The DRAM, Vol. 20(10) – Stigma by association is related to poor workplace outcomes among Australian alcohol harm reduction workers

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Stigma is a prominent barrier for public health as it is associated with numerous poor health outcomes. Stigma by association affects people who are associated with a stigmatized group, such as friends, family members, and healthcare workers. Stigma by association has the potential to jeopardize addiction treatment by worsening job satisfaction among mental health professionals. This week, The DRAM reviews a study by Loren Brener and colleagues that investigated the relationships between stigma by association and workplace outcomes, such as burnout and job satisfaction, among Australian professionals who work to reduce harm from alcohol and other drugs, such as in needle exchange programs.

What was the research question?

How does stigma by association among alcohol/other drug harm reduction workers relate to workplace outcomes?

What did the researchers do?

The researchers conducted a cross-sectional survey among 228 Australian alcohol/other drug harm reduction workers. The researchers recruited their participants by circulating study recruitment invitations through non-government harm-reduction organizations. The researchers computed bivariate correlations to test whether stigma by association was related to workplace outcomes including workplace wellbeing, burnout, intentions to quit, and job satisfaction. Afterwards, they conducted *t*-tests to determine whether there were differences on workplace outcomes between people who did or did not have lived experience with alcohol or other drugs. Then, they explored whether having lived experience with alcohol or other drugs buffered the effects of stigma on workplace outcomes, using

moderation analyses.

What did they find?

Stigma by association was negatively correlated with workplace wellbeing, positively correlated with both burnout and intention to quit, and unrelated to job satisfaction. Workers who had lived experience with alcohol or other drugs reported having higher levels of job satisfaction and lower intentions to leave the harm reduction field than those without lived experience, but still felt stigma by association (see Figure). However, lived experience with alcohol and other drugs failed to buffer the effects of stigma on all workplace outcomes; the relationships between stigma by association and workplace consequences was just as strong among workers with lived experience.



Figure. This Figure, adapted from Loren Brener and colleagues, depicts differences between people with and without lived experience using alcohol or other drugs on workplace outcomes. Click image to enlarge.

Why do these findings matter?

Among people who work in the addiction field, stigma by association appears to increase the likelihood of burnout and could help explain the field's high turnover, staffing shortages, and poor outcomes among many clients. It is important to work toward developing interventions that can reduce stigma by association for healthcare workers. To do so, it might be best to begin reducing stigmas related

to addiction. Methods such as providing meaningful contact and education opportunities have been effective for reducing stigma toward other mental health conditions.

Every study has limitations. What are the limitations in this study?
This study was a cross-sectional study meaning that the results cannot demonstrate causal relationships between variables. That is, while stigma by association is related to poor workplace outcomes, the researchers cannot claim that stigma is causing those negative outcomes. Relatedly, the study does not provide information about the extent to which stigma plays a role in former employees' decisions to leave the treatment/harm reduction field. It could be that former employees decided to leave for reasons other than stigma, such as having to relocate or having a better employment opportunity.

For more information:
The National Institute on Alcohol Abuse and Alcoholism has tips and resources for people struggling with problem drinking. For additional drinking self-help tools, please visit our Addiction Resources page.

— Seth McCullock, PhD
