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ORIGINAL ARTICLE

R-E-S-P-E-C-T: Psychosocial Factors Outdo Employment Conditions in Predicting Job Satisfaction and Turnover Intentions for AOD Nurses and Counsellors

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Abstract

Alcohol and other drugs (AOD) work is rewarding and demanding, creating challenges for workforce sustainability. This study examined two key occupational groups within the AOD workforce: nurses and counsellors. Cross-sectional data from an Australian online survey of the AOD workforce was analysed to identify the socio-demographic and organisational factors that predicted job satisfaction and turnover intentions. Around half of nurses and counsellors were satisfied with their jobs, with the majority satisfied with the AOD sector. For both groups, job and sector satisfaction were positively associated with feeling respected and supported and working in an environment open to change. Satisfaction was the strongest predictor of job and sector turnover intentions for both groups. This study suggests that AOD nurses' and counsellors' job satisfaction and retention would be improved with more opportunities to explore innovation, and a great focus on workplace cultures of respect and support.

Keywords Nurse · Counsellors · Job satisfaction · Employee turnover · Health workforce

The alcohol and other drugs (AOD) sector is characterised by diversity, challenge and change. Clients have diverse backgrounds and life experiences, which may include trauma (Sisselman-Borgia, 2018), co-morbid mental health conditions (Kingston et al., 2017), socioeconomic disadvantage (Kivimäki et al., 2020) and other circumstances contributing to marginalisation such as homelessness (Windsor et al., 2018). The workforce is similarly diverse, incorporating specialists from a range of professions in health (physicians, nurses, pharmacists, counsellors, psychologists) and human services (educators, law enforcement professionals, policy makers). The work itself can be very demanding, as demonstrated by the increasing recognition of secondary trauma in frontline service workers (Bride & Kintzle, 2011; Ewer et al., 2015). In addition, models of care continue to evolve along

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with the regular emergence of new substances (e.g., synthetic stimulants), patterns of use (e.g., non-medical use of pharmaceutical drugs) and diagnoses (e.g., foetal alcohol spectrum disorder).

Workforce Development in the AOD Sector

A workforce development perspective has gained increasing recognition and traction in the face of the complexity and challenge of AOD service delivery. Workforce development takes a systemic and multi-level approach to ensuring the AOD workforce, organisations, teams and individual workers have the skill, capacity and support needed to ensure effective service delivery (Galvani, 2017; Johnston & Burton, 2017; Nelson, 2017; Roche & Nicholas, 2017). The sustainability of the AOD workforce is a key workforce development priority, as a highly skilled, resilient and committed workforce provides the essential foundation to effective and high-quality AOD services (Roche & Nicholas, 2017; van de Ven et al., 2020).

Staff turnover has been identified as a workforce development priority for AOD organisations and the broader sector (Gallon et al., 2003; McEntee et al., 2020). Estimates of AOD treatment staff turnover rates range from 25 to 33% annually (Eby et al., 2010; Gallon et al., 2003; Garner et al., 2012) up to 47% for counsellors after 4 years (Eby & Rothrauff-Laschober, 2012). Whilst there is no currently sufficient evidence of a direct link between staff turnover and client outcomes (van de Ven et al., 2020), turnover has been linked to negative organisational outcomes such as increased work demands and stress, decreased perception of support and disruption to work practices that may impede care quality (Knight, et al., 2012a, b; Woltmann et al., 2008). Economic costs of turnover are potentially very high; Li and Jones' (2013) review estimated the ratio of nurse turnover costs relative to salary to range from 0.31 to 1.3. Economic costs of turnover include the financial costs of recruitment and orientation of new staff, and the impact of productivity losses due to staff shortages and loss of experienced staff (Li & Jones, 2013; Roche et al., 2015).

This study examined the sustainability of the AOD workforce with a focus on two key occupational groups: nurses and counsellors. Respectively, these two groups reflect the core therapeutic approaches within the sector and are two of the most numerous professions in the sector. They also have broadly complementary roles. Nurses are essential to the provision of drug substitution programs and acute care, such as detox and withdrawal management. Counsellors form the mainstay of the talking therapies and support programs, particularly longer term therapeutic programs. The current paper examines the workforce development needs of nurses and counsellors in the AOD workforce, with a particular focus on issues of workforce sustainability (job satisfaction, turnover intention). Comparing and contrasting these two groups provides additional insight into both the distinctive and common workforce development needs and priorities of these two core professions in the AOD field.

AOD Nurses

The key role of the nursing profession in AOD service delivery has long been recognised (Clancy et al., 2019; Finnell et al., 2019; Ryan & Rothwell, 1997; Smyth et al., 2019; Taylor, 2011) and highlighted by the WHO (Tierney et al., 2020; Watson et al., 2010).

Much of the literature on nurses in the AOD workforce has focused on stigma and addressing negative attitudes towards AOD use and clients of treatment services (e.g., Ford et al., 2008; Puskar et al., 2013; Skinner et al., 2005; Smyth, 2019). A subset of literature has examined the adequacy of nurses' AOD knowledge and skill as frontline care providers in the public health domain (e.g., Searby et al., 2017; Smyth et al., 2019). However, few studies have examined workforce sustainability issues for AOD nurses such as job satisfaction and turnover (e.g., Knudsen et al., 2011). Considering research on the nursing profession in general, Halter et al.'s (2017) review of systematic reviews identified stress, burnout, job dissatisfaction and a lack of supervisory support as key determinants of nurses' turnover intentions within the health workforce.

AOD Counsellors

Research on AOD counsellors has a strong focus on mental health issues for counsellors such as burnout and secondary trauma (e.g., Beitel et al., 2018; Best et al., 2016; Bride & Kintzle, 2011; Ewer et al., 2015; Knudsen et al., 2006, 2013; Oser et al., 2013; Tartakovsky & Kovardinsky, 2013; Vilardaga et al., 2011). Credentialing and professional education standards are also a focus of AOD counsellor studies (Calder et al., 2017; Olmstead et al., 2012; Rieckmann et al., 2011).

A small number of studies have focused on job satisfaction and turnover. AOD counsellors' job satisfaction has been linked with organisational factors such as workload (Broome et al., 2009), leadership quality (Broome et al., 2009) and organisational openness to change (Best et al., 2016) and psychological factors such as stress and burnout (Best et al., 2016; Bride & Kintzle, 2011). Similarly, AOD counsellors' turnover intentions have been link to organisational factors such as organisational openness to change (Knight, et al., 2012a, b), access to clinical supervision (Knudsen et al., 2008) and various aspects of job quality (e.g., support, workload, autonomy, justice/fairness) (Eby & Rothrauff-Laschober, 2012; Garner & Hunter, 2013; Knudsen et al., 2003, 2006). AOD counsellors' turnover intentions have also been linked with psychological factors such as job satisfaction (Duraisingam et al., 2009; Eby & Rothrauff-Laschober, 2012; Garner & Hunter, 2013), organisational commitment (Knudsen et al., 2003; McNulty et al., 2007) and stress and burnout (Bride & Kintzle, 2011; Duraisingam et al., 2009; Knudsen et al., 2006).

The Current Study

The aim of the current study was to investigate the predictors of satisfaction and turnover intention for AOD nurses and counsellors, and to examine the similarities and differences in predictors for these two groups. This more nuanced analysis contrasting two key occupational groups within the AOD sector offers valuable insight into the design of workforce development strategies to meet the needs of the AOD workforce in general, and the unique needs of particular professional groups within the sector.

The current study examined socio-demographic (age, lived experience, AOD experience, income) and organisational factors (respect/support, job insecurity, work intensity, organisational openness to change, difficulty accessing professional development, flexible working times) as predictors of job satisfaction and turnover intention for AOD nurses and counsellors. The aim was to explore whether job satisfaction and turnover intentions

varied between particular cohorts of workers and specific organisational factors. First, in an extension of existing research, we examined the association between experience and job satisfaction/turnover intention. Three aspects of experience were examined: chronological age, AOD work experience and AOD lived experience. Drawing on both studies of AOD nurses and counsellors in particular and the broader research literature on job satisfaction and turnover intention, we examined two aspects of organisational culture (respect/support and openness to change) and four aspects of job quality reflecting key work demands (work intensity, job insecurity) and resources (flexible work practices, professional development). Job satisfaction was also examined as a predictor of turnover intentions, as this link is well established in the broader work literature (Rubenstein et al., 2018). Incorporating a multilevel workforce development perspective, we examined satisfaction and turnover intentions with regard to workers' current job and the AOD sector as a whole.

Method

Survey Method

A custom-designed cross-sectional survey was developed in consultation with an expert advisory group representing a range of professions and occupations within the AOD sector. The online survey comprised validated scales and items sourced from existing jurisdictional AOD workforce surveys. Eligible survey participants for the current analyses were respondents who worked within the AOD sector, identified their occupation as nurse (including registered nurse, enrolled nurse, drug and alcohol nurse, nurse educator, nurse practitioner) or counsellor (including counsellor, drug and alcohol counsellor) and were employed within an Australian non-government (NGO) or government organisation (Skinner et al., 2020).

The survey was promoted through AOD-related publications, conferences and social media. Industry stakeholders, peak representative bodies and government agencies also promoted the survey. Data were collected from August 2019 to February 2020 using Qualtrics. Ethics approval was obtained from Flinders University Social and Behavioural Research Ethics Committee, Southern Adelaide Clinical Human Research Ethics Committee (under the National Mutual Acceptance Scheme) and jurisdictional research ethics and governance bodies.

Measures

The full survey addressed demographics; employment and client characteristics; qualifications and professional development needs; working conditions; organisational characteristics; recruitment and retention; and health and wellbeing. The full survey protocol is available online (https://nceta.flinders.edu.au/workforce/alcohol-other-drugs-national-workforce-survey). The variables included in the present study are detailed below.

Workforce Demographics Participants indicated their gender (Kostadinov et al., 2020), age, whether they had lived experience of AOD issues personally, with a family member or another experience (multiple response item) and years of experience in the AOD sector (< 12 months; 1–3 years; 4–9 years; 10 + years; recoded to a binary variable 0 = < 3 years, 1 = 4 + years).

Employment Arrangements and Working Conditions Measures addressing employment demographics comprised employment sector (0 = government; 1 = NGO), employment contract (0 = casual, fixed-term; 1 = permanent), work hours (0 = part-time, 1 = full-time) and income (0 = at or above the national average; 1 = below the national average) (Australian Bureau of Statistics, 2020).

Job Quality Respect/support was measured by a five-item scale (e.g., 'I experience adequate support in difficult situations') (Siegrist et al., 2004) (Cronbach's $\alpha = 0.84$). Perceived job insecurity was assessed by a four-item scale (e.g., 'I feel insecure about the future of my job') (Vander Elst et al., 2014) (Cronbach's $\alpha = 0.88$). Work intensity was measured by a five-item scale (e.g., 'I have constant time pressure due to a heavy workload') (Siegrist et al., 2004) (Cronbach's $\alpha = 0.80$). Organisational openness to change was assessed by a 5-item scale (e.g., 'You are encouraged to try new and different ideas') (Lehman et al., 2002) (Cronbach's $\alpha = 0.80$). Difficulties accessing professional development were assessed by a single item ('Have you experienced challenges or difficulties in accessing sufficient professional development for your work in the AOD sector?'). Access to flexible work arrangements was assessed with a single item ('My working times can be flexible to meet my needs') (Skinner & Pocock, 2008). Job quality items were assessed on a five-point agreement response scale (1 = strongly disagree; 5 = strongly agree), with difficulty accessing professional development using a quantity response scale (1 = none at all; 5 = a great deal).

Satisfaction with Job and AOD Sector A four-item measure was used to assess job satisfaction (Taylor & Bowers, 1972) addressing satisfaction with respondent's current job, current pay, career progress to date and future career opportunities in the organisation (e.g., How satisfied do you feel with the progress you have made in this organisation up to now?') (Cronbach's $\alpha = 0.75$). A single-item measure was used to assess satisfaction with the AOD sector ('All in all, how satisfied are you with the AOD sector?') (Taylor & Bowers, 1972). Both measures used a 5-point response scale (1 = completely unsatisfied, 5 = completely satisfied).

Turnover Intentions Related to Job and AOD Sector Turnover intentions with regard to respondents' current job and the AOD sector were assessed by two three-item measures (e.g., 'I frequently think about leaving my current job/the AOD sector') (Rothrauff et al., 2011) using a five-point response scale (1 = strongly disagree, 5 = strongly agree) (job turnover intention Cronbach's $\alpha = 0.87$, sector turnover intention Cronbach's $\alpha = 0.89$).

Statistical Analyses

For the purpose of the descriptive analysis (Table 1), multi-item measures were rescaled to a five-point response scale (scores ≥ 4 = yes) (respect/support, job insecurity, work intensity, openness to change, job satisfaction, job/sector turnover intention). Single-item measures were recoded into binary measures based on the scale anchors (i.e., agree/strongly agree = yes) (professional development access, flexible working time, sector satisfaction). All analyses were conducted in IBM SPSS Statistics 25.0 (IBM Corporation, 2017). Group differences ($p \leq 0.05$) were explored on variables of interest via frequency statistics, χ^2 tests of independence, bivariate (Pearson's) correlations and multiple regressions.

Table 1 Workforce demographics, employment, job quality, satisfaction and turnover intentions, % and *n*

Variable	Nurses ($n=229$) %	Counsellors ($n=379$) %	All ($n=608$) %
All	25.2	15.2	100.0
Social and employment demographics			
Gender: female*	77.5 (176)	69.9 (260)	72.8 (436)
Age			
18–34 years***	10.2 (22)	24.2 (88)	19.0 (110)
35–49 years	38.0 (82)	37.7 (137)	37.8 (219)
50 + years***	51.9 (112)	38.0 (138)	43.2 (250)
Lived experience: yes (any experience)***	54.8 (120	70.2 (257)	64.4 (377)
Personal experience**	39.2 (47)	57.2 (147)	51.5 (194)
Family/other experience**	85.0 (102)	69.3 (178)	74.3 (280)
AOD experience (years in sector)*			
3 years or less	21.0 (41)	30.7 (99)	27.1 (140)
4 + years	79.0 (154)	69.3 (223)	72.9 (377)
Employment arrangements			
Sector: non-government***	17.1 (35)	77.5 (262)	54.7 (297)
Permanent: yes***	87.2 (191)	73.4 (270)	78.5 (461)
Full-time: yes*	67.0 (146)	58.5 (214)	61.6 (360)
Income relative to national average			
Below***	25.1 (50)	46.7 (165)	38.9 (215)
Average***	10.1 (20)	33.4 (118)	25.0 (138)
Above***	64.8 (129)	19.8 (70)	36.1 (199)
Job quality			
Respect/support: yes***	51.2	65.1	59.8
Perceived job insecurity: yes insecure	4.8	4.7	4.7
Work intensity: yes**	45.0	32.0	36.9
Organisational openness to change: yes***	20.5	33.2	28.4
Difficulty accessing professional dev: yes	47.2	43.0	44.6
Flexible working time: yes***	43.6	60.9	54.3
Satisfaction and turnover intention			
Satisfied with current job: yes	56.7 (118)	57.0 (196)	56.9 (314)
Satisfied with AOD sector: yes	66.5 (137)	75.1 (257)	71.9 (394)
Job turnover intention: yes	28.2 (85)	24.8 (59)	26.1 (144)
Sector turnover intention: yes	17.3 (36)	16.3 (56)	16.7 (92)

*$p \leq 0.05$, **$p \leq 0.01$, ***$p \leq 0.001$

Results

Workforce Demographics

Reflecting the wider workforce demographic, the majority of nurses and counsellors were women, and mid-aged (35 + years) (89.8% of nurses; 75.8% of counsellors) (Table 1). Nurses were more likely to be older (50 + years) whereas a higher proportion of counsellors

were younger (18–34 years) ($p \leq 0.001$). Around half of nurses (54.8%) and the majority (70.2%) of counsellors reported lived experience of AOD issues ($p \leq 0.001$). Of those who reported lived experience, counsellors were more likely to report personal experience ($p \leq 0.01$) and nurses were more likely to have family or other experience ($p \leq 0.01$).

Employment Arrangements and Working Conditions

The majority of nurses had permanent (ongoing) employment contracts (87.2%), in the government sector (82.9%, 17.1% employed in NGOs), and worked full-time (67.0%) with a salary at or above the national average (74.9%) (Table 1). In contrast, counsellors were slightly less likely to have a permanent employment contract (73.4%, $p \leq 0.001$) and to work full-time (58.5%, $p \leq 0.05$), and were more likely to be working in non-government organisations (77.5%, $p \leq 0.001$) with a salary below the national average (46.7%, $p \leq 0.001$). Nurses were more likely to be satisfied with their pay (60.1%) than counsellors (46.5%, $p \leq 0.01$). The majority of nurses (79.0%) and counsellors (69.3%) had worked four or more years in the AOD sector.

Job Quality

As observed previously, the majority of nurses and counsellors had permanent employment contracts; hence, only a small proportion of respondents (< 5% for both groups) reported feeling insecure in their employment. Nurses were less likely to report feeling respected and supported (51.2%) compared to counsellors 65.1%, $p \leq 0.001$) and were more likely to experience high work intensity (45.0%, 32.0% of counsellors, $p \leq 0.01$). Nurses were less likely to perceive their organisation was open to change (20.5%, 33.2% of counsellors, $p \leq 0.001$) and less likely to have access to flexible working times (60.9%; 43.6% of counsellors, $p \leq 0.001$). Just under half of nurses (47.2%) and counsellors (43.0%) reported difficulty accessing professional development.

Satisfaction and Turnover Intentions

Over half of nurses were satisfied with their job (56.7%), with two thirds reporting satisfaction with the AOD sector (66.5%) (Table 1). Similarly, around half of counsellors (57.0%) were satisfied with their job, with three quarters also satisfied with the AOD sector (75.1%, $p \leq 0.01$). A substantial cohort of nurses (28.2%) intended to leave their current job (24.8% of counsellors), with a smaller proportion intending to leave the AOD sector (17.3%; 16.3% of counsellors) (Table 1).

Table 2 shows bivariate (Pearson's) correlations for all variables included in the regression analyses of job satisfaction and turnover intention. Of particular note for both groups are the consistent moderate associations between stronger perceptions of respect and support and indicators of both job quality (e.g., lower perceived insecurity, work intensity and difficulties accessing professional development, higher organisational openness to change), satisfaction (higher) and turnover intentions (lower). Similarly, higher organisational openness to change was positively associated with indicators of better job quality, higher job satisfaction and lower turnover intentions. As expected, measures of satisfaction and turnover intention demonstrated moderate positive correlations, with high positive correlations between job and sector-level measures of satisfaction and turnover intentions, respectively.

Table 2 Zero-order correlations (nurses, counsellors in bold type)

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Age***	-	0.10	0.23**	−0.07	0.09	−0.04	−0.08	0.05	−0.09	−0.04	0.07	0.10	−0.03	−0.03
2	Lived exp. (1 = yes)	**0.03**	-	0.12	0.04	0.02	−0.01	0.09	−0.11	0.05	0.04	−0.11	−0.06	0.01	0.12
3	AOD exp. (1 = 4 + years)	**0.47****	**0.04**	-	−0.15*	−0.06	−0.00	0.23**	−0.12	0.08	−0.09	0.01	−0.01	0.05	−0.01
4	Income (1 = below)	**−0.02**	**0.05**	**−0.15***	-	0.07	0.04	−0.18*	0.08	−0.14	0.09	−0.18*	−0.11	0.08	0.19*
5	Respect/support***	**−0.09**	**−0.03**	**−0.12***	**0.05**	-	0.52***	−0.21**	0.50***	−0.42***	0.24***	0.56***	0.54***	−0.33***	−0.28***
6	Job insecurity	**0.13***	**0.07**	**0.11**	**−0.04**	**−0.40*****	-	0.09	−0.24***	0.29***	−0.21**	−0.36***	−0.40***	0.33***	0.35***
7	Work intensity***	**0.12***	**−0.01**	**0.27*****	**−0.18****	**−0.31*****	**0.16****	-	−0.18*	0.26***	−0.12	−0.12	−0.13	0.08	0.08
8	Org. open change***	**−0.06**	**0.01**	**−0.07**	**0.03**	**0.51*****	**−0.30*****	**−0.21*****	-	−0.29***	0.28***	0.49***	0.45***	0.31***	−0.16*
9	Difficulty access PD	**0.02**	**0.06**	**0.13***	**−0.11***	**−0.42*****	**0.32*****	**0.30*****	**−0.35*****	-	−0.19**	−0.30***	−0.35***	0.22***	0.17*
10	Flexible work***	**−0.10**	**−0.01**	**−0.02**	**0.03**	**0.16****	**−0.24*****	**−0.08**	**0.26*****	**−0.23*****	-	0.29***	0.24***	−0.20**	−0.12
11	Job satisfaction	**−0.14***	**0.06**	**−0.11**	**0.03**	**0.57*****	**−0.37*****	**−0.30*****	**0.48*****	**−0.37*****	**0.21*****	-	0.85***	−0.49***	−0.35***
12	AOD sector satisfaction*	**−0.11***	**0.10**	**−0.09**	**0.03**	**0.56*****	**−0.35*****	**−0.27*****	**0.45*****	**−0.31*****	**0.16****	0.77***	-	−0.58***	−0.47***
13	Job turnover intention	**−0.00**	**−0.03**	**0.16****	**−0.04**	**−0.45*****	**0.34*****	**0.25*****	**−0.37*****	**0.26*****	**−0.12***	**−0.52*****	**−0.55*****	-	0.63***
14	Sector turnover intention	**0.01**	**−0.12***	**0.08**	**0.00**	**−0.33*****	**0.29*****	**0.28*****	**−0.33*****	**0.20*****	**−0.07**	**−0.47*****	**−0.49*****	**0.70*****	-

Note. Variables numbered 5 to 15 scaled to 1–5 scale. *$p \leq 0.05$, **$p \leq 0.01$, ***$p \leq 0.001$

Multiple Regression Analyses

Job Satisfaction Separate multiple regressions for nurses and counsellors were conducted to predict job satisfaction, AOD sector satisfaction, job turnover intention and AOD sector turnover intention. Predictors of satisfaction and turnover intention comprised two factors addressing participants' years of experience (age, years in AOD sector), one factor addressing personal experience of AOD issues (lived experience), personal income, two factors addressing organisational culture (respect/support, organisational openness to change) and four factors addressing job quality (job insecurity, work intensity, difficulty accessing professional development, flexible working time). Job and sector satisfaction were included as predictors of job and sector turnover intention, respectively.

Nurses' job satisfaction was positively associated with perceived respect and support ($\beta = 0.37$, $p \leq 0.001$), organisational openness to change ($\beta = 0.26$, $p \leq 0.001$) and access to flexible working time ($\beta = 0.14$, $p \leq 0.05$) ($F(10, 166) = 14.20$, $p \leq 0.001$, $R^2 = 0.43$). Earning an income below the national average was associated with lower job satisfaction for nurses ($\beta = -0.23$, $p \leq 0.001$). Similarly, counsellor's job satisfaction was positively associated with organisational openness to change ($\beta = 0.20$, $p \leq 0.001$) and feeling respected and supported ($\beta = 0.34$, $p \leq 0.001$) ($F(10, 299) = 21.72$, $p \leq 0.001$, $R^2 = 0.40$). Counsellor's job satisfaction decreased with higher work intensity ($\beta = -0.11$, $p \leq 0.05$) and job insecurity ($\beta = -0.12$, $p \leq 0.05$) ($F(10, 299) = 21.72$, $p \leq 0.001$, $R^2 = 0.40$).

Nurses' satisfaction with the AOD sector was positively associated with perceived respect and support ($\beta = 0.30$, $p \leq 0.001$) and organisational openness to change ($\beta = 0.22$, $p \leq 0.01$), and was lower with income below the national average ($\beta = -0.16$, $p \leq 0.05$) ($F(10, 166) = 10.90$, $p \leq 0.001$, $R^2 = 0.36$). Similarly, perceived respect and support ($\beta = 0.38$, $p \leq 0.001$) and organisational openness to change ($\beta = 0.19$, $p \leq 0.001$) were positively associated with counsellor's satisfaction with the AOD sector ($F(10, 299) = 19.06$, $p \leq 0.001$, $R^2 = 0.37$). Counsellors' AOD sector satisfaction was negatively associated with perceived job insecurity ($\beta = -0.12$, $p \leq 0.05$). Counsellors with lived experience were more likely to be satisfied with the AOD sector ($\beta = 0.12$, $p \leq 0.01$).

Turnover Intentions Nurses' job turnover intention increased with lower job satisfaction ($\beta = -0.40$, $p \leq 0.001$) and higher job insecurity ($\beta = 0.17$, $p \leq 0.05$) ($F(11, 165) = 5.89$, $p \leq 0.001$, $R^2 = 0.23$). Lower job satisfaction was also the strongest predictor of job turnover intention for counsellors ($\beta = -0.35$, $p \leq 0.001$). Counsellors' job turnover intention also increased with lower respect and support ($\beta = -0.14$, $p \leq 0.05$), higher job insecurity ($\beta = 0.14$, $p \leq 0.01$) and younger age ($\beta = -0.16$, $p \leq 0.01$). Counsellors with more AOD sector experience (4 + years) were more likely to report a job turnover intention ($\beta = 0.15$, $p \leq 0.01$) ($F(11, 298) = 14.57$, $p \leq 0.001$, $R^2 = 0.33$).

Nurses' AOD sector turnover intention increased with lower sector satisfaction ($\beta = -0.39$, $p \leq 0.001$) and higher job insecurity ($\beta = 0.21$, $p \leq 0.01$) and was higher for those earning less than the national average ($\beta = 0.14$, $p \leq 0.05$) ($F(11, 165) = 5.99$, $p \leq 0.001$, $R^2 = 0.24$). Counsellors' sector turnover intention increased with lower sector satisfaction ($\beta = -0.37$, $p \leq 0.001$) and organisational openness to change ($\beta = -0.12$, $p \leq 0.05$) and higher work intensity ($\beta = 0.16$, $p \leq 0.01$) and job insecurity ($\beta = 0.14$, $p \leq 0.01$) ($F(11, 298) = 11.87$, $p \leq 0.001$, $R^2 = 0.28$).

Discussion

The current study focused on two key occupational groups in the frontline AOD workforce, nurses and counsellors. Whilst there is some likely to be some overlap in specialist training, skills and professional philosophies and practices, these are also two distinct and unique professional groups at the forefront of service provision. The strength of this comparative approach is the capacity to inform more nuanced workforce development strategies that incorporate both broad approaches that address whole-of-workforce needs and targeted strategies to fit the unique needs, work roles and professional context of particular occupations.

Workforce sustainability was the main focus of the current study, as indicated by job satisfaction and turnover intention. Job satisfaction was modest for both groups; just over half of AOD nurses and counsellors were satisfied with their current job. Satisfaction with the AOD sector was slightly higher; two thirds of nurses and three quarters of counsellors were satisfied with the sector overall. Just over one quarter of nurses, and around one quarter of counsellors, intended to leave their job. This is consistent with the high rates of actual job turnover observed for AOD workers in general and counsellors in particular (Eby & Rothrauff-Laschober, 2012; Eby et al., 2010; Gallon et al., 2003; Garner et al., 2012). Very few nurses and counsellors (less than 20%) intended to leave the AOD sector.

For both groups, job and sector satisfaction were positively associated with feeling respected and supported and working in an environment open to change and innovation. As expected, (Duraisingam et al., 2009; Eby & Rothrauff-Laschober, 2012; Garner & Hunter, 2013; Rubenstein et al., 2018), job/sector satisfaction emerged as the strongest predictor of job/sector turnover intention. Job insecurity was also associated with higher job and sector turnover intentions for both groups. For nurses, an income below the national average was associated with reduced job/sector satisfaction and increased sector turnover intention. Counsellors' job turnover intentions also increased with younger age, more AOD experience and less respect and support. Unique to counsellors, and consistent with previous studies of AOD counsellors (Broome et al., 2009; Knight, et al., 2012a, b), was the association between increased sector turnover intentions and higher work intensity and lower organisational openness to change.

AOD work by its nature is highly interpersonal. Frontline work largely involves relational interactions with clients, many of whom are experiencing significant negative life events such as trauma and co-morbid mental health conditions (Kingston et al., 2017; Sisselman-Borgia, 2018; Windsor et al., 2018). AOD work is widely recognised as demanding, with significant risks to workers' mental health and wellbeing such as secondary trauma, burnout and emotional exhaustion (Butler et al., 2018; Ducharme et al., 2007; Roche et al., 2013). A significant source of strain can be attributed to the emotional labour involved in frontline service provision to clients. Emotional labour refers to the psychological and emotional work involved in regulating one's own internal states whilst attending to and responding to others' emotional and psychological needs (Hochschild, 2003). Healthcare professionals are often required to engage in emotional labour in the process of providing client services (Riley & Weiss, 2016), although this is an aspect of healthcare work that is often under-recognised and under-valued (Riley & Weiss, 2016).

The findings from this study highlight the value that AOD nurses and counsellors placed on supportive and respectful relationships with peers and supervisors in the context of work that can have high interpersonal demands. Feeling respected and supported was a consistent predictor of satisfaction, which in turn predicted turnover intentions. What

is particularly notable is that these psychosocial factors (respect, support, organisational openness to change) rather than job quality and remuneration were the strongest predictors of satisfaction. In any psychologically demanding job, interpersonal support is crucial. It is worth noting that substantial proportions of nurses and counsellors did not report ideal employment arrangements or job quality on important factors such as income (53.3% of counsellors and 25% of nurses of counsellors reported an income below the national average), work intensity (45% of nurses and 32% of counsellors reported high work pressure) and access to professional development (47.2% of nurses and 43.0% of counsellors reported access difficulties). Yet, job satisfaction was not affected by these core aspects of job quality and employment conditions, but rather by 'soft' factors such as interpersonal relations and organisational culture of innovation.

It is important to acknowledge that as with other health professions, the AOD workforce is characterised by a strong sense of dedication and commitment (Gallon et al., 2003). A sense of vocation in AOD work may be motivated by lived experience of alcohol or other drug issues, personally and/or with family or friends. In this study, over half of nurses (54.8%) and the majority of counsellors (70.2%) had some form of AOD lived experience. Supervisor and coworker support has been identified as an important factor for the wellbeing of workers with lived experience (Chapman et al., 2020), which to some extent account for the link between support and job satisfaction observed in the current study.

Whilst feeling respected and supported is clearly highly valued for AOD nurses and counsellors, this was not the workplace experience of half nurses and around one third of counsellors. This difference between occupational groups may reflect several factors. Counsellors were more likely to work in the NGO sector, where organisational cultures and management styles are likely to differ from the government sector where the majority of nurses were employed. Nurses' work roles may include more challenging and stressful work contexts such as detoxification clinics and substitution therapies. Clearly, more can be done to improve the supportiveness of the work environment for both groups. This is important not only for job satisfaction, and the link with turnover intention, but also for wellbeing. There is strong evidence regarding the key role of support (and other resources) in buffering the effects of working demands and protecting and sustaining wellbeing in the workplace (Lesener et al., 2019). In the context of AOD work, coworker support has been found to buffer the effects of burnout on turnover intention or substance abuse counsellors (Ducharme et al., 2007).

With regard to organisational openness to change, only one fifth of nurses and one third of counsellors viewed their organisation as open to change and innovation. The observation that organisational openness to change was a consistent predictor of job satisfaction suggests that AOD nurses and counsellors highly value innovation, change and improvement in their work practices, even though the opportunities to do so are infrequent or limited. Openness to change is a crucial enabler of evidence-based practice, which often involves changing or adapting established work practices to trial new approaches and eventually embed innovations into standard practice. Indeed, nurses' and counsellors' positive attitudes towards innovation should be considered a significant workforce development resource for the AOD sector, providing crucial frontline support not only for evidence-based practice change but also for organisational initiatives which may not be directly related to client service such as such as quality improvement programs.

Organisational openness to change and feeling respected and supported at work can be considered aspects of organisational culture. Organisational culture change can be complex and difficult; there is a large research literature on culture change and innovation adoption in organisations in general and healthcare in particular. Whilst a detailed review is out of

scope for the current paper, a consistent finding worth noting is the key role of leaders and those in leadership roles (e.g., managers, supervisors) in initiating, enacting and embedding organisational change to work cultures (Becan et al., 2012; Johnson et al., 2016; Martins & Terblanche, 2003). The Civility, Respect, and Engagement in the Workplace (CREW) program, first developed in the U.S. Veterans Health Administration and then extended to health workplaces in general, is an example of a team-based intervention that has been shown to successful improve organisational culture and work practices in health (Osatuke et al., 2009).

Limitations

The current study was based on cross-sectional data, and hence can only be considered indicative of potential causal relationships. There is good evidence of a causal link between job satisfaction and both turnover intentions and actual turnover (Rubenstein et al., 2018). Some key variables (access to flexible work arrangements, difficulty accessing professional development, satisfaction with AOD sector) were assessed using single-item measures. Whilst single-item measures offer pragmatic advantages (e.g., survey length, respondent fatigue), it is acknowledged that multi-item measures are often preferred with regard to reliability and validity. It is also important to acknowledge that the current study examined turnover intentions, not actual turnover behaviour. Whilst there is a clear and established link between intention and action (Rubenstein et al., 2018), the magnitude of this link is variable, as turnover behaviour is influenced by a range of external factors such as labour market opportunities (Griffeth et al., 2005).

Conclusion

High-quality, effective and timely service provision to AOD clients is founded on a workforce that has the size, skill and capacity to meet service demand. Hence, the sustainability of the AOD workforce, the recruitment and retention of skilled and committed workers is essential. In the context of demanding work with the potential for significant strain to workers' wellbeing (burnout, secondary trauma), this study highlights the importance of psychosocial working conditions—feeling respected and supported by colleagues, supervisors and the organisation. Furthermore, this study suggests that AOD professionals' everyday work experience and job satisfaction would be significantly enhanced by more opportunities to explore innovation. Clearly, there is an untapped appetite for innovation and practice change within the nursing and counselling professions in the AOD workforce, as well as significant scope to ensure that the AOD sector and organisations realise and actualise the saying that 'people are our greatest asset' with measures to ensure AOD nurses and counsellors are well respected and supported.

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Declarations

Ethics Approval Ethics approval is provided by the Flinders University Social and Behavioural Research Ethics Committee and the Southern Adelaide Clinical Human Research Ethics Committee.

Conflict of Interest The authors declare no competing interests.

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