

Australian Government

Australian Institute of
Health and Welfare

Nursing labour force, Victoria, 2003

Introduction

Concerns about the current and future capacity of the nursing workforce have led to a number of national reviews, including *The National Review of Nursing Education* (DEST 2002) and the Senate Community Affairs Committee Inquiry into Nursing (SCAC 2002). In addition to these, the *Victorian Auditor-General's Performance Audit of Nurse Work Force Planning* (Auditor General Victoria 2002) conducted a 2002 study into issues associated with nursing shortages. The focus of the audit was on structures and activities within the Victorian Department of Human Services (DHS) and Victorian public hospitals and health services, and links with the higher education sector. The report identified issues with ageing, attrition and agency usage, while acknowledging progress made since 2000. Further, despite the overall increase in nurse numbers, the trend towards part-time work, combined with population growth, has had the net effect of reducing nursing supply per head of population. Recognition of these factors is crucial in workforce planning to ensure an adequate supply of nurses in the future.

This report was commissioned and funded by the DHS (Nurse Policy Branch) to assist with its policy strategies and planning to address these issues. The report focuses on changes in nurses' work patterns over time, particularly hours and areas of clinical work, and is part of a series of studies on nurse workforce issues being coordinated by the Victorian DHS.

Where appropriate, comparisons have been made with data drawn from earlier Nursing Labour Force Surveys. To view the full range of information available, please visit the Institute's website <www.aihw.gov.au/publications>.

CONTENTS

Introduction	1
Explanatory notes	2
Overview	3
All nurse registrations	4
Size	4
Labour force status	5
The nurse workforce	8
Overall nursing supply	8
Work patterns	9
Sector of employment and work setting	10
Distribution across areas of activity	12
Additional tables	17
Glossary	21
Symbols and other usages	23
References	23

15 Bulletin

Nursing Labour Force, Victoria, 2003

Explanatory notes

Method

The labour force data in this publication were obtained from the Victorian component of the nursing labour force surveys conducted by each state and territory nurses registration board on behalf of the Australian Institute of Health and Welfare (AIHW). A survey questionnaire is sent to all nurses as part of the registration renewal process.

Scope and coverage

The Nursing Labour Force Survey, Victoria, covers all nurses registered with the Nurses Board of Victoria and eligible to practise. The coverage may exclude nurses who registered for the first time during the current year. In Victoria all nurses are registered. There are five divisions, of which only division 1 and division 2 are active (i.e. open to new registrations). In this report, where data show divisions 1 and 2 separately, divisions 3, 4 and 5 are included in the table totals, and this is footnoted where relevant.

Response rate

Based on the total registrations in Victoria, the response rate to the survey was 59.1%. However, complete data were not available for all responding nurses because not all survey questions were completed. The overall response rate can only be estimated, not measured with complete accuracy. It is known that some nurses who were registered in more than one state/territory completed a questionnaire in just one state/territory. It is not known how often this occurs because survey records cannot be matched across states/territories.

Labour force estimates

The figures produced from the Nursing Labour Force Survey are estimates of the whole nurse population of active registrations. Estimates of characteristics other than age and sex are based on the assumption that survey non-respondents had the same labour force characteristics as respondents. Age and sex data were available from the Nurses Board of Victoria, whereas missing survey data were estimated based on the distribution of survey responses. In 2001, a new survey estimation method was introduced to improve processing. For consistency across surveys, data for surveys prior to this have been revised using the new method and, as a result, pre-2001 figures presented in this report are different from estimates published in the past.

Rounding of estimates may result in numbers not adding up to totals in some tables.

Full-time equivalent (FTE) estimates of nursing supply

The Victorian DHS bases its calculations of FTE supply of the health workforce on a 38-hour working week and to correspond with this, the FTE estimates in this report are also based on a 38-hour week.

Break in series

In 2003 there were substantial changes to the survey questionnaire. The main changes were:

- a large expansion of the categories of work activity;
- a narrower scope to the definition of post-registration qualifications;
- an expansion of the categories for field of post-registration qualifications; and
- an increase in the information relating to hours worked.

As result of this break in series, estimates are not directly comparable over time.

Overview

This overview provides a summary of the detailed nursing labour force survey data presented in this publication. It is designed to integrate, at a very broad level, the main analyses and findings. The content reflects particular areas of interest identified by the Nurse Policy Branch in the Victorian DHS.

Context

Concerns, at both national and state levels, about the capacity of the nursing workforce were identified above as stemming from an environment of insufficient nurses and a trend towards part-time work which, combined with population growth, may have had the net effect of reducing the supply of nurses relative to the population. The ageing nurse workforce is also of concern.

Findings

The first part of the report provides an in-depth analysis of characteristics of the 75,852 nurses registered in Victoria in 2003. This was undertaken to identify any differences between the 68,687 who were employed in nursing in Victoria and those who were not. It was found that age, citizenship and country of initial qualifications were not factors, but location of residence appeared to have a small effect across nurse divisions.

On the other hand, possession of post-registration qualifications did appear to have some relationship with employment. Employed nurses in Victoria were more likely to hold post-registration qualifications than were nurses not employed in nursing. Nevertheless, nurses who were not employed in nursing and not looking for work in nursing (over 3,500 in 2003) may be viewed as a source of skills which, in an environment conducive to attracting them to nursing work, might be tapped to provide a prompt response to nursing shortages. More than 40 per cent of these nurses were working in jobs other than nursing.

The report then focuses on the actual supply of nurses in 2003 and changes over the previous few years, followed by an analysis of changes in working patterns of those delivering nursing care. Data show there was, in fact, a reduction in supply in Victoria over the period 1995 to 1999. The number of nurses working in nursing declined steadily to a low in 1999. At the same time, the number of nurses working part-time increased, further reducing supply. In 2001 this trend reversed until 2003, by which time the level of nursing supply had only returned to 1995 levels. Between 1995 and 2003, the Victorian general population increased by 8.9%. The Victorian nurse workforce aged steadily by around 1 year every 2 years from 1995 until 2001, after which the average age stabilised. This was evident for males and females and in both 'active' nurse divisions.

Finally, the distribution of nurses' post-registration qualifications across areas of nursing activity was explored. For workforce planning purposes, nurses' qualifications and their utility in nursing is important information for gauging skill supply across the different areas of nursing. The survey data show that around half of employed nurses held post-registration qualifications, but only half of those nurses worked in an area of nursing activity directly corresponding to their qualification field, based on a matching schema devised by the DHS and AIHW. Further, the utility of nurse post-registration qualifications varied across nursing areas. For example, there appeared to be more holders of midwifery qualifications than opportunities for working directly in midwifery, and the reverse was the case in some other areas of activity.

All of these comparisons have provided useful information to address specific shortages in the nurse workforce, in particular the new analysis work on the utility of qualifications.

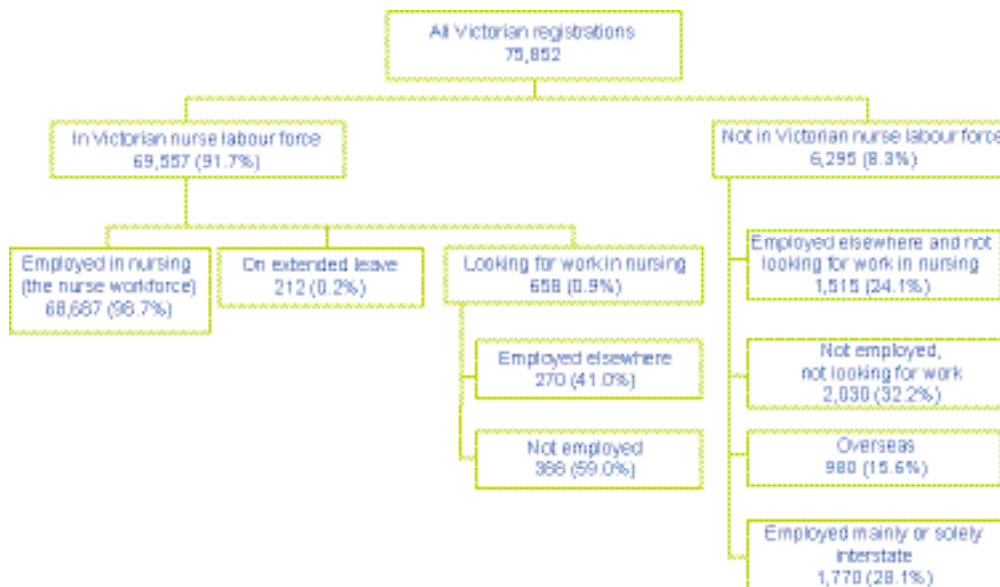
Nursing Labour Force, Victoria, 2003

All nurse registrations

Size

There were 75,852 nurse registrations in Victoria in 2003 and the majority (91.7% or 69,557) were in the Victorian nurse labour force (Figure 1). Of these, 68,687 (98.7%) were employed in nursing, 212 (0.3%) were on extended leave for 3 months or more and 658 (0.9%) were looking for work in nursing. Of nurses registered in Victoria who were not in the Victorian nurse labour force (6,295 nurses), around one in four (24.1% or 1,515) were employed in other occupations and not looking for work in nursing, one in three (32.2% or 2,030) were not employed and not looking for work, and over one in four (28.1% or 1,770) were employed in nursing but mainly or only working interstate.

Figure 1: All nurse registrations^(a) in Victoria, 2003



(a) Includes all divisions of nurses.

Source: Nursing Labour Force Survey, Victoria, 2003.

The 68,687 nurses working in nursing in Victoria (the nurse workforce) in 2003 was a 7.6% increase from 2001 (63,807), representing the largest percentage increase over the 1995 to 2003 period, after some fluctuation over that time (Table A1). From 1995 to 1999 the nurse workforce declined (from 63,346 to 61,342 nurses) before increasing. The 658 nurses looking for work in nursing in 2003 was a drop of 35.9% from 2001, continuing a steady decline from 1,702 in 1997.

Overall, from 1995 to 2003, the Victorian nursing labour force increased by 4.7% (from 66,477 to 69,557), while the general population in Victoria increased by 8.9% (from 4,517,378 to 4,917,394 people) (ABS 2003).

Nurses who were not employed in nursing and not looking for work in nursing, may be viewed as a source of skills which, in an environment conducive to attracting them to nursing work, might be tapped to provide a prompt response to nursing shortages. This group numbered 3,545 nurses in 2003, the highest over the period from 1995 to 2003. The lowest was 2,562 nurses in 2001.

Labour force status

Demographics

This section primarily provides information on division 1 and division 2 registered nurses (those open to new registrations) and whether they were working in nursing. Although small in number (3.3% of those in the Victorian nurse labour force), division 3–5 nurses (the ‘closed’/‘inactive’ divisions) are included in the totals to complete the picture of nurse registrations. (Divisions are defined in the Explanatory notes and the Glossary.)

In 2003, division 1 nurses employed in nursing were, on average, younger (41.6 years) than their colleagues in division 2 (43.0 years), and they were slightly less likely to be male (7.2% male compared with 8.2%) (Table 1). The pattern was similar for nurses looking for work in nursing. They were younger on average in division 1 (41.4 years) than division 2 (42.9 years) and the male proportion was lower (4.5% and 5.8%, respectively).

The above comparison shows that age in these two divisions was not a factor in whether or not they were employed. Also, there was little difference in the average age of nurses employed in all divisions (42.1 years), those looking for work in nursing (41.7 years) and those not looking for work in nursing (42.0 years).

Characteristics of citizenship and country of initial qualifications also had little influence on labour force status (Table A2). The proportions of employed Australian citizen nurses across divisions ranged from 92.9% to 93.7% and the proportions for those who were not employed in nursing ranged from 92.4% to 93.5%. Similarly, across divisions the proportions of employed nurses who obtained their initial qualification in Australia ranged from 87.0% to 94.1% and, of those who were not employed in nursing, the proportions ranged from 89.5% to 90.3%.

Location

In 2003, two-thirds (65.6%) of all nurses with registration in Victoria reported residing in metropolitan areas and the remainder were in non-metropolitan areas (Table 2). However, the proportion of the Victorian population living in metropolitan areas was closer to three-quarters (72.6%) (based on a 2003 population distribution provided by the Victorian DHS).

Table 1: Nurse registrations: labour force status, average age and proportion male, 2003

	Division 1 nurses			Division 2 nurses			All nurses ^(a)		
	Number	Average age	% male	Number	Average age	% male	Number	Average age	% male
Employed in nursing, mainly or only in Victoria	50,413	41.6	7.2	16,004	43.0	8.2	68,687	42.1	8.3
On extended leave	151	38.3	4.3	52	42.0	4.0	212	39.4	4.0
Looking for work in nursing	453	41.4	4.5	171	42.9	5.8	658	41.7	5.6
Overseas	738	35.0	12.8	214	37.8	11.1	980	35.7	13.2
Not looking for work in nursing	2,465	42.1	7.8	960	41.6	7.2	3,545	42.0	7.9
Employed mainly or only interstate	1,282	41.1	8.8	418	41.6	12.1	1,770	41.4	11.0
Total nurse registrations	55,503	41.5	7.3	17,820	42.8	8.2	75,852	41.9	8.4

(a) Includes division 3, 4 and 5 nurses.

Source: Nursing Labour Force Survey, Victoria, 2003.

Nursing Labour Force, Victoria, 2003

The metropolitan/non-metropolitan distribution of registered nurses showed different patterns for division 1 and division 2 nurses. Over two-thirds (69.0%) of division 1 nurses lived in metropolitan areas and the remainder lived in non-metropolitan areas of Victoria. For division 2 nurses, the distribution was closer to half and half (55.3% and 44.7%, respectively).

The picture was similar for division 1 nurses employed only or mainly in Victoria, those looking for work in nursing and those not looking for work in nursing (between 62% and 70% residing in metropolitan areas). For division 2 nurses, just over half of those employed only or mainly in Victoria and those looking for work in nursing lived in metropolitan areas, but those not looking for work in nursing were much more likely to live in metropolitan areas (63.2%).

Conversely, those employed only or mainly interstate were more likely to reside in non-metropolitan areas (66.0% of division 1 nurses, 64.8% of division 2 nurses and 65.5% overall). This is most likely because there are no metropolitan areas near the Victorian state boundary. For example, Wodonga, which is one of the largest population centres situated on the boundary, is classified as a large rural centre. Wodonga is adjacent to the New South Wales town of Albury, and it is likely that many people living in either town cross to the other to work.

Qualifications

In 2003, employed nurses in Victoria were more likely to hold post-registration qualifications (38.2%, or 26,252) than nurses who were registered but not employed in nursing (33.7%, or 1,187) (Table 3). Of those employed, almost half of division 1 nurses (45.0%, or 22,699) held post-registration qualifications compared with around one in five (18.0%, or 2,884) division 2 nurses. The picture was different for those not employed in nursing, with around a third of both division 1 (32.9%) and division 2 (35.5%) nurses holding such qualifications.

Table 2: Nurse registrations: labour force status and location^(a) of residential address, 2003

	Division 1 nurses		Division 2 nurses		Total ^(b)		
	Metropolitan area	Non-metropolitan area	Metropolitan area	Non-metropolitan area	Metropolitan area	Non-metropolitan area	Not stated ^(c)
Employed in nursing, only or mainly in Victoria	34,478	15,129	8,651	7,094	44,527	23,058	1,102
On extended leave	110	38	30	21	148	60	4
Looking for work in nursing	272	146	83	74	370	232	56
Overseas	203	125	67	18	275	154	551
Not looking for work in nursing	1,492	805	558	325	2,126	1,164	254
Employed only or mainly interstate	106	206	45	83	155	294	1,321
Total nurse registrations	36,661	16,449	9,434	7,615	47,601	24,962	3,289

(a) Location is based on a classification provided by the Victorian Department of Human Services.

(b) Includes division 3, 4 and 5 nurses.

(c) Comprises nurses who did not provide their location. Percentage calculations in the text exclude these nurses.

Source: Nursing Labour Force Survey, Victoria, 2003.

With a total of 9,320 qualifications¹, generic/other fields predominated, both for nurses working and those not working. Across specific fields, post-registration qualifications in critical care/emergency (7,366) and midwifery (7,139) were most frequently held, followed by the medical/surgical field (4,782). Again, this was irrespective of whether or not nurses were employed in nursing.

Division 2 nurses' qualifications were distributed differently from the overall pattern. They were more likely to be in the field of medical/surgical (641) and aged care (554) for qualification holders employed in nursing, and in critical care/emergency (138) or midwifery (121) for qualification holders not employed in nursing.

Table 3: Nurse registrations: post-registration qualifications, 2003^(a)

Field of qualification	Employed in nursing			Not employed in nursing ^(b)		
	Division 1 nurses	Division 2 nurses	Total ^(c)	Division 1 nurses	Division 2 nurses	Total ^(c)
<i>Nurses without post-registration qualifications</i>	27,714	13,120	42,435	2,554	902	3,578
<i>Nurses with post-registration qualifications</i>	22,699	2,884	26,252	1,253	496	1,817
Total nurses	50,413	16,004	68,687	3,807	1,398	5,395
Qualifications held^(d)	38,690	4,425	44,174	2,136	854	3,081
Critical care/emergency	6,613	195	6,852	361	138	514
Perioperative	2,198	172	2,384	106	40	148
Medical/surgical, incl. gynaecology	3,800	641	4,489	211	78	293
Midwifery	6,461	151	6,670	337	121	469
Clinical support/ coordination/assessment	649	138	812	31	16	48
Family and child health	2,152	92	2,290	129	52	186
Community health	2,702	251	3,048	180	49	238
Mental health	1,251	230	1,770	66	27	102
Aged care	1,616	554	2,207	91	29	125
Development disability	39	43	107	6	6	12
Disability/rehabilitation	357	179	541	18	12	32
Management/administration	2,622	224	2,943	111	71	190
Education	1,228	109	1,362	76	26	104
Generic and other courses	7,003	1,445	8,700	413	190	620

(a) Includes hospital-based certificates and tertiary qualifications in nurse management and clinical nursing. In 2003, the scope of qualifications/courses changed to exclude in-service/continuing education sessions, refresher/re-entry courses or those less than 6 months' duration.

(b) Includes nurses on extended leave, overseas, nurses working but not in nursing and nurses not working. Excludes nurses working interstate.

(c) Includes division 3, 4 and 5 nurses.

(d) Qualifications total more than the number of nurses because nurses can hold more than one qualification.

Source: Nursing Labour Force Survey, Victoria, 2003.

1. Qualifications total more than the number of nurses because nurses can hold more than one qualification.

Nursing Labour Force, Victoria, 2003

The nurse workforce

The supply of nurses is a cornerstone of health workforce planning. Nursing supply in Victoria shows changes in average hours worked directly affecting supply over the period 1995 to 2003. At the same time, although nursing supply increased in recent years, the Victorian population has increased at an even greater rate.

This section presents information on employed nurses (the nurse workforce), their characteristics and how the pattern of their work affects overall supply.

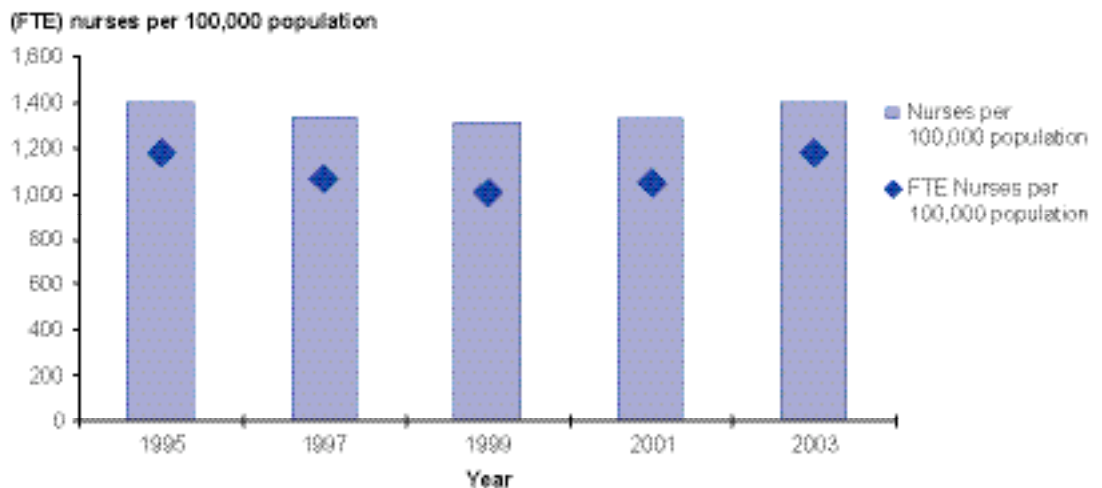
Overall nursing supply

Because a high proportion of nurses work part-time, the use of the population-standardised head-count is limited as an indicator of nurse supply. It is more appropriate to assess the supply of labour through full-time equivalent (FTE) nurse numbers, which have been adjusted for the number of hours worked.

The concept of a full-time equivalent depends on what may reasonably be regarded as a full-time job. FTE calculations in this publication are based on the standard full-time working week for nurses in Victoria of 38 hours per week. The FTE (supply) in this report is based on the total hours worked, divided by 38 hours for all nurses.

An FTE example: a nurse working 68 hours per week represents 1.8 FTE and one working 19 hours represents 0.5 FTE. This method provides a measure of the actual supply of nursing by taking into account nurses working part-time, those regularly working more than 38 hours per week as well as nurses who, due to difficulties filling rosters, work additional shifts to maintain the same level of service. Consequently, FTE (supply) measures how many 38-hour week workloads are being worked by nurses.

Figure 2: Employed nurses: nurse rate and full-time equivalent (FTE) rate^(a) in Victoria, 1995 to 2003



(a) Calculations of FTE are based on a 38-hour week.

Source: Nursing Labour Force Survey, Victoria, 1995 to 2003.

A feature of the nurse workforce is a lower FTE per 100,000 population of nursing supply than the rate of nurses in the population. This is because the hours they work per week (32.1 in 2003) average less than 38. The measure of supply also hinges on population size, and for this reason FTE per 100,000 population (the FTE rate) is used to compare supply over time or between areas, as well as the number of nurses per 100,000 population (the nurse rate).

On this basis, the Victorian FTE rate in 2003 was 1,180 FTE per 100,000 population and the nurse rate was 1,397 per 100,000, both of which were virtually unchanged from the level in 1995 (1,177 FTE and 1,402 nurses per 100,000 population) (Figure 2). Between those two years, however, there

was a dip in both the nurse rate and the FTE rate and the gap between the two measures widened, peaking in 1999, as proportions of part-time nurses (those working less than 38 hours per week) increased.

Work patterns

Demographics

In 2003, the average total weekly hours^(a) worked by both males (39.4) and females (31.5) had changed little from 1995 (39.4 and 31.4 hours, respectively). Again, there was a noticeable dip within the period, with the lowest level in 1999 (35.7 and 28.8 hours, respectively) (Table 4).

Table 4: Employed nurses: average hours worked per week,^(a) proportion working part-time^(b) and average age, by sex and division, 1995 to 2003

	1995	1997	1999	2001	2003
Division 1 nurses					
Males					
Average hours	39.7	37.8	36.0	36.2	39.7
% part-time	25.4	32.0	35.1	33.7	30.3
Average age	36.9	37.3	38.4	39.0	39.3
Females					
Average hours	31.5	30.2	29.2	29.6	31.8
% part-time	61.7	65.8	69.0	66.4	61.4
Average age	39.7	40.2	41.1	41.8	41.8
Division 2 nurses					
Males					
Average hours	38.2	35.7	33.9	35.0	37.3
% part-time	34.9	39.8	46.5	41.7	45.5
Average age	37.9	38.9	40.7	41.9	42.3
Females					
Average hours	30.0	27.7	27.1	28.1	30.3
% part-time	71.8	77.3	80.0	77.3	71.8
Average age	39.1	40.5	41.9	42.8	43.1
Total nurses^(c)					
Males					
Average hours	39.4	37.6	35.7	36.1	39.4
% part-time	25.5	30.7	34.6	32.8	31.7
Average age	37.8	38.4	39.8	40.6	41.0
Females					
Average hours	31.4	29.7	28.8	29.3	31.5
% part-time	62.9	67.6	70.9	68.4	63.6
Average age	39.3	40.2	41.3	42.0	42.1

(a) Based on the total number of hours worked per week self-reported by responding nurses. See Glossary for more information on hours.

(b) Less than 38 hours per week.

(c) Includes divisions 3, 4 and 5.

Source: Nursing Labour Force Survey, Victoria, 1995 to 2003.

Nursing Labour Force, Victoria, 2003

Consistent with this, the pattern of both male and female part-time nurses over this time shows an inverse trend. Although the majority of males worked full-time, in 1995 a quarter of males (25.5%) worked part-time. By 1999 this had peaked at just over a third (34.6%) and in 2003 had declined to under a third (31.7%). The majority (62.9%) of females worked part-time in 1995 and this increased by 8 percentage points in 1999 (up to 70.9%), then declined again to just under two-thirds in 2003 (63.6%) (Table 4).

Overall, in 1995, 60.4% of nurses were part-time and by 1999 this had reached 68.4%. This increase was most evident in nurses working 25–37 hours a week, for whom the proportion increased by six percentage points from 1995 (27.7%) to 1999 (33.9%). At the same time, the proportion who worked less than 25 hours per week increased by 2 percentage points (32.8% and 34.5% in 1995 and 1999, respectively) (Table A3).

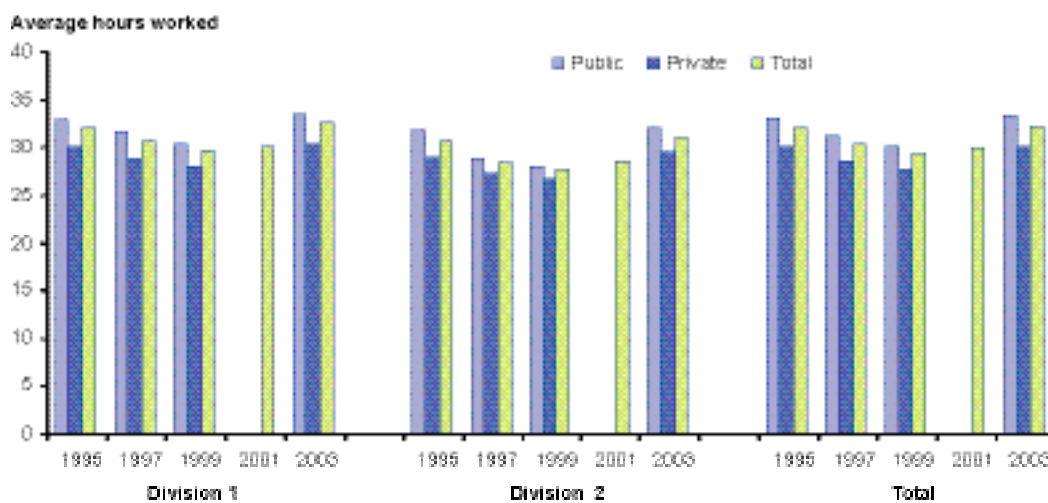
In 1995, 39.6% of nurses worked full-time: 31.6% worked 38–44 hours and 8.0%, 45 hours or more. By 1999, these proportions had decreased noticeably to 29.1% and 2.5%, but again, by 2003 had returned to 1995 levels. In 2003, equal proportions (30.0%) of nurses worked 25–37 hours and 38–44 hours.

At the same time, the Victorian nurse workforce has aged steadily by around 1 year every 2 years from 1995 until 2001, after which the increase in average age slowed. This was evident for both males and females, with the male average age rising from 37.8 years in 1995 to 40.6 years in 2001 and 41.0 years in 2003 and the female average age rising from 39.3 to 42.0 and 42.1 years, respectively (Table 4).

Sector of employment and work setting

Sector of employment classifies the centre in which nurses work as a public or private sector facility, and nurses' work setting refers to the type of centre in which they work.

Figure 3: Employed nurses: average hours worked per week and employment sector, 1995 to 2003



(a) Includes divisions 3, 4 and 5.

Notes: Sector split is not available for 2001 data.

Excludes nurses who did not report their hours.

Source: Nursing Labour Force Survey, Victoria, 1995 to 2003.

Sector of employment

In 2003, nurses in public sector employment worked, on average, 3 hours per week more than their colleagues in private sector employment (33.2 hours compared with 30.0 hours) (Figure 3). This was the picture for both division 1 and division 2 nurses.

Division 1 nurses in the public sector worked an average of 33.4 hours per week and in the private sector they worked 30.2 hours. Division 2 nurses' average hours were 31.9 and 29.4, respectively. Apart from the tendency of division 1 nurses to work slightly longer working weeks than division 2 nurses, the overall pattern of average working hours varied little between the two divisions.

Work setting

Across work settings in 2003, the weekly hours worked by nurses in mental health facilities (38.3 hours) and developmental disability services (37.5 hours) were, on average, higher than those of their colleagues working in other settings (Table 5). Furthermore, nurses employed in these work settings were more likely to work 45 hours or more per week (16.8% and 15.1%, respectively) and, correspondingly, less likely to work part-time (31.3% and 36.7%, respectively). The picture in 1997 was similar in that nurses in these two work settings tended to work more hours, although the proportions were noticeably lower than in 2003 for those working 45 hours or more (6.7% and 8.8%, respectively) and those working part-time (21.2% and 23.8%, respectively).

Table 5: Employed nurses: work setting of main job, selected features of hours worked, 1997 and 2003

Work setting	1997			2003		
	Average weekly hours	% working 45 hours or more per week	% part-time	Average weekly hours	% working 45 hours or more per week	% part-time
Hospital (incl. psychiatric)	31.1	5.1	62.9	32.8	9.6	58.3
Mental health facility	38.3	6.7	21.2	38.3	16.8	31.3
Day procedure centre	28.4	3.3	70.7	31.1	8.3	64.8
Hospice	30.5	3.8	73.1	31.7	7.9	64.2
Community health centre/ domiciliary care ^(a)	30.0	3.0	59.0	31.0	6.4	63.8
Doctors' rooms/medical practice ^(b)	26.4	4.4	74.5	26.4	4.7	78.6
Residential aged care	27.3	3.9	80.6	30.6	8.6	71.5
Developmental disability service	37.6	8.8	23.8	37.5	15.1	36.7
School	31.3	7.2	57.0	31.3	8.0	58.9
Tertiary education institution	33.2	5.7	48.8	34.7	10.8	47.6
Other	30.5	6.3	54.7	34.2	12.6	49.7
Total	30.3	4.8	65.1	32.1	9.1	60.9

(a) Includes rural/remote health and Indigenous health.

(b) Includes nursing private practice.

Source: Nursing Labour Force Survey, Victoria, 1997 and 2003.



Nursing Labour Force, Victoria, 2003

With the exception of doctors' rooms and schools, the proportions of nurses working 45 hours or more rose in 2003 to around double the levels in 1997. The largest increases from 1997 to 2003 were experienced by nurses in mental health facilities, up 10.1 percentage points (from 6.7% to 16.8%) and developmental disability services, up 6.3 percentage points (from 8.8% to 15.1%), followed by tertiary education institutions, up 5.1 percentage points (from 5.7% to 10.8%).

Although the overall proportion of part-time nurses decreased from 1997 to 2003, the proportions varied across work settings. Hospitals, day procedure centres, hospices and residential aged care facilities conformed to the picture, decreasing by 4.6, 5.9, 8.8 and 9.1 percentage points, respectively. Conversely, mental health facilities, community health centres/domiciliary care, doctors' rooms and developmental disability services were against the state trend, increasing by 10.1, 4.8, 4.1 and 12.9 percentage points, respectively.

Distribution across areas of activity

Nursing encompasses a wide range of work settings and nurses perform a wide variety of roles across different areas of practice. In the nursing labour force survey, the area of nursing in which nurses primarily work is referred to as their area of activity. This section provides an overview of their characteristics and employment patterns across these roles and their areas of activity.

Overview in 2003

In 2003, the majority of employed nurses (85%, or 58,415) worked as clinical nurses, followed by clinical nurse managers (5.3% or 3,646) and nurse administrators (4.8%, or 3,295) (Table 6). Nurse administrators tended to be older, with an average age of 45.6 years, compared with 42.1 years for all employed nurses. They also tended to work longer than average working weeks (36.1 hours compared with 32.1 for all nurses), with clinical nurse managers (self-described) being the only non-clinical role in which nurses worked more hours per week (37.3 hours).

Of employed clinical nurses, nearly a third (29.5%) worked in medical/surgical nursing, followed by 20.0% in aged care, 8.3% in midwifery, 7.2% in community health, 7.0% in perioperative nursing and 5.8% in mental health. Nearly half (46.9%) of nurses employed in aged care worked in non-metropolitan areas while just 5.1% of nurses in research worked in non-metropolitan areas.

Clinical nurses in management/administration, aged care, clinical support/coordination/assessment and research tended to be older, with average ages of 46.5, 45.7, 45.2 and 44.9 years, respectively. In contrast, nurses tended to be younger in the areas of critical care/emergency (37.0 years), medical/surgical nursing (39.1 years) and family and child health (39.3 years).

Clinical nurses employed in mental health areas worked, on average, the longest weeks (38.1 hours), followed by nurses in developmental disability areas (37.6 hours). The relatively long working weeks of nurses in these areas corresponded with low proportions working part-time (36.4% and 39.1%, respectively, compared with 64.3% for all clinical nurses) and high proportions of males (34.2% and 30.7%, respectively, compared with 7.8% for all clinical nurses).

Table 6: Employed nurses: nurse role by area of activity of work, selected characteristics, 2003

Nurse role/ Main area of activity	Number	Average age	% male	Average weekly hours worked	% part-time	% working 45 hours or more per week	% in non- metropolitan areas ^(a)
<i>Clinical nursing role</i>	58,415	41.8	7.8	31.5	64.3	9.0	34.0
Critical care/emergency	6,005	37.0	11.2	32.5	63.4	10.6	24.7
Perioperative	4,108	41.3	6.5	33.0	57.8	11.8	27.8
Medical/surgical nursing (incl. gynaecology)	17,214	39.1	6.3	32.0	61.0	8.8	30.1
Midwifery	4,847	44.0	0.9	27.9	76.5	4.0	29.9
Clinical support, coordination and assessment	117	45.2	1.4	32.3	49.4	6.6	32.9
Family and child health	1,623	39.3	2.3	31.0	63.3	7.1	31.5
Community health	4,203	44.0	5.2	28.6	71.8	4.7	42.6
Mental health	3,411	42.9	34.2	38.1	36.4	18.1	32.0
Aged care	11,701	45.7	5.5	30.0	74.0	8.6	46.9
Developmental disability	297	42.9	30.7	37.6	39.1	17.4	39.5
Disability/rehabilitation	2,000	43.3	6.4	31.3	66.8	8.1	24.1
Management/administration	584	46.5	12.5	36.0	39.8	11.4	32.4
Education	103	43.3	4.9	31.7	62.2	10.1	28.1
Research	64	44.9	3.3	33.7	42.5	9.9	5.1
Other	2,138	43.5	5.7	31.0	63.8	8.8	39.3
<i>Other nursing role</i>							
Manager of clinical nurses	3,646	42.5	14.1	37.3	37.5	11.8	26.1
Supervision/support for students/new nurses	678	40.5	8.7	35.3	46.9	9.9	29.2
Nurse administrator	3,295	45.6	9.7	36.1	38.2	8.3	30.5
Nurse educator	1,309	43.2	13.5	34.4	49.1	9.3	28.5
Researcher	550	41.9	11.8	34.9	41.8	10.1	13.1
Other	794	44.5	6.8	31.0	67.6	8.2	39.2
Total nurses	68,687	42.1	8.3	32.1	60.9	9.1	33.1

(a) Location of nurses' main work setting, based on a classification provided by the Victorian Department of Human Services.

Source: Nursing Labour Force Survey, Victoria, 2003.

Working hours

The average hours worked by clinical nurses (in Table 6) primarily relate to patient care. When nurses in non-clinical roles nominate a principal clinical area of work, their hours can be factored into the total worked by all nurses in each clinical area (Table 7). Average weekly hours declined from 1995 (31.9) to 1999 (29.3), followed by increases in 2001 (29.9) and 2003 (32.1) (Table 7). Across clinical areas, average hours varied, also with decreases generally from 1995 to 1999 and subsequent increases of a similar size to 2003.

Nursing Labour Force, Victoria, 2003

Table 7: Employed nurses: average weekly hours worked by main area of activity, 1995 to 2003

Main area of activity	1995	1997	1999	2001	2003
Critical care/emergency	33.9	32.6	30.4	30.9	33.2
Perioperative	33.0	31.7	30.9	31.2	33.4
Medical/surgical nursing (incl. gynaecology)	31.9	30.5	29.2	29.7	32.5
Midwifery	29.0	27.4	26.8	27.1	28.3
Clinical support, coordination and assessment	n.a.	n.a.	n.a.	n.a.	33.9
Family and child health	32.1	30.5	29.0	29.6	31.6
Community health	28.7	28.9	28.1	28.9	29.1
Mental health	36.7	36.6	34.6	34.8	38.4
Aged care	28.7	27.5	27.2	28.5	30.5
Developmental disability	37.7	37.8	35.4	33.6	37.4
Disability/rehabilitation	n.a.	31.1	30.2	30.3	31.8
Management/ administration	38.1	33.9	32.8	34.2	37.0
Education	35.6	34.5	30.3	28.5	34.2
Research	35.0	33.6	32.3	29.9	34.6
Other	32.7	30.8	30.1	30.6	31.5
Total	31.9	30.3	29.3	29.9	32.1

Source: Nursing Labour Force Survey, Victoria, 1995 to 2003.

This section presents data on:

1. the number of post-registration qualifications, by study field, and whether qualifications were being utilised in the corresponding area of activity; and

2. the number of nurses with post-registration qualifications in each area of activity, and whether this and the qualification field corresponded.

It is recognised that qualifications can relate to multiple areas of activity; however, in this publication, field of qualification and area of activity were assigned a 'one-to-one' concordance.

Qualifications and area of activity

For workforce planning purposes, nurses' qualifications and the level to which they are utilised in their nursing work is important information for gauging skill supply across the different areas of nursing.

The area of nursing in which nurses primarily work is referred to as their area of activity. The following data present the relationship between nurses' area of activity and the field of their qualification(s) using a 'one-to-one' concordance between the two (see the Glossary).

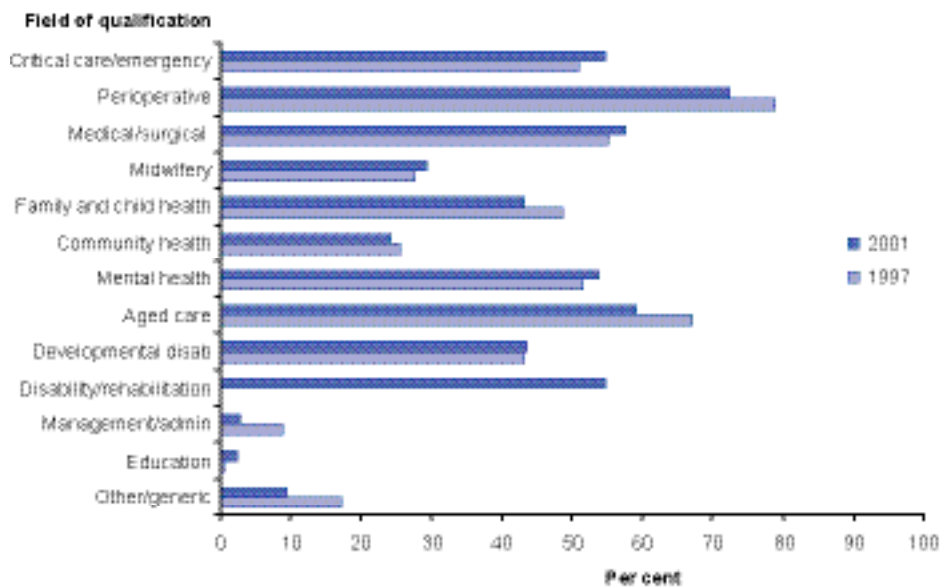
Qualifications

This segment focuses on the qualifications held by employed nurses.

In 2001, 33,421 nurses collectively held 48,242 post-registration qualifications and in 1997, the numbers were 30,927 nurses and 45,232 qualifications (Table A4). Across fields in 2001, qualifications in critical care (7,122) and midwifery (12,430) were most frequently held. However, those qualifications were less likely to be utilised in a corresponding area of activity than several other less numerous qualifications. Qualifications in the fields of perioperative (72.5%), aged care (59.3%) and medical/surgical (57.6%), for example, were more likely to be utilised in a corresponding area of activity than were critical care (54.9%) or midwifery qualifications (29.5%).

From 1997 to 2001 the number of qualifications grew in all fields except generic/other (down from 10,082 to 6,136) and midwifery which remained almost the same in both years (12,451 and 12,430) (Table A4). Despite growing in number in 2001, qualifications in the specific areas of perioperative, family and child health, aged care and management/administration were less likely to be used in a corresponding area of activity in 2001 (down by 6.3, 5.6, 7.9 and 6.2 percentage points respectively) (Figure 4).

Figure 4: Post-registration qualifications held: field of qualification, proportion of qualifications held by nurses working in a directly corresponding^(a) area of activity, 1997 and 2001^(b)



(a) A 'corresponding' area of activity is defined as a current main area of activity in the same field in which a post-graduate qualification is held. Nurses who undertook mental health or midwifery undergraduate courses are included.

(b) Time series shows 2001 instead of 2003 data because the scope change to qualifications in the 2003 survey prevents comparisons with earlier years.

Note: Disability/rehabilitation not separately available for 1997 data and is combined with developmental disability for that year.

Source: Nursing Labour Force Survey, Victoria, 1997 and 2001.

Area of activity

This segment focuses on nurses in each area of activity with post-registration qualifications and provides another dimension of the picture.

In 2001, just over half (52.4%, or 33,421) of employed nurses held post-registration qualifications, an increase of two percentage points from 1997 (50.3%, or 30,959) (Table A5). In both 2001 and 1997, half of those nurses with post-registration qualifications held them in the field that corresponded to their main area of nursing activity (52.1%, or 17,408, and 49.6%, or 15,347, respectively).

Between 1997 and 2001, several nursing areas experienced noticeable increases in the proportion of nurses with qualifications in a corresponding field. These areas were mental health (up by 9.7 percentage points), followed closely by medical/surgical and perioperative (up by 8.1 and 7.3 percentage points, respectively). Over the period, the area of administration had the largest decrease in nurses with corresponding qualifications (down by 38.1 percentage points).

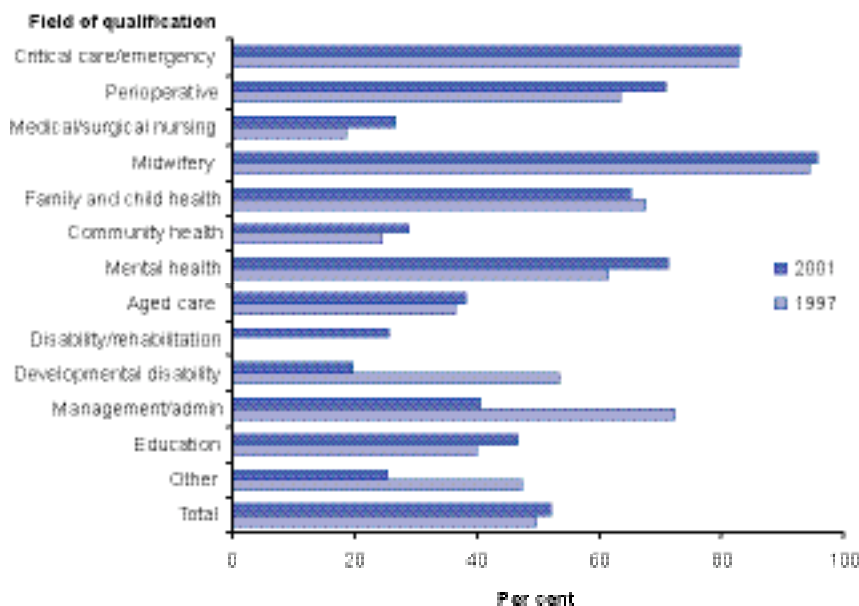
Across areas of activity, in 2001 nurses working in midwifery (95.6%), critical care (82.9%), perioperative (70.7%), family and child health (65.3%), and mental health (71.3%) were more likely to hold qualifications corresponding to their area of activity. In midwifery, although nearly all nurses had corresponding qualifications (95.6%), just over a quarter (29.5%) of the 12,430 midwifery qualifications collectively available were being utilised in midwifery areas (Figure 5, Tables A4 and A5). This could be

Nursing Labour Force, Victoria, 2003

indicative of considerably more holders of midwifery qualifications than midwifery jobs available. However, it should be noted that it is a requirement in Victoria for maternal and child health nurses to be registered midwives, indicating a somewhat higher usage of these qualifications, but the 'one-to-one' concordance of area to qualification does not show this.

In medical/surgical areas of activity, just over one in four (26.7%) nurses held corresponding post-registration qualifications while just over half (57.6%) of the medical/surgical qualifications collectively available were being utilised in medical surgical areas. This indicates that the issue of nurse supply in Victoria is not so much a function of inadequate levels of postgraduate education, as a shortage overall, since in most areas of specialty practice there are in fact more nurses who have a relevant postgraduate qualification than are practising in a particular field. It should be noted that the number of qualifications available (Table A4) is an approximation of 'skill availability' in a specific nursing area because nurses who have multiple post-registration qualifications in different fields of study can be counted against more than one area of activity, although they can only work in one.

Figure 5: Nurses with post-registration qualifications: field of qualification, proportion of nurses working in a directly corresponding^(a) area of activity, 1997 and 2001^(b)



(a) A 'corresponding' area of activity is defined as a current main area of activity in the same field in which a post-registration qualification is held. Nurses who undertook mental health or midwifery undergraduate courses are included.

(b) This figure shows 2001 instead of 2003 data because the scope change to qualifications in the 2003 survey prevents comparisons with earlier years.

Note: Disability/rehabilitation not separately available for 1997 data and is combined with developmental disability for that year.

Source: Nursing Labour Force Survey, Victoria, 1997 and 2001.

Additional tables

Table A1: Nurse registrations: labour force status, 1995 to 2003

	1995	1997	1999	2001	2003	% change 2001-03
<i>In the Victorian nurse labour force</i>	66,477	64,423	63,883	65,818	69,557	5.7
Employed in nursing, solely or mainly in Victoria	63,346	61,488	61,342	63,807	68,687	7.6
On extended leave	1,453	1,232	1,152	985	212	-78.5
Looking for work in nursing	1,678	1,702	1,389	1,027	658	-35.9
<i>Not in the Victorian nurse labour force</i>	6,116	5,722	5,047	4,939	6,295	27.5
Overseas	721	771	741	858	980	14.2
Not looking for work in nursing	3,122	2,857	2,564	2,562	3,545	38.3
Employed mainly or solely interstate	2,273	2,094	1,741	1,519	1,770	16.6
Total registrations	72,594	70,145	68,929	70,757	75,852	7.2

Source: Nursing Labour Force Survey, Victoria, 1995 to 2003.

Table A2: Nurse registrations: selected characteristics, 2003

Characteristics	Employed in nursing in Victoria			Not employed in nursing in Victoria ^(a)		
	Division 1	Division 2	Total ^(b)	Division 1	Division 2	Total ^(b)
Citizenship						
Australian citizen	46,849	14,999	63,945	4,700	1,698	6,646
<i>Not Australian citizen</i>	3,565	1,005	4,742	389	119	519
Permanent resident	2,871	799	3,811	227	67	302
Not permanent resident	510	36	553	113	28	143
Not stated	184	169	378	49	23	74
Country of initial qualification						
Australia	43,857	15,052	60,771	4,556	1,640	6,414
New Zealand	944	166	1,158	94	21	119
Oceania	46	21	67	8	4	12
UK/Ireland	2,966	338	3,590	244	85	351
Europe	517	108	634	26	7	36
Middle East/Nth Africa	51	14	65	1	2	3
Asia	1,255	107	1,389	102	28	132
Nth America	140	18	164	16	9	25
Other	320	76	401	26	13	45
Not stated	318	103	446	17	8	26
Total	50,413	16,004	68,687	5,090	1,816	7,165

(a) Comprises nurses on extended leave, overseas, working but not in nursing, nurses not working and those working mainly or only interstate.

(b) Includes division 3, 4 and 5 nurses.

Source: Nursing Labour Force Survey, Victoria, 2003.

Table A3: Employed nurses: weekly hours worked, 1995 to 2003

Year	Hours worked per week							Total
	Less than 15	15-24	25-37	38-44	45-54	55 or more	Not stated	
1995	4,931	15,599	17,332	19,807	2,113	2,875	689	63,346
1997	4,854	15,672	17,794	17,715	1,206	1,624	2,625	61,488
1999	4,791	15,822	20,285	17,391	1,249	234	1,569	61,342
2001	4,768	15,524	19,723	19,152	1,529	426	2,683	63,807
2003	5,069	15,282	19,729	19,711	2,972	3,037	2,887	68,687

Source: Nursing Labour Force Survey, Victoria, 1995 to 2003.

Table A4: Post-registration qualifications held qualification field and proportion within each field held by nurses working in corresponding^(a) area of activity, 1995 to 2003

	1995 ^(b)		1997		1999		2001		2003 ^(c)	
	% in corresponding area of activity	Total number	% in corresponding area of activity	Total number	% in corresponding area of activity	Total number	% working in corresponding area of activity	Total number	% working in corresponding area of activity	Total number
Nurses without post-registration or post-enrolment qualifications		42,833		30,487		29,180		30,386		42,435
Nurses with post-registration or post-enrolment qualifications		20,513		30,927		32,162		33,421		26,252
Total employed nurses		63,346		61,414		61,342		63,807		68,687
Total qualifications^(d)		27,762		45,232		47,508		48,242		44,174
Critical care/emergency	53.3	3,898	51.2	5,846	51.2	6,384	54.9	7,122	54.5	6,852
Perioperative	71.2	1,475	78.9	1,976	74.5	2,209	72.5	2,703	70.1	2,384
Medical/surgical nursing (incl. gynaecology)	33.4	1,550	55.3	2,447	51.8	2,768	57.6	4,009	50.0	4,489
Midwifery	40.9	6,397	27.5	12,451	27.3	12,188	29.5	12,430	35.9	6,670
Clinical support, coordination and assessment	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	13.7	812
Family and child health	10.9	1,370	48.5	2,163	48.8	2,238	43.0	2,751	19.2	2,290
Community health	31.3	1,029	25.3	1,472	23.5	1,638	24.1	2,293	26.7	3,048
Mental health	50.4	1,122	51.1	1,629	49.7	1,811	53.9	2,260	62.0	1,770
Aged care	49.9	1,732	66.8	2,536	61.5	2,615	59.3	2,799	52.7	2,207
Developmental disability	23.0	204	43.1	221	36.5	202	43.5	186	32.3	107
Disability/rehabilitation	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	54.9	409	43.5	541
Management/administration	38.0	2,058	8.8	2,519	7.2	2,818	2.7	3,096	25.5	2,943
Education	40.9	1,116	0.3	1,890	0.3	1,979	2.2	2,048	23.6	1,362
Other	16.4	5,812	17.3	10,082	23.9	10,658	9.4	6,136	4.4	8,700

(a) A 'corresponding' area of activity is defined as a current main area of activity in the same field in which a post-registration qualification is held. Nurses who undertook mental health or midwifery undergraduate courses are included.

(b) The survey questionnaire in 1995 was different from that used from 1996 to 2001 and figures are not directly comparable.

(c) With the narrower scope in 2003, this includes only post-registration qualifications of more than 6 months' duration. Includes hospital-based certificates and tertiary qualifications in nurse management and clinical nursing.

(d) Qualifications total more than the number of nurses because nurses can hold more than one qualification.

Source: Nursing Labour Force Survey, Victoria, 1995 to 2003.

Table A5: Employed nurses: main area of activity and whether held corresponding qualifications, 1995 to 2003

Main area of activity	1995				1997				1999			
	With corresponding qualifications ^{a)}	Without corresponding qualifications ^{b)}	No post-registration/post-enrolment qualifications ^{c)}	Total	With corresponding qualifications ^{a)}	Without corresponding qualifications ^{b)}	No post-registration/post-enrolment qualifications ^{c)}	Total	With corresponding qualifications ^{a)}	Without corresponding qualifications ^{b)}	No post-registration/post-enrolment qualifications ^{c)}	Total
	Critical care/emergency	2,079	360	1,353	3,791	2,993	624	1,115	4,731	3,268	626	1,008	4,902
Peroperative	1,050	377	1,622	3,049	1,559	899	1,177	3,635	1,645	804	1,138	3,587
Medical/surgical nursing (incl. gynaecology)	518	3,025	12,403	15,946	1,353	5,907	9,804	17,064	1,433	5,284	9,232	15,949
Midwifery	2,613	235	857	3,705	3,426	205	404	4,036	3,331	211	285	3,827
Clinical support, coordination & assessment	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Family and child health	149	286	900	1,335	1,050	500	670	2,220	1,083	475	632	2,199
Community health	322	1,038	2,642	4,003	373	1,151	952	2,476	385	1,106	1,002	2,493
Mental health	566	608	2,363	3,537	833	519	1,820	3,172	900	470	1,607	2,977
Aged care	864	731	11,549	13,145	1,693	2,946	9,581	14,220	1,607	2,872	8,698	13,178
Developmental disability	47	24	494	566	95	82	422	599	74	83	315	471
Disability/rehabilitation	n.a.	n.a.	n.a.	n.a.	—	747	965	1,712	—	844	957	1,801
Management/administration	782	1,194	1,587	3,563	223	85	132	439	203	85	100	388
Education	457	573	679	1,708	5	8	6	20	6	11	7	24
Research	..	..	..	315	..	..	..	13	..	..	..	92
Other	953	1,507	6,225	8,685	1,744	1,930	3,477	7,152	2,551	2,730	4,174	9,455
Total nurses	10,400	10,113	42,833	63,346	15,347	15,612	30,530	61,488	16,496	15,666	29,180	61,342

(Continued)

Table A5 (continued): Employed nurses: area of activity and whether held corresponding qualifications, 1995 to 2003

Main area of activity	2001			2003 ^(a)		
	With corresponding qualifications ^(b)	Without corresponding qualifications ^(b)	No post-registration/enrolment qualifications ^(c)	With corresponding qualifications ^(b)	Without corresponding qualifications ^(b)	No post-registration/enrolment qualifications ^(c)
Critical care/emergency	3,909	808	1,455	3,734	583	2,488
Perioperative	1,960	810	1,311	1,671	559	2,223
Medical/surgical nursing (incl. gynaecology)	2,309	6,326	11,853	2,244	3,238	13,418
Midwifery	3,662	168	335	2,396	530	2,488
Clinical support, coordination & assessment	n.a.	n.a.	n.a.	112	48	77
Family and child health	1,183	629	845	439	325	1,067
Community health	553	1,370	1,280	813	1,174	2,807
Mental health	1,218	491	1,930	1,098	388	2,318
Aged care	1,659	2,682	8,253	1,163	1,655	10,517
Developmental disability	81	329	445	35	30	318
Disability/rehabilitation	224	651	1,163	235	443	1,556
Management/administration	83	122	91	751	788	1,002
Education	46	52	41	321	402	284
Research	..	..	..	..	..	..
Other	520	1,530	1,367	384	411	1,705
Total nurses	17,408	16,013	30,386	15,396	10,856	42,435
			63,807			68,687

(a) A 'corresponding' field of qualification is defined as a post-registration qualification in the current main area of work activity. Nurses who undertook mental health or midwifery undergraduate courses are included.

(b) 'Without corresponding qualifications' refers to nurses with a postgraduate qualification but not one that is directly relevant to their current main area of work activity.

(c) 'No post-registration qualification' refers to nurses with no post-registration qualifications at all.

Note: Includes only post-registration qualifications of more than 6 months' duration. Includes hospital-based certificates and tertiary qualifications in nurse management and clinical nursing.

Source: Nursing Labour Force Survey, Victoria, 1995 to 2003.

Glossary

Area of activity of nursing and corresponding field of study

For the purposes of analyses contained within this publication, main area of activity and field of study have been classified into corresponding groups. The table below (Table A.6) illustrates these groupings based on the 2003 survey coding frames. Surveys prior to 2003 contained slightly different categories for main area of activity and field of study; however, these categories have been revised to concord with the groupings in Table A.6.

Table A.6: Grouping of main area of activity and qualification field from 2003 survey

Groupings of main area of activity/field of study	Main area of activity	Field of study	Groupings of main area of activity/field of study	Main area of activity	Field of study
Critical care/emergency	32, 34–41	2, 4–9, 24	Community health	50–56, 68, 69, 79	35–44, 47, 48, 50–52
Perioperative	23–26	1, 10	Mental health	42, 44, 45, 60–64	31–34
Medical/surgical nursing (incl. gynaecology)	1–22, 33	3, 11–14, 16–21, 59	Aged care	57–59	53–55
Midwifery	27–31	28–30	Developmental disability	65	56, 57
Clinical support, coordination & assessment	70, 74	15, 67	Disability/rehabilitation	66, 67	58
Family and child health	43, 46–49	22, 23, 25–27, 45, 49	Management/administration	71, 72, 75, 77	46, 60–63
			Education	73	64–66
			Research	78	
			Other	76, 80, 81	68, 69
Main area of activity					
1 Cardiology	18 Plastics	35 Emergency	50 Community health	67 General rehab/disability	
2 Endocrinology	19 Surgical nursing	36 High dependency	51 Health promotion	68 Alcohol & other substance abuse	
3 Gastroenterology	20 Urology	37 Intensive care	52 Indigenous health	69 Health ed./disease management	
4 Medical nursing	21 Vascular	38 Neonatal intensive care	53 Medical practice nurse	70 Infection control	
5 Neurology	22 General surgical	39 Paediatric critical care	54 Public health	71 Informatics	
6 Oncology/haematology	23 Anaesthetic	40 Retrieval	55 Sexual health	72 Management	
7 Palliative care	24 Perioperative	41 General critical care	56 General comm. health	73 Nurse education	
8 Renal medicine	25 Recovery	42 Family planning	57 Aged care	74 Nurse practitioner	
9 Respiratory	26 General periop. nursing	43 Family, youth & child health	58 Gerontology	75 Occupational health and safety	
10 General medical nursing	27 Antenatal	44 Infertility & assisted reproduction	59 General aged care	76 Policy	
11 Burns	28 Labour	45 Men's health	60 Adult mental health	77 Quality management	
12 Cardiothoracics	29 Postnatal	46 Paediatric and child health	61 Child and adolescent mental health	78 Research	
13 Ear, nose & throat	30 Maternal and child health	47 School health	62 Forensic	79 Rural and remote health	
14 Gastro-intestinal nursing	31 General midwifery	48 Women's health	63 Psychogeriatric	80 No one area of practice	
15 Neurosurgical	32 Cardiac/coronary care	49 General family & child health	64 General mental health	81 Other	
16 Ophthalmology	33 Cardiothoracic		65 Disability		
17 Orthopaedic	34 Critical care		66 Rehabilitation		
Field of study					
1 Anaesthetic & recovery	18 Orthopaedic	32 Community psychiatric	43 Health education	57 Other disability	
2 Cardiac	19 Renal/nephrology	33 Mental health/psychiatric nursing practice	44 Health promotion	58 Rehabilitation	
3 Cardiothoracic	20 Surgical nursing	34 Rural and remote mental health	45 Infertility & associated reproduction	59 Respiratory	
4 Critical care	21 Wound management	35 Indigenous health	46 Occupational health & safety	60 Applied management	
5 Emergency/trauma	22 Family, child, & adolescent health	36 Alcohol & other drug studies	47 Public health	61 Health services management	
6 High acuity (ward care)	23 Lactation & infant feeding	37 Asthma education	48 Rural & remote health	62 Nursing administration	
7 Intensive care	24 Neonatology/neonatal	38 Clinical forensic nursing	49 School health	63 Nursing leadership	
8 Neonatal intensive care	25 Paediatric & child health	39 Community health	50 Sexual health	64 Clinical education	
9 Paediatric critical care	26 Parenting education	40 Correctional nursing	51 Substance abuse	65 Clinical teaching	
10 Perioperative	27 Women's health	41 Corrections health & forensic nursing	52 Transcultural nursing	66 Nurse education	
11 Neuroscience (incl. spinal injury)	28 Midwifery	42 Diabetes education and management	53 Aged care	67 Nurse practitioner	
12 Acute/clinical care	29 Midwifery continuity of care		54 Continenence	68 Bachelor of App. Science/ Health Science/ Nursing (Post Registration)	
13 Burns and plastics	30 Midwifery practice in risk-associated pregnancies		55 Gerontology	69 Other	
14 Gastroenterology	31 Child & adolescent mental health		56 Developmental disability		
15 Infection control					
16 Medical nursing					
17 Oncology/palliative care					



Clinician

A division 1 or division 2 nurse who is mainly involved in the care and treatment of patients, including nursing diagnosis and preventive action.

Division 1 nurse

A nurse who possesses at least a 3-year degree from a tertiary education institution or equivalent from a recognised hospital-based program, and is on the register maintained by the Nurses Board of Victoria to practise nursing in that state. Division 1 nurses may have their practice certificate endorsed to practise in a specific clinical area (for example, midwifery) on completion of a recognised postgraduate course. To maintain registration, it is necessary for a nurse to have practised in the field of nursing in the past 5 years.

Division 2 nurse

A nurse who possesses at least a 1-year certificate (Certificate IV) from a Vocational Education and Training institution or equivalent from a recognised hospital-based program, and is on the register maintained by the Nurses Board of Victoria to practise nursing in that state. It is necessary for a nurse to have practised in the field of nursing in the past 5 years to maintain registration.

Division 3, 4 and 5 nurses

Division 3 nurses, previously psychiatric nurses, are now recognised for some purposes as division 1 registrations. Division 4 nurses, previously intellectual disability nurses, and division 5 nurses, previously mothercraft nurses, retain their own divisions, but these have been closed to new entrants since 1994.

Full-time equivalent (FTE)

FTE calculations in this report are based on the standard full-time working week for nurses in Victoria of 38 hours per week. The FTE (supply) in this report is based on the total hours worked, divided by 38 hours for all nurses.

Hours worked

The total number of hours worked per week self-reported by responding nurses as the usual number of hours worked per week in all nursing-related jobs in the week prior to completing the survey form.

Hours worked exclude time spent on travel between work locations (except travel to call-outs) and unpaid professional and/or voluntary activities. In the editing of survey responses, maximum hours worked was limited to 99 hours per week for all jobs. In this publication 38 hours per week has been used for the cut-off for full-time and part-time work:

- *full-time*: 38 hours or more per week
- *part-time*: less than 38 hours per week.

Metropolitan and non-metropolitan areas

In this publication the classification of areas to metropolitan or non-metropolitan is based on a postcode concordance provided by the Victorian Department of Human Services.

Nursing labour force

The nursing labour force (division 1 and 2 nurses) in Victoria includes nurses currently employed in nursing and nurses who are not employed in nursing but are looking for work in nursing.

Division 1 and division 2 nurses who, at the time of the survey, were on maternity or other extended leave for more than 3 months are employed, and thus part of the nursing labour force. However, in most cross-classified tables for employed nurses, those on extended leave have not been included.

Nursing role

Describes the job function within the field of nursing of a person with nursing qualifications. The categories are:

- *Nurse clinician*: A division 1 or division 2 nurse who is mainly involved in the care and treatment of patients, including nursing diagnosis and preventive action.
- *Clinician nurse manager*: A division 1 or division 2 nurse who manages a hospital nursing care unit or other sub-unit of a hospital, nursing home or health care facility, or supervises nursing staff for a particular unit or shift.
- *Administrator*: A person mainly employed in nursing administration.
- *Teacher/Educator*: A person who teaches or trains persons in nursing for their initial qualification or in advanced skills after initial qualification.
- *Researcher*: A person engaged in nursing research.
- *Other*: A job function in nursing which is not one of the above—for example, industrial relations or public health activities in nursing.

Nursing workforce

The nursing workforce comprises nurses currently employed in nursing (excluding nurses on maternity or other extended leave for more than 3 months).

Qualifications/field of study

The scope of the qualifications/field of study question was narrowed in the 2003 survey to include only post-registration qualifications of 6 months or more duration and were not in-service or continuing education sessions.

Symbols and other usages

Throughout this publication, data may not add to the totals shown due to the estimation process for non-response. Percentages may not add to 100.0 due to rounding.

Italics within a table denote a subtotal.

.. denotes not applicable

— denotes nil or rounded to zero

n.a. denotes not available

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