

Nursing & Midwifery Labour Force Census, 2007 Queensland

Along with the many other nurses and midwives who regularly respond to this survey, your cooperation in answering the following questions is needed because accurate information for workforce planning is so vital to your profession.

The data is being collected by Queensland Health. While the Queensland Nursing Council facilitates the distribution of this survey, it does not form part of your application for renewal of Registration.

The Australian Institute of Health and Welfare (AIHW) will amalgamate data from Queensland with that from all other States and Territories into a national data set to be used only for the purposes of national, state and regional planning. The gathering of this data complies with the Privacy Act 1991.

The confidentiality of the information you provide will be carefully protected and no personal identifying information will be disclosed by the Department.

For further information contact the Health Advisory Unit on (07) 3234 0231.
Previous Nurse labour force reports can be accessed at www.aihw.gov.au.

Please return your completed form to the Qld Nursing Council, GPO Box 2928, Brisbane, Qld 4001

NOTE: unless otherwise indicated, please use a black pen to answer the questions and place a cross inside the appropriate box , or print clearly where written answers are required

About your registration

<p>1. Are you registered or enrolled as a nurse or midwife in more than one state or territory of Australia?</p> <p>Yes <input type="checkbox"/> (please specify which ones) → NSW <input type="checkbox"/> WA <input type="checkbox"/> Vic <input type="checkbox"/> Tas <input type="checkbox"/> Qld <input type="checkbox"/> NT <input type="checkbox"/> SA <input type="checkbox"/> ACT <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>6. For how many years since you first registered/enrolled have you worked as a nurse or midwife?</p> <p>Number of years <input type="text"/></p> <p><i>(i.e. the number of years worked, either full-time or part-time since you first registered/enrolled, excluding time spent not working as a nurse/midwife on unpaid leave)</i> <i>Answer to the nearest year.)</i></p>
<p>2. Are you</p> <p><i>Please mark all relevant boxes</i></p> <p>a registered nurse? <input type="checkbox"/></p> <p>an enrolled nurse? <input type="checkbox"/></p> <p>a mothercraft nurse? <input type="checkbox"/></p> <p>a 'direct-entry' midwife? <input type="checkbox"/></p>	<p>7. Sex</p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p>
<p>3. Are you registered/endorsed/authorised by your board to practise as</p> <p><i>Please mark all relevant boxes</i></p> <p>a midwife? <input type="checkbox"/></p> <p>a psychiatric/mental health nurse? <input type="checkbox"/></p> <p>a nurse practitioner? <input type="checkbox"/></p>	<p>8. Year of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>4. Where did you receive your first nursing qualification (or, if a direct-entry midwife, your first midwifery qualification)?</p> <p>Australia <input type="checkbox"/> (please specify state) → <input type="text"/></p> <p>Overseas <input type="checkbox"/> (please specify country) → <input type="text"/></p>	<p>9. Are you of Aboriginal or Torres Strait Islander origin?</p> <p><i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes)</i></p> <p>No <input type="checkbox"/></p> <p>Yes, Aboriginal <input type="checkbox"/></p> <p>Yes, Torres Strait Islander <input type="checkbox"/></p>
<p>5. In what year did you first become a registered &/or enrolled nurse, or a 'direct-entry' midwife?</p> <p>In Australia <input type="checkbox"/> and In Queensland <input type="checkbox"/></p> <p>Enrolled Nurse <input type="text"/></p> <p>Registered Nurse <input type="text"/></p> <p>Direct-entry Midwife <input type="text"/></p>	<p>10. Are you an Australian citizen?</p> <p><i>(Please mark one box only)</i></p> <p>Yes, Australian citizen <input type="checkbox"/></p> <p>No, permanent resident <input type="checkbox"/></p> <p>No, temporary resident <input type="checkbox"/></p>
<p>11. What is the postcode and location of your usual residence?</p> <p>Postcode in Australia <input type="text"/></p> <p>Location in Australia (suburb/town) <input type="text"/></p> <p>Country, if overseas <input type="text"/></p>	

Your employment

12. **NOTE:** for the following questions, employed includes:

The practice of nursing/midwifery, or work that is principally concerned with those disciplines, eg research, administration or teaching of nursing/midwifery, in which you:

- worked in Australia for a total of one hour or more **LAST WEEK** in a job or business (including own business) for pay, commission, payment in kind or profit;
- usually work, but away from work on leave, on strike or locked out or rostered off.

13. **LAST WEEK** were you

Employed in nursing/midwifery? ... → **Go to Q21**

Employed in nursing/midwifery but on leave for **less than 3 months**? ... → **Go to Q20**

Employed in nursing/midwifery but on leave for **3 months or more**?... → **Go to Q20**

Not employed in nursing/midwifery?... → **Go to Q14**

14. **Last week** were you

Working, but not at all in nursing/midwifery?

Not working at all?

Overseas?

15. In what year did you last work in nursing &/or midwifery?

Last year in nursing

Last year in midwifery

Never worked in nursing

Never worked in midwifery

16. **LAST WEEK**, did you take active steps to look for work in nursing or midwifery in Australia?

(Active steps include: applying for work in nursing or midwifery, enquiring about a job, answering an advertisement, registering with an employment agency, advertising for work or contacting people in the profession about a job.)

No

No, because about to start working in nursing/midwifery

Yes, looked for full-time work

Yes, looked for part-time work

17. Are you *currently undertaking* any post-registration or post-enrolment courses of study **related to nursing/midwifery**?

Include: hospital-based certificates and tertiary qualifications in nurse management or clinical practice

Exclude: in-service/continuing education sessions, refresher and re-entry courses or courses of less than 6 months' duration

Yes → **Go to Q18**

No → **Go to Q19**

18. In the space(s) below, please write the **main field or subject** of your current study (not the name of the course)

(a maximum of 2 courses, please.)

Main field/subject of course 1 currently being undertaken

Main field/subject of course 2 currently being undertaken

19. Have you *completed* any post-registration/enrolment courses of study **related to nursing or midwifery**?

Include: hospital-based certificates and tertiary qualifications in nurse management or clinical practice

Exclude: in-service/continuing education sessions, refresher or re-entry courses or courses of less than 6 months' duration

Yes → **Go to Q35B**
No on the last page and complete **Column 3**

There are no more questions. Thank you for your time. Please return this form to the address on the front of the form.

Your nursing/midwifery job last week

20. Please continue but answer all further questions only in respect of your usual job(s) in a typical week prior to your current leave, rather than 'LAST WEEK'.

21. In your job last week, did you work

Only in Qld? → **Go to Q22**

Mainly in Qld, but also in another state(s)? } → **Go to Q22**
Mainly in another state(s)? } but answer only in respect of your work in Qld

Only in another state(s)?

There are no more questions. Thank you for your time. Please return this form to the address on the front of the form.

22. Have you returned to work in the last 12 months, after a period of unpaid absence?

Yes (please specify length of absence)

→ Years & Months

No

If you had more than 1 job last week in nursing/midwifery, please answer for both:

your **main job** (in which you worked the most hours) **and**

your **2nd job** (in which you worked the next most hours) where indicated in the following questions.

23. Select the category that best describes the principal place where you worked **LAST WEEK**

(For each job, please select only one box from those which apply in Qld)

Main job **2nd job**

Hospital ...

Psychiatric hospital/mental health facility ...

Outpatient clinic ...

Day procedure centre ...

Residential aged care centre ...

Hospice ...

Other residential care facility ...

Community health centre ...

Defence force facility ...

Government department ...

GP's practice ...

Specialist's rooms/practice ...

School ...

Commercial/industry/business ...

Tertiary institution ...
(higher education/vocational education/training)

Other (Please specify) ...

If you did not work in one principal place, mark the category that describes the 'home base' of your job.

Your nursing/midwifery job last week (cont.)

24. What was the postcode and location (suburb/town) of that place/home base of work?

	Main job	2 nd job
Postcode	<input type="text"/>	<input type="text"/>
Main job location (suburb/town)	<input type="text"/>	<input type="text"/>
2nd job location (suburb/town)	<input type="text"/>	<input type="text"/>

25. In which sector was that place/home base of work?

	Main job	2 nd job
Public	<input type="checkbox"/>	<input type="checkbox"/>
Private.....	<input type="checkbox"/>	<input type="checkbox"/>

26. Was your job

	Main job	2 nd job
Permanent? ..	<input type="checkbox"/>	<input type="checkbox"/>
Casual? ..	<input type="checkbox"/>	<input type="checkbox"/>
Fixed term or temporary contract? ..	<input type="checkbox"/>	<input type="checkbox"/>
Own business or other? ..	<input type="checkbox"/>	<input type="checkbox"/>

27. Were you employed through or paid by an employment agency for your nursing/midwifery job LAST WEEK?

	Main job	2 nd job
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

28. Which of the following best describes the type of care delivery in your job(s)?

	Main job	2 nd job
In-patient ..	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient .	<input type="checkbox"/>	<input type="checkbox"/>
Both in-patient & outpatient .	<input type="checkbox"/>	<input type="checkbox"/>
Residential...	<input type="checkbox"/>	<input type="checkbox"/>
Community based...	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disability service ..	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal health service	<input type="checkbox"/>	<input type="checkbox"/>
Other clinical...	<input type="checkbox"/>	<input type="checkbox"/>
Non-clinical nursing ..	<input type="checkbox"/>	<input type="checkbox"/>

29. Select the category that best describes the classification or level of your job LAST WEEK

(Please tick only one box for each job)

	Main job	2 nd job
Enrolled Nurse...	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled Nurse Advanced Practice...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 1..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 2	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 3..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 3 (DON) ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 4..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Nursing Officer 4 (DON) ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 5..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 6..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 7..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 8..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse - Nursing Officer 9	<input type="checkbox"/>	<input type="checkbox"/>
Higher education or TAFE Lecturer ..	<input type="checkbox"/>	<input type="checkbox"/>
Professor/Academic...	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)....	<input type="checkbox"/>	<input type="checkbox"/>

30. Approximately how many hours did you work in your job(s) LAST WEEK?

NB: generally, a full-time position is around 35-40 hours per week depending on where you work

	Number of Hours	
	Main job	2 nd job
Please answer to the nearest <u>hour</u>		
Regular hours worked at regular pay (incl. 'time off in lieu' of regular hours)	<input type="text"/>	<input type="text"/>
Hours worked above contract hours, but at regular hours pay	<input type="text"/>	<input type="text"/>
Hours of paid overtime worked (incl. 'time off in lieu' of overtime hours)	<input type="text"/>	<input type="text"/>
Unpaid hours worked (extra hours)	<input type="text"/>	<input type="text"/>
TOTAL number of HOURS	<input type="text"/>	<input type="text"/>

31. Approximately how many hours did you spend LAST WEEK performing the following core roles?

Include: paid and unpaid overtime

	Number of Hours	
	Main job	2 nd job
Clinical nursing (direct patient care)	<input type="text"/>	<input type="text"/>
Clinical management and or nurse/midwifery administration /management (incl. meetings)	<input type="text"/>	<input type="text"/>
Lecturing, nurse/midwifery education, clinical education and/or supervising/supporting students/new nurses/midwives	<input type="text"/>	<input type="text"/>
Research	<input type="text"/>	<input type="text"/>
Other nursing/midwifery related activity	<input type="text"/>	<input type="text"/>
TOTAL HOURS (should equal total hours in Q30 above)	<input type="text"/>	<input type="text"/>

Post registration study

32. Are you currently undertaking any post-registration or post-enrolment courses of study related to nursing or midwifery?

Include: hospital-based certificates and tertiary qualifications in nurse management or clinical practice

Exclude: in-service/continuing education sessions, refresher and re-entry courses or courses of less than 6 months' duration

Yes → **Go to Q33**
 No → **Go to Q34**

33. In the space(s) below, please write the main field or subject of your current study (not the name of the course)

(a maximum of 2 courses, please.)

Main field/subject of course 1 currently being undertaken

Main field/subject of course 2 currently being undertaken

34. Have you completed any post-registration/enrolment courses of study relating to nursing or midwifery?

Include: hospital-based certificates and tertiary qualifications in nurse management or clinical practice

Exclude: in-service/continuing education sessions, refresher or re-entry courses or courses of less than 6 months' duration

Yes **please go to Q35A and Q35B on the next page for directions to record your 'area of practice' (columns 1 & 2) & your 'study field(s)' (column 3)**
 → **Go to Q35A & 35B**

No **please go to Q35A on the next page for directions to record your 'area of practice' in your job(s) (columns 1 & 2). Ignore column 3**
 → **Go to Q35A**

Your area of practice & your post-registration/enrolment study

35A. For the area of practice in your job(s), mark one area which best describes your work. For 'Main job' mark column 1 next to the category best describing your activity and, if applicable, mark column 2 for your '2nd job'.

35B. For study courses mark all subjects/fields studied (not the course name) in **column 3** next to the categories best describing your study areas

	Column 1 Main job	Column 2 2 nd job	Column 3 Study field
Critical care/emergency			
	Area of practice		Study field
Cardiac/Coronary care
Emergency/trauma
High dependency
Intensive care
Neonatal intensive care
Paediatric critical care
Retrieval
Other/across more than one area
Mixed medical/surgical			
	Area of practice		Study field
Paediatrics
Other/across more than one area
Medical nursing			
	Area of practice		Study field
Cardiology
Endocrinology
Gastroenterology
Neurology
Infection control
Oncology/haematology
Palliative care
Renal medicine/nephrology
Respiratory
General Medical nursing
Other/across more than one area
Surgical nursing			
	Area of practice		Study field
Burns & plastics
Cardiothoracic
Ear, nose & throat
Gastro-intestinal
Neurosurgical
Ophthalmology
Orthopaedic
Gynaecology
Urology
Vascular
Wound management
General surgical nursing
Other/across more than one area
Perioperative			
	Area of practice		Study field
Anaesthetic
Perioperative
Recovery
Other/across more than one area
Midwifery			
	Area of practice		Study field
Antenatal
Labour
Maternal & child health
Neonatology/neonatal nursery
Postnatal
Other/across more than one area
Aged care			
	Area of practice		Study field
Continence
Gerontology
Other/across more than one area
Rehabilitation-disability			
	Area of practice		Study field
Disability
Rehabilitation
Developmental disability
Other/across more than one area
Mental Health			
	Area of practice		Study field
Adult mental health
Child & adolescent mental health
Forensic
Psycho-geriatric
Rural and remote mental health
Other/across more than one area
Family & child health			
	Area of practice		Study field
Family planning
Family, youth & child health
Infertility & assisted reproduction
Lactation and infant feeding
Men's health
Paediatric & child health
School health
Sexual health
Women's health
Other/across more than one area
Community health			
	Area of practice		Study field
Asthma education & management
Alcohol & substance abuse
Correctional facility nursing
Diabetes education & management
Health education/disease management
Health promotion
Indigenous health
Medical practice nurse
Public health
Rural & remote health
Transcultural nursing
Other/across more than one area
Other			
	Area of practice		Study field
Nurse education (incl. clinical)
Pathology/laboratory
Policy
Research
No one area of practice
Other (Please specify)

Workforce Planning Questions for Queensland

(The following questions are not part of the national questionnaire, but are to assist workforce planning in QLD only)

36. How many more years do you intend to remain in the Nursing or midwifery workforce?

Number of years

(Answer to the nearest year.)

37. Have you moved from interstate or overseas to Queensland in the last 12 months?

(Where from

Yes please specify)

Overseas WA
NSW TAS
VIC NT
SA ACT

No

38. Do you intend to move from Queensland to another State/Territory or overseas in the next 12 months?

(Where to

Yes please specify)

Overseas WA
NSW TAS
VIC NT
SA ACT

No

Thank you very much for your time. Please return this form to the address on the front of the form.