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To Stay or Leave? Exploring the experiences of Frontline Workers in Ireland's Drug & Alcohol Treatment Services

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This Dissertation is submitted to the University of Dublin in partial fulfilment of the requirements for the award of M.Sc. Addiction Recovery degree.

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ABSTRACT

Background: Addiction treatment services depend on a skilled and sustainable workforce, yet practitioners face increasing occupational and organisational pressures. While international research has examined burnout, wellbeing and retention, limited qualitative research has explored workers' experiences within Ireland's drug and alcohol treatment services.

Aim: To explore the experiences of frontline workers in Ireland's drug and alcohol treatment services and identify factors influencing decisions to stay in or leave their roles.

Methods: A qualitative exploratory design was employed. Semi-structured interviews were conducted with 22 participants, comprising 12 frontline workers and 10 managers working within, or recently employed in, Ireland's addiction treatment services. Data were analysed using Braun and Clarke's Reflexive Thematic Analysis within an interpretivist framework.

Findings: Five interconnected themes were identified: pathways into the workforce and professional identity; meaningful work, relationships and recovery; organisational and systemic challenges; staff wellbeing and organisational support; and staying or leaving, burnout and commitment. Participants identified professional identity, therapeutic relationships and witnessing recovery as key sources of job satisfaction and retention. However, increasing client complexity, housing shortages, fragmented services, administrative demands and funding insecurity created significant pressures. Clinical supervision, supportive leadership, professional development and positive workplace cultures were important protective factors, although access varied.

Conclusion: Workforce retention reflects the interaction of intrinsic motivation, organisational support and structural conditions. Although participants demonstrated strong commitment, this alone cannot sustain the workforce. Sustainable retention requires coordinated organisational and policy responses, including investment in staff wellbeing, supervision, professional development, supportive leadership and stable funding. The study contributes context-specific qualitative evidence to the limited Irish literature and highlights workforce wellbeing as central to effective addiction service delivery.

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CHAPTER ONE: INTRODUCTION

1.2 Background

Substance use disorders (SUDs) represent a significant global public health challenge, contributing to morbidity, premature mortality and substantial social and economic burden. Beyond their direct health consequences, SUDs are associated with psychological and social harms, including homelessness, mental illness, infectious diseases and criminal justice involvement. Consequently, addiction treatment services are central to public health systems, providing interventions that reduce substance-related harms, improve health outcomes and support long-term recovery.

The effectiveness of these services depends fundamentally on the workforce delivering them. Addiction practitioners work across community, residential and statutory settings, providing complex biopsychosocial interventions to individuals with diverse and often multiple needs, including trauma, relapse, homelessness, mental health difficulties and social exclusion.

The effectiveness of these services is fundamentally dependent on the workforce delivering them. Practitioners experience high levels of occupational stress, emotional labour and burnout, while staff shortages, recruitment difficulties and turnover remain persistent challenges. These challenges affect practitioner wellbeing, service quality, continuity of care and client recovery outcomes. Understanding practitioners' experiences is therefore essential to informing workforce planning and supporting the long-term sustainability of addiction treatment services.

1.3 International and local picture

The limited international evidence highlights significant workforce challenges within addiction treatment services, including burnout, compassion fatigue, occupational stress and turnover intention. Excessive workloads, inadequate organisational support, limited career progression and low remuneration are key contributing factors, while supportive leadership, effective supervision, professional development and positive organisational cultures are associated with greater job satisfaction and retention.

These challenges are also evident in Ireland. The National Drugs Strategy adopts a health-led approach to substance use, delivered through statutory, community and voluntary organisations. Increasingly complex drug trends and client needs require practitioners to respond to higher levels of dual diagnosis, homelessness, trauma and social disadvantage, while recruitment and retention remain persistent challenges. The FORSA report (40) identified annual staff turnover of up to 33% in community and voluntary health services, raising concerns about workforce stability and continuity of care.

Despite growing international recognition of these challenges, limited research has examined addiction practitioners' experiences in Ireland. Existing Irish research focuses primarily on broader health and social care workforces rather than specialist addiction treatment. Contextually relevant research is therefore needed to explore practitioners' experiences and the factors influencing retention within Irish addiction services.

1.4 Participants in the Study

This study explored the experiences of frontline practitioners and managers employed within drug and alcohol treatment services across the Republic of Ireland. A purposive sampling strategy was used to recruit participants with substantial experience. Participants were required to have a minimum of five years' professional experience and to be employed in, or have recently left, a frontline or managerial role.

Including both frontline practitioners and managers provided a broader perspective on the personal, professional, and organisational factors influencing staff wellbeing, job satisfaction, and decisions to remain in or leave the addiction treatment workforce.

1.5 Aims and Objectives

The study aimed to explore the experiences of frontline workers in Ireland's addiction treatment services and to identify factors that influence their decisions to remain within or leave the sector.

Objectives

The objectives of this study were to:

- Explore the experiences of frontline workers employed within Ireland's addiction treatment services.
- Examine the organisational, professional and personal factors that contribute to workforce retention and turnover.
- Explore the impact of occupational stress, burnout and organisational pressures on practitioners' experiences.
- Examine the role of organisational supports, including supervision, leadership and professional development, in promoting staff wellbeing and retention.

CHAPTER TWO: LITERATURE REVIEW

2.1 Background

SUDs remain one of the most significant public health challenges worldwide (1), contributing substantially to premature mortality, morbidity, and socioeconomic loss (2). Beyond the direct physiological consequences of SUD, problematic alcohol and drug use is associated with a broad range of health, psychological and societal harms (3) including infectious diseases, liver disease, cardiovascular illness (4), mental health disorders, and homelessness(5). Alongside these various health issues substance use is also linked to incidents of violence, family relationship breakdown, anti-social behaviours and accidents, most notably road traffic accidents all of which places burdens on health, social and criminal justice systems (6) as well as hidden harms (7, 8). Consequently, addiction treatment services have become central to contemporary public health policy, delivering interventions that reduce harms associated with SUD, enhance psychological wellbeing, improve health outcomes (9) and assist with reintegration for people who use drugs within communities (10).

The effectiveness of addiction treatment services depends fundamentally upon the knowledge, skills and wellbeing of the workforce delivering them. Addiction practitioners undertake highly complex roles that extend beyond the provision of clinical interventions. Globally, addiction treatment services are provided in diverse residential and non-residential environments (11) across a variety of service provisions including detoxification, rehabilitation, pharmacotherapies, psychoeducation and counselling by both government and non-government organisations (12, 13).

In Ireland, the scale and complexity of substance use problems have increased in recent decades, particularly in urban areas, where polydrug use and dual diagnosis presentations have become more common. Addiction treatment provision in Ireland is directed through national policy currently (14) with a successive strategy to follow in 2026, both of which take a health led approach to substance use. The current strategy (14) identified a clear division of responsibilities among statutory and non-statutory agencies which includes the non-profit, community and voluntary sectors. The non-statutory sector plays a pivotal role in meeting

social needs that are not fully addressed by the state (15) through the delivery of evidence based services for people marginalised and vulnerable due to SUD, disability and poverty (16).

The effectiveness of complex addiction treatment is heavily dependent on the wellbeing, expertise, and retention of the workforce. Addiction practitioners are routinely exposed to high levels of emotional labour, complex clinical presentations, may experience vicarious trauma and are placed in resource-constrained environments. Despite this, relatively little research has examined their occupational experiences, particularly in the Irish context. This literature review therefore critically examines existing evidence on burnout, job satisfaction and turnover intentions among addiction practitioners, focusing on identifying key determinants of workforce sustainability and highlighting gaps in current knowledge.

2.2 The Addiction Treatment Workforce

The addiction treatment workforce is highly heterogeneous, encompassing counsellors, key workers, social care workers, nurses, psychologists, addiction therapists, and peer support workers. These addiction practitioners operate across a continuum of care, including harm reduction services, outpatient treatment programmes, residential detoxification and ongoing recovery supports. The diversity of roles reflects the complexity of individual needs and requires a biopsychosocial approach integrating medical, psychological, and social interventions.

Globally, addiction treatment services face persistent workforce shortages, high turnover, and recruitment difficulties, compounded by low remuneration, limited workforce diversity, and concerns about their impact on service effectiveness (17). Throughout the last three decades, treatment programs have been challenged by diminishing resources (18) with organisations having to evolve regardless of whether they are ready or not and this readiness then contributing to overall chances for success and survival (19). Addiction practitioner shortage was identified as a growing issue in 2016 (20) however, the difficulties of recruitment and retention of addiction professionals has been researched further back than that (21) with factors influencing turnover as stigma, burnout, (22-24) dissatisfaction with salary and remuneration fairness (25-27) high workloads (28, 29), and dissatisfaction with current industry of employment (30) being widely researched as primary concerns in this area.

This occurred alongside advances in the scientific evidence base underpinning treatment models (31, 32) and rapid changes in substance use trends and behaviours within the Irish context (33, 34). In 2025, there were 15,422 cases treated for problem drug use (excluding alcohol). This figure represents the highest annual total recorded by the National Drug Treatment Reporting System and an increase of 2,127 cases when compared to 2024 data *(HRB Bulletin (2026), 2025 Drug Treatment Demand).* The Effective delivery of addiction treatment is reliant on experienced, skilled and satisfied workers (35-37). A growing challenge facing the Addiction Treatment sector globally is the recruitment and retention of a skilled addiction practitioner workforce. The 'battle for talent' is a major contemporary workplace challenge (38). Each year, approximately one in three clinicians and one in five clinical supervisors resign their roles within addiction treatment organisations in the USA (39). The FORSA Trade Union report commissioned in 2021 found that *"the delivery of health services by the community and voluntary sector in Ireland has found that very high annual staff exit rates, up to 33% annually, is leading to a decline in the quality of service delivery" (40).* The cost to organisations of managing high workforce turnover is substantial in terms of the recruitment, training and loss of professional knowledge (41) resulting negatively in organisation's ability to consistently deliver evidence based treatment interventions. Taking into consideration the already restricted budgets that addiction treatment services operate within, staff turnover represents a significant challenge.

2.3 Burnout, Occupational Stress, and Psychological Strain in Addiction Treatment Services

Treatment settings characterised by low levels of organisational support, unclear role expectations, and limited opportunities for professional development have been consistently associated with elevated levels of occupational stress among addiction practitioners (22, 42-45). Despite SUD being described as a challenging experience across the literature (45-47) addiction practitioners express high levels of job satisfaction and interest in clients (48) alongside high levels of work related psychological distress (43, 46). This stress can be due to workplace demands and issues related to the complexities of addiction treatment work, including client ambivalence, relapse, homelessness, criminal justice issues, and dual diagnosis (22, 42). Furthermore, this stress may manifest as burnout, broadly defined as a

complex, psychological syndrome which manifests in response to prolonged exposure to chronic interpersonal stressors. Burnout is one of the most widely examined outcomes of chronic occupational stress in this workforce. Originally conceptualised by Maslach and colleagues, burnout is characterised by three interrelated dimensions: emotional exhaustion (EE), depersonalisation (DP) and professional accomplishment (PA) (49). Emotional exhaustion refers to the depletion of emotional and physical resources, depersonalisation reflects a detached or negative response toward clients, and reduced personal accomplishment involves a diminished sense of competence and achievement in one's work.

Research consistently indicates that addiction practitioners experience higher rates of burnout than many other health and social care professionals (50-54), largely due to the complexities of clients' needs. It is worth noting that although increased recognition of the pervasive nature of addiction treatment services has heightened the imperative for a highly skilled and competent workforce, there has traditionally been a shortage of specialist undergraduate and postgraduate programs specific to addiction practitioners (55). Finally, treatment structures providing low job support (50), heavy workload (53) and low salaries (54) expose practitioners to burnout, while the social support of co-workers (51) and fair management (56) reduce burnout scores.

Addiction practitioners routinely encounter trauma narratives, overdose events, relapse, and bereavement. These experiences may contribute to burnout, compassion fatigue and secondary traumatic stress (57, 58). While burnout develops gradually through prolonged exposure to chronic workplace stressors and is characterised by emotional exhaustion, depersonalisation, and reduced personal accomplishment (49). Secondary traumatic stress refers to trauma-related symptoms that arise from indirect exposure to another person's traumatic experiences and has been identified as an important occupational risk among *helping professionals* (58, 59).

2.4 Job Satisfaction and Protective Factors

Despite the challenges associated with addiction treatment practice, the literature consistently reports relatively high levels of intrinsic job satisfaction among practitioners (60). Many practitioners express a strong sense of purpose to support individuals through recovery

and to contribute to meaningful social change (36, 60, 61). This sense of vocational commitment is often a key protective factor, enabling practitioners to remain engaged in their roles despite high levels of occupational stress. Job satisfaction in this context is influenced by both intrinsic and extrinsic factors. Intrinsic factors include meaningful work, therapeutic relationships with clients, and opportunities for professional development (25). Extrinsic factors include salary, workload, organisational culture, and access to supervision and training (28, 29). While intrinsic motivation tends to remain high across studies, dissatisfaction with extrinsic conditions —particularly remuneration and workload —emerges as a consistent theme in the literature (25-27).

The tension between high intrinsic satisfaction and poor extrinsic working conditions creates a paradox within the addiction treatment workforce. While many addiction practitioners are deeply committed to their roles, structural and organisational challenges frequently undermine long-term retention (16, 29, 38, 39). This imbalance contributes to what has been described as "mission-driven burnout," where commitment to clients leads practitioners to remain in unsustainable working conditions for prolonged periods, ultimately increasing the risk of psychological exhaustion and turnover (62).

2.5 Turnover and Workforce Instability

Turnover is a major concern within addiction treatment services internationally and is strongly associated with burnout (45), job dissatisfaction (38), and high workload(39). Evidence suggests that many addiction practitioners consider leaving the sector, with annual turnover in some settings reaching one-third of the workforce (39, 40). This level of workforce instability has significant implications for continuity of care, service quality, and organisational knowledge. Turnover is consistently associated with excessive workloads(28, 38), inadequate pay (25, 29), limited career progression (26), and emotional exhaustion (27, 41). Importantly, turnover is not solely driven by dissatisfaction, when addiction practitioners feel that their work is undervalued or that opportunities for advancement are limited, their commitment to the sector declines even when intrinsic motivation remains high.

Work-related stress is a direct contributor to psychological strain and physical health consequences. In turn organisations are faced with high workforce turnover and the sector is

plagued with barriers to effective and consistent delivery of quality evidence based-practices (EBP) due to attrition (44). Workforce turnover creates a void in skills, knowledge and abilities within addiction treatment services, constraining their ability to respond to the evolving substance trends and changing service demands (63) making a persuasive economic argument in favour of staff retention strategies. The loss of skilled addiction practitioners requires new and inexperienced workers to be trained and/or existing workers to be rapidly retrained or upskilled. There are significant financial costs associated with recruiting and subsequently training new addiction practitioners (37, 64) that must be absorbed within often overstretched budgets. Such costs could be reduced if suitable and tailored strategies pro-actively addressed workforce retention. Having a better understanding of the experiences of the addiction practitioners in Ireland has the potential to provide insight into how to protect and support their wellbeing, minimize turnover, and ultimately improve client recovery outcomes (44).

2.6 Clinical Supervision and Organisational Support

Clinical supervision is widely recognised as a critical protective factor in mitigating occupational stress and burnout among addiction practitioners. Effective supervision provides opportunities for reflective practice, emotional processing, and professional guidance, all of which contribute to improved resilience and job satisfaction (65). Effective supervisors provide mentorship, coaching and inspiration while creating an atmosphere that promotes self-motivation, learning, and professional development. Supervisors build teams, create cohesion, resolve conflict, and influence service culture, while overseeing ethical and diversity issues in all aspects of the process. Such supervision is key to both quality improvement and the successful implementation of consensus- and EBP (66).

The quality and consistency of supervision vary considerably across services. Supervision may address areas such as EBP, documentation, and administrative requirements (23, 67). When regular, structured, and clinically focused, supervision can strengthen practitioner confidence, reduce emotional exhaustion, and support retention (68). In contrast, infrequent, predominantly administrative, or absent supervision is associated with greater stress and lower organisational commitment (69). Despite its recognised role in supporting workforce

wellbeing, supervision is often deprioritised in under-resourced services because of funding constraints and staff shortages.

Organisational support more broadly is also a key determinant of staff wellbeing. Perceived organisational justice, leadership quality, and team cohesion are all associated with reduced burnout and increased job satisfaction (41). In contrast, poor communication, limited recognition, and restricted career progression are associated with job dissatisfaction and turnover (38). These findings highlight the importance of organisation-level interventions, rather than solely individual-focused resilience strategies, in addressing workforce sustainability.

2.7 Research Gap

Despite substantial international evidence on burnout and workforce stress in healthcare professions, there remains a relative lack of research focused specifically on the addiction treatment workforce in Ireland. Existing Irish studies tend to be small-scale, quantitative, or embedded within broader mental health workforce analyses, limiting the generalisability of findings (12). Furthermore, much of the international literature has focused on either clinical outcomes or individual psychological variables, with less attention paid to the interaction between organisational structures and workforce sustainability. There is also limited longitudinal research examining how job demands and resources evolve over time in addiction treatment services, particularly in response to policy reforms and funding fluctuations.

Another key gap relates to the lived experiences of practitioners across addiction treatment services. While quantitative studies provide valuable insights into burnout prevalence and turnover intentions, they often fail to capture the nuanced emotional and relational dimensions of addiction treatment work. This is particularly important in a field characterised by long-term therapeutic relationships and repeated exposure to relapse and recovery cycles. Addressing these gaps is essential for developing evidence-based workforce strategies that are contextually relevant to Irish addiction treatment services.

2.8 Conclusion

The literature demonstrates that addiction practitioners operate within a highly demanding and emotionally intensive environment. High levels of occupational stress, burnout, and turnover are consistently reported across international studies, with similar trends emerging in Irish service contexts. Retention of a qualified and experienced addiction treatment workforce is a significant sector problem, and yet minimal research has been conducted in Ireland that focuses on this critically important but underexamined group. Ultimately, workforce sustainability in addiction treatment services is not only an occupational health issue but also a service delivery and public health concern.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter outlines the methodological approach used to explore addiction practitioners' experiences in Ireland's addiction treatment services and factors influencing decisions to stay or leave employment. It describes the philosophical assumptions, qualitative design, sampling, recruitment, data collection, analysis and ethical considerations underpinning the study.

3.2 Research Philosophy

Research is underpinned by philosophical assumptions concerning knowledge, reality and evidence (70). An interpretivist paradigm was considered appropriate because this study sought to explore addiction practitioners' experiences and perceptions.

Interpretivism views reality as socially constructed, recognising multiple realities shaped by personal experiences, organisational contexts and social interactions (71). Knowledge is therefore subjective and context-dependent, emerging through interactions between researcher and participant (70). Given that practitioners' experiences are shaped by organisational, professional and interpersonal factors, this approach enabled exploration of the meanings participants attached to their work and decisions to remain in or leave the sector.

Interpretivism also recognises the researcher's influence on knowledge generation (72). Given the researcher's extensive addiction-sector experience, reflexivity was maintained throughout data collection and analysis. Following interviews, reflective notes documented emotional responses, assumptions and potential influences on interactions. These were revisited during analysis, with alternative interpretations considered and original transcripts reviewed to ensure themes remained grounded in participants' accounts. This approach aligned with semi-structured interviews, which enabled participants to describe their experiences in their own words while recognising that meaning is co-constructed through the interview process (73).

3.3 Research Design

The present study adopted a qualitative exploratory design to examine addiction practitioners' experiences and perspectives within Ireland's addiction treatment services (74). Qualitative research was appropriate to the exploratory nature of this study, enabling exploration of meaning, context and lived experience in a field where evidence on workforce retention in Ireland remains limited.

An exploratory design was appropriate given limited research examining why practitioners remain in or leave addiction treatment services in Ireland. While international research has identified burnout and compassion fatigue, less is known about how these experiences manifest in the Irish context. Semi-structured interviews enabled participants to discuss workplace experiences, career decisions and organisational influences while allowing emerging issues to be explored in depth.

A qualitative approach was also appropriate because workforce retention reflects complex individual, organisational and societal influences. Including frontline practitioners and managers provided complementary perspectives and enabled comparison of organisational and frontline experiences.

3.4 Methodological Approach

An interpretive qualitative approach using semi-structured interviews was adopted to explore how participants understood their experiences within organisational and professional contexts (75). Semi-structured interviews provided flexibility to explore individual experiences while ensuring consistency across key topics (73).

The interview schedules explored professional backgrounds, workplace experiences, organisational supports, barriers to practice and factors influencing retention. Separate guides were developed for frontline workers and managers to reflect their differing roles while remaining aligned with the study objectives. Open-ended questions enabled participants to describe experiences in their own words, while probing facilitated exploration and clarification of emerging issues.

3.5 Sampling and Participant Recruitment

Purposive sampling was used to recruit information-rich participants with direct experience of Ireland's addiction treatment services (76). The sample included frontline addiction practitioners and managers across drug and alcohol treatment services in the Republic of Ireland, enabling comparison of practitioner and managerial perspectives on workforce retention.

3.5.1 Inclusion and exclusion criteria

Eligible participants were aged over 18 years, currently employed in addiction treatment services in the Republic of Ireland or had left the sector within the previous two years, had at least five years' professional experience in the addiction sector, and worked in a frontline or managerial treatment role.

Individuals who did not meet these criteria were excluded. Current and former employees of the researcher's organisation, the Dún Laoghaire Rathdown Outreach Project (DROP), were also excluded. This reduced potential conflicts of interest arising from the researcher's role as CEO and minimised risks of perceived coercion and power imbalance during recruitment and interviews.

3.5.2 Participant Recruitment

Participant information leaflets were distributed through Local and Regional Drug and Alcohol Task Force Coordinators, who circulated invitations to eligible staff on the researcher's behalf. Recruitment was also promoted through LinkedIn, Facebook and Instagram. Interested individuals contacted the researcher directly through a voluntary opt-in process, with recruitment continuing on a first-come, first-served basis until the target sample was reached.

3.6 Data Collection

Data were collected through semi-structured individual interviews, combining consistency across interviews with flexibility to explore issues raised by participants (74). Separate interview guides were used for frontline workers and managers and addressed professional backgrounds, organisational supports, workplace challenges and retention.

Before each interview, participants had an opportunity to ask questions and provided written informed consent. They were reminded that participation was voluntary and that they could decline to answer or withdraw without consequence. Interviews lasted approximately 45–60 minutes and were conducted remotely using Microsoft Teams. With consent, interviews were video-recorded, transcribed verbatim and prepared for analysis.

3.7 Data Analysis

The interview data was analysed using Braun and Clarke's Reflexive Thematic Analysis (RTA) (77, 78). RTA provides a flexible framework for identifying, interpreting and reporting patterns of meaning and is compatible with interpretivist research, recognising that themes are developed through researcher engagement with the data.

Analysis began with repeated transcript reading to establish familiarity, followed by systematic coding. Initial data-driven coding identified extracts relevant to the research questions using NVivo 12 to organise and compare transcripts. Codes relating to organisational support, workplace challenges, entry into addiction treatment, professional identity, wellbeing and retention were grouped into candidate themes.

Themes were reviewed and refined iteratively by moving between coded extracts, complete transcripts and the developing thematic framework. Themes were then defined, named and integrated into the findings chapter using analytical narrative supported by verbatim quotations. Participant anonymity was maintained through participant codes and pseudonyms. Consistent with reflexive thematic analysis, rigour was supported through transparency, reflexivity, iterative engagement with the data and supervisory discussions.

3.9 Ethical Considerations

Ethical approval was obtained from the Trinity College Dublin (TCD), Faculty of Health Sciences Research Ethics Committee (appendix 7.1). The study adhered to the principles of respect for persons, beneficence, non-maleficence and justice, alongside GDPR and Irish Health Research Regulations.

Participants provided informed consent, were advised that participation was voluntary, that they could decline questions and/or withdraw without penalty. Confidentiality was protected

through pseudonymisation of transcripts, with identifying information stored separately in password-protected files on TCD's secure SharePoint system. Video recordings were retained only until transcription was verified and then securely deleted. Consent forms and personal data were retained in accordance with Trinity College Dublin's data retention policies.

Given the potential for emotional discomfort when discussing challenging workplace experiences, participants were informed that interviews could be paused or terminated at any time. Information on workplace wellbeing and external support services was provided where required. To minimise conflicts of interest arising from the researcher's role as CEO of DROP, current and former employees of that organisation were excluded, reducing potential coercion and power imbalance during recruitment and interviewing.

CHAPTER FOUR: FINDINGS

This chapter presents the findings from thematic analysis of interviews with frontline addiction practitioners and managers working within Ireland's addiction treatment sector. Five interconnected themes were identified: (1) Entering the Workforce: Pathways, Motivation and Professional Identity; (2) Meaningful Work: Relationships, Recovery and Reward; (3) Working with Organisational and Systemic Challenges; (4) Staff Wellbeing and Organisational Support; and (5) Staying or Leaving: Burnout, Retention and Commitment to the Sector. Themes emerged when one-third of participants talked about it and themes are presented below, with participant pseudonymised accounts used to illustrate the range and depth of these experiences.

Table 1: Descriptive characteristics of participants by occupational group

Characteristic		Frontline Workers (n=12)	Managers (n=10)
Age	Mean	48 Years	52 Years
	Range	30 – 60 Years	31 – 64 Years
Years in Service	Mean	15.3 Years	22.4 Years
	Range	5 – 33 Years	8 – 34 Years
Gender, N (%)	Female	5 (42%)	7 (70%)
	Male	7 (58%)	3 (30%)

Note. Values for age and years in services are presented as *mean and range*. Categorical variables are presented as *n (%)*.

4.1 Theme One: Entering the Workforce – Pathways, Motivation and Professional Identity

The first theme explored participants' pathways into the addiction treatment sector and the motivations underpinning their career choices. Participants across both groups described diverse routes into the profession, including formal education, career change, lived experience of addiction, volunteering and a commitment to social justice. Despite these varied pathways, participants consistently expressed a strong professional identity, viewing addiction treatment as meaningful, values-driven work closely aligned with their personal beliefs and experiences.

4.1.1 Diverse pathways into the addiction sector

Participants (N=13) described diverse pathways into addiction treatment, demonstrating that no single route leads into the profession. Some entered following careers in other fields, while others were drawn through volunteering or academic study. For many, volunteering provided an important pathway into employment. James explained that economic circumstances initially led them to volunteer, but the experience subsequently shaped their professional career.

> *"The country was on its knees back in the day, so I volunteered... service managers said, 'you should do college… From there then, I was just studying for ten plus years and ended up where I am today",* (James).

Similarly, Daniel described entering addiction services almost accidentally after working in several unrelated occupations before gaining an opportunity in a detoxification service. Reflecting on this transition, they explained that once they began working with people experiencing addiction, they realised they had *"found somewhere - where I fit."*

Managers (N=4) also described unplanned career journeys. Patrick entered the sector after accepting what was initially a horticultural position working with individuals involved in the criminal justice system.

> *"completely by mistake... I came back from England… somebody rang… said they were looking for somebody to do horticulture… started working with mostly young men who were trying to not use drugs... That's where it started",* (Patrick).

Likewise, Laura described entering addiction services through a graduate placement rather than through a deliberate career choice, stating:

> *" I accidentally fell into it… never my intention to actually work in addiction services, but when I did the drug free work... I couldn't imagine leaving the addiction services."*

These accounts suggest that entry into addiction services often occurs through experiential opportunities rather than planned career pathways. Exposure to frontline practice frequently

strengthened participants' commitment, transforming unexpected opportunities into long-term careers.

4.1.2 Career driven by lived experience

A prominent pattern across the interviews was the influence of lived experience on career choice. Both frontline workers (N=5) and managers (N=4) described personal experiences of addiction or recovery as shaping their understanding of clients and strengthening their commitment to supporting others.

Adam explained:

> *"definitely personal experience. I was an addict… I have addiction in my family... addiction was always going to be my calling... I'm here now with my passion, I love it."*

Similarly, Emma reflected that their own recovery journey naturally led them towards the profession:

> *"It was my own journey. I've come from addiction into recovery myself... it just makes sense to me, to be honest."*

Comparable narratives emerged among managers (N=4). Mark described personal experiences of addiction and homelessness before entering education and eventually progressing into management:

> *"Struggled with addiction myself... was homeless at 17... got a part-time job... finished in college… and haven't looked back. Love it."*

Similarly, Fiona reflected:

> *“I suppose I have my own lived experience of addiction… seeing other people, transformation and helping other people was important to me”*

However, lived experience was not the sole pathway into addiction work. Several participants without personal histories of addiction were equally committed, demonstrating that empathy and professional commitment were not dependent on lived experience alone.

4.1.3 Social justice, helping others and professional values

Alongside lived experience, participants (N=8) described motivations rooted in social justice, compassion and a desire to improve the lives of marginalised individuals.

Claire explained:

> *"I've always had a massive interest in social justice... when I started working homeless and drug sectors... I was like, right, this is proper social justice."*

Similarly, John described leaving a previous career because they wanted work that provided greater personal meaning:

> *"I wanted to work with people directly... it became so satisfying and it was offering me something that I hadn't had before in any role I ever had."*

Managers (N=4) echoed these sentiments. Rachel described an enduring desire to help people, reflecting how their own experiences of trauma strengthened their desire to support others:

> *“I think it's just human beings and lives and trauma…. like I'm somebody that's had a lot of trauma and adversity myself… a good understanding of my own trauma and adversity and just wanted to... help people”*

These accounts demonstrate that professional motivation extended beyond employment, with participants describing their work as contributing to social inclusion and recovery and reflecting the values-based nature of addiction practice.

4.1.4 Meaning, purpose and vocational commitment

Despite varied entry pathways, participants consistently described developing a strong professional identity centred on supporting individuals experiencing addiction. Rather than viewing addiction work as simply employment, participants (N=14) portrayed it as personally meaningful and aligned with their values. Michael explained:

> *"I love this. These are my kind of people... I feel really comfortable around - clients."*

Similarly, James described the greatest reward of their work as witnessing clients achieve personal goals:

> *"There's nothing better... than seeing an individual actually achieve what they set out to achieve."*

Managers (N=4) expressed similar sentiments. Mark simply concluded:

> *"I haven't looked back. I love it."*

Anne reflected that after changing careers they had realised:

> *"I believe my life purpose was to help others."*

Collectively, these accounts suggest that professional identities were closely connected to purpose, compassion and a desire to help others. Despite varied entry routes, participants demonstrated a shared commitment to supporting individuals affected by substance use.

4.2 Theme Two: Building Therapeutic Relationships, Recovery and Reward

The second theme explored participants' experiences of addiction treatment work and factors contributing to job satisfaction and professional fulfilment. Participants described their work as meaningful and rewarding. Across frontline workers and managers, therapeutic relationships, witnessing recovery and contributing to people's lives emerged as primary sources of fulfilment. These intrinsic rewards appeared to strengthen retention by offsetting the role's emotional demands.

4.2.1 Building therapeutic relationships

Participants (N=10) consistently identified client relationships as central to effective addiction treatment. Regardless of role, they emphasised that meaningful engagement depended on trust and strong therapeutic alliances. Michael described relationship-building as fundamental to treatment progress, explaining that the ability to connect with people was central to establishing successful therapeutic alliances:

"I love everything about the client work. I love sitting down, getting to know somebody, building the trust, building the relationship and building the confidence."

Similarly, Sarah reflected that genuine trust and connection with clients was facilitated through empathy and compassion rather than professional authority:

"I work really, really hard. I'm kind of very client orientated. So I work really hard to get on the same level as the client to kind of really build that relationship."

Rather than viewing themselves as experts directing change, participants described working alongside individuals throughout recovery. This collaborative approach reflected person-centred and recovery-oriented practice, positioning clients as active participants rather than passive recipients of care.

"I love working with women… I love being able to give the woman the empowerment to say, I can actually do this… If she does fall down… somebody there to pick her back up," (Karen).

Managers (N=5) reinforced the importance of therapeutic relationships, emphasising that job satisfaction and motivation is interlinked with therapeutic relationships with clients. Laura highlighted that while the work exposes you to trauma it is the therapeutic relationships and witnessing client progression that are defining features of addiction treatment.

"I suppose the quality of the work that's done and the relationships that you get to build with the individuals that come in on a regular basis… seeing the outcomes… positive stories… people getting into residential treatment… going on to Community Employment schemes… going back into the area of work themselves… In my entire 8 years and staying in all the hardships and the overdoses and the losses. It's the two success stories that you get at the end make it all kind of worthwhile"

These findings suggest that participants regarded therapeutic relationships as both the defining feature of addiction work and one of its greatest rewards.

4.2.2 Witnessing recovery and personal transformation

Participants (N=11) consistently identified witnessing recovery as the most satisfying aspect of their work. Observing individuals regain stability, rebuild relationships and achieve goals provided a strong sense of purpose and reinforced their commitment to the sector. James described the emotional impact of seeing positive change:

> *"There's nothing better than seeing an individual actually achieve what they set out to achieve."*

Similarly, Karen explained that watching people rebuild their lives has kept them motivated across the many years working in addiction treatment:

> *"I love seeing somebody start off on a recovery pathway and actually exit off that… and never to come back... I love seeing people getting drug free... seeing them getting the gifts that recovery brings to them."*

For many participants, these successes were viewed as shared achievements rather than solely client outcomes. Participants (N=11) described feeling privileged to accompany individuals through significant periods of personal change, often developing long-term professional relationships that extended across months or years.

> *“watching clients on their journey from addiction into recovery and just really embracing that journey for them… I love those sort of moments of where they have… an enlightenment… the self-discovery… When you meet them in the resistance, to when they move into that absolute surrender and acceptance… that would be my favourite,”* (Emma).

Managers (N=5) similarly highlighted recovery outcomes as a key source of job satisfaction. Anne reflected on how removing blocks for people to facilitate their continued recovery journey progression is really satisfying

> *“I read the referral form… it said she was clean since December. And I was like, oh my God, she was chronic, chronic drug user. She's doing amazing... this could be the*

making of her. We get her into that recovery house… you feel you're making a difference… someone's life."

Similarly, Fiona explained that the opportunity to support individuals experiencing similar challenges to those she had once faced continued to provide meaning within her work.

"I ended up in services and I suppose it was what I knew… it was my own lived experience… seeing other people, transformation and helping other people was important to me."

4.2.3 Person-centred practice

Across interviews, participants (N=8) emphasised recognising each client's individuality and '*meeting them in the place where they are at*'. Rather than using standardised approaches, practitioners recommended tailored interventions to personal circumstances, readiness for change and individual goals. Several rejected narrow definitions of success based solely on abstinence, instead viewing recovery as a broader process involving improvements across multiple areas of life.

"I love working from a place of meeting clients where they're at and accepting that… I know the country is quite recovery focused. I do believe that not everybody fits into that bracket... I like kind of the harm reduction, needle exchange, meeting clients kind of where they're at," (Sarah).

Participants described meaningful practice as something that involved recognising individual needs rather than imposing additional barriers by only addressing one element of their overall need or following a standardised treatment protocol.

"working at the two issues together because trying to work in a silo where you're like, oh, you have to go to an addiction service for your addiction. You have to go to a different service for your domestic abuse. It doesn't really work because the two issues aren't… separate issues," (Claire).

> *“But you're dealing with humans, not oranges… that stuff drives me mad… what about the person sitting in front of you? What about the person that's on their knees sitting in front of you?”* (Karen).

Participants therefore viewed person-centred practice as requiring professional judgement, empathy and flexibility rather than adherence to rigid or standardised treatment models.

4.3 Theme Three: Working with Organisational and Systemic Challenges

The third theme explored organisational and systemic challenges affecting participants’ ability to deliver effective addiction services. Despite their commitment to clients, frontline practitioners and managers described increasingly complex environments characterised by limited resources, rising client complexity, fragmented services and administrative demands. These challenges contributed to occupational stress and were largely attributed to wider systemic issues rather than individual organisational shortcomings.

4.3.1 Increasing complexity of Clients' needs

One frequently discussed challenge concerned the increasing complexity of the needs presented by individuals accessing addiction services. Participants explained that substance use rarely occurred in isolation, often accompanied by mental health difficulties, homelessness, physical health conditions, trauma, involvement with the criminal justice system and family difficulties. As a result, participants reported that interventions had become increasingly multifaceted and emotionally demanding.

Catherine described the significant change in Client presentations over recent years:

> *"What's making it difficult is the emerging trends and the complexity of the clients attending the service… In the drop-in service, there's a lot of aggression and a lot of complex mental health issues."*

Similarly, David highlighted that the increasing complexity of presentations meant that workers required greater levels of specialist skills and adequate systems to respond:

"addiction supports really for people who are homeless… therapeutic supports like motivation interviewing and brief interventions. We're trained up in CRA, MI, the resonance factor… a lot of the role is advocacy… filling out forms, GP, medical card, advocating for homeless clients with county councils"

Despite strong commitment to their roles, increasing client complexities require specialist intervention. Sarah expressed concern that organisations did not sufficiently recognise the specialist nature of the role, citing the recruitment of inexperienced workers. The addiction practitioner role has evolved to require increasingly diverse skills and expertise:

"And there was people being hired that were only a year into college... no experience with addiction….. one person… didn't know what methadone was…… I'd nearly say I'm an addiction kind of specialist at this point, than just a project worker."

Despite recognising these demands, participants generally viewed responding to complexity as an integral aspect of addiction work.

4.3.2 Housing and fragmented support systems

Housing emerged as one of the most significant structural barriers affecting both clients and practitioners. Participants (N=8) repeatedly described situations where successful therapeutic interventions were undermined by an absence of stable accommodation, limiting opportunities for sustained recovery.

Anne, whose role focused specifically on recovery housing, described the issue as one of the greatest obstacles facing addiction services:

"When people go to treatment, what's their pathway like?... They've nowhere safe and secure and stable to live."

Participants explained that housing shortages frequently impede on the recovery process with increased relapse risk and limiting workers' ability to implement meaningful care plans. Frontline worker Daniel noted such a difficulty:

"they're not supposed to release people into homelessness, but they do"

Rather than viewing housing as separate from addiction recovery, interviewees consistently described the housing crisis as a huge barrier to effective addition treatment:

> *"we all know the whole thing about the housing crisis. So aftercare accommodation is a major issue for a lot of the clients." James*

David also highlighted fragmentation across health and community services and his frustration of non-standardised health services and the impact on clients:

> *"for people to access counselling… they need a GP referral… clients who are at risk of homelessness or homeless… very hard to find a GP… never mind get a GP to refer them into counselling… if they need antibiotics… if they don't have a GP… very hard to get…. medication because that emergency medical card is only affiliated up in Dublin"*

Managers (N=4) particularly highlighted the difficulties associated with navigating fragmented systems on behalf of clients. Rachel explained that while interagency collaboration was widely recognised as essential, effective coordination was often hindered by limited resources and organisational boundaries which had a negative impact on both practitioners and clients:

> *"you have like winter bed provision… extended this year to end April time in Limerick. But like one of the teams last year were really, really impacted. They had two women… the local authority said that's the end of the winter beds, they had to go... those women had become part of that service… the community, had started to respond and do quite well in that service… And then we're back to like the uncertainty"*

Consequently, participants viewed systemic fragmentation as increasing workload while simultaneously reducing opportunities to provide timely and integrated care.

4.3.3 Administrative demands and competing priorities

Another prominent theme that emerged concerned the growing administrative burden placed upon workers. Participants (N=9) acknowledged the importance of governance, documentation and accountability but questioned whether increasing paperwork was reducing the amount of time available for direct engagement with clients:

> *“I think kind of all that Salesforce, HRBs, I think all of that just takes away from the really, really good work that as workers we're actually doing,”* (Sarah).

Managers (N=4) also highlighted the competing responsibilities associated with leadership positions, including governance, staffing, funding applications and reporting requirements.

Patrick reflected on the realities of managing services within resource constraints, explaining that staff frequently found themselves *"constantly just firefighting"* rather than having sufficient opportunity to develop structured systems of support.

Similarly, Brian described managers regularly stepping into operational roles to ensure service continuity when staffing pressures arose, emphasising that flexibility had become essential within contemporary addiction services.

> *“there was four absolute champions... knew this place inside out… I could actually put my time and energy into other aspects of the service, join boards… seek funding from different sources, and then all four of them moved on… there was no like-for-like replacement… you go back 10 years and you're back doing the train, you're back trying to reset”*

4.3.4 Funding constraints and resource limitations

Managers (N=8) consistently identified funding insecurity as a significant organisational challenge. Participants explained that many community addiction services operated within annual funding cycles, limiting opportunities for long-term workforce planning, service development and investment in staff wellbeing.

Fiona explained:

> *“funding is running out, I'm scrambling for an application… praying to God like that these and I'm looking at these two girls going…I hope that I'm going to get funding… anxiety around or where am I going to get it again?... Because they know… it's year on year contract… you know, once funding… it's gone, my job could be gone.”*

Rather than accepting this as inevitable, managers described implementing alternative strategies to retain experienced staff. These included investment in supervision, professional

development, supportive organisational cultures and flexible working arrangements. As Helen further explained:

> *"The only way we can do that is through training, through supervision and good working conditions."*

Other managers similarly acknowledged that financial constraints limited their ability to provide formal wellbeing supports. Catherine noted that structured supervision remained inconsistent largely because of resource limitations rather than organisational unwillingness:

> *“we haven't been funded for external supervision, but the majority of people would attend external supervision at their own cost…We release them and pay their mileage”*

Overall, this theme highlights that participants' experiences were shaped not only by the emotional demands of addiction work but also by broader structural issues including housing shortages, fragmented services, administrative burden and funding insecurity.

4.4 Theme Four: Staff Wellbeing and Organisational Support

The fourth theme explored participants’ experiences of staff wellbeing and organisational support in managing the emotional demands of addiction practice. Frontline practitioners and managers recognised the challenges of trauma, relapse, loss and social disadvantage, identifying organisational support as essential to wellbeing and retention. Although many organisations had implemented wellbeing initiatives, participants reported considerable variation in their type, accessibility and consistency.

4.4.1 Clinical supervision as an essential support

Clinical supervision emerged as the most frequently identified organisational support across the interviews. Participants (N=20) described supervision as providing a protected space to reflect on practice, process difficult experiences, maintain professional boundaries and reduce the emotional impact of addiction treatment work. Rather than viewing supervision solely as a governance requirement, participants regarded it as fundamental to safe and effective

practice. Several organisations had built regular clinical supervision into routine practice. Helen described supervision as a core organisational commitment:

> *"We have one-to-one supervision which is provided by someone external. We have group supervision which is very much reflective practice… we're really strong on supervision."*

Similarly, Fiona explained that staff attended

> *"clinical supervision once a month, group supervision…1 1/2 hours off site"*, intentionally removing workers from the pressures of the workplace to create a reflective environment.

Brian also highlighted the value of confidential clinical supervision and providing staff with a psychologically safe environment to discuss the emotional demands of their work:

> *"The clinical supervision is a godsend… a very clear agreement with the supervisor that unless a staff member says they're going to cause harm… whatever happens in that space is between the supervisor and the staff member"*

Participants consistently described supervision as supporting not only individual wellbeing but also professional development and ethical decision-making.

4.4.2 Inconsistency in organisational support

Although participants recognised the importance of supervision, experiences varied considerably across organisations. Some reported comprehensive support structures, while others described supervision as inconsistent, informal or dependent on individual initiative. Patrick acknowledged that while informal peer support within the organisation was strong, formal staff support systems remained underdeveloped:

> *"We haven't got a very well-structured programme... most of our support is just supporting each other."*

Similarly, Catherine explained that limited organisational funding meant staff often accessed external supervision at their own expense:

“we haven't been funded for external supervision, but the majority of people would attend external supervision at their own cost.”

Participants also questioned the effectiveness of reflective practice where follow-up support was limited. Laura described monthly externally facilitated sessions but highlighted the lack of additional support following emotionally demanding discussions:

"There's no follow up. There's no kind of additional supports provided after that."

Overall, these findings suggest that although staff wellbeing was recognised as important, resource limitations affected the availability and consistency of organisational support.

4.4.3 Informal support and team culture

Alongside formal wellbeing initiatives, participants (N=14) emphasised supportive workplace relationships, including team cohesion, approachable managers and informal peer support, as protective factors against occupational stress. Emma explains:

“as a team we do a sort of a debrief on a Wednesday… we get 1/2 an hour where we use it just to check in… we have created that space ourselves as opposed to the organization”

Several managers (N=5) described fostering open and flexible workplace cultures, enabling staff to prioritise family responsibilities without judgement:

"Family comes first... if something happens, someone needs a bit of time off, we'll just jump in and do what we need to do," (Mark).

Similarly, Brian described informal wellbeing practices implemented that enable staff to discuss challenging situations before leaving work.

"At the end of every day... there will be compulsory staff wind down... if you've had a difficult day with a client... you've that space to be able to share that… You might throw in a couple of sneaky half days… just to mind people.”

Managers described additional wellbeing initiatives, including flexible working, study leave, wellbeing days, counselling and informal time off following demanding periods. Rather than

viewing wellbeing as a single intervention, participants described it as embedded within everyday management practice. These accounts suggest that organisational culture was as important as formal supervision. Feeling valued, listened to and supported by colleagues was seen as contributing to resilience in demanding roles.

4.4.4 Training and professional development

Participants (N=10) consistently viewed training and professional development as important organisational supports. Beyond maintaining competence, ongoing education was described as enhancing confidence, reducing stress and increasing job satisfaction. Helen explained that annual training needs analyses informed organisational planning and supported development in response to mandatory requirements and emerging practice areas.

> *"We organise training... that we think are essential or with the current work or emerging needs coming up."*

Similarly, Brian described supporting staff undertaking further education *"if somebody's in college… we will give like assignment days… might be a week before exams, you might get three days off",* recognising education as an investment in both staff wellbeing and organisational sustainability.

Participants generally viewed organisational investment in professional development as demonstrating commitment to the workforce, often associating it with greater job satisfaction and organisational loyalty.

4.4.5 Wellbeing as a factor influencing retention

Across interviews, participants linked staff wellbeing with workforce retention. While salary and working conditions were important, supportive leadership, regular supervision and positive organisational cultures were seen as key influences on decisions to remain in the sector. Paul highlighted how management being flexible and available was a support to them:

> *"it's really an open-door policy with the management... if you're really struggling with anything then it's like the door is open"*

Managers (N=6) recognised that financial constraints often limited opportunities to compete with statutory services on salary. Consequently, several organisations deliberately focused on creating supportive workplaces as a strategy for retaining experienced staff. As Helen explained:

> *" unfortunately we are lacking a bit behind in relation to wages… we try to find other ways to retain the staff… The only way we can do that is through training, through supervision and good working conditions."*

Overall, this theme highlights staff wellbeing as central to sustaining practitioners and addiction services. Clinical supervision, reflective practice, supportive leadership, professional development and positive team cultures were identified as key protective factors. However, the availability and quality of these supports varied across organisations, influencing staff experiences and shaping the subsequent theme of workforce retention.

4.5 Theme Five: Staying or Leaving – Burnout, Retention and Commitment to the Sector

The final theme explored participants' perceptions of workforce retention and the factors influencing decisions to remain in or leave the addiction treatment sector. Although participants described their work as meaningful and rewarding, they also recognised the cumulative impact of emotional labour, increasing workloads, funding insecurity and limited career progression, lack of adequate supervision and support for wellbeing.

4.5.1 The emotional impact of addiction work

Participants (N=11) recognised that working with individuals experiencing addiction involved sustained exposure to trauma, loss, relapse and crisis. While these experiences were accepted as inherent aspects of the profession, participants acknowledged that prolonged exposure could have significant emotional consequences if appropriate supports were not available.

Laura described the emotional demands associated with working therapeutically with people experiencing complex trauma:

" That vicarious trauma… You're listening to a lot of trauma, so there's a lot of transference"

Similarly, Brian reflected on the emotional impact of losing long-standing clients connected to the project. Although he regarded himself as an experienced practitioner, he acknowledged that recent bereavements had affected him more profoundly than anticipated.

"the last couple of weeks after, you know, a couple of people really attached to the project passed away recently and they affected me a lot more than I thought."

Participants therefore recognised that emotional resilience should not be viewed as an individual responsibility alone, maintaining wellbeing was understood as requiring organisational structures that acknowledged the psychological impact of addiction treatment work.

4.5.2 Burnout and compassion fatigue

Burnout emerged as a significant threat to workforce sustainability. Participants (N=13) described the cumulative effects of increasing caseloads, emotional labour, ineffective systems and resource limitations, explaining that workers often prioritised clients' needs at the expense of their own wellbeing.

"when I left the NGO… It wasn't like, I don't want to go. It was the workload that was actually. making me feel unwell. It was making me feel like I'm going to hit burnout" Anne

Michael identified burnout and empathy fatigue as major challenges within addiction services:

"The biggest motivator for me to leave this job is just that burn out and not caring anymore"

Paul also explained that prolonged emotional engagement without adequate support could result in burnout and reduce workers' ability to sustain therapeutic relationships over time.

"I felt like I had burnt out then at that stage. Like it was emotionally, it was quite taxing and it was just fairly chaotic and emotionally demanding. There was little or no support"

Claire, further explained that while the client work can be emotionally taxing, it is ineffective systems that are most likely to contribute to burnout:

"the emotional labour of the work, people talk about that with burn out, but I think what actually burns you out is systems… you can manage the emotional labour if you mind yourself. You can't do anything about... a system being absolutely useless"

Managers (N=5) also recognised risks associated with prolonged emotional distress among staff. Helen reflected that addiction treatment is difficult and despite all the supports a large majority of the workforce is aging, as evidenced in Table 1.

"I think this line of work takes its toll…it is not for the faint-hearted… it is hard work… even with the best support, the best supervision… I think people are just tired… even with the best self-care, you're tired… we are aging as a population"

Rather than criticising individual workers, participants consistently framed burnout as a predictable occupational hazard requiring organisational recognition and intervention. Many argued that burnout should be viewed as an indicator of system pressures rather than individual weakness.

4.5.3 Organisational factors influencing retention

Although emotional demands were significant, participants rarely identified these alone as reasons why workers leave the sector. Instead, they consistently highlighted organisational issues including workload, funding insecurity, staffing shortages and limited career progression.

Managers (N=6) acknowledged that community addiction services frequently struggled to compete with statutory organisations regarding salary and employment conditions. Helen explained:

"Unfortunately we are lacking a bit behind in relation to wages"

This impacts on enticing practitioners to addiction treatment services as Patrick explained:

> *"the funding available for that role, we just couldn't catch anybody with the experience we would have wished for"*

However, Mark also described attempts to compensate for these limitations through being innovative, flexible and developing a supportive workplace culture:

> *"working on jobs… getting two or three grand more a year… We couldn't offer that… we had to think outside-of-the-box... gym membership… extra mental health days."*

Overall, this theme demonstrates that organisational and structural conditions, rather than emotional demands alone, shaped concerns about workforce retention. Funding constraints, and limited resources hindered recruitment and retention, while managers described flexible and innovative approaches to support staff wellbeing and attract experienced practitioners.

4.5.4 Why workers stay

Despite acknowledging considerable challenges, participants (N=16) overwhelmingly described a strong commitment to remaining within addiction services. Rather than identifying financial reward as their primary motivation, workers consistently referred to purpose, relationships and opportunities to innovate in service development.

Karen summarised her experience through identifying meaning in her role and how this motivates her:

> *"I love my job… I love working with people… always trying to water that seed that you planted… give them the right sunlight and enough water… they will start to bloom… in this role, I feel like I'm on the cusp of something… feel like stuff is starting to happen from a policy level, from the strategy level… it's like serendipity."*

Adam described addiction work as their "passion," explaining that supporting others in recovery continued to provide meaning and motivation:

“I think addiction was always going to be my calling and I was always going to come back… I'm here now with my passion, I love it, and like I don't have one bad day coming in”

Likewise, John reflected that the role offered a level of personal fulfilment absent from previous employment:

"It was offering me something that I hadn't had before in any role I ever had."

While also acknowledging that his values and those of the organisation were closely aligned giving him opportunity to be innovative in responding to the needs of the community:

“I choose to stay… it's adapting to the needs of the community, which are constantly changing… choose to also stay if I feel…it listens also to the workers and it also utilizes the skills, education and experience that each individual worker has”

Overall, this theme demonstrates that retention reflected a balance between commitment and challenge. Although emotional labour, burnout, funding constraints and increasing complexity created significant pressures, these were often offset by strong professional identity, meaningful client relationships and supportive organisational cultures. Sustaining Ireland’s addiction workforce therefore requires investment in staff wellbeing, professional development, supervision and organisational support.

4.7 Chapter Summary

This chapter presented findings from a thematic analysis of interviews with frontline addiction practitioners and managers in Ireland’s addiction treatment sector. Participants were motivated by empathy, social justice and a commitment to supporting people affected by substance use. Despite diverse professional pathways, they described a shared identity grounded in person-centred practice, therapeutic relationships and witnessing recovery. These intrinsic rewards were important influences on workforce retention.

However, participants also identified significant organisational and systemic challenges, including increasing client complexity, the housing crisis, fragmented services, administrative demands and funding insecurity. While organisations provided supervision, reflective practice

and professional development, access varied considerably. Participants emphasised that workforce sustainability depends on continued investment in staff wellbeing, leadership, supervision and supportive workplace cultures.

Overall, the findings portray a resilient and committed workforce operating within increasingly complex conditions. While intrinsic motivation remains central to retention, sustaining Ireland's addiction treatment workforce will require coordinated organisational and policy support responses. The following chapter discusses these findings in relation to the existing literature and their implications for workforce retention, practice and policy.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This study explored frontline workers' and managers' experiences in Ireland's drug and alcohol treatment services, focusing on workforce retention, wellbeing and professional sustainability. Findings indicate that addiction treatment combines high intrinsic job satisfaction with significant organisational and systemic challenges. Participants valued therapeutic relationships, supporting recovery and improving outcomes for individuals, families and communities. However, increasing client complexity, emotional labour, funding insecurity, administrative demands and inconsistent organisational support threatened wellbeing and retention.

The findings broadly support international evidence on burnout (79), occupational stress (44) and workforce retention (22, 38, 39) while extending current knowledge through qualitative insights into the experiences of practitioners in Irish addiction services. This chapter interprets the findings in relation to the existing literature, identifying areas of convergence and divergence and considering their implications for workforce sustainability, organisational practice and policy.

5.2 Professional Identity and Meaningful Work

One of the study's strongest findings was the central role of professional identity and meaningful work in shaping participants' experiences. Despite varied pathways into the profession, including education, previous employment and lived experience, participants expressed a shared commitment to supporting individuals affected by substance use. This supports literature identifying intrinsic rather than extrinsic rewards as key to addiction practitioners' motivation, with helping others, supporting recovery and contributing to social change central to professional commitment.

These findings closely align with research by Duraisingam *et al*. (36) and Clarke (60), who found that addiction professionals derive considerable satisfaction from supporting recovery and developing meaningful therapeutic relationships despite challenging working

environments. Similarly, Beitel *et al*. (79) reported that many practitioners remain committed to addiction services because they perceive their work as socially valuable and personally fulfilling.

However, this study extends existing literature by demonstrating that sources of professional satisfaction were shared across frontline practitioners and managers. While previous research has focused largely on counsellors and frontline clinicians, participants across organisational roles expressed consistent professional values, suggesting that commitment to recovery-oriented practice is maintained through career progression into management.

Participants also described professional identity as developing through practice rather than formal qualifications alone. Diverse educational and employment pathways were increasingly shaped by working alongside people experiencing addiction, homelessness, trauma and social exclusion. This reflects the biopsychosocial orientation of addiction treatment, requiring psychological, social, clinical and community-based knowledge. Rather than identifying with a single discipline, participants positioned themselves as supporters and facilitators of recovery, reflecting the multidisciplinary nature of addiction treatment services in Ireland.

An important contribution of this study concerns the role of lived experience in professional identity. Although previous literature recognises the growing importance of peer workers in addiction services (80), limited research has examined how lived experience shapes broader workforce identity in Ireland. Participants with lived experience described enhanced empathy, credibility and therapeutic engagement, while those without emphasised compassion, respect and person-centred care. Professional identity therefore appeared shaped less by entry route than by shared values underpinning addiction treatment. This suggests that multidisciplinary workforces can integrate diverse expertise while maintaining a coherent, recovery-oriented identity.

Although participants found their work deeply meaningful, intrinsic motivation did not protect against the emotional and structural pressures of addiction treatment. Continued commitment despite these demands reflects “mission-driven burnout” (62), whereby commitment to clients may sustain workers in increasingly demanding conditions before emotional exhaustion occurs. Professional commitment is therefore protective but cannot

substitute for organisational support; it must be sustained through supportive leadership, professional development and sustainable working conditions.

Collectively, these findings support evidence that meaningful work and strong professional identity contribute to retention while extending understanding of how these values are shared across roles and career pathways in Ireland's addiction treatment sector. However, intrinsic motivation alone cannot sustain workforce wellbeing without consistent organisational and structural support, providing context for the organisational and systemic challenges discussed next.

5.3 Organisational and Systemic Challenges

While participants described addiction work as meaningful and professionally rewarding, they also experienced increasingly complex organisational and systemic environments. Frontline practitioners and managers identified rising client complexity, housing shortages, fragmented services, administrative demands and funding insecurity as significant barriers to effective practice. These findings align with literature identifying workload, organisational pressures and resource limitations as major contributors to occupational stress and burnout (45).

Notably, participants rarely attributed occupational stress to supporting people experiencing addiction. Instead, they identified under-resourced and fragmented systems as the primary source of difficulty. Although previous research links burnout to emotional demands including relapse, trauma and dual diagnosis, participants generally viewed these as expected aspects of their roles. Frustration arose particularly from housing shortages, limited mental health services and fragmented referral pathways that restricted their ability to meet clients' needs. Burnout in Irish addiction services therefore reflects both emotional labour and wider health and social care pressures.

Clinical supervision and organisational support emerged as important protective factors. Participants valued supervision that facilitated reflection, emotional processing and professional development rather than performance management, supporting evidence that effective supervision strengthens resilience, reduces emotional exhaustion and enhances organisational commitment (81). However, inconsistent access, staffing shortages and limited

resources constrained provision, highlighting supervision as essential to workforce wellbeing rather than an optional benefit.

Participants also viewed wellbeing as a shared organisational responsibility, emphasising supportive leadership, collaborative teams and policies recognising the emotional demands of addiction treatment. This supports evidence that workforce sustainability requires organisational and policy responses alongside individual support.

5.4 Workforce Retention, Sustainability and Chapter Conclusion

The findings demonstrate that workforce retention in Ireland's addiction treatment sector was shaped by professional commitment, organisational support and structural conditions. Consistent with international research, participants identified burnout, workload, limited career progression and low remuneration as key drivers of turnover, reflecting links between emotional exhaustion, poor organisational support and dissatisfaction with working conditions.

Despite these challenges, most participants expressed a strong intention to remain in addiction treatment. This contrasts with literature emphasising turnover intentions as a dominant workforce outcome. Participants identified therapeutic relationships, witnessing recovery and contributing to community wellbeing as key reasons for remaining, reinforcing evidence that intrinsic job satisfaction protects against workforce attrition.

However, participants emphasised that sustainable retention requires organisational investment rather than individual goodwill. Stable funding, accessible supervision, professional development, manageable workloads and supportive leadership were identified as key to sustainability, supporting evidence that improving working conditions is more effective than relying solely on individual resilience.

A notable contribution is the study's relevance to the Irish context, where limited qualitative research has examined addiction workers' experiences. The findings provide context-specific evidence of how burnout, job satisfaction and retention are shaped by national funding arrangements, community-based care and interagency working, addressing an identified gap in the literature.

The findings also have important implications for policy. Ireland's national drugs strategy, *Reducing Harm, Supporting Recovery (14)*, emphasises person-centred, evidence-based addiction services; however, achieving these aims depends on a skilled and supported workforce. Investment in supervision, professional development, workforce planning and sustainable funding is therefore essential to workforce retention and service quality.

Overall, addiction workers demonstrated strong professional identity and commitment despite increasing organisational and systemic pressures. Intrinsic motivation alone cannot prevent burnout or workforce attrition; sustainable retention requires coordinated organisational and policy responses that recognise addiction professionals as essential to Ireland's public health system.

5.5 Chapter Conclusion

This chapter presented and interpreted the key themes arising from participants' accounts of working in Ireland's addiction treatment services, focusing on workforce retention, wellbeing, and professional sustainability. While broadly consistent with existing research on burnout and wellbeing in addiction services, the findings offer new insights into the Irish treatment context, where qualitative evidence on workforce experiences remains limited. Although participants derived considerable fulfilment from supporting recovery and developing therapeutic relationships, these rewards were balanced against increasing organisational and systemic pressures. The findings suggest that workforce sustainability depends on supportive organisational cultures, effective supervision, workforce investment and stable policy frameworks. By addressing a gap in Irish qualitative research, this study contributes to understanding workforce retention and reinforces the importance of prioritising staff wellbeing to sustain effective addiction service delivery.

CHAPTER SIX: CLOSING SUMMARY, STUDY CONTRIBUTIONS AND FUTURE DIRECTIONS

This chapter summarises the key findings of the study, outlines its contribution to knowledge, considers implications for policy and practice, acknowledges its limitations and identifies recommendations for future research.

6.2 Summary of Key Findings

The findings demonstrate that workforce retention within Ireland's addiction treatment sector is shaped by a complex interaction of individual, organisational and structural factors. Although participants identified significant challenges associated with their work, they consistently described addiction treatment services as providing meaningful and rewarding careers characterised by strong professional commitment and a shared desire to improve the lives of individuals affected by substance use.

The study found that participants entered the sector through diverse educational, professional and personal pathways. Regardless of these differing backgrounds, workers developed a shared professional identity grounded in compassion, respect and person-centred practice. Therapeutic relationships and witnessing recovery were consistently described as the most rewarding aspects of addiction treatment work and emerged as powerful contributors to both job satisfaction and workforce retention.

At the same time, participants described working within increasingly complex service environments characterised by rising levels of client need, dual diagnosis, homelessness, administrative burden and fragmented interagency systems. Importantly, participants generally viewed these clinical complexities as expected aspects of addiction practice. Greater concern was expressed regarding systemic barriers that limited their ability to deliver effective care, including resource constraints, recruitment and retention difficulties and funding uncertainty. These organisational pressures were frequently described as contributing to emotional fatigue and increasing the risk of burnout.

The findings also highlighted the importance of organisational support in protecting staff wellbeing. Clinical supervision, supportive leadership, opportunities for continuing professional development and positive workplace cultures were consistently identified as factors that enhanced resilience and encouraged workforce retention. Conversely, inconsistent supervision, limited career progression and comparatively low remuneration were perceived as barriers to long-term sustainability.

Despite these challenges, participants overwhelmingly expressed a strong commitment to remaining within addiction treatment services. Their motivation was driven primarily by intrinsic rather than financial rewards, with participants describing recovery-oriented practice, therapeutic relationships and contributing to community wellbeing as reasons for remaining within the profession. However, participants also emphasised that personal commitment alone could not sustain the workforce indefinitely and argued that continued investment in staff wellbeing, professional development and organisational support was essential for the future sustainability of the sector.

6.3 Contribution of the Study

This study contributes to the existing literature by providing qualitative evidence of the lived experiences of frontline workers and managers employed within Ireland's addiction treatment sector. While previous international research has consistently identified burnout, occupational stress and workforce retention as significant concerns within addiction treatment services, comparatively little research has explored these issues within the Irish context.

The findings both support and extend existing knowledge. Consistent with international evidence, participants reported high levels of intrinsic job satisfaction despite working within emotionally demanding environments. However, the study demonstrates that participants frequently attributed occupational stress to organisational and structural constraints rather than to direct therapeutic work with people experiencing addiction.

6.4 Implications for Policy and Practice

The findings have important implications for organisations, policymakers and workforce planning. Participants consistently highlighted that workforce sustainability depends upon more than recruiting committed professionals. Retaining experienced practitioners requires organisational environments that promote wellbeing, recognise specialist expertise and provide opportunities for professional development throughout practitioner' careers.

The findings suggest that organisations should embed regular clinical supervision, reflective practice, continuing professional development, and supportive leadership as core components of workforce wellbeing. Investment in these areas may help reduce burnout, enhance job satisfaction, and support retention.

At a policy level, participants emphasised the importance of stable and sustainable funding arrangements that enable organisations to plan workforce development beyond short-term funding cycles. Continued implementation of person-centred and trauma-informed addiction treatment services requires investment not only in treatment provision but also in the workforce responsible for delivering those services. Workforce wellbeing should therefore be recognised as an essential element of effective addiction policy and service quality.

6.5 Limitations of the Study

Several limitations should be acknowledged when interpreting the findings. First, the study employed a qualitative design involving participants from addiction treatment services within Ireland. Although qualitative research seeks depth rather than statistical generalisation, the findings may not be directly transferable to all addiction treatment settings or healthcare systems.

Second, participation was voluntary and therefore reflects the experiences of workers who chose to participate. Individuals experiencing particularly positive or negative workplace experiences may have been more likely to volunteer, potentially influencing the range of perspectives represented.

Finally, the study represents participants' experiences at a single point in time. Organisational structures, workforce conditions and national policy continue to evolve, and longitudinal

research would provide valuable insight into how workforce experiences and retention intentions change over time.

6.6 Recommendations for Future Research

This study identifies several priorities for future research. Longitudinal studies could examine how organisational and policy developments influence workforce wellbeing, retention and sustainability over time. Comparative research across statutory and community-based services could further identify organisational factors associated with retention.

Research exploring peer support workers and practitioners with lived experience could enhance understanding of the evolving addiction treatment workforce. Evaluating interventions such as enhanced clinical supervision, wellbeing initiatives and workforce development programmes could also identify strategies most effective in supporting retention and organisational resilience.

6.7 Final thoughts

The addiction treatment workforce is vital to Ireland's response to problematic substance use. This study demonstrates that addiction professionals remain committed to supporting individuals, families and communities despite increasingly demanding organisational and systemic conditions. Participants identified therapeutic relationships, witnessing recovery and contributing to social change as principal reasons for remaining in the profession, reinforcing the importance of intrinsic motivation.

However, professional commitment cannot compensate indefinitely for structural pressures, including funding insecurity, increasing client complexity, recruitment and retention difficulties and inconsistent organisational support. Workforce sustainability therefore depends on recognising the intrinsic link between practitioner wellbeing and the quality and continuity of client care.

Retaining a skilled and experienced workforce requires coordinated action by organisations, policymakers and service providers. Investment in supervision, professional development, supportive leadership and sustainable funding is fundamental to maintaining effective, person-centred addiction services. By providing an in-depth exploration of workers'

experiences in Ireland's addiction treatment sector, this study contributes to understanding workforce retention and provides evidence to inform future workforce policy and organisational practice.

APPENDICES

Appendix 1: Letter of Ethical Approval



Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Anthea Carry,
Public Health and Primary Care,
Institute of Population Health,
Russell Building,
Tallaght Cross,
Dublin 24

4th March 2026

Ref: 260110
Title: To stay or leave? Exploring the experiences of frontline workers in Ireland's Drug & Alcohol Treatment Services

Dear Anthea,

Ethical approval for the above research study is now granted by the Faculty of Health Sciences Research Ethics Committee.

Please ensure that you comply with other relevant regulations, including Data Protection and Health and Safety Regulations.

Yours sincerely,

Dr Geraldine Foley
Chairperson
Faculty of Health Sciences Research Ethics Committee

Dámh na nEolaíochtaí Sláinte
Foirgneamh na Ceimice,
Coláiste na Tríonóide,
Ollscoil Átha Cliath,
Baile Átha Cliath 2, Éire.

Faculty of Health Sciences
Chemistry Building,
Trinity College Dublin,
The University of Dublin,
Dublin 2, Ireland.

www.healthsciences.tcd.ie

Appendix 2: Participant Information Leaflet

Health Research – Participant Information Leaflet

Study Title	To stay or leave? Exploring the experiences of frontline workers in Ireland's Drug & Alcohol Treatment Services
Research Site(s)	At location of participant and/or remotely on Microsoft Teams
Principal Investigator(s) and Co-Investigator(s) (Study Team) (insert names, titles and contact details including Trinity School/Department/Unit)	Anthea Carry School of Medicine MSc Addiction Recovery Trinity College Dublin
Data Controller	Trinity College Dublin (research data)
Data Protection Officer (Research Data)	Data Protection Officer Secretary's Office Trinity College Dublin Dublin 2

Introductory Statement

We would like to invite you to take part in a research study that is being carried out by Anthea Carry (Principal Investigator) at Trinity College Dublin. Before you decide whether or not you wish to take part, please take time to read this information leaflet carefully and discuss it with your family, friends or GP if you wish.

If there is anything which is not clear, or if you would like more information, please ask the researcher. You should understand the benefits and any risks of taking part in this study so that you can make a decision that is right for you.

Do I have to take part?

No, you don't have to take part in this study. It is entirely voluntary and up to you. If you decide not to take part, it won't affect your current or future employment. Don't feel rushed or under pressure to take part. You can change your mind and opt out at any time even if the study has started

Part 1 - The Study

Why have I been invited to take part?

We are interested in understanding experiences of frontline workers in Ireland's Drug & Alcohol Treatment Services and also the manager perception of their experiences. You have been invited to participate in this study because of your experience of working in a Drug and Alcohol Treatment Service and because you responded to our flyer or social media advertisement asking for participants. We plan to recruit 20 participants for the study, including those in frontline service provision and management of drug and alcohol treatment services. Your experience will be invaluable in helping us increase our understanding of the experiences of workers and management in Ireland's Drug & Alcohol Treatment Services and how this impacts workforce retention.

Who cannot take part?

Employees of the Dun Laoghaire Rathdown Outreach Project are excluded from participating in this study due to the student's role in that organisation.

Why have I been invited to take part?

We are conducting this research, as part fulfilment of a Master of Science in Addiction Recovery with Trinity College Dublin to examine the individual experiences of those working in a drug & alcohol treatment service both from the perspective of frontline workers and those who manage these organisations. We want to explore what contributes to workers experiences and factors that can influence them to remain in or leave their roles. Our goal is to identify commonalities that can support or hinder workers in their roles to better inform organisations on the resources that are required to support and retain the workforce.

What does taking part involve?

Participants are invited to attend an interview at a secure place of their convenience and/or on Microsoft Teams. You will only need to participate in an interview of approximately 45 minutes. We will arrange a time and location (online if possible) for your one to one interview with the principal investigator Anthea Carry who will guide you through the study procedures and be available to answer any questions you may have.

With your permission, the interviews will be audio and/or audio visually recorded to accurately capture your responses. During the interview you will be asked questions about your experience working in a Drug & Alcohol Service in Ireland.

The interviews will then be transcribed by the principal investigator Anthea Carry. If you wish, you will have an opportunity to review the transcript of your interview.

If you decided to participate in this study, the principal investigator, Anthea Carry will discuss this information leaflet and consent form with you. You will be given a copy of your signed consent form and this leaflet to keep.

What are the possible benefits of taking part?

Taking part in this study may not directly benefit you. However, we hope that this research may help us to better understand some of the factors that influence workers to stay or leave their roles in Ireland's drug and alcohol treatment services and may result in the development of new workplace policies.

Are there any possible disadvantages or risks from taking part?

There are no known significant risks involved in this study. However, at all times the wellbeing of participants takes priority over research activities.

If any question makes you uncomfortable, you can take a break, skip the question, or end the interview at any time. In the event of the interview triggering an emotional event, the interviewer will stop the session and advise you to contact the supports you identified within your workplace or will refer you to the Samaritans who can be called on 116 123, 24 hours per day, 365 days per year or the Aware Support Line on 1890 303 302. Following interview participation, a debriefing stage will be offered where any questions will be answered by the interviewer.

We take many measures to ensure the confidentiality of all data and the risk to you of a breach of confidentiality is considered very low, but it is important to be aware that it is a potential risk. We have strict protocols in place to protect your information.

What will happen to the results of the study?

The results of the study will be used to fulfil academic requirements of a Master's Degree in Addiction Recovery. The findings from the study can also be presented at relevant conferences to share our insights to a broader community. No information which reveals your identity will be disclosed. Some quotations from the interviews may be used in reports however the confidentiality of your personal information will be maintained at all times. Additionally, if you are interested, you will be provided with a summary of the study's findings on completion of the research.

Part 2 - Data Protection

What information about me (personal data) will be used for this study

For this study, we will collect and use the following personal information about you:

Contact Details: To arrange interviews and keep you informed about the study's progress.

Interview Data: The audio recording of your interview and the final transcript. We confirm that all the information we collect will be labelled with a code instead of your name to protect your identity.

Who will access my personal data?

Only the principal investigator will be able to identify you. They will keep the master file that links your identity to the research data, such as interview transcripts. The principal investigator will replace your name with a code on all research data to protect your identity.

The study supervisor(s) may require access to the research data to ensure academic rigor and oversee the study's progress.

How is the information kept confidential and secure?

Your privacy is important to us. We take many steps to make sure that we protect your confidentiality. We will replace you name with a code to protect your identity. The key to identify participants will be kept confidential and separate from the research data.

All research data will be held securely on Trinity College Dublin provided platforms, such as TCD Microsoft Office 365.

The Principal Investigator has completed training in data protection law and practice in advance of carrying out the research. A Data Protection Impact Assessment (DPIA) was carried out and the risk identified was low. We have implemented all necessary measures to avoid any potential risks and ensure the security of your data.

The Principal Investigator is governed by a professional code of ethics to maintain your confidentiality. There are some limits to confidentiality and on rare occasions confidentiality may be breached in circumstances in which the research team has a strong belief or evidence that there is a serious risk of harm or danger to you or another individual. In such instances, information may be disclosed to

significant others or appropriate third parties without permission from you being sought. Where possible, a full explanation will be given to you regarding the necessary procedures and the intended actions that may need to be taken.

How long will my personal data be needed?

The research data, such as coded transcripts will be held until the completion of assessment of the study. At that point, the link between you and your personal data will be securely deleted.

The audio recordings of the interviews will be retained until they have been transcribed and the content verified. After this process, the recordings will be securely deleted.

The transcripts will be retained for 3 years after the project end date, in line with Trinity College Dublin's retention policy.

Your consent form will be retained for a period of 3 years and then securely deleted.

What is the lawful (legal) basis to use my personal data?

We will only use your personal data for this research project. We will also ask for your consent as a requirement of Irish Law (Health Research Regulations), but we do not rely solely on this consent as our legal basis under GDPR. This ensures that we comply with both GDPR and local regulations while safeguarding your personal data throughout the study.

What are my rights under Data Protection law?

Under Data Protection Law you have the following rights regarding your personal data:

- Object to the use of your personal data or any further uses;
- Request access to your personal data and to receive a copy of it;
- Request inaccurate personal data to be corrected or deleted;
- Request restriction of our use of your personal data;
- Request deletion of your personal data.

By law you can exercise the above rights in relation to your personal data, unless the request would make it impossible or very difficult to conduct the research. For example, if the study is about to be published then we may not be able to delete data as it would impact on the results.

You can exercise these rights by contacting your principal investigator through email or the Trinity College Data Protection Officer at Secretary's Office, Trinity College Dublin, Dublin 2. Email dataprotection@tcd.ie. Website: https://www.tcd.ie/dataprotection/

Part 3 - Approval, Organising and Funding

Has this study been approved by a research ethics committee?

Yes, this study has been approved by the Research Ethics Committee (REC). Approval was granted on 4th March 2026. An annual report will be provided to the REC and on completion of the study.

Who is organising and funding this study?

This study is being undertaken by Anthea Carry as part of their academic studies for her Masters Degree in Addiction Recovery. It is self-funded.

Will I be paid for taking part?

No, we are not paying you to take part in the study.

Part 4 - Further Information

What happens if I change my mind?

Your participation in this study is entirely voluntary and you can change your mind even if they study has started. You do not have to give a reason for changing your mind.

If you would like to withdraw from the study, please contact Anthea Carry at carrya@tcd.ie, who can arrange this for you. We will discuss with you if you are happy for us to continue to use information about you (personal data) which has already been collected. If you do not consent to your personal data being retained for this study, we will delete any information that could identify you. Please note that we will not be able to remove personal data which has been shared or pooled for use in publication before your request for deletion. After you withdraw, we will not contact you again.

Who should I contact for information or concerns?

If you have any concerns or questions, you can contact:

Principal Investigator: Anthea Carry; carrya@tcd.ie

If you have any questions in relation to your rights under data protection law, you can contact the Data Protection Officer, Trinity College Dublin: Data Protection Officer, Secretary's Office, Trinity College Dublin, Dublin 2. Email: dataprotection@tcd.ie

Under GDPR, if you are not satisfied with how your data is being processed, you have the right to raise a concern with the Office of the Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2. Website: www.dataprotection.ie

Part 5 - Next Steps

Will I be contacted again?

We will contact you in seven (7) days to give you time to consider your participation in the study. If we do not hear back from you, we will reach out once more. If we still do not receive a response, we will not contact you again.

And if you would like to participate in this study, please contact carrya@tcd.ie. You will then be asked to sign the Consent Form on the next page.

Thanks

Thank you for taking the time to read this Participant Information Leaflet.

You will be given a copy of this Leaflet and the signed Consent Form to keep. Please retain these in case they are needed for future reference.

Appendix 3: Participant Consent Form

STUDY: To stay or leave? Exploring the experiences of frontline workers in Ireland's Drug & Alcohol Treatment Services

Recruitment Site: At location of participant and/or remotely on Microsoft Teams

Principal Investigator Name and Contact details: Anthea Carry; carrya@tcd.ie

There are **three sections** in this form.

Section 1 contains statements of understanding and asks you to tick each if you understand. Please ask any questions you may have when reading each of the statements.

Section 2 asks for your consent for this study. Please select either 'yes' or 'no' to indicate your choice.

Thank you for participating.

The end of this form is for the researchers to complete.

1. General Understanding	Tick
I confirm that I have read and understood the Participant Information Leaflet for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that taking part in this study is entirely voluntary. I understand that not taking part will have no negative impact on me.	
I understand that I can leave this study at any time without giving a reason. I understand that leaving this study will not affect my employment, now or in the future.	
I understand that I will not be paid for taking part in this study or receive any benefits from any products developed as a result of this research study.	
I know how to contact the research team if I need to. (Contact details above)	
By ticking each box above, choosing my options below and signing this document I agree to participate in this study as described in the Participant Information Leaflet.	
2. Consent	

I agree to take part in this research study, having been fully informed of the risks and benefits in the participant information leaflet provided to me.	Yes ☐ No ☐
I agree to the use of information collected for this study including as described in the participant information leaflet.	Yes ☐ No ☐

_____

Participant Name (Block Capitals) Participant Signature Date

_____

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand.

I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the participant information leaflet and consent form to the participant with contact details of the study team.

Researcher name Anthea Carry

Title and qualifications Student on MSc Addiction Recovery, TCD

Signature 

Date

Copies to be created and retained: 1 for Participant and 1 for PI.

Appendix 4: Interview Schedule Frontline Workers

To stay or leave? Exploring the experiences of frontline workers in Ireland's Drug & Alcohol Treatment Services: Questions for Frontline Workers

Interview Details & Participant Demographics

1. Interview Date
2. Interview Time
3. Duration
4. Interviewer Name
5. Participant Name
6. Age
7. Gender
8. Employment Status
9. Title of Current Role
10. Duration in current role
11. Duration of time working in the sector in total
12. Location
13. Participant Code Key (Linking Personal Data to Interview Transcripts)

Background Information:

14. What brought you into this line of work?

Individual Experiences working in Drug and Alcohol Treatment Service:

15. Can you talk me through the key elements of your role highlighting the areas you enjoy the most and areas you enjoy the least?

Identifying Main Helps / Supports in your work:

16. In relation to your organisation what supports do you get to help you in your job?

Identifying Main Hindrances in your work:

17. In relation to your organisation what hinders you or makes it difficult for you in your job?

Identifying Factors that retain workers in their roles

18. What do you believe are the main reasons you would choose to stay in your current organisation?

Identifying Factors that influence workers to leave their roles

19. What do you believe are the factors that would influence to decide to leave your current organisation?

Appendix. 5: Interview Schedule Managers

To stay or leave? Exploring the experiences of frontline workers in Ireland's Drug & Alcohol Treatment Services: Questions for Managers

Interview Details & Participant Demographics

1. Interview Date
2. Interview Time
3. Duration
4. Interviewer Name
5. Participant Name
6. Age
7. Gender
8. Employment Status
9. Title of Current Role
10. Duration in current role
11. Duration of time working in the sector in total
12. Location
13. Participant Code Key (Linking Personal Data to Interview Transcripts)

Background Information:

14. What brought you into this line of work?

Identifying Main Helps / Supports available to workers:

15. In relation to your organisation what supports are provided and availed of by workers delivering services to Clients?

Identifying Main Hindrances in your work:

16. In relation to your organisation what do you perceive as to being the main areas that hinder or makes it difficult workers delivering services to Clients?

Identifying Factors that retain workers in their roles

17. What do you believe are the main reasons workers choose to stay working in your organisation?

Identifying Factors that influence workers to leave their roles

18. What do you believe are the factors that influence workers to leave your organisation?

Appendix 7: Social Media Poster



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