

Fair Work Act 2009

s. 156 – 4 yearly review of modern awards

(AM2014/204)



HEALTH PROFESSIONALS AND SUPPORT SERVICES AWARD 2014

Four yearly review of modern awards

OUTLINE OF SUBMISSION IN REPLY ON EXPOSURE DRAFT TECHNICAL AND DRAFTING MATTER

DENTAL HYGIENISTS ASSOCIATION OF AUSTRALIA LIMITED.

1. The Dental Hygienists Association of Australia Ltd (DHAA) is a national professional association with 1232 registered, financial members with Branches operating in every State and Territory in Australia. The vast majority of its members are employees.
2. Since its commencement in 1991, the DHAA has been organised as a federated model with one national incorporated association and seven State and Territory incorporated Associations. The organisation is currently transitioning to a single national entity to be managed by a geographical board of elected directors, overseeing state and other subcommittees.
3. The organisational objectives of the DHAA include “advocate in the interests of members.”
4. The Dental Hygienists Association of Australia Ltd’s submission relates specifically to the purpose, intent and current relevance of [2009] AIRCFB 948, which is the decision of the Full Bench of the Australian Industrial Relations Commission of 24 December 2009 [2009] AIRCFB 948 **[Attachment 1]**.
5. This Full Bench Decision granted the DHAA’s award variation application of 19 October 2009 to delete “Dental Hygienist” from Schedule B – List of Common Professionals of the Health Professionals and Support Services Award [paragraph 47 of the DHAA 2009 application – **[Attachment 2]**].
6. Australian Industry Group’s Reply submission of 4 March 2015 addresses the Exposure Draft’s question to “... *clarify whether the list of common health professionals contained in Schedule B is an exhaustive list of those covered by the award or whether it is an indicative list of examples of the types of health professionals.*” At [74] the AI Group states that it “*relies upon the AIRC decision [2009] AIRCFB as support for the view that the list contained in Schedule B is an exhaustive list of occupations covered by the Award. If the list of common health professionals contained in Schedule B was not exhaustive, then the effect of the AIRC’s decision in [2009] AIRCFB 948 to remove dental hygienists from the list would arguably be superfluous.*”

7. In its submission of 16 July 2015, the Health Services Union of Australia (HSUA) states at [22] that *"The AIG submitted that the decision concerning Dental Hygienists militates against the argument that the list is indicative. The HSUA submits that nothing in the decision lends support to that view. The application was unopposed, and it was made by a body which the then Commission was satisfied represented the views of that profession. For that reason the group was removed from coverage by the award. If the professions in Schedule B are treated as indicative, future employers and professional groups will retain the capacity to persuade the Commission why a particular professional group should fall outside coverage, having regard to the principle in s.134(1)(g) of the Act. Any application may then be considered on its own merits. The starting point, however, should be that all professions are covered."*
8. DHAA opposes the HSUA's view (paragraph 22 of HSUA submission) for the following reasons:
 - 8.1 The application to vary the award was made by DHAA after DHAA's national advocate, Katrina Murphy was advised by Mr Brendan Hower from AMOD in September 2009 that an application to vary the award under section 576H of the Workplace Relations Act was the only available method for the profession to be excluded from award coverage. It was made very clear by AMOD that the list of professions in the List of Common Health Professionals was definite, literal and exhaustive. If the drafting of the list had been intended to be "indicative" AMOD presumably would have advised as such. Accordingly, DHAA Executive decided to immediately commence work to make an application to vary the award.
 - 8.2 The relevance of the HSUA's comment that the application was unopposed is not clear, however the DHAA notes that all the sector's interested parties, including HSUA and the Australian Dental Association, were informed about DHAA's application via AMOD in 2009. All parties had opportunity to oppose the application in the usual manner should they have wished to do so.
 - 8.3 The Decision of the Full Bench [Attachment 1] demonstrates that their Honours made their Decision after a careful consideration of the multiple arguments submitted by the DHAA, in its application to vary the award [Attachment 2] to exclude dental hygienists from coverage.
 - 8.4 Therefore it is submitted that the terms of the Decision and the analysis that was made by the Full Bench is evidence that the decision to delete Dental Hygienists from the List was not made lightly. This is not consistent with the HSUA's current argument in their 16 July 2015 submission at [22] that the Schedule B list is merely indicative.
 - 8.5 The HSUA's argues at [22] that making the list merely "indicative" enables future employers and professional groups to *"retain the capacity to persuade the Commission why a particular professional group should fall outside coverage, having regard to the principle in s. 134(1)(g) of the Act. Any such application may then be considered on its own merits. The starting point, however, should be that all professions are covered."*
 - 8.6 DHAA submits that the HSUA's statement at [22] is in fact an argument to retain the list as being exhaustive, not change it to indicative status.

- 8.7 It is self-evident that application can be made at any time to seek an award variation if there is a strong argument to support such application (as DHAA had in its application in 2009.)
- 8.8 For example, the DHAA notes that the Association of Professional Engineers, Scientists and Managers, Australia (APESMA) has recently made a detailed application and proposes to call evidence on behalf of having the professions of Translator and Interpreter included in the Schedule B List of Common Health Professionals, in its submission of 15 July 2015.
- 8.9 DHAA submits that s. 134(1)(g) of the Act with its emphasis on ***“the need to ensure a simple, easy to understand, stable and sustainable modern award system for Australia...”*** is eroded rather than supported by the HSUA’s submission. This is because the list of the Professions in Schedule B of the Award should be able to be relied on by employers, employees, regulatory and advisory bodies, such as Fair Work Ombudsman, as a complete list, as is currently the case.
- 8.10 Varying the Award to change the status quo in order to render the list “indicative” (as per the HSUA’s submission [at 22]) would contribute significantly to ambiguity and complexity rather than reducing it, which is contrary to the modern awards objective as specified in s. 134(1)(g).
- 8.11 The DHAA submits that the HSUA’s assertion at [22] that *“The starting point, however, should be that all professions are covered”* has not been supported by any valid argument.
9. The DHAA opposes the variations to Schedule A and Schedule B proposed by the HSUA in paragraph 23 of their submission of 16 July 2015.
10. The DHAA opposes the HSUA’s Draft Determination which is at Appendix B of their submission of 16 July 2015.
11. The DHAA supports the Australian Industry Group’s submission of 4 March 2015 at 72 – 75 namely that the list of Common Health Professionals in Schedule B of the Award is exhaustive, not indicative.
12. The DHAA will be calling two witnesses (DHAA members) and documentary evidence to attest to the current significance of the 2009 DHAA Decision (23 December 2009 [2009] AIRCFB 948) to the current proceedings in AM2014/204 in relation to the deleterious and disadvantageous impact on their profession if the HSUA’s submission to vary the award by way of their proposed variation to Schedule A and B of the Award [at 23 and 24 of their 16 July 2015 submission] is granted.



Katrina Murphy
21 August 2015

Katrina Murphy, Managing Director Katrina Murphy Industrial Relations Pty Ltd	
Tel. (07) 3266 3186 Fax (07) 3266 1596 Mob. 0419 325 954	PO Box 786 Nundah Qld 4012 Email: Katrina@kmir.com.au

Attachment 1

[2009] AIRCFB 948



DECISION

Workplace Relations Act 1996

s.576H—Commission may vary modern awards

Dental Hygienists' Association of Australia Inc
(AM2009/37)

HEALTH PROFESSIONALS AND SUPPORT SERVICES AWARD 2010 [MA000027]

JUSTICE GIUDICE, PRESIDENT
VICE PRESIDENT WATSON
SENIOR DEPUTY PRESIDENT WATSON
SENIOR DEPUTY PRESIDENT HARRISON
SENIOR DEPUTY PRESIDENT ACTON
COMMISSIONER SMITH

MELBOURNE, 24 DECEMBER 2009

[1] This decision concerns an application by the Dental Hygienists Association of Australia Inc (DHAA) to vary the *Health Professionals and Support Services Award 2010*¹ (the award or the modern award) to remove from Schedule C—List of Common Health Professionals the reference to Dental Hygienist.

[2] DHAA is a professional body of dental hygienists and the majority of its members appear to be employees. It describes one of its missions in these terms:

“Advance the profession of dental hygiene by providing a unified voice through representation and consultation within the profession and with allied health professions, government agencies, and education and legislative bodies.”

[3] It was submitted by DHAA that except in Victoria its members have not been covered by industrial instruments. It further submitted that award coverage of dental hygienists would disadvantage its members in the following ways:

- “(a) The Award would act to erode dental hygienists’ real high hourly wage both immediately and over time which they have maintained successfully for decades via private individual negotiations, without any industrial instrument benchmarks being used or desired.
- (b) The existence of the Award minimum rate of pay would be used by their employers as a benchmark to disadvantage dental hygienists in negotiations on remuneration.

- (c) The Award's classification structure would be used to limit promotion and progression for dental hygienists.
- (d) The Award's classification structure and low entry pay rates for graduates would significantly disadvantage new graduates in comparison to current award-free conditions."²

[4] We have no reason to believe that the DHAA does not represent a significant number of dental hygienist employees. Further, no other organisation or person has made any submission on the application.

[5] We grant the application. We shall make an appropriate order.

BY THE COMMISSION:

PRESIDENT

¹ MA000027.

² DHAA written submissions, dated 19 October, at paragraph 23.

Attachment 2

Form R59

Rule 5 of the *Australian Industrial Relations Commission Rules*

Workplace Relations Act 1996

[or other legislation as appropriate]

AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

APPLICATION TO VARY A MODERN AWARD

(Section 576H of the Act)

IN the matter of: MA000027

**Health Professionals and Support Services Award
2010**

Applicant

Name:	Dental Hygienists' Association of Australia Inc			
Address	c/o KMIR PO Box 786 Nundah QLD 4012			
Contact Person:	Sue Aldenhoven, National President, DHAA Inc, Tel. 0411 553809.			
	Advocate: Katrina Murphy, Katrina Murphy Industrial Relations Pty Ltd			
Phone No:	(07) 3266 3186			
Facsimile No:	(07) 3266 1596	Mobile No:	(0419) 325 054	
Email address:	katrina@kmir.com.au			

Provision under which application is made:

Section 576H of the Act.

Order or relief sought:

Deletion of "Dental Hygienist" from Schedule B - List of Common Professionals.

Grounds upon which the applicant relies:

A. Traditionally Award Free

1. The Minister's Consolidated request in 2(a) states that:

“The creation of modern awards is not intended to (a) extend award coverage to those classes of employees, such as managerial employees, who, because of the nature or seniority of their role, have traditionally been award free. This does not preclude the extension of modern award coverage to new industries or new occupations where the work performed by employees in those industries or occupations is of a similar nature to work that has historically been regulated by awards (including State awards) in Australia.”

2. It is submitted by the Dental Hygienists' Association of Australia Inc (DHAA Inc) that dental hygienists in the private sector have been traditionally award free since their first inception in Australia (via enabling legislation enacted in 1971 in South Australia) because of the nature of their role.
3. We note that the Australian Dental Association (ADA) at clauses 3.2 to 3.4 of its submission to the Australian Industrial Relations Commission of 23 February 2009 on the making of a Modern Award highlighted and emphasised the importance of this principle of the consolidated request to matters to the health and welfare services industry.
4. We refer to clause 6.14 of the ADA's submission to the Commission on the making of Modern Award which argues that employed dentists in private practice are a class of employee who are traditionally award free.
5. As stated in 6.15 of the ADA's submission, DHAA Inc agrees with the ADA's submission that it cannot be said that dentistry is a new occupation thus it is not within the terms of the exception set out in the Minister's consolidated request. The DHAA Inc submits that the same arguments apply to the profession of dental hygiene and to dental hygienists.
6. If an Award is allowed to apply to dental hygienists in the private sector, this will mean that the Commission has extended award coverage to a class of employees who, because of their nature of their role, have traditionally been award free.
7. Private sector dental hygienists are currently award free in every State of Australia except Victoria.
8. In 2006, dental hygienists in the private sector in Victoria became covered by an award. This was contrary to the DHAA Inc Victorian Branch's wishes, and contrary to the position of the national Association.
9. The Australian Dental Association Victorian Branch Inc. (ADAVB) initiated proceedings (case Number 2006/36) in the Australian Industrial Relations Commission seeking to vary the Dental (Private Sector Victoria) Award 1998 by the insertion of minimum award rates

of pay for dental hygienists, after seeking agreement for such with the Health Services Union of Australia (HSUA).

10. At the time of the award variation submission from the ADA, the HSUA had no membership or any involvement in any way with dental hygienists in private practice in Victoria. This is still the case.
11. The Commission heard no argument from the Victorian Branch of the DHAA against award coverage at that time (2006/36).
12. The DHAA Vic chose not to oppose the ADA and HSUA's application. The Branch was given advice by a private advocate that it was impossible to successfully oppose the application. As a member-based organisation with limited funds and with very little time to consider viable alternatives, the Victorian Branch of the DHAA felt it had no alternative but to negotiate a settlement with the HSUA.
13. It is a matter of documented fact that dental hygienists in the private sector did not wish to be covered by an award in 2006 as they considered it would significantly disadvantage them as employees and in 2009 on the basis of survey work done by DHAA Inc, it is clear that they still hold that view.
14. As submitted to the DHAA in October 2009 by Anne Di Paolo, the President of the Dental Hygienists' Association of Australia Victorian Branch Inc;

"The Executive of the Victorian Branch of the DHAA made a decision in 2006 not to oppose award coverage of dental hygienists in Victoria in the Industrial Relations Commission. The Executive made this decision because it believed the Branch had little or no prospect of success, with limited funds and limited time.

The Executive would consider it unfair if recent award coverage in Victoria was used as any part of a rationale to force private sector dental hygienists in all States and Territories of Australia into award coverage.

Members of the Victorian Branch of the DHAA were disappointed to be covered by an award after many years of successfully resisting all attempts to cover us.

Nonetheless, we were successful in achieving confirmation at that time from the Commission that dental hygiene was a health profession in its own right. We consider this to have been an important achievement for dental hygienists and for the Victorian Branch of the DHAA."

15. In Case No. 2006/36 Commissioner Cribb found that dental hygiene was a health profession in its own right and not a dental auxiliary.

16. To include private practice dental hygienists in the Award would involve extending those conditions for the first time to dental hygienists in Queensland, New South Wales, South Australia, Australian Capital Territory, Northern Territory and Western Australia.

B. Not a New Occupation

17. Dental hygiene is not a new occupation, having been established in Australia in 1971 and hence the aspect of the Consolidated request in 2(a) which relates to similar nature of work to that which has historically been regulated by awards in Australia, does not apply.
18. The dental hygienist is a tertiary qualified oral health practitioner that treats all age groups using proven preventive regimens. The profession of dental hygiene deals with the prevention of all oral diseases, focusing on dental decay, gum disease, detection of oral cancer, oral health education, lifestyle counselling including diet and smoking cessation and other health issues with a focus of promoting general health through oral health. Dental hygiene professionals work in a variety of settings including dental offices, aged care facilities, hospitals, institutions, community and rural and remote locations. Dental hygienists work under a variety of supervisory arrangements being direct supervision, indirect supervision, unsupervised i.e. in aged care facilities and there is also legislation in Australia allowing independent practice.
19. The dental hygienist is internationally recognized as the primary preventive oral health practitioner and essential to the early diagnosis of many illnesses which manifest in the oral cavity first, such as HIV/AIDS Kaposi's Sarcoma and diabetes.
20. It is important to note that dental hygiene in private practice is significantly different from other professions in the dental team, such as dental assistant, which have traditionally been award covered.

Dental hygienists are assisted in their clinical work by dental assistants as are dentists and assistant dentists. Dental assistants are auxiliaries they work directly with a dentist and are covered by the employer professional indemnity insurance. A dental hygienist is required by law to have their own professional indemnity insurance as are dentists and assistant dentists. Dental assistants as a group collectively bargain and their working conditions are relatively similar from practice to practice.

21. The closest comparable profession to dental hygiene is the employed dentist, who is currently appropriately excluded from Award coverage.

C. Disadvantage Employees

22. The Minister's Consolidated Request in 2(c) states that "the creation of the modern award is not intended to disadvantage employees."
23. It is submitted that award coverage of dental hygienists in private practice will disadvantage employees in four ways:
 - (a) The Award would act to erode dental hygienists' real high hourly wage both immediately and over time which they have maintained successfully for decades via private individual negotiations, without any industrial instrument benchmarks being used or desired.
 - (b) The existence of the Award minimum rates of pay would be used by their employers as a benchmark to disadvantage dental hygienists in negotiations on remuneration.
 - (c) The Award's classification structure would be used to limit promotion and progression for dental hygienists.
 - (d) The Award's classification structure and low entry pay rates for graduates would significantly disadvantage new graduates in comparison to current award-free conditions.
24. The profession is represented nationally by the Dental Hygienists' Association of Australia Inc which was established in 1991.
25. Award coverage of dental hygienists in Australia would significantly disadvantage the growth and development of the profession as it has occurred internationally. Dental hygiene is traditionally a highly respected, highly qualified and very well remunerated profession. It is not an auxiliary which requires business or supervisor responsibilities as a precursor for re-classification.
26. Trends identified by the International Federation of Dental Hygienists Longitudinal Study of 24 countries (International association for dental hygienists) show that the profession of dental hygiene has evolved immensely since its inception in 1906 (USA). Dental hygiene is a global profession with the majority of practitioners in North America, Scandinavia, Europe and the Asia Pacific region including Australia and New Zealand.

In many of these countries the dental hygienist can operate independently of the dentist either unsupervised or as an independent practitioner.

The profile of the dental hygiene profession has evolved into a highly skilled, highly qualified, independent oral health practitioner who is highly respected by the dental profession and viewed as a colleague.

In many countries, dental hygiene is self determined, governed by a dental hygiene board independent of the dental board.

27. The dental hygienist is not an auxiliary which requires business or supervisor responsibilities as a precursor for re-classification. Therefore the principles underpinning the classification structure at

A.2 of the Health Professionals and Support Services Award 2010 are not relevant to the profession and would significantly disadvantage experienced dental hygienists if applied.

28. The dental hygienist independently generates very significant revenue for every practice. The flexibility of supervisory arrangements within and outside of the traditional practice setting provides valuable oral care services to the greater community and it is on this basis that remuneration is privately and effectively negotiated.
29. If the classification structure at A.2 of the Health Professionals and Support Services Award 2010 was applied, it would be used by employers to actively disadvantage dental hygienists as it specifies business involvement and supervision as minimum requirements for Levels 4 and 5 – which currently have minimum rates of pay far below the average rates of pay of dental hygienists.
30. There is no doubt that this classification structure, which is an integral part of this Award, will be used to disadvantage current dental hygienists from obtaining pay increases and future dental hygienists with regard to their commencement and progression salaries.
31. The National DHAA Inc in conjunction with well established and highly organized Branches in every state have been assisting its members in the private sector to conduct highly effective and profitable negotiations with their employers for many years.
32. The National DHAA Inc's industrial relations work has included the development of a sample suite of employment contracts in 2003, published negotiating guidelines and a popular Industrial Relations/Employment Conditions helpline which has helped and educated members free of charge for the last five years and will continue to do so.
33. The DHAA Inc has conducted extensive consultation amongst its members for the last four months to determine their views about award coverage and has been met with strong and resounding objection to award coverage.
34. 97.3% of DHAA Inc members surveyed strongly oppose any Award coverage and consider that any award coverage will operate to significantly disadvantage them
35. In particular, there is very significant concern about the award minimum pay rates which are on average, approximately 50% below the average equivalent hourly rate of pay of an experienced dental hygienist.

36. Currently, commencement and on-going rates of pay are negotiated between the individual dental hygienist and the employing dentist. On occasions, dental practices contact the DHAA for advice about market rates for dental hygienists, particularly upon initial employment after graduation.

D. Disadvantage Employees and act against the Consolidated Request Requirement (3(f) to Improve Retention and participation of employees in the workforce.

37. The Minister's Consolidated Request in 3(f) states that in performing its function the Commission must have regard to *"the need to assist employees to balance their work and family responsibilities effectively and to improve retention and participation of employees in the workforce."*
38. It is submitted that should dental hygienists be included in the Award, that new graduates will be offered pay rates in accordance with the award minimum rates of pay.
39. The DHAA Inc survey of members indicates that if this occurs, new dental hygienists will not be retained by the profession as the cost of entering and continuing in the profession is very high.
40. New dental hygiene graduates are reasonably expecting to recoup high education costs and be able to afford professional entry costs. This would not be possible under the minimum rates of pay in the Modern award which would apply to dental hygienists. Hence dental hygiene graduates would be lost to the profession and to the community at large.
41. As a dental health professional, unlike a dental auxiliary, new graduate and experienced dental hygienists must comply with legislated licensing requirements by paying licensure for Dental Board registration and radiation license, compulsory professional indemnity insurance and compulsory Continuing Professional Development. Professional organizational membership fees are also an essential cost to be met by dental hygienists. These annual costs are very significant and are a contributing factor to the current market pay rate for dental hygienists. Moreover, recent graduates have the additional burden of reimbursing their HECS debt.
42. With regard to work and family responsibilities, 63.9% of dental hygienists choose not to work full-time (see attached September 2009 DHAA Inc National Employment survey results).
43. 9.6% of dental hygienists are self-employed and some employ other dental practitioners (dentists and dental hygienists) in their own practice. Tasmanian legislation allows independent practice and

currently independent practice for dental hygienists is under discussion in WA. The DHAA Inc 2009 National Employment survey results indicate that the desire to work part-time and with very flexible hours with a great deal of autonomy is related to family commitments for many dental hygienists.

44. As Tanya Fane, President DHAA (ACT) Inc has submitted in October 2009 to the DHAA Inc for the purposes of this submission,

"I am a Dental Hygienist, married mother of two teenage sons and President of DHAA (ACT Branch) Inc.

The Award modernization document states:

"the need to assist employees to balance work and family responsibilities effectively and to improve retention and participation of employees in the workforce".

I simply do not believe this will be the result of the award modernisation process in regard to dental hygienists in Australia.

My current flexibility to arrange agreements for all employment conditions and entitlements has served me optimally for the past 10 years in private dental practice. It is exactly this direct control and negotiation potential that caused me to vacate employment in the Public Service dental services, in favour of working without an award system. My work/family balance is best served under my current negotiated arrangements, and has allowed for more effective participation in the private oral health workforce. The oral health workplace is distinctly different from most health situations in that I work in partnership with my employer/supervising dentists in the functioning of the practice and patient treatment provision.

Reversion to an award system would effectively take my career, achievements and progress backward, and place the balance of work and family responsibilities in serious jeopardy."

45. There is no doubt that the ability to negotiate desirable hourly rates for dental hygienists with family commitments would be disadvantaged which will lead to many dental hygienists being forced to compromise the work/family balance that they have currently negotiated for themselves. This is not a sound result for the profession, for individual families or for the community at large and is therefore contrary to the principles of the Consolidated Request.

Conclusion

46. We respectfully request consideration of our submission that inclusion of dental hygienists in the Health Professionals and Support Services Award 2010 would be contrary to four of the principles of the Minister's Consolidated Request.

47. Accordingly, we request deletion of "Dental Hygienist" from Schedule B - List of Common Professionals.
48. The President of the Dental Hygienists' Association of Australia Inc, Ms Sue Aldenhoven or our Advocate, Ms Katrina Murphy would be very happy to elaborate on any aspect of this submission should the Commission require further explanation or information.

Signature

A handwritten signature in cursive script, appearing to read "Sue Aldenhoven".

Dated 19 October 2010.

**DENTAL HYGIENISTS' ASSOCIATION OF
AUSTRALIA INC.**

**SUMMARY OF NATIONAL EMPLOYMENT
SURVEY**

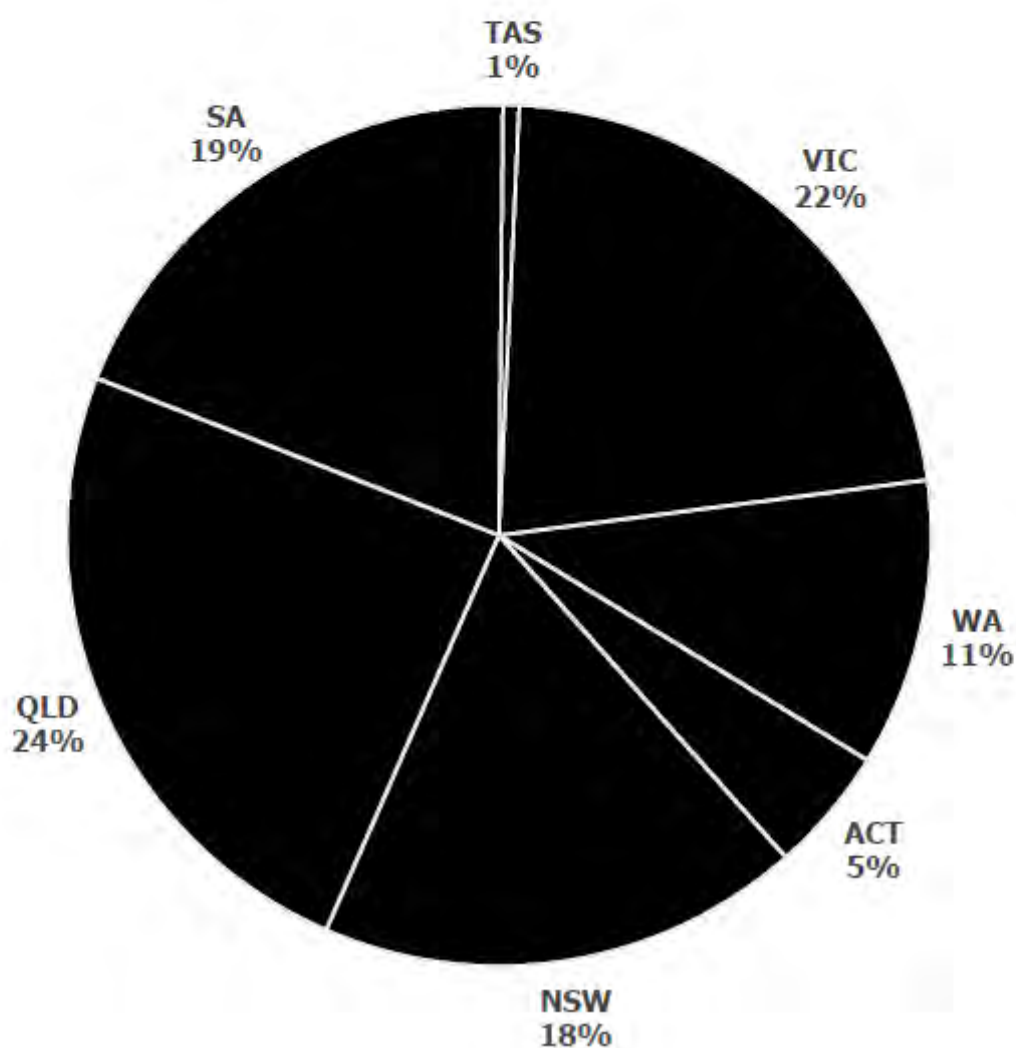
AUGUST, 2009

TOTAL NO. OF RESPONDERS 487

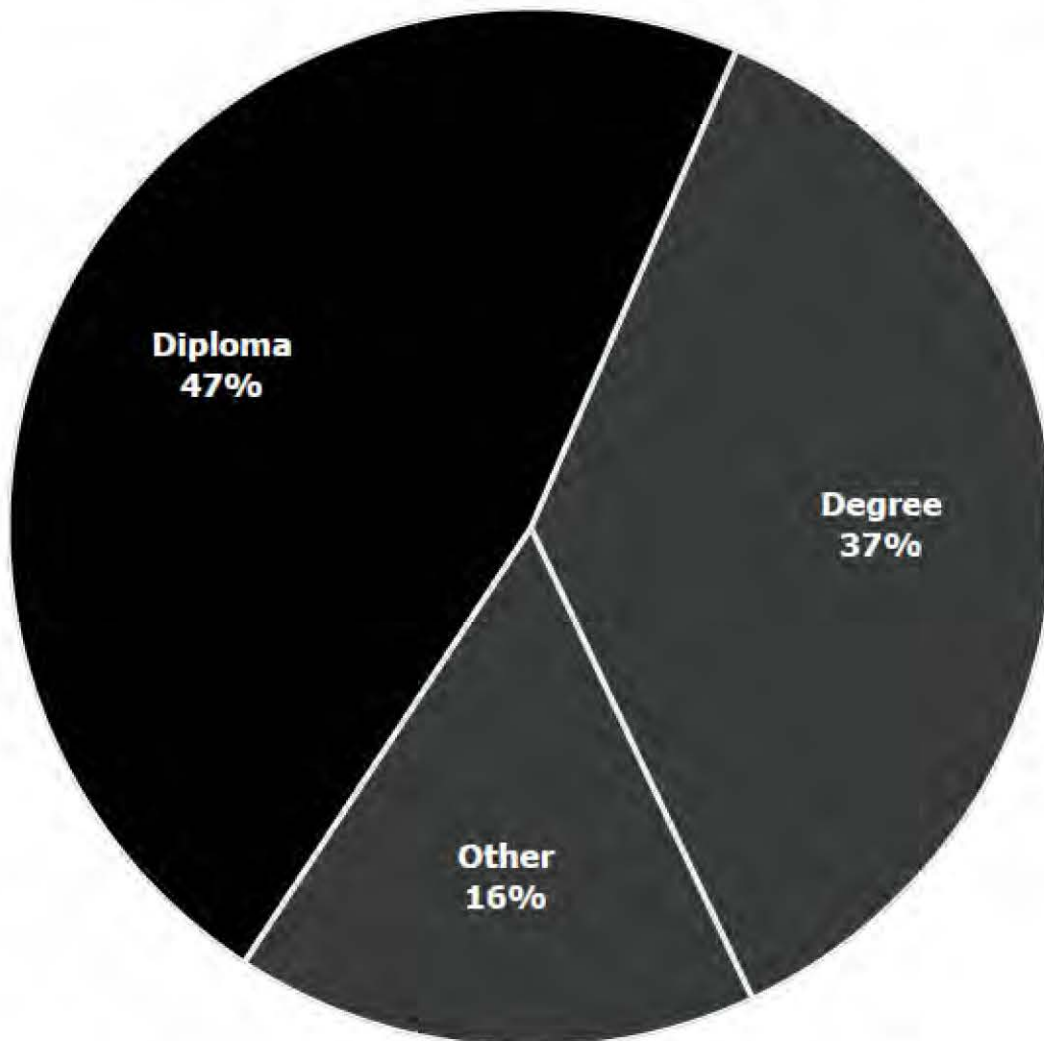
The Dental
Hygienists'
Association of
Australia Inc.

Where do you live?

Answer Options	Response Percent	Response Count
ACT	4.7%	23
NSW	18.1%	89
QLD	24.4%	114
SA	19.2%	91
TAS	0.6%	3
VIC	22.2%	111
WA	10.8%	57
answered question		487
skipped question		0

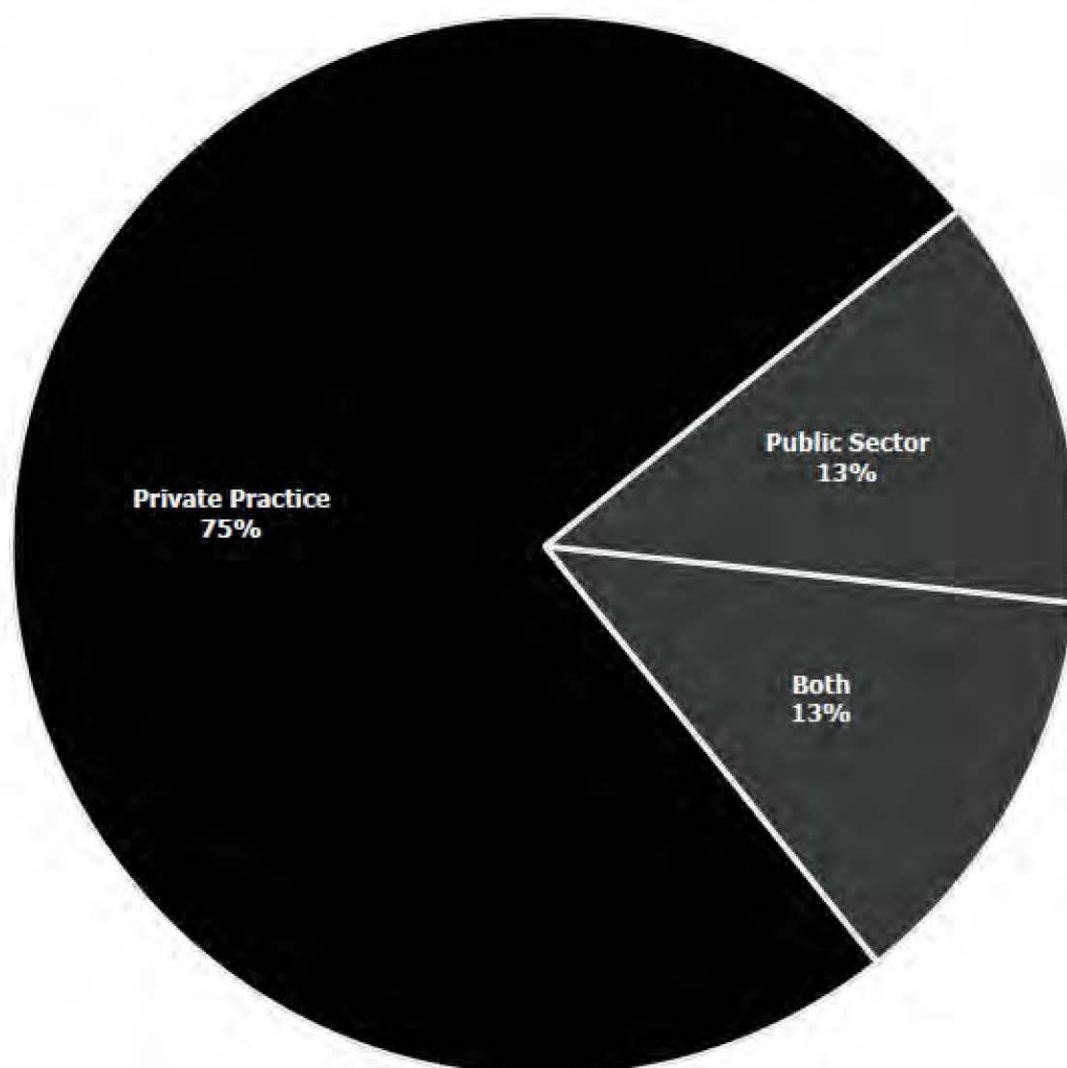


Qualification		
Answer Options	Response Percent	Response Count
Diploma	47.2%	219
Degree	36.6%	170
Other	16.2%	75
answered question		487
skipped question		0



WORKPLACE SETTING:

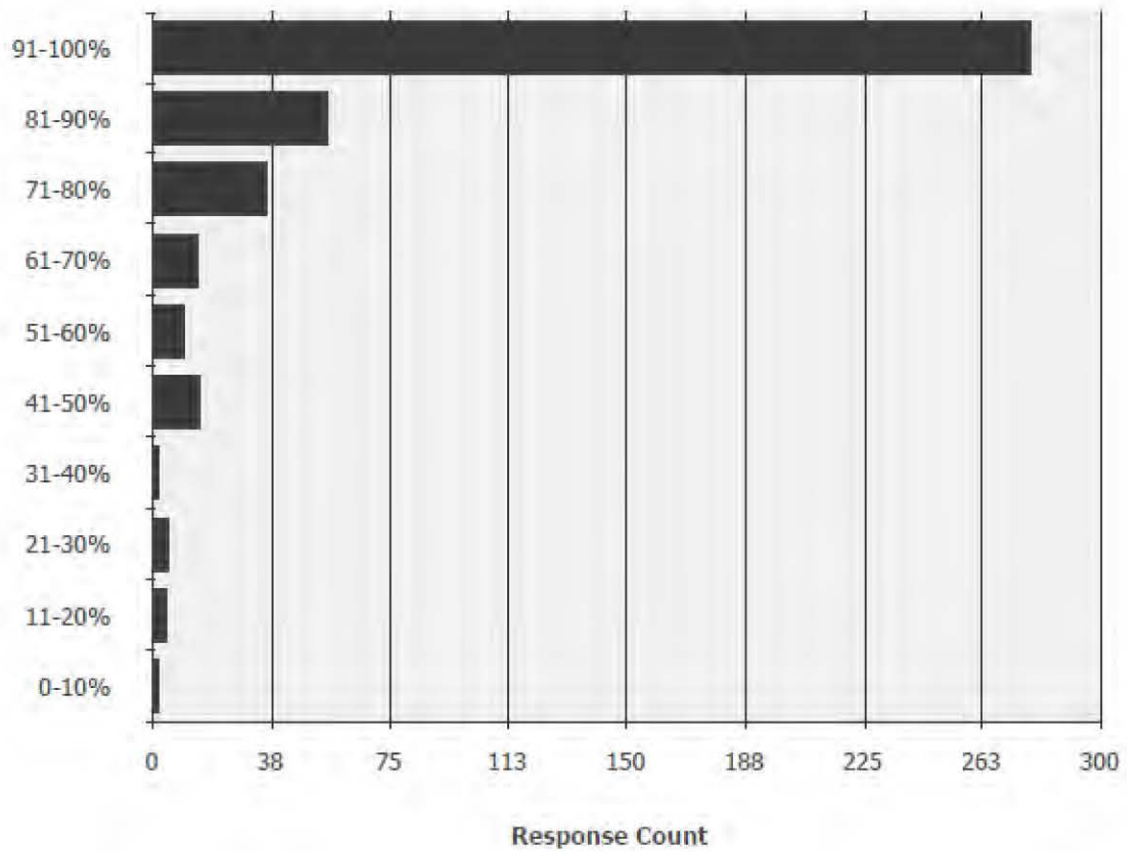
Answer Options	Response Percent	Response Count
Private Practice	93.1%	391
Public Sector	15.7%	32
Both	15.7%	42
answered question		487
skipped question		0



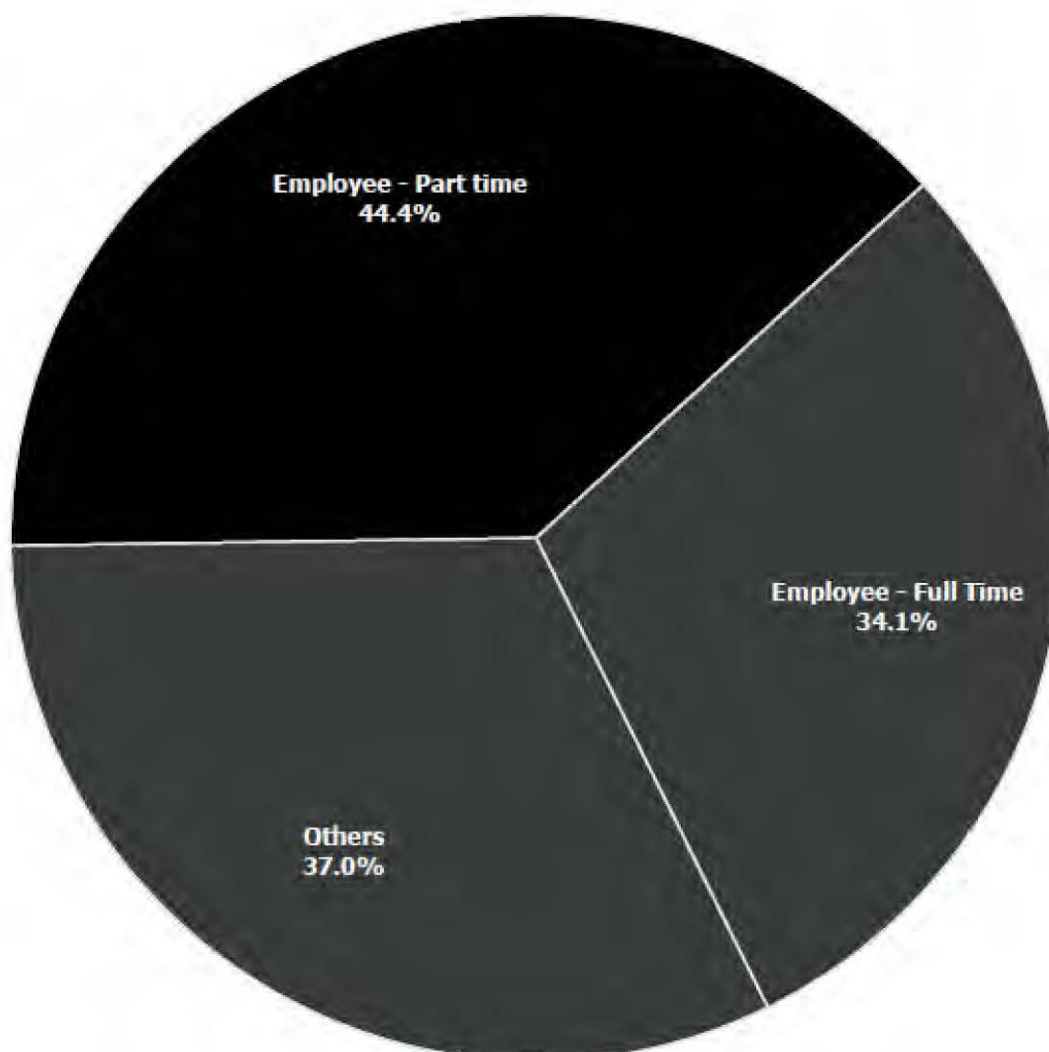
What percentage of your workday is spent doing Hygiene or Therapy?

Answer Options	Response Count
0-10%	2
11-20%	4
21-30%	5
31-40%	2
41-50%	15
51-60%	10
61-70%	14
71-80%	36
81-90%	55
91-100%	278

PERCENTAGE OF DAY SPENT DOING HYGIENE



EMPLOYMENT STATUS:			
Answer Options	Response Percent	Response Count	
Employee - Part time	44.4%	206	
Employee - Full Time	34.1%	158	
Others	37.0%	152	
	answered question	487	
	skipped question	0	



HOURLY RATE: PRIVATE SECTOR

Answer Options	Response Percent	Response Count
\$20-25	1	2
26-30	0	1
31-35	4	14
\$36-40	16	56
\$41-45	19	68
\$46-50	27	98
\$51-55	14	49
\$61-65	5	18
\$65-60	10	36
\$66-70	3	11
\$71-75	1	3
> \$76	0	1
answered question		357
skipped question		0

