Labour Market Research - Nurses
Australia 2017

<table>
<thead>
<tr>
<th>Occupations in cluster</th>
<th>Rating(^1)</th>
<th>Number of years in shortage 5 years to 2017</th>
<th>Number of years in shortage 10 years to 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2541-11 Midwife</td>
<td>Regional Shortage</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>2544 Registered Nurses</td>
<td>No Shortage</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>4114-11 Enrolled Nurse</td>
<td>No Shortage</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

**Key issues**

- The supply of nurses has increased in recent years, with nursing graduate numbers at historically high levels\(^2\) and nurse registrations\(^3\) also increasing.
- Nurse shortages have eased in recent years, but there is some variation within the nursing labour market.
  - Although there is an adequate supply of qualified nurses overall, there is evidence of regional shortages of midwives in most states and pockets of shortages of registered and enrolled nurses.
- While surveyed employers noted that it is sometimes difficult to attract appropriately skilled nurses to specialist positions, many felt that there is an oversupply of graduate nurses.

**Survey results\(^4\)**

- In 2017, employers generally filled their vacancies without marked difficulty.
- There were larger numbers of applicants in 2017 than there have been at any time over the past decade (an average of 7.4 per vacancy of whom 2.1 were considered by employers to be suitable), but there has been little change in the proportion of vacancies filled over the past six years (Figure 1).
  - In 2017, 73 per cent of surveyed vacancies were filled, slightly lower than the peak of 79 per cent in 2013 recorded when there were, on average, fewer applicants and suitable applicants.
  - This may reflect, at least in part, an increase in the number of nursing graduates who boost the applicants and suitable applicant tallies for entry level positions but lack the experience required for many of the more senior positions which are vacant.

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\(^1\) Ratings are based on research undertaken in the second quarter of 2017


\(^3\) AHPRA: Nursing and Midwifery Board, *Registrant Data*

\(^4\) The methodology underpinning this research is outlined at [Skill Shortage Research Methodology | Department of Employment - Document library, Australian Government](https://www2.deewra.gov.au/publications/skill-shortage-research-methodology) and can also be accessed by the QR code
There were marked differences in recruitment experiences across the nursing specialisations (Figure 2).

- Employers recruiting for enrolled nurses had the most success, attracting an average of 9.6 applicants per vacancy and filling 79 per cent of their surveyed vacancies.
- Employers recruiting for midwife positions filled 70 per cent of vacancies and attracted the smallest average number of applicants (2.9) and suitable applicants (1.3) per vacancy.
  - Recruitment difficulties for midwives were concentrated in regional areas. Around 55 per cent of regional vacancies were filled and, on average, regional vacancies attracted 1.0 suitable applicant per vacancy compared with an average of 1.6 suitable applicants per metropolitan vacancy and a fill rate of 89 per cent.
• The labour market for nursing occupations has eased in recent years.
  o National shortages of registered nurses were evident almost continuously between 1995 and 2011 and for enrolled nurses between 2008 and 2012, but these have now abated.\(^5\)
  o Shortages of midwives were widespread and persistent until 2015, but recruitment is now relatively easy, except in regional areas.
• Despite the overall adequacy of the supply of nurses in 2017
  o regional shortages of midwives were identified in most states.
  o shortages of registered nurses were apparent in Victoria and the Northern Territory and for enrolled nurses in New South Wales and the Australian Capital Territory.

**Table 1: Occupational ratings, Nursing occupations, States and Territories and Australia, 2017**

<table>
<thead>
<tr>
<th>Occupations in cluster</th>
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<tbody>
<tr>
<td></td>
<td>NSW</td>
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<tr>
<td>2541-11 Midwife</td>
<td>NS</td>
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<td>4114-11 Enrolled Nurse</td>
<td>S</td>
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</tbody>
</table>

*Source: Department of Employment, Survey of Employers who have Recently Advertised*
*Key: S = Shortage, R = Regional Shortage, NS = No Shortage, na = Not assessed or insufficient vacancies to rate*

• Employers in regional areas generally have greater difficulty recruiting, consistently attracting fewer applicants and filling a smaller proportion of vacancies (Figure 3).

**Figure 3: Proportion of vacancies filled (%), average number of applicants and suitable applicants per vacancy (no.), Nurses, Metropolitan and regional locations, 2013 to 2017**

*Source: Department of Employment, Survey of Employers who have Recently Advertised*

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\(^5\) Department of Employment, *Historical list of skill shortages (from 1986)*
Reasons vacancies were unfilled

- There were various and complex reasons for vacancies remaining unfilled. Some employers recruiting for specialist roles were unable to attract nurses with the specific skills and experience they required, while other employers (particularly in regional locations) stated that positions were unfilled because it was difficult to attract people with a broad skill set (and, in this case, specialist nurses were often considered to be unsuitable).
- Location was identified by some employers (principally those in regional areas) as an inhibitor to attracting nurses to advertised vacancies.
- Some vacancies were unfilled because selected applicants turned down offers of employment for personal reasons or because they gained other employment.

Reasons applicants were unsuitable

- The vast majority of applicants were qualified nurses, however, 60 per cent of qualified applicants were not rated as suitable by employers.
- The primary reason for qualified applicants being considered unsuitable was a lack of experience.
  - For a number of vacancies, skills in a specialty area were required and many applicants lacked this.
  - Recent graduates were also commonly found to be unsuitable because they lacked the level of general experience required.
  - Some candidates were considered to be unsuitable because they lacked local experience.
- Other reasons for unsuitability included
  - not being registered
  - poor communication skills
  - low quality applications and poor interview performance.
- Many midwife positions in regional areas required dual nurse and midwife registration and applicants without this were considered unsuitable.
- A number of employers commented that some applicants who were otherwise suitable did not progress in the selection process as they were unable or unwilling to work the requested hours or shifts, or to relocate.

Demand and supply trends

Employment

- Data from the Australian Health Practitioner Regulation Agency\(^6\) (AHPRA) show that there were 374,363 nurses and midwives registered and practising in Australia in December 2016, up by 3 per cent since December 2015, comprising
  - 274,563 registered nurses (a rise of 3 per cent over the period)
  - 61,270 enrolled nurses (1 per cent higher)
  - 6,388 with dual registration as a registered and enrolled nurse (15 per cent higher)
  - 4,193 midwives (10 per cent higher)
  - 27,949 with dual registration as a nurse and a midwife (3 per cent lower).

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\(^6\) AHPRA: Nursing and Midwifery Board, Registrant Data, December 2016 and December 2015
• Nurses and midwives are most commonly employed in hospitals.\textsuperscript{7}
  o In 2016, 63 per cent of nurses (enrolled and registered) were employed in a hospital setting, followed by residential health care facilities (13 per cent), community health services (8 per cent) and general practitioner and other private practices (6 per cent).
  o The vast majority of midwives are also employed in hospitals (69 per cent), followed by community health services (9 per cent) and outpatient services (5 per cent).

• The majority of nurses and midwives are female and part-time working arrangements are common.\textsuperscript{8}
  o Around 89 per cent of nurses and 99 per cent of midwives are female.
  o More than half of nurses and midwives work less than 35 hours per week and 11 per cent work fewer than 20 hours per week.

• There is evidence to suggest that nurses are choosing to stay in the workforce longer and retiring later. This trend is likely bolstering the supply of nurses.\textsuperscript{9} Between 2013 and 2016,
  o the proportion of nurses and midwives aged 45 to 54 who plan to retire within 10 years fell 6 percentage points for both nurses (to 37 per cent) and midwives (to 45 per cent)
  o the proportion of nurses aged 55 to 64 who plan to retire within 5 years fell 3 percentage points (to 47 per cent) and midwives fell 5 percentage points (to 55 per cent).

• In 2016, around 3 per cent of nurses and midwives were looking for nursing work because they were either unemployed or employed outside the occupation, this equated to around 9600 nurses.\textsuperscript{10}

Vacancies
• The level of advertised vacancies for nurses has increased strongly since the start of 2014, suggesting that overall demand for nurses has risen.\textsuperscript{11}
• Advertised vacancies for nurses increased by 6 per cent over the year to May 2017 compared with the year to May 2016.

Training
• Initial training for registered nurses and midwives is at the bachelor degree level through universities and for enrolled nurses the vocational education and training (VET) system offers diploma courses.
  o Some enrolled nurses use their qualifications as a pathway to registered nursing training.
• There has been a strong rise in the number of domestic university students commencing and completing a course that leads to initial nursing registration.\textsuperscript{12}
  o The number of bachelor degree commencements increased by 37 per cent over the five years to 2015 (to around 18,600) and completions increased by 32 per cent (to 9600).

\textsuperscript{7} Department of Health, Health Workforce dataset, 2016, online data tabulation tool. Refers to nurses and midwives who were clinicians only. The hospital setting excludes outpatient services.
\textsuperscript{8} ibid
\textsuperscript{9} ibid
\textsuperscript{10} Department of Health, Health Workforce dataset, 2016, online data tabulation tool
\textsuperscript{11} Department of Employment, \textit{Internet Vacancy Index}, May 2017, 12 month moving average. Includes data for ANZSCO 2541 Midwife, 2544 Registered Nurses and 4114 enrolled and mothercraft nurses.
Note: “General nursing course required for initial registration” is a special course code.
The number of students enrolled in government funded VET courses aligned with enrolled nursing (at the certificate IV or diploma level)\textsuperscript{13} has risen by 11 per cent since 2011.\textsuperscript{14}

**Graduate employment outcomes**

- Domestic undergraduate students who completed nursing courses had relatively strong employment outcomes in 2016, with 82.5 per cent securing full-time work four months after graduating.\textsuperscript{15}
  - While outcomes for nurses have declined markedly over the last five years (down from 91.4 per cent in 2011) employment outcomes for nursing graduates are well above the all fields of education average (70.9 per cent).
- Additionally, more than 90 per cent of nursing graduates who are working full-time are employed in occupations which are relevant to their broad field of training. While 29 per cent of undergraduates from all fields of education (who were employed full-time four months after graduating) reported that they were not fully using their skills or education in their current position.\textsuperscript{16}
- Data from the Department of Health’s Health Workforce Dataset indicate that younger nurses are more likely to be unemployed.
  - In 2015, 44 per cent of nurses who were unemployed and looking for work were under 34 years of age. However, this age group only accounts for 29 per cent of nurses (in a clinical setting).\textsuperscript{17}

\textsuperscript{13} Note: All current AHPRA approved programmes of study for registration as an enrolled nurse are at the diploma or higher level, however, data cited here include certificate IV to ensure a consistent time series and reflect transition pathways.

\textsuperscript{14} NCVER, Government-funded Students and Courses, 2016 data cube, includes government funded students (fee for service and students at private providers not included)

\textsuperscript{15} Graduate Outcomes Survey, 2016, custom tables and National Report

\textsuperscript{16} ibid

\textsuperscript{17} Department of Health, Health Workforce dataset online data tabulation tool
Figure 5: Bachelor degree graduates in full-time employment, Nursing and all fields of education, 2011 to 2016 (%)

Source: Graduate Outcomes Survey, 2016. Refers to Australian resident bachelor degree graduates, as a proportion of those available for full-time work four months after graduation.