

NSW Health

2007

Profile of the Nurses and Midwives Workforce
in NSW

Enrolled Nurses

1

INTRODUCTION

This report provides information from the 2007 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 enrolled nursing workforce in 2007. 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 11 February 2008. All persons who had been registered up to 11 February 2007 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 2006/07 (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 11 February 2007 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 enrolled 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 registered nurses and midwives including a small number of direct entry midwives who first entered the workforce in 2007. In addition, full tables incorporating responses to each question on the survey form have been placed in a separate component of the overall report.

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THE ROLL

2.1 The Number of nurses on the Roll

The 2007 register of enrolled nurses contains 50,993 names (2006 49,446) divided as follows:

Renewals	15,095	
New Entrants	1,210	
Previously unfinancial	524	
TOTAL CURRENT	16,829	(2006 16,880)
Unfinancial in last 12 months	1,785	
Unfinancial >12 months	32,042	
Unfinancial, new listing	337	
TOTAL NON CURRENT	34,164	(2006 32,566)

Those 15,095 current registrants who were financial in 2006 had been invited to complete a survey form. There were 11,867 responses from current registrants (2006 11,664) representing a response rate of 78.6%, almost identical to 2006. However, comparison with response rates from years earlier than 2006 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. There were 5 registrants and 57 survey respondents where gender was unknown.

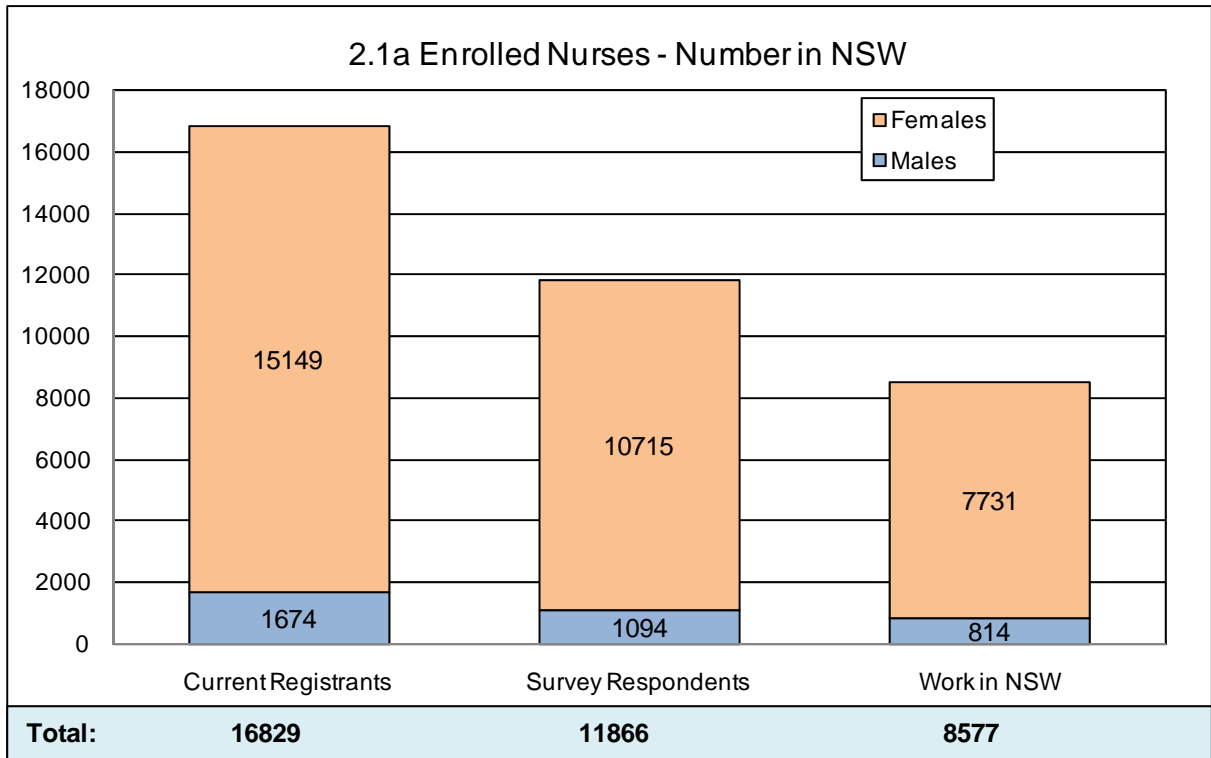
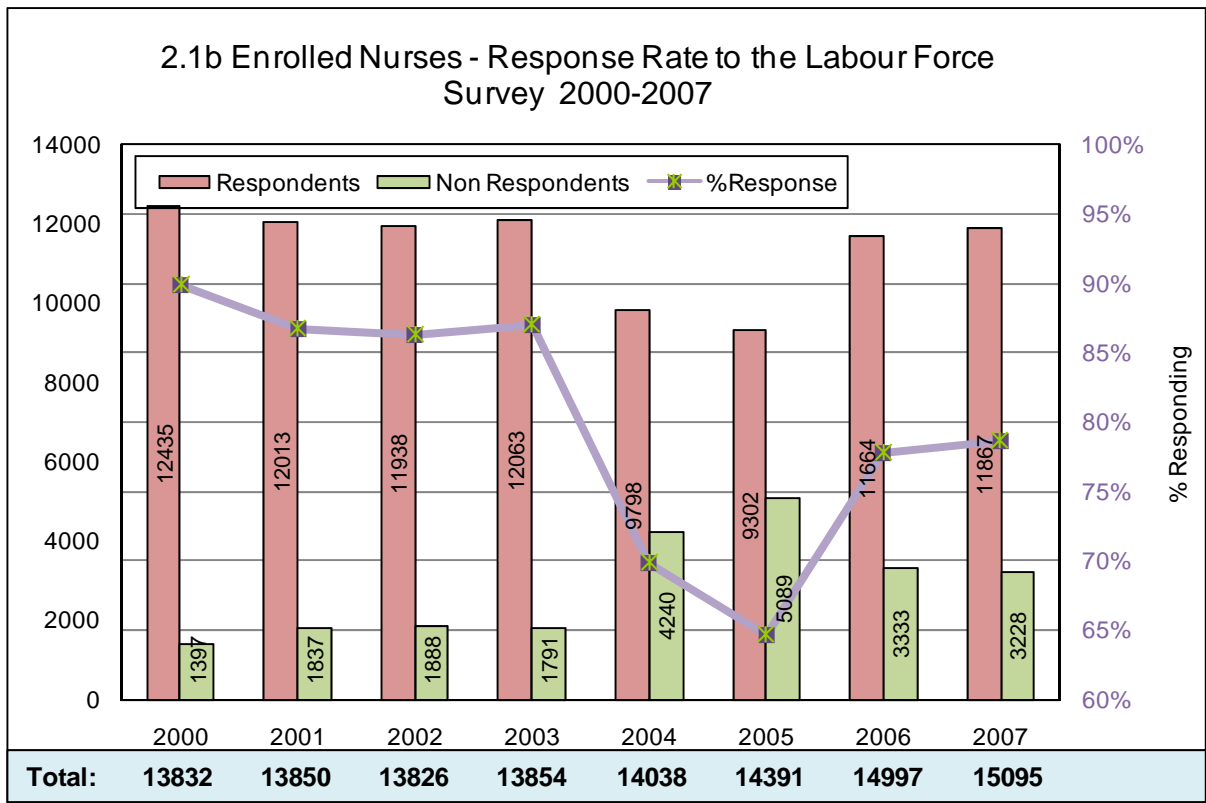


Chart 2.1b provides an estimate of the number of respondents and non-respondents for each year between 2000 and 2007. It is an estimate because changes to form design, definitional determination of respondent and timing of the registration process cause some distortion to the time series. The 2006-2007 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 for all health professionals except medical practitioners. It is based on responses for occupation to the 2001 ABS Census of Population and Housing and usually 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 was released 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. Furthermore, the census is very divergent from survey statistics for a number of health professions while reasonably consistent for others. We have not used the census approach in the 2006-2007

In light of these variations in methodology, we have adopted a policy establishing a band between the low and high estimate for the NSW workforce around the traditional (first) approach as described below.

2.2.1 The Low Estimate

The low approach begins with a breakdown of the 16,829 enrolled nurses who were registered in February 2008. There were 11,867 who returned a survey form and 4,962 who did not. However, some of these nurses did not actually receive a form because their registration status changed during the course of the year.

Whether a survey form was issued will depend upon their renewal date and date of change in registration type. If the renewal date falls after the registration change date, a survey form will be issued. Otherwise, no survey form will be issued until the following year. It is reasonable to assume that both of these dates occur evenly throughout the year so that half of the new entrants/restorations received a form. The method now applies the proportions proposed in previous years for non respondents who received a form. By adding 90% to half of the 1,210 new entrants and 80% to half of the 524 nurses previously unfinancial, estimates are obtained for those that work in NSW but did not receive a form.

There were 8,577 survey respondents who stated that they work in NSW representing 72.28% of all respondents. However the number who stated work in NSW of one hour or more was 8,155 and this figure representing 69.03% of respondents has been used for the low estimate. A calculation for similar distribution for non-respondents would indicate another 2,827 renewing enrolled nurses are working in NSW.

The low method approach is summarised in the table below.

Total registrations	16,829
Survey Respondents	11,867

Balance	4,962
50% new entrants	605
50% previously unfinancial	262
Registrations remaining	15,962
Non respondents	4,095

LOW ESTIMATE CALCULATION

69.03% working	8,155
69.03% of non respondents	2,827
90% of 50% new entrants	544
80% of 50% previously unfinancial	210

Estimated working in NSW 11,736

2.2.2 The High Estimate

The high approach makes a number of modifications to the assumptions used in the discussion above. The most important of these modifications is the possibility that certain respondents who provided no information about their working status may actually work in NSW. For example, the questions about employment may not have been answered either in relationship to the type of nursing work undertaken or the reasons for not working as a nurse. In the low estimate approach, these respondents are regarded as not working in NSW. The high estimate assumes that the 826 such respondents are similar to those who did not respond at all.

A second modification adopts the approach used by the Australian Institute of Health and Welfare (AIHW) and calculates the percentage of non respondents working in NSW according to the gender and age band of those who did respond irrespective of whether the response stated the number of hours of work. There are too few males to make a substantive difference to the calculations but the percentage of female enrolled nurses working in NSW varies from 86% among 20-24 year olds to 37% among females aged 70-74.

The number of non respondents under these changed assumptions increases from 3,969 to 4,699 and the percentage of respondents working in NSW increases from 69.03% to 77.68%.

The high method approach is summarised in the table below.

Total registrations	16,829
Survey Respondents	11,041
Balance	5,748
50% new entrants	605
50% previously unfinancial	262
Registrations remaining	15,962
Non respondents	4,881

HIGH ESTIMATE CALCULATION

77.68% working	8,577
77.68% of non respondents	3,792
90% of 50% new entrants	544
80% of 50% previously unfinancial	210

Estimated working in NSW 13,123

The number of enrolled nurses working in NSW is estimated to be within the range of 11,736 to 13,123. While the midpoint of 12,429 could be used as a guide, it has no particular meaning. In previous years, the various estimation points were 11,052, 10,730, 10,598 and 11,562 for the years 2003-2006 respectively.

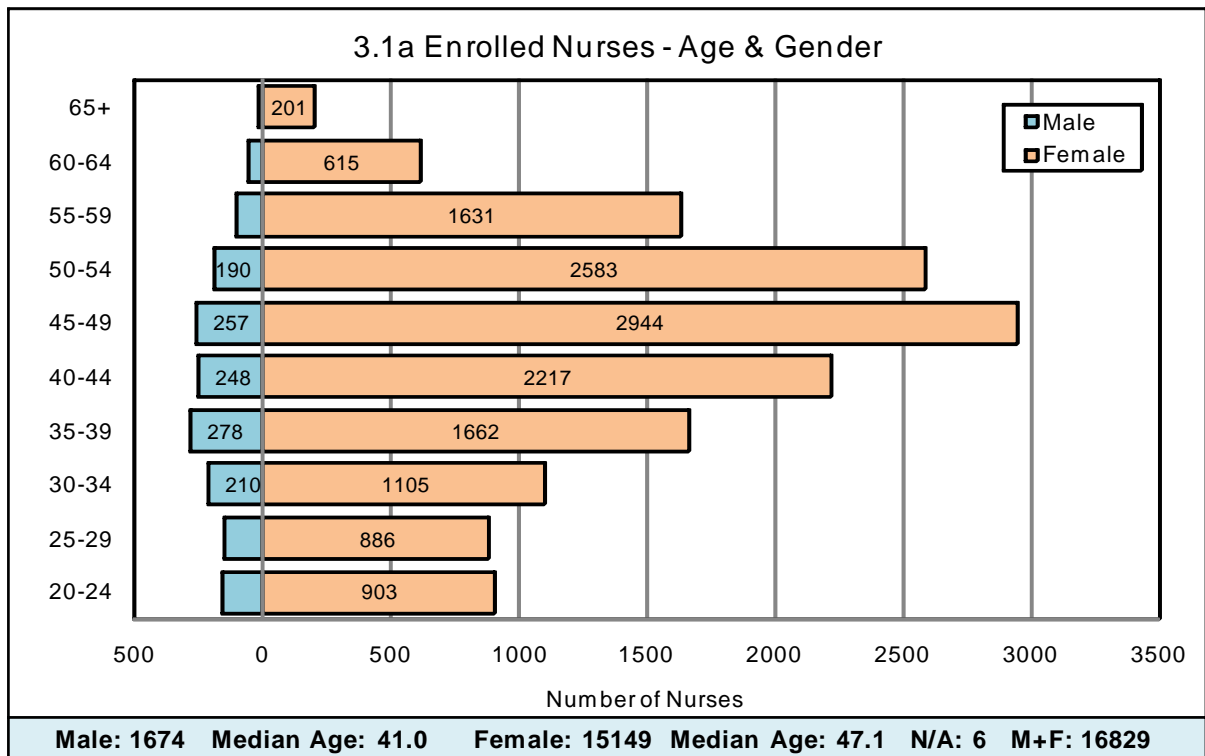
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CHARACTERISTICS OF ENROLLED NURSES WITH FINANCIAL STATUS

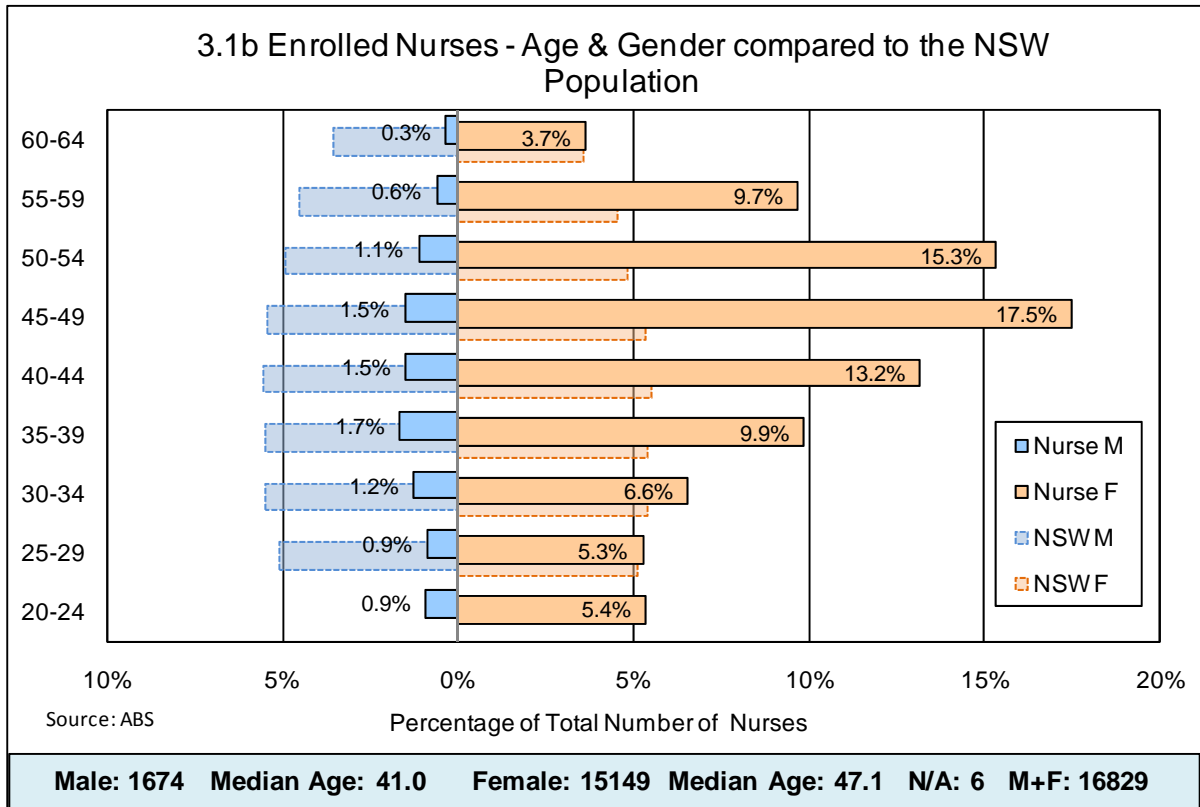
The population in this section of the report are the 16,829 enrolled nurses who were financial on 23 February 2007.

3.1 Age and Gender

Enrolled nursing is a female dominated profession comprising about ten times more women than men. As shown in Chart 3.1a, the age bands for enrolled nurses peak in the late forties falling away quite rapidly on either side of that age band. The median age for women is 47 and for men is 41. Chart 3.1b compares this percentage distribution with the NSW population at working ages in 2007¹ over the 25-59 year old cohorts. If we combine males and females, there are more enrolled nurses between the ages of 35-49, a similar percentage to population in the 50-64 year band and fewer enrolled nurses than the population at younger ages.



¹ Australian Bureau of Statistics *Population by Age & Sex New South Wales 2007* Catalogue No. 3235.1

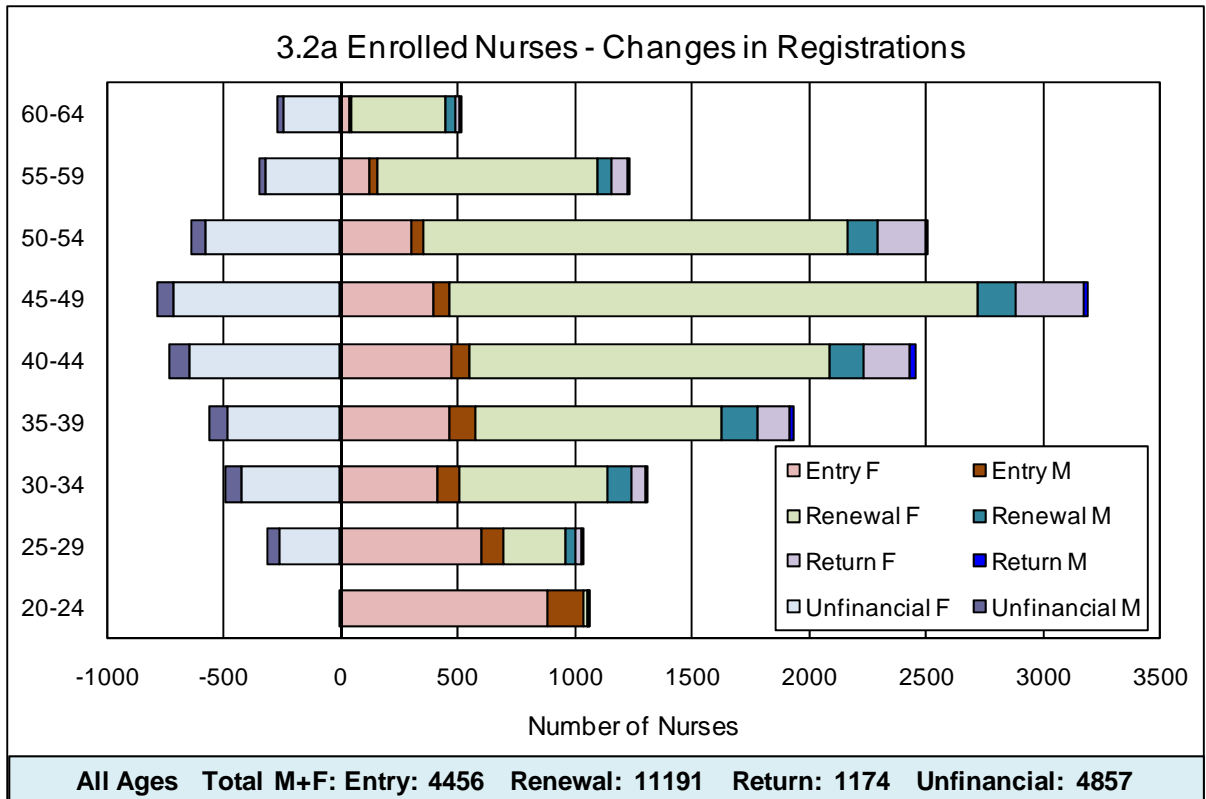


3.2 Projected Changes to the Nursing Population

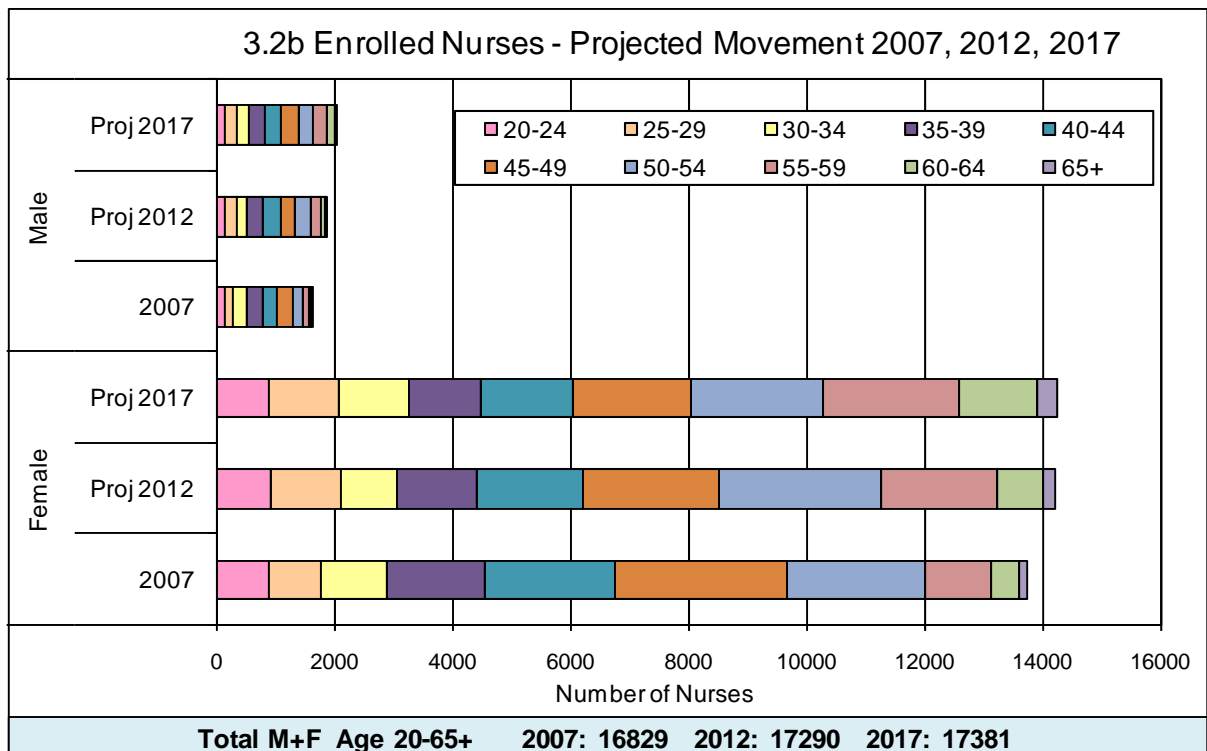
The nursing profession is subject to considerable annual change resulting from short term international movement in addition to the high general mobility of the Australian population. For this report, we have assessed population change over a 5 year period in order to reduce the noise effects of short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

The median age of 48 for female enrolled nurses has not changed since 2002. The small male population is now a little younger with an average age of 45 in 2007 compared to 42 in 2002. New entrants have an average age of 33, 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 3.2a.



We can expect a substantial upward shift in age groups together with an overall expansion of the number of nurses on the roll. However, as shown in the projections to 2012 and 2017, the actual number of nurses below the age of 55 declines from 13542 in 2007 to 11948 in 2017.



4

CHARACTERISTICS OF THE SURVEY RESPONDENTS

There were 11,866 (2006 12,010) enrolled nurses who responded to the survey. The working status information provided for activity in the last week was:

Working only in NSW	7,559
Working mainly in NSW	26
Working mainly in other States	33
Working only in other States	261
Currently on leave less than 3 months	264
Currently on leave of 3 months or more	201
Not otherwise stated	78
TOTAL Working in Australia	8,422
Working overseas	41
Not working at all	857
Not working in nursing	1,292
Not otherwise stated	82
TOTAL not working in Australia	2,272
Did not answer	1,172

The number of surveys received from nurses currently working in NSW was found to be 8,577 (2006 8,095) representing 72% of all respondents including 429 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, a slightly lower proportion of male respondents are currently not working in NSW (22%) compared to female (25%). Age is a more important factor than gender as the percentage of those not working rises to 34% for nurses over the age of 60. For enrolled nurses with less than 5 years experience,

there are 21% who are currently not working.

There are 228 Aboriginal enrolled nurses (2006, 195), 49 not working in nursing, a similar proportion to non Aboriginal nurses. They represent 1.9% of the labour force compared to an Aboriginal population of a little over 2%. Enrolled nursing is the only health profession where the percentage of Aboriginal practitioners is similar to the population. There are 545 enrolled nurses who are not Australian citizens but only 25 of that group are not permanent residents. Less than half of the 571 nurses also enrolled on an interstate registry, actually work in NSW comprising about 5% of the workforce. There are 132 nurses on the roll who have gained registration status although their data is still compiled with other enrolled nurses for this report.

Table 4.1a Selected Characteristics of Survey Respondents

	Working as NSW Enrolled nurse	Not Working as NSW Enrolled nurse	Not Applicable
Male	814	235	10,817
Female	7,731	2,629	1,506
Aged 60 or over	545	277	11,044
Less than 5 years employment	1,809	491	9,566
Not Australian Citizen	439	106	11,321
Aboriginal or TSI	179	49	11,638
Registered Nurse	107	25	11,734
Enrolled Interstate	248	323	11,295
TOTAL			11,866

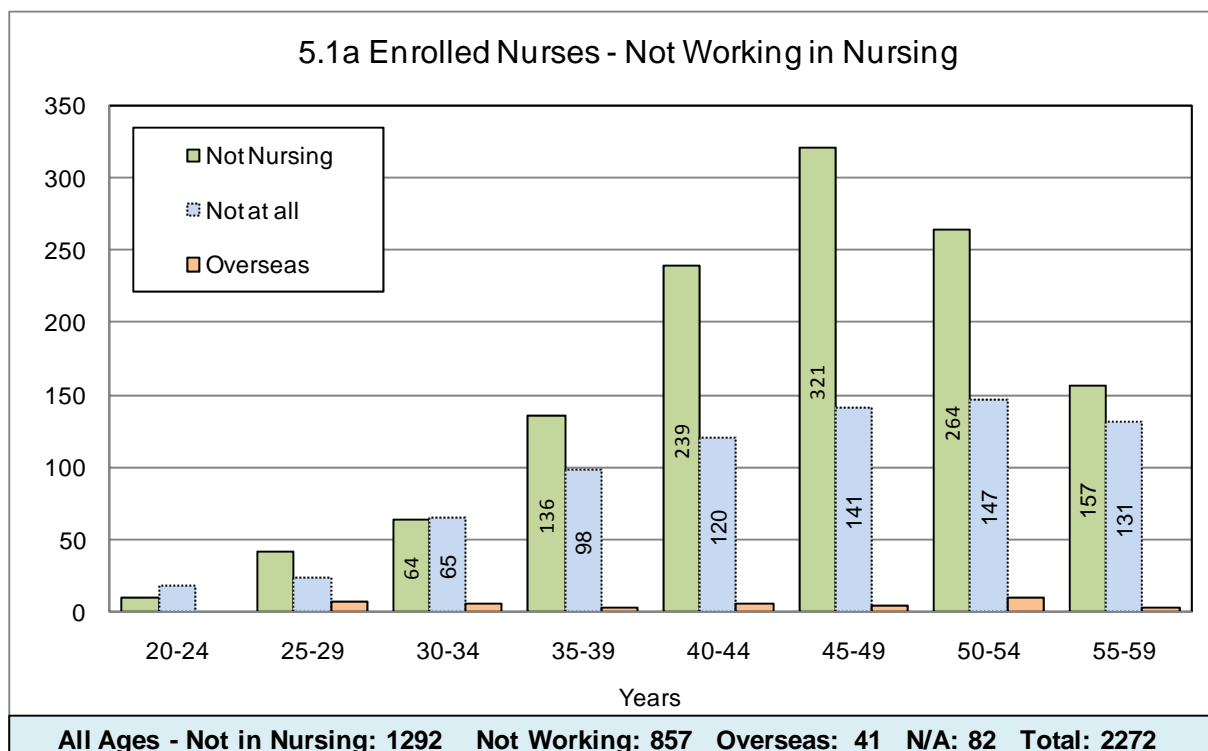
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CHARACTERISTICS OF NON WORKING RESPONDENTS

There were 2,272 (2006 2,472) respondents who were not currently working as a nurse in any State of Australia. Of these, 179 were already 60 years old and considered unlikely to rejoin the workforce. The remainder may return to nursing. There were 1,292 working in other fields, 857 not working at all and 41 currently overseas.

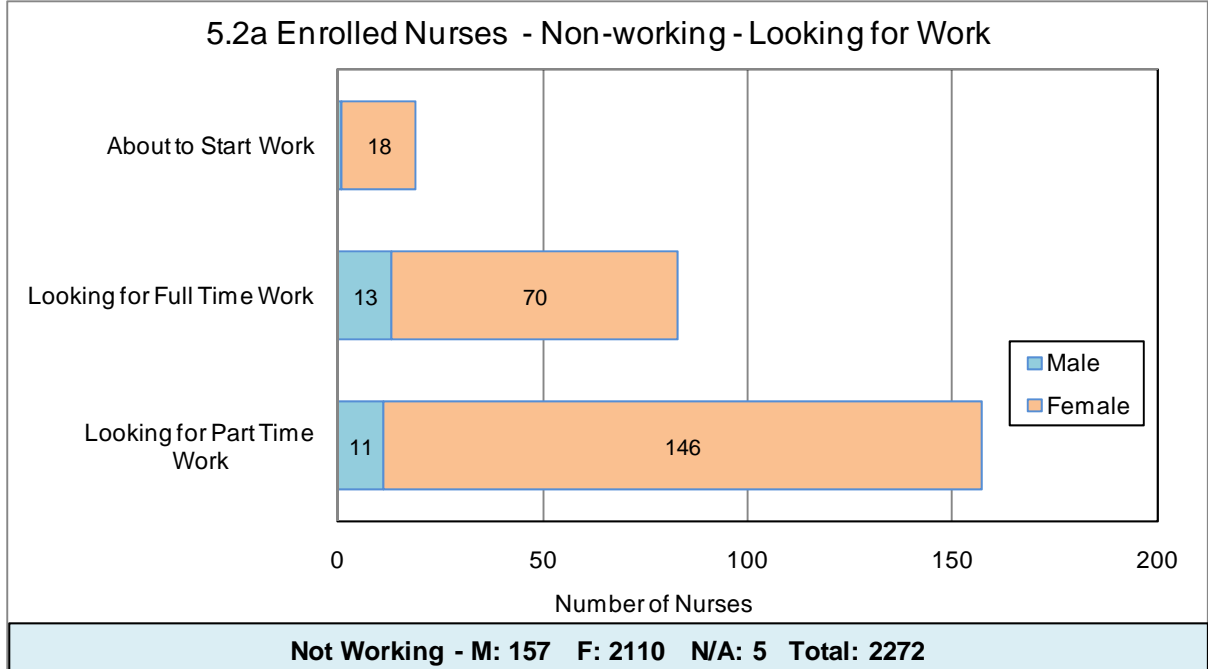
5.1 Age

Table 5.1a indicates the age distribution of the respondents under 60 who are not working in nursing. The numbers steadily increase by age reaching a maximum at the 45-49 year band before reducing quickly for nurses in their 50's. If we compare the non working respondents to those in current work, the ratio is similar from age 30 onwards representing about one quarter of the nurse population. However, at younger ages the ratio of those working is much higher.



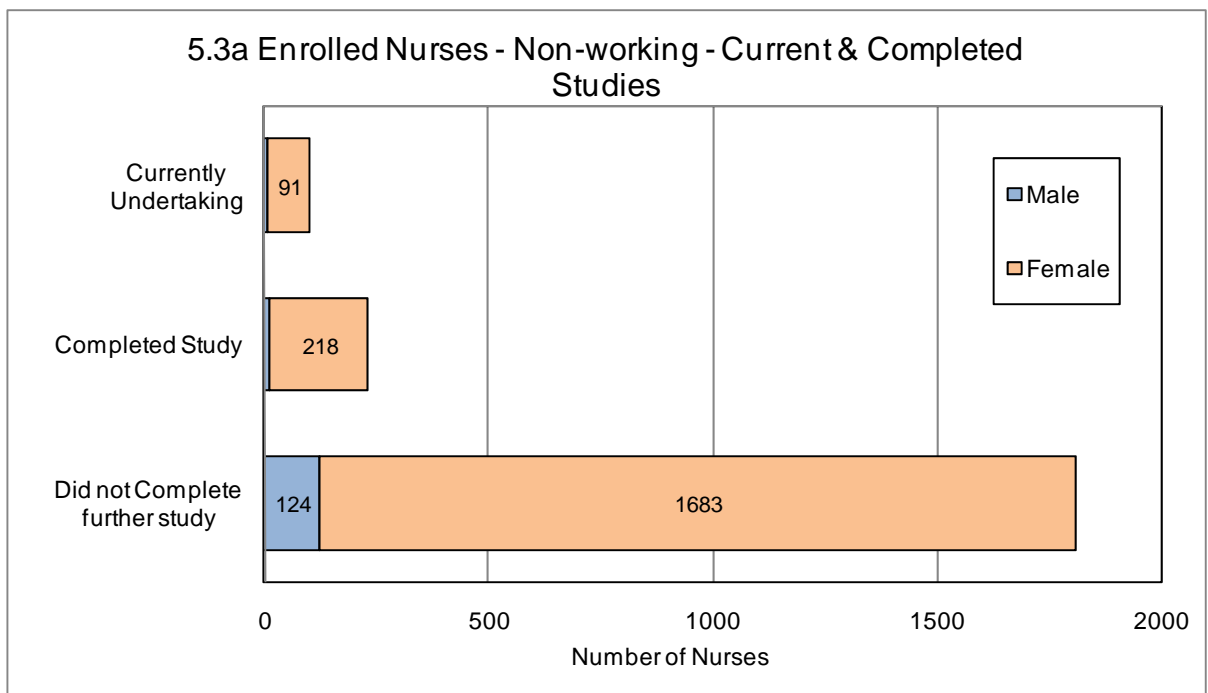
5.2 Looking for Work

About 7% of those not working are currently seeking work as a nurse. The majority of those seeking work are looking for part time positions. Nineteen nurses stated they are starting work shortly.



5.3 Current and Completed Studies

A common reason for not working is current study often (50%) to become a registered nurse. Table 5.3a shows current and completed post enrolment study. It will be observed that about 5% of the non working nurses are undertaking current study while 10% have already completed further studies.



6

SECTORS OF WORK

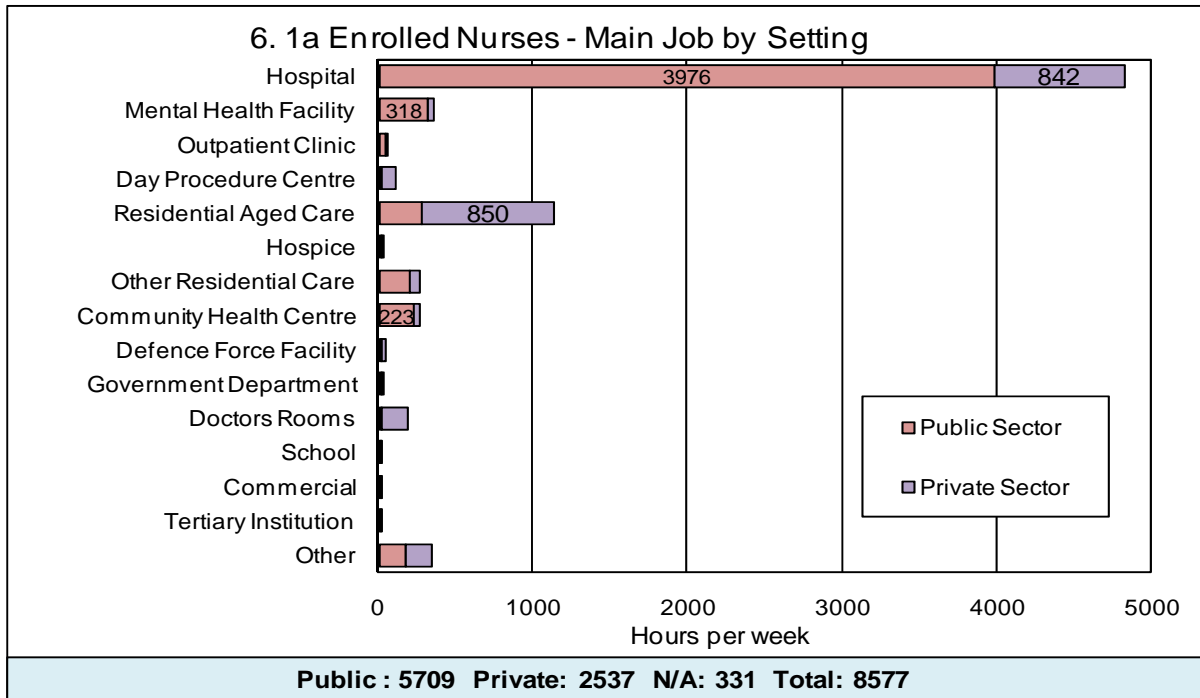
From this point of the report, all the data presented relates only to 8,577 enrolled nurses who work in NSW or are currently on leave. Respondents who did not answer the question on work status are also excluded in tabulations and charts from this section onwards. The primary factor of interest in this section of the report distinguishes nurses working in the public sector from those working for private employers.

In total, 5,709 (2006 5,486) enrolled nurses work in the public sector for their main job while 2,537 (2006 2,345) are employed in the private sector. The remaining 331 nurses did not answer the question on sector of work. Nurses holding a second or subsequent job are more evenly divided between the public and private sectors. Compared to 2006, there has been similar growth of numbers in both sectors but in percentage terms, there has been a shift towards the private sector.

Note that in the charts 6.1a to 6.5a, the numbers working in the public and private sector vary as not every nurse responded to every question.

6.1 Setting of the Workplace

The majority of the labour force works in hospitals. This is especially true of public sector nurses where hospitals represent the dominant work setting (75%) followed by residential care (both aged services and other types) and community health. A slightly higher number of private sector employees work in residential aged care facilities than in private hospitals. Employment in doctors' rooms 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 enrolled nurses.

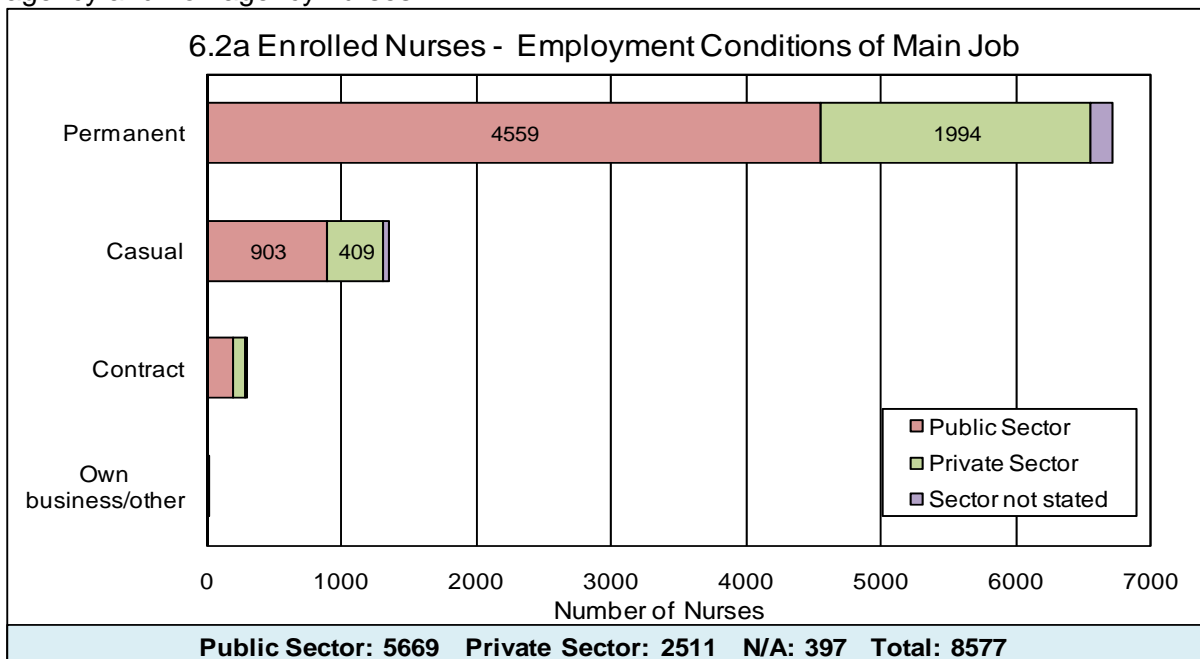


6.2 Conditions of Employment

As shown by Chart 6.2a, eighty percent of enrolled nurses are in permanent employment with no difference between public and private employees. Most of the remainder have casual work with a small percentage on contract and a handful in their own practices. Most second jobs are casual.

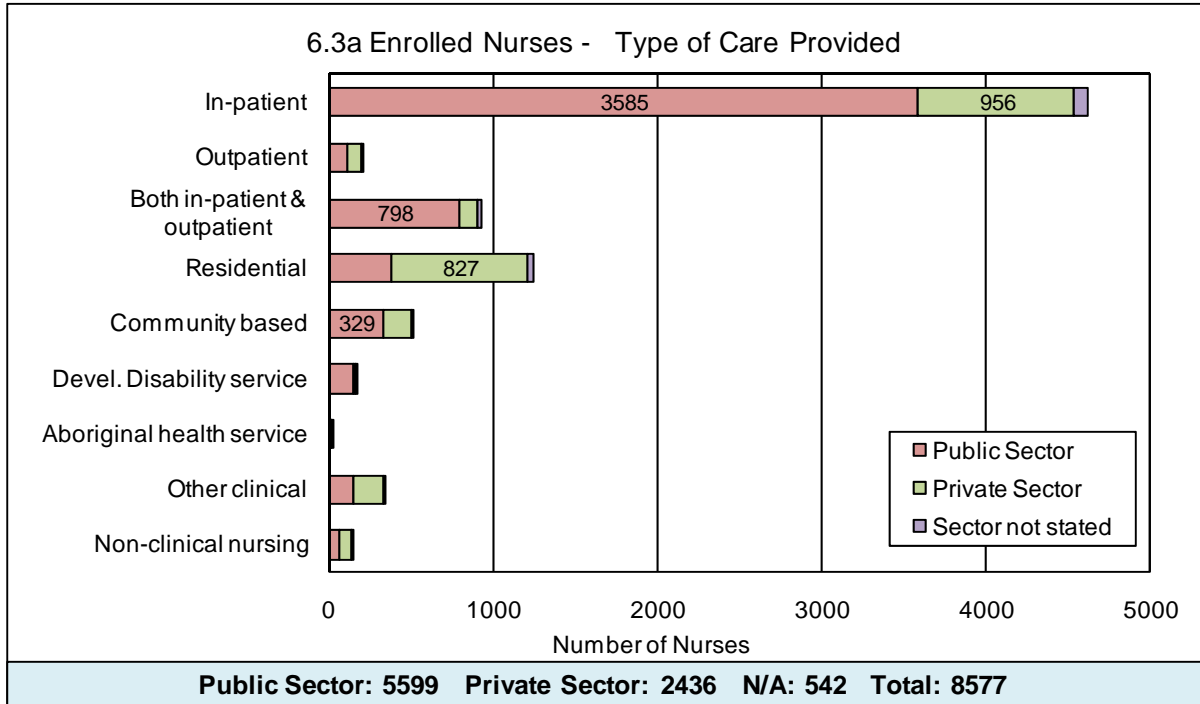
Casual nurses are predominantly in part time employment. The average number of hours worked for casuals is 22 hours a week in the main job and 13 hours in a second job compared to permanent employees with average weekly hours of 34 and 16 respectively.

Just over five percent of enrolled nurses are employed through agencies, a reduction compared to seven percent in 2006. The average number of hours worked is similar for agency and non agency nurses.



6.3 Patient Care Category

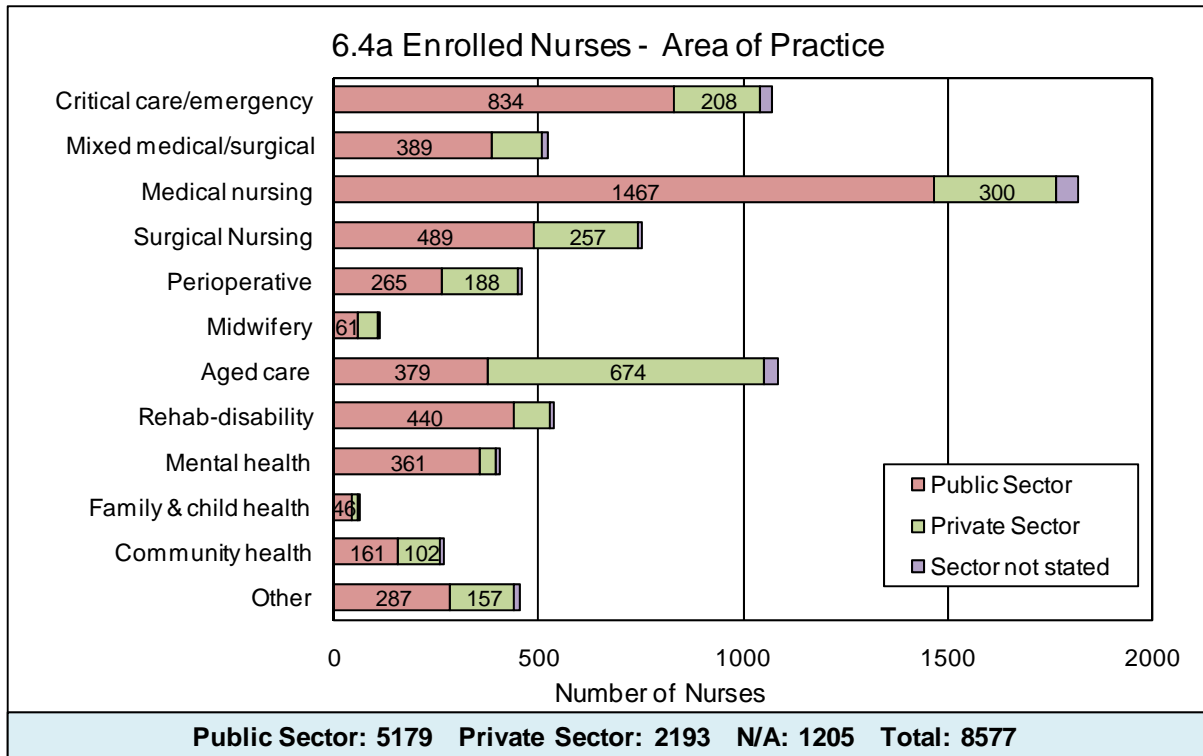
In the public sector, more than half of enrolled nurses provide care to inpatients only, with another 15% caring for both inpatients and outpatients. Patients in residential and community care are the next largest categories. In the private sector, inpatient and residential care are the major categories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



6.4 Area of Practice

For nurses working in general hospitals, the largest area of practice was medical services. Most nurses described their work as general medical nursing rather than specialised functions that are usually confined to the principal hospitals. The next most common section of hospital work was in critical care, again most commonly described as general although many nurses specified intensive care. While it is not specifically asked, 101 nurses stated that their hospital work was general medication management and 143 enrolled nurses are currently undertaking studies in that area.

The major area of practice for public sector nurses who do not work in general hospitals is adult mental health followed by aged care and developmental disability. Private sector nurses who do not work in general hospitals are overwhelmingly involved in aged care nursing.

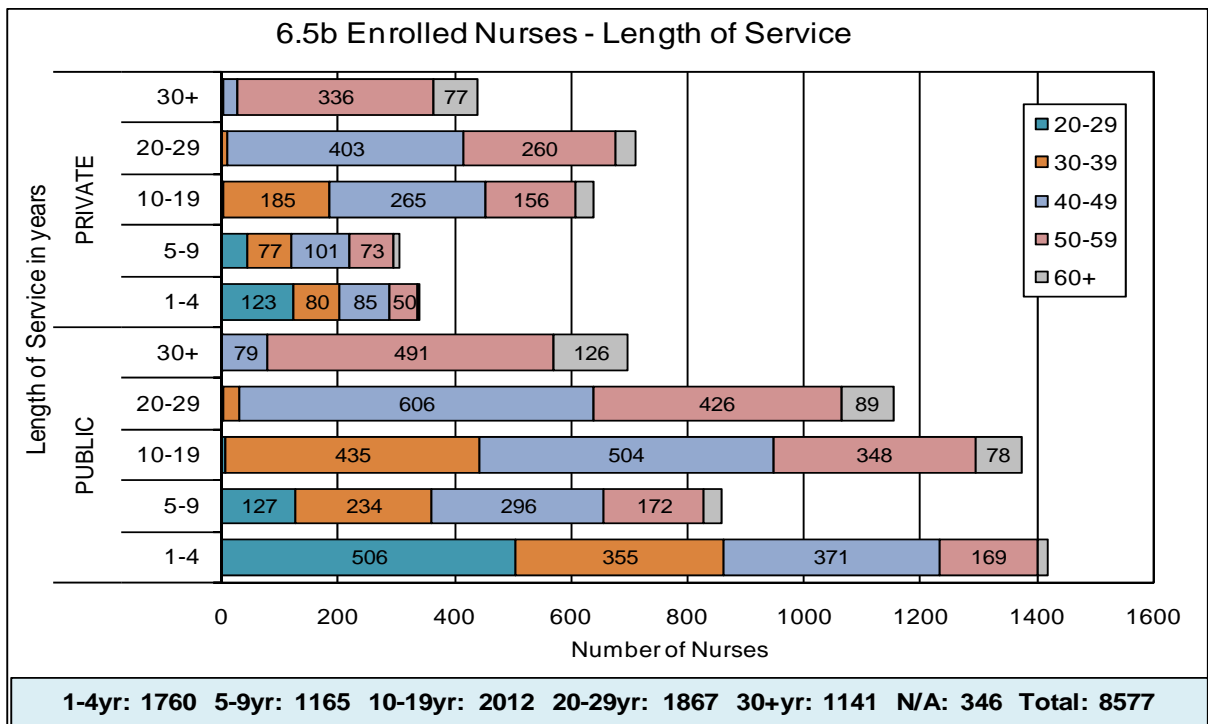
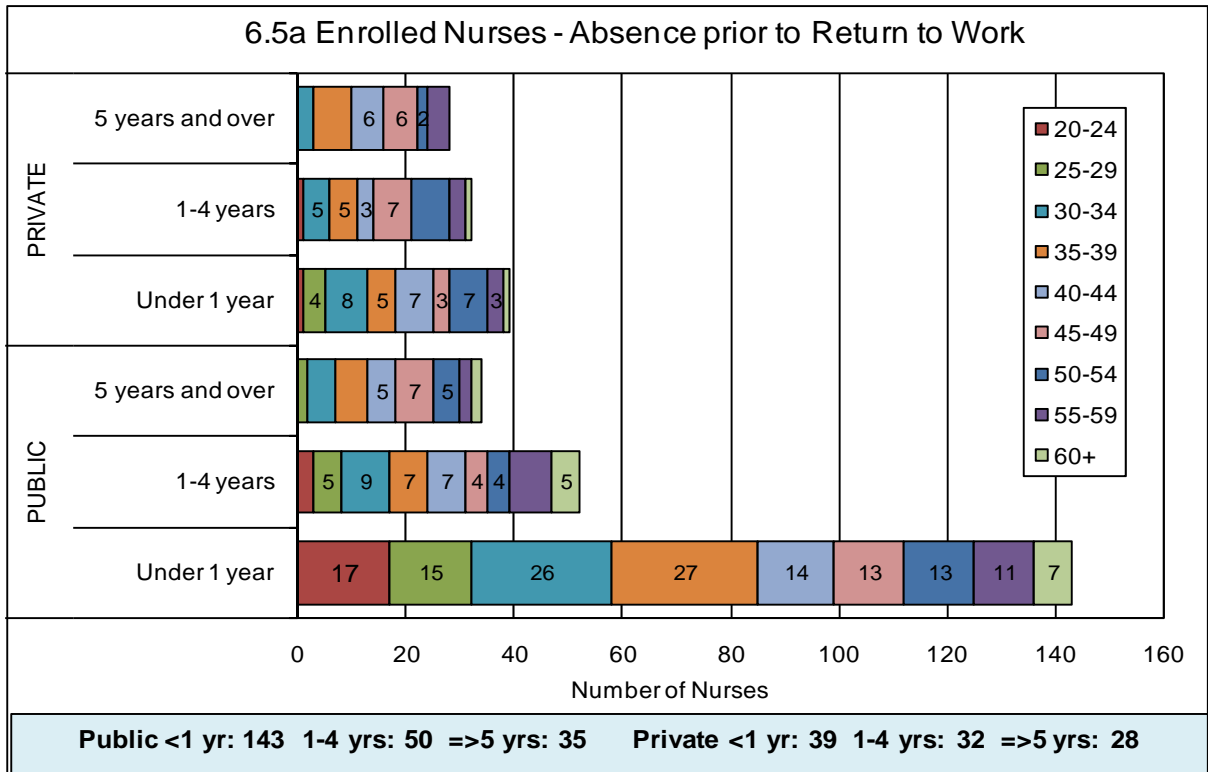


6.5 Return to Work

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

There were 397 (2006, 428) 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 two hundred nurses had returned after absence of more than 1 year and 67 after absence of more than 5 years.

The age distribution of returning nurses is shown in Chart 6.5b. There is an even spread between the ages of 25 and 49 for nurses returning after absence of less than 5 years. After an absence of 5 years or more from nursing, the most common age at return is between 40 and 49. There is little return to nursing after the age of 50. Return to the private sector is slightly higher than the relative proportion of nurses working in each sector.

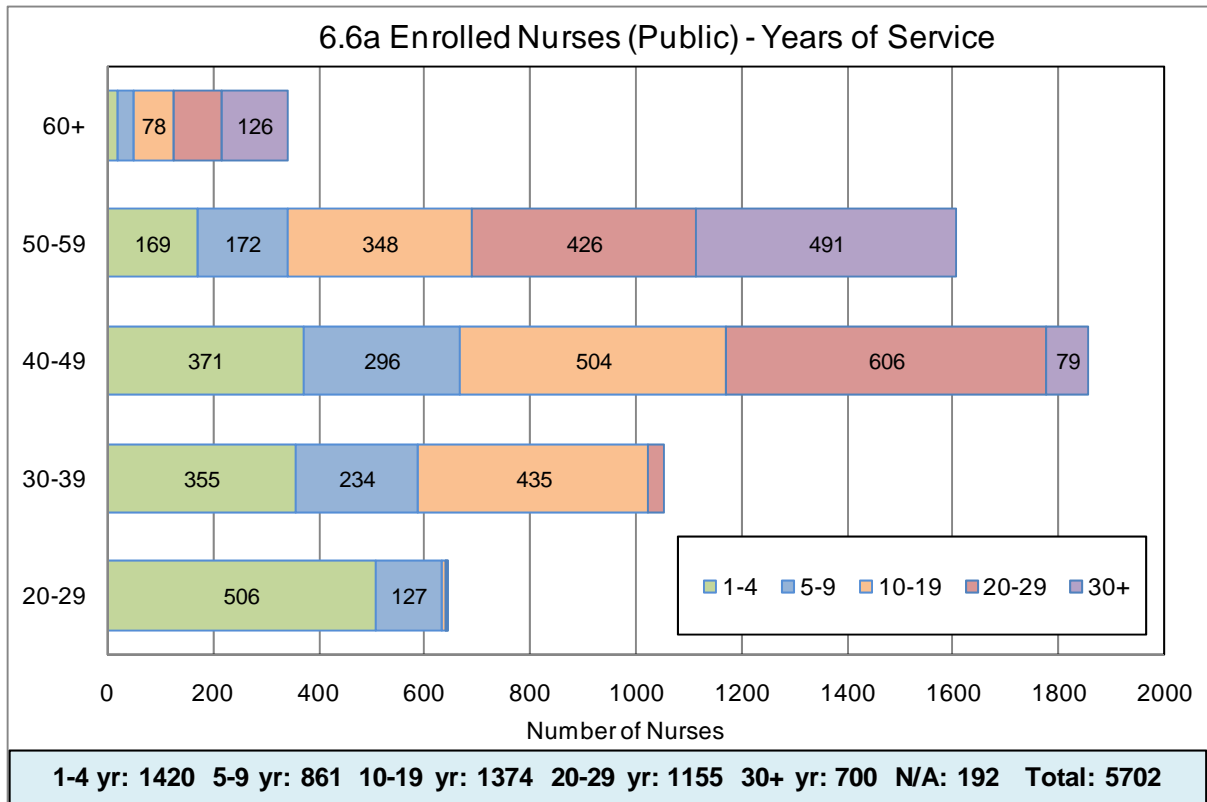


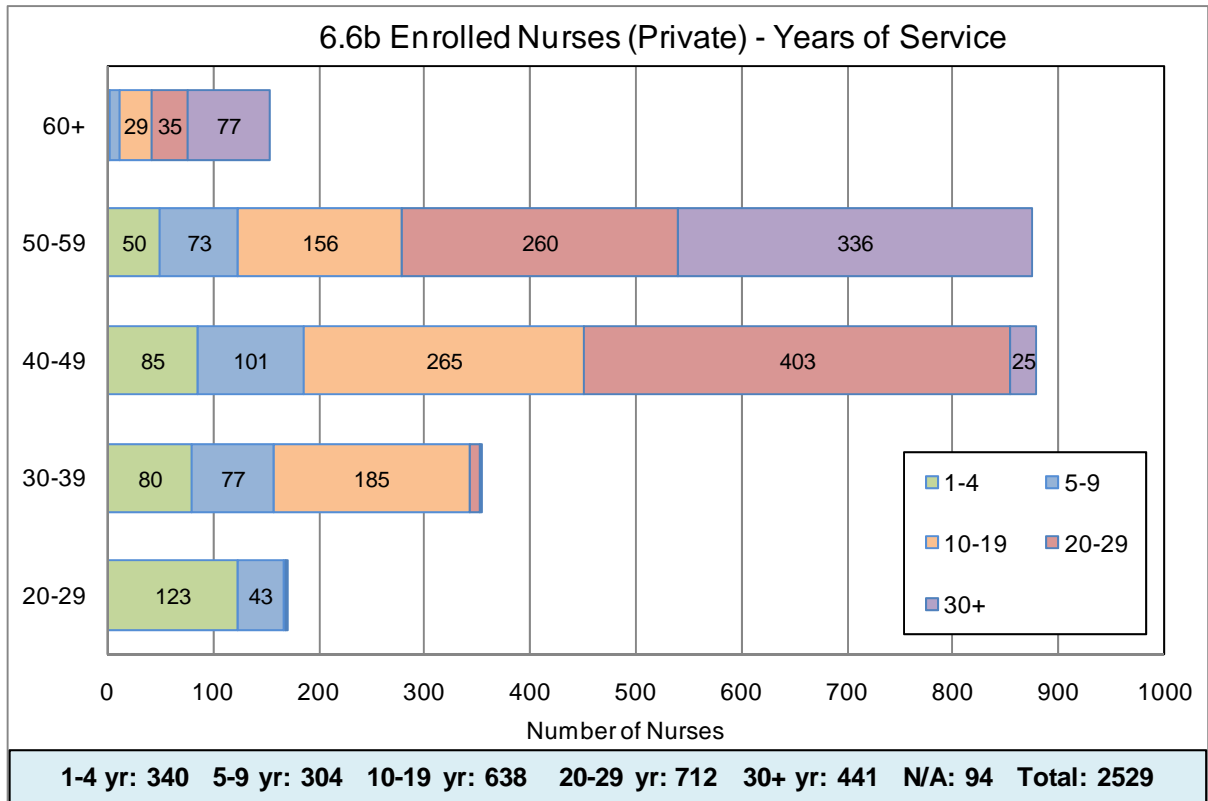
6.6 Length of Service

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 25% 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 Chart 6.6b in the private sector of the workforce. It will be seen that the private sector has a higher percentage of more experienced nurses although some of the difference is a function of age. Within the key group of nurses aged 40-49, 60% in the public sector hold between 10 and 30 years of nursing experience compared to 72% in the private sector.

Note: There are 346 responses who did not specify public or private sector and whose years of service could not be allocated.





7

LOCATION OF RESIDENCE & WORKPLACE

On the survey form, enrolled 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.

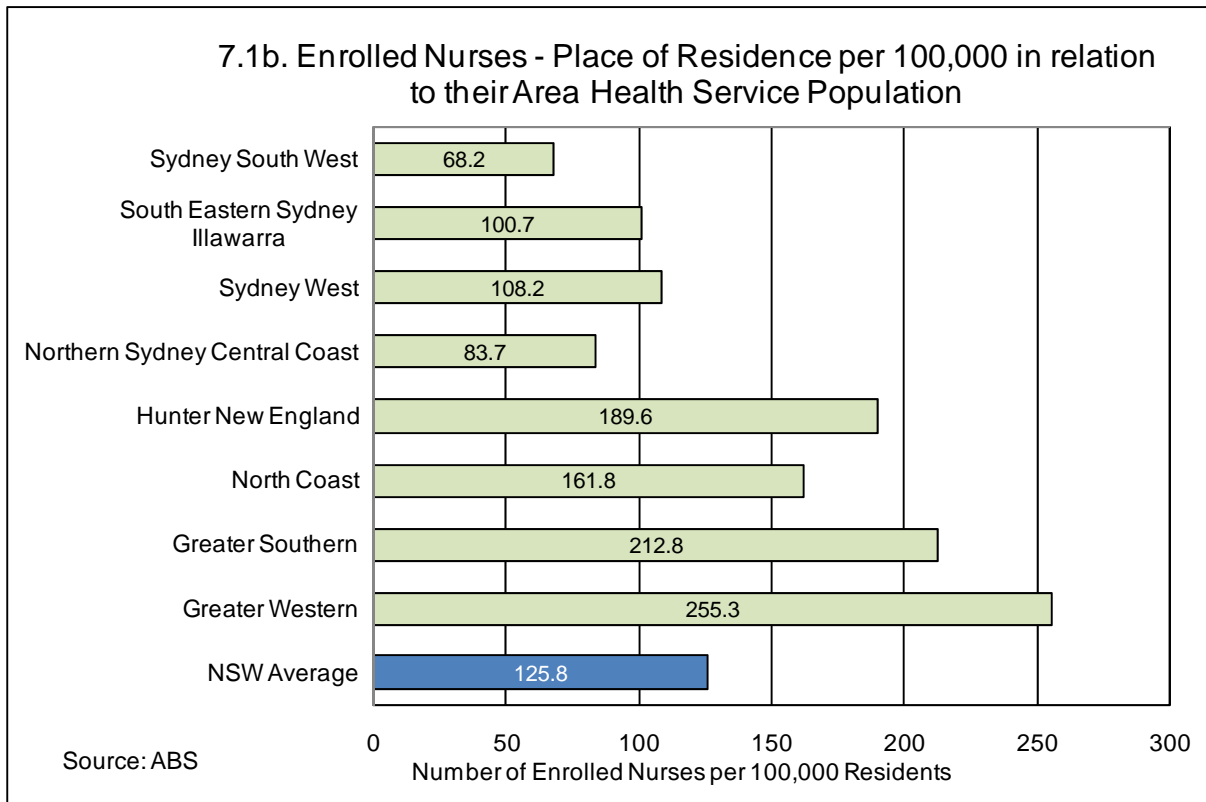
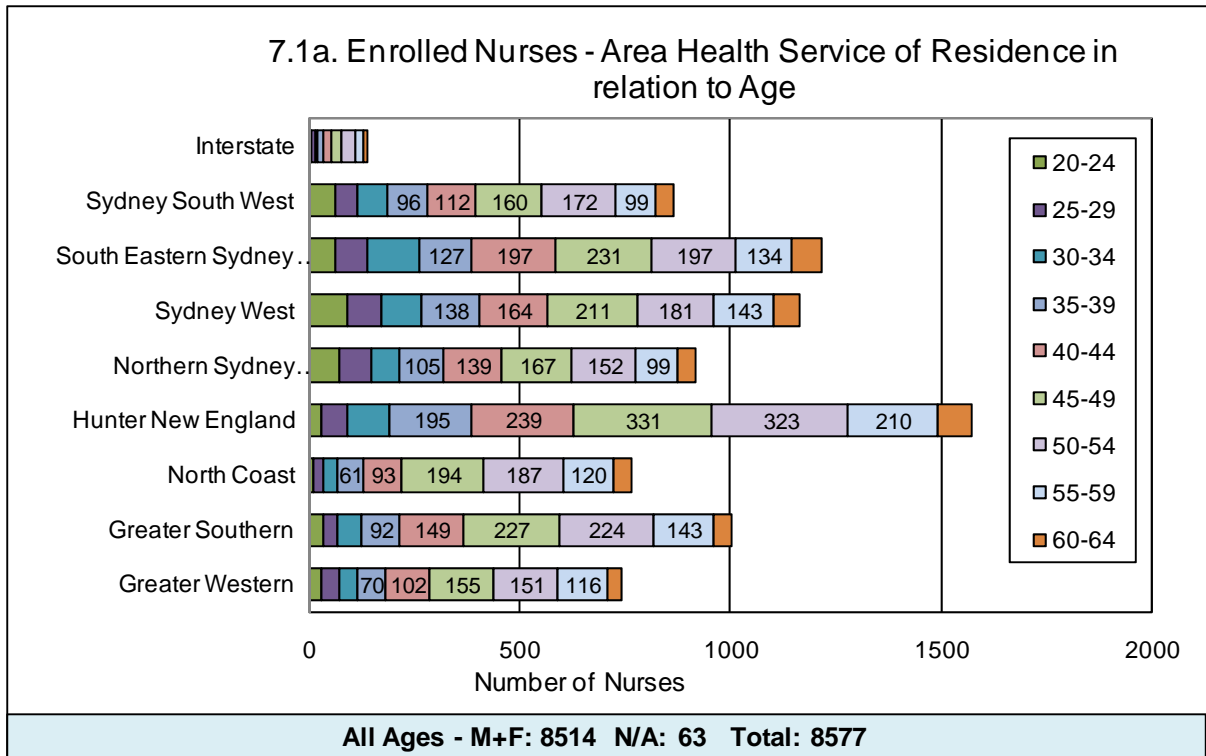
While there is no direct question as to whether nurses are working more than one job, there are 630 (7.3%) enrolled nurses who work one or more hours at a second location.

7.1 Place of Residence

Responses from the survey indicate an average of 126 (2006, 119) working enrolled nurses per 100,000 population of the State of NSW. If we apply the low estimate of the NSW workforce shown in Table 2.2a, we would obtain 163 enrolled nurses per 100,000 population.

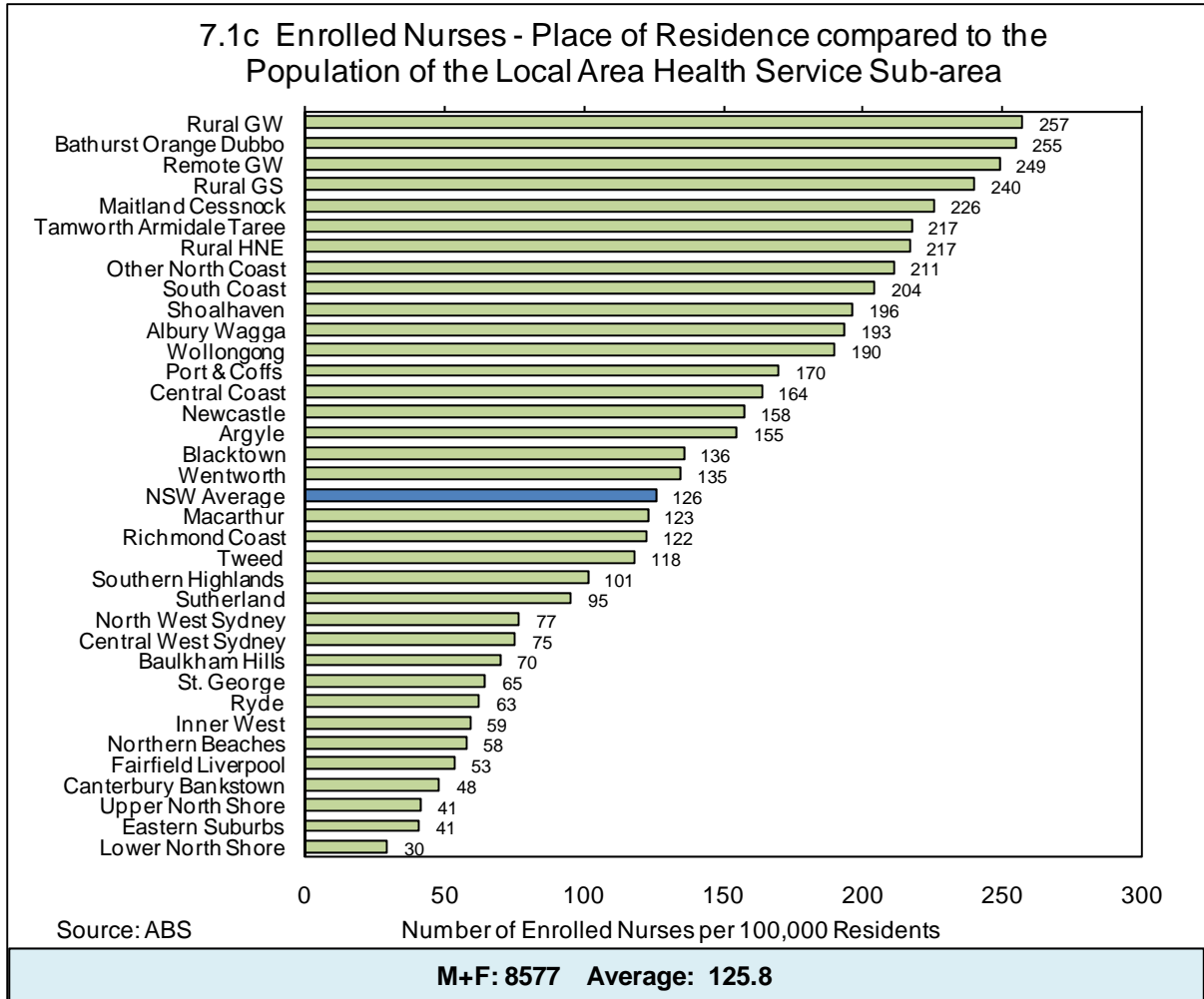
Chart 7.1a shows the AHS of residence by broad age bands for enrolled nurses working in NSW. The interstate addresses are usually the ACT, Gold Coast and Wodonga where NSW services including major hospitals are situated adjacent to State borders. Chart 7.1b depicts the same information as a number of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

The four wholly or partly rural AHS of New South Wales have a higher than average rate of enrolled nurses to population while the four purely metropolitan Areas have lower rates. This is not the case for registered nurses who are spread more evenly across the State and is the reverse of most other health related professions in this series of reports where the rate of health professional to population is higher in the metropolitan Areas. It is especially noticeable that the State's highest rates for enrolled nurses are found in the fully rural Greater Western and Greater Southern AHS that comprise the fewest number of other health professionals. For enrolled nurses, the lowest rate of nurses to population occurs in the Sydney South West AHS.



As the AHS are very large and heterogenous, a similar analysis was undertaken for sub-areas, consistent with planning districts within the AHS. The results are shown in Chart 7.1c. In a further reversal to the usual health profession pattern, the greatest rate of nurses to population is found in the remote parts of Western NSW and the rural sectors of Greater Western, Greater Southern and Hunter New England AHS. The fewest rate of enrolled nurse residence occurs in the highest socioeconomic suburbs of Sydney notably the Lower North Shore and the Eastern suburbs. The only parts of Sydney with above average number of

enrolled nurses are Blacktown, the Central Coast and the former Wentworth Area in the far western suburbs. Outside Sydney, the rate of enrolled nurses to population is above the State average everywhere but closer to average figures in Newcastle and the North Coast.



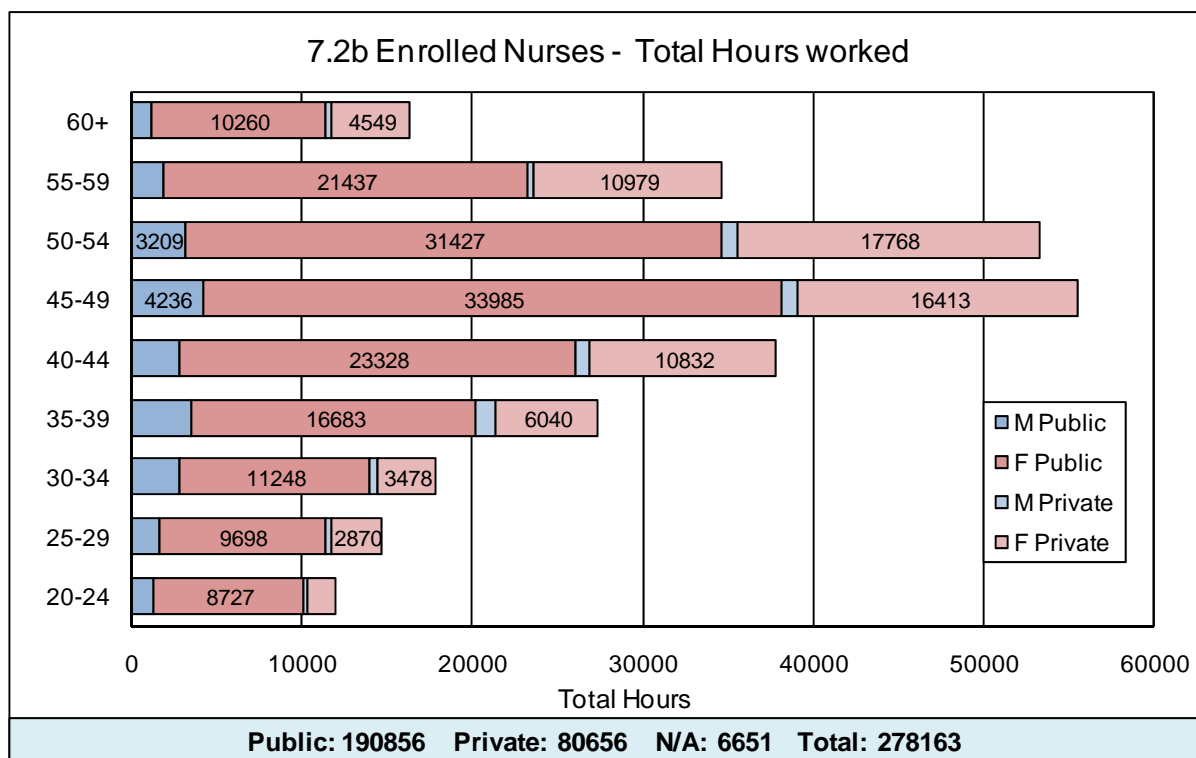
7.2 Place of Work

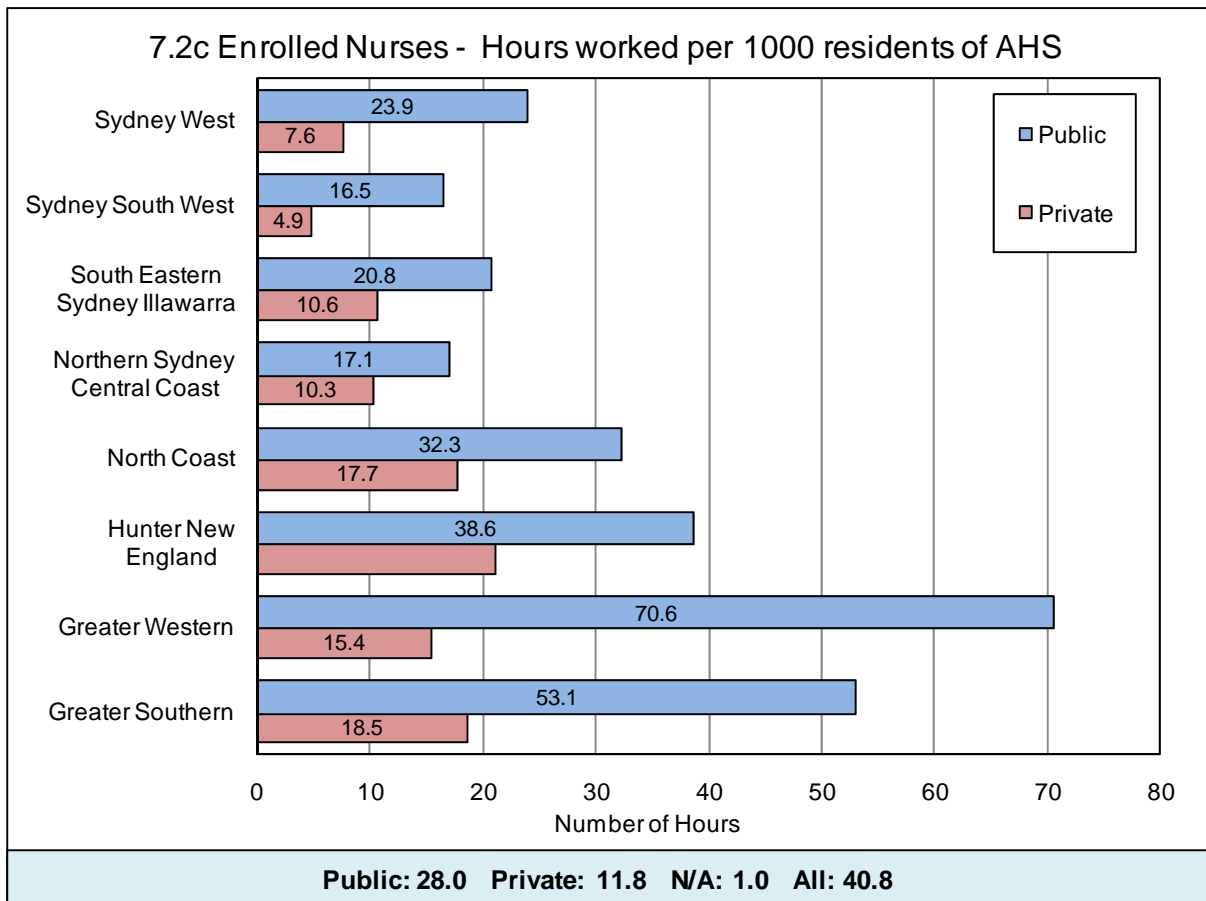
The sector (public/private) and AHS for all jobs is shown for enrolled nurses working in NSW in Table 7.2a. Nurses with more than one job in different sectors are classified as 'mainly public' or 'mainly private'. If the main job was held outside NSW, the AHS of the second job is shown where known. Enrolled nurses indicating that they are working in NSW but not providing data on the location of the NSW component of their work (205) or the sector in which they work (331) are excluded from these tables. The great majority of enrolled 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	626	18	25	182
South Eastern Sydney Illawarra	767	15	14	399
Sydney West	732	20	13	251
Northern Sydney Central Coast	560	17	21	340
Hunter New England	933	28	29	506
North Coast	451	15	17	253
Greater Southern	751	18	28	261
Greater Western	588	13	7	130
ALL AHS	5423	147	135	2336

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

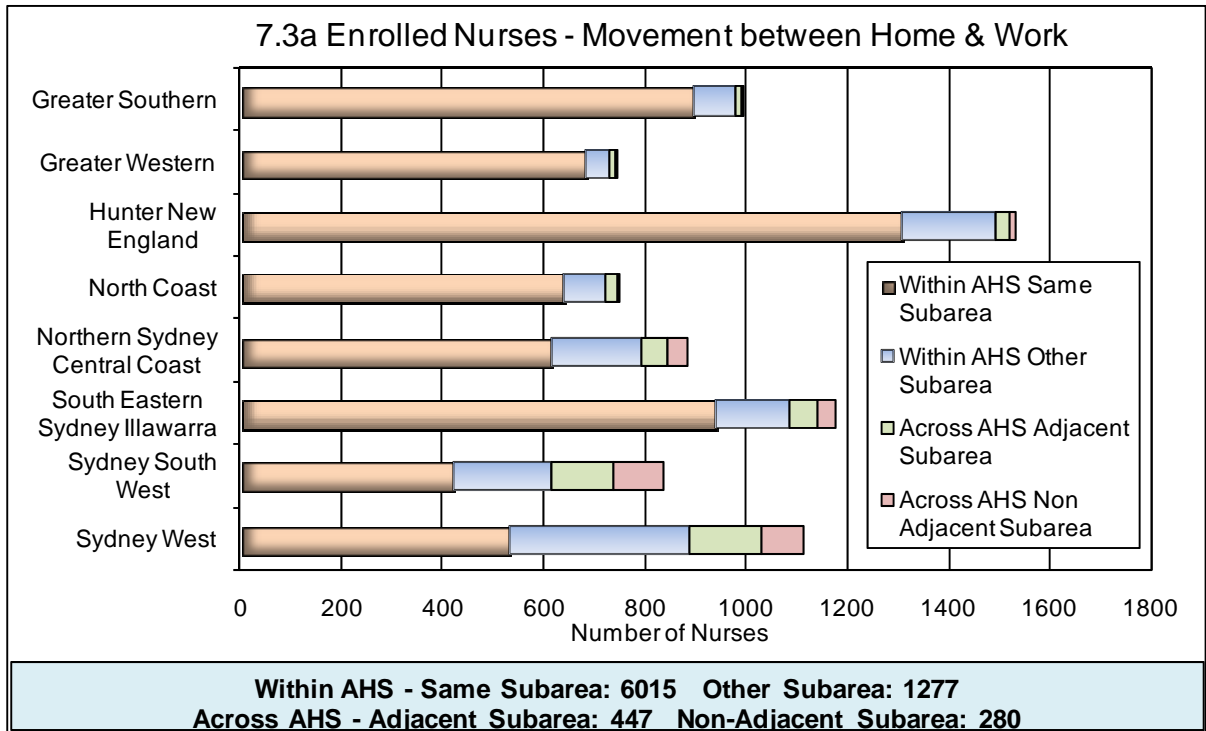




7.3 Movement between Home and Work

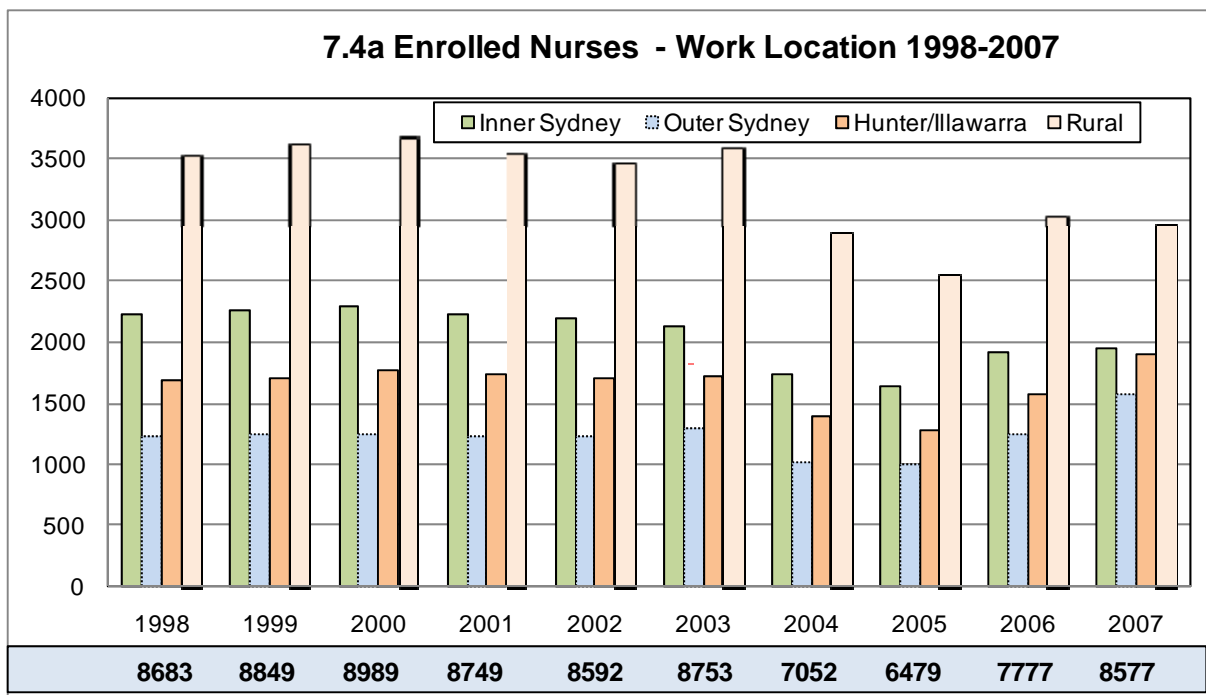
The length of travel between home and work is a key determinant of change in location of the workforce. Chart 7.3a indicates movement within and between Area Health Services using the subarea categories discussed in Section 7.1. Nurses whose principal job lies within their Area Health Service of residence 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 about three times as much inter Area movement occurring for those residing in Sydney South West and Sydney West compared to nurses living in South Eastern Sydney Illawarra and Northern Sydney Central Coast. 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 enrolled 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 and the rural locations towards Outer Sydney. This movement follows population shifts but enrolled nurses are still heavily concentrated in the rural areas of the State. In 2007, these districts comprised 23.2% of the State population and 40.7% of the working enrolled nurses.



8

HOURS OF WORK

While 8,577 enrolled nurses responded that they work in NSW, 422 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 8,155 (2006 7,816) enrolled 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 2 FTE are limited to 76 hours for FTE reporting. Working hours outside of NSW have been disregarded.

By this definition, enrolled nurses working in NSW recorded a total of 278,163 (2006 264,655) hours of work in an average week equivalent to a standard contribution of 6,729.5 (2006 6,430.8) full time persons or 0.82 FTE per worker. The additional contribution beyond 38 hours was equivalent to another 590.6 (2006, 533.6) persons or 0.07 FTE per person. These ratios are unchanged from 2006. In total, public sector nurses accounted for 5,022.5 FTE (2006 4,888.5) and private sector nurses for 2,122.5 FTE (2006 1,821.9). This indicates a shift from the public to the private sector since the 2006 survey. The remaining 175 FTE came from nurses who did not indicate their sector of work.

The difference of 1,385 between the number of working nurses and the number of regular FTE arises through the part time work of the 4,249 (2006 4,113) nurses shown in Chart 8.1a by age group. Note however that some nurses may have reported part time work in the week before the survey because they took a rostered day of leave.

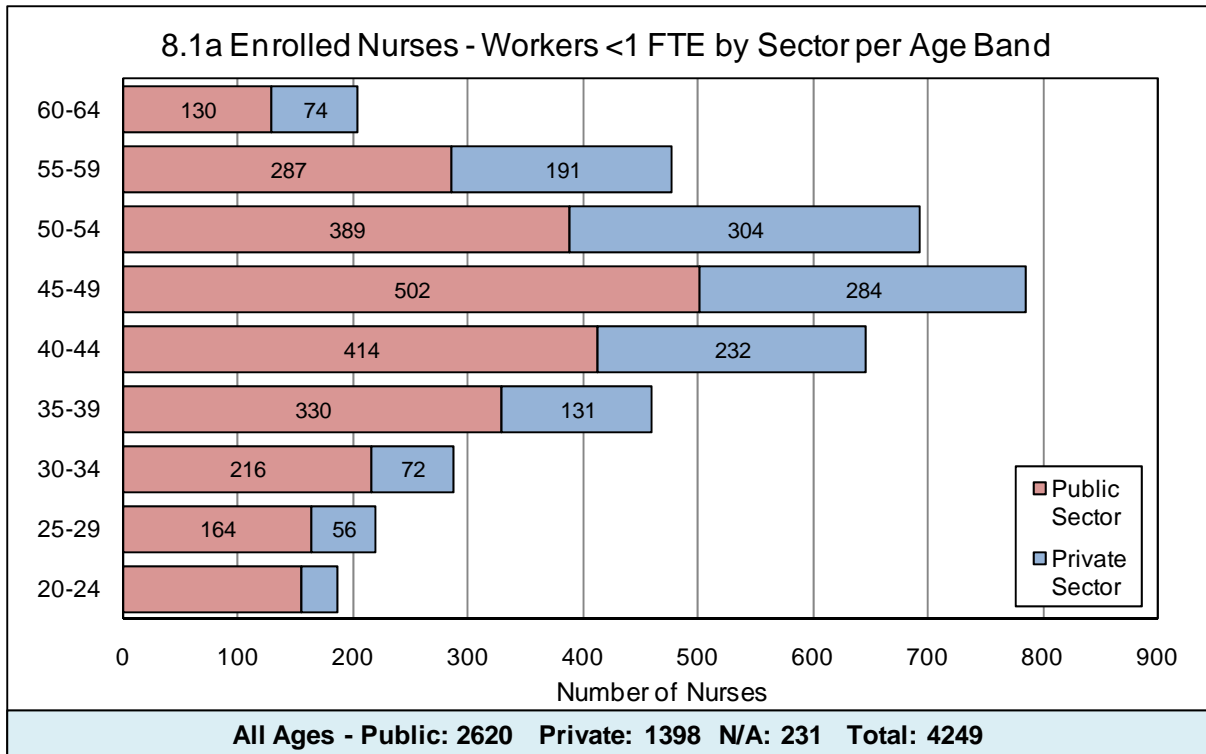
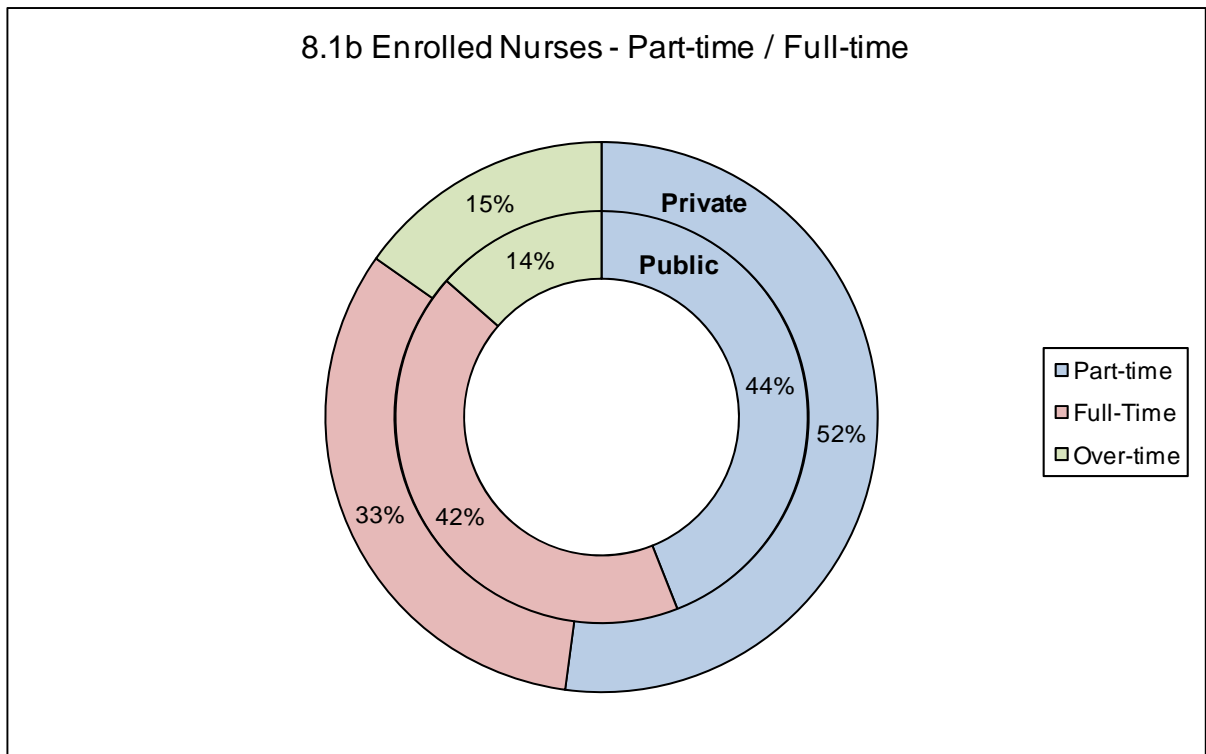
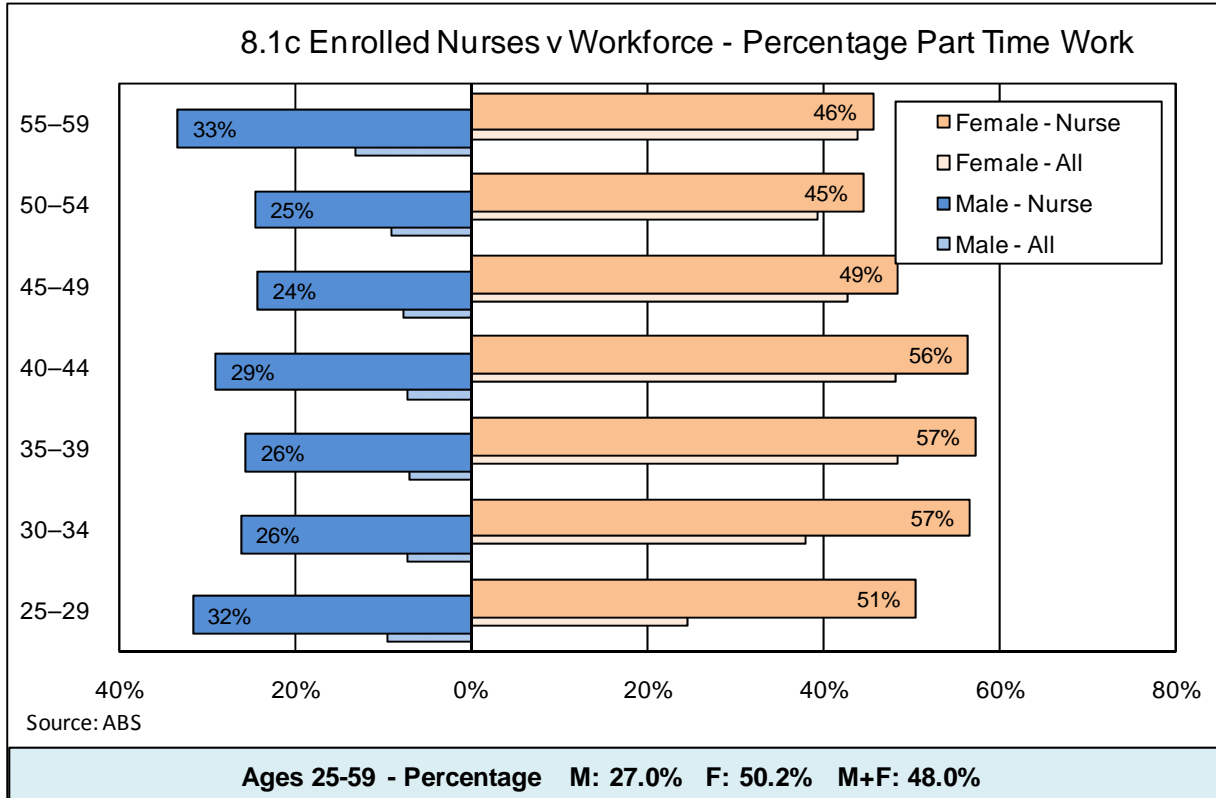


Chart 8.1b indicates work contributions by sector of work over a larger range of hours. The chart highlights nurses working below 35 hours and above 40 hours in order to cover small differences in the average working week. In the private sector, 52% of nurses work less than 35 hours a week while the equivalent public sector percentage is 44%.



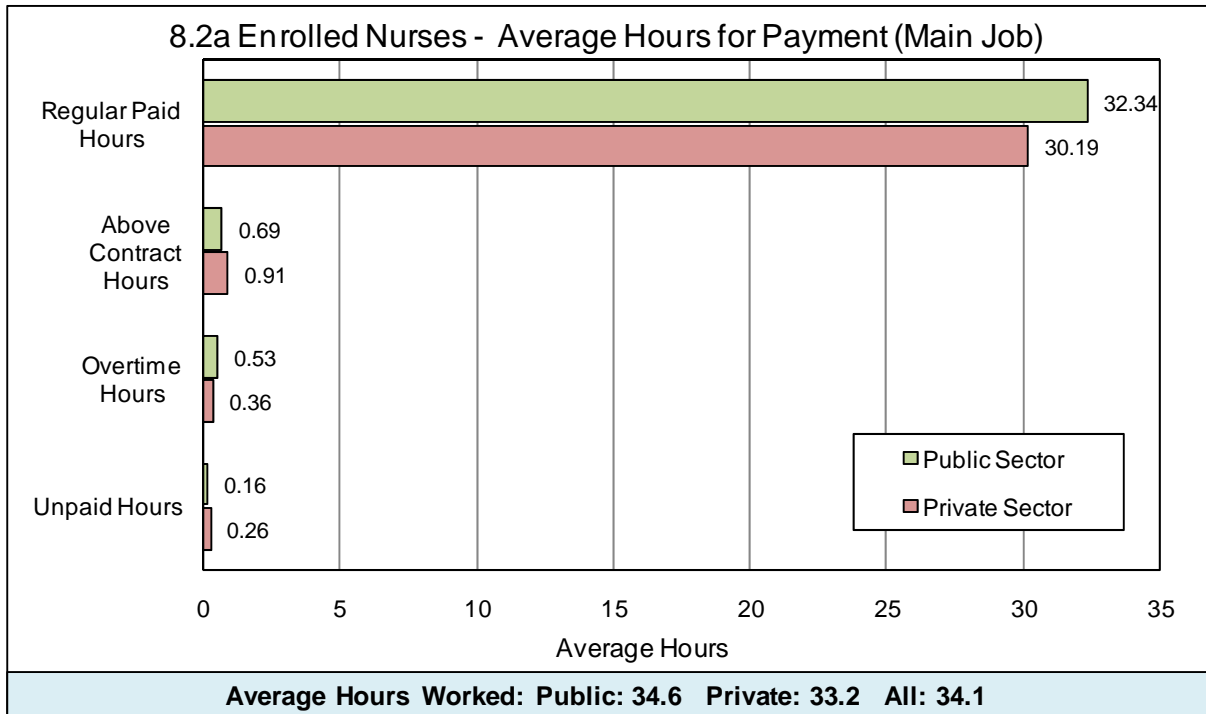
A comparison between part time work in nursing was made to part time work in the whole Australian Labour Market². It will be observed that part time opportunities at all ages, and especially at younger ages, are substantially higher for nurses than in the workforce generally. For example, in the 25-29 year age group 50% of female nurses work part time compared to 25% in the general workforce.



8.2 Payment

It was found that 95% 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 few remaining hours, most are above contract followed by overtime and unpaid work. Work for unpaid hours is about twice as common in the private sector although very few hours are 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 of nursing hours are spent providing direct clinical care, especially in the public sector. The actual percentage is likely to be considerably higher because the core role is unknown for more than 10% of enrolled nurses who did not respond to the question on core roles. Enrolled nurses spend very few hours in management, teaching or research except for some management responsibilities in private aged residential care.

