3 Why are people leaving the addiction workforce?

At the time of this review, the vacancy rate for the addiction workforce was just under 10% for the NGO workforce and 11% for Te Whatu Ora. Moreover, one quarter of respondents in the 2023 dapaanz member survey did not anticipate working in the addiction sector within two years; that is, by 2025.

The four main reasons for potentially leaving were retirement, burnout, remuneration, and health and wellbeing. Burnout was the main reason given by dapaanz Māori members for possibly not being in the sector in two years' time.

These survey findings are supported by a review of existing datasets, which found kaimahi were leaving the sector for a range of interconnected and compounding reasons, as described below.

1. Challenging working conditions

Staffing shortages and heavy workloads

Workforce shortages was the key issue faced by addiction kaimahi participating in the 2023 dapaanz member survey. Further, when asked what would make the biggest difference in their role, the most common response was the need for more staff, and more qualified staff in particular.

Shortages in rural areas are a particular concern and thought to be exacerbated by perceived limited opportunities in career development and training in more remote or lower population areas.

Across the workforce, the increased demand for addiction services means staff are increasingly supporting a larger number of people, with some staff taking work home and/or working long hours, beyond their contractual commitments.

Challenges recruiting staff, and the associated vacancies, are seen to further compound this issue.

> *"There are more services that they're commissioning - but we haven't got the workforce."*

> *"My organisation has failed to recruit or keep enough staff in the last three years."*

As a result of staffing shortages, existing workers are experiencing work overload. This in turn impacts on employees' wellbeing and work/life balance, contributing to increasing levels of dissatisfaction, compassion fatigue and ultimately burnout.

Stressful roles

Working as an addiction specialist can be stressful due to the nature of the work, the workload itself and time pressures. The increasing complexity of the work, concerns about whether the work is making a difference and whether it is valued, along with concerns about remuneration, all contribute to a high level of stress.

Conflict in the workplace, job uncertainty, and a lack of support from managers or others in the workplace who may not understand their role, also contribute to stress for the workforce.

These factors may impact perceptions of the addictions field as a potential career pathway:

> *"I can see how people who are wanting to enter into the health workforce to help people may go down another pathway instead of addictions."*

Issues with leadership

The review identified a lack of support or understanding of addiction practice amongst managers/leadership as one of the main issues facing practitioners. Dapaanz members cited instances of personnel occupying management roles without an understanding of the realities of the work, leaving staff feeling unsupported:

> *"Working for managers who have no idea about addiction and the work AOD practitioners do."*

> *"I see a lack of experienced/aware leadership for staff leading to unnecessary stress for new practitioners."*

In addition, there were reports of 'great clinicians' moving into management roles without the requisite skills or training, resulting in low levels of support being provided to other workers:

> *"Often the best clinicians are the ones who move into leadership positions because they're doing well at their job, but not necessarily given that much support around staff management and how to move into the management positions."*

Meanwhile, managers have cited their own challenges in managing a workforce under pressure from an increased demand for services, as well as from the increased complexity of those services.

2. Age of workforce

> *"When I started in addictions years ago, it was such a youthful workforce and you can see that we've just aged. We're all getting older, no one's thinking about who's going to be taking over our programmes."*

The addiction workforce tends to be older than the general healthcare workforce. 75% of addiction practitioners are over the age of 40, and just over half are over the age of 50. (See snapshot 1a for more detail about the age profile of the addiction workforce)

Of equal concern, younger practitioners, specifically those aged 20-29, are leaving the sector at higher rates than any other age group. (Find out more about this demographic in snapshot 7)

3. Remuneration

Low pay in the addiction sector, including relative to other healthcare roles, was widely discussed, both in the published literature, in recent dapaanz member surveys and in the reflective discussions undertaken as part of the review. Research with kaimahi Māori identified that many do not believe their salary reflects their contribution in the workplace, while other research reported kaimahi noting they could not live comfortably on current remuneration.

Comparatively low levels of remuneration are contributing to movement out of the sector entirely, or into newer roles outside of the conventional addiction workforce – with individuals being attracted by the earning potential in private practice or the remuneration and work conditions offered by Health Improvement Practitioner roles.

4. A competitive international market

Anecdotally, it has been reported that addiction practitioners are relocating to Australia, due to attractive working conditions and the potential for better remuneration – with salaries estimated to be around double what is offered in New Zealand. The published literature also highlights global competition for roles as a key challenge in retaining staff in Aotearoa.

The 2023 dapaanz survey identified that just over one third of members had considered moving to Australia in the past 12 months. This included half of those aged under 45 years, and 36% of Māori members.

5. Professional Status

While not identified as an extensive issue, a perception that the addiction profession may be viewed as a less professional or lower-status healthcare profession, by the wider sector, may be contributing to poor staff retention. This was highlighted in interviews with sector representatives who spoke about a lack of recognition of the specialist skills held by addiction workers (e.g., "It's just seen as another helping service"), particularly compared to other health workforce roles.

Other snapshots in this series:

1. The addiction workforce in Aotearoa | **1a.** Profile of the addiction workforce | **2.** Unpacking the workforce shortage
3. Why are people leaving? | **4.** Ways to improve workforce retention | **5.** Opportunities for growing the addiction workforce
6. Growing the workforce: Recruitment ideas and challenges | **7.** Growing the workforce: New entrants and early career professionals