

# Nursing & Midwifery Labour Force Census 2003

## South Australia

The following information about practising and non-practising nurses and midwives is being collected by the government health authority in your State/Territory, with the cooperation of your registration board. The data from all jurisdictions will be collated by the Australian Institute of Health and Welfare (AIHW) into a national data set. The information will be used only to compile statistics for the purposes of national, state and regional planning. Your cooperation in completing this form will greatly contribute to building an accurate picture of the nursing profession in your State/Territory and Australia.

There are no identifying features on this form, and your confidentiality is assured.

While the Board facilitates the distribution of the survey, it does not form part of your application for renewal of registration

Queries regarding this census can be directed to (08) 8223 9700 or email [ceo-registrar@nursesboard.sa.gov.au](mailto:ceo-registrar@nursesboard.sa.gov.au)

**Please return your completed questionnaire to: The Nurses Board of South Australia**  
**PO Box 7176 Hutt Street, ADELAIDE SA 5000**

To look at summary statistics from previous Nurse Labour Force Surveys, or to browse through the full range of health statistics held by the AIHW, visit the Institute's Internet Home Page at [www.aihw.gov.au](http://www.aihw.gov.au)

**NOTE: Unless otherwise indicated, when answering the questions, please use a black pen to place a tick  in the appropriate boxes or print your answers clearly where written responses are required.**

**Note: Please answer each part of Question 1.**

**1a.** Are you a Registered nurse? Yes <sup>1</sup> No <sup>2</sup>

**1b.** Are you an Enrolled nurse? Yes <sup>1</sup> No <sup>2</sup>

**1c.** Are you authorised by your nurses' board to practise as a Midwife? Yes <sup>1</sup> No <sup>2</sup>

**1d.** Are you a Mothercraft nurse? Yes <sup>1</sup> No <sup>2</sup>

**1e.** Are you authorised by your nurses' board to practise as a Psychiatric nurse/Mental health nurse? Yes <sup>1</sup> No <sup>2</sup>

**1f.** Are you authorised by your nurses' board to practise as a Nurse Practitioner? Yes <sup>1</sup> No <sup>2</sup>

**2.** In what year did you **first** become a registered or enrolled nurse or midwife in Australia?

**3.** Where did you receive your **first** nursing qualification? Australia <sup>1</sup> (please specify State)   
 Overseas <sup>2</sup> (please specify country)

**4.** For how many years since you **first** registered/enrolled have you worked as a nurse or midwife in Australia? (i.e. the number of years worked, either full-time or part-time, since you first registered or enrolled, less time spent not working as a nurse or on unpaid leave. Answer to the nearest year.)

**5.** Sex Male <sup>1</sup> Female <sup>2</sup>

**6.** Year of birth

**7.** Are you of Aboriginal or Torres Strait Islander origin? No <sup>1</sup>  
 (For persons of both Aboriginal and Torres Strait Islander origin, tick both 'yes' boxes) Yes, Aboriginal <sup>2</sup>  
 Yes, Torres Strait Islander <sup>3</sup>

**8.** Are you an Australian citizen? Yes, Australian citizen <sup>1</sup>  
 (please tick one box only) No, Permanent Resident <sup>2</sup>  
 No, Temporary Resident <sup>3</sup>

**9.** What is the postcode and location of your usual residence? (if in Australia)      
 Location (suburb/town) or country, if overseas



Please answer the rest of the questions with reference to your **nursing/midwifery job last WEEK** (or a typical week, if you were on leave, on higher duties or on secondment) in South Australia.

If you had more than one job last week in the field of nursing/midwifery, please answer for both your **main job** (in which you worked the most hours) and your **2<sup>nd</sup> job** (in which you worked the next most hours), where indicated. (Answer to the nearest hour.)

		Main job	2nd job
13.	What sector were you working in last WEEK?		
	Public	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Private	<input type="checkbox"/> 2	<input type="checkbox"/> 2
14.	Was your job		
	Permanent	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Casual	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Fixed term or temporary contract	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	Own business or other	<input type="checkbox"/> 4	<input type="checkbox"/> 4
15.	Were you employed through, or paid by, a nursing agency last WEEK?		
	Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 2	<input type="checkbox"/> 2

		Main job	2nd job
16.	Approximately how many hours did you work in your job(s) last WEEK?		
	Paid (regular hours)	<input type="text"/> 1	<input type="text"/> 1
	Paid (overtime hours)	<input type="text"/> 2	<input type="text"/> 2
	Unpaid (extra hours)	<input type="text"/> 3	<input type="text"/> 3
	Total (including paid and unpaid overtime nursing work)	<input type="text"/> 4	<input type="text"/> 4

		Main job	2nd job
17.	Approximately how many hours did you spend last WEEK performing the following core roles? (Include paid and unpaid overtime.)		
	Clinical (direct patient care)	<input type="text"/> 1	<input type="text"/> 1
	Clinical management (managing clinical nurses/midwives)	<input type="text"/> 2	<input type="text"/> 2
	Supervision/support for students or new nurses/midwives	<input type="text"/> 3	<input type="text"/> 3
	Nurse/midwifery administration/management (incl. meetings)	<input type="text"/> 4	<input type="text"/> 4
	Lecturing, Nurse/midwifery education, Clinical education	<input type="text"/> 5	<input type="text"/> 5
	Research	<input type="text"/> 6	<input type="text"/> 6
	Other nursing/midwifery activity (please specify activity)	<input type="text"/> 7	<input type="text"/> 7
Other activity related to nursing/midwifery (please specify activity)	<input type="text"/> 8	<input type="text"/> 8	

		Main job	2nd job
18.	Which of the following best describes the classification or level of your job(s) last WEEK? (please tick only one box for each job)		
	Enrolled Nurse	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	Level 1 Registered Nurse	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	Level 1 Nurse Specialist	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	Level 2 Clinical Nurse	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	Level 3 Nurse Practitioner	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	Level 3 Clinical Nurse Consultant	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	Level 3 Nurse Manager	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	Level 3 Staff Development/Education	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	Level 4 Clinical	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	Level 4 Management	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	Level 4 Staff Development/Education	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	Level 5 Director of Nursing	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	Higher Education or TAFE Lecturer	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	Professor/Academic	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	Non-Nursing Award (please specify)	<input type="text"/> 15	<input type="text"/> 15
Other (please specify)	<input type="text"/> 16	<input type="text"/> 16	

19. Select the category that best describes the principal place where you worked, **last WEEK**  
(please tick only one box for each job)

	Main job	2nd job
Psychiatric hospital	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Other hospital	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Mental health facility	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Day procedure centre	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Residential aged care service	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Domicilliary care	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Hospice	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Community health centre	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Rural hospital and health services/Multipurpose service	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Developmental disability service	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Doctors' Rooms/Medical Practice	<input type="checkbox"/> 11	<input type="checkbox"/> 11
School	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Tertiary institution (higher education or vocational education & training)	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Other (please specify)	<input type="text"/>	<input type="text"/>

20. What was the postcode and location (suburb/town) of that place of work?  
(i.e. the postcode and location (suburb/town) where the premises are located, not the postcode of the P.O. Box.)

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

21. Please enter the code from the list below that **best** describes your principal area of activity in your job(s) **last WEEK**  
(please enter one code only for your main job and one code only for your 2nd job, if any)

Main job	2nd job (if any)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>Medical nursing</b> 01 Cardiology 02 Endocrinology 03 Gastroenterology 04 Medical nursing 05 Neurology 06 Oncology/Haematology 07 Palliative care 08 Renal medicine 09 Respiratory 10 Across all above areas  <b>Surgical nursing</b> 11 Burns 12 Cardiothoracics 13 Ear, nose & throat 14 Gastro-intestinal nursing 15 Neurosurgical 16 Ophthalmology 17 Orthopaedic 18 Plastics 19 Surgical nursing 20 Urology 21 Vascular 22 Across all above areas  <b>Perioperative</b> 23 Anaesthetic 24 Perioperative 25 Recovery 26 Across all above areas	<b>Midwifery</b> 27 Antenatal 28 Labour 29 Postnatal 30 Maternal and child health 31 Across all above areas  <b>Critical care</b> 32 Cardiac/Coronary care 33 Cardiothoracic 34 Critical care 35 Emergency 36 High dependency 37 Intensive care 38 Neonatal intensive care 39 Paediatric critical care 40 Retrieval 41 Across all above areas  <b>Family and Child Health nursing</b> 42 Family planning 43 Family, youth and child health 44 Infertility & assisted reproduction 45 Men's health 46 Paediatric and child health 47 School health 48 Women's health 49 Across all above areas  <b>Community health nursing</b> 50 Community health 51 Health promotion 52 Indigenous health 53 Medical Practice nurse 54 Public health 55 Sexual health 56 Across all above areas
	<b>Aged care</b> 57 Aged care 58 Gerontology 59 Across all above areas  <b>Mental health nursing</b> 60 Adult mental health 61 Child and adolescent mental health 62 Forensic 63 Psychogeriatric 64 Across all above areas  <b>Rehabilitation-disability</b> 65 Disability 66 Rehabilitation 67 Across all above areas  <b>Other</b> 68 Alcohol & other substance abuse 69 Health education/disease management <i>(eg stomal therapy, diabetes, asthma, continence)</i> 70 Infection control 71 Informatics 72 Management 73 Nurse education 74 Nurse practitioner 75 Occupational Health And Safety 76 Policy 77 Quality management 78 Research 79 Rural and remote health 80 No one area of practice 81 Other (please specify)
	<input type="text"/>

There are no further questions. Thank you very much for your time. Please return this form to the address at the top of the form.