

**A PROFILE
of
Queensland Health's
Indigenous Workforce**

FULL REPORT



prepared by
Workforce Planning and Development Team,
Aboriginal and Torres Strait Islander Health Unit.

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FOREWORD

Queensland Health has recognised that workforce planning and development are key underpinnings to achieve improved Indigenous health outcomes. As Queensland Health begins the development of a Aboriginal and Torres Strait Islander Workforce Management Plan, it is important to have an accurate picture of the current situation.

As a result, a comprehensive survey of known Aboriginal and Torres Strait Islander employees in Queensland Health was undertaken in October 1997. The profile which emerged from this survey and which is outlined in the following pages provides information about this sector of the Department's workforce.

In 1997, the State Government endorsed the establishment of sector wide performance targets for employment of Indigenous Australians of:

- 2.4% to equal their representation in the overall Queensland population by the end of 2000; and
- 2.4% across all salary levels by 2005.

This figure of 2.4% was based on the best Australian Bureau of Statistics (ABS) estimates at the time. It should be noted that according to the latest ABS figures, as published in the National Centre for Aboriginal and Torres Strait Islander Statistics: Plain English Summary 7/97 "Indigenous population", the Indigenous proportion of the Queensland population is now estimated to be 3.0%.

A key finding of this Report is that only 1.3% of staff identify as Indigenous Australian. Although this low level of Indigenous representation may be because of the professional nature of the health workforce, poor Indigenous health status and lack of education opportunities, it is an insufficient base from which to achieve the necessary Indigenous health outcomes.

Currently, the Office of Public Service is negotiating targets with each State Agency. The data contained in this report will form the basis for future decisions and actions taken by Queensland Health, and is an essential first step to ensuring that long term benefits are secured for Queensland Health staff and patients/clients.

Project Summary

In October 1997, the Workforce Planning and Development Team, Aboriginal and Torres Strait Islander Health Unit conducted an extensive survey of the Department's Indigenous employees.

The information collected and outlined in the following pages will help Queensland Health to develop an employment strategy for Aboriginal and Torres Strait Islander staff. It will also assist in developing a training strategy/workforce plan for Indigenous employees.

The information profiles the current state of Queensland Health's Indigenous workforce, including Aboriginal and Torres Strait Islander Health Workers. Health Workers are considered separately to other Indigenous employees in this document because they are easily identified as Indigenous staff, and because Queensland Health wished to gather information regarding competency skills, access to training and other issues of importance to this group.

This report provides a summary of the findings of the survey, analysed by the Health Workforce Planning and Analysis Unit.

Acknowledgments

The Workforce Planning and Development Team in the Aboriginal and Torres Strait Islander Health Unit would like to thank a number people for their assistance and support in developing this Workforce Profile.

Firstly, thanks to the District Health Service Managers and District Health Coordinators who were primarily responsible for gathering data in their respective Health Districts. Thanks also to the Health Workforce Planning and Analysis Unit in Corporate Office whose support and guidance was invaluable during the process.

Cairns District Health Service is thanked and acknowledged, in particular, for the special efforts of the District Health Worker, who made the Team's job much easier. And lastly, thank you to all those Indigenous staff for your cooperation in answering the questionnaire.

Further Information

Detailed information regarding the survey can be obtained from:

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Terms and/or Abbreviations

The following abbreviations and/or “terms” are used in the report:

Health Workers: Aboriginal and Torres Strait Islander Health Workers

AIN: Assistant in Nursing

EN: Enrolled Nurse

RN: Registered Nurse

CN: Clinical Nurse

TO: Technical Officer

AO: Administrative Officer

PO: Professional Officer

SES: Senior Executive Service

DHS: District Health Service

QH: Queensland Health

EEO: Equal Employment Opportunity

* For the purpose of this report a Health Worker, who works in a District Health Service where there are only a few Health Workers will be referred to as *one of a few*, and a Health Worker who works in a District Health Service where there is a higher number of Health Workers will be referred to as *one of many*.

Executive Summary

In summary, the key findings of the project were:

- A total of 538 Indigenous employees responded to the survey.
- Based on this information **and** current EEO data, an estimated 595 Aboriginal and Torres Strait Islander people are employed by Queensland Health (representing 1.3% of the total Queensland Health workforce).
- According to current EEO data, Queensland Health employs 46870 non-Indigenous staff
- Queensland Health employs 277 Health Workers.
- Most Indigenous employees are female (some 73.5%).
- Most Indigenous employees (75%) are permanent employees, except for those at Corporate Office, where 16% are employed on a temporary basis.
- Most Health Workers are employed at the 002 or 003 level.
- 50% of Health Workers with a qualification hold a Certificate in Primary Health Care.
- Just under 50% of Health Workers who responded to the survey are studying towards a relevant qualification.
- On-the-job and block release training are the most favoured forms of training by Health Workers.
- Only 8% of Health Workers believe there are adequate support mechanisms in place to enable them to access training and further study.
- 26% of Indigenous staff (other than Health Workers) hold a relevant qualification.
- Equal proportions of male and female staff (other than Health Workers) hold a relevant qualification.

Key Findings: Aboriginal and Torres Strait Islander Health Workers

A total of 277 Aboriginal and Torres Strait Islander Health Workers responded to the survey.

- Approximately **half** of the 39 District Health Services (DHS) employ **one or two** Health Workers

**** All references to Health Workers, in this section relates to Aboriginal and Torres Strait Islander Health Workers only but does not include other Indigenous employees or staff.**

1. Facility Type

Most Health Workers work at a community health centre or a primary health care facility.

- 40% of Health Workers work in community health centres (predominantly urban areas).
- 39% of Health Workers work in primary health care centres (rural and remote areas typically offer a primary health care service, which integrates community and hospital services).

2. Classification Level

Most Health Workers are classified at the 002 or 003 level. However, the survey was undertaken prior to the Indigenous Health Workers Career And Wage Structure being implemented.

- Over 90% of Health Workers are classified in the Operational stream.
- 39% of Health Workers are classified as 002.
- 36% of Health Workers are classified as 003.
- 7% of Health Workers are classified as 004.
- (9% of Health Workers in the Operational Stream did not indicate their level).
- 6% of Health Workers are classified in the Administrative Stream
- Health Workers who are *one of a few* tend to be classified at a higher level than those who are *one of many*.

3. Employment Status

Most Health Workers are permanent employees of Queensland Health.

- 75% of Health Workers are permanently employed (7% did not indicate their status).
- 18% of Health Workers are employed on a temporary basis.

4. Hours of Employment

Most Indigenous Health Workers are employed on a full time basis.

- 85% of Health Workers are employed full time.
- In all but one District (Torres), 95-100% of Health Workers are employed full time.
- In Torres DHS, 68% of Health Workers are employed full time and 30% are employed part time.

5. Gender

Most Health Workers are female.

- 75% of Health Workers are female.
- 83% of Health Workers who are *one of a few* are female.
- 72% of Health Workers who are *one of many* are female.

6. Date of Commencement

Most Health Workers have worked for Queensland Health for less than 10 years.

The turnover rate or length of service of Health Workers appears to be influenced by the qualifications held and employment permanency (with qualified, permanent Health Workers recording a relatively low turnover rate). Alternative employment opportunities may also be a significant factor in regional turnover rate differences.

- Typically, female Health Workers who hold a qualification and are employed on a permanent basis have a relatively lower turnover rate than males.
- Mt Isa and Torres DHS have the lowest turnover rates.
- Townsville DHS has the highest turnover rate.

7. Age Distribution

Male Health Workers tend to be younger than female Health Workers.

- 42% of male Health Workers are under the age of 30 (compared to 26% of female).
- Generally, Health Workers tend to be younger than other operational staff within Queensland Health (according to the Staff Profile Information System maintained by Queensland Health).
- Torres DHS has the youngest Health Worker workforce (45% are under the age of 30).
- Townsville DHS has the oldest Health Worker workforce (9% are under the age of 30).

8. Qualifications

Health Workers with qualifications tend to work for Queensland Health longer.

- In summary, 40% of Health Workers have a qualification.
- More female Health Workers, than males, hold relevant qualifications.
- 44% of female Health Workers hold at least one qualification, compared with 30% of males.
- Torres DHS employs the highest percentage of Health Workers with qualifications (47%).
- Cape York DHS employs the lowest percentage of Health Workers with qualifications (6%).
- 60% of Health Workers with a qualification joined Queensland Health in the past five years, compared with 76% of Health Workers without a qualification.
- Health Workers with a qualification tend to be in the younger age-groups.

9. Types of Qualifications

50% of the Health Workers with a qualification hold a Certificate in Primary Health Care.

- 19% of Health Workers have a Certificate in Primary Health Care.
- 4% of Health Workers have a Diploma in Primary Health Care.
- 20% of Health Workers have an Associate Diploma in Primary Health Care
- At least half of Health Workers in the Torres DHS hold an Associate Diploma in Primary Health Care.

10. National Health Worker Competency Standards

30% of Health Workers are familiar with the National Competency Standards. However, only half of the Health Workers believe they have the competence to do their job.

- Those Health Workers who did not identify with any of the streams indicated that they were unfamiliar with competency standards.
- 90% of Health Workers employed in Townsville DHS reported that they are **unfamiliar** with National Competency Standards.
- While Torres DHS reports the highest percentage rate of Health workers with a qualification (and has a low turnover rate), it also reports one of the **lowest percentages** of Health Workers who believe **that they have the competencies** to do their job.
- 40% of Health Workers indicated that they worked in **all streams**.
- 11% of Health Workers did not choose any of the streams.
- The reporting relationships appears to influence the Health Workers beliefs regarding being competent on the job.

- Most Health Workers report to a Registered Nurse, District Health Service Manager, or a Coordinator of some kind.
- Most Health Workers believe that this reporting relationship helps them to do their job well.
- Most Health Workers work in Community Care (86%), Management & Teams (83%) and Clinical Care (79%).

11. Training Provision

Just under half of the Health Workers who responded to the survey are studying towards a qualification.

- 43% of Health Workers are studying toward a qualification.
- About 50% of those Health Workers who already have a qualification are currently studying, compared with 36% of those who do not have a qualification.
- 60% of Health Workers are studying at an institution close to their home.
- Overall, **on the job training** and **block release** are the most popular types of training.
- Reasons given by Health Workers for **not** studying are:
 - family commitments
 - distance
 - lack of financial support
 - lack of relief staff (particularly where Health Workers numbers were few).

12. Support

Very few Health Workers believe that there are support mechanisms in place to enable further study. Health Workers who are one of a few in a DHS are more likely to believe that there are support mechanisms.

- Only 8% of Health Workers believe there are adequate support mechanisms in place to enable further study.
- 20% of those Health Workers who are one of a few believe there are support mechanisms in place compared with only 6% of Health Workers who are one of many.
- Cairns DHS rates highest in relation to support (15%).
- Cape York DHS rates lowest in relation to support (0%).
- The preferred support mechanisms according to Districts are:
 - Cairns DHS - study resources (78%)
 - Cape York DHS - transport (22%)
 - Mt Isa DHS - financial (39%)
 - Torres and Townsville DHS - information about availability of training (23% and 29% respectively).

13. Reporting Relationships

Most Health Workers tend to report to either a Registered Nurse, District Health Service Manager or Coordinator of some kind. Most Health Workers believe that this reporting relationship helps them to do their job well.

- 75% of Health Workers believe that this relationship helps them to do their job well regardless of whether they are a Health Worker who is one of a few or one of many.
- 43% of Health Workers in Townsville DHS believe that this relationship helps to do their job well.

Key Findings: All Occupational Categories (other than Health Workers)

A total of 261 Aboriginal and Torres Strait Islander employees of Queensland Health (other than Indigenous Health Workers) responded to the survey.

***** All references to employees or staff, in this section, relate to Indigenous employees or staff only, but does not include Aboriginal and Torres Strait Islander Health Workers.***

1. Facility Type

Most Indigenous staff work in a hospital setting.

- 63% of Indigenous staff work in hospitals.
- 11% of Indigenous staff work in community health centres.
- (26% did not indicate their place of employment).
- (**NB. No responses were received from Bayside, RBH, RCH & RWH, where it is known from other information that Indigenous staff are employed, specifically nurses).

2. Classification Level

Most Indigenous employees are classified in the operational or administrative streams.

- 35% of Indigenous staff work in the Administrative Officers stream.
- 50% of Indigenous staff work in the operational stream.
- 13% of Indigenous staff are involved in nursing.
- Indigenous employees tend to perform different roles in different District Health Services. In Cape York and Townsville DHS, most employees work in the administrative stream, while in Innisfail DHS, no Indigenous employee works in administration.

The survey indicates that most Indigenous staff are employed at the lower levels, with 29 of the 92 staff identified as Administrative Officers at AO5 to AO7 levels. The data also showed that 36 (including the 3 from the Health Workers Survey) Indigenous nurses work for Qld Health at various levels.

3. Employment Status

Except for the Corporate Office, most Indigenous staff are permanently employed.

- 75% of staff work on a permanent basis.
- 16% of staff work on a temporary basis.

- (9% of respondents did not indicate their status).

4. Hours of Employment

Most Indigenous employees work on a full time basis.

- 77% of Indigenous employees work full time.
- In Corporate Office and Townsville DHS, 100% of Indigenous employees are full time.
- The lowest rate of full time Indigenous employees is at South Burnett DHS (67%).

5. Gender

Most Indigenous employees are female.

- 72% of Indigenous employees (excluding Health Workers) are female.
- Torres DHS has the highest percentage of Indigenous female staff (85%).
- Corporate Office and South Burnett DHS have the lowest percentage of Indigenous female staff (53% and 54% respectively).

6. Date of Commencement

Most Indigenous employees have worked for Queensland Health for less than 10 years.

- 79% percent of Indigenous employees started work for Queensland Health within the past 10 years (half of employees started work for Queensland Health within the past five years).
- The turnover rate of employees is influenced by their qualifications, whether or not they are permanent and their gender.
- Typically, Indigenous female employees with a qualification and who are permanently employed have a low turnover rate.
- Innisfail DHS has the lowest turnover rate, while Corporate Office has the highest turnover rate (this may be due to the temporary employment status of most Indigenous employees in the area).
- Female employees tend to have a lower turnover rate than male employees.
- Tertiary qualifications influence the length of service of Indigenous employees, with a higher turnover rate for qualified employees.
- Corporate Office and Cape York DHS have a higher proportion of Indigenous employees with a relevant qualification.

7. Age Distribution

The distribution of ages for Indigenous employees is very similar to non-Indigenous employees of Queensland Health.

- 19% of Indigenous employees are under 30 years of age (compared with 22% of non-Indigenous employees).
- 35% of Indigenous employees are aged between 30 and 40 years (compared with 32% of non-Indigenous employees).
- 46% of Indigenous employees are aged over 40 years of age (compared with 46% of non-Indigenous employees).

8. Qualifications

26% of Indigenous employees (apart from Indigenous Health Workers) have at least one qualification.

- Equal proportions of male and female Indigenous employees have a qualification.
- Indigenous employees with qualifications tend to work for Queensland Health for a shorter period of time.

Key Findings: Both Surveys Health Workers and other Occupational Categories

1. Total Number of Indigenous Employees

- 277 Aboriginal and Torres Strait Islander Health Workers responded to the survey.
- 261 Aboriginal and Torres Strait Islander employees from other occupational categories responded to the survey.
- A total of 538 Aboriginal and Torres Strait Islander employees responded.
- 268 Aboriginal and Torres Strait Islander employees participated in the EEO process.
- Queensland Health employs approximately 595 Indigenous employees (drawn from the highest totals in each occupational category from both the survey and the EEO data).

2. Total Numbers across the Classification Levels

According to occupational categories levels, the following total number of Aboriginal and Torres Strait Islander employees responded to the survey (excluding the 4 medical practitioners).

- 388 operational staff
- 108 administrative staff
- 36 nursing staff
- 3 professional staff
- 1 technical officer
- 2 Senior Executive staff
- 4 medical practitioners (obtained from Corporate information; not from the survey)

Project Outline

Key Objectives

The key objectives of the Queensland Health Aboriginal and Torres Strait Islander Workforce Profile project are to:

- provide current information regarding the Indigenous workforce within Queensland Health
- identify the number of Indigenous employees across all occupational categories
- ascertain the total number of Indigenous staff employed by the Department
- identify the location and work areas of Indigenous staff within the Department
- identify the employment status and gender balance of the Indigenous staff within the Department

In addition, this project aims to establish mechanisms to provide ongoing information, as required, regarding Indigenous employees.

Key Outcomes

The major outcomes of this project are:

- the development of a comprehensive report which profiles Queensland Health's Indigenous workforce
- improved information about the nature of the Indigenous workforce within Queensland Health
- improved capacity for workforce planning, development and monitoring

Project Methodology

The following steps were taken:

1. Identify necessary data for capture
2. Develop and distribute a data collection tools (see Appendix A & B)
3. Liaise with District Aboriginal and Torres Strait Islander Health Coordinators and/or other Indigenous staff to capture data
4. Develop a database to collate information
5. Liaise with Health Workforce Planning Analysis Unit to analyse data
6. Identify current human resources information systems
7. Identify deficit gaps in existing data and databases
8. Identify strategies to recover Indigenous specific EEO data
9. Produce and distribute the Indigenous Workforce Profile Report
10. Organise Health Worker meetings to provide feedback regarding the survey/s.

Development of Questionnaire

To collect and compile the data, two separate questionnaires were developed for Aboriginal and Torres Strait Islander Health Workers and all other Indigenous staff. Questionnaires were distributed to all District Health Services in liaison with District Managers and Aboriginal and Torres Strait Islander District Health Coordinators.

Distribution and Collection of Questionnaire

In the absence of formal systems, the survey questionnaire was distributed to Indigenous employees throughout the Department using informal networks.

Project Officers from the Workplace Planning and Development Team helped to streamline the process and ensure an understanding of what was required. They undertook extensive field consultations in the Southern and Central Zone District Health Services, visiting District Health Services at Toowoomba, Roma, Charleville, Cunnamulla, Warwick, Cherbourg, Rockhampton, Woorabinda and Gladstone. In those District Health Services not visited, the Aboriginal and Torres Strait Islander District Health Coordinators and other Indigenous employees helpfully facilitated data collection.

Survey Data Collection and Data Entry

The Workforce Planning and Development Team liaised with the Health Workforce Planning Analysis Unit to establish the best process for data collation. This enabled appropriate data analysis. The database developed to help record the information collected from the questionnaires reflected the information regarding:

- the number of Health Workers and other Indigenous employees
- the employment status of all Indigenous staff
- a general understanding of Health Workers competencies, skills base and training needs.

Detailed Findings:
Aboriginal and Torres Strait Islander Health Workers

A total of 277 Aboriginal and Torres Strait Islander Health Workers responded to the survey.

- Approximately **half** of the 39 District Health Services (DHS) have only **one or two** Health Workers

**** All references to Health Workers, in this section, relates to Aboriginal and Torres Strait Islander Health Workers only but does not include other Indigenous employees or staff.**

* For the purpose of this report a Health Worker, who works in a District Health Service where there are only a few Health Workers will be referred to as *one of a few*, and a Health Worker who works in a District Health Service where there a higher number of Health Worker will be referred to as *one of many*.

Table 1, below shows the DHSs where there are at least five percent (5%) of the survey respondents. Given that the five DHSs tabled below appear to have the majority of the Health Workers any analyses in this report interested in regional patterns will focus mainly on these DHSs. The other DHSs are not excluded from the analysis - it is worth exploring issues related to the experiences of Health Workers who are one of only a few of Health Workers within a DHS.

Table 1: Distribution (percentage) of Health Worker respondents by DHS

District Health Service	Percentage of Health Workers
Torres	36.8
Cairns	14.4
Mt Isa	8.3
Townsville	7.6
Cape York	6.9

Table 2: Distribution (percentage) of Health Worker respondents by Queensland Health Zone

Zone	Percentage of Health Workers
Northern	79
Central	15
Southern	6

Table 3: The number of Aboriginal and Torres Strait Islander Health Worker respondents by District compared to the Indigenous populations in the Districts.

DISTRICT	Indigenous Population	A & TSI Health Workers	RATIO
BANANA	413	1	1:413
BAYSIDE	2069	no response	-
BOWEN	1334	3	1:445

BUNDABERG	1592	1	1:1592
CAIRNS	8086	40	1:202
CAPE YORK	3242	19	1:171
CENTRAL HIGHLANDS	1660	no response	-
CENTRAL WEST	742	5	1:148
CHARLEVILLE	1019	2	1:509
CHARTERS TOWERS	984	4	1:246
FRASER COAST	1310	2	1:655
GLADSTONE	1381	1	1:1381
GOLD COAST	2466	3	1:822
GYMPIE	436	no response	-
INNISFAIL	4410	1	1:4410
LOGAN-BEAUDESERT	4426	2	1:2213
MACKAY	3220	1	1:3220
MATER	n/a	1	
MORANBAH	407	no response	
MT ISA	7705	23	1:335
NORTH BURNETT	557	1	1:557
NORTHERN DOWNS	746	no response	
PRINCESS ALEXANDRA	n/a	2	
PRINCE CHARLES	5094	10	1:509
REDCLIFFE-CABOOLTURE	2440	2	1:220
ROCKHAMPTON	3918	10	1:392
ROMA	1214	2	1:607
RBH, RWH & RCH	n/a	no response	
SOUTH BURNETT	1716	6	1:286
SOUTHERN DOWNS	977	1	1:977
SUNSHINE COAST	2061	2	1:1031
TABLELANDS (ATHERTON)	3160	5	1:632
QE II	4818	1	1:4818
TOOWOOMBA	2870	3	1:957
TORRES	5690	102	1:55
TOWNSVILLE	8051	21	1:383
WEST MORETON	4768	no response	
TOTALS	94982	277	1:345

Source: The Indigenous populations are based on the 1996 Census of Population and Housing, Australian Bureau of Statistics (ABS).

NOTE: The District figures (groupings) are based on Statistical Local Areas (SLA's). These, are only estimates, as SLA boundaries do not match Queensland Health's District boundaries in all instances. Where SLA's cross or overlap District boundaries, the SLA has been assigned to one whole District Health Service.

Table 4: Distribution of the number of Aboriginal and Torres Strait Islander Health Workers respondents by Zone compared to the Indigenous populations in the Zone.

ZONE	Indigenous Population	Health Workers	Ratio
NORTHERN	46289	219	1:211
CENTRAL	23320	41	1:569
SOUTHERN	25373	17	1:1493

1. Facility Type

Most Health Workers work at a community health centre or a primary health care facility.

- 40% of Health Workers work in community health centres (predominantly urban areas).
- 39% of Health Workers work in primary health care centres (rural and remote areas typically offer a primary health care service, which integrates community and hospital services).
- In Cape York and Torres DHS, 90% of Health Workers work in primary health care centres.
- In Mt Isa DHS, 90% of Health Workers work in community health centres.
- In Townsville DHS, 60% of Health Workers work in community health centres.
- In Cairns DHS, 50% of Health Workers work in community health centres.

2. Classification Level

Most Health Workers are classified at the 002 or 003 level. However, the survey was undertaken prior to the Indigenous Health Workers Career and Wage Structure being implemented.

- Over 90% of Health Workers are classified in the Operational stream.
- 39% of Health Workers are classified as 002.
- 36% of Health Workers are classified as 003.
- 7% of Health Workers are classified as 004.
- (9% of Health Workers in the Operational Stream did not indicate their level).
- 6% of Health Workers are classified in the Administrative Stream
- Health Workers who are *one of a few* tend to be classified at a higher level than those who are *one of many* - this difference may be explained by differences in position, experience, qualifications and reporting relationships..

Table 5: Distribution (percentage) of pay classification by District Health Service

DHS	00 (not stated)	002	003	004
Cairns	0	60	22	13
Cape York	56	22	11	6
Mt Isa	43	26	17	0
Torres	1	43	43	8
Townsville	14	29	57	0

Table 5 shows that there are differences in the distribution of classification levels within the five major DHSs - although it should be noted that some DHSs have a higher percentage of Health Worker respondents not stating the level within the 00 classification. This table does show that Cairns and Cape York tend to have more Health Workers in the 002 and 004 categories when compared with other DHSs - which tend to have most Health Workers in the 003 classification.

3. Employment Status

Most Health Workers are permanent employees of Queensland Health. There are some regional differences in the permanency of the Health Worker

workforce. These differences in permanency may indicate regional differences in employment opportunities.

- 75% of Health Workers are permanently employed (7% did not indicate their status).
- 18% of Health Workers are employed on a temporary basis.

Table 6: Distribution (percentage) of employment status by DHS

District Health Service	Permanent	Temporary
Cairns	78	20
Cape York	89	11
Mt Isa	96	4
Torres	69	22
Townsville	81	14

Table 6, shows some differences in employment status between five major DHSs - in particular, Mt Isa and Torres where the percentage of permanent Health Workers varies from 96% and 69% respectively.

4. Hours of Employment

Most Indigenous Health Workers are employed on a full time basis.

- Based on the survey, 85% of Health Workers are employed full time.
- In all but one District (Torres), 95-100% of Health Workers are employed full time.
- With the exception of Torres DHS, all Districts have 95-100% of Health Workers are employed full time.
- In Torres, 68% of Health Workers are employed full time and 30% are employed part time.

5. Gender

Most Health Workers are female.

- 75% of Health Workers are female.
- 83% of Health Workers who are *one of a few* are female.
- 72% of Health Workers who are *one of many* are female.

Table 7: Percentage of Health Workers who are female by DHS

District Health Service	Percent Female
Cairns	75
Cape York	61
Mt Isa	74
Torres	75
Townsville	65

6. Date of Commencement

Most Health Workers have worked for Queensland Health for less than 10 years.

The turnover rate or length of service of Health Workers appears to be influenced by a combination of factors, which include: qualifications held, employment permanency (with qualified, permanent Health Workers recording a relatively low turnover rate) and gender as well as other issues relating to each DHS. These factors appear to be inter-related and individual influences on length of service are difficult to ascertain. Alternative employment opportunities may also be a significant factor in regional turnover rate differences.

- Typically, female Health Workers who hold a qualification and are employed on a permanent basis have a relatively lower turnover rate than males.

Influences about length of service or turnover rates should be made with caution - particularly when making regional comparisons. Such inferences should take into account the creation dates of positions that are being analysed. For example, a particular District Health Service may appear to have a comparatively high proportion of Health Workers who have started in their positions within the last two years - this high proportion may not be a result of high turnover rates but exists because the positions were only created in the last two years. The following analyses in this section make the possibly unreasonable assumption that there are no regional differences in when the positions were created*.

- About 20% of Health Workers had started with Queensland Health within twelve months prior to the administration of the survey.
- 75 % of Health Workers started within the last five years.
- 86% have started within the last ten years.
- There does not appear to be a difference in length of service between Health Workers who are one of a few and are one of many.
- Mt Isa and Torres DHS have a lower turnover rate of Health Workers.
- Townsville DHS may have the highest turnover rate (*see above - in fact 75% of Health Workers in Townsville have started working within the last two years).

Table 8: Distribution (percentage) of Health Workers commencement date by DHS

District Health Service	Started with QH in past 5 years	Started with QH in past 10 years
Cairns	73	84
Cape York	82	82
Mt Isa	65	85
Torres	64	87
Townsville	94	94

Table 9: Distribution (percentage) of Health Workers commencement date by employment status

Employment Status	Started with QH in past 5 years	Started with QH in past 10 years
Permanent	67	83
Temporary	91	98

Table 9 confirms the reasonable expectation that permanent Health Workers tend to work with Queensland Health longer than temporary Health Workers.

Table 10: Distribution (percentage) of Health Workers commencement date by DHS for Health Workers who are permanent

District Health Service	Started with QH in past 5 years	Started with QH in past 10 years
Cairns	68	82
Cape York	81	81
Mt Isa	65	85
Torres	58	84
Townsville	93	93

Considering only those Health Workers who are permanent, table 10 shows that Torres DHS still has a relatively lower turnover rate of staff. Anecdotal evidence suggests that alternate employment opportunities as a significant factor in the regional differences in turnover rates.

Table 11: Distribution (percentage) of Health Workers commencement date by gender

Gender	Started with QH in past 5 years	Started with QH in past 10 years
Female	69	83
Male	85	97

Table 11 shows that female Health Workers tend to have a lower turnover rate than male Health Workers.

Table 12: Distribution (percentage) of Health Workers commencement date by tertiary qualification status

Have a tertiary qualification	Started with QH in past 5 years	Started with QH in past 10 years
Yes	66	83
No	76	88

Having a tertiary qualification appears to influence the length of service for Health Workers in Queensland Health - there is a lower turnover rate for those Health Workers with a qualification.

Table 11 showed that the turnover rate for females is lower than for males - this is not say that gender solely determines the length of service: it happens to be the case that a higher proportion of female Health Workers have a qualification (see section 8) and table 12 suggests that having a qualification influences the length of service.

Table 9 may help to partly explain why Mt Isa DHS has a relatively low turnover rate: Mt Isa has 96% of it's Health Workers employed on a permanent basis.

However, there must be some other reason(s) why the turnover in Torres DHS is relatively low: Torres has only 69% of it's Health Workers as permanent. A possible

reason may be that Torres has a relatively higher proportion of Health Workers who are female and have a qualification.

A relatively low percentage (10%) of Health Workers at Townsville DHS have a qualification - this is consistent with the relatively higher turnover rate.

7. Age Distribution

Male Health Workers tend to be younger than female Health Workers.

- 42% of male Health Workers are under the age of 30 (compared to 26% of female).
- Generally, Health Workers tend to be younger than other operational staff within Queensland Health (according to the Staff Profile Information System maintained by Queensland Health).
- Torres DHS has the youngest Health Worker workforce (45% are under the age of 30).
- Townsville DHS has the oldest Health Worker workforce (9% are under the age of 30).

Table 13: Age distribution (percentage) of Health Workers

Age Group	Health Workers	Queensland Health - Operational Stream	Queensland Health - all employees
Under 30	30	12	22
30 - 40	40	27	32
over 40	30	62	46

Table 14: Age distribution (percentage) of Health Workers by gender

Age Group	Female	Male
Under 30	26	42
30 - 40	42	36
over 40	32	21

Table 15: Age distribution (percentage) of Health Workers by DHS

District Health Service	Under 30	30 to 40	40 and over
Cairns	23	51	26
Cape York	12	65	24
Mt Isa	17	52	31
Torres	45	37	18
Townsville	9	48	43

Torres DHS tends to have a younger workforce whereas Townsville DHS tends to be older.

8. Qualifications

There appears to be some regional differences in the proportion of Health Workers who have a qualification. Health Workers with qualifications tend to

work for Queensland Health longer. As with length of service, having a qualification appears to be related to a combination of factors.

- In summary, 40% of Health Workers have a qualification.
- More female Health Workers, than males, hold relevant qualifications.
- 44% of female Health Workers have at least one qualification, compared with 30% of males.
- A higher proportion of Health Workers who are one of few have qualifications when compared with Health Workers who are one of many.
- 50% of Health Workers who are one of few Health Workers in a DHS have at least one qualification compared with only 37% of those who are one of many Health Workers.
- Torres DHS employs the highest percentage of Health Workers with qualifications (47%).
- Cape York DHS employs the lowest percentage of Health Workers with qualifications (6%).
- 60% of Health Workers with a qualification joined Queensland Health in the past five years, compared with 76% of Health Workers without a qualification.
- Health Workers with a qualification tend to be in the younger age-groups.

Table 16: Distribution (percentage) of Health Workers who have a qualification by DHS

District Health Service	Have a qualification
Cairns	45
Cape York	6
Mt Isa	26
Torres	47
Townsville	10

Table 17: Distribution (percentage) of Health Workers who do or do not have a qualification by classification level

Classification/Level	Have a qualification	Do not have qualification
002	31	44
003	46	30
004	11	4

Table 17 shows that Health Workers with a qualification tend to be classified at a higher pay classification.

The age distributions of Health Workers who have a qualification and do not have a qualification are fairly similar - a slightly higher proportion of older Health Workers do not have qualifications when compared with the younger age-groups.

9. Types of Qualifications

50% of the Health Workers with a qualification hold a Certificate in Primary Health Care.

- 19% of Health Workers (or 50% of those with a qualification) have a Certificate in Primary Health Care.
- 4% of Health Workers (or 10% of those with a qualification) have a Diploma in Primary Health Care.
- 20% of Health Workers (or 50% of those with a qualification) have an Associate Diploma in Primary Health Care
- At least half of Health Workers in the Torres DHS (or 70% of those with a qualification) have an Associate Diploma in Primary Health Care.

10. National Health Worker Competency Standards

Most Health Workers have identified themselves as working in more than one national competency stream. 30% of Health Workers are familiar with the National Competency Standards. Those Health Workers who were not familiar were asked to obtain information about the Standards before answering related questions. However, only half of the Health Workers believe they have the competence to do their job.

- Those Health Workers who did not identify with any of the streams indicated that they were unfamiliar with competency standards.
- 90% of Health Workers employed in Townsville DHS reported that they are **unfamiliar** with National Competency Standards.
- While Torres DHS reports the highest percentage rate of Health workers with a qualification (and has a low turnover rate), it reports one of the **lowest percentages** of Health Workers who believe **that they have the competencies** to do their job.
- 40% of Health Workers indicated that they worked in **all streams**.
- 11% of Health Workers did not choose any of the streams - this may indicate that they are working in some other stream not provided/recognised by the National Health Worker Competency Standards.
- The reporting relationships appears to influence the Health Workers beliefs regarding being competent on the job.
- Most Health Workers report to a Registered Nurse, District Health Service Manager, or a Coordinator of some kind.
- Most Health Workers believe that this reporting relationship helps them to do their job well.
- Most Health Workers work in Community Care (86%), Management & Teams (83%) and Clinical Care (79%).

Table 18: Percentage of Health Workers working in each stream

Stream	Percent
Clinical Care	79
Community Care	86
Specific Care	53
Management and Teams	83

Administration	73
Research	67

Table 19: Percentage of Health Workers belonging to each stream by DHS

District Health Service	Clinical Care	Community Care	Specific Care	Management and Teams	Administration	Research
Cairns	83	85	40	85	85	85
Cape York	89	94	61	94	33	61
Mt Isa	74	78	35	74	65	57
Torres	82	90	65	83	77	66
Townsville	52	52	33	52	48	43

Table 20: Percentage of Health Workers who did not indicate any stream (by DHS)

District Health Service	Percentage who did choose any stream
Cairns	13
Cape York	0
Mt Isa	17
Torres	7
Townsville	48

Table 20 above shows that nearly half the Health Workers in Townsville DHS did not identify with any of the streams provided in the survey. Table 21 below does show that 90% of Health Workers in Townsville are unfamiliar with the National Health Worker Competency Standards - this may be related to the high percentage of Health Workers who did not identify with any of the streams. This unfamiliarity may be explained by the relative lack of experience (in terms of length of service) and the low proportion of tertiary qualified Health Workers in Townsville when compared with other DHSs.

Table 21: Percentage of Health Workers who are familiar with the National Competency Standards by DHS

District Health Service	Percentage
Cairns	33
Cape York	50
Mt Isa	9
Torres	31
Townsville	10

- Only half (52%) of Health Workers believe they have the competency to do their job.
- Most Health Workers (80%) who are one of a few in a DHS believe they have the competencies required to do their job compared with 42% of those Health Workers who are one of many. This large difference may be related to differences in qualifications or experience (length of service); it is certainly large enough to warrant further investigation.
- 63% of Health Workers with a qualification believe they have the competencies to do their job as compared with 44% of those who do not have a qualification.

Table 22: Percentage of Health Workers who believe they have the competencies to do their job by DHS

District Health Service	Have competencies
Cairns	60
Cape York	61
Mt Isa	39
Torres	35
Townsville	29

There appears to be large regional differences in whether Health Workers believe they have the competencies to their job.

It is interesting to note that Torres DHS had the highest percentage of Health Workers with a qualification and a relatively low turnover rate yet it has one of the lowest percentages of Health Workers who believe that they have the competencies to do their job. Either the competencies of Torres Health Workers are different or their work is different or their perceptions of competencies are different.

Tables 23 & 24 below show that the age of a Health Worker appears to be more related to having competences to do the job than length of service.

Table 23: Percentage of Health Workers who believe they have the competencies to do their job by age-group

Age-group	Percentage
Under 30	39
30 - 40	52
Over 40	63

Table 24: Percentage of Health Workers who believe they have the competencies to do their job by length of service

Length of service	Percentage
greater than 10 years	56
5 to 10 years	36
less than 5 years	58
less than 2 years	57

The length of service does not appear to have the same impact on the belief of having the competencies to do the job as does age. It may be the case that these two factors are interrelated - a lower percentage of the Health Workers who have been working for 5 to 10 years believe they are competent. Perhaps the skills that these workers acquired in formal training are now becoming outdated. The same may be true of workers who have been working for more than 10 years but perhaps their longer experience has an impact on their belief that they have the competencies.

Health Workers who have a reporting relationship that helps them to do their job well are more likely to believe they have the competencies to do their job (see section 12). About 60% of Health Workers who believe their reporting relationship helps them do their job well also believe they have the competencies to do their job compared with

about 30% of those Health Workers who believe that their reporting relationship does not help them to do their job well.

None of the streams stood out as having a higher or lower percentage of Health Workers who thought they were competent.

It would appear that the Health Workers who believe that they have the competencies to do their job are related to a combination of a number of factors, including: qualifications, age, experience and reporting relationships.

11. Training Provision

Just under half of the Health Workers who responded to the survey are studying towards a qualification. There appears to be some regional differences in the participation of further study. Family commitments and lack of relief staff are some of the popular reasons provided for not undertaking further study. On the job training appears to be the most preferred form of training.

- 43% of Health Workers are studying toward a qualification.
- About 50% of those Health Workers who already have a qualification are currently studying, compared with 36% of those who do not have a qualification.
- 60% of Health Workers are studying at an institution close to their home.
- Overall, **on the job training** and **block release** are the most popular types of training.
- A higher percentage of Health Workers who are one in a few are studying towards a qualification compared to one of many Health Workers.
- 61% of Health Workers are studying at an institution closest to their home. It would be expected that those Health Workers in Mt Isa, Cairns and Townsville tend to be studying at the closest institution.
- Overall, **on the job training** and **block release** are the most popular types of training.
- The most popular reasons given by Health Workers for **not** studying are:
 - family commitments
 - distance
 - lack of financial support
 - lack of relief staff (particularly where Health Workers numbers were few).
- It is not surprising that the most popular reason given by Health Workers who are one of a few for not studying is lack of relief staff.

Table 25: Percentage of Health Workers currently studying by District Health Services

District Health Service	Studying towards a qualification
Cairns	48
Cape York	22
Mt Isa	43
Torres	55
Townsville	12

Table 26: Preferences to different types of training*

What type of training would you prefer to access?	Percentage - all Health Workers	Percentage of those currently studying	Percentage of those not currently studying
On-the-job	42	54	32
Onsite/formal training	18	25	12
Full time on campus	5	8	4
Block release	57	78	36
Combination of delivery methods	16	13	14
Distance delivery	9	7	9

*Please note in Tables 26 & 27, Health Workers could respond or indicate preferences to more than one type of training.

Table 27: Health Workers preferences (by percentages) to types of training by DHS*

District Health Services	On-the-job	Onsite / formal	Full time on campus	Block release	Combination of delivery	Distance delivery
Cairns	58	28	5	43	25	10
Cape York	67	28	0	17	11	17
Mt Isa	30	22	0	48	13	0
Torres	36	13	9	78	7	6
Townsville	33	10	5	14	24	14

12. Support

Very few Health Workers believe that there are support mechanisms in place to enable further study. Health Workers who are one of a few in a DHS are more likely to believe that there are support mechanisms.

- Only 8% of Health Workers believe there are adequate support mechanisms in place to enable further study. However, 35% believe they have adequate support and this is regardless of whether the Health Workers is one of few or one of many.
- 20% of those Health Workers who are one of a few believe there are support mechanisms in place compared with only 6% of Health Workers who are one of many.
- Cairns DHS rates highest in relation to support (15%) - and Health Workers in Cairns consistently report adequate support.
- Cape York DHS rates lowest in relation to support (0%). There appears to be little perception of support in Torres and Townsville.
- The preferred support mechanisms according to Districts are:
 - Cairns DHS - study resources (78%)
 - Cape York DHS - transport (22%)
 - Mt Isa DHS - financial (39%)
 - Torres and Townsville DHS - information about availability of training (23% and 29% respectively).

Table 28: Percentage of Health Workers who believe there are support mechanisms in place by DHS (NB. TABLE 31: They were also asked “Do you believe you have adequate support?”)

District Health Service	Are there support mechanisms in place?
Cairns	15
Cape York	0
Mt Isa	4
Torres	6
Townsville	5

Table 29: Preferred support mechanisms*

What support would you like in place?	Percentage - all Health Workers	Percentage of Health Workers who are one of a few	Percentage of Health Workers who are one of many
Transport	29	45	22
Financial	26	42	21
Family/Child Care	10	18	8
Formal mentoring	22	25	21
Workplace sponsorship	30	47	24
Study resources	40	51	37
Information about what training is available	35	41	33

*Please note in Tables 29 & 30, Health Workers could respond or indicate preferences to more than one type of support mechanism.

Table 29 above show that Health Workers who are one of a few are normally twice as likely to wish for some form of support mechanism when compared with Health Workers who are one of many.

Table 30: Health Workers preferred support mechanisms (as percentage) by DHS*

District Health Services	What support mechanism would you like in place?						
	Transport	Financial	Family / Child care	Formal Mentoring	Workplace sponsorship	Study resources	Info. about what training is available
Cairns	40	33	5	73	63	78	70
Cape York	22	0	0	6	6	67	44
Mt Isa	22	39	9	4	17	26	13
Torres	18	17	11	11	15	22	23
Townsville	14	14	5	5	14	19	29

Table 31: Percentage of Health Workers who believe there is adequate support (by DHS)

District Health Service	Adequate support
Cairns	73
Cape York	56
Mt Isa	52
Torres	12
Townsville	24

13. Reporting Relationships

Most Health Workers tend to report to either a Registered Nurse, District Health Service Manager or Coordinator of some kind. Most Health Workers believe that this reporting relationship helps them to do their job well.

- 75% of Health Workers believe that this relationship helps them to do their job well regardless of whether they are a Health Worker who is one of a few or one of many.
- 43% of Health Workers in Townsville DHS believe that this relationship helps to do their job well.

Table 32: Health Workers reporting relationships (as percentages) by DHS

DHS	To which position do you report?				
	DHS Manager	RN	Senior Health Workers	Director	Coordinator
Cairns	35	25	30	13	5
Cape York	22	17	17	28	0
Mt Isa	4	52	26	0	0
Torres	53	5	5	7	15
Townsville	5	48	14	0	29

*Please note in Table 32, Health Workers could respond or indicate preferences to more than one type of reporting relationship.

Table 33: Percentage of Health Workers who believe the reporting relationship helps them to do their job well (by DHS)

District Health Service	Does reporting relationship help?
Cairns	85
Cape York	83
Mt Isa	74
Torres	78
Townsville	43

14. National Health Workers Competencies (Streams)

According to the survey, Health Workers indicated the competencies shown in the following tables.

14.1 Clinical Care Stream

Table 34: Percentage of Health Workers (who are in the clinical stream) who perform particular roles

	Percent answering "Yes"					
	All	Cairns	Cape York	Mt Isa	Torres	Townsville
Care:						
Do you?						
Provide first aid	64	30	75	47	81	36
Provide accident and emergency care	53	30	69	29	75	36
Provide general care	83	84	56	88	88	63
provide a screening service	88	97	88	94	87	91

Use medical equipment	77	79	75	82	86	73
Monitor the use of supplies in the community	58	76	44	53	73	45
Manage clinical care services	47	18	69	35	74	27
Dental:						
Do you?						
Provide a dental health service	23	18	56	6	30	0
Manage a dental health service	10	6	25	6	17	0
Emergencies:						
Do you?						
Respond to medical emergencies	57	30	75	65	74	27
Plan for medical emergencies	40	24	63	35	50	9

14.2 Community Care Stream

Table 35: Percentage of Health Workers (who are in the community care stream) who perform particular roles

	Percent answering "Yes"					
	All	Cairns	Cape York	Mt Isa	Torres	Townsville
Counselling:						
Do you?						
Delivery counselling	67	97	76	44	61	55
Provide counselling	72	97	65	56	74	73
Manage counselling	29	3	35	17	46	27
Emergencies:						
Do you?						
Respond to community emergencies	66	65	71	50	70	27
Plan for community emergencies	41	59	47	22	42	36
Environmental Health:						
Do you?						
Deliver environmental health care	56	79	59	33	52	27
Provide environmental health care	53	71	53	33	53	18
Manage environmental health care	16	0	6	0	28	9
Health Promotion:						
Do you?						
Deliver health and education promotion	89	97	100	72	89	81
Provide health and education promotion	88	97	82	78	88	82
Manage health and education promotion	53	18	53	28	61	55
Interpreting:						
Do you?						
Deliver interpreting services	60	65	47	39	72	36
Children's Health:						
Do you?						
Deliver health care to children	73	74	82	72	73	64
Provide children's health care	72	68	76	61	74	64
Manage children's health care	45	44	24	50	43	45

Disability:						
Do you?						
Deliver health care to people with disabilities	66	76	71	61	68	45
Provide health care to people with disabilities	68	79	65	72	73	36
Manage health care to people with disabilities	32	6	18	33	41	18
Men's Health Business:						
Do you?						
Deliver health care to men	56	59	65	33	54	45
Provide men's health care	55	47	59	39	57	45
Manage men's health care	27	0	35	28	34	45
Mental Health:						
Do you?						
Deliver mental health care	34	21	17	39	33	27
Provide mental health care	42	21	35	33	41	36
Manage mental health care	19	3	12	11	25	27
Nutrition:						
Do you?						
Deliver nutritional health care	67	76	59	39	71	45
Provide nutritional health care	67	74	65	50	70	55
Manage nutritional health care	32	18	12	11	42	18
Older People:						
Do you?						
Deliver health care to older people	71	76	71	67	74	45
Provide health care to older people	68	74	59	61	73	45
Manage health care to older people	33	15	18	22	46	18
Other Specialist Health Services:						
Do you?						
Deliver other specialist health care	46	41	59	33	47	45
Provide other specialist health care	47	35	41	39	52	55
Manage other specialist health care	31	15	29	28	36	27
Substance Abuse/Misuse:						
Do you?						
Deliver substance abuse/misuse care	46	68	47	33	40	36
Provide substance abuse/misuse care	48	62	35	28	46	45
Manage substance abuse/misuse care	22	15	18	17	24	27
Women's Health Business:						
Do you?						
Deliver health care to women	66	85	53	50	62	55
Provide health care to women	72	82	76	61	66	64
Manage health care to women	40	21	41	22	48	45

Youth Health:						
Do you?						
Deliver health care to youth	62	76	59	39	55	55
Provide health care to youth	65	76	65	50	62	64
Manage health care to youth	32	12	41	22	38	37

14.3 Management and Teams Stream

Table 36: Percentage of Health Workers (who are in the management and teams stream) who perform particular roles

	Percent answering "Yes"					
	All	Cairns	Cape York	Mt Isa	Torres	Townsville
Advocacy:						
Do you?						
Advocate for the rights and needs of individuals and families	77	95	59	77	66	55
Advocate on behalf of the community	61	91	35	71	42	45
Disaster Planning:						
Do you?						
Implement a disaster plan	32	59	65	29	24	9
Develop a disaster plan	27	53	24	18	36	0
Management:						
Do you?						
Manage human resources	20	21	12	12	22	18
Manage finances	10	6	0	12	20	0
Manage budgets	13	9	0	6	21	0
Manage plans	26	6	18	24	34	27
Manage projects	24	6	12	12	28	27
Policy and Programming:						
Do you?						
Develop programs	41	26	12	41	39	36
Develop policy	11	9	0	12	13	9
Occupational Health and Safety:						
Do you?						
Demonstrate safe working practices	76	94	65	65	68	82
Implement and monitor OH & S policies	35	74	6	24	28	0
Team Work:						
Do you?						
Work with others to deliver effective health outcomes	91	88	88	82	93	91
Supervise team	35	18	29	47	53	9
Supervise individual workers	36	41	29	47	47	9
Training:						
Do you?						
Provide informal training	52	94	12	53	38	36

Provide formal training	28	29	6	24	20	27
Assess formal training	26	35	12	29	15	27
Manage training	17	15	6	24	16	18

14.4 Administration

Table 37: Percentage of Health Workers (who are in the administration stream) who perform particular roles

	Percent answering "Yes"					
	All	Cairns	Cape York	Mt Isa	Torres	Townsville
Do you?						
Implement office systems	40	29	17	47	35	60
Maintain records	88	100	67	93	73	100
Produce written communication	86	97	50	87	77	90
Use office equipment and technology	82	94	67	87	70	100

14.5 Research Stream

Table 38: Percentage of Health Workers (who are in the research stream) who perform particular roles

	Percent answering "Yes"					
	All	Cairns	Cape York	Mt Isa	Torres	Townsville
Do you?						
Collect information on the community's health	93	97	73	85	91	100
Maintain community health profile	77	97	64	77	72	67
Coordinate community health research	42	26	36	77	43	44

Detailed Findings:
All Occupational Categories (other than Health Workers)

A total of 261 Aboriginal and Torres Strait Islander employees of Queensland Health (other than Indigenous Health Workers) responded to the survey.

*****All references to employees or staff, in this section, relate to Indigenous employees or staff only, but does not include Indigenous Health Workers.***

Table 1, below shows the DHSs where there are at least 4% of the survey respondents.

Table 1: Distribution (percentage) of respondents by DHS

District Health Service	Percentage of Indigenous Staff
Cairns	13
Cape York	5
Corporate Office	7
Innisfail	4
Rockhampton	7
South Burnett	5
Torres	26
Townsville	5

Table 2: Distribution (percentage) of Indigenous staff respondents by Queensland Health Zone

Zone	Percentage of Indigenous staff
Northern	60
Central	18
Southern	15
Corporate Office	7

1. Facility Type

Most Indigenous staff work in a hospital setting.

- 63% of Indigenous staff work in hospitals.
- 11% of Indigenous staff work in community health centres.
- (26% did not indicate their place of employment).
- 75% of Indigenous staff in the Cairns, Rockhampton, South Burnett, Torres and Townsville DHS work in a hospital.
- In Cape York DHS most Indigenous staff indicated they work in community health centres or the DHS office.
- Most Indigenous staff in Townsville DHS work in community health, hospitals or Indigenous health centres.

- (**NB. No responses were received from Bayside, RBH, RCH & RWH, where it is known from other information that Indigenous staff, are employed, specifically nurses).

2. Classification Level

Most Indigenous employees are classified in the operational or administrative streams. However, at the DHS level there appears to be some differences in the streams in which Indigenous staff are working.

- 35% of Indigenous staff work in the Administrative Officers stream.
- 50% of Indigenous staff work in the operational stream.
- 13% of Indigenous staff are involved in nursing.
- Indigenous employees tend to perform different roles in different District Health Services. In Cape York and Townsville DHS, most employees work in the administrative stream, while in Innisfail DHS, no Indigenous employee works in administration.

Table 3: Distribution (percentage) of pay classification by DHS

DHS/Pay Level	Operational			Administration							Nursing			
	not stated	1	2	3	not stated	2	3	4	5	6	7	AIN	EN	RN
Cairns	30		27	3		9	12	3	3			6	3	
Cape York				8	8	25	17		8	17				
Corporate Office						18	12	12	12	24	24			
Innisfail	18		55	9	11								9	9
Rockhampton	28	6	28	6		11				6		6		
South Burnett	62					15				8		8	8	
Torres	29		37	7		4			1			12	3	
Townsville	8			15		38	1			8				

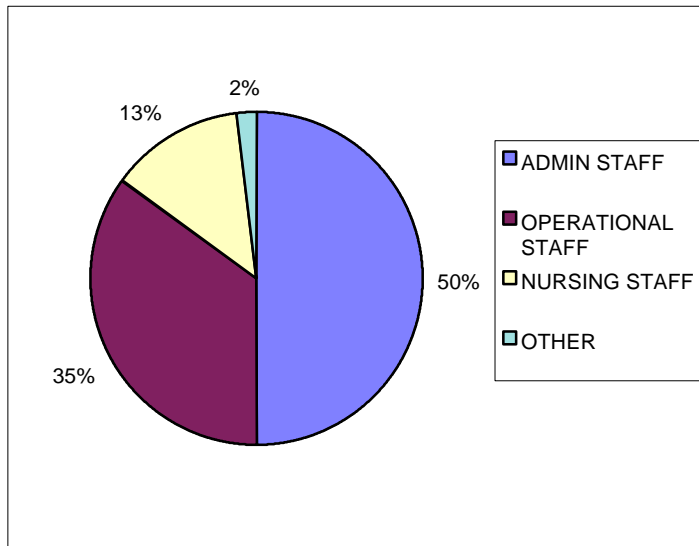
Not all respondents indicated a pay classification. However, most did indicate a position title. These two pieces of information was used to estimate the break-up of Indigenous staff in administrative, operational and nursing type jobs, as shown in Table 4, below.

Table 4: Distribution (percentage) of stream by DHS

District Health Services	Administration	Operational	Nursing
Cairns	21	67	12
Cape York	79	4	7
Corporate Office	100		
Innisfail		82	8
Rockhampton	39	50	11
South Burnett	23	62	15
Torres	9	76	15
Townsville	92	8	

GRAPH 1: The number of Indigenous staff according to occupational categories.

ADMIN STAFF	50%
OPERATIONAL STAFF	35%
NURSING STAFF	13%
OTHER	2%



The survey indicates that most Indigenous staff are employed at the lower levels, with 29 of the 92 staff identified as Administrative Officers at AO5 to AO7 levels. The data also showed that 36 (including the 3 from the Health Workers Survey) Indigenous nurses work for Qld Health at various levels.

3. Employment Status

Except for the Corporate Office, most Indigenous staff are permanently employed. There is not any real regional differences in the permanency of staff with the exception of Corporate Office.

- 75% of staff work on a permanent basis.
- 16% of staff work on a temporary basis.
- (9% of respondents did not indicate their status).

Table 5: Distribution (percentage) of employment status by DHS

DHS	Permanent	Temporary
Cairns	72	23
Cape York	75	8
Corporate Office	47	47
Innisfail	82	18
Rockhampton	78	17
South Burnett	77	15
Torres	78	9
Townsville	69	8

4. Hours of Employment

Most Indigenous employees work on a full time basis.

- 77% of Indigenous employees work full time.
- In Corporate Office and Townsville DHS, 100% of Indigenous employees are full time.
- The lowest rate of full time Indigenous employees is at South Burnett DHS (67%).

Table 6: Distribution (percentage) of hours of employment

DHS	Percent full-time
Cairns	73
Cape York	92
Corporate Office	100
Innisfail	73
Rockhampton	72
South Burnett	67
Torres	68
Townsville	100

5. Gender

Most Indigenous employees are female.

- 72% of Indigenous employees (excluding Health Workers) are female.
- Torres DHS has the highest percentage of Indigenous female staff (85%).
- Corporate Office and South Burnett DHS have the lowest percentage of Indigenous female staff (53% and 54% respectively).

Table 7: Percentage of Indigenous staff who are female by DHS

DHS	Percent female
Cairns	70
Cape York	75
Corporate Office	53
Innisfail	73
Rockhampton	72
South Burnett	54
Torres	74
Townsville	85

6. Date of Commencement

Most Indigenous employees have worked for Queensland Health for less than 10 years. The turnover rate or length of service appears to be influenced by a combination of factors, which include: type of work, having a qualification, being employed on a permanent basis, and gender as well as other issues relating to each DHS. These factors appear to be interrelated and cannot individually be considered as an influence on length of service. However, the work-stream appears to have the greatest influence of turnover rates. Typically, female workers who are employed on a permanent basis in the operational stream have a relatively low turnover rate.

- 79% percent of Indigenous employees started work for Queensland Health within the past 10 years (half (58%) of employees started work for Queensland Health within the past five years).
- About 20% of Indigenous employees had started with Queensland Health within 12 months of the survey.
- The turnover rate of employees is influenced by their qualifications, whether or not they are permanent and their gender.
- Typically, Indigenous female employees with a qualification and who are permanently employed have a low turnover rate.
- Innisfail DHS has the lowest turnover rate - this may be related to the fact that most Indigenous employees in Innisfail are in the operational stream. In fact both South Burnett and Torres DHSs have the next lowest turnover rates and they also have a relatively large proportion of Indigenous staff working in the operational stream.
- Corporate Office has the highest turnover rate. This may be due to the temporary employment status of most Indigenous employees in the area.
- Female employees tend to have a lower turnover rate than male employees.
- Tertiary qualifications influence the length of service of Indigenous employees, with a higher turnover rate for qualified employees.
- Corporate Office and Cape York DHS have a higher proportion of Indigenous employees with a relevant qualification.
- Types of work, qualifications, gender and permanency influence the turnover rate of employees.
- Typically, Indigenous female employees with a qualification and permanently employed have a low turnover rate.
- Innisfail DHS has the lowest turnover rate.

Table 8: Distribution of commencement date (as percentage) by DHS

DHS	Started with Queensland Health in past 5 years	Started with QH in past 10 years
Cairns	64	79
Cape York	83	100
Corporate Office	71	94
Innisfail	22	44
Rockhampton	65	88

South Burnett	33	67
Torres	51	77
Townsville	58	83

Table 9: Distribution of commencement date (as a percentage) by employment status

DHS	Started with QH in past 5 years	Started with QH in past 10 years
Permanent	43	69
Temporary	95	100

Table 10: Distribution of commencement date by DHS for those workers who are permanent

DHS	Started with QH in past 5 years	Started with QH in past 10 years
Cairns	46	68
Cape York	78	100
Corporate Office	50	88
Innisfail	0	29
Rockhampton	57	86
South Burnett	22	56
Torres	39	72
Townsville	44	78

Table 9 above, shows that there is a very strong tendency for permanent Indigenous employees to work with Queensland Health longer than temporary Indigenous employees. Corporate Office has a high proportion of Indigenous staff employed on a temporary basis - this may partly explain the high turnover rate.

Table 10 above, shows that when only considering permanent Indigenous staff the turnover rate for Corporate Office is relatively lower.

Table 11: Distribution of commencement date (as a percentage) by gender

Gender	Started with QH in past 5 years	Started with QH in past 10 years
Female	53	78
Male	69	86

Table 12: Distribution of commencement date (as a percentage) by tertiary qualification status

Have a tertiary qualification	Started with QH in past 5 years	Started with QH in past 10 years
Yes	64	82
No	52	73

Cape York DHS and Corporate Office have a higher proportion of Indigenous employees who have a qualification (see section 8) - these DHSs also have a high turnover rate.

Comparing the length of service of the DHSs with the break-up of stream (section 2), it appears that the DHSs that have most Indigenous employees working in the administration stream tend to have turnover rates, for example, Cape York.

7. Age Distribution

The distribution of ages for Indigenous employees is very similar to non-Indigenous employees of Queensland Health. There is no real difference in the age distributions of female and male workers.

- 19% of Indigenous employees are under 30 years of age (compared with 22% of non-Indigenous employees).
- 35% of Indigenous employees are aged between 30 and 40 years (compared with 32% of non-Indigenous employees).
- 46% of Indigenous employees are aged over 40 years of age (compared with 46% of non-Indigenous employees).

Table 13: Age distribution (percentage) of Indigenous employees

Age Group	Indigenous employees	Queensland Health
Under 30	19	22
30 -40	35	32
over 40	46	46

Table 14: Distribution of commencement date (as a percentage) by tertiary qualification status

Age Group	Female	Male
Under 30	18	20
30 -40	35	39
over 40	47	41

Table 15: Age distribution (as percentage) by DHS

DHS	Under 30	30 to 40	40 and over
Cairns	27	33	39
Cape York	27	27	46
Corporate Office	6	59	35
Innisfail	9	27	64
Rockhampton	39	28	33
South Burnett	23	46	31
Torres	10	34	51
Townsville	38	46	15

8. Qualifications

There appears to be some large regional differences in the proportion of Indigenous employees who have a qualification. Indigenous employees who have a qualification tend to work for Queensland Health for a shorter period.

26% of Indigenous employees (apart from Indigenous Health Workers) have at least one qualification.

- Equal proportions of male and female Indigenous employees have a qualification.
- Indigenous employees with qualifications tend to work for Queensland Health for a shorter period of time.

Table 16: Distribution (as percentage) of Indigenous employees who have qualifications by DHS

DHS	Have a qualification
Cairns	21
Cape York	67
Corporate Office	47
Innisfail	36
Rockhampton	17
South Burnett	8
Torres	10
Townsville	23

The table above shows that there appears to be some regional differences in the percentage of Indigenous staff who have a qualification. This may be related to differences in the types of jobs performed at different DHSs.

Key Findings from both Surveys
Health Workers and other Occupational Categories

1. Total Number of Indigenous Employees

- 277 Aboriginal and Torres Strait Islander Health Workers responded to the survey.
- 261 Aboriginal and Torres Strait Islander employees from other occupational categories responded to the survey.
- A total of 538 Aboriginal and Torres Strait Islander employees responded.
- 268 Aboriginal and Torres Strait Islander employees participated in the EEO process.
- Queensland Health employs approximately 595 Indigenous employees (drawn from the highest totals in each occupational category from both the survey and the EEO data - see TABLE below).

Table 1: Number of respondents to this survey and current EEO data.

DISTRICT HEALTH SERVICE	NUMBER IN EEO	NUMBER IN SURVEY	HIGHEST NUMBER IDENTIFIED
Banana	1	1	1
Bayside	1	0	1
Bowen	5	4	5
Bundaberg	1	1	1
Cairns	6	73	73
Cape York	0	31	31
Central Highlands	0	0	0
Central West	4	6	6
Charleville	0	10	10
Charters Towers	2	9	9
Corporate Office	10	17	17
Fraser Coast	0	2	2
Gladstone	1	1	1
Gold Coast	3	6	6
Gympie	3	0	3
Innisfail	1	12	12
Logan-Beaudesert	5	3	5
Mackay	0	1	1
Mater	0	2	2
Moranbah	0	0	0
Mt Isa	19	31	31
North Burnett	2	1	2
Northern Downs	3	0	3
Prince Charles Hospital	10	16	16
Princess Alexandra	1	12	12
Redcliffe-Caboolture	10	3	10
Rockhampton	12	28	28
Roma	0	3	3

Royal Brisbane	9	0	9
Royal Children's	1	0	1
Royal Women's	1	2	2
South Burnett	18	19	19
Southern Downs	3	1	3
Sunshine Coast	15	7	15
Tablelands	0	12	12
The QE11 Hospital	0	4	4
Toowoomba	26	7	26
Torres	68	170	170
Townsville	24	34	34
West Moreton	3	9	9
TOTALS	268	538	595

2. Total Numbers across the Classification Levels

According to occupational categories levels, the following total number of Aboriginal and Torres Strait Islander employees responded to the survey (excluding the 4 medical practitioners). Table 2 below outlines the numbers according to classification levels.

- 388 operational staff
- 108 administrative staff
- 36 nursing staff
- 3 professional staff
- 1 technical officer
- 2 Senior Executive staff
- 4 medical practitioners (obtained from Corporate information; not from the survey)

Table 2: Number of Indigenous employees by classification and levels.

CLASSIFICATION LEVELS	TOTAL No. of Indigenous Employees
00	87 (did not indicate level)
001	3
002	157
003	117
004	22
005	2
AO	3 (did not indicate level)
A01	2
A02	38
A03	23
A04	10
A05	13
A06	14
A07	5
A08	0
RN	9
CN	2
EN	11
AIN	14
PO	1
PO3	2
T02	1

SES1	2
MEDICAL PRACTITIONERS	4

Table 3: Numbers of non-Indigenous staff compared to Indigenous staff by occupational category.

Occupational Categories	Non-Indigenous Staff	Indigenous Staff
Medical Practitioners	3,780	4
Nurses	20,300	36
Administrative Staff (AO1 to AO4)	5,364	73
Administrative Staff (AO5 to AO7)	881	32
Senior Executives	75	2

Key Considerations for Future Workforce Planning and Development Strategies

The Indigenous Workforce Profile project is the first step in the development of a Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy. The Strategy will assist the Department to meet the EEO employment targets for Aboriginal and Torres Strait Islander people and so become more responsive to the health needs of this priority client group.

A number of issues relating to the collation of Aboriginal and Torres Strait Islander specific workforce data became evident during the project and are outlined below:

ISSUE (1)

Aboriginal and Torres Strait Islander employees represent approximately 1.3% of the total Queensland Health workforce according to this survey and EEO data.

Current Action:

- the Aboriginal and Torres Strait Islander Health Unit has developed a business case for the implementation of an Aboriginal and Torres Strait Islander Workforce Management Strategy. This will take into account appropriate human resource management principles that are in line with the Aboriginal and Torres Strait Islander Health Policy.

ISSUE (2)

There is a discrepancy within data collected by Queensland Health between the voluntarily supplied EEO data and the survey conducted by the Aboriginal and Torres Strait Islander Health Unit. It is understood that, as well as methodological issues, this may be partly due to the under-identification of Indigenous staff within the organisation. This under-identification may be due to lack of support or opportunities to disclose their status. For example, the survey conducted by the Unit did not capture data on known Indigenous Medical Officers. It should also be noted that the survey did not receive responses from major metropolitan hospitals.

Current Action:

- the Health Workforce Planning and Analysis Unit will centralise EEO data collection prior to conversion to LATTICE (*refer to page 25*).

Proposed Action:

- that Queensland Health improve the method of data collection
- that Queensland Health ensures EEO target groups have the option to identify at the time of initial employment;
- that Queensland Health adopt a communication strategy targeted at Aboriginal and Torres Strait Islander staff to promote the benefits of more accurate Indigenous workforce information; and
- that a follow up survey be conducted in the major metropolitan hospitals.

ISSUE (3)

There were limited formal systems in place at the District level to provide accurate Indigenous workforce information, so the survey questionnaire was distributed using informal networks. This approach, while the most practical at the time, was still not fully reliable and proved somewhat cumbersome. It would not be advisable to repeat this inefficient process on a regular basis.

Current Action:

- The Human Resource Information Systems Project is planning to develop a system to ensure that Aboriginal and Torres Strait Islander workforce information is accessible and accurate. However, the exact timing and costs of implementation are yet to be determined. No practical results should be expected within the next 12 months on the current roll-out schedule.

ISSUE (4)

There is a need to resource the establishment of sustainable mechanisms to ensure future collation of workforce information relating to Indigenous staff within Queensland Health.

Current Action:

- the Health Workforce Planning and Analysis Unit is undertaking an EEO data recovery project to re-establish the EEO database and trial a prototype collection process to raise the response rate to a target of 80% by the end of 1999. This exercise will go from April to September 1998 and will then will need to be continued as an operational activity from October 1998 until the Human Resource Information Systems Project can uplift the data into the LATTICE System (*refer to page 25*).

Proposed Action:

- that Queensland Health identify a suitable operational location to continue EEO data maintenance until the LATTICE System is capable of providing a comparable level of service

These highlighted issues form key considerations for Queensland Health's workforce planning and development initiatives in the future. As stated by the Director-General, this has important implications for our readiness to improve Indigenous health.

Related Initiatives

Current Human Resource Information Systems

The Queensland Health Human Resource Management Information Systems is a fundamental element in achieving Queensland Health's requirements for human resource management for the future. The Queensland Health Human Resource Management Information System's vision is to:

Provide a flexible integrated Human Resource Information System which will enhance Queensland Health's ability to effectively manage its workforce.

Lattice

LATTICE has been chosen as the corporate system to support management of human resources within Queensland Health. The LATTICE system as customised for Queensland Health has been adapted from the LATTICE Personnel and Payroll System developed and marketed by MINCOM.

LATTICE supports a wide range of human resource management functions.

Design of the system also promotes integration of personnel and payroll processing functions. As such, LATTICE, will enable Queensland Health to adopt improved administrative procedures which will enhance staff productivity and provide greater job satisfaction and multi-skilling of staff across the range of personnel and payroll activities in the organisation.

This comprehensive payroll and human resource management system includes the following modules:

Establishment	Allows administrative units and positions to be specified for the organisation
Employee	Captures employee details, including their allocated position
Leave	Assists in the accrual, recording, payment and reporting of leave management
Reports	Provides regular and ad hoc reports
Payroll	Manages payment for employees

Other modules which may become part of the Lattice system are:

Training, Occupational Health & Safety, Recruitment, Separation, Planning & Development.

The introduction of systems and the inclusion of a specification to identify Aboriginal and Torres Strait Islander staff within Queensland Health will enable and assist workforce planning to ensure that EEO targets are met.

Current EEO Data

The current EEO Database is unable to provide up-to-date, comprehensive information relating to the four target groups, including Aboriginal and Torres Strait Islander staff, within Queensland Health.

The Database was designed as a distributed dataset within Queensland Health Regions. Data was held either as an extension to the regional pay systems or as a separate database at the discretion of Regional Managers.

In 1994 and 1995, data extracted from each Region was aggregated in Corporate Office. The quality of this data was only fair. In 1996, when Queensland Health restructured from Regions to District Health Services, the quality of data deteriorated further. In some Districts, EEO forms are distributed and completed for new employees but are not entered. In other Districts, there is no process in place to collect data.

The future of the EEO Database is currently at risk. An interim plan is to centralise EEO data and upgrade its quality. When the new payroll system is ready to hold EEO data, the enhanced database could be imported directly, thus making the information available through the standard corporate payroll.

To date, the Lattice System does not include a specification to accommodate the identification of Aboriginal and Torres Strait Islander staff. Therefore, the existence of a well maintained single source of data will make final conversion to Lattice a simpler exercise.

The Health Workforce Planning and Analysis Unit proposes to recover existing EEO data to enable improvement in future monitoring of EEO through a central process. The Aboriginal and Torres Strait Islander Health Unit has contributed resources to this initiative to ensure future access to more current Aboriginal and Torres Strait Islander EEO information.

Appendix A

QUESTIONNAIRE

QUEENSLAND HEALTH'S ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE PROFILE

1) Corporate Office / Division or District Health Service:

2) Facility Employed at or Work Area - Unit / Branch:

3) Classification Level:

4) Position Title:

5) Qualification (if any):

6) i) Employment Status (Please tick appropriate box):

Permanent Temporary Other (e.g. Contract)

6) ii) Hours of Employment:

Full time Part time

7) Gender:

Male Female

8) Date of commencement with Queensland Health (when you first started employment with Queensland Health):

9) Age: under 20 20 - 30 30 - 40 over 40

10) * Where did you first attend school ?

.....

(* to compare employment opportunity trends in urban areas as opposed to rural and remote)

Appendix B
