

Stress and burnout:

A Prevention Handbook for Alcohol and Other Drug Services

2nd edition

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ABOUT NCETA

The National Centre for Education and Training on Addiction (NCETA) is based at Flinders University in South Australia and is a collaboration between the University and the Australian Government Department of Health. It is an internationally recognised research and training centre that works as a catalyst for change in the alcohol and other drug (AOD) field. NCETA's core business is the promotion of workforce development (WFD) principles, research and evaluation of effective practices; investigating prevalence, and effect of AOD use in society; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and other organisations.

NCETA aims to advance the capacity of organisations and workers to respond to AOD related problems. NCETA has developed training curricula, programs and resources to cater for the needs of: specialist AOD workers; frontline health and welfare workers; workers in safety-critical industries; Indigenous workers; community groups; mental health workers; police officers; and employers and employee groups. NCETA focuses on supporting evidence-based change and specialises in change management processes, setting standards for the development of training curriculum content and delivery modes, building consensus models and making complex and disparate information readily accessible to workers and organisations.

NCETA respectfully acknowledges the Kurna people as the Traditional Owners of the land and waters on which our Centre is located. We pay our respects to Kurna elders past, present and emerging.

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The AOD workers cited anonymously in this resource were respondents to the 2019 NCETA National AOD workforce survey (Skinner et al., 2020) and we thank them for their input.

A stylized graphic of a human head in profile, facing right. The head is filled with a blue color. Inside the head, there are white and yellow lines representing the brain's structure. The background is a light beige color. The text is contained within a white rectangular box in the center of the head.

FOREWORD

This booklet is designed to be a user-friendly and practical resource for AOD organisations and workers that:

- Describes the symptoms and consequences of stress and burnout
- Identifies the key factors likely to impact on stress and burnout
- Provides practical strategies to prevent and alleviate stress and burnout.

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

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1. Introduction to burnout and stress prevention in the AOD sector: A key workforce development issue

Our alcohol and other drug (AOD) workers are our greatest resource in treating the harms from AOD. An effective AOD workforce can provide accessible and high-quality services based on the best available evidence. It is essential to protect and enhance AOD worker wellbeing to maximise their capacity to perform at optimal levels and deliver high quality services.

Alcohol and other drug workers are diverse in their backgrounds, scope and expertise. They perform a wide variety of roles in differing organisations, which have differing management capabilities and levels of organisational support. Workers also come from different professional backgrounds, have different qualifications, and support different client groups. Therefore, their work experiences and the levels of threats to their wellbeing will vary substantially, as will appropriate approaches to prevent stress and burnout (Nicholas et al., 2017).

Workers in health and community services, including the AOD sector, are particularly vulnerable to stress and burnout (Dollard et al., 2003; Maslach & Leiter, 2016). Often, in these helping professions, there is an expectation to put the needs of others first, to work long hours, and to do whatever it takes to assist a client or patient (Maslach & Leiter, 2016). While the work itself can be a highly rewarding and satisfying experience, it can also be very demanding (Duraisingam et al., 2020; Skinner & Roche, 2021).

1.1 Rewards and challenges of working in the AOD sector

Key sources of job satisfaction and reward for AOD workers include:

- The opportunity to help and work directly with people
- Belief in the worth of their work in terms of contributing to society
- The opportunity for growth and development at a personal and professional level (Best et al., 2016; Butler et al., 2018; Gallon et al., 2003; Duraisingam et al., 2020).

On the flip side, AOD workers face many significant challenges. The most common workplace stress for AOD workers is the stress associated with heavy workloads and time pressures. More recently, the COVID-19 pandemic has had a major impact on AOD service provision in Australia which is likely to present a further stressor and exacerbate pre-existing challenges. Other stressors facing AOD workers are summarised in the following Table.

Table 1. Challenges experienced by the AOD workforce in Australia

Professional self-efficacy	Organisational challenges	Client population	Professional development
Whether their work is making a difference	Inadequate remuneration & pay disparities when compared to similar roles in other sectors (e.g., mental health)	Complex circumstances and presentations	The need to continually develop and refresh knowledge and skills to manage changing treatments and complex client presentations (e.g., polydrug use)
Whether they have the necessary skills and are effective in their role	Job uncertainty / insecurity	Reluctance to engage in treatment	New, evidence-based prevention paradigms, treatments and pharmacotherapies requiring continual skill updating
Whether their work is valued	Lack of professional development	Negative attitudes and stigma towards people who use drugs (and the people who work with them)	Lack of resourcing for professional development and upskilling
	Workplace conflict	New substances and patterns of use (e.g., synthetics / pharmaceuticals / smart drugs)	Qualifications that have become increasingly academic and less applied, challenging the 'work readiness' of students/ those new to the workforce
	Lack of supervisory and/or collegial support	Increased prevalence, or awareness, of multiple morbidities among AOD clients, necessitating more holistic and integrated interventions	Need to learn and integrate new practice methodologies (e.g., family sensitive practice)
	Limited access to clinical supervision	Increased occupational exposure to violence	
	Recruitment and retention problems in the context of a worldwide shortage of health and welfare workers	Demographic and societal changes including an aging clientele with additional needs, (e.g., co-occurring physical and mental health conditions)	
	The need to work across sectors (e.g., primary care, corrections, social services)	Risk of experiencing vicarious trauma	
	Recurring service restructuring		
	Outcomes - (rather than inputs- or outputs-) focussed funding		
	Management often inadequately trained and supported to carry out their role		

Sources: Gray, 2010; Marel, et. al, 2016; Roche & Nicholas, 2016; Skinner et al., 2020, Nicholas et al., 2017.

1.2 The Indigenous AOD workforce

Aboriginal and Torres Strait Islander AOD workers may experience a greater range of stressors and pressures in their work roles, compared to non-Indigenous AOD workers. The role of an Indigenous AOD worker can involve an especially heavy burden which can place them at greater risk of experiencing stress and burnout. The work undertaken by Indigenous AOD workers is often complex and demanding, and can entail very personally relevant issues including:

- Loss and grief
- Trauma
- Stigma
- Social disruption.

The range of stressors described to Roche et al. (2010) by Aboriginal and Torres Strait Islander AOD workers is outlined in Table 2. Some approaches to help minimise stress and burnout among Indigenous AOD workers are outlined in Part 3.

Table 2. The range of stressors experienced by Indigenous AOD workers

Factor	Descriptor
Workloads	Workloads are invariably high and not commensurate with the resources available to meet the needs.
Expectations	Workers consistently demonstrated high levels of personal commitment to their work role and their community. In addition, there is a complex set of community obligations that workers need to fulfil.
Boundaries	Many workers saw being available 24/7 as part of a cultural obligation; others were increasingly learning to place appropriate limits and boundaries in culturally secure ways to prevent burnout.
Recognition, respect and support	Workers reported that recognition or respect was often not afforded to them. They also were often solo or isolated workers with insufficient support.
Working conditions	Difficult and stressful working conditions were common, especially among workers in rural and remote settings.
Racism and stigma	High levels of stigma were associated not only with alcohol and other drug work but also the Aboriginality of the clients and the workers. Racism was commonly experienced from co-workers and mainstream community and constituted a major source of stress.
Complex personal circumstances	Many workers were single parents or responsible for dependent children, elderly and other family members. Many had experience significant bereavements, domestic violence, and previous problems with alcohol or drugs. Family members were also often alcohol and other drug clients.
Loss and grief and sorry business	Heavy community losses through premature deaths including suicides. Traditional bereavement leave was rarely adequate. The importance of sorry business, and loss overall, was also often not understood.
Culturally safe ways to work	Although noted to be improving, there was a significant lack of understanding about Indigenous ways of working. This created regular conflict and clashes with mainstream colleagues and services and undermined the health and wellbeing of both clients and workers.
Funding, job security and salaries	Short term funding and short-term appointment with low salaries contributed to high stress levels and high turnover rates.

Source: Roche et al., 2010

1.3 How 'well' is our workforce?

Key findings from the most recent¹ comprehensive national survey of the Australian AOD workforce (Skinner et al., 2020) revealed the following:

The Good	The Bad
<ul style="list-style-type: none">93% found their work meaningful93% were confident in their capacity to do their job74% were enthusiastic about doing their job81% were satisfied with their job74% were satisfied working in the AOD sector70% received adequate support in difficult situations63% had access to flexible work time to meet their needs82% reported good to excellent general health81% reported good to very good quality of life	<ul style="list-style-type: none">58% felt constant time pressure due to heavy workloads41% worked overtime at least weekly23% were not compensated for their overtime21% felt exhaustion regularly at the start of the workday26% felt less enthusiastic about their job13% experienced high levels of burnout14% intended to leave the AOD sector23% intended to leave their jobs in the next 12 months

"Sometimes we burn out not because of our clients but because of the atmosphere at work - low payments, overloaded staff, and increased client complexities are constant challenges. It is a high-risk environment" (AOD Worker, 2019)

High levels of stress and burnout impact the effectiveness and wellbeing of individual workers, AOD organisations and the wider sector. Stress and burnout are also linked to recruitment and retention issues such as:

- Job satisfaction
- Organisational commitment
- Turnover intention (Baldwin-White, 2016; Bride & Kintzle, 2011; Oser et al., 2013; Knudsen et al., 2008; Duraisingam et al., 2009; Volker et al., 2010).

Therefore, preventing and addressing stress and burnout is a key workforce development (WFD) issue for the AOD sector.

¹ It is noted that subsequent to this survey, levels of health and wellbeing may have been substantially impacted as a result of the COVID-19 pandemic.

2. Understanding stress and burnout: Concepts, signs, causes and effects

2.1 What is stress? What is burnout? How do they differ?

Work stress refers to psychological, physical, and behavioural responses to work-related demands over a discrete or short-term period (Dollard et al., 2003).

Job burnout is a form of chronic strain that develops over time in response to prolonged periods of high stress (Maslach et al., 2001).

There is still some debate regarding the conceptualisation and operationalisation of burnout (Bianchi et al., 2019; Schaufeli, 2020). However, the World Health Organization (WHO) recently classified burnout in the 11th Revision of the International Classification of Diseases (ICD-11) as an **occupational syndrome**² resulting from **chronic workplace stress** that has not been successfully managed³ (World Health Organization, 2019).

Burnout is characterised by three dimensions (see Figure 1):

- Feelings of energy depletion or mental exhaustion
- Increased detachment from one's job, or feelings of negativity or cynicism related to one's job
- Low sense of achievement, feelings of incompetence or inefficacy (Maslach et al., 2001; World Health Organization, 2019).

² Syndrome refers to a group of symptoms that occur together

³ The ICD-11 also notes that burnout refers specifically to phenomena that occurs within the occupational context and should not be applied to describe experiences in other areas of life

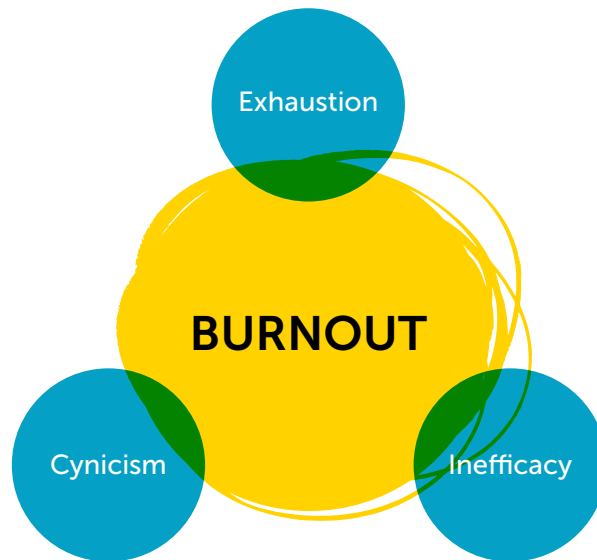


Figure 1. Dimensions of burnout. Source: Maslach et al., 2001

While stress and burnout are related constructs, they are not the same thing (see Table 3 for some key differences). Stress can lead to burnout if it is experienced for long, persistent periods of time causing complete physical, mental and emotional exhaustion (Shahidi et al., 2022). While feeling stressed at work may be a common occurrence, most people do not experience the more chronic and long-term condition of burnout. New evidence indicates that stress and burnout are reciprocal in nature and mutually reinforcing (Guthier et al., 2020). While stress can lead to burnout, burnout can exacerbate stress by amplifying the effects of stressors or demands at work (Shahidi et al., 2022).

Table 3. Key differences between stress and burnout

Stress	Burnout
<ul style="list-style-type: none"> ■ Mainly takes a physical toll ■ Over-engaged ■ Heightened or overactive emotions ■ Urgency and hyperactivity ■ Loss of energy ■ Mind racing, obsessing ■ Overworking to meet obligations ■ Can lead to anxiety and stress disorders 	<ul style="list-style-type: none"> ■ Mainly takes an emotional and mental toll ■ Disengaged or detached ■ Blunted emotions ■ Hopelessness and helplessness ■ Loss of motivation ■ Brain fog, difficulty in concentrating ■ Inability to meet obligations ■ Can lead to depression

Australian workplaces experience significant costs and disruptions as a result of poor employee mental health. But unsafe workplaces also contribute significantly to the incidence of mental illness and injury. Between 15% to 45% of mental health problems experienced by employed people are attributable to conditions in their workplaces (Carter & Stanford, 2021).

2.2 Causes of stress and burnout

It can be useful to think of the causes of stress and burnout in terms of demands and resources. Put simply, stress and burnout are most likely to occur when demands and resources are out of balance (i.e., too many demands and not enough resources) (Figure 2).

A more detailed explanation of what constitutes job demands and resources, and how they can combine to produce stress and burnout, is provided below.

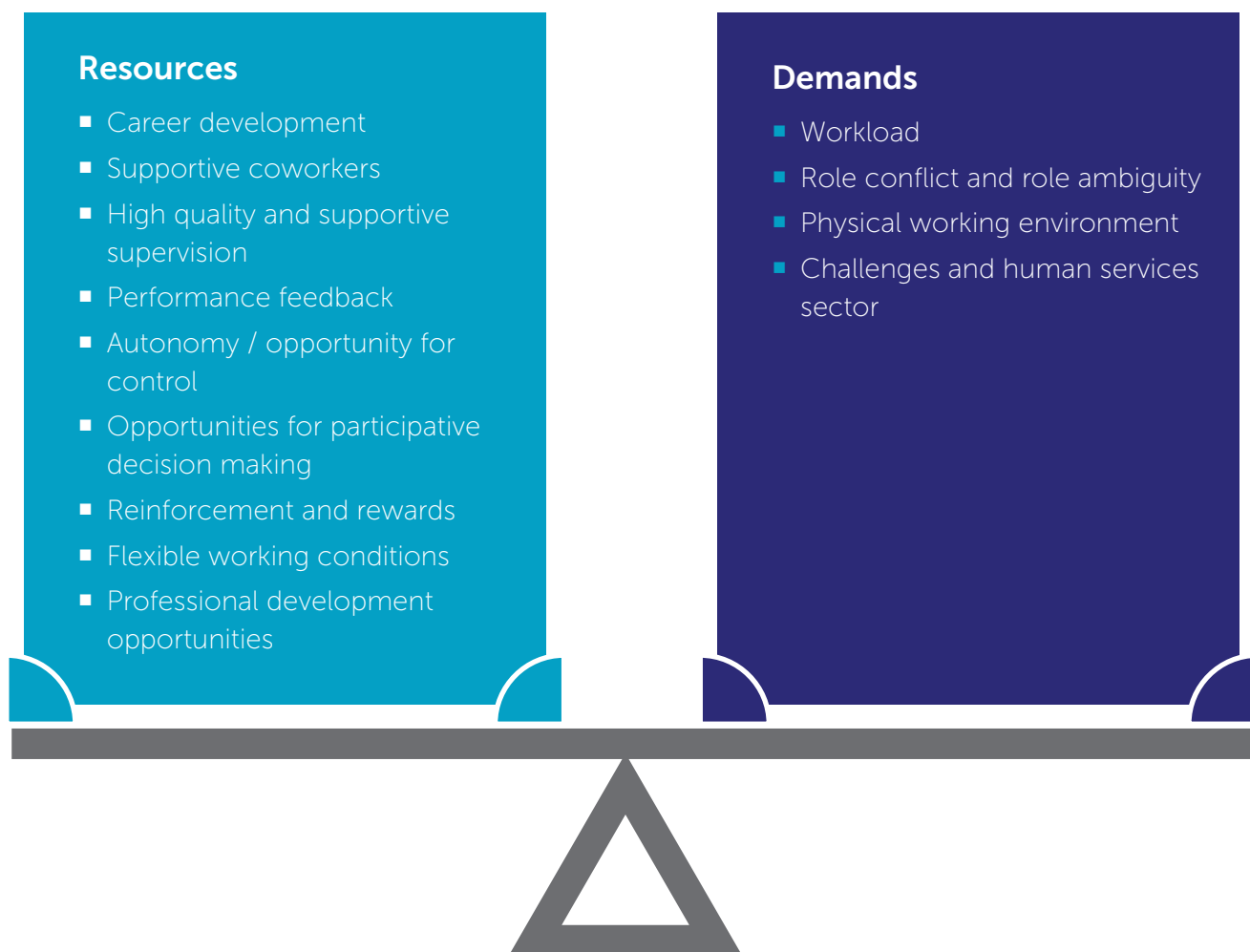


Figure 2. An imbalance between demands and resources = stress and burnout

2.2.1 Job demands

Job demands refer to aspects of a job that require mental or physical effort (e.g., workload, time pressure, challenging clients with multiple and complex problems) and hence may contribute to feelings of strain and exhaustion (Bakker & Demerouti, 2017).

Evidence indicates that there are two main types of job demands (Crawford et al., 2010; Gonzalez-Mulé et al., 2021; LePine et al., 2005).

1. Challenge demands
2. Hindrance demands.

Challenge demands are demands that provide an opportunity for learning or stimulation and may not necessarily be a source of strain on workers (Gonzalez-Mulé et al., 2021; LePine et al., 2005). Examples of challenge demands include time pressure, complex clients, or tasks that require high concentration.

Hindrance demands are excessive or undesirable aspects of a job such as role overload, role conflict, workplace bullying or role ambiguity, which can hamper goal attainment or personal gain (Bakker & Demerouti, 2017).

Previous research has shown that challenge demands can have a positive association with both burnout and work engagement, whereas hindrance demands are positively associated with burnout but negatively associated with work engagement (Podsakoff et al., 2007; LePine et al., 2005; Van den Broek et al., 2010). So, while challenge demands may keep a worker more engaged, they are still stressful and can lead to burnout over time.

2.2.2 Job resources

Job resources are aspects of the job or work environment that support effective functioning by assisting the achievement of work goals, promoting personal and professional growth, or alleviating the impact of job demands (Bakker & Demerouti, 2017).

Job resources linked to prevention of stress and burnout include:

- Career development (opportunities for promotion)
- Flexible working conditions that facilitate an appropriate balance between work and personal life
- Support from co-workers, supervisors and senior management
- Availability of high quality, fair and supportive supervision
- Performance feedback
- Autonomy / opportunity for control
- Rewards and recognition (Beitel et al., 2018; Butler et al., 2018; Crawford et al., 2010; Halbesleben, 2010; O'Connor et al., 2018; Skinner & Roche, 2021; Oser et al., 2013).

Job resources work in two protective ways:

- Preventing the development of stress and burnout
- Buffering the impacts of job demands (Bakker & Demerouti, 2017; 2018).

Research has shown that demands such as work overload, physical difficulties, and work-home imbalance do not increase levels of burnout when workers also experienced job autonomy, social support and appropriate feedback (e.g., Bakker et al., 2005). Job resources effectively weaken the associations between job demands and burnout by facilitating efficient and healthy coping strategies to counteract the demands of work (Lesener et al., 2019; Xanthopoulou et al., 2007).

2.2.3 Personal resources

Personal resources relate to having a positive belief system associated with the extent of perceived control a person has over their environment and circumstances (Hobfoll et al., 2003).

Personal resources can also play a protective role in preventing and minimising stress and burnout at work. Examples of personal resources include optimism, resilience, and self-efficacy, which have been shown to improve and protect worker health and wellbeing (Di Trani et al., 2021; Lupsa et al., 2019; Xanthopoulou et al., 2009).

2.2.4 How demands and resources produce stress and burnout

When a worker experiences high demands, this can produce emotional exhaustion which in turn can lead to a defensive coping strategy in which individuals attempt to distance themselves from the emotional stressors associated with a demanding workload. Emotional distance is achieved by depersonalising clients (seen as objects or tasks rather than people) and adoption of a cynical and detached attitude towards work.

Job resources act as a buffer that reduce the impact of job demands on exhaustion and depersonalisation. In other words, stress and burnout are more likely to occur when workers have few resources available to them. Resources do not necessarily have to match a particular demand in order for a buffering effect to occur (e.g., high workload buffered by offers of help from colleagues). Job resources also support the achievement of work goals and boost perceptions of professional accomplishment. (Bakker & Demerouti, 2017; Bakker et al., 2005)

A visual representation of how demands and resources impact on worker wellbeing is shown in Figure 3.

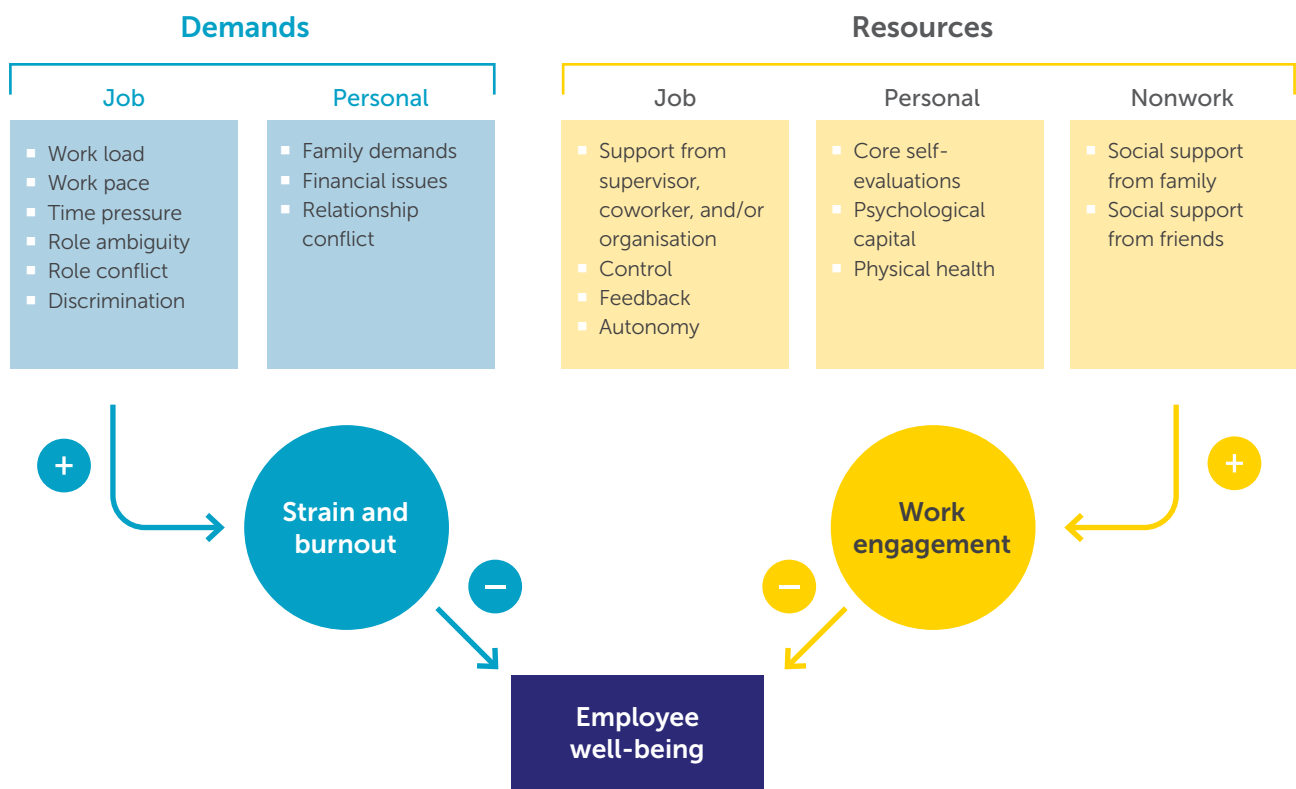


Figure 3. The range of worker demands and resources. Source: Tetrick & Winslow, 2015.

2.3 Preventing stress from becoming burnout

Recovery from burnout takes substantially longer than overcoming stress levels which are still manageable (Guthier et al., 2020). Consequently, it is important to recognise the early signs of stress and implement strategies to prevent it from becoming burnout. Timely interventions are required to do this. It is important to regularly monitor workers' stress levels, and to take action to address stressors or stressful working conditions at the point when they begin to emerge.

2.4 Recognising stress and burnout

(Salvagioni et al., 2017; O'Driscoll & Brough, 2003; Marel et al., 2016)

There is a range of signs and symptoms that supervisors / managers should be aware of which may indicate that AOD workers are experiencing excessive stress and are at risk of burnout. These may include:

Disengagement

Workers may lose enthusiasm for their work; reduce or stop their participation in meetings; avoid taking on new challenges; or avoid taking or returning phone calls and responding to emails. The quality of client care may also decline. Workers may also lose interest in previously enjoyable activities outside of work.

Tiredness or exhaustion

Workers may complain of being tired when they first awaken, being constantly tired, or of having sleeping difficulties. This may also lead to workers having difficulty focussing on the task at hand. It may also lead to procrastination or taking longer to get things done.

Heightened sensitivity to feedback

Workers may begin taking non-positive feedback more personally or reacting to it with increased defensiveness or anger. Workers may blow feedback out of proportion.

Increased absenteeism and presenteeism

Workers may take more sick days. Some may do so in the belief that this will make them feel better, or do so simply to avoid the workplace. Some workers may come in late and leave early or become engaged in unproductive activities at work. Excessive stress and burnout can also adversely affect the immune system and as such workers may also be more susceptible to illnesses and therefore be absent from the workplace more often.

Increasing isolation

Workers may become distant or angry. This can be difficult to detect if employees are working from home or otherwise working remotely.

Physical symptoms

Previously healthy workers may experience a range of physical symptoms, including heart palpitations, panic attacks, chest pain, migraines, nausea, headaches, and muscle pain. Employees may also experience changes in their weight because of over or under eating.

2.5 Effects of stress and burnout

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

1. Worker health and wellbeing
2. Organisational effectiveness
3. Client outcomes (Salvagioni et al., 2017).

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

2.5.1 Impact of stress and burnout on worker health and wellbeing

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

- Cardiovascular issues (Chandola et al., 2008)
- Impairment to the immune system which increases the risk of colds, flus, and gastroenteritis (Mohren et al., 2003)
- Musculoskeletal pain (Armon et al., 2010)
- Depressive symptoms (Ahola & Hakanen, 2007).

The effects of stress and burnout can also lead to unhealthy behaviours such as poor dietary intake, alcohol and/or drug use, and lack of physical exercise, which can further exacerbate health issues (Borritz et al., 2010; Hallsten et al., 2011).

"The burnout rate is high due to this complexity and trauma stories involved and I am unsure how I will last another 10 years until retirement in this industry - even though I have constant self-care and training on vicarious trauma - it still catches up with you in one form or another. I am at the point where I wonder / and are weighing up the long-term impacts on myself re vicarious trauma and how this will affect my future" (AOD Worker, 2019).

2.5.2 Impact of stress and burnout on organisational effectiveness

Stress and burnout amongst workers can cost organisations dearly in lost productivity via absenteeism (Roelen et al., 2015) and presenteeism (i.e., attending work while being disengaged, impaired or unwell) (Demerouti et al., 2009; McGregor et al., 2018). According to a report by Safe Work Australia:

- **Mental stress** claims accounted for the **longest median time lost** over the last two decades, increasing from 11.4 working weeks in 2000-01 to **27 working weeks** in 2018-19.
- Mental stress claims also had the highest median compensation paid. In 2018-19, the median cost of a mental stress claim was \$46,400, which was more than three times the median compensation amount for other serious claims (\$14,500) (Safe Work Australia, 2020).

A recent report on the state of mental health in Australian workplaces estimated workplace-related mental ill health and injury is costing at least **\$15.8 to \$17.4 billion** per year. This cost is likely to increase because of the more precarious and insecure conditions of work and the effects of the COVID-19 pandemic (Carter & Stanford, 2021).

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

1. Reduced job satisfaction
2. Lower organisational commitment
3. Increased turnover (Bride, & Kintzle, 2011; Duraisingam et al., 2009; Knudsen et al., 2008; Oser et al., 2013; Volker et al., 2010).

These outcomes can have a further impact on the recruitment and retention of workers.

2.5.3 Impact of stress and burnout on client outcomes

Evidence also indicates that staff burnout can impact client or patient engagement and outcomes including treatment quality and client dissatisfaction (Aitken et al., 2008; Hanrahan et al., 2010; Poghosyan et al., 2010; Shanafelt et al., 2010; Stimpfel et al., 2012). These factors are a cause for concern and an imperative exists for early identification and remediation of burnout and chronic stress.

2.6 Tools to assess burnout

There are several validated measures to assess burnout. The following are free to use and while some are not validated and cannot be used as diagnostic tools, they can provide an informal assessment to check for signs of burnout:

- Burnout Assessment Tool (<https://burnoutassessmenttool.be/wp-content/uploads/2020/08/BAT-English.pdf>) – validated
- Copenhagen Burnout Inventory (<https://nfa.dk/da/Vaerktoejer/Sporgeskemaer/Sporgeskema-til-maaling-af-udbraendthed/Copenhagen-Burnout-Inventory-CBI>) – validated
- Quick Burnout Assessment tool based on Maslach's Burnout Inventory (https://ssir.org/articles/entry/reversing_burnout) – not validated
- Burnout Self-Test (https://www.mindtools.com/pages/article/newTCS_08.htm) – not validated

3 Strategies to address stress and burnout

3.1 Types of strategies

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

Traditionally, approaches to addressing stress and burnout generally focused on the individual worker as both the source and symptom of the problems. Consequently, solutions were traditionally directed at the individual workers. However, such approaches are clearly limited and inappropriate in many ways. For example, providing stress management training is not likely to be effective in the longer-term, if the worker returns to the same unhealthy working environment. On the other hand, some aspects of the work environment are difficult or impossible to change (e.g., transient client populations, unpredictable clients). Therefore, it is appropriate to ensure workers also have effective coping strategies to deal with these demands.

Contemporary stress management interventions are divided into three levels:

1. **Primary interventions** to reduce the presence of stressors (e.g., role restructuring, job redesign, organisational restructuring)
2. **Secondary interventions** to modify a worker's response to stressors (e.g., stress management programs, time management, conflict resolution)
3. **Tertiary interventions** to treat the consequences of stress (e.g., employee assistance programs) (O'Driscoll & Brough 2003).

These three levels of intervention are outlined in Figure 4.

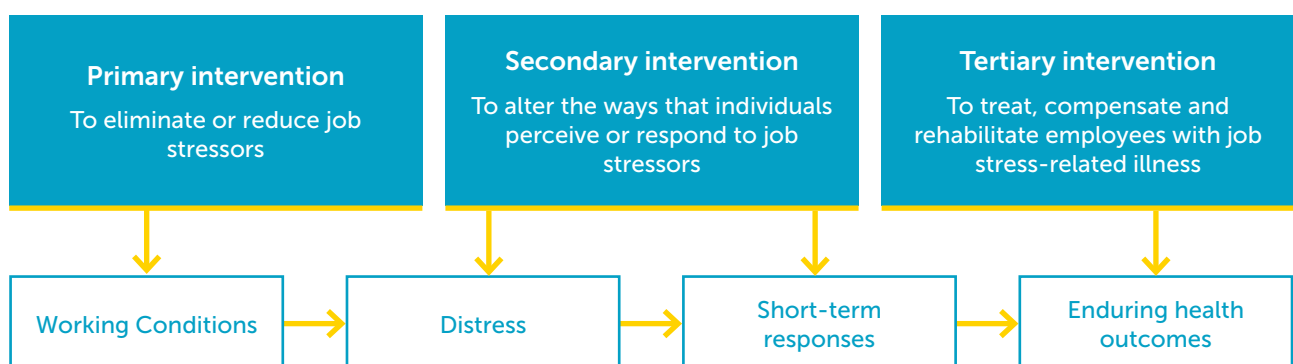


Figure 4. Workplace stress process and intervention points. **Source:** VicHealth, 2012

In general, **primary interventions** based on comprehensive assessments of stressors are most effective in alleviating stress (Burke, 1993; VicHealth, 2012). It is important to recognise that some stressors may not be under the control of individual employees (e.g., client loads). In these circumstances, it is more appropriate to focus on secondary interventions designed to assist employees to manage these stressors. See Figure 5 for examples.

Secondary interventions focused on enhancing individuals' coping skills are the most common strategy used to address stress and burnout (Maslach et al., 2001; VicHealth 2012). See Figure 5 for examples. Although this approach may be the easiest and least expensive, Maslach et al., emphasised the importance of addressing organisational factors as well as individual factors, as these variables have been shown to exert the strongest influence on stress and burnout. Evidence concerning the effectiveness of secondary interventions is mixed, with most studies showing an impact on exhaustion but not on depersonalisation or sense of personal accomplishment (Maslach et al., 2001).

Tertiary interventions (such as employee assistance programs) have been described as 'the ambulance at the bottom of the cliff' (O'Driscoll & Brough 2003). Employee assistance programs can lead to substantial reductions in psychological distress levels among workers, particularly in organisations with poor psychological safety environments (Bouzikos et al., 2022). These programs can also be offered effectively online (Bajorek, & Holmes, 2020).

Whilst these programs are valuable for managing current stress levels, a longer-term approach focused on the individual (secondary intervention) or the working environment (primary intervention) is crucial to ensure a sustainable and healthy workforce. See Figure 5 for examples of tertiary interventions.

The relative effectiveness of these levels of intervention, the ways in which they are viewed through occupational health and safety and psychological intervention lenses, and some examples of approaches are outlined in Figure 5.


Relative effectiveness	Intervention level	Occupational health and safety: hierarchy of controls	Psychology and related disciplines	Examples of intervention objectives and corresponding activities	
				Objectives	Activities
Most 	Primary Goal: to eliminate or reduce job stressors (eliminate or reduce risk factors for job stress)	Control at the source of the hazard or interception of the hazard in its path from source to employee through <ul style="list-style-type: none"> hazard elimination substitution with safer technology process isolation to contain exposure engineering controls to reduce exposure 	Organisational psychology: address stressors at the level of the organisation or work directed intervention	<ul style="list-style-type: none"> Reduce job demands Improve job control Improve social support 	<ul style="list-style-type: none"> Increase time or other resource allocations to complete specific tasks Redesign the physical work environment to reduce musculoskeletal load and noise Provide breaks from client-based work Increase employee participation in work planning and decision-making Assess and integrate employee needs into planning of work schedules Assess and integrate employee needs to optimise supervisory social support create clear promotion pathways
	Secondary Goal: To alter the ways that individuals perceive or respond to stressors	Control at the individual level through: <ul style="list-style-type: none"> administrative controls (e.g. job rotation) training and education personal protective equipment health surveillance 	Psychology: organisation - directed interventions, particularly around the organisation - individual interface and individual - directed interventions	<ul style="list-style-type: none"> Alter individual responses to job stressors Improve individual ability to cope with short-term stress responses Detect stress related symptoms and intervene early 	<ul style="list-style-type: none"> Provide cognitive behavioural therapy or relaxation response training Provide anger management training Conduct health screening for stress symptoms, ambulatory blood pressure, hypertension, etc - assess results on work group level
Least	Tertiary Goal: To treat, compensate and rehabilitate employees with job stress-related illness	Control at the level of illness through <ul style="list-style-type: none"> treatment workers compensation rehabilitation and return to work programs 	Psychology, psychiatry: counselling and psychotherapy	<ul style="list-style-type: none"> Treat job stress-related illness Compensate job stress-related illness Rehabilitate job stress affected employees 	<ul style="list-style-type: none"> Provide medical care, counselling and employee assistance programs Reduce adversarial aspects of compensation process Include modification of job stressors in return-to-work plans

Figure 5. Primary, secondary and tertiary intervention. Source: VicHealth, 2012

Approaches to prevent and respond to stress and burnout can also be categorised according to whether they address **systems**, **organisational** or **individual** factors (Figure 6). For the most part, primary interventions encompass system and organisational issues, whereas secondary and tertiary interventions typically address individual worker issues (Nicholas et al., 2017). The best strategy to prevent (or reduce) stress and burnout is to take both top-down and bottom-up approaches, which simultaneously focus on all three of these levels (Beehr, 1995).

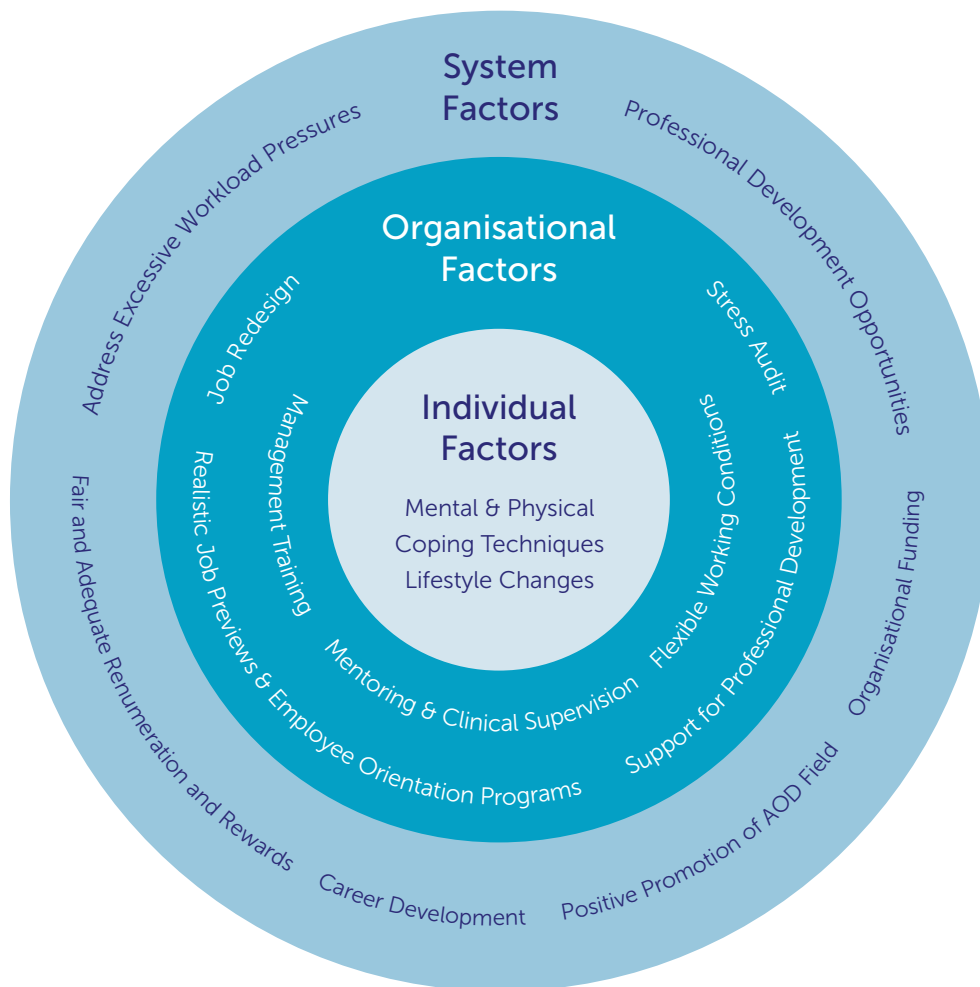


Figure 6. Approaches to prevent and respond to stress and burnout in AOD organisations. **Source:** Skinner & Roche, 2005a

3.1.1 Systems strategies

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

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

1. Providing and supporting sector-wide professional development opportunities
2. Ensuring fair and adequate remuneration and other forms of reward
3. Promoting a positive image of the AOD field
4. Addressing organisational funding issues
5. Developing strategies to address excessive workload pressures.

Providing and supporting sector wide professional development opportunities

Due to a range of constraints, there is often a large unmet need for professional development in AOD organisations. These constraints include a lack of available education and training programs at appropriate levels (e.g., postgraduate), geographical restrictions, and prohibitive costs, particularly where backfill is required (Nicholas et al., 2017; Ogborne & Graves, 2005). Key strategies at a systems level to support AOD workers' professional development include:

- Provision of flexible learning pathways to assist workers to balance work-related demands and responsibilities with professional development activities
- Provision of grants and other funding arrangements (e.g., scholarships) to support workers' access to professional development opportunities
- Inclusion of AOD-related training in pre-service programs within the health and human service courses (e.g., undergraduate university courses) to support the knowledge, skills and confidence of generalist workers and potential future AOD specialists
- Funding the provision of quality clinical supervision
- Better understanding the characteristics of the AOD workforce and their workforce development needs and better matching roles with worker capabilities
- Reducing the work pressure on AOD workers by enhancing the capacity of generalist health, community, welfare and support services workers to prevent and reduce AOD harm (Intergovernmental Committee on Drugs, 2014, Allsop & Helfgott, 2002, Nicholas et al., 2017).

“We require updated training that is in our local area. More funds to organisations to assist with professional development as we don’t get paid enough to pay for this our self plus take our own leave to attend” (AOD Worker, 2019).

Ensuring fair and adequate remuneration and other forms of reward

Ensuring fair and adequate remuneration for all workers in the AOD field is a significant challenge, given the range of professions and award systems (state and national) that are in operation. It is well recognised that one factor that contributes to stress and turnover, particularly among those employed in the non-government sector, is the relatively low level of remuneration of many positions. While major award changes would be required to change this situation, short-term relief may be possible in the form of other types of compensation.

“Like all community and human services, the pay does not reflect the skill and knowledge of staff in this challenging sector” (AOD Worker, 2019).

“Increasing salary and benefits to employees would help increase morale and retain staff in the sector” (AOD Worker, 2019).

Promoting a positive image of the AOD field

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

“Staff can feel stigmatised by health professionals from other health departments and services which can lead to frustration, and poor outcomes for clients” (AOD Worker, 2019).

Addressing organisational funding issues

A study of AOD treatment organisations in the U.S. found that organisations with a stable (or increasing) budget and a stable and predictable (i.e., more certain) environment reported more positive organisational attributes such as higher levels of staffing, more open communication, and greater openness to change (Lehman et al., 2002). These positive organisational attributes, in turn, are likely to prevent or reduce stress and burnout. In addition, it has been well established that job insecurity has a significant negative impact on people's health and wellbeing (De Witte et al., 2015; Ferrie, 2001). Therefore, an important systems strategy to prevent or reduce stress and burnout in AOD workers is to ensure stable, secure and long-term funding of AOD organisations.

“The sector desperately needs more government funding. The... Government should be ashamed of itself for not supporting people in need and leaving it to charitable organisations to help people with their recovery” (AOD Worker, 2019).

Developing strategies to address excessive workload pressures

Heavy workloads have been identified as a significant stressor for AOD workers. This includes the challenges of managing large client loads and balancing clinical and administrative (e.g., reporting requirements) responsibilities (Farmer et al., 2002; Nicholas et al., 2017; Skinner et al., 2020; Skinner & Roche, 2005a). Strategies developed at a systems level can exert a significant impact on easing the workload pressures on AOD workers. These may, for example, include:

- Developing efficient and complementary client data collection systems between levels of national and state governments, and departments within these bodies
- Providing funding for sufficient staff (clinical and administrative) to meet service demand
- Supporting the development of programs and interventions that facilitate the capacity of managers and supervisors to address stress and burnout in their staff, and AOD workers to manage work-related pressures and demands.

3.1.2 Organisational strategies

Organisational strategies focus on changing the work environment or conditions that cause stress or burnout. Changing aspects of the work environment can be costly in terms of time and resources and many AOD organisations face significant resource constraints. However, investing in organisational strategies is likely to produce significant benefits. It has been well established that addressing the source of stress or burnout is likely to have the greatest impact on workers' wellbeing over the long-term (Jordan et al., 2003).

The factors that impact on stress and burnout are likely to differ between organisations, work units, teams and individuals. In this situation, the workers are the 'experts'. An organisational strategy to address stress or burnout will be most successful if it is developed in collaboration with workers (Jordan et al., 2003).

Overall, ten key organisational-level strategies and interventions to address stress and burnout (with supporting definitions and information in the sections below) are:

1. Implementing broad-based health promotion policies and programs
2. Conducting a stress audit
3. Realistic job preview and employee orientation programs
4. Supporting professional development
5. Supporting career development
6. Flexible working conditions when possible
7. Management training and development
8. Job redesign / recrafting
9. Recognition and rewards
10. Mentoring and clinical supervision programs.

Implementing broad-based health promotion policies and programs

"...there are next to no wellbeing programs where I work. The ones available are EAP and staff led initiatives to try to help each other" (AOD Worker, 2019).

Broad-based health promotion programs and policies have substantial potential to contribute to AOD worker wellbeing. Organisations may benefit from developing an employee wellbeing policy containing:

- A documented declaration of the organisation's commitment to health and wellbeing
- Clearly defined program objectives that are both realistic and easily measured

- An outline of the various responsibilities for key groups, such as management, organising committee, workers and external providers (ACT Government, 2012).

A number of characteristics of effective workplace wellbeing promotion programs have been identified:

- Having active support and participation by organisational leaders
- Having responsibility for program planning, design and implementation shared by employees and management
- Engaging key stakeholders and having participatory program planning and design
- Having work environments that are supportive of healthy lifestyles (e.g., onsite fitness facilities, showers and lockers, secure bike storage, smoke-free buildings, flexible working arrangements, healthy catering)
- Being multi-faceted (e.g., comprising universal components such as health risk assessment, flu vaccination and targeted components for employees found to be at higher risk)
- Providing safe opportunities for staff to openly reflect and share the various challenges they experience within their role
- Having well-informed and competent internal or external program providers
- Having high levels of program engagement
- Using innovative marketing and communication
- Having effective evaluation and monitoring
- Ensuring program sustainability (Bajorek, & Holmes, 2020; The Health & Productivity Institute of Australia, n.d.).

Conducting a stress audit

A comprehensive assessment of stressors in the workplace is crucial to the identification of stressors of most relevance to a particular group or individual. Many organisational strategies start with a stress audit to identify aspects of the work situation that cause difficulties for workers (Jordan et al., 2003).

A stress audit may be conducted as a survey of workers or may involve more informal focus groups or discussions between workers and supervisors (Jordan et al., 2003).

A basic stress audit involves asking staff, either throughout an organisation or in a particular work area, to answer key questions anonymously about their job and their employer. This is usually carried out using an online or paper-based questionnaire either with standard questions, or ones that have been developed to suit a specific work environment. This can provide insights into organisational cultural norms and can assist in highlighting stress hotspots.

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

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

A stress audit conducted by a manager is not likely to deal with one of the most common workplace stressors – a poor manager (Jordan et al., 2003)

Realistic job preview and employee orientation programs

One of the realities of working in the AOD field is that workers are likely to face a range of challenging situations such as heavy caseloads, limited resources and clients with complex needs. There is some evidence to suggest that unrealistic work expectations (e.g., having continuously exciting work, or instantly 'curing' clients) may lead people to invest too highly in their work and experience exhaustion and cynicism when expectations are not met (Maslach et al., 2001).

Job previews

Providing realistic job previews may help to alleviate this risk factor for stress and burnout. Research suggests that workers provided with a realistic job preview are also more likely to be satisfied with their job and less likely to leave an organisation (Maslach et al., 2001).

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

Realistic job previews may contain information such as:

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

Employee orientation programs

An effective orientation and induction process helps new workers understand their role and where they 'fit' within their organisation. It also equips them with the tools they need to perform their work role. Providing this information to all new employees minimises the risk that they will have unrealistic expectations of their new role.

Various types of information should be included in an orientation or induction program. In the AOD field it is recommended⁴ that these programs are based on the following principles:

- A well written employment manual that includes relevant policies and procedures
- An introduction to a potential mentor or 'buddy' who can help to orientate the candidates (if resources allow)
- Realistic information about typical challenges and adjustment problems that are to be expected, as well as what actions are more effective in making a successful transition
- General support and reassurance
- An introduction to the sector, and the relevant AOD related issues and strategies.

⁴ These recommendations are based on a former Victorian Alcohol and Drug Association (VAADA) resource: Hitting the ground running: Induction for new workers in the alcohol and drug sector. A VAADA discussion paper. This resource is no longer available.

Supporting career development

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

Success in a dynamic employment market requires individuals to be flexible and adaptable in their expectations of the types of work roles they will accept, and to recognise the need for continuous learning and skill development (Hall & Mirvis, 1995). Alcohol and other drug organisations can provide employees with continuous learning opportunities that enable them to build a skill base that can be applied to a variety of work contexts (Hesketh & Considine, 1998; Nicholas et al., 2017).

Strategies for organisations to improve their employees' skill base and professional development include providing:

- Challenging projects
- Mentoring
- Training that provides general (i.e., transferable) as well as specific skills
- Networking opportunities (Hesketh & Considine, 1998).

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

- Providing skills assessments
- Reimbursing workers for tuition
- Providing in-house training programs
- Paying for workers' membership of professional associations
- Allowing job rotation or internal transfers (Hesketh & Allworth, 2003; Nicholas et al., 2017).

“The AOD sector is critically in need of more opportunities for further development” (AOD Worker, 2019).

Flexible working conditions

Having flexible working conditions is one approach to enhance work / personal life balance (Nicholas et al., 2017). Advantages to flexible working hours include lower stress, reduced absenteeism, higher job satisfaction related to the scheduling of work, and higher morale and autonomy (Sparks et al., 2001). Strategies to develop more flexible working conditions are summarised in Table 4.

Table 4. Strategies to enhance flexible work conditions

Strategy	Description
Flexi-time arrangements	Allows employees greater autonomy to schedule their work hours
A compressed working week	Involves working the hours of a 5-day working week in 4 days (this strategy should be implemented with care since long working hours may contribute to feelings of work overload and stress)
Job sharing arrangements	In which two employees work part time to fulfil a full-time position (not all positions in the AOD field will lend themselves to job sharing arrangements)
Telecommuting	Allows employees to work at home whilst keeping in touch with the organisation through technology (e.g., internet, phone, etc.)

Source: Sparks et al., 2001

Management development

There is a substantial body of evidence that the quality of organisational management impacts AOD worker wellbeing (Broome et al., 2009; Knudsen et al., 20013; Vilardaga et al., 2011; Viotti & Converso, 2016). Supervisors and managers have an important role to play in preventing and reducing stress and burnout. Individuals in these roles have direct influence over work characteristics such as distribution of workload, autonomy and work roles. In addition, managers and supervisors represent the 'human face' of an organisation and have a significant influence on workplace culture.

Therefore, it is important that managers and supervisors receive training on strategies to effectively identify and respond to stress and burnout. Key issues to be addressed in management training include:

- Recognising the signs and symptoms of stress and burnout (e.g., see Section 2.4)
- Understanding the causes and consequences of stress and burnout
- Understanding the impact of stress and burnout on organisational effectiveness and workers' wellbeing
- Identifying strategies to prevent and address stress and burnout (at an organisational and individual level)
- Increasing awareness of services and resources to assist with stress management and prevention (Jordan et al., 2003).

“Management of services, most people I know come from an experience background. This is great in terms of service delivery but most of these individuals lack business skills and knowledge. Most of the managers I know do not have a university degree. Most are unfamiliar with finances and the overall running of an organisation. In terms of business management skills these could highly improve in the overall sector” (AOD Worker, 2019).

Job redesign / recrafting

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

- Job enrichment focused on increasing employees’ autonomy in their own position and participation in organisational decision making
- Job enlargement focused on increasing the range and variety of tasks performed (Morgeson & Campion, 2002).

It is important to recognise that job enrichment and enlargement strategies may require additional skills or knowledge that an employee may not currently possess. Hence employees may require further training and education to perform successfully in their redesigned job (Gordon et al., 2018; Morgeson & Campion, 2002). Further, increased responsibility and skill requirements in a position effectively increase an employee’s contribution to an organisation. Care should be taken to ensure that job redesign is accompanied by appropriate support and remuneration to maintain a fair exchange between the individual and the organisation.

Job redesign should be approached as a collaborative problem-solving exercise between employees and supervisors (Spector, 2000).

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

- Individual employees’ needs and preferences
- Employees’ level of skill – additional training may be required if job redesign substantially changes the nature of an individual’s work (e.g., time-management training may be required with increased autonomy)
- Compatibility of proposed redesign with existing working conditions (e.g., introduction of self-managing work groups with little opportunity provided for interaction and cooperation)
- Alignment of human resources and other systems with the new work design
- Supportive leadership and management (Sparks et al., 2001).

Recognition and rewards

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

- Positive acknowledgement and recognition
- Promotion
- Remuneration (Rhoades & Eisenberger, 2002).

Developing valued and effective rewards can be a challenging, but a range of financial and non-financial rewards can be used to support workers. In AOD organisations, where financial resources are often limited, special consideration should be given to fully utilising non-financial rewards (Nicholas et al., 2017).

Alternatives to financial rewards include:

- Public recognition of effort and contribution
- Opportunities to work on preferred activities (and / or a break from less desirable work)
- Time off or flexi-time
- Support for professional development activities (e.g., financial contribution, time off)
- Opportunities to act in higher duties
- Attendance at workshops / conferences.

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

Supporting AOD workers' motivation and engagement

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

Providing positive feedback, recognition and rewards for workers' skills and abilities in providing services per se (i.e., independent of client outcomes) has been identified as an important preventive factor for stress and burnout in health and human service professionals (Maslach & Leiter, 1997).

Mentoring and clinical supervision

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

- Stressful events. A mentor / clinical supervisor can assist the development of coping strategies.
- Role ambiguity. A mentor / clinical supervisor can help to clarify the roles and responsibilities of the job.
- Career development. A mentor / clinical supervisor can facilitate career progression by helping practitioners to enhance clinical skills and experience and by providing (in some cases) the required credentials for registration with professional bodies.
- Skill use. Skill variety, task identity, task significance, autonomy and feedback are recognised contributors to job satisfaction (Sparks et al., 2001) which in turn can impact on worker wellbeing. Clinical supervision and mentoring can help to expand practitioners' repertoire of clinical and interpersonal skills.

There is strong evidence that the provision of quality clinical supervision has an important protective effect on AOD workers and links them more closely to the organisation and AOD treatment sector (Knudsen et al., 2008; Nicholas et al., 2017; Roche, Todd, & O'Connor, 2007). The perceived quality of workers' clinical supervision is strongly associated with perceptions of job autonomy, procedural and distributive justice. These factors are, in turn, associated with lower levels of emotional exhaustion and turnover intention (Eby & Rothrauff-Laschober, 2012; Knudsen et al., 2008). Knudsen, Roman and Abraham (2013) also found that quality clinical supervision was strongly correlated with commitment to the treatment organisation.

Quality clinical supervision therefore has the potential to yield important benefits for AOD worker wellbeing and to strengthen ties to both their employing organisation and to the AOD treatment field.

The key barriers to Australian AOD workers accessing high quality clinical supervision are time limitations and the cost and availability of skilled supervisors. The implementation of a **clinical supervision exchange model** is perceived by many frontline AOD workers and service delivery

managers to be a resource-effective strategy for increasing access to high-quality clinical supervision among workers. Under this approach, clinical supervision occurs on an exchange basis, whereby a worker from one organisation provides clinical supervision to staff of another organisation, and vice versa (O'Donnell et al., 2022).

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

"I think workers within this field burn out, organisations/ employers need to put more support and professional development in place in order to support workers so that burnout does not occur. I think if employees felt they were more supported and financially supported with clinical supervision for example, would make a significant difference in retaining good staff" (AOD Worker 2019).

In addition to clinical supervision, other key professional development activities include:

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

NCETA's clinical supervision resource kit (Ask & Roche, 2005b) is available at: https://www.drugsandalcohol.ie/13584/1/Clinical_supervision_practical_guide.pdf

Summary

In summary, organisational approaches to reduce stress and burnout among AOD workers should:

- Be founded on a solid evidence base
- Have clear aims, goals and tasks
- Include a risk assessment
- Be tailored but remain adaptable for implementation in a specific workplace
- Be accessible and user-friendly to individuals at all levels of the organisation
- Use a systematic approach
- Facilitate competency building and skills development
- Be developed with the participation of those who are being targeted by the intervention (VicHealth, 2012).

3.1.3 What can organisations do to reduce stress and burnout among Indigenous AOD workers?

As noted earlier, Aboriginal and Torres Strait Islander AOD workers are particularly vulnerable to experiencing stress and burnout. There is a range of measures that organisations can take to reduce the risk of stress and burnout among Aboriginal and Torres Strait Islander AOD workers. These are listed in Table 5.

Table 5. Ten principal workforce development strategies to facilitate Indigenous alcohol and other drug worker wellbeing and reduce work-related stress

Factor	Descriptor	Response Strategies
1. Capacity Building	Building capacity of workers, organisations and communities to provide culturally appropriate (Indigenous) and culturally safe (mainstream) alcohol and other drug services is a crucial social determinant of health.	Address organisational funding issues to provide continuity of funding, provide sufficient funds to allow appointment of adequate numbers of staff, implement appropriate workforce planning, and management and leadership training programs.
2. Salary	Recognition of work demands and the unique role played by this workforce to improving the overall health status of Indigenous people through more equitable salaries across all sectors.	A move to parity of salaries for all levels of staff across all sectors including government, community controlled and non-government health services.
3. Recruitment, Retention and Turnover	Complex and difficult work and employment conditions, especially in remote areas, create a constant strain on alcohol and other drug workers and acts to discourage new recruits from entering the field and fuels high turnover.	Promote a positive image of the alcohol and other drug field. Recruit Indigenous high school students into tertiary education pre-employment workshops, support for literacy and numeracy, pre-vocational and introductory courses, job rotations, and flexible traineeship and apprenticeship on-the-job programs that involve managers in additional responsibilities.
4. Career Paths	Lack of career pathways and opportunities for professional advancement for Indigenous people in alcohol and other drug work was commonplace and compounded recruitment and retention challenges.	Create new staffing categories that workers can aspire to that provide incentives and promotional and further skill development opportunities.
5. Role Clarity	Very broad and overly inclusive roles and lack of role clarity were common.	Better definition of workers' roles within their organisations are required. Provide resources to support workers through clinical supervision, mentoring and debriefing could be achieved at a relatively low cost.
6. Qualifications and Training Status	Alcohol and other drug workers often did not have sufficient alcohol and other drug knowledge or adequate access to training. Training at higher levels was also sought.	Extend the focus beyond the Indigenous workers at the level of Certificate III and Certificate IV and provide management training.
7. Mentoring	Mentoring was recognised as an effective strategy to prevent or manage stress but was not widely implemented	Implement mentoring as a standard support.
8. Clinical Supervision	Clinical supervision was recognised as an effective strategy to prevent or manage stress but was not widely implemented.	Implement clinical supervision as a standard strategy to prevent or manage stress. Develop Indigenous-specific clinical supervision guidelines for alcohol and other drug sector.
9. Debriefing	Debriefing was recognised as an affective mechanism to reduce stress; however, debriefing opportunities and preferences were highly varied and were often found to be non-existent.	Identify and promote various forms and sources of debriefing suitable for Indigenous workers and their working contexts.
10. Team and Co-Worker Support	The need for diverse forms of support for workers was a priority.	Provide worker support at various levels and in various forms including mentoring, clinical supervision, formal and informal debriefing opportunities as well as recognition of good work.

Indigenous AOD workers themselves have also identified a further range of measures that organisations can implement to reduce the risk of them experiencing stress and burnout (Roche et al., 2010). These are:

1. Provide training that focuses on stress management techniques
2. Offer pampering sessions to staff (e.g., neck massages)
3. Allow staff to take cultural leave, including taking time off for sorry business and funeral leave to enable them to be able to grieve properly
4. Provide Rostered Days Off (RDO) for case managers if they have worked on the weekend or done overtime
5. Provide staff with flexible working arrangements
6. Support access to professional development
7. Ensure provision of clinical supervision, ideally with external providers
8. Provide appropriate debriefing
9. Encourage and foster collegial support
10. Facilitate professional and social networks
11. Acknowledge the work and achievements of staff
12. Provide staff with an extra week's paid leave at Christmas as an added bonus
13. Provide staff with a number of training opportunities e.g., first aid, conflict resolution
14. Pay for workshops and all training costs
15. Create informal networks with other nearby health workers for debriefing and support
16. Schedule training opportunities in regional areas to have a weekend before or after.

3.2 What can workers do to reduce the risk of excessive stress and burnout?

While the primary drivers for burnout rest with structural factors and the work environment, there are some things workers can do to reduce stress and the risk of burnout in the short-term. The available evidence points to a combination of organisation- and individual-focussed programs as being most effective in enhancing worker wellbeing (Nicholas et al., 2017).

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

Working smarter not harder

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

- Setting realistic goals and recognising the value of small achievements and steps towards a longer-term goal. For example, setting a goal of spending two hours with client X exploring a particular issue is more realistic and achievable than the goal of 'helping client X improve their life'.
- Scheduling regular rest breaks or 'time out'. Even small breaks can be valuable for stress reduction (e.g., scheduling five-minute breaks between clients, leaving the office during lunch breaks).
- Scheduling daily activities to include a mixture of high and low stress tasks. For example, schedule a session with a difficult client just before your lunch break, intersperse stressful activities with more mundane tasks such as paperwork (Maslach, 1982).

Try to find some value in work

Most jobs have mundane aspects. However, focussing on how your role helps others, or its enjoyable aspects, can help you find value in your work. Changing your attitude towards your job can also help you regain a sense of purpose and control (Smith, et al., 2022).

Find balance in your life.

If you really don't like your job, look for meaning and satisfaction elsewhere in your life: in your family, friends, hobbies, or voluntary work. Focus on the parts of your life that bring you joy. Schedule regular holidays and other breaks from work (e.g., conferences, education seminars) (Smith, et al., 2022).

Maintaining realistic expectations and beliefs

Cognitive behavioural therapy often focuses on the appropriateness of an individual's thoughts, beliefs and expectations, and the development of strategies to combat irrational or unrealistic perceptions. Professionals in health and human services work are not immune to these types of beliefs. It may be useful to review these beliefs as a 'reality-check' on worker perceptions and expectations. Setting boundaries can also help. Don't overextend yourself. Learn how to say 'no' to requests on your time. If you find this difficult, remind yourself that saying 'no' allows you to say 'yes' to the commitments you want to make (Smith, et al., 2022).

Seeking out a mentor or clinical supervisor

A more experienced colleague can be a useful source of support, guidance, and advice for developing and implementing the types of stress management strategies discussed above. Many of these types of relationships are developed informally outside of any structured program, particularly regarding mentoring. If your organisation or work unit does not have a formal mentoring or clinical supervision program, it is still possible to seek out this type of relationship within your professional networks (Marel et. al, 2016).

Make exercise a priority

Even though it may be the last thing you feel like doing when you're feeling stressed and burnt out, exercise is a powerful antidote to these feelings. It's also something you can do right now to boost your mood. Aim to exercise for 30 minutes or more per day or break that up into short, 10-minute bursts of activity. A 10-minute walk can improve your mood for two hours.

Rhythmic exercise, where you move both your arms and legs, is a hugely effective way to lift your mood, increase energy, sharpen focus, and relax both the mind and body. Try walking, running, weight training, swimming, martial arts, or even dancing.

To maximize stress relief, instead of continuing to focus on your thoughts, focus on your body and how it feels as you move: the sensation of your feet hitting the ground, for example, or the wind on your skin (Marel et. al, 2016; Smith, et al., 2022).

Make friends at work

Having strong ties in the workplace can help reduce monotony and counter the effects of burnout. Having friends to chat and joke with during the day can help relieve stress from a demanding job, improve your job performance, or simply get you through a rough day (Smith, et al., 2022).

Support your mood and energy levels with a healthy diet

What you put in your body can have a huge impact on your mood and energy levels throughout the day.

- Minimise sugar and refined carbohydrates. You may crave sugary snacks or comfort foods such as pasta or French fries, but these high-carbohydrate foods quickly lead to a crash in mood and energy.
- Reduce your high intake of foods that can adversely affect your mood, such as caffeine, unhealthy fats, and foods with chemical preservatives or hormones.

- Eat more Omega-3 fatty acids to give your mood a boost. The best sources are fatty fish (salmon, herring, mackerel, anchovies, sardines), seaweed, flaxseed, and walnuts.
- Avoid nicotine. Smoking when you're feeling stressed may seem calming, but nicotine is a powerful stimulant, leading to higher, not lower, levels of anxiety.
- Drink alcohol in moderation. Alcohol temporarily reduces worry, but too much can cause anxiety as it wears off (Smith, et al., 2022).

Take a daily break from technology.

Set a time each day when you completely disconnect. Put away your laptop, turn off your phone, and stop checking email or social media (Smith, et al., 2022).

Nourish your creative side.

Creativity is a powerful antidote to burnout. Try something new, start a fun project, or resume a favourite hobby. Choose activities that have nothing to do with work (Smith, et al., 2022).

Take time off.

If you feel you are at significant risk of burnout, try to take a complete break from work. Go on holidays, ask for a temporary leave-of-absence, anything to remove yourself from the situation. Use the time away to recharge your batteries and pursue other methods of recovery (Smith, et al., 2022).

Practicing mindfulness

Mindfulness is an evidence-based approach to increase situational awareness and positive responses to stressful situations and improve the quality of work lives. Mindfulness can reduce perceived stress, anxiety and psychological distress and be beneficial for wellbeing and sleep quality. There is strong evidence concerning the effectiveness of mindfulness in reducing stress among health and welfare workers, but its impact on reducing the effects of burnout is less clear (Bartlett, et al., 2019; Kriakous, et al., 2021; Spinelli, et al., 2019).

3.2.1 What can Indigenous AOD workers do to reduce excessive stress and burnout?

Many of the approaches Indigenous AOD workers use reduce stress and burnout are like those used by non-Indigenous workers. Strategies that Aboriginal and Torres Strait Islander AOD workers have identified that they employ to reduce the risk of experiencing stress and burnout are shown in Table 6.

Table 6. Individual stress management techniques identified by Indigenous AOD workers

Traditional	<ul style="list-style-type: none">■ Take time out to participate in a traditional activity■ Go home to community■ Practice your spiritual understanding of the world
Recreational	<ul style="list-style-type: none">■ Take time out to participate in an enjoyable activity■ Listen to music■ Meditation, yoga, breathing exercises■ Go for a walk with a friend/dog■ Have a regular massage
Social	<ul style="list-style-type: none">■ Share knowledge; learn new things■ Have a close personal support network■ Spend time with family■ Visit friends■ Eat well, go out for dinner■ Laugh
Domestic/Personal	<ul style="list-style-type: none">■ Take a nap■ Turn off phone, lights, TV; spend time alone■ Do not answer the door■ Enjoy a movie or favourite TV show■ Go for a long drive■ Gardening■ Have regular medical checks■ Practice healthy living (i.e., do not smoke, drink, use illicit drugs)
Work-related	<ul style="list-style-type: none">■ Have a coffee and debrief informally with work mates■ Have a routine■ Take one day at a time■ Consider things from another perspective■ Accept your limitations■ Look forward to the end of the working day; do not take work home

Source: Roche et al., 2010

For more information on preventing and reducing stress and burnout among Indigenous AOD workers, please refer to the Feeling Deadly, Working Deadly kit on the NCETA website: nceta.flinders.edu.au

4 Conclusion

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

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

More resources

For more resources please visit:

The National Centre for Education and Training on Addiction (NCETA) website:

nceta.flinders.edu.au

The Network of Alcohol and other Drug Agencies:

nada.org.au

References

- ACT Government (2012). Guide to Promoting Health and Wellbeing in the Workplace. Canberra: ACT Government.
- Ahola K, Hakanen J. (2007). Job strain, burnout, and depressive symptoms: A prospective study among dentists. *Journal of Affective Disorders*. 104(1), 103–10.
- Aiken, L., Clarke, S., Sloane, D., Lake, E., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *The Journal of Nursing Administration*, 38(5), 223.
- Allsop, S. J., & Helfgott, S. (2002). Whither the drug specialist? The workforce development needs of drug specialist staff and agencies. *Drug and Alcohol Review*, 21, 215-222.
- Armon G., Melamed, S., Shirom A., & Shapira I. (2010) Elevated burnout predicts the onset of musculoskeletal pain among apparently healthy employees. *Journal of Occupational Health Psychology*. 15(4). 399–408.
- Ask, A., & Roche, A.M. (2005). Clinical Supervision: A Practical Guide for the Alcohol and Other Drugs Field. Adelaide: National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.
- Bajorek, Z., & Holmes, J. (2020). Health and Wellbeing Interventions in Healthcare. Brighton UK. Institute for Employment Studies.
- Bakker, A. B., & Demerouti, E. (2017). Job Demands–Resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22, 273-285.
- Bakker, A. B., & Demerouti, E. (2018). Multiple levels in job demands-resources theory: Implications for employee well-being and performance. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of wellbeing*. Salt Lake City, UT. DEF Publishers.
- Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job resources buffer the impact of job demands on burnout. *Journal of Occupational Health Psychology*, 10, 170-180.
- Bakker, A. B., Van Veldhoven, M. J. P. M., & Xanthopoulou, D. (2010). Beyond the Demand-Control model: Thriving on high job demands and resources. *Journal of Personnel Psychology*, 9, 3-16.
- Baldwin-White, A. (2016). Psychological distress and substance abuse counselors: An exploratory pilot study of multiple dimensions of burnout. *Journal of Substance Use*, 21(1), 29-34.
- Bartlett, L., Martin, A., Neil, A. L., Memish, K., Otahal, P., Kilpatrick, M., & Sanderson, K. (2019). A systematic review and meta-analysis of workplace mindfulness training randomized controlled trials. *Journal of Occupational Health Psychology*, 24(1), 108.
- Beehr, T. A. (1995). Treating occupational stress. In T. A. Beehr (Ed.), *Psychological Stress in the Workplace* (153-181). London: Routledge.
- Beitel, M., Oberleitner, L., Muthulingam, D. et al. (2018). Experiences of burnout among drug counselors in a large opioid treatment program: A qualitative investigation. *Substance Abuse*, 39, 211–7.
- Best, D., Savic, M., & Daley, P. (2016). The well-being of alcohol and other drug counsellors in Australia: Strengths, risks, and implications. *Alcoholism Treatment Quarterly*, 34(2), 223-232.

- Bianchi R., Schonfeld, I.S., Laurent, E. (2019). Burnout: Moving beyond the status quo. *International Journal of Stress Management*, 26, 36–45.
- Borritz, M., Christensen, K.B., Bultmann, U., Rugulies, R., Lund, T., Andersen, I. et al. (2010). Impact of burnout and psychosocial work characteristics on future long-term sickness absence. Prospective results of the Danish PUMA Study among human service workers. *Journal of Occupational Environmental Medicine*, 52 (10):964–70.
- Bouzikos, S., Afsharian, A., Dollard, M., & Brecht, O. (2022). Contextualising the Effectiveness of an Employee Assistance Program Intervention on Psychological Health: The Role of Corporate Climate. *International Journal of Environmental Research and Public Health*, 19(9), 5067.
- Bride, B., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology*, 17(1), 22-28.
- Broome, K., Knight, D., Edwards, J., & Flynn, P. (2009). Leadership, burnout, and job satisfaction in outpatient drug-free treatment programs. *Journal of Substance Abuse Treatment*, 37(2), 160-170.
- Burke, R. (1993). Organizational-level interventions to reduce occupational stressors. *Work and Stress*, 7, 77-87.
- Butler, M., Savic, M., Best, D., Manning, V., Mills, K., Lubman, D. (2018). Wellbeing and coping strategies of alcohol and other drug therapeutic community workers: a qualitative study. *Therapeutic Communities* 39, 118–28.
- Carter, L. & Stanford, J. (2021). Investing in Better Mental Health for Australian Workplaces. Manuka, ACT: The Australia Institute and Centre for Future Work.
- Chandola, T., Britton, A., Brunner, E., Hemingway, H., Malik, M., Kumari, M., et al. (2008). Work stress and coronary heart disease: what are the mechanisms? *European Heart Journal* 29(5), 640–8.
- Crawford, E. R., LePine J. A., & Rich B. L. (2010). Linking job demands and resources to employee engagement and burnout: A theoretical extension and meta-analytic test. *Journal of Applied Psychology*, 95, 834–848.
- De Witte, H., Vander Elst, T., De Cuyper, N. (2015). Job insecurity, health and well-being. In: Vuori, J., Blonk, R., Price, R. (eds) Sustainable Working Lives. Aligning Perspectives on Health, Safety and Well-Being. Dordrecht: Springer.
- Demerouti, E., Le Blanc, P.M., Bakker A.B., Schaufeli, W.B., & Hox, J. (2009). Present but sick: a three-wave study on job demands, presenteeism and burnout. *Career Development International*, 14(1):50–68.
- Di Trani, M., Mariani, R., Ferri, R., De Berardinis, D. & Frigo, M.G. (2021) From Resilience to Burnout in Healthcare Workers During the COVID-19 Emergency: The Role of the Ability to Tolerate Uncertainty. *Frontiers in Psychology*, 12: Article 646435.
- Dollard, M., Winefield, H. R., & Winefield, A. H. (2003). Occupational stress in the service professions. London: Taylor & Francis.
- Duraisingam, V., Pidd, K., & Roche, A. (2009). The impact of work stress and job satisfaction on turnover intentions: A study of Australian specialist alcohol and other drug workers. *Drugs: Education, Prevention and Policy*, 16(3), 217-231.

- Duraisingam, V., Roche, A. M., Kostadinov, V., Hodge, S., & Chapman, J. (2020). Predictors of work engagement among Australian non-government drug and alcohol employees: Implications for policy and practice. *International Journal of Drug Policy*, *76*, 102638.
- Eby, L. T., & Rothrauff-Laschober, T. C. (2012). The relationship between perceptions of organizational functioning and voluntary counselor turnover: A four-wave longitudinal study. *Journal of substance abuse treatment*, *42*(2), 151-158.
- Farmer, R., Clancy, C., Oyefeso, A., & Rassool, G. (2002). Stress and work with substance misusers: The development and cross-validation of a new instrument to measure staff stress. *Drugs: Education, Prevention and Policy*, *9*, 377-388.
- Ferrie, J. E. (2001). Is job insecurity harmful to health? *Journal of the Royal Society for Medicine*, *94*, 71-76.
- Gallon, S. L., Gabriel, R. M., & Knudsen, J. R. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment*, *24*, 183-196.
- Gonzalez-Mulé, E., Kim, M. & Ryu, J. W. (2021). A Meta-Analytic Test of Multiplicative and Additive Models of Job Demands, Resources, and Stress. *Journal of Applied Psychology*, *106* (9), 1391-1411.
- Gordon, H. J., Demerouti, E., Le Blanc, P. M., Bakker, A. B., Bipp, T., & Verhagen, M. A. (2018). Individual job redesign: Job crafting interventions in healthcare. *Journal of Vocational Behavior*, *104*, 98-114.
- Gray, R. (2010). Shame, labeling and stigma: Challenges to counseling clients in alcohol and other drug settings. *Contemporary Drug Problems*, *37*(4), 685-703.
- Guthier, C., Dormann, C., & Voelkle, M. (2020). Reciprocal effects between job stressors and burnout: A continuous time meta-analysis of longitudinal studies. *Psychological Bulletin*, *146*(12), 1146-1173.
- Halbesleben, J.R. (2010). A meta-analysis of work engagement: relationships with burnout, demands, resources, and consequences. In: *Work engagement: A handbook of essential theory and research*. A. B. Bakker & M. P. Leiter (Eds):102-17. New York: Psychology Press.
- Hall, D. T., & Mirvis, P. H. (1995). The new career contract: Developing the whole person at midlife and beyond. *Journal of Vocational Behavior*, *47*, 269-289.
- Hallsten, L., Voss, M., Stark, S., Josephson, M. (2011). Job burnout and job wornout as risk factors for long-term sickness absence. *Work*. *38*(2):181-92.
- Hanrahan, N., Aiken, L., McClaine, L., & Hanlon, A. (2010). Relationship between psychiatric nurse work environments and nurse burnout in acute care general hospitals. *Issues in Mental Health Nursing*, *31*(3), 198-207.
- Hesketh, B., & Allworth, E. (2003). Career development and change. In M. O'Driscoll, P. Taylor & T. Kalliath (Eds.), *Organisational Psychology in Australia and New Zealand* (pp. 106-124). Melbourne, Victoria: Oxford University Press.
- Hesketh, B., & Considine, G. (1998). Integrating individual and organizational perspectives for career development and change. *European Journal of Work and Organizational Psychology*, *7*, 405-418.
- Hobfoll, S. E., Johnson, R. J., Ennis, N., & Jackson, A. P. (2003). Resource loss, resource gain, and emotional outcomes among inner city women. *Journal of Personality and Social Psychology*, *84*(3), 632-643.

Intergovernmental Committee on Drugs. (2014). National Alcohol and other Drug Workforce Development Strategy 2015–2018. Canberra: IGCD.

Jordan, J., Gurr, E., Tinline, G., Giga, S., Faragher, B., & Cooper, C. (2003). Beacons of excellence in stress prevention. Norwich, UK: Health and Safety Executive.

Knudsen, H., Roman, P., & Abraham, A. (2013). Quality of clinical supervision and counselor emotional exhaustion: The potential mediating roles of organizational and occupational commitment. *Journal of Substance Abuse Treatment, 44*(5), 528–533.

Knudsen, H.K, Ducharme, L.J., Roman, P.M. (2008). Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse treatment counselors in the clinical trials network of the National Institute on Drug Abuse. *Journal of Substance Abuse Treatment, 35*, 387–95.

Kriakous, S. A., Elliott, K. A., Lamers, C., & Owen, R. (2021). The effectiveness of mindfulness-based stress reduction on the psychological functioning of healthcare professionals: A systematic review. *Mindfulness, 12*(1), 1–28.

Lehman, W. E. K., Greener, J. M., & Simpson, D. D. (2002). Assessing organizational readiness for change. *Journal of Substance Abuse Treatment, 22*, 197–209.

LePine, J. A., Podsakoff, N. P., & LePine, M. A. (2005). A Meta-Analytic Test of the Challenge Stressor–Hindrance Stressor Framework: An Explanation for Inconsistent Relationships Among Stressors and Performance. *Academy of Management Journal, 48*, 764 –775.

Lesener, T., Gusy, B., & Wolter, C. (2019). The job demands-resources model: A meta-analytic review of longitudinal studies. *Work & Stress, 33*(1), 76–103.

Lupsa, D., Virga, D., Maricutoiu, L. P., & Rusu, A. (2019). Increasing psychological capital: A pre-registered meta-analysis of controlled interventions. *Applied Psychology: An International Review*.

Marel C., Mills K., Kingston, R., Gournay, K., Deady, M., KayLambkin, F., Baker, A., Teesson, M. (2016). Guidelines on the Management of Co-occurring Alcohol and other Drug and Mental Health Conditions in Alcohol and other Drug Treatment Settings (2nd edition). Sydney: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.

Maslach, C. (1982). *Burnout: The Cost of Caring*. Englewood Cliffs, NJ: Prentice-Hall.

Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass.

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World psychiatry, 15*(2), 103–111.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*, 397–422.

McGregor, A., Sharma, R., Magee, C., Caputi, P., & Iverson, D. (2018). Explaining variations in the findings of presenteeism research: a meta-analytic investigation into the moderating effects of construct operationalisations and chronic health. *Journal of Occupational Health Psychology, 23*:584–601.

Mohren, D.C., Swaen, G.M., Kant, I.J., van Amelsvoort, L.G., Borm, P.J., & Galama, J.M. (2003). Common infections and the role of burnout in a Dutch working population. *Journal of Psychosomatic Research. 55*(3), 201–8.

- Morgeson, F. P., & Campion, M. A. (2002). Minimizing tradeoffs when redesigning work: Evidence from a longitudinal quasi-experiment. *Personnel Psychology, 55*, 589-612.
- Nicholas, R., Duraisingam, V., Roche, A., Hodge, S., Braye, K. (2017). Enhancing Alcohol and other Drug Workers' Wellbeing: A Literature Review. Adelaide: National Centre for Education and Training on Addiction. Flinders University.
- O'Connor, K., Muller, N. D., Pitman, S. (2018) Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry, 53*:74–99.
- O'Donnell, C., Popovich, S., Lee, N., & Hides, L. (2022). Barriers and facilitators to accessing effective clinical supervision and the implementation of a clinical supervision exchange model in the Australian alcohol and other drugs sector. *Drug and Alcohol Review, 41*, 988–1002
- O'Driscoll, M., & Brough, P. (2003). Job stress and burnout. In M. O'Driscoll, P. Taylor & T. Kalliath (Eds.), *Organisational Psychology in Australia and New Zealand* (pp. 188-211). Melbourne, Victoria: Oxford University Press.
- Ogborne, A. C., & Graves, G. (2005). Optimizing Canada's addiction treatment workforce: Results of a national survey of service providers. Ottawa, ON: Canadian Centre on Substance Abuse.
- Oser, C.B., Biebel, E.P., Pullen, E., Harp, K.L.H. (2013). Causes, consequences, and prevention of burnout among substance abuse treatment counselors: A rural versus urban comparison. *Journal of Psychoactive Drugs, 45*, 17–27.
- Podsakoff, N.P., LePine, J.A., LePine, M.A. (2007). Differential challenge stressor-hindrancer stressor relationships with job attitudes, turnover intentions, turnover, and withdrawal behavior: A meta-analysis. *Journal of Applied Psychology, 92*, 438–454.
- Poghosyan, L., Clarke, S., Finlayson, M., & Aiken, L. (2010). Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in Nursing & Health, 33*(4), 288-298.
- Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology, 87*, 698-714.
- Roche, A., & Nicholas, R. (2016). Mental health and addictions workforce development: Past, present, future. In M. Smith & A. Jury (Eds.) *Workforce Development Theory and Practice in the Mental Health Sector*. Hershey, PA: IGI Global.
- Roche, A., Todd, C., & O'Connor, J. (2007). Clinical supervision in the alcohol and other drugs field: An imperative or an option? *Drug and Alcohol Review, 26*(3), 241-249.
- Roche, A., Tovell, A., Weetra, D., Freeman, T., Bates, N., Trifonoff, A., and Steenson, T. (2010). 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.
- Roelen, C.A., van Hoffen, M.F., Groothoff, J.W., de Bruin, J., Schaufeli, W.B., and van Rhenen, W. (2015). Can the Maslach Burnout Inventory and Utrecht Work Engagement Scale be used to screen for risk of long-term sickness absence? *International Archives of Occupational Environmental Health, 88*(4):467–75.
- Safe Work Australia (2020). Australian Workers' Compensation Statistics 2019-2020. Canberra, ACT: Safe Work Australia.

Salvagioni, D.A.J., Melanda, F.N., Mesas A.E., González, A.D., Gabani, F.L., Andrade, S. (2017) Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS ONE* 12(10): e0185781.

Schaufeli, W. B., Desart, S., & De Witte, H. (2020). Burnout Assessment Tool (BAT)-Development, Validity, and Reliability. *International Journal of Environmental Research and Public Health*, 17(24), 9495.

Shahidi, F., Smith, P., Oudyk, J. & Gignac, M. (2022). Longitudinal Reciprocal Relationships Between the Psychosocial Work Environment and Burnout. *Journal of Occupational and Environmental Medicine*, 64(3), 226-235.

Shanafelt, T., Balch, C., Bechamps, G., Russell, T., Dyrbye, L., Satele, D., . . . Freischlag, J. (2010). Burnout and medical errors among American surgeons. *Annals of Surgery*, 251(6), 995-1000.

Skinner, N. & Roche, A. (2005a). Stress and Burnout: A Prevention Handbook for the Alcohol and Other Drugs Workforce. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Skinner, N., & Roche, A. M. (2005b). Identifying and preventing burnout in AOD managers and supervisors. Literature review and stakeholder consultation. Adelaide: National Centre for Education and Training on Addiction, Flinders University.

Skinner, N., & Roche, A. M. (2021). 'Very demanding. Extremely rewarding': Exploring the co-occurrence of burnout and engagement in alcohol and other drug workers. *Drug and Alcohol Review*, 40(6), 989-997.

Skinner, N., McEntee, A., Roche, A.M. (2020). Australia's Alcohol and Other Drug Workforce: National Survey Results 2019–2020. Adelaide, South Australia: National Centre for Education and Training on Addiction. NCETA. Flinders University.

Smith, M., Segal, J., & Robinson, R. (2022). Stress and Burnout Prevention and Treatment. Accessed 19 September 2022 at <https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm>

Sparks, K., Faragher, B., & Cooper, C. L. (2001). Well-being and occupational health in the 21st century workplace. *Journal of Occupational and Organizational Psychology*, 74, 489-509.

Spinelli, C., Wisener, M., & Khoury, B. (2019). Mindfulness training for healthcare professionals and trainees: A meta-analysis of randomized controlled trials. *Journal of Psychosomatic Research*, 120, 29-38.

Spector, P. E. (2000). A control theory of the job stress process. In C. L. Cooper (Ed.), *Theories of Organizational Stress*. New York: Oxford University Press.

Stimpfel, A., Sloane, D., & Aiken, L. (2012). The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. *Health Affairs*, 31(11), 2501-2509.

Tetrick, L. E., & Winslow, C. J. (2015). Workplace stress management interventions and health promotion. *Annual Review of Organizational Psychology and Organizational Behavior*, 2(1), 583-603.

The Health and Productivity Institute of Australia (ND). Best-practice Guidelines: Workplace Health in Australia. Sydney: HAPIA

- Van den Broeck, A., De Cuyper, N., De Witte, H., & Vansteenkiste, M. (2010). Not all job demands are equal: Differentiating job hindrances and job challenges in the Job Demands–Resources Model. *European Journal of Work Organisational Psychology*, *19*, 735–759.
- VicHealth (2012). Reducing stress in the workplace (An Evidence Review: Summary Report). Melbourne, Australia: Victorian Health Promotion Foundation.
- Villardaga, R., Luoma, J., Hayes, Pistorello, J., Levin, M., Hildebrandt, M., . . . Bond, F. (2011). Burnout among the addiction counseling workforce: The differential roles of mindfulness and values-based processes and work-site factors. *Journal of Substance Abuse Treatment*, *40*(4), 323–335.
- Viotti, S., & Converso, D. (2016). Buffering effect of job resources in the relationship between job demands and work-to-private-life interference: A study among health-care workers. *Safety and health at work*, *7*(4), 354–362.
- Volker, R., Bernhard, B., Anna, K. et al. (2010). Burnout, coping and job satisfaction in service staff treating opioid addicts—from Athens to Zurich. *Stress Health*, *26*, 149–59.
- World Health Organization (2019). International Classification of Diseases for Mortality and Morbidity Statistics, 11th ed. Geneva, Switzerland: WHO.
- Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2009). Reciprocal relationships between job resources, personal resources, and work engagement. *Journal of Vocational Behavior*, *74*(3), 235–244.
- Xanthopoulou, D., Bakker, A. B., Dollard, M. F., Demerouti, E., Schaufeli, W. B., Taris, T. W., & Schreurs, P. J. G. (2007). When do job demands particularly predict burnout? The moderating role of job resources. *Journal of Managerial Psychology*, *22*(8), 766–786.

