

Health and community services labour force, 2001

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Contents

| | |
|--|-----------|
| List of tables | vii |
| List of figures | x |
| Preface..... | xi |
| Acknowledgments..... | xii |
| Abbreviations..... | xiii |
| Symbols and other usages | xiii |
| Main findings..... | xiv |
| Introduction..... | 1 |
| Health and community services industries and occupations..... | 1 |
| Context..... | 4 |
| Population..... | 4 |
| Changes in the age profile | 4 |
| Changes in geographical distribution..... | 5 |
| Health and welfare services in the economy | 6 |
| Expenditure on health services | 7 |
| Expenditure on welfare services..... | 8 |
| Industry changes..... | 9 |
| Changes in occupational mix | 10 |
| Changes in income and hours worked | 11 |
| Characteristics of health and community services workers..... | 15 |
| Sex | 15 |
| Age | 16 |
| Highest qualification in a health field..... | 17 |
| Indigenous health and community service workers | 18 |
| Health occupations..... | 19 |
| Medical practitioners..... | 19 |
| Medical imaging | 20 |
| Dental workers..... | 20 |
| Nursing workers..... | 21 |
| Pharmacists..... | 22 |
| Allied health workers..... | 22 |

| | |
|--|------------|
| Complementary therapies workers..... | 23 |
| Other health workers | 23 |
| Community services occupations..... | 25 |
| Child and youth services workers..... | 25 |
| Family services workers | 26 |
| Disability services workers..... | 26 |
| Aged or disabled care workers | 26 |
| Other community services workers | 27 |
| Geographic regions | 28 |
| Industry by remoteness areas | 28 |
| Occupation by state/territory and region..... | 30 |
| New South Wales..... | 32 |
| Victoria | 34 |
| Queensland | 35 |
| Western Australia | 37 |
| South Australia..... | 38 |
| Tasmania | 39 |
| Australian Capital Territory | 40 |
| Northern Territory | 41 |
| Health and community services, occupations and industries tables..... | 42 |
| Explanatory notes | 121 |
| Counts | 121 |
| Industry..... | 121 |
| Occupation..... | 122 |
| Data on region..... | 129 |
| Qualifications | 130 |
| References | 131 |
| Related publications | 133 |
| National health labour force series..... | 133 |
| Other publications | 134 |
| Internet access | 134 |

List of tables

| | | |
|------------|--|----|
| Table 1: | Age distribution, Australia, 1981, 1986, 1991, 1996, 2001 | 5 |
| Table 2: | Population geographical distribution, Australia, 1991, 1996, 2001 | 6 |
| Table 3: | Health and government welfare expenditure as a proportion of GDP, Australia and other selected OECD countries, 1991 to 2000 | 7 |
| Table 4: | Total health and welfare services expenditure as a proportion of GDP, 1996-97 to 2000-01 | 8 |
| Table 5: | Employed persons in health and community services industries, Australia, 1996 and 2001 | 9 |
| Table 6: | Employed persons in health and community services industries: occupation, Australia, 1996 and 2001 | 11 |
| Table 7: | Health and community services: selected adult non-managerial employees, weekly earnings, 1996 and 2002 | 12 |
| Table 8: | Distribution of hours worked per week in health and community services occupations, Australia, 1996 and 2001 | 13 |
| Table 9: | Persons employed in selected health & community services occupations, proportions male, part-time & earning over \$1,000 per week, Australia, 2001 | 15 |
| Table 10: | Persons employed in nursing occupations: proportions male, part-time and earning over \$1,000 per week, Australia, 2001 | 16 |
| Table 11: | Employed persons per 100,000 population: industry and remoteness, 2001 | 30 |
| Table 12: | Supply of selected health and community services workers per 100,000 population, New South Wales, 2001 | 33 |
| Table 13: | Supply of selected health and community services workers per 100,000 population, Victoria, 2001 | 34 |
| Table 14: | Supply of selected health and community services workers per 100,000 population, Queensland, 2001 | 36 |
| Table 15: | Supply of selected health and community services workers per 100,000 population, Western Australia, 2001 | 37 |
| Table 16: | Supply of selected health and community services workers per 100,000 population, South Australia, 2001 | 38 |
| Table 17: | Supply of selected health and community services workers per 100,000 population, Tasmania, 2001 | 39 |
| Table 18: | Supply of selected health and community services workers per 100,000 population, Australian Capital Territory and Northern Territory, 2001 | 40 |
| Table A.1: | Total health expenditure, constant prices, Australia, by area of expenditure, 1995-96 and 1999-00 (\$ million) | 43 |
| Table A.2: | Health expenditure as proportion of GDP: areas of expenditure, Australia, 1995-96 to 1999-00 | 44 |

| | |
|--|-----|
| Table A.3: Hospital expenditure as proportion of GDP, Australia, 1995–96 to 2000–01 | 45 |
| Table A.4: Persons employed in health industries: occupation, 2001 | 46 |
| Table A.5: Persons employed in community services industries: occupation, 2001 | 48 |
| Table A.6: Persons employed in selected health occupations: 1991, 1996, 2001 | 50 |
| Table A.7: Persons employed in health occupations: industry, 2001 | 51 |
| Table A.8: Persons employed in community services occupations: industry of employment, 2001 | 52 |
| Table A.9: Persons with a highest qualification in a health field: age and employment status, 2001 | 53 |
| Table A.10: Persons employed in health occupations: sex, states and territories, 2001 | 55 |
| Table A.11: Persons employed in community services occupations: sex, states and territories, 2001 | 61 |
| Table A.12: Persons employed in health occupations per 100,000 population: states and territories, 2001 | 64 |
| Table A.13: Persons employed in community services occupations per 100,000 population: states and territories, 2001 | 66 |
| Table A.14: Persons employed in health occupations: age and sex, 2001 | 67 |
| Table A.15: Persons employed in community services occupations: age and sex, 2001 | 73 |
| Table A.16: Persons employed in selected health occupations: sex and hours worked, 2001 | 76 |
| Table A.17: Persons employed in community services occupations: sex and hours worked, 2001..... | 82 |
| Table A.18: Persons employed in selected health occupations: Indigenous status, 2001..... | 85 |
| Table A.19: Persons employed in community services occupations: Indigenous status, 2001 | 87 |
| Table A.20: Persons employed in health occupations, Australia, 1996 and 2001 | 88 |
| Table A.21: Persons employed in community services occupations, Australia, 1996 and 2001..... | 90 |
| Table A.22: Persons employed in health occupations: income, 2001 | 91 |
| Table A.23: Persons employed in community services occupations: income, 2001 | 93 |
| Table A.24: Health and community services: adult non-managerial employees, weekly earnings, 1996 and 2002 | 94 |
| Table A.25: Persons employed in health occupations: birthplace, 2001 | 96 |
| Table A.26: Persons employed in health and community services occupations: year of arrival in Australia, 2001..... | 100 |
| Table A.27: Employed persons per 100,000 population in health and community services industries, remoteness area and state or territory, 2001 | 101 |
| Table A.28: Persons employed in health and community services industries: states and territories, remoteness area of workplace, 2001 | 102 |

| | |
|--|-----|
| Table A.29: Health and community services workers: capital city and other regions, Australia, 2001 | 106 |
| Table A.30: Persons employed in health occupations: statistical region of workplace, Australia, 2001 | 107 |
| Table A.31: Persons employed in community services occupations: statistical region of workplace, 2001 | 110 |
| Table A.32: Persons employed in health occupations per 100,000 population: statistical region of workplace, 2001 | 113 |
| Table A.33: Employed persons per 100,000 population: statistical region of workplace and selected health occupation, 2001 | 116 |
| Table A.34: Persons employed in community services occupations per 100,000 population: statistical region of workplace and occupation, 2001..... | 118 |

List of figures

- Figure 1: Health and community services industries and occupations2
- Figure 2: Nursing workers, 1996 and 200121
- Figure 3: Employed persons in health and community services industries per 100,000
population by remoteness area, 200129
- Figure 4: Employed persons in health and community services occupations per 100,000
population by state and territory, 200131

Preface

This publication, published jointly by the AIHW and the Australian Bureau of Statistics (ABS), is the second in an AIHW series that presents health and community services workers' data from the ABS Census of Population and Housing. It includes information on the number, distribution and characteristics of employed persons in 105 occupations identified as providing health and community services in the 2001 census, and discusses growth and other changes in this workforce since the 1996 census. Also included in this report are data from the census showing all persons employed in the health and community services industries. In addition, data from the ABS Employee Earnings and Hours surveys of May 1996 and May 2002 are provided to give an indication of the remuneration of employees in these industries.

There is increasing debate about the capacity of existing and likely future health and community services workforces to meet service requirements. The changing age structure of the population affects demand, and this has been increasingly recognised. However, the supply side is also affected by population ageing and other demographic changes (due to changes in retirement patterns, hours worked and student numbers), and this aspect has attracted far less debate. Just as importantly, earnings levels also affect labour supply, and these will rise if shortages emerge.

Debate on these important issues demands a strong information base. While the Australian Institute of Health and Welfare (AIHW) provides good quality data on registrable health occupations (doctors, nurses, dentists, pharmacists and some allied health professions), only the five-yearly census can provide a comprehensive picture.

The report will be of interest to state and territory governments, which are the major suppliers of health and community services and engage in workforce planning, and to professional associations and industrial organisations in monitoring membership and in representing their members.

We would like to acknowledge the assistance of the Australian Health Workforce Advisory Council (AHWAC) in providing funding for this project.

The Institute and the ABS welcome comments from the readers of this publication. These, and requests for further information, can be emailed to labourforce@aihw.gov.au.

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Abbreviations

| | |
|-------|--|
| ABS | Australian Bureau of Statistics |
| ACT | Australian Capital Territory |
| AHMAC | Australian Health Ministers' Advisory Council |
| AHWAC | Australian Health Workforce Advisory Committee |
| AHWOC | Australian Health Workforce Officials Committee |
| AMWAC | Australian Medical Workforce Advisory Committee |
| FTE | Full-time equivalent |
| NSW | New South Wales |
| NT | Northern Territory |
| OECD | Organisation for Economic Co-operation and Development |
| Qld | Queensland |
| RNO | Regional nursing officer |
| SA | South Australia |
| Tas | Tasmania |
| UK | United Kingdom |
| USA | United States of America |
| Vic | Victoria |
| WA | Western Australia |

Symbols and other usages

Throughout this publication, data may not add to the totals shown due to the estimation process for non-response. Percentages may not add to 100.0 due to rounding. The totals may also vary between tables. This is because some tables exclude 'not stated' responses to certain census questions. The numbers of 'not stated' responses vary from question to question. See Explanatory notes on page 122 for more information.

Italics within a table denote a subtotal.

Percentage printed as 0.0 may denote less than 0.05%.

.. denotes not applicable.

— denotes nil.

n.a. denotes not available.

n.p. denotes not published because of high standard error (greater than 40%) or because it may be possible to identify individuals from the figure.

* denotes a relative standard error between 25% and 40%, and should be used with caution.

n.e.c. denotes not elsewhere classified.

n.f.d. denotes not further defined.

Main findings

In 2001:

- There were 450,792 people employed in health occupations and 237,055 employed in community services occupations
– this represented growth of 11.4% and 26.8%, respectively, since 1996.
- There were 798,295 people employed in health and community services industries, of whom over two-thirds (69%) worked in health or community services occupations
– this represented growth of 10.6% since 1996.
- The largest occupational groups for health were nursing workers (244,405 employed) and medical workers (51,859), and the largest for community services were child and youth services (101,715 employed) and those employed in aged or disabled care (51,784).
- Between 1996 and 2001 there were increases of 12.6% in medical practitioner numbers, 25.0% for medical imaging workers, 11.0% for dentists, 5.4% for nurses, 13.0% for pharmacists, 26.6% for allied health workers and 31.2% for complementary health therapists; and increases of 9.0% for child and youth services workers and 44.1% for persons employed in aged or disabled care.
- Workers in the health and community services occupations were predominantly female (74% and 87%, respectively). A relatively large proportion of all persons in these occupations worked part-time (34% and 51%, respectively).
- There were 3,742 Indigenous people employed in health occupations, comprising 0.9% of health workers – well below the 2.4% Indigenous proportion of the population. Of these workers, 853 were employed as Indigenous health workers.
- There was a higher proportion of Indigenous workers in the community services occupations, with the 6,294 Indigenous workers representing 2.7% of this group.
- Census data highlighted substantial restructuring within the health and community services industries by way of changes in occupational mix between 1996 and 2001:
 - there were large decreases in the number of workers in hospitals and nursing homes (down 10%), in line with changes in the delivery of care to aged persons and those with a disability or mental illness
 - there were decreases in hospitality and food preparation workers (down 9.3%), and tradespersons, plant operators, labourers and cleaners (down 19.2%), probably reflecting some outsourcing of food preparation, cleaning and maintenance services
 - there was an increase of 9,084 (6.0%) for registered nurses, but this was accompanied by a 4,946 (21.4%) decrease in enrolled nurses and a larger number of lower paid carers and aides (up by 8,488, or 20.3%).
- There were 2,354 health workers per 100,000 population overall in Australia, ranging from 2,150 per 100,000 in the Northern Territory to 2,614 per 100,000 in South Australia.
- There were 1,228 community services workers per 100,000 overall in Australia, ranging from 1,077 per 100,000 in New South Wales to 1,694 per 100,000 in the Australian Capital Territory.
- The supply of workers in the health industries decreased with increasing remoteness, from 3,005 per 100,000 population in the Major cities of Australia to 1,498 per 100,000 in Very remote Australia.

- The supply of workers in the community services industries also decreased with increasing remoteness, from 1,008 per 100,000 population in the Major cities of Australia to 796 per 100,000 in Very remote Australia.
- The central regions of the capital cities had the highest apparent supply of health practitioners, based on their place of work, probably reflecting the centralisation of major hospital and specialist services in the inner city areas.
- Some of the rapidly growing regions on the outskirts of all five major capital cities had the lowest supply of health and community services professionals of any region within their respective states.

