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ABSTRACT

Background: Effective delivery of alcohol and other drug (AOD) treatment is reliant on a skilled, experienced, and satisfied workforce. The need to recruit and train workers is universally acknowledged. It is equally important to retain staff, given global shortages of health and human services workers. As few studies have investigated predictors of turnover in the AOD sector, this study examined a range of potential work-related predictors.

Methods: An online survey of 294 non-government AOD workers addressed demographics, health, wellbeing, organizational characteristics, and working conditions. Bivariate analyses were performed, followed by a hierarchical linear regression.

Results: The bivariate analysis found significantly higher turnover intention among workers who were younger, believed they were inadequately paid, on fixed-term contracts, had poor work-life balance, were dissatisfied with the non-government AOD sector, and had high workloads. In the subsequent linear regression significant predictors of turnover intention were dissatisfaction with the sector, high workloads, and tenuous employment status.

Discussion: These findings can inform retention strategies including greater provision of permanent contracts and more manageable workloads. Reported sector dissatisfaction warrants further examination. Prioritizing retention as a core workforce development strategy may help retain trained and experienced workers, maximize return on investment and enhance provision of quality care.

Introduction

Effective delivery of alcohol and other drug (AOD) treatment is reliant on skilled, experienced and satisfied AOD workers (Duraisingam, 2005; Duraisingam et al., 2020; Knight et al., 2012; van de Ven et al., 2020). A growing challenge facing the AOD field globally is the recruitment and retention of a skilled workforce. The AOD sector draws its workforce from generic health and human services workers where there are severe shortages and fierce competition to fill positions (World Health Organization, 2014). The 'battle for talent' is a major contemporary workplace challenge.

Traditionally, efforts to improve the capacity of the AOD workforce have predominately focused on training individual workers (Roche & Pidd, 2009; van de Ven et al., 2020). However, the limitations of training as the primary mechanism by which to upskill the sector and ensure provision of high-quality care has been extensively critiqued, with the advantages of alternative systems-based approaches highlighted (Intergovernmental Committee on Drugs, 2015; Roche & Pidd, 2009; 2010; Skinner et al., 2005).

Thus, while training may be a vital element to achieve requisite competencies (Campbell et al., 2017; Matheson et al., 2016), it is not the only essential factor in ensuring an effective, safe, quality-compliant workforce. Retention of trained and experienced staff is equally important. High and rapid turnover in the AOD field can undermine gains achieved through training efforts, hamper the introduction of emerging evidence and new intervention technologies, impose avoidable costs on services and programs, affect the quality of care provided to clients, and place a burden on remaining staff (Duraisingam, 2005; Eby et al., 2010; Knight et al., 2012).

There is also a persuasive economic argument in support of staff retention. Staff turnover can create a void in knowledge, skills and abilities within AOD organizations and constrain the ability of services to respond to changing needs and demands (Nicholas et al., 2017). Loss of skilled workers requires new and inexperienced staff to be trained and/or existing staff to be rapidly retrained or upskilled. There are significant financial costs associated with recruiting and subsequently training new staff (Arshad & Puteh, 2015; Knight et al., 2012) that have to be absorbed within often overstretched budgets. Such costs could be reduced if suitable and tailored strategies pro-actively addressed staff retention. From a purely pragmatic perspective, prioritizing retention is therefore important.

Previous research has identified work-related predictors of turnover intention. In general health settings, work-related factors found to influence turnover intention include dissatisfaction with salary and remuneration fairness (Akhtar et al., 2016; Brewer et al., 2009; Flinkman et al., 2010; Lai et al., 2018), tenuous job status (Loan-Clarke et al., 2010; Qian et al., 2018), high workloads (Lai et al., 2018; Loan-Clarke et al., 2010), poor work-life balance (Flinkman et al., 2010; Lai et al., 2018; Simon et al., 2010; Skinner et al., 2014), and dissatisfaction with current industry of employment (Simon et al., 2010).

Perception of remuneration fairness in two systematic reviews found healthcare workers had higher turnover intentions when they perceived their salary to inadequately reflect their work roles (Flinkman et al., 2010; Lai et al., 2018). Similar findings were identified among faculty members of schools in Pakistan (Akhtar et al., 2016) and nurses in the United States (Brewer et al., 2009).

Employment status and job security may also impact employees' turnover intentions. For instance, turnover intention was found to be lower among Chinese hospital workers employed in a permanent role compared to those on fixed term contracts (Qian et al., 2018). Similarly, job security was found to be a retention motivator among British allied health professionals (Loan-Clarke et al., 2010).

Turnover intention may also reflect excessive workloads (Loan-Clarke et al., 2010). One systematic review found Aboriginal and/or Torres Strait Islander health workers were more likely to perceive their workloads to be excessive and a threat to retention when they were required to perform additional duties outside traditional AOD roles (e.g. carer tasks, community advocate, housing support, and financial support) (Lai et al., 2018).

Work-life conflict has also been found to predict intention to leave among groups such as nurses (Flinkman et al., 2010; Loan-Clarke et al., 2010; Simon et al., 2010; Skinner et al., 2014); and mental health workers (Scanlan & Still, 2019). Work-life imbalance increased resignations among nurses who were in the early stage of their career (Skinner et al., 2014) and those aged less than 40 years (Lai et al., 2018). Among younger nurses, work-life imbalance was largely related to requirements for extra weekend/weeknight work which impacted time available for friends and family, and created childcare burdens for parents (Skinner et al., 2014).

Different predictors have been found for workers' intentions to leave their organization versus their profession (Simon et al., 2010). Among registered nurses, work-life imbalance was a strong predictor of intention to leave the profession but not the organization (Simon et al., 2010). Intention to leave (either profession or organization) was more prevalent among nurses who were younger, had lower professional commitment, higher burnout and lower job satisfaction. Intentions to resign from the profession were strongly predicted by personal factors (e.g. work-life imbalance, marital status, and working hours), while intentions to leave the organization were predicted by organizational or contextual factors (e.g. poor leadership and city size) (Simon et al., 2010).

Work-related factors that impact turnover intention have predominately been studied in industries other than the AOD sector. The limited research in the AOD sector has mostly been conducted in the United States. For example, studies by Knudsen et al. found turnover intention was negatively associated with job autonomy (Knudsen et al., 2003), quality of clinical supervision (Knudsen et al., 2008), and organizational justice (Knudsen et al., 2006), and positively associated with emotional exhaustion (Knudsen et al., 2006). AOD counselors who were young, non-certified, and based in non-hospital locations had higher turnover intention than older, certified counselors who worked in hospital-based treatment programs (Rothrauff et al., 2011). Counselors who perceived organizational justice to be low also had high organizational intention to leave (Rothrauff et al., 2011).

There is a dearth of Australian literature on predictors of turnover intention. Two studies have been identified to-date (Duraisingam et al., 2009; Roche et al., 2013). Duraisingam et al. (2009) investigated the extent and nature of work stress and job satisfaction on turnover intentions. Although job satisfaction was high, a fifth of respondents expressed an intention to leave the AOD field. Turnover intention was predicted by low job satisfaction, high work stress, low workplace social support and negative attitudes toward remuneration (Duraisingam et al., 2009). Similarly, Roche et al. (2013) investigated turnover intention among Australian Aboriginal and/or Torres Strait Islander and non-Indigenous AOD workers. Emotional exhaustion and negative work environments were found to be key predictors of turnover intention. For Aboriginal and/or Torres Strait Islander workers, low job satisfaction significantly contributed to turnover intention while no such relationship was found among non-Indigenous workers.

Given the scarcity of literature on turnover intention among Australian AOD staff, and the impact such turnover may have on organizational effectiveness and quality care, it is timely that work-related predictors of turnover are further explored. The present study investigated the work-related factors of employment status, workload, work-life balance, remuneration fairness, satisfaction with the non-government (NGO) AOD sector and job security perceptions as predictors of turnover intention. Based on previous research, we hypothesized that predictors of turnover intention would be younger age, poor work-life balance, high workloads, poor remuneration fairness, dissatisfaction with the AOD sector, and tenuous employment status.

Materials and methods

The study was undertaken with the NGO AOD workforce in New South Wales (NSW) Australia and involved a custom-designed cross-sectional survey. It formed part of a larger project that investigated the health and wellbeing of AOD workers, profiled the workforce, and determined issues affecting workers. Further information regarding the survey is available elsewhere (Roche et al., 2018). The present study examined work-related factors as predictors of turnover intention.

The NSW NGO AOD sector includes multiple and diverse not-for-profit agencies. Workers employed in the NGO AOD sector come from diverse occupational backgrounds and include doctors, nurses, psychologists, counselors, social workers, health promotion workers, researchers, peer workers, and others (Gethin, 2008). All AOD workers employed in the NGO sector in NSW were eligible to complete the survey.

Data were collected from September to November 2017 through the online survey platform SurveyMonkey®. Eligible participants were contacted via email by the Network of Alcohol and other Drugs Agencies (NADA), the peak representative body for NSW NGO AOD services. Survey promotion was facilitated through stakeholder communication networks, online AOD forums (e.g. website, social media accounts, newsletters), and AOD training events. A snowball sampling method was utilized whereby invited participants were encouraged to disseminate and promote the survey to their colleagues. Survey participants were eligible to win an iPad mini.

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

Measures

The online survey comprised 74 questions that addressed participants' demographics, health and wellbeing, organizational characteristics and working conditions. Key variables of interest are presented below.

Turnover intention

Workers' intention to leave their current position was assessed through a four item scale. Response options ranged from 1: 'strongly disagree' to 5: 'strongly agree'. The four items assessed thoughts about leaving their current job, plans to look for a new job over the next 12 months, intentions to search for a new job within the AOD field but external to their current organization, and intentions to search for a new job outside the AOD field (O'Driscoll & Beehr, 1994). A total score ranging from 1 (low turnover intention) to 5 (high turnover intention) was calculated by averaging responses on the four items (Cronbach's $\alpha = 0.889$).

Demographics

Demographic characteristics of interest included age (in years), gender, and number of years of experience in the AOD field. The global health status item from the SF-36 instrument was used to examine participants' health (1: 'poor' to 5: 'excellent') (Ware & Sherbourne, 1992).

Work-related factors

Six work-related factors were assessed: remuneration fairness, employment status, satisfaction with the NGO AOD sector, satisfaction with work-life balance, perception of job security and workload.

Remuneration fairness comprised a single item ('Do you think you are paid enough for the work that you do?') that was assessed through a four-point scale ('never', 'sometimes', 'often', and 'always') (Van Veldhoven & Meijman, 1994).

Participants were asked to indicate their employment contract type from six options: 'permanent full-time', 'permanent part-time', 'fixed term contract full-time', 'fixed term contract part-time', 'casual', and 'other'. Responses were recoded into a dichotomous variable, whereby those who selected casual or either of the fixed term contract options were coded as 'fixed term', and those who selected either of the two permanent options were coded as 'permanent'. Two respondents selected 'other' and provided a text response for clarification. Responses were allocated to the appropriate dichotomous category.

Perceived satisfaction with the NGO AOD sector ('How satisfied are you working in the non-government AOD sector?') and work-life balance ('Overall, how satisfied or dissatisfied are you with the balance between your work and other aspects of your life (such as time with your family or leisure)?') were each assessed through a five-point scale (1: 'very unsatisfied' to 5: 'very satisfied').

Perception of job security was assessed by the item 'In the next 12 months, what is the chance that you could lose your job for a reason that is beyond your control?' Responses were scored on a five-point scale 1: 'almost certain', 2: 'a high chance', 3: 'a medium chance', 4: 'a low chance', 5: 'almost no chance' with an option for 'don't know' (Pacheco et al., 2016). Respondents who answered 'don't know' were excluded from the analysis.

Workload was assessed using Cammann et al.'s (Cammann et al., 1983) three item scale. Two items were negatively worded ('I have too much work to do everything well' and 'I never seem to have enough time to get everything done') while the third was positively worded ('The amount of work I am asked to do is fair'). Response options ranged from 1: 'strongly disagree' to 5: 'strongly agree'. Scores for the positively worded item were reverse coded so that a high score indicated a high workload. Scores on the three items were then summed to provide a total workload score (Cammann et al., 1983) (Cronbach's $\alpha = 0.862$).

Analysis

Data were analyzed using the SPSS statistical software package, version 25 (SPSS Inc., Chicago, IL). Validated measures were scored as per their relevant scoring manuals. Descriptive (means and standard deviations) and frequency statistics were calculated, and bivariate correlations undertaken as a preliminary examination of associations.

For descriptive purposes, percentage frequencies were calculated to show the relative frequency of survey responses. To determine frequencies, continuous variables (age, health status, years worked in the AOD sector, remuneration fairness, work-life balance, sector satisfaction, chance of job loss, and individual items and total scales for workload and turnover intention) were categorized into meaningful groups. Age, for example, was grouped into five categories (20–29, 30–39, 40–49, 50–59, 60+ years). Further details can be seen in Tables 1 and 2. For the main analyses, data were used in

their continuous form in regression models, with means and standard deviations presented.

A two-step hierarchical linear regression was then performed to examine the association of variables of interest with turnover intention. Demographic variables were entered in the first step, and work-related factors were entered in the second step to assess the unique contribution of work-related variables. Variations in the number of responses to individual items were due to skipped questions and participants discontinuing the survey (missing data on individual items were not replaced). Prior to undertaking the regression analyses, potential threats of multicollinearity among predictor variables were assessed to check that there were no violations of the assumptions of normality, linearity, and homoscedasticity (Tabachnick & Fidell, 2007).

Results

Participant characteristics

Demographics

Two hundred and ninety-four participants provided data in the larger survey (Roche et al., 2018) from a workforce comprised of approximately 1000 workers (Network of Alcohol and other Drugs Agencies, 2014). Most respondents were female (66.7%) and aged 40–59 years (52.4%). Four out of five respondents rated their health as good or better (81.4%). Just under half (43.8%) of the respondents had less than five years' experience in the AOD sector (Table 1). This demographic profile was similar to that reported by Gethin (2008), suggesting that the sample was broadly reflective of the NSW NGO AOD workforce.

Descriptive and frequency statistics

Work-related factors

Most respondents were employed on a permanent basis (80.6%) (Table 1). The majority (67.8%) felt they were insufficiently paid for the work they did. Almost a third (30.2%) believed there was a medium or higher possibility that they could lose their job in the next 12 months for a reason beyond their control. Overall, two-thirds (66.0%) of respondents were satisfied or very satisfied with working in the NGO AOD sector and 58.5% were satisfied or very satisfied with their work-life balance. Workloads were perceived to be high by 38.8% of respondents (Table 2).

Turnover intention

Table 2 shows the breakdown of the individual items for turnover intention, as well as the total scale, in relation to percentage frequencies of survey responses. For the first item (Q1), one in two (49.8%) workers agreed that they had thought about leaving their job. For Q2, 30.0% agreed that they planned to look for a new job over the next 12 months, and for Q3, 18.4% intended to search for a new job within the AOD field but outside their current organization. Approximately, one-fifth (20.1%) intended to search for a new job outside the AOD field (Q4). The percentage

Table 1. Demographic profile of respondents.

Demographics	%
Age	
20–29 years	15.6
30–39 years	23.6
40–49 years	26.4
50–59 years	26.0
60+ years	8.4
Gender	
Male	33.3
Female	66.7
Health status	
Poor	4.0
Fair	14.6
Good	42.7
Very good	33.7
Excellent	5.0
Employment type	
Permanent full time	58.2
Permanent part time	22.4
Fixed term contract full time	8.7
Fixed term contract part time	3.4
Casual	6.5
Other[a]	0.8
Years worked in AOD sector	
1 year or less	16.4
2–4 years	27.4
5–9 years	27.0
10–14 years	11.1
15+ years	18.1

n's range from 199 to 274.
[a]The employment type responses were recoded into a dichotomous variable: permanent vs. fixed term. Respondents who selected 'other' provided a text response for further clarification. These responses were checked and all 'other' participants met the dichotomous employment type category conditions of 'permanent'.

frequency of agreement for the combined turnover intention scale was 41.7% (Table 2). In relation to the mean score for the continuous scale, turnover intentions ($M = 2.68$, $SD = 1.06$) were on the middle to lower end of the range 1–5 (Table 3).

Correlational analyses

Table 3 presents the mean, standard deviations, and correlations between the covariates, predictors, and outcome variables.

With the exceptions of workload and employment type, work-related variables correlated negatively with turnover intention. Turnover intention was negatively associated with remuneration ($r = -.175$, $p = .012$), work-life balance ($r = -.214$, $p = .002$) and satisfaction with the NGO AOD sector ($r = -.506$, $p < .001$), and positively associated with high workload ($r = .325$, $p < .001$) and employment type (i.e. fixed term contracts, $r = .154$, $p = .029$). These correlations indicated small to moderate associations (Table 3).

Age, gender, general health, and years worked in the AOD sector were considered as covariates in the regression analyses. Although age had a significant negative association with turnover intention, the association was small ($r = -.205$, $p = .005$) (Table 3). Turnover intention was not significantly correlated with the other covariates investigated.

The checks of multicollinearity performed prior to the regression analyses showed there were no violations of the assumptions of normality, linearity, and homoscedasticity

Table 2. Frequency statistics of work-related factors and turnover intention.

Variable	%
Remuneration fairness	
Paid enough for the work that you do	
Never	37.9
Sometimes	29.9
Often	20.3
Always	11.9
Work-life balance	
Level of satisfaction with your balance between work and other aspects of your life	
Satisfied	58.5
Neither satisfied nor dissatisfied	24.2
Dissatisfied	17.4
Sector satisfaction	
Level of satisfaction with the NGO AOD sector	
Very satisfied	24.0
Satisfied	42.0
Somewhat satisfied	24.0
Unsatisfied	9.0
Very unsatisfied	1.0
Chance of job loss	
Chance of job loss beyond your control in the next 12 months	
Almost certain	1.7
A high chance	5.1
A medium chance	23.4
A low chance	31.4
Almost no chance	38.3
Workload Q1	
I have too much work to do everything well	
Agree	30.1
Neither agree nor disagree	33.5
Disagree	36.4
Workload Q2	
I never seem to have enough time to get everything done	
Agree	41.7
Neither agree nor disagree	21.4
Disagree	36.9
Workload Q3	
The amount of work I am asked to do is unfair[a]	
Agree	19.4
Neither agree nor disagree	34.5
Disagree	46.1
Workload	
Total workload: categorized score: perceived high workload[b]	
Agree	38.8
Neither agree nor disagree	17.0
Disagree	44.2
Turnover intention Q1	
Thought about leaving my job	
Agree	49.8
Neither agree nor disagree	12.1
Disagree	38.2
Turnover intention Q2	
Plan to look for a new job over the next 12 months	
Agree	30.0
Neither agree nor disagree	25.1
Disagree	44.9
Turnover intention Q3	
Intend to search for a new job within the AOD field but outside my current organization	
Agree	18.4
Neither agree nor disagree	29.6
Disagree	51.9
Turnover intention Q4	
Intend to search for a new job outside the AOD field	
Agree	20.1
Neither agree nor disagree	29.9
Disagree	50.0
Turnover intention	
Total turnover intention: categorized score: has turnover intention[c]	
Agree	41.7
Neither agree nor disagree	8.3
Disagree	50.0

Percentages may not tally to 100 due to rounding. *n*'s range from 175 to 263.
[a]The question wording has been changed for this table as the data were reverse coded for this question.
[b]The total workload score ranged from 3 to 15 and summed the responses from Workload Q1, Q2, and Q3 (reverse scored). Scores were grouped into: Agree (scored 10.00–15.00), Neither agree nor disagree (scored 9.00), and Disagree (scored 3.00–8.00).
[c]The total turnover scores ranged from 1 to 5 and averaged the responses from Turnover Intention Q1, Q2, Q3, and Q4. Scores were grouped into: Agree (scored 3.25–5.00), Neither agree nor disagree (scored 3.00), and Disagree (scored 1.00–2.75). Note: scores between 3.00 and 3.25, and 2.75 and 3.00 were not possible due to scores being an average of four questions.

Table 3. Descriptive statistics and intercorrelation of variables.

		Intercorrelation									
Variable	M (SD)	1	2	3	4	5	6	7	8	9	10
1. Turnover intent	2.68 (1.06)										
2. Age	43.36 (11.82)	−0.205**									
3. Gender	1.68 (0.49)	0.003	−0.028								
4. General health	3.21 (0.90)	−0.119	0.069	−0.039							
5. Years worked[a]	8.12 (7.94)	−0.023	0.510**	0.023	−0.052						
6. Remuneration[b]	2.06 (1.03)	−0.175*	0.148*	−0.106	0.105	0.115					
7. Employment status[c]	1.19 (0.39)	0.154*	−0.141*	−0.003	−0.068	−0.115	−0.006				
8. Work-life balance	3.55 (1.04)	−0.214**	0.087	−0.104	0.308**	−0.107	0.149*	−0.086			
9. Sector satisfaction[d]	3.79 (0.94)	−0.506**	0.162*	−0.098	0.211**	0.006	0.354**	−0.081	0.286**		
10. Chance job loss	3.99 (0.99)	−0.091	0.049	−0.141	0.057	−0.035	0.255**	−0.100	0.132	0.276**	
11. Workload	8.75 (2.80)	0.325**	−0.031	0.066	−0.173*	0.091	−0.215**	−0.020	−0.397**	−0.321**	−0.209**

n's range from 175 to 274.
[a]Years worked in the AOD sector.
[b]Do you think you are paid enough for the work that you do.
[c]Permanent vs. fixed contract.
[d]Satisfaction with the non-government AOD sector.
*$p < .05$.
**$p < .01$.

Table 4. Hierarchical regression analysis of employment condition factors on turnover intention.

Step	Predictors	R	R^2	ΔR^2	B	SE	β
1		.205	.042	.035			
	(Constant)				3.478	0.312	
	Age				−0.018	0.007	−0.205*
2		.561	.315	.281			
	(Constant)				3.336	0.736	
	Age				−0.009	0.006	−0.108
	Remuneration				−0.047	0.081	−0.046
	Employment status				0.383	0.192	0.143*
	Work-life balance				0.010	0.079	0.010
	Sector satisfaction				−0.445	0.090	−0.399**
	Chance job loss				0.103	0.081	0.094
	Workload				0.078	0.029	0.219**

Two hundred and four participants provided a response to the turnover intention outcome measure representing data available for analysis.
*$p < .05$.
**$p < .01$.

(Tabachnick & Fidell, 2007). A weak correlation was found between remuneration fairness and work-life balance (.149, $p = .032$). Moderate correlations were found between remuneration fairness and satisfaction with the NGO AOD sector (.354, $p < .001$), remuneration fairness and chance of job loss (.255, $p < .001$), remuneration fairness and workload (−.215, $p = .002$), work-life balance and satisfaction with the NGO AOD sector (.286, $p < .001$), work-life balance and workload (−.397, $p < .001$), satisfaction with the NGO AOD sector and chance of job loss (.276, $p < .001$), satisfaction with the NGO AOD sector and workload (−.321, $p < .001$) and chance of job loss and workload (−.209, $p = .006$). No potential predictor variables required exclusion from the regression.

Hierarchical regression

A hierarchical regression was performed to determine the effects of work-related factors on turnover intention. Table 4 shows the regression results. As age was the only demographic variable which correlated with turnover intention (Table 3), age was controlled for by being entered in the first step. In the first step, younger age explained 4.2% of the variance in turnover intention ($\beta = .205$, $p = .012$).

Remuneration, employment status, work-life balance, satisfaction with the NGO AOD sector, chance of job loss, and workload were entered in the second step. The total variance explained by the model was 31.5%. Age was not a significant contributor to the model once work-related factors were included. Dissatisfaction with the AOD sector, tenuous employment status (i.e. being on a contract), and high workload made significant unique contributions to the model and thus were predictors of turnover intention. The strongest predictor of turnover intention was dissatisfaction with the NGO AOD sector ($\beta = -.399$, $p < .001$), followed by workload ($\beta = .219$, $p = .007$) and employment type ($\beta = .143$, $p = .048$).

Discussion

This study investigated work-related predictors of turnover intention in the NGO AOD workforce in NSW. It extends research previously undertaken in Australia (Duraisingam et al., 2009; Roche et al., 2013) and provides vital evidence on how workers may be retained in an industry experiencing global workforce shortages. This study found that although AOD workers experienced high levels of sector satisfaction, almost half had thought about leaving their present job in the next 12 months. Consistent with our hypothesis, we found that turnover intention was highest among those who were dissatisfied with the sector, had high workloads or were employed on a temporary basis. Interestingly, dissatisfaction with the NGO AOD sector was the strongest predictor of turnover intention. It is important to note that this potential contributory factor has not been assessed in previous studies in the AOD field. However, sector satisfaction may be a proxy measure for job dissatisfaction which has been found to predict turnover intention. Dissatisfaction with the NGO AOD sector may also be a proxy indicator of a range of general disquiets and a more nuanced understanding of these issues is required.

Consistent with earlier research undertaken globally, we found lower turnover intention among AOD workers employed on permanent contracts, those satisfied with working in the NGO AOD sector, and who had lower workloads.

In contrast to previous work, we did not find a significant relationship between turnover intention and workers' perception of remuneration fairness, work-life balance or chance of job loss in the next 12 months. Most research regarding turnover intention has not included workers from the AOD sector, or been undertaken with Australian AOD workers. Australian NGO AOD workers may be motivated to stay in their chosen organization for different reasons than those employed in other sectors or from other countries.

These findings highlight factors likely to contribute to turnover among NGO AOD workers, and raise important concerns about the implications of widescale and premature turnover. There is strong recognition of the need to train AOD workers, and services, funders and policy makers have invested in developing quality training and development tools (Campbell et al., 2017; Matheson et al., 2016). However, the findings of the present study suggest that this investment needs to be maximized by also implementing more sophisticated workforce strategies designed to retain skilled and experienced staff.

The NSW NGO AOD sector comprises a high proportion of workers with less than five years' experience in the sector. One in six workers had only commenced employment in the AOD sector in the past two years. In an earlier study, Roche et al. (2013) found a similarly high proportion of staff with only a few years' experience in the AOD sector. Together these findings suggest that there has been either a high degree of turnover in the AOD sector, a recent recruitment initiative to boost the number of AOD workers, a recent expansion of the sector, or a combination of these. Regardless of the contributory factors, high proportions of young and/or inexperienced workers expressing an intent to leave the sector has important knock-on effects from disruptions to workforce continuity.

High turnover represents a potential threat to quality control and consistency for clients seeking treatment. A workforce profile comprising staff with under two years of experience combined with low retention implies that organizations are investing in training and development of newly recruited staff but have ineffective or insufficient strategies in place to ensure they are retained for a sufficient period of time. Retention of workers, specifically those who have commenced employment recently, is crucial as they represent the workforce of the future.

The findings of high turnover intention are further exacerbated by the natural attrition likely to occur among segments of the AOD workforce where there is commonly a predominance of older workers. For instance, in the current study approximately a third of the sample were over 50 years of age and therefore likely to retire in the foreseeable future. Concentrations of older cohorts of workers in the AOD sector are common in many countries (Roche & Pidd, 2010). Natural attrition also requires succession planning, as mature and experienced staff are essential for the professionalism of any workforce and to mentor junior staff (Gethin, 2008) and their loss requires pro-active replacement strategies to be in place.

Work-related factors which can be addressed to increase staff retention and reduce costs associated with hiring and training new staff were identified. Some of these findings are not unexpected and are subject to political and funding constraints (for instance, hiring staff on permanent contracts when possible). However, other factors such as increasing employee satisfaction with the NGO AOD sector, and decreasing workloads shed new light on the types of effective retention strategies that may need to be implemented. This shift in focus may help reduce costs associated with hiring and training new and/or inexperienced staff, and ameliorate potential negative impacts on staff morale, quality of care, and the sector's ability to grow and thrive. As has been highlighted elsewhere, the AOD sector is traditionally underfunded (Commonwealth of Australia, 2018) and thus can ill afford avoidable financial burdens.

Encouragingly, there was a high level of satisfaction with working in the NGO AOD sector overall. This is consistent with previous research (Duraisingam et al., 2009), which suggests that AOD workers likely find satisfaction from the altruistic aspects of their work, such as achieving successful outcomes for their clients, and doing work which is considered of value to their community. These aspects of AOD work may partially counteract poor remuneration packages. However, as the cost of living increases, altruism in lieu of adequate remuneration may be sorely tested (Roche et al., 2013) and, despite generally high levels of satisfaction with the NGO AOD sector, dissatisfaction with the sector was the strongest predictor of turnover intention.

The AOD sector in Australia comprises a range of organizations that overlap government, non-government (not-for-profit), and private sectors (Roche & Pidd, 2010). Dissatisfaction with the NGO sector may result in workers seeking employment in the private or government sectors or leaving the AOD field entirely. Given that dissatisfaction with the NGO AOD sector was one of the main predictors of turnover intention, further study is required to elucidate the underpinning cause(s) of dissatisfaction. Qualitative research examining the experiences of workers in more depth may provide more nuanced views about working in the AOD sector.

A limitation of the study is that it measured self-reported turnover intention rather than actual turnover rates. Due to the cross-sectional nature of the study, it is unknown whether those who intended to leave their jobs ended up resigning. However, other studies have found self-reported turnover intention to strongly and reliably predict actual turnover (Garner & Hunter, 2014; Tett & Meyer, 2006; Van Dick et al., 2004). Longitudinal studies may help to further elucidate predictors of turnover.

AOD organizations are substantially impacted by the sector, jurisdiction, and agency within which they operate (Roche & Pidd, 2010). As this project only sampled from workers operating within the NSW NGO sector, caution is required in generalizing these findings to the wider Australian AOD sector. A broader study, sampling from all elements of the AOD sector, is required.

Conclusions

The AOD sector is reliant on the retention of skilled staff who are qualified, experienced, and satisfied working in the AOD

field. Increasing our knowledge and understanding of the factors which prevent staff from remaining in the AOD sector is vital to the delivery of effective, quality AOD services. This study may assist in informing workplace policies and practices that seek to target factors that influence staff retention. Workforce development strategies are required that focus on improving satisfaction with the NGO AOD sector, reducing workload pressures and the provision of permanent positions. This focus is essential in fostering staff retention. Given the difficulty experienced worldwide in recruiting AOD specialists and the costs expended in training them, it is vitally important that staff are retained.

There is a pressing need to cultivate explicit proactive retention strategies, and to nurture and support the AOD workforce. Reactive responses to high turnover and loss of valued workers are patently inadequate. The current study provides valuable insight into the mechanisms and drivers at play in relation to workforce turnover. Moreover, it also provides clear indications of the types of remediation strategies that are required. Moving forward, there is a need to implement the array of strategies identified here and subsequently evaluate their impact to ascertain which strategies have greatest salience with which workforce groups.

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