

Dental Hygienist Labour Force, 1997

This Newsletter provides information on the dental hygienist labour force in Australia. Data were collected in 1997 as part of the national dental labour force data collection with all dental hygienists receiving a mail questionnaire and a summary of the data collection findings are presented.

Data Collection

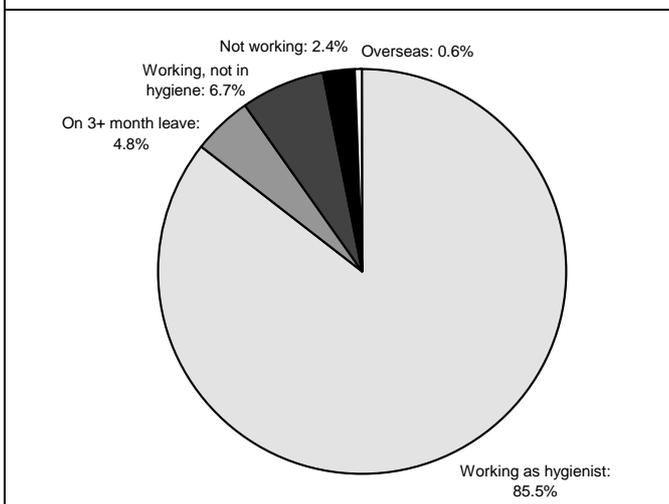
This data collection was conducted in the last quarter of 1997 in the seven States and Territories where dental hygienists were permitted to practice. Dental hygienists were not able to practice in Tasmania.

The data collection was supported by the Dental Hygienists' Association of Australia and a response rate of 77.0% was achieved. The questionnaire included data items on practice status; demographic characteristics; education background; location, area and type of practice; hours worked and reasons if working in casual or less than full-time work.

Practice Status

Figure 1 shows that the majority (85.5%) of dental hygienists are in practice in Australia with an additional 4.8% on leave for 3 months or longer.

Figure 1: Practice status, 1997



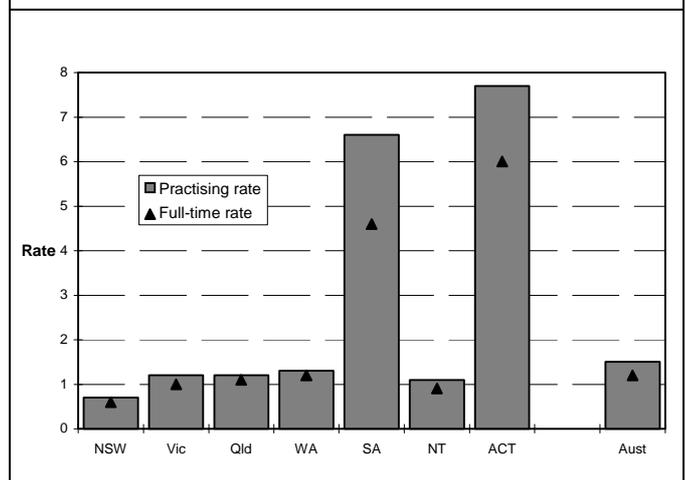
It can be seen from Table 1 and Figure 2 that the Australian Capital Territory and South Australia have the highest rates of dental hygienists per 100,000 population, while the other States and the Northern Territory share approximately equal rates per 100,000 population. Consequently, the national rate is just above this level with a practising rate of 1.5 and a full-time equivalent (FTE) rate of 1.2.

Table 1: Practice status by State/Territory, 1997

	NSW	Vic	Qld	WA	SA	NT	ACT	Aust
Working as dental hygienist	42	53	40	23	98	2	24	282
Working, on 3+ months' leave	-	5	3	-	8	-	-	16
Working, not in dental hygiene	4	3	2	3	10	-	-	22
Not working	-	2	1	-	6	-	-	8
Overseas	-	-	-	-	1	-	1	2
Total	46	62	46	26	123	2	25	330
Practising rate	0.7	1.2	1.2	1.3	6.6	1.1	7.7	1.5
FTE rate	0.6	1.0	1.1	1.2	4.6	0.9	6.0	1.2

It can also be seen from Figure 2 that where there are low rates of dental hygienists per 100,000 population, there is little difference between the practising rate and the FTE rate, with the majority of practising dental hygienists being employed full-time. However, in the Australian Capital Territory and South Australia the practising and FTE rates differ substantially, with the mean hours worked per week well below full-time employment.

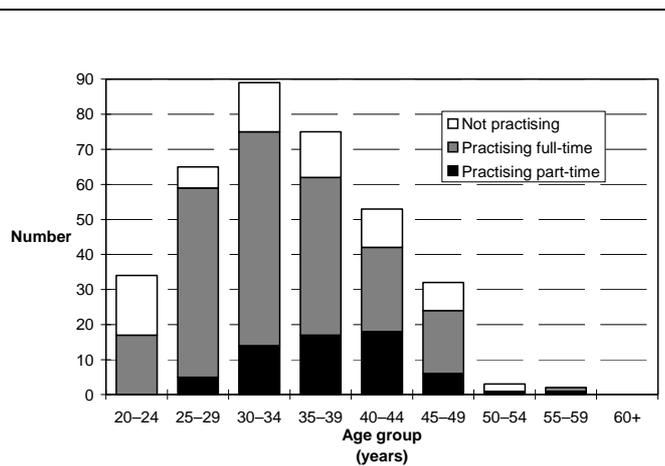
Figure 2: Practising and full-time equivalent hygienists, State/Territory, rate per 100,000 population, 1997



Demographic Background and Qualifications

The majority of dental hygienists in practice in Australia are aged in the range 25–39 years (Figure 3). The largest group of dental hygienists who are not in practice are aged 30–44 years, and the largest group of part-time hygienists are also aged 30–44 years.

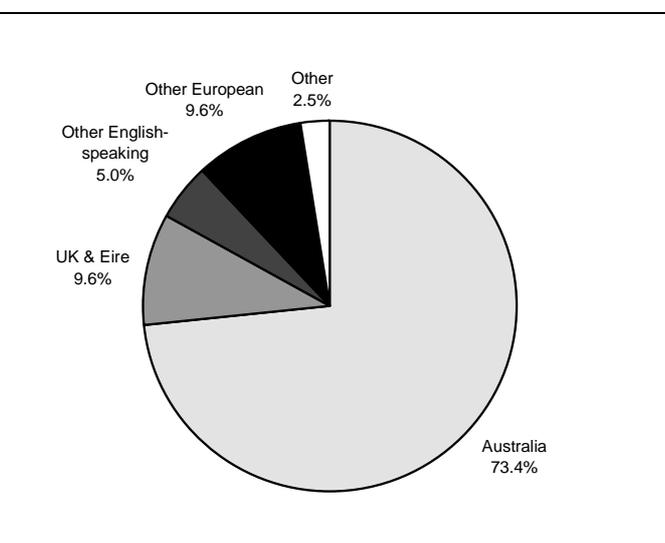
Figure 3: Age by practice status, full- and part-time, 1997



NOTE: Full-time is defined in this figure as those working 22.5+ hours per week

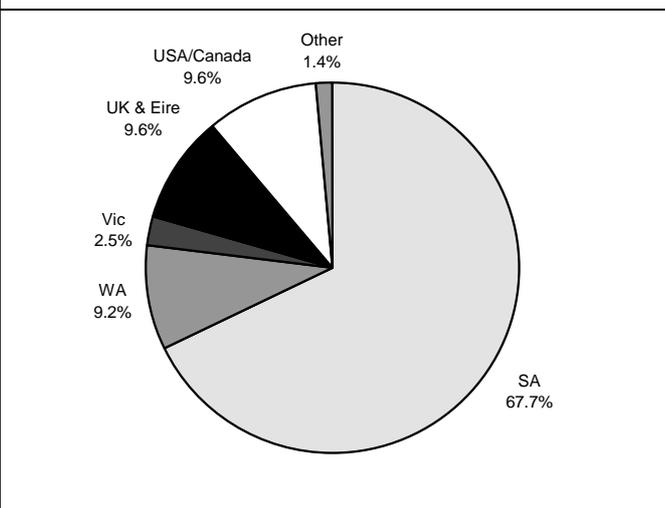
Nearly three-quarters (73.4%) of practising hygienists were born in Australia (Figure 4). In addition, it can be seen that the great majority were born in English-speaking countries. It should be noted that the majority of dental hygienists were female with only five male dental hygienists. In addition there was only one who reported being an Indigenous Australian.

Figure 4: Practising hygienists, country of birth, 1997



In Australia, until 1996 dental hygienists could only qualify in South Australia and in the defence forces. New courses were introduced in Victoria and Western Australia while Queensland hygienists commenced study in 1998. Accordingly, it is not surprising that over two-thirds of practising hygienists qualified in South Australia. There were equal proportions (9.6%) who obtained their qualification from the United Kingdom and Eire and from North America.

Figure 5: Practising hygienists, place of qualification, 1997



Nearly a quarter (22.7%) of practising hygienists also had a dental therapy qualification.

Practice Activity

Most hygienists practice in the private sector with the majority in general dental practice (see Table 2). In specialist practice most work in orthodontic practices.

General dental practice is the predominant type of practice throughout Australia. There were no hygienists in New South Wales and Western Australia reporting that their main practice was periodontal specialist practice and public practice was only reported in New South Wales and South Australia/Northern Territory.

Table 2: Practising hygienists, type of main practice by State/Territory, 1997

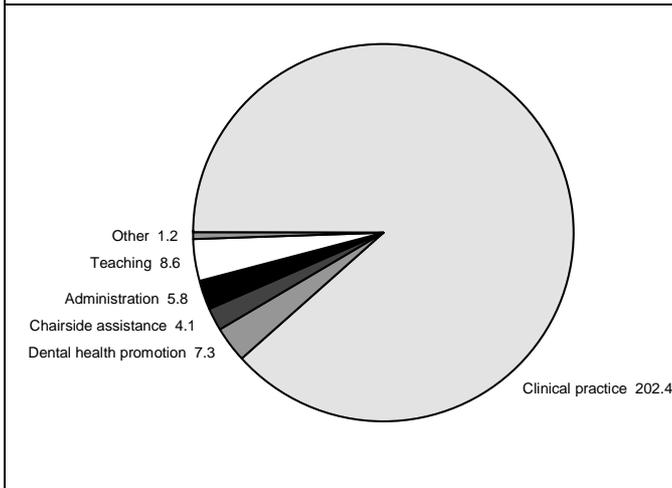
	NSW	Vic	Qld	WA	SA/NT	ACT	Aust
Private – general practice	28	40	29	15	70	18	200
Private – orthodontal spec.	10	10	8	8	10	5	51
Private – periodontal spec.	–	3	3	–	6	1	13
Private – other spec.	2	–	–	–	4	–	6
Public	2	–	–	–	10	–	12
Total	42	53	40	23	100	24	282

NOTE: Due to the small number in the NT, results are combined with SA to ensure respondent confidentiality

Each respondent specified the estimated hours spent at a range of areas of practice. These hours were combined and then divided by 37.5 to establish the FTE practice for each area.

The majority of hours (202.4 FTE) were spent in clinical practice (see Figure 6) with small amounts of teaching (8.6 FTE), dental health promotion (7.3 FTE), administration (5.8 FTE) and chairside assistance (4.1 FTE).

Figure 6: Practising hygienists, FTE area of practice, 1997



From Table 3 it can be seen that the largest group of hygienists (125) practice for 30–39 hours per week. There were relatively few (7) working <10 hours per week. The mean hours per week was 30.5 hours.

There were clear differences between the highest levels of activity of New South Wales (34.1 hours per week), Western Australia (33.8 hours per week), Queensland (33.6 hours per week) and the lowest level in South Australia/Northern Territory (26.5 hours per week). This difference is equivalent to on average nearly a day less worked per week.

Table 3: Practising hygienists, hours worked by State/Territory, 1997

Hours per week	NSW	Vic	Qld	WA	SA/NT	ACT	Aust
<10	–	–	–	–	6	1	7
10–19	2	6	3	3	24	3	41
20–29	9	8	4	2	23	6	52
30–39	15	27	21	13	39	10	125
40+	16	12	12	5	8	4	57
Total	42	53	40	23	100	24	282
Mean	34.1	32.1	33.6	33.8	26.5	29.1	30.5

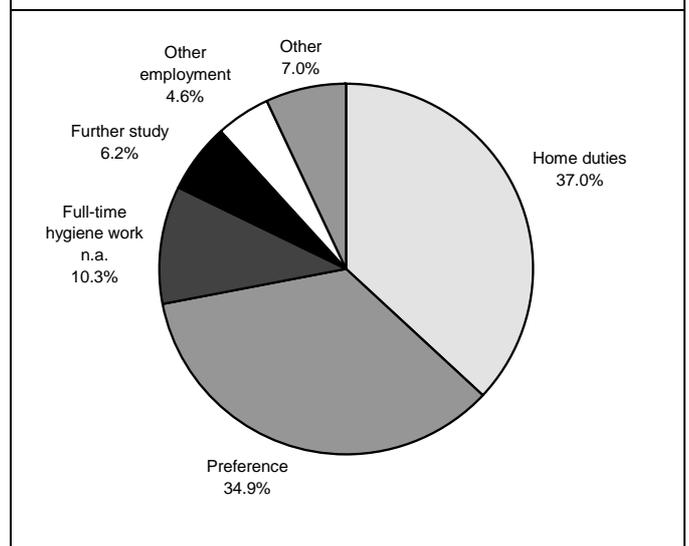
Of those hygienists reporting that they were looking for work (see Table 4) the majority (24 of the 35) were seeking part-time work only. No respondent said that they were looking for full-time work only. It was not surprising that with the largest hygienist labour force located in South Australia that this State would also have the highest levels of those looking for work.

Table 4: Hygienists looking for full- or part-time work, 1997

Looking for:	NSW	Vic	Qld	WA	SA/NT	ACT	Aust
Full- or part-time	4	2	1	–	4	–	11
Part-time work	–	4	6	2	10	2	24
Total	4	6	7	2	14	2	35

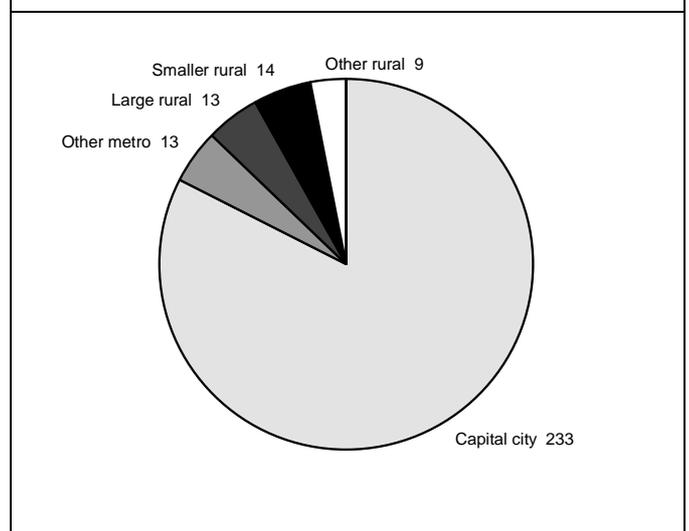
Respondents who worked on a casual basis or less than 35 hours per week were asked to provide the reasons for doing so. Home duties (37.0%) and preference (34.9%) were the main reasons provided followed by full-time hygiene work not available (10.3%).

Figure 7: Practising hygienists in casual or less than full-time work, main reason, 1997



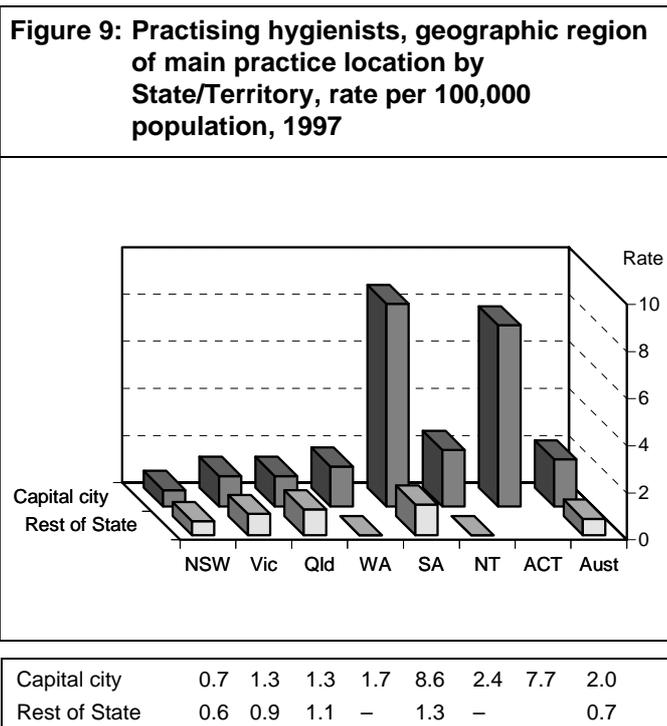
This distribution of practising hygienists by geographic region is presented in Figure 8. It can be seen that the majority (233 or 82.6%) practise in the capital cities while the remainder are fairly evenly spread across the other geographic regions.

Figure 8: Practising hygienists, geographic region, 1997



The geographic distribution of practising hygienists in Australia by capital city/rest of State is presented in Figure 9. There are clear differences in the rate per 100,000 population between the capital cities with Adelaide (8.6) and Canberra (7.7) far higher than all others. It can also be seen that the non-capital city regions have a rate (0.7) that is approximately one-third of the rate for the capital cities (2.0).

It can be seen that in South Australia the rate for the rest of State (1.3) was very similar to the eastern States showing that the higher rate for South Australia shown earlier in Table 1 (6.6) is mainly a reflection of the higher rate in Adelaide.



Acknowledgements

The 1997 national dental hygienist labour force data collection was supported by the Dental Hygienists' Association of Australia. The assistance of the responding dental hygienists is greatly appreciated.

The AIHW Dental Statistics and Research Unit (DSRU) is a collaborative unit of the Australian Institute of Health and Welfare established in 1988 at The University of Adelaide. The DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of dental statistics and research on dental health status, use of dental services, provision of dental services and the dental workforce.

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AIHW Catalogue No. DEN 49

ISSN 1321-9227

Summary

From the 1997 national dental hygienist labour force data collection it can be seen that:

- the majority are working as hygienists (85.5%);
- nationally there are 1.5 practising hygienists per 100,000 population;
- most are aged below 40 years;
- the greatest proportion were born in English-speaking countries with nearly three-quarters Australian-born;
- two-thirds qualified from South Australia and equal proportions (9.6%) qualified in the UK & Eire and in North America;
- general dental practice in the main type of practice (200 of the 282 in practice) followed by orthodontic specialist practice;
- there was little reported public sector employment (12 of the 282 in practice);
- clinical practice dominates the area of practice;
- there were differences in the level of activity between the States/Territories with South Australia/Northern Territory the lowest (26.5) hours worked per week;
- of those looking for work most (24 of 35) were seeking part-time work only and no respondent reported looking for full-time work only;
- home duties (37.0%) and preference (34.9%) were the main reasons provided by those who were in casual employment or who worked less than 35 hours per week;
- Adelaide (8.6 per 100,000) and Canberra (7.7) are the regions in Australia where there is the highest rate of hygienists practising per 100,000 population; and
- non-capital city areas have approximately one-third of the rate of hygienists per 100,000 population compared to the capital cities (0.7 compared to 2.0).