How professionals work and learn in digitalised work contexts

Insights from an Australian survey of Health Professionals

The Australian Research Council Discovery project titled: "Investigating Professional Learning Lives in the digital evolution of work" (DP210100164) investigated how Education and Health professionals in Australia learn as they work in increasingly digitalised work contexts through a survey.

The survey was sent to members of 11 Education and 10 Health Australian professional associations.

The survey ran from August to November 2022.

This report presents the findings of Health professionals' responses to this survey (151 responses).

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Acknowledgements

We give respect to Country to acknowledge the connections and partnerships that lie at the heart of this study. As we learn from one another and continue to grow, adapt, and change, we recognise the Traditional Custodians of these lands and waterways, both past and present, who have contributed to the development and continuation of this ancient knowledge. We also extend our respects and gratitude to our local Aboriginal community members who have been involved in our study for their valued contributions.

We express our sincere thanks to the following Australian Professional Associations that have partnered with us to develop and distribute this survey.

Australian Alliance of Associations in Education
Australian Council for Educational Leaders
Australian Council for Health, Physical Education and Recreation
Australian Primary Principals Association
Australian School Library Association
Australian Secondary Principals' Association
Australian Special Education Principals Association
Catholic Secondary Principals Association
English Teachers Association NSW
National Advocates for Arts Education
Victorian Association for the Teaching of English

Australian Association of Psychologists Inc.
Australian Chiropractors Association
Australian Healthcare and Hospitals Association
Australian Society for Medical Imaging and Radiation Therapy
Human Genetics Society of Australasia
Optometry Australia
Osteopathy Australia
Public Health Association of Australia - WA Branch
Royal College of Pathologists of Australasia
The Australian Orthotic Prosthetic Association

Special thanks goes to our Project's Reference Group for their guidance:

Sue Bryen, Professional Learning Leader, Australian Council for Educational Leaders
Tegan Carrison, Executive Director, Australian Association of Psychologists Inc.
Leigh Clarke, Chief Executive Officer (former), The Australian Orthotic Prosthetic Association
Malcolm Elliott, President (former), Australian Primary Principals Association
Eva Gold, Executive Officer (retired), English Teachers Association NSW
Jason Goopy, Executive Board Member, National Advocates for Arts Education and The Australian Alliance of Associations in Education
Glynis Grace, Professional Services Manager, Australian Chiropractors Association
Debra Graves, Chief Executive Officer, Royal College of Pathologists of Australasia
Lauren Hunt, Chief Operations Officer, Human Genetics Society of Australasia
Matthew Johnson, National President, Australian Special Education Principals Association
Min Ku, Professional Standards Manager, Australian Society for Medical Imaging and Radiation Therapy
Jessica Landers, Current Chief Executive Officer, The Australian Orthotic Prosthetic Association
Phil Lewis, Executive Officer, Catholic Secondary Principals Association
Antony Nicholas, Chief Executive, Osteopathy Australia
Andrew Pierpoint, President (former), Australian Secondary Principals' Association
John Nicholas Saunders, President, National Advocates for Arts Education, and President, Australian Alliance of Associations in Education
Sharyn Stafford, President of the English Teachers Association NSW
Leng Warwar, Operations Manager, Osteopathy Australia
Sue Whatman, President, Australian Council for Health, Physical Education and Recreation

How to cite this report

Agostinho, S., Lockyer, L., Buckley-Walker, K., Choy, S., Bennett, S., Littlejohn, A. & Rogerson, C. (2024). How professionals work and learn in digitalised work contexts: Insights from an Australian survey of Health professionals. https://doi.org/10.6084/m9.figshare.25448476

Executive Summary

Introduction

The use of digital technologies is shaping how health professionals work and how they continually learn as they work. But not much is known about this. This Australian Research Council Discovery project titled: "Investigating professional learning lives in the digital evolution of work" investigated how Education and Health professionals in Australia learn as they work in increasingly digitalised work contexts through a survey conducted in 2022.

This report presents the findings of Health professionals' responses to this survey (151 responses).

Methodology

The survey comprised 13 questions. There were 10 closed items (using a 5-point Likert scale of 1-Never, 2-Once or Twice, 3-Sometimes, 4-Very often, and 5-Always, plus the option of 'Not applicable') and three open-ended items. Respondents were asked demographic questions, how their work is changing due to digitalisation, what they do to learn as they work, and what professional learning opportunities are provided in their workplace.

Members of 10 Australian Health professional associations were invited to complete the online survey from August to November 2022. The data was reviewed for completeness and analysed both quantitatively and qualitatively.

Findings are presented with rounded percentages.

Findings

1. *Number of responses* = 151. Most respondents were from VIC (32%), NSW (30%), and QLD (15%). There were no responses from NT.

2. *Work roles*: Respondents included (in order of dominance): Prosthetists, Medical Diagnostic Radiographers, Psychologists, Genetic Counsellors, Chiropractors, Orthotists, Pathologists, Osteopaths, Specialist Doctors, Optometrists, Radiation Therapists, Dietitians, Health Administrators, Medical Laboratory Scientists, Nuclear Medicine Technologists, Midwifes, Pharmacists, and others who had dual-role holders such as Orthotist/Prosthetist and Chiropractor/Osteopath. The majority (74%) held positions in either public and private practices (63% were in permanent positions and 11% were in fixed-term positions). Over a quarter (26%) stated they were self-employed.

3. *Demographics*: The majority (71%) of respondents were female and most (90%) were 30+ years of age. Close to half (45%) had 20+ years' experience. Over half (56%) reported being in their current role for 6 years or more. Close to half (44%) had completed further education since entering their profession; mostly a Masters, Certificate or Diploma. Nearly all (97%) stated they were required to complete Continuing Professional Development (CPD).

Executive Summary

4. *Perceptions about their work**: The majority (76%) of respondents reported they have autonomy over how they plan their work day. Close to two thirds (63%) reported having variation in the types of tasks done. Over half (56%) perceived their work as being creative, and over a third (38%) stated they do new tasks previously not done.

5. *Top five ways how digitalisation has changed work for health professionals:*

- *Access to online information and professional development:* Using digital technologies to access, store, document and share information, and engage in professional development. Respondents reported an increase in efficiency in accessing information and more flexible opportunities to further their professional development.

- *Online communication and collaboration with colleagues:* Using digital technologies to communicate and collaborate with colleagues, such as using video-conferencing tools to conduct online meetings and using cloud-based storage systems to work remotely from home or across multiple sites. Respondents reported an increase in both flexibility and acceptability to work from home or across multiple sites.

- *Advancements in medical diagnostics and procedures:* The use of digital technologies to enable new and improved ways for medical procedures and diagnosis for delivering better medical care to patients. Respondents reported that these digital tools can reduce time and increase accuracy, whilst also changing work practices. Examples of digital technologies noted included 3D printing, improvements in scanning technologies and the integration of Artificial Intelligence (AI).

- *Telehealth:* Using digital technologies to provide telehealth, that is, virtual consultations to patients over the phone or via a video call. Respondents reported an increase in both the delivery and acceptability of telehealth.

- *Digitalised administrative tasks:* Using digital technologies to conduct administrative tasks such as collecting and reviewing patient information, ordering products, typing reports, applying for funding, and processing/delivering prescriptions. Respondents reported an increase in automation of these administrative tasks, and also mentioned some new administrative tasks such as marketing via social media.

6. *How health professionals learn on their own as they work*: There were five learning activities that half or more of respondents reported doing individually either very often or always: 1) following new developments in their field, 2) reflecting on how they have done a task after completion, 3) looking for opportunities to perform new tasks, 4) learning through repetition of tasks and 5) using self-study materials. They were less likely to work alone to problem solve, use trial and error to find better ways to do tasks, and attend conferences.

*Results are based on aggregated Likert scale indications of 'Very Often' and 'Always'

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7. How health professionals learn with others as they work: There were three learning activities that half or more of respondents reported doing with others either very often or always: 1) learning through questioning, observing, listening and discussing, 2) asking colleagues for advice, and 3) working with others to develop new ideas and problem solve. They were less likely to seek feedback from their supervisor/manager about their performance.

8. *How health professionals learn with digital technologies as they work***:** The top three ways health professionals reported using digital technologies to learn were: 1) searching the internet for information, 2) searching databases and/or online journal repositories and 3) accessing online self-study materials. Further examples included using digital technologies to: engage in online professional learning, communicate online with colleagues, seek and give feedback/advice online, and research online information.

9. *Workplace learning opportunities**:** More than half of respondents reported that their workplace encouraged them to develop themselves (61%), that they had opportunities to share ideas and knowledge with others (60%) and they were encouraged to network with peers in their field (52%). There was a perception that they had limited release time from work and limited financial support to engage in learning.

Conclusions

1. Health professionals have some discretion in how they plan and do their work and show agency in identifying ways to keep up-to-date with their profession. They regularly follow new developments in their field and are reflective practitioners who look for opportunities to perform new tasks. They learn mostly through asking questions, observing, listening, seeking advice from and networking with colleagues. A key source of learning is from and with others.

2. Digitalisation has enabled greater access to online information and communication, creating efficiencies and offering health professionals more flexibility in where they work. Digitalisation has resulted in advancements in medical diagnostics and procedures, increased uptake of telehealth and automation of a range of administrative tasks.

3. Health professionals use digital technologies to learn by: accessing a range of online content, communicating with other professionals in their field, and sharing information with colleagues. They actively seek and give feedback and advice online to/from colleagues, and engage in online professional development opportunities.

4. Health professionals are required and encouraged by their workplace to engage in professional learning. However, there is a perception that the workplace provides limited release time and financial support to enable them to engage in their continual professional learning.

*Results are based on aggregated Likert scale indications of 'Very Often' and 'Always'

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1. About the Project

This research project titled: "Investigating professional learning lives in the digital evolution of work" seeks to understand how professionals continually learn and develop their knowledge and skills in evolving work contexts effected by digitalisation.

The study comprises three phases:

Phase 1 (2022)	Scoping survey to identify what professionals do to continually learn as they work.
Phase 2 (2023-2024)	Qualitative case study research to examine in depth how professionals learn as they work.
Phase 3 (2025)	Detailed survey (based on findings from Phases 1 & 2) to identify professionals' learning practices

This report presents the findings from the Phase 1 survey of responses from Health professionals (151 responses).

2. About the Survey

The purpose of the Phase 1 survey was to conduct an initial investigation about what Health professionals do to continue their learning in work environments that are transforming due to digitalisation.

The Phase 1 survey was guided by the research question: What are professionals' learning practices in evolving work contexts?

The survey comprised 13 questions. There were 10 closed items (using a 5-point Likert scale of 1-Never, 2-Once or Twice, 3-Sometimes, 4-Very often, and 5-Always, plus the option of 'Not applicable') and three open-ended items. Respondents were asked demographic questions, how their work is changing due to digitalisation, what they do to learn as they work, and what professional learning opportunities are provided in their workplace.

Members of the following 10 Australian Health professional associations were invited to complete the online survey from August to November 2022:

- Australian Association of Psychologists Inc.
- Australian Chiropractors Association
- Australian Healthcare and Hospitals Association
- Australian Society for Medical Imaging and Radiation Therapy
- Human Genetics Society of Australasia
- Optometry Australia
- Osteopathy Australia
- Public Health Association of Australia – WA Branch
- Royal College of Pathologists of Australasia
- The Australian Orthotic Prosthetic Association

This survey was delivered online using the survey tool Qualtrics. The data was reviewed for completeness and analysed both quantitatively and qualitatively.
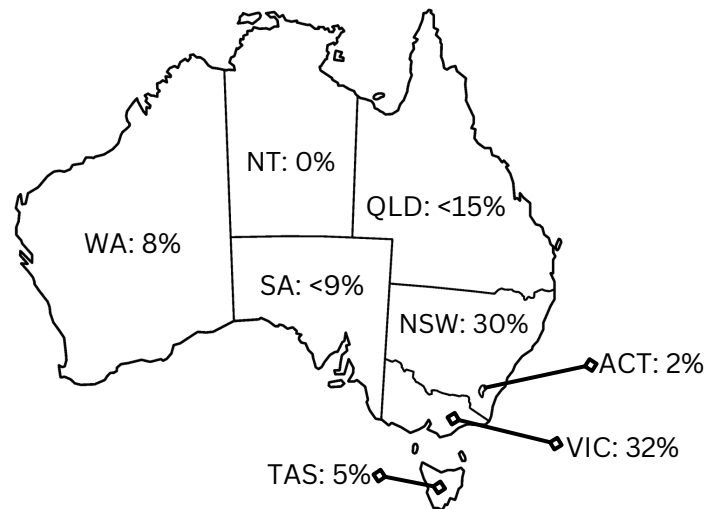
Findings are presented with rounded percentages.

3. Findings (151 responses)

3.1 About respondents

Table 1: Age	%
Less than 29 years	9%
30-39 years	27%
40-49 years	21%
50-59 years	22%
60-69 years	17%
70+ years	3%
Prefer not to say	1%

Figure 1. Distribution of respondents by Australian states and territories

NT: 0%
QLD: <15%
WA: 8%
SA: <9%
NSW: 30%
ACT: 2%
VIC: 32%
TAS: 5%

One respondent idenified as Aboriginal, and another one preferred not to say.

Figure 2. Gender distribution

29%

71%
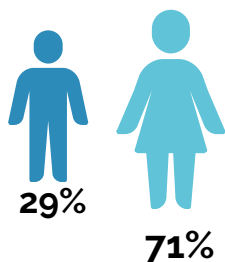
Table 2: Years of experience	%
5 years or less	15%
Up to 20 years	40%
20+ years	45%

Table 3: Employment status	%
Permanent	63%
Self-employed	26%
Fixed-term/Contract	11%

Table 4: Length of time in current role	%
Less than one year	9%
1-5 years	35%
6-10 years	23%
11+ years	33%

3.1 About respondents

Table 5: Role	No.	%
Prosthetist	23	15%
Medical Diagnostic Radiographer	21	14%
Psychologist	19	13%
Genetic Counsellor	15	10%
Chiropractor	11	7%
Orthotist	11	7%
Pathologist	10	7%
Osteopath	9	6%
Doctor (Specialist)	6	4%
Optometrist	5	3%
Radiation Therapist	3	2%
Dietitian	2	1%
Health Administrator	1	<1%
Medical Laboratory Scientist	1	<1%
Nuclear Medicine Technologist	1	<1%
Nurse (Midwife)	1	<1%
Pharmacist	1	<1%
Other, including dual-role holders such as Orthotist/Prosthetist or Chiropractor/Osteopath	11	7%

The majority (74%) held positions in either public and private practices (63% were in permanent positions and 11% were in fixed-term positions). Over a quarter (26%) stated they were self-employed.

3.1 About respondents

Further Education

- Close to half (44%) had completed further education since entering their profession; mostly a Masters, Certificate or Diploma.

- 20 respondents (13%) reported they were completing further education at the time of responding to the survey. Examples of courses included higher education offerings such as Masters, Graduate Certificates, Doctoral studies and Diplomas, and internally or externally provided short courses and professional certificates.

- 33 respondents (22%) reported they were considering enrolling in further education with close to half stating they wanted to pursue further specialist studies.

Professional Development

Most (97%) were required to complete Continuing Professional Development (CPD) in their work role. The hours of completion required per year were mostly between 20 to 30 hours, with other responses ranging between 5 and 125 hours.

3.2 Perceptions about their work

Respondents were asked to indicate the extent to which the statements in the table below related to their current role in a typical week or month. There were 4 closed items (requiring a Likert scale response of 1-Never, 2-Once or Twice, 3-Sometimes, 4-Very Often or 5-Always) relating to the individual professionals' perception of their work.

Table 6: Perceptions of work *	%
I have autonomy over how I plan my day	76%
My work allows me variation in the types of tasks that I do	63%
My work requires me to be creative	56%
My work requires me to do new tasks that I previously have not done	38%

The responses suggest that these professionals have some discretion in how they plan and do their work.

*Results are based on aggregated Likert scale indications of 'Very Often' and 'Always'

3.3 Ways digitalisation has changed work

Respondents were asked an open question on how digital technologies are changing the way they work and what they thought was the most significant change over the last 12 months. The top five themes with illustrative quotes are provided in the table below.

Table 7: Top five ways digitalisation has changed work
Access to online information and professional development Using digital technologies to access, store, document and share information, and engage in professional development. Respondents reported an increase in efficiency in accessing information and more flexible opportunities to further their professional development. *"Enabling me to access large amounts of data and information quickly"* [Osteopath] *"Migrating from existing work document platform to…new system…the old methods of saving and managing files has changed"* [Medical Diagnostic Radiographer] *"Participate in more teaching sessions for my registrars and attend virtual conferences"* [Specialist Doctor] *"Decent online training has become much more available"* [Medical Diagnostic Radiographer]
Online communication and collaboration with colleagues Using digital technologies to communicate and collaborate with colleagues such as using video-conferencing tools to conduct online meetings and using cloud-based storage systems to work remotely from home or across multiple sites. Respondents reported an increase in both flexibility and acceptability to work from home or across multiple sites. *"Digitalisation has allowed me to dial into and attend many more work-related meetings including MDTs (multidisciplinary teams)"* [Specialist Doctor] *"Remaining connected to staff when I am not physically present"* [Orthotist & Prosthetist] *"Allows staff flexibility to work at home and be happy"* [Prosthetist] *"Acceptability (public, professionally and in workplace culture) of remote work/WFH [work from home]/Telehealth which I do almost exclusively"* [Genetic Counsellor]
Advancements in medical diagnostics and procedures The use of digital technologies to enable new and improved ways for medical procedures and diagnosis for delivering better medical care to patients. Respondents reported that these digital tools can reduce time and increase accuracy, whilst also changing work practices. Examples of digital technologies noted included 3D printing, improvements in scanning technologies and the integration of Artificial Intelligence (AI). *"The changes to 3D scanning technology, computer systems such as CAD CAM systems, software and even 3D printing abilities have allowed us to cut down on material usage…and…hours when making orthotics devices"* [Orthotist] *"New machines allow for better practices and imaging"* [Medical Diagnostic Radiographer] *"My work is all digital now, it changes with each new software upgrade and whenever equipment is updated"* [Medical Diagnostic Radiographer] *"The use of AI in newer equipment"* [Medical Diagnostic Radiographers]
Telehealth Using digital technologies to provide telehealth, that is, virtual consultations to patients over the phone or via a video call. Respondents reported an increase in both the delivery and acceptability of telehealth. *"In the last 2.5 years an increase in acceptability for Telehealth consultations to see patients from further away. In the last 12 months, there's been an increase in the people willing to have telehealth options rather than in-person consultations."* [Chiropractor] *"[Digital technology] increases my capacity to deliver a service to the rural/remote community I live and work in"* [Prosthetist] *"Delivering health care virtually e.g., telephone, video, remote monitoring"* [Physiotherapist] *"Moving almost exclusively to telehealth"* [Genetic Counsellor]
Digitalised administrative tasks Using digital technologies to conduct administrative tasks such as collecting and reviewing patient information, ordering products, typing reports, applying for funding, and processing/delivering prescriptions. Respondents reported an increase in automation of these administrative tasks, and also mentioned some new administrative tasks such as marketing via social media. *"Digital records and patient files…receiving results digitally. Able to see lab processes digitally and see what stage testing is up to...using SMS to book appointments."* [Genetic Counsellor] *"Patient payment systems,,,patient communication (SMS reminders), patient appointments (online bookings), clinical notes (paperless), access to patient imaging studies…online patient form submission (patient history). Ease of designing better workflow (form management, data collection)"* [Chiropractor] *"Spending a lot more time typing reports for funding approvals"* [Prosthetist] *"Requirement of social media marketing for healthcare"* [Osteopath]

3.3 Ways digitalisation has changed work

Digitalisation has enabled greater access to online information and communication, creating efficiencies and offering professionals more flexibility in where they work. There was a sentiment of 'newness' enabled by digital technologies in providing alternative methods, procedures, approaches and storage options to assist in health professionals' work. But, there was also a sense of apathy towards the increase in tasks and time required to use these systems. Some illustrative quotes include:

"New systems of referring patients, new ways of capturing patient data for workplace statistics." [Orthotist]
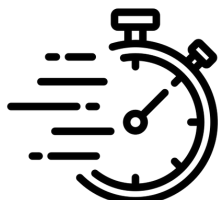
"Increased load in day-to-day tasks requiring digital input. In some ways, it is more time consuming." [Medical Diagnostic Radiographer]

"More computer work now" [Medical Diagnostic Radiographer]

"Increasing burden of digital tasks rather than more streamlined" [Nuclear Medicine Technologist]

"It has made it longer to complete the examination due to multiple steps." [Medical Diagnostic Radiographer]

3.4 Individual learning activities at work

There were 10 closed items (requiring a Likert scale response of 1-Never, 2-Once or Twice, 3-Sometimes, 4-Very Often or 5-Always) about individual learning activities. Respondents were asked how frequently they had participated in each learning activity over the previous 6 - 12 months. The table below lists the aggregated responses for Likert scale indicators 'Very often' and 'Always' in order of frequency.

Table 8: Individual learning activities	%
1. I follow new developments in my field	72%
2. I reflect on how I have done a task after completion	72%
3. I look for opportunities to perform new tasks	57%
4. I learn through repetition of tasks	54%
5. I use self-study materials	52%
6. I commit time during my work week to focus on my development	41%
7. I attend training courses	40%
8. I work alone to problem solve	33%
9. I find better ways to do a task through trial and error	33%
10. I attend conferences	28%

The responses suggest these professionals are agentic in identifying ways to meet their learning needs.

3.5 Learning activities with others at work

There were 11 closed items (requiring a Likert scale response from 1-Never to 5-Always) about the kinds of learning activities involving others that respondents may have engaged in over the last 6 - 12 months. The table below lists the aggregated responses for Likert scale indicators 'Very often' and 'Always' in order of frequency.

Table 9: Learning activities with others	%
1. I ask questions, observing, listening and discussing	79%
2. I ask colleagues for advice about methods, tips and tricks they use	63%
3. I work with others to develop new ideas and problem solve	54%
4. I actively engage with a professional association	48%
5. I learn through teaching others	45%
6. I reach out to professional networks	44%
7. I replicate colleagues' strategies to complete a task or solve problems	42%
8. I seek feedback on tasks from work colleagues	38%
9. I am mentored by self-selected mentors	31%
10. I learn incidentally at work (eg. through overhearing colleagues talking, reading material left in staff rooms, book recommendations from colleagues etc…)	29%
11. I seek feedback from a supervisor/manager on my performance	27%

The responses suggest that a key source of learning is from and with others.

3.6 Learning with digital technologies while working

There were 18 closed items (requiring a Likert scale response from 1-Never to 5-Always) respondents were asked about how they use digital technologies to learn as they work over the last 6 - 12 months. The table below lists the aggregated responses for Likert scale indicators 'Very often' and 'Always' in order of frequency.

Table 10: Use of digital technologies to learn	%
1. I search the internet and/or company knowledge bases for information	77%
2. I search databases and/or online journal repositories	44%
3. I access online self-study materials	39%
4. I collate online information relevant to work	37%
5. I communicate online with experts and colleagues outside of my physical workplace	33%
6. I share information online with colleague	32%
7. I attend online conferences	31%
8. I participate in online classes or forums	25%
9. I collect examples of work tasks in online folders for future reference	23%
10. I read blogs/newsfeeds relevant to my work	23%
11. I use social media to keep up to date	23%
12. I watch YouTube videos related to work tasks	19%
13. I keep an online journal and/or notes	17%
14. I experiment with new apps and/or programs relevant to my work	16%
15. I subscribe to podcasts relevant to my work	15%
16. I write reflective notes to themselves and store online	13%
17. I create online content for myself and/or others to use	13%
18. I use simulation software or programs	6%

Digital technologies allow these professionals to access a range of online content, communicate with other professionals in their field, and share information with colleagues.

3.6 Learning with digital technologies while working

Respondents were invited to share specific examples of how they use digital technologies to learn while working. This was an open-ended question resulting in 41 responses. The top four themes with illustrative quotes are provided in the table below.

Table 11: Examples of how digital technologies are used to learn while working
Engaging in online professional learning Accessing online forums, groups, social media, professional association posts, mailing lists, newsletters, webinars, conferences, workshops, databases, audiobooks and podcasts for professional learning. *"Working in a regional area, technology…makes learning possible for me by attending remote learning, statewide meetings and other online learning and CPD. Since COVID, a lot more has become accessible as city colleagues have worked out how to use videoconferencing, which allows for a more inclusive profession." [Genetic Counsellor]* *"Workshops are now delivered online successfully" [Genetic Counsellor]*
Communicating online with colleagues Attending online meetings, communicating online with colleagues, teams and professional networks. *"Emails between myself and colleagues to discuss and share ideas" [Occupational Therapist & Orthotist-Prosthetist]* *"Reaching out to other therapists regarding new treatment techniques/rehab programs" [Osteopath]*
Seeking and giving feedback/advice online Seeking suggestions from experts/colleagues and providing advice. *"I use healthcare-related…databases (internally and externally to my organisation) and provide suggestions to improve the content and usability for greater and more meaningful levels of detail that I want to see and work with." [Medical Diagnostic Radiographer]* *"I…share interesting cases through internal software channels" [Medical Diagnostic Radiographer]*
Researching online information Accessing online organisational-specific and external knowledge bases, searching databases, and researching online information. *"If something comes up at work or in my reading that I don't know or want to learn more about then I research it online" [Chiropractor]* *"Identify a problem, go to pubmed, then to google search (including YouTube and others), collect, collate and store relevant info." [Chiropractor]*

3.7 Professional learning support

Respondents were asked to indicate the types of professional learning support available in their workplace. There were 13 closed items (requiring a Likert scale response from 1-Never to 5-Always, or 'Not applicable'). The table below lists the aggregated responses for likert scale indicators 'Very often' and 'Always' in order of frequency.

Table 12: Types of Professional Learning support available in the workplace	%
1. I am encouraged to develop myself	61%
2. I have opportunities to share ideas and knowledge with others	60%
3. I am encouraged to network with peers in my field	52%
4. I am encouraged to use work time to focus on my own development	38%
5. I have opportunities to access and work with leaders/experts in my field	36%
6. I have access to mentoring and/or coaching	34%
7. I am provided regular inhouse training sessions	34%
8. I am provided release time from work to continue my learning	25%
9. I have access to financial support to continue my learning	24%
10. I have opportunities for secondment (move to a different role)	8%
11. I am able to request/volunteer for higher duties	6%
12. I have opportunities to serve in acting roles (replacing someone on leave at a higher level)	5%
13. I have opportunities for exchange (doing the same role in a different organization)	3%

The responses suggest that whilst the majority thought their workplace encouraged them to develop themselves, there was a perception that they have limited release time and access to financial support from work for learning.