



The New Zealand addictions workforce: Characteristics & wellbeing

Developed for Matua Raki

Ву

The National Centre for Education and Training on Addiction (NCETA), Flinders University

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About NCETA

NCETA is based at Flinders University in South Australia and 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 areas of expertise include training needs analyses, the provision of training and other workforce development approaches. We have developed training curricula, programs and resources, and provided training programs, to cater for the needs of: specialist AOD workers; frontline health and welfare workers; Indigenous workers; community groups; mental health workers; police officers; and employers and employee groups. The Centre 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.

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Executive summary

In June 2017, the National Centre for Education and Training on Addiction (NCETA) was commissioned by Network of Alcohol and Other Drugs Agencies (NADA) and Matua Ra<u>ki</u> to conduct a comprehensive survey of the alcohol and other drugs (AOD) / addictions workforces in New South Wales (NSW) and New Zealand (NZ). This report presents the results from the NZ survey (findings from the NSW component are presented separately).

The survey was designed to:

- a) Map the demographic and professional profile of addiction workers in NZ
- b) Examine the current state of worker wellbeing in the addictions sector.

Background

A survey of addiction workers was conducted which resulted in a sample of 349 participants. The survey sought to map the demographic profile of addictions workers and gauge the level of health and wellbeing of the addictions workforce. The project aimed to inform future capacity building activities and policy decisions, and to support individuals and organisations to meet the needs of their clients.

A purpose-designed online survey was co-designed with Matua Raki and NADA that contained 72 questions which examined the personal and professional characteristics of respondents, the structure of the organisations within which they worked, and the prevalence of individual and workplace factors known to influence levels of wellbeing. A set of established scales were also included to ensure comparable and reliable data was obtained.

The survey was administered between September and November 2017. To be eligible to participate respondents needed to be a worker in the addictions sector in NZ.

Results

Workforce profile

Most respondents were women (71%), and aged 40-59 years (60%) and 16% were over 60 years of age. The majority (87%) were employed full time, with approximately half (56%) working in urban locations. Most (59%) had been in their current role for less than five years and 17% had

been in their current role for one year or less. Approximately one third had less than 5 years' experience in the addictions (36%) or mental health (30%) sectors.

Most respondents (61%) had an addictions-related undergraduate or post-graduate qualification and professional registration with at least one body (83%). The majority (83%) indicated that they had access to internal and / or external supervision, but only 12% reported having mentoring / coaching opportunities.

A high level of job insecurity was reported: a fifth believed that there was a medium-high chance that they would lose their job in the next 12 months for reasons beyond their control.

Health and wellbeing

Most respondents perceived their own health to be at least "good" (71%) and substantial proportions reported regularly undertaking healthy activities. The drugs most commonly used in the past three months were alcohol (63%), tobacco (18%), sedatives (10%), and prescription drugs (10%). With the exception of alcohol, the majority of participants reported not having used drugs in the past three months.

Most respondents reported positive quality of life (66%) and moderate-high levels of resilience (84%), engagement (79%), job satisfaction (69%), and confidence (90%), with burnout rare (3%). Work-related factors such as social support, job feedback, job clarity, team cohesion, autonomy and positive relationships were also favourable.

However, a considerable proportion of respondents felt that workloads were too high, and found their job to be stressful (53%) and cognitively demanding (53%). Many also reported dissatisfaction with remuneration levels. Regular bullying / intimidation was reported by 13% and discrimination by 9%.

Discussion and conclusions

This survey found that rates of personal health and wellbeing in the NZ addictions workforce were generally high, although many reported job insecurity and dissatisfaction with some aspects of working conditions.

These findings highlight a range of workforce development strategies that could be implemented to support and retain this workforce (especially those who are relatively inexperienced), stabilise their employment and improve working conditions to optimise client service provision.

Introduction

Background and rationale

Mapping the current workforce is important in a rapidly evolving and continually changing field such as the addictions sector. Addiction workers come from a diverse array of personal and professional backgrounds, and operate in a wide range of capacities and organisations. Policy and planning decisions require accurate and up-to-date data regarding the characteristics of individuals employed in the addictions workforce, as well as the roles they perform. Furthermore, personal characteristics and working conditions play an important role in levels of health and wellbeing. Research and workplace programs focussing on worker wellbeing should therefore be informed by current workforce and organisational data. However, to-date such information has been limited, despite calls for continued collection of high quality workforce data^{1, 2}.

Understanding the wellbeing (or lack thereof) of the workforce is also an imperative. Worker wellbeing has been broadly characterised as "flourishing employees achieving their full potential for both their own benefit and that of the organisation"³. Importantly, worker wellbeing is more than simply the absence of negative circumstances. It also includes positive features related to the physical, material, social, and emotional dimensions of workers' lives, as well as characteristics of the workplace such as job security, work engagement, work/life balance and remuneration³.

Worker wellbeing has been the subject of increasing interest in recent years. Organisations are becoming aware of the importance of enhancing and maintaining worker wellbeing, not only from a humanistic perspective but also due to legal and fiscal imperatives. In New Zealand, organisations have a responsibility to safeguard the health of their employees under the Health and Safety Act at Work Act (2015)⁴. There is also a substantial body of literature demonstrating the productivity and profitability costs associated with unwell workers, or alternatively the economic benefits of promoting employee wellbeing⁵⁻⁸. Similarly, the influence of stress on workers is increasingly recognised^{9, 10}, with many workplaces implementing initiatives (e.g., employee assistance programs (EAPs)) to ameliorate the impact of work-related and personal stressors on employees.

In the addictions sector, ensuring high levels of wellbeing in the workforce is particularly important¹¹. Alcohol and other drugs place a large burden on society, and contribute to a

substantial proportion of illness, disease, injury and death^{12, 13}. In order to prevent and respond to addiction-related harm, a highly effective addictions workforce is critical^{14, 15}. As research has demonstrated that healthcare worker wellbeing can influence patient outcomes¹⁶⁻²⁰, workforce welfare has been recognised as an essential component of high quality service provision^{21, 22}.

However, due to the nature of their work, addiction workers may be vulnerable to poor wellbeing²³. Working in the addictions field can be highly rewarding, and many workers report high levels of job satisfaction from helping people, participating in "meaningful" work, and making a positive contribution to society²⁴. Nevertheless, addiction workers may also experience considerable work-related demands and challenges²². The demands inherent in the nature of AOD-related work are further compounded by increasing levels of client complexity in combination with reduced funding and resources²⁵. These factors have the potential to lead to burnout and poor wellbeing in the workforce.

One study found that key stressors for addiction workers were concerns about:

- Whether their work is making a difference
- Whether they have the necessary skills and are effective in their role
- Whether their work is valued and adequately remunerated
- Workplace conflict
- Lack of supervisory and collegial support
- Job uncertainty²⁶.

To inform this survey, NCETA initially undertook a literature review²¹ to identify factors that impact addiction workers' wellbeing and the challenges they confronted in their contemporary work roles. Factors identified included:

- Difficulties recruiting and retaining staff in the context of a worldwide shortage of health and welfare workers
- The need to work across sectors (e.g., primary care, corrections, social services)
- Recurring service restructuring
- Outcomes (rather than inputs- or outputs-) focussed funding
- Increased occupational exposure to violence
- Stigma associated with providing services to AOD clients
- Lack of resourcing for professional development and upskilling
- Management being inadequately trained and supported to carry out their role

- Pay disparities depending on occupation / professional title and employment in different sectors
- Insufficient co-worker and line manager support and absent / limited clinical supervision
- Qualifications that have become increasingly academic and less applied, challenging the 'work readiness' of students / those new to the workforce
- Broadening scope of care to include addressing the social determinants of AOD use
- Increasing complexity of client care (e.g., new substances and patterns of use, increasing awareness of multiple morbidities, emphasis on family sensitive practice, influx of elderly clients with additional needs, need for cultural competence, increasing consumer input)²¹.

The review concluded that despite these risk factors, the wellbeing of the addictions workforce has not been extensively studied. Furthermore, existing research tends to focus on the narrow concept of psychological wellbeing, rather than a broader conceptualisation of wellbeing than encompasses health and organisational factors²¹. The current study sought to address these limitations in the extant literature, and extends the findings of the literature review. It also builds on previous studies of the addictions workforce in NZ, such as that conducted by Matua Ra<u>k</u>i in 2011²⁷.

Current study

Strategies to maintain and enhance the wellbeing of addiction workers are crucial, in order to fulfil duty of care obligations, improve organisational functioning, and support client engagement and outcomes. Consequently, it is important to examine the characteristics of addiction workers and their employing organisations, as well as their working conditions and current levels of health and wellbeing.

To address these issues, a survey of addiction workers in NZ and non-government (NGO) AOD workers in NSW and was conducted to examine: a) the demographic and organisational profile of addiction workers and workplaces; and b) the prevalence of personal characteristics and external factors which are known to influence levels of wellbeing.

The current report presents the findings of the NZ survey; NSW results are discussed in a separate report.

Methodology

Survey development

A custom online survey was developed to gather information on the demographic and professional characteristics of respondents, as well as their levels of health and wellbeing. The survey was co-designed in collaboration between NCETA, Matua Raki and NADA project staff. A preliminary version of the survey was pilot tested by non-project staff at all organisations, and subsequently refined to improve the clarity of instruction and questions, and to reduce length.

Ethics approval to conduct the survey was granted by the Social and Behavioural Research Ethics Committee (SBREC) at Flinders University. Approval from the NZ Health and Disability Ethics Committee was unnecessary as the project was deemed to be out of scope; however approval was obtained from each relevant District Health Board.

Survey instrument

The final instrument contained a total of 72 multiple-response and open-ended questions assessing participants' demographic information, organisational characteristics, health and wellbeing. The majority of questions were developed specifically for the current study, however 13 validated scales were also included to examine wellbeing levels. The full survey took approximately 30 minutes to complete.

The constructs assessed in the survey are summarised in **Table 1**, **Table 2**, and **Table 3**. A full copy of the questionnaire is provided in Appendix A.

Table 1. Demographic characteristics assessed in survey		
• Age	Household composition	Ease of 'being yourself'
Gender	Household income	 Presence of / adjustments for disability
Sexual orientation	Dependents	 Lived experience of AOD use / gambling / mental health problems
Country of birth	Ethnicity	 Impact of family member's AOD use / gambling / mental health problems
Years in NZ	Languages spoken	

Table 1. Demographic characteristics assessed in survey

Table 2. Organisational characteristics assessed in survey

Geographical location	Primary clients	 Workplace wellbeing initiatives
Rurality	Service delivery type	Likelihood of job loss
Services provided	Years of experience	Supervision opportunities
Type of organisation	Qualifications	Satisfaction with supervision
Contract type	Activities performed	Affiliations
Hours per week	Perceptions of support	 Professional development opportunities
Role	Satisfaction with salary	

Validated health and wellbeing measures			
Construct	ΤοοΙ	Included Subscales	Number of Items
Job demands/ support/	Copenhagen psychosocial questionnaire	Cognitive demands	9
resources	Coperinagen psychosocial questionnaire	Emotional demands	4
		Staffing	6
		Growth	5
		Communication	5
Organizational factors	Texas Christian University organisational readiness for change	Stress	5
Organisational factors		Satisfaction	6
		Cohesion	6
		Autonomy	5
	Copenhagen psychosocial questionnaire	Quality of leadership	8
		Vigour	6
Engagement	Utrecht work engagement scale	Dedication	5
		Absorption	6
		Physical fatigue	6
Burnout	Shirom-Melamed burnout measure	Emotional exhaustion	3
		Cognitive weariness	5
Resilience	Brief resilience scale	n/a	6
Therapeutic optimism	Therapeutic optimism scale	n/a	10
Role ambiguity	Role ambiguity scale	n/a	2
Social support	Brief job stress questionnaire	n/a	9
Workload	Workload scale	n/a	3
Turnover	Turnover intention scale	n/a	4
AOD use	ASSIST-FC	n/a	16
Quality of life	EUROHIS-QOL 8-Item Index	n/a	8
Non-valida	ted wellbeing measures (developed for this	s survey)	
Occupational self-efficac	y		1
Workplace experiences			3
Work/life balance			1
Self-rated health			3
Healthy behaviours			1
Job feedback			11

Table 3. Measures assessing health and wellbeing in survey

N/A=Tool does not include stand-alone subscales

Recruitment

Email invitations to participate in the survey were sent to the Matua Ra<u>ki</u> and Addiction Practitioners' Association Aotearoa New Zealand registration databases, which contain contact details for the NZ addictions workforce. Individuals who received the email were encouraged to disseminate the invitation to their staff and / or colleagues. A poster advertising the study was also attached to the email, and the receiver requested to place it in a location visible to staff members. A letter of invitation was additionally mailed to addictions service providers in NZ and the study advertised on the Matua Ra<u>ki</u> website, at training events and other forums. In recognition of respondents' time and contribution, they were given the chance to go in the draw to win an iPad mini.

Data collection

The survey was available for completion on SurveyMonkey from September to November 2017. Although pen-and-paper copies were offered to participants without internet access, no participants utilised this option.

Data analysis

Raw data were exported from SurveyMonkey into SPSS. Scores for validated scales were calculated according to relevant scoring manuals. Participants' responses were excluded from scales if they had not answered all items for that scale. Frequency analyses were conducted to examine the proportion of participants who endorsed each response category.

Results

A total of 349 respondents from NZ completed the survey, 51 of whom identified as Māori. Surveys conducted in 2014 by Te Pou and Matua Ra<u>k</u>i found that the addictions workforce in NZ comprised approximately 1,771 individuals²⁸, of whom 22% identified as Māori²⁹. As such, it can be estimated that this survey represents the views of approximately one-fifth of the total addictions workforce, and 13% of the Māori addictions workforce¹. While this is a respectable response rate for a self-report survey of this kind, caution should be utilised in generalising the current results, particularly to Māori workers who are under-represented in the results.

Workforce profile

Demographic characteristics

Most respondents were female (71%) (Table 4), aged 40-59 years (60%) (Table 5), and heterosexual (84%) (Table 6). Slightly over two-thirds were born in New Zealand (70%) (Table 7), and most were of NZ European / Pakeha ancestry (60%) (Table 8). Sixteen percent identified as Māori (Table 8). The majority of respondents were comfortable speaking English (88%), with 7% speaking Te Reo Māori and 11% another language (Table 9). The largest proportion (26%) had a household income of \$50,001 - \$75,000 (Table 10), and reported that there were typically two other adults (35%) (Table 11) and no children (38%) (Table 12) dependent upon the income. Correspondingly, the largest proportion of respondents reported living with their partner / spouse and children (36%), followed by with their partner / spouse only (33%) (Table 13). Most did not identify as having a disability (90%) (Table 14); of those who did have a disability, 18% adjusted their work practices to accommodate it (Table 15).

Large proportions of respondents reported that they had a lived experience of AOD use (37%) and mental health (33%), with 2% reporting a lived experience of gambling. Lived experience of AOD use was more likely to be disclosed to the workplace than lived experience of mental health or gambling (**Table 16**). Between one-in-five and once-in-six respondents also reported that their

¹ Please note that the Te Pou and Matua Ra<u>k</u>i surveys did not capture 100% of the workforce, and as such these calculations are indicative only.

life was regularly negatively impacted by a family member's AOD use (11%) or mental health (16%) (Table 17).

Table 4 Gender

Gender	Ν	%
Male	75	25.2
Female	212	71.1
Transgender	0	0.0
Non Binary	2	0.7
Prefer not to say	9	3.0
Total	298	100.0

Table 5 Age

Age Group	N	%
20-29 years	22	8.8
30-39 years	38	15.2
40-49 years	69	27.6
50-59 years	80	32.0
60+ years	41	16.4
Total	250	100.0

Table 6 Sexual orientation

Sexual orientation	Ν	%
Straight / heterosexual	249	84.1
Rainbow ¹	21	7.1
Prefer not to say	22	7.4
Other	4	1.4
Total	296	100.0

Rainbow may or may not include lesbian, gay, queer, bisexual, takatāpui, fa'afafine, MVPFAFF

Table 7 Country of birth

Country	Ν	%
New Zealand	207	69.9
Other	89	30.1
Total	296	100.0

Table 8 Ethnicity

Ethnicity	Ν	%
NZ European / Pakeha	197	59.9
Māori	51	15.5
Pasifika	17	5.2
Asian	11	3.3
British	29	8.8
Other European	16	4.9
Other	30	9.1

Note: Respondents could select more than one ethnicity. Percentages are based on n=329 which includes all survey participants who selected their location as NZ and answered an additional question.

Table 9 Language(s) spoken

Language	Ν	%
English	290	88.1
Te Reo Māori	22	6.7
Other	35	10.6

Note: Respondents could select more than one language. Percentages are based on n=329 which includes all survey participants who selected their location as NZ and answered an additional question.

Table 10 Gross household income

Household income	Ν	%
Less than \$25,000	1	0.3
\$25,001 - \$50,000	30	10.1
\$50,001 - \$75,000	77	25.9
\$75,001 - \$100,000	32	10.8
\$100,001 - \$125,000	48	16.2
\$125,001 - \$150,000	30	10.1
\$150,001 - \$175,000	14	4.7
\$175,001 - \$200,000	11	3.7
More than \$200,000	13	4.4
Don't know	8	2.7
Prefer not to say	33	11.1
Total	297	100.0

Table 11 Number of other adults¹ dependent on household income

Number of other adults	N	%
0	87	32.0
1	65	23.9
2	94	34.6
3	16	5.9
4	7	2.6
5	3	1.1
6	0	0.0
Total	272	100.0

¹ Excluding respondent.

Table 12 Number of children dependent on household income

Number of children	Ν	%
0	82	38.3
1	57	26.6
2	56	26.2
3	15	7.0
4	2	0.9
5	1	0.5
6	1	0.5
Total	214	100.0

Table 13 Household composition

Household composition	Ν	%
Alone	26	8.8
With partner/spouse only	99	33.4
With partner/spouse and children	106	35.8
With children only	31	10.5
With friends	5	1.7
With flatmates	14	4.7
Other	15	5.1
Total	296	100

Table 14 Respondents who identify as having a disability

Identification	Ν	%
Do not identify as having a disability	262	89.7
Identify as having a disability	25	8.6
Prefer not to say	5	1.7
Total	292	100.0

Table 15 Work practices adjusted by self and / or colleagues to accommodate disability

Adjustment made for disability	Ν	%
Yes	8	18.2
No	29	65.9
Unsure	2	4.5
Prefer not to say	5	11.4
Total	44	100.0

Table 16 Lived experience

Lived experience		Ν	%
No		129	43.3
Yes - AOD lived experience	Disclosed to workplace		28.2
Tes - AOD lived experience	Not disclosed to workplace	25	8.4
Disclosed to workplace		4	1.3
Yes - gambling lived experience Not disclosed to workplace		3	1.0
Disclosed to workplace		55	18.5
Yes - mental health lived experience Not disclosed to workplace		43	14.4
Prefer not to say		13	4.4

Table 17 Respondent's life negatively impacted by family member's AOD use, gambling, or mental health

Negatively impacting life	AOD Use		Gambling		Mental Health	
Negatively impacting me	Ν	%	N	%	Ν	%
No - Never	155	64.9	169	90.4	113	50.9
Yes - occasionally	58	24.3	14	7.5	70	31.5
Yes - regularly	25	10.5	2	1.1	36	16.2
Prefer not to say	1	0.4	2	1.1	3	1.4

Workplace-related characteristics

Respondents came from locations across NZ. Approximately half (56%) were employed in urban locations, with a further 44% located in combined rural/urban or rural areas (**Table 19**). The organisations within which respondents worked were typically non-Government organisations (54%) or district health boards (41%) (**Table 20**), and addressed alcohol and other drug issues (95%) (**Table 21**) in the adult population (57%) (**Table 22**). Organisations primarily provided community / outpatient therapeutic services (71) and aftercare / continuing care (55%), as did respondents (39% and 29%, respectively). The least common service provided by both organisations and respondents was telehealth (**Table 23**).

The majority of respondents were employed on a full-time basis (87%) (**Table 24**). Most had less than 5 years' experience in their current position (59%), and approximately one third had less than 5 years' experience in the addictions sector (36%) and the mental health sector (30%) (**Table 25**). Almost one-in-five (17%) reported that they had been in their current role for one year or less (**Table 25**). The overwhelming majority of participants had an addictions-related qualification (95%) - most commonly undergraduate degree (15%), post graduate certificate (23%) or post graduate diploma (16%) (**Table 26**) – and professional registration with at least one body (88%) (**Table 27**).

The most commonly reported work role was addiction / CEP practitioner (36%) followed by manager / team leader (14%) and nurse (12%) (**Table 28**). Less than half (41%) reported spending "most" or "all" of their time face-to-face with clients, with a quarter (25%) reporting that "most" or "all" of their time was spent on paperwork or administrative duties (**Table 29**).

Working Conditions

Most respondents (60%) reported that pay in their organisation was equal to or higher than other comparable organisations. However, a minority believed that: their organisation paid good salaries (24%), they could live comfortably on their pay (34%), were paid enough for the work they did (16%), and were fairly paid compared to other people in their organisation (31%) (**Table 30**).

The majority of respondents reported that their workplace had an employee assistance program (60%) and that they were provided with support for professional development (57%). Flexible work practices (44%), laptop / mobile / vehicle use (44%) and recognition of additional time worked (42%) were also relatively common (**Table 31**).

A number of professional development systems were reported to be in place, including clinical supervision (67%), in-house training programs (60%), study / conference leave (55%) and performance reviews and feedback (55%) (**Table 32**).

A substantial proportion reported that they had access to supervision opportunities, most commonly external clinical supervision (45%) and line management (42%) (**Table 33**). Supervision was typically accessed relatively frequently, with most (>50%) participants receiving all supervision types at least once a month. However, a considerable number of participants reported accessing mentoring (18%) and cultural supervision (19%) just once a year or less (**Table 34**).

Dissatisfaction with the amount of supervision received was relatively high (12-26%), but quality of supervision was generally positively perceived. The exception to this was mentoring, with was perceived to be of "poor" quality by almost a quarter (22%) of respondents (**Table 34**).

Most respondents felt supported to undertake their role (77%) (**Table 35**), and that they could "be themselves" at work (60%) (**Table 36**). However, a fifth (21%) believed that there was at least a medium chance that they would lose their job in the next 12 months for a reason beyond their control (**Table 37**).

DHB Region	N	%
Northland	11	3.4
Waitemata	48	14.6
Auckland	30	9.1
Counties Manukau	20	6.1
Bay of Plenty	27	8.2
Tairāwhiti	7	2.1
Waikato	31	9.5
Lakes	6	1.8
Taranaki	16	4.9
Hawkes Bay	5	1.5
Whanganui	4	1.2
MidCentral	13	4.0
Wairarapa	3	0.9
Hutt Valley	7	2.1
Capital and Coast	39	11.9
Nelson Marlborough	6	1.8
West Coast	1	0.3
Canterbury	34	10.4
South Canterbury	5	1.5
Southern	15	4.6
Total	328	100.0

Table 18 Geographical location of workplace

Table 19 Rurality of workplace

Rurality	N	%
Urban	180	56.3
Rural	22	6.9
Combined rural / urban	118	36.9
Total	320	100

Table 20 Type of organisation

Organisation type	Ν	%
Non-government organisation (NGO)	174	53.9
District Health Board (DHB)	133	41.2
Primary health setting (eg PHO)	4	1.2
Education / training provider	1	0.3
Private practice	4	1.2
Other	7	2.2
Total	323	100.0

Table 21 Issues primarily addressed by organisation

Issue	N	%
Alcohol and other drugs	304	94.7
Gambling	17	5.3
Total	321	100.0

Table 22 Main client type

	N	%
Older People Population	4	1.2
Adult Population	185	57.3
Infant, Child and Youth Population	28	8.7
Mixed Population	94	29.1
Other	12	3.7
Total	323	100.0

Service delivery type	Orgar	nisation	Respondent		
Service derivery type	N	%	N	%	
Aftercare/Continuing care	182	55.3	95	28.9	
Community/Outpatient therapeutic services	233	70.8	128	38.9	
Consumer driven/Peer led service	90	27.4	24	7.3	
Drug treatment unit (DTU)	72	21.9	16	4.9	
Education/Training	161	48.9	91	27.7	
Health promotion	137	41.6	73	22.2	
Kaupapa Māori service	115	35.0	29	8.8	
Other cultural service	67	20.4	12	3.6	
Opioid substitution treatment (OST, OTS)	107	32.5	44	13.4	
Research	37	11.2	15	4.6	
Residential treatment	82	24.9	18	5.5	
Single session screening and assessment (eg SPOE)	97	29.5	46	14.0	
Telehealth	15	4.6	4	1.2	
Withdrawal management	129	39.2	67	20.4	
Other	17	5.2	15	4.6	

Table 23 Service delivery types provided by the respondent / their organisation

Note: Percentages are based on n=329 which includes all survey participants who selected their location as NZ and answered an additional question.

Table 24 Employment status

Employment status	N	%
Full time (30hrs+pw)	284	87.1
Part time	40	12.3
Student / intern	1	0.3
Other	1	0.3
Total	326	100.0

Table 25 Years of experience

Years' experience	Addiction	ns sector	Mental I	health sector	Current position		
Tears experience	N	%	N	%	Ν	%	
Nil	5	1.7	8	3.7	4	1.6	
Less than 6 months	12	4.0	8	3.7	19	7.5	
6 months to 1 year	8	2.7	8	3.7	21	8.3	
1 year to less than 2 years	27	9.1	18	8.3	41	16.3	
2 years to less than 5 years	54	18.1	23	10.6	64	25.4	
5 years to less than 10 years	80	26.8	45	20.8	51	20.2	
10 years to less than 20 years	74	24.8	69	31.9	41	16.3	
20+ years	38	12.8	37	17.1	11	4.4	
Total	298	100.0	216	100.0	252	100.0	

Table 26 Highest qualification received

Qualification	Addicti	ons related	Not addictions related		
Quanneation	Ν	%	N	%	
Nil	14	5.1	6	2.7	
High school/College qualification	4	1.5	10	4.4	
Accredited short course	18	6.6	3	1.3	
Certificate L1-5	18	6.6	9	4.0	
Diploma	13	4.7	19	8.4	
Graduate Certificate	17	6.2	5	2.2	
Graduate Diploma	16	5.8	19	8.4	
Undergraduate Degree	41	15.0	61	27.0	
Post Graduate Certificate	63	23.0	21	9.3	
Post Graduate Diploma	44	16.1	30	13.3	
Masters Degree	13	4.7	31	13.7	
PhD/Doctoral Degree	5	1.8	5	2.2	
Other	8	2.9	7	3.1	
Total	274	100.0	226	100.0	

Table 27 Professional bodies with which respondents are registered / affiliated

Professional bodies		sional on status	Member only/inactive status		
	Ν	%	Ν	%	
Nil	39	11.9	25	7.6	
dapaanz	134	40.7	30	9.1	
NZAC - NZ Association of Counsellors	36	10.9	5	1.5	
NCNZ - Nursing Council of NZ	57	17.3	4	1.2	
Te Ao Maramatanga	4	1.2	2	0.6	
DANA - Drug and Alcohol Nurses Australasia	6	1.8	4	1.2	
ANZASW - Aotearoa NZ Association for Social Workers	6	1.8	6	1.8	
SWRB - Social Workers Registration Board	17	5.2	4	1.2	
NZ Psychologists Board	4	1.2	2	0.6	
RANZCP- Royal Australian and NZ College of Psychiatrists	8	2.4	0	0.0	

Note: Percentages are based on n=329 which includes all survey participants who selected their location as NZ and answered an additional question.

Table 28 Primary work role

Role description	Prima	ary role
Role description	Ν	%
Addiction / CEP practitioner	119	36.2
Administrator	5	1.5
Consumer advisor	3	0.9
Counsellor	22	6.7
Cultural advice / support	0	0.0
Educator / Trainer	6	1.8
Family / Whānau worker	3	0.9
Manager / Team Leader	47	14.3
Medical Officer / GP	8	2.4
Nurse	39	11.9
Occupational Therapist	1	0.3
Peer Support Worker	12	3.6
Psychologist	3	0.9
Psychiatrist	6	1.8
Researcher / Quality / Evaluator	4	1.2
Social Worker	8	2.4
Whānau ora worker	1	0.3
Youth Worker	3	0.9
Other	NA	

Note: Percentages are based on n=329 which includes all survey participants who selected their location as NZ and answered an additional question.

Proportion of time		ace to face Paperwork / vith clients Admin			-		ning / cation	Research / Quality / Evaluation		Ot	her	
spent on	N	%	Ν	%	Ν	%	Ν	%	N	%	N	%
None	12	4.1	1	0.3	7	2.8	17	7.4	54	30.7	19	32.8
Some	78	26.8	99	34.0	176	70.4	170	73.9	103	58.5	30	51.7
About half	82	28.2	119	40.9	35	14.0	24	10.4	8	4.5	4	6.9
Most	94	32.3	62	21.3	24	9.6	14	6.1	9	5.1	4	6.9
All	25	8.6	10	3.4	8	3.2	5	2.2	2	1.1	1	1.7
Total	291	100.0	291	100.0	250	100.0	230	100.0	176	100.0	58	100.0

Table 29 Time spent on work duties

 Table 30 Satisfaction with salary

To what extent	Does your org pay good salaries?		comfor	ou live tably on pay?			lowe	n your org r than in able orgs?		
	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Never	86	29.2	49	16.7	153	51.9	85	29.3	61	21.5
Sometimes	139	47.1	143	48.8	95	32.2	116	40.0	109	38.4
Often	59	20.0	71	24.2	27	9.2	61	21.0	49	17.3
Always	11	3.7	30	10.2	20	6.8	28	9.7	65	22.9
Total	295	100.0	293	100.0	295	100.0	290	100.0	284	100.0

Table 31 Practices / initiatives provided by employer to support employees' work

Practices / initiatives	N	%
Recognition of additional time worked (e.g. TIL, overtime)	137	41.6
Flexible work practices (e.g. start/end times, work from home, unpaid leave)	144	43.8
Annual salary increments (not related to performance)	85	25.8
Laptop/mobile/vehicle use	144	43.8
Employee assistance program (access to support when needed)	198	60.2
Support for professional development (e.g. study leave, fees paid, conferences etc.)	186	56.5
Long service leave (or other recognition of service)	116	35.3
None	9	2.7
Don't know	10	3.0
Other	20	6.1

Note: Percentages are based on n=329 which includes all survey participants who selected their location as NZ and answered an additional question.

Table 32 Training / professional development systems in place in respondents' organisation

Training / professional development	N	%
No formal systems in place	22	6.7
Unsure of what systems are in place	21	6.4
Study / conference leave	181	55.0
Financial assistance for education / training	144	43.8
In-house training programs	198	60.2
Clinical supervision	220	66.9
Performance reviews and feedback	180	54.7
Mentoring / coaching	83	25.2
Other	12	3.6

Note: Percentages are based on n=329 which includes all survey participants who selected their location as NZ and answered an additional question.

Table 33 Supervision opportunities to which respondents have access

Supervision opportunities	N	%
Internal clinical supervision	124	37.7
External clinical supervision	148	45.0
Line management	137	41.6
Peer supervision	123	37.4
Mentoring / coaching	40	12.2
Cultural supervision	85	25.8
Not applicable	6	1.8

	Internal ¹ External ² Line ³ Peer ⁴ Mentoring ⁵ Cultura							-0				
	Inte	ernal ¹	Exte	ernal ²	Li	ne³	Pe	er⁴	Men	toring⁵	Cult	tural ⁶
	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Frequency of acces	s to su	pervisio	n									
Fortnightly or more	35	26.3	17	10.6	49	30.8	66	49.6	17	28.3	16	16.8
Every month	72	54.1	127	78.9	66	41.5	43	32.3	21	35.0	33	34.7
Every 3 months	13	9.8	9	5.6	23	14.5	11	8.3	9	15.0	19	20.0
Every 6 months	2	1.5	2	1.2	6	3.8	4	3.0	2	3.3	9	9.5
Once a year or less	11	8.3	6	3.7	15	9.4	9	6.8	11	18.3	18	18.9
Total	133	100.0	161	100.0	159	100.0	133	100.0	60	100.0	95	100.0
Satisfaction with an	nount o	of superv	vision r	eceived								
Quite dissatisfied	34	21.4	29	16.8	34	18.9	17	11.5	22	25.6	24	21.4
Indifferent / mildly dissatisfied	25	15.7	13	7.5	31	17.2	25	16.9	21	24.4	18	16.1
Mostly satisfied	45	28.3	45	26.0	56	31.1	47	31.8	23	26.7	30	26.8
Very satisfied	55	34.6	86	49.7	59	32.8	59	39.9	20	23.3	40	35.7
Total	159	100.0	173	100.0	180	100.0	148	100.0	86	100.0	112	100.0
Quality of supervisi	on rece	eived										
Poor	18	12.3	4	2.5	28	16.4	8	6.1	14	22.2	14	15.1
Fair	33	22.6	6	3.8	37	21.6	21	15.9	8	12.7	17	18.3
Good	45	30.8	43	27.0	60	35.1	54	40.9	25	39.7	31	33.3
Excellent	50	34.2	106	66.7	46	26.9	49	37.1	16	25.4	31	33.3
Total	146	100.0	159	100.0	171	100.0	132	100.0	63	100.0	93	100.0

Table 34 Use of and satisfaction with supervision

1. Internal clinical supervision 2. External clinical supervision 3. Line management 4. Peer supervision 5. Mentoring / coaching 6. Cultural supervision

Table 35 Perception of support

Do you feel supported to undertake your role?	N	%
Yes	182	76.5
No	56	23.5
Total	238	100.0

Table 36 Perceived ease of "being yourself"

How easy is it to be	In New	Zealand?	At work?		
yourself	N	%	N	%	
Very easy	125	42.8	88	33.0	
Easy	74	25.3	72	27.0	
Neither easy nor hard	71	24.3	72	27.0	
Hard	21	7.2	30	11.2	
Very hard	1	0.3	5	1.9	
Total	292	100.0	267	100.0	

Table 37 Percieved likelihood of respondents' losing their job in the next 12 months for a reason beyond their control

Chance of losing job	Ν	%
Almost certain	5	2.0
A high chance	12	4.8
A medium chance	35	14.1
A low chance	61	24.6
Almost no chance	91	36.7
Don't know	44	17.7
Total	248	100.0

Worker wellbeing

Health

Most respondents perceived their health to be "good", "very good", or "excellent" (71%) (**Table 38**). Approximately half to three-quarters reported that they regularly engaged in healthy behaviours such as taking breaks, engaging in learning activities, exercising, eating well, sleeping enough, and socialising (**Table 41**, **Table 42**). However, taking "time out", participating in the community, taking notice / practising mindfulness, taking sick leave and asking for help when needed were somewhat less frequently reported (**Table 41**, **Table 42**).

The drugs most commonly used in the past three months were alcohol (63%), tobacco (18%), sedatives (10%), and prescription pain medication / heroin / opioids (10%) (**Table 39**). With the exception of alcohol, the majority of participants reported never using drugs in the past three months. However, at least weekly tobacco use, risky drinking, and prescription pain medication / heroin / opioid use was reported by 14%, 9% and 8% of the sample, respectively (**Table 39**). Few respondents reported that a friend, relative, or someone else had expressed concern about their substance use; where this had occurred, it was typically for tobacco (17%) or alcohol (13%) (**Table 40**).

General health rating	Ν	%
Poor	7	2.9
Fair	62	25.7
Good	90	37.3
Very good	66	27.4
Excellent	16	6.6
Total	241	100.0

Table 38 Self-assessed health status

Substance	In the past 3 months, how often have you used the following substances? N (%)								
Substance	Ν	Never	Once or twice	1-4 times per week	Daily or almost daily				
Tobacco	244	201 (82.4)	10 (4.1)	12 (4.9)	21 (8.6)				
Alcohol	243	90 (37.0)	59 (24.3)	88 (36.2)	6 (2.5)				
Alcohol - risky drinking levels ¹	241	171 (71.0)	48 (19.9)	21 (8.7)	1 (0.4)				
Cannabis	242	226 (93.4)	10 (4.1)	4 (1.7)	2 (0.8)				
Cocaine	241	241 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)				
ATS	242	240 (99.2)	1 (0.4)	1 (0.4)	0 (0.0)				
Sedatives	240	217 (90.4)	13 (5.4)	9 (3.8)	1 (0.4)				
Prescription pain medication or heroin or opioids	241	217 (90.0)	10 (4.1)	7 (2.9)	7 (2.9)				
Other	241	239 (99.2)	2 (0.8)	0 (0.0)	0 (0.0)				

Table 39 Frequency of AOD use

¹ 5 (male) / 4 (female) or more drinks on one occasion

Table 40 Severity of AOD use

Substance	Hasa	Has a friend, relative or anyone else ever expressed concern about your use of any of the substances below? N (%)								
Substance	N	NA	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months					
Tobacco	243	152 (62.6)	51 (21.0)	15 (6.2)	25 (10.3)					
Alcohol	242	82 (33.9)	128 (52.9)	3 (1.2)	29 (12.0)					
Cannabis	240	163 (67.9)	61 (25.4)	1 (0.4)	15 (6.3)					
Cocaine	239	192 (80.3)	44 (18.4)	0 (0.0)	3 (1.3)					
ATS	237	187 (78.9)	42 (17.7)	1 (0.4)	7 (3.0)					
Sedatives	237	181 (76.4)	47 (19.8)	3 (1.3)	6 (2.5)					
Prescription pain medication or heroin or opioids	238	180 (75.6)	49 (20.6)	2 (0.8)	7 (2.9)					
Other	238	187 (78.6)	44 (18.5)	0 (0.0)	7 (2.9)					

...

How often	Exer	cise ¹	Eat	Well ²	Sle	ep ³	Rech	arge⁴	Socia	alise ⁵	Partic	ipate ⁶	Med	itate ⁷	Ask fo	r help ⁸
do you…	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	N	%	Ν	%	Ν	%
Never	11	4.5	5	2.1	3	1.2	7	2.9	0	0.0	17	7.0	10	4.1	7	2.9
Rarely	41	16.8	21	8.6	34	14.0	52	21.3	9	3.7	68	27.9	44	18.1	46	18.9
Sometimes	75	30.7	62	25.5	71	29.2	102	41.8	51	20.9	87	35.7	91	37.4	96	39.3
Often	86	35.2	112	46.1	107	44.0	70	28.7	127	52.0	57	23.4	77	31.7	68	27.9
Always	31	12.7	43	17.7	28	11.5	13	5.3	57	23.4	15	6.1	21	8.6	27	11.1
Total	244	100.0	243	100.0	243	100.0	244	100.0	244	100.0	244	100.0	243	100.0	244	100.0

Table 41 Health behaviours

1. Do 30 minutes or more of moderate intensity activity, 2. Eat 5+ servings of fruit and vegetables, 3. Get a good night's sleep, 4. Take time out, 5. Spend time with people you care about, 6. Participate in the community, 7. Take notice / practice mindfulness, 8. Ask for help when you need it

Table 42 Work-related health behaviours

How often		aks during ork day		time off en sick	Engage in learning opportunities		
do you…	N	%	Ν	%	N	%	
Never	6	2.5	3	1.2	2	0.8	
Rarely	45	18.5	73	29.9	27	11.2	
Sometimes	81	33.3	101	41.4	95	39.3	
Often	75	30.9	46	18.9	104	43.0	
Always	36	14.8	21	8.6	14	5.8	
Total	243	100.0	244	100.0	242	100.0	

Wellbeing

Individual wellbeing

In general, most respondents reported high levels of wellbeing. Quality of life was reported to be good / very good by 66% of respondents (**Table 43**). Normal / high levels of resilience were evident in 84% of respondents (**Table 44**) and burn out was uncommon (3%) (**Table 45**). Most respondents reported that they frequently (i.e., weekly or more often) felt a sense of vigour, dedication, and absorption – all indicators of engagement – about their work (79%) (**Table 46**).

Approximately half (54%) were optimistic that their work could make a meaningful difference to clients with half (46%) "neither agreeing nor disagreeing" that their work could make a difference (**Table 47**). However, more than half (57%) had thought about leaving their job, with a third (33%) planning to look for a new job over the next 12 months and almost a quarter (22%) planning to look for a new job outside the AOD field (**Table 48**).

Organisational factors

Most respondents were satisfied with their job (69%), and were positive about the potential for growth (61%) and staff cohesion (59%) within their workplace. However, fewer were positive about staff levels (25%), communication (30%), and workplace autonomy (44%), and over half (53%) perceived their work to be stressful (**Table 49**). Similarly, although respondents' jobs were not typically perceived as overly emotionally demanding, high levels of cognitive demands were reported by over half the respondents (53%) (**Table 50**).

Workloads were also perceived to be too high by approximately one third – one half of respondents (**Table 51**). Work / life balance was viewed positively by approximately half of respondents, and most "rarely" or "never" took work home or were interrupted by work at home (**Table 52**). However, over a quarter (28%) reported being "very dissatisfied" or "dissatisfied" with their work / life balance (**Table 53**), one fifth (19%) "always" or "often" took work home (**Table 52**) and more than half worked 1-10 hours more per week than contracted. Voluntary work was also common. Almost one in five (18%) reported spending no time on social / recreational / cultural activities (**Table 54**).

High levels of support were frequently reported from co-workers (65%) and family / friends (85%), but support was somewhat less commonly received from supervisors (43%) (**Table 55**).

Leadership quality appeared to be quite diverse, with 29% reporting high quality leadership, 35% reporting average quality, and 36% reporting low quality (**Table 56**).

Most respondents were satisfied with the level of feedback they received on their performance (**Table 57**), clearly understood what their role involved (**Table 58**), and believed they had the skills necessary to work effectively (**Table 59**).

A number of negative workplace experiences were reported to be "regular" occurrences. Approximately half the respondents reported regularly experiencing work overload (49%) and understaffing (57%), with smaller proportions reporting regular burnout (13%), bullying / intimidation (13%) and discrimination (9%). Regular harassment was reported by just 5% of respondents (**Table 60**).

Counterbalancing this, a large proportion of respondents also reported positive workplace factors such as team cohesion (49%), autonomy (54%) and positive relationships (72%) (**Table 61**).

A summary of respondents' scores on the validated wellbeing scales can be found in Table 62.

Table 43 Quality of life (QOL)

	N	%
Very poor / poor	10	4.2
Neither poor nor good	71	29.8
Good / very good	157	66.0
Total	238	100.0

Table 44 Resilience (BRS)

	Ν	%
Low	44	15.9
Normal	201	72.6
High	32	11.6
Total	277	100.0

Table 45 Burnout (SMBM)

	Physical Fatigue		Emotional Exhaustion		Cognitive	Total		
	N	%	N	%	Ν	%	Ν	%
Not burned out	213	87.7	232	93.5	236	99.6	221	96.9
Burned out	30	12.3	16	6.5	1	0.4	7	3.1
Total	243	100.0	248	100.0	237	100.0	228	100.0

Table 46 Work engagement (UWES)

	Vię	gour	Dedi	cation	Abso	orption	Total	
	Ν	%	Ν	%	Ν	%	Ν	%
A few times a year or less (including never)	1	0.4	0	0.0	2	0.8	1	0.4
Once or a few times a month	53	21.8	37	15.0	73	29.9	49	20.7
Once or a few times a week	175	72.0	161	65.2	163	66.8	178	75.1
Every day	14	5.8	49	19.8	6	2.5	9	3.8
Total	243	100.0	247	100.0	244	100.0	237	100.0

Table 47 Therapeutic optimism (TOS)

Response options ¹	Ν	%
Disagree	0	0.0
Neither agree nor disagree	129	46.1
Agree	151	53.9
Total	280	100.0

1. Extent to which participants agree with scale items assessing therapeutic optimism (e.g. "clinicians have the capacity to positively influence outcomes for people with AOD disorders"). For all items see Q109 of the survey (Appendix A).

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Table 48 Turnover intentions (TIS)

	I have thought about leaving my job		-	ook for a new job next 12 months	job within the	earch for a new addictions field my current org	I intend to search for a new job outside the addictions field		
	N	%	N	%	Ν	%	N	%	
Strongly disagree	32	13.0	38	15.4	52	21.4	58	23.8	
Disagree	43	17.5	59	24.0	64	26.3	67	27.5	
Neither agree nor disagree	31	12.6	68	27.6	68	28.0	66	27.0	
Agree	97	39.4	44	17.9	33	13.6	35	14.3	
Strongly agree	43	17.5	37	15.0	26	10.7	18	7.4	
Total	246	100.0	246	100.0	243	100.0	244	100.0	

Table 49 Characteristics of respondents' workplace (ORC)

Bosponso ontions1	Staf	fing	Gro	wth	Commu	nication	St	ress	Satis	faction	Coh	esion	Auto	onomy
Response options ¹	Ν	%	Ν	%	N	%	Ν	%	Ν	%	Ν	%	Ν	%
Disagree	57	21.5	22	7.8	84	31.8	42	16.1	10	4.1	31	12.0	52	19.6
Neither agree nor disagree	142	53.6	88	31.2	102	38.6	80	30.7	67	27.2	76	29.5	97	36.6
Agree	66	24.9	172	61.0	78	29.5	139	53.3	169	68.7	151	58.5	116	43.8
Total	265	100.0	282	100.0	264	100.0	261	100.0	246	100.0	258	100.0	265	100.0

1. Extent to which participants agree with scale items assessing the relevant construct (i.e. staffing / growth / communication / stress / satisfaction / cohesion / autonomy). For all items see Qs 112, 113, 114, 115, 116, 130 of the survey (Appendix A).

Table 50 Job Demands (COPSOQ)

	Cognitive	e Demands	Emotional Demands			
	Ν	%	N	%		
Low	9	3.2	140	47.3		
Average	124	43.8	136	45.9		
High	150	53.0	20	6.8		
Total	283	100.0	296	100.0		

Table 51 Workload

	I have too to do every	much work ything well		ve enough time erything done	The amount of work asked to do is fair		
	N	%	N	%	N	%	
Strongly disagree	6	2.4	8	3.2	18	7.2	
Disagree	47	19.0	37	15.0	50	20.0	
Neither agree nor disagree	80	32.3	70	28.3	97	38.8	
Agree	78	31.5	95	38.5	77	30.8	
Strongly agree	37	14.9	37	15.0	8	3.2	
Total	248	100.0	247	100.0	250	100.0	

Table 52 Work / life balance

How often		take work me?	Are you interrupted at home by work?			
onten	Ν	%	N	%		
Always	11	4.5	3	1.2		
Often	36	14.6	20	8.1		
Sometimes	58	23.5	42	17.1		
Rarely	76	30.8	91	37.0		
Never	66	26.7	90	36.6		
Total	247	100.0	246	100.0		

Table 53 Satisfaction with work-life balance

Satisfaction level	Ν	%
Very dissatisfied	16	6.4
Dissatisfied	53	21.3
Neither dissatisfied nor satisfied	63	25.3
Satisfied	88	35.3
Very satisfied	29	11.6
Total	249	100.0

Table 54 Hours spent on work / personal activities

						Hours	per weel	spent on						
Hours	hours (ditional current sation)	emplo (addio	r paid syment ctions ted)	employ	er paid ment (non- ns related)	(addi	ry work ctions ted)	(non-ad	ry work dictions ted)	recre	cial / ational l activities		nily / au time
	N	%	Ν	%	N	%	Ν	%	N	%	N	%	Ν	%
Nil	93	38.8	180	85.3	185	89.8	181	85.4	163	78.4	39	17.5	9	4.0
1-10 hrs	134	55.8	17	8.1	16	7.8	31	14.6	44	21.2	136	61.0	54	24.0
11-20 hrs	5	2.1	4	1.9	4	1.9	0	0.0	0	0.0	44	19.7	65	28.9
21-30 hrs	2	0.8	5	2.4	1	0.5	0	0.0	0	0.0	2	0.9	33	14.7
31-40 hrs	4	1.7	5	2.4	0	0.0	0	0.0	1	0.5	0	0.0	32	14.2
41-50 hrs	2	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12	5.3
51-60 hrs	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.4	4	1.8
61+ hrs	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.4	16	7.1
Total	240	100.0	211	100.0	206	100.0	212	100.0	208	100.0	223	100.0	225	100.0

Table 55 Social support (BJSQ) Image: Compare the support (BJSQ)

	Supervisor	Support	Coworke	er Support	Friend / Family Support		
	N	%	Ν	%	N	%	
Low	35	13.6	11	4.2	1	0.4	
Moderate	111	43.0	80	30.9	37	14.2	
High	112	43.4	168	64.9	223	85.4	
Total	258	100.0	259	100.0	261	100.0	

Table 56 Leadership quality (COPSOQ)

	Ν	%
Low	94	36.0
Average	91	34.9
High	76	29.1
Total	261	100.0

Table 57 Job feedback

		now whether I'm ob well or poorly	In my job I know what is expected of me		
	N	%	N	%	
Strongly disagree	32	11.9	4	1.5	
Disagree	126	47.0	11	4.1	
Neither agree nor disagree	56	20.9	26	9.7	
Agree	43	16.0	151	56.1	
Strongly agree	11	4.1	77	28.6	
Total	268	100.0	269	100.0	

Table 58 Role ambiguity (RAS)

		e time I know o do in my job	In my job I know exactly what is expected of me		
	N	%	N	%	
Strongly disagree	2	0.7	4	1.5	
Disagree	9	3.3	13	4.8	
Neither agree nor disagree	9	3.3	37	13.8	
Agree	139	51.7	141	52.4	
Strongly agree	110	40.9	74	27.5	
Total	269	100.0	269	100.0	

Table 59 Occupational self-efficacy

I am confident that I have the necessary skills and knowledge to do my job effectively	Ν	%
Strongly disagree	6	2.1
Disagree	11	3.9
Neither agree nor disagree	12	4.2
Agree	138	48.4
Strongly agree	118	41.4
Total	285	100.0

Table 60 Negative workplace experiences

Frequency	Haras	sment	Discri	nination	Bully intimic	-	Bur	nout		ork rload	Under	staffing
	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Never	150	55.6	135	50.0	105	38.9	54	19.9	12	4.4	13	4.8
Occasionally	106	39.3	110	40.7	129	47.8	181	66.8	127	46.7	103	38.0
Regularly	14	5.2	25	9.3	36	13.3	36	13.3	133	48.9	155	57.2
Total	270	100.0	270	100.0	270	100.0	271	100.0	272	100.0	271	100.0

Table 61 Positive workplace experiences

Frequency		eam esion	Auto	nomy	Positive relationships		
	Ν	%	N	%	Ν	%	
Never	20	7.4	18	6.6	8	3.0	
Occasionally	119	44.1	106	39.0	68	25.1	
Regularly	131	48.5	148	54.4	195	72.0	
Total	270	100.0	272	100.0	271	100.0	

Scale / Sub	oscale	N	Mean	SD	Median	Mode
	Supervisor support	258	8.1	2.6	8.0	6.0
BJSQ	Co-worker support	259	9.0	2.1	9.0	9.0
	Friend/family support	261	10.4	1.8	11.0	12.0
BRS		277	3.6	0.7	3.7	4.0
	Quality leadership	261	55.0	28.0	56.3	71.9
COPSOQ	Cognitive demands	283	74.0	14.4	75.0	75.0 ^a
	Emotional demands	296	48.5	15.8	50.0	50.0
	Staffing	265	29.9	6.8	30.0	30.0
	Growth	282	36.1	7.4	38.0	38.0
	Communication	264	29.3	8.8	30.0	34.0
ORC	Stress	261	35.0	8.7	36.0	40.0
	Satisfaction	246	37.6	7.2	38.3	38.3
	Cohesion	258	34.2	7.9	35.0	36.7
	Autonomy	265	32.1	8.0	34.0	38.0
	Physical fatigue	243	3.7	1.5	3.7	3.8
SMBM	Emotional exhaustion	248	3.0	1.4	3.0	4.0
	Cognitive weariness	237	2.5	1.1	2.4	1.0
	Total	228	3.1	1.2	3.1	3.1ª
	Vigour	243	4.1	1.0	4.2	4.3
UWES	Dedication	247	4.6	1.0	4.8	5.0
UWES	Absorption	244	3.9	0.9	4.0	4.3
	Total	237	4.2	0.9	4.3	4.1 ^a
TOS		280	34.8	3.3	35.0	36.0
QOL		238	3.7	0.6	3.8	3.9
RAS		269	3.7	1.5	4.0	4.0
WS	WS		9.8	2.6	10.0	9.0
TIS		241	2.9	1.1	3.0	2.0

Table 62 Summary of scores on validated wellbeing scales (Please refer to Appendix B for information on scoring and interpretation)

Notes: ^a Multiple modes exist. The smallest value is shown.

BJSQ=Brief Job Stress Questionnaire BRS=Brief Resilience Scale COPSOQ= Copenhagen Psychosocial Questionnaire ORC=Organisational Readiness to Change SMBM=Shirom-Melamed Burnout Measure UWES=Utrecht Work Engagement Scale QOL= EUROQOLHIS-8 Item Quality of Life Scale TOS=Therapeutic Optimism Scale RAS=Role Ambiguity Scale WS=Workload Scale TIS=Turnover Intention Scale

Discussion

The NZ addictions workforce

This survey was developed and co-designed with Matua Raki and NADA to assess a range of features related to the addictions workforce in NZ and NSW Australia. Only the NZ results were presented above (the NSW results are presented elsewhere).

Results highlighted the diverse nature of the NZ addictions workforce. Almost a third of workers were born overseas, and a fifth identified as LGBTI. Lived experience of both AOD and mental health problems were very common, although not always disclosed to the workplace. Sixteen percent of respondents identified as Māori. These results underscore the importance of inclusive workplace cultures and policies; given that 9% of respondents reported "regularly" experiencing discrimination and 41% "occasionally", further work in this regard may be warranted.

High levels of AOD inexperience were also apparent among many respondents, with more than half reporting less than 5 years' experience in their current position and almost a fifth reporting that they had been in their role for one year or less. Around a third had less than five years' experience in the mental health / addictions sectors. By contrast, only a relatively small proportion of respondents were aged less than 30 years. This suggests that inexperience in this context may not infer that it is young people entering the workforce for the first time, but rather older workers moving between organisations and industries. Nonetheless, workplace practices and initiatives to support these inexperienced workers are a priority.

Clinical supervision and mentoring in particular are important strategies to assist less experienced workers^{25, 26}. Although most respondents reported accessing the former relatively frequently and being satisfied with its quality, access to and quality of the latter could be improved. The amount and quality of cultural supervision were also perceived to be lacking by a substantial number of respondents. This is a concerning finding, given the importance of a culturally competent workforce as emphasised in previous research³⁰⁻³².

Although respondents were relatively positive about their job, concerns about adequate remuneration and job security were apparent. Most respondents felt that they could not live comfortably on their pay, and that they were not paid enough for the work that they did. Compounding this, a fifth believed that there was at least a medium chance that they would lose

their job in the next year for a reason beyond their control. Addressing job insecurity is an issue of pivotal concern for the stability of the addictions sector.

Health and wellbeing

Health and wellbeing among the NZ addictions workforce were generally reported to be positive. Most respondents perceived their own health to be good. Substantial proportions reported regularly undertaking healthy activities. These positive results notwithstanding, the relatively high levels of tobacco use, alcohol consumption and pharmaceutical drug use may warrant attention. The rates of smoking and risky drinking reported in the current study are noteworthy given the demographic composition of the workforce - i.e., largely middle-aged women who do not traditionally have the highest rates of substance use³³. The current data do not allow for inferences to be made regarding the factors which may underlie these findings. Future research could explore whether, for example, job stressors or pre-existing personal characteristics may play a role. In the meantime, organisations are encouraged to implement programs / initiatives to support workers to reduce or cease their consumption.

Most respondents also reported a positive quality of life and moderate-high levels of resilience, engagement, job satisfaction, and confidence, with burnout very rare. These results indicate that personal wellbeing levels among addiction workers in NZ are relatively high, and broadly accord with similar conclusions in the extant literature²¹. Further research is needed to examine the specific factors underlying these results, and specifically the relative influence of personality (i.e., natural levels of resilience and optimism that would manifest in any job) vs. external factors (i.e., working conditions). Should it transpire that the present findings are due largely to the former, workplace programs and initiatives could be implemented to improve the latter and further increase worker wellbeing.

The present data indicate that several aspects of working conditions are perceived positively by workers. Specifically, respondents were typically satisfied with level of social support from coworkers and colleagues, opportunities for growth, staff cohesion, job feedback, and job clarity. However, several other aspects of their work life and roles were perceived less positively.

A relatively large proportion of respondents felt that staffing and communication were unsatisfactory, leadership was poor quality, workloads were too high, some experienced bullying, and a substantial proportion believed their job to be stressful and cognitively demanding. As noted above, remuneration levels and job security were also issues of concern for a substantial

proportion of participants. Many of these factors have previously been noted as substantial challenges facing the addictions workforce³⁴.

There is an ostensible contradiction between the level of personal wellbeing reported by respondents and the dissatisfaction apparent with some aspects of their job. More than two-thirds reported being satisfied with their job, and yet more than half had thought about leaving. It is feasible that workers gain considerable personal reward and fulfilment from their role, and that this acts as a "buffer" to maintain wellbeing even in the face of challenging working conditions. Those whose personalities are less resilient may also simply leave the sector; this selection effect may result in only the most robust workers remaining. Alternatively, workers may find their job rewarding yet plan to leave due to high levels of job insecurity.

Further research investigating the relationship between personal characteristics, working conditions, and worker wellbeing would assist in shedding light on this complex association.

Implications for policy and practice

Encouragingly, most of the features of the workplace about which participants reported dissatisfaction are amenable to change. These included organisational communication, workplace bullying, staffing levels, workload, stress, remuneration, and job security. Some of these are relatively straight-forward to address, while others will require more concerted effort and resources. However, all highlight opportunities for organisational capacity building and have the potential to be improved through targeted initiatives, programs, and policies.

While there have been few studies examining worker wellbeing strategies specifically in the context of the AOD sector, research indicates that organisational initiatives to improve worker wellbeing can be effective. These include:

- Worker wellbeing policies
- Multifaceted health promotion programs
- Programs to enhance worker resilience
- Effective clinical supervision
- Ensuring that organisations are well managed
- Encouraging help-seeking behaviours in the workplace
- Programs to prevent and reduce stress and burnout
- Encouraging individual self-care approaches.

More detail about these approaches can be found in Nicholas et al.'s (2017) literature review²¹ which was undertaken to inform this study.

This study also highlighted the considerable diversity of the addictions workforce. The specific health and wellbeing needs of workers are likely to vary considerably between occupation and demographic groups, and particularly between organisations. Likewise, different workplaces will have different resources, supports, and constraints in regard to implementing wellbeing programs. It is therefore advisable for organisations to conduct thorough needs-analyses for their own workforces in order to inform the implementation of future wellbeing initiatives.

The large proportion of young and inexperienced workers who are very new to their AOD roles flags the need for specific workplace supports and interventions designed to ensure that such workers are retained within the AOD sector and are protected from high levels of stress and burnout that might contribute to workforce loss.

Conclusion

The findings from this survey indicate that levels of health and wellbeing in the NZ addictions workforce are generally high. However, while respondents reported positive personal wellbeing and job satisfaction, dissatisfaction was also expressed with some aspects of the working environment.

There is scope to implement policies and practices to address the workplace factors identified in this study as potentially problematic. In cases where resources or practical constraints disallow large-scale organisation-level strategies, smaller scale initiatives to address working conditions should be considered.

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Appendix A: Survey

Please note that the question numbers below do not begin at 1 because the questions for the NSW portion of the survey (not shown here) appeared first on the survey. (NZ participants did **not** see the NSW questions when completing the survey and vice versa).

- 75. Which DHB region are you based in? (NB these are in order of North to South)
- Northland
 Waitemata
- Auckland
- Counties Manukau
- Bay of Plenty
- 🔵 Tairāwhiti
- 🔵 Waikato
- 🔵 Lakes
- 🔵 Taranaki
- Hawkes Bay
- Whanganui
- MidCentral
- Wairarapa
- Hutt Valley
- Capital and Coast
- Nelson Marlborough
- West Coast
- Canterbury
- South Canterbury
- Southern

- 76. Would you describe the area in which you work as:
- Urban
- Rural
- Combined rural / urban
- 77. Do you primarily provide services for:
 - Alcohol and other drugs
 - Gambling
- 78. Do you work for an:
- Non government organisation (NGO)
- District Health Board (DHB)
- Primary health setting (eg PHO)
- Education / training provider
- Private practice
- Other (please specify)

79. Please indicate which service delivery type (select all that apply)

	Your organisation provides	You personally provide
Aftercare/Continuing care		
Community/Outpatient therapeutic services		
Consumer driven/Peer led service		
Drug treatment unit (DTU)		
Education/Training		
Health promotion		
Kaupapa Māori service		
Other cultural service		
Opioid substitution treatment (OST, OTS)		
Research		
Residential treatment		
Single session screening and assessment (eg SPOE)		
Telehealth		
Withdrawal management		
Other (please specify below)		
Other		

- 80. Is your primary target population:
 - Older People Population
 - Adult Population
 - Infant, Child and Youth Population
 - Mixed Population
 - Other (please specify)
- 81. What is your current employment status?

\bigcirc	Full	time	(30hrs+pw)
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- Part time
- Voluntary
- Student / intern
-) Other (please specify)

82. Which of the following best describes your current role(s):

	Primary role (chose one)	Secondary role (chose one-if appropriate)
Addiction / CEP practitioner	0	\bigcirc
Administrator	\bigcirc	\bigcirc
Consumer advisor	\bigcirc	\bigcirc
Counsellor	\bigcirc	\bigcirc
Cultural advice / support	0	0
Educator / Trainer	\bigcirc	\bigcirc
Family / Whānau worker	\bigcirc	\bigcirc
Manager / Team Leader	0	\bigcirc
Medical Officer / GP	\bigcirc	\bigcirc
Nurse	\bigcirc	\bigcirc
Occupational Therapist	\bigcirc	\bigcirc
Peer Support Worker	\bigcirc	\bigcirc
Psychologist	\bigcirc	\bigcirc
Psychiatrist	\bigcirc	\bigcirc
Researcher / Quality / Evaluator	\bigcirc	\bigcirc
Social Worker	\bigcirc	\bigcirc
Whānau ora worker	\bigcirc	\bigcirc
Youth Worker	\bigcirc	\bigcirc
Other (please specify)		

83. Approximately how much of your work is:

	None	Some	About half	Most	All
Face-to-face with clients / tāngata whai ora	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Paperwork / administration	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Working across services / liaising and networking	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Training and education	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Research / quality / evaluation	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Other	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Other (please specify)					

84. Please indicate how often each of the following applies to you:

	Never / hardly ever	Seldom	Sometimes	Often	Always
Do you have to keep your eyes on lots of things while you work?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Does your work require that you remember a lot of things?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Does your work demand that you are good at coming up with new ideas?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Does your work require you to make quick decisions?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Does your work require you to make difficult decisions?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Do you have to make decisions of great importance to your place of work?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Do you have a responsible job?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Does your work require a wide knowledge?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
How often do you have to deal with difficult problems in your work?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

85. Please indicate how often each of the following applies to you:

	Never / hardly ever	Seldom	Sometimes	Often	Always
Does your work put you in emotionally disturbing situations?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Is your work emotionally demanding?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Do you get emotionally involved in your work?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Does your work require that you get personally involved?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

86. How many years experience do you have working in:

	Addiction sector	Mental health sector	Your current position
Nil			
Less than 6 months			
6 months to 1 year			
1 year to less than 2 years			
2 years to less than 5 years			
5 years to less than 10 years			
10 years to less than 20 years			
20 years +			
Other (please specify)			

87. What is the highest qualification you have attained that is:

	Addiction related	Not addiction related
Nil		
High school/College qualification		
Accredited short course		
Certificate L1-5		
Diploma		
Graduate Certificate		
Graduate Diploma		
Undergraduate Degree		
Post Graduate Certificate		
Post Graduate Diploma		
Masters Degree		
PhD/Doctoral Degree		
Other		
Other (please specify)		

88. Which of the following professional bodies are you affiliated with? (Select all that apply)

	Professional registration status	Member only/inactive status
nil		
dapaanz		
NZAC - NZ Association of Counsellors		
NCNZ - Nursing Council of NZ		
Te Ao Maramatanga		
DANA - Drug and Alcohol Nurses Australasia		
ANZASW - Aotearoa NZ Association for Social Workers		
SWRB - Social Workers Registration Board		
NZ Psychologists Board		
RANZCP- Royal Australian and NZ College of Psychiatrists		
Other (please specify)		

89. What is your age?

Prefer not to say

Age in years:

90. How do you identify your sex / gender? (Select all that apply)

Male	е
 	-

Female

Non-binary / gender diverse

Prefer to not say

Other preferred identity:

91. Do you identify as:

Straight / heterosexual

Rainbow (which may/may not include: lesbian, gay, queer, bisexual, takatāpui, fa'afafine, MVPFAFF)

Prefer not to say

Other (please specify)

92. Which country were you born in?

New Zealand

Other (please specify)

93. If you were born in another country, how many years have you lived in New Zealand?(Please enter a single whole number)

94. Which ethnic groups do you belong to? (Select all that apply)

New Zealand European/Pakeha
Mãori
Pasifika
Asian
British
Other European
Other (please specify)

95. What languages are you comfortable speaking? (Select all that apply)

English

Te Reo Māori

Other (please specify)

96. What is your living arrangement?

Alone

With partner/spouse only

- With partner/spouse and children
- With children only
- With friends
- With flatmates
- Other (please specify)

97. What is the annual gross **household** income - from all sources, before tax or anything was taken out of it?

- Less than \$25,000
- \$25,001 \$50,000
- \$50,001 \$75,000
- \$75.001 \$100,000
- \$100,001 \$125,000
- \$125,001 \$150,000
- \$150,001 \$175,000
- \$175,001 \$200,000
- More than \$200,000
- Don't know
- Prefer not to say

98. How many people do you live with that are dependent on the household income?(Enter '0' if nil or N/A)

Adults:	
Children:	

99. To what extent...

	Never	Sometimes	Often	Always
Do you think that your organisation pays good salaries?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Can you live comfortably on your pay?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Do you think you are paid enough for the work that you do?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Do you think that you are fairly paid in comparison with other people in your organisation?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Do you think that the pay in your organisation is lower than the remuneration paid in comparable organisations?	\bigcirc	\bigcirc	\bigcirc	\bigcirc

- 100. Do you identify as having a disability?
- No No
- Yes
- Prefer not to say

101. If you identify as having a disability, do you / your colleagues adjust work practices to accommodate your disability?

\bigcirc	N/A	
\bigcirc	No	
0	Unsure	
\bigcirc	Prefer not to say	
\bigcirc	Yes (please specify)	

102. Do you identify as having "lived experience"? (i.e. have you experienced problematic AOD use, gambling or mental health issues for which you may or may not have sought treatment or support) (Select all that apply)

No
Yes - AOD lived experience and have disclosed this in the workplace
Yes - AOD lived experienced and have not disclosed this in the workplace
Yes - gambling lived experience and have disclosed this in the workplace
Yes - gambling lived experienced and have not disclosed this in the workplace
Yes - mental health lived experience and have disclosed this in the workplace
Yes - mental health lived experienced and have not disclosed this in the workplace
Prefer not to say

103. If you identify as having lived experience, is this currently negatively impacting your life?

	No - never	Yes - occasionally	Yes - regularly	Prefer not to say	Not applicable
AOD use	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Gambling	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Mental health	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

104. Is a family member's AOD use, gambling or mental health currently impacting your life?

	No - never	Yes - occasionally	Yes - regularly	Prefer not to say	Not applicable
AOD use	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Gambling	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Mental health	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

105. People in New Zealand have different lifestyles, cultures, and beliefs that express their identity. How easy or hard is it for you to be yourself:

	Neither easy nor					
	Very easy	Easy	hard	Hard	Very hard	
In New Zealand?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
At work?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	

106. I am confident that I have the necessary skills and knowledge to do my job effectively.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

107. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages and supports professional growth	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You read about new ideas and techniques related to your duties each month	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You have enough opportunities to keep your professional skills up-to-date	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You regularly read professional articles or books related to your job	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You do a good job of routinely updating and improving your skills	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I have a hard time making it through stressful events	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
It does not take me long to recover from a stressful event	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
It is hard for me to snap back when something bad happens	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I usually come through difficult times with little trouble	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I tend to take a long time to get over set-backs in my life	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
Clinicians have the capacity to positively influence outcomes for people with AOD/addiction disorders	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
There is little that can be done to help many people with AOD/addiction disorders	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
My contribution to positive outcomes is insignificant in comparison to other treatments, for example, medications	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I can make a positive difference to outcomes for most people with AOD/addiction disorders	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Positive outcomes are directly related to the quality of clinician skills and knowledge	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
There are always new skills and knowledge I can acquire to improve my work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The outcome of AOD/addiction disorders is not significantly affected by clinician interventions	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
With my assistance most people with AOD/addiction disorders will recover	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Often there is little I can do to help people with their AOD/addiction disorders	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Even the most challenging clients can benefit from my intervention	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

110. Have you experienced any of the following in the workplace?

	Never	Occasionally	Regularly
Harassment	\bigcirc	\bigcirc	\bigcirc
Discrimination	\bigcirc	\bigcirc	\bigcirc
Bullying/intimidation	\bigcirc	\bigcirc	\bigcirc
Burnout	0	0	0
Team cohesion	\bigcirc	\bigcirc	\bigcirc
Work overload	\bigcirc	\bigcirc	\bigcirc
Autonomy	\bigcirc	\bigcirc	\bigcirc
Positive relationships	\bigcirc	0	0
Understaffing	\bigcirc	\bigcirc	\bigcirc

111. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Most of the time I know what I have to do in my job	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
In my job I know exactly what is expected of me	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I seldom know whether I'm doing my job well or poorly	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
In my job I know what is expected of me	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Staff here have the skills they need to do their jobs	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
More support staff are needed for getting tasks completed	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Frequent staff turnover here is a problem	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Staff here usually have enough time to complete assigned duties	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
There are enough staff here to meet organisational needs	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Staff here are qualified for their duties	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

113. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Ideas or suggestions from staff get a fair hearing from management	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The formal and informal communication channels here work fine	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The staff here are kept well informed by management	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
More open discussions about issues would be helpful	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Staff members here always feel free to ask questions and express their concerns	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

114. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
You have too many pressures to do your job effectively	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The staff here often shows signs of stress and strain	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You feel a lot of stress here	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The heavy workload reduces staff effectiveness	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Staff frustration is common here	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Staff here all get along very well	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
There is too much friction among staff members	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The staff here work together effectively as a team	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Staff here are always quick to help one another when needed	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Mutual trust and cooperation among staff here are strong	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Some staff members do not do their fair share of work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

116. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Too many staff decisions have to be reviewed by someone else	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Management here fully trust your professional judgement	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Staff members are given broad authority in carrying our their duties	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Staff here are free to try out different ideas or techniques	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
There are too many rules and limitations here	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

117. To what extent would you say that your line manager....

	To a very small extent	To a small extent	Somewhat	To a large extent	To a very large extent
Appreciates the staff and shows consideration for the individual?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
Makes sure that the individual member of staff has good development opportunities?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Gives high priority to further training and personnel planning?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Gives high priority to job satisfaction?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Is good at work planning?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Is good at allocating work?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Is good at solving conflicts?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Is good at communicating with the staff?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

118. How freely can you talk with the following people?

	Extremely	Very much	Somewhat	Not at all
Superiors, managers, team leaders, etc.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Co-workers	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Spouse, family, friends, etc.	\bigcirc	\bigcirc	\bigcirc	\bigcirc

119. How well will the following people listen to you when you ask for advice on personal matters?

	Extremely	Very much	Somewhat	Not at all
Superiors, managers, team leaders, etc.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Co-workers	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Spouse, family, friends, etc.	\bigcirc	\bigcirc	\bigcirc	\bigcirc

120. How reliable are the following people when you are troubled?

	Extremely	Very much	Somewhat	Not at all
Superiors, managers, team leaders etc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Co-workers	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Spouse, family, friends, etc.	\bigcirc	\bigcirc	\bigcirc	\bigcirc

121. What practices / initiatives are provided by your employer to support your work?(Select all that apply)

Recognition of additional time worked (e.g. TIL, overtime)
Flexible work practices (e.g. start/end times, work from home, unpaid leave)
Annual salary increments (not related to performance)
Laptop/mobile/vehicle use
Employee assistance program (access to support when needed)
Support for professional development (e.g. study leave, fees paid, conferences etc)
Long service leave (or other recognition of service)
None
I don't know
Other (please specify)

122. What training and professional development systems are in place in your organisation that you are aware of? (Select all that apply)

No formal systems in place
Unsure of what systems are in place
Study / conference leave
Financial assistance for education / training
In-house training programs
Clinical supervision
Performance reviews and feedback
Mentoring / coaching
Other (please specify)

123. Which of these supervision opportunities do you have access to?(Select all that apply)

Internal clinical supervision
 External clinical supervision
 Line management
 Peer supervision
 Mentoring / coaching
 Cultural supervision
 Not applicable

124. How frequently do you access the following supervision opportunities?

	Fortnightly or more	Once a month	Once every 3 months	-	Once a year or less	N/A
Internal clinical supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
External clinical supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Line management	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Peer supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Mentoring / coaching	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Cultural supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

125. How satisfied are you with the <u>amount</u> of supervision you have received?

	Quite dissatisfied	Indifferent or mildly dissastisfied	Mostly satisfied	Very satisfied	N/A
Internal clinical supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
External clinical supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Line management	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Peer supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Mentoring / coaching	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Cultural supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

126. How would you rate the **<u>quality</u>** of supervision you have received?

	Poor	Fair	Good	Excellent	N/A
Internal clinical supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
External clinical supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Line management	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Peer supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Mentoring / coaching	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Cultural supervision	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

127. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have too much work to do everything well	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I never seem to have enough time to get everything done	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
The amount of work I am asked to do is fair	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

128. The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you <u>ever</u> feel this way about your job.

	Never	Almost never (a few times a year or less)	Rarely (once a month or less)	Sometimes (a few times a month)	Often (once a week)	Very often (a few times a week)	Always (every day)
At my work, I feel bursting with energy	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I find the work that I do full of meaning and purpose	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Time flies when I'm working	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
At my job, I feel strong and vigorous	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I am enthusiastic about my job	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
When I am working, I forget everything else around me	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
My job inspires me	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
When I get up in the morning, I feel like going to work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel happy when I am working intensely	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I am proud of the work that I do	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I am immersed in my work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I can continue working for very long periods at a time	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
To me, my job is challenging	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I get carried away when I'm working	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
At my job, I am very resilient, mentally	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
It is difficult to detach myself from my job	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
At my work I always persevere, even when things do not go well	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

129. Below are a number of statements that describe different feelings that you may feel at work. Please indicate how often, <u>in the past 30 workdays</u>, you have felt each of the following feelings:

	Never or almost never		Quite infrequently	Sometimes	Quite frequently	Very frequently	Always or almost always
I feel tired	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I have no energy for going to work in the morning	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel physically drained	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel fed up	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel like my "batteries" are "dead"	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel burned out	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
My thinking process is slow	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I have difficulty concentrating	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel I'm not thinking clearly	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel I'm not focused in my thinking	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I have difficulty thinking about complex things	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel I am unable to be sensitive to the needs of coworkers and clients	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel I am not capable of investing emotionally in coworkers and clients	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0
I feel I am not capable of being sympathetic to co-workers and clients	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
You are satisfied with your present job	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You would like to find a job somewhere else	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You feel appreciated for the job you do	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You like the people you work with	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You give high value to the work you do here	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
You are proud to tell others where you work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

131. Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have thought about leaving my job	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I plan to look for a new job over the next 12 months	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I intend to search for a new job within the AOD / addiction field but outside my current organisation	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I intend to search for a new job outside the AOD / addiction field	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc

132. In the next 12 months, what is the chance that you could lose your job for a reason that is beyond your control?

(Almost certain	A high chance (A medium chance (\cap	A low chance	\square	Almost no chance)	Don't know
				\sim		\sim		/	

133. Please indicate how often you:

	Always	Often	Sometimes	Rarely	Never
Take work home	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Are interrupted at home by work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

134. Approximately how many hours per week do you spend on:(enter '0' if nil or N/A)

Working additional hours at your current place of employment (e.g. paid overtime, time in lieu):

Other paid employment (AOD/addiction related):

Other paid employment (non-AOD/addiction related):

Voluntary work (AOD/addiction related):

Voluntary work (non-AOD/addiction related):

Social / recreational / cultural activities:

Time with family / Whānau:

135. Overall, how satisfied or dissatisfied are you with the balance between your work and other aspects of your life (such as time with your family or leisure)?

Very dissatisfied

Dissatisfied

Neither dissatisfied nor satisfied

Satisfied

Very satisfied

136. In general, would you say your health is:

Poor	Fair	Good	Very good	Excellent
\bigcirc	\bigcirc	\bigcirc	\bigcirc	0

137. How often do you:

	Never	Rarely	Sometimes	Often	Always
Do 30 mins or more of moderate intensity activity?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Eat 5+ servings of fruit and vegetables	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Get as good night's sleep	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Take breaks during the work day (e.g. for lunch, exercise, between appointments)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Take time off when sick	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Take time out (e.g. go on a trip, go to the beach)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Spend time with people you care about	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Participate in community (e.g. social, voluntary activities)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Take notice / practice mindfulness	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Engage in learning opportunities	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Ask for help when you need it	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

138. How satisfied are you...

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
With your health?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
With your ability to perform your daily living activities?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
With yourself?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
With your personal relationships?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
With the conditions of your living place?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

139. Do you have enough...

	Not at all	A little	Moderately	Mostly	Completely
Energy for everyday life?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Money to meet your needs?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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140. In the past three months how often have you used the following substances:

			1-3 times	3	Daily or
	Marian	Once or	per	1-4 times	almost
	Never	twice	month	per week	daily
Tobacco (such as cigarettes, snuff, chewing tobacco, cigars etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Alcoholic beverages (such as beer, wine, hard liquor, etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Alcoholic beverages - Q2. How often have you had 5 (male)/ 4 (female) or more drinks on one occasion?	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Marijuana (cannabis, pot, grass, reefer, weed, ganja, hash, chronic, blunts etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Cocaine or Crack (coke, blow, snow, flake, toot, rock etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Amphetamine-type stimulants (such as Ritalin, Concerta, Adderall, diet pills, uppers, methamphetamine, speed, crystal meth, P, ice, glass, fire, crank etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Sedatives or sleeping pills (sucah as valium, Ativan, Xanax, Halcion, Librium, Rohynol, Serepax, Seconal, Phenobarbital, GHB, Ketamin, downers, tranquilisers, sedatives, hypnotics etc)	0	0	\bigcirc	0	0
Prescription pain medication or Heroin or opioids (such as fentanyl, oxycodone, Oxycontin, Percocet, hydrocone, Vicodin, methadone, buprenorphine, codeine, Darvon, Dilaudid, Demerol, Tylenol, morphine, poppies, poppy seeds etc)	0	0	0	\bigcirc	0
Other (Ecstacy, Molly, MDMA, Hallucinogens, Inhalants etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

141. Has a friend or relative or anyone else<u>ever</u> expressed concern about your use of the substances you just mentioned?

	Not applicable (have not used that substance)	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Tobacco (such as cigarettes, snuff, chewing tobacco, cigars etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Alcoholic beverages (such as beer, wine, hard liquor, etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Marijuana (cannabis, pot, grass, reefer, weed, ganja, hash, chronic, blunts etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Cocaine or Crack (coke, blow, snow, flake, toot, rock etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Amphetamine-type stimulants (such as Ritalin, Concerta, Adderall, diet pills, uppers, methamphetamine, speed, crystal meth, P, ice, glass, fire, crank etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Sedatives or sleeping pills (sucah as valium, Ativan, Xanax, Halcion, Librium, Rohynol, Serepax, Seconal, Phenobarbital, GHB, Ketamin, downers, tranquilisers, sedatives, hypnotics etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Prescription pain medication or Heroin or opioids (such as fentanyl, oxycodone, Oxycontin, Percocet, hydrocone, Vicodin, methadone, buprenorphine, codeine, Darvon, Dilaudid, Demerol, Tylenol, morphine, poppies, poppy seeds etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Other (Ecstacy, Molly, MDMA, Hallucinogens, Inhalants etc)	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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• • •
142. How would you rate your quality of life?
Very poor Poor Neither poor nor good Good Very good

143. In general, do you feel supported to undertake your role?

- 🔵 Yes
- 🔵 No

Comments:

144. Is there anything else you would like to tell us to help us better understand the health and wellbeing of the AOD / addiction workforce?

145. Do you have any suggestions on how we could better support the health and wellbeing of the AOD / addiction workforce?

Appendix B: Scoring of scales

Brief Job Stress Questionnaire (BJSQ)

- Survey questions 47-49
- 3 subscales:
 - Superior support
 - Co-worker support
 - Friend and family support
- Scores for each subscale range from 3 12 (high score = high social support)
- Scoring guidelines:
 - \circ 3 5 = low support
 - \circ 6 8 = moderate support
 - \circ 9 12 = high support

Brief Resilience Scale (BRS)

- Survey question 37
- Total score
- Scores range from 1 6 (high score = high resilience)
- Scoring guidelines²:
 - \circ 1.00 2.99: low resilience
 - o 3.00 4.30: normal resilience
 - o 4.31 6.00: high resilience

Copenhagen Psychosocial Questionnaire (COPSOQ)

- Survey questions 29, 30, 46
- 3 subscales:
 - o Quality of leadership
 - Cognitive demands
 - o Emotional demands
- Scores range from 0 100 (high score = high values on the respective subscale)
- Scoring guidelines:
 - 0.00 49.99: low
 - o 50.00 74.00: average
 - o 75.00 100.00: high

² As per: Smith, B., Dalen, J., Wiggins, K., Tooley, E. Christopher, P. & Bernard, J. (2008). The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine, 15*, 194-200.

Texas Christian University Organisational Readiness for Change (ORC)

- Survey questions 36, 40, 41, 42, 43, 44, 58
- 7 subscales:
 - o Staffing
 - o Growth
 - o Communication
 - o Stress
 - o Satisfaction
 - o Cohesion
 - o Autonomy
- Scores range from 10-50 (high score = high values on the respective subscale)
- Scoring guidelines:
 - o 10.00 24.99: Agree
 - o 25.00 34.99: Neither agree nor disagree
 - o 35.00 50.00: Agree

Shirom-Melamed Burnout Measure (SMBM)

- Survey question 57
- 3 subscales plus total burnout score
 - Physical fatigue
 - Emotional exhaustion
 - Cognitive weariness
- Scores for each subscale range from 1 7 (high score = high values on the respective subscale)
- Total score computed by averaging item scores
- Scoring guidelines³:
 - 1.00 5.49: not burned out
 - o 5.5 7.00: burned out

Utrecht Work Engagement Scale (UWES)

- Survey question 56
- 3 subscales plus total score
 - o Vigour
 - Dedication
 - Absorption
- Scores for each scale range between 0-6 (high score = high values on the respective subscale)

³ As per: Bianchi, R., & Schonfeld, I.S. (2016). Burnout is associated with a depressive cognitive style. *Personality and Individual Differences*, *100*,1-5.

- Total score computed by averaging item scores
- Scoring guidelines:
 - \circ 0.00 1.49: Engaged a few times a year (including never)
 - o 1.50 3.49: Engaged once or a few times a month
 - \circ 3.50 5.49: Engaged once or a few times a week
 - o 5.50 6.00: Engaged every day

Quality of Life (QOL)

- Survey questions 69, 70, 71
- 8 items
- Scores for each item range from 1 5 (high score = high quality of life)
- Total score computed by averaging item scores
- Scoring guidelines:
 - \circ 1 2.49 = very poor / poor quality of life
 - \circ 2.5 3.49 = neither good nor poor quality of life
 - \circ 3.5 5.0 = good / very good quality of life

Therapeutic Optimism Scale (TOS)

- Survey question 38
- Total score
- Scores range from 10-50 (high scores = high optimism)
- Scoring guidelines:
 - 10.00 24.99: Disagree
 - o 25.00 24.99: Neither agree nor disagree
 - o 35.00 50.00: Agree

Role Ambiguity Scale (RAS)

- Survey question 39
- Two items
- Scores range from 2 10 (high score = high role ambiguity)

Workload Scale (WS)

- Survey question 55
- Three items
- Scores range from 3 15 (high score = high workload)

Turnover Intentions Scale (TIS)

- Survey question 60
- Four items
- Scores range from 4 20 (high score = high turnover intention)