

Western Australia 2007 Nursing & Midwifery Labour Force Census

The information collected in this survey will be used only to compile statistical aggregates for the purpose of national, state and regional workforce planning. Your cooperation in completing this form will greatly contribute to making these statistics accurate and reliable.

There are no identifying features on this form and your confidentiality is assured. The gathering and use of this data complies with State and Federal Legislation.

Queries regarding this survey may be directed to Rosalie Miles of the Workforce Division on (08) 9222 2179. Previous Nurse labour force reports may be accessed at <http://www.aihw.gov.au/labourforce/publications.cfm>

Please return your completed form to the WA Department of Health, Reply Paid 78561, Perth BC, WA 6849 by 21 December 2007.

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"/>_1 (please specify which ones)</p> <p>WA <input type="checkbox"/>_1 NSW <input type="checkbox"/>_2</p> <p>VIC <input type="checkbox"/>_3 TAS <input type="checkbox"/>_4</p> <p>No <input type="checkbox"/>_2 QLD <input type="checkbox"/>_5 NT <input type="checkbox"/>_6</p> <p>SA <input type="checkbox"/>_7 ACT <input type="checkbox"/>_8</p>	<p>5. 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></p> <p>Answer to the nearest year</p>
<p>2. Are you <i>Please mark all relevant boxes</i></p> <p>A registered nurse? <input type="checkbox"/>_1</p> <p>An enrolled nurse? <input type="checkbox"/>_2</p> <p>A mothercraft nurse? <input type="checkbox"/>_3</p> <p>A 'direct-entry' midwife? <input type="checkbox"/>_4</p> <p>A mental health nurse? <input type="checkbox"/>_5</p> <p>A mental health enrolled nurse? <input type="checkbox"/>_6</p> <p>A nurse practitioner? <input type="checkbox"/>_7</p> <p>A midwife? <input type="checkbox"/>_8</p>	<p>6. Sex</p> <p>Male <input type="checkbox"/>_1</p> <p>Female <input type="checkbox"/>_2</p>
<p>3. Where did you receive your first nursing qualification (or, if a direct-entry midwife, your first midwifery qualification)?</p> <p>Australia 1 (please specify state) <input type="text"/></p> <p>Overseas 2 <input type="text"/></p>	<p>7. Year of birth <input type="text" value="19"/></p>
<p>4. In what year did you receive your first nursing qualification (or, if a direct-entry midwife, your first midwifery qualification)?</p> <p>In Australia? <input type="text"/></p> <p>In Western Australia? <input type="text"/></p>	<p>8. Do you identify as being of Aboriginal or Torres Strait Islander origin?</p> <p>No <input type="checkbox"/>_1</p> <p>Yes <input type="checkbox"/>_2</p>
	<p>9. Are you an Australian citizen?</p> <p>Yes, Australian citizen <input type="checkbox"/>_1</p> <p>No, Permanent resident <input type="checkbox"/>_2</p> <p>No, temporary resident <input type="checkbox"/>_3</p> <p>No, on a working visa <input type="checkbox"/>_4</p>
	<p>10. 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

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:

- working 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.

11. LAST WEEK were you

Employed in nursing/midwifery? 1 **Go to Q16**

Employed in nursing/midwifery but on leave for less than 3 months? 2 **Go to Q16**

Employed in nursing/midwifery but on leave for 3 months or more? 3 **Go to Q16**

Not employed in nursing/midwifery? 4 **Go to Q13**

12. LAST WEEK were you

Working, but not at all in nursing/midwifery? 1

Not working at all? 2

Overseas? 3

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

Last year in nursing Last year in midwifery

Never worked in nursing 1

Never working in midwifery 2

14. 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 1

No, because about to start working in nursing/midwifery 2

Yes, looked for full-time work 3

Yes, looked for part-time work 4

Go to Q25

15. Please tick the main reason for not working in nursing/midwifery

Not yet commenced 1

Retirement from workforce 2

Family responsibility 3

Postgraduate study in other profession 4

Change in career 5

Other: (Please specify) _____

Your nursing/midwifery job

Please answer all questions only in respect of your usual job(s) in a typical week. If you are currently on leave, please answer all questions in respect of your usual job(s) in a typical week, rather than 'last week'.

16. In your job LAST WEEK, did you work

Only in Western Australia? 1

Mainly in Western Australia, but also in another state(s)? 2

Mainly in another state(s)? 3

Only in another state(s)? 4

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

Yes 1 (Please specify length of absence)

Years & Months

No 2

18. What type of care did you deliver in your job(s) LAST WEEK and how many hours would you allocate to each?

(Include hours and minutes)

Inpatient 1

Outpatient 2

Both inpatient and outpatient 3

Residential 4

Community based 5

Developmental disability service 6

Aboriginal health service 7

Other clinical 8

Non-clinical nursing 9

19. In which category did you work LAST WEEK and how many hours did you allocate to each? (Tick all that apply)

	Privately Operated	Publicly operated
Hospital	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 1
Psychiatric hospital/mental health facility	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 2
Outpatient clinic	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 3
Day procedure centre	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 4
Residential aged care centre	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 5
Hospice	<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6
Other residential care facility	<input type="checkbox"/> <input type="checkbox"/> 7	<input type="checkbox"/> <input type="checkbox"/> 7
Community health service	<input type="checkbox"/> <input type="checkbox"/> 8	<input type="checkbox"/> <input type="checkbox"/> 8
Defence force facility		<input type="checkbox"/> <input type="checkbox"/> 9
Government department		<input type="checkbox"/> <input type="checkbox"/> 10
GP's practice	<input type="checkbox"/> <input type="checkbox"/> 9	
Specialist's rooms/practice	<input type="checkbox"/> <input type="checkbox"/> 10	<input type="checkbox"/> <input type="checkbox"/> 11
School	<input type="checkbox"/> <input type="checkbox"/> 11	<input type="checkbox"/> <input type="checkbox"/> 12
Commercial/industry/business	<input type="checkbox"/> <input type="checkbox"/> 12	
Tertiary institution (higher education/vocational education/training)	<input type="checkbox"/> <input type="checkbox"/> 13	<input type="checkbox"/> <input type="checkbox"/> 13
Other	<input type="checkbox"/> <input type="checkbox"/> 14	<input type="checkbox"/> <input type="checkbox"/> 14

20. What was the postcode and location of your work?

	Main Job	2nd Job
Post code	<input type="text"/>	<input type="text"/>
	3rd job	4th Job
	<input type="text"/>	<input type="text"/>
Main job location (suburb/town)	<input type="text"/>	
2 nd job location (suburb/town)	<input type="text"/>	
3 rd job location (suburb/town)	<input type="text"/>	
4 th job location (suburb/town)	<input type="text"/>	

21. How many hours did you work LAST WEEK?

	Main job	2nd job	3rd job	4th job
Permanent	<input type="text"/> _1	<input type="text"/> _5	<input type="text"/> _8	<input type="text"/> _12
Casual	<input type="text"/> _2	<input type="text"/> _6	<input type="text"/> _9	<input type="text"/> _13
Fixed term or temporary contract	<input type="text"/> _3	<input type="text"/> _7	<input type="text"/> _10	<input type="text"/> _14
Own business	<input type="text"/> _4	<input type="text"/> _8	<input type="text"/> _11	<input type="text"/> _15

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

	Main job	2nd job	3rd job	4th job
Yes	<input type="text"/> _1	<input type="text"/> _3	<input type="text"/> _5	<input type="text"/> _7
No	<input type="text"/> _2	<input type="text"/> _4	<input type="text"/> _6	<input type="text"/> _8

23. What type of classification or level did you deliver in your job(s) LAST WEEK and how many hours would you allocate for each?

(include hours and minutes)

Mothercraft Nurse	<input type="text"/> _1
Enrolled Nurse	<input type="text"/> _2
Registered Nurse Level 1-9	<input type="text"/> _3
Clinical Nurse Level 2	<input type="text"/> _4
Community Nurse	<input type="text"/> _5
Senior Registered Nurse Level 1-4	<input type="text"/> _6
Senior Registered Nurse Level 5-8	<input type="text"/> _7
Senior Registered Nurse Level 9-10	<input type="text"/> _8
Higher Education or TAFE Lecturer	<input type="text"/> _9
Nurse Practitioner	<input type="text"/> _10
Non-nursing Award	<input type="text"/> _11
Professor/Academic	<input type="text"/> _12
Other (please specify)	<input type="text"/> _13

<input type="text"/>	←
<input type="text"/>	↓

24. Approximately how many hours did your 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

	<u>Number of hours</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"/>

Post registration study

25. 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 management or clinical practice

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

Yes _1 **Go to Q26**
 No _2 **Go to Q27**

26. 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

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

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

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

Yes _1 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 Q32A & 32B

No _2 Please go to Q35A on the next page for directions to record your 'area of practice' in your job(s) (column 1 & 2)
Go to Q32A

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

32A. For the area of practice in your job(s), mark one principal area & one specialty area for each job. For 'Main job' mark column 1 next to the categories best describing your activity and, if applicable, mark column 2 for your '2nd job'.

32B. For study courses mark all subjects/fields studied (not the course name) in column 3 next to the categories best describing the principal & specialty 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	01 ...	01.....	01
Emergency/trauma	02 ...	02.....	02
High dependency	03 ...	03.....	03
Intensive care	04 ...	04.....	04
Neonatal intensive care	05 ...	05.....	05
Neonatology/neonatal nursery	06 ...	06.....	06
Paediatric critical care	07 ...	07.....	07
Retrieval	08 ...	08.....	08
Other/across more than one area	09 ...	09.....	09
Mixed medical/surgical			
	Area of practice		Study field
Paediatrics	10 ...	10.....	10
Other/across more than one area	11 ...	11.....	11
Medical nursing			
	Area of practice		Study field
Cardiology	12 ...	12.....	12
Endocrinology	13 ...	13.....	13
Gastroenterology	14 ...	14.....	14
Neurology	15 ...	15.....	15
Infection control	16 ...	16.....	16
Oncology/haematology	17 ...	17.....	17
Palliative care	18 ...	18.....	18
Renal medicine/nephrology	19 ...	19.....	19
Respiratory	20 ...	20.....	20
General Medical nursing	21 ...	21.....	21
Other/across more than one area	22 ...	22.....	22
Surgical nursing			
	Area of practice		Study field
Burns & plastics	23 ...	23.....	23
Cardiothoracic	24 ...	24.....	24
Ear, nose & throat	25 ...	25.....	25
Gastro-intestinal	26 ...	26.....	26
Neurosurgical	27 ...	27.....	27
Ophthalmology	28 ...	28.....	28
Orthopaedic	29 ...	29.....	29
Gynaecology	30 ...	30.....	30
Urology	31 ...	31.....	31
Vascular	32 ...	31.....	32
Wound management	33 ...	33.....	33
General surgical nursing	34 ...	34.....	34
Other/across more than one area	35 ...	35.....	35
Perioperative			
	Area of practice		Study field
Anaesthetic	36 ...	36.....	36
Perioperative	37 ...	37.....	37
Recovery	38 ...	38.....	38
Other/across more than one area	39 ...	39.....	39
Midwifery			
	Area of practice		Study field
Antenatal	40 ...	40.....	40
Labour	41 ...	41.....	41
Postnatal	42 ...	42.....	42
Maternal & child health	43 ...	43.....	43
Other/across more than one area	44 ...	44.....	44

	Column 1 Main job	Column 2 2 nd job	Column 3 Study field
Aged care			
	Area of practice		Study field
Continence	45 ...	45.....	45
Gerontology	46 ...	46.....	46
Other/across more than one area	47 ...	47.....	47
Rehabilitation-disability			
	Area of practice		Study field
Disability	48 ...	48.....	48
Rehabilitation	49 ...	49.....	49
Developmental disability	50 ...	50.....	50
Other/across more than one area	51 ...	51.....	51
Mental Health			
	Area of practice		Study field
Adult mental health	52 ...	52.....	52
Child & adolescent mental health	53 ...	53.....	53
Forensic	54 ...	54.....	54
Psycho-geriatric	55 ...	55.....	55
Rural and remote mental health	56 ...	56.....	56
Other/across more than one area	57 ...	57.....	57
Family & child health			
	Area of practice		Study field
Family planning	58 ...	58.....	58
Family, youth & child health	59 ...	59.....	59
Infertility & assisted reproduction	60 ...	60.....	60
Lactation	61 ...	61.....	61
Men's health	62 ...	62.....	62
Paediatric & child health	63 ...	63.....	63
School health	64 ...	64.....	64
Sexual health	65 ...	65.....	65
Women's health	66 ...	66.....	66
Other/across more than one area	67 ...	67.....	67
Community health			
	Area of practice		Study field
Asthma education & management	68 ...	68.....	68
Alcohol & substance abuse	69 ...	69.....	69
Correctional facility nursing	70 ...	70.....	70
Diabetes education & management	71 ...	71.....	71
Health education/disease management	72 ...	72.....	72
Health promotion	73 ...	73.....	73
Indigenous health	74 ...	74.....	74
Medical practice nurse	75 ...	75.....	75
Public health	76 ...	76.....	76
Rural & remote health	77 ...	77.....	77
Transcultural nursing	78 ...	78.....	78
Other/across more than one area	79 ...	79.....	79
Other			
	Area of practice		Study field
Nurse or midwifery education	80 ...	80.....	80
Pathology/laboratory	81 ...	81.....	81
Policy	82 ...	82.....	82
Research	83 ...	83.....	83
Administration/management	84 ...	84.....	84
No one area of practice	85 ...	85.....	85
Other (Please specify)	86 ...	86.....	86
<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

Thank you very much for your time.