

NSW Health

2006

Profile of the Registered Nurses and Midwives Workforce in NSW

Part 1 Registered Nurses and Midwives

1

INTRODUCTION

This report provides information from the 2006 NSW Labour Force Survey for nurses and midwives registered or enrolled with the Nurses Registration Board of New South Wales ('the Board'). All persons wishing to work as nurses or midwives in this State must be registered or enrolled with the Board. This includes persons whose primary listing may be in another State but who work some or all of their time in NSW.

Discussion on the nursing labour force is presented in two parts. Part 1 contains information on nurses and midwives registered with the Board and Part 2 contains information on nurses enrolled with the Board. The foreword to the report summarises material on all nurses in New South Wales and shows the respective contributions of registered and enrolled nurses.

This section of the report provides an overview and commentary on the registered nursing workforce in 2006. It is intended for readers wishing to obtain information on current labour force conditions and trends over time without the presentation of detailed tabulations from the survey.

Note that selected charts have been included as part of this discussion. They are not designed to be exhaustive but rather to highlight areas of possible interest to the reader. In order to focus on these areas, small groups of respondents or responses may have been consolidated or disregarded in the charts. There may also be small inconsistencies due to rounding.

An extract from the register maintained by the Board was undertaken on 23 February 2007. All persons who had been registered up to 5 February 2006 and had maintained their status during the previous year were invited to renew for another year. Payment notices were sent out three months in advance with monthly reminders to those nurses who had not yet paid. Persons who chose not to renew by the end of the month in which their payment was due were deemed to have unfinancial status. Other reasons for persons to have lost financial status include delisting following disciplinary action or death.

Accompanying the invitation to renew was a Labour Force survey form that the Board requested be completed and returned together with their remittance. Most registered nurses choosing to renew also participated in the labour force survey. However, it is not mandatory to complete a survey form in order to renew registration.

Persons who first registered as nurses during the year 2005/06 (new entrants) were not asked to complete a Labour Force survey form. Similarly, persons who had previously been registered and later deleted could re-enrol with the payment of a restoration fee and did not receive a survey form.

The current register of nurses who hold financial status therefore can be divided into three categories; renewals, new entrants and re-enrolments, while the Board also holds information about nurses without financial status in two categories; persons who were financial (currently registered) on 5 February 2006 and persons who had become unfinancial at an earlier time.

Strict procedures are followed to ensure the privacy of individual nurses who respond to the Survey. There is no access to identifying data, as names and addresses are not included by the Board on the data file. Survey information will not be made available in any format that enables the identification of individual respondents. The continued support of the Nurses Registration Board of New South Wales, professional organizations and registered nurses participating in the survey is appreciated.

The series of reports covering eight health professions together with earlier reports in the series can be downloaded free of charge from the NSW Health website: <http://www.health.nsw.gov.au/workforce/index.html> The complementary section of the nursing and midwifery report covers enrolled nurses and from 2007, direct entry midwives will also be reported as a separate section. In addition, full tables incorporating responses to each question on the survey form have been placed in a separate component of the overall report.

2

THE REGISTER

2.1 The Number of nurses on the Register

The 2006 register of Registered nurses contains 184,200 names divided as follows:

Renewals	59,286
New Entrants	4,722
Previously unfinancial	608
Status Unspecified	19,440
Prepaid Registrant	209
TOTAL CURRENT	84,265
Unfinancial in last 12 months	5,255
Unfinancial >12 months	94,680
TOTAL NON CURRENT	99,935

Those 75,811 current registrants who were financial in 2005 had been invited to complete a survey form. There were 61,055 responses from current registrants representing a response rate of 81%. However, comparison with previous response rates may reflect that the method of calculation is different. In previous years, responses were based on Board generated divisions rather than tracking registrants from one year to the next.

Chart 2.1a shows the number of registrants, survey respondents and persons stated to be working in NSW grouped by gender of the respondents.

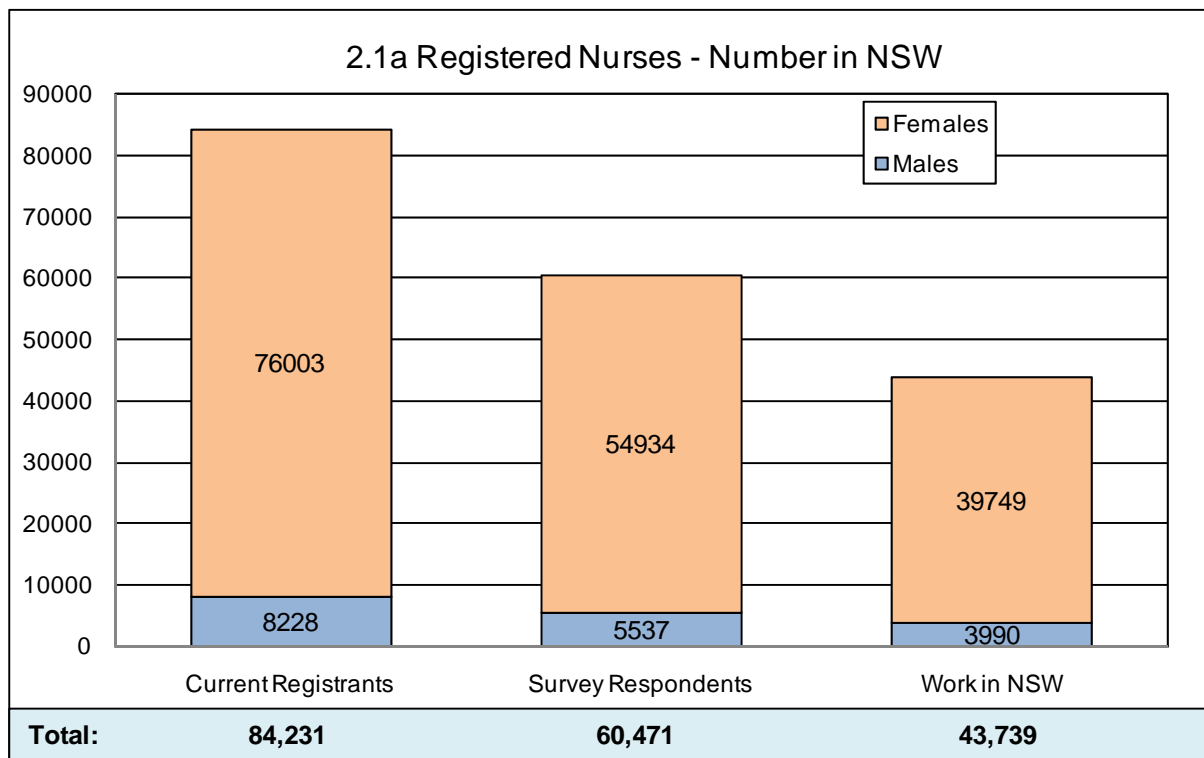
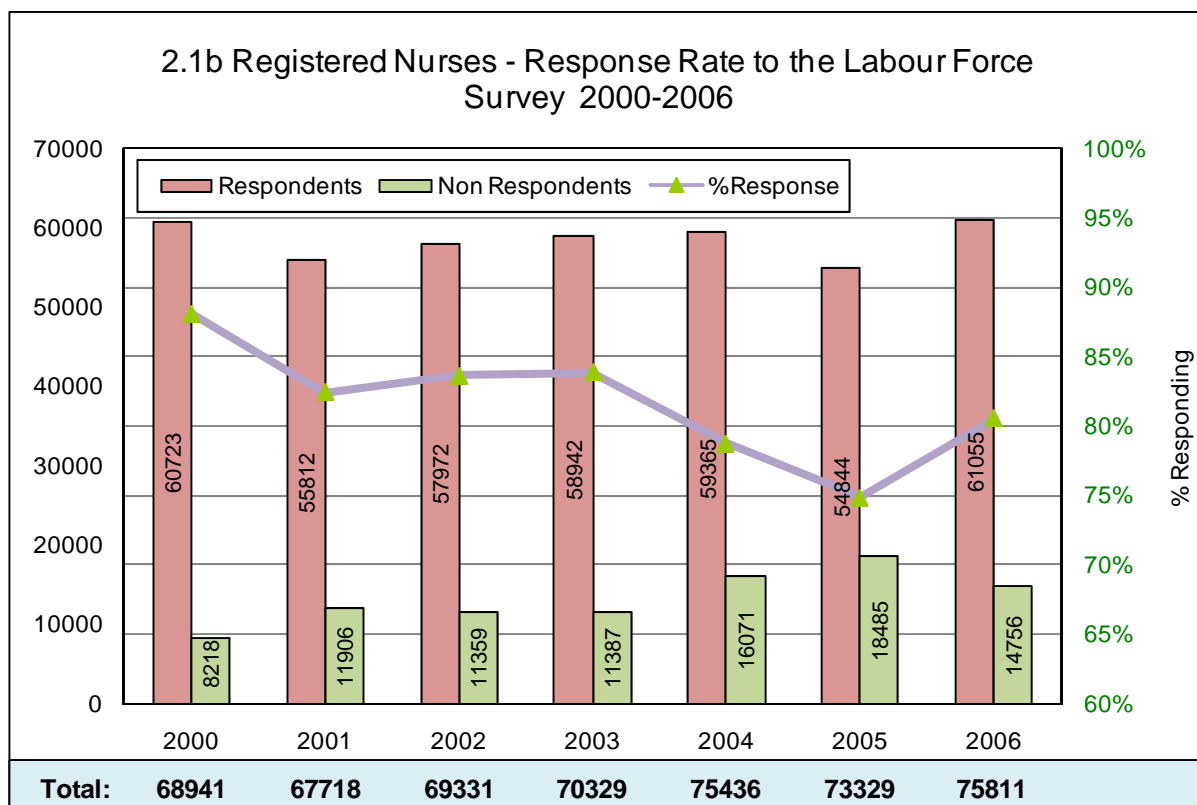


Chart 2.1b provides an estimate of the number of respondents and non-respondents for each year between 2000 and 2006. It is an estimate because changes to form design, definitional determination of respondent and timing of the registration process cause some distortion to the time series. The 2006 data appears to be more indicative of the 2000-2003 period than the data found in 2004 and 2005.



2.2 Estimation of the Total Workforce Size

Previous reports in this series have proposed two methods for calculation of the actual size of the nursing workforce. The first method used up to and including the year 2002 was based on assumptions that non respondents to the survey followed a pattern similar to that of respondents with additional assumptions for new entrants and restorations who do not receive a survey form.

The second method was used from 2003-2005 and is based on responses for occupation to the 2001 ABS Census of Population and Housing. The second method indicated a lower estimate of the workforce probably because a lesser proportion of non respondents to the survey work in NSW compared to the actual proportion of respondents. With the passing of time, the 2001 census becomes a less reliable yardstick to the current workforce. The 2006 ABS Census occupation data is due for release in November 2007.

There are clearly advantages and disadvantages to both methods. The major disadvantage to the first method is that it may not be reasonable to assume that non respondents distribute in the same way as respondents. Further, the assumption that 80% of nurses restoring to the register should be working, appears very high. The major disadvantage to the second method is that the census responses are self selected as to occupation rather than under the control of a registration board. In addition, persons working in different fields must choose the occupation reported on the census.

If the first method were applied to the 2006 data, there were 43,821 survey respondents who work in NSW (71.8% of respondents). A calculation for similar distribution for non-respondents would indicate another 10,591 nurses are working in NSW who had financial status in 2005. We note that this calculation yields a different result to previous years because of the change in response rate methodology. For nurses who were not issued with a survey form, the method applies the proportions proposed in previous years. By adding 90% of the 4,757 new entrants and 80% of the 3,697 nurses previously unfinancial, estimates are obtained for those that work in NSW. We note that the workforce estimation for 2006 lies intermediate between the 2005 workforce estimates using the two methods.

Table 2.2a Estimated Workforce of Registered Nurses 2006 by Previous Non Response Assumptions

Source of Estimate	Number of Nurses
Survey Respondents	43,821
Non respondent Estimate	10,591
New Entrants	4,281
Previously Unfinancial	2,958
Pre Paid	209
Total	61,860

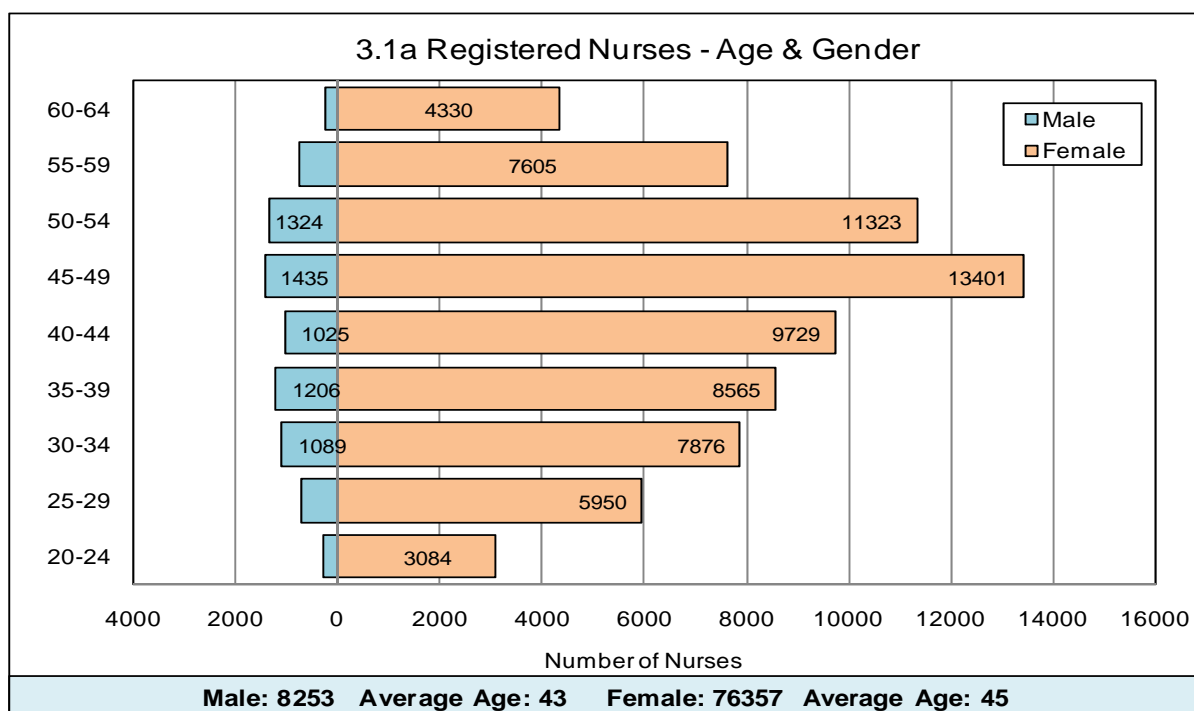
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CHARACTERISTICS OF REGISTERED NURSES WITH FINANCIAL STATUS

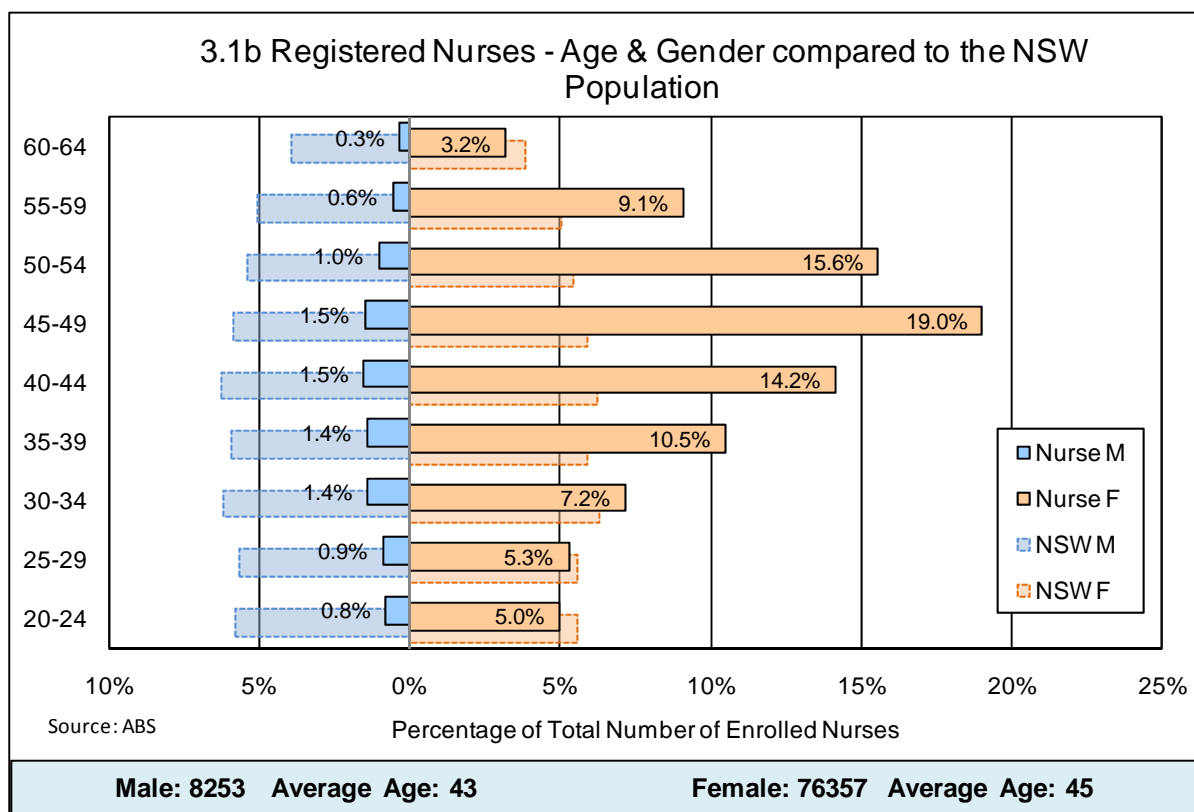
The population in this section of the report are the 68,098 registered nurses who were financial on 23 February 2007.

3.1 Age and Gender

Registered nursing is a female dominated profession comprising about ten times more women than men. As shown in Chart 3.1a, the age bands for registered nurses peak in the late forties and early fifties falling away quite rapidly on either side of that age band. The average age for women is 45 and for men is 43. Chart 3.1b compares this percentage distribution with the NSW population at working ages in 2005¹ over the 25-59 year old cohorts. For females, there are more registered nurses over the age of 35 and a similar percentage in the 20-34 year age band compared to population. Males at all ages are substantially under-represented in the nursing profession.



¹ Australian Bureau of Statistics *Population by Age & Sex New South Wales 2005* Catalogue No. 3235.1

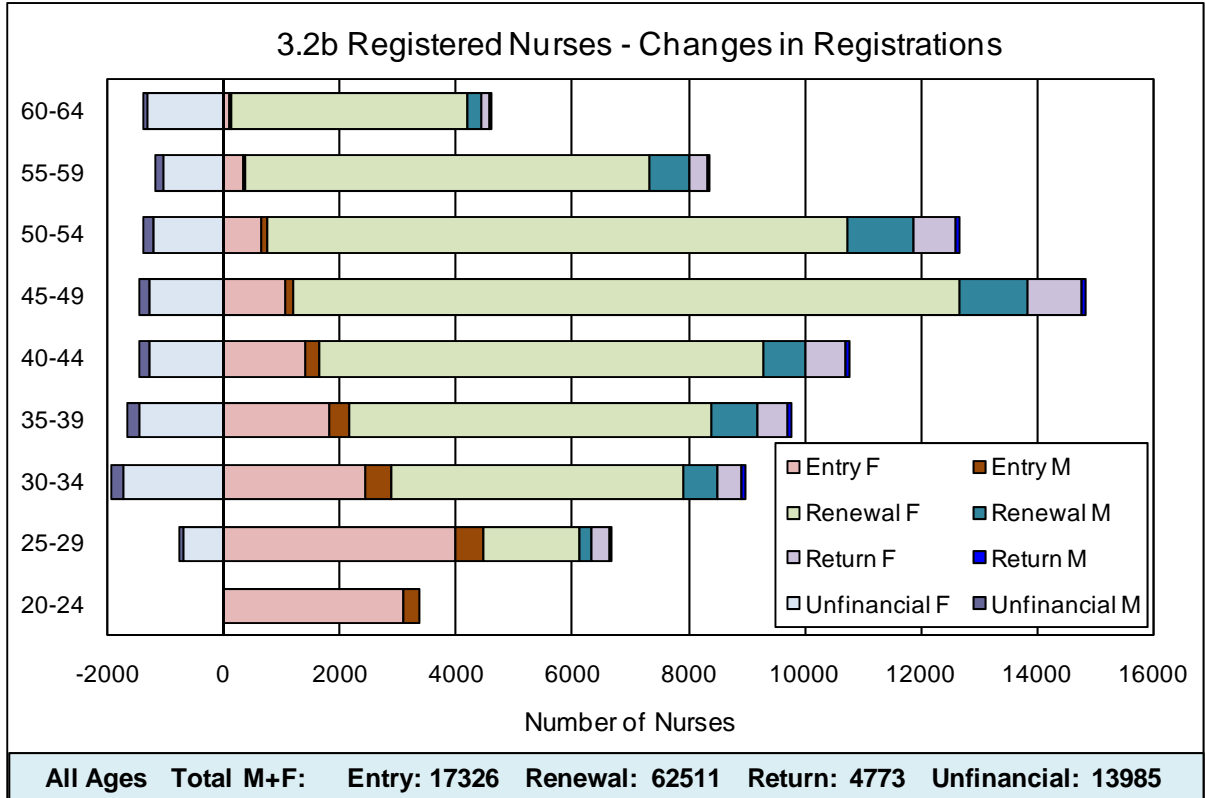


3.2 Projected Changes to the Nursing Population

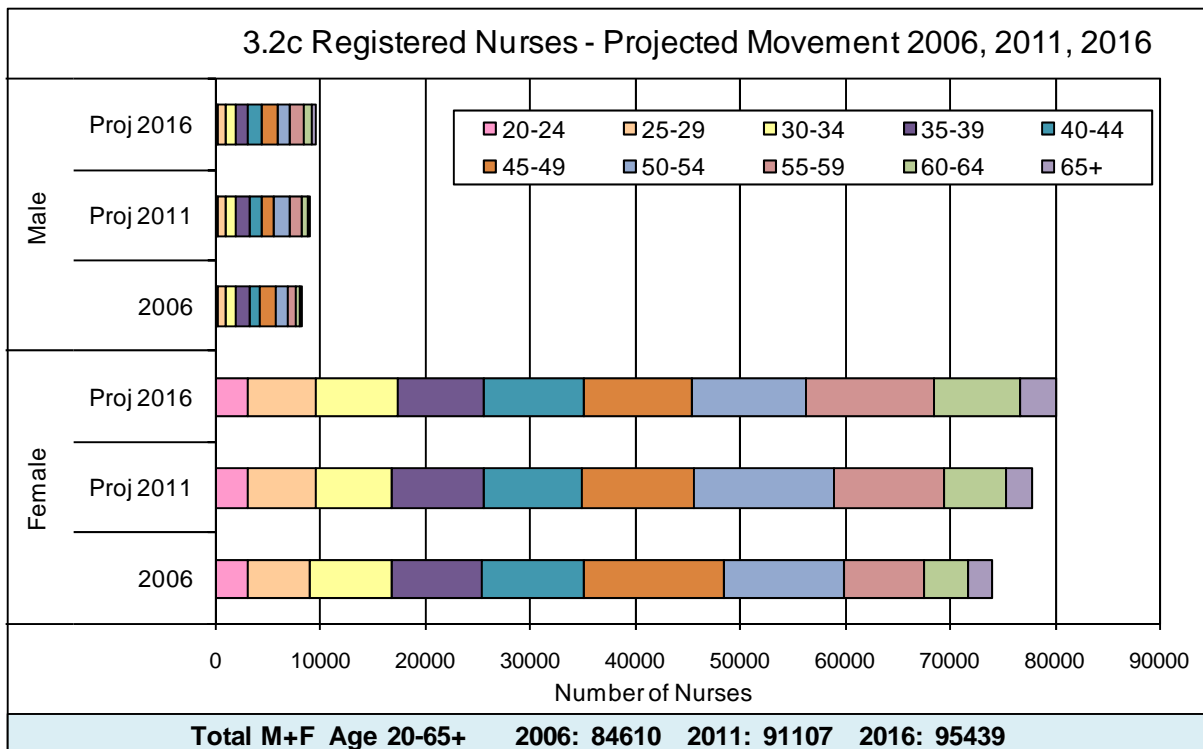
The nursing profession is subject to considerable annual change resulting from short term international movement in addition to the high general mobility of the Australian population. For this report, we have assessed population change over a 5 year period in order to reduce the noise effects of short term changes. The method is similar to that used by demographers for studies of population over time.

The average age of 45 for female registered nurses has decreased by two years from 47 since 2001 while the average male population is now four years younger with an average age of 42 in 2006 compared to 46 in 2001. New entrants have an average age of 32, somewhat older than other health professions at the entry point.

The shift by age can most readily be seen by examination of the movement rates shown in Chart 3.2b.



Projections of the population were undertaken for the next 5 and 10 year period assuming the age shifts over the period 2001-2006 were to continue into the future. The result would be an increase in the number of nurses but a reduction in the number at working ages. Thus, the total number of nurses to 2016 increases by more than 10,000 but the number under the age of 55 decreases by 3556.



4

CHARACTERISTICS OF THE SURVEY RESPONDENTS

There were 61,055 registered nurses who responded to the survey. The working status information provided for activity in the last week was:

Working only in NSW	40430
Working mainly in NSW	181
Working mainly in other States	277
Working only in other States	2428
Currently on leave less than 3 months	1775
Currently on leave of 3 months or more	1438
TOTAL Working in Australia	47294
Working overseas	654
Not working at all	4563
Not working in nursing	5009
Reason not provided	210
TOTAL not working in Australia	10436
Did not answer	3325

The number of surveys received from nurses currently working in NSW was found to be 43,821 (72% of all respondents) including 2,932 of the nurses on leave who responded for a typical week rather than for the last week.

4.1 Selected Characteristics

Table 4.1a indicates certain characteristics of the whole labour force regardless of work status. These aspects are relevant to all respondents rather than just those who work in NSW.

While there are relatively few men in the profession, the proportion of those not working is 24%, the same as for women. Age is a more important factor than gender as the percentage of those not working rises to 40% for nurses over the age of 60. For registered nurses with less than 5 years experience, there are 27% who are currently not working.

There are 248 Aboriginal registered nurses, 59 not working in nursing (19%), a lower

proportion than for non Aboriginal nurses. They represent 0.4% of the labour force compared to an Aboriginal population of a little over 2%. There are 4,992 registered nurses who are not Australian citizens (8%) of whom 1,118 are temporary residents. However, temporary residents may be less likely to complete workforce survey forms. A little more than one half of the 6243 nurses also registered on an interstate registry, work in NSW comprising about 8% of the workforce.

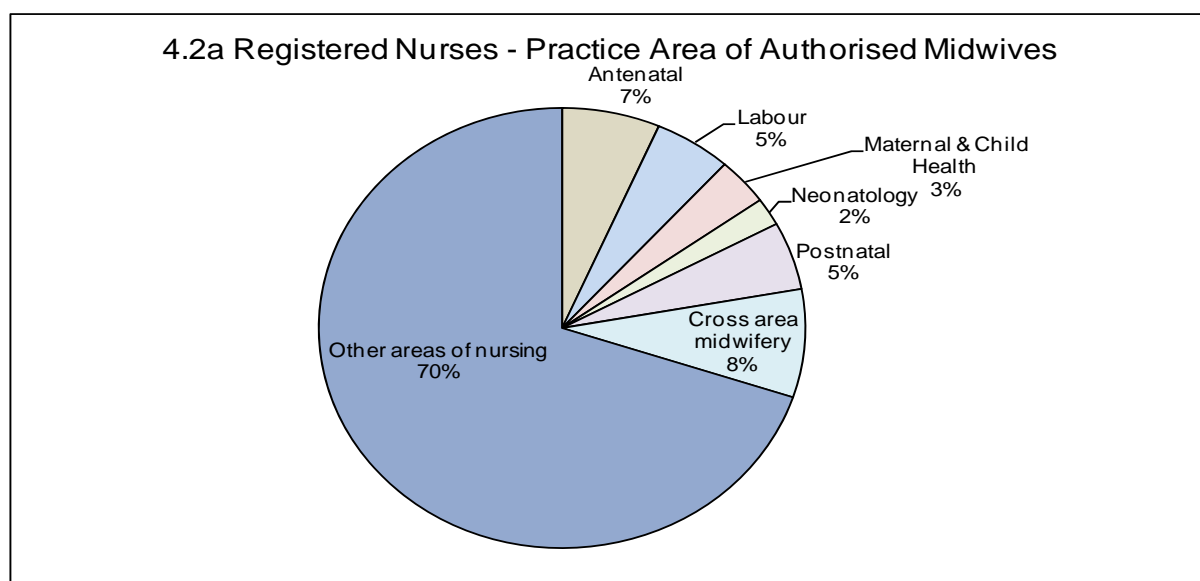
Table 4.1a Selected Characteristics of Survey Respondents

	Working as NSW Registered nurse	Not Working as NSW Registered nurse	No Response	Not Applicable
Male	3990	1249	298	55518
Female	39749	12619	2566	6121
Aged 60 or over	3649	2398	501	54507
Less than 5 years employment	4187	1512	107	55249
Not Australian Citizen	3671	1155	166	56063
Aboriginal or TSI	182	59	7	60807
Registered Nurse	3318	2727	198	54812
Registered Interstate	3990	1249	298	55518
TOTAL				61055

4.2 Midwifery

There were 14,351 respondents who were authorised to practice as a midwife corresponding to 23.5% of all registered nurses. Currently 10,466 of these nurses work in New South Wales, 7,284 in the public sector and 2,998 in the private sector (184 did not state the sector of work). There are 2,664 (25%) nurses working in NSW whose job classification is as a registered midwife.

Chart 4.2a shows the workplace of authorised midwifery nurses. It will be seen that 70% of authorised midwives do not practice in that area or did not respond. The most common area outside midwifery was gerontology. There are another 283 registered nurses who work in midwifery but did not report authorisation.



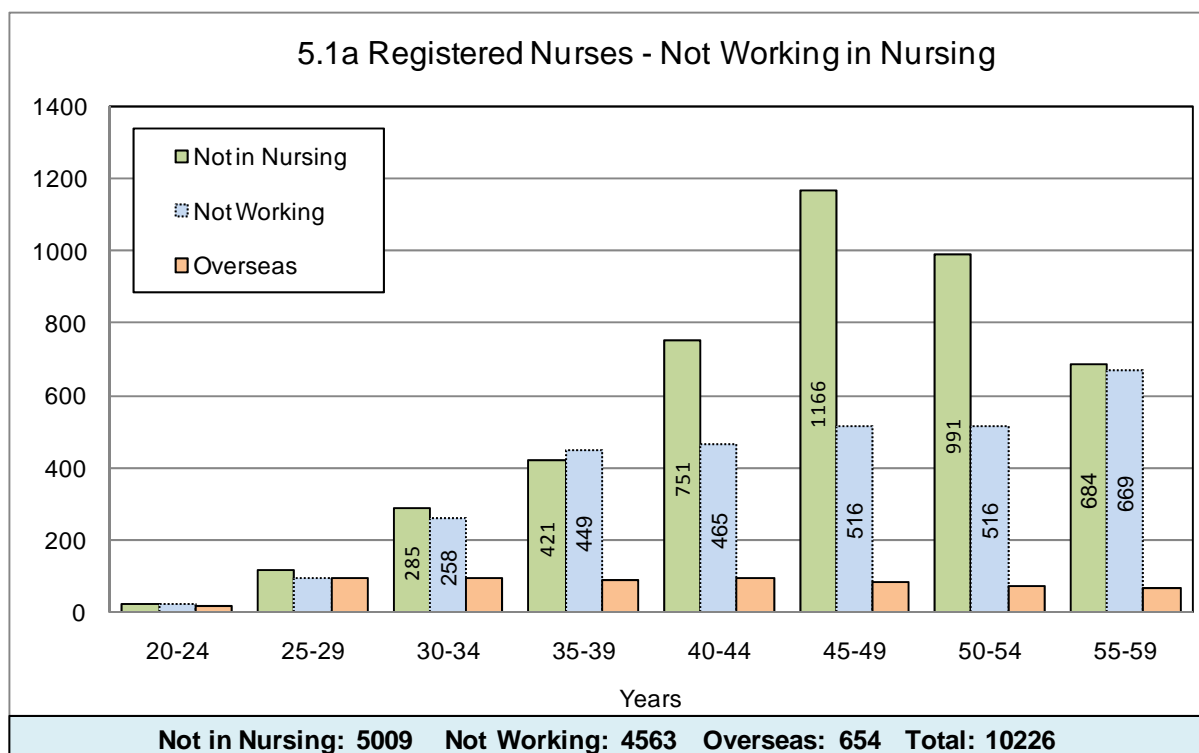
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CHARACTERISTICS OF NON WORKING RESPONDENTS

There were 10,436 respondents who were not currently working as a nurse in any State of Australia. Of these, 2,178 were already 60 years old and considered unlikely to rejoin the workforce. The younger nurses included 4,437 working in other fields, 2,991 not working at all and 613 currently overseas.

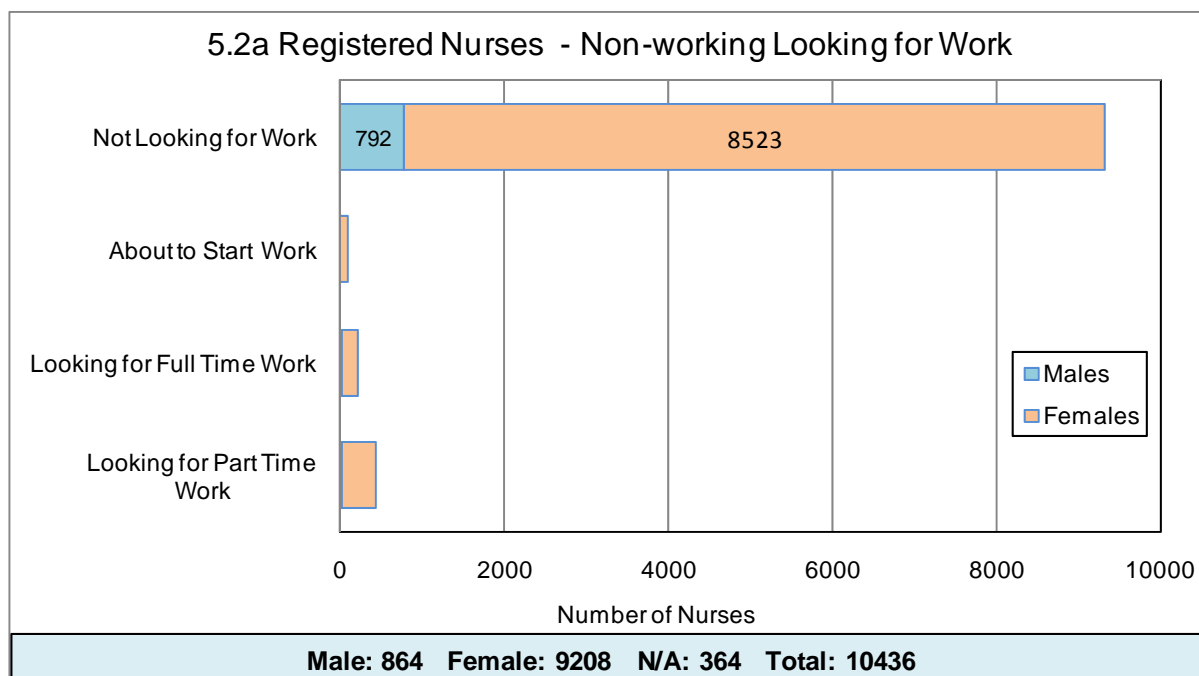
5.1 Age

Table 5.1a indicates the age distribution of the respondents not working in nursing. The numbers steadily increase by age reaching a maximum at the 45-49 year band before reducing slowly for nurses in their 50's. If we compare the non working respondents to those in current work, the ratio increases steadily with age indicating a movement out of nursing from young ages.



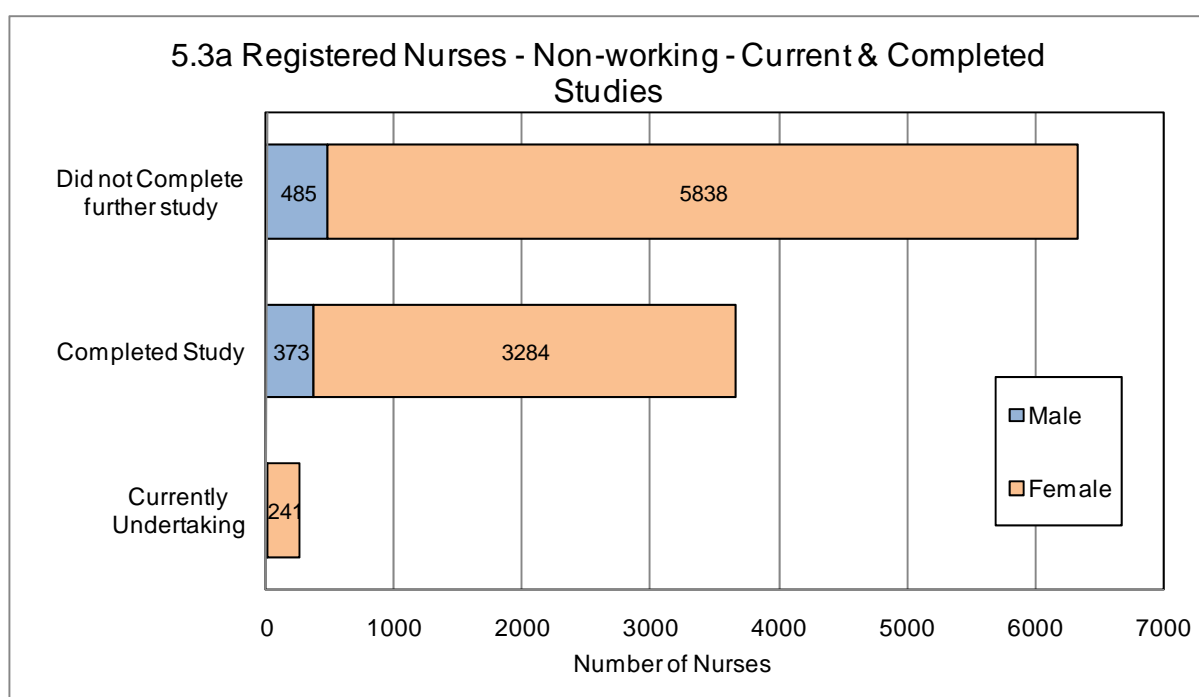
5.2 Looking for Work

The 666 nurses looking for work represent 6.4% of those currently not working. The majority of those seeking work are looking for part time positions. Ninety four nurses stated they are starting work shortly.



5.3 Current and Completed Studies

Table 5.3a shows current and completed post registration study. It will be observed that about 2.5% of the non working nurses are undertaking current study while 36% have already completed further studies across a wide variety of disciplines.



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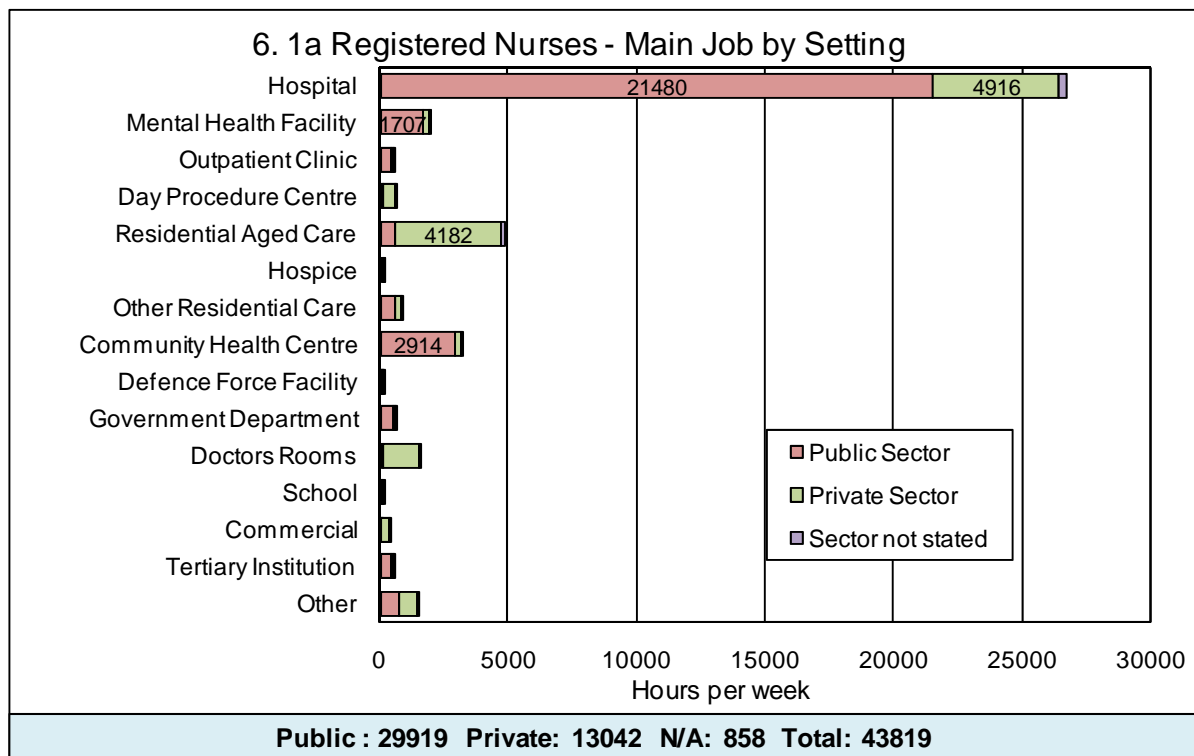
SECTORS OF WORK

From this point of the report, all the data presented relates only to 43,819 registered nurses who work in NSW or are currently on leave. Respondents who did not answer the question on work status are also excluded in tabulations and charts from this section onwards. The primary factor of interest in this section of the report distinguishes nurses working in the public sector from those working for private employers.

In total, 29,919 registered nurses work in the public sector for their main job while 13,042 are employed in the private sector. The remaining 858 nurses did not answer the question on sector of work. Nurses holding a second or subsequent job are more commonly employed in the private sector.

6.1 Setting of the Workplace

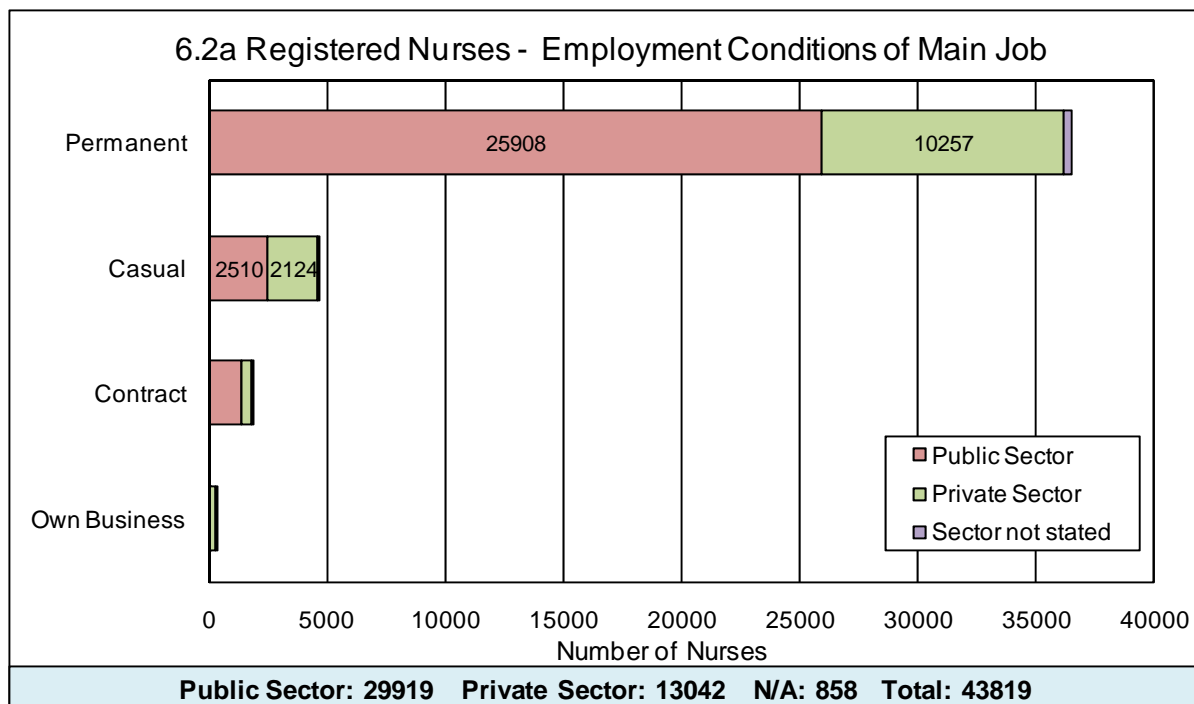
The majority of the labour force works in hospitals. This is especially true of public sector nurses (72%) where hospitals represent the dominant work setting followed by community health centres (10%) and mental health facilities (6%). In the private sector, hospitals are still the most common setting (38%) closely followed by residential aged care facilities (32%). Employment in doctors' rooms (11%) is the next most common place of employment in the private sector. For both the public and private sector, hospital work is the most common setting for a second job. Chart 6.1a indicates employment setting for the main job of registered nurses.



6.2 Conditions of Employment

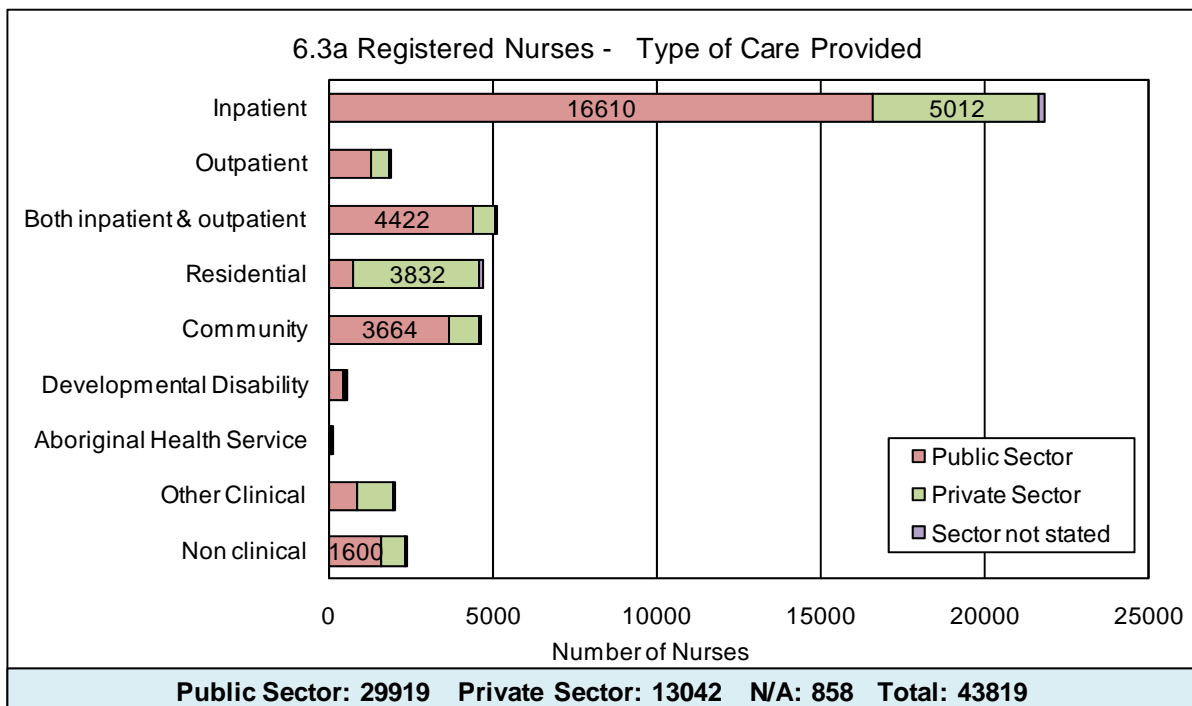
As shown by Chart 6.2a, eighty seven percent of registered nurses working in the public sector are in permanent employment with 79% permanent among private employees. Most of the remainder have casual work with a small percentage on contract and in their own practices. Most second jobs are casual.

Around five percent of registered nurses are employed through agencies.

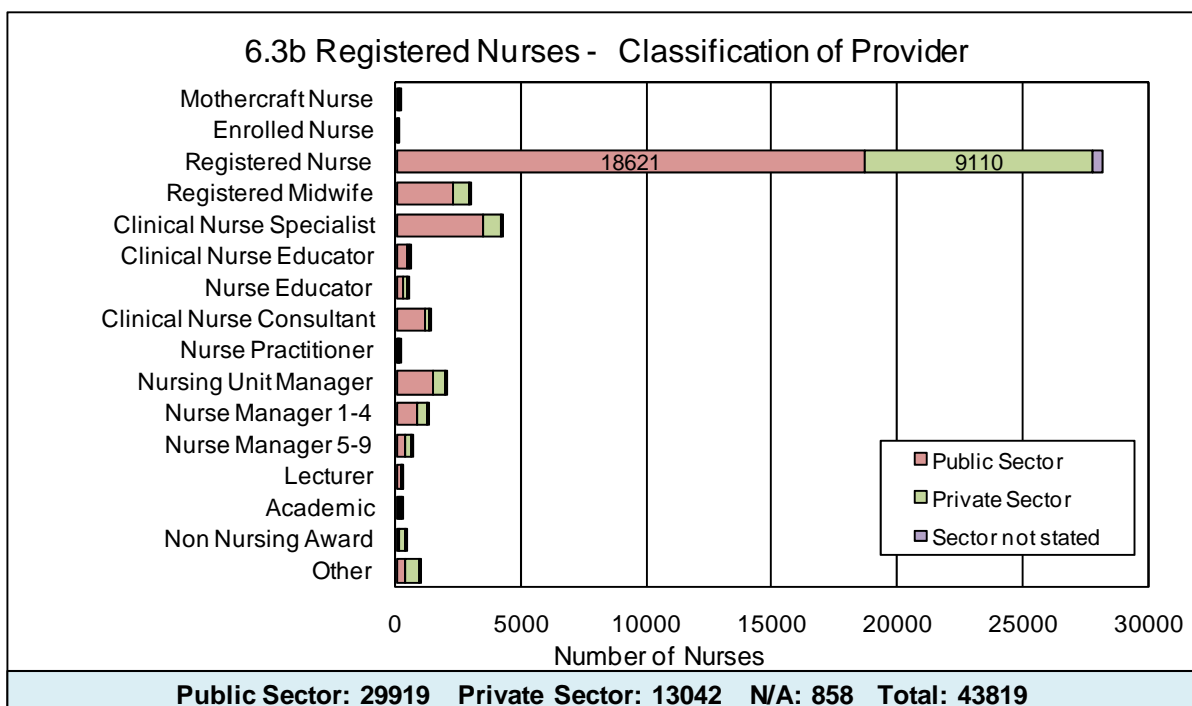


6.3 Patient Care Category

In the public sector, more than half of registered nurses provide care to inpatients only, with another 15% caring for both inpatients and outpatients. Community clients are the next largest categories. In the private sector, inpatient and residential care are the major categories with smaller numbers working in the community and in other clinical settings.



Most nursing providers are classified as registered nurses or registered midwives. The only other classification with more than 5% of the providers is Clinical Nurse Specialist mainly in the public sector. Most of the remainder work as nursing administrators at various levels.

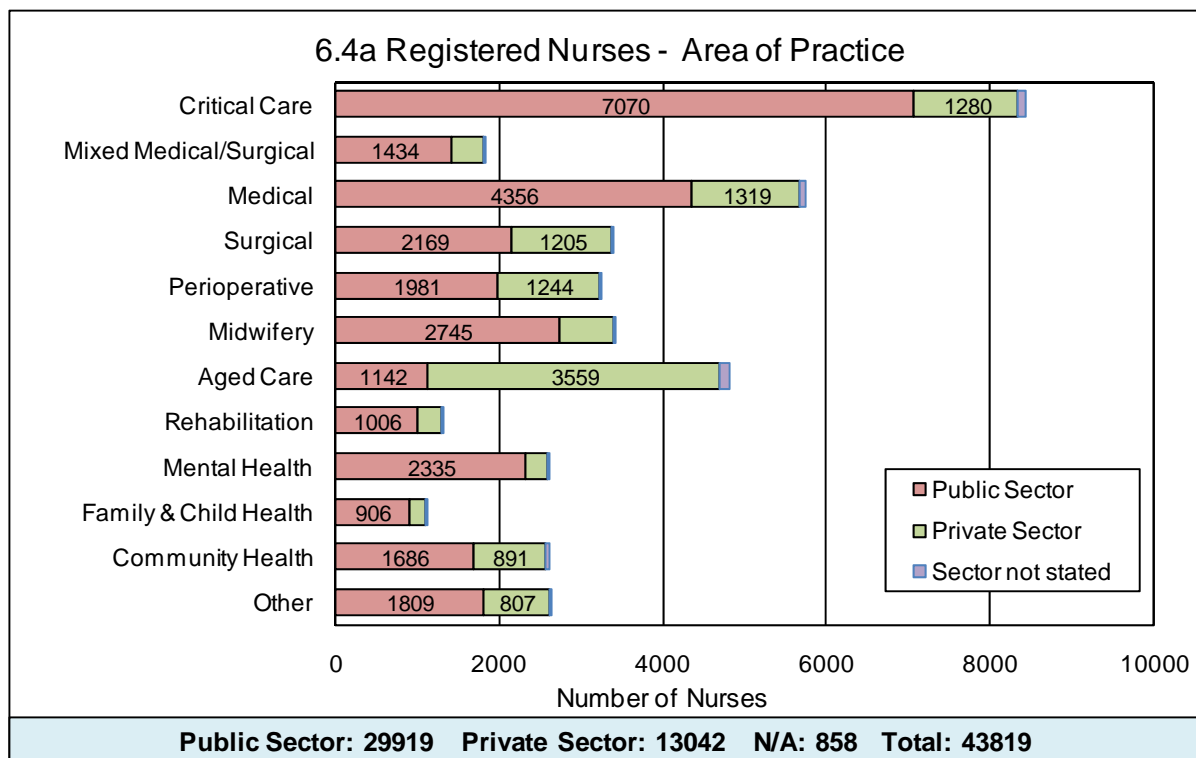


6.4 Area of Practice

The clinical area of practice allowed for 85 different listed responses and another 7 were specified by written additions. The full list is available in the tables but has been consolidated into 12 groups as shown in Chart 6.4a

For nurses working in general hospitals, the largest area of practice was critical care. Within that area, most nurses described their working area as emergency (8%) followed by intensive care (5%). Within medical services, general medical nursing (4%) was the common description rather than specialised functions that are usually confined to the principal hospitals. While it is not specifically asked, 644 nurses stated that their hospital work was general administration and more than 100 each nominated radiology and occupational health.

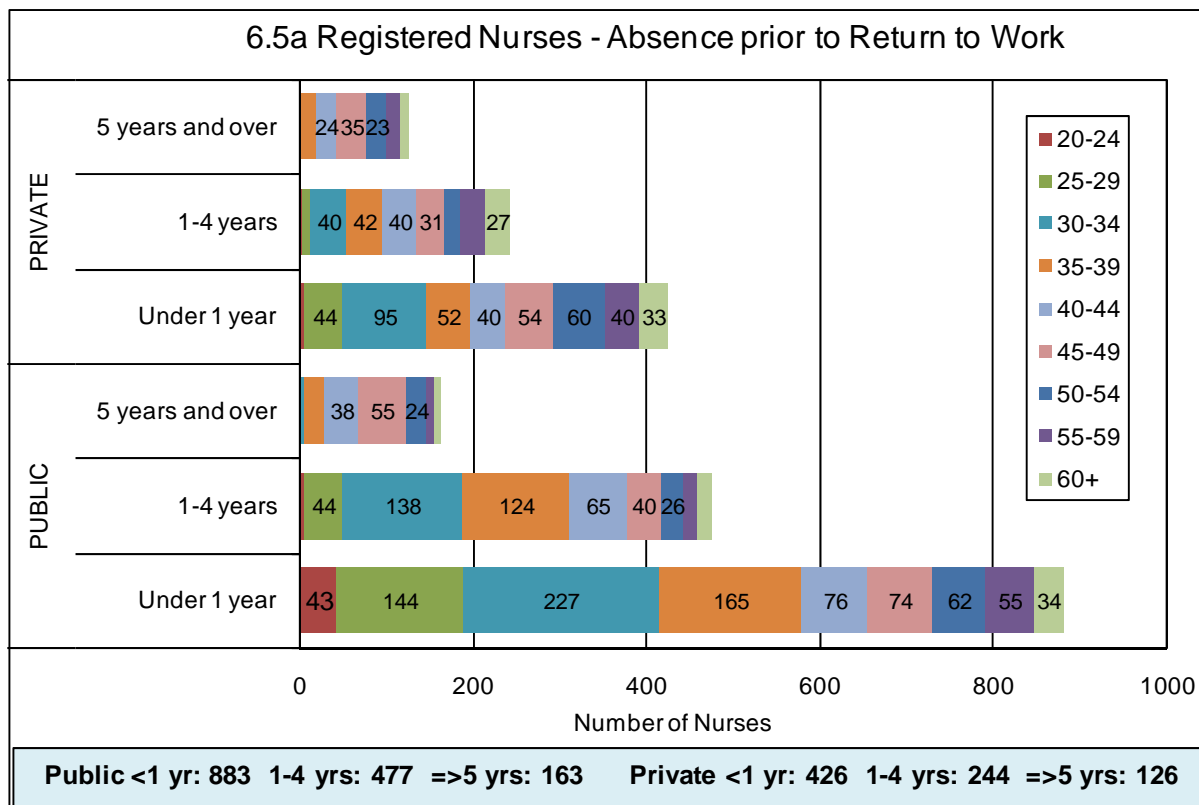
The major area of practice for public sector nurses who do not work in general hospitals is adult mental health (7%) followed by community health services (6%), often generalist. Private sector nurses who do not work in general hospitals are usually involved in aged care nursing or general practices.



6.5 Return to Work

The mobility of the workforce is further evident from data on nurses who returned to work after a period of absence.

There were 2,603 nurses who stated that they had returned to work in the last twelve months after a period of absence. The time of absence for a majority of these nurses was for less than 12 months as can be observed from Chart 6.5a but more than one thousand nurses had returned after absence of more than 1 year and 294 after absence of more than 5 years.

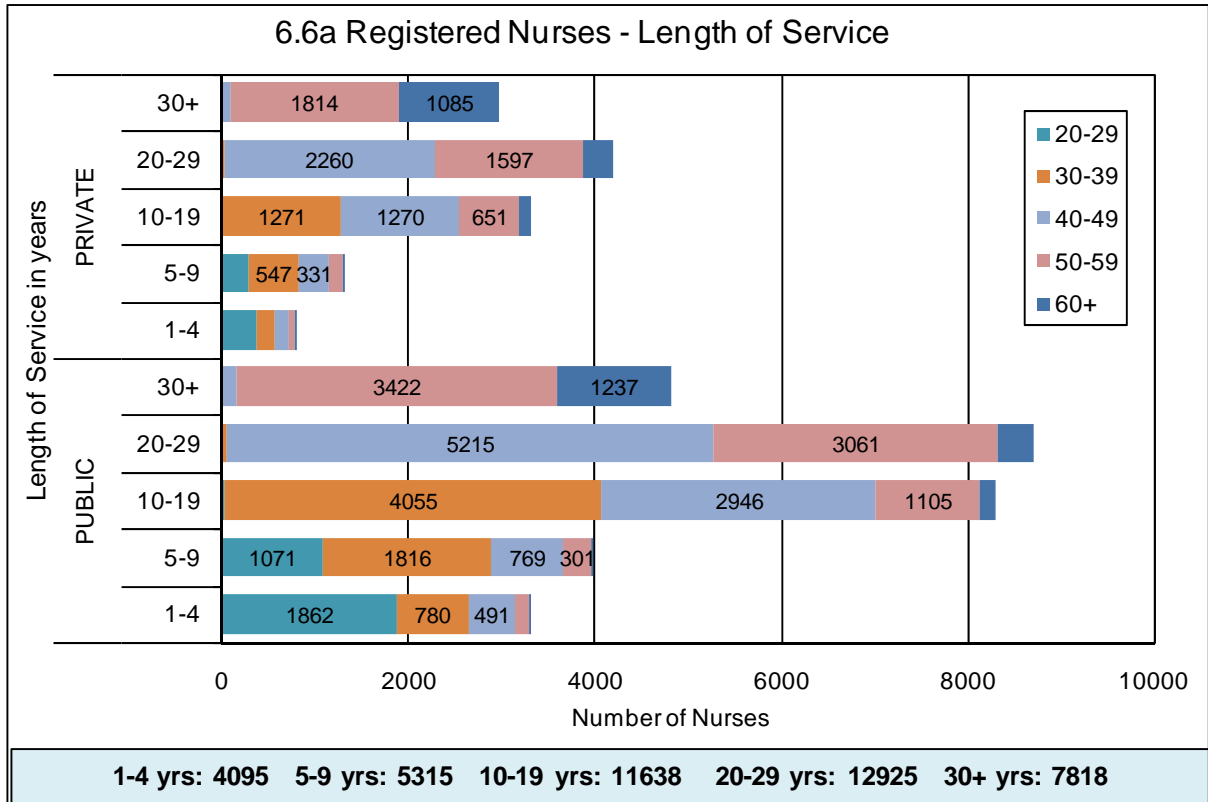


The age distribution of returning nurses is shown in Chart 6.5b. The most common age for return of less than 5 years is 30-34. After an absence of more than 5 years from nursing, the most common age at return is the late forties. Return to the private sector is slightly higher than the relative proportion of nurses working in each sector but at older ages, the private sector becomes more common.

6.6 Length of Service

The experience of the labour force is an important issue in appropriate service provision. While younger nurses can be expected to have less experience than their older colleagues, there are clear distinctions between age and the number of years spent in nursing. About 10% of nurses over the age of 40 have less than 10 years experience in nursing.

Chart 6.6a shows the reported length of service for age bands in the public and private sectors of the workforce. It will be seen that the private sector has a higher percentage of more experienced nurses although this is primarily a function of age. Within the key group of nurses aged 40-49, a similar 83 percent hold between 10 and 30 years of nursing experience in both sectors.



7

LOCATION OF RESIDENCE & WORKPLACE

On the survey form, registered nurses were requested to state their postcode of residence and the location and postcode of their main job and second job (if applicable). The responses were edited to ensure that postcode matched location. Postcode was converted to Area Health Service (AHS) using an algorithm that selects the most appropriate AHS for that postcode.

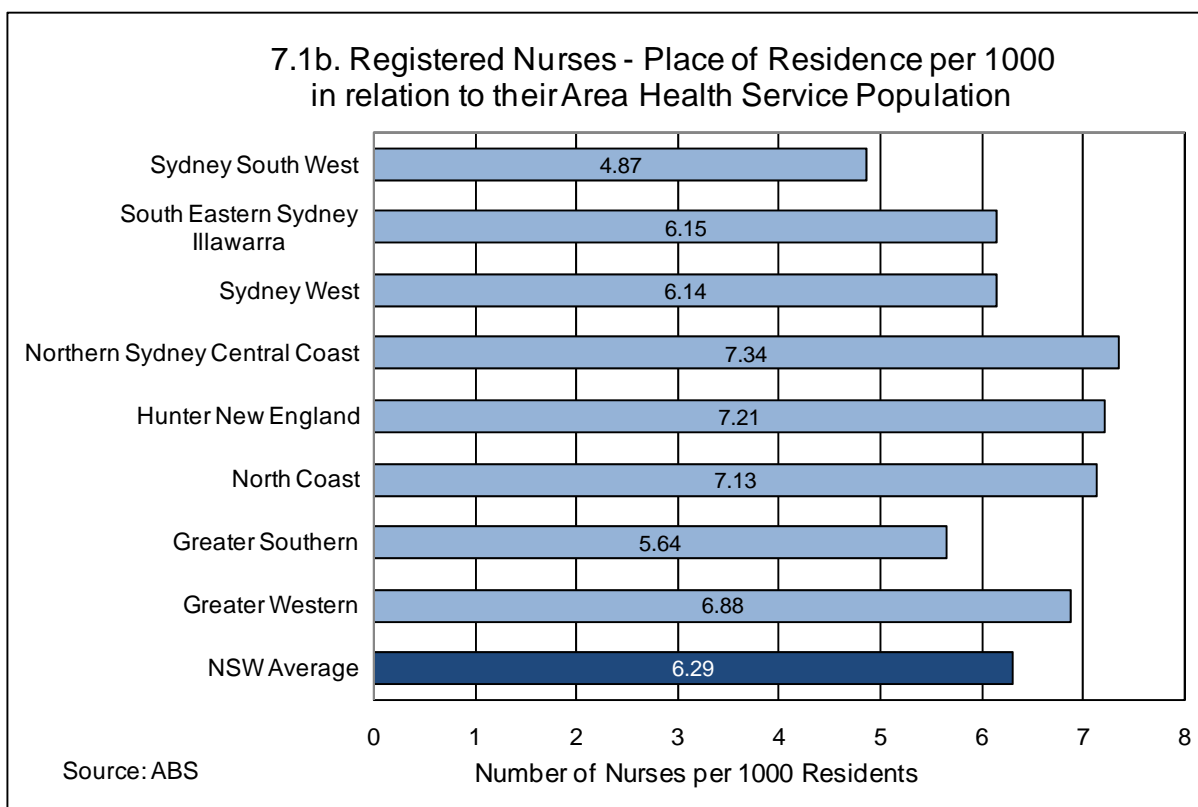
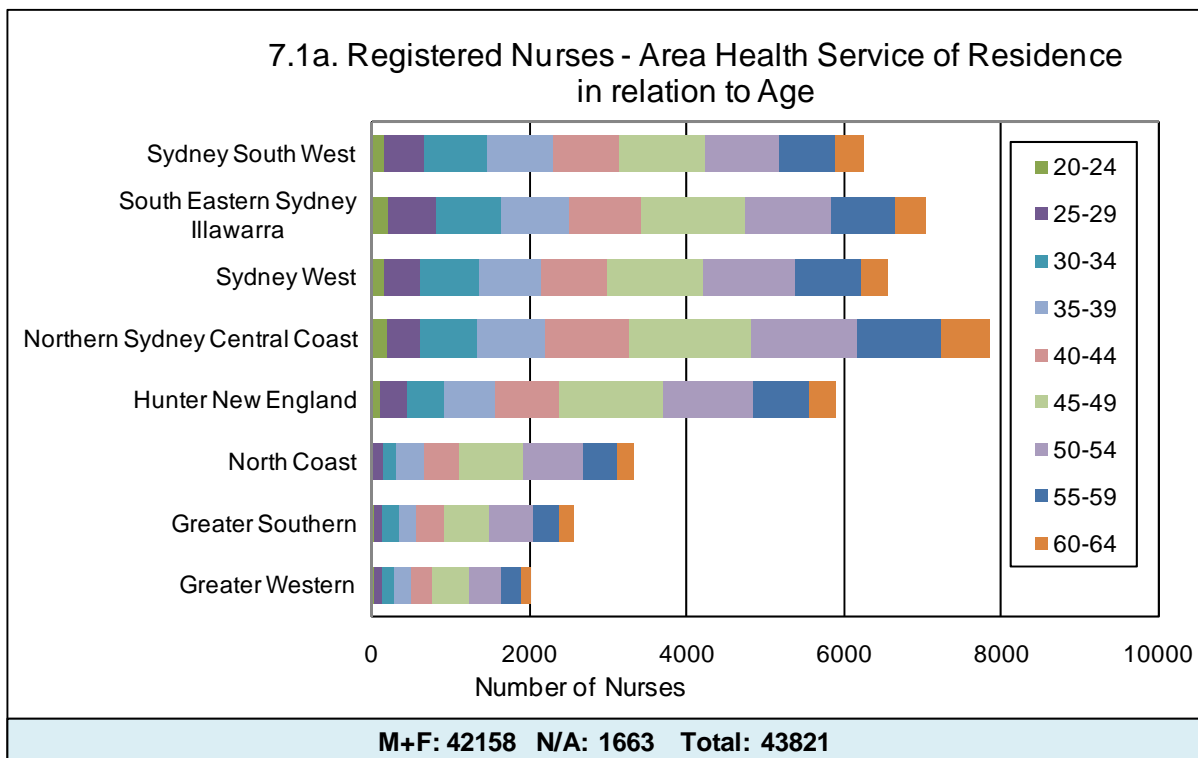
Taken together, location of residence and location of workplace can indicate structural problems with the geography of the workforce. People prefer to work in reasonable proximity to where they live leading to substantial variation in opportunities taken up in different locations.

7.1 Place of Residence

Responses from the survey indicate an average of 647 working registered nurses per 100,000 population of the State of NSW including those living outside the State. If we apply the estimate of the NSW workforce shown in Table 2.2a, the estimate is 913 registered nurses per 100,000 population.

Chart 7.1a shows the AHS of residence by broad age bands for registered nurses working in NSW. The interstate addresses are usually the ACT, Gold Coast and Wodonga where NSW services including major hospitals are situated adjacent to State borders. Chart 7.1b depicts the same information as a number of registered nurses per 100,000 population.

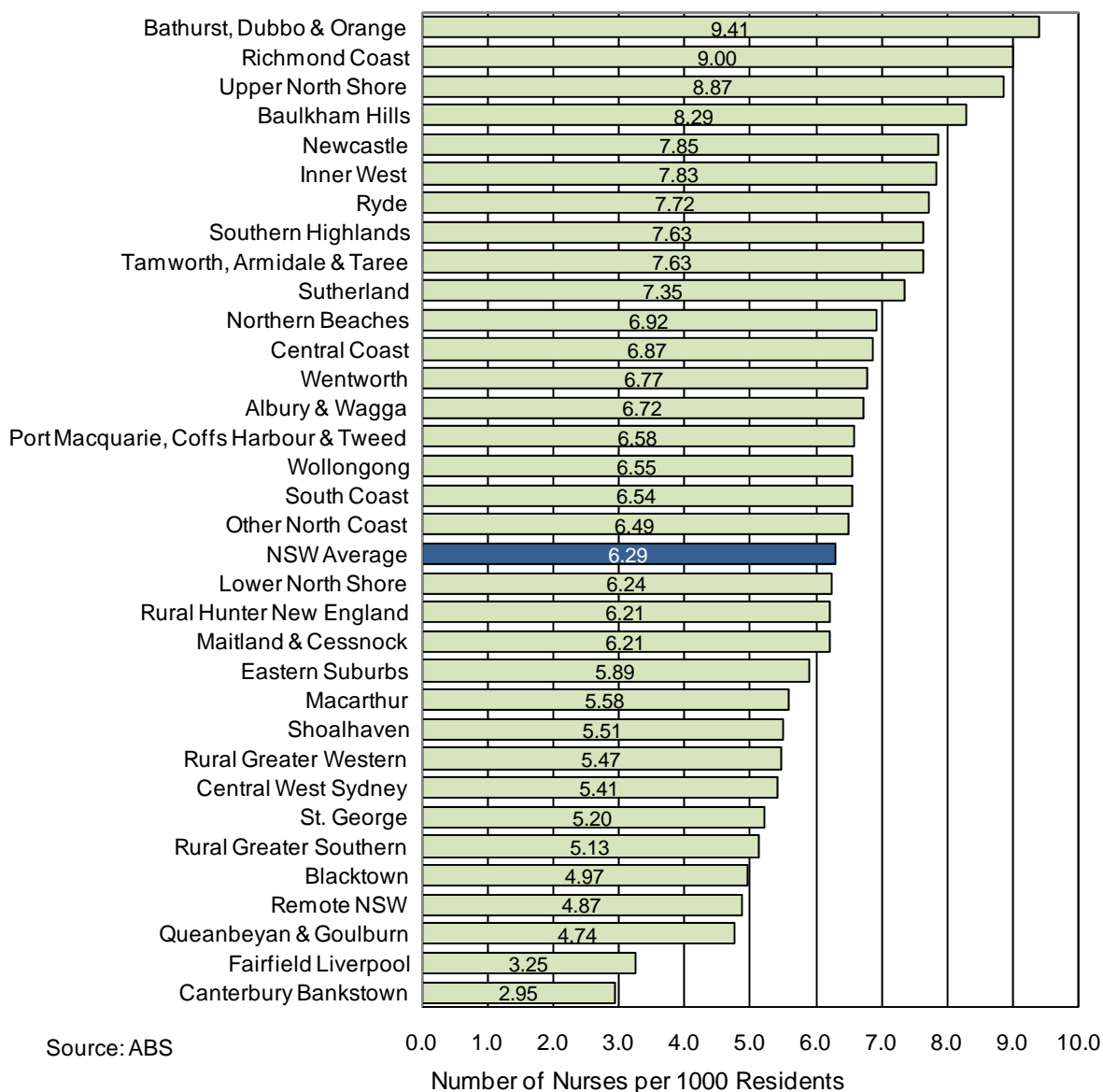
The rate of registered nurses to population is fairly evenly distributed with the exception of Sydney South West Area where there is a significantly lower rate of resident nurses. The Greater Southern Area is also low but services are provided by nurses living across the ACT and Victorian borders. Higher than average rates of nurse residents are found in Northern Sydney Central Coast, Hunter New England and North Coast AHS.



As the AHS are very large and heterogeneous, a similar analysis was undertaken for sub-areas, consistent with planning districts within the AHS. The results are shown in Chart 7.1c. It will be seen that the low rate of nurses to population in Sydney South West arises from the Fairfield Liverpool and Canterbury Bankstown sub-areas with the lowest rates in the State whereas the Inner West has above average rates. Elsewhere, Blacktown (Sydney West), Queanbeyan & Goulburn (Southern) and the remote sector of Greater Western have less

than 500 resident nurses per 100,000 population. The highest rate of resident nurses to population is found in the large rural cities of Bathurst, Orange, Dubbo and Lismore. Within Sydney, the highest rate is located in the adjacent suburban sectors of Baulkham Hills (Sydney West) and Hornsby-Kuringai (Northern Sydney Central Coast).

7.1c. Registered Nurses - Place of Residence per 1000 in relation to their Area Health Service Population



M+F: 42158 N/A: 1663 Total: 43821

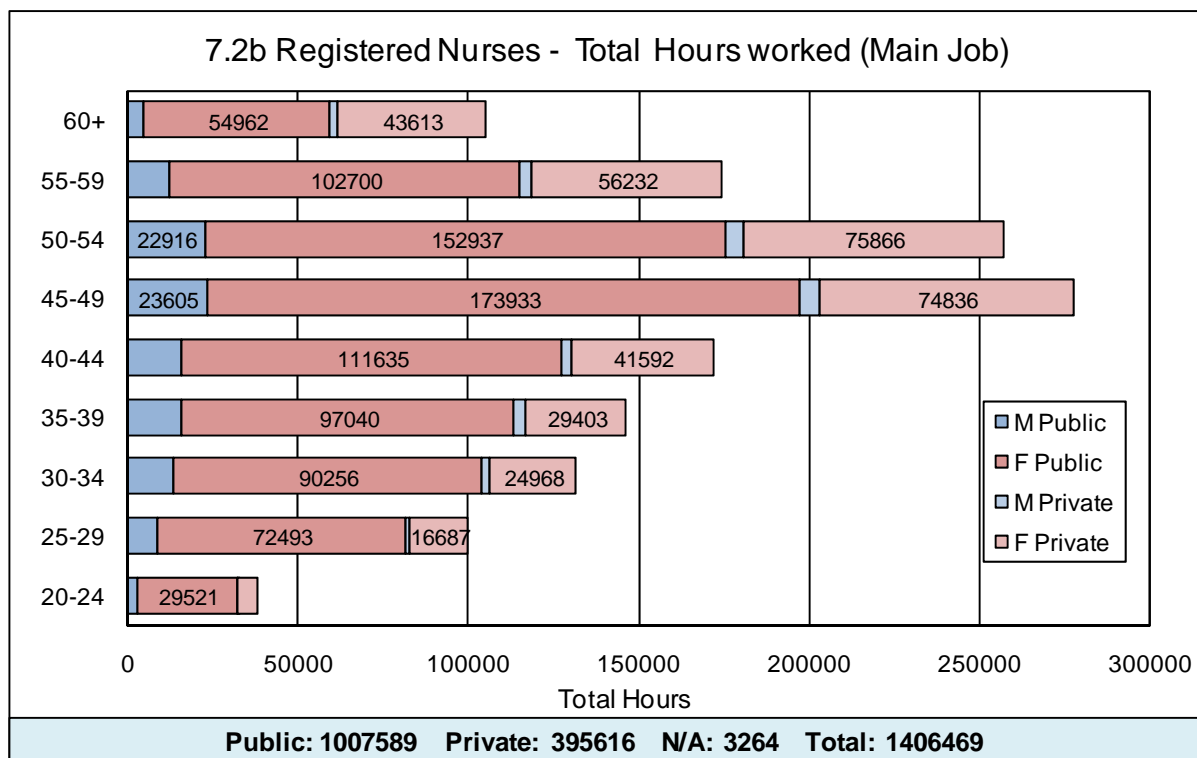
7.2 Place of Work

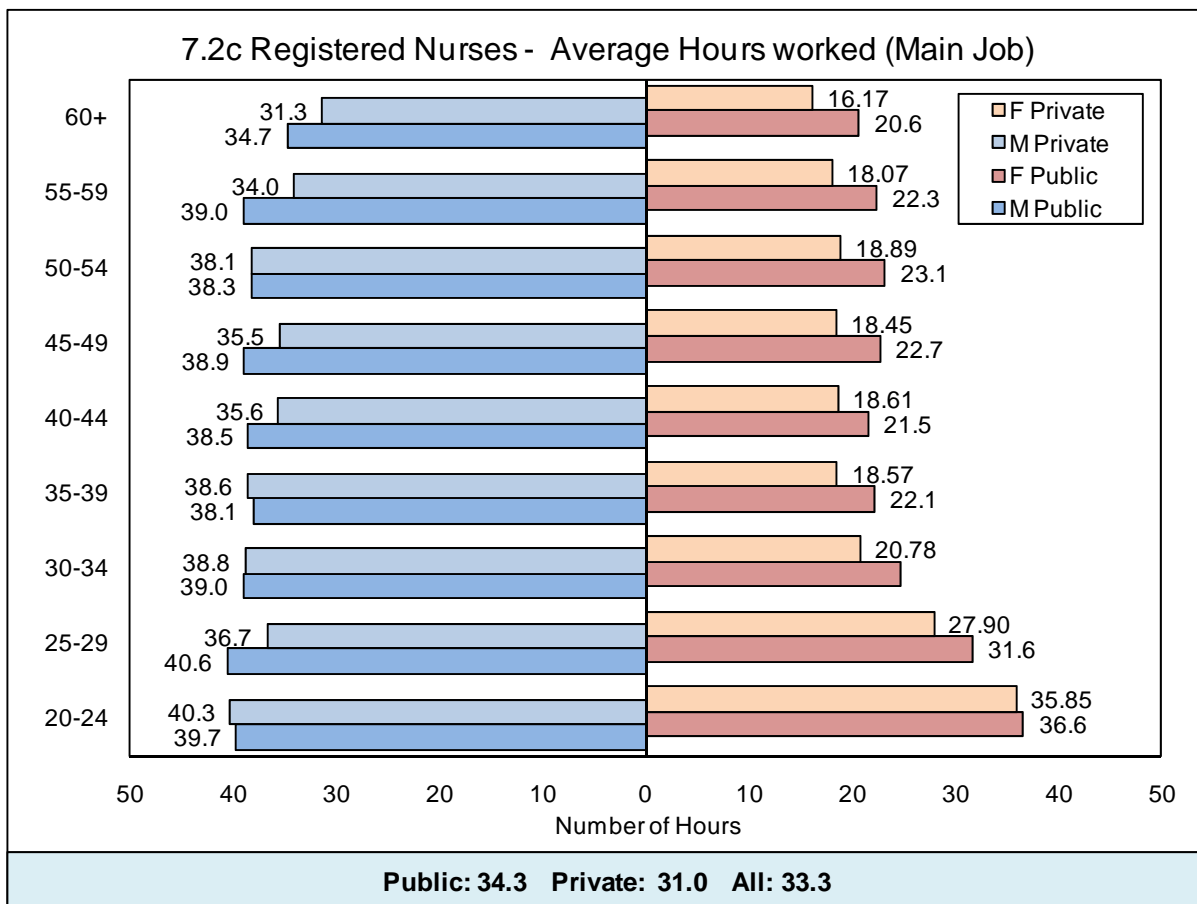
The sector (public/private) and AHS for all jobs is shown for registered nurses working in NSW in Table 7.2a. Nurses with more than one job in different sectors are classified as 'mainly public' or 'mainly private'. If the main job was held outside NSW, the AHS of the second job is shown. Registered nurses indicating that they are working in NSW but not providing data on the location of the NSW component of their work (1,355) or the sector in which they work (394) are excluded from these tables. The great majority of registered nurses work only in NSW.

Table 7.2a Working Status by Area Health Status

AHS	Public Sector Only	Public Sector Mainly	Private Sector Mainly	Private Sector Only
Sydney South West	4681	267	63	1260
South Eastern Sydney Illawarra	5068	227	110	2398
Sydney West	4529	240	63	1537
Northern Sydney Central Coast	3848	189	107	3168
Hunter New England	3936	113	96	1646
North Coast	2361	106	50	919
Greater Southern	1926	64	48	701
Greater Western	1569	60	39	410
ALL AHS	27918	1266	576	12039

Chart 7.2b shows the total number of hours of work for all registered nurses working in NSW by age band while chart 7.2c presents the information in average hours worked per thousand residents.

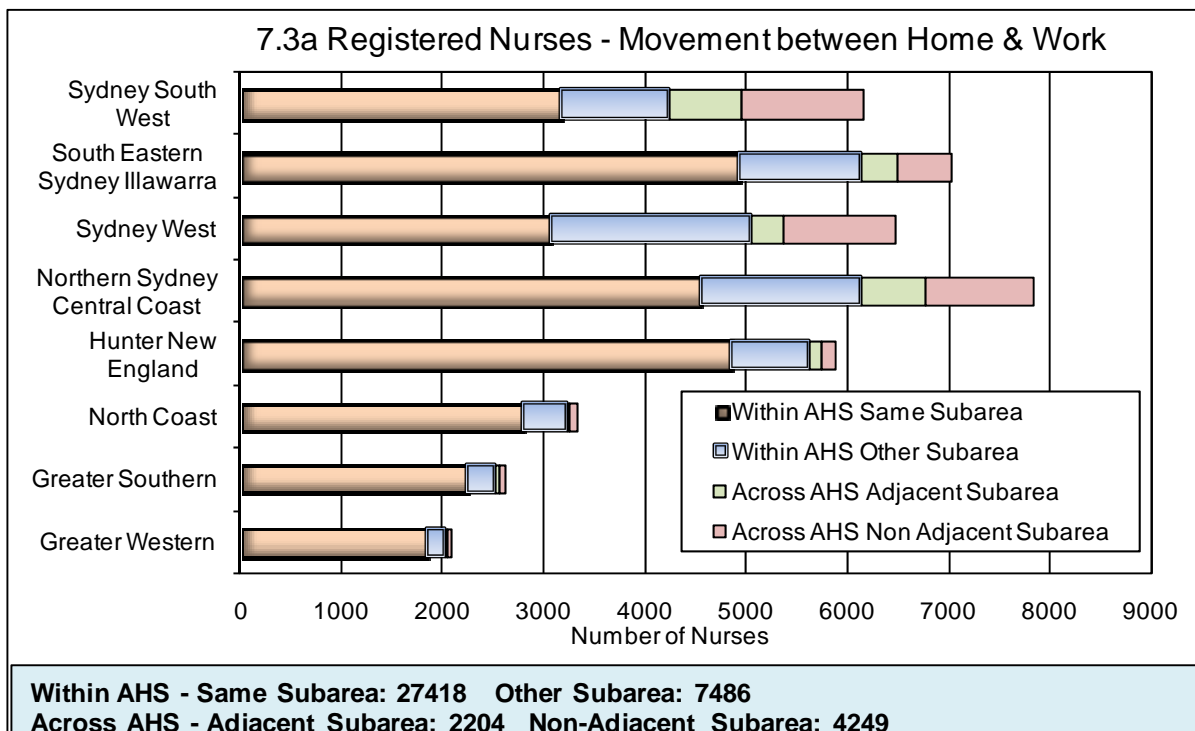




7.3 Movement between Home and Work

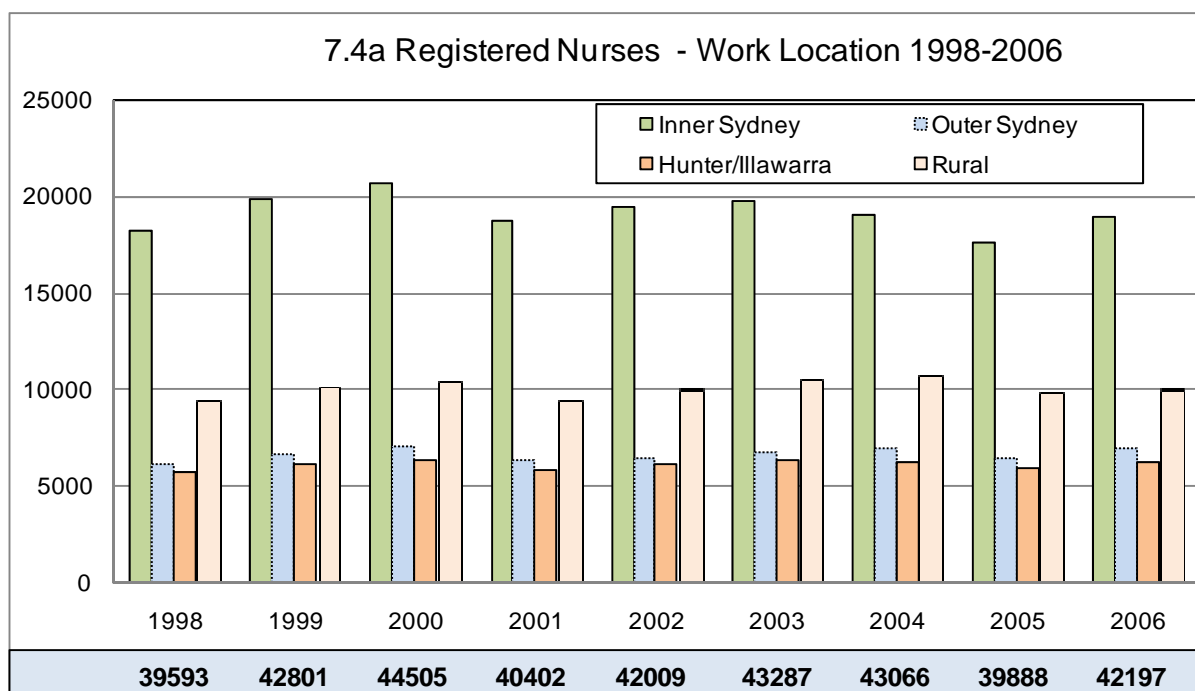
The length of travel between home and work is a key determinant of change in location of the workforce. Chart 7.3a indicates movement within and between Area Health Services using the subarea categories discussed in Section 7.1. Nurses whose principal job lies within their Area Health Service of residence are grouped into those working in the same subarea and those working in different subareas. Nurses who work in a different Area Health Service from their residence are grouped into those where the subarea of work is adjacent to their subarea of residence and those who work in non adjacent subareas.

In metropolitan Areas where distance travelled to work in another Area is less great, the movement between Areas is more pronounced. Nevertheless, up to 25% of registered nurses travel further than an adjacent subarea with the highest amount of movement occurring for those residing in Sydney South West and the least in South Eastern Sydney Illawarra. In rural Areas, movement is generally within the Area Health Service but sometimes to a different subarea because the location of major hospitals determines availability of work.



7.4 Changes in Location since 1998

The movement in location of registered nurses can be observed in another way by grouping workplace by the former Area Health Services and combining these into Inner Sydney, Outer Sydney, the Hunter and Illawarra regional centres and rural NSW. Chart 7.4a indicates a slow movement away from Inner Sydney towards Outer Sydney with little change in regional and rural locations. This movement follows population shifts however registered nurses remain under-represented in Outer Sydney with 16.5% of the nursing workforce and 21.5% of the population. Nurses are over-represented in the Inner Sydney locations compared to population.



8

HOURS OF WORK

While 43,819 registered nurses responded that they work in NSW, 1,165 indicated only interstate work or did not provide a response for the number of hours worked in this State during their usual week. This section shows statistics for hours of work for those 42,654 registered nurses who work in NSW for one hour or more.

8.1 Total Full Time Equivalents

Working hours may be expressed in full time equivalents 'FTE'. Award regulations determine 38 hours as the standard working week although some nurses may extend that working week by a considerable extent. The award period of 38 hours can be regarded as the standard contribution of one full time person. Time worked in excess of 38 hours can then be taken as the excess contribution to the labour supply up to a total of 76 hours. The few respondents stating more than 76 hours or the equivalent of two FTE are limited to 76 hours for FTE reporting. Working hours outside of NSW have been disregarded.

By this definition, registered nurses working in NSW recorded a total of 1,477,330 hours of work in an average week equivalent to 35,625 full time persons or 0.83 FTE per worker. The additional contribution beyond 38 hours was equivalent to another 3,252 persons or 0.08 FTE per person. Public sector nurses accounted for 27,254 FTE and private sector nurses for 11,204 FTE aggregating regular and additional contribution.

The difference of 3,911 between the number of working nurses and the number of regular FTE arises mainly through the part time work of the 14,109 nurses (33% of the labour force) shown in Chart 8.1a by age group. These nurses work less than 30 hours a week. Part time work is relatively more common in the private sector where part time workers represent 43% of the nursing population compared to 29% in the public sector. It will be seen that the most common age for part time workers is 45-49 in both public and private employment. However, in the public sector it is younger nurses age 40-44 and 35-39 who form the next most common part time groups while in the private sector, older nurses aged 50-54 and 55-59 are more commonly found in part time work.

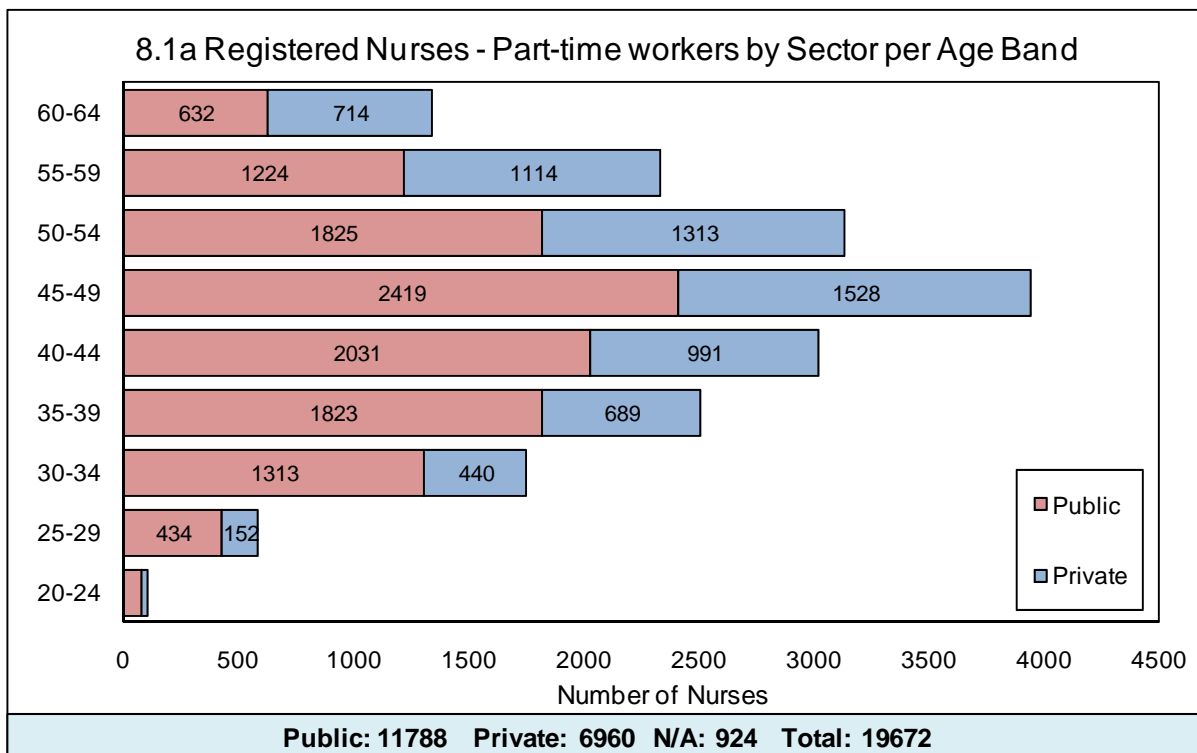
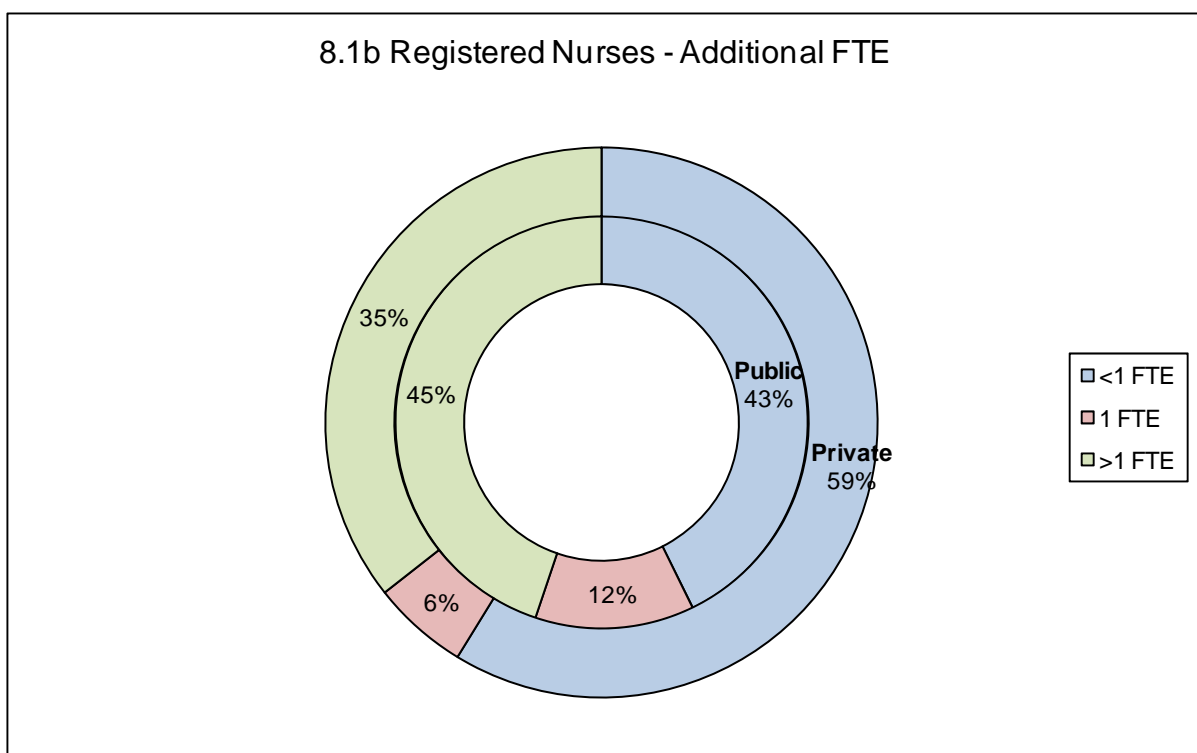
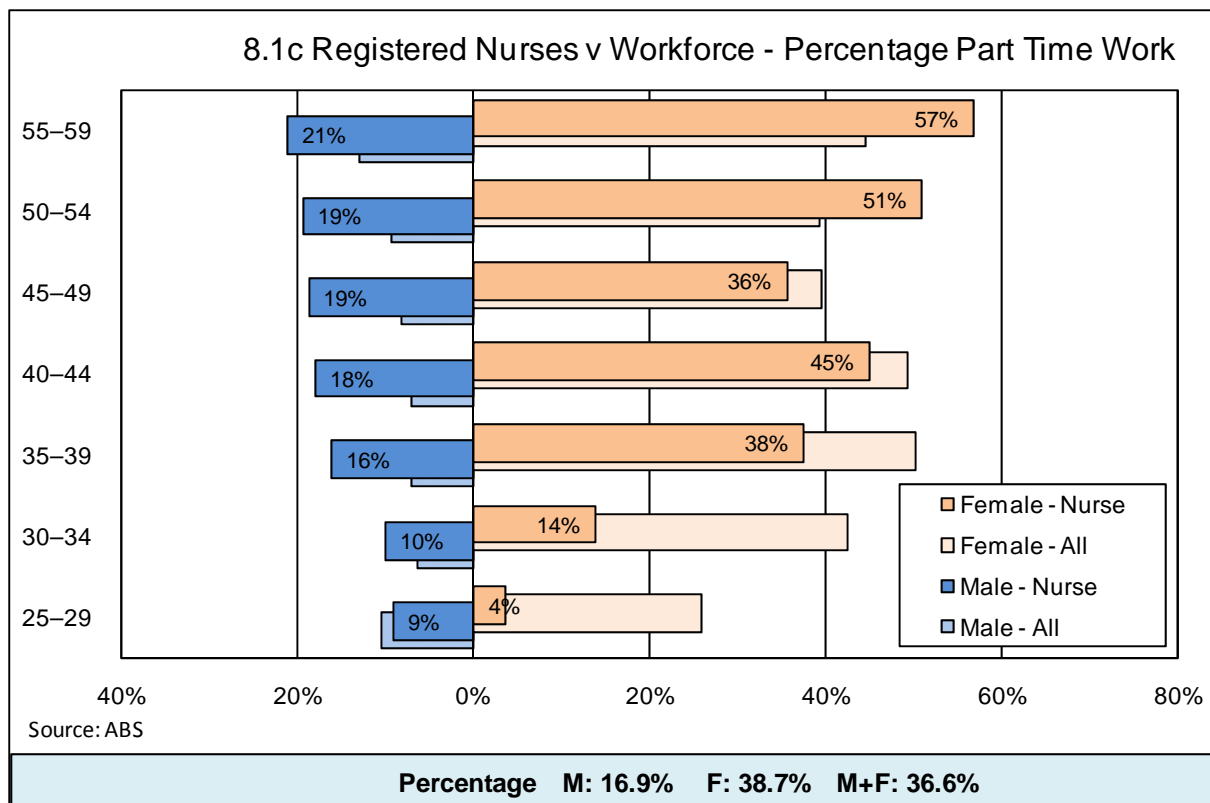


Chart 8.1b indicates work contributions by sector of work below and above 1 FTE. The private sector experiences both more nurses working above and below one FTE compared to the public sector where more nurses work the exact hours of the working week. However, in both sectors, a 40 hour week is more commonly recorded than a 38 hour week.



A comparison between part time work in nursing was made to part time work in the whole

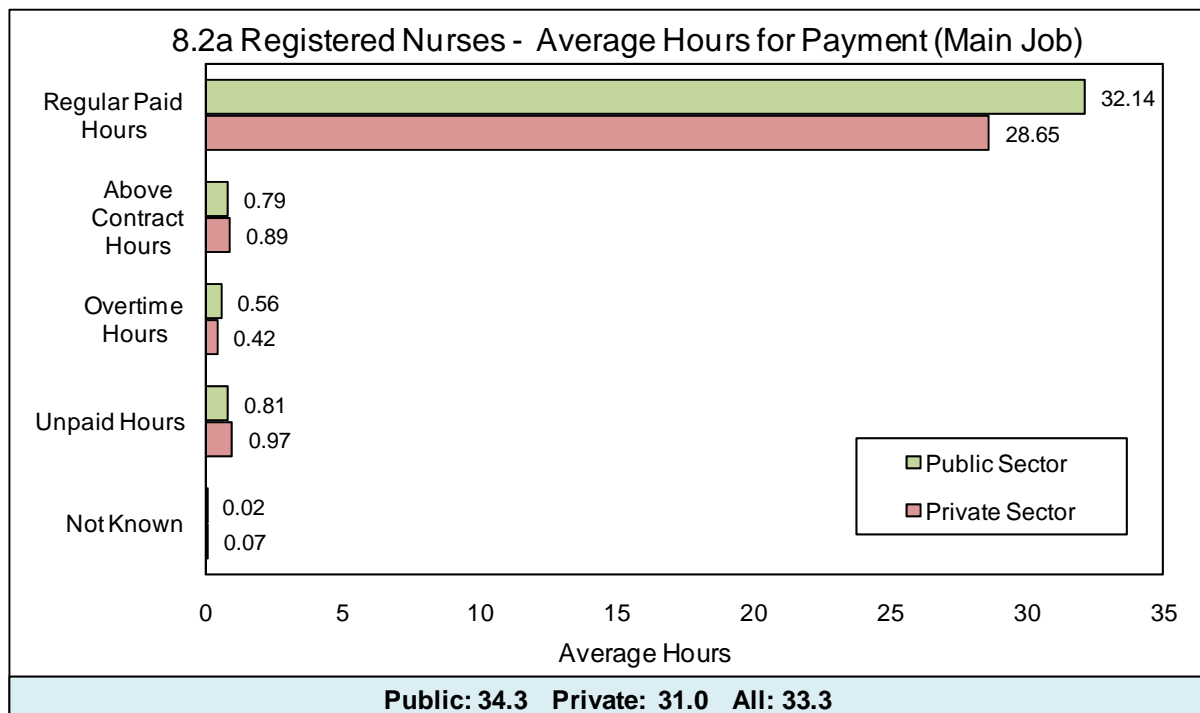
Australian Labour Market². It will be observed that part time work for females is generally lower for nurses than in the workforce generally except for those older than 50. At younger ages, and in contrast to enrolled nurses, part time work is quite uncommon. For example, in the 25-29 year age group 4% of female nurses work part time compared to 25% in the general workforce. For males, part time work for nurses is more common than in the general workforce except for the youngest age groups where it is similar.



8.2 Payment

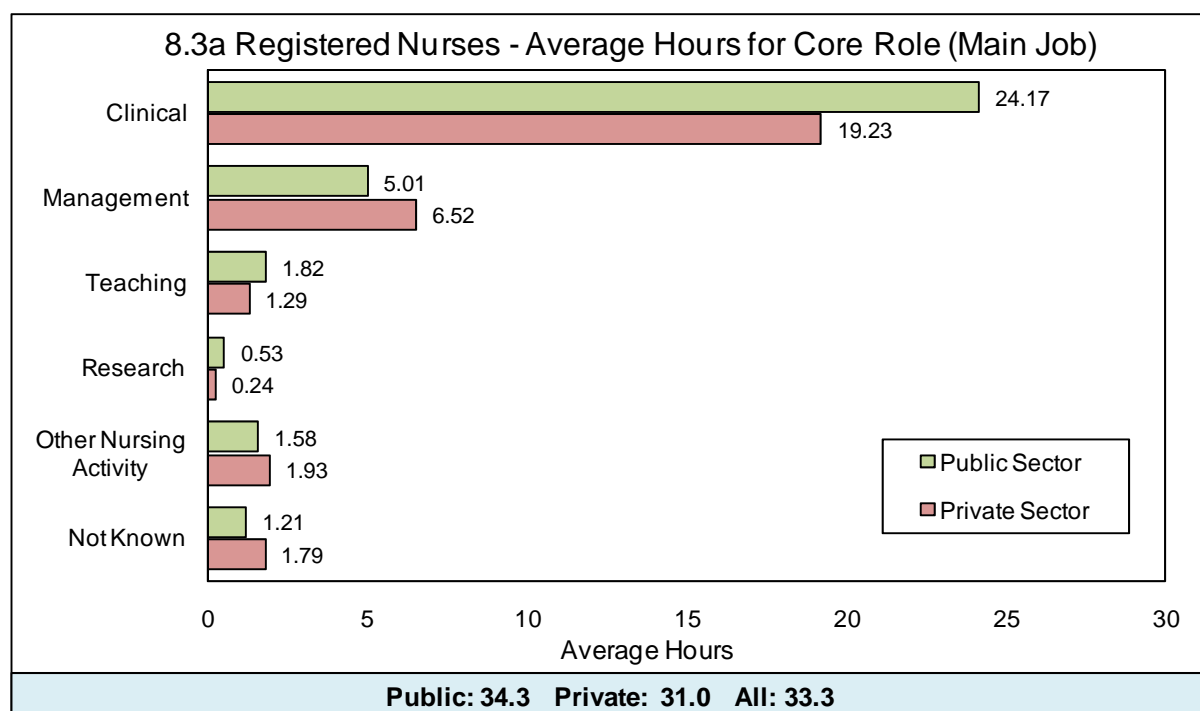
It was found that 93% of nursing hours are for regular paid time with only slight differences between public and private sector workers and for main and subsequent jobs. Of the remaining hours, most are above contract followed by overtime and unpaid work. Work for unpaid hours is more common in the private sector although very few hours are reported as worked unpaid as a whole.

² Australian Bureau of Statistics *Australian Labour Market Statistics January 2007* Catalogue Number 6105.0



8.3 Core Roles

The majority (68%) of nursing hours are spent providing direct clinical care, especially in the public sector. The actual percentage is likely to be higher because the core role is unknown for more than 4% of registered nurses who did not respond to the question on core roles. Management represents another 16% of hours worked with 5% each for education and other activities. Privately employed registered nurses spend more hours in management than public sector nurses primarily due to management responsibilities in aged residential care.



9

CLINICAL SERVICES

This section compares the direct clinical component of time worked by registered nurses with the total time worked. There are 8,326 registered nurses working in NSW who do not work any hours in a clinical setting. The remaining 34,462 nurses worked for 968,148 hours representing an average of 22.6 clinical hours per nurse and 28.1 hours excluding non clinical nurses. These figures include data from 518 nurses providing clinical services in their second job only, either because their first job is non clinical or it is located outside NSW.

Direct clinical hours represent 68% of all hours worked by registered nurses, 70% in the public sector and 62% in the private sector. If we exclude those who did not specify their core role, the percentage rises to 71% in total, 73% public and 66% private. Registered nurses have a greater management role in private institutions, especially residential aged care.

As only 8,927 clinical hours of work was reported without nominating whether public or private sector employment, those hours have been disregarded in the discussion below

9.1 Location of Employment

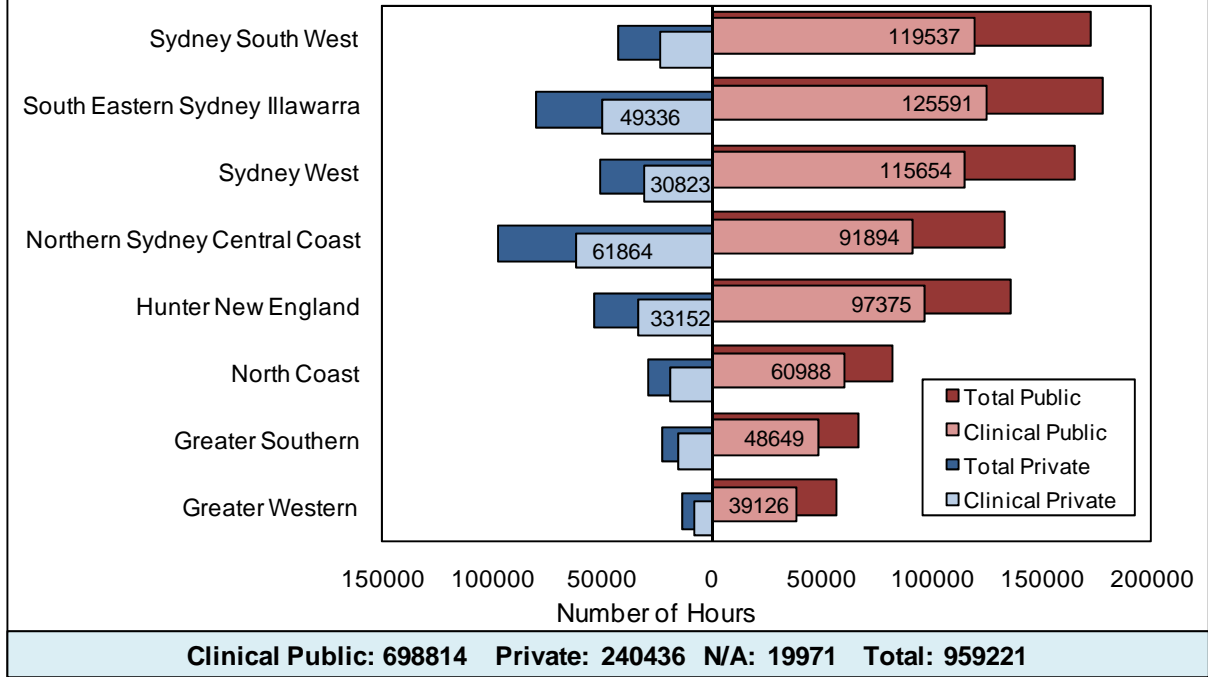
The proportion of clinical hours to total hours for public nursing is fairly similar across the Area Health Services ranging from 68.5% in the Greater Western AHS to 73.7% in the North Coast AHS. North Coast also has the highest average number of clinical hours at 25.0 hours per week compared to an average of 23.0 hours in Northern Sydney Central Coast.

In the private sector, the range is greater being from 54.6% (Sydney South West) to 67.0% (Greater Southern) Average clinical hours per week are also lowest in the Sydney South West AHS (17.7 hours) and highest (20.4 hours) in Greater Southern.

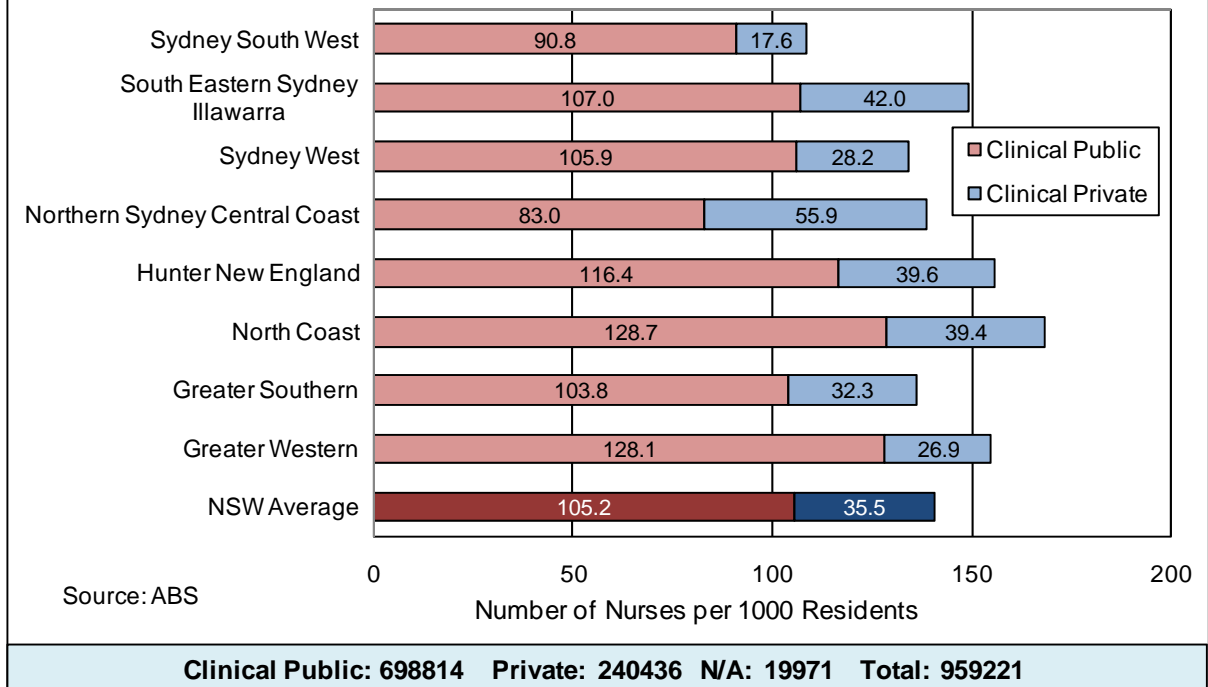
Chart 9.1a shows the clinical hours and total hours by sector in each Area Health Service while Chart 9.1b relates the hours worked to the resident population.

The North Coast AHS has the highest number of nurses to population both in total and for the public sector while Sydney South West has the lowest in total, lowest in the private sector and second lowest for the public sector after Northern Sydney Central Coast. However, Northern Sydney Central Coast, with its many private hospitals, has the highest rate of clinical nursing to population in the private sector.

9.1a Registered Nurses - Clinical Hours worked in each AHS

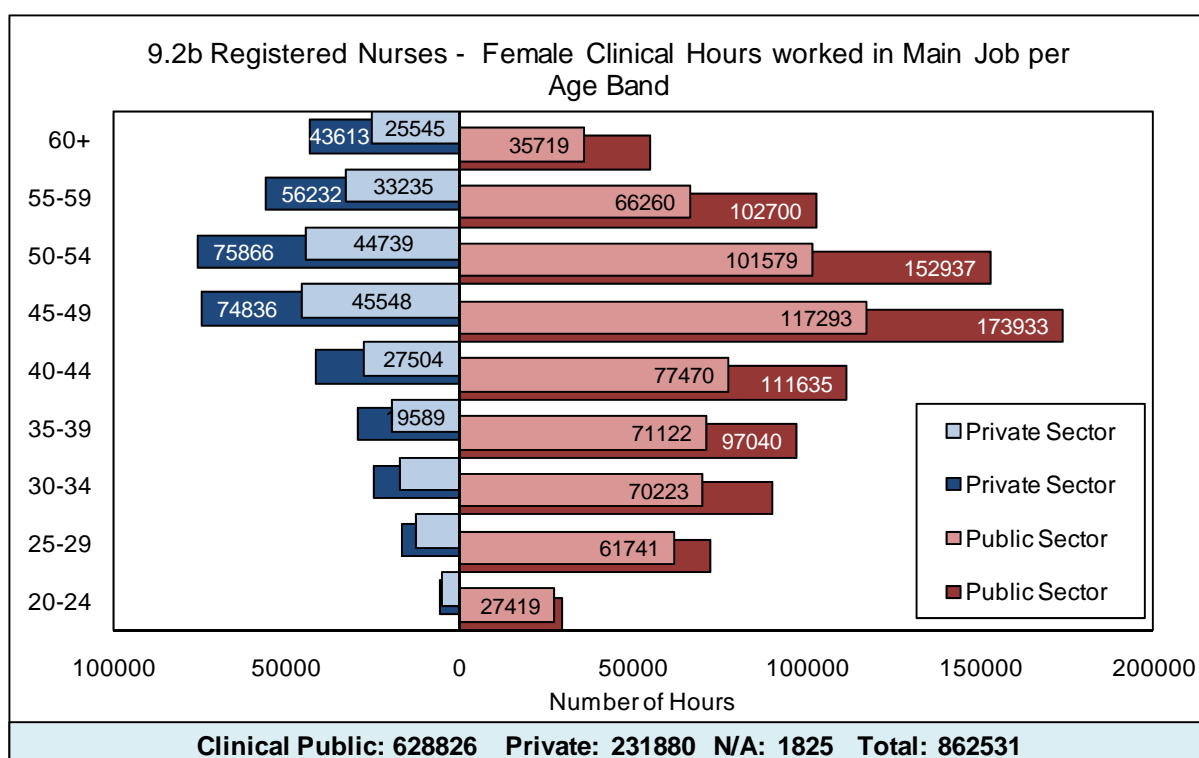
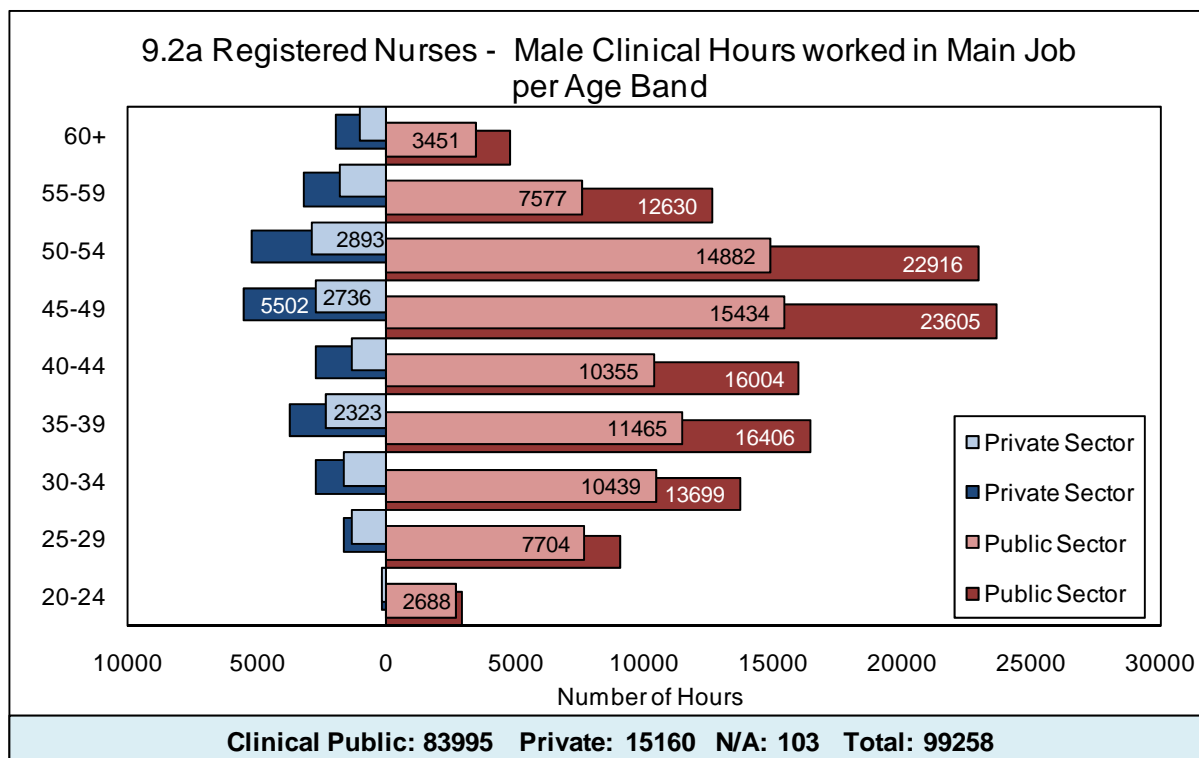


9.1b. Registered Nurses - AHS of Employment per 1000 in relation to their Area Health Service Population



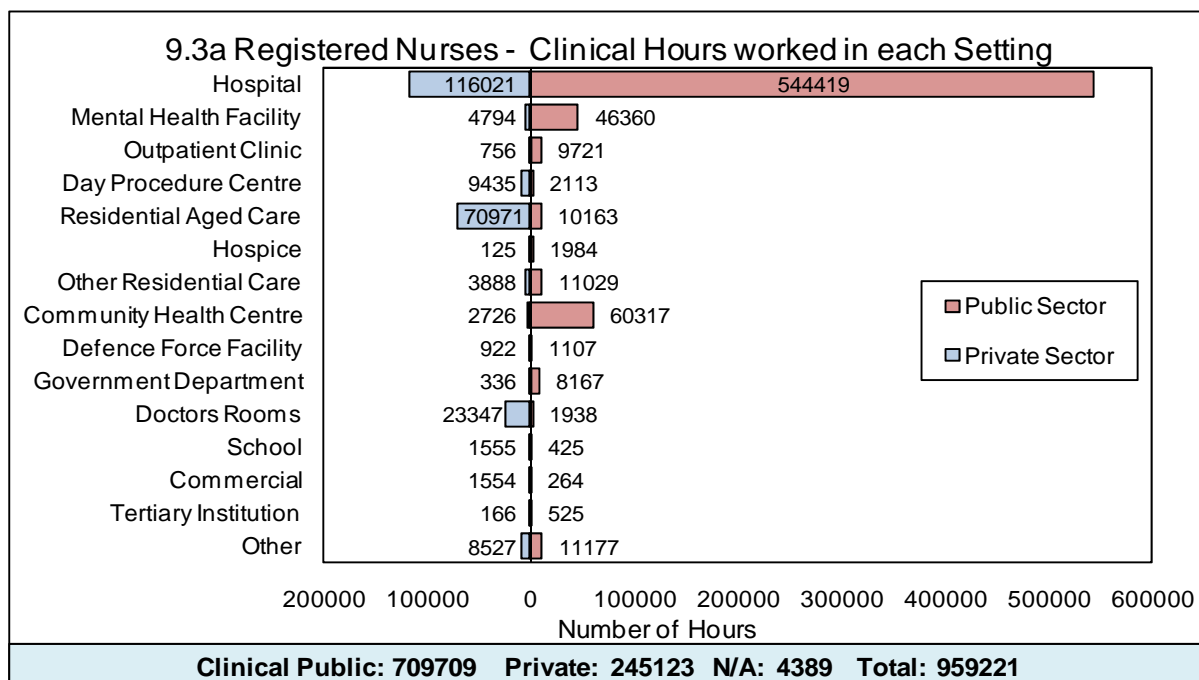
9.2 Age and Sex

The number of clinical hours provided by male and female registered nurses in age bands shown in Charts 9.2a and 9.2b emphasises the key role of women in middle age. Women between the ages of 45 and 54 delivered more than one half of all clinical hours.

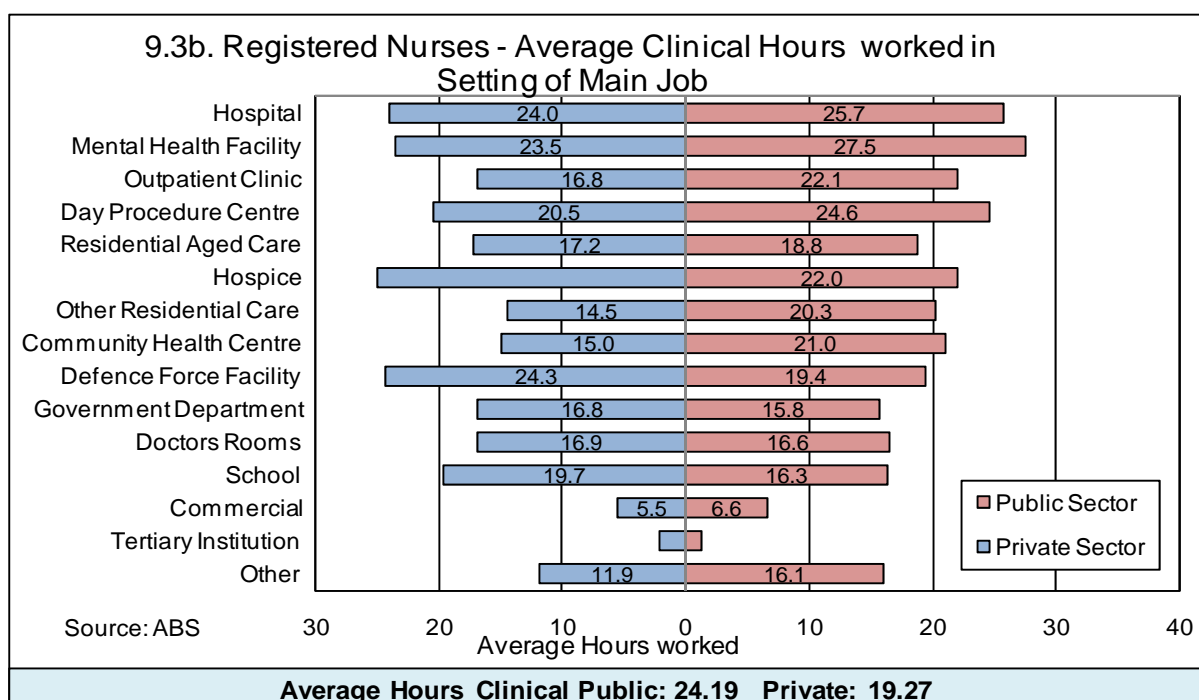


9.3 Employment Setting

The setting for clinical work by registered nurses is dominated in the public sector by general hospital work. Chart 9.3a indicates the extent of hospital roles compared to all other settings and almost ten times that of community health hours. In the private sector, hospital work also accounts for the greatest number of clinical hours followed by residential aged care and private general practice.



Hospital settings result in higher average hours worked compared to community health and private practice as shown in Chart 9.3b.



REGISTERED NURSES AND MIDWIVES 2006

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