



# Digital health and professional identity in Australian health libraries

Evidence from a 2018 census of the Australian  
health information workforce

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## Census Method



Developed by Australian expert group in the health information professions in 2016-18.

Census online in May 2018 for anyone who *self-identifies as part of the health information workforce and works in the Australian health sector.*

*“any role where the main function is related to **developing, maintaining, or governing systems for managing health data, or health information or health knowledge.**”*

1,597 participant usable responses = ~ 20% of actual HIW workforce.

<http://www.utas.edu.au/business-and-economics/hiwcensus>

Next Australian Census - May 2020. Global: New Zealand in late 2018.

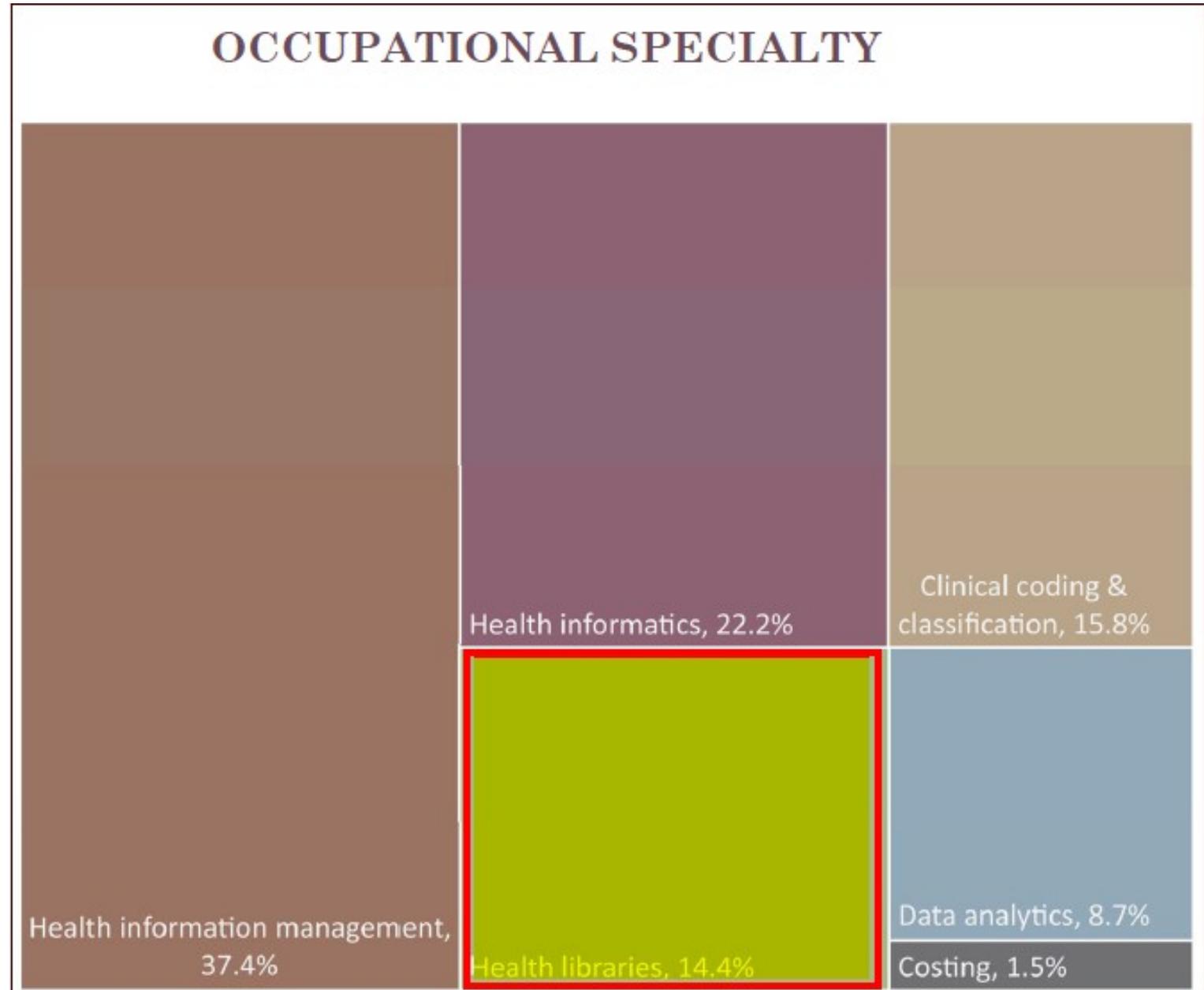


## Health Librarians' responses

14.4% – 238 respondents – chose **health librarian** as their health information specialty.

Analysed responses on:

- Demographics
- Employment
- Qualifications
- Professional membership
- Learning activities
- Future work intentions





## Demographics

81%  
aged 45+ years



Photo by Renee Fisher on Unsplash

Median age 50-59 years

88% female

97.5% hold Australian citizenship

80% born in Australia

Fewer than 5% identify as Aboriginal  
or Torres Strait Islander

71% live in the 3 large east coast  
cities (Melbourne, Sydney, Brisbane)

4% reported a disability or health  
condition limiting participation in  
activities



## Employment

Majority (85%) work in publically owned organisations

Over half  
work in a hospital  
or health service

- 94% had permanent job status
- Average weekly paid hours = 28.6
- 9% are actively seeking HI work
- 40% in current role for 10+ years





## Translating job functions to competencies

Using the 2018 ALIA Health Librarian competencies\*

\*<https://www.alia.org.au/groups/HLA/hla-professional-development-education-and-training>

	Share of all job functions
<b>Reference and information research</b>	26%
<b>Manage information resources</b>	22%
<b>Leadership &amp; management</b>	17.5%
<b>Health literacy &amp; teaching</b>	16%
<b>Digital technology &amp; systems</b>	10.4%
<b>Health research</b>	6%



## Qualifications and Continuing Development



### Highest qualification held:

- Certificate or diploma 15%
- Bachelor degree 27%
- Graduate certificate/diploma 37%
- Masters 12%
- Doctorate 4%

5% have no tertiary qualification in the health information field.

### 85% had undertaken **CPD** in past year:

Work-based learning 35%

Professional Association event 30%

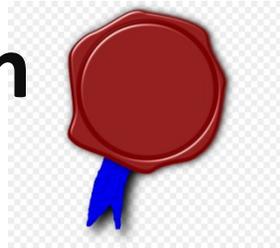
Self-directed learning 28%

Formal education 6%



## Professional and Industry Associations

## Industry Certification



- 25% hold a certification
- most are certified as a health information practitioner (ALIA CP)
- Others have health informatics (CHIA) or health information management (CHIM) certification

## Professional membership

65% are members of a professional or industry association

- 90% national group Health Libraries Australia (ALIA)
- 7% regional group Health Libraries Inc. (Victoria)
- 3% in Health Information Management Association of Australia

**35%**

Have not joined  
any professional  
or industry body

## Future intentions



## Remain in paid Health librarian work?

When asked about intention to leave or stay...

Half (95) plan to stay 5+ years

One-third (69) plan to leave within 5 yrs

Remainder (34) are unsure

## Continue in volunteer role after work?

21% intend to volunteer after retiring, for 1-10 years.

## Comparison with full health information census cohort

### Key Differences:

	Health librarians	Health information workforce
<b>Female gender</b>	88%	78%
<b>Aged 45+ years</b>	81%	52%
<b>Average time since graduating</b>	21 years	15 years
<b>Retire within 5 years</b>	33%	17%
<b>Average weekly work hours</b>	28.6 hrs	33.4 hrs
<b>Member of professional body</b>	65%	55.5%

## Conclusion

The Census provides timely evidence about:

- The Australian health library workforce
- The nature and context of health library work.



This gives a base for further

- Workforce planning
- Training e.g. in wider areas of health information work
- Advocacy to government, peak bodies etc.

Our Objectives:

- Enable such work to adapt successfully to other health information workforce functions
- Contribute to contemporary digital health environment.



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# Thank you

Questions ? Comments?

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Gray & Gilbert (2019). Health information work – a scoping review protocol.

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