This report provides information on the dental hygienist labour force in Australia based on the 2003 national dental labour force collection.

Data collection

Data were collected in the second half of 2003. The collection was conducted in all states and territories except for the Northern Territory; results have been substituted by 2002 data where appropriate. Questionnaires were mailed to all registered hygienists. In New South Wales and Queensland, where there was no formal registration process, all members listed with the Dental Hygienist Association of Australia (DHAA) were surveyed.

The questionnaire included data items on practice status, demographic characteristics, practice characteristics at up to three locations and hours worked. Hygienists were also asked to cite their ‘most likely career position in twelve months time’.

A response rate of 73.8% was achieved. It was assumed that non-respondents had the same characteristics as respondents; hence data were weighted up to the number of hygienists registered/listed in each state/territory.

The coverage of DHAA membership is not known but it is less than 100% in Queensland and New South Wales. The numbers of practising hygienists are therefore likely to be underestimated.

Practice status

In 2003 there were a total of 717 registered or DHAA listed hygienists. Of these 71 were also registered as dental therapists (32 in Victoria, 31 in Western Australia and 8 in South Australia). The majority of registered/listed hygienists, 570 (79.4%), were practising as dental hygienists and an additional 7 (0.9%) practitioners reported that they were concurrently working as a hygienist and a dental therapist. There were 17 (2.4%) who reported that they were mainly practising in dental therapy, 31 (4.3%) who practised only in another state/territory (multiple registrations) and 92 (12.9%) were either on extended leave or not practising (Table 1).

Growth in hygienist labour force

In the period 2000 to 2003 the number of practising hygienists increased by 45%, from 398 to 577. The rate of practising hygienists per 100,000 population also increased, from 2.1 in 2000 to 2.9 in 2003 (Figure 1).
Regional distribution

Practising hygienists were not distributed in proportion to the population across regions. The rate of practising hygienists per 100,000 population in Major city areas (3.8) was over four times the practising rate in Outer regional areas (0.9). There were no respondents who reported working in a Remote or Very remote area (Figure 2).

![Figure 2: Practising hygienists per 100,000 population by region, 2003](image)

Notes:
1. There was no NT collection in 2003; the NT has not been included in this figure.
2. Regions are defined by the Australian Standard Geographical Classification (ASGC) Remoteness Areas.

Demographic characteristics

In 2003 only 2.9% of practising hygienists were male. The largest proportion of hygienists was in the 35–39 year age group (20%). In contrast, in 2000 the largest proportion (22.3%) was the 30–34 year age group, indicating a shift towards an older age distribution (Figure 3).

![Figure 3: Percentage practising hygienists by age group, 2000 and 2003](image)

Practice characteristics

Nearly three-quarters (74.5%) of hygienists worked in private general practice and 17.0% worked in private specialist practice. Only 7.5% reported working in the public sector (Table 2).

<table>
<thead>
<tr>
<th>Table 2: Practising hygienists, practice type by state/territory, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Private General practice</td>
</tr>
<tr>
<td>Orthodontic practice</td>
</tr>
<tr>
<td>Periodontic practice</td>
</tr>
<tr>
<td>Other specialist</td>
</tr>
<tr>
<td>Health fund clinic</td>
</tr>
<tr>
<td>Public Community dental clinic</td>
</tr>
<tr>
<td>Dental hospital</td>
</tr>
<tr>
<td>Teaching institution</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Notes:
1. Not all columns/rows sum to total as data have been weighted up and rounded to whole numbers.
2. n.a. denotes not applicable, data excluded due to small sample size.

There was some variation around the overall average age of practising hygienists (36.5 years) by state/territory. The Northern Territory had the oldest average age (40.4 years) and Western Australia had the youngest (30.4 years) (Figure 4).

![Figure 4: Practising hygienists, average age by state/territory, 2003](image)

The number of dentists working at main practice location provided a proxy for practice size; the largest group of hygienists (31.4%) reported two dentists working at their main practice location. Just over half (51.9%) worked in a practice where they were the only hygienist employed (Figure 5).
Practice activity

Total hours usually worked per week were calculated by summing hours worked at all reported practice locations. The largest proportion (41.4%) of hygienists worked for 30–39 hours per week. The average hours worked per week was 29.4. There was only slight variation by state/territory; New South Wales had the highest average (32.3 hours per week) and South Australia had the lowest (26.0 hours per week). Nearly two-thirds (63.3%) of all hygienists worked part-time (Table 3).

Table 3: Practising hygienists, characteristics of work hours by state/territory, 2003

<table>
<thead>
<tr>
<th>Hour groups</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>NT</th>
<th>ACT</th>
<th>All</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;10</td>
<td>–</td>
<td>4.4</td>
<td>9.1</td>
<td>1.6</td>
<td>6.6</td>
<td>–</td>
<td>n.a.</td>
<td>10.0</td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td>10–19</td>
<td>5.8</td>
<td>11.0</td>
<td>10.9</td>
<td>15.8</td>
<td>25.8</td>
<td>25.0</td>
<td>n.a.</td>
<td>5.0</td>
<td>14.1</td>
<td></td>
</tr>
<tr>
<td>20–29</td>
<td>26.1</td>
<td>26.4</td>
<td>21.8</td>
<td>19.3</td>
<td>27.4</td>
<td>–</td>
<td>n.a.</td>
<td>25.0</td>
<td>24.4</td>
<td></td>
</tr>
<tr>
<td>30–39</td>
<td>52.2</td>
<td>41.7</td>
<td>43.6</td>
<td>39.0</td>
<td>29.7</td>
<td>75.0</td>
<td>n.a.</td>
<td>50.0</td>
<td>41.4</td>
<td></td>
</tr>
<tr>
<td>40+</td>
<td>15.9</td>
<td>16.5</td>
<td>14.5</td>
<td>24.2</td>
<td>10.6</td>
<td>–</td>
<td>n.a.</td>
<td>10.0</td>
<td>15.5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>n.a.</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Average hours usually worked

<table>
<thead>
<tr>
<th>Hours</th>
<th>32.3</th>
<th>29.5</th>
<th>28.9</th>
<th>31.7</th>
<th>26.0</th>
<th>30.6</th>
<th>n.a.</th>
<th>28.2</th>
<th>29.4</th>
<th>Working part-time (&lt;35 hours/week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per cent</td>
<td>62.3</td>
<td>66.0</td>
<td>58.2</td>
<td>46.5</td>
<td>73.2</td>
<td>50.0</td>
<td>n.a.</td>
<td>80.0</td>
<td>63.3</td>
<td></td>
</tr>
</tbody>
</table>

Notes
1. Not all columns/rows sum to total as data have been weighted up and rounded to whole numbers.
2. n.a. denotes not available, data excluded due to small sample size.
3. Part-time is defined as less than 35 hours per week.

Hygienists were also asked to cite their preferred working hours per week. Over one-third (38.3%) reported that they were currently working their preferred hours, 35.3% preferred to work less hours and 26.4% preferred to work more (Figure 7).

Although hygienists may report that they would prefer to work less or more hours, whether they actually would choose to do so given the opportunity was not examined. Nevertheless the difference between hours worked and hours preferred, for those wanting more hours, was quantified as a broad measure of the potential latent labour force. The difference was converted to full-time equivalent (FTE) hygienists based on a 35-hour week. Hence the latent labour force was estimated to be 23.8 FTE hygienists. This amounted to 4.9% of the 2003 FTE labour force (484.5 FTE hygienists).
Nearly two-thirds (61.6%) of hygienists worked in one practice location, 29.7% worked in two locations and 8.7% worked in three or more. Those practising in more than one location were asked to indicate their major reasons for working in multiple locations. The two most commonly reported reasons were ‘variety’ (55.8%) and ‘personal preference’ (39.0%), indicating that those hygienists were not necessarily averse to the multiple location nature of their employment. Reasons associated with conditions of employment were not as frequently cited. Just over one-quarter (28.8%) reported that the desired number of working hours was not available at one location and 21.4% cited that their employer operated several practice locations (Figure 8).

Future career position

In order to determine the potential future wastage from the labour force, hygienists were asked to report their ‘most likely’ career position in twelve months time. Only 4.4% expected that they would not be working as a dental hygienist in twelve months time (Figure 9).

Summary

- In 2003 there were an estimated 577 practising hygienists in Australia.
- Since the 2000 labour force collection there had been a 45% increase in the numbers of practising hygienists.
- The average age of hygienists is 36.5 years.
- Only 7.5% of hygienists worked in public sector practice.
- The average number of hours usually worked per week was 29.4.
- Nearly two-thirds (63.3%) of hygienists worked part-time (less than 35 hours per week).
- Just over one-quarter (26.4%) of hygienists reported that they would prefer to work more hours.
- More than one-third of hygienists (38.4%) worked in more than one practice location.
- Only 4.4% of hygienists reported that they would ‘most likely’ not be practising dental hygiene in twelve months time.

Additional data sources


© AIHW Dental Statistics and Research Unit, October 2005
AIHW Catalogue No. DEN 146
ISSN 1445-7441 (Print); ISSN 1445-775X (Online)

For further information contact Dana Teusner by:
email <dana.teusner@adelaide.edu.au>, or phone (08) 8303 5027.

The AIHW Dental Statistics and Research Unit (DSRU) is a collaborating unit of the Australian Institute of Health and Welfare, established in 1988 at The University of Adelaide and located in the Australian Research Centre for Population Oral Health (ARCPOH), Dental School, The University of Adelaide. DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of information on oral health and access to dental care, the practice of dentistry and the dental labour force in Australia.

Published by:
AIHW Dental Statistics and Research Unit
ARCPOH, Dental School
The University of Adelaide
SOUTH AUSTRALIA  5005  www.arcpoh.adelaide.edu.au