

Factors associated with retention of regional and remote Australian AOD workers: an exploratory study

JANE A. FISCHER¹ and Jacqueline Bowden¹

¹National Centre for Education and Training on Addiction, Flinders Health and Medical Research Institute (FHMRI), Flinders University, Adelaide, Australia.

Presenter's email: jane.fischer@flinders.edu.au

Introduction and Aims: Retention of regional/remote Australian AOD workers is an ongoing sector concern. To date research has largely taken a deficit approach, focusing upon reasons for recruitment and retention failure. We sought to take a strengths-based approach by exploring positive factors associated with regional/remote AOD worker retention amongst National Centre for Education and Training on Addiction (NCETA) National AOD Worker survey participants.

Design and methods: Survey participants who indicated regional/remote employment and who either disagreed or agreed with a statement regarding seeking employment elsewhere in the last 12 year were included (N=373). A retention variable was created, comprising 'stayers' (n=231) and 'goers' (n=142). Factors explored were demographic (carer, sex, age, lived experience), lifestyle (job satisfaction, health status, quality of life) and employment (sector, years in sector and organisation, permanency, AOD qualification, engagement, resilience, overtime, clinical supervision, professional development, and job future) characteristics. To examine associations between retention and listed variables cross-tabulations were conducted, followed by a logistic regression (reference category: 'goers') comprising statistically significant variables.

Result: Logistic regression explained 55% of the variance (R^2), correctly predicting 90% of stayers. Stayers were significantly more likely than goers to be satisfied with their job, resilient, experience high work engagement, and perceive job security.

Discussion and Conclusions: This was an exploratory study of factors associated regional/remote AOD worker retention, using a national dataset. An in-depth, mixed methods study of regional/remote would provide more nuanced understandings of retention in this population.

Implications for Practice or Policy: A strength-based approached to regional and remote retention may provide intervention opportunities not available in deficit workforce development models.

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