health

Palliative care workforce study

Volunteers and employees

Palliative care workforce study

Volunteers and employees

Acknowledgement

Gust and Associates for preparing the report

If you would like to receive this publication in an accessible format, please phone 03 9096 2085 using the National Relay Service 13 36 77 if required.

This document is available as a PDF on the internet at: www.health.vic.gov.au/palliativecare

© Copyright, State of Victoria, Department of Health, 2013

This publication is copyright, no part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968.*

Authorised and published by Victorian Government, 50 Lonsdale Street, Melbourne.

Contents

1 Introduction **1**

1.1 Aims 1

1.2 Methodology 1

2 Summary **2**

2.1 Key findings for volunteers 2

2.1.1 Demographics of volunteers 2

2.1.2 History of volunteers 2

2.1.3 Volunteers' experiences and perceptions 2

2.1.4 Training and development 2

2.1.5 Future volunteering intentions 3

2.2 Key findings for employees 3

2.2.1 Profile of respondents 3

2.2.2 Employment history and information 3

2.2.3 Education information 4

2.2.4 Future work intentions 4

3 Volunteer survey **5**

3.1 Demographics of volunteers 5

3.1.1 Gender profile of respondents 5

3.1.2 Age profile of volunteers 5

3.1.3 Types of service where volunteers work 7

3.1.4 Place of birth of volunteers 7

3.1.5 Aboriginal and Torres Strait Islander volunteers 8

3.1.6 Culturally and linguistically diverse background volunteers 8

3.1.7 Volunteers who speak a language other than English 8

3.1.8 Postcode of the organisation where volunteers work 8

3.1.9 Designated managers of volunteers 9

3.2 History of volunteers 11

3.2.1 Reasons that prompted volunteers to work in the palliative care sector 11

3.2.2 Service types currently using volunteers 12

3.2.3 Hours spent volunteering per week 13

3.2.4 Length of time spent volunteering in the palliative care sector 14

3.3 Volunteers' experiences and perceptions 14

3.3.1 Overview of volunteers' experiences and perceptions 14

3.3.2 Role clarity 15

3.3.3 Integration of the volunteer program with the clinical palliative care team 15

3.3.4 Communication 15

3.3.5 Skills matching 15

3.3.6 Recognition of volunteers' contributions 16

3.3.7 What forms of recognition have you received? 16

3.3.8 Day-to-day support 16

3.3.9 Reimbursement for out-of-pocket expenses 16

3.3.10 Types of activities undertaken by volunteers 17

3.4 Training and development 18
3.4.1 Importance of training opportunities 18
3.4.2 Initial and training over the past 12 months for volunteers 18
3.4.3 The most valuable training for the volunteers 20
3.4.4 Volunteers' preferences to learning and development methods 20
3.5 Future volunteering intentions 23
3.5.1 Levels of satisfaction of volunteers 23
3.5.2 Future volunteering intentions 24
3.5.3 Comments from volunteers 24
4 Employee survey 26
4.1 Profile of respondents 26
4.1.1 Occupational profile of respondents 26
4.1.2 Gender and age profile of respondents 26
4.2 Employment history and information 28
4.2.1 Number of organisations 28
4.2.2 Working arrangements 29
4.2.3 Number of hours worked 30
4.2.4 Languages spoken by employees when caring for their patients 32
4.2.5 Main delivery setting 32
4.2.6 Reasons for commencing work in the palliative care sector 33
4.2.7 Age at commencement of work in the palliative care sector 35
4.2.8 Number of years of working in the palliative care sector 37
4.2.9 Current stage of working career 37
4.2.10 Current stage of working career 38
4.3 Education information 39
4.3.1 Highest level of education completed 39
4.3.2 Relevance of qualifications held 40
4.3.3 Current education or vocational training being undertaken 41
4.3.4 Number of years of study undertaken by the palliative care workforce 42
4.3.5 Reasons for not undertaking additional study 42
4.3.6 Location where initial qualifications were obtained 43
4.4 Future work intentions 44
4.4.1 Satisfaction with working in the palliative care sector 44
4.4.2 Intentions regarding the current organisation in one and five years' time 45
4.4.3 Intentions regarding the palliative care sector in one and five years' time 47
4.4.4 Workers actively seeking alternative employment 48
4.4.5 Length of time workers intend to remain working in the palliative care sector 49
4.4.6 Comments from employees 49
References 52
Appendix 1 Volunteer survey 53
Appendix 2 Employee survey 68

1 Introduction

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering. This is characterised by early identification, assessment and treatment of pain and other problems, including physical, psychosocial and spiritual.[1]

In 2007 the Department of Health conducted Victoria's first survey of its palliative care volunteers and paid workforce. The survey has now been repeated in 2013 for the purposes of comparison and to gain a better understanding of the current workforce in the palliative care sector.

1.1 Aims

The survey was undertaken to identify:

- the reason people choose to volunteer or work in the palliative care sector
- future intentions of the volunteer and employed palliative care workforce
- typical career paths of palliative care workers
- satisfaction levels among both volunteers and employees in palliative care and the reasons for the level of satisfaction
- the kinds of activities volunteers undertake.

1.2 Methodology

Electronic surveys were distributed to all palliative care services funded by the Department of Health in 2013. There were two surveys, one for volunteers and one for employees. In total, 259 volunteer and 488 employee surveys were completed. Not every question on every survey was answered by each respondent.

In this report the 2013 results will be compared, where applicable, to the 2007 surveys.

The surveys included demographic or profile questions, volunteering or employment history, experience and education, training and development and future intentions. A copy of the volunteer survey is included as Appendix 1 and the employee survey as Appendix 2.

2 Summary

2.1 Key findings for volunteers

2.1.1 Demographics of volunteers

The demographics of the volunteers in the palliative care sector in 2013 remain very similar to the 2007 survey results.

- The volunteers are predominately female (83 per cent) with an average age of 64 years. Younger volunteers are either full-time students or unemployed. The volunteers who are employed elsewhere and part-time students are, on average, aged 50. More than 80 per cent of volunteers work within the community setting. Seventeen per cent of volunteers also work in an inpatient setting.
- The majority of volunteers reported being born in Australia (76 per cent), but a large number said they were born in Europe (14 per cent).
- The role of a manager of volunteers is very important in enabling volunteers to support patients, carers and families. Nearly all volunteers (98 per cent) have a manager.
- The majority of volunteers are retired (65 per cent) or work part time (18 per cent).

2.1.2 History of volunteers

- Many of the volunteers either began work in the sector for the client contact or for an opportunity to use existing skills or to learn new skills.
- More than 60 per cent of volunteers found out about volunteering in the palliative care sector via a friend or an advertisement.
- Most volunteers work between one and four hours per week but more than 20 per cent work more than four hours per week, with a small percentage of volunteers doing more than six hours of work per week. There appears to be a slight reduction in the hours volunteers work today compared with 2007.
- The number of hours volunteers work is equivalent to 30 per cent of paid full-time employees.
- The average duration of volunteering in the palliative care sector is 6.8 years.

2.1.3 Volunteers' experiences and perceptions

- On the whole, perceptions and experiences of volunteers are overwhelmingly positive.
- Volunteers undertake a range of activities and identify companionship (63 per cent), emotional support (38 per cent) and assistance with transport (35 per cent) as the most common activities.
- Administration support has more than doubled as a key volunteering task from 14 per cent of the total volunteer responses in 2007 to 30 per cent in 2013.

2.1.4 Training and development

- Nearly all volunteers (97 per cent) indicated they had received training when they initially started their role, with 98 per cent saying that it prepared them for their role.
- Many volunteers (72 per cent) undertook training in the past 12 months.
- The preferred learning and development methods for volunteers are learning in a group and learning from colleagues and peers.
- The topics that are most valuable to volunteers are: responding to grief and loss (30 per cent); complex client behaviour (26 per cent); physical, spiritual and psychological aspects of death and dying (25 per cent); bereavement support (23 per cent); working with culturally and linguistically diverse clients (22 per cent); and engaging with patients and families (21 per cent).

2.1.5 Future volunteering intentions

- There is a high level of satisfaction in volunteering in the palliative care sector, with 90 per cent of volunteers stating they are very satisfied.
- Ninety-eight per cent of volunteers indicated their intention to be volunteering in one year's time, and 87 per cent plan to still be with the organisation in five years' time.

2.2 Key findings for employees

2.2.1 Profile of respondents

- The majority of employees who responded to the survey are nurses (63 per cent). Medical staff accounted for 11 per cent and allied health staff accounted for eight per cent of the total survey respondents.
- Palliative care employees are predominately female (86 per cent).
- The average age of females working in palliative care is 47.8 years, with males slightly younger at 46.0 years.

2.2.2 Employment history and information

- The number of organisations palliative care employees work for has increased from an average of 1.1 in 2007 to 1.4 in 2013, with medical (1.7) and nursing staff (1.4) the most likely to work across more than one organisation.
- Many employees work on a part-time basis (72 per cent), with this occurring across all occupations. Almost 25 per cent of workers work full time, while the remaining four per cent are employed on a casual basis. In the 2007 survey the number of part-time employees was 65 per cent.
- The proportion of males working full time (43 per cent) is more than double that of females (21 per cent) and, on average, male employees work 10 per cent more hours than women.
- The average hours worked per week is 36 for males and 31 for females, whether in their main job, second job or unpaid work.
- The total hours worked across paid and unpaid employment, for employees' combined main job and second job, varies by occupation by more than 16 hours a week. Psychosocial care employees have the greatest number of hours (39) per week period, whereas nursing (31), medical (32) and allied health (30) all have similar hours.
- Approximately 49 per cent of employees reported undertaking unpaid work, for their main job and second job combined, in the four-week period preceding the survey. The percentage of workers who undertake unpaid work has increased from 36 per cent in 2007 to 49 per cent in 2013. The average number of unpaid hours has also increased from 3.5 in 2007 to 4.3 in 2013.
- Approximately 10 per cent of employees speak languages other than English when caring for their patients. Of those 44 people, 11 reported speaking two or more additional languages. The most prominent languages are European and Mediterranean based languages.
- Most doctors work in inpatient or consultancy settings, with a smaller proportion based in community and statewide services.
- Employees from other occupational groups work predominately in the community setting.
- The main reasons for working in the palliative care sector are a desire to care for palliative patients (64 per cent), an attractive work environment (32 per cent) and a place to apply skills (25 per cent).
- The average age for commencing work in the health sector is 25.1 years. The average age for people commencing work in palliative care is approximately 13 years later at 37.8 years.
- Most nurses, allied health professionals and doctors commence work in the health sector between the ages of 22 and 28. The average age for commencing work in health promotion, psychosocial, spiritual care and grief and bereavement groups is between 30 and 37 years.
- The average length of time working in the palliative are sector for employees is just under nine years. Medical and nursing staff have the greatest average number of years (9.8 and 9.5 respectively) and are also the longest serving employees.

- Eighty-six per cent of employees deem themselves to be either in the middle or at the end of their career. A greater percentage of males (70 per cent) than females (57 per cent) report being in the middle of their career. More females are nearing retirement than males. A greater percentage of medical professionals deem themselves to be at the start of their career than other professions.

2.2.3 Education information

- Most employees are well educated, with more than two-thirds holding a postgraduate qualification or diploma. Four out of five employees consider their highest qualification to be directly relevant to the sector.
- Approximately one in seven workers is currently enrolled in further education.
- The average length of time spent on relevant palliative care study is three years.
- The two most common reasons cited for not studying were the financial cost being too high and the lack of time.
- In all occupations more than 75 per cent of the workforce are initially educated in Victoria. Three inflows of employees to note are the doctors (12 per cent) and nurses (seven per cent) trained in the United Kingdom and the allied health workforce (12 per cent) initially trained in New South Wales.

2.2.4 Future work intentions

- Overall, 92 per cent of employees report being satisfied with working in the palliative care sector. The reported levels of satisfaction are very high across all occupational groups, with the lowest being nursing (89 per cent).
- For the dissatisfied employees, increased management support followed by further education are identified as ways to increase satisfaction, which is the same as the 2007 survey results.
- Approximately 90 per cent of employees plan to still be working in their current organisation in one year and 70 per cent in five years. The main reasons for leaving are to either change occupations or retirement.
- Thirteen per cent of employees are actively looking for work outside the palliative care sector – a slight increase from 10 per cent at the time of the 2007 survey.
- On average, employees plan to continue working in the palliative care sector for 11 more years, with medical and nursing professions expecting to work the longest in the palliative care sector.

Both surveys provided scope for additional comments. There were 81 responses from the volunteer survey and 102 from the employee survey. These are summarised in sections 3.5.3 and 4.4.6. A selection of comments have been included throughout the body of this report.

Notes about the findings presented in this report

The data used in this report was obtained solely from returned surveys.

It is important to note that the data may present a limited rather than actual representation of the volunteer or employee workforce for the following reasons:

- Not every question on each survey was completed by each respondent.
- The surveys represent a point in time. Volunteers or employees who were absent at the time were unable to respond.
- There appeared to be some confusion about who the survey was targeting, with some managers of volunteers responding and others not.
- Psychosocial professionals accounted for four per cent of respondents compared with 16 per cent of the total palliative care workforce, making this group less well represented.[2] The participation of the other professions was much more balanced.
- The percentage total in some tables does not equal 100 due to rounding effects.

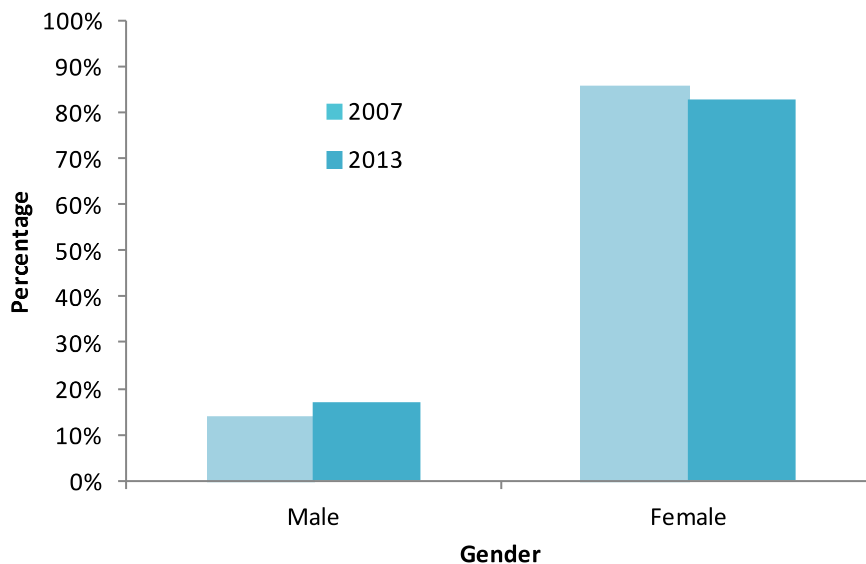
3 Volunteer survey

3.1 Demographics of volunteers

3.1.1 Gender profile of respondents

Of the 259 volunteers who responded to the survey, 83 per cent were female (Figure 1). This percentage was similar to the 2007 survey where the percentage of female volunteers was 86 per cent.

Figure 1: Gender profile of volunteers, 2007 and 2013



3.1.2 Age profile of volunteers

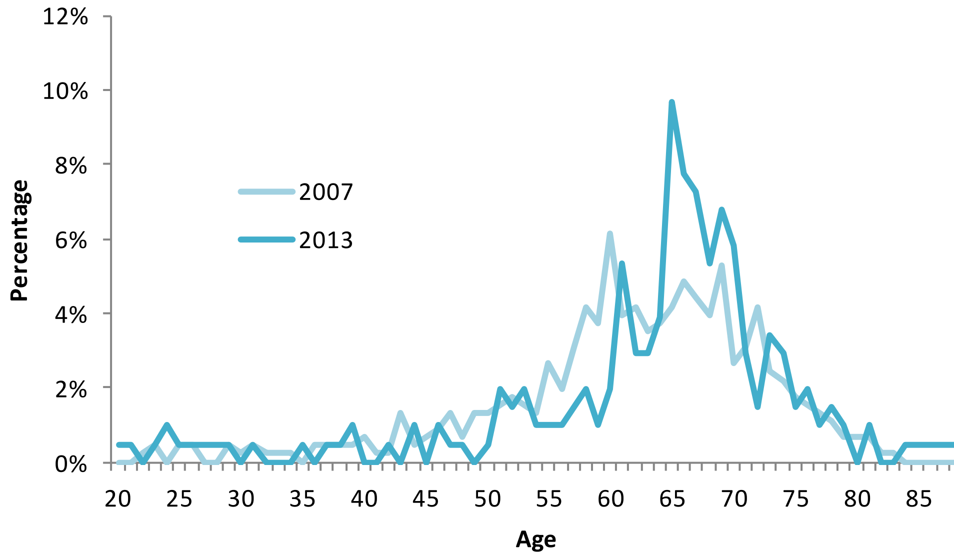
The average age of female volunteers in 2013 was 63.5 years (range 21–81) and the average age of male volunteers was 65.6 years (range 24–88).

'*At my age, I feel blessed being able to comfort others.*'

The age profile for the 2013 volunteer survey differed from the 2007 results, with a greater percentage of 65–74 year olds and fewer 40–64 year olds (Figure 2) responding.

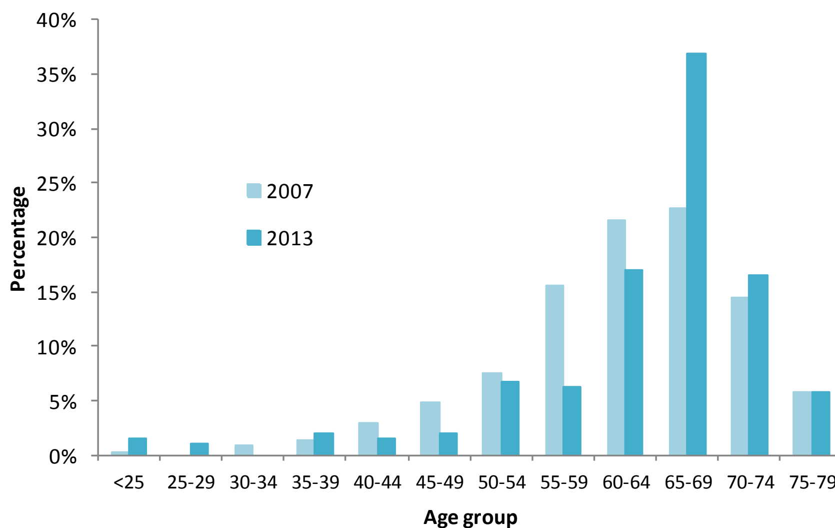
These findings reflect the broad community trend that sees greater participation of older age groups in volunteering.[2]

Figure 2: Age profile of volunteers, 2007 and 2013



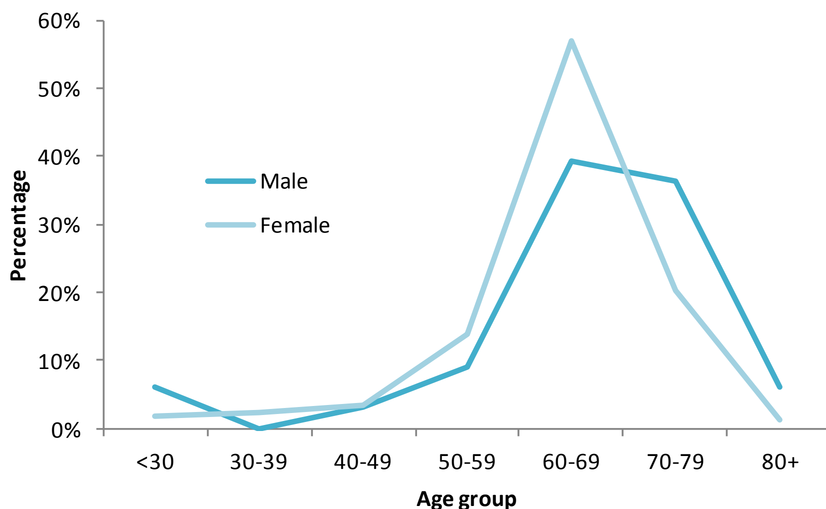
The same information is depicted below (Figure 3).

Figure 3: Age profile of volunteers, 2007 and 2013



There was a skew towards the older age groups for male and female volunteers (Figure 4). Fifty-seven per cent of the female volunteers were aged 60–69 years. Likewise the age group that had the most male volunteers was also 60–69 (39 per cent). There was, however, a greater percentage of male than female volunteers aged older than 70.

Figure 4: Age profile of volunteers by gender, 2013



3.1.3 Types of service where volunteers work

Eighty per cent of the volunteers who responded to the survey work within the community setting (Table 1). Seventeen per cent also work in the inpatient setting.

Table 1: Profile of respondents by type of service

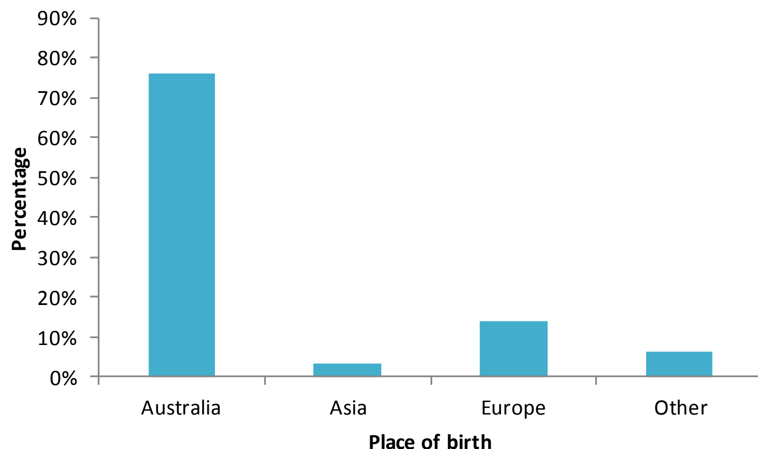
	Statewide palliative care	Community palliative care	Inpatient/hospice/ palliative care	Day hospice
Overall	1%	80%	17%	1%
Gender				
Female	1%	84%	14%	1%
Male	3%	62%	32%	3%

3.1.4 Place of birth of volunteers

Respondents were asked where they were born. The majority of volunteers reported being born in Australia (76 per cent), but a large number stated they were born in Europe (14 per cent) (Figure 5). There were no respondents originating from the United Kingdom (UK)/Ireland or New Zealand. In the 2011 census, 72 per cent of Victorian residents stated they were born in Australia. Other common responses were: the UK, 4.8 per cent; India, 2.2 per cent; China, 1.8 per cent; New Zealand, 1.6 per cent; and Italy, 1.5 per cent.[2] Therefore, it appears there is under-representation of volunteers born in the UK, New Zealand and Asia compared with the overall population of Victoria.

Ideally, volunteers should represent the diverse cultural and life experiences of the local communities they serve.

Figure 5: Place of birth of volunteers



3.1.5 Aboriginal and Torres Strait Islander volunteers

There were two (0.89 per cent) Indigenous volunteers who submitted a survey in 2013. This compares favourably to the Victorian Aboriginal and Torres Strait Islander population rate identified in the 2011 Australian Bureau of Statistics census of 0.74 per cent.[4]

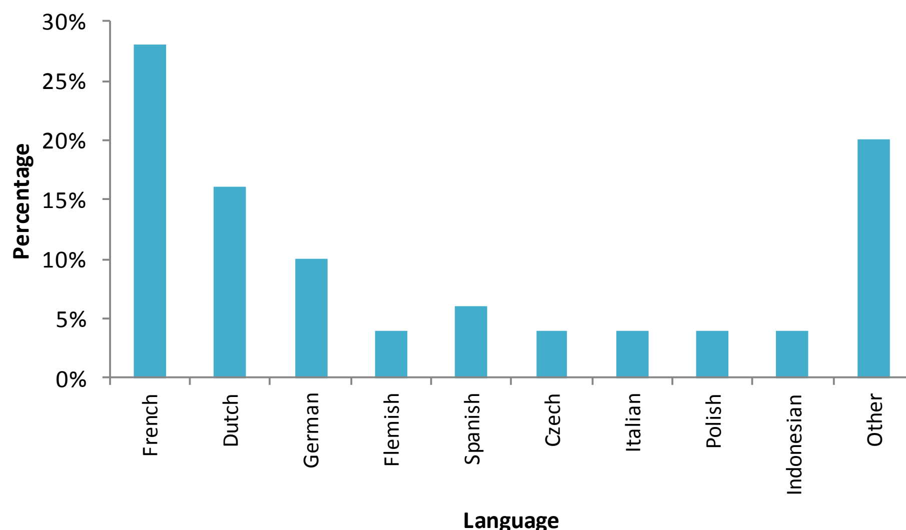
3.1.6 Culturally and linguistically diverse background volunteers

Twenty-seven (12 per cent) volunteers identified as having a culturally and linguistically diverse background.

3.1.7 Volunteers who speak a language other than English

Thirty-seven (17 per cent) volunteers speak a language other than English, with 50 languages spoken in total (Figure 6).

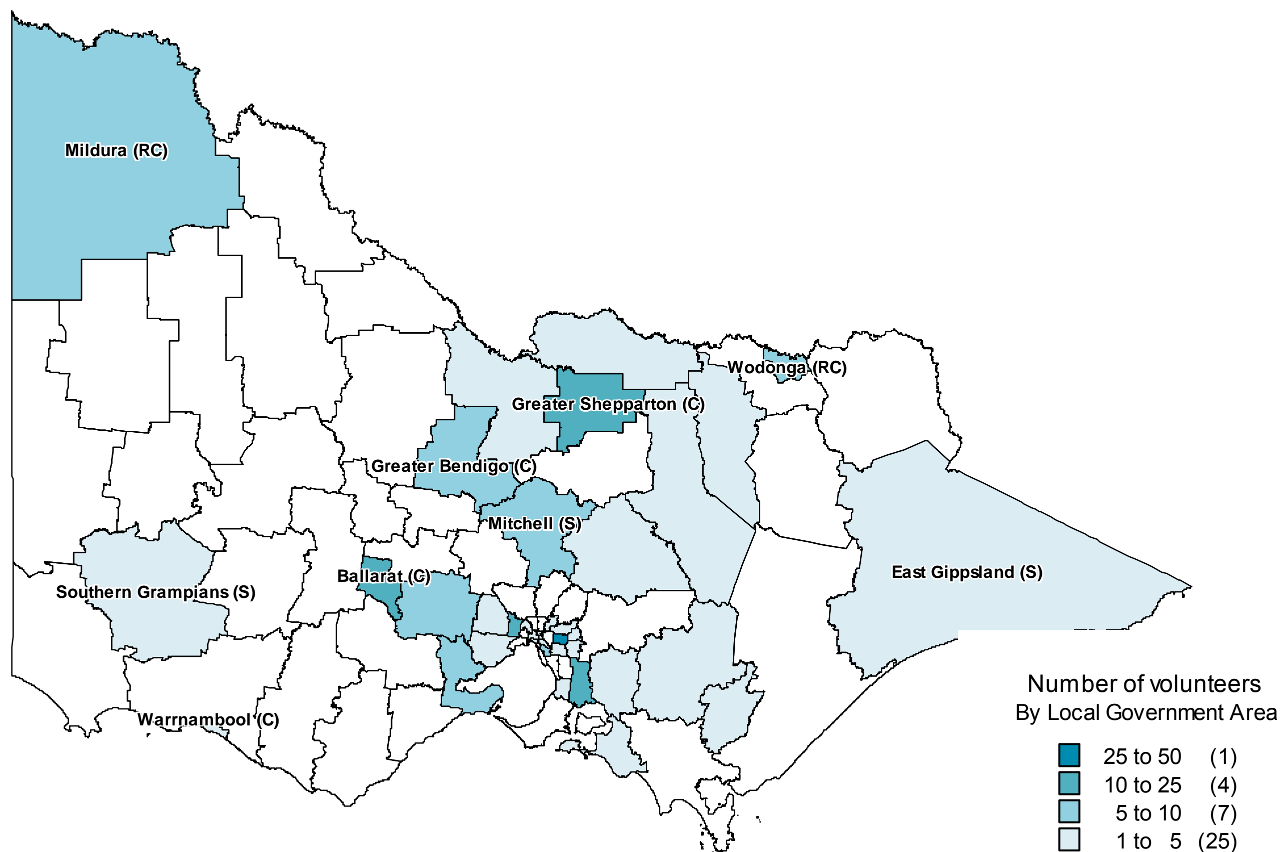
Figure 6: Languages spoken other than English



3.1.8 Postcode of the organisation where volunteers work

Survey responses were received from all over Victoria; however, there were still many areas such as the Grampians Region that were under-represented (Figure 7). Note: The map may not be a true representation of the distribution of volunteers due to the sample of people who returned surveys.

Figure 7: Local government area of the organisation where volunteers work



Note: Bracketed numbers indicate the number of LGAs in that particular range

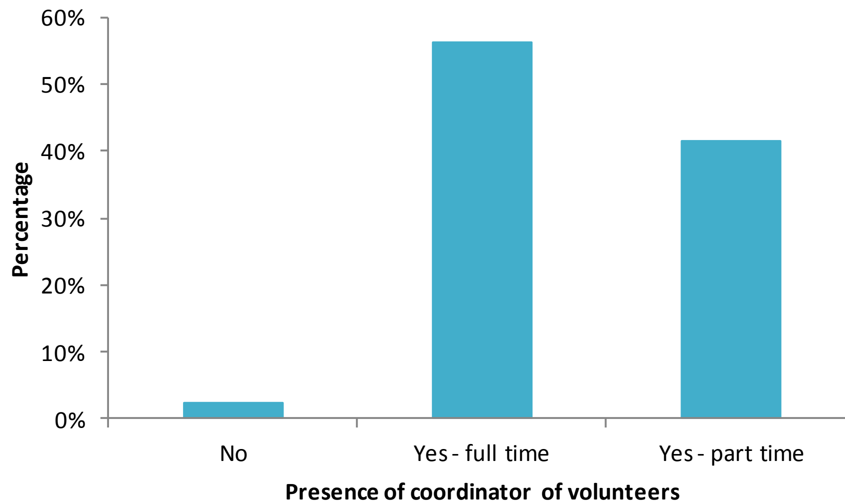
3.1.9 Designated managers of volunteers

Managers of volunteers play a vital role in planning and supporting the role of volunteers.[4] A manager of volunteers is responsible for managing all aspects of volunteer engagement.[5]

In 2005 there were 35 paid managers (head count) of volunteers working in palliative care services in Victoria. The 35 people dedicated to volunteer coordination equates to 17.69 equivalent full-time (EFT), which is more than three per cent of the overall sector EFT.

As part of this survey, volunteers were asked whether they had a designated manager in the place where they volunteered; 219 (98 per cent) reported having a manager (Figure 8). Only five people (two per cent) reported not having a manager, which is the same as in the 2007 survey. Of the 219 volunteers with a manager, 57 per cent had a full-time manager while 43 per cent had a part-time manager.

Figure 8: Percentage of volunteers with a designated manager

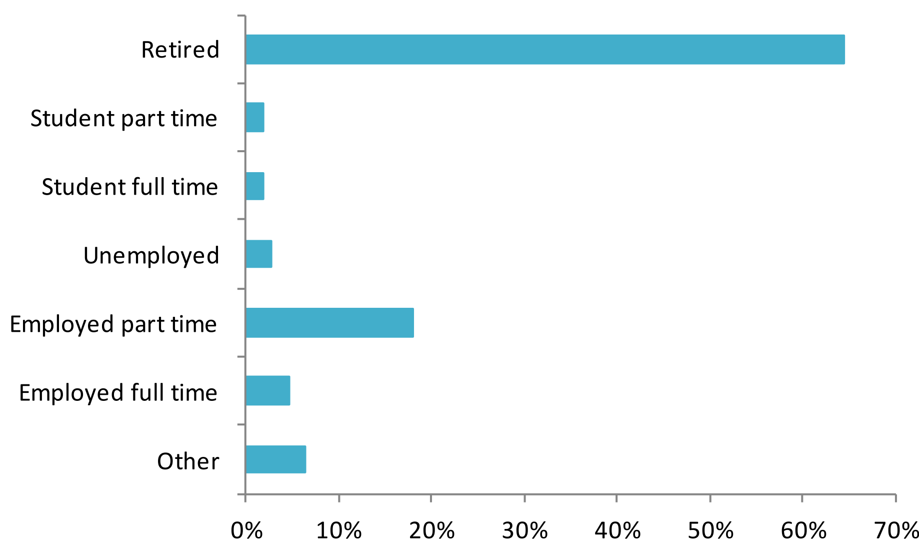


'My organisation and coordinator supports and values my role as a volunteer and provides me with constructive and positive feedback. I value the formal and informal briefings and debriefings, which I believe keeps me grounded and reminds me why I chose to be a patient volunteer.'

'*[We] have excellent volunteer co-coordinators that are always there for you.*'

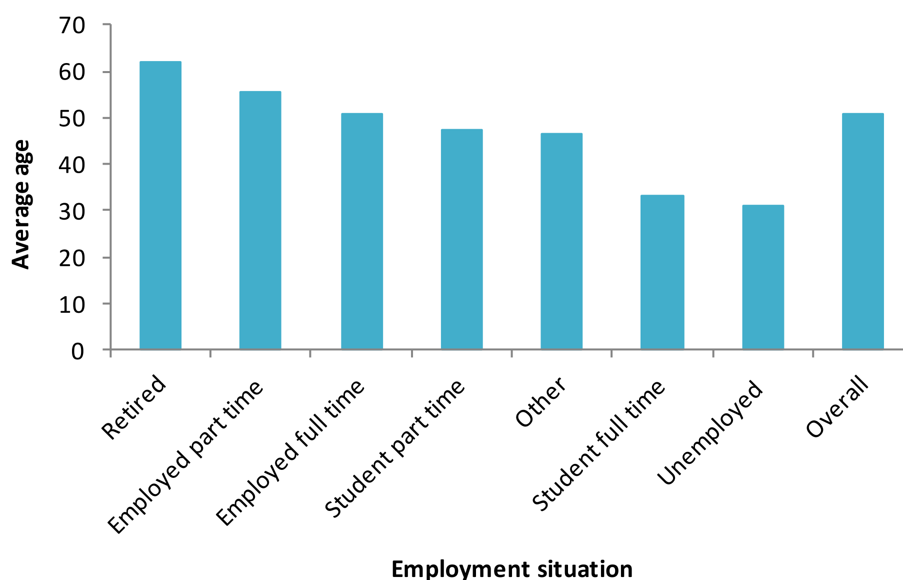
Volunteers were also asked to describe their employment situation. The majority of volunteers surveyed are retired (65 per cent) or working part time (18 per cent) (Figure 9).

Figure 9: Employment situation of volunteers



A volunteer's age generally corresponds to their employment situation (Figure 10). Younger volunteers tend to be either full-time students or unemployed, whereas older volunteers tend to be retired or only working part time.

Figure 10: Employment situation of volunteers



3.2 History of volunteers

3.2.1 Reasons that prompted volunteers to work in the palliative care sector

Many of the volunteers (47 per cent) began work in the sector because they wanted to work with palliative clients or they had personal experience with a palliative care service and wanted to give something back (33 per cent) (Table 2). These two reasons suggest many volunteers work in the sector for the client contact. The other two main reasons were an opportunity to use existing skills (42 per cent) and to learn new skills (29 per cent).

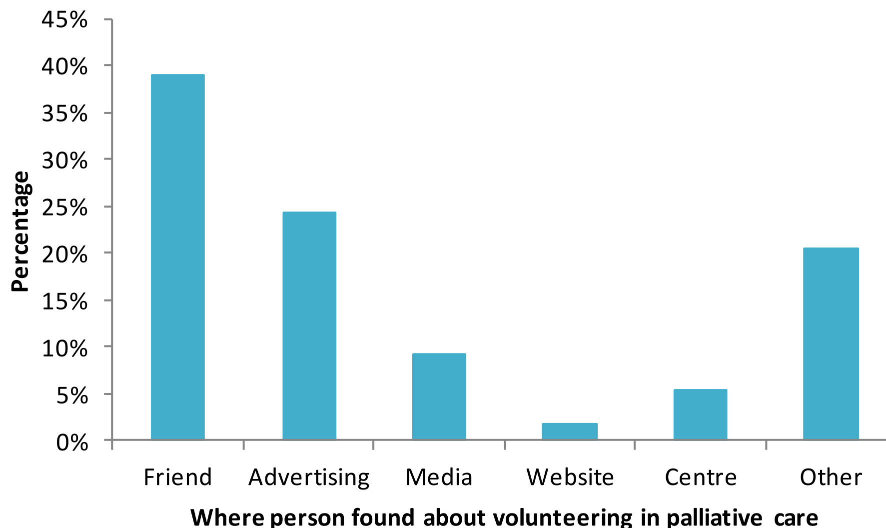
The client contact and skills use/acquisition could be used as approaches to recruit as they account for the vast majority of reasons.

Table 2: Reasons that prompted volunteers to work in palliative care sector

Response	Number of responses	Percentage of responses
I wanted to do volunteer work with palliative clients	106	47%
It was the only volunteering option available at the time	3	1%
I had personal experience with a palliative care service and wanted to 'give something back'	75	33%
An opportunity to utilise existing skills and knowledge	95	42%
An opportunity to learn new skills and knowledge and gain practical experience	65	29%
Other	11	5%

More than 60 per cent of volunteers found out about volunteering in the palliative care sector via a friend or an advertisement from the organisation such as in a newsletter or on community notice board (Figure 11).

Figure 11: Where person found out about volunteering in palliative care

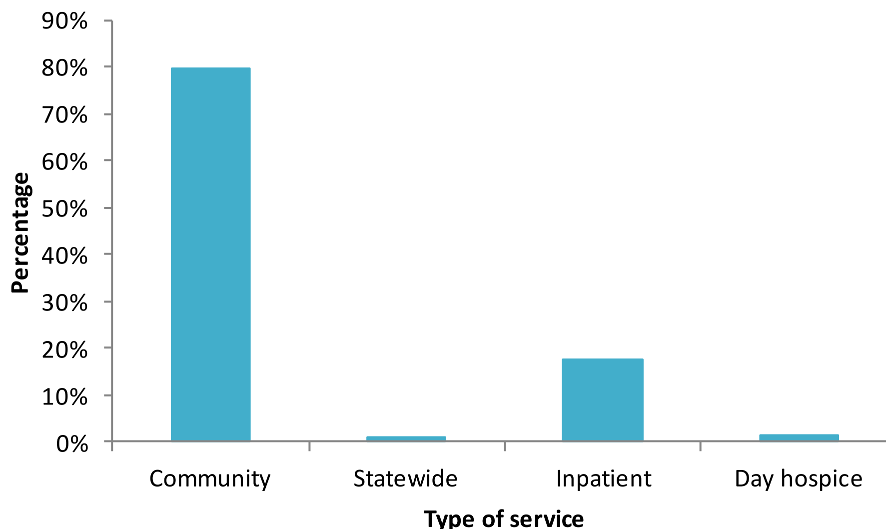


3.2.2 Service types currently using volunteers

Respondents were asked what type of service they currently volunteer with. Of the four categories of service type provided in the survey, 80 per cent reported working in community palliative care services (Figure 12). The percentage of volunteers working in the community setting is much higher than the percentage of workers (46 per cent) in the 2013 employee survey.

Approximately four times the number of volunteers worked in community palliative care than in the other service settings combined. Statewide services use volunteers the least, with just one per cent of volunteers working in this setting.

Figure 12: Types of service where volunteers were based



3.2.3 Hours spent volunteering per week

The interpersonal dynamic between the client and the palliative care volunteer during the palliative stage of illness is emotionally intense. To ensure volunteers are properly supported, as a guide, a palliative care volunteer role:

- does not exceed more than six hours per week – a single role requirement beyond this may need to be divided among several volunteers
- is smaller in size and scope than that of a paid staff member
- is clearly defined and adds value to the palliative care interdisciplinary team in its support of the client, carer and family.[4]

The average number of hours spent volunteering in 2007 was 4.3. In 2013 the survey was changed to a tick box indicating groups of hours so it was not possible to work out the average. If we group the 2007 data to match the 2013 groups it was evident that more volunteers now work between one and four hours and fewer work five to eight hours, which suggests that the hours per volunteer per week has slightly dropped. A small percentage of volunteers still did more than six hours of work per week (Table 3).

A reasonable estimate of the average hours spent volunteering is 4.1 hours, which is equivalent to 0.1 EFT. Note: One EFT is calculated at 38 hours per week. If this figure is extrapolated to cover all volunteers in Victoria (n = 1490[3]), this equates to a total of 161.0 EFT, which is 30 per cent of paid employees EFT.

Table 3: Hours worked per week by volunteers

Number of hours volunteered per week	Number of volunteers 2013	Percentage 2013	Percentage 2007
1–4	158	76%	69%
5–8	37	18%	25%
9–12	9	4%	4%
13–14	1	0%	1%
17–20	2	1%	1%
21+	1	0%	0%

Most volunteers work between one and four hours per week but more than 20 per cent work more than four hours per week (Table 4). This is a significant time commitment for volunteers. Many of the volunteers who worked more than four hours volunteered in the community setting.

Table 4: Average hours worked per week by service type

Type of service	1–4 hours	5–8 hours	9–12 hours	13–14 hours	17–20 hours	21+ hours	Percentage respondents
Community palliative care	122	29	6	1	2	1	79%
Statewide service	1	1					1%
Inpatient/hospice	30	4	3				18%
Day hospice		3					1%

3.2.4 Length of time spent volunteering in the palliative care sector

Volunteers were asked both the year they commenced any type of volunteering and how many years they had volunteered specifically in the palliative care sector. On average volunteers spent 7.9 years volunteering, with 73 per cent volunteering 0–9 years. The number of years volunteering in the palliative care sector highlights the experience of this sector's volunteers, with an average of 6.8 years spent. Seventy-four per cent of respondents said they had been volunteering for 0–9 years (Table 5). Therefore a quarter of volunteers have been volunteering for more than 10 years in the palliative care sector. The longest serving volunteer was 49 years, 27 of these years spent within the palliative care sector.

Table 5: Number of years spent volunteering in the palliative care sector

	Count		Percentage	
Number of years volunteering	2007	2013	2007	2013
0–4 years	231	99	52%	47%
5–9 years	110	57	25%	27%
10–14 years	72	28	16%	13%
15–19 years	24	13	5%	6%
20–24 years	6	12	1%	6%
21+ years	2	2	0%	1%

3.3 Volunteers' experiences and perceptions

3.3.1 Overview of volunteers' experiences and perceptions

To facilitate a safe working environment for volunteers, clients, carers, families, paid staff and the general public, the manager of volunteers can ensure volunteers are provided with:

- a thorough orientation on commencement
- comprehensive training opportunities to fulfil the requirements of their position
- the same level of support and supervision as paid staff
- appropriate feedback mechanisms.[5]

The survey asked for volunteers' experiences and perceptions of their role within their palliative care service in relation to expected standards. Table 6 provides a summary of the responses.

On the whole, perceptions and experiences of volunteers were overwhelmingly positive. There are still opportunities to improve initial orientation and provide a clear understanding of the expectations of roles including a position description.

Table 6: Summary of responses to questions about the palliative care role

Question	Responses 2013		Percentage	
	Yes	No	Yes 2007	Yes 2013
Were you orientated to the workplace when you commenced?	177	36	82%	83%
Do you have a clear understanding of how your volunteering role fits within the organisation's goals?	210	1	98%	100%
Do you have a clear understanding of what is expected of you in your role within the palliative care service?	183	27	99%	87%
Do you have a volunteer position description for your current volunteer role?	183	27	–	87%
Do you feel there are effective communication pathways for you in the palliative care service?	201	6	94%	97%
Do you feel your skills are appropriately matched to the tasks you are asked to undertake with palliative care clients?	193	10	96%	95%
Do you feel there is appropriate recognition of your contribution to the goals of the palliative care service?	202	7	93%	97%
Do you feel supported in the role on a day-to-day basis in the palliative care service?	202	7	93%	97%
Do you feel there is integration of the volunteer program with the clinical palliative care team?	188	19	84%	91%

3.3.2 Role clarity

All volunteer survey respondents indicated a clear understanding of how their role fits within their organisation's goals. The percentage of volunteers who understand what is expected of them in their role within the palliative care team has decreased from 99 per cent in 2007 to 87 per cent. Eighty-seven per cent of volunteers also have a current position description.

The fact that most volunteers are clear about their role and how they fit into the wider organisation is positive, and suggests that volunteers are well supported and feel part of the organisations in which they work. However, there is still an opportunity to improve role clarity by way of a current position description and better management of volunteers within the palliative care role.

3.3.3 Integration of the volunteer program with the clinical palliative care team

As an integral part of the palliative care interdisciplinary team, volunteers should be valued for their input, and be called upon for their opinions. Respondents were asked whether they feel there is integration of the volunteer program with the clinical palliative care team. Ninety-one per cent of volunteers answered yes, which is an increase from 84 per cent in 2007. The large percentage indicates there is integration of the volunteer program within the clinical palliative care team; however, there is still room for improvement.

3.3.4 Communication

Volunteers were asked whether there are effective communication pathways for them in their palliative care service. Most respondents (97 per cent) indicated there are, which suggests there are no significant issues with communication between services and their volunteers.

3.3.5 Skills matching

Volunteering in palliative care is an opportunity for many people to use their skills. Almost all volunteers (95 per cent) feel their skills are appropriately matched, which suggests palliative care services are maximising the potential of their volunteers. This is likely to help with retention. A small number of volunteers may be able to be better utilised.

'*My level of knowledge and experience is perhaps under-utilised but I don't feel that this is frustrating in any way – just a bit of a waste.*'

'*I feel that my personal skills have been overlooked i.e. I fell through the cracks as my computer skills were inadequate. The organisation was not flexible enough to find another role for me; my time and their training has been wasted.*'

3.3.6 Recognition of volunteers' contributions

Recognising the contribution volunteers make to the organisation will strengthen their motivation and enthusiasm and provide a means of creating and sustaining a positive workplace culture. There are many ways to recognise the work of volunteers, but it is best received when it is regular, sincere and highlights the volunteer's needs and motivations.[5]

Volunteers were asked if they feel there is appropriate recognition of their contribution to the goals of the palliative care service. Most respondents (97 per cent) agreed there is, which is very positive and should help to retain volunteers.

3.3.7 What forms of recognition have you received?

Of the 259 surveys 29 had fewer than two questions answered and were excluded from the denominator of the analysis for this question. Of the 230 remaining surveys 24 respondents (10 per cent) did not receive any form of recognition. The forms of recognition received for the other 90 per cent of respondents varied from a public award to simple feedback (Table 7).

Table 7: Forms of recognition

Form of recognition	Yes	% Yes*
Public award	33	14%
Public acknowledgement	49	21%
Certificate / gift of appreciation	79	34%
Special celebration event	55	24%
Personal thank you	151	66%
Feedback about your contribution	119	52%
Being accepted as a valuable team member	158	69%
None (I don't feel the need for recognition)	12	5%
Other	9	4%

* Two hundred surveys (98 per cent) reported the recognition they received as being appropriate, while five answered it was not.

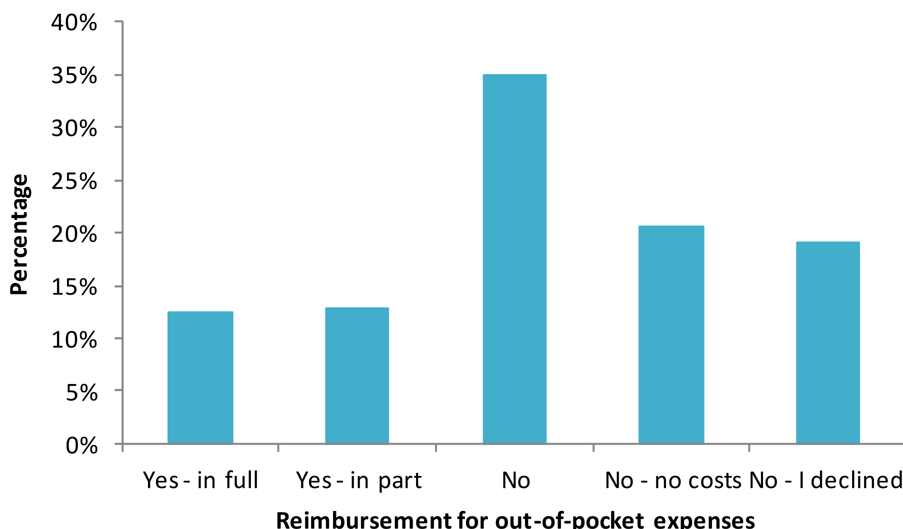
3.3.8 Day-to-day support

Volunteers should be provided with the same level of support and supervision as paid staff. Respondents were asked whether they feel supported in their role on a day-to-day basis in the palliative care service. Many of the volunteers (97 per cent) indicated they do feel supported in their role. It is important that volunteers have appropriate training and ongoing supervision and support and it appears that this is happening in the majority of palliative care services.

3.3.9 Reimbursement for out-of-pocket expenses

More than 30 per cent of volunteers are not reimbursed for out-of-pocket expenses (Figure 13).

Figure 13: Percentage of volunteers who receive reimbursement for out-of-pocket expenses



'Current systems for reimbursement of costs might prevent other volunteers from asking for reimbursement. Some better systems for reimbursement could help.'

3.3.10 Types of activities undertaken by volunteers

Volunteers perform a diverse number of activities (Table 8).

'*My role is diversified. I do patient visits with hand and foot massage (aromatherapy). I also incorporate music into my visits. I also participate in the transcription of the patient life stories program and I work for 3–4 hours on the reception desk in palliative care.*'

Table 8: Types of activities undertaken by volunteers

Type of activities	Responses 2013	Percentage of volunteers 2013	Percentage of volunteers 2007
Companionship	145	63%	72%
Respite support	77	33%	49%
Assistance with transport	80	35%	50%
Alternative therapies	51	22%	23%
In-home patient support	**353**	**44%**	**46%**
Companionship (inpatient)	80	35%	43%
Assistance with mobility	19	8%	16%
Assistance with correspondence	16	7%	13%
Providing tea/coffee etc.	34	15%	27%
Inpatient support	**149**	**19%**	**23%**
Emotional support	87	38%	45%
Creation of remembrance garden	1	0%	3%
Assisting with remembrance ceremonies	55	24%	26%
Assisting on short course programs	21	9%	12%
Bereavement support	**164**	**20%**	**20%**
Admin support	70	30%	14%
Fundraising activities	52	23%	19%
Assisting with day hospice activities	17	7%	13%
Other duties	**139**	**17%**	**11%**

Of the four activity categories provided, in-home patient support was undertaken by the largest proportion of volunteers (44 per cent). Inpatient support, other duties and bereavement support are each undertaken by around 20 per cent of volunteers.

Within the 'in-home patient support' category, 63 per cent of volunteers provide companionship, around 33 per cent provide respite support or assistance with transport, and 22 per cent provide alternative therapies.

Within the 'inpatient support' category, 35 per cent of volunteers provide companionship and 15 per cent provide refreshments. Assistance with correspondence and mobility each accounted for eight per cent.

Volunteers undertake a range of activities in the bereavement support area, with the majority of volunteers offering emotional support (38 per cent). The other major activity was assistance with ceremonies (24 per cent).

There has been a significant increase from 2007 in the number of volunteers undertaking 'other' duties from 11 per cent in 2007 to 17 per cent ($p < 0.05$ Chi-square test). Within 'other duties', administration support as a task taken on by volunteers has more than doubled from 14 per cent in 2007 to 30 per cent in 2013.

Regardless of their role, it is important that volunteers have appropriate training and ongoing supervision and support.

3.4 Training and development

3.4.1 Importance of training opportunities

Volunteers rated how important training opportunities were to them. Of the 205 volunteers who answered this question, 94 per cent rated training opportunities as important or very important.

3.4.2 Initial and training over the past 12 months for volunteers

Palliative care volunteer training should introduce the volunteer to the concept of palliative care and the types of illnesses commonly serviced by the organisation.[6] Of the 206 volunteers who answered this question, 200 (97 per cent) indicated they had received training when they initially started their role. Only three per cent of respondents indicated they had not received training. The percentage of volunteers receiving initial training was similar in 2007, at 96 per cent.

Respondents were asked whether specific topic areas were included in their initial training. Table 9 shows a summary of the responses for initial and later training over the past 12 months.

Table 9: Topics covered by initial training and later training in the past 12 months for volunteers

Training topic	Initial*	Past 12 months	
		% of all respondents	% of those who were trained only
Bereavement support	66%	24%	39%
Computer skills	11%	5%	9%
Introduction to palliative care	82%	9%	14%
Basic introduction and information on cancer and its symptoms	56%	9%	15%
Legislation relevant to palliative care	41%	10%	17%
Working with indigenous clients	18%	3%	5%
The nature of religious care, spiritual care and pastoral care	62%	10%	17%
Bullying/harassment	30%	4%	7%
Conflict resolution	30%	7%	11%
Values, beliefs, cultural, social, spiritual aspects of palliative care	79%	20%	32%
Self-care for the palliative care volunteer	74%	26%	43%
Responding to critical incidents	43%	8%	13%
Working with culturally and linguistically diverse clients	44%	14%	22%
Responding to grief and loss	69%	20%	32%
Complex client behaviour	52%	10%	16%
Privacy and confidentiality	80%	13%	21%
Communication skills	73%	19%	32%
Engaging with patients and families	71%	17%	28%
Occupational health and safety	70%	25%	40%
The volunteer's role in palliative care	81%	21%	35%
Physical, spiritual and psychological aspects of death and dying	68%	18%	29%

* A total of 242 surveys were used as the denominator

An introduction to palliative care was included in initial training for 82 per cent of volunteers. Topics covered by the initial training were varied but the main ones were: values, beliefs, cultural, social, spiritual aspects of palliative care; privacy and confidentiality; the volunteer's role in palliative care; and introduction to palliative care. The topics least covered in the initial training were computer skills and working with indigenous clients.

When asked about whether training had prepared them for their role, 98 per cent of the volunteers responded positively, which is similar to the 2007 survey (Figure 14).

Figure 14: Percentage of respondents who felt that training prepared them for their volunteering role

Of the 198 respondents who answered this question 149 (72 per cent) had attended training in the past 12 months, which is similar to the 2007 survey (Figure 15).

Figure 15: Percentage of volunteers that attended training in last 12 months

3.4.3 The most valuable training for the volunteers

The top five training topics considered the most valuable for volunteers were: the volunteer's role in palliative care (27 per cent); values, beliefs, cultural, social, spiritual aspects of palliative care (26 per cent); bereavement support (21 per cent); self-care for the palliative care volunteer (21 per cent); and engaging with patients and families (21 per cent).

3.4.4 Volunteers' preferences to learning and development methods

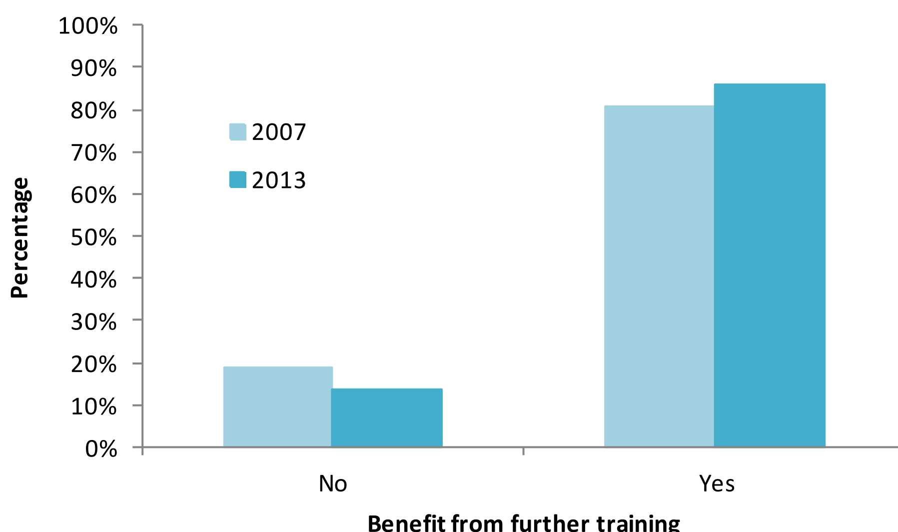
The preferred learning and development methods for volunteers included learning in a group and from learning colleagues and peers (Table 10).

Table 10: Volunteers' preferences for learning and development methods

Training topic	Responses	Percentage
Self-paced learning with structured materials	44	18%
Learning from my supervisor one-on-one	54	22%
Accredited training (such as obtaining a certificate or diploma)	38	16%
Learning from my colleagues/peers	119	49%
Online/e-learning training environment	25	10%
Non-accredited training (such as an information session)	88	36%
Learning in a group	172	71%
Traditional lecture/classroom environment	84	35%
On-the-job training	91	38%

Eighty six per cent of volunteers believed they would benefit from further training, which is a five per cent increase from the 2007 survey (Figure 16).

Figure 16: Percentage of volunteers who believe they would benefit from further training



'*The ongoing training days are excellent and provide an opportunity to meet with other volunteers and to share experiences.*'

'*The training we received at the start of my volunteering as well as the ongoing training and monthly meetings go a long way towards my feeling of doing a good job.*'

Volunteers were asked what future training would be most valuable. Table 11 highlights the responses. The topics that would be most valuable to volunteers were: responding to grief and loss (30 per cent); complex client behaviour (26 per cent); physical, spiritual and psychological aspects of death and dying (25 per cent); bereavement support (23 per cent); working with culturally and linguistically diverse clients (22 per cent); and engaging with patients and families (21 per cent).

Topics that volunteers would find least valuable were: occupational health and safety (seven per cent); privacy and confidentiality (six per cent); bullying/harassment (four per cent); and introduction to palliative care (two per cent).

Table 11: Future training for volunteers

Training topic	Responses	Per cent
Bereavement support	55	23%
Computer skills	22	9%
Introduction to palliative care	5	2%
Basic introduction and information on cancer and its symptoms	21	9%
Legislation relevant to palliative care	33	14%
Working with indigenous clients or culturally diverse	38	16%
The nature of religious care, spiritual care and pastoral care	29	12%
Bullying/harassment	9	4%
Conflict resolution	23	10%
Values, beliefs, cultural, social, spiritual aspects of palliative care	43	18%
Self-care for the palliative care volunteer	24	10%
Responding to critical incidents	43	18%
Working with culturally and linguistically diverse clients	54	22%
Responding to grief and loss	72	30%
Complex client behaviour	63	26%
Privacy and confidentiality	14	6%
Communication skills	41	17%
Engaging with patients and families	50	21%
Occupational health and safety	16	7%
The volunteer's role in palliative care	24	10%
Physical, spiritual and psychological aspects of death and dying	60	25%

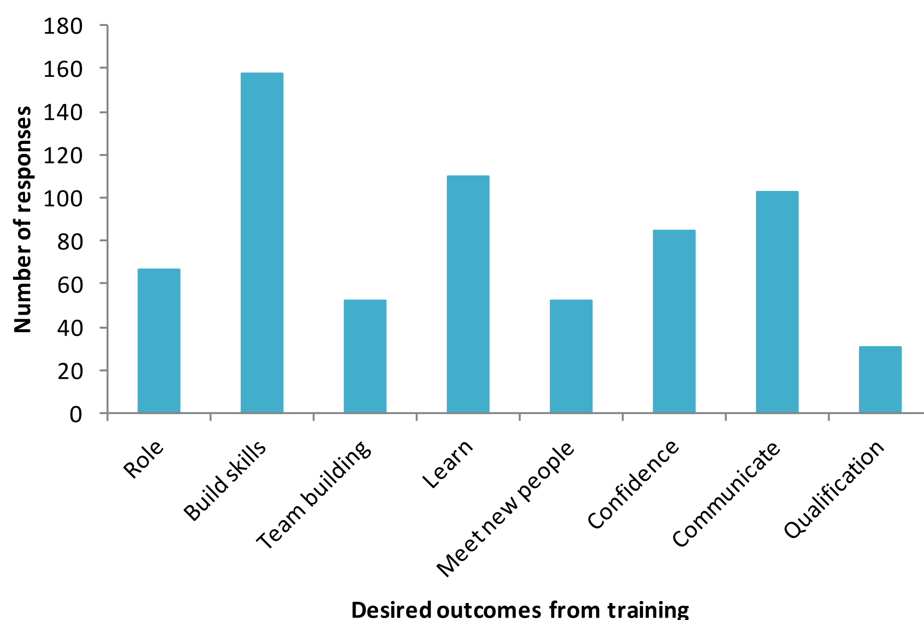
Cells highlighted are greater than 20 per cent

Volunteers were also asked if there were any general topics that would be valuable. The two topics that had the highest number of responses were basic first aid and cultural diversity skills (Figure 17).

Figure 17: General training topics volunteers would find valuable

The main desired outcomes from training were: to enhance or build upon existing skills and knowledge; to learn something new; and to increase the ability to communicate effectively with others. Interestingly the least desired outcome from training was to obtain a formal or accredited qualification (Figure 18).

Figure 18: Desired outcomes from training

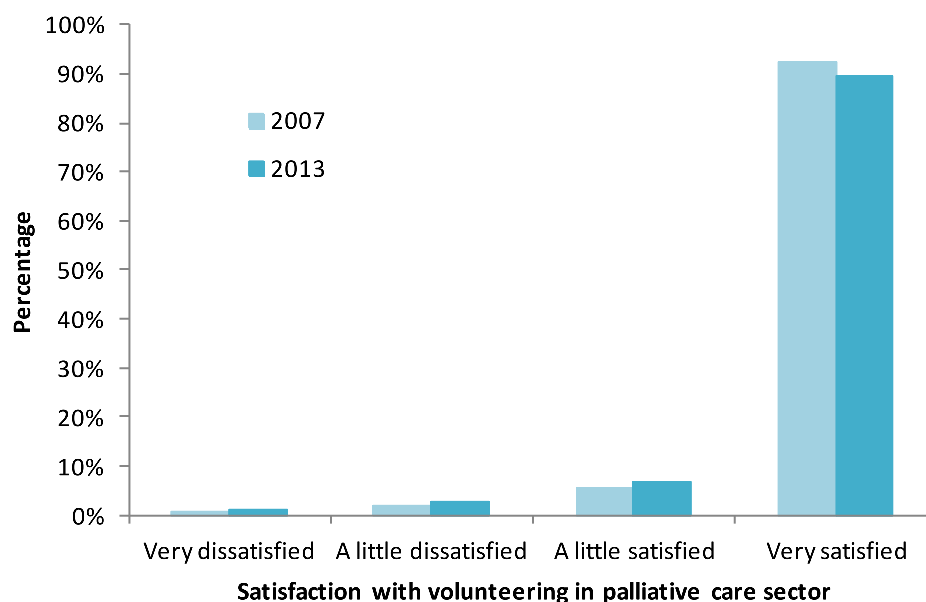


3.5 Future volunteering intentions

3.5.1 Levels of satisfaction of volunteers

The levels of satisfaction reported by respondents in relation to their experience of volunteering in the palliative care sector was generally high, with 90 per cent of volunteers saying they are very satisfied compared with 92 per cent for the 2007 survey (Figure 19). Less than four per cent of volunteers reported being either a little or very dissatisfied with their experience.

Figure 19: Levels of satisfaction experienced by volunteers working in the palliative care sector



3.5.2 Future volunteering intentions

Of the 203 volunteers who responded to this question 198 (98 per cent) indicated an intention to be volunteering in one year's time. A second question asked whether the volunteer planned being with the organisation in five years' time. The majority of volunteers (87 per cent) answered that they plan on being with the same organisation in five years' time.

Comments contained in the free-text section of the survey indicated the major reason for not continuing with volunteering were health-related concerns.

3.5.3 Comments from volunteers

The last question asked if there was anything else the volunteer would like to add. The comments from volunteers generally fell into three categories. The first was either positive or negative feedback about the role of a palliative volunteer, with many positive experiences. The second was about a specific role such as being a biographer. The third was ideas about how to improve the service.

Below is a selection of the comments that capture the breadth of the themes.

Positive comments

- Biography work in palliative care has been the most rewarding role in my life.
- Engaging with a palliative care patient in the home to record their life story is a privilege at the same time as it is confronting. It is an utterly 'real' situation. The family's acceptance of my presence fills me with respect. The patient's engagement in the story fills me with humility and admiration. It's walking a fine edge between support and intrusion. I want to do the best job I can, assisting the patient to leave her memories with her family. Every meeting is different. I cannot but respond with heightened attention and with a range of emotions. I am always conscious of the clock ticking. This is a valuable service provided to everyone who participates. I feel honoured.
- I feel blessed to be able to walk a patient's last mile with them. We have been well trained and are well supported and appreciated in our volunteer work.
- I feel honoured to be volunteering in palliative and neurological care with the most incredible 'care team'.
- I have found the level of training and support to be outstanding. I have done a lot of volunteering and this would be one of the few organisations where I have felt that my unique contribution has been noticed and appreciated. This, in turn, makes me want to learn more and hone my skills and abilities to be able to work well with a larger range of clients.
- I have never worked in such a friendly approachable organisation – a pity the model of management cannot be packaged for other businesses!!
- I love the area that I volunteer in and it is heavily due to the support and friendships made from the other volunteers.
- This is probably the most rewarding thing I've ever done!

Negative comment

- Some permanent employees still look down their noses at volunteers and are not very welcoming.

Specific to person or role

- I do sense an increasing tend to bureaucracy, which, if unchecked, will diminish the satisfaction.
- Given that there are a number of fairly recent migrants from the Sudan and other countries living in the area – an understanding of their beliefs and customs regarding sickness and death would be useful.
- I also believe it is necessary for paid employees to understand that volunteers come to the role with skills and diverse work experiences which add to an organisation –not ' just' a volunteer and have that recognised.

- I like to be involved in the writing of biographies for those in palliative care that may want it. It can be an experience for them that makes the end of their life more enjoyable and where they can resolve certain conflicts or incidents that worry them. Each biography can take up to three months but I enjoy the fact that I can work this around the other things I enjoy in my life like travel etc.
- I would prefer ongoing refresher modules of the initial training through our monthly meetings.

Ideas

- An annual conference to meet with other volunteers and exchange ideas and experiences.
- As a volunteer I would like to receive a brooch/pin/patch to identify the fact that I am a palliative care trained volunteer. The length of the training is certainly more than any other volunteer role training and I think it is something to feel special about having completed the course.
- I find refresher courses of training completed in the past is valuable as it 'jogs' the memory.
- Little consideration has been given to the need for country volunteer palliative care groups to be supported with training and oversight. As a result the service is not used to its potential and volunteer skills are not used.
- I hope the role of the palliative care volunteers will be expanded in years to come. There is a great deal of emphasis on the clinical side of caring – often the everyday task of coping with the huge changes that face a family or individual coming to terms with end-of-life issues are forgotten. That's where volunteers can do their best work.
- It would be helpful if some support was given on computer literacy as I feel many people in my age bracket do not have extensive computer skills, which are required.
- Would love to see better promotion of palliative care services. Good news stories in the media.

4 Employee survey

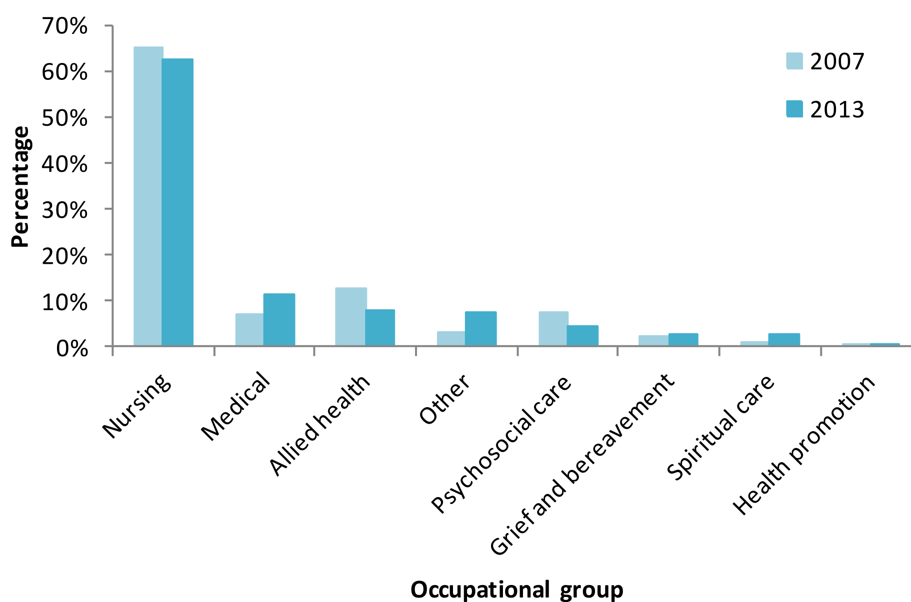
4.1 Profile of respondents

4.1.1 Occupational profile of respondents

The 2007 workforce survey revealed that the palliative care workforce is a numerically small, occupationally diverse health sector workforce that is deployed through a range of service models and settings. The multidisciplinary approach in palliative care is reflected by the broad occupational composition of the workforce.[7]

More than half of the employees who completed the 2013 survey are nurses (63 per cent). Medical staff account for 11 per cent and allied health staff account for eight per cent (Figure 20). In comparison, in the 2007 Palliative Care Employee Survey medical staff accounted for eight per cent and allied health for 13 per cent.

Figure 20: Proportion of responses by occupation/role[7]



4.1.2 Gender and age profile of respondents

As shown in Table 12, palliative care employees are predominately female (86 per cent with a 95 per cent confidence interval (CI) of 83 per cent to 89 per cent). The percentage of females (86 per cent) and males (14 per cent) in 2013 has not varied significantly from the 2007 palliative care employee survey (females, 89 per cent; males, 11 per cent).

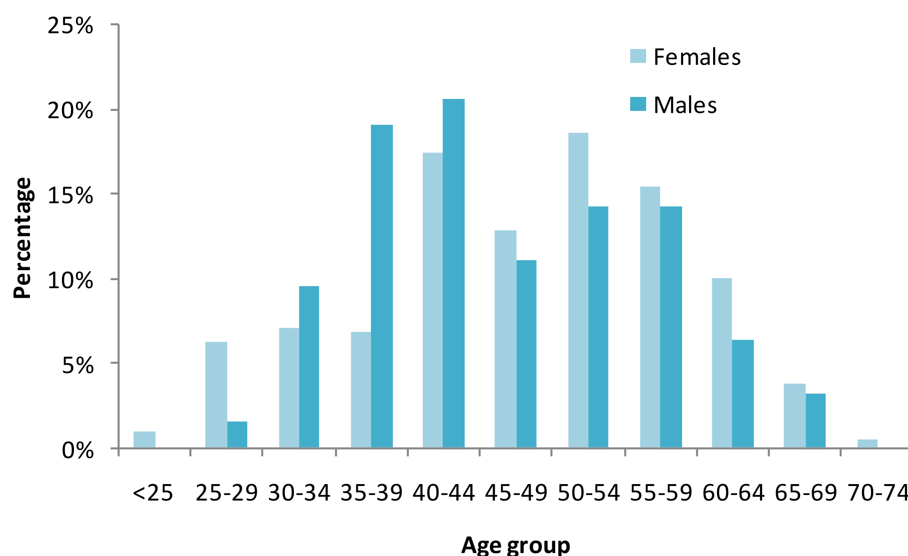
The average age of males and females within the 2013 sample differ slightly. The average age of females is 47.8 years (SD = 10.8 years), with the range from 21 to 74 years. The average age of males working in palliative care is slightly younger at 46.0 years (SD = 9.9 years), with the range from 25 to 68 years. The average age of the employees for both males and females increased by two years compared with the 2007 employee survey.

Table 12: Age and gender characteristics of survey respondents

	2007		2013	
	Female	Male	Female	Male
% of sample	89%	12%	86%	14%
95% CI (gender)	85–91%	11–17%	83–89%	11–17%
Average age	46	44	48	46
Standard deviation (SD)	10	11	11	10
Range	22–68	24–70	21–74	25–68

The distribution of age group varies by gender, with males more likely to be represented in the 30 to 44-year-old categories and slightly less likely to be represented in the older age groups than females. Figure 21 highlights the distribution by age for males and females as a percentage but it must be noted that the number of females in the palliative care sector is far greater than males.

Figure 21: Employee age group distribution by gender, 2013



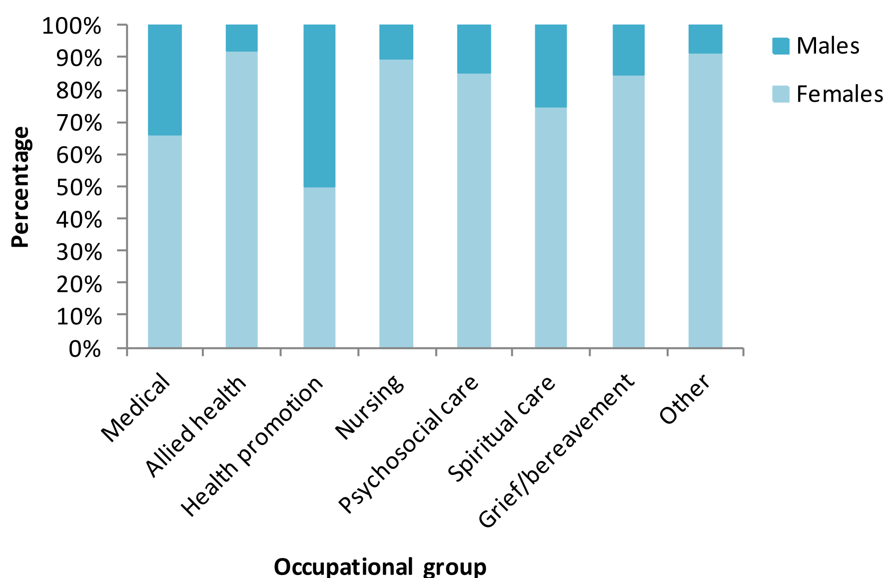
The age and gender profile of each occupational group working in palliative care is outlined in Table 13. For all occupational groups, the predominant gender is female, except for health promotion (*n* = 2) (Figure 22). The average age of each of the occupational groups is comparable, with employees from all groups being on average between the ages of 42 and 53 years. The average age of grief and bereavement and spiritual care staff is higher, with medicine being the youngest on average.

Table 13: Age and gender profiles by occupation

Role	Number of responses	% female	95% CI (%)*[8]	Average age (years)	Standard deviation (years)	Age range (years)
Medical	53	66%	52–78	43	11	26–74
Allied health	37	92%	77–98	46	12	26–66
Health promotion	2	50%	3–97	42	4	39–45
Nursing	289	90%	85–93	47	11	21–73
Psychosocial care	20	85%	61–96	50	9	31–61
Spiritual care	12	75%	43–93	53	9	42–67
Grief and bereavement	13	85%	54–97	53	10	32–63
Other	35	91%	76–98	51	9	32–65
Overall	**461**	**86%**	**83–89**	**48**	**11**	**21–74**

Note: not all respondents answered this question

Figure 22: Gender profile by occupation group



Note: Only two responses were received for the occupation of health promotion.

4.2 Employment history and information

4.2.1 Number of organisations

Employees who responded to the survey were employed by or provided contracted work to between one and two organisations (Table 14). Medical and nursing staff are the most likely to work across more than one organisation.

The medical role differs substantially from the other disciplines in that a high proportion (33 per cent) of doctors provide services to two or more organisations. Only six per cent of allied health professionals and 16 per cent of nurses work for two or more organisations.

In 2013 many more employees said they work for multiple organisations than did in 2007.

Table 14: Number of organisations to which employees provide services

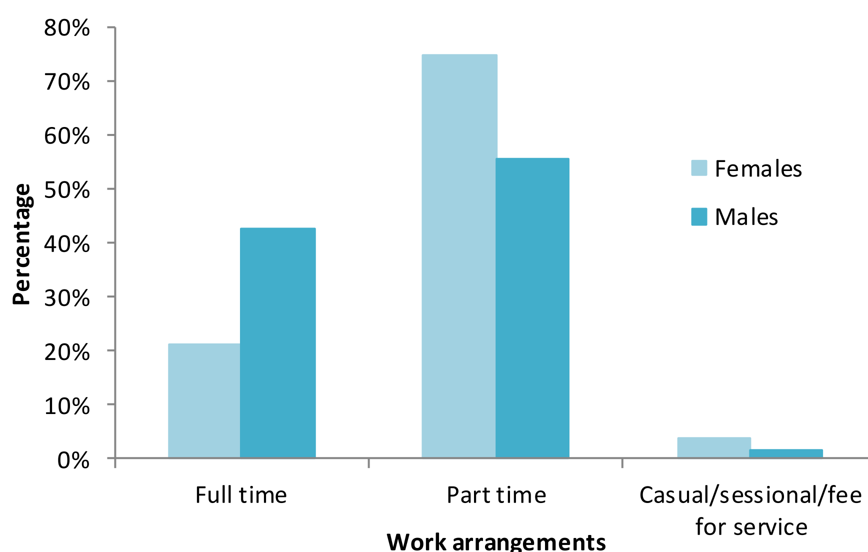
				Number of organisations		
	Mean	SD	Range	1	2	3+
Overall	1.4	1.9	1–32	84%	10%	6%
Gender						
Female	1.4	1.9	1–32	86%	8%	6%
Male	1.6	2.4	1–20	75%	17%	8%
Role						
Medical	1.7	1.0	1–6	57%	26%	17%
Allied health	1.1	0.2	1–2	94%	6%	0%
Health promotion	1.0	0.0	1	100%	0%	0%
Nursing	1.4	2.1	1–32	86%	8%	8%
Psychosocial care	1.2	0.4	1–2	85%	15%	0%
Spiritual care	1.2	0.4	1–2	83%	17%	0%
Grief and bereavement	1.0	0.0	1	100%	0%	0%
Other	1.6	3.3	1–20	97%	0%	3%

4.2.2 Working arrangements

Many palliative care employees now work on a part-time basis (72 per cent), which is an increase from 65 per cent in 2007. Almost a quarter of employees work full time (24 per cent) while the remaining workers (four per cent) are employed on a casual basis (although the method of obtaining data for analysis may have excluded more of these people from participating).

The proportion of males who work full time (43 per cent) is more than double that of females (21 per cent) (Figure 23) and this is reflected in male employees working on average 10 per cent more hours than female employees, over a four-week period.

Figure 23: Work arrangements within the palliative care workforce by gender



All palliative care occupations had a greater percentage of part-time workers than full-time workers (excludes health promotion as only two surveys were submitted) (Table 15). The part-time workforce varied, with 73 per cent being nurses, 63 per cent allied health workers and 95 per cent working in psychosocial disciplines. All (100 per cent) spiritual carers and 85 per cent grief and bereavement counsellors reported working part time. Based on the information from the survey, it is estimated with 95 per cent CI that between 68 per cent and 76 per cent of the total workforce currently work part time.

Medicine has the highest proportion of full-time workers (45 per cent).

Table 15: Work arrangements within the palliative care workforce by occupation

Occupation	Full time	Part time	Casual
Medical	45%	47%	8%
Allied health	14%	86%	0%
Health promotion	50%	50%	0%
Nursing	24%	73%	3%
Psychosocial care	0%	95%	5%
Spiritual care	0%	100%	0%
Grief and bereavement	15%	85%	0%
Other	31%	66%	3%
Total	**24%**	**72%**	**3%**

4.2.3 Number of hours worked

The average number of hours worked by employees in the four-week period prior to the survey being conducted was 90 hours or just under three days per week (Table 16). The reported range of hours worked was large, with one person indicating they work 360 paid hours in a typical four-week period. Thirty-six respondents seem to have been confused or missed the 'four-week' period in the question, indicating they work 38 hours or 40 hours every four weeks. Although this is possible, it suggests that the responses to this question are not reliable. The information presented reflects the actual responses provided and no alteration or deletion of responses has been undertaken.

Males reported working more hours than females, whether in their main job, second job or unpaid. The average hours worked per week including unpaid work for males was 36 and 31 for females.

The total hours worked across paid and unpaid employment varies by occupational group by more than 16 hours per week (Figure 24). Psychosocial care employees work the most hours (39) per week, whereas nursing (31), medical (32) and allied health (30) all have similar hours.

Table 16: Paid hours worked in a four-week period

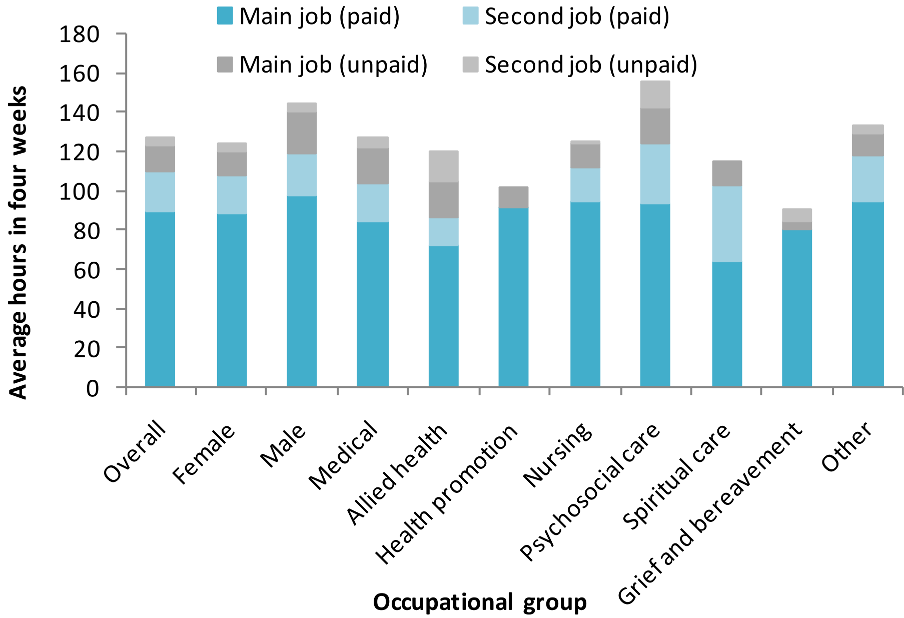
	Main job		Second job	
	Mean	Range	Mean	Range
Overall	90	0–360	20	0–96
Gender				
Female	89	0–360	19	0–96
Male	98	15–160	22	0–61
Role				
Medical	84	11–200	20	0–56
Allied health	72	8–160	15	9–21
Health promotion	92	40–144	–	–
Nursing	94	0–360	18	0–96
Psychosocial care	93	7–270	30	8–56
Spiritual care	64	12–128	38	16–61
Grief and bereavement	80	6–130	–	–
Other	95	15–160	24	0–52

Approximately 49 per cent of employees reported undertaking unpaid work in the preceding four-week period (Table 17). The percentage of workers undertaking unpaid work increased from 36 per cent in 2007 to 49 per cent in 2013. The average number of unpaid hours has also increased from 3.5 hours per week in 2007 to 4.3 in 2013.

Table 17: Unpaid hours worked in a four-week period

	Main job		Second job		Percentage undertaking unpaid work
	Mean	Range	Mean	Range	
Overall	14	0–180	4.0	0–40	49%
Gender					
Female	12	0–180	4	0–40	48%
Male	21	0–160	5	0–30	53%
Role					
Medical	19	0–85	5	0–30	72%
Allied health	18	1–80	16	16	30%
Health promotion	10	10			50%
Nursing	12	0–180	1	0–5	46%
Psychosocial care	19	0–121	13	1–40	65%
Spiritual care	12	0–40			33%
Grief and bereavement	5	0–8	6	6	62%
Other	11	0–50	5	0–10	50%

Figure 24: Average number of paid and unpaid hours of work in a four-week period



4.2.4 Languages spoken by employees when caring for their patients

Respondents were asked whether they speak languages other than English when caring for their patients. Of the 44 people who reported speaking a language other than English when caring for their clients, 11 reported speaking two or more additional languages. As shown in Table 18, the most prominent languages were European and Mediterranean based languages. Of those people who reported using a language other than English in their work, most are female (84 per cent) and the majority work as a nurse (75 per cent). Note: The survey does not take into account how well the employee can converse in the language.

Table 18: Languages other than English spoken by employees

Language	Number with one additional language	Number with two additional languages	Number with three additional languages	Total additional languages
Arabic	1			1
Auslan	1			1
Cantonese	1	1		2
Chinese	1	1		2
Dutch	2	1		3
Filipino		1		1
French	2			2
German		2		2
Greek	1	1		2
Hindi	1	1		2
Hokkein			1	1
Indonesian	1			1
Italian	18	1		19
Japanese	1			1
Macedonian	1			1
Malaysian	1	1		2
Mandarin	3	2		5
Punjabi	2			2
Spanish	5	1	1	7
Tagalog	1		1	2
Tamil			1	1
Turkish	1			1
Total	**44**	**13**	**4**	**61**

4.2.5 Main delivery setting

The survey responses indicate that fewer than half of the workers in palliative care are located in the community setting (46 per cent), 39 per cent work in the inpatient setting and the remaining 15 per cent in either consultancy, statewide or day hospice services. The proportion of the workforce in the consultancy setting has doubled from 5.5 per cent in 2007 to 11 per cent in 2013. This may have been a result of additional government funding and policy attention for this component of palliative care service delivery.

The female workforce is more likely to be in the community setting (49 per cent) compared with males (29 per cent), whereas the male workforce is more likely to be in the inpatient setting (49 per cent) compared with females (37 per cent).

The results of the survey appear to show a number of links between occupation and delivery settings.

- Most doctors work in inpatient or consultancy settings, with a small proportion based in each of community, statewide and consultancy services. Respondents were only asked about their main job so it is not possible to find out whether doctors who work for more than one organisation are employed across different types of services such as conducting joint appointments between inpatient and community settings.
- There are similar percentages of nurses and allied health professionals working in community and inpatient settings.
- Staff from other occupational groups work predominately in the community setting (Table 19).

Table 19: Proportion of employees in each delivery setting

	Community	Statewide	Day hospice	Inpatient	Consultancy
Overall	46%	2%	1%	39%	11%
Gender					
Female	49%	2%	2%	37%	10%
Male	29%	3%	0%	49%	19%
Role					
Medical	19%	6%	0%	42%	34%
Allied health	46%	8%	0%	46%	0%
Health promotion	100%	0%	0%	0%	0%
Nursing	43%	1%	1%	43%	11%
Psychosocial care	80%	0%	5%	10%	5%
Spiritual care	50%	0%	0%	50%	0%
Grief and bereavement	85%	0%	0%	15%	0%
Other	77%	6%	3%	11%	3%

4.2.6 Reasons for commencing work in the palliative care sector

Respondents were asked what prompted them to start working in the palliative care sector.

The most commonly reported reason was a desire to care for palliative patients (64 per cent). Other significant reasons included the sector being an attractive work environment (32 per cent) and a place to apply skills (25 per cent). Approximately one-sixth of respondents said they began working in palliative care because it offered an opportunity to change their career or role (17 per cent) or because the working conditions suited their chosen lifestyle (14 per cent).

There is no notable difference between the genders and their reason for choosing to work in the palliative care sector.

There are notable differences between each of the occupational groups in the reasons given for commencing work in the palliative care sector. Nurses and doctors more commonly cite being able to care for palliative patients as a reason for choosing the sector followed by the work environment and then being able to apply skills. For other professions, being able to care for palliative patients is important but other reasons such as career advancement are also important (Table 20).

The work environment, opportunity to apply skills and working conditions suiting a preferred lifestyle as a reason for joining palliative care have all significantly decreased from the 2007 survey ($p < 0.05$ Chi Squared). Few people reported that they initially started working in the palliative care sector because it represented the only/best opportunity available at the time, or because it provided the opportunity for career advancement.

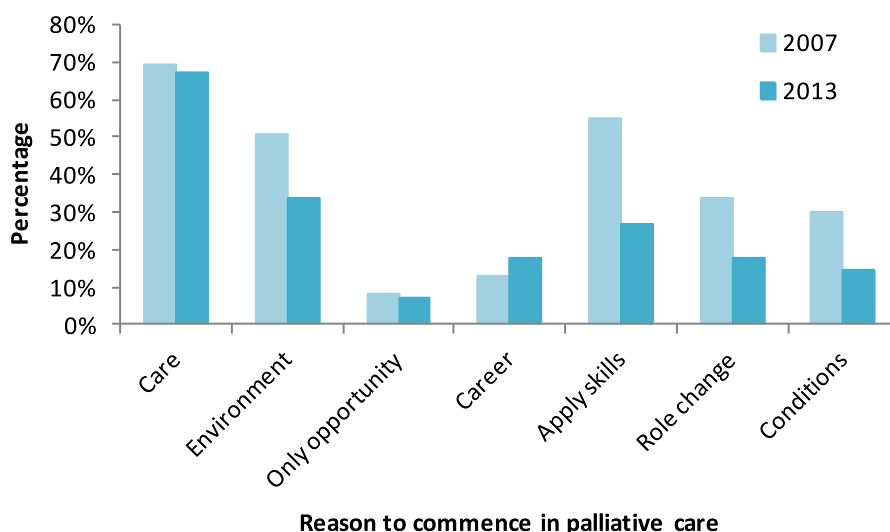
Therefore, any efforts to attract health workers to the palliative care sector should initially be tailored to the desire to care for palliative patients and then the needs of specific occupational groups.

Table 20: Reasons for commencing work in the palliative care sector by gender and occupation/role

	Desire to care for palliative patients	Attracted to work environment	Only/best opportunity available at time	Opportunity for career advancement	Opportunity to apply skills	Opportunity to change career/ role	Working conditions suit lifestyle
Overall	64%	32%	7%	11%	25%	17%	14%
Gender							
Female	66%	33%	7%	10%	26%	17%	15%
Male	58%	29%	9%	14%	26%	18%	11%
Role							
Medical	83%	43%	6%	15%	28%	15%	19%
Allied health	59%	43%	5%	24%	46%	24%	14%
Health promotion	0%	0%	0%	50%	0%	50%	100%
Nursing	72%	33%	6%	16%	21%	16%	14%
Psychosocial care	65%	20%	15%	25%	30%	25%	5%
Spiritual care	42%	17%	17%	8%	42%	8%	0%
Grief and bereavement	54%	46%	15%	8%	23%	8%	15%
Other	33%	28%	11%	28%	47%	28%	25%

The reasons for commencing work in the palliative care sector are shown in Figure 25, with the desire to care for palliative patients being the main reason. While the main reason remained the same in 2013 as in 2007, the number of people who commenced work due to work environment and opportunities to apply skills was higher in 2007.

Figure 25: Reasons for commencing work in the palliative care sector, by gender



4.2.7 Age at commencement of work in the palliative care sector

Of the people surveyed, the average age for commencing work in the health sector was 25.1 years. The average age for people commencing work in palliative care was approximately 13 years later at 37.8 years. Males generally commenced work in the health sector at a slightly older age than females (26.6 years compared with 24.9 years), but this observation is reversed for commencement age in palliative care, with males being, on average, younger than females (36.1 years compared with 38.1 years).

Most nurses, allied health professionals and doctors commenced work in the health sector between the ages of 22 and 28. The average age for commencing work in the other occupational groups was between 30 and 37 years. The majority of employees started work in the palliative care sector between the ages of 33 and 44 years. This trend is similar across all occupational groups (Table 21).

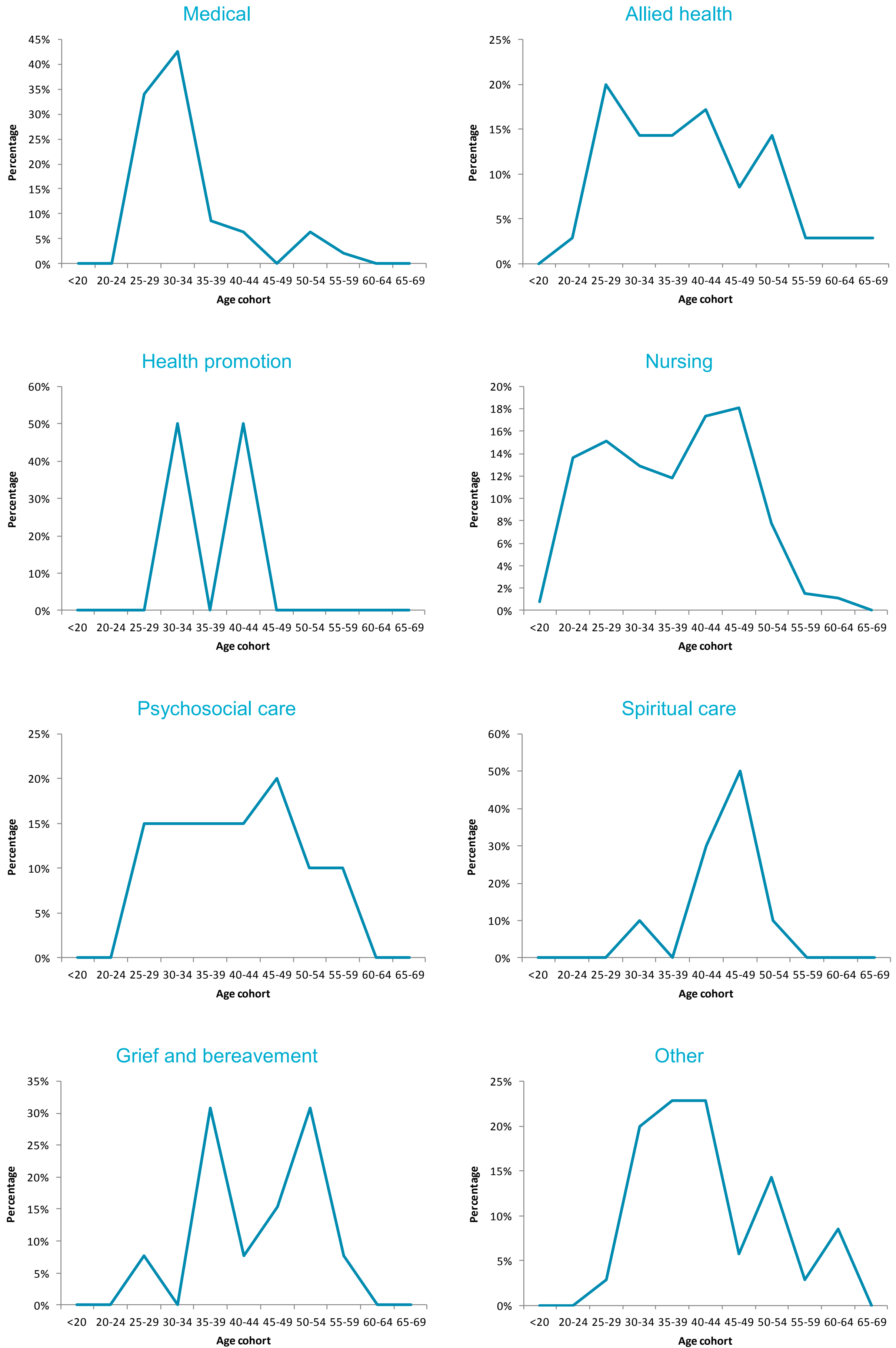
Table 21: Average commencement age and range for the palliative care workforce

	Health		Palliative care		Current employer		Current role	
	Average	Range	Average	Range	Average	Range	Average	Range
Overall	25	15–60	38	15–60	40	13–67	41	19–69
Gender								
Female	25	15–60	38	15–65	40	13–64	41	19–69
Male	27	17–56	36	20–64	39	20–67	41	24–67
Role								
Medical	25	18–34	33	26–57	37	24–67	38	24–67
Allied health	27	22–45	40	24–65	40	25–61	41	23–65
Health promotion	23	17–28	37	30–44	37	30–44	38	38–38
Nursing	23	15–49	37	15–64	39	13–64	41	19–69
Psychosocial care	31	19–49	41	26–58	44	26–58	43	26–58
Spiritual care	36	22–49	44	31–50	47	40–59	45	40–51
Grief and bereavement	37	18–54	44	27–55	46	30–55	46	30–55
Other	29	17–60	42	26–64	45	24–64	46	31–64

The delay in employees starting in the palliative care sector is important for any workforce strategies.

Of those surveyed, the doctors tended to have started working in palliative care earlier than other occupational groups. This differs from the other professions where people tend to start later but continue to join after age 40, whereas very few doctors join the workforce after age 40 (Figure 26). Psychosocial and other occupations (such as grief and bereavement, spiritual care and health promotion workers) tend to start working in the health sector at a much later stage than other occupational groups and therefore it follows that they start working in palliative care at a later stage also. Some of these patterns reflect the educational systems in place for the different occupations; for example, doctors tend to specialise earlier in their careers.

Figure 26: Age profiles on commencement in the palliative care sector by occupation



4.2.8 Number of years of working in the palliative care sector

The surveyed employees have been working in the palliative care sector for an average of just under nine years, an increase from eight years from the 2007 survey. The length of time worked in the sector varied from one year to 40 years (although this last figure probably reflects the time worked in the health sector generally as the palliative care sector has only been in existence in Victoria for around 30 years). There is only a slight difference between females and males in terms of the number of years (8.9 versus 8.5 respectively. Medical and nursing staff have the greatest average number of years (9.8 and 9.5 respectively) and are also the longest serving employees (Table 22).

Table 22: Average number of years working in the palliative care sector

	Number of years	SD	Range
Overall	8.8	6.9	0–40
Gender			
Female	8.9	7.1	0–40
Male	8.5	5.6	0–23
Role			
Medical	9.8	9.1	0–40
Allied health	5.4	4.6	0.1–20
Health promotion	5.0	5.7	1–9
Nursing	9.5	6.7	0–35
Psychosocial care	7.3	5.8	1–22
Spiritual care	7.3	5.8	1–18
Grief and bereavement	7.8	7.1	1–23
Other	7.3	7.5	0–28

4.2.9 Current stage of working career

Eighty-six per cent of employees deem themselves to be either in the middle or at the end of their career (Table 23). A greater percentage of males (70 per cent) than females (57 per cent) reported being in the middle of their career. More females are nearing retirement than males.

People of all occupations reported being either in the middle of or towards the end of their careers. However, a greater percentage of medical professionals deem themselves to be at the start of their career than other professions.

The question used to elicit this information did not specify whether the respondent should consider their palliative care sector career or the span of their working life. It may be that many people may be at the end of their palliative care career but in the middle of their working life, for example.

Analysis of the data to compare the one- and five-year intentions of workers with the reported current stage of their working career did show a correlation.

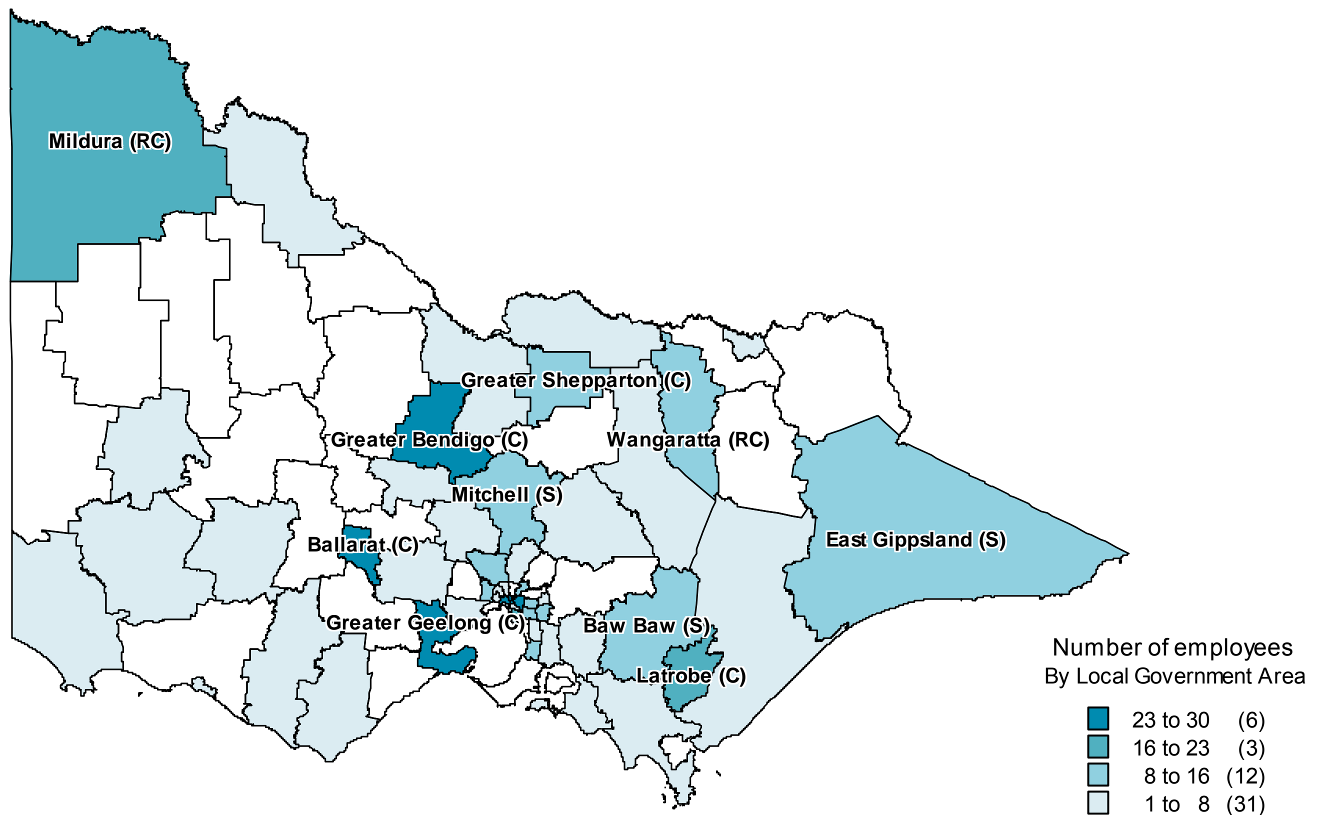
Table 23: Proportion of employees at each stage of their career, by gender and occupation/role

	Early	Middle	End
Overall	14%	59%	27%
Gender			
Female	14%	57%	30%
Male	17%	70%	13%
Role			
Medical	38%	46%	16%
Allied health	16%	59%	24%
Health promotion	0%	100%	0%
Nursing	11%	62%	27%
Psychosocial care	10%	60%	30%
Spiritual care	17%	42%	42%
Grief and bereavement	15%	31%	54%
Other	3%	64%	33%

4.2.10 Current stage of working career

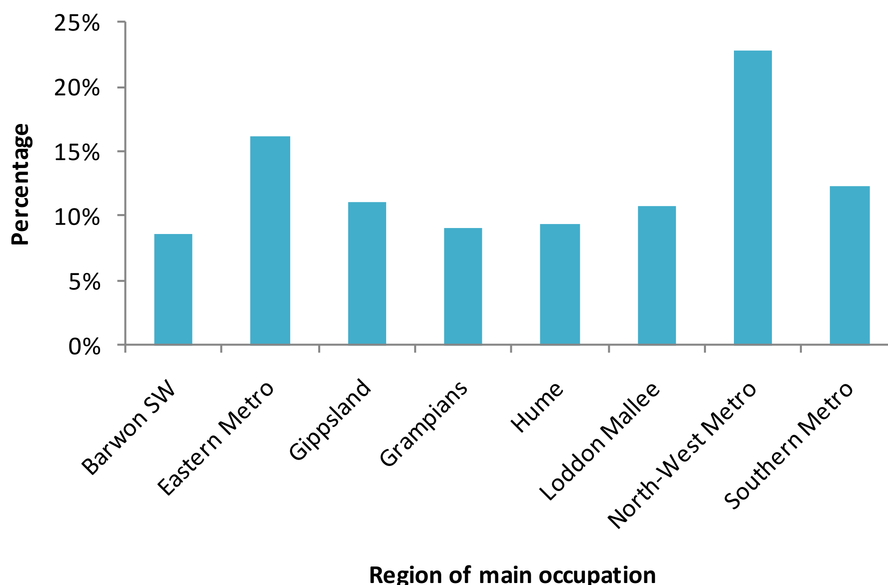
The postcode of the main location in which the employee worked in the past four weeks was requested in the survey. Survey responses came from all over Victoria, with rural regions well represented (Figures 27 and 28).

Figure 27: Local government area of the organisation of employees



Note: Bracketed numbers indicate the number of LGAs in that particular range

Figure 28: Region of the organisation of employees



4.3 Education information

4.3.1 Highest level of education completed

The highest levels of education successfully completed by employees are shown in Table 24. Just under 65 per cent of workers have completed a postgraduate certificate or diploma or above. There are differences between males and females in terms of the highest educational level attained; in particular, females have a higher percentage of secondary school and TAFE while a greater proportion of males have a master's degree. All professions contain a large percentage of people who have completed postgraduate qualifications.

Table 24: Highest education level successfully completed by employees

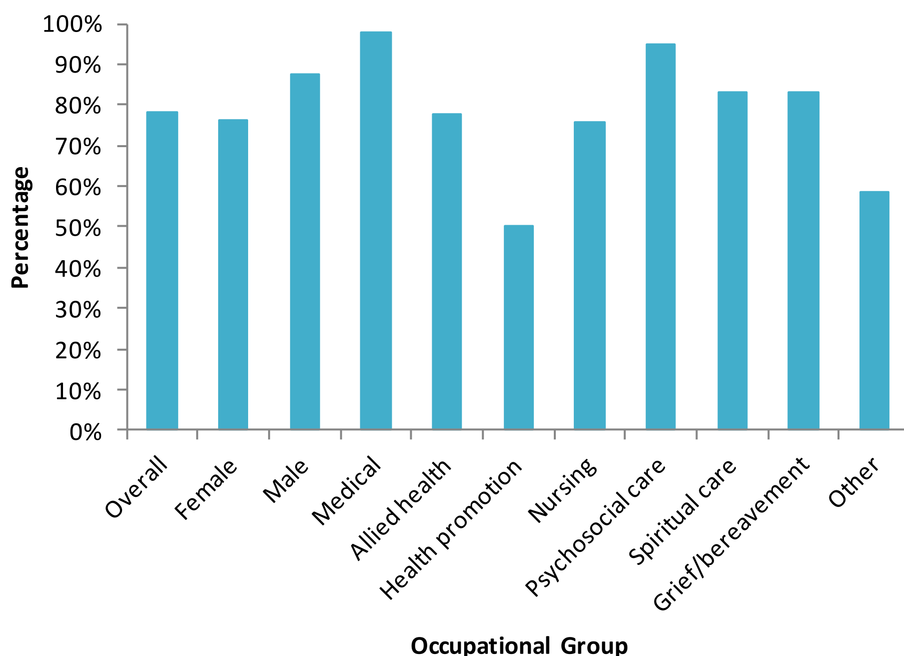
	Number of respondents	Secondary school	TAFE/ VET/ Trade	Undergrad	Postgrad cert/ diploma	Master's	PhD
Overall	453	4%	11%	21%	49%	15%	2%
Gender							
Female	390	4%	12%	20%	50%	13%	2%
Male	63	0%	5%	27%	43%	24%	2%
Role							
Medical	51	0%	0%	22%	55%	20%	4%
Allied health	37	3%	5%	41%	30%	22%	0.%
Health promotion	2	0%	0%	0%	50%	50%	0%
Nursing	285	4%	12%	21%	50%	13%	1%
Psychosocial care	20	0%	10 %	10%	55%	20%	5%
Spiritual care	12	0%	0%	17%	58%	17%	8%
Grief and bereavement	12	0%	33%	17%	42%	8%	0%
Other	36	11%	25%	8%	42%	11%	3%

The numbers of employees with a master's or a PhD has increased since the 2007 survey, particularly for females. It was noted in the previous survey that very few people employed in palliative care services had obtained a PhD or fellowship qualification, with the majority of these qualifications being obtained by medical practitioners. This is not the case in 2013, with more people in other occupations obtaining PhDs.

4.3.2 Relevance of qualifications held

Approximately 80 per cent of employees consider their highest qualification to be specifically relevant to the palliative care sector (Figure 29). This was true for all occupational groups, reflecting the fact that palliative care is a speciality area that requires additional qualifications, skills and training in order to progress or remain in the area.

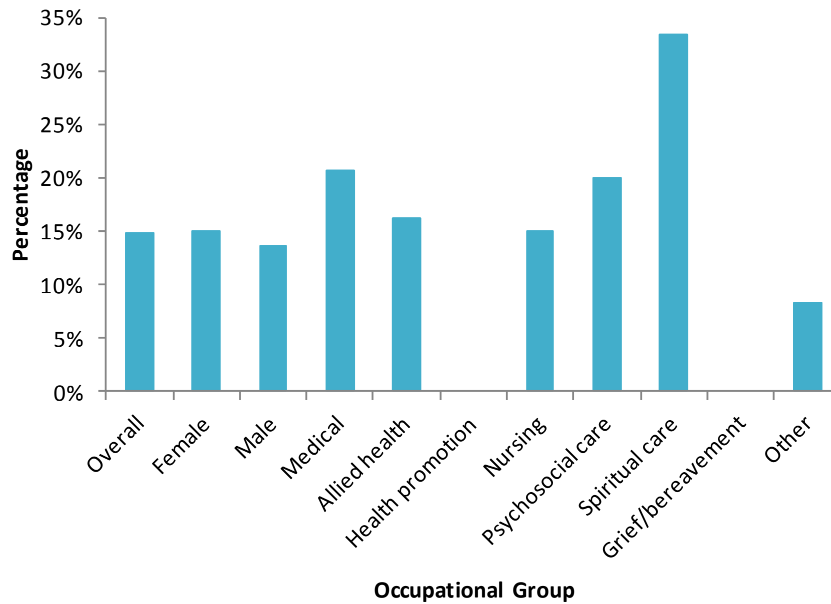
Figure 29: Proportion of palliative care workforce with their highest qualification directly relevant to palliative care



4.3.3 Current education or vocational training being undertaken

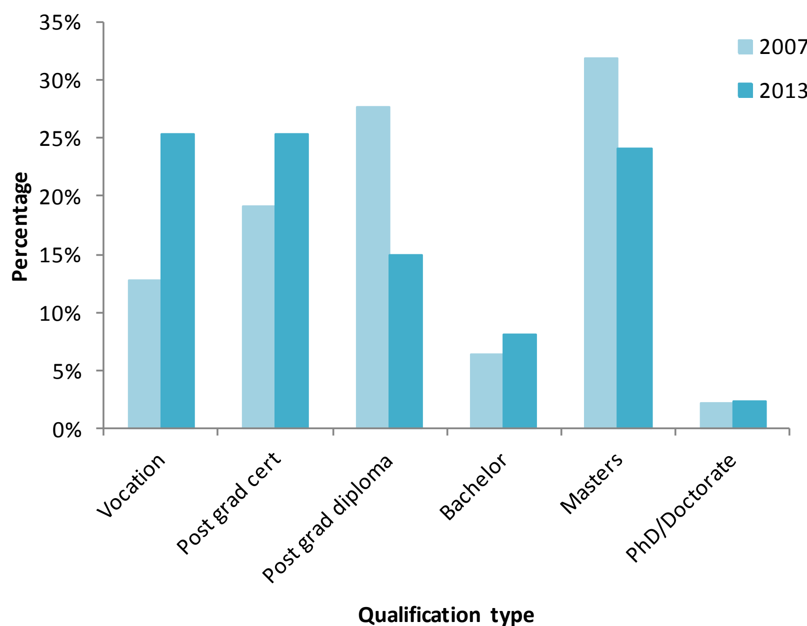
At the time the survey was conducted 14.8 per cent of employees were undertaking tertiary or vocational training that was directly related to their current role in palliative care services. This was consistent across most occupations, with the exception of health promotion, grief/bereavement and spiritual care.

Figure 30: Proportion of the palliative care workforce currently undertaking education



Of the people undertaking education at the time of the survey, most were working towards a master's degree, vocational qualification or postgraduate certificate. This was different from 2007 where most people were working towards a master's or a postgraduate diploma (Figure 31).

Figure 31: Types of qualification currently being sought by employees



4.3.4 Number of years of study undertaken by the palliative care workforce

Employees reported spending an average of three years studying in palliative care and related fields (Table 25). The time spent studying in 2013 was the same as in 2007. The average length of time spent studying as well as the range of time was longer for some professions (for example, medicine compared with nursing), which reflects the different educational practices. Of all the occupational groups surveyed, nurses on average have spent the least number of years studying but there was a large range for this profession.

Table 25: Average and range of time spent studying palliative care

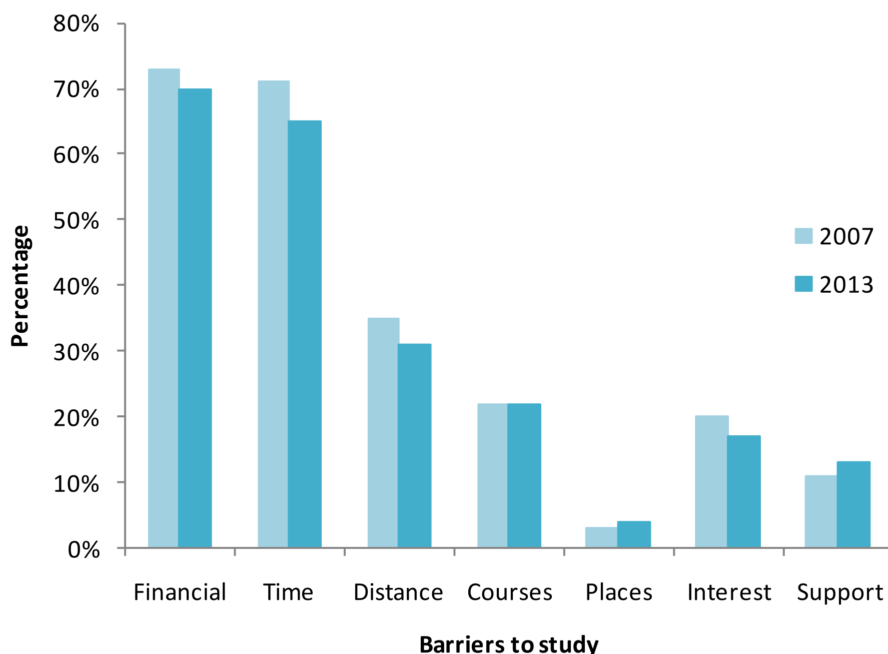
	Average (years)	Range (years)
Overall	2.9	0–22
Gender		
Female	2.6	0–22
Male	4.2	0–20
Role		
Medical	5.4	0–20
Allied health	2.7	0–10
Health promotion	3.0	3–3
Nursing	2.2	0–14
Psychosocial care	4.1	0–22
Spiritual care	3.4	0–10
Grief and bereavement	2.5	0–5
Other	3.0	0–12

4.3.5 Reasons for not undertaking additional study

Respondents who have no plans to undertake further study were asked about their reasons. The two most common reasons cited were the financial cost being too high and the lack of time (Figure 32). This is the same as the 2007 employee survey. Thirty-one per cent of respondents stated that the distance to education is too far, while 22 per cent indicated there are no courses currently available that would meet their needs.

Very few people reported a lack of study places as a barrier to additional education. A lack of interest in undertaking study was cited as the reason by approximately one-fifth of respondents.

Figure 32: Percentage of workforce identifying barriers to undertaking study



4.3.6 Location where initial qualifications were obtained

More than 88 per cent of current employees gained their initial qualification in Australia, although a significant number (11.3 per cent) of people gained their first qualification from an overseas institution (Table 26). Three inflows of employees to note are the doctors (12 per cent) and nurses (seven per cent) trained in the UK and the allied health workforce (12 per cent) initially trained in New South Wales.

All occupations have more than 75 per cent of the workforce being initially educated in Victoria. Three inflows of employees to note are the doctors (12 per cent) and nurses (7 per cent) trained in the UK and the allied health workforce (12 per cent) initially trained in New South Wales.

Table 26: Location where initial qualification was obtained

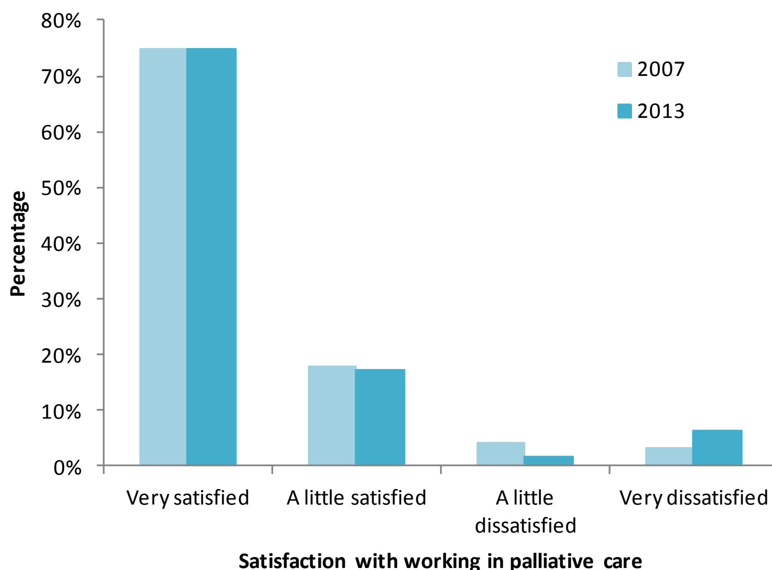
	Vic.	SA	NSW	Qld	NT	WA	Tas.	UK	USA	Other
Overall	80%	2%	4%	0%	0%	1%	1%	7%	1%	4%
Gender										
Female	81%	2%	5%	0%	0%	1%	1%	6%	1%	4%
Male	78%	2%	2%				3%	10%	2%	3%
Role										
Medical	76%	2%	4%			2%	2%	12%		2%
Allied health	79%		12%					3%	3%	3%
Health promotion	100%									
Nursing	80%	3%	3%		0%	1%	1%	7%	1%	4%
Psychosocial care	90%		5%							5%
Spiritual care	82%		9%				9%			
Grief and bereavement	100%		0%							
Other	78%		3%	3%				9%	3%	3%

4.4 Future work intentions

4.4.1 Satisfaction with working in the palliative care sector

Overall, 92 per cent of employees reported being satisfied with working in the palliative care sector (Figure 33). The results for 2013 were very similar to 2007, with a small increase in employees being very dissatisfied.

Figure 33: Satisfaction with the experience of working in the palliative care sector



The reported levels of satisfaction were very high across all occupational groups, with the lowest being nursing (89 per cent) (Table 27).

Table 27: Overall satisfaction levels and actions that could increase satisfaction

	Satisfied	Further education	Management support	Support death/grief	Role variety
Overall	93%	55%	32%	23%	12%
Gender					
Female	93%	61%	31%	23%	10%
Male	90%	53%	33%	20%	20%
Role					
Medical	96%	43%	39%	8%	12%
Allied health	100%	65%	19%	22%	14%
Health promotion	100%	50%	50%	0%	50%
Nursing	89%	59%	34%	30%	10%
Psychosocial care	100%	75%	20%	10%	10%
Spiritual care	100%	67%	25%	17%	8%
Grief and bereavement	100%	54%	25%	0%	17%
Other	94%	53%	20%	9%	17%

Of the suggested actions to increase employees' satisfaction levels, further education and management support were the most commonly cited, which are the same reasons as in the 2007 employee survey. These responses were from the workforce as a whole, not only those people who reported being dissatisfied.

Table 28 summarises the actions for increasing satisfaction suggested by respondents who reported dissatisfaction with working in the palliative care sector. As in the 2007 survey increased management support would improve their level of satisfaction. For nurses and the 'other' occupations, further education was also seen as necessary to raise job satisfaction.

Table 28: Actions to increase satisfaction – reported by dissatisfied workers

	Responses	Further education	Management support	Support death/grief	Role variety
Overall	35	43%	57%	34%	17%
Gender					
Female	29	48%	55%	35%	17%
Male	6	17%	67%	33%	17%
Role					
Medical	2	0%	100%	0%	0%
Nursing	31	42%	55%	36%	19%
Other	2	100%	50%	50%	0%

Other actions noted by respondents to increase satisfaction are increased resources including more clinical staff, and more hours to do the job and to give the client face-to-face support after hours. Another action is to improve succession planning. A few people also noted improving how palliative care employees are viewed within the broader health sector, with a number of employees feeling palliative care is 'looked down upon'.

4.4.2 Intentions regarding the current organisation in one and five years' time

Approximately 90 per cent of the employees surveyed are planning to still be working in their current organisation in one year's time, with the most common reason for leaving being to commence work in another sector or occupation (Figure 34 and Table 29). Medical professionals are the most likely to leave (24 per cent).

Figure 34: Percentage of workers intending to leave their current organisation in one and five years

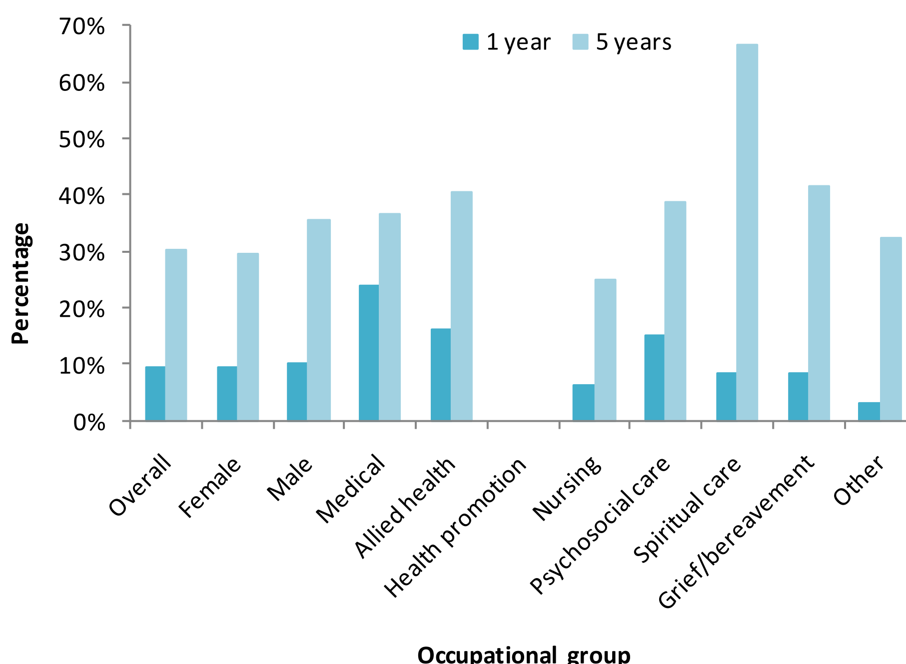


Table 29: Employees intention of leaving their current organisation in one year

		Reason for leaving				
	Leave	Retire	Cease temporary	Cease permanent	Change occupation	Other
Overall	9%	24%	11%		42%	24%
Gender						
Female	9%	27%	12%		38%	24%
Male	10%	0%	0%		75%	25%
Role						
Medical	24%	17%	25%		42%	17%
Allied health	16%	0%	0%		50%	50%
Health promotion	0%					
Nursing	7%	43%	0%		29%	29%
Psychosocial care	15%	0%	0%		100%	0%
Spiritual care	8%	0%	0%		100%	0%
Grief and bereavement	8%	0%	100%		0%	0%
Other	3%	100%	0%		0%	0%

Other reasons for leaving include medical rotations, career advancement, maternity leave, the end of a contract and being unhappy with the work environment.

Thirty per cent of people believe they will leave their current organisation within five years' time (Table 30). Of these, most are either planning to start in a new occupation or are intending to retire within the next five years. Of the people planning on leaving, a high percentage of females will retire and a high percentage of males will change occupation.

Table 30: Employees intention of leaving their current organisation in five years

		Reason for leaving				
	Leave	Retire	Cease temporary	Cease permanent	Change occupation	Other
Overall	30%	39%	7%		38%	15%
Gender						
Female	30%	42%	8%		34%	16%
Male	36%	20%	0%		73%	7%
Role						
Medical	37%	25%	6%		44%	25%
Allied health	41%	36%	0%		50%	14%
Health promotion	0%					
Nursing	25%	45%	11%		34%	11%
Psychosocial care	39%	14%	0%		86%	0%
Spiritual care	67%	50%	0%		38%	13%
Grief and bereavement	42%	40%	20%		20%	20%
Other	32%	40%	0%		20%	40%

Again, other reasons for leaving included medical rotations, career advancement, maternity leave, the end of a contract, obtaining a job with closer proximity to home, unpaid overtime and being unhappy with the work environment.

4.4.3 Intentions regarding the palliative care sector in one and five years' time

The majority of people surveyed (91 per cent) plan to still be working in the palliative care sector for at least another year (Table 31). The most common reason for leaving is to commence work in a new occupation or sector. Of the people intending to leave in the next 12 months, 18.2 per cent of them will be retiring.

Table 31: Employees' intention of leaving the palliative care sector in one year

		Reason for leaving				
	Leave	Retire	Cease temporary	Cease permanent	Change occupation	Other
Overall	9%	18%	17%	2%	48%	18%
Gender						
Female	9%	22%	17%	0%	42%	19%
Male	9%	0%	0%	0%	86%	14%
Role						
Medical	12%	0%	33%	0%	33%	33%
Allied health	19%	0%	33%	0%	50%	17%
Health promotion	0%	29%	4%	0%	50%	17%
Nursing	7%	0%	0%	0%	100%	0%
Psychosocial care	5%	0%	0%	0%	50%	50%
Spiritual care	17%	0%	100%	0%	0%	0%
Grief and bereavement	9%	33%	0%	0%	67%	0%
Other	9%	0%	33%	0%	33%	33%

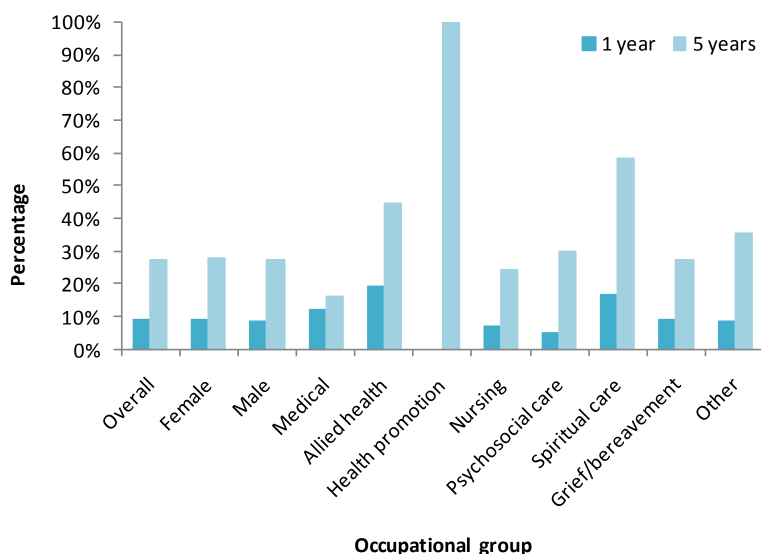
Other reasons for leaving included medical rotations, career advancement, maternity leave, the end of a contract or other job offers.

In the next five years the sector could lose more than a quarter (27 per cent) of its employees, with 43 per cent of these retiring and 41 per cent leaving to work in another sector or occupation (Table 32). This rate is comparable to that reported in the 2007 survey. This is potentially a significant problem and the sector should consider what actions it can take to retain these employees. The sector needs to ensure it has prospective plans in place to address this anticipated exit from palliative care.

Table 32: Employees intention of leaving palliative care sector in five years

		Reason for leaving				
	Leave	Retire	Cease temporary	Cease permanent	Change occupation	Other
Overall	28%	43%	5%		41%	11%
Gender						
Female	28%	47%	6%		37%	11%
Male	28%	14%	0%		71%	14%
Role						
Medical	16%	43%	0%		43%	14%
Allied health	44%	38%	0%		56%	6%
Health promotion	100%	0%	0%		100%	0%
Nursing	25%	48%	8%		35%	9%
Psychosocial care	30%	17%	0%		83%	0%
Spiritual care	58%	57%	0%		43%	0%
Grief and bereavement	27%	33%	33%		0%	33%
Other	35%	42%	0%		25%	33%

Figure 35: Percentage of workers intending to leave the palliative care sector in one and five years' time, by occupational group

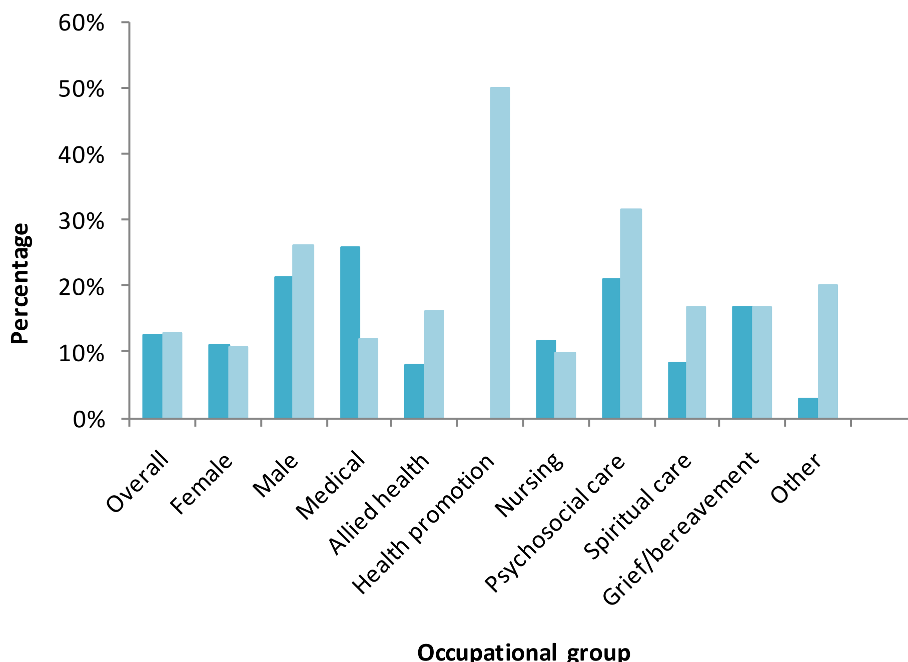


4.4.4 Workers actively seeking alternative employment

Of the people surveyed 13 per cent indicated they are actively looking for a job outside of the palliative care sector as well as 13 per cent searching for employment outside of their current organisation. In 2007, 12 per cent of people indicated that they were looking for work outside the palliative care sector at the time of the survey.

Twice as many males as females reported actively seeking work outside their organisation or the palliative care sector. Nursing and medicine have the lowest percentage of people looking for work outside of palliative care (Figure 36). These figures reflect the number of people who are intending to leave either their current organisation or the palliative care sector within the next year.

Figure 36: Percentage of employees actively seeking alternative work



4.4.5 Length of time workers intend to remain working in the palliative care sector

On average, current employees intend to remain working in the sector for the next 11 years (Table 33). There is very little difference in anticipated length of work time between males and females. Medical practitioners expect to be working, on average, for more than 18 years and nurses more than a decade, whereas allied health professionals anticipate only working for six more years.

Table 33: Length of time planning to work in the palliative care sector

	Average years	Range
Overall	10.7	0–40
Gender		
Female	10.3	0–40
Male	13.5	0–40
Role		
Medical	18.5	1–40
Allied health	6.0	0–25
Health promotion	3.0	2–4
Nursing	10.4	0–40
Psychosocial care	9.1	2–20
Spiritual care	8.8	0–25
Grief and bereavement	7.7	2–20
Other	9.6	0–32

4.4.6 Comments from employees

The last question asked if there was anything else the employee would like to add. The comments from employees generally fell into four categories. The first was either positive or negative feedback about the role of a palliative care employee. The second was about a specific role. The third was ideas about how to improve the service. The fourth was issues around funding.

Below is a selection of comments that capture the breadth of comments received.

Positive comments

- The reward and satisfaction of working in palliative care far outweighs the challenges.
- I believe that good palliative care is an essential service to be provided by any public health service and a right of all patients. Despite moving to another area very soon I have valued my experience in palliative care and believe that it has positively influenced me both personally and professionally.
- I feel under paid … The only reason I stay is because of the great work environment support and the type of work.
- I have enjoyed my years in palliative care and found great job satisfaction in my various roles.
- It is a very rewarding field to be working in; the difference we make when we are able to support clients and carers have a lovely death at their site of choice is amazing.
- There are wonderful aspects of working in palliative care including client contact, colleagues, the frequency and quality of in-service training, and the allocation of team days.

Negative comments

- I am becoming very dissatisfied with the way palliative care is delivered in the hospital setting.
- I feel one negative is that there are now too many overseas-trained nurses with limited understanding of Australian culture. Some tend to be abrupt and not listen to the patient and families. We need a balance between Australian and foreign nurses.

- I feel there is a lack of support for admin assistants within palliative care; a greater network for admin would be beneficial. Our database is insufficient and our connection with Department of Health regarding reporting, stats and finance is also inadequate. These are some of the reasons (together with lack of funded hours) why I find it difficult to carry out my job effectively and efficiently and why I feel I would be unable to continue in this role for any longer length of time.
- I am hoping to move away from palliative care due to the heavy emotional toll this demands.
- Due to high client loads and limited funding for more staff hours, most work is hurried, minimal and less satisfying. Would expect that in a factory not palliative care.
- Employee stress levels are very high.
- I think the IT systems available are at times inadequate and there are too many different databases, even within individual hospitals. Data collection is important but we have to do most of the entering ourselves without admin support and it is very time consuming. Not to mention expensive.
- Palliative care bed/hospice centres as a separate entity are lacking in regional areas. Community services are often stretched more than they can cope with for this reason.
- Palliative care is understaffed in community and in PCU, leading to stress on top of an already emotionally stressful job.

Specific role

- I work part time in the palliative care sector but also as a doctor. I think not purely working in palliative care has been helpful for me; I sense that some colleagues from all disciplines who are full time in palliative care have the greatest propensity to burn out, be frustrated and create a stress that permeates through a particular department. Their overall output is excellent but harmony and job satisfaction is an issue for those working with them. Palliative care naturally leads to quite significant emotional stress for employees but one that is not easily captured by number of patients seen / statistics etc.
- The training of medical professionals should have a greater focus on how to sensitively deliver news re: diagnosis and prognosis. I have encountered far too many clients who are left distressed by how they were told this information.
- I would love to see full-time/at least part-time pastoral care workers on the ward daily.

Ideas

Profile

- Palliative care profile needs to be put higher not lower on the government agenda.
- A mass community-based campaign should be undertaken so that people have a greater understanding of what palliative care is and so the taboos surrounding death and dying are challenged and diminished.
- Need support and advertising from the Department of Health to encourage clients and families to use the day hospice facilities.

Other

- I would like doctors/nurses to participate in ‘breaking bad news’ seminars (i.e. conveying news of dying to patients/families). I would like doctors to incorporate a spiritual assessment into their medical assessments as part of their treatment plan for the patient/their family.
- Would like/appreciate an initial competency folder to achieve when starting in palliative care, such as Nicki pumps/opioids and injectables. Also, some levels of what is expected / a guide to other religions’ grieving/funeral requirements.
- Something not mentioned is the changing acuity of the palliative care patient and appropriate skill mix and nurse-to-patient ratios.
- Increase the Program of Experience in the Palliative Approach (PEPA).
- Would like to see palliative care become a core component in GP training.

Funding and resources

- Financial assistance for further studies should be more readily available via the Department of Health.
- Continued guaranteed funding from the department to ensure that the sector has the ongoing ability to recruit, train and then provide palliative care specialists in Victoria.
- Funding for activities to support volunteer training would be beneficial, as they are of such great value to our organisation. Whilst our organisation values and supports our volunteers, our resources are also extremely limited.
- Government cuts flowing into our palliative care services have made a difficult job even more difficult. We have had job losses and increased workloads. We like our work but because of this many of us are unable to remain satisfied. We care about our patients and would appreciate it if the government cared about its workers and patients, and provided us with the funding we need to do our job properly!
- We need more funding for bed-based and consultancy services as there's a growing demand/waitlist issue in our service and limited capacity to meet the needs and not all people want to / are able to die at home. Also there needs to be more investment in community capacity building, health promotion and grief/bereavement in order for services to be able to meet their obligations regarding the policy.
- Main dissatisfaction is the funding allocation and levels in palliative medicine. Demand for palliative care is increasing exponentially and across the board we need to cope with this. General funding formulas are not appropriate for our sector.
- More funding needs to be directed to the community if patients are to die at home.
- Palliative care needs more funding and less paperwork. Palliative care is in need of palliative care.
- The availability of hospice care in regional areas is very limited to non-existent. More funding should also be put into this area as it would relieve the pressure on the acute healthcare sector.
- This is the only job that I have been motivated and engaged enough in to work for longer than three years. Very fulfilling work, but also frustrating with high workloads and not enough funding.
- Would like to see for the future an increase in funds for delivery of community palliative care. With predicted demands, services will be unsustainable at the current funding level.

References

1. Department of Health 2011, *Strengthening palliative care: policy and strategic directions 2011–2015*, State Government of Victoria, Melbourne.
2. Department of Human Services 2006, *Palliative care workforce: a supply and demand study*, State Government of Victoria, Melbourne.
3. Department of Health 2012, *Local government profiles 2012*, State Government of Victoria, Melbourne.
4. Department of Human Services 2004, *Strengthening palliative care: a policy for health and community providers 2004–09*, State Government of Victoria, Melbourne.
5. Department of Human Services 2007, *Strengthening palliative care: palliative care volunteer standards*, State Government of Victoria, Melbourne.
6. Department of Human Services 2007, *Palliative Care Volunteer Survey findings 2007*, State Government of Victoria, Melbourne.
7. Department of Human Services 2007, *Palliative Care Employee Survey findings 2007*, State Government of Victoria, Melbourne.
8. The professional group ‘Other’ contains professionals that were not identified in this survey.
9. Vollset SE 1993, ‘Confidence Intervals for a binomial proportion’, *Statistics in Medicine*, no. 12, pp. 809–824.

Palliative Care Workforce Survey for Volunteers

The Victorian Department of Health is undertaking a survey to gather information from volunteers working in the palliative care sector.

The purpose of this survey is to gain a better understanding of the current volunteer workforce in the palliative care sector. The results of this survey will also update our information from a similar survey undertaken five years ago.

The results will provide information about factors that influence decisions to enter and stay in the palliative care sector and the level of education and training of the workforce. The department will use the results to design targeted recruitment and retention strategies for volunteers in palliative care.

People undertaking volunteering activities with or for clients in a palliative care setting are asked to complete this survey.

To get as complete a picture as possible of the make up of the volunteer workforce in palliative care and what it is that you value as a volunteer, it is important that as many people as possible complete the survey. It is not mandatory to complete all questions, however, the more information we receive, the better the quality of the results. Your input is important and your participation is appreciated.

We estimate that the survey will take you approximately 15 to 20 minutes to complete. The survey will close on 22 March 2013.

Your individual responses are ANONYMOUS and will be aggregated with other responses received. None of your responses will be attributed or reported in a way that will identify you.

If you have any questions or concerns about completing this survey, please telephone Gregory Dalton on 9096 2115 or gregory.dalton@health.vic.gov.au

Section A - Demographic information

1. Gender

   Male   Female

2. Year of birth

3. Place of birth

   Australia   Oceania & Antarctica   North-West Europe
   Southern & Eastern Europe   North Africa & Middle East   South-East Asia
   North-East Asia   Southern & Central Asia   Americas
   Sub-Saharan Africa   Other

4. Do you identify as being of Aboriginal or Torres Strait Islander origin?

   Yes No

5. Do you identify as being from a culturally and linguistically diverse background?

   Yes No

6. Do you speak a language other than English?
   - No
   - If Yes, please specify what languages

7. What is the postcode of the organisation where you volunteer?

8. Is there a designated manager / co-ordinator of volunteers where you volunteer?
   - No
   - Yes - fulltime position
   - Yes - part-time position

9. In addition to your palliative care volunteer role, which category best describes your situation?
   - Employed full-time
   - Employed part-time
   - Unemployed / seeking employment
   - Student full-time
   - Student part-time
   - Retired
   - Other

Section B - Volunteer information

10. What prompted you to volunteer in the palliative care sector?
(tick all applicable)

- ☐ I wanted to do volunteer work with palliative patients
- ☐ It was the only volunteering opportunity available at the time
- ☐ I had personal experience with a palliative care service and wanted to 'give something back'
- ☐ An opportunity to utilise existing skills and knowledge
- ☐ An opportunity to learn new skills and knowledge and gain practical experience
- ☐ Other

11. How did you find out about volunteering in palliative care?
(tick all applicable)

- ☐ Through a friend / relative with experience of palliative care
- ☐ Advertising by organisation - newsletter / community noticeboard
- ☐ Media - radio / newspaper article
- ☐ GoVolunteer website
- ☐ Volunteer Resource Centre
- ☐ Other

12. What type of palliative care service do you currently volunteer with? (tick all applicable)

- ☐ Community palliative care
- ☐ Inpatient / hospice / palliative care
- ☐ Statewide service
- ☐ Day hospice

13. On average, how many hours per week do you currently volunteer for this organisation?

○ 1-4 hours	○ 5-8 hours	○ 9-12 hours
○ 13-16 hours	○ 17-20 hours	○ 21+ hours

14. What year did you commence volunteering?

[ ]

15. How many years have you volunteered (in total) in the palliative care sector?

[ ]

Section C - Your volunteering experience

16. Were you orientated to the workplace when you commenced volunteering?

Yes No

17. Do you have a clear understanding of how your volunteering role fits within the organisation's goals?

Yes No

18. Do you have a clear understanding of what is expected of you in your role within the palliative care service?

Yes No

19. Do you have a volunteer position description for your current volunteer role?

Yes No

20. Do you feel there are effective communication pathways for you in the palliative care service?

Yes No

21. Do you feel there is appropriate recognition of your contribution to the goals of the palliative care service?

Yes No

22. What forms of recognition have you received?
(tick all that apply)

- ☐ Public award
- ☐ Special celebration event
- ☐ Being accepted as a valuable team member
- ☐ Public acknowledgement (newsletter etc)
- ☐ Personal thank you
- ☐ None (I don't feel the need for recognition)
- ☐ Certificate / gift of appreciation
- ☐ Feedback about your contribution
- ☐ Other

23. Do you think the recognition you have received was appropriate?

○ Yes ○ No

24. Do you feel supported in your role on a day to day basis in the palliative care service?

○ Yes ○ No

25. Do you feel there is integration of the volunteer program with the clinical palliative care team?

○ Yes ○ No

26. Do you receive reimbursement for out-of-pocket expenses incurred as part of your volunteering?

- ○ Yes - in full
- ○ Yes - in part
- ○ No
- ○ No - I don't incur out of pocket expenses
- ○ No - I have declined reimbursement offered to me

27. Do you feel your skills are appropriately matched to the tasks you are asked to undertake with palliative care clients?

- [ ] Yes
- [ ] No

28. What kind of activities do you undertake in your volunteering role?
(tick all that apply)

In home patient support

- [ ] Companionship
- [ ] Respite support
- [ ] Assistance with transport
- [ ] Alternative therapies (eg music, massage, art)

Bereavement support

- [ ] Emotional support
- [ ] Creation of remembrance gardens
- [ ] Assisting with remembrance ceremonies
- [ ] Assisting on short course programs

Inpatient support

- [ ] Companionship
- [ ] Assistance with mobility
- [ ] Assistance with correspondence
- [ ] Providing tea/coffee or other beverages

Other duties

- [ ] Administration support
- [ ] Fund raising activities
- [ ] Assisting with day hospice activities
- [ ] Governance

Section D - Professional Development

29. Please rate how important training opportunities are to you as a volunteer

	Not important	Unimportant	Neutral	Important	Very Important
Rate:	○	○	○	○	○

30. Were you provided with initial training when you commenced volunteering?

○ Yes ○ No

31. Please indicate the training areas that have been covered in your ***initial*** training.
(tick all applicable)

- ☐ Bereavement support
- ☐ Bullying/harassment
- ☐ Complex client behaviour
- ☐ Computer skills
- ☐ Conflict resolution
- ☐ Privacy and confidentiality
- ☐ Introduction to palliative care
- ☐ Values, beliefs, cultural, social and spiritual aspects of palliative care
- ☐ Communication skills
- ☐ Basic introduction and information on cancer and its symptoms
- ☐ Self care for the palliative care volunteer
- ☐ Engaging with patients and families
- ☐ Legislation relevant to palliative care
- ☐ Responding to critical incidents
- ☐ Occupational health and safety
- ☐ Working with indigenous clients
- ☐ Working with culturally and linguistically diverse clients
- ☐ The volunteer's role in palliative care
- ☐ The nature of religious care, spiritual care and pastoral care
- ☐ Responding to loss and grief
- ☐ Physical, spiritual and psychological UgdYWg of XYUh\ UbX Xm]b[

32. Do you feel your training prepared you for your volunteer role?
○ Yes ○ No

33. Have you attended training in the past 12 months?
○ Yes ○ No

34. If Yes, please indicate the type of training from the following (tick all applicable)

- ☐ Bereavement support
- ☐ Bullying/harassment
- ☐ Complex client behaviour
- ☐ Computer skills
- ☐ Conflict resolution
- ☐ Privacy and confidentiality
- ☐ Introduction to palliative care
- ☐ Values, beliefs, cultural, social and spiritual aspects of palliative care
- ☐ Communication skills
- ☐ Basic introduction and information on cancer and its symptoms
- ☐ Self care for the palliative care volunteer
- ☐ Engaging with patients and families
- ☐ Legislation relevant to palliative care
- ☐ Responding to critical incidents
- ☐ Occupational health and safety
- ☐ Working with indigenous clients
- ☐ Working with culturally and linguistically diverse clients
- ☐ The volunteer's role in palliative care
- ☐ The nature of religious care, spiritual care and pastoral care
- ☐ Responding to loss and grief
- ☐ Physical, spiritual and psychological UgdYWfg of XYUh\ UbX Xm]b[

35. Of the training you have undertaken, what has been the most valuable in your role as a palliative care volunteer? Select no more than 3 responses.

- ☐ Bereavement support
- ☐ Bullying/harassment
- ☐ Complex client behaviour
- ☐ Computer skills
- ☐ Conflict resolution
- ☐ Privacy and confidentiality
- ☐ Introduction to palliative care
- ☐ Values, beliefs, cultural, social and spiritual aspects of palliative care
- ☐ Communication skills
- ☐ Basic introduction and information on cancer and its symptoms
- ☐ Self care for the palliative care volunteer
- ☐ Engaging with patients and families
- ☐ Legislation relevant to palliative care
- ☐ Responding to critical incidents
- ☐ Occupational health and safety
- ☐ Working with culturally and linguistically diverse clients
- ☐ Working with culturally diverse clients
- ☐ The volunteer's role in palliative care
- ☐ The nature of religious care, spiritual care and pastoral care
- ☐ Responding to loss and grief
- ☐ Physical, spiritual and psychological aspects of death and dying

36. What learning and development methods do you prefer? (tick all applicable)

- ☐ Self paced individual learning with structured materials
- ☐ Learning from my colleagues / peers
- ☐ Learning in a group setting
- ☐ Learning from my supervisor one-on-one
- ☐ Online / eLearning training environment
- ☐ Traditional lecture / classroom environment
- ☐ Accredited training (eg obtaining a Certificate of Diploma)
- ☐ Non-accredited training (eg information session)
- ☐ On the job training

37. Do you believe you would benefit from further training?

- Yes
- No

38. What future training topics directly related to your current volunteer role would you find most valuable? (tick all applicable)

- Bereavement support
- Bullying/harassment
- Complex client behaviour
- Computer skills
- Conflict resolution
- Privacy and confidentiality
- Introduction to palliative care
- Values, beliefs, cultural, social and spiritual aspects of palliative care
- Communication skills
- Basic introduction and information on cancer and its symptoms
- Self care for the palliative care volunteer
- Engaging with patients and families
- Legislation relevant to palliative care
- Responding to critical incidents
- Occupational health and safety
- Working with culturally and linguistically diverse clients
- Working with culturally diverse clients
- The volunteer's role in palliative care
- The nature of religious care, spiritual care and pastoral care
- Responding to loss and grief
- Physical, spiritual and psychological aspects of death and dying

39. Are there other general training topics that you would find valuable? (tick all applicable)

- Legal environment (eg workplace health and safety laws, privacy laws)
- Basic first aid
- Team building
- Cultural diversity skills
- Dispute resolution and conflict management
- Governance

40. What outcomes would you want from training?
(tick all applicable)

- ☐ Gain a better understanding of my role
- ☐ To enhance / build upon existing skills and knowledge
- ☐ Increased ability to communicate effectively with others
- ☐ A team-building experience
- ☐ To 'learn something new'
- ☐ Obtain a formal / accredited qualification
- ☐ Meet new people
- ☐ Greater confidence

Section E - Future volunteering intentions

41. Taking everything into account, how satisfied are you with your experience of volunteering in the palliative care sector?
- ○ Very satisfied
- ○ A little satisfied
- ○ A little dissatisfied
- ○ Very dissatisfied

42. Do you plan to be volunteering with this organisation in one year's time?
○ Yes ○ No

43. Do you plan to be volunteering with this organisation in five year's time?
○ Yes ○ No

44. Is there anything else you would like to add?

Palliative Care Workforce Survey for Employees

The Victorian Department of Health is undertaking a survey to gather information from clinicians working in the palliative care sector.

The purpose of this survey is to gain a better understanding of the current workforce in the palliative care sector. The results of this survey will also update our information from a similar survey undertaken five years ago.

The results will provide information about factors that influence decisions to enter and stay in the palliative care sector and the level of education and training of the workforce. The department will use the results to design targeted recruitment and retention strategies for clinical workers in palliative care.

The workers undertaking activities with clients in a palliative care setting are asked to complete the survey.

To get as complete a picture as possible of the make up of the palliative care workforce and what it is that you value, it is important that as many people as possible complete the survey. It is not mandatory to complete all the questions, however, the more information we receive, the higher the quality of the results. Your input is important and your participation is appreciated.

We estimate the survey will take you approximately 15 to 20 minutes to complete. The survey will close on 22 March 2013.

Your individual responses are ANONYMOUS and will be aggregated with other responses. None of your responses will be attributed or reported in a way that will identify you.

If you have any questions or concerns about completing this survey, please telephone Gregory Dalton on 9096 2115 or gregory.dalton@health.vic.gov.au

Section A - Demographic information

1. Gender

   ○ Male ○ Female

2. Year of birth

   [ ]

3. How many palliative care services do you work for/provide contracted services to?

   [ ]

4. In the last 4 weeks, how many hours did you work in your main and (if applicable) second job?

	Main job	**Second job**
Total paid hours	[ ]	[ ]
Total unpaid hours	[ ]	[ ]

5. What languages (other than English) do you speak when caring for patients?

	Language
1	[ ]
2	[ ]
3	[ ]

Section B - Employment information

For the following questions, please answer only in relation to your main job in the palliative care sector.

6. Which term best describes your current working arrangements in your main palliative care job?

- Full time
- Part time
- Casual/sessional/fee for service

7. In your main palliative care job, what is the main activity in which you are engaged?

- Community palliative care
- Inpatient palliative care: hospice/ designated palliative care
- Statewide service
- Inpatient palliative care: consultancy unit
- Day Hospice

8. Which of the following best describes your occupation/role in your main palliative care job?

- Medical
- Nursing
- Spiritual care
- Allied health
- Psychosocial care
- Grief/bereavement
- Health promotion
- Other

9. What prompted you to work in the palliative care sector? (tick all applicable)

- ☐ I wanted to care for palliative patients
- ☐ I was attracted to the work environment in palliative care
- ☐ It was the only/best work opportunity available at the time
- ☐ The sector provided the opportunity for career advancement
- ☐ The sector provided an opportunity to apply my skills
- ☐ The sector provided an opportunity to change my career/role
- ☐ Working conditions in the sector suit my lifestyle
- ☐ Other, please specify

10. What year did you commence employment?

	Year
In the health sector	
In the palliative care sector	
With your current employer (main job)	
In your current occupation/role (main job)	

11. How many years have your worked (in total) in the palliative care sector?

12. Which of the following best describes the current state of your working life?

- Beginning of career
- Middle of career
- Nearing retirement

13. What is the postcode of the main location in which you have worked over the last 4 weeks?

Postcode

or Location

Section C - Education information

14. Please indicate the highest level of education that you have completed.

- Secondary school
- TAFE/VET/Trade certificate/diploma
- Undergraduate degree
- Postgraduate certificate/diploma
- Masters
- PhD

15. Do you regard your highest qualification as relevant to the palliative care sector?

Yes No

16. Complete the table below to indicate the level of each qualification held and its specificity to the palliative care field.

	Level of award	**Palliative care specific**
Initial qualification		
2nd qualification		
3rd qualification		
4th qualification		

17. Are you currently undertaking any tertiary or vocational education which is related to your current job/role in palliative care services?

- Yes
- No, Please go to Q19

18. What is the level of the palliative care course you are currently undertaking?

- TAFE/VET/Trade certificate/diploma
- Undergraduate degree
- Postgraduate certificate
- Masters
- Postgraduate diploma
- PhD/Doctorate

19. How many years of study have you undertaken in palliative care and related fields?

20. If you are not planning to undertake further study, please indicate the extent to which you agree with the following statements

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
I would like to further my studies but the financial cost is too high	○	○	○	○	○
I would like to further my studies but I don't have enough spare time	○	○	○	○	○
The distance to training facilities stops me from further study	○	○	○	○	○
Available courses do not meet my training needs	○	○	○	○	○
I have enquired but there are currently no available places	○	○	○	○	○
I am not interested in further studying	○	○	○	○	○
My workplace does not support me to study further	○	○	○	○	○

21. Where did you receive your initial health sector qualification? (if applicable)

- ○ Victoria
- ○ Tasmania
- ○ South Australia
- ○ Australian Capital Territory
- ○ New South Wales
- ○ Queensland
- ○ Northern Territory
- ○ Western Australia
- ○ United Kingdom/Ireland
- ○ United States of America/Canada
- ○ Other, please specify

Section D - Future work intentions

22. Taking everything into account, how satisfied are you with your experience of working in the palliative care sector?
    - Very satisfied
    - A little satisfied
    - A little dissatisfied
    - Very dissatisfied

23. Indicate whether any of the following actions would assist in raising your job satisfaction (tick all applicable)
    - Further education/training
    - Increased management support
    - Support dealing with other people's death/grief issues
    - Increased job variety
    - Other, please specify

24. Do you plan to be working at this organisation in one year's time?
    - No
    - Yes (Go to Q26)

25. If no, please indicate the reason why from the following.

- ○ Retirement
- ○ Cease work temporarily
- ○ Cease work permanently
- ○ Commence work in another sector/occupation
- ○ Other, please specify

26. Do you plan to be working at this organisation in five years' time?

- ○ No
- ○ Yes (Go to Q28)

27. If no, please indicate the reason why from the following.

- ○ Retirement
- ○ Cease work temporarily
- ○ Cease work permanently
- ○ Commence work in another sector/occupation
- ○ Other, please specify

28. Do you plan to be working in the palliative care sector in one year's time?

- ○ No
- ○ Yes (Go to Q30)

29. If no, please indicate the reason why from the following.

- ○ Retirement
- ○ Cease work temporarily
- ○ Cease work permanently
- ○ Commence work in another sector/occupation
- ○ Other, please specify

30. Do you plan to be working in the palliative care sector in five years' time?

- ○ No
- ○ Yes (Go to Q32)

31. If no, please indicate the reason why from the following.

- ○ Retirement
- ○ Cease work temporarily
- ○ Cease work permanently
- ○ Commence work in another sector/occupation
- ○ Other, please specify

32. Have you been actively looking for work recently outside the organisation, but within the palliative care sector?

    Yes No

33. Have you been actively looking for work recently outside the palliative care sector?

    Yes No

34. How many more years do you plan to continue to work in the palliative care sector?

35. Is there anything else you would like to add?