

# **WORK-RELATED INJURIES IN AUSTRALIA, 2005–06**

**Health and community  
services industry**

**OCTOBER 2009**



**safe work australia**

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ISBN 978-0-642-32919-6

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## Foreword

Safe Work Australia principally uses workers' compensation claims data to measure occupational health and safety (OHS) performance in Australia. The claims data are collated in the *National Data Set for Compensation Based Statistics* (NDS) and are published annually in the *Compendium of Workers' Compensation Statistics, Australia*. This publication is a key reference documenting patterns of work-related injuries and diseases incurred by Australian workers and the cause of that injury or disease. For the purposes of this report, the expression 'work-related injury' will be used to represent all work-related conditions, including work-related diseases.

While the NDS is a valuable tool for monitoring OHS, it does not provide information on work-related injuries for groups not well covered by workers' compensation schemes, such as self-employed workers. It is estimated that workers' compensation schemes, and therefore the NDS, covered only 88%<sup>2</sup> of the workforce in 2005–06. In addition, the NDS does not contain information on some types of employment conditions, such as shiftwork or access to paid leave entitlements. Finally, the NDS is unable to provide any information on work-related injuries where workers' compensation was not sought. Therefore, although the NDS generally provides a good picture of the characteristics of work-related injuries, it underestimates the true number of work-related injuries occurring each year.

To address this situation, the National Occupational Health and Safety Commission (now known as Safe Work Australia) agreed to contribute funding towards a national survey of work-related injuries run by the Australian Bureau of Statistics (ABS) as part of the Multi-purpose Household Survey. The *Work-Related Injuries Survey* (WRIS) was conducted for the period 2005–06 with results released in December 2006. In this survey, participants aged 15 years and over, were asked to recollect and relate a range of details about their most recent work-related injury or illness, no matter how minor, that occurred within the last 12 months. The survey collected information on labour force characteristics (e.g. industry, occupation) and personal demographics (e.g. age, sex) which are useful when making comparisons to the NDS. The WRIS also collected information on employment arrangements, such as whether the worker worked under shift arrangements, worked part-time or had access to paid leave. This type of information is not collected in the NDS. Importantly, the WRIS also collected information about whether or not workers' compensation was sought, and if not, why not.

Unless otherwise stated, all data presented in this report have relative standard errors (RSEs) less than 25%. Data with RSEs greater than 50% have generally been suppressed. Unfortunately, this has, on occasions, limited the scope of the reports.

This report is one in a series of industry based reports that explore the types and causes of work-related injury and how these compare to those in the NDS.

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<sup>2</sup> The percentage of employees is calculated from the Australian Bureau of Statistics, *Work-related Injuries Australia* (Cat. No. 6324.0)

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## Summary of findings

The following key findings are contained in this report:

- Health and community services industry workers experienced 77 injuries per 1000 workers in 2005–06 which was slightly higher than the rate for all Australian workers of 69 injuries per 1000 workers.
- Nearly eight in ten workers in the Health and community services industry were female, however, male workers experienced 96 injuries per 1000 workers compared to female workers with 71 injuries per 1000 workers.
- Around four in ten workers in the Health and community services industry worked part-time. Part-time workers experienced 64 injuries per hour worked which was much higher than the rate for full-time workers: 43 injuries per hour worked.
- Two-thirds of Health and community services workers who incurred a work-related injury did not claim workers' compensation.
- Concern for job security may be a significant deterrent to injured Health and community services workers applying for workers' compensation.
- *Sprain/strain* and *Chronic joint or muscle conditions* each accounted for around one-quarter of work-related injuries incurred by workers in the Health and community services industry.
- *Lifting, pushing or pulling object* was the cause of nearly one in three injuries with *Hitting or being hit or cut by an object* the cause of a further one in four injuries.
- Compensation data only captures six in ten serious injuries occurring in this industry with those involving mental stress particularly undercounted.

## General Trends

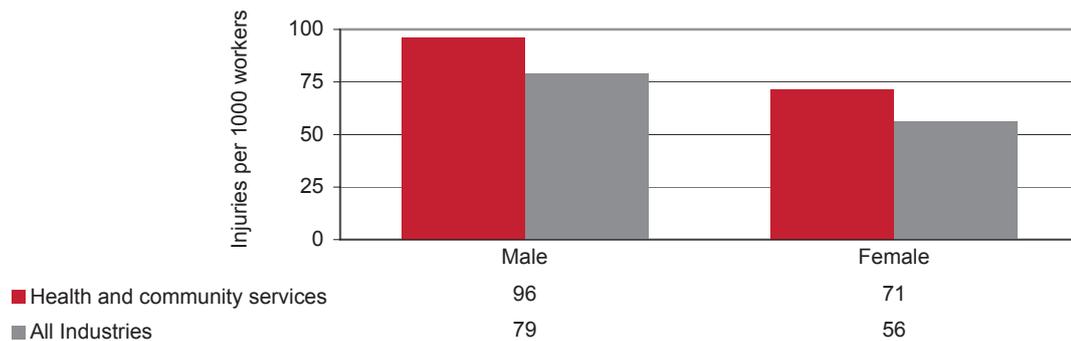
There were 1 038 000 workers in the Health and community services industry in 2005–06 and around 80 000 of these workers experienced a work-related injury. This equates to 77 injuries per 1000 workers: around 10% higher than the incidence rate for all Australian workers of 69 injuries per 1000 workers.

## Sex

Nearly eight in ten workers in the Health and community services industry were female. This was nearly double the percentage of female workers in the Australian workforce as a whole.

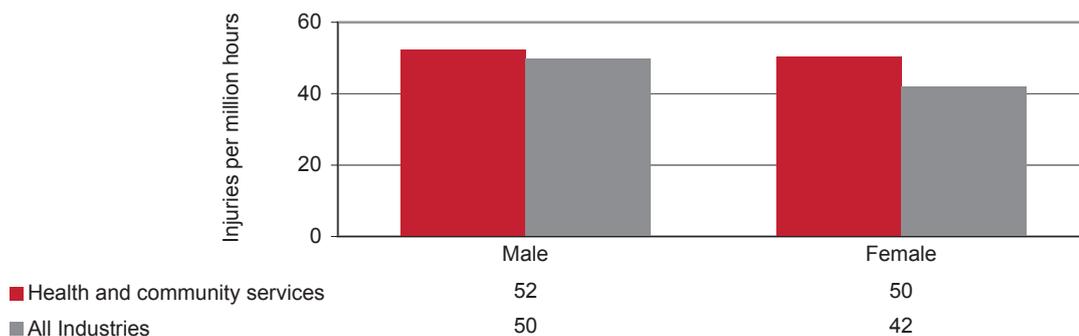
Male workers experienced a much higher incidence rate of injury than female workers: 96 injuries per 1000 male workers compared to 71 injuries per 1000 female workers. Figure 1 shows that the incidence rates for both male and female workers in the Health and community services industry were substantially higher than the corresponding rates for all Australian workers.

**Figure 1 Work-related injuries in the Health and community services industry: Incidence rate by sex**



While male workers in the Health and community services industry experienced an incidence rate 35% higher than the rate for female workers, when time at work was considered, the frequency rates of injury by sex were similar. Figure 2 shows that male workers incurred 52 injuries per million hours worked compared to 50 injuries per million hours worked by female workers.

**Figure 2 Work-related injuries in the Health and community services industry: Frequency rate by sex**



## Age

Figure 3 shows that Health and community services workers had an older age profile to that of the Australian workforce as a whole with fewer younger people and more in the middle ages of 35 to 54 years.

**Figure 3 Workers in the Health and community services industry: Percentage by age group**

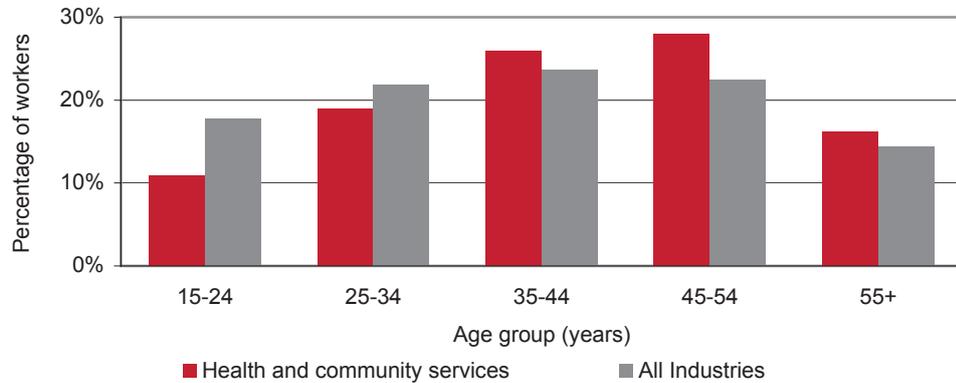
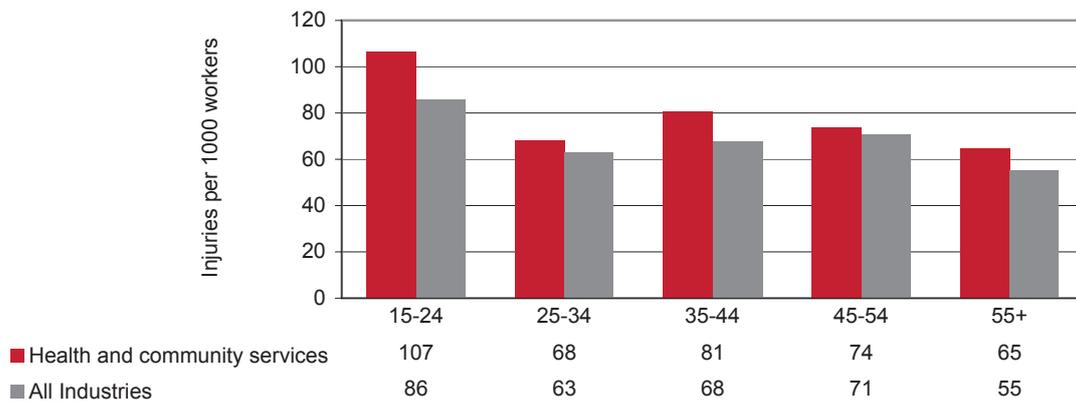


Figure 4 shows that the incidence rates by age for workers in the Health and community services industry were higher than the incidence rates in every age group for the Australian workforce as a whole, though the patterns were similar. The largest difference in incidence rates was recorded by workers aged 15–24 years, with workers in the Health and community services industry recording an incidence rate 24% higher than the corresponding rate for all Australian workers.

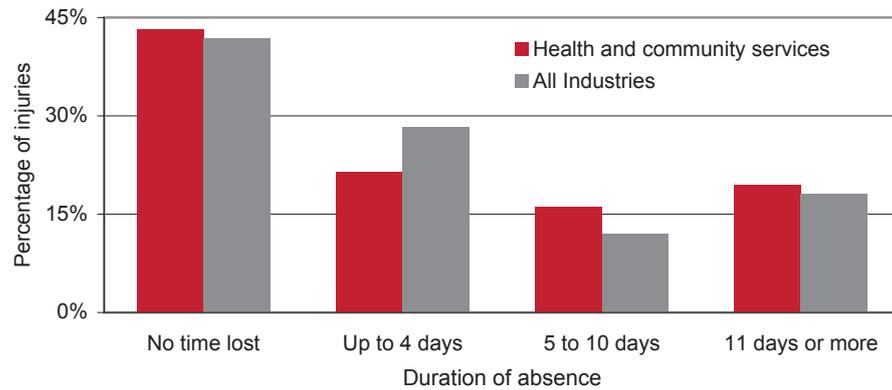
**Figure 4 Work-related injuries in the Health and community services industry: Incidence rate by age**



## Duration of absence from work

Figure 5 shows that workers in the Health and community services industry had a slight tendency to injuries requiring a greater amount of time off work than the Australian workforce as a whole. Thirty five percent of injuries in the Health and community service industry required five or more days absence from work, compared to 30% of injuries to all Australian workers. The Health and community services industry had about the same percentage of injuries requiring no time off work as the workforce as a whole.

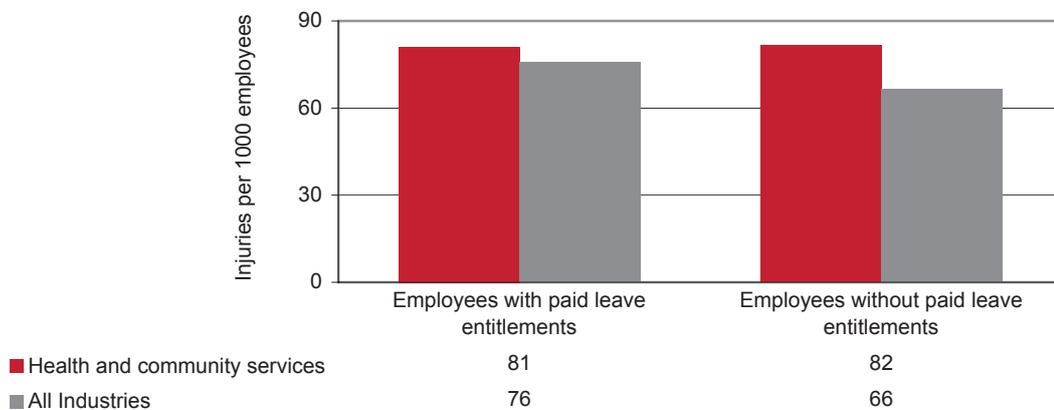
**Figure 5 Work-related injuries in the Health and community services industry: Percentage by duration of absence and industry**



### Entitlement to paid leave

Employees can be split into those who have an entitlement to paid leave and those who do not, commonly referred to as casuals. In the Health and community services industry around 80% of employees were entitled to paid leave. This is the same as the percentage of all Australian employees entitled to paid leave. Figure 6 shows that employees with and without access to paid leave recorded similar rates of injury.

**Figure 6 Work-related injuries in the Health and community services industry: Incidence rate by leave entitlement and industry**



### Full-time/part-time status

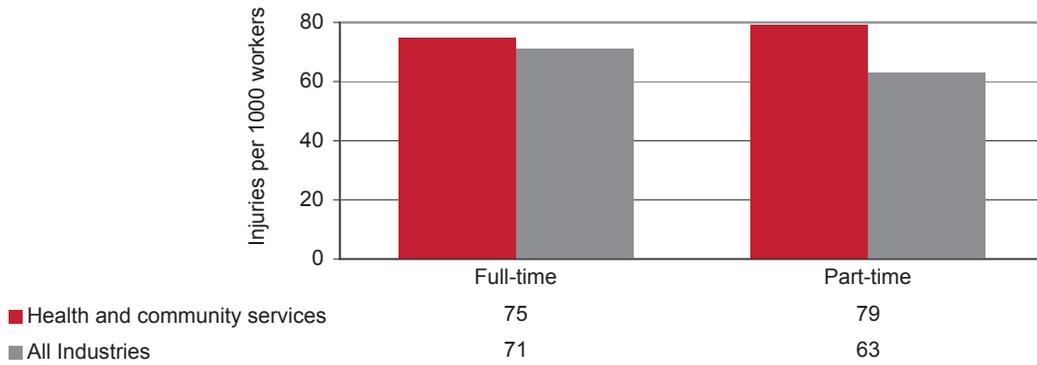
The Health and community services industry had a higher than average percentage of part-time workers. Forty four percent of Health and community services workers worked part-time, compared to 29% of all Australian workers.

In the Health and community services industry, 51% of female workers worked part time compared to 19% of male workers. These percentages were slightly higher than the percentages of all Australian workers, where 46% of female workers and 14% of male workers worked part-time.

Figure 7 shows that part-time workers in the Health and community services industry recorded a slightly higher incidence rate of work-related injury than full-time workers: 79 injuries per 1000 part-time workers compared to 75 injuries per 1000 full-time workers. These rates were fairly close,

suggesting that a workers' likelihood of incurring a work-related injury was not strongly influenced by whether they worked part-time or full-time. However, among all Australian workers, part-time workers had a lower incidence rate than full-time workers. Part-time workers experienced 63 injuries per 1000 workers, while full-time workers experienced 71 injuries per 1000 workers.

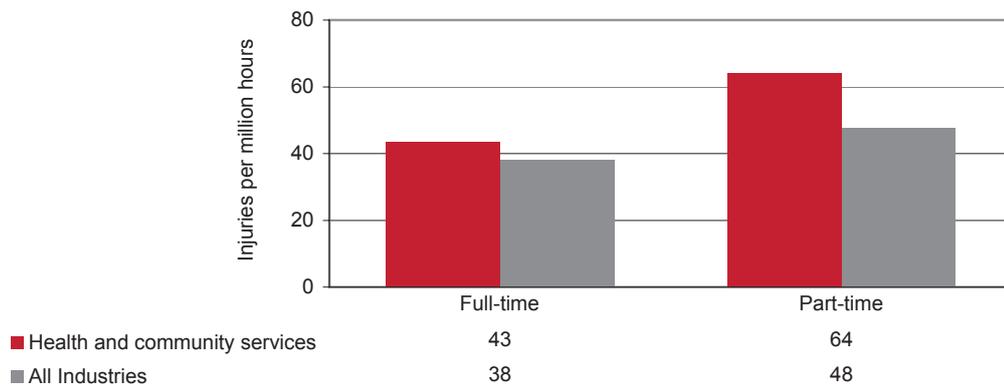
**Figure 7 Work-related injuries in the Health and community services industry: Incidence rate by full-time/part-time status**



However, part-time workers work fewer hours each week than full-time workers and hence when injury rates were calculated based on hours of work, part-time workers recorded a higher frequency rate of injury. Full-time workers in the Health and community services industry recorded a frequency rate of 43 injuries per million hours worked, compared to 64 injuries per million hours worked for part-time workers.

Figure 8 indicates that part-time workers in the Health and community services industry had a higher risk of work-related injury per hour worked than part-time workers in the full Australian workforce. Full-time workers in the Health and community services industry, however, recorded a similar frequency rate to the Australian rate for full-time workers.

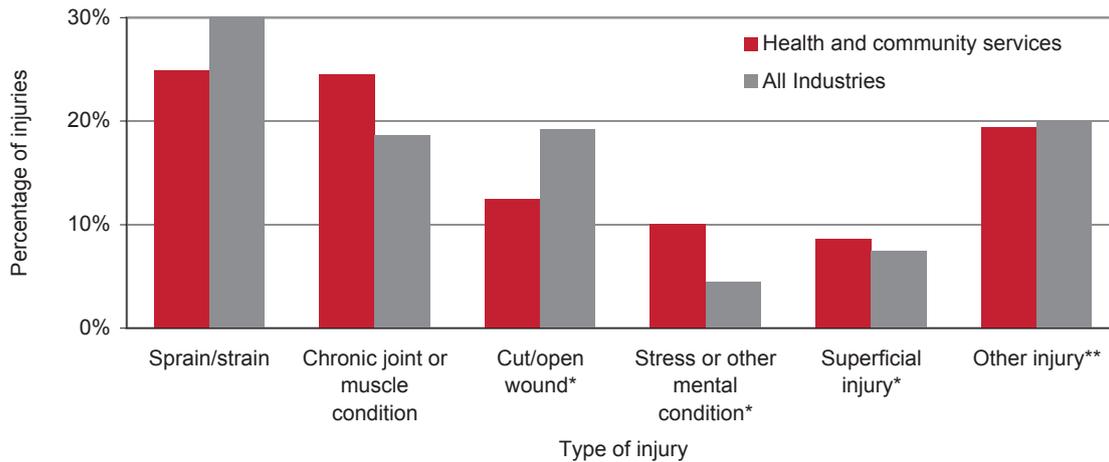
**Figure 8 Work-related injuries in the Health and community services industry: Frequency rate by full-time/part-time status**



## Type of injury

Figure 9 shows that *Sprains/strains* and *Chronic joint or muscle conditions* account for around one-quarter of injuries each to Health and community services workers. *Cuts/open wounds* accounted for a further one in ten injuries. These were also the three most common type of injury among all Australian workers. While subject to high RSEs, the data suggests that *Stress or other mental condition* accounted for a greater percentage of injuries to Health and community services workers than to all Australian workers.

**Figure 9 Work-related injuries in the Health and community services industry: Percentage of injuries by type of injury**



\* The data for *Cut/open wound*; *Stress or other mental condition*; and *Superficial injury* have RSEs of between 25% and 50%. These results should be used with caution.

\*\* *Other injury* includes *Fracture* and *Crushing injury, internal organ damage or amputation*.

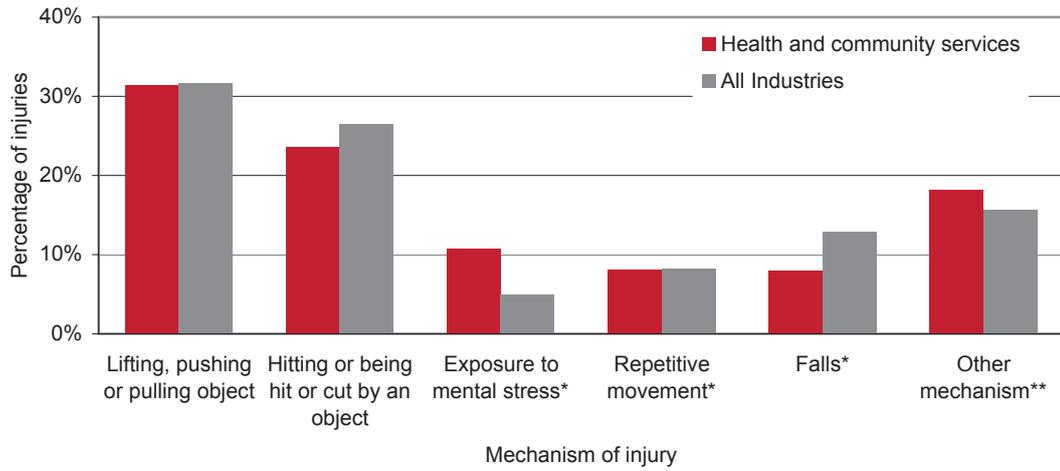
## Mechanism of injury

Figure 10 shows that workers in the Health and community services industry had a similar pattern of mechanism of injury to all Australian workers.

*Lifting, pushing or pulling objects* accounted for one in three injuries to workers in the Health and community services industry with one in four caused by *Hitting or being hit or cut by an object*.

While subject to high RSEs, the data suggests that *Exposure to mental stress* accounted for a higher percentage of injuries to Health and community services workers than for all Australian workers.

**Figure 10 Work-related injuries in the Health and community services industry: Percentage of injuries by mechanism of injury**



\* WRIS data for *Exposure to mental stress*; *Repetitive movement*; and *Falls* have RSEs of between 25% and 50%. These results should be used with caution.

\*\* *Other mechanism* includes *Prolonged standing, working in cramped or unchanging position*; *Vehicle accident*; *Long term exposure to sound*; and *Contact with chemical or substance*.

## Comparison with the NDS

There are some significant differences in the scope of information published in the WRIS compared to the NDS which need to be addressed prior to undertaking a comparison.

The published NDS data only includes information on claims lodged by employees with serious injuries: those requiring an absence from work of one week or more or where a permanent incapacity or death has occurred. The WRIS data includes all injuries from all workers.

The first adjustment to be made is to ensure both datasets are scoped to only include injuries with similar periods of time lost. For the NDS, the data have been restricted to only include claims where strictly one or more weeks of time lost was recorded. For the WRIS, the data have been restricted to only include injuries which required five or more days absence from work. The term 'serious injury' will be used to represent this restricted scope.

The second important issue is that the NDS only includes injuries incurred by employees, whereas the WRIS includes injuries incurred by all workers. For the Health and community services industry this is not as big an issue as in some industries, with 94% of workers being employees.

The WRIS data showed that 28 000 workers incurred injuries in the Health and community services industry which required five or more days off work. Of these 27 000 occurred to employees.

The WRIS data equates to an incidence rate of 28 serious injuries per 1000 employees. Over the same period, the NDS recorded 17 500 claims involving one or more weeks off work which equated to 16 serious injuries per 1000 workers. This suggests that substantial numbers of injured workers did not lodge a claim for workers' compensation. The WRIS confirms this with 13 000 workers saying they did not apply for compensation.

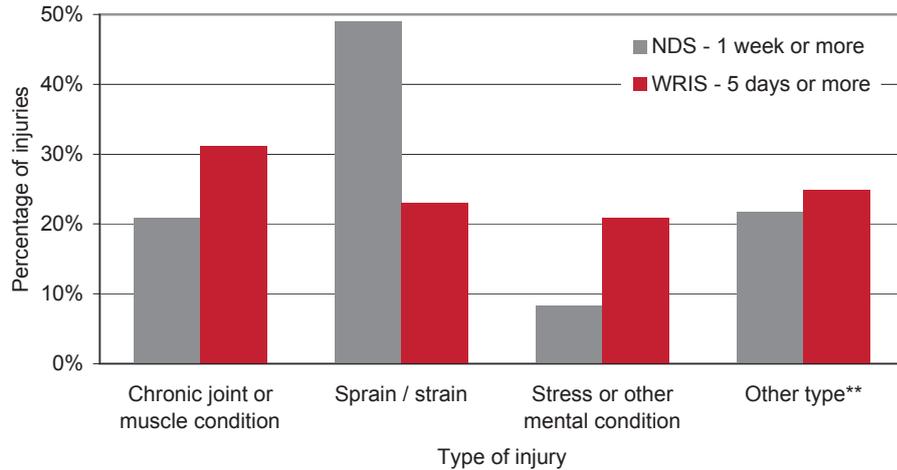
Since the proportion of non-employees in the Health and community services industry was small, the following analysis uses serious injuries to all workers when comparing to the NDS. This will allow conclusions to be drawn on whether the NDS represents the pattern of injuries incurred by all workers in the Health and community services industry. However, due to the small sample size in the WRIS, the WRIS data should only be used as indicative of trends.

### Type of Injury

Figure 11 shows that the WRIS and the NDS agreed that the three most common types of injury were *Chronic joint or muscle conditions*; *Sprains/strains*; and *Stress or other mental conditions*. However, the WRIS and the NDS disagreed markedly on the percentage of injuries attributed to each. Some of this may be due to high RSEs in the WRIS data. However, the data suggests that *Sprains/strains* are easier to claim than other types of injuries.

The differences between the NDS and WRIS profiles suggest that the NDS does not accurately represent the types of serious injuries incurred by Health and community services workers.

**Figure 11 Serious work-related injuries in the Health and community services industry: Incidence rates by type of injury\* and dataset**



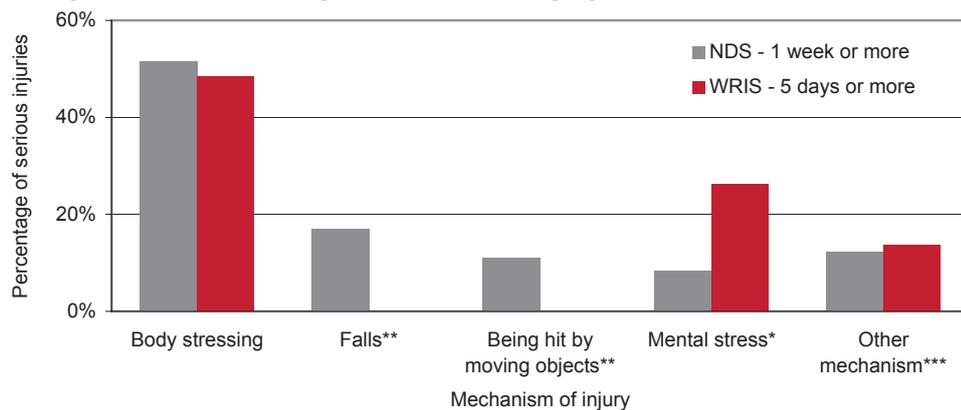
\* WRIS incidence rates have RSEs of greater than 25%. These results should be used with caution.  
 \*\* Other type includes Fracture; Cut or open wound; Crushing injury, internal organ damage or amputation; and Superficial injury.

## Mechanism of injury

Figure 12 shows that the WRIS and the NDS agreed that *Body stressing* was the most common mechanism of injury accounting for around half of all work-related injuries.

Unfortunately the WRIS sample was too small to reliably publish results for most of the other mechanisms. The WRIS data does however, indicate that there were many more cases of *Mental stress* than were reported through the NDS. This is consistent with other reports in this series which show that many workers do not apply for compensation for injuries caused by *Mental stress*<sup>2</sup>. This may be due to the difficulty of attributing these injuries to a work-related cause.

**Figure 12 Serious work-related injuries in the Health and community services industry: Incidence rates by mechanism of injury\* and dataset**



\* The WRIS data for *Mental stress* has an RSE of around 30% and should be used with caution.  
 \*\* The WRIS data for *Falls* and *Being hit by moving objects* have RSEs greater than 50%. These results are too inaccurate to be reported.  
 \*\*\* Other mechanism includes Other and unspecified mechanisms of injury; Biological factors; Heat, radiation and electricity; Chemicals and other substances; and Sound and pressure.

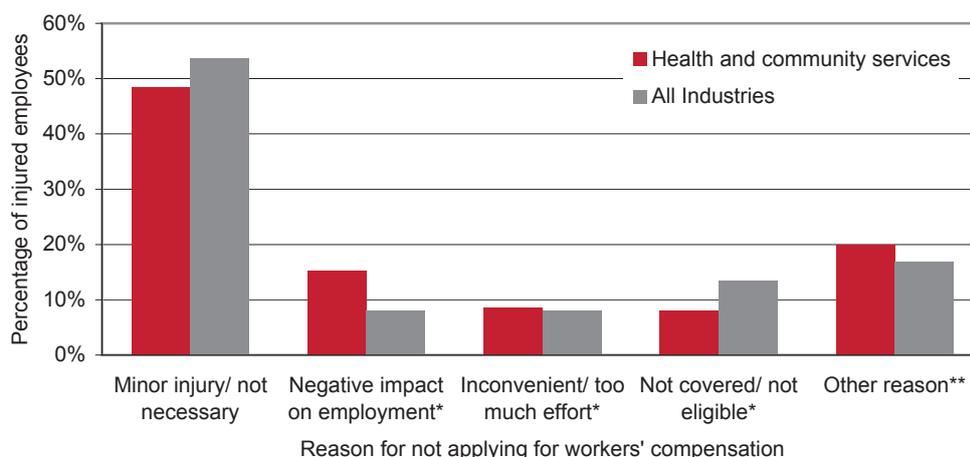
## Reasons for not applying for workers' compensation

The WRIS shows that of the 80 000 injured workers in the Health and community services industry, 78 000 were employees and were therefore eligible for workers' compensation. However only 35% applied. This is a slightly lower percentage than for all Australian employees (38%).

The major reason for not applying for workers' compensation was that the employee felt the injury was only minor or that claiming was not necessary. This reason was cited by almost half of all injured employees who did not apply for workers' compensation in the Health and community services industry.

While subject to a high relative standard error, the data in Figure 13 indicate that a greater percentage of employees did not claim due to concerns about the negative impact on their current or future employment than in the Australian workforce as a whole. This suggests that Health and community services employees generally have less confidence in their job security or are less aware of their right to workers' compensation without repercussions.

**Figure 13 Work-related injuries in the Health and community services industry: Percentage by reason for not applying for workers' compensation**



\* WRIS data for *Negative impact on employment*; *Inconvenient/too much effort*; and *Not covered/not eligible* have RSEs of between 25% and 50%. These results should be used with caution.

\*\* Other reason includes *Employer agreed to pay costs* and *Did not know*.

## Conclusion

The Health and community services industry employs a much larger percentage of female workers than other industries. As the female workers recorded lower incidence rates than the male workers, the overall rate for this industry would have been much higher if the proportion of male workers was similar to other industries. On a per hour worked basis, however, there was little difference in injury rates.

While the Health and community services industry had a much higher proportion of workers who worked part-time than the Australian workforce as a whole, the incidence rates for part-time workers was similar to the rate for full-time workers and therefore did not impact on the overall rate recorded for this industry.

This report showed that workers in the Health and community services industry had a greater concern for job security than workers in the Australian workforce as a whole with a much higher proportion citing that concerns over current or future employment deterred them from applying for workers' compensation.

This report was not able to conclude, due to the small sample size of the survey, whether compensation data is a good source of information on the types of serious injuries incurred and way in which those injuries occurred in the Health and community services industry. While the compensation data and the survey agree on the major types of injuries and the causes for those injuries, the proportional split could not be confirmed. It does however, appear that workers in the Health and community services industry experience work-related stress conditions far in excess of what is recorded in the compensation data. More research is required in this area.

# Explanatory Notes

## Definitions

<b>ABS</b>	Australian Bureau of Statistics
<b>Employees</b>	People who work for a public or private employer and receive remuneration, or people who operate their own incorporated enterprise with or without hiring employees
<b>Full time workers</b>	Workers who usually worked 35 hours or more a week or who worked 35 hours or more during the reference week.
<b>Incidence rate</b>	The number of injuries per 1000 workers
<b>Mechanism of injury</b>	The mechanism of injury is the action, exposure or event that was the direct cause of the injury, or how the injury was sustained
<b>NDS</b>	Safe Work Australia National Data Set for Compensation Based Statistics
<b>Paid leave entitlements</b>	The entitlement of employees to either paid holiday leave or paid sick leave (or both) in their job.
<b>Part time workers</b>	Workers who usually worked less than 35 hours a week.
<b>Serious injuries</b>	Injuries that resulted in at least five days absence from work
<b>Type of injury</b>	Refers to the type of injury sustained
<b>WRIS</b>	ABS Work-related injury survey (ABS Cat. No. 6324.0)

## Industry classification

The industry of the worker has been classified in accordance with the Australian and New Zealand Standard Industrial Classification (ANZSIC), 1993 edition (ABS Cat. No.1292.0).

## Mechanism of injury classification

The mechanism of injury classification is based on the Type of Occurrence Classifications System (TOOCS). Refer to Appendix 1 in ABS Cat. No.6324.0 for a detailed breakdown of each mechanism of work-related injury.

## Type of injury classification

In the WRIS this variable is referred to as 'Work-related injury or illness'. This variable's classification is based on the Nature of injury classification in the Type of Occurrence Classifications System (TOOCS). Refer to Appendix 1 in ABS Cat. No. 6324.0 for a detailed breakdown of each type of work-related injury.

## Relative Standard Errors (RSEs)

All data presented in this report conform with the ABS guidelines regarding data quality. Unless otherwise noted, all data presented have RSEs below 25%. Data with RSEs above 50% have not been published. Comprehensive information about RSEs can be found in the ABS Work- related injuries publication (ABS Cat. 6324.0)

## Inquires

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