GenderWorks Australia
supporting workplace gender equality

WESTERN HEALTH – Workplace Audit Data Analysis

Final report prepared by GenderWorks Australia, February 2022

AUDIT ANALYSIS OVERVIEW

This document provides analysis findings from Western Health's 2021 *Workplace Gender Audit*. This audit was completed as a requirement of the *Gender Equality Act 2020.*

GenderWorks Australia has completed this summary findings report based on analysis of the following datasets:

- **Workforce Data** (workforce data extracted by Western Health, in line with requirements set out in the Commission for Gender Equality in the Public Sector's *Workforce Reporting Template*)
- ***People Matter Survey* response data** (survey administered by the Victorian Public Sector Commission (VPSC), and completed by approx. 27% of Western Health's workforce[1])

Summary findings in this report are presented against the seven gender equality indicators in the *Gender Equality Act 2020.*

a) Gender composition of all levels of the workforce
b) Gender composition of governing bodies
c) Equal remuneration
d) Sexual harassment in the workplace
e) Recruitment and promotion practices in the workplace
f) Availability and utilisation of leave and flexible working arrangements
g) Gendered segregation within the workplace

All audit findings will be further tested and explored through Western Health's consultation process, to be facilitated by *GenderWorks Australia* through February 2021.

Additional notes on limitations of 2021 audit analysis

On gender

- In Western Health *workforce data*, an employee's gender is currently assumed based on the 'Title' box ticked on the Tax File Number declaration completed by all employees during the onboarding process. A gender-neutral title option may not be available. There is currently no online system to self-identify or self-update gender details.
- We note that due to the small number of employees (<5) who have identified their gender as *non-binary* or *I use a different term,* it is not possible to disaggregate these responses in workforce data analysis.
- In Western Health *employee experience data*, it is also not possible to analyse disaggregated *People Matter Survey* response data for people who identify as *non-binary* or *use a different term* to describe their gender. Due to small numbers of respondents selecting these response options (1%) the *People Matter Survey* administrator (the Victorian Public Sector Commission) has grouped these respondents together with 8% of respondents who *prefer not to say* their gender. This aggregate group is represented as *Other* in all *People Matter* analysis graphs in this report.

On intersectionality (analysis by gender and other identity attributes)

- Due to limited diversity in *People Matter* respondent profile, in depth intersectional analysis of responses (i.e. analysis by gender *and* other attributes) is not presented. Some further analysis may be possible against some survey questions, based on *gender* and *caring*

[1] See page 5 of this report for further information on respondent profile for this survey

responsibilities, gender and (some) cultural backgrounds, gender and religion, gender and gross base salary.

On levels to CEO/classification levels reported in analysis

- Much of the analysis required in the 2021 Workplace Gender Audit hinges on an entity's definition of 'classification levels' or 'reporting levels to CEO'. Given the absence of a clear single line of hierarchy down from CEO at Western Health (as is the case across the health sector), in 2021 Western Health has defined 13 'classification levels' to guide audit analysis.
- The levels used by Western Health in their 2021 audit are **not hierarchical**. They are defined for the purposes of developing an initial baseline picture of gendered workforce data across areas of initial interest – including senior leadership, medical, operational, pharmacy, nursing & midwifery, occupational groupings. Classification levels may be defined differently in future audits.

INDICATOR 1: WORKFORCE COMPOSITION

Overview of Indicator

Women are often underrepresented in leadership roles, and overrepresented in lower-level roles. This contributes to the gender pay gap and means that organisations may be missing out on the expertise and skills of women at senior levels. By collecting and reporting data on gender composition at all levels, organisations can see where they could benefit from greater gender diversity and take action to support women into senior roles[2].

Audit Data Reviewed

Workforce Data:

- Workforce gender composition, across classification levels and employment types
- Workforce composition by gender and age, across classification levels and employment types
- Limited workforce composition data by gender and other intersectional identities (*gender* and *age*)

***Employee Experience Survey* responses mapped to Indicator 1**:

- positive culture towards employees across different intersectional cohorts (aboriginality, age, disability, cultural identity, sexual orientation, gender)

Key findings:

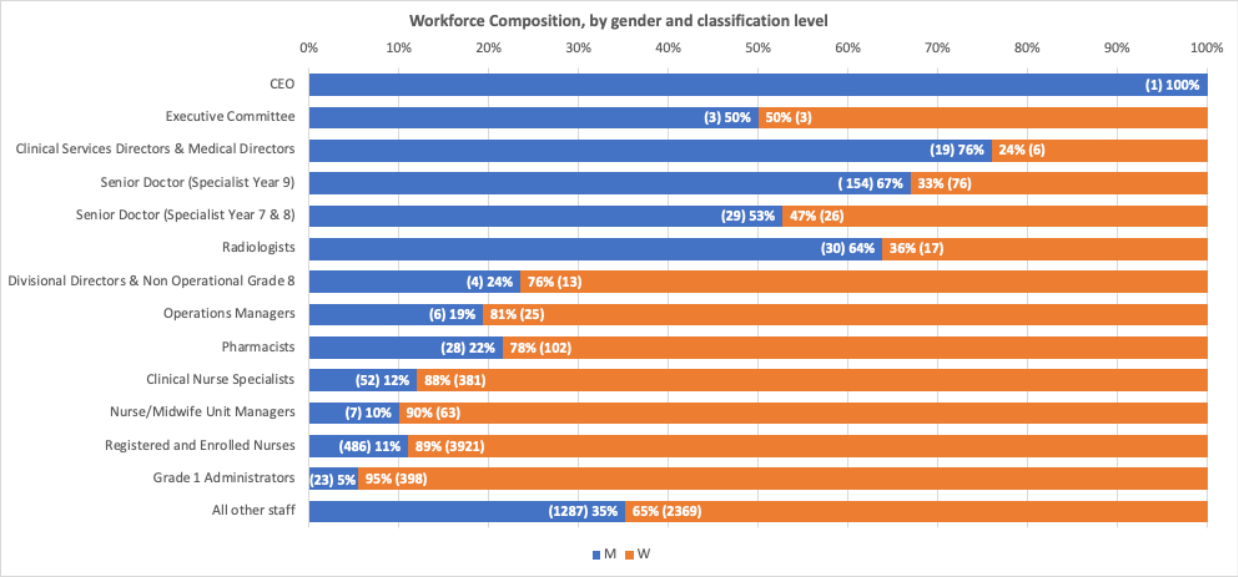
Gender composition of overall workforce	22% MEN: 78% WOMEN, <10 people of self-described gender
Gender composition of CEO/Executive/Senior Leadership Group - **including *CEO, Executive Committee, Clinical Services Directors & Medical Directors, Divisional Directors & Non-Operational Grade 8*)**	55% MEN: 45% WOMEN
Composition by gender and employment type	M - 42%FT: 36%PT: 22%C (men twice as likely as women to be working full-time) W - 22%FT:53%PT: 24%C
***% People Matter* respondents who agree there is a positive culture in relation to employees of different sexes/genders**	76% MEN agree 79% WOMEN agree (+3% difference) 63% OTHER respondents agree (-13% difference)

[2] Workplace gender equality indicators | Commission for Gender Equality in the Public Sector (genderequalitycommission.vic.gov.au)

WORKFORCE DATA: WORKFORCE COMPOSITION, BY GENDER AND CLASSIFICATION LEVEL

Overall,

- Western Health's workforce composition is 22% (2129) MEN: 78% (7400) WOMEN
- <10 people of self-described gender identified in workforce data, not presented in analysis



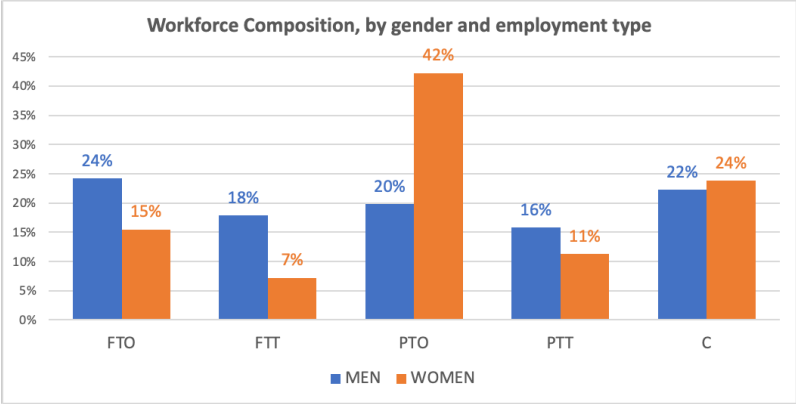
By classification level[3], compared to both overall composition data (22% men, 78% women) *and* population data (approx. 50% men, 50% women)

- By individual classification levels, men are notably disproportionately represented among *Senior Doctors (Specialist - Year 9) (67%M), Senior Doctors (Specialist Year 7 & 8) (53%M), Radiologists (64%M)*
- By individual classification levels, women are notably disproportionately represented among *Clinical Nurse Specialists (88%W), Nurse/Midwife Unit Managers (90%W), Registered and Enrolled Nurses (89%W), Grade 1 Administrators (95%W)*
- Across the four most senior levels in the Western Health's organisational structure[4], men are disproportionately represented (55% M: 45% W gender composition in this grouping)

[3] See pages 1-2 of this report for additional explanatory notes on definition of *classification level* for the purposes of this audit

[4] Note that the top four levels in Western Health's organisational hierarchy are as follows: *CEO, Executive Committee* & senior leadership group comprising *Clinical Services Directors & Medical Directors* and *Divisional Directors & Non-Operational Grade 8*. This group constitutes the top 49 positions in the organisational hierarchy.

WORKFORCE DATA: WORKFORCE COMPOSITION, BY GENDER AND EMPLOYMENT TYPE



Note in graph to the right that FTO = Full-time ongoing; FTT = Full-time fixed term; PTO = part=time ongoing; PTT = part-time fixed term; C= Casual

Amongst men in the workforce,

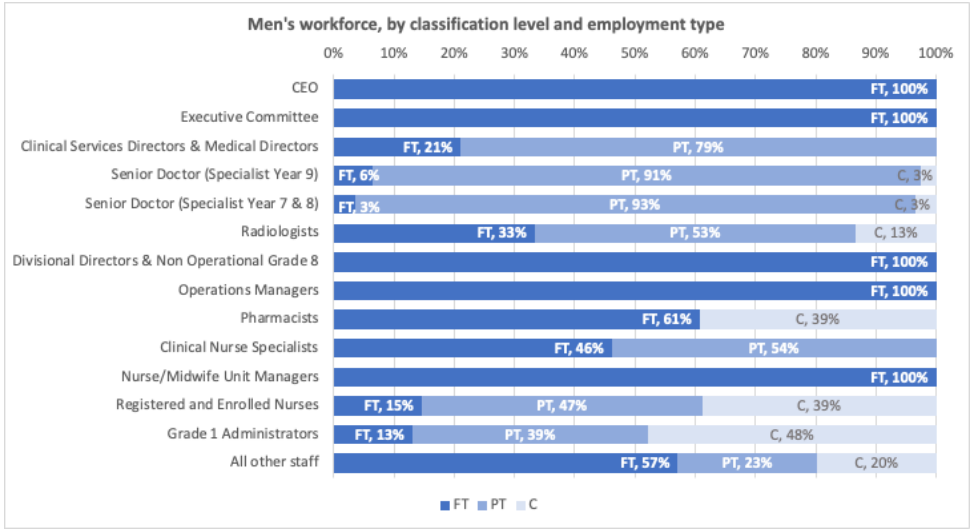
- 42% work full-time (men twice as likely as women to work full-time)
- 36% work part-time
- 22% work casually

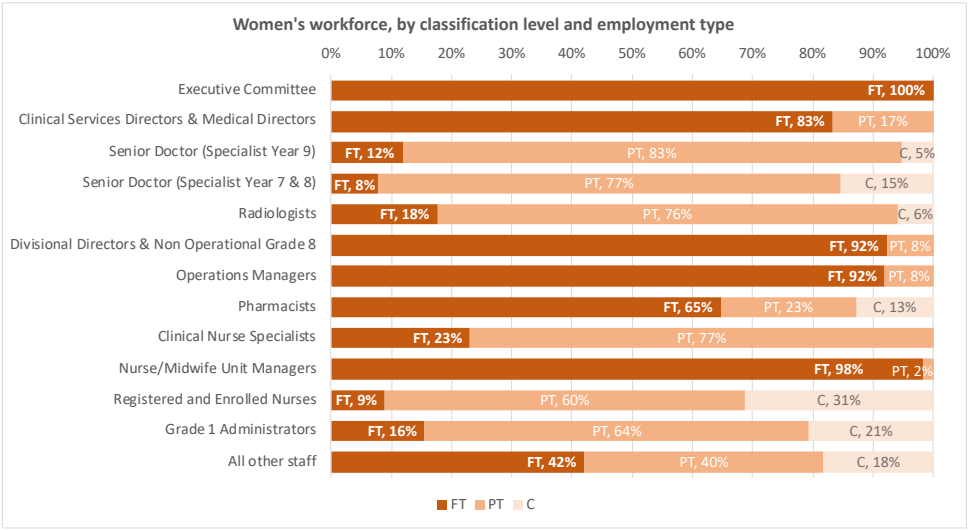
Amongst women in the workforce,

- 22% work full-time
- 53% work part-time (women 1.5 times as likely as men to work part-time)
- 24% work casually

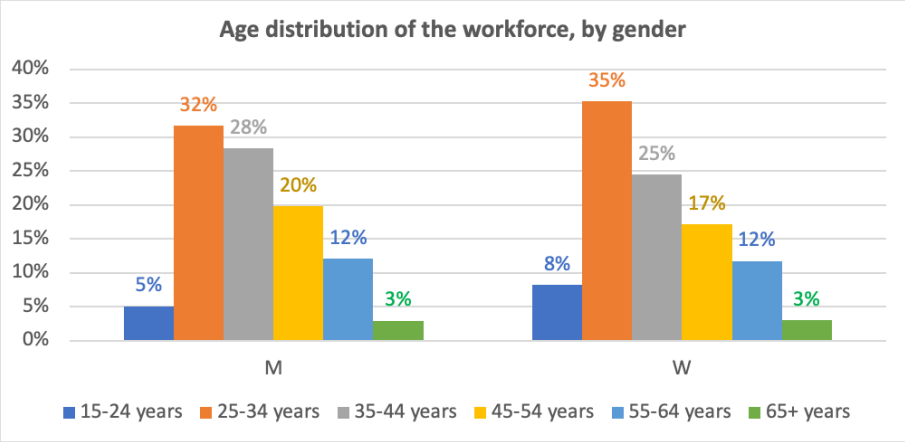
Looking at gender and employment type across classification levels,

- No members of the *Executive Committee* working part-time
- limited part-time employment at following levels *Divisional Directors & Non-Operational Grade 8* (no men PT, 8% women PT), *Operations Managers* (no men PT, 8% women PT) and *Nurse/Midwife Unit Managers* (no men PT, 2% women PT)



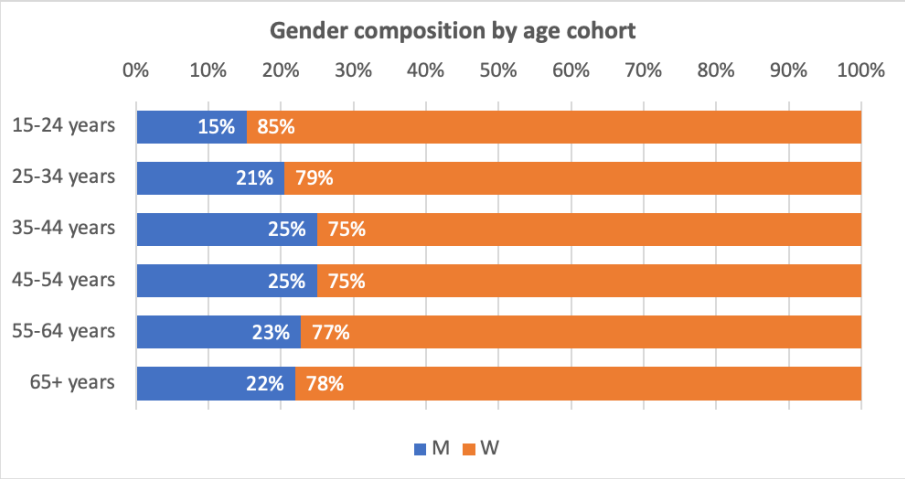


WORKFORCE DATA: WORKFORCE COMPOSITION, BY GENDER AND AGE



Comparing age distribution of workforce by gender,

- Relatively similar age distribution for women and men with some slight differences



Comparing gender split across each age groups,

- Increasing proportion of men as you move up through age cohorts
- At most age cohorts, gender split roughly comparative (within 3%) of overall workforce composition of 22% MEN:78% WOMEN

WORKFORCE & SURVEY DATA: WORKFORCE COMPOSITION, BY GENDER AND OTHER ATTRIBUTES

- Limited ***workforce data*** available on Aboriginality (<1%), no data on disability, cultural identity, sexual orientation, religion
- among ***employee experience survey respondents*** (1,853 of 6,990 employees, approx. 27% of workforce), demographic profile of respondents provides some insight into workforce diversity, as follows:
  - 73% of respondents identify as *women,* 18% of respondents identify as *men*, 1% identify as *non-binary* or *I use a different term*, 8% *prefer not to say*
  - 4% of respondents identify as a *person with a disability*
  - 1% identify as *Aboriginal and/or Torres Strait Islander*
  - 8% identify as *bisexual, gay or lesbian*, *pansexual, asexual, I use a different term,* or *I don't know*
  - 29% *not born in Australia (born in Canada, USA, Ireland, New Zealand, South Africa, UK, India, China, Italy, Vietnam, Sri Lanka, Malaysia, Philippines, other)*
  - 37% identify as having *no religion,* 36% identify their religion as *Christian,* 2% *Buddhism,* 2% *Hinduism,* 1% *Islam,* 1% *Sikhism,* 6% *Other*

For comparative reference, it may be useful to compare this workforce data with Australia Bureau of Statistics population data for Melbourne's West, the region within which Western Health operates. ABS Census data from 2016[5] tells us the following:

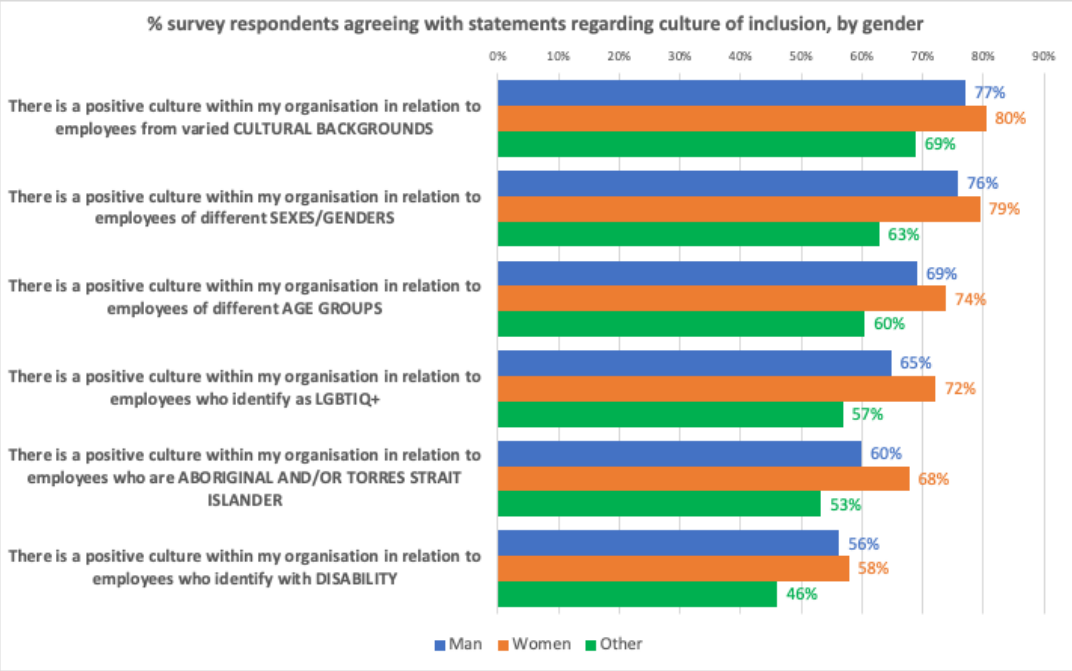
- Gender split (male and female) of the population for *Melbourne - West* is approximately 49.8% male, 50.2% female
- Aboriginal and Torres Strait Islander people make up approximately 0.7% of the population
- Approximately 46% of the population are not born in Australia (most common countries of birth are *India, Vietnam, New Zealand, Philippines, England)*
- 24% of the population identify as having *no religion*, 27% identify as *Catholic, 6% Islam, 6% Anglican*

While there is no ABS disability data available specific to Melbourne's West, national ABS data suggests that disability prevalence in the population is approximately 11.6% for people aged 0-64 (with labour force participation sitting at approximately 53% for those with a disability aged 15-64). [6]

[5] *2016 Census Quick Stats, Melbourne – West*, viewed online at https://www.abs.gov.au/census. (Note that data from the 2021 Census will not be released until mid-2022)

[6] *ABS, 2020, Disability, Ageing and Carers, Australia: Summary of Findings*, viewed online at https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release

SURVEY DATA: WORKFORCE DIVERSITY AND INCLUSION



Among *People Matter* Survey respondents (1,853 of 6,990 employees, approx. 27% of workforce), analysis shows the following[7]:

- 76% of men, 79% of women (+3% difference), 63% of other respondents (-13% difference) agree *there is a positive culture within Western Health in relation to employees of different sexes/genders*
- overall, women survey respondents are more likely to agree there is a positive culture towards employees of diverse identities
- overall, employees who identify as *non-binary*, *I use a different term* or *prefer not to say* (grouped as Other in survey-related graphs) are less likely than women and men to agree there is a positive culture towards employees of diverse identities
- overall, respondents of all genders least likely to agree there is a positive culture in relation to *employees who are Aboriginal and/or Torres Strait Islander* and *employees who identify with disability*

[7] Note that 'Other' in survey-related graphs is an aggregated group of the 9% of survey respondents who selected either *prefer not to say* (8%,149) or *non-binary and I use a different term* (1%, 18) in response to the question - *How would you describe your gender?* People Matter response data provided by the Victorian Public Sector Commission does not allow us to break this group down further.

INDICATOR 2: COMPOSITION OF GOVERNING BODY

Overview of Indicator

Boards, councils, committees of management and other governing bodies make important decisions about finances and strategy. It's important that governing bodies have diverse voices at the table[8].

Audit Data Reviewed

Workforce Data:

- Board composition (by gender, age)

No *Employee Experience Survey* responses mapped to Indicator 2:

Key findings:

Gender composition of governing body	78%W: 22%M (7W:2M) Board is led by a woman Chair
Composition of governing body by gender and age	Age data not included in analysis report as <10 people in this group

[8] Workplace gender equality indicators | Commission for Gender Equality in the Public Sector (genderequalitycommission.vic.gov.au)

INDICATOR 3: EQUAL REMUNERATION

Overview of Indicator

The gender pay gap is persistent in Victoria and as at November 2019 stands at 9.6%. In the Victorian public sector, it is 10%. The gap is driven by several factors, including the unequal distribution of unpaid care work, higher rates of pay in male-dominated industries, and gender discrimination. By collecting and reporting pay data, organisations can see where pay gaps are largest and identify the underlying causes[9].

Audit Data Reviewed

Workforce Data:

- Organisational pay gap
- By-level pay gaps for base salary and total remuneration, based on 13 classification 'levels' mapped in Workforce Reporting Template

No *Employee Experience Survey* responses mapped to Indicator 3.

Key findings:

Organisation-wide pay gap (*base salary* and *total remuneration*)	On average men earn more than women at Western Health • available data suggests a 10.8% gap ($9,084) on *base salary*, favouring men • available data suggests a 10.8% gap ($9,948) on *total remuneration*, favouring men
By-level pay gaps favouring men ***(in these levels, men on average earn more than women)***	• at *Executive Committee* level (exact pay gap undisclosed as <10 employees in group) • at *Divisional Directors & Non Operational Grade 8* level (9.6%) • at *Operations Managers* level (1.8%) • at *Senior Doctor (Specialist Year 7 & 8)* level (0.6%)
By-level pay gaps favouring women ***(in these levels, women on average earn more than men)***	• *Registered and Enrolled Nurses* (6.1% gap) • *Pharmacists* (3.9% gap) • *All other staff* (1.9% gap) • *Clinical Services Directors & Medical Directors* (0.9% gap) • *Grade 1 Administrators* (0.3% gap)

[9] Workplace gender equality indicators | Commission for Gender Equality in the Public Sector (genderequalitycommission.vic.gov.au)

BACKGROUND NOTES ON PAY GAP ANALYSIS

Gender Pay gaps can be analysed in a range of different ways, including:

- *by-level pay gaps* (pay gaps between people of different genders who work at the same classification level)
- *like-for-like pay gaps* (pay gaps between people of different genders who do work of equal or comparable value),
- *organisation-wide* pay gaps (pay gaps between the average remuneration of women and men across the whole organisation)

This report provides data on Western Health's *organisation-wide pay gap* and *by-level pay gaps*. 'Levels' are the 13 classification levels defined by Western Health for the purposes of the 2021 workplace gender audit. Under the Commission's audit guidance, an analysis of *like-for-like* pay gaps is not required.

We note the following in relation to the analysis included in this report:

- calculation of pay gaps is based on *annualised full-time equivalent salaries.* This means, for example, that the base salaries of employees working part-time have been converted to full-time equivalent base salaries prior to any calculation of gender pay gaps.
- analysis focuses on the *median* (the mid-point in an ordered range of salaries) rather than the *mean* (average of a range of salary figures). This is based on established VPS practice of drawing on the *median* in gender pay gap analysis. As a general rule, a *median* figure is also a more reliable measure of the centre of a data set (in this case the centre of the dataset = the *typical* man or woman's salary) as it is less likely to be skewed by outliers (those earning very high salaries or those earning very low salaries). Where there are a small group of individuals in a dataset earning considerably higher salaries, the *mean* is less likely to be a reliable measure of the centre of a dataset.

ORGANISATIONAL PAY GAP

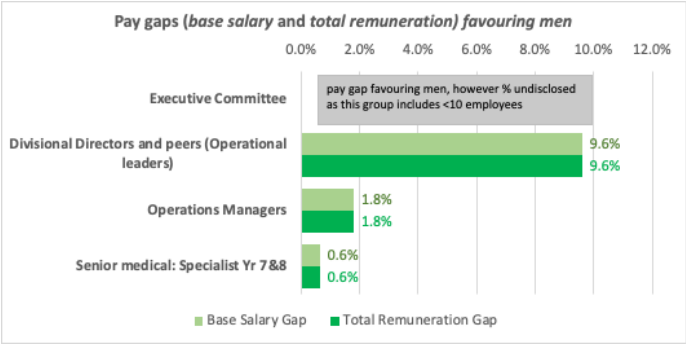
Available data suggests the following:

- Western Health has **an organisation-wide base salary median pay gap of 10.8% ($9,084), favouring men** (i.e. the median men's *annualised FTE base salary* is 10.8% greater than the median women's *annualised FTE base salary*)
- Western Health has **an organisation-wide total remuneration pay gap 10.8% ($9,948), favouring men** (i.e. the median men's *total remuneration* is 10.8% greater than the median women's *total remuneration)*

PAY GAP BY CLASSIFICATION LEVELS

Analysis of by-level pay gaps shows the following:

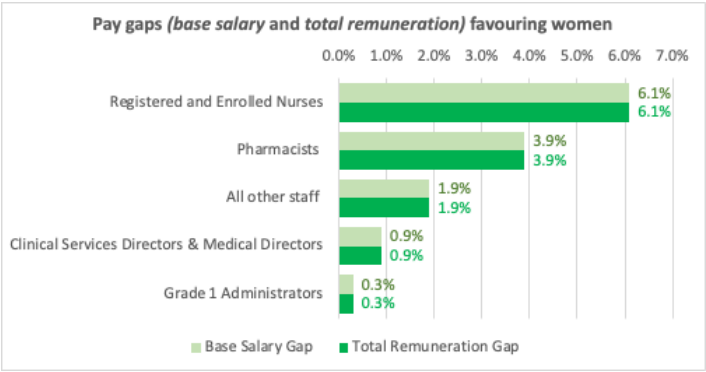
- No gender pay gap in the following classification levels: *Senior Doctor (Specialist Year 9), Radiologists, Nurse/Midwife Unit Managers*. This means that for employees in these levels, women on average earn the same as men.
- Gender pay gaps at other levels which require further investigation. In some levels we see a pay gap favouring men, in some a pay gap favouring women, as presented below.



Pay gaps favouring men (on average men at these levels earn more than women in these levels):
Note that gender composition for these levels included in table to the right, for reference.

- at *Executive Committee* level (*exact % pay gap undisclosed as less than <10 people in this group*)
- at *Divisional Directors & Non Operational Grade 8* level (9.6%)
- at *Operations Managers* level (1.8%)
- at *Senior Doctor (Specialist Year 7 & 8)* level (0.6%)

	MEN	WOMEN
Executive Committee	3	3
Divisional Directors & Non Operational Grade 8	4	13
Operations Managers	6	25
Senior Doctor (Specialist Year 7 & 8)	29	26



Pay gaps favouring women (on average women at these levels earn more than men in these levels):
Note that gender composition for these levels included in table to the right, for reference.

- *Registered and Enrolled Nurses* (6.1% gap)
- *Pharmacists* (3.9% gap)
- *All other staff* (1.9% gap)
- *Clinical Services Directors & Medical Directors* (0.9% gap)
- *Grade 1 Administrators* (0.3% gap)

	MEN	WOMEN
Registered and Enrolled Nurses	486	3921
Pharmacists	28	102
All other staff	1287	2369
Clinical Services Directors & Medical Directors	19	6
Grade 1 Administrators	23	398

INDICATOR 4: SEXUAL HARASSMENT IN THE WORKPLACE

Overview of Indicator

Sexual harassment in the workplace is common in Australia, including Victoria. It causes financial, psychological, and physical harm to victim survivors. It also has a significant economic cost to organisations and the community. Often, victim survivors don't make a formal report of their experience of sexual harassment. Barriers to reporting include fear of reprisals or other negative consequences, lack of confidence in the reporting system, and a limited understanding of what sexual harassment is. By consistently collecting and reporting data on workplace sexual harassment, organisations will be more transparent and accountable to employees and the community. This will build confidence to report experiences of sexual harassment[10].

Audit Data Reviewed

Workforce Data:

- Formal complaints data

***Employee Experience Survey* responses mapped to Indicator 4**:

- organisational climate (organisational integrity and safety to speak up)
- negative workplace behaviours (sexual harassment)
- negative workplace behaviours (witnessed behaviours)

Key findings:

No. formal sexual harassment complaints made	3 complaints - 2 women (1 employee, 1 student), 1 man (employee)
% *People Matter* respondents who experienced sexual harassment	5% of men, 7% of women, and 10% of other respondents reported experiencing sexual harassment in the workplace in the past 12 months
% *People Matter* respondents who feel safe to challenge inappropriate behaviour at work	68% of men, 60% of women (-8% difference), 42% Other respondents (-26% difference) feel safe to challenge inappropriate behaviour at work.
% *People Matter* respondents who agree Western Health takes steps to eliminate bullying, harassment and discrimination	72% of men, 71% of women (-1% difference), 51% Other respondents (-21% difference)
% *People Matter* respondents who agree Western Health encourages respectful workplace behaviours	83% of men, 84% of women, (+1% difference), 66% Other respondents (-17% difference) agree Western Health encourages respectful workplace behaviours.

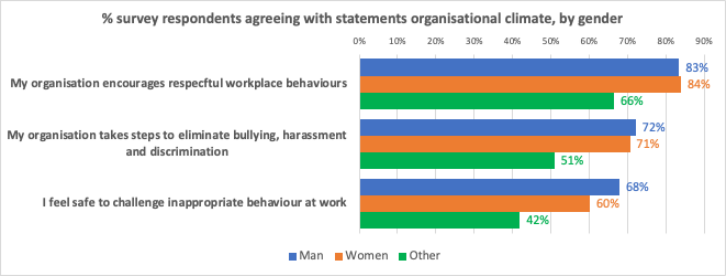
[10] Workplace gender equality indicators | Commission for Gender Equality in the Public Sector (genderequalitycommission.vic.gov.au)

FORMAL COMPLAINTS DATA

- 3 sexual harassment complaints recorded in workforce data in FY20/21 (*note, this does not include RISKMAN data on employees experiencing sexual harassment from a patient/member of the public*), all lodged by complainants who were the subject of the sexual harassment (i.e not a bystander or witness)
- 2 complainants were women (1 employee, 1 student/employee of related organisation), 1 complainant was a man
- 2 respondents were men, 1 respondent was a woman
- Complaints from women were handled internally, complaint from man was handled externally
- Outcomes included an *apology, matter dismissed, resignation*

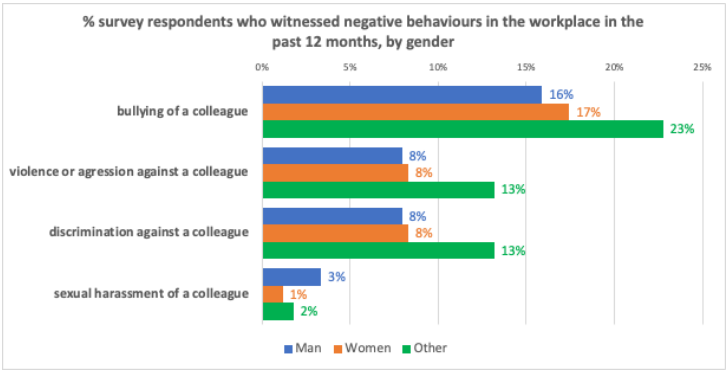
ORGANISATIONAL CLIMATE

Among survey respondents, *women* and employees who *non-binary employees/use a different term/prefer not to say* their gender are less likely to perceive organisational safety as favourably as men:



- 68% of men, 60% of women (-8% difference), 42% of other respondents (-26% difference) *feel safe to challenge inappropriate behaviour at work*.
- limited difference between women and men in perception that Western Health *encourages respectful workplace behaviours* (83% men, 84% women) and that Western Health *takes steps to eliminate bullying, harassment and discrimination* (72% men, 71% women)
- Other respondents report lower levels agreement with these statements (-20/21% difference on *my organisation takes steps to eliminate bullying, harassment and discrimination* and -17/18% difference on *my organisation encourages respectful workplace behaviours)*

WITNESSED BEHAVIOURS



- 26% of men, 28% of women (+2% difference), 35% of other respondents (+9% difference) reported witnessing negative behaviours in the workplace in the past 12 months.
- most common behaviour witnessed was *bullying of a colleague* - 16% of men, 17% of women (+1% difference), 23% of other respondents (+7% difference)
- 13% of men, 10% of women (-3% difference), 13% of other respondents (no difference), witnessed *violence or aggression against a colleague*
- 8% of men, 8% of women (no difference), 13% of other respondents (+5% difference), witnessed *discrimination against a colleague*
- 3% of men, 1% of women (-2% difference), 2% of other respondents (-1% difference), witnessed *sexual harassment*

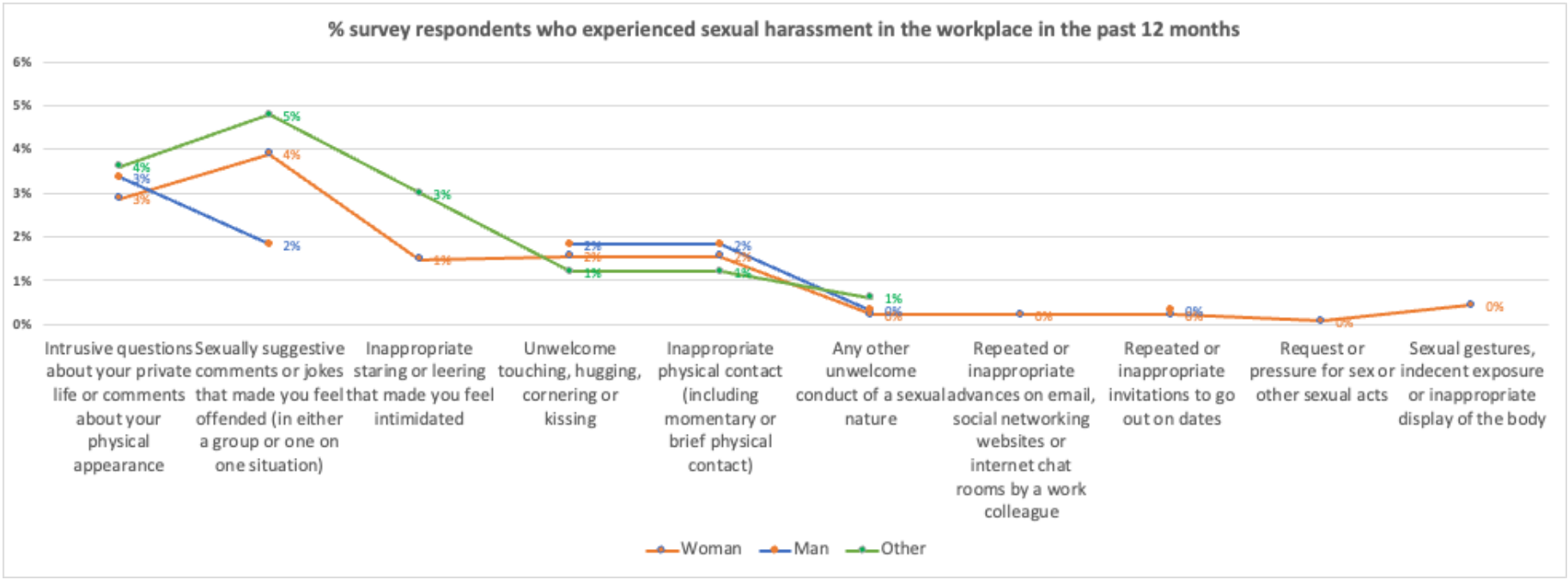
EXPERIENCE OF SEXUAL HARASSMENT

Among survey respondents, 5% of men, 7% of women, and 10% of other respondents reported experiencing sexual harassment in the workplace in the past 12 months. The most common form of harassment were:

- *Sexually suggestive comments or jokes that made you feel offended* (2% of men, 4% of women, 5% of other respondents)
- *Intrusive questions about your private life or comments about your physical appearance* (3% of men, 3% of women, 4% of other respondents)
- *Unwelcome touching, hugging, cornering or kissing* (2% of men, 2% of women, 1% of other respondents)
- *Inappropriate physical contact* (2% of men, 2% of women, 1% of other respondents)

The below graphs illustrates potential differences in prevalence of types of behaviour experienced by survey respondents of different genders

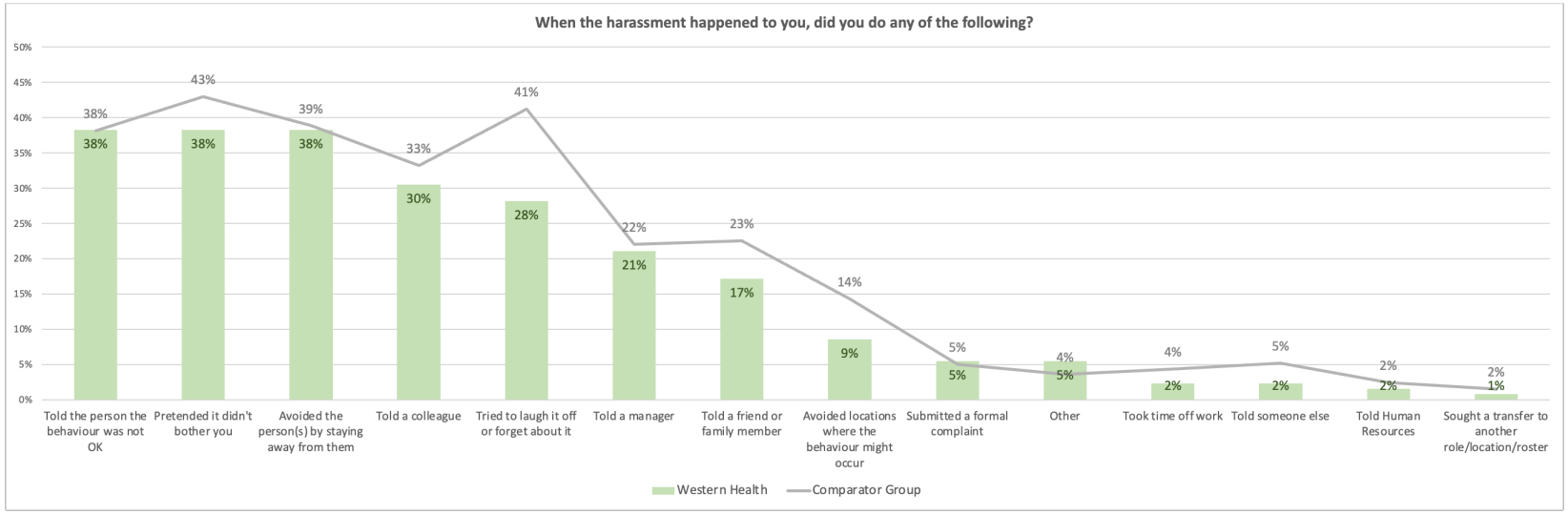
- Women and other respondents most likely to experience *sexually suggestive comments or jokes that made you feel offended*
- Men most likely to experience *intrusive questions about your private life or comments about your physical appearance*



EXPERIENCE OF SEXUAL HARASSMENT cont.

The *People Matter Survey* asked a number of follow-up questions to those who reported experiencing sexual harassment. Due to low number of respondents completing these questions, it is not possible to disaggregate responses by gender. Following are summary responses for all Western Health employees who experienced sexual harassment and completed these follow-on questions.

- The most common reported perpetrators of sexual harassment were a *colleague* (47%) or *client/customer/patient/stakeholder* (47%)
- Other reported perpetrators include *member of the public* (16%), *group of colleagues* (11%), *immediate manager or supervisor* (5%), *a more senior manager than my manager* (5%), *someone I supervise or manage* (2%)
- A majority of respondents (63%) experienced this sexual harassment less than once a month, others *at least once a day* (2%), *once every few days* (8%), *once a week* (9%), *once a month* (19%)
- 5% of survey respondents who experienced sexual harassment *submitted a formal complaint* following experience of sexual harassment
- Overall response patterns for employees experiencing sexual harassment at Western Health are roughly comparative to responses patterns among *People Matter* comparator group (see graph below), although Western Health respondents are noticeably less likely to *pretend it didn't bother them, try to laugh it off or forget about it* or *avoid locations when the behaviour might occur.*



INDICATOR 5: RECRUITMENT & PROMOTION PRACTICES

Overview of Indicator

Gender bias and gender stereotypes can influence recruitment, promotion and career progression practices. This means that women may not have access to the same career opportunities as men. Other forms of disadvantage and discrimination can also have an impact, limiting career opportunities for women from different backgrounds, such as women with disability or older women. Data on recruitment and promotion outcomes can show where women's careers are stalling and help identify strategies to create more equal opportunities[11].

Audit Data Reviewed

Workforce Data:

- recruitment and promotion & access to career development opportunities

***Employee Experience Survey* responses mapped to Indicator 5**:

- diversity and inclusion in the workplace & equal employment opportunity
- recruitment and promotion & learning and development

Key findings:

% *People Matter* respondents who agree Western Health makes fair recruitment and promotion decisions, based on merit	57% of men, 53% women (-4% difference), 36% other (-19% difference) agree the organisation makes *fair recruitment and promotion decisions, based on merit.*
% *People Matter* respondents who feel they have an equal chance at promotion	47% of men, 43% women (-4% difference), 28% other (-19% difference) agree they *feel they have an equal chance at promotion in the organisation*.
% *People Matter* respondents who agree that gender is *not* a barrier to success at Western Health	76% men, 81% of women, (+5% difference), 58% other (-18% difference) agree that gender is *not* a barrier to success at Western Health
% *People Matter* respondents who agree Aboriginality, cultural background, sexual orientation, disability, age are *not* a barrier to success	Men are 4-7% more likely to perceive listed identity attributes as a barrier to success. All respondents most likely to believe disability and being Aboriginal and/or Torres Strait Islander are a barrier to success.

[11] Workplace gender equality indicators | Commission for Gender Equality in the Public Sector (genderequalitycommission.vic.gov.au)

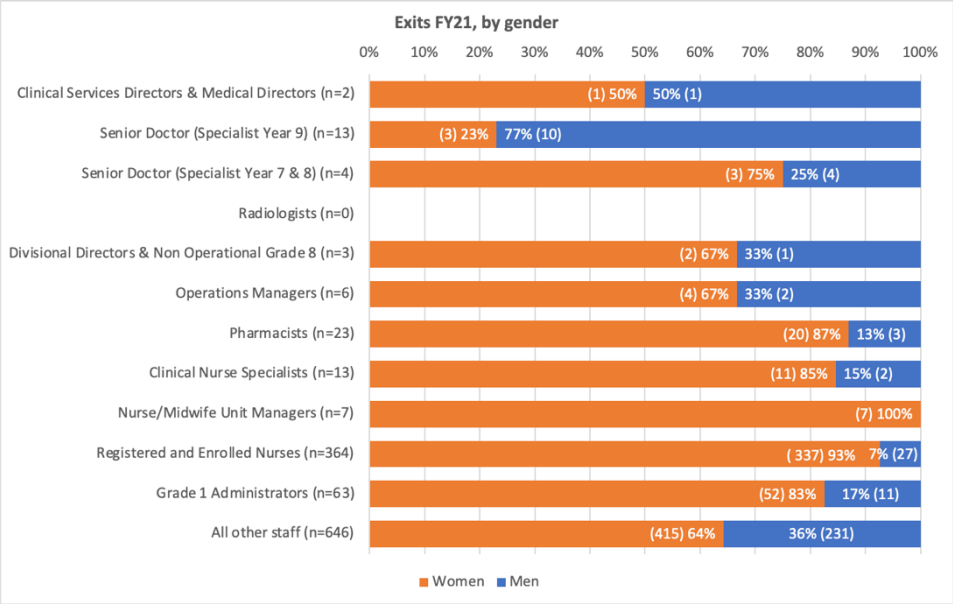
WORKFORCE DATA: RECRUITMENT AND EXITS, BY GENDER AND CLASSIFICATION LEVEL

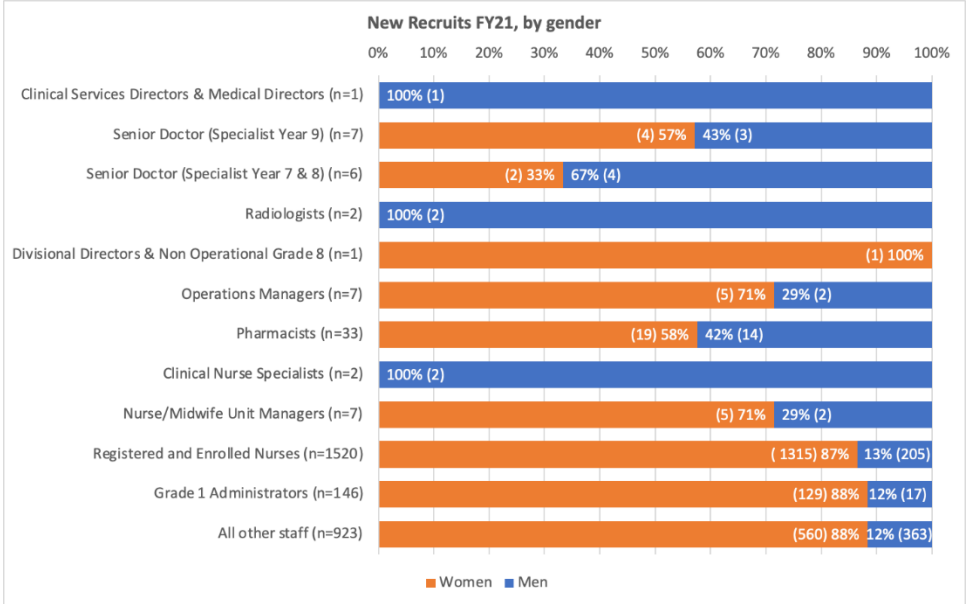
Overall, in the year to end June 2021

- **Western Health recruited 2655 employees, approx. 77% women (2040), 23% men (615), <1% (<10) people of self-described gender**
- **Western Health exited 1144 employees, approx. 75% women (855), 25% men (289), (no workforce data on exits for people of self-described gender)**

Comparative graphs of FY21 exits and new recruits, by gender and classification level, are included below (noting that CEO and Executive Committee levels are not included, given there was 0 new recruits and 0 exits recorded at these levels in FY21).

Given small numbers at many levels, it is difficult to comment meaningfully on trends. We can note a general trend toward recruiting comparatively higher proportions of men, compared to proportions of men exiting. The exceptions to this trend are at *Senior Medical: Specialist Year 9* and *Grade 1 administrators* levels, where higher proportion of women hired, as compared to proportion of women exiting at these levels.



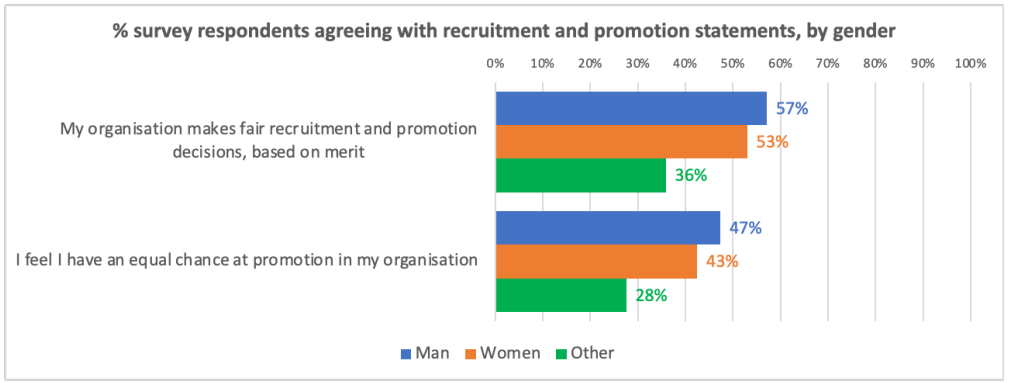


WORKFORCE DATA: CAREER PROGRESSION

- No workforce data on career progression available for analysis in 2021

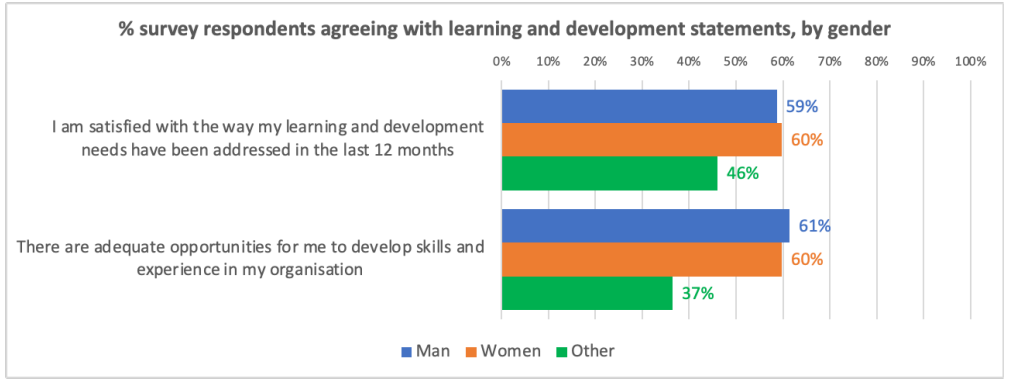
EMPLOYEE EXPERIENCE OF RECRUITMENT AND PROMOTION

Among survey respondents, *women* and employees who are *non-binary/use a different term/prefer not to say* their gender are less likely to respond favourably to recruitment and promotion statements:



- 57% of men, 53% women (-4% difference), 36% other (-19% difference) agree the organisation makes *fair recruitment and promotion decisions, based on merit.*
- 47% of men, 43% women (-4% difference), 28% other (-19% difference) agree they *feel they have an equal chance at promotion in the organisation*.

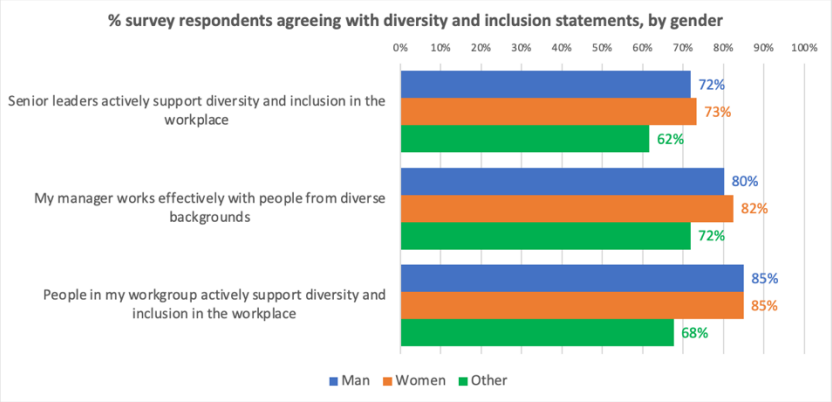
Among survey respondents, limited differences between men and women with regard to perceptions of learning and development, while employees who are *non-binary/use a different term/prefer not to say* their gender, report significantly lower levels of agreement:



- 59% of men, 60% women (+1% difference), 46% other (-13% difference) agree they are *satisfied with the way their learning and development needs have been addressed in the last 12 months.*
- 61% of men, 60% women (-1% difference), 37% other (-24% difference) agree there are *adequate opportunities for them to develop skills and experience in the organisation*

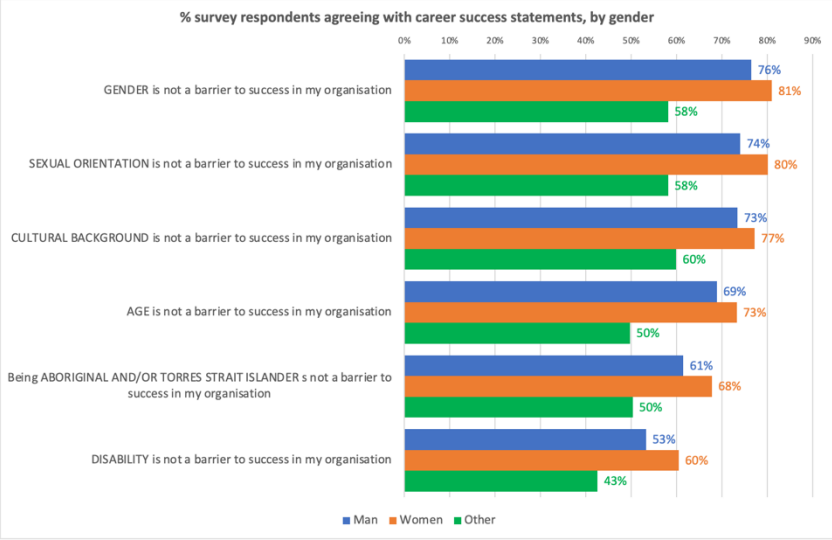
EMPLOYEE PERCEPTIONS OF EQUAL EMPLOYMENT OPPORTUNITY, SUPPORT FOR DIVERSITY AND INCLUSION

Among survey respondents, limited differences between men and women in perceptions of support for diversity and inclusion, while employees who are *non-binary/use a different term/prefer not to say* report lower levels of agreement with statements.



- 72% of men, 73% women (+1% difference), 62% other (-10% difference) agree that *senior leaders actively support diversity and inclusion in the workplace*.
- 80% of men, 82% women (+2% difference), 72% other (-8% difference) agree that their *manager works effectively with people from diverse backgrounds*.
- 85% of men, 85% women (no difference), 68% other (-17% difference) agree that *people in my workgroup actively support diversity and inclusion in the workplace*

Among survey respondents, men and employees who are *non-binary/use a different term/prefer not to say* their gender are more likely than women to believe each of the range of diversity identity attributes listed act as a barrier to success in the organisation.



- Men 4-7% less likely than women to agree the range of attributes listed are *not* a barrier to succcess in the organisation (ie. this means men are more likely to think these attributes *are* a barrier to success)
- Other respondents approx 15-25% less likely than women to agree the range of attributes listed are *not* a barrier to success in the organisation
- Across all identity attributes listed in statements, respondents are least likely to agree that age, aboriginality and disability are *not* a barrier to success (i.e. these attributes perceived as more more likely to be a barrier to success)

INDICATOR 6: FLEXIBLE WORK & LEAVE

Overview of Indicator

Flexible working arrangements and leave entitlements including parental leave help Victorians of all genders balance paid work with other responsibilities. But structural and cultural factors mean women are far more likely than men to work flexibly, especially by working part time, and taking longer parental leave. On average women do nearly twice as much unpaid work as men. It's important that defined entities collect clear data on who is accessing flexible work so they can see what extra support might be needed. By encouraging more men to work flexibly and take leave to care for children or others, organisations can contribute to a more equal gender balance in unpaid work.

Family violence causes significant trauma to a victim survivor, which can affect their ability to work. Victim survivors may worry about consequences if they try to remove themselves from violent situations. This may include the perpetrator attending the workplace, or missing work to attend to housing/legal matters. Family violence leave supports victim survivors to manage the impacts of their experience. It promotes an organisational culture that does not accept family violence[12].

Audit Data Reviewed

Workforce Data:

- availability and uptake of paid/unpaid parental leave
- uptake of carers' leave
- uptake of family violence leave

Employee Experience Survey **responses mapped to Indicator 6**:

- availability & utilisation of flexible work[13]
- availability & utilisation of family violence leave, carers leave, parental leave

Key findings:

Proportion of workforce using formal flexible working arrangements, by gender	data not available
Gender composition of people in the organisation who have taken parental leave	515 employees took parental leave (paid and unpaid) in FY21, including 514 women and 1 man

[12] Workplace gender equality indicators | Commission for Gender Equality in the Public Sector (genderequalitycommission.vic.gov.au)

[13] Note that flexible work is defined by the Commission as 'access to one or more of the following arrangements: working more hours fewer days, flexible start and finish times, working remotely (not as a requirement under COVID19 restrictions, working part-time (negotiated by employee only), shift swap, job sharing, study leave, purchased leave, using leave to work flexible hours

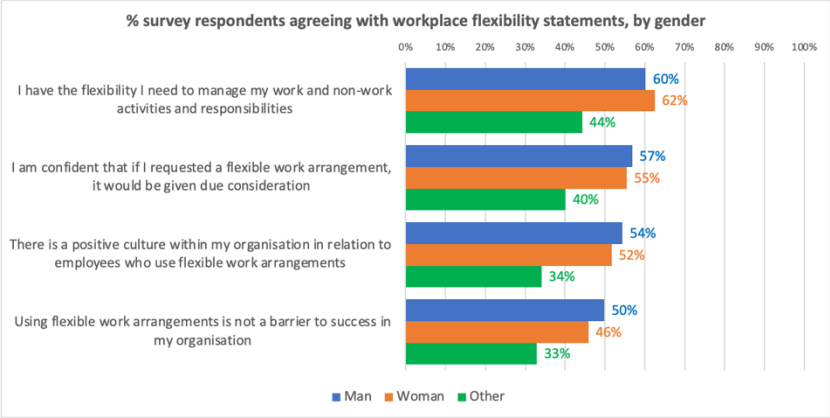
Number of people who exited the organisation during parental leave, by gender	7 employees exited (voluntary exits, all women) during parental leave
% *People Matter* respondents who agree Western Health would support them if they needed to take family violence leave	61% men, 70% women (+9% difference), 68% other (-7% difference), agree that Western Health *would support them if they needed to take family violence leave*
% *People Matter* respondents who feel confident that if they requested a flexible work arrangement, it would be given due consideration	57% of men, 55% women (-2% difference), 40% other (-17% difference) agree they *are confident that if they requested a flexible work arrangement, it would be given due consideration*
% *People Matter* respondents who agree Western Health supports employees with family or other caring responsibilities, regardless of gender	65% men, 65% women, 54% other (-11% difference) agree that Western Health *supports employees with family or other caring responsibilities, regardless of gender*

FLEXIBLE WORK (uptake)

- Among People matter survey respondents, 63% of all respondents reported using some form of flexible working arrangement. The most common flexible working arrangements utilised were working part-time (29%) and shift-swap (24%)
- In workforce data (in 2021) data is available for senior leaders (but not full workforce). The most common forms of flexible work arrangements utilised are *flexible start and finish times* and *working remotely*

FLEXIBLE WORK (perceptions)

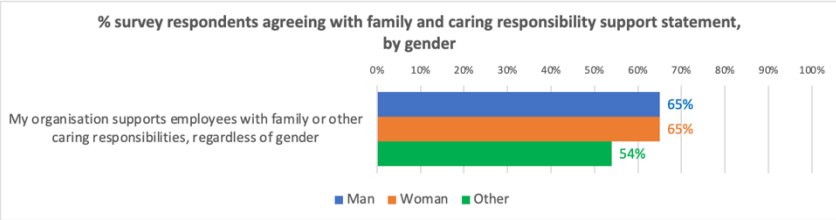
Among survey respondents, women more likely to report they have the flexibility they need to manage work and non-work activities, but less likely to respond favourably to questions around flexible work culture/effect on career progression:



- 60% of men, 62% women (+2% difference), 44% other (-16% difference) agree they *have the flexibility to manage work and non-work activities*
- 57% of men, 55% women (-2% difference), 40% other (-17% difference) agree they *are confident that if they requested a flexible work arrangement, it would be given due consideration*
- 54% of men, 52% women (-2% difference), 34% other (-20% difference) agree there is a *positive culture within Western Health in relation to employees who use flexible work arrangements*
- 50% of men, 46% women (-4% difference), 33% other (-17% difference) agree that *using flexible work is not a barrier to success In the organisation*

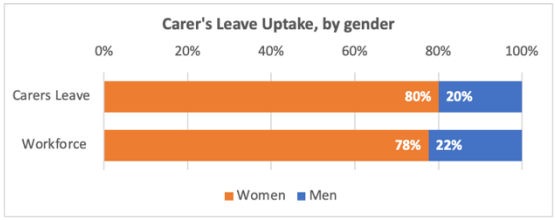
FAMILY AND CARING RESPONSIBILITIES (perceptions)

Among survey respondents, men and women equally as likely to agree that Western Health supports employees with family and other caring responsibilities, regardless of gender:



- 65% of men, 65% women (no difference), 54% other (-11% difference) agree that Western Health *supports employees with family or other caring responsibilities, regardless of gender*

CARERS LEAVE (uptake)

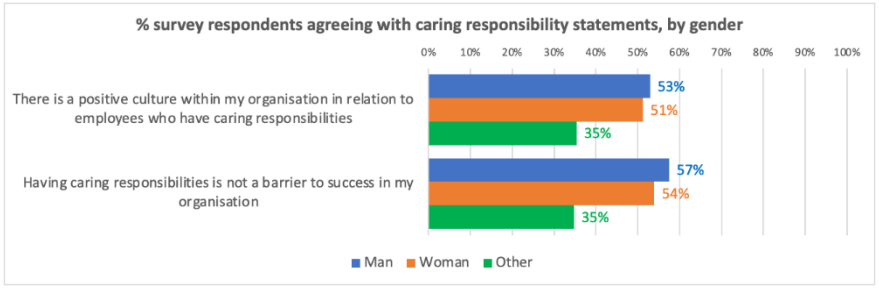


Workforce Data

- Gender split of carer's leave uptake is 80% (1368) Women: 20% (340) Men.
- This gender split is roughly comparative to overall workforce composition data.

CARING RESPONSIBILITIES (perceptions)

Among survey respondents, women and employees who are non-binary/use a different term/prefer not to say their gender are *less likely* to think there is a positive culture in relation to caring responsibilities and *more likely* to view caring responsibilities as a barrier to success:



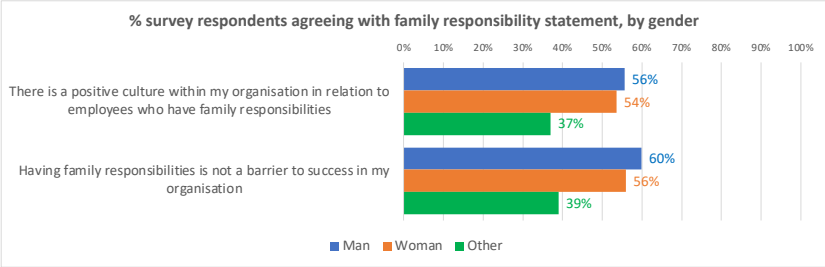
- 53% of men, 51% women (-2% difference), 35% other (-18% difference) agree *there is a positive culture in relation to employees who have caring responsibilities*
- 57% of men, 54% women (-3% difference), 35% other (-22% difference) agree that having caring responsibilities is not a barrier to success in the organisation (ie. men are less likely to think that caring responsibilities are a barrier to success)

PARENTAL LEAVE (uptake)

- A total of 515 employees took parental leave (paid and unpaid) in the year to end June 2021, including 514 women and 1 man.
- 7 employees exited (voluntary exits, all women) during parental leave

FAMILY RESPONSIBILITIES (perceptions)

Among survey respondents, women and employees who are non-binary/use a different term/prefer not to say their gender are *less likely* to think there is a positive culture in relation to family responsibilities and *more likely* to view family responsibilities as a barrier to success:



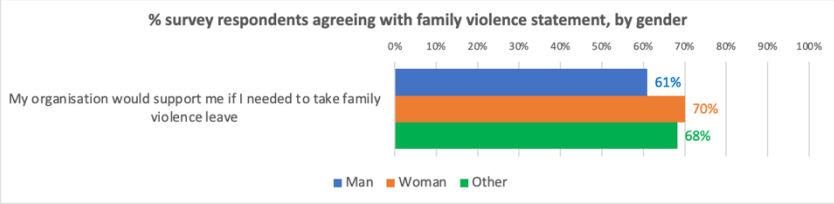
- 56% of men, 54% women (-2% difference), 37% other (-19% difference) agree *there is a positive culture in relation to employees who have family responsibilities*
- 60% of men, 56% women (-4% difference), 39% other (-21% difference) agree that having family responsibilities is <u>not</u> a barrier to success in the organisation (ie. men are less likely to think that family responsibilities are a barrier to success)

FAMILY VIOLENCE LEAVE (uptake)

- A total of 16 employees took family violence leave in the year to end June 2021, including 15 women and 1 man. Anecdotally speaking, this is higher recorded uptake than commonly seen in other entities, though this may be due to existence of formalised confidential systems at Western Health to support accurate reporting of family violence leave uptake.

FAMILY VIOLENCE LEAVE (perceptions)

Among survey respondents, women are *more likely* to agree Western Health would support them if they needed to take family violence leave:



- 61% of men, 70% women (+9% difference), 68% other (+7% difference), agree that Western Health *would support me if I needed to take family violence leave*

INDICATOR 7: GENDERED SEGREGATION IN THE WORKPLACE

Overview of Indicator

Women make up a higher proportion of certain occupations and industries, while men are more represented in others. This gendered segregation is driven by gendered norms and stereotypes about what work is appropriate for men and women, as well as structural factors including access to flexible working arrangements. Gendered workforce segregation reinforces gender inequality and widens the pay gap, as the average pay is lower in industries and occupations dominated by women.

Organisations can use data on their workforce composition to see which roles and areas have more women or more men and consider how to achieve better gender diversity.[14]

Audit Data Reviewed

Workforce Data:

- gendered segregation of the workforce, by ANZSCO groupings

Employee Experience Survey **responses mapped to Indicator 7**:

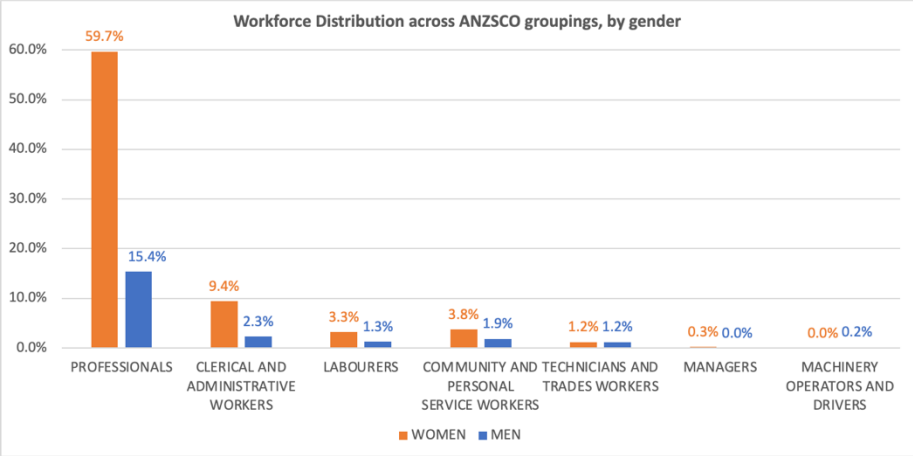
- organisational climate (in workgroup and organisation)
- bullying and discrimination in the workplace

Key findings:

Gender composition of ANZSCO code major groups in the organisation	1 (MANAGERS) - <1% of WH workforce: 87% WOMEN:13% MEN 2 (PROFESSIONALS) – 75% of WH workforce: 79% WOMEN:21% MEN 3 (TECHNICIANS & TRADE WORKERS) – 2% of WH workforce: 50% WOMEN:50% MEN 4 (COMMUNITY & PERSONAL SERVICE WORKERS) – 6% of WH workforce: 67% WOMEN:33% MEN 5 (CLERICAL & ADMINISTRATIVE WORKERS) – 12% of WH workforce: 80% WOMEN:20% MEN 6 (SALES WORKERS) – no employees 7 (MACHINERY OPERATORS & DRIVERS) - <1% of WH workforce: 87%WOMEN:13% MEN 8 (LABOURERS) – 5% of WH workforce: 72%WOMEN:28% MEN

[14] Workplace gender equality indicators | Commission for Gender Equality in the Public Sector (genderequalitycommission.vic.gov.au)

WORKFORCE SEGREGATION – by ANZSCO CODES



Overall, the largest occupational groups at Western Health are:

- *Professionals* (75%, 7155 employees, **79% W**: **21% M**)
- *Clerical and Administrative Workers* (12%, 1118 employees, **80% W**: **20% M**)
- *Community and Personal Service Workers* (6%, 539 employees, **67% W**: **33% M**)
- *Labourers* (5%, 434 employees, **72% W**: **28% M**)
- *Technicians and Trade Workers* (2%, 235 employees, **50% W**: **50% M**)
- *Machinery Operators* (19 employees, **0%W: 100% M**)

Note that amongst *Professionals*, 97% are *Health Professionals. This can be broken down further in analysis if gender segregation by ANZSCO sub-codes is something WH would find useful. This is only useful if ANZSCO is the most useful mechanism for understanding/addressing gender segregation data at Western Health.*

WORKFORCE CLIMATE

Among survey respondents, women generally respond more favourably to statements regarding workplace climate:

- 85% of men, 86% women (+1% difference), 67% other (-18% difference) agree the organisation uses *inclusive and respectful images and language*
- 78% of men, 82% women (+4% difference), 66% other (-12% difference) agree *in my workgroup work is allocated fairly, regardless of gender*
- 80% of men, 79% women (-1% difference), 60% other (-20% difference) agree they *feel culturally safe at work*
- 68% of men, 74% women, (+6% difference), 59% other (-9% difference) *disagree* with the statement that *people in their workgroup often reject others for being different*

(*note that for this particular survey question, a favourable response is *disagreeing* with the statement, ie. here, women are more likely to disagree with this statement, which means they are *less likely* to think that people in their workgroup reject others for being different)

BULLYING & DISCRIMINATION EXPERIENCE

Among survey respondents.

- 17% of men, 18% of women, 36% of other respondents have personally experienced *bullying at work* during the last 12 months
- 9% of men, 6% of women, 14% of other respondents have personally experienced *discrimination at work* during the last 12 months

It is not possible to disaggregate further bullying and discrimination data by gender, due to low numbers in dataset for these questions and related privacy considerations.

Overall, amongst all survey respondents who reported experiencing *bullying,*

- 45% experienced bullying from *colleague*, 37% *an immediate manager or supervisor,* 30% *a more senior manager than my manager*
- Most common form of bullying experienced was *incivility (eg. talking down to others, making demeaning remarks, not listening to somebody)* (63%), *exclusion or isolation* (35%), *intimidation and/or threats* (32%)
- 42% *told a manager*, 16% *submitted a formal complaint,* 14% *did not tell anyone about the bullying*
- Most common reasons for not submitting a complaint were *I didn't think it would make a difference* (53%), *I believed there would be negative consequences for my reputation* (50%), *I believed there would be negative consequences for my career* (36%)

Overall, amongst all survey respondents who reported experiencing *discrimination,*

- 55% experienced discrimination from *my immediate manager or supervisor*, 36% from *a senior manager,* 30% from *a colleague*
- Most common form of discrimination related to *opportunities for promotion* (36%), *being denied flexible work arrangements or other adjustments* (28%), *opportunities for training* (20%)
- 30% reported discrimination based on *race,* 27% on *employment activity,* 21% on *age,* 9% on *industrial and/or political activity,* 8% on *personal associated with someone,* 8% on *parent or carer status (including pregnancy and breastfeeding)*, 7% on *disability*
- 27% *told a manager,* 27% *did not tell anyone about the discrimination,* 12% *submitted a formal complaint*
- Most common reasons for not submitting a complaint were *I didn't think it would make a difference* (56%), *I believed there would be negative consequences for my reputation* (48%) *I believed there would be negative consequences for my career* (46%)

Overall response patterns for employees experiencing both discrimination and bullying at Western Health are roughly comparative to responses patterns among *People Matter* comparator group, as per graphs below, though employees experiencing discrimination were much less likely to have *told a colleague* about their experience.