural and professional reasons) (Roche & Pidd, 2010).

Research concerning Australian Indigenous human service workers working in Indigenous communities has highlighted some of the issues Indigenous workers face (Stanley, Tomison, & Pocock, 2003). As Indigenous workers often live and work within the same community, violence can be an issue together with conflicts of interest and confidentiality when dealing with clients that may be close or extended family members. Compounding this, the availability and appropriateness of training and support for these workers is often limited and many are overworked and suffer from burnout (Stanley, et al., 2003). In addition, constantly dealing with traumatised clients and the associated problems of unemployment, poor education, substance use and violence represents threats to the wellbeing of Indigenous health staff (Panaretto & Wenitong, 2006).

From a workforce development perspective, the ability to attract and maintain skilled and qualified Indigenous and non-Indigenous staff are important elements in the success of Indigenous AOD programs (Strempel, et al., 2004). Worker wellbeing also has a substantial impact on the capacity and sustainability of AOD agencies to respond effectively to AOD-related issues in the community.

The next chapter presents the methodology of the survey.

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4 For example, the Western Australian Indigenous National Train the Trainer Program, the Queensland Indigenous Risk Impact Screen, Aboriginal Drug and Alcohol Council's (SA) Inc (ADAC) Petrol Sniffing and Other Solvents Resource Kit for Indigenous Communities, Indigenous Alcohol Guidelines, Aboriginal Overdose Training Resource, the Grog Book and Brief Intervention Resource, and the National Indigenous Training Package.

Methodology

Target population

The survey was aimed at AOD specialist and generic health workers across government, non-government, and community-controlled organisations all over Australia.

Questionnaire

An online questionnaire was specifically designed to assess various workplace conditions and outcomes as presented below:

Workplace conditions

Coworker support
Extent of positive cultural practices
Work environment
Client pressure
Experience of racism
Workload
Work-life balance – work imbalance
Work-life balance – family imbalance

Work outcomes

Mental health & wellbeing
Job satisfaction
Burnout (emotional exhaustion)
Turnover intention

The questionnaire was developed within the context of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health (AHMAC, 2004) and the National Health and Medical Research Committee's Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (NHMRC, 2003). It also included questions addressing demographic variables such as age, gender, ethnicity, geographical location, educational qualifications and employment details (i.e., job role, work arrangements, duration of employment, salary range, type of organisation, type of Indigenous-specific services provided). A copy of the questionnaire is contained in Appendix 1.

Measures

Co-worker support

Nine items were selected from the Perceived Co-worker Support Scale developed by Ladd and Henry (2000) to measure co-worker support (e.g., "My co-workers really care about my wellbeing"). For each item, participants indicated their level of agreement on a five-point response scale (1 - strongly disagree to 5 - strongly agree). The scores for all items were added to obtain a total co-worker support score. High scores reflected higher levels of co-worker support.

Extent of positive cultural practices

Seven items were developed by the project team to measure the extent of positive cultural practices within participants' organisations. These items were based on the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health (AHMAC, 2004) for example, "Indigenous workers within my organisation have a culturally supportive work environment". Responses for each item were based on a five-point agreement scale. The total score denoted a greater adoption of positive cultural practices.

Work environment

Two items measuring perceptions of the work environment as a safe and pleasant workplace (e.g., "I work in a safe working environment") were included in the survey. Responses for each item ranged from 1 (strongly disagree) to 5 (strongly agree). Scores for each item were summed to provide a total physical work environment score.

Client pressure

To measure the extent of pressure experience by a variety of different client presentations, ten items were adapted from the Addiction Employee Stress Scale developed by Farmer and colleagues (2002). For each client presentation (e.g., poly-drug using clients), responses ranged from 1 (no pressure) to 5 (extreme pressure). Scores were added to obtain a total client pressure score where higher scores denoted greater pressure from clients.

Experience of racism

Four items were developed to measure participant's experience of racism in the workplace (e.g., "As a worker, I experience racism from co-workers"). Responses ranged from 1(never) to 5 (all of the time). A total score was obtained where higher scores equated to a higher level of racism experienced in the workplace.

Work/life imbalance

Five questions were adapted from the Australian Work and Life Index (AWALI) to measure the extent of work affecting personal life (work imbalance) and the extent of personal life affecting work (family imbalance). Three questions were used to measure work imbalance (e.g., "how often does your work interfere with your responsibilities or activities outside work?") and the remaining two questions were included to measure family imbalance (e.g., "how often does your personal life interfere with your responsibilities or activities at work?"). A five-item response scale was used ranging from 1 (never) to 5 (almost always).

Mental health and wellbeing

Six questions were taken from the Indigenous Risk Impact Screen (IRIS), a 13-item screening instrument that assesses AOD use and mental health risk (Schlesinger, Ober, McCarthy, Watson, & Seinen, 2007). The screening tool has demonstrated reliability and validity with Indigenous populations. The six chosen questions for the survey assesses mental health risk specifically (e.g., "How often do you feel nervous or scared?"). Responses for each question ranged from 1 (most days / everyday) to 3 (never / hardly ever). Scores for all questions were tallied to give a total score. Higher scores reflected positive mental health and wellbeing.

Job satisfaction

Two items were taken from a scale developed by Price and Mueller (1981) to measure job satisfaction (e.g., "I find real enjoyment in my job"). Responses ranged from 1 (strongly disagree) to 5 (strongly agree). High scores reflected high levels of job satisfaction.

Burnout (emotional exhaustion)

Nine items measuring emotional exhaustion were taken from the Maslach Burnout Inventory (MBI), a well-established scale that measures burnout (Maslach, Jackson, & Leiter, 1996). While the scale measures all three dimensions of burnout (emotional exhaustion, depersonalisation, and reduced personal accomplishment), emotional exhaustion is the strongest factor in the measurement of burnout (Maslach, et al., 1996). Hence, for conciseness, only the emotional exhaustion subscale was used in the survey. The scale measures physical and emotional fatigue arising from work in general and working with clients (e.g., "I feel emotional drained from my work"). Responses for each item ranged from 0 (never) to 6 (everyday). Scores on all nine items were added to obtain a total burnout score where high scores are indicative of burnout.

Turnover intention

A 4-item scale developed by O'Driscoll and Beehr (1994) was used to measure intentions to quit (e.g., "I have thought about leaving my job"). Responses ranged from 1 (strongly disagree) to 5 (strongly agree). Scores on all items were tallied to obtain a total turnover intention score. Higher scores denoted greater turnover intentions.

Ethics approval

Ethics approval for the questionnaire was obtained from Flinders University Social and Behavioural Research Ethics Committee.

Survey distribution

The survey was accessible online during the period July 2008 to January 2009. Invitations to participate in the survey were distributed via drug and alcohol online listserves, newsletters, and inviting Indigenous and non-Indigenous workers who see a high proportion of Indigenous clients to respond to the survey. Reminders were sent out periodically to increase response rates. The survey took approximately 20 minutes to complete and participants were assured of their confidentiality and anonymity. Hard copies of the questionnaire were also available to interested participants who preferred this option.

Analyses

Descriptive and multivariate statistics were performed including correlations and comparisons of mean scores between the Indigenous and non-Indigenous respondents. Preliminary analyses found significant differences between the Indigenous and non-Indigenous respondents. It was therefore decided that the Indigenous and non-Indigenous data would be analysed and presented separately.

The next chapter presents the results of the survey.

Results

Respondents

A total of 294 AOD workers, 184 (62%) Indigenous, 108 (37%) non-Indigenous, 2 (1%) unknown, completed surveys that were eligible for further analyses.

The majority of Indigenous respondents identified as Aboriginal (94%), 2% identified as Torres Strait Islander, and 4% as Aboriginal and Torres Strait Islander (see Figure 1).

Torres Strait Islander, 4 (2%)

Aboriginal &
Torres Strait Islander, 7 (4%)

Aboriginal, 173 (94%)
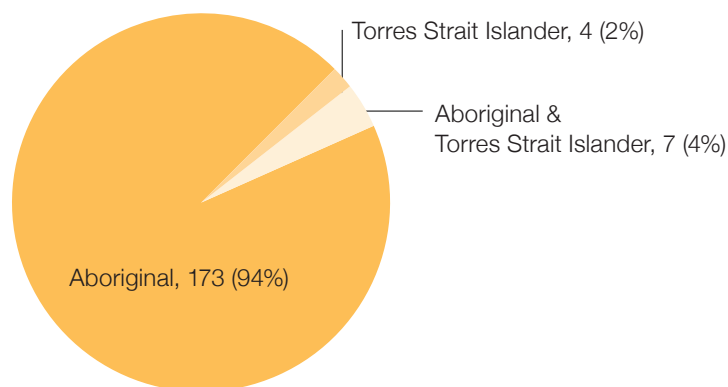
Figure 1 Indigenous survey respondents

Demographics

Respondents' key demographics are shown in Table 2.

Table 2 Demographic details of Indigenous and non-Indigenous respondents

Demographic		Indigenous		Non-Indigenous		Total	
		N	%	N	%	N	%
Country of birth	Australia	178	97%	79	73%	257	88%
	Other	5	3%	29	27%	34	12%
	Total	183	100%	108	100%	291	100%
Gender	Male	51	29%	33	31%	84	30%
	Female	126	71%	74	69%	200	70%
	Total	177	100%	107	100%	284	100%
Dependents (children, parents)	Yes	114	64%	51	48%	165	58%
	No	65	36%	56	52%	121	42%
	Total	179	100%	107	100%	286	100%

Almost all Indigenous respondents, and three quarters of non-Indigenous respondents, were born in Australia. More women than men completed the survey for both Indigenous and non-Indigenous groups. There were no significant gender differences with other demographic variables for the Indigenous respondents.

Indigenous respondents were significantly more likely to have dependents than non-Indigenous respondents.[5] The influence of dependents on key outcome variables was examined. Having dependents did not affect work / life balance (family imbalance or work imbalance), burnout, or turnover. However, having dependents was significantly associated with better mental health and wellbeing for non-Indigenous respondents, but not for Indigenous respondents.[6]

Indigenous respondents were generally younger on average than non-Indigenous respondents.[7] The majority of Indigenous respondents were aged between 30 to 49 years whereas most of the non-Indigenous respondents were aged between 40-59 years (see Figure 2). There was also a higher proportion of older non-Indigenous respondents (31%) aged between 50-59 years compared to similarly aged Indigenous workers (18%).
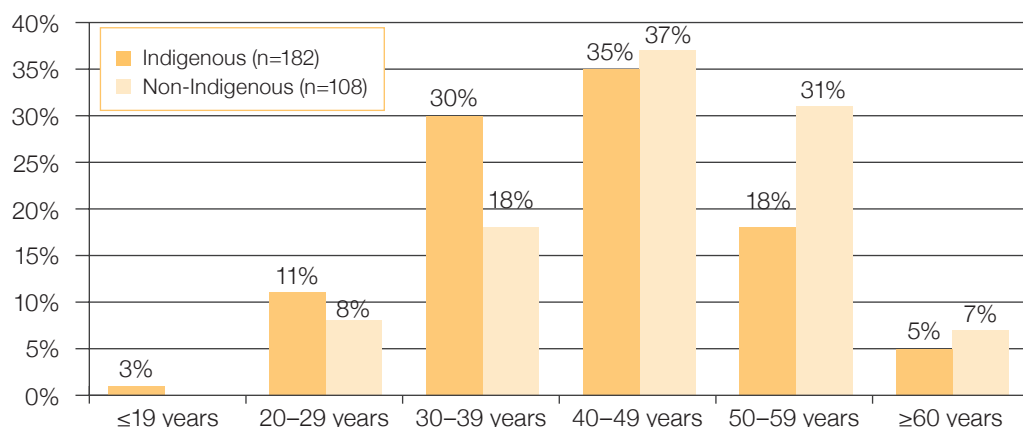
Figure 2 Age of Indigenous and non-Indigenous respondents

Organisational details

The number of respondents from different states, geographic locations, and organisational sectors are shown in Figures 3 to 5 below. A wide representation of states and territories (with the exception of Tasmania), metropolitan and non-metropolitan areas, and organisational sectors was achieved.

Figure 3 Survey respondents' workplace by state[8]

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5   $X^2(1) = 7.0$, $p = .01$

6   $t(100) = 2.3$, $p = .026$

7   $X^2(4) = 10.1$, $p < .05$

8   'More than 1' indicates the respondent works in more than one jurisdiction.

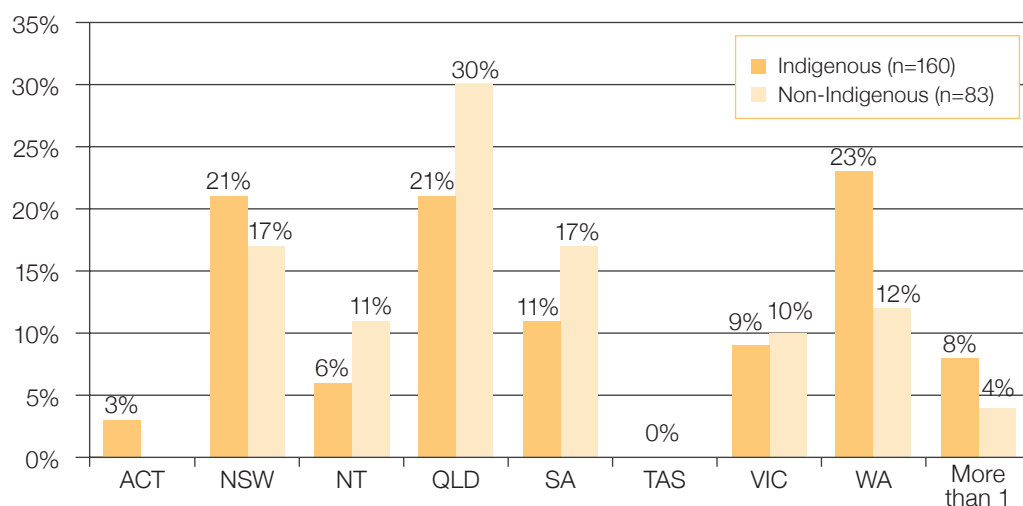Around one-fifth of Indigenous respondents worked in Western Australia, Queensland or New South Wales. Thirty-percent of non-Indigenous respondents worked in Queensland. Less than 10% of survey respondents worked in more than one state / territory.
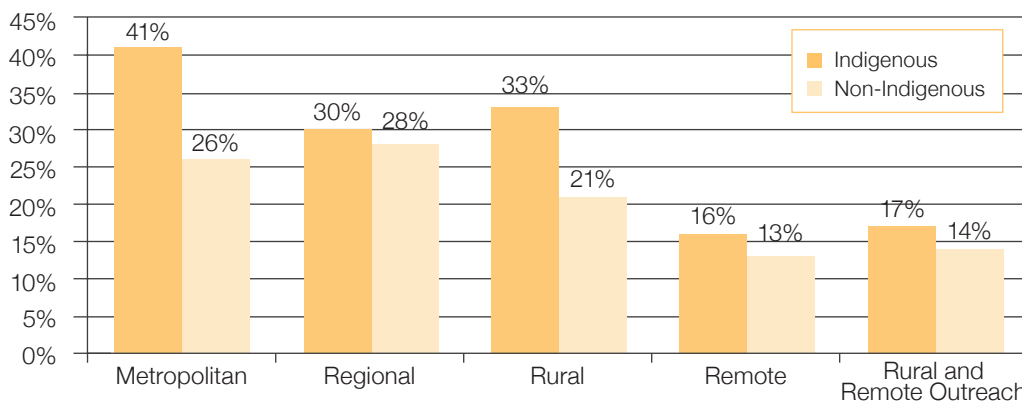
Figure 4 Survey respondents' workplace by geographic location[9]

As can be seen in Figure 4, the majority of survey respondents worked in non-metropolitan areas, with nearly half the Indigenous respondents working in rural and remote areas. The majority of survey respondents worked in government health-related organisations (see Figure 5). A further 31% of non-Indigenous and 22% of Indigenous respondents worked in the non-government sector.

Figure 5 Types of organisations survey respondents worked in[10]

The most frequently noted services provided by respondents' organisations included general health and AOD-related services (see Figure 6).

9   Respondents could select more than one location, hence the percentages add up to more than 100%.

10 CC = Community-controlled

Figure 6 Types of services provided by respondents' organisations[11]

Employment information

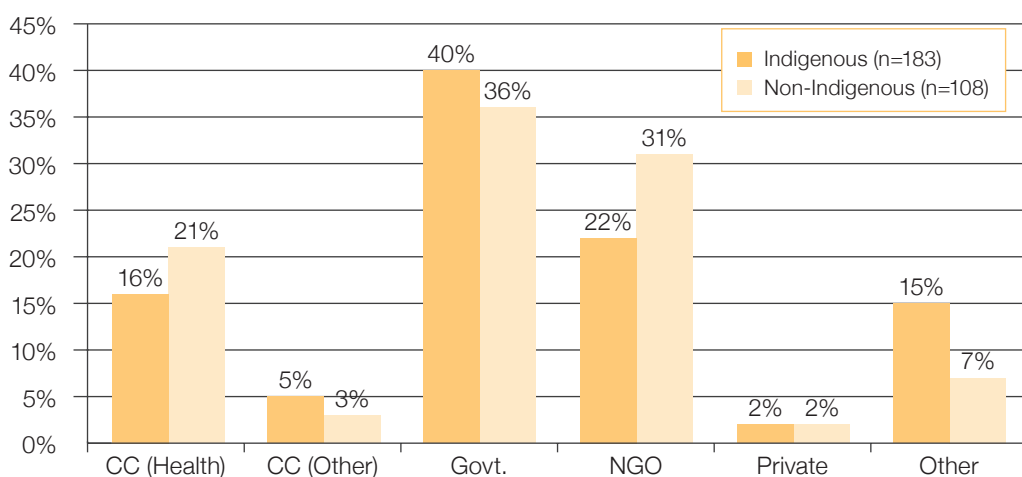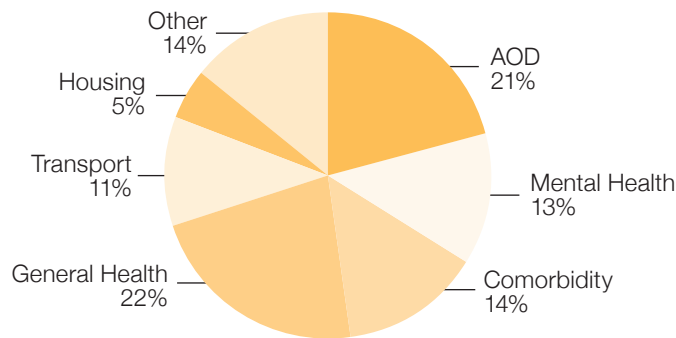The occupations of Indigenous and non-Indigenous respondents are presented in Table 3. Indigenous respondents were mainly Aboriginal / Torres Strait Islander Health Workers and AOD workers whereas non-Indigenous respondents were mainly nurses and AOD workers.

Table 3 Occupations of Indigenous and non-Indigenous respondents

Occupation	Indigenous		Non-Indigenous		Total	
	N	%	N	%	N	%
AOD Worker	25	14%	25	23%	50	17%
Aboriginal/Islander Health Worker	33	18 %	0	0%	33	11%
Doctor	0	0%	5	5%	5	2%
Nurse	15	8%	29	27%	44	15%
Psychologist	2	1%	5	5%	7	2%
Social Worker	8	4%	7	6%	15	5%
Aboriginal/Islander Health Worker (AOD)	12	7%	0	0%	12	4%
Aboriginal/Islander Health Worker (MH)	11	6%	1	1%	12	4%
Manager	17	9%	10	9%	27	9%
Administrator	3	2%	5	5%	8	3%
Trainer	6	3%	1	1%	7	2%
Other	48	27%	19	18%	67	23%
Total	180	100%	107	100%	287	100%

Conditions of employment for Indigenous and non-Indigenous respondents are presented in Table 4. Approximately two thirds of respondents had permanent positions. Nineteen percent of both Indigenous and non-Indigenous workers were on contracts. Current work arrangements were significantly different between Indigenous and non-Indigenous respondents. Indigenous respondents were less likely to hold permanent positions, and more likely to hold casual positions.[12]

About half the respondents worked a full working week (38 hours) or less, and 45% worked more than 38 hours per week. Of those that were working more than 38 hour weeks, 71% were in permanent positions and the remainder were in contract (20%), casual (3%) or other positions (6%). For most respondents, these hours followed

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11 Respondents could select more than one service

12 X^2 (4) = 9.9, *p* = .041

standard business hours, with 5% on rotational shifts, and 4% on 24 hours on-call. Three-quarters of respondents worked unpaid overtime, with just under 30% working more than 12 hours of unpaid overtime a month.

There were no significant differences in hours worked per week, unpaid overtime, or type of shifts worked between Indigenous and non-Indigenous respondents.

Table 4 Work conditions for Indigenous and non-Indigenous respondents

Condition		Indigenous		Non-Indigenous		Total	
		N	%	N	%	N	%
Current work	Permanent	108	65%	71	75%	179	68%
	Contract	31	19%	18	19%	49	19%
	CDEP[13]	0	0%	0	0%	0	0%
	Casual	10	6%	2	2%	12	5%
	Other	14	8%	4	4%	18	7%
	Unsure	4	2%	0	0%	4	2%
	Total	167	100%	95	100%	262	100%
Hours of work per week	≤ 8 hours	8	5%	0	0%	8	3%
	9-20 hours	7	4%	3	3%	10	4%
	21-38 hours	78	47%	46	48%	124	48%
	39-50 hours	61	37%	41	43%	102	39%
	> 50 hours	12	7%	5	5 %	17	6%
	Total	166	100%	95	100%	261	100%
Unpaid overtime per month	None	47	28%	20	21%	67	26%
	1-12 hours	74	44%	43	45%	117	45%
	13-40 hours	33	20%	26	27%	59	23%
	41-64 hours	9	5%	3	3%	12	5%
	65-80 hours	1	1%	2	2%	3	1%
	> 80 hours	3	2%	1	1%	4	2%
	Total	167	100%	95	100%	262	100%
Type of shift worked	**Business hours**	131	79%	77	81%	208	80%
	Rotational shifts	7	4%	7	7%	14	5%
	24-hours on-call	10	6%	1	1%	11	4%
	Rostered on-call	1	1%	1	1%	2	1%
	Night shifts	1	1%	1	1%	2	1%
	Weekend-shifts	1	1%	0	0%	1	0%
	Other	15	9%	8	8%	23	9%
	Total	166	100%	95	100%	261	100%

Figure 7 shows the salaries of the Indigenous and non-Indigenous respondents. Indigenous respondents had significantly lower salaries on average compared to non-Indigenous respondents.[14] Non-Indigenous respondents were more than twice as likely as Indigenous respondents to report receiving a salary over $60,000 a year.

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13 CDEP – Community Development Employment Project
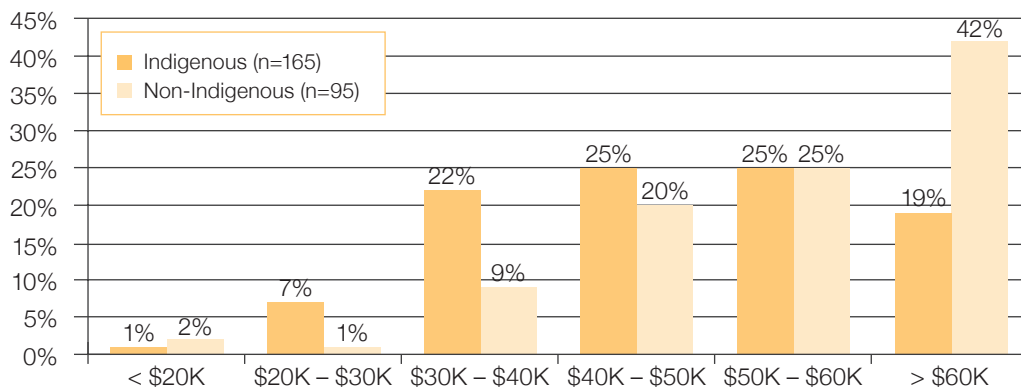
14 X^2 (5) = 23.1, $p < .001$

Figure 7 Annual salaries of Indigenous and non-Indigenous respondents

To examine the factors influencing this salary disparity, selected demographic variables were regressed on salary: occupation, age, and length of service, along with Indigenous versus non-Indigenous status. After controlling for these variables, Indigenous status remained a significant predictor of salary.[15] Age also predicted salary, with older workers more likely to receive a higher wage than younger workers.[16] Aboriginal Health Workers were also significantly more likely to have lower wages compared to other occupational groups.[17]

Figure 8 shows the length of service in current organisation for Indigenous and non-Indigenous respondents. Indigenous respondents had a shorter average length of service (2.6 years) compared to non-Indigenous workers (3.0 years).[18]
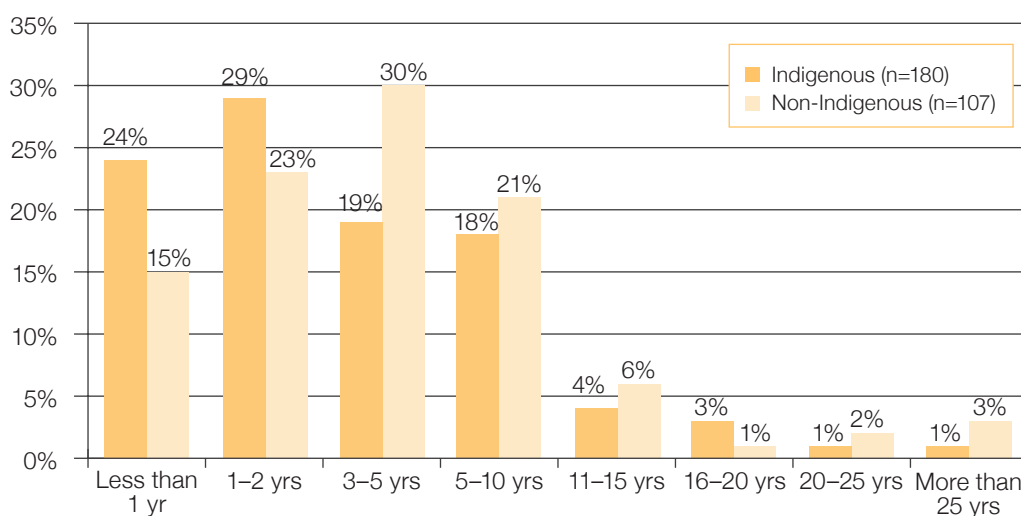

Figure 8 Length of service in current organisation for Indigenous and non-Indigenous respondents

Education and qualifications

Figure 9 presents the highest post-secondary qualifications completed by the survey respondents. For Indigenous respondents, 32% had completed a TAFE qualification, 24% had a university degree (undergraduate or postgraduate) and a further 13% had obtained a university diploma. Just under 20% of Indigenous respondents did not have a post-secondary qualification. In comparison, 21% of non-Indigenous respondents possessed a TAFE qualification, 57% had obtained either an undergraduate or postgraduate degree and 12% had a university diploma.

15 ß = .14, *p* = 0.031

16 ß = .23, *p* < 0.001

17 ß = -.20, *p* = 0.004

18 t (285) = 2.2, *p* = .032

In terms of field of study, more Indigenous respondents had obtained a specific AOD qualification compared to non-Indigenous respondents. More non-Indigenous respondents had obtained a nursing qualification (see Figure 10).
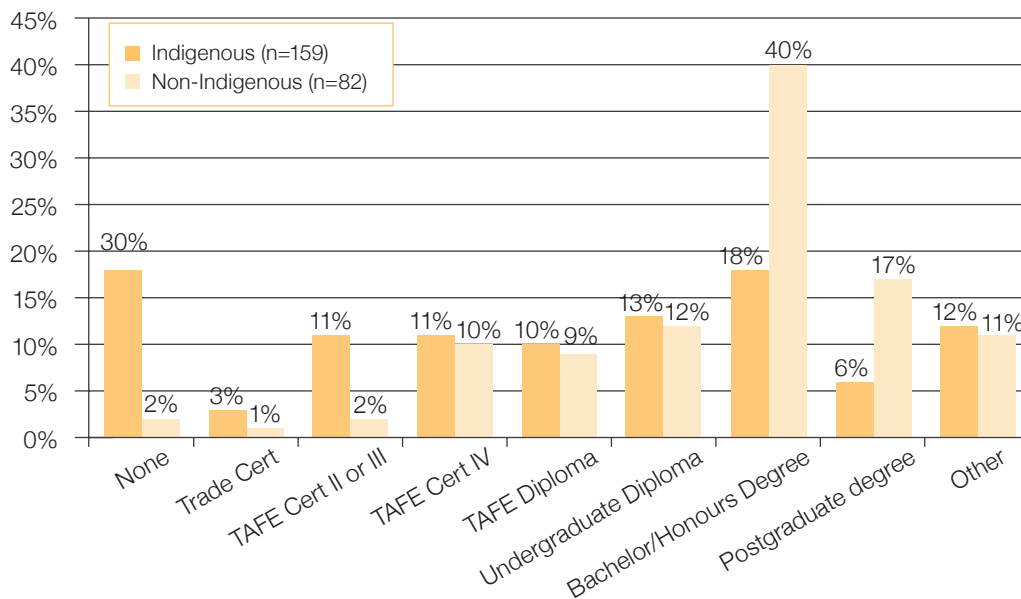

Figure 9 Highest post-secondary qualifications of Indigenous and non-Indigenous respondents
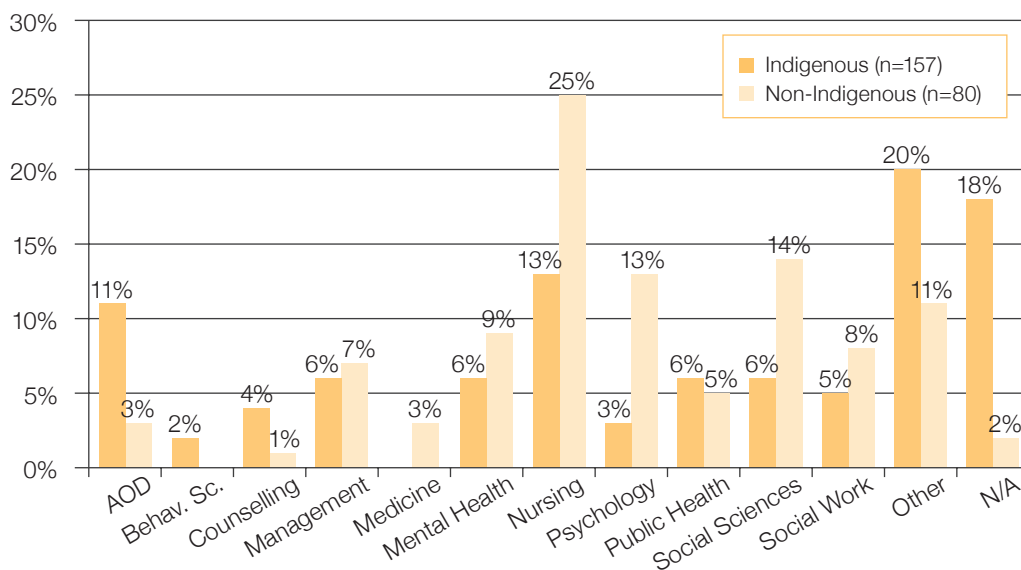

Figure 10 Discipline of highest qualification of Indigenous and non-Indigenous respondents

Figure 11 shows the AOD qualifications attained by Indigenous and non-Indigenous respondents. The most frequently completed AOD courses for both groups were non-accredited and accredited short courses. A higher but still small proportion of Indigenous workers had acquired a TAFE-level qualification compared to non-Indigenous workers.
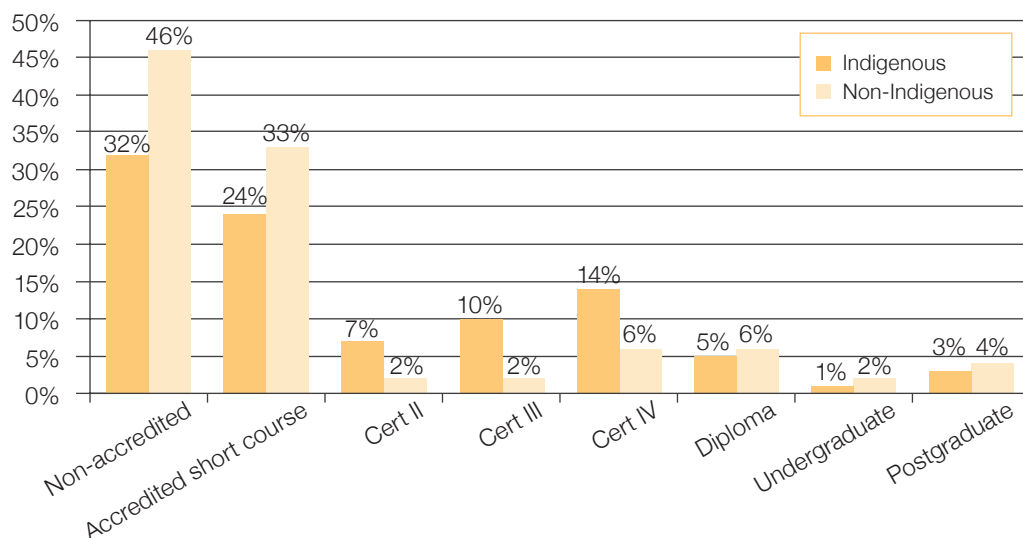
Figure 11 AOD qualifications of Indigenous and non-Indigenous respondents[19]

Access to Indigenous-specific AOD resources

Sixty percent of Indigenous and non-Indigenous respondents reported they did not have adequate access to Indigenous-specific AOD resources. Approximately half the respondents (Indigenous: 46%, non-Indigenous: 51%) reported they had access to some, but not enough resources, while 14% of Indigenous and 9% of non-Indigenous workers felt they did not have access to any resources.

Health status

Current health status and changes in health status during the current job of Indigenous and non-Indigenous respondents are shown in Table 5. Non-Indigenous respondents reported better levels of health than Indigenous respondents. Indigenous respondents were more likely to rate their health as 'poor', 'fair', or 'good', and less likely to rate their health as 'very good' or 'excellent' compared to non-Indigenous respondents.[20]

Approximately half the total respondents reported no change in health status, and there was no significant difference between Indigenous and non-Indigenous respondents on change in health status during their current job. More respondents (37%) reported their health had worsened during the course of their current employment than those who reported their health had improved (18%).

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19 Respondents could select more than one response. Percentages are based on the total number of survey respondents for each group [i.e., Indigenous (n=184) and non-Indigenous (n=108)]

20 X^2 (4) = 9.7, *p* = .046

Table 5 Current health status, and change in health status during current job, for Indigenous and non-Indigenous respondents

Health Status		Indigenous		Non-Indigenous		Total	
		N	%	N	%	N	%
Current self-rated health status	Poor	6	3%	1	1%	7	2%
	Fair	45	25%	20	19%	65	22%
	Good	86	47%	42	39%	128	44%
	Very good	36	20%	36	33%	72	25%
	Excellent	10	6%	9	8%	19	7%
	Total	183	100%	108	100%	291	100%
Change in health status during current job	A lot worse	17	9%	6	6%	23	8%
	A little worse	51	28%	32	30%	83	29%
	About the same	77	42%	58	54%	135	46%
	A little better	21	12%	10	9%	31	11%
	A lot better	17	9%	2	2%	19	7%
	Total	183	100%	108	100%	291	100%

Abuse and fear

Respondents were also asked about any physical or verbal abuse and fear that they may have experienced in their jobs during the past 12 months (Table 6).

Table 6 Type of abuse experienced on the job during the past 12 months

Type of abuse		Indigenous		Non-Indigenous		Total	
		N	%	N	%	N	%
Experienced physical abuse	Yes	14	8%	17	18%	31	12%
	No	155	92%	76	82%	231	88%
	Total	169	100%	93	100%	162	100%
Experienced verbal abuse	Yes	91	54%	70	74%	161	61%
	No	79	46%	25	26%	104	39%
	Total	170	100%	95	100%	265	100%
Put in fear	Yes	53	31%	38	40%	91	34%
	No	117	69%	56	60%	173	66%
		170	100%	94	100%	264	100%

The majority of respondents, Indigenous and non-Indigenous, did not experience any physical abuse. However, the proportion of non-Indigenous respondents who did experience physical abuse was significantly higher than the proportion of Indigenous respondents that experienced the same (18% vs. 8%).[21]

Most respondents stated that they had received verbal abuse in their jobs over the past year. A significantly higher proportion of non-Indigenous respondents compared to their Indigenous counterparts, indicated that they received this form of abuse in particular (74% vs. 54%).[22]

21 p = .016

22 p = .001

More than a third of respondents affirmed that they were put in fear over the past 12 months at work. No significant differences were found between the Indigenous and non-Indigenous respondents.

Client pressure

Table 7 shows perceived pressure from different client groups. For Indigenous workers, the greatest pressure was from demanding clients, manipulative clients, and clients with alcohol-related problems. For non-Indigenous workers, the greatest pressure was from manipulative clients, poly-drug using clients, and demanding clients.

Table 7 Pressure from different client types for Indigenous and non-Indigenous workers

Pressure Client type	None (%)	A little (%)	Some (%)	A lot (%)	Extreme (%)	N
Mental health problems						
Indigenous workers	15	19	31	27	8	161
Non-indigenous workers	5	20	40	28	7	88
Health problems						
Indigenous workers	23	22	30	18	6	162
Non-indigenous workers	15	26	47	8	3	87
Poly-drug use problems						
Indigenous workers	16	16	33	23	12	161
Non-indigenous workers	8	20	29	33	10	90
Alcohol-related problems						
Indigenous workers	17	17	25	29	12	162
Non-indigenous workers	7	24	32	24	12	90
Young clients						
Indigenous workers	24	18	29	19	9	164
Non-indigenous workers	13	24	39	19	6	88
Manipulative clients						
Indigenous workers	11	13	30	30	15	164
Non-indigenous workers	6	14	35	32	12	93
Demanding clients						
Indigenous workers	9	15	26	29	23	164
Non-indigenous workers	4	18	36	30	11	92
Violent clients						
Indigenous workers	16	16	32	14	22	158
Non-indigenous workers	11	21	28	25	15	89
Aggressive clients						
Indigenous workers	15	18	32	16	20	161
Non-indigenous workers	8	23	29	24	16	90
Uncooperative clients						
Indigenous workers	13	16	31	27	13	165
Non-indigenous workers	9	20	38	22	11	91

Expectations on and sufficiency of staff

As can be seen from Table 8, 38% of Indigenous and non-Indigenous respondents agreed / strongly agreed that that too much was expected of all staff in their workplace. Nearly half the total respondents (46%) disagreed/ strongly disagreed that there was enough staff in their workplace to provide quality services.

Table 8 Expectations on and sufficiency of staff

Staff	Response	Indigenous		Non-Indigenous		Total	
		N	%	N	%	N	%
Too much is expected of all staff in my workplace	Strongly disagree	15	9%	4	4%	19	7%
	Disagree	27	16%	26	27%	53	20%
	Neither agree nor disagree	63	38%	29	31%	92	35%
	Agree	51	30%	28	29%	79	30%
	Strongly agree	12	7%	8	8%	20	8%
	Total	168	100%	95	100%	263	100%
There are enough staff in my workplace to provide quality services	Strongly disagree	21	13%	16	17%	37	14%
	Disagree	55	33%	29	31%	84	32%
	Neither agree nor disagree	30	18%	14	15%	44	17%
	Agree	47	28%	29	31%	76	29%
	Strongly agree	14	8%	7	7%	21	8%
	Total	167	100%	95	100%	262	100%

Work aspects that provide satisfaction

Table 9 presents the level of satisfaction respondents received from different aspects of their work. For both groups of workers, the vast majority (over 90%) indicated that achieving successful outcomes for clients, doing work of value to society and having one-to-one interactions with their clients, to be satisfying / very satisfying. Opportunities for personal learning or growth and relationships with co-workers were satisfying or very satisfying for 78% of total respondents. Just over half the respondents (i.e., 51% Indigenous and 57% non-Indigenous) found salary or benefits to be satisfying. Seventeen percent of Indigenous workers and 10% of non-Indigenous workers indicated that their salary and benefits at work were 'not at all satisfying'.

Table 9 Aspects of work that provide satisfaction for Indigenous and non-Indigenous respondents

Staff	Response	Indigenous		Non-Indigenous		Total	
		N	%	N	%	N	%
Doing work of value to society	Not at all satisfying	0	0%	0	0%	0	0%
	Somewhat satisfying	11	7%	5	5%	16	6%
	Satisfying	39	23%	24	26%	63	24%
	Very satisfying	118	70%	65	69%	183	70%
	Not relevant	0	0%	0	0%	0	0%
	Total	168	100%	94	100%	262	100%

Successful outcomes for clients	Not at all satisfying	0	0%	0	0%	0	0%
	Somewhat satisfying	17	6%	4	3%	21	5%
	Satisfying	48	14%	25	17%	73	15%
	Very satisfying	135	80%	74	80%	209	80%
	Not relevant	0	0%	0	0%	0	0%
	Total	168	100%	93	100%	261	100%
One to one interactions with clients	Not at all satisfying	0	0%	0	0%	0	0%
	Somewhat satisfying	17	10%	4	4%	21	8%
	Satisfying	48	30%	25	27%	73	29%
	Very satisfying	97	60%	62	68%	159	63%
	Not relevant	0	0%	0	0%	0	0%
	Total	162	100%	91	100%	253	100%
Career growth	Not at all satisfying	11	7%	6	7%	17	7%
	Somewhat satisfying	35	21%	23	27%	58	23%
	Satisfying	46	28%	23	27%	69	27%
	Very satisfying	74	45%	33	38%	107	42%
	Not relevant	0	0%	1	1%	1	0%
	Total	166	100%	86	100%	252	100%
Opportunities for personal learning / growth	Not at all satisfying	10	6%	1	1%	11	4%
	Somewhat satisfying	29	17%	16	17%	45	17%
	Satisfying	44	26%	25	27%	69	26%
	Very satisfying	86	51%	51	55%	137	52%
	Not relevant	0	0%	0	0%	0	0%
	Total	169	100%	93	100%	262	100%
Relationships with co-workers	Not at all satisfying	10	6%	4	4%	14	5%
	Somewhat satisfying	25	15%	18	19%	43	16%
	Satisfying	54	32%	29	31%	83	31%
	Very satisfying	81	48%	43	46%	124	47%
	Not relevant	0	0%	0	0%	0	0%
	Total	170	100%	94	100%	264	100%
Salary/benefits	Not at all satisfying	29	17%	9	10%	38	15%
	Somewhat satisfying	53	32%	30	33%	83	32%
	Satisfying	50	30%	32	35%	82	32%
	Very satisfying	35	21%	20	22%	55	21%
	Not relevant	0	0%	1	1%	1	0%
	Total	167	100%	92	100%	259	100%

Strategies to improve retention

A number of potential strategies for improving retention were identified by survey respondents. Table 10 presents the strategies identified as important or very important by at least 80% of both Indigenous and non-Indigenous respondents (in order of most importance). Salary increases and more training opportunities were considered to be key retention strategies among Indigenous respondents whereas non-Indigenous respondents noted that more recognition or appreciation of effort and more training opportunities were most important for promoting worker retention.

Table 10 Key strategies to improve retention for Indigenous and non-Indigenous respondents

Retention Strategies	
Indigenous Workers	Non-Indigenous Workers
1. Salary increases	1. More recognition/appreciation of effort
2. More training opportunities	2. More training opportunities
3. More recognition/appreciation of effort	3. More supportive workplace
4. More supportive workplace	4. Reduced administrative workload
5. More career opportunities	5. Salary increases

Workplace factors and outcomes

Table 11 presents the average levels of key work outcomes and work factors for Indigenous and non-Indigenous respondents.

For the key work outcomes, overall job satisfaction levels were high, while emotional exhaustion, mental health and wellbeing, and turnover intention scores were moderate (around the midpoint of the scales). Eleven percent of Indigenous respondents and 6% of non-Indigenous respondents obtained high scores on the burnout scale. For Indigenous respondents, there were significant gender differences found in the average scores for turnover intention. Female Indigenous respondents obtained significantly higher average scores compared to their male counterparts (2.77 vs. 2.40).[23]

23 $t(155) = -2.36$; $p =.019$

Table 11 Mean scores on work factors and work outcomes for Indigenous and non-Indigenous respondents

	Range Low-High	Indigenous		Non-Indigenous	
		N	Mean	N	Mean
Work Outcomes					
Turnover intention	1-5	164	2.67	94	2.75
Emotional exhaustion (burnout)	0-6	170	2.23	96	2.06
*Mental health and wellbeing[24]	1-3	178	2.16	102	2.41
Job satisfaction	1-4	170	3.20	93	3.26
Work Factors					
Client pressure	1-5	141	3.05	78	3.13
*Work/life balance – family imbalance[25]	1-5	180	2.54	104	2.09
*Work/life balance – work imbalance[26]	1-5	180	2.96	104	2.66
Experience of racism	1-5	183	1.76	107	1.65
Workload	1-5	167	3.12	95	3.15
Positive cultural practices	1-5	173	3.12	93	3.05
Co-worker support	1-5	182	3.71	108	3.71
Work environment	1-5	167	3.31	93	3.31

Notes: Higher scores indicate greater levels of variables, (e.g., high emotional exhaustion, or good job satisfaction).
* For these factors, the mean scores between groups were significantly different.

Indigenous respondents' mental health and wellbeing was significantly lower on average than non-Indigenous respondents. To examine this difference further, the individual items for mental health and wellbeing were compared in more detail (see Table 12). Indigenous respondents reported that they were more worried, restless, and affected by past events more than non-Indigenous respondents.

Table 12 Comparison of mental health and wellbeing questions between Indigenous and non-Indigenous respondents

Mental Health and Wellbeing Questions (score of 1-3)	Indigenous		Non-Indigenous	
	N	Mean	N	Mean
How often do you feel down in the dumps, sad or slack?	184	2.13	108	2.24
How often have you felt that life is hopeless?	180	2.53	108	2.69
How often do you feel nervous or scared?	184	2.34	108	2.47
*Do you worry much?[27]	183	1.83	107	2.06
*How often do you feel restless in that you can't sit still?[28]	184	2.18	107	2.39
*Do past events in your family, still affect your wellbeing today?[29]	181	1.94	104	2.59

Note: Lower scores indicate poorer mental health and wellbeing.
* For these questions, the mean scores between groups were significantly different.

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24 $p < .001$

25 $p < .001$

26 $p = .006$

27 $p = .002$

28 $p = .008$

29 $p < .001$

In terms of work factors, on average, respondents were generally positive about their work environment and their organisation's cultural practices around Indigenous issues (e.g., culturally supportive working environment, implementation of cultural competency standards). They had little or no experiences of racism, and received support from co-workers. These overall findings, however, do not mean these are not issues for some organisations. Average scores for client pressure and workload were also above the midpoint of the scale, suggesting these factors are issues of concern for both Indigenous and non-Indigenous workers. In the case of non-Indigenous respondents, female workers obtained significantly higher average scores on workload compared to male non-Indigenous workers (3.30 vs. 2.82).[30]

Indigenous respondents reported poorer work / life balance than non-Indigenous respondents, and were more likely to report that work affected their home life (work imbalance) and that home life affected their work (family imbalance).

Factors affecting key work outcomes

Multiple linear regressions were conducted to examine the factors that influenced the key work outcomes of burnout, mental health and wellbeing, job satisfaction, and turnover intention. For each outcome, the work factors included in the analysis were: experiences of racism, work/life imbalance, life / work imbalance, workload, client pressure, co-worker support, positive cultural practices, and work environment.

1. Burnout

For Indigenous respondents, the work factors included accounted for 30% of variance in levels of burnout. Work imbalance (work affecting home life)[31] and lack of co-worker support[32] were found to be associated with burnout.

For non-Indigenous respondents, these factors explained 57% of variance in levels of burnout. Work imbalance[33] and client pressure[34] were associated with burnout.

2. Mental health and wellbeing

For Indigenous respondents, work factors explained 25% of the variance in levels of mental health and wellbeing. The factors that significantly detracted from Indigenous workers' mental health and wellbeing were experiences of racism[35] and family imbalance[36] (family life affecting work).

For non-Indigenous respondents, the work factors accounted for 35% of the variance in levels of mental health and wellbeing. Work imbalance[37] and family imbalance[38] were associated with poorer mental health and wellbeing.

3. Job satisfaction

For Indigenous respondents, the work factors explained 12% of the variance in job satisfaction. Co-worker support[39] was the only factor found to significantly predict job satisfaction.

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30 $t(92) = -2.26$; $p = .026$

31 $\text{ß} = .28$, $p = .003$

32 $\text{ß} = -.23$, $p = .010$

33 $\text{ß} = .42$, $p < .001$

34 $\text{ß} = .34$, $p < .001$

35 $\text{ß} = -.19$, $p = .049$

36 $\text{ß} = -.27$, $p = .002$

37 $\text{ß} = -.51$, $p < .001$

38 $\text{ß} = -.31$, $p = .003$

39 $\text{ß} = .28$, $p = .005$

For non-Indigenous respondents, work factors accounted for 4% of the variance in job satisfaction, and no significant predictors were found.

4. Turnover intention

The turnover intention regressions were conducted slightly differently to the previous regressions. Job satisfaction, mental health and wellbeing, and burnout were theorised to be the most central predictors of workers' intentions to leave their organisation. Hence, these factors were entered first, and the work factors were entered as the second step in the analysis to examine their additional contribution.

For Indigenous respondents, job satisfaction, mental health and wellbeing, and burnout explained 23% of variance in turnover intentions, with the work factors accounting for a further 21%, a total of 44% of variance explained. Burnout[40] and job satisfaction[41] were the significant predictors of turnover intentions. Of the work factors, poor work environment[42] contributed to turnover intentions[43].

For non-Indigenous respondents, job satisfaction, mental health and wellbeing, and burnout accounted for 14% of variance in turnover intentions, and the work factors accounted for an additional 11%, a total of 25% of variance explained. Burnout[44] and a poor work environment[45] significantly predicted turnover intentions.

The findings for all four key work outcomes are summarised in Table 13.

Table 13 Key predictors of work outcomes for Indigenous and non-Indigenous respondents

Work Outcomes	Key Predictors	
	Indigenous Workers	**Non-Indigenous Workers**
Emotional exhaustion (burnout)	Work imbalance	Work imbalance
	Co-worker support	Client pressure
Mental health	Family imbalance	Work imbalance
	Experience of racism	Family imbalance
Job satisfaction	Co-worker support	None
Turnover intention	Emotional exhaustion (burnout)	Emotional exhaustion (burnout)
	Job satisfaction	Work environment
	Work environment	

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40 ß = .37, *p* < .001

41 ß = -.31, *p* < .001

42 ß = -.45, *p* < .001

43 Family imbalance and workload significantly predicted turnover intentions, however in the opposite direction to what was expected. Inspection of the correlations between these variables suggested there were no actual relationships between workload, family imbalance and turnover intentions, and that the findings were attributable to statistical artefacts such as suppression effects. This also occurred for client pressure for non-Indigenous respondents.

44 ß = .48, *p* = .002

45 ß = -.39, *p* = .003

Discussion

The current survey was designed to examine workplace stress, burnout and wellbeing and their contributing factors among a sample of workers from AOD organisations that mainly provide services to Indigenous people in Australia. Particular emphasis was placed on factors that impact on workers' levels of emotional exhaustion or burnout, mental health and wellbeing, job satisfaction, and turnover intentions.

On the surface, the results indicate that the Indigenous AOD workforce typically experience above average levels of job satisfaction and lower levels of burnout. However, they also experience greater turnover intentions and lower levels of mental health and wellbeing, on average. There were also significant differences between Indigenous and non-Indigenous AOD workers in the survey sample. Comparatively, Indigenous workers reported significantly lower levels of mental health and wellbeing and great work / family imbalance than their non-Indigenous counterparts. Further analyses also revealed that Indigenous AOD workers face substantial workforce development challenges that can impact upon their recruitment, retention and wellbeing. These findings are discussed in light of their implications for the Indigenous AOD workforce.

Workforce representation

The Indigenous AOD workforce that responded to the survey was typically female, and was younger on average than the non-Indigenous respondents. The high proportion (70%) of female workers who responded to the survey was consistent with what has been found in the Indigenous health workforce and national AOD workforce surveys where there is greater female representation (AIHW, 2009a; Duraisingam, et al., 2006; Roche, 2008; Wolinski, O'Neill, Roche, Freeman, & Donald, 2003).

The comparatively younger age of Indigenous respondents may reflect the reduced life expectancy of Indigenous people, but can also be seen as a positive development indicating that the Indigenous AOD field may be succeeding in attracting new, young workers. On the other side, there were proportionally fewer mature-age Indigenous workers. This could imply that younger AOD workers lack the benefit of receiving support and guidance from older, more experienced workers who can act as mentors, role models and advocates.

Based on the distribution of the Indigenous health workforce population (AIHW, 2009a), the survey sample appeared to be representative in terms of state / territory distribution, geographic location (metropolitan / non-metropolitan) and organisational sector (government / non-government). More Indigenous workers in the sample also reported lower-level academic qualifications compared to non-Indigenous workers. Again, this similarly reflects the educational characteristics of the greater health workforce and emphasises the shortage of professional Indigenous workers in the AOD and health sectors.

Employment conditions

A number of issues were identified in the survey results concerning the employment conditions of the Indigenous AOD workforce.

Indigenous workers reported lower salaries on average than non-Indigenous workers, and were less than half as likely to earn more than $60,000 compared to non-Indigenous workers, despite no differences in Indigenous

workers' AOD qualifications, hours worked, and type of shifts worked. The difference in salaries is likely to be due to respondents' occupations: non-Indigenous workers were more likely to be AOD workers and nurses, while Indigenous workers were more likely to be Aboriginal / Torres Strait Islander Health Workers. Respondents who were Aboriginal / Torres Strait Islander Health Workers were significantly more likely to have lower wages compared to respondents in other occupational groups. In a comparison of 12 selected community service occupations by the Australian Services Union (2007), Aboriginal Health Workers were found to receive the lowest average weekly pay ($547.76). Further, proportionally more Indigenous workers also indicated that their salaries and benefits were the least satisfactory aspect of their work. The majority of Indigenous workers in the sample also listed salary increases as the most important strategy for retention.

The high level of unpaid overtime reported by the sample is also cause for concern. While it reflects the commitment Indigenous AOD workers have to their jobs, unpaid overtime is likely to contribute to Indigenous workers' higher levels of work / life imbalance, which in turn was associated with higher levels of burnout. The high level of unpaid overtime could also be a consequence of not having sufficient staff to meet client demands. Nearly half the total respondents noted that there was a staff shortage at their workplace which affected their capacity to provide quality services and approximately 40% felt too much was expected of all staff. Sixty percent of Indigenous and non-Indigenous respondents also reported not having adequate access to Indigenous-specific AOD resources.

These inadequate employment conditions reported by the current sample of workers mirror the workforce challenges and issues that are faced by the larger Indigenous health workforce (AIHW, 2009a; Pink & Allbon, 2008).

Stress and burnout

Indigenous respondents' levels of burnout were moderate to low on average. One in ten Indigenous respondents experienced very high levels of burnout compared to 6% of non-Indigenous respondents. Work / life imbalance (work affecting home life) and lack of co-worker support were found to be critical factors in predicting burnout. While Indigenous workers in the sample reported greater work / life imbalance they also reported high levels of co-worker support which may be effective in alleviating the strain they feel on the job.

The comparatively lower amount of variance explained in burnout for Indigenous workers suggests that the survey was not as successful in capturing the factors that predict burnout for Indigenous respondents than for non-Indigenous respondents, or that a greater array of factors not measured in the survey, impact on Indigenous workers' burnout.

In the case of non-Indigenous workers, work / life imbalance and client pressure were predictive of their burnout levels. Non-Indigenous workers reported experiencing pressure from different types of clients, particularly from manipulative, poly-drug using, and demanding clients. It would be useful to provide greater training and support in the form of clinical supervision to help workers manage the pressures they face from difficult clients more effectively.

Health and mental wellbeing

Indigenous workers reported poorer self-rated health relative to non-Indigenous workers in the sample. This is similar to what has been found in the wider Australian population in that Indigenous Australians aged 15 years and over were twice as likely to rate their health as "poor" or "fair" compared to non-Indigenous Australians (ABS, 2009; AIHW, 2007).

The survey also found that a significantly greater proportion of both Indigenous and non-Indigenous respondents reported their health had worsened during the course of their current employment. Clearly, the workers perceive that their job is having a negative impact on their health.

In addition to self-assessed health, the mental health and emotional wellbeing of respondents was also measured. Indigenous respondents' mental health and wellbeing was significantly lower on average than non-Indigenous respondents. In particular, Indigenous respondents tended to worry more and feel restless, and were regularly affected by past events which occurred in the family. While having dependants was significantly associated with better levels of mental health and wellbeing for non-Indigenous respondents, the same could not be said

for Indigenous respondents. Further, Indigenous respondents reported higher levels of life / work imbalance (i.e., family life affecting work) on average, compared to non-Indigenous respondents. Indeed, the factors that significantly predicted Indigenous respondents' poorer levels of mental health and wellbeing were experiences of racism and life / work imbalance.

Even though there was, on average, low levels of racism reported by the current sample, it still appeared as a significant factor relating to Indigenous respondents' mental health. In a recent study on Aboriginal and Torres Strait Islander Health conducted in Adelaide, it was found that experiencing regular racism was associated with poor mental health (Gallaher et al., 2009).

Taken together, a more holistic approach to addressing Indigenous AOD workers' health and wellbeing is needed. It is imperative that the broader family and community context is considered when addressing the maintenance of Indigenous workers' levels of wellbeing.

Job satisfaction

Consistent with previous studies on Australian AOD workers (e.g., Duraisingam, et al., 2006; Duraisingam, et al., 2007), the current sample reported high levels of satisfaction with their jobs. While only half the respondents found salary and benefits to be satisfying, the substantial majority found more altruistic aspects of the job to be most satisfying. These included:

- achieving successful outcomes for clients
- doing work of value to society
- having one-on-one interactions with clients.

One in five Indigenous workers and one in 10 non-Indigenous workers reported dissatisfaction with their salary and benefits at work. Support from co-workers was also an important factor that contributed to levels of job satisfaction, particularly among Indigenous workers.

It may be that most Indigenous AOD workers are intrinsically motivated by the feelings of satisfaction they receive when contributing to successful client and societal outcomes. Nevertheless, it is also important to ensure that extrinsic factors such as salary and benefits are equally rewarding to not only maintain job satisfaction but also attract and retain workers in the field.

Turnover and retention

Indigenous respondents reported shorter lengths of service in their current organisation compared to non-Indigenous respondents, which may indicate greater levels of turnover. Indigenous respondents were also less likely to hold permanent positions, and more likely to hold casual positions, which generally does not have longer retention rates. Overall, the respondents from both groups in this sample had shorter average lengths of service (i.e., around 3 years) compared to previous surveys on the AOD workforce which found the average length of service to be around 5 years (Duraisingam, et al., 2006; Duraisingam, et al., 2007). This could suggest a higher turnover among AOD workers who work in Indigenous AOD organisations, which is of great concern.

Indigenous respondents' turnover intentions were typically slightly above average. Female Indigenous respondents tended to have higher turnover intentions scores on average compared to their male counterparts. The key predictors of Indigenous respondents' intentions to leave their job were high levels of burnout, low levels of job satisfaction, and a negative perception of the work environment.

In relation to retention, salary increases and more training opportunities were considered to be key retention strategies among Indigenous respondents whereas non-Indigenous respondents noted that more recognition / appreciation of effort and more training opportunities were most important for promoting worker retention. Another retention strategy that was noted as important for both groups was having a more supportive workplace.

Discussion

It is also worth noting that Indigenous workers specifically highlighted the issue of being provided with more career opportunities as an important strategy to improve retention, whereas non-Indigenous respondents selected a reduced administrative workload as a key retention strategy.

While funding issues may limit the capacity of individual organisations to address salary levels and associated satisfaction and equity of pay in the short term, they can readily implement strategies to provide greater recognition and appreciation of effort and foster a more supportive environment in the workplace. In the long term however, measures need to be taken to increase opportunities for professional development and growth and to also address the wage disparities between Indigenous and non-Indigenous workers in the AOD field.

Conclusion

The findings of the survey suggest that in order to effectively improve worker wellbeing and reduce turnover, organisations may need to implement customised strategies that meet the different needs and issues of Indigenous and non-Indigenous staff.

In the case of Indigenous AOD workers, a more holistic approach can be adopted to examine the broader family and community context when addressing their levels of wellbeing. As previously noted, the concept of health and wellbeing from an Indigenous perspective takes into account not only the individual but also elements of their surrounding environment. Furthermore, ensuring adequate and equitable salaries and benefits, as well as providing more opportunities for career and personal growth may well increase job satisfaction and thereby reduce turnover intention among Indigenous workers.

It is important to note that the findings from the online survey should also be considered in light of the information gathered in the interviews, focus groups and written submissions that formed a separate component of this project. It is likely that there may be other factors that could have an impact on Indigenous workers' health and wellbeing that were not measured in this survey.

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Appendix 1

Dear Colleague,

This survey seeks your views about a range of factors relevant to worker wellbeing in the alcohol and other drugs (AOD) field, from your perspective as an Indigenous worker, or a non-Indigenous worker who has significant contact with Indigenous clients.

This national study will include AOD specialist and generic health workers across government and non-government agencies and community controlled organisations. Your responses will facilitate the development of effective strategies to help attract, reward, and retain workers in the AOD field, especially those working with Indigenous clients in rural and remote areas.

This survey follows on from the call for submissions in April - June 2008, and aims to investigate the issues workers and organisations raised in those submissions. This survey will also be complemented by in-depth interviews and focus groups with frontline workers later in 2008.

The National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, has been funded by the Australian Government Department of Health and Ageing to undertake this important study.

You do not need to put your name, or the name of your organisation, on the survey as it is completely confidential and anonymous. This survey has received ethics approval from Flinders University Social and Behavioural Research Ethics Committee. Yunggorrendi First Nations Centre for Higher Education and Research provides advice to this committee.

Please note that participation is voluntary. The questionnaire takes approximately 20 minutes to complete. It would be helpful if you could answer all questions. The results of this survey will be included a report for the Australian Government Department of Health and Ageing (in 2009) and will be available on the NCETA website. Please feel free to visit the NCETA website www.nceta.flinders.edu.au to order or download a free copy of the 'Stress and Burnout' booklet. This booklet has been found to be helpful to workers in the AOD field in helping them deal with stress in their lives. You may also wish to contact one of the following free 24-hour confidential telephone counselling services, Lifeline 13 11 14, or Bush Crisis Line 1800 805 391.

We thank you in advance for the generous contribution of your time.

If you have any enquiries, please feel free to contact me.

Professor Ann Roche
Director
National Centre for Education and Training on Addiction (NCETA)
Flinders University
Phone: 08 8201 7575
Email: ann.roche@flinders.edu.au

1. Are you...
(please mark one answer only)

☐ Aboriginal

☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander

☐ a non-Indigenous person primarily working with a significant number of Indigenous clients / colleagues.

2. In what country were you born?

☐ Australia

☐ Other (please specify): _____

3. What is your gender?

☐ Male   ☐ Female

4. What is your age group? (please mark one answer only)

☐ 19 years or under

☐ 20-29 years

☐ 30-39 years

☐ 40-49 years

☐ 50-59 years

☐ 60 years or above

5. Do you have any dependents currently living with you (e.g. children, parents or other)?

☐ Yes   ☐ No

6.　What is your current role?
(please mark the answer that reflects your principal work role)

☐　AOD Worker

☐　Aboriginal / Islander Health Worker

☐　Doctor

☐　Nurse

☐　Psychologist

☐　Social Worker

☐　Aboriginal / Islander Health Worker (AOD)

☐　Aboriginal / Islander Health Worker (Mental Health)

☐　Manager

☐　Administrator

☐　Trainer

☐　Other (please specify): _____

7.　What type of organisation do you work for? (please mark one answer only)

☐　Community Controlled (Health)

☐　Community Controlled (Other)

☐　Government Health

☐　Non-Government Organisation (NGO)

☐　Private

☐　Other (please specify): _____

8.　How long have you been working for this organisation?
(please include only paid employment)

_____ years

9.   What types of services does your organisation offer to Indigenous clients?
(you may mark more than one answer if appropriate)

☐   Specialised Alcohol and Other Drugs (AOD)

☐   Specialised Mental Health

☐   AOD and Mental Health (Comorbidity)

☐   General Health

☐   Transport

☐   Housing

☐   Other (please specify): _____

10.   Do you have access to appropriate Indigenous-specific AOD resources?
(please mark one answer only)

☐   No

☐   Some, but not enough

☐   Yes

☐   Don't know

11.   Please comment on what could make it easier for you to carry out your work role?

_____
_____
_____
_____
_____
_____
_____
_____

12.   How would you describe your current health? (please mark one answer only)

☐ Poor   ☐ Fair   ☐ Good   ☐ Very good   ☐ Excellent

13.   Compared to when you first started in your current job, is your health...
(please mark one answer only)

☐ A lot worse   ☐ A little worse   ☐ About the same   ☐ A little better   ☐ A lot better

14. Thinking about your mental health and emotional wellbeing, please answer each of the following questions.

	Never/ hardly ever	Sometimes	Most days/ Every day
How often do you feel down in the dumps, sad or slack?	☐	☐	☐
How often have you felt that life is hopeless?	☐	☐	☐
How often do you feel nervous or scared?	☐	☐	☐
Do you worry much?	☐	☐	☐
How often do you feel restless and that you can't sit still?	☐	☐	☐
Do past events in your family, still affect your well-being today (such as being taken away from family)?	☐	☐	☐

15. Thinking about the balance between your work and the rest of your life, please answer the following questions.

	Never	Rarely	Sometimes	Often	Almost always	Don't know
How often does your work interfere with your responsibilities or activities outside of work?	☐	☐	☐	☐	☐	☐
How often does your work keep you from spending the amount of time you would like with family or friends?	☐	☐	☐	☐	☐	☐
How often does your personal life interfere with your responsibilities or activities at work?	☐	☐	☐	☐	☐	☐
How often does your personal life keep you from spending the amount of time you would like on work responsibilities or activities?	☐	☐	☐	☐	☐	☐
How often does your work interfere with your ability to develop or maintain connections and friendships in your community?	☐	☐	☐	☐	☐	☐

16. Would you like to add any comments about your health and wellbeing?

_____
_____
_____
_____
_____
_____
_____
_____

17. Thinking about a wholistic view of health, please indicate your level of agreement with the following practices within your organisation and community.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Cultural competency standards for non-Indigenous staff are included in my organisation's policies, training and quality assurance practices.	☐	☐	☐	☐	☐
My organisation supports the use of traditional healing practices and can assist clients to access traditional healers.	☐	☐	☐	☐	☐
My organisation supports appropriate cultural protocols which recognise the life-death-life customs and practices in the community.	☐	☐	☐	☐	☐
Indigenous workers within my organisation have a culturally supportive work environment.	☐	☐	☐	☐	☐
Housing and infrastructure within my community supports healthy living practices for clients	☐	☐	☐	☐	☐
Housing and infrastructure within my community supports healthy living practices for AOD / health workers.	☐	☐	☐	☐	☐
Indigenous clients who do not speak English as their first language are given the opportunity to access interpreter services.	☐	☐	☐	☐	☐

18. Would you like to add any comments on cultural practice issues within your organisation?

_____
_____
_____
_____
_____
_____
_____
_____

19. Thinking about the people you work with, please answer the following questions.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My coworkers are supportive of my goals and values	☐	☐	☐	☐	☐
Help is available from my coworkers when I have a problem	☐	☐	☐	☐	☐
My coworkers really care about my wellbeing	☐	☐	☐	☐	☐
My coworkers are willing to offer assistance to help me perform my job to the best of my ability	☐	☐	☐	☐	☐
Even if I did the best job possible, my coworkers would fail to notice	☐	☐	☐	☐	☐
My coworkers care about my general satisfaction at work	☐	☐	☐	☐	☐
My coworkers show very little concern for me	☐	☐	☐	☐	☐
My coworkers care about my opinion	☐	☐	☐	☐	☐
My coworkers are complimentary of my accomplishments at work	☐	☐	☐	☐	☐

20. Please read each of the following statements carefully and select the response which best suits your experience of racism in the workplace.

	Never	Occasionally	Regularly	Very often	All of the time
As a worker, I experience racism from co-workers	☐	☐	☐	☐	☐
As a worker, I experience racism from clients	☐	☐	☐	☐	☐
Indigenous clients experience racism from my co-workers	☐	☐	☐	☐	☐
Indigenous clients experience racism from my organisation	☐	☐	☐	☐	☐

21. Would you like to add any comments on experiences of racism in your work role?

_____
_____
_____
_____
_____
_____
_____
_____

22. Please indicate the response which best describes the degree of pressure you experience from each of the following types of client presentations.
(N/A = not applicable)

	No pressure	A little pressure	Some pressure	A lot of pressure	Extreme pressure	N/A
Clients with AOD and mental health comorbidity problems	☐	☐	☐	☐	☐	☐
Clients with other health problems (e.g. diabetes and heart disease)	☐	☐	☐	☐	☐	☐
Clients with polydrug use	☐	☐	☐	☐	☐	☐
Clients with alcohol-related problems	☐	☐	☐	☐	☐	☐
Younger clients	☐	☐	☐	☐	☐	☐
Manipulative clients	☐	☐	☐	☐	☐	☐
Demanding clients	☐	☐	☐	☐	☐	☐
Violent clients	☐	☐	☐	☐	☐	☐
Aggressive clients	☐	☐	☐	☐	☐	☐
Uncooperative clients	☐	☐	☐	☐	☐	☐

Other *(please specify)*: _____

23. In the past 12 months, in your working role, did any person...

	No	Yes
Physically abuse you?	☐	☐
Verbally abuse you?	☐	☐
Put you in fear?	☐	☐

24. **Please read each of the following statements carefully and indicate the response which best describes how often you feel this way about your job.**

	Never	Few times a year or less	Once a month or less	Few times a month	Once a week	Few times a week	Every day
I feel emotionally drained from my work	☐	☐	☐	☐	☐	☐	☐
I feel used up at the end of the workday	☐	☐	☐	☐	☐	☐	☐
I feel fatigued when I get up in the morning and have to face another day on the job	☐	☐	☐	☐	☐	☐	☐
Working with people all day is really a strain for me	☐	☐	☐	☐	☐	☐	☐
I feel burnt out from my work	☐	☐	☐	☐	☐	☐	☐
I feel frustrated on my job	☐	☐	☐	☐	☐	☐	☐
I feel I'm working too hard on my job	☐	☐	☐	☐	☐	☐	☐
Working with people directly puts too much stress on me	☐	☐	☐	☐	☐	☐	☐
I feel like I'm at the end of my rope	☐	☐	☐	☐	☐	☐	☐

25. **Would you like to add any comments about how you manage stress?**

_____
_____
_____
_____
_____
_____
_____
_____

26. **Please indicate how satisfying the following aspects of your work are to you.**

	Not at all satisfying	Somewhat satisfying	Satisfying	Very satisfying	Not relevant to this position
Doing work of value to society	☐	☐	☐	☐	☐
Successful outcomes for clients	☐	☐	☐	☐	☐
One-to-one interaction with clients	☐	☐	☐	☐	☐
Career growth	☐	☐	☐	☐	☐
Opportunities for personal learning / growth	☐	☐	☐	☐	☐
Relationships with co-workers	☐	☐	☐	☐	☐
Salary / benefits	☐	☐	☐	☐	☐

27. Would you like to add comments on any aspects of your work that you find either particularly satisfying or not satisfying?

_____
_____
_____
_____
_____
_____
_____
_____
_____

28. Please indicate your level of agreement with each of the following statements about your workplace.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Too much is expected of all staff in my workplace	☐	☐	☐	☐	☐
There are enough staff in my workplace to provide quality services	☐	☐	☐	☐	☐
I work in a safe working environment	☐	☐	☐	☐	☐
I work in a pleasant working environment	☐	☐	☐	☐	☐

29. Please mark the response that best describes your level of agreement with each of the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I find real enjoyment in my job	☐	☐	☐	☐	☐
Most days I am enthusiastic about my job	☐	☐	☐	☐	☐
I have thought about leaving my job	☐	☐	☐	☐	☐
I plan to look for a new job over the next 12 months	☐	☐	☐	☐	☐
I intend to search for a new job within the same field but outside of this organisation	☐	☐	☐	☐	☐
I intend to search for a new job outside my current field of work	☐	☐	☐	☐	☐

30. **Please indicate how important you believe each of the following strategies would be for promoting worker retention* in your organisation.**

   (*The term 'retention' refers to strategies to assist / encourage staff to stay within the same organisation)

	Not at all important	Somewhat important	Important	Very important
More career opportunities	☐	☐	☐	☐
More training opportunities	☐	☐	☐	☐
Improved physical work environment	☐	☐	☐	☐
Flexible working hours	☐	☐	☐	☐
Salary increases	☐	☐	☐	☐
More recognition / appreciation of effort	☐	☐	☐	☐
More supportive workplace	☐	☐	☐	☐
Better work benefits (e.g. superannuation, car	☐	☐	☐	☐
allowance)	☐	☐	☐	☐
Reduced administrative workload (e.g. paperwork)	☐	☐	☐	☐
Smaller caseloads	☐	☐	☐	☐
Clinical supervision	☐	☐	☐	☐

31. **Would you like to add any comments on what your organisation does well or other strategies that you think they could use, to promote the retention of workers?**

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

32. Please specify the locations where you work.
(you may mark more than one answer if appropriate)

	Metropolitain	Regional	Rural	Remote	Rural and remote outreach
Australian Capital Territory	☐	☐	☐	☐	☐
New South Wales	☐	☐	☐	☐	☐
Northern Territory	☐	☐	☐	☐	☐
Queensland	☐	☐	☐	☐	☐
South Australia	☐	☐	☐	☐	☐
Tasmania	☐	☐	☐	☐	☐
Torres Strait Islands	☐	☐	☐	☐	☐
Victoria	☐	☐	☐	☐	☐
Western Australia	☐	☐	☐	☐	☐

Other *(please specify, e.g., Grooyte Island)*: _____

33. Which of the following best describes your current work arrangements?
(please mark one answer only)

☐　Permanent　　　☐　Casual

☐　Contract　　　☐　Unsure

☐　Community Development Employment Project (CDEP)

☐　Other *(please specify)*: _____

34. On average, how many hours a week do you work? (do not include unpaid overtime)
(please mark one answer only)

☐　8 hours or less a week

☐　9-20 hours a week

☐　21-38 hours a week

☐　39-50 hours a week

☐　51 hours or more a week

35. On average, how many hours of unpaid overtime would you work in a month?
(please mark one answer only)

☐　None　　　　　　　☐　41-64 hours a month

☐　1-12 hours a month　　☐　65-80 hours a month

☐　13-40 hours a month　　☐　More than 80 hours a month

36. Can you please specify which of the following best describes your work hours?
(please mark one answer only)

☐ Standard business hours   ☐ Rostered on-call

☐ Rotational shifts   ☐ Night-shifts

☐ 24-hours on-call   ☐ Weekend-shifts

☐ Other (please specify): _____

37. What is your current yearly salary? (please mark one answer only)

☐ Less than $20,000   ☐ $40,001-$50,000

☐ $20,001-$30,000   ☐ $50,001-$60,000

☐ $30,001-$40,000   ☐ Greater than $60,000

38. Are there any comments you would like to make about your working hours or conditions?

_____
_____
_____
_____
_____
_____
_____
_____
_____

39. Please indicate the HIGHEST level of schooling you have completed.

☐ Did not finish primary school   ☐ 3rd year high school

☐ Final year primary school   ☐ 4th year high school

☐ 1st year high school   ☐ 5th year high school

☐ 2nd year high school   ☐ Matriculation / 6th year high school

40. Have you undertaken ANY post-school qualifications?

☐ Yes   ☐ No   *If no, please skip to question 44 on the last page* →

41. Please indicate the HIGHEST post-secondary qualification you have completed.
(please mark one answer only)

☐ Trade Certificate   ☐ Undergraduate Diploma

☐ TAFE Certificate II or III   ☐ Bachelor or Honours Degree

☐ TAFE Certificate IV   ☐ Postgraduate Degree (e.g. Master, PhD)

☐ TAFE Diploma   ☐ Other (please specify): _____

42. Please indicate the area of study of your HIGHEST qualification.
(please mark one answer only)

☐ Alcohol and Other Drugs / Addiction   ☐ Nursing

☐ Behavioural Sciences   ☐ Psychology

☐ Counselling   ☐ Public Health

☐ Management   ☐ Social Sciences

☐ Medicine   ☐ Social Work

☐ Mental Health   ☐ Other (please specify): _____

43. In relation to alcohol and other drugs (AOD), please indicate ALL training/qualifications you have completed or are currently undertaking.
(you may mark more than one answer if applicable)

	No	Yes
Non-accredited AOD training courses (including in-service)	☐	☐
Accredited AOD short courses/competencies (including self-assessment)	☐	☐
Certificate II in Community Services (AOD Work)	☐	☐
Certificate III in Community Services (AOD Work)	☐	☐
Certificate IV in Alcohol and Other Drugs Work (or equivalent)	☐	☐
Diploma of Alcohol and Other Drugs Work (or equivalent)	☐	☐
AOD undergraduate degree	☐	☐
Postgraduate AOD qualification	☐	☐

Other (please specifiy): _____

44. Is there anything else you would like to tell us regarding Indigenous worker (and / or Indigenous client) wellbeing in the AOD field?

_____
_____
_____
_____
_____
_____
_____
_____
_____

This is the end of the survey. Thank you very much for your time.

If you have any queries about this survey and / or project, please feel free to contact one of the following project officers:

Donna Weetra   Amanda Tovell
Phone: 08 8201 7538   Phone: 08 8201 7543
Email: donna.weetra@flinders.edu.au   Email: amanda.tovell@flinders.edu.au