



THE UNIVERSITY OF
MELBOURNE

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Improving Your Working Life

A Survey of Nurses and Midwives in Victoria

Making a difference to the working conditions of nurses and midwives is the main aim of this survey. Your views and preferences are crucial in helping to understand how things could be changed, and what is needed to make such changes happen. If you are happy or unhappy with working as a nurse or midwife, we would like to know why.

Further information about this survey:

Who should fill out this survey?

If you are currently employed and working as a nurse or midwife.

Who is conducting the survey?

Researchers at the University of Melbourne (Professor Anthony Scott, Melbourne Institute of Applied Economic and Social Research) and University Technology, Sydney (Professor Christine Duffield, Centre for Health Services Management).

Who is funding the survey?

The Australian Research Council with some matching funds from the Department of Human Services.

How will the results be used?

The results will be used to inform policies about the best ways to improve your working conditions and job satisfaction. Aggregated results will be made available to government, employers, professional organisations and unions.

Will the information I provide remain confidential?

Strict confidentiality will be maintained at all times. The information you provide will be held securely within the Melbourne Institute and will not contain any identifiable information which could actually or potentially identify you. Any published results will not contain any individual-level data as all results are presented across aggregated groups of nurses and midwives. All research involved in this project must comply with the Privacy Act (1988) and data will be stored in accordance with the University of Melbourne's Management of Data and Research Records Policy. The Melbourne Institute and its staff operate within the University of Melbourne's ethics guidelines. The research has been approved by the University's Human Research Ethics Committee. Any concerns or complaints about the broad conduct of the survey should be directed to the Executive Officer, Human Research Ethics, The University of Melbourne. Phone: 03 8344 2073, fax: 03 9347 6739.



MELBOURNE INSTITUTE
of Applied Economic and Social Research

Phone Anne Leahy on 03 8344 2600
for further information or questions
about this survey. Or email:
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A About your job satisfaction and attitudes to work

The following questions refer to your main job and second job. Your main job is the EMPLOYER who you work the MOST HOURS for. Your second job is a DIFFERENT EMPLOYER who you work the next most hours for.

1. Please indicate how satisfied or dissatisfied you are with each of the various aspects of your MAIN job.

	Very satisfied	Moderately satisfied	Neutral	Moderately dissatisfied	Very dissatisfied	N/A
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freedom to choose your own method of working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your colleagues and fellow workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition you get for good work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of responsibility you are given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your opportunities to use your abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of variety in your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking everything into consideration, how do you feel about your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate how satisfied or dissatisfied you are with each of the various aspects of your SECOND job.

	Very satisfied	Moderately satisfied	Neutral	Moderately dissatisfied	Very dissatisfied	N/A
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freedom to choose your own method of working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your colleagues and fellow workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition you get for good work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of responsibility you are given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your opportunities to use your abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of variety in your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking everything into consideration, how do you feel about your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Formal processes and resources to report violence or bullying at your MAIN place of work are:

- Poor
- Adequate
- Very good
- Don't know

4. Do other members of the nursing staff at your MAIN place of work (including supervisors and nurse managers) ever behave towards you in a difficult, aggressive, or hostile way?

- Daily
- Weekly
- Monthly
- Less often
- Never

5. Do patients or their families ever behave towards you in a difficult, aggressive, or hostile way?

- Daily
- Weekly
- Monthly
- Less often
- Never

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6. The degree of autonomy in my MAIN job is:

- Poor
- Adequate
- Very good
- Don't know

7. Do you undertake managerial or supervisory duties at your MAIN place of work?

- Yes
- No

8. If you undertake managerial/supervisory duties, how many staff did you manage in your last shift in your MAIN job?

9. Please indicate the degree to which you agree or disagree with the following statements.

	Main job				Second job			
	Agree	Neutral	Disagree	N/A	Agree	Neutral	Disagree	N/A
The IT systems I use are not very helpful in day to day practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good support and supervision from senior nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The balance between my personal and professional commitments is about right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can usually take time off when I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are poor promotion opportunities where I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a good system of support/counselling for traumatic events at work (e.g. patient death, medical errors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is too much unnecessary paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work schedule means there is sufficient time for me to do personal study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My shift patterns usually change from month to month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often undertake tasks that somebody less qualified could do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often undertake tasks I feel I am not sufficiently qualified for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can usually take all the breaks I am entitled to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel unsafe travelling to or from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good support from the management of my employing organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not interested in getting promoted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job is stressful most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job is physically exhausting most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many patients I see have unrealistic expectations about how I can help them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many patients I see have complex health and social problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to spend enough time with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not working in my clinical area of choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B Your preferences for different types of jobs

Please read the following:

- You are asked to state which of the two jobs (A or B) is better.
- You are then asked which job you would choose, including the option of staying in your current job.
- Everything about the jobs you are comparing is the same, except for the characteristics shown below.

Please use the following table to answer questions 10 and 11:

	Job A	Job B
Change in earnings	15% decrease	15% decrease
Change in hours worked	No change	10% increase
Type of employer	Public	Private not-for-profit
Autonomy	Very good	Adequate
Shift type	Fixed shifts that include weekends, evenings and/or nightshifts	Fixed shifts that include weekends, evenings and/or nightshifts
Processes that deal with violence and bullying	Poor	Adequate
Number of patients cared for per nurse	4	3

10. Which job do you think is better? Job A Job B
11. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 12 and 13:

	Job A	Job B
Change in earnings	No change	15% decrease
Change in hours worked	10% increase	10% increase
Type of employer	Private for-profit	Public
Autonomy	Poor	Poor
Shift type	Fixed shifts that include weekends, evenings and/or nightshifts	Rotating shift/roster
Processes that deal with violence and bullying	Poor	Very good
Number of patients cared for per nurse	5	3

12. Which job do you think is better? Job A Job B
13. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 14 and 15:

	Job A	Job B
Change in earnings	No change	15% decrease
Change in hours worked	No change	10% decrease
Type of employer	Private for-profit	Private not-for-profit
Autonomy	Very good	Very good
Shift type	Rotating shift/roster	Weekdays only
Processes that deal with violence and bullying	Very good	Very good
Number of patients cared for per nurse	3	5

14. Which job do you think is better? Job A Job B
15. Which job would you choose? Job A Job B Stay at my current job

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Please use the following table to answer questions 16 and 17:

	Job A	Job B
Change in earnings	15% increase	No change
Change in hours worked	No change	10% increase
Type of employer	Public	Private for-profit
Autonomy	Adequate	Poor
Shift type	Rotating shift/roster	Fixed shifts that include weekends, evenings and/or nightshifts
Processes that deal with violence and bullying	Adequate	Poor
Number of patients cared for per nurse	5	5

16. Which job do you think is better? Job A Job B
17. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 18 and 19:

	Job A	Job B
Change in earnings	15% increase	15% decrease
Change in hours worked	No change	10% decrease
Type of employer	Private not-for-profit	Private for-profit
Autonomy	Poor	Adequate
Shift type	Fixed shifts that include weekends, evenings and/or nightshifts	Rotating shift/roster
Processes that deal with violence and bullying	Very good	Poor
Number of patients cared for per nurse	5	5

18. Which job do you think is better? Job A Job B
19. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 20 and 21:

	Job A	Job B
Change in earnings	15% increase	No change
Change in hours worked	10% increase	10% decrease
Type of employer	Private not-for-profit	Private not-for-profit
Autonomy	Very good	Poor
Shift type	Rotating shift/roster	Rotating shift/roster
Processes that deal with violence and bullying	Poor	Adequate
Number of patients cared for per nurse	4	4

20. Which job do you think is better? Job A Job B
21. Which job would you choose? Job A Job B Stay at my current job

C About the places where you work

22. Approximately HOW MANY HOURS PER WEEK were you employed in each of the following settings in your LAST WEEK at work? (include the total hours you work, including paid and unpaid overtime)

	Main job		Second job	
	Publicly owned	Privately owned	Publicly owned	Privately owned
	Hours per week in each work setting			
Hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatric hospital/mental health facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day procedure centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential aged care setting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other residential care facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community health centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community setting (seeing patients in their homes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Defence force facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Government department	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GP's practice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialist rooms/practice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial/industry/business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tertiary institution (higher education/vocational education/training)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other, please specify <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL HOURS PER WEEK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

23. How many different employers did you work for in your last week at work?

Number of employers/jobs

24. How long have you worked for your current employer?

	Years	Months
Main job	<input type="text"/>	<input type="text"/>
Second job	<input type="text"/>	<input type="text"/>

25. Were you employed through or paid by an employment agency for your nursing/midwifery job LAST WEEK? (Please tick all that apply)

- Main job
 Second job

26. What is your area of practice? (Please tick all that apply)

	Main job	Second job
Critical care/emergency	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Surgical nursing	<input type="checkbox"/>	<input type="checkbox"/>
Perioperative	<input type="checkbox"/>	<input type="checkbox"/>
Midwifery	<input type="checkbox"/>	<input type="checkbox"/>
Aged care	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation-disability	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Family and child health	<input type="checkbox"/>	<input type="checkbox"/>
Community health	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please specify <input type="text"/>		

27. Is your job

	Main job	Second job
Permanent?	<input type="checkbox"/>	<input type="checkbox"/>
Casual?	<input type="checkbox"/>	<input type="checkbox"/>
Fixed term or temporary contract?	<input type="checkbox"/>	<input type="checkbox"/>
Own business or other?	<input type="checkbox"/>	<input type="checkbox"/>

D About your workload

28. Of the total hours you worked last week as a nurse/midwife, approximately how many hours did you work unpaid overtime?

Number of unpaid hours worked

Not applicable.

29. In your LAST SHIFT, for around how many patients did you provide care?

Main job

Second job

30. How long was your last shift?

Number of actual hours worked in last shift Main job Second job

31. What type of shifts do you usually work?

	Main job	Second job
Rotating roster/shift throughout weekdays and weekends	<input type="checkbox"/>	<input type="checkbox"/>
Fixed shifts: Weekends only	<input type="checkbox"/>	<input type="checkbox"/>
Nightshifts only	<input type="checkbox"/>	<input type="checkbox"/>
Evenings only	<input type="checkbox"/>	<input type="checkbox"/>
Weekdays only	<input type="checkbox"/>	<input type="checkbox"/>
Weekdays and some weekends	<input type="checkbox"/>	<input type="checkbox"/>
Weekdays and some nightshifts	<input type="checkbox"/>	<input type="checkbox"/>
Weekdays and some weekends and nightshifts	<input type="checkbox"/>	<input type="checkbox"/>

32. If you usually work weekends, how many weekends per month?

Main job

Second job

Not applicable.

33. If you usually work nightshifts, how many nightshifts per month?

Main job

Second job

Not applicable.

34. Do you have access to long service leave? (Please tick if yes)

Main job

Second job

(For the following questions, if 'none' write '0' in the box)

35. How many weeks holiday did you take in the past year? Weeks

36. How many weeks of parental or maternity leave did you take in the past year? Weeks

37. How many weeks of study leave did you take in the past year? Weeks

38. Approximately how many days off work due to illness did you have in the past year? Days

39. Approximately how many days of family/carers leave did you take in the past year? Days

40. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

E Changes to your work life

41. Would you like to change the total hours you work as a nurse or midwife:

- No
- Yes, increase hours
- Yes, decrease hours

42. In the past year, have there been any important changes in your life? (Please tick all that apply)

- Changed my employer/job
- Relocation to Australia from another country
- Moved from an urban/suburban to a rural/remote work setting
- Moved from a rural/remote to an urban/suburban work setting
- Reduced hours of work
- Increased hours of work
- Returned to work after a period of unpaid absence
- Reduced overtime hours
- Increased overtime hours
- My health has improved
- My health has deteriorated
- Other change(s), please specify
- NO CHANGES AT ALL

43. What is the likelihood that you will:

	High	Likely	Moderate	Low	None
Leave direct patient care within FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave nursing entirely within FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. If you left nursing, what would you do? (Tick one box only)

- Retire
- Study
- Care for family or relatives
- Get a new career/job, please specify

F About your earnings

The following information will be used to examine the effect of financial issues on your work–life balance. For example, the income of your partner may influence whether you work full time or part time. The information you provide will remain strictly confidential.

45. What are your (approximate) **TOTAL** earnings from **ALL** of the work you do as a nurse or midwife?
(If possible, base this on your last payslip(s) or personal income tax return.)

	Total from ALL jobs		Main job only	
	Annual earnings	OR Two-week pay period	Annual earnings	OR Two-week pay period
Gross earnings (before tax)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net earnings (after tax)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

46. In addition to this, did you receive 'in kind' benefits or salary packaging?
(e.g. car, house, childcare, school fees etc.)

Yes
 No

47. If yes, what is the approximate annual total value of these benefits? \$

48. What is the total level of financial debt that you currently have as a result of your education and training? (Include HECS debt, other debt associated with training and living expenses, ongoing course fees) (If zero, write '\$0')

Total debt \$

49. Do you (or your employer) regularly contribute to a superannuation scheme?

Yes
 No—Go to question 51

50. For how many years have you (and/or an employer on your behalf) contributed to a superannuation scheme?

No. of years

51. Please indicate the degree to which you agree with the following statement: "Given my current financial situation and prospects, I believe I will have enough to live on when I retire".

Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

52. Do you have other sources of personal income apart from your nursing work? (Dividend income, bank interest, rental income, non-nursing jobs, trust funds etc.)

Yes
 No

53. What is your total **HOUSEHOLD** income? (Include your and your partner's earnings, income from other business interests, dividends, interest etc.) Please write in **ONE COLUMN ONLY**, where you have the most accurate information or can best remember.

	Annual	OR	Fortnightly
	Gross household income (before tax)	<input type="text"/>	
Net household income (after tax)	<input type="text"/>		<input type="text"/>

G About you

54. Sex

- Male
- Female

55. Year of birth.....

56. Are you a nurse in

- Division 1?
- Division 2?
- Division 3?
- Division 4?
- Division 5?

57. Are you registered/endorsed/authorised by your board to practise as a

- Midwife?
- Psychiatric/mental health nurse?
- Nurse practitioner?

58. Where did you receive your first nursing qualification (or, if a direct-entry midwife, your first midwifery qualification)?

- Australia
- Overseas

59. In what year did you first become a registered or enrolled nurse, or a 'direct-entry' midwife?.....

60. Since you obtained your nursing qualification, how many years OR months have you spent NOT working as a nurse? (Include time to bring up a family, time in non-nursing jobs or study; exclude holidays and nursing-related study leave) (If none, write '0')

Years

OR

Months

61. What nursing/midwifery qualifications do you hold? (include any formal qualification related to your nursing career) (tick all that apply)

- Hospital Certificate
- Associate Diploma
- Undergraduate Diploma
- Pass Bachelor
- Honours Bachelor
- Graduate Certificate/Post-basic certificate
- Graduate Diploma
- Master's
- PhD
- Other, please specify

62. What is the postcode of your main place of work?

H About your family circumstances

The following information will be used to examine the influence of your family circumstances on your working life. For example, how does the age, number of your children, and childcare costs influence how many hours you work as a nurse or midwife?

63. Are you currently living with a partner or spouse?

- Yes
 No

64. What is the employment status of your partner/spouse?

- Not applicable
 Full-time employment
 Part-time employment
 Currently seeking work
 Not in the labour force (e.g. studying, family duties, retired)

65. Do you currently have any dependent children?

- Yes
 No

66. What is the age of each dependent child?

Not applicable	<input type="text"/>
Child 1	<input type="text"/>
Child 2	<input type="text"/>
Child 3	<input type="text"/>
Child 4	<input type="text"/>
Child 5	<input type="text"/>
Child 6	<input type="text"/>

67. Which of the following forms of childcare are you using for your children under 12? (Please tick all that apply)

- Not applicable
 Relatives or friends
 Nannies
 Free childcare at work (i.e. provided by your employer)
 Childcare at work where you pay (i.e. provided by your employer)
 Other day care (childcare centre, family day care, kindergarten etc.)
 Before and after school hours care

68. For each child in any form of PAID childcare, and during a USUAL WEEK, how many hours are they in childcare and how much are you charged?

- Not applicable

	How many hours per week?	What are the total fees you are charged per week (before child care benefit (CCB) is deducted)?
Child 1	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>

69. Are you eligible to claim:

- Child care benefit (CCB)?
 Child care tax rebate?
 Not applicable

70. All things considered, how satisfied are you with your life?

Please pick a number between 0 (very dissatisfied) and 10 (very satisfied)

