



Healthy Working Lives

WORKFORCE HEALTH IN AUSTRALIA

A SNAPSHOT
2024



Healthy Working Lives Research Group

This report was produced by the Healthy Working Lives Research Group at Monash University. We are part of the School of Public Health and Preventive Medicine.

The Group aims to design, conduct and translate research that has real-world impact.

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Worker health is important




It has never been more important to ensure Australia has a **healthy workforce**.

There is overwhelming evidence that healthy workers are more productive, live longer, enjoy a higher quality of life and use fewer community resources than workers in poor health [1].

Conversely, sickness absence from work (absenteeism) and working while unhealthy (presenteeism) have enormous costs to individuals and society [2].

In an era of historically low unemployment, it is essential that we retain as many workers in healthy, productive work as possible.


GOOD WORK IS GOOD FOR
HEALTH.
GOOD HEALTH IS GOOD
FOR WORK.

There are new and evolving risks to worker health that have emerged in recent years. These include teleworking, a growth in the gig economy and the cost of living crisis.

These changes occur in a rapidly evolving Australian society, in which both the health of citizens and the determinants of health are also changing.

Activities to support and improve workforce health must be underpinned by evidence and good quality data. This report presents **the first ever national snapshot of workforce health**.

1. Health Benefits of Good Work®. The Royal Australasian College of Physicians.

2. Safer, healthier, wealthier: The economic value of reducing work-related injuries and illnesses. Safe Work Australia. 2022

Approach

We sought to create a snapshot of workforce health in Australia using existing data. To achieve this, we reviewed available datasets and identified **seven** nationally representative surveys and large national datasets that capture information on the health and wellbeing of employed Australians.

- ✓ National Health Survey
- ✓ National Study of Mental Health and Wellbeing
- ✓ Household Income and Labour Dynamics in Australia Study
- ✓ Work-related Injuries Survey
- ✓ National Return to Work Survey
- ✓ National Data Set of Workers' Compensation-based Statistics
- ✓ Work-related Fatalities data

We reviewed the data items within each of these sources, and selected items that measure health and wellbeing and its determinants. We call these indicators. The indicators did not have to be directly related a persons work to be included.

We extracted and analysed data on those indicators for employed Australians aged at least 15 years. We then report those items in ten domains, five of which assess health and wellbeing, and five of which assess important determinants of health.



Health and Wellbeing Outcomes

These include indicators that describe mental and physical health, worker disability status, fatalities and health at work. This provides a benchmark to enable future tracking and monitoring of trends in health and well-being. This is critical information to determine if worker health programs are working.



Determinants of Health and Wellbeing

We also identify and report on some important determinants of health. These determinants are the things that influence workforce and worker health and are the main targets for change programs.

Health Domains

Health and Wellbeing Outcomes



Determinants of Health and Wellbeing



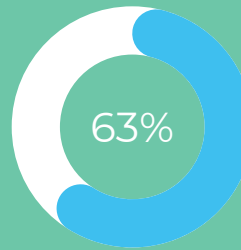
1. Physical Health



We identified a range of different indicators from the National Health Survey including self-reported worker overall health status, pain and the presence of chronic conditions.

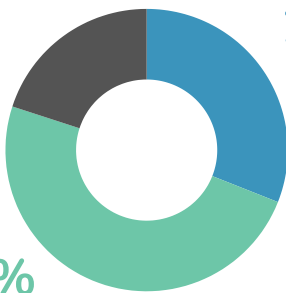


Overall Health Status



63% of workers rate their overall health as **Very Good or Excellent**

Pain



49% of workers reported **mild pain**

20% of workers reported **moderate to severe pain**



39% of Australian workers reported that **pain interfered with normal work**

Chronic Conditions



20% of workers reported a **mental or behavioural condition**



17% of workers reported having **back problems**



10% of workers reported having **asthma**



9% of workers reported **arthritis**

Data Source: National Health Survey 2020-21, Employed Australians 15 years or older

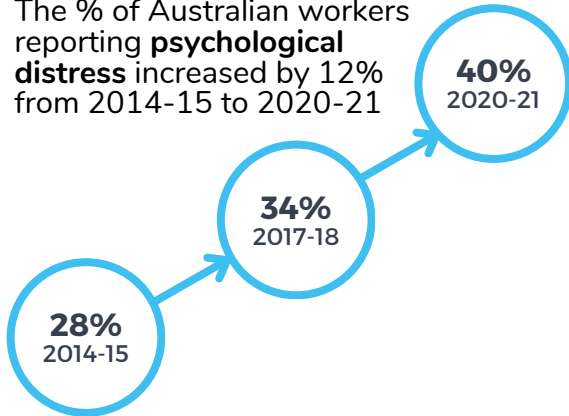
2. Mental Health



We identified indicators from the National Health Survey and the National Study of Mental Health and Wellbeing. These included self-reported psychological distress, mental health conditions and recent symptoms.

Psychological Distress

The % of Australian workers reporting **psychological distress** increased by 12% from 2014-15 to 2020-21



18%

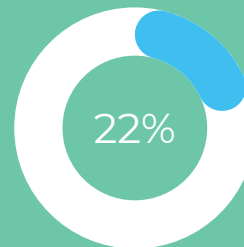
reported **high** or **very high** levels of distress in 2020-21

VS

8% in 2014-15

Data Source: National Health Survey 2020-21, Employed Australians 15 years or older

Mental Health Conditions



of Australian workers reported a **mental health disorder** with symptoms in the past 12 months

18%

of workers have an **anxiety disorder** with recent symptoms



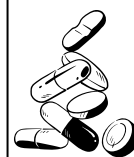
7%

of workers have an **affective disorder** with recent symptoms



4%

of workers have a **substance abuse disorder** with recent symptoms



Data Source: National Study of Mental Health and Wellbeing, Employed Australians 15 years or older

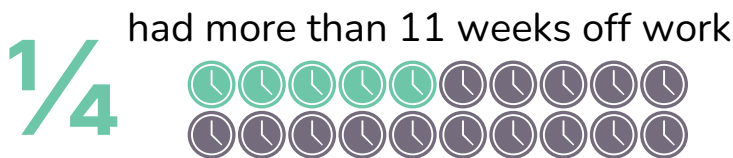
3. Health at Work



We identified indicators from multiple national datasets assessing time off work after injury/illness, work ability and working time lost to ill health.

Workers' Compensation Claims

Of all ill or injured workers making compensation claims:



Data Source: National Dataset of Workers Compensation Statistics

Lost working time

A total of:

42,154 working years

were lost in 2017-18 for **people injured at work** with a workers compensation claim

42 million days

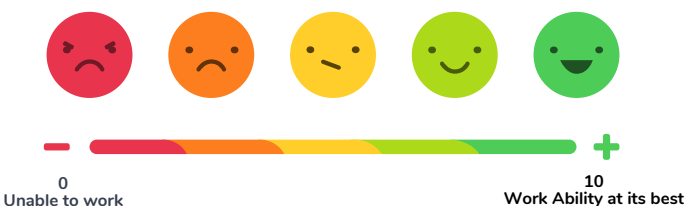
were lost annually due to **mental ill health** in 2020-2022, a median of **7 days** for each worker reporting at least one day off with mental ill health.

12% of workers reported having time off work due to illness or injury in the last 4 weeks



Data Sources: National Health Survey 2020-21. National Data Set for Compensation-based Statistics 2013-19. National Study of Mental Health and Wellbeing 2020-22.

Work Ability



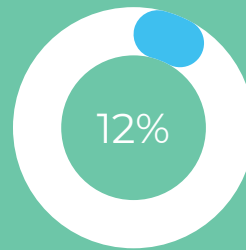
The work ability of people with a workers compensation claim was 7.7 in 2021, **down** from 8 in 2018

Data Source: National Return to Work Survey 2018,2021.

4. Disability Status



We identified a single indicator of worker disability status affecting employment, from the National Health Survey.



12% of Australian workers reported a **disability or long term health condition** affecting their employment

Data Source: National Health Survey 2020-21

5. Deaths at Work



There is a single national data source of work-related fatalities, related to traumatic injury at work. This data does not include deaths due to disease or other natural causes.



Data Source: Work-related fatalities 2003-2023

6. Social Protection



We also identified a single indicator of access to social protection by employed Australians, in the National Health Survey.



9%

of workers are receiving government pensions and allowances

Data Source: National Health Survey 2020-21

7. Health Service Use



Self-reported use of a range of health services by workers is included in the National Health Survey, and the National Study of Mental Health and Wellbeing.

12 month prevalence of health professional consultations

General Practitioner



87%

Allied Health Professional



49%

Dentist



48%



Specialist or Surgeon

24%

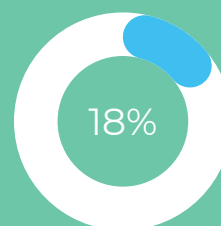


Psychiatrist, Psychologist or counsellor

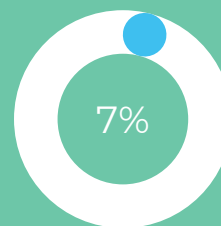
9%

Data Source: National Health Survey 2020-21

Hospital admission and mental health service use



report service use for mental health in the past 12 months



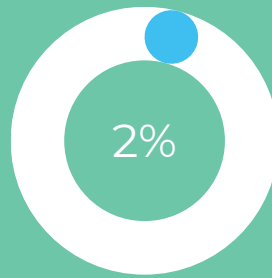
report being hospitalised for a physical health problem in the past 12 months

Data Source: National Study of Mental Health and Wellbeing.

8. Financial Circumstances



We identified a single indicator of worker financial circumstances, from the National Health Survey



2% of workers reported that their household ran out of food and could not afford to buy more in the past 12 months

Data Source: National Health Survey 2020-21

9. Job Characteristics



Indicators of job demands, job control, job security and job quality were available in the HILDA survey



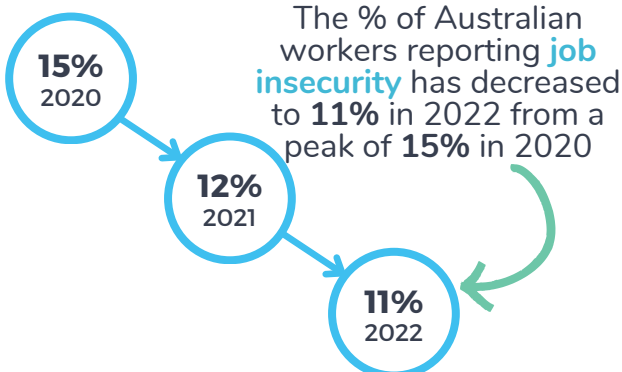
43%

of Australian workers reported high job demands



42%

of Australian workers reported low job control



72% of workers recorded at least one dimension of their job as being of low psychosocial quality

Data Source: Household, Income and Labour Dynamics in Australia (HILDA) Survey Waves 18-22



10. Lifestyle Factors



Multiple indicators of physical activity, smoking status, alcohol use and fruit and vegetable intake by Australian workers were available in the National Health Survey.



In 2020-21

26%

of Australian workers met national physical activity guidelines.

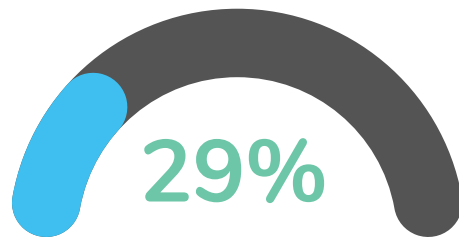
Up from **16%** in 2017-18



11%

of Australian workers reported being a smoker.

Down from **15%** in 2017-18



of Australian workers **exceeded alcohol** use guidelines (2020-21)



54% did not meet either **fruit or vegetable** guidelines in 2020-21. Up from **49%** in 2017-18

Data Source: National Health Survey 2020-21, Employed Australians 15 years or older



Summary of findings

This report presents a snapshot of the health of Australia's workforce, by collating information from seven different national datasets.

The data indicates a workforce in which pain, psychological distress, mental health disorders and lost working time are common. Around 4 workers die at work every week.

The data indicates some recent improvements in some determinants of health, including reductions in job insecurity, a rise in physical activity and reductions in smoking. However, many workers report high job demands or low job control and despite being employed, 9% also receive government payments to supplement their income.

Most workers report use of general practitioner services in the past 12 months, consistent with broader community data and the high reported prevalence of physical and mental health problems.

The data in this report represents a baseline against which future changes in workforce health can be measured, and via which the impact of worker health initiatives can be evaluated.

Why monitor workforce health?

Workforce health surveillance is a systematic approach to monitoring and assessing the health of employees over time. It can play a very important role in maintaining a healthy, safe, and productive workforce.

Regular monitoring of workforce health and the determinants of worker health at a societal, industry or workplace level can:

- Help identify emerging health issues or patterns of injury and illness before they become widespread, enabling early intervention.
- Detect new and emerging risks to worker health, such as changes in working conditions or increases in workplace stress, enabling proactive prevention strategies.
- Provide data to support programs that aim to improve worker health and well-being. High quality data is an important input to effective program and policy design, and can be used to support design of programs in areas such as health promotion, injury prevention and health service delivery.
- Help governments and organisations assess and mitigate risks associated with specific jobs, roles, or tasks. This can support improvements in workplace safety.
- Reducing the likelihood of workers taking long-term sick leave (absenteeism) or working while unwell (presenteeism), by identifying and addressing health issues early. This has flow-on positive impacts for business performance and productivity.
- Help industries and organisations to allocate resources efficiently, focusing on effective prevention rather than more costly treatments or compensation claims for work-related illnesses.
- Be used to evaluate policy, as well as programs and services provided to workers by governments, health and compensation systems.

Data gaps and limitations

In collating this report we observed that our national workforce health data is highly fragmented. We identified some major gaps and limitations in Australia's workforce health data which restrict our ability to monitor workforce health and identify opportunities for improvement. These include:

- Infrequent or irregular data capture. In most cases data is collected every few years.
- Very limited or no information on workplace exposures in most of the data sources we reviewed.
- Very limited or no data on critical indicators such as sickness absence.
- Most datasets are cross-sectional, limiting ability to identify causal links between determinants of health and worker health outcomes, or to track health over time.
- Limited or no data in some datasets on important diversity characteristics such as culture, language and indigenous status.
- Some datasets have minimal information on industry or occupation or other workplace and job characteristics, making it difficult to examine health within and between specific groups of workers.
- Data collection is distributed across multiple organisations in government and academia, meaning that collating an overall national view is time and labour intensive.

We need a better national worker and workforce health monitoring system.

Opportunities

There is an opportunity to enhance Australia's knowledge of workforce health, in order to support more effective allocation of resources and support national productivity. This requires a strategic approach to, and dedicated focus on, workforce health data collection and analysis.

Features of a good practice approach could include:

- Dedicated, regular data collection on a large representative sample.
- A lifecourse approach - examining those entering the workforce, in mid-life and exiting the workforce.
- Linkage to other national health and social data resources.
- Detailed information across a range of workplace, social and personal determinants of worker health.
- A focus on the health of vulnerable groups of workers.
- Sufficient resources for data analysis to ensure information is used for impact.



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