

Patterns of employment

Nursing is a very broad profession. Nurses perform several roles in many different areas of practice at a variety of different locations (work settings), both in the public and private sectors. This chapter describes their pattern of employment across these roles, work settings and areas of nursing.

Nursing roles

The majority of employed nurses work as clinical nurses (nurse clinicians and clinical nurse managers), and their numbers increased from 195,737 in 1993 to 204,749 in 1994, and then dropped to 195,692 in 1995. This was followed by a gradual increase to 200,049 in 1999 (Table 8). In 1999, clinical nurses made up 89.1% of the employed nurse labour force.

The number of nurses working in administrative roles increased from 8,538 in 1993 to 12,499 in 1999, an increase of 46.4%. The proportion of nurses who worked as administrators increased from 3.9% in 1993 to 5.6% in 1999. The number of teachers/nurse educators increased from 4,623 in 1993 to 5,928 in 1999, an increase of 28.2%. The number of researchers also increased, from 637 to 1,729.

Table 8: Employed registered and enrolled nurses by nursing role, 1993–99

Field of nursing	1993	1994	1995	1996	1997	1999	1993–1999
	Numbers						Percentage change
Clinical nurses ^(a)	195,737	204,749	195,692	197,458	197,211	200,049	2.2
Administrator	8,538	8,534	10,026	9,159	11,940	12,499	46.4
Teacher/educator	4,623	4,717	4,717	3,796	5,158	5,928	28.2
Researcher	637	627	884	719	1,173	1,729	171.4
Other	7,161	6,485	9,347	7,040	6,728	4,389	-38.7
	Per cent						
Clinical nurses ^(a)	90.3	91.0	88.7	90.5	88.7	89.1	
Administrator	3.9	3.8	4.5	4.2	5.4	5.6	
Teacher/educator	2.1	2.1	2.1	1.7	2.3	2.6	
Researcher	0.3	0.3	0.4	0.3	0.5	0.8	
Other	3.3	2.9	4.2	3.2	3.0	2.0	

(a) Includes nurse clinicians and clinical nurse managers.

Source: AIHW.

Job classification and salary ranges

The classification of nurses at a national level is complicated by different classification systems across jurisdictions. In order to consolidate these systems, annual salary ranges based on state and territory awards are used as a proxy classification system in this publication (see Table G.1 for a detailed concordance). For example, nurses in the lowest

salary range are enrolled nurses and those in the top range are nurse managers. Table 9 shows the six ranges of annual salary used.

Table 9: Approximate salary range to job classification concordance, 1999

Salary range	Classification level ^(a)
From \$26,593 to \$30,355	Enrolled nurse
From \$29,578 to \$45,277	Registered nurse level/grade 1 or 2
From \$44,158 to \$65,530	Registered nurse level/grade 3, clinical nurse consultant, nurse manager
From \$54,428 to \$68,530	Registered nurse level/grade 4/5, management
From \$63,315 to \$84,396	Director of nursing
\$76,642 and over	Director of nursing

(a) These classification levels are approximate.

Source: Table G.1.

Using these ranges, Table 10 indicates that over half (57.0%) of all employed nurses were in the \$29,578 to \$45,277 range, with 18.3% in the \$26,593 to \$30,355 range and 13.1% in the \$44,158 to \$65,530 range. This means that three-quarters (75.3%) of all nurses are classified at the bottom two levels: enrolled nurse (lowest salary range) and registered nurse level/grade 1 and 2 (second salary range). Another 13% are classified as specialist nurses or low-level managers or educators. Only 7.4% progress to high levels of management, which command salaries in the top three ranges (Table 10).

Male nurses tended to be slightly under-represented in the lower levels (and salary ranges) and over-represented in the higher levels. For example, male nurses made up 7.9% of all employed nurses, yet they made up only 6.6% of nurses in the \$26,593–\$30,355 range and 11.0% in the \$54,428–\$68,530 range. This corresponds with a lower proportion of males who were enrolled nurses and a higher proportion of males who were at the level of registered nurse level 3/clinical nurses specialist or higher (see Table G.1 for the concordance).

Table 10: Employed registered and enrolled nurses: distribution of nurses by salary range of main job, states and territories, 1999

Annual salary range	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust	Proportion
										male
	Per cent									
\$26,593–\$30,355	16.8	21.2	16.8	19.9	19.2	13.0	14.1	11.0	18.3	6.6
\$29,578–\$45,277	54.1	44.0	68.5	69.1	68.3	72.1	55.7	54.2	57.0	7.7
\$44,158–\$65,530	11.8	21.9	7.2	6.9	6.4	8.5	23.2	29.2	13.1	9.2
\$54,428–\$68,530	8.7	6.9	1.5	1.1	0.7	0.9	1.6	1.6	5.1	11.0
\$63,315–\$84,396	1.3	2.7	3.3	1.5	1.6	1.0	1.9	0.6	2.1	9.8
\$76,642–\$87,755	0.5	0.0	0.0	0.0	0.0	0.8	0.0	0.6	0.2	9.5
Other nurses										
Lecturer, higher education	0.6	0.8	0.6	0.8	0.7	0.7	0.9	0.8	0.7	12.0
Other	6.2	2.5	2.0	0.6	3.1	3.0	2.6	2.0	3.5	8.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	7.9

Note: Classifications are based on state and territory nursing awards and therefore may not accurately reflect salaries of nurses covered by Certified Agreements or Australian Workplace Agreements.

Source: AIHW.

Award rates of pay have become less relevant due to the increasing number of nurses being covered by Certified Agreements (CAs) and Australian Workplace Agreements (AWAs) (ANF 2002). The 1996 Workplace Relations Act resulted in a move away from awards towards CAs and AWAs. Pay rates under these agreements tend to differ from award rates of pay, the latter acting as a safety net, providing a minimum enforceable level of pay and conditions. Consequently, caution needs to be observed when using this classification to determine average salaries earned by nurses.

A more reliable source of weekly total earnings is the ABS Survey of Employee Earnings and Hours conducted biennially. In May 2000, the average weekly total earnings of non-managerial nurses who worked full time was \$898.30 for registered nurses and \$692.70 for enrolled nurses. Nurses in general were paid less than medical practitioners and other allied health professionals (Table 11).

Overall, when compared with the average for all occupations, registered nurses earned above the average weekly salary (\$783.50), and enrolled nurses were least paid.

Table 11: Average weekly total earnings and hours paid for, full-time adult non-managerial employees, May 2000

Profession	Average weekly earnings (\$)	Hours paid for
Nursing professionals (registered nurses)	898.30	38.0
Enrolled nurses	692.70	38.4
Medical practitioners	1,737.80	42.8
Other health professionals	928.60	38.7
All occupations	783.50	39.8

Note: Figures are for full-time adult, non-managerial employees and includes ordinary time and overtime earnings. Source: ABS 2001.

Work setting of main job

In 1999 the majority of nurses worked in acute/psychiatric hospitals (64.4%), residential aged care (15.4%), community health services (6.4%) and private medical rooms (2.9%) (Table 12). The remaining 11.0% of nurses were employed in areas which included education institutions, mental health services, private industries and disability services (Table C.12).

Table 12: Employed registered and enrolled nurses: work setting of main job, 1993 to 1999

Work setting of main job	1993	1994	1995	1996	1997	1999	1993–1999 (percentage change)
	Number						
Acute/psychiatric hospital	125,625	131,774	132,429	132,060	137,680	144,582	15.1
Residential aged care ^(a)	42,769	42,112	38,551	37,323	37,652	34,492	-19.4
Community health service	7,931	9,595	10,206	10,425	12,053	14,364	81.1
Private medical rooms ^(b)	4,943	6,342	6,665	6,720	6,815	6,416	29.8
Other	35,427	35,286	32,815	31,645	28,011	24,740	-30.2
Total	216,696	225,111	220,666	218,173	222,211	224,594	3.6
	Per cent						
Acute/psychiatric hospital	58.0	58.5	60.0	60.5	62.0	64.4	
Residential aged care ^(a)	19.7	18.7	17.5	17.1	16.9	15.4	
Community health service	3.7	4.3	4.6	4.8	5.4	6.4	
Private medical rooms ^(b)	2.3	2.8	3.0	3.1	3.1	2.9	
Other	16.3	15.7	14.9	14.5	12.6	11.0	
Total	100.0	100.0	100.0	100.0	100.0	100.0	

(a) Includes nursing homes and aged accommodation.

(b) Includes doctors rooms/medical practice and private practice.

Source: AIHW.

Acute care/psychiatric hospitals

Acute care/psychiatric hospitals are the main employers of nurses in Australia, employing 144,582 (64.4%) of all nurses. The number of nurses employed in hospitals has increased from 125,625 in 1993, an increase of 15.1% (Table 12). Of the 144,582 nurses, 120,029 (83.0%) were registered nurses and 24,553 (17.0%) were enrolled nurses (Tables C.35, C.36).

The geographic distribution of nurses employed in acute care/psychiatric hospitals is similar to the geographic distribution of the Australian population and of hospitals. However, these nurses were over represented in large rural centres (9.4% of nurses employed in acute care/psychiatric hospitals compared with 6.0% of the population), and under represented in other rural areas (9.2% of nurses compared with 13.1% of the population) (Tables C.18, 3).

There were 111,815 nurses employed in public acute care hospitals in 1999, accounting for nearly half of all employed nurses (49.8%). This represents a 12.6% increase since 1993 (Table C.37). Registered nurses accounted for 82.0% of nurses employed in public hospitals (Tables C.35, C.37).

In private hospitals, there were 32,767 nurses employed in 1999, compared with 26,313 in 1993, an increase of 24.5%. They accounted for 14.6% of all employed nurses (up from 12.1% in 1993). Registered nurses made up 86.6% of nurses employed in private hospitals (Tables C.35, C.37).

Residential aged care

There was a decrease in the number of nurses working in residential aged care from 42,769 in 1993 to 34,492 in 1999, a 19.4% decrease (Table 12). The number of registered nurses declined by 8.5% (from 23,206 in 1993 to 21,235 in 1999) and the number of enrolled nurses declined by 32.2% (from 19,563 to 13,257). The decline in the number of nurses working in residential aged care is associated with the deinstitutionalisation of aged care services, which has been occurring in Australia since the early 1980s (AIHW 2001a) (see the chapter 'Aged Care Nursing').

In public nursing homes the number of nurses fell from 22,209 in 1993 to 17,249 in 1999, a 22.3% decrease. The number of registered nurses fell from 10,706 to 9,735, a 9.1% decrease. The largest decrease was for enrolled nurses, dropping from 11,503 to 7,515, a 34.7% decrease (Tables C.35, C.36, C.37).

In private nursing homes, a similar picture emerged, with nurse numbers dropping from 20,560 to 17,243, a reduction of 16.1%. Once again, the reduction in enrolled nurses (28.8%) was more pronounced than that in registered nurses (8.0%).

Community health service

In the early 1980s there was a shift towards the de-institutionalisation of aged care from nursing homes into the community. This process was consolidated with the implementation of the Home and Community Care program in 1985. The aim of this program was to reduce the reliance on intensive nursing home care by providing a range of services in the community. These services included, among other things, home help, personal care and home nursing (AIHW 2001a).

The shift to community-based nursing is associated with an increase in the number of nurses employed in community health services, from 7,931 in 1993 to 14,364 in 1999, an increase of 81.1% (Table 12).

Just over half (52.9%) of those working in community health centres worked in capital cities, 7.6% in other metropolitan centres and the remaining 39.5% in rural and remote areas (Table C.18). Community centres, generally publicly funded, may be more important outside of major cities as a first point of contact for health services, and are more viable to fund and administer than large hospitals in areas of low population. This would explain why the proportion of nurses in rural and remote areas is greater for community services than for acute hospitals.

Private medical rooms

There is an increasing trend towards corporatisation of general practices in an attempt to facilitate management and support services (AIHW 2002a). The formation of these health centres is also associated with a 29.8% increase in the number of nurses working in private medical rooms since 1993. In 1999, 6,416 nurses were employed in this setting, of whom 4,952 (77.2%) were registered nurses (Table C.12).

Clinical area of nursing

Of the 200,048 employed clinical nurses, the largest proportions were employed in the areas of medical and surgical practice (29.9%), geriatrics and gerontology (16.7%), perioperative, operating theatre and recovery nursing (7.3%), midwifery, obstetrics and gynaecology (7.1%) and mental health/psychiatric nursing (6.1%) (Table 13). Together, these clinical areas accounted for two-thirds (67%) of all clinical nurses.

Table 13: Proportion of employed clinical nurses^(a) by selected clinical areas of nursing, states and territories, 1999

Clinical area of nursing	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Medical and surgical	30.5	27.1	29.0	36.3	35.1	21.9	25.6	20.4	29.9
Geriatric/gerontology	14.8	22.9	14.0	11.8	15.7	21.6	10.3	6.3	16.7
Perioperative/operating theatre/recovery	7.9	6.6	7.6	6.7	7.5	7.0	9.2	4.8	7.3
Midwifery/obstetrics/gynaecology	7.0	7.2	6.5	6.8	7.4	8.4	11.8	10.9	7.1
Mental health/psychiatric	6.9	5.3	6.4	5.5	6.8	5.0	4.5	3.3	6.1
Critical care/intensive care	6.0	4.2	4.6	4.1	4.7	1.0	6.8	4.3	4.8
Community nursing	3.3	4.1	3.4	4.9	4.4	7.3	5.2	11.4	4.0
Other	23.6	22.6	28.5	23.9	18.4	27.8	26.6	38.6	24.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Includes nurse clinicians and clinical nurse managers.

Source: Table C.15.

Medical and surgical nursing

In the nursing labour force survey, the area of medical and surgical nursing includes a range of nursing activities from general medicine to specialised activities such as post-surgical care and diagnostics (including medical imaging).

In 1999 there were 59,861 nurses working in medical or surgical nursing, a 4.4% decrease since 1993 (Table C.37). The proportion of these nurses who were registered has remained relatively constant, increasing slightly from 75.0% in 1993 to 75.5% in 1999 (Tables C.35, C.37).

The majority of these nurses were employed in acute/psychiatric hospitals (88.2%) with 3.8% working in private medical rooms, 1.3% in community health centres, 1.5% in aged care and the remaining 5.1% in areas such as hospices, day procedure centres and employment agencies.

The average age of these nurses was 39.3 years, ranging from 38.4 years in Queensland to 41.9 years in the Australian Capital Territory.

Nationally, medical and surgical nurses worked an average of 29.7 hours per week. Nurses in the Northern Territory worked the longest hours on average (35.6 hours per week), whereas nurses in South Australia worked the shortest (25.8 hours per week). This corresponds with the Northern Territory having the lowest proportion of medical and surgical nurses who worked part-time (22.2%) and South Australia having the highest (71.5%) (Table 14).

Table 14: Employed clinical nurses^(a) by selected clinical areas of nursing, states and territories, 1999

Clinical area of nursing	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Proportion working part time (%)									
Medical and surgical	49.4	64.3	53.0	58.2	71.5	65.7	66.7	22.2	57.5
Geriatric/gerontology	66.0	76.6	67.8	70.5	83.8	76.4	79.7	65.3	72.6
Perioperative/operating theatre/recovery	44.4	54.2	44.1	46.4	65.9	51.2	33.2	21.7	48.8
Midwifery, obstetrics and gynaecology	54.9	74.5	65.7	63.0	79.6	75.5	74.0	34.0	65.9
Mental health/psychiatric	31.5	31.8	26.7	22.2	42.9	28.2	32.1	16.6	30.9
Critical care/intensive care	38.6	55.2	50.2	53.7	62.5	71.8	53.1	18.4	48.2
Community nursing	46.8	65.7	43.9	52.6	68.5	56.7	44.5	31.1	54.5
Average hours worked (per week)									
Medical and surgical	30.8	28.8	30.6	29.5	25.8	29.3	29.9	35.6	29.7
Geriatric/gerontology	28.4	26.4	28.7	28.0	24.0	27.0	27.3	28.9	27.3
Perioperative/operating theatre/recovery	32.0	30.7	32.2	31.6	26.7	31.1	34.0	36.3	31.3
Midwifery, obstetrics and gynaecology	29.6	26.6	28.5	28.5	24.1	27.5	28.4	33.6	28.0
Mental health/psychiatric	34.6	34.7	35.4	35.8	31.4	34.7	34.6	35.2	34.6
Critical care/intensive care	33.0	31.3	31.9	30.7	28.2	28.5	31.4	35.4	31.7
Community nursing	30.2	27.6	31.1	30.3	25.7	28.9	33.4	35.6	29.3

(a) Includes nurse clinicians and clinical nurse managers.

Source: AIHW.

Geriatrics and gerontology

In 1999 there were 33,335 nurses working in geriatrics and gerontology, a reduction of 20.0% since 1993 (Table C.37). The composition of nurses working in this area differed from other areas because of the higher proportion of enrolled nurses. In 1999, 41.5% of nurses working in geriatrics and gerontology were enrolled (compared with 21.2% of all clinical nurses) (Tables C.36, C.37). Between 1993 and 1999 the number of registered nurses declined by 12.3%, from 22,259 to 19,517 and the number of enrolled nurses declined by 28.9%, from 19,427 to 13,818 (see the chapter 'Aged care nursing').

In 1999, the majority of these nurses were employed in aged care facilities (83.5%), with 12.0% employed in acute hospitals, 1.6% in community health centres, 0.6% in private medical rooms and the remaining 2.3% employed in other areas such as hospices and day procedure centres.

With an average age of 45.2 years, nurses in this area tended to be older than the general nurse workforce (41.6 years). They ranged from 43.8 years in Victoria to 48.3 years in the Australian Capital Territory.

Nurses working in geriatrics and gerontology are far more likely to work part time, with 72.6% doing so compared with 56.4% of all clinical nurses. Reflecting this, their average weekly hours worked (27.3 hours) was lower than that for all clinical nurses (31.1 hours per week). Nurses in the Northern Territory worked the longest hours on average (28.9 hours per week) with South Australia working the shortest (24.0 hours per week). In South Australia, 83.8% of nurses worked part time, compared with 65.3% for the Northern Territory (Tables 14, C.27).

Perioperative, operating theatre and recovery nursing

In 1999 there were 14,535 nurses working in operating theatre-related areas such as perioperative, operating theatre and recovery, a 23.5% increase from 1993. The proportion of nurses who were registered increased from 80.7% in 1993 to 85.6% in 1999 (Tables C.35, C37).

As surgical procedures are usually performed in hospitals, 92.5% of these nurses are employed in this work setting, with 6.0% employed in day procedure units. These nurses were younger than the general nurse labour force, and they tended to work longer hours.

The average age of nurses working in operating theatre-related areas was 39.9 years, ranging from 39.4 years in New South Wales and Queensland to 41.4 years in Tasmania.

The average weekly hours worked by nurses in the area of perioperative, operating theatre and recovery was 31.3 hours per week. Nurses in the Northern Territory worked, on average, the longest hours (36.3 hours per week) with nurses in South Australia working the shortest (26.7 hours per week). South Australia had the greatest proportion of nurses working part-time (65.9%), with the Northern Territory having the lowest (21.7%) (Table 14).

Midwifery, obstetrics and gynaecology

The report into the midwifery workforce, conducted by the Australian Health Workforce Advisory Committee (AHWAC), identified a shortage of midwives (AHWAC 2002a).

According to the report, the shortage of midwives is linked to the general shortage in nurses. This is because the pool of midwives in Australia is largely drawn from those who have entered the nursing workforce. Therefore, factors affecting the general nursing workforce also affect the midwifery workforce. However, as identified by the report, there are a number of issues that are specific to midwives.

One of the main contributing factors to the decline in midwifery numbers is the statutory requirement for individuals to be registered as midwives. Registration is conditional on the satisfactory completion of a midwifery program recognised by the regulatory authority in the relevant jurisdiction. Therefore, to practise as a midwife, a nurse is required to complete a normal nursing degree, followed by postgraduate studies in midwifery. This is problematic for many people mainly because of the costs involved in post graduate studies, difficulties being released from work and the length and structure of some of the programs, especially clinical placements (AHWAC 2002a).

In 1999, there were 14,291 nurses working in the area of midwifery, obstetrics and gynaecology, a 3.9% decrease from 1993. The proportion of nurses who were registered increased from 94.8% in 1993 to 96.9% in 1999.

The majority of nurses in the area of midwifery, obstetrics and gynaecology were employed in acute hospitals (97.2%), with 0.9% employed in private medical rooms or private nursing practise, 0.8% in community health centres, 0.6% by employment agencies and the remaining 0.6% in other areas.

The average age of nurses working in midwifery, obstetrics and gynaecology was 41.1 years, ranging from 39.7 years in the Northern Territory to 44.1 years in the Australian Capital Territory.

Nationally, midwifery, obstetrics and gynaecology nurses worked an average of 28.0 hours per week, ranging from 24.1 hours per week in South Australia to 33.6 hours per week in the Northern Territory. The proportion of nurses working part time ranged from 34.0% in the Northern Territory to 79.6% in South Australia (Table 14).

Mental health/psychiatric nursing

In 1999 there were 12,173 nurses working in mental health or psychiatric nursing, a 7.2% increase from 1993. Males made up 32.7% of all nurses working in this area, the highest of all clinical areas.

Consistent with the de-institutionalisation of mental health services, which has been occurring over the past three decades (AIHW 2001a), the proportion of mental health/psychiatric nurses employed in acute care/psychiatric hospitals has declined from 75.7% in 1994 to 62.0% in 1999. The remaining nurses were employed in mental health services (19.1%) and community health services (10.2%) in 1999.

The average age of nurses working in mental health/psychiatric nursing was 42.5 years, ranging from 41.0 years in Victoria to 44.0 years in Tasmania.

Nationally, mental health/psychiatric nurses worked an average of 34.6 hours per week. Nurses in Western Australia worked, on average, the longest hours (35.8 hours per week), and nurses in South Australia worked the shortest (31.4 hours per week). In terms of the proportion of nurses working part time, South Australia had the highest proportion (42.9%) and the Northern Territory had the lowest (16.6%) (Table 14).

Critical/intensive care

The area of intensive or critical care involves a highly specialised nursing workforce that provides care to patients with life-threatening or potentially life-threatening conditions. Nurses in this area take all observations; provide respiratory care including physiotherapy and routine ventilator setting manipulations with blood gas analysis; comprehensively manage continuous renal replacement therapy and equipment; and take and interpret

electro-cardiograms, blood samples and other diagnostics samples in consultation with medical colleagues. In addition, nurses also provide personal care and provide support for family and friends of the patient. The work is, therefore, both physically and emotionally demanding, with nurses required to work a higher proportion of their time on night duty than other acute hospital nurses (AHWAC 2002b).

Despite the high level of specialisation, there is no mandatory requirement for nurses to have postgraduate qualifications before entering this field of nursing. The Australian minimum standards suggest that the majority of registered nurses in intensive care should hold postgraduate qualifications. According to consultations conducted by AHWAC, access to and completion of the relevant postgraduate study is often problematic for nurses. As with other specialty areas, issues include the cost of education, difficulties of being released from work, the length of some of the programs and the lack of recognition for prior learning and experience (AHWAC 2002b).

The Australian College of Critical Care Nurses (ACCCN) in their submission to the senate inquiry into nursing indicated that the shortage of critical care nurses occurred for a number of reasons. These include the expansion of demand for intensive care units and beds; advances in technology; the increasing acuity of patients; and the poor retention of nursing staff in the specialty (SCAC 2002). The shortage of critical care nurses is also due to more of these nurses working shorter hours. In 1994, 40.0% of critical care nurses worked part time. In 1999 this had increased to 48.2%.

In addition to an increase in the proportion of nurses working part time, there has also been an overall decrease in the number of hours worked in excess of 35 hours per week. Between 1996 and 1999, the average hours worked by full-time nurses decreased from 43.5 hours to 39.6 hours per week (Table 15). One explanation for the decrease in hours worked by full-time nurses is that many experienced critical care nurses may have left the permanent workforce to work casually or with nursing agencies, leaving the permanent staff with an increased burden in terms of added responsibility and more rigid rosters (AHWAC 2002b).

Table 15: Average hours worked per week by part-time/full-time nurses employed in critical care nursing in Australia, 1993 to 1999

	1993	1994	1995	1996	1997	1999
	Average hours worked per week					
Part time ^(a)	23.1	23.3	23.0	23.7	23.6	23.7
Full time ^(b)	41.6	42.0	41.8	43.5	41.6	39.6
Total	34.4	34.5	33.8	34.7	33.2	31.7

(a) Working less than 35 hours per week.

(b) Working more than 35 hours per week.

Source: AIHW.

In 1999, there were 9,646 nurses working in critical care or intensive care, an increase of 14.0% since 1993. The proportion of these nurses who were registered was stable, around 98% in both years.

Nearly all critical care nurses worked in acute hospitals (98.1%), with 1.0% employed by nursing agencies, and the remaining 0.8% working in other areas. Due to the geographic distribution of hospitals, the majority of critical care nurses worked in capital cities or other metropolitan areas (85.7%), with 12.6% in large or small rural centres, 1.0% in other rural areas and 0.7% in remote centres.

Critical care nurses were younger than the general nurse labour force, with an average age of 36.2 years compared with 41.6 years. Across jurisdictions the average age ranged from 35.0 years in Victoria to 39.9 years in Tasmania.

The average weekly hours worked by critical care/intensive care nurses was 31.7 hours per week. Nurses in the Northern Territory worked, on average, the longest hours (35.4 hours per week) with those in South Australia working the shortest (28.2 hours per week). Tasmania had the greatest proportion of nurses working part time (71.8%), with the Northern Territory having the lowest (18.4%) (Table 14).

Community nursing

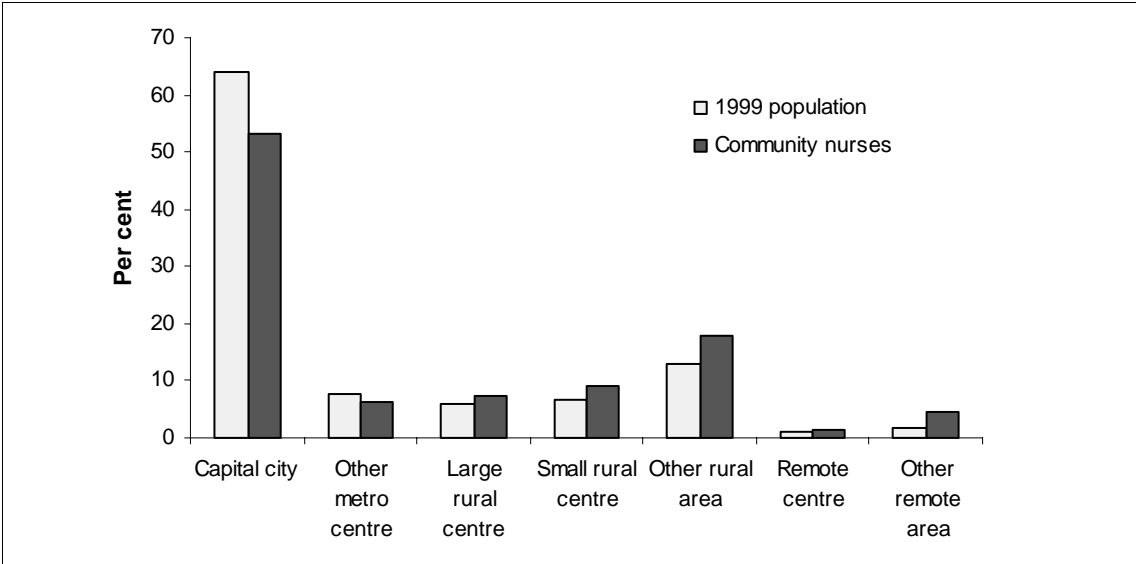
The largest growth in nursing was in community nursing with 8,043 nurses employed in 1999, an increase of 36.3% since 1993. This is in line with the de-institutionalisation of health care as well as the reduction in the length of hospital stays. These trends imply that there has been an increased emphasis on post-acute care in the community resulting in increases in the complexity of care and workloads of community nurses (SCAC 2002). This has resulted in an increasing need for nurses working in this area to have and maintain a broader range of skills and experience to cater for the range of health needs of patients.

The proportion of community nurses who were registered was 88.3%, down from 91.1% in 1993, and ranged from 65.4% in the Australian Capital Territory to 97.8% in the Northern Territory (Tables C.13, C.15). The high proportion in the Northern Territory may be due to nurses being a person’s first contact with health-care, especially in the more remote areas.

In 1999 community nurses were over represented in rural and remote areas and under-represented in capital and other metropolitan centres, compared with the general population (Figure 9). As reported by the Senate inquiry into nursing, the lack of other health personnel in more remote areas results in nurses being called on to provide a range of health services (SCAC 2002), increasing their importance in the provision of health services in these areas.

In 1999 community nurses were older than nurses generally, with an average age of 43.3 years, compared with 41.6 years for employed registered and enrolled nurses (Table C.9). This higher average age may be associated with the requirement of these nurses to have a broad range of experience. In addition, with limited opportunity to undertake further education in community nursing (SCAC 2002), thus resulting in a limited career path, community nursing may be unattractive to younger nurses.

Nationally, nurses employed as community nurses worked an average of 29.3 hours per week, ranging from 25.7 hours per week in South Australia to 35.6 hours in the Northern Territory. The proportion of these nurses working part time was 54.5% and ranged from 31.1% in the Northern Territory to 68.5% in South Australia (Table 14).



Source: Tables C.21, 3.

Figure 9: Distribution of community nurses and the general population by geographic location, 1999