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The health and well-being of Indigenous drug and alcohol workers: Results from a national Australian survey

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ABSTRACT

The increasing demand for alcohol and other drug (AOD) treatment services among the Australian Indigenous population, complex organisational challenges and limitations, and high unemployment rates are likely to negatively impact Indigenous AOD workers' health and well-being. Building the capacity of Indigenous AOD workers is vital, as they play a crucial role in the delivery of treatment services and offer essential support to their communities. A national online survey was conducted to examine organisational, workplace and individual factors that might contribute to levels of stress and well-being among workers who provide services to Indigenous clients. A total of 294 eligible surveys were completed; 184 (63%) from Indigenous and 108 (37%) from non-Indigenous AOD workers. Multiple regression models were conducted to assess the significant predictors of mental health and well-being, job satisfaction, emotional exhaustion, and turnover intention. Indigenous AOD workers typically experienced above average levels of job satisfaction and relatively low levels of emotional exhaustion. However, 1 in 10 reported high levels of emotional exhaustion, a key predictor of turnover intention. Indigenous workers also experienced significantly lower levels of mental health and well-being and greater work/family imbalance, which was a significant contributor to emotional exhaustion. The findings highlight the importance of implementing workforce development strategies that focus on achieving culturally appropriate, equitable and supportive organisational conditions for Indigenous AOD workers. Preventing or managing levels of stress, ensuring adequate and equitable salaries and benefits, and providing more opportunities for career and personal growth may increase job satisfaction and reduce turnover intention among Indigenous workers in the drug and alcohol field.

1. Introduction

1.1. Alcohol and other drug use in the Australian Indigenous population

Indigenous Australians, that is Aboriginal and/or Torres Strait Islander peoples who are descendants of the original inhabitants of Australia, experience many socioeconomic disadvantages and inequalities, similar to those experienced by Native Americans in the US. Recent surveys estimate that Indigenous Australians are twice as likely to have high or very high levels of psychological distress compared with the community overall (AIHW, 2010). Prevalence of harmful alcohol and illicit substance use is almost double that of non-Indigenous Australians (AIHW, 2008; Wilson, Stearne, Gray, & Saggers, 2010). These behaviours are associated with increased socioeconomic disadvantage, higher incidence of mental disorders, family breakdown, violence, and higher rates of poorer physical health, hospitalization and mortality compared with the non-Indigenous population resulting in a heavy impost on the health and community care treatment system and its workforce.

The Australian drug treatment system comprises a diverse range of organisations that straddle the government, not-for-profit (or non-government) and private sectors. The systems and structures within which services operate vary considerably across sectors, jurisdictions and individual agencies (Roche & Pidd, 2010). Treatment approaches also vary, for example, government organisations are more likely to adopt a harm minimisation approach while non-government and private organisations/agencies are more likely to utilise an abstinence-oriented approach and commonly provided treatment services include counselling, pharmacotherapy, outpatient and inpatient rehabilitation/withdrawal and therapeutic communities (Roche & Pidd, 2010).

1.2. Health and well-being of drug and alcohol workers

Drug and alcohol workers face many distinct challenges that may affect their capacity, responsiveness and sustainability. In addition to a growing demand for services, the drug and alcohol field experiences difficulties in recruiting and retaining qualified staff, particularly in

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rural and remote areas (Duraisingam, Pidd, Roche, & O'Connor, 2006; Pitts, 2001; Roche & Pidd, 2010; Wolinski, O'Neill, Roche, Freeman, & Donald, 2003). Organisational and work-related factors such as excessive job demands (e.g., heavy workloads, client pressure, complexity of clients' problems) and lack of job resources (e.g., lack of job autonomy, limited workplace support, inadequate salaries) may contribute to increased levels of stress and burnout and jeopardise worker well-being (Duraisingam et al., 2006; Duraisingam, Roche, Pidd, Zoontjens, & Pollard, 2007). A recent national survey found that almost one in five frontline Australian drug and alcohol workers experience high stress levels, contributing to lower job satisfaction, and increased likelihood of leaving their job (Duraisingam et al., 2006). In addition, studies of frontline substance misuse workers in the UK and US have found high levels of psychological morbidity and burnout, suggesting greater vulnerability for these workers than other health professionals and a propensity for high turnover (Knudsen, Ducharme, & Roman, 2006, 2009; Oyefeso, Clancy, & Farmer, 2008).

1.3. Challenges faced by Indigenous AOD workers

A subset of the drug and alcohol workforce is the Indigenous alcohol and other drug (AOD) workers. The high prevalence of drug- and alcohol-related problems and a strong preference to be seen by a member of their own community, who understands their circumstances and cultural needs (Guerin, Guerin, & Seamann, 2011; Taylor & Guerin, 2010), mean that Indigenous AOD workers play a critical role in the delivery of treatment services and offer essential support to their communities. The specialist services supplied are not just clinical. These workers provide a multitude of valued roles to local Indigenous and non-Indigenous communities and health organisations, reflecting their unique understanding of local Indigenous culture, history and language as well as being key community members. They often act as cultural brokers and have the ability to understand and interpret "mainstream" issues for their Indigenous community (Panaretto & Wenitong, 2006).

Indigenous AOD workers include Aboriginal/Islander health workers, Aboriginal liaison officers, Indigenous doctors, nurses, drug and alcohol clinicians, community health workers and mobile patrol staff. The role of Aboriginal health workers is not consistent across jurisdictions and organisations, and it is a position title applied to workers with differing levels of training and educational qualifications who may undertake clinical, transport, liaison, or advocacy functions (Australian Government Department of Health and Ageing, 2008; Genat et al., 2006). They may act as health educators, mental health and AOD counsellors, community health action agents, and providers of basic personal medical care (Genat et al., 2006). AOD qualifications for Indigenous workers are a relatively recent development (Roche, Duraisingam, Wang, & Tovell, 2008), and responding to AOD issues often falls to workers such as Aboriginal health workers who possess general health qualifications.

Although some studies have examined the efficacy of Indigenous-specific drug and alcohol programs (Strempel, Saggers, Gray, & Stearne, 2004), and important Indigenous workforce development projects have been undertaken, there have been few investigations into the well-being of Indigenous AOD workers or the capacity of Indigenous services to attract, support and retain workers. There is also limited research on Indigenous drug and alcohol issues including workers' experiences of dealing with clients with drug and alcohol problems, and its impact on them as workers.

Anecdotal evidence indicates that Indigenous AOD workers experience a greater range of work-related stressors and pressures than their non-Indigenous counterparts. There are comparatively few Indigenous people employed in the health and human services fields relative to the size of the Indigenous population. Indigenous health professionals comprised only 1% of the total health workforce in 2006 but approximately 3% of the total population (AIHW, 2009a, 2009b). There is a large shortfall in the number of available Indigenous health care workers. Combined with high community need this compounds the pressure on Indigenous AOD workers (Gray, Saggers, Atkinson, & Strempel, 2004).

In addition to low labour participation rates, issues specific to Indigenous AOD workers include racism; lack of culturally appropriate support and understanding; working in remote rural communities; and the challenge of setting appropriate boundaries (Roche & Pidd, 2010). A lack of clearly defined roles and limited human and other resources place further demands on these workers (Roche & Pidd, 2010). Moreover, the multitude of disadvantages and inequalities that Indigenous Australians face contribute to complicated client presentations and the load carried by Indigenous workers in dealing with clients with complex needs. Constantly dealing with traumatised clients and the associated problems of unemployment, poor education, substance use and violence represent a further threat to the well-being of Indigenous health staff (Panaretto & Wenitong, 2006).

Previous research has highlighted the plethora of issues faced by Australian Indigenous human service workers (Stanley, Tomison, & Pocock, 2003). Because Indigenous workers often live and work within the same community, conflicts of interest and confidentiality issues may arise with clients who are also family/clan members. Culturally appropriate worker training and support are also often limited (Stanley et al., 2003). From a workforce development perspective, the ability to attract and maintain skilled, qualified, and culturally competent Indigenous and non-Indigenous staff is an important element in the success of Indigenous drug and alcohol programs (Strempel et al., 2004). Worker well-being has a substantial impact on the capacity and sustainability of drug and alcohol agencies to respond effectively to drug- and alcohol-related issues in the community.

Within the general health care setting, problems arise in incorporating evidence-based changes to clinical practice because of lack of time and expertise by individual workers, inefficient systems and lack of organisational level resources, and alternative preferences by clients (Shakeshaft, Clifford, & Shakeshaft, 2010). Among Indigenous AOD organisations these problems are further amplified and constitute significant challenges for workers in ensuring the provision of effective and efficient care for clients.

In summary, Indigenous AOD workers are not only confronted by the significant challenges experienced by the drug and alcohol workforce in general (i.e., high job demands, complex client needs, and inadequate resources) but are also faced with organisational and systemic issues such as intermittent and uncertain funding, comparatively low salaries and limited career pathways, stigma and racism—all of which may have an impact on their health and well-being.

1.4. A national survey

To assess the nature and extent of these challenges, a national survey was conducted of Indigenous and non-Indigenous workers from drug and alcohol organisations that provide services to the Indigenous population across Australia. The survey was one component of a more extensive project and the first study of its kind in Australia. The project was conducted to examine potential contributory factors, at the organisational, workplace and individual level, to stress and well-being among workers from AOD organisations that mainly provide services to Indigenous people. This paper focuses on the quantitative findings of the national survey. It was hypothesized that differential findings would be identified for Indigenous AOD workers compared with their non-Indigenous counterparts.

2. Materials and methods

2.1. Sample and study design

The survey targeted Indigenous and non-Indigenous AOD specialist and generic health workers in government, non-government, or