

Stepping stones

Results from the RCN membership survey 2003

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Employment Research Ltd

Acknowledgements

In producing this report thanks must go firstly to nearly 10,000 RCN members who completed the 2003 *RCN membership survey*. The continued high response rate is a reflection of the concern that they have for their work and profession and the dedication they have to improving their working lives.

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Employment Research Ltd

Formed nine years ago, Employment Research Ltd is a small independent research consultancy undertaking a range of research and evaluation, much of which is focused on health sector human resource issues. For the last three years Employment Research Ltd has undertaken the RCN annual membership survey and conducted the RCN working well survey.

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Contents

Acknowledgements	ii
Employment Research Ltd	ii
<i>Table of Contents</i>	iii
<i>Executive Summary</i>	1
<i>1. Introduction</i>	7
1.1 The 2003 RCN annual membership survey	7
1.2 Method	9
1.3 Respondents' employment status	10
1.4 Report structure	11
<i>2. Profile</i>	12
2.1 Gender and ethnicity	12
2.2 Country of qualification	13
2.3 Age	14
2.4 Domestic circumstances	17
2.5 Qualifications	18
2.6 Employment and work setting	19
2.7 Time since qualification and with current employer	22
2.8 Key points	23
<i>3. Working patterns</i>	24
3.1 Part-time working	25
3.2 Shift patterns	28
3.3 Time spent working	30
3.4 Key points	35
<i>4. Grading and pay</i>	36
4.1 Current grading	37
4.2 Acting up to a higher grade and inappropriate grading	44
4.3 Attitudes towards pay	46
4.4 Key points	48

<i>5. Job change and retirement</i>	49
5.1 Changing jobs	50
5.2 Moving up	54
5.3 Next steps	56
5.4 Retirement planning	59
5.5 Key points	63
<i>6. Bank and agency working</i>	65
6.1 Prevalence of bank and agency work	65
6.2 Views of bank and agency workers	67
6.3 Open comments on banks, agencies and NHSP	71
6.4 Key points	72
<i>7. Morale and leaving nursing</i>	73
7.1 Overview of morale in 2003	73
7.2 Recent trends	76
7.3 Variation in views	77
7.4 Wanting to leave nursing	81
7.5 Key points	86
<i>Appendix: Survey process</i>	87
Response weighting	89

Executive summary

The annual RCN membership survey has been exploring and reflecting national workforce trends for 18 years. This is a summary of the findings from the 2003 survey.

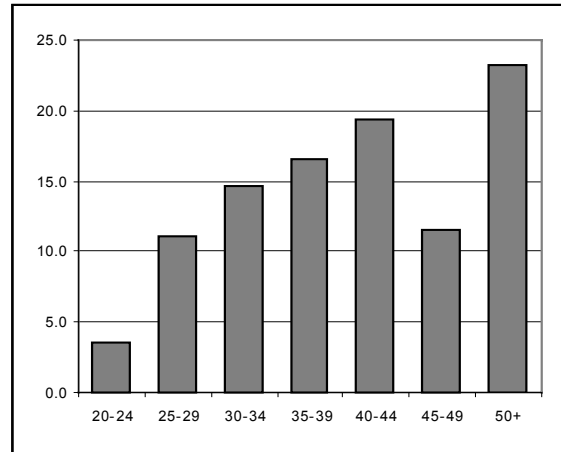
Nurses getting older

Nurses are getting older. This may not be new news, but each year that passes since this demographic shift was first noted, the trend persists and the proportion of nurses in their fifties continues to grow. The findings from this year's survey are no different, and underline the worrying pattern. In 2003 we found that the average age of nurses was 41. Compared to five years ago that figure was 39, but ten years ago nurses were four years younger at 37. Adding further significance to these figures, nearly a quarter (23%) of the 10,000 nurses who responded to this year's survey were aged 50 or over.

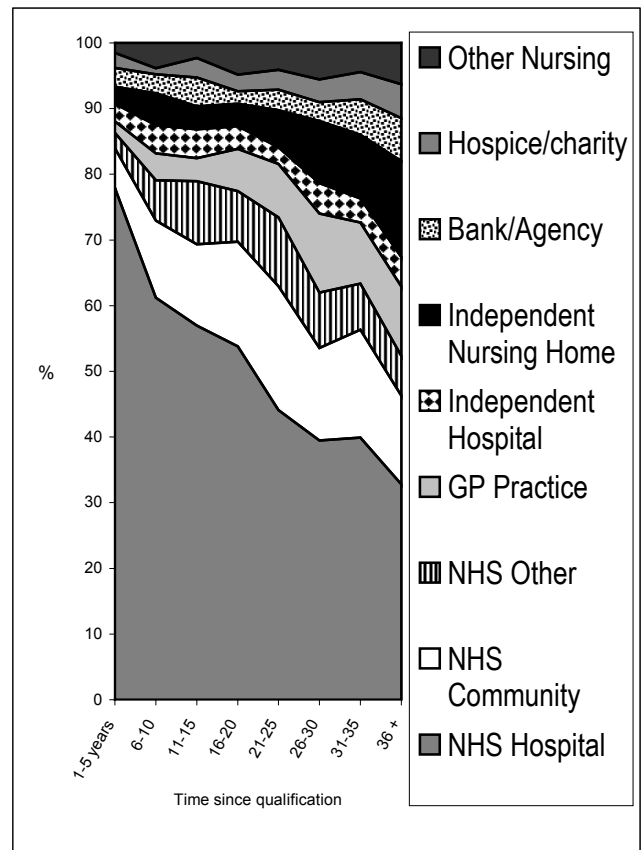
In and out of the NHS

The prospect of growing numbers of nurses reaching retirement age very soon is a serious concern when the NHS still faces nurse shortages. But using workforce growth and expansion as the solution cannot alone deliver an increase in the supply of nurses into the profession. Nurse education takes a minimum of three years, and the numbers of students who do drop out is between 15% to 20%. Added to this there is no guarantee that all newly-trained nurses will go into the NHS. We were told by one-in-ten (8%) of respondents in nurse education a year ago that they did not go into the NHS, but decided to work in other sectors. We also found that, worryingly, although the vast majority of all nurses spend the first five years of their careers in the NHS, 20 years on the proportion had halved dramatically to 38%.

Age profile of nurses 2003



Employment setting by time since qualified



International recruits

A major plank in the UK's current recruitment surge has been the growth in international recruitment. Just over one-in-20 (6%) of respondents to our survey qualified outside the UK, and 61% of these nurses first entered the UK in the last three years. For the first time ever, the number of nurse entrants to the NMC register from outside the UK exceeds the number of UK-based newly-qualified nurses. Over a third (38%) of internationally recruited nurses (IRNs) now work in the NHS and 36% have moved into the independent sector. This suggests that all nurse employers are using IRNs to plug staffing gaps, and London in particular relies heavily on IRNs.

Retention is key

We now know that relatively few nurses are in the NHS at the end of their careers. So responding to nurse shortages in the NHS is not just about increasing the numbers entering nursing. We need to understand why nurses leave the NHS and their profession. An increase in the workforce cannot be achieved if the number of nurses leaving, either early or due to retirement, exceeds the number joining. Retention is *at least* as important to future workforce levels as recruitment.

We need to find out why the number of nurses working in the NHS shifts so dramatically from the early to late stages of careers, and what influences them to stay. To give us an insight into the movement and choices they make we looked at the working experiences of nurses at different stages in their careers, and in a variety of sectors.

Stepping out: plans to leave nursing

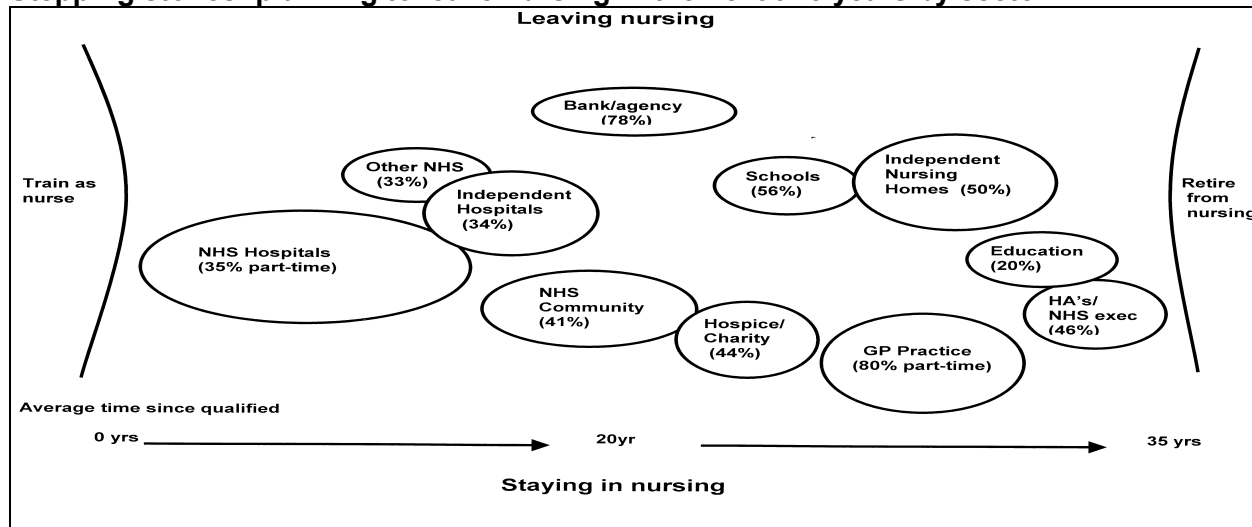
The survey cannot find out why nurses who have already left nursing decided to make this choice. But, we can look at the future career plans and aspirations of working nurses. We found that in the next two years nearly a third (29%) of nurses plan to leave their current employer, and 11% are already planning to leave nursing. The number of nurses who say that they *would leave nursing if they could* is even higher at 29%.

Who are these more disaffected nurses? We analysed their employment conditions to see if we could find out why some nurses want to leave their jobs and get out of nursing altogether.

Survey results suggest that employers should be cautious of relying too heavily on international recruitment as a solution to nursing shortages. Nearly half (45%) of the IRNs said that they plan to leave their current employer in the next two years, and an even larger percentage said that they would leave nursing if they could.

Nurses who decide to work in bank, agency or the independent sector are more likely to consider leaving nursing altogether. Whereas we found that relatively few working in hospices and school nursing want to leave. It seems that as careers progress, more and more nurses opt for jobs with flexible working hours. This is illustrated by the stepping stones diagram (below), which shows the relationship between work sector and career stage (position of sectors left to right). The position of the *stones* top to bottom relates to how likely it is that respondents will say that they plan to leave nursing in the next two years.

Stepping stones: planning to leave nursing in the next two years by sector



Choice and control

The retention challenge facing the NHS today is to improve the quality of work life early on in nurses' careers. This is the point when the majority are working in the NHS, and form their opinion about whether it will be the right workplace for them later in their careers.

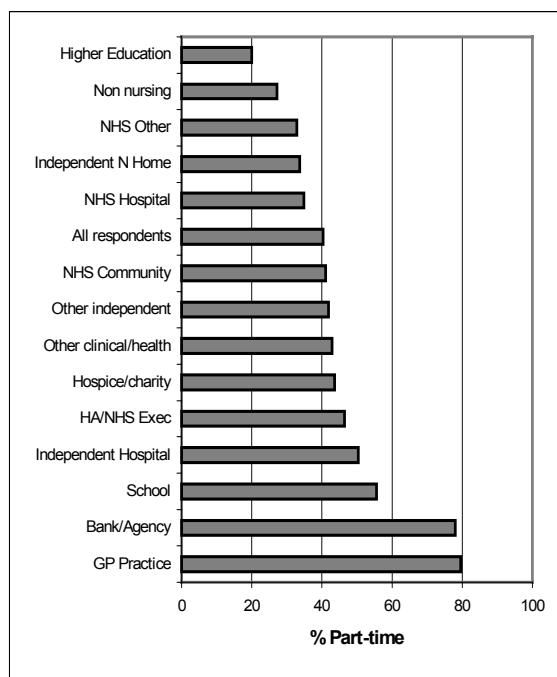
We found that employers that retain more experienced nurses have higher levels of part-time working, and more choice and control over working hours. The survey clearly shows how part-time working is on the increase. In 2003 40% of the respondents worked part-time - ten years ago that figure was 35%. Interestingly, it is not now the sole preserve of women. The proportion of men working part-time has increased from 7% last year to 13% this year.

Just 20% of GP practice nurses work full-time. In contrast, 64% of NHS hospital nurses work full-time, and half (51%) work internal rotation shifts. This means that on average full-time nurses work a total of 44 hours a week.

It is not just the prevalence of part-time working and different shift patterns that vary between workplaces and stage of career - the level of choice and control over working hours is also key. Nurses working in NHS hospitals or independent care homes are less positive about the choice they have over their hours. Nurses working internal rotation are particularly dissatisfied with their employment conditions. This affects mostly younger nurses. We found that two-thirds of nurses aged under 30 work internal rotation. However, only one fifth (19%) of nurses in their fifties work this shift pattern.

Greater choice and control over working hours seems to be the motivation for moving to bank and agency work. Bank and agency nurses do roughly the same hours and work in the same settings as part-time NHS nurses, but often for lower rates of pay. We believe that it is the benefit of greater control over work life that prompts this move even at the cost of lower pay.

Working part-time by employment setting

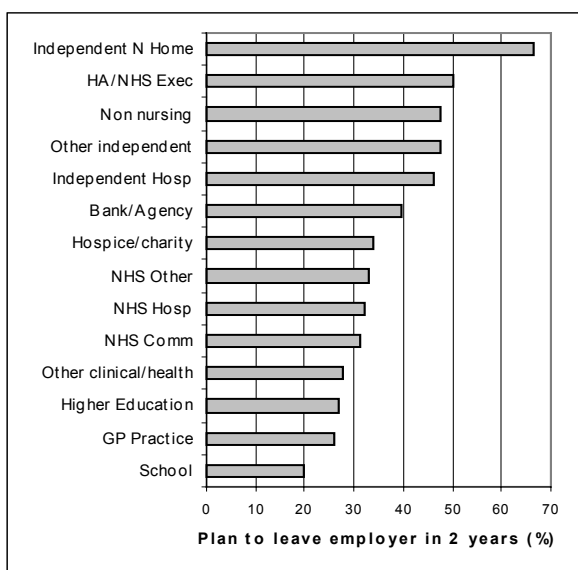


Job change

Turnover in the NHS has risen steadily since 1998 when it was 18% to today when it stands at 25%. Half of all those job changes involve moving to a new employer. Respondents' plans to leave their current employer highlight the differences between sectors (see below). For example, nurses working in the independent sector are more likely to change employers. GP practices are more stable workplaces and show little job or employer change. We found that most job and grade changes occur in the first ten to 15 years of nurses' careers.

A fifth (18%) of the nurses who responded to our survey had moved to a higher grade in the last year. However, nurses working in bank and agency were more likely to have moved down a grade. Survey results also reveal how men's careers progress more rapidly than women's leading to many more men in higher grade posts. We found that men fill 17% of senior posts, but that they make up only 8% of the nurses surveyed. More men (21%) than women (18%) had increased their grade during 2003 too. While there is no difference between white and minority ethnic nurses applying for higher grade posts, white nurses are much more likely to be successful (68% to 45%).

Intending to leave employer within two years (under forties only)



Temporary employment

Bank and agency work seem to be stepping stones into and out of the NHS and nursing work altogether. The survey shows that one-in-five nurses who were on a career break a year ago are now working in an NHS bank. It also reveals that 38% of those who were doing NHS bank work a year ago now work for an NHS or primary care trust. The majority of nurses (86%) working bank or agency as their main job are on low grades (D or E), and have been qualified for some time – typically 19 years ago.

Bank and agency nursing have become an increasingly important way of meeting staffing needs. NHS expenditure on temporary staffing has tripled in the last seven years because of this. As a result we decided to use the survey to look specifically at nurse experiences of temporary working.

Survey responses showed us that a quarter of nurses had a second temporary job in addition to their main job. Nearly half of those nurses worked for the bank (47%) or an agency (21%). Very few had experience of working for NHS Professionals (5%).

Nurses with recent experience of bank and agency work were more positive about their experience than those who had not. We believe that this shows a mismatch between popular conceptions and reality. Working for your own employer's nursing bank was more highly rated than other nurse banks or agencies. Nurses were very positive about the choice of work and working hours offered. But when it came to pay they were unhappy that levels were often less than offered by agencies.

NHS Professionals was viewed least favourably by nurses. Nearly half (42%) said late payment was a problem.

Grade issues

E grades make up 35% of the NHS workforce, and more than any other grade they are likely to say that they would leave nursing if they could. The survey results found that a significant proportion of E and G grade nurses had been on the same grade for ten years or more. These nurses (47% of all respondents) are the most likely to feel that their grade is not appropriate to their role and responsibilities, and are planning to leave nursing within two years.

Acting up a grade is quite common (one-in-ten) in the nursing workforce, but at the time of the survey just 39% were paid to do so.

The misapplication of the current grading system is also evident from the grades of different job titles. Over the last ten years the proportion of ward managers on G grades has reduced from 64% to 48%. The proportion of GP practice nurses on G grades has also reduced in the last year, when it was 54% to 45% in 2003.

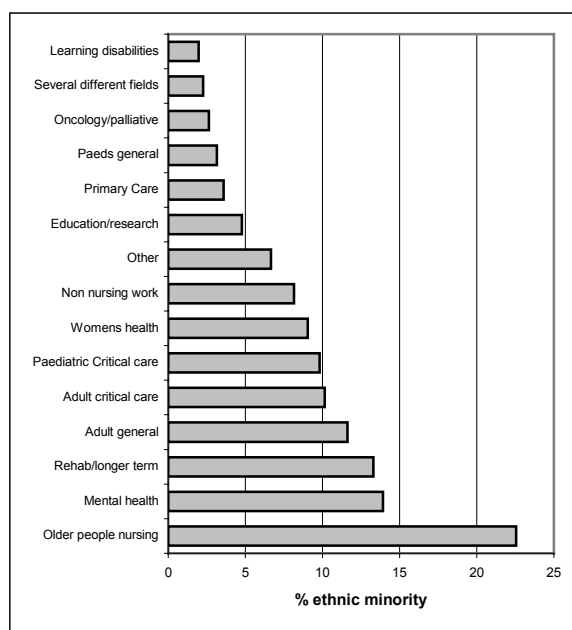
The importance of nurses' pay should not be underestimated. For 70% of nurses their earnings amount to at least half of the total household income. Views of pay have remained steadfastly negative over the last ten years. We found that three-quarters of nurses said that they could be paid more for less effort if they left nursing.

Black and minority ethnic nurses

Nurses from minority ethnic origins account for an increasing proportion of the nursing workforce (9% of respondents) as more international recruits come to the UK. Over a third (34%) of this group work in London, and more are single with dependent children than white respondents.

The survey shows that black and minority ethnic nurses are more likely to work in care homes (16%) and older people's nursing than is the case among white nurses. Mental health and acute general and critical care also employ relatively high proportions of black and minority ethnic nurses. We also found that a larger proportion of minority ethnic nurses have additional jobs (44%) compared to white respondents (24%).

Ethnicity and field of practice



The figures on appropriate pay and grading are bleaker for nurses from minority ethnic origins. Twice as many told us that they are acting up a grade (20%) but few are paid to do so (18%) compared to 39% of white nurses. Minority ethnic nurses are also much less likely to feel that their current grade is appropriate to their role than white nurses (24% to 50%). Perhaps as a consequence, minority ethnic nurses are much more likely than white nurses to say that they would leave nursing if they could (45% compared to 28%).

Morale in the NHS

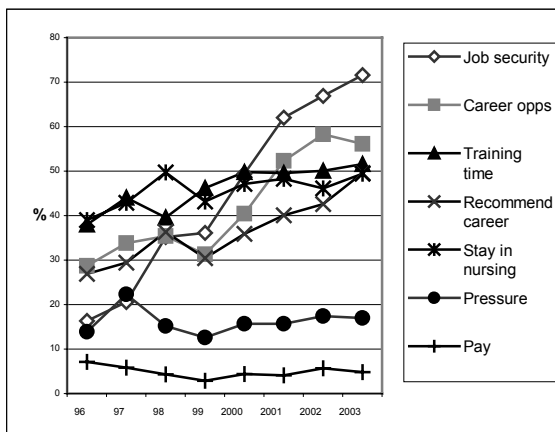
Overall nursing numbers are reported to have increased in the last three years. This should have increased the morale among nurses, and in general nurses' responses to a series of attitude items such as *having sufficient resources to do the job* have indeed become more positive over the last five years.

The majority (78%) of nurses are enthusiastic about their jobs, 85% believe a good standard of care is being provided, and 75% think nursing is a rewarding career.

However, this is not the whole story. Despite these encouraging figures, only a half of those nurses would recommend it as a career for others. Pay and workload are still viewed very negatively and show little or no change in the last five years. Nearly a half of all full-time nurses are working more than their contracted hours several times a week or more. Nurses are feeling under pressure, and those who work in the NHS and independent care homes feel it is too much (56% and 69% respectively).

Many nurses are concerned about the lack of career prospects and opportunities to progress. Three-fifths told us that they knew it would be difficult to progress from their current grade. Attitudes to nursing do vary by sector, specialty, grade and experience. The most pessimistic, and one of the largest groups, are E grade nurses working in the NHS who qualified 11 to 20 years ago.

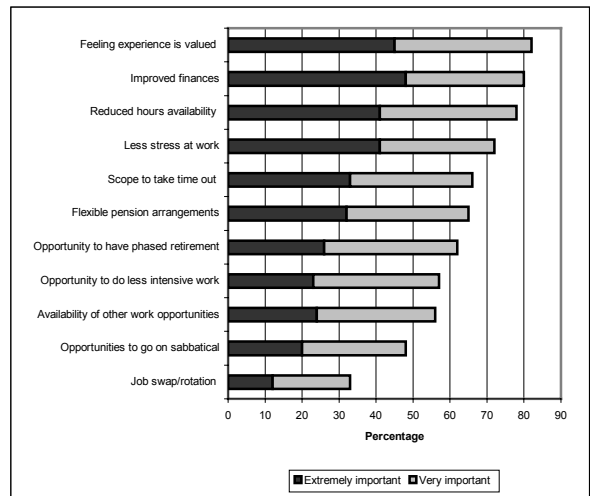
Change over time in agreement with seven key items (NHS)



Retaining older nurses

Much of the analysis into nurse retention focuses on solutions targeted at nurses early on in careers. But what about later in careers, is it possible that some nurses would be prepared to delay their exit, by postponing their retirement? Most nurses plan to retire at 58, although ideally they would like to leave work at 55. However, a half of all respondents did not have a fixed idea of when they might retire. It seems that retirement plans are far from rigid, and we found that 76% of nurses would consider delaying their retirement depending on the circumstances. The most important factors that influence nurses' decisions to delay retirement are: improved finances; reduced hours (without negative impact on pension); reduced stress; and feeling that experience is valued. For nurses the most important of these factors (80%) is that they need to know that their experience is valued – something that doesn't have cost implications.

Important factors in delaying retirement



In conclusion, encouraging retention is critical to maintaining and developing the nursing workforce. By demonstrating the relationships between employment settings, career stage, intentions to stay in nursing and working patterns we hope that the stepping stones analysis will assist in the development of effective retention policies.

1. Introduction

1.1 The 2003 RCN annual membership survey

Each year the RCN undertakes a large UK-wide survey of a sample of its members. The survey provides detailed and in depth statistical information on the employment characteristics of UK nurses and their views of working in nursing.

At the time of the 2003 RCN annual membership survey, nursing labour markets have been through a period of skills shortage. The 1990s were labelled a *decade of decline*, as the twin effects of fewer nurses being trained and more nearing retirement age resulted in a dip in overall numbers. In the last ten years, the number of nurses on the UKCC/NMC effective registrar has gone from 642,000 in 1993¹ to 656,000 in March 2003, having dropped to 633,000 in the year 2000. Since 2000, the overall number on the register has increased by 4%, but nevertheless in March 2003 nearly 3%² of posts in the NHS in England (1.1% in Scotland) had been vacant for three months or more. The actual vacancies in some sectors may be much higher than this – a snapshot survey of medical and surgical wards in March 2003³ found that 8% of posts had been vacant for three months or more.

While the number of nurses working in the NHS has grown between 1999 and 2002⁴ (whole time equivalent figures rose by 5% in Scotland, 11% in England, 8% in Wales and 6% in Northern Ireland), much of the increase is due to growth in international recruitment, particularly in England. In 2002/3 for the first time the number of entrants to the register from outside of the UK exceeded the number of UK admissions. The latest RCN *Labour market review* notes that while international recruitment was initially envisaged as a short-term solution, it has become an “integral part of recruitment to the NHS in England”. The number of nurses entering training in September 2002 has increased by 7%⁵ since the previous year. But with training taking a minimum of three years and attrition at around 15% to 20%, it will be several years before the increase in student numbers makes a significant impact on the nursing workforce. Meanwhile the nursing population continues to age – a quarter of all nurses, midwives and health visitors on the UK register are aged over 50 years old.

¹ Seccombe I., & Smith, G. (1998) *Changing times: a survey of registered nurses in 1998*. Brighton: RCN/IES.

² Department of Health (2003) *Vacancies in the NHS 2003*. London: DH.

³ Royal College of Nursing (2003) *Staffing snapshot survey*. London: RCN (unpublished)

⁴ Buchan J., & Seccombe, I. (2003) *More nurses, working differently. A review of the UK nursing labour market 2002 to 2003*. London: RCN/Queen Margaret University College. Publication code 002 180

⁵ Department of Health (2003) *The NHS plan – a progress report. The NHS Modernisation Board's annual report 2003*. London: DH. www.doh.gov.uk

Another strategy to increase the workforce has been to encourage nurses currently outside of the profession to return to jobs in nursing. Again the numbers that can be recruited is restricted. Research in the late 1990s⁶ showed that relatively small proportions of trained nurses who are not currently working are likely to be enticed back into nursing. Despite a fairly intensive *back to nursing* campaign the number of nurses returning to work in the NHS in England each year has stayed fairly constant at around 3,700⁷ and there is no indication of an upward trend.

Authors of the 2002/03 labour market review stated: “The existence of long-term vacancies and the increasing rise in using agency staff indicate that staff shortages continue to be a problem.” In England alone there are roughly 8,000 WTE long-term vacancies in the NHS. As there is a limit on the number of nurses that can be trained or encouraged to return to nursing, retention inevitably plays a key role in replenishing and expanding the nursing workforce. Through initiatives such as *Improving Working Lives* and the development of the new pay system *Agenda for Change*, the NHS is endeavouring to keep nurses in the profession (and in the NHS), and to optimise the contribution of those already active in the workforce.

As well as describing the features of nurses’ working lives - where and when they work, their pay, their careers and their views of life as a nurse and so on - the focus of this year’s report is on enabling retention. What do the views and experiences of nurses tell us about how nurses’ lives can be improved so that they are more likely to stay in nursing and contribute to their full potential? What are the typical stages in nurses’ careers, and which nurses are most likely to want to leave nursing before reaching retirement age?

New sections of the questionnaire support this focus. One in seven of those on the NMC register are over 55. The NHS is in the process of reviewing retirement and pension policy, looking at ways of encouraging older nurses to continue working beyond their potential retirement age. The survey included questions on retirement to find out whether delaying retirement is an option nurses would consider, and the factors that influence retirement planning.

Given the labour market context it is perhaps not surprising that NHS staffing expenditure on bank and agency staff has reached an all time high in 2001/02 of over £529 million in England alone (three times the amount reported in 1995/96). The snapshot survey found that more than half the wards covered had bank or agency staff on duty at the time of the survey. The membership survey asked members to give details of their experiences of working for banks, agencies and NHS professionals and sought their views of each.

Whether at the beginning middle or end of their careers in nursing, whether temporary or contracted staff, this year’s survey aims to determine how nurses’ working lives might be improved so that more nurses stay in the profession for longer, and the contribution they make is maximised.

⁶ Department of Health (1998) *Return to nursing survey*. London: DH.

⁷ Quoted from the RCN *Labour market review 2003* and is based on data from Workforce Confederations, it does not relate specifically to return to practice (RTP) courses.

1.2 Method

Sample

The RCN *Annual membership survey* questionnaire was mailed to 15,917 RCN members during the spring and summer 2003. Full details of the survey administration are in the *Appendix*. The sample in 2003 was stratified, so that about half of the sample (6,900) full members were drawn at random from the RCN records to form the main random sample, and the remainder were sampled disproportionately.

A sample of 800 nurses aged over 49 years old was included to allow retirement planning issues, and other concerns pertinent to older nurses. A further sample of members aged under 30 was included to ensure sufficient cases at each end of the age spectrum, and to compensate for the lower response rate of younger nurses. Larger samples of members were drawn from Wales, Scotland and Northern Ireland to allow country-specific data to be analysed and reported separately. Within each *strata* of the sample, members were selected at random. Before mail-out the demographic profile of the samples was checked against that of the entire RCN membership.

In summary, the full samples comprised of:

- 6,900 randomly selected nurses
- 700 additional older nurses aged 50 and over
- 217 additional younger nurses
- 2,700 additional cases from Northern Ireland
- 2,700 additional cases from Scotland
- 2,700 additional cases from Wales.

Questionnaire

Each year the questionnaire covers core employment and biographical questions including: demographic details, pay and grading, working hours, job change, and various attitude items relating to nurses' experiences of working life. This year's survey also included a section on agency and bank working, and on retirement planning.

Survey process and response

The first wave of the survey was mailed out in early February 2003 to members' home addresses and they were given two months to respond. Three reminders were sent in fortnightly intervals, including a postcard, a full reminder complete with a copy of the questionnaire and a final letter. A second wave was mailed in late June and kept open until the end of August.

In total 15,917 questionnaires were mailed and when the survey closed at the end of August 2003 9,700 forms had been returned (61%). This response rate is slightly lower than previous years, largely we believe as a result of the questionnaire seeking information on pay, which is known to put off some respondents. In addition, 164 forms had been either returned by the Post Office as not being known at the address given or were returned as inappropriate. A further 14 responses were from nurses living outside the UK and these were excluded from the data set.

An overall response rate of just less than 62% was achieved. There was little variation in the response by sample group (table 1.1).

Table 1.1 Response rates by sample

	Total mailed	Post Office returns	Inappropriate	Number Responses	Response rate
Main sample (random plus older and younger)	7,817	90	15	4,626	60%
Northern Ireland top up	2,700	10	5	1,709	63%
Scotland top up	2,700	24	4	1,695	63%
Wales top up	2,700	15	3	1,670	62%

Source: Employment Research/RCN 2003

As in previous years, the response rate for younger nurses is lower, particularly for the 25 to 34 year old groups – they account for 24% of respondents but make up 27% of the RCN membership. Previous RCN membership surveys conducted by Employment Research have demonstrated that age is the main variable influencing the response rate, followed by gender and to a lesser extent ethnicity⁸. As a result of this discrepancy in the response rate and to include respondents from the older and younger samples, a weighting procedure is used to rebalance the age profile of respondents (described in Appendix). This Appendix also gives an outline of the precision achieved in the results from using large samples.

The additional cases from Northern Ireland, Scotland and Wales have also been weighted so that every completed questionnaire can be included in the analysis presented. The survey results for each country will be produced in separate reports.

1.3 Respondents' employment status

Not all of the RCN members responding to the survey were currently in nursing employment. The aim of the annual membership survey is to look at the conditions of employment within nursing, and those nurses who were fully retired, unemployed or working in a job unrelated to nursing (3% in total) were excluded from the data set because the questionnaire did not apply to them.

The report does, however, include respondents who are in employment in nursing but who are on either sick leave (1%) or maternity leave (2%), and nurses who have retired but are still working (2%). Table 1.2 describes the employment situation of respondents.

⁸ See the discussion on sampling and response in Appendix A: Royal College of Nursing (2001) *Time to deliver*. London: RCN. Publication code 001 577

Table 1.2 Respondents by employment status – percentages by sample type (numbers in brackets)

	Main samples	Older nurse	Younger nurse	Top up samples Northern Ireland	Scotland	Wales	All
In nursing employment (including maternity & sick leave, and semi-retirement)	4,071 97%	452 93%	83 98%	1,701 97%	1,694 97%	1,675 97%	9,666 97%
Not employed (including career breaks and fully retired)	2% (77)	4% (20)	1% (1)	2% (34)	2% (27)	2% (32)	2% (191)
Working in non-nursing jobs	1% (33)	3% (13)	1% (1)	1% (17)	1% (16)	1% (16)	1% (96)
<i>Base N (unweighted)=100%</i>	<i>4,181</i>	<i>485</i>	<i>85</i>	<i>1,752</i>	<i>1,737</i>	<i>1,723</i>	<i>9,963</i>

Source: *Employment Research/RCN 2003*

1.4 Report structure

The findings in the report are based on all respondents weighted as above who are currently employed in nursing (9,666 cases). The results from this year's survey are presented as follows:

Chapter 2 examines the demographic profile of nurses in 2003 before going on to look at employment situation. The relationship between age/career stage and employment situation is explored. What is the age profile of different specialties and is there any discernible pattern in the type of work undertaken at different career stages?

Chapter 3 goes on to describe the nature of respondents' work in terms of working hours and shift patterns. The relationship between working hours and domestic circumstances is investigated and nurses' views about their working hours described.

Chapter 4 looks at pay and grading in nurses' main jobs. Data is presented on the distribution between grades and we look at how grade varies by specialty, employer and time since qualification. Data on *appropriate* grade is reviewed as an indicator of pay equity. Finally nurses' views of their pay and grading are discussed.

Chapter 5 turns the focus specifically to bank and agency working, both as a main job but more commonly as work undertaken in addition to respondents' main jobs. We look at the amount of work undertaken and nurses' perceptions of nurse banks, agencies and NHS professionals as employers. How do these types of temporary working compare?

Chapter 6 describes the survey findings on job change and career progress. The chapter looks specifically at the data to identify patterns of movement between employer types and settings. Job changes in the last year are described before looking forwards to nurses' retirement plans – when do they plan to retire and would they consider delaying their retirement from nursing?

Chapter 7 looks at nurses' views of their jobs, levels of job satisfaction, and desire to stay in nursing. How do views vary at different career stages and are nurses in some sectors more likely to want to leave nursing than in others?

2. Profile

This chapter presents information on the demographic characteristics and employment situation of respondents to the 2003 membership survey, demonstrating the extent to which they match the population profile and showing changes over time in the annual membership survey respondent⁹ demographic profile.

Age is of particular interest because of the nature of the workforce as a whole, and interest in improving the retention of older nurses.

Characteristics, such as age and employment sector are outlined individually and relationships between demographic and employment variables are explored, looking in particular at age related differences. How does the employment situation of nurses' change as they get older? Time since qualification is also a key indicator used in the report to explore the experiences and views of nurses at different stages in their careers.

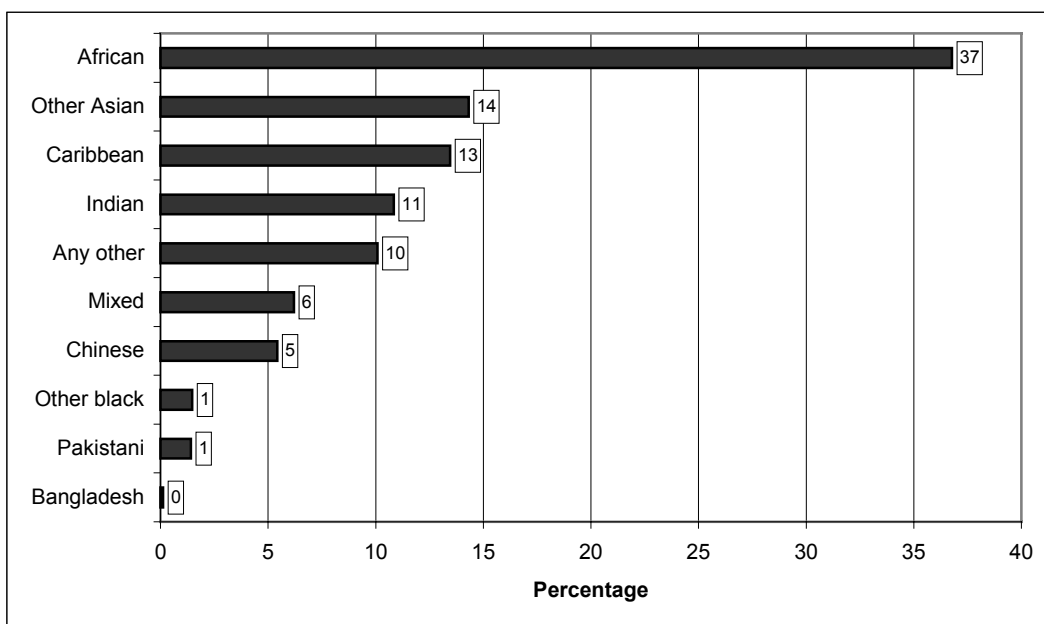
2.1 Gender and ethnicity

Male nurses account for 8% of respondents, marginally higher than in previous years but similar to the membership as a whole and the UK nursing register (7% and 10% respectively). Minority ethnics account for around 9% of all members responding to the survey, continuing a recent increasing trend in the percentage of minority ethnic origin covered in the RCN's annual membership surveys.

Most respondents (50%) are of Afro-Caribbean origin as figure 2.1 below shows. One in three is Asian and the remainder are of mixed or other origins. Minority ethnic origin respondents are very much concentrated in London (34% of all minority ethnics). Minority ethnics have a different demographic profile to white nurses as described in the subsequent sections of this chapter.

⁹ Only fully qualified, newly qualified and full concessionary members are included.

Figure 2.1 Ethnic origin – percentages



Source: *Employment Research Ltd/RCN 2003*

2.2 Country of qualification

It is more than likely that the recent growth in numbers of minority ethnic nurses is due to marked increase in the numbers of internationally recruited nurses (IRNs) since 1999/2000¹⁰.

Respondents were asked in which country they first qualified as a registered nurse, and just under one in ten (6%) of respondents first qualified as a nurse outside of the UK. While it is not possible from the survey data to say for certain whether a nurse who first qualified overseas was actively recruited into the UK or was a migrant, the date nurses started working in the UK can be used to create a proxy variable. Given that the growth in international recruitment started in 1999, nurses who started working in the UK from 1999 onwards have been grouped as recent entrants who are most likely to be IRNs. This allows us to present some information on the working lives of this important group of nurses new to the UK nursing workforce, who account for much of the recent growth in headcount in the English nursing population.

Of all respondents indicating that they first qualified outside the UK (some 6% of respondents) approximately 61% started working in the UK in the last three years.

Nearly a half (49%) of respondents indicating that they are from a minority ethnic origin qualified as a nurse in another country, and conversely 71% of members that qualified in another country are from minority ethnic origins. Again, both IRNs and nurses from minority ethnic origins are more prevalent in London.

¹⁰ Royal College of Nursing (2003) *More nurses, working differently? A review of the UK nursing labour market in 2002*. London: RCN. Publication code 002 180.

Table 2.1 Minority ethnic origin and IRN recruits – percentages by region

	All		UK qualified		Qualified outside UK	
	% Minority ethnics	White	Minority ethnic	White	Minority ethnic	Weighted cases
East Midlands	5	94	3	1	1	663
Eastern	11	89	6	1	4	746
London	35	62	24	3	10	795
North West	6	94	3	0	3	1,008
Northern	1	99	0	0	1	420
South East	11	89	7	0	4	1,287
South West	5	95	2	0	3	936
West Midlands	11	89	7	0	4	820
Yorkshire & Humberside	8	92	4	0	4	729
Northern Ireland	2	98	1	0	1	307
Scotland	2	98	1	0	1	958
Wales	3	97	2	0	1	496
All respondents UK	9%	90%	6%	1%	3%	9,049

Source: *Employment Research Ltd/RCN 2003*

Looking briefly at the IRN group, 31% came from the Philippines, 16% from other Asian/Far East countries, 32% from Africa (including South Africa and Zimbabwe) and 12% from the Caribbean. Just 4% came from other European countries. Nearly three quarters (72%) are aged under 40 compared to 44% of other migrants and UK qualified respondents. A higher percentage of IRNs are male compared to the rest of the respondents to the survey (14% compared with 8%).

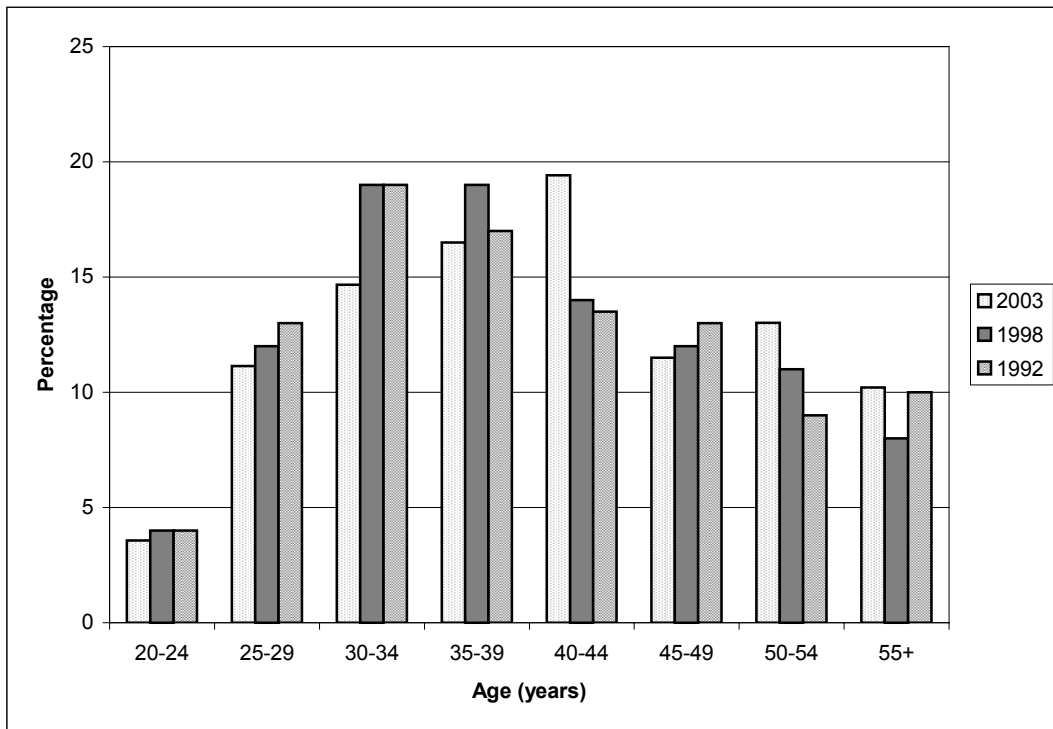
2.3 Age

Figure 2.2 highlights the much-reported ageing of the nursing workforce. Note that the age profile of the respondents exactly reflects that of the RCN membership as a whole, since the data has been weighted by age to redress the sampling bias. Between 1992 and 1998 there was comparatively slow ageing of the membership, compared with the last five years. In 1998 54% of respondents were aged less than 40 years old, compared to 45% of the membership this year. Almost one in four (23%) survey respondents in 2003 are aged 50 or over.

Comparing the age profile of nurses in 2003 year with that reported ten years ago, we find that today just 30% are aged under 35 compared to 36% in 1992¹¹. The mean age of nurses responding to the survey has also increased from 37 to 41 years in the last ten years. Even over the last few years the age profile of respondents has continued to shift - since 2000 the proportion of respondents aged 55 plus has increased from 8% to 10%.

¹¹ Some of the change in age profile may be undetected as an age weight has been applied to the data to rebalance the age profile so that it matches RCN membership. Previous reports have identified that the response in RCN annual membership surveys is biased towards older nurses, so they are likely to be slightly over represented in earlier surveys.

Figure 2.2 Age profile of nurses in 1992, 1998 and 2003 – percentages



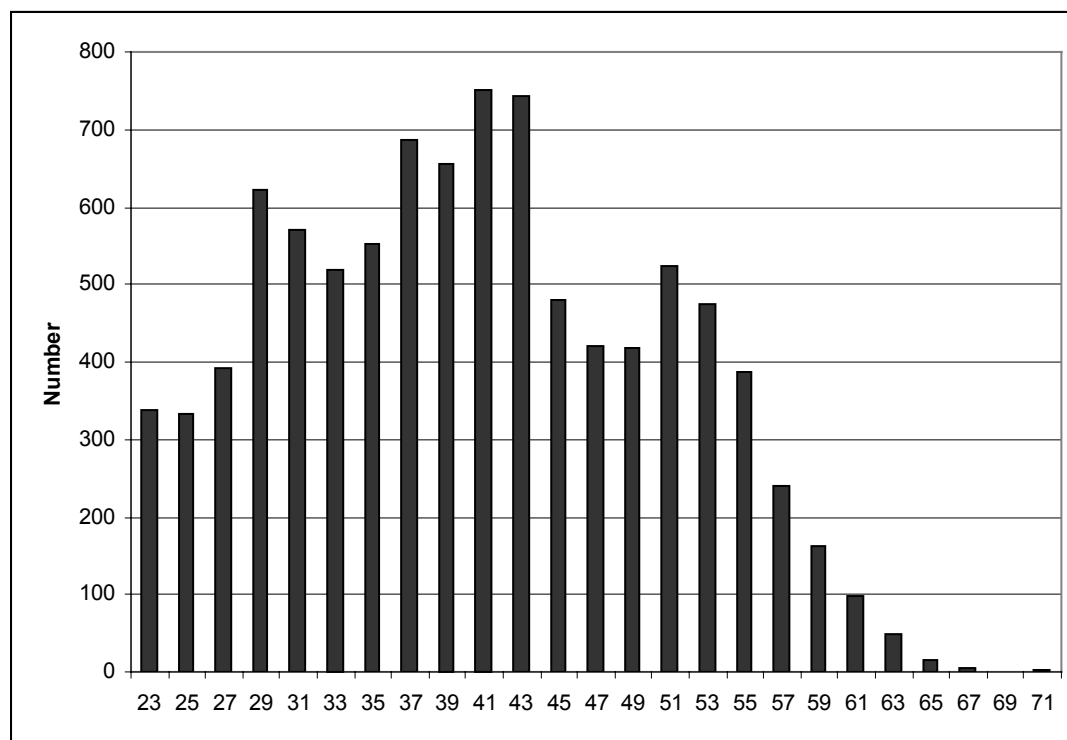
Source: *Employment Research Ltd/RCN 2003*

Figure 2.3 below shows the age profile in two-year bands for all respondents. It highlights more precisely bulges in the numbers of nurses at different ages and points to ages at which nurses are less likely to be working in nursing. The profile dips at three key ages – in their early thirties (a key time for taking career breaks)¹², in their mid-forties, and then again from the age of 50 onwards as nurses approach retirement. There is no obvious explanation for the dip in the early forties age group. The labour market review (cited previously) reports NMC data showing peaks in nurses leaving the register at ages 35 to 39 and 60 to 64.

A higher proportion of male nurses, minority ethnic nurses, and nurses who first qualified outside the UK are among the younger age groups.

¹² Royal College of Nursing (2002) *Valued equally? Results from the RCN membership survey 2002*. London: RCN. Publication code 001 937

Figure 2.3 Age profile of nurses 2003 – numbers



Source: *Employment Research Ltd/RCN 2003*

The age profile varies between regions and countries. London nurses have a much younger age profile compared to the other areas. Wales has a larger proportion of older nurses (60% are 40 or over) and relatively few younger nurses (just 6% are under 30).

Regional differences in age profile also reflect differences in the employment patterns of nurses in each area. For example, in the South East and South West more nurses are in older people’s nursing and in the independent care home sector than is the case elsewhere. In London, larger proportions of respondents work in NHS hospitals. The relationship between age and employment setting is discussed more fully in section 2.7.

Table 2.2 Demographic summary by age group – percentages

Age band	Men	Minority ethnic	Qualified overseas	Qualification		Dependants		Partner/spouse	Base N= (approx)
				Dip	Deg/higher	Child	Adult		
20-24	15	2	0	64	27	7	1	52	337
25-29	10	14	14	59	26	25	8	67	1,041
30-34	8	11	10	38	25	57	8	79	1,384
35-39	8	9	5	21	22	76	12	79	1,549
40-44	7	8	5	23	19	77	17	80	1,834
45-49	8	8	4	20	22	67	28	82	1,083
50-54	6	8	3	18	14	47	31	77	1,220
55 plus	4	8	5	14	10	24	28	73	957
All	7	9	6	28	21	55	17	77	9,405

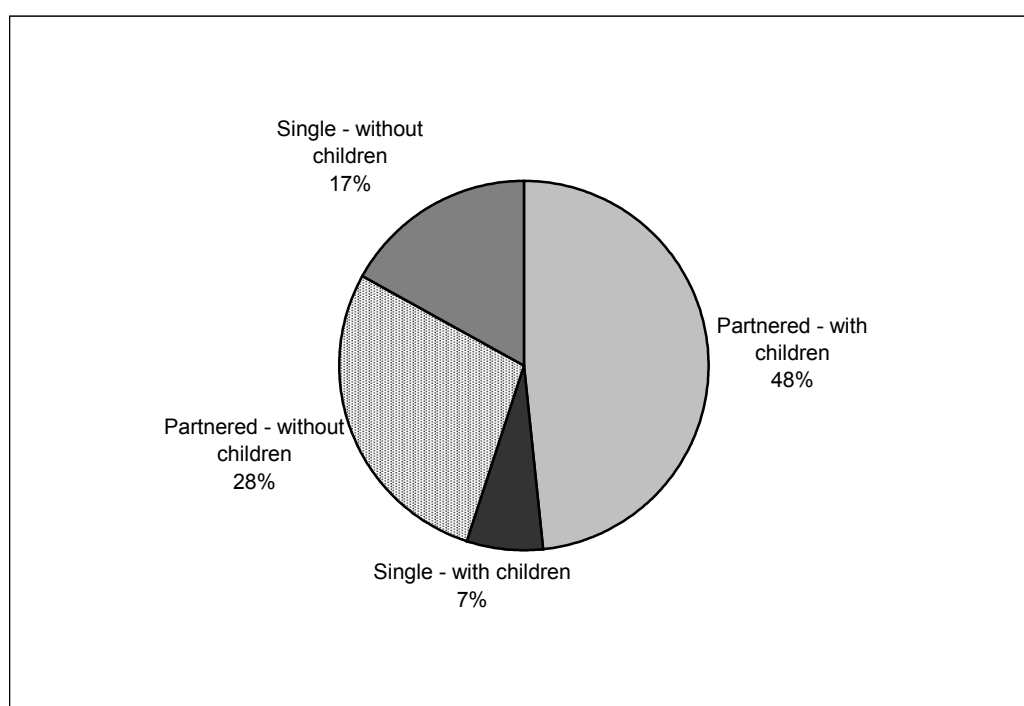
Source: *Employment Research Ltd/RCN 2002*

2.4 Domestic circumstances

Three different questions asked respondents about aspects of their domestic circumstances: one, live with a spouse or partner; two, have children living at home and the number in each age group; and three, other regular caring responsibilities for an elderly relative or other adult with care needs.

Three-quarters (77%) of all respondents live with a spouse/partner (figure 2.4). Just over half (55%) of respondents have childcare responsibilities. There is no difference between men and women in percentages living with a spouse/partner. Just under a half of all respondents (48%) have children and live with a partner/spouse. Seven per cent of respondents are lone parents, 28% have no children living at home but live with a partner while 17% have no children at home and are single.

Figure 2.4 Domestic circumstances of respondents – percentages



Source: Employment Research Ltd/RCN 2003

Typically, nurses aged less than 30-years-old are without childcare responsibilities (80%) and more than a third (37%) are single (see table 2.3). Nurses in their thirties are much more likely to have children living with them (67%) – more often than not pre-school (70%) and young school age children and to have a partner/spouse (79%). Nurses in their forties have similar characteristics to those in their thirties (73% have children living at home) but with most having school-age children as opposed to pre-school children – 81% live with a partner/spouse. Nurses in their fifties and older are less likely again to have children living at home (37%) and most that do have older children (16 plus). Three-quarters of respondents in this age group live with a partner/spouse.

There are differences by ethnicity with 39% of nurses from minority ethnic origins (and UK-qualified) being single compared to 22% of white UK-qualified nurses. However, more nurses from minority ethnic backgrounds have children 63% compared to 55% of white nurses.

There has been a further small decrease in the proportion of respondents reporting dependant caring responsibilities. Table 2.2 showed that this year 55% of all respondents have children living with them (in 2000 the figure was 59%), 18% have other caring responsibilities (10% have both child and adult dependant responsibilities). However, continuing the theme developed above there are clear differences in the proportion of nurses with adult caring responsibilities between different age groups. For example, 30% of nurses over 50 have adult caring responsibilities compared to 21% of respondents in their forties and 9% of those in their thirties.

The breadwinner role

In this year's survey (as in last year's), data was collected on the approximate percentage of household income accounted for by nurses' earnings (table 2.3). It shows that a high proportion (68%) of the population contribute at least a half of their total household income. For those nurses that are single, two-thirds earn all their household income. The earnings of male respondents are more likely to account for all or most of the household income (65% compared to 43% of women).

Table 2.3 Domestic circumstances and proportion of earnings accounted for by respondent – percentages

	Partnered with children	Single with children	Partnered without children	Single without children	All respondents
Less than half	44	7	29	12	32
About half	25	9	31	12	23
More than half	31	84	40	76	45
<i>Weighted cases</i>	<i>4,453</i>	<i>621</i>	<i>2,569</i>	<i>1,518</i>	<i>9,161</i>

Source: Employment Research Ltd/RCN 2003

2.5 Qualifications

Respondents were asked for details of their registration level and academic qualifications. Just over one in ten (12%) have second level registration (enrolled nurses), but two-thirds have converted so that 8% of all respondents hold both first and second level registration qualifications. Of first level nurses, 36% hold a diploma.

One in five nurses (20%) surveyed hold a degree or higher degree. The number of nurses with degrees has increased. In the 2001 survey 16% held a degree or higher degree. Table 2.2 showed the proportions holding a degree or a diploma as their highest qualification by age band.

Health visitors, district nurses and clinical nurse specialists are more likely to hold degree level qualifications. For example, 44% of clinical nurse specialists and nurse practitioners have degrees or higher degrees. In contrast, 7% of those working in the independent care home sector hold a nursing degree or higher.

While the majority (66%) qualified by the time they were 22, the average age respondents first registered as qualified nurses was 24. Ten per cent were over 30 when they first qualified. Men were more likely to qualify later in life, and 83% of women were 25 or under when they qualified compared to 64% of men.

2.6 Employer and work setting

Table 2.4 shows the proportion of respondents working in each employment setting. Four out of five nurses covered in the survey work in some part of the NHS (including GP practices). Just over half (51%) of all respondents work in an NHS hospital; 18% work for a primary care trust (PCT) in the NHS community; 6% work in GP practice; and 25% work outside of the NHS. Independent care homes are the largest group outside the NHS – 6% of all respondents work in this setting.

Table 2.4 Employer and setting by age group – percentages

	Mean age	Under 30	30-39	40-49	50 plus	All ages
NHS hospital	38.4	77	55	46	35	51
NHS community	42.5	1	5	5	5	4
NHS other	40.8	3	5	6	4	5
PCT	43.7	5	12	18	18	14
GP practice	44.7	2	5	7	9	6
Independent hospital	40.9	2	3	2	3	3
Independent care home	46.8	2	4	5	10	6
Other independent	42.1	1	1	1	1	1
Bank/agency	43.3	3	4	3	4	3
Higher education	44.1	0	1	2	1	1
Hospice/charity	44.5	1	2	3	4	3
School	44.5	0	0	0	1	0
HA/NHS Executive	44.7	1	0	1	1	1
Other clinical/health	41.8	0	1	0	1	0
Non-nursing	43.1	2	1	2	3	2
<i>Base N=100%</i>	<i>40.9</i>	<i>1,374</i>	<i>2,926</i>	<i>2,901</i>	<i>2,183</i>	<i>9,384</i>

Source: Employment Research Ltd/RCN 2002

There are significant differences in the employment patterns for each age band. Fewer of those 50 plus work in NHS hospitals (35% compared with 77% of the under thirties), while larger proportions work in PCTs or GP practices. Independent care homes also have higher numbers of older nurses, and 44% of all nurses reporting they work in care homes are over 50 years old. These differences emerge primarily among the 40 plus age group in comparison with under thirties and the 30 to 39 age groups. There is little difference in the employment settings of nurses aged 40 to 49 years compared with those 50 years old or more.

Reaching retirement age does not necessarily mean nurses stop working. Across all respondents 2% said that they were retired but still working. These respondents are scattered across the range of employment situations – 20% work in NHS hospitals, 11% in NHS community, 10% in GP practice, and 12% in independent nursing homes. The attraction of bank and agency work for this group is clear – 25% report working for either a bank or agency.

In addition to differences in the age profile of each employment sector there are also significant *experience* differences (as measured by time since qualification). NHS hospitals employ two-thirds of all nurses who qualified in the ten years prior to the survey (76% of all those who qualified within five years). But the proportion in NHS hospitals drops to 52% of those who qualified 11 to 20 years prior to the survey, and only 38% of those who qualified more than 20 years previously.

There is thus a clear relationship between the sector worked in and stage of career. Experienced nurses move primarily towards GP practice (9% of those over 50), PCTs (18%), independent care homes (10%), hospices (4%), and bank/agency nursing (4%). This shift is returned to later when we look at job change in chapter 6.

More minority ethnic origin nurses work in care home settings (16% compared to 4% of white nurses). More than one in five (22%) nurses who are identified as recent international recruits are also employed by care homes. Almost all the remainder (62%) work in NHS hospitals (table 2.5 shows employer setting by ethnicity).

Table 2.5 Ethnicity and IRNs by employer – percentages

	UK-qualified white	UK-qualified minority ethnic	IRN minority ethnic	IRN white	All respondent s
NHS hospital	53	55	66	54	54
NHS community	14	7	1	0	14
NHS other	7	3	2	2	7
GP practice	6	4	0	0	6
Independent hospital	2	5	7	2	3
Independent care home	4	16	22	23	6
Other independent	1	1	0	0	1
Bank/agency	3	4	1	8	3
Higher education	1	1	0	6	1
Hospice/charity	3	0	1	0	3
Other	3	3	0	4	3
<i>Weighted cases</i>	<i>8,514</i>	<i>551</i>	<i>318</i>	<i>48</i>	<i>9,431</i>

Source: Employment Research Ltd/RCN 2002

Job title and field of practice

One half of all respondents are staff/community nurses, 3% enrolled nurses, 15% are sisters/charge nurses or ward managers, 6% senior nurses and 8% are clinical nurses specialists or nurse practitioners. Also, in primary and community care there are 6% practice nurses, 3% district nurses and 1% health visitors.

Analysis of job title by age (table 2.6) reflects the employment sector findings to some extent in that larger proportions of older nurses are employed as practice nurses, district nurse and health visitors. One in 20 of respondents aged 50 plus indicates that they are enrolled nurses. As enrolled nurse training ended in the late 1980s, there are no enrolled nurses aged under 30 and only a few aged 30 to 40.

Men are more likely than women to occupy senior nursing or managerial positions. Men make up 12% of all senior nurse respondents and 17% of managers/directors compared to 8% of all respondents. Minority ethnic origin nurses are less likely than white nurses to be CNS/nurse practitioners, district nurses and health visitors.

Table 2.6 Job title by age group – percentages

	Mean age	Under 30	30-39	40-49	50 plus	All ages
Staff nurse/community nurse	38.5	83	51	43	39	50
Enrolled nurse	47.0	0	1	4	5	3
Sister/charge nurse/ward manager	42.8	5	18	16	17	15
Senior nurse/matron/nurse manager	44.2	2	5	7	8	6
CNS/nurse practitioner	42.0	3	9	9	8	8
District nurse/health visitor	45.9	0	3	4	5	4
Practice nurse	44.0	3	5	6	9	6
Manager/director	44.5	0	2	3	3	3
Research/education	43.1	1	2	4	3	3
Other	42.3	3	3	3	4	3
<i>Base N=100%</i>	<i>40.9</i>	<i>1,380</i>	<i>2,934</i>	<i>2,910</i>	<i>2,181</i>	<i>9,405</i>

Source: Employment Research Ltd/RCN 2002

A third of all respondents work in adult critical or general care and 8% work in paediatric critical or general care. Almost one in five (19%) work in primary/community care and one in ten in older people's nursing, 6% work in mental health. Age profiles vary by specialty with some areas having much higher percentages of nurses aged over 40 years as table 2.7 shows.

Table 2.7 Field of practice by age group – percentages

	Mean age	Under 30	30-39	40-49	50 plus	All ages
Adult critical care	36.8	20	17	9	6	13
Paediatrics general	37.1	9	4	4	3	5
Adult general	38.4	31	23	18	15	21
Learning disabilities	38.6	2	3	2	2	2
Paediatric critical care	38.9	4	3	3	2	3
Women's health	40.4	2	2	2	2	2
Oncology/palliative	41.3	4	4	5	4	4
Mental health	41.6	5	6	6	6	6
Other	41.7	6	8	11	10	9
Education/research	42.7	1	2	3	2	2
Several different fields	43.3	2	3	3	4	3
Primary/community care	43.7	8	15	23	25	19
Rehab/longer term	43.8	1	2	2	3	2
Older people nursing	45.7	4	7	10	16	10
<i>Base N=100%</i>	<i>40.9</i>	<i>1,370</i>	<i>2,917</i>	<i>2,894</i>	<i>2,158</i>	<i>9,336</i>

Source: Employment Research Ltd/RCN 2003

The majority of nurses under 30 work in acute settings. The table is sorted by mean age, so that the specialties at the top of the table are where larger proportions of younger nurses work and those at the bottom, are the areas where higher proportions of older nurses work. Thus the average age of nurses in older people's nursing is 46 compared to an average age of 37 in adult critical care.

Nurses with minority ethnic origins are more likely to work in mental health (11%) and older people's nursing (20%) than other UK qualified nurses. And, minority ethnic origin IRNs are predominantly employed in adult general (35%), adult critical care (15%) and mental health (30%).

2.7 Time since qualification and with current employer

In keeping with the relationship between age and employment setting, nurses working in NHS hospitals are the most recently qualified (mean years since qualification 15), while nurses in care homes and GP practices qualified more than 20 years ago (table 2.8). Nurses in the NHS have also spent longer with their current employers, around nine years on average, reflecting the larger organisations in which to move jobs (see chapter 6 for more detail on this). There is less difference between sectors in terms of length of time in current post although GP practice nurses have spent longer in their current job than others. Typically, across all sectors, respondents have spent just over four years on their current grade.

Looking at demographic differences, men have spent less time in nursing, less time with their current employer and in their current post and on average have been on their current grade for 6 to 9 months shorter than women. The same is true for nurses who are single, although the differences are not quite so great. Even when country of qualification is controlled for, minority ethnic nurses have generally qualified more recently and have spent less time in their current positions than white nurses. While IRNs are by definition recent entrants to UK nursing, they have an average of 11 years experience.

Table 2.8 Time since qualification and length of service – mean years

	Time since qualified (years)	Time with current employer (years)	Time in current post (years)	Time on current grade (years)
NHS hospital	14.7	9.3	4.9	4.3
NHS community	19.6	9.4	5.0	5.5
NHS other	18.9	9.4	3.8	4.0
GP practice	22.5	7.0	6.5	4.9
Independent hospital	17.4	6.4	4.6	3.6
Independent care home	22.5	4.6	3.5	3.6
Other independent	19.2	5.8	4.0	2.2
Bank/agency	19.2	5.5	2.8	4.4
Higher education	21.8	6.9	4.9	4.4
Hospice/charity	20.4	7.5	5.0	4.4
School	21.3	5.6	5.2	4.5
HA/NHS Executive	22.5	11.1	5.1	5.6
Other clinical/health	18.1	4.9	3.2	3.7
Non-nursing	20.1	5.9	3.9	3.3
All respondents	17.2	8.5	4.8	4.4

Source: *Employment Research Ltd/RCN 2003*

2.8 Key points

The main themes emerging are:

- year-on-year there are marginally more men and minority ethnics covered by the annual employment surveys. In 2003 8% of all respondents are men and 9% from minority ethnic origins
- much of the recent growth in the number of minority ethnic origin nurses in the sample is due to international recruitment (categorised as those who qualified outside the UK and came to work since 1999). These members account for 4% of all respondents and are very much concentrated in London
- in the last ten years the mean age of all respondents has risen from 37 to 41 years. In older people's nursing and the care home sector 44% are aged over 50. These settings also have relatively high proportions of minority ethnic and international recruits working in them
- the NHS employs three-quarters of all members who qualified within the last five years, but just half across all age groups
- one in five nurses now holds a degree in nursing, an increase on previous years
- two-thirds (68%) of all respondents contribute a half or more of their household earnings
- men make up 17% of all senior nurse respondents and 12% of all sisters/ward managers and 8% of all respondents
- men and minority ethnic origin nurses have typically qualified more recently and have spent less time with their current employer, on their current grade or in their current post.

3. Working Patterns

With more than half (55%) of all respondents having children living with them and 17% having caring responsibilities for other dependants, working patterns and hours are of central importance to many. The RCN Working Well survey¹³ reported that 43% of all nurses are not working the shift pattern they would like to. Previous surveys of RCN members¹⁴ have found that half of those who recently left the NHS said that having greater flexibility in working hours would have encouraged them to stay. Having sufficient choice and control over the hours worked is clearly an issue affecting retention.

Working hours are also an important factor in deciding to return to nursing once having left. In the NHS Executive's return to nursing survey¹⁵, suitable working hours is the most frequently cited single measure that would encourage nurses back into nursing. The report stated that, of the 140,000 nurses, midwives and health visitors not working in nursing in England, half were not doing so because of family commitments. Longitudinal research¹⁶ found that just under a third of all those returning to nursing after a career break are working more hours than they want. Last year's annual employment survey found that the most important factor (cited by 54%) in attracting nurses back to work after a break was the availability of suitable working hours.

Two aspects of working hours are reviewed in this chapter: firstly, the type of hours worked (part-time vs full-time, shift patterns); and secondly, the amount of hours worked.

In this year's report working hours are considered in the context of age and domestic circumstance. The aim of this exploration is to identify the working patterns adopted by nurses at different stages in their careers and in different work settings. Having mapped out typical working patterns, we then look at how satisfied respondents are with their working hours.

3.1 Part-time working

Two-fifths of nurses responding to the survey work hours other than full-time (40%) and this figure has remained broadly unchanged in the last few years (in 2002 it was 39%), although in the last decade has increased from about 35%¹⁷. More specifically, 37% reported that they work part-time, 1% as part of a job share and 2% (mostly bank/agency staff) describe their working hours as occasional/various.

Figure 3.1 shows the proportion of respondents working part-time by employment setting. Thirty-six per cent of those giving their employer as the NHS work part-time or as part of a job share, which compares with 80% of those working for a GP practice.

¹³ Royal College of Nursing (2002) *Working Well?* London: RCN. Publication code 001 572

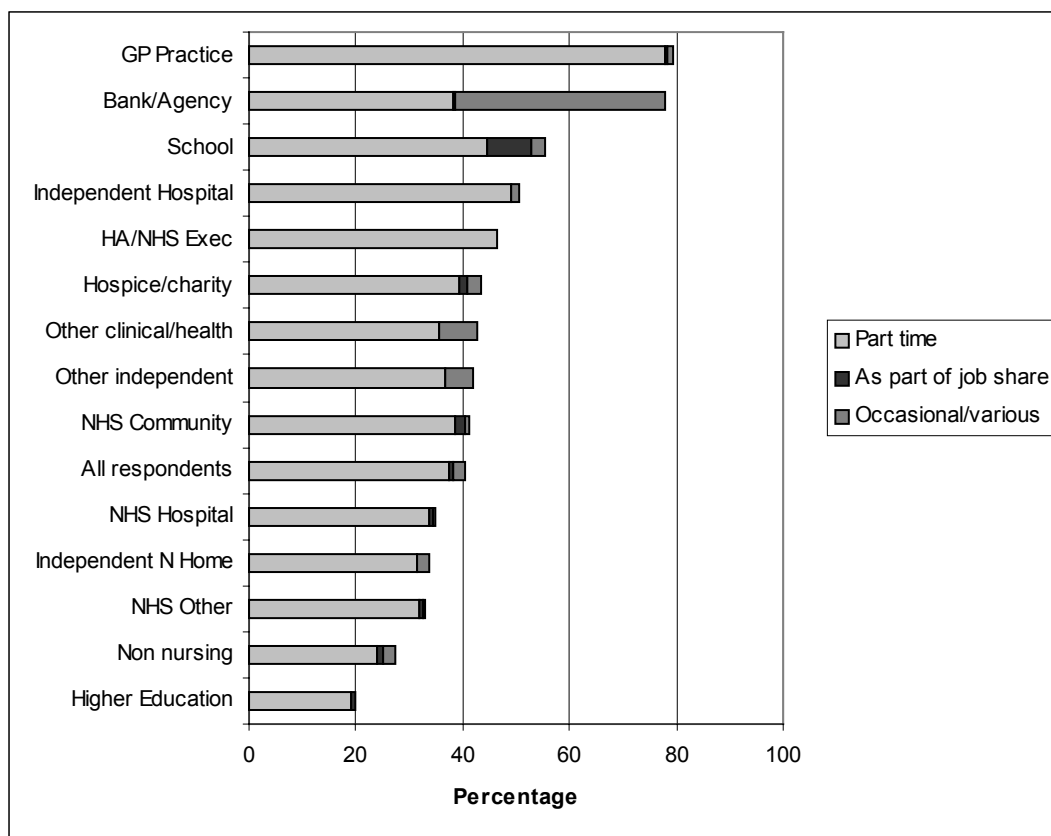
¹⁴ Robinson D, Buchan J, Hayday S (1999) *on the Agenda: changing nurses' careers in 1999*. RCN/IES.

¹⁵ NHS Executive (1999) *Return to nursing survey*. London: GSS.

¹⁶ Robinson S, Marsland L, Turrells T, Tingle A & Smith R (2001) *Careers of RGNs. Combining work and family: Nurses experiences 4-8 years after qualification*. London: NRU King's College.

¹⁷ Seccombe, I., and Ball, J. (1992) *Motivation, morale and mobility: qualified nurses in the UK*. IMS Report 233.

Figure 3.1 Part-time working by employment sector



Source: Employment Research Ltd/RCN 2003

Several factors influence the likelihood of nurses choosing to (or in many cases, having to) work part-time. One of the most significant is gender and this was highlighted in last year's report. However, it is worth noting that many more men in this year's survey reported working part-time than was the case last year (13% compared to 7%) and those with children are now more likely to work part-time than those without; last year the converse was found to be true. It is difficult to say if this is an anomaly in this year's survey or a real change in male working patterns.

Table 3.1 Part-time working by age and domestic situation – percentages

		Under 30	30-39	40-49	50 plus	All
Partnered with children	Full-time	48	36	45	49	42
	Part-time	52	64	55	51	58
<i>Base N=100%</i>		247	1,761	1,839	652	4,499
Single with children	Full-time	68	63	62	68	64
	Part-time	32	37	38	32	36
<i>Base N=100%</i>		25	188	273	136	622
Partnered no children	Full-time	94	88	72	50	72
	Part-time	6	12	28	50	28
<i>Base N=100%</i>		611	536	504	971	2,622
Single no children	Full-time	95	91	88	68	86
	Part-time	5	9	12	32	14
<i>Base N=100%</i>		472	417	284	401	1,574
All respondents	Full-time	86	56	56	54	60
	Part-time	14	44	44	46	40
<i>Base N=100%</i>		1,380	2,922	2,911	2,179	9,392

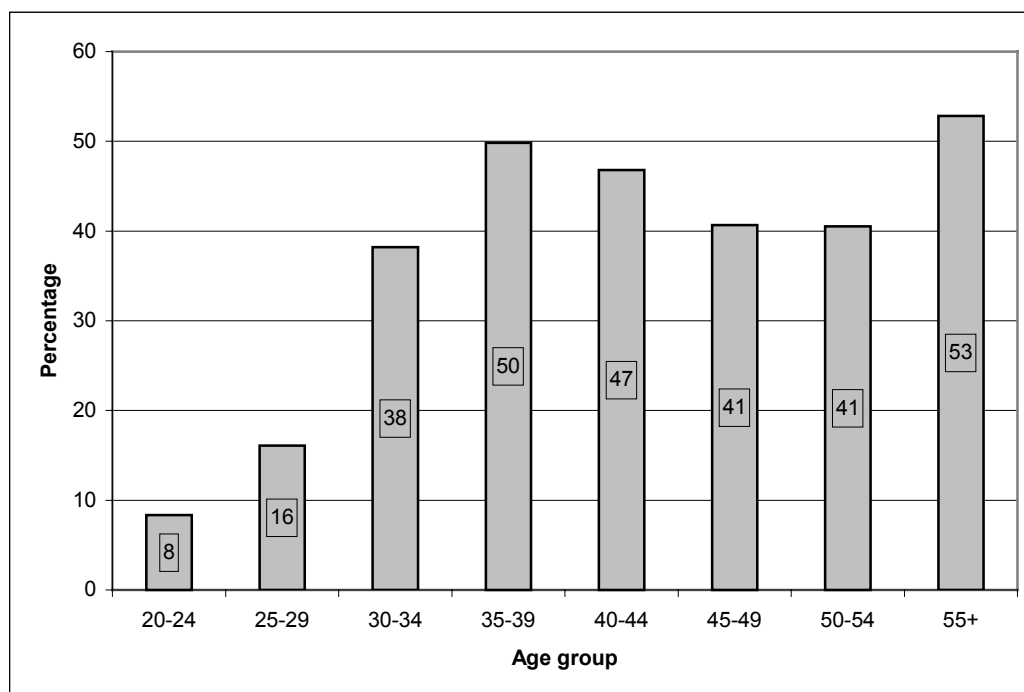
Source: Employment Research Ltd/RCN 2003

Having childcare responsibilities accounts for most variation in mode of working but age is also a key factor (see figure 3.2), as is whether or not the individual lives with a partner or not. A number of points emerge from the data that highlight the importance of domestic circumstance in predicting working patterns, particularly for older nurses:

- 1) nurses under 50 years old, and those with children living at home are much more likely to work part-time than those without. Childcare responsibility is the key determinant of working patterns for this group
- 2) however for lone parents about two-thirds of nurses work full-time, regardless of age
- 3) part-time working for older nurses (over 50) is primarily related to whether or not they live with a partner or spouse, childcare responsibilities having little influence over their mode of working.

In other words, the factors that determine nurses' mode of working change during the course of their working lives. Childcare responsibility is critical in the earlier years, but is not the sole factor influencing whether or not a nurse works part-time. Later in life, it is whether or not nurses live with a partner that most influences their working hours. Understanding the working patterns needed or wanted by nurses at different stages of their careers could play an important part in assisting retention. A proportion of turnover is related to dissatisfaction with working hours. In the 2002 RCN membership survey, 39% of nurses leaving the NHS gave "to change working hours" as a reason for their move.

Figure 3.2 Part-time working by age - percentages



Source: Employment Research Ltd/RCN 2003

Although mode of working is correlated with age (older nurses are more likely to work part-time than younger nurses), time since qualification also exerts an additional effect. For example, 44% of all nurses aged 30 to 49 work part-time. But, of those who qualified in the last five years who are also in this age group, just 22% are working part-time. Hence nurses are more likely to work full-time in the early stages of their careers, regardless of their age. Taking the relationship between sector and time since qualification into account, we see that in the early part of careers, as nurses endeavour to consolidate their training, they are most likely to be working full-time within the NHS, particularly in the acute sector. So although nurses that qualified in the last five years make up just 15% of all respondents, they contribute to 24% of the total hours worked in NHS hospitals.

From a retention perspective, to understand the working hours associated with different groups of nurses, career stage is therefore another key factor as well as age and domestic circumstance.

Grade and mode of working

The results reported in table 3.2 demonstrate the relationship between grade and working full-time for women in the NHS, in each of the different domestic circumstance. Looking across all female respondents from the NHS, E grade nurses are least likely to work full-time (54% do) and the proportion working full-time increases with each higher grade. Nine out of ten women in I grade posts in the NHS are working full-time. Nurses who are single are much more likely to work full-time at all grades.

Table 3.2 Percentages working full-time by grade and domestic circumstance (NHS women only)

Grade	Partnered parent	Single parent	Partner no child	Single no child	All women in NHS	Base N=
D	35	64	80	87	63	1,216
E	30	48	72	89	54	1,884
F	44	79	86	88	65	897
G	56	78	80	92	72	767
H	71	100	95	98	85	264
I ¹⁸	79	100	100	88	90	61
All	41	68	79	89	63	5,220

Source: Employment Research Ltd/RCN 2002

3.2 Shift patterns

More than a half (54%) of all respondents work shifts of some sort. Shift working is very much the domain of the younger nurse, more of whom are working in NHS hospitals. Two-thirds of respondents aged under 30 work internal rotation (they work both day and night shifts); a third of all those doing internal rotation are under 30-years-of-age. Internal rotation is less common as age increases - a third (34%) of those in their thirties work this pattern, 25% of those in their forties and 19% of the 50 plus age group.

Nurses over 30 are more likely to work nights only, often to accommodate childcare responsibilities (12% of nurses with children work nights compared to 2% of nurses in their thirties without children). On the other hand, only 30% of nurses in their thirties with children rotate between day and night shifts, compared to 43% of the equivalent age group without children. Tables 3.3a and b show differences by age group and childcare responsibility.

Table 3.3a Shift pattern by age group – percentages

	Under 30 yrs	30-39 yrs	40-49 yrs	50 plus yrs	All
Shifts – mix early, late and nights	40	23	18	15	22
Shifts – mix long days/nights	26	11	7	4	10
Shifts – mix early and/or lates	11	13	12	20	14
Long days	5	6	5	8	6
Permanent nights	2	9	8	9	8
Days only	13	30	39	36	31
School hour days	0	3	5	1	3
Flexi-time	1	2	2	2	2
Split shifts	0	0	1	1	0
Other	2	4	4	4	4
Base N=100%	1,381	2,897	2,862	2,115	9,255

Source: Employment Research Ltd/RCN 2003

¹⁸ Numbers here are quite small so differences by domestic circumstances are not statistically significant.

Table 3.3b Shift pattern by age and domestic circumstance – percentages

	Under 30 yrs		30-39 yrs		40-49 yrs		50 plus yrs		All	
	Kids	None	Kids	None	Kids	None	Kids	None	Kids	None
Rotation	49	71	30	43	23	28	19	19	26	40
Days	25	14	18	20	17	20	28	27	19	21
Nights	6	1	12	2	9	6	11	9	10	5
Office hours	14	12	30	30	37	42	34	37	33	30
Flexi-time	4	0	7	1	9	2	4	4	7	2
Mixed/other	4	2	4	3	5	3	4	5	5	3
<i>Base</i>										
<i>N=100%</i>	281	1,097	1,967	966	2,126	790	798	1,379	5,172	4,232

Source: Employment Research Ltd/RCN 2003

Looking specifically at patterns of work by sector, just over a half (51%) of all nurses in NHS hospitals work shift rotation system. Eight per cent work nights only, a slight reduction from 2001 (10%). In 1992 12% reported working permanently on night duty. The numbers working rotating shifts in independent care homes has increased to 21% this year.

There is a clear relationship between stage in career and shift patterns, over and above the relationship with domestic circumstances. For example, 57% of staff nurses in the NHS work a rotating shift pattern, but this figure is 73% for those in the first ten years of their careers, 44% for those with 11 to 20 years experience and just 39% for those with more than 20 years experience. Conversely, only 3% of staff nurses with less than ten years experience work permanently on nights compared to 14% of staff nurses with more than ten years since qualification.

Again, this points to the intensity of the work experience of nurses in the early stages of their careers, while they are in the NHS. In the first five years after training, nurses are likely to be working full-time, on internal rotation in an NHS hospital.

Views of working hours

As figure 3.3 shows, most NHS nurses are satisfied with the choice they have over the length of shifts they work and their involvement in planning their off-duty. Across all respondents, 62% agree with the statement *I am satisfied with the choice I have over the length of shifts I work*. This result is the same as that reported last year.

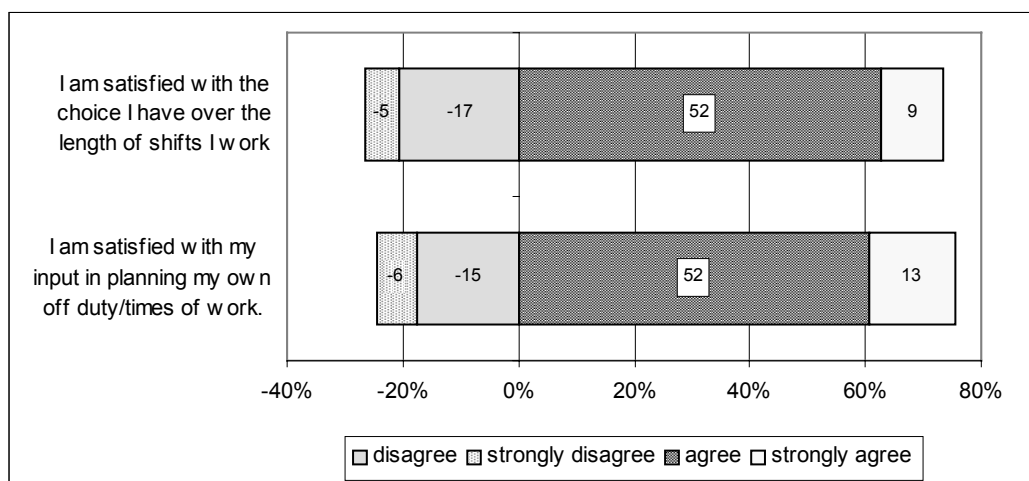
There are, however, differences between nurses in different settings and with different patterns of work. Fewer nurses working adult critical care (54%) and learning disabilities (49%) are satisfied with their choice of shifts when compared to nurses in certain other specialties, particularly those working in paediatrics (66%) and oncology/palliative care (65%).

The views of nurses working internally rotated shifts are least positive. Slightly over half (55%) are satisfied with the choice they have over shift lengths compared to 63% of those working nights only. In contrast, 80% of those nurses working flexi-time are satisfied with their hours.

Nurses in independent care homes and NHS hospitals are less likely to be satisfied with the choice they have over the length of shifts worked (60% in both cases satisfied compared to 74% of nurses in GP practices and 78% of bank and agency nurses).

Similar differences in view are apparent in terms of nurses' views of the input they have in relation to planning off-duty/times of work. While the majority are satisfied with their involvement in planning their hours, younger nurses and those in the early stages of their careers, are less so. For example, 32% of those aged 20 to 24 are not satisfied with the input in planning off-duty, compared with 20% of those in their thirties, and 17% of those in their forties. Full-time nurses are less likely to be satisfied than those working part-time – 63% compared to 71% respectively.

Figure 3.3 Views of working hours (NHS only) - percentages



Source: Employment Research Ltd/RCN 2003

3.3 Time spent working

Most full-time nurses responding to the survey are contracted to work 37.5 hours and part-time nurses 23.3 hours. Part-time nurses in GP practice settings work slightly shorter hours but otherwise there is little to differentiate nurses by sector.

Working more than contracted hours

Across all respondents, 58% reported working hours in excess of their contracted hours. More than six out of ten (63%) full-time nurses worked in excess of contracted hours in their last full working week. A half (51%) of part-time nurses worked extra hours. Full-time nurses in independent care homes are most likely to work more than their contract hours (70%). Nearly a half of all full-time nurses (49%) work extra hours several times a week or more and 31% of part-time nurses work extra hours this frequently.

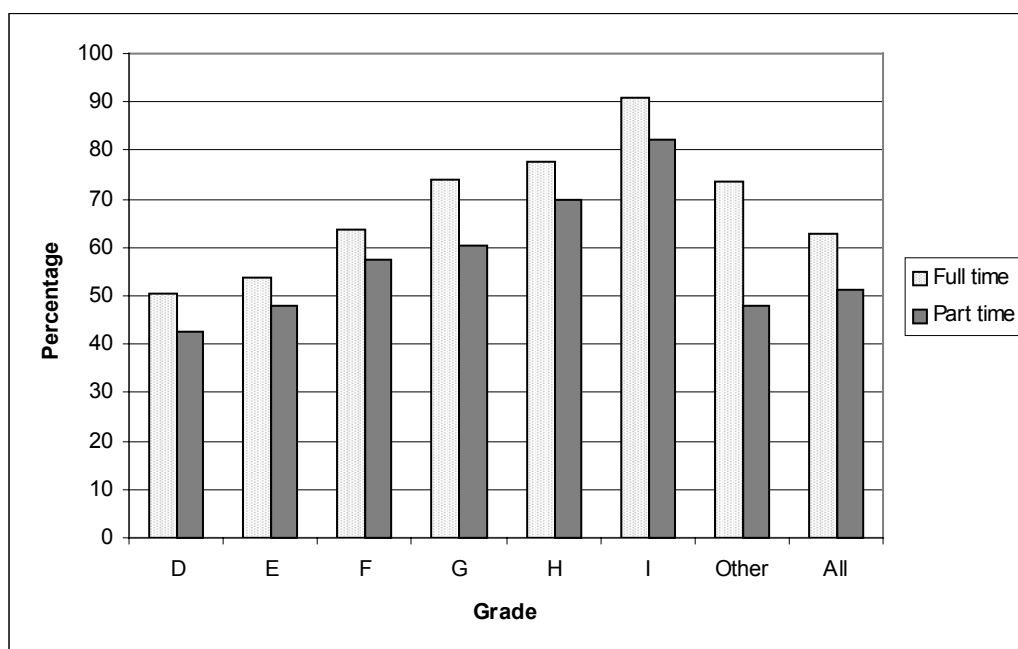
Working extra hours is correlated most strongly with grade and mode of working. Figure 3.4 highlights these differences. As well being more likely to work extra hours each week, nurses on higher grades do so more often. Two-thirds of nurses on grades G, H and I grades work extra hours several times a week or more compared to 36% of D/E grades. Nurses on higher grades are less likely to be reimbursed for the extra time they spend at work (see chapter 4).

Second and additional jobs

While higher grades are more likely to work in excess of contracted hours, they are less likely to have additional jobs (see figure 3.5). Across all respondents one in four (26%) have another job(s) in addition to their main job. However, this figure rises to 36% for full-time D grades and down to one in ten for full-time H/I grades. Table 3.4 gives a breakdown by employer group.

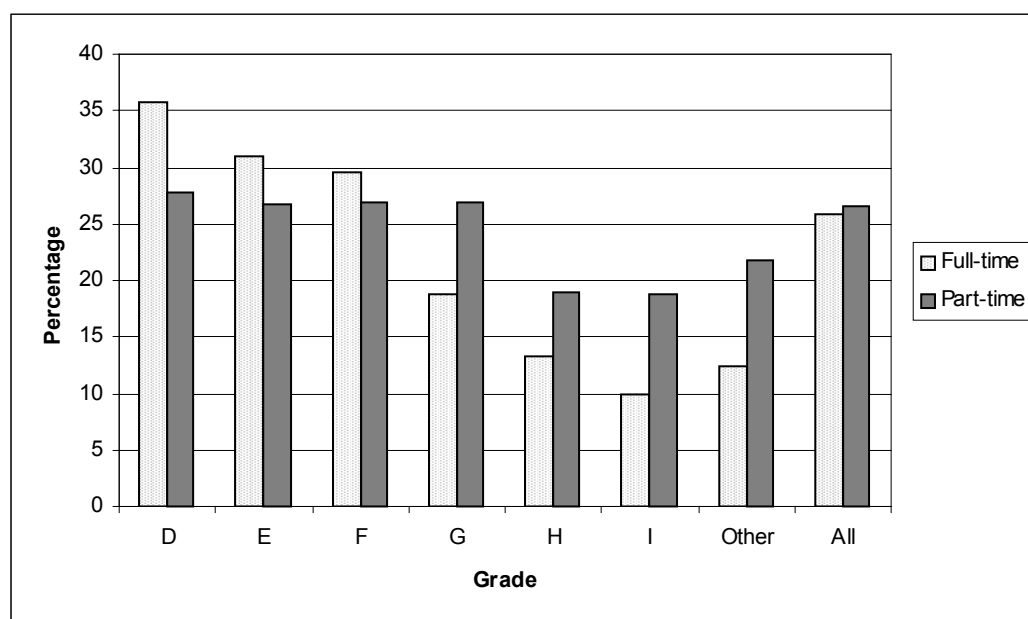
Minority ethnic nurses are more likely to have additional jobs than white nurses - 44% compared to 24%. It might seem that this difference is due to the fact that a larger proportion of minority ethnic nurses are single (see chapter 2), and single nurses generally are more likely to have additional jobs (31% vs 25% with partners). However, among minority ethnic nurses, single and partnered nurses are equally likely to have additional jobs. Thus 44% of single minority ethnic nurses have additional jobs (the same as for partnered), while 29% of single white nurses do.

Figure 3.4 Working in excess of contracted hours – by grade (full-time and part-time) – percentages



Source: *Employment Research Ltd/RCN 2003*

Figure 3.5 Nurses with additional jobs – by grade (full-time and part-time) – percentages



Source: *Employment Research Ltd/RCN 2003*

Most respondents have one additional job (86%) but 2% have three or more additional jobs. Most are working additional time in the health sector for banks (33% for the same employer and 14% for banks with other employers) or agencies (21%). Nine per cent of respondents indicate that they work for NHS Professionals in addition to their main job.

Total hours worked in last week

With 58% of nurses working overtime and 26% having additional jobs, in reality the number of hours worked by many nurses will be considerably in excess of the hours they are contracted to work in their main job. A new variable is created to explore the total worked hours in the last full week, by taking the sum of contracted hours, excess hours, and time spent working in additional jobs. The total hours worked in a week by full-time nurses responding to the survey is 44 hours while for part-time nurses the average is 28 hours per week. The total hours worked in the last full week varies by sector, with full-time nurses in independent care homes working the longest hours (48 in the last full working week) followed by full-time nurses in NHS hospitals (44 hours) (see table 3.4).

Almost four in ten (37%) of all nurses work in excess of 40 hours a week. In the NHS 39% of all respondents worked in excess of 40 hours in their last full working week – 60% of full-time nurses.

Fewer nurses in independent nursing homes work in excess of their contracted hours (39% of full-time and 24% of part-time respondents) than is the case in other settings. However, those who do work in excess of their contracted hours in care home settings work more hours (ten and eight hours for full-time and part-time respectively compared to six hours and five hours for full-time and part-time nurses in NHS hospitals).

Table 3.4 Additional hours, additional jobs and hours worked by employer setting (full-time/part-time) – percentages and means

	Full-time	Part-time
Mean contracted hours in main job ¹⁹	37.5	23.3
Percentage working excess hours in last week	63	51
Percentage working in excess of contract several times per week or more	49	30
Average excess hours in main job (<i>ALL</i>)	4.1	2.6
Average excess hours in main job (<i>for those that worked excess hours</i>)	6.6	5.2
Percentage with additional jobs	26	27
Average hours worked in additional jobs (<i>ALL</i>)	2.1	2.2
Average hours worked in additional jobs (<i>for ALL with additional jobs, including those whose hours = 0</i>)	11.3	9.9
Average TOTAL hours worked in last week (<i>all respondents</i>)	43.6	28.1
<i>Weighted cases (all respondents)</i>	5,650	3,777

Source: *Employment Research/RCN 2003*

Nurses employed by independent hospitals are least likely to have additional jobs and again nurses in care homes work longer hours in their additional jobs.

Single nurses, who work part-time, work slightly longer hours (33 hours compared to 28 hours among those living with a partner) irrespective of whether or not they have children. Minority ethnic and nurses who have been recruited from overseas in the last three years also work longer hours full-time (47 hours).

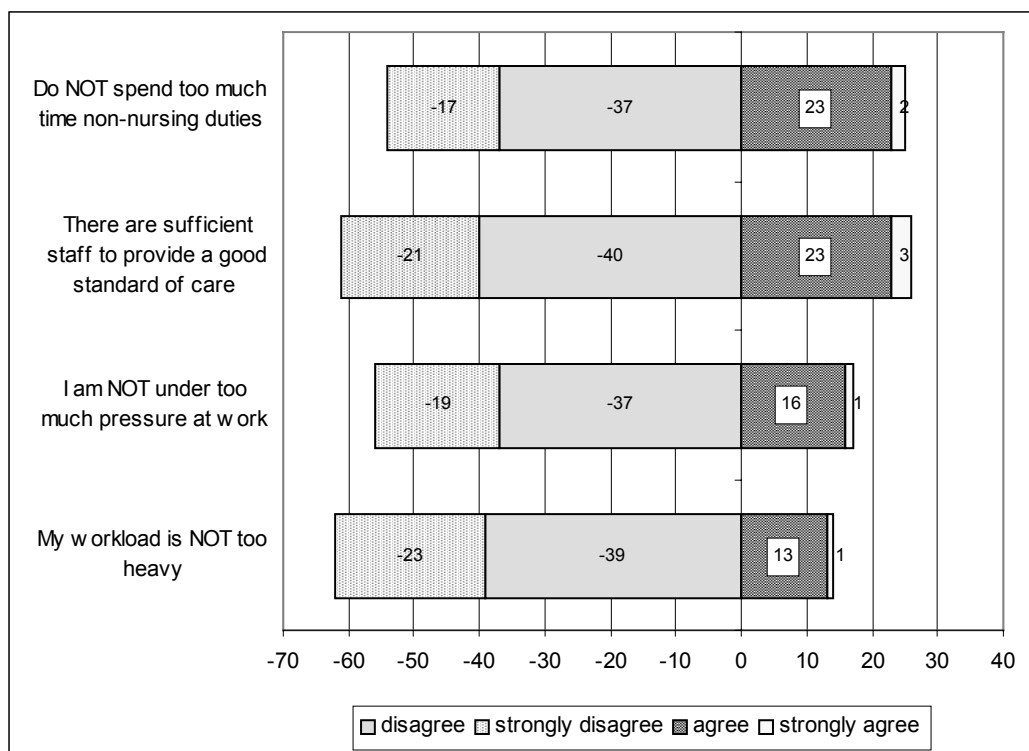
In addition, respondents who account for more than half of their total household income work longer part-time hours (32 hours compared to 25 hours among those who account for less than half their household income).

Feeling under pressure

What impact does working in excess of 40 hours a week have on the 60% of full-time nurses in the NHS that do it? Respondents were asked to give their views on various aspects of pressure and workload by agreeing or disagreeing with a set of statements that were mixed with statements on other themes. Figure 3.6 presents the findings for nurses working in the NHS. As can be seen, in general respondents are not positive about workloads, with 56% feeling they are under too much pressure at work and just 26% reporting there are enough staff at work to provide a good standard of care.

¹⁹ Full-time contracted hours have used the median figure as it is clear that in many cases hours worked have been given rather than contracted hours.

Figure 3.6 Views of workload and staffing (NHS only) - percentages

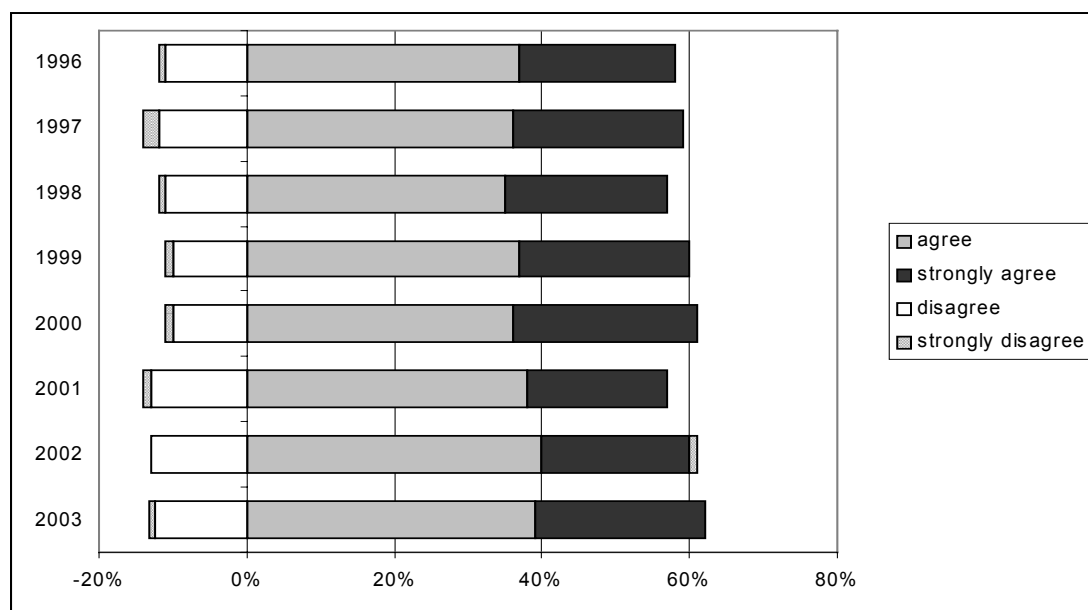


Source: Employment Research Ltd/RCN 2003

The NHS is not the only sector in which nurses feel under pressure. Nurses working in independent care homes also feel under pressure and that their work load is too heavy. Nearly seven in ten (69%) nurses in independent care homes think that their workload is too heavy. This is a higher proportion than among NHS hospital nurses (62%). Also 60% think they are under too much pressure at work, similar to the NHS response. However, it would seem that this may have less to do with the amount of time spent on non-nursing duties or whether or not there are sufficient staff as lower proportions of care home nurses respond negatively to these statements when compared to NHS nurses.

Has the reduced vacancy rate and increased headcount of nurses reported in the NHS resulted in a positive change in nurses perceptions of workload? As figure 3.7 shows, there has been virtually no change in the way in which nurses view their workloads.

Figure 3.7 My workload is too heavy 1996-2003 (NHS only) - percentages



Source: Employment Research Ltd/RCN 2003

3.4 Key points

The main points that emerge from this chapter are:

- four out of ten nurses work part-time, representing an increase of six percentage points in the last decade
- part-time working is most prevalent in GP practice settings while in the NHS and hospital settings in particular more nurses work full-time
- having children is the main factor influencing the likelihood of nurses working part-time but this is also influenced by age and domestic situation
- grade is a further factor with much higher proportions of nurses on higher grades with a partner and children living at home working full-time than is the case among lower grade staff in the same domestic situation
- shift patterns are significantly correlated with age and domestic situation. Nurses under 40 without children are much more likely to work rotating shift patterns than those with children
- nurses working rotating shifts are less likely to be satisfied with their shift patterns than those working other patterns
- nearly a half of all full-time nurses work extra hours several times a week or more
- one in four (26%) nurses has an additional job and spends on average about 10 hours a week working in their second jobs
- in the NHS four out of ten nurses work more than 40 hours a week, and 60% of all full-time nurses in the NHS work more than 40 hours a week.

4. Grading and pay

Pay and grading in UK health services are facing a major overhaul; the first 12 early implementer sites in the NHS adopted the system in April 2003 with plans to roll-out the system nationwide by October 2004.

Clinical grading has been the national pay and career structure for NHS nurses since 1988. It replaced the previous grading structure by introducing the 9 clinical grades A to I. Grades C to I covered registered nurses, with Grade C now used only for a small number of enrolled nurses (ENs), and increasingly for health care assistants. In the 15 years since the introduction of clinical grading there have been numerous policy changes that have impacted on the pay and grading of NHS nursing staff:

- Department of Health-inspired pilot attempts at local pay supplements (1988-1989)
- creation of NHS trusts with the status of separate employers able to introduce their own terms and conditions, outside of those negotiated nationally (1991 onwards)
- attempted introduction of local pay by the Review Body (1995 and 1996) and the subsequent abandonment of this policy (1997)
- introduction in 1999 of three discretionary increments for grades F to I
- 1999 Review Body award recognised difficulties in recruitment and dropped two points from the bottom of grade D and added one to the top, resulting in salary increases of between 8% and 12% for D grade staff
- 2000 Review Body award recognised problems in retention and added one point to the top of grade C and one to the top of grade E
- 2001 Review Body recommended that one of the three discretionary points at each of the grades F to I be consolidated into the main scale
- introduction by Department of Health in England of *Cost of Living Supplements*
- 2002 Review body consolidated discretionary points for *modern matrons* and recommended an increase in national rates for psychiatric lead and regional secure unit allowance, and national on-call/standby rates
- 2003 Review Body endorses the testing of the new NHS pay system *Agenda for Change*. Recommended a 10% pay award to be divided equally over the next three years. Job profiles of all health professionals in the NHS have been defined through job evaluation.

Agenda for Change (AfC) represents a major development. It is not simply a new set of pay grades, but is a fundamentally new approach with far reaching implications in terms of affecting the career paths open to NHS staff and the processes affecting rewards and progress. Previous reports have shown how the alignment between jobs and grades has gradually shifted in the last ten years, with posts such as ward manager becoming down-graded. AfC is a radical reform that has the potential to free the NHS pay system of this type of historical distortion. AfC aims to use systematic job evaluation to redefine jobs in the NHS according to the reality of the work and responsibilities associated with each and to ensure that each job is rewarded fairly and equitably.

The importance of pay to recruitment and retention is well recognised. It is hoped that the benefits promised by AfC can be realised and can be a major plank in maintaining and developing the nursing workforce in the UK.

But when it comes to retention, pay is not the be all and end all. Other factors, such as workloads and working hours play a big part in nurses' perceptions of their employment. For example, good pay was rated as an important feature of working life by three-quarters of NHS nurses surveyed in 2001²⁰ (and just over half felt it was present to some extent in their current job). In contrast, staffing was seen as important by nine out of ten nurses in the NHS, but was the most frequently cited means by which job satisfaction could be improved.

The importance of other factors is clear from the fact that many nurses are prepared to move out of the NHS to work in less well paid jobs in order to achieve the control they want over their working lives.

The data presented in this chapter draws a line in the sand so that nurses' views of their pay and grading in the final year of clinical grading can be measured before the new system takes over. We start by looking at how the current grading system is applied; outlining the grade profile of different settings and specialties, and exploring the relationship between job titles and grade. Having established the grade distribution and factors influencing grade, we move on to look at movement through the grades and career progress.

One criterion on which a grading system could be judged, is the extent to which staff feel the grade they are on is appropriate relative to the role and responsibilities they have.

4.1 Current grading

The survey asked respondents to give their current clinical grade or its equivalent. Of all the respondents 92% gave a grade from C to I, and 8% reported they were on an *other* pay scale. Interestingly, although the national grading structure is clearly only applicable to NHS staff, nearly two-thirds of those working in the independent sector (64%) gave a grade equivalent. This suggests that the pay and grading structure currently used in the NHS has considerable influence over the way in which pay and grading is conceptualised beyond it, particularly in independent hospitals, where 84% of respondents gave a grade equivalent. Given this, Agenda for Change is likely to have a knock on effect on the pay and grading of nurses working outside of the NHS.

The distribution of nurses between grades varies greatly by employer setting and field of practice, and within these the level of job. Table 4.1 demonstrate this showing both the percentages for all those on a clinical grade by employer plus the percentage of all respondents that are on an *other* grade.

²⁰ Royal College of Nursing (2001) *Time to deliver?* London: RCN. Publication code 001 577

Table 4.1 Grading by employer group – percentages

	% within clinical grades						<i>Weighted cases</i>	% Other
	D	E	F	G	H	I		
NHS hospital	26	40	18	12	4	1	5,098	1
NHS community	10	29	12	40	8	2	1,262	2
NHS other	3	18	21	33	16	9	539	16
GP practice	1	11	37	43	8	1	557	2
Independent hospital	21	40	24	11	3	1	214	16
Independent care home	47	26	12	6	6	2	278	45
Other independent	14	12	35	20	12	6	49	45
Bank/agency	45	41	12	2	0	0	251	21
Higher education	2	9	34	28	19	9	47	55
Hospice/charity	25	28	19	12	11	4	204	18
School	0	45	48	3	3	0	29	15
HA/NHS executive	25	34	14	11	9	7	44	17
Other clinical/health	15	12	27	35	8	4	26	38
Non-nursing	3	32	24	25	13	4	76	54
All respondents	21	34	19	19	6	2	8,674	8

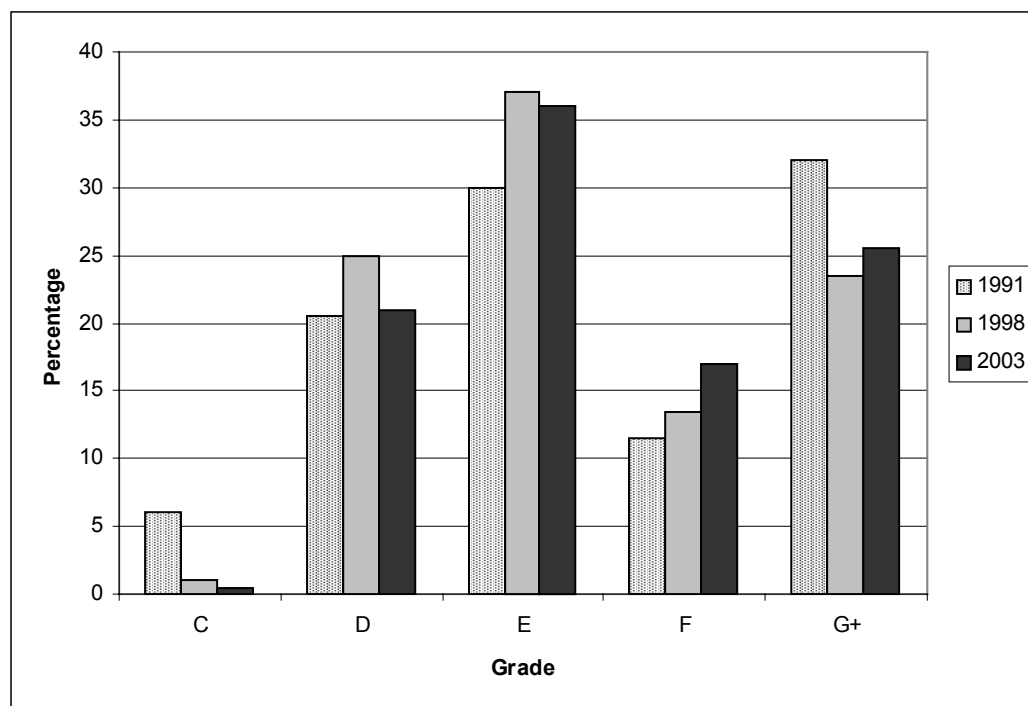
Source: *Employment Research Ltd/RCN 2003*

Virtually all of the respondents working in NHS hospitals and NHS community settings were in clinically graded posts, with just 1% reporting they were on *other* grade/pay scales. As might be expected given the autonomous nature of the work, larger proportions of those working in GP practice, community and PCT settings are G grades or higher.

It could be argued that by taking a snapshot of the grades of RCN members working in different sectors we get a picture of the likely grade mix in each. For example, the results point to the fact that the vast majority (86%) of those working in bank and agency are on D or E grades, despite the fact that typically the nurses qualified 19 years ago (46% qualified more than 20 years ago). The grade mix of hospitals in the independent sector is similar to that in the NHS, although they have fewer D grades and slightly more F grades. Perhaps this reflects the fact that most nurses have worked in the NHS before they move into the independent sector. Almost half of all respondents working for nursing care homes, who give a clinical grade equivalent, are on D grades despite their substantial experience (average age 47 with 22 years experience as a nurse).

Figure 4.1 shows the grade distribution of nurses in the NHS for 2003 and five years previously in 1998 and in 1991 (nurses on other grades are not included). Since 1998 there has been a significant shift in the number of nurses on F grades and above. But compared to 1991 there are fewer nurses employed as G grades or higher. This may in part be due to an increase in use of *other* grades, but this cannot be compared with 1991 or 1998 data.

Figure 4.1 Percentage in each grade in 2003 vs 1998 and 1991 (NHS only)



Source: Employment Research Ltd/RCN 2003

Table 4.2 shows grade by field of practice for respondents working in the NHS or GP practice. Nurses in mental health and primary care are more often employed on G/H grade posts than is the case for other specialties.

Table 4.2 Grading by field of practice (NHS only) – percentages

	D	E	F	G	H	I	Weighted cases	Other
Primary/community care	15	34	10	34	6	1	1,138	3
Older people nursing	20	46	18	11	4	1	335	30
Mental health	7	42	13	27	7	4	460	5
Adult critical care	25	40	21	11	2	0	1,082	2
Adult general	34	39	13	10	3	1	1,709	4
Rehab/longer term	24	32	16	24	3	1	173	6
Paediatric critical care	14	31	34	15	5	1	268	1
Paediatric general	29	37	16	15	3	1	407	3
Women's health	21	23	29	18	9	0	163	1
Learning disabilities	9	51	16	16	5	3	155	10
Oncology/palliative	15	26	24	15	18	2	256	5
Education/research	0	4	30	37	21	8	92	39
Several different fields	7	12	13	39	18	10	149	22
Other	18	30	20	21	9	2	586	10
All respondents	22	36	17	18	6	1	6,988	8

Source: Employment Research Ltd/RCN 2003

In recent years the downward shift in the grading associated with some job titles has been noted. For example, in 1992 64% of ward managers were G grades or higher, whereas in 2003 just 48% are. In the case of GP practice nurses, there has been a downward shift in the proportion of higher graded posts since last year. In 2002 54% of GP nurses were employed on grade G or above today the equivalent figure is 45%. Change since last year is not all downwards however, with slightly higher proportions (42% compared with 39%) of clinical nurse specialists and nurse practitioners reporting they are graded G or above this year than last.

Table 4.3 shows the current grade mix for a number of different job titles in the NHS.

Table 4.3 Grading by job title (NHS only) – percentages

	D	E	F	G	H	I	Other	<i>Weighted cases</i>
Enrolled nurse	72	25	2	0	0	0	1	204
Staff nurse	33	58	7	2	0	0	1	4,085
Sister/charge nurse/ward manager	0	1	51	45	2	0	1	1,199
Senior nurse/matron/nurse manager	0	14	14	17	31	16	9	322
CNS/Nurse practitioner	0	3	15	41	34	4	4	687
District nurse	0	7	7	74	12	0	0	252
Health visitor	2	5	2	84	7	0	0	97
Practice nurse	1	13	40	43	2	0	2	528
All respondents	20	33	18	20	6	1	2	7,781

Source: Employment Research Ltd/RCN 2003

Gender and grade

There is much discussion about the differential grade progression of men and women. Tables 4.4 highlight the differences between men and women, using their mode of working as the control. A larger proportion of men in the NHS are in higher grade posts than women (35% are G grades or above compared with 26% of women).

Mode of working appears to explain much of the gap between men and women, but not all of it. While the biggest differences in grade are between full and part-time workers, there still remains a difference in the grade distribution of full-time women compared to full-time men (39% of full-time men are on the higher grades compared with 33% of full-time women). Men working part-time have the lowest levels of representation in higher graded posts.

Since a much larger proportion of women work part-time than men, women are more likely to be in the lower graded jobs. However, the nature of the relationship with grade cannot be assumed – are part-time jobs paid less because they are primarily filled by women, or are women paid less because larger proportions work in part-time jobs? The above analysis would suggest that both of these are partially true. Part-time workers, regardless of their gender, are more likely to be on lower grades. And women, even when working full-time, are less well represented in the higher grades.

Table 4.4 Grade distribution by ft/pt and gender – percentages (NHS only)

	Women		All	Men		All
	Full-time	Part-time		Full-time	Part-time	
D	20	23	21	17	27	18
E	30	43	35	31	50	33
F	17	17	17	13	13	13
G	21	14	18	20	10	19
H	7	2	5	9	0	8
I	2	<1	1	4	0	3
Other	3	1	2	6	0	5
<i>Weighted cases</i>	3,959	2,536	7,104	525	60	586
Mean age	39	42	40	38	41	38
Mean time since qualification	15	19	16	12	18	13

Source: *Employment Research Ltd/RCN 2003*

Grade and experience

While proportionally more men are on higher grades (13% H/I compared to 9% of women), the mean age and time since qualification of men in the NHS is lower than women. This suggests that men are reaching higher grades more quickly than women and at a younger age (see table 4.5). Indeed, men currently working full-time reach grades H/I some four years earlier in their careers than is the case for women also currently working full-time. Men have also been employed on their current grade for a shorter period - 3.7 years compared to 4.5 years for women.

Table 4.5 Mean time since qualification and (age) of men and women by grade and mode of working – NHS only

	Women		Men		All	
	Full-time	Part-time	Full-time	Part-time	Women	Men
D/E	10.2 (35.2)	18.4 (41.8)	8.3 (36.1)	17.9 (41.4)	13.9 (38.2)	9.8 (36.9)
F/G	18.5 (42.0)	20.3 (42.5)	13.7 (38.5)	16.2 (39.5)	19.1 (42.1)	13.2 (38.6)
H/I	22.2 (44.5)	19.7 (41.9)	17.9 (42.8)	- (-)	21.8 (44.5)	18.1 (42.8)
Other	20.6 (42.4)	16.8 (42.0)	19.7 (42.5)	- (-)	20.0 (42.3)	19.7 (42.5)
All grades	14.7 (38.8)	19.0 (42.0)	12.0 (38.1)	17.6 (42.1)	16.4 (40.9)	12.6 (39.4)

Source: *Employment Research/RCN 2002*

Interestingly, women currently working part-time on grades H/I are slightly younger and have worked as a qualified nurse for a slightly shorter time than women currently working full-time on grades H/I.

Another way of exploring grade and time since qualification is to band respondents together into cohorts according to when they first qualified as a registered nurse, to look at the grade profile of each cohort. Looking across the grade profiles of the cohorts presented in table 4.6 gives an indication of grade transition over time. The results suggest that there is a plateau in terms of the grade distribution among nurses of different generations/cohorts. Most change in grade occurs within the first ten to 15 years after qualification, but after 15 years the grade mix of NHS nurses changes barely at all. In terms of differential career progression it is the first 15 years that would seem to be most significant. This is the most intensive period of career development for most nurses.

Table 4.6 Grading by time since qualification (NHS only) – percentages

Time since qualification	D	E	F	G	H	I	Other	Weighted cases
1-5 years	54	39	5	2	0	0	1	1,275
6-10 years	16	43	21	15	4	0	1	1,274
11-15 years	9	34	24	22	6	2	3	1,190
16-20 years	13	27	22	25	8	1	3	1,186
21-25 years	13	29	21	22	8	3	4	1,118
26-30 years	12	26	17	29	10	2	4	642
31-35 years	13	29	13	31	8	2	3	656
More than 35 years	9	31	16	35	6	1	2	284
All respondents	19	33	18	20	6	1	2	7,625

Source: Employment Research Ltd/RCN 2003

Top of salary scale

Table 4.7 shows the percentage of respondents at the top of their salary scale in 1996, 2001 and 2003. The main point to note here is that the numbers of respondents indicating that they are at the top of their scale has decreased significantly since 1996 and more recently since 2001. In every grade other than D, the proportion at the top of their salary grade has decreased. The biggest shifts are among the higher grade nurses; G, H and I.

Table 4.7 NHS Nurses on top increment of salary scale and changing grades – 1996, 2001 and 2003 percentages by grade

Grade	% at top of salary scale			Weighted N = 100% 2003	Changed clinical grade in previous 12 months			Weighted N = 100% 2003
	2003	2001	1996		2003	2001	1999	
D	44	39	57	1,482	0	4	10	1,223
E	52	56	65	2,476	19	23	21	2,488
F	38	46	54	1,150	30	30	26	1,165
G	53	64	73	1,277	22	16	13	1,267
H	48	67	66	397	29	19	20	392
I	48	71	71	100	32	10	17	94
All grades	48	53	63	6,882	19	18	17	6,629

Source: Employment Research Ltd/RCN 2003

Corroborating this change, the data showing percentages of nurses changing grade in the 12 months prior to the survey suggests that significantly higher proportions of G to I grade nurses have changed grade in the previous 12 months than was the case in 2001 and 1999. Indeed, nearly a third of all I grade nurses responding to the survey were promoted in the previous year. In contrast the numbers promoted into E grade has fallen since 2001.

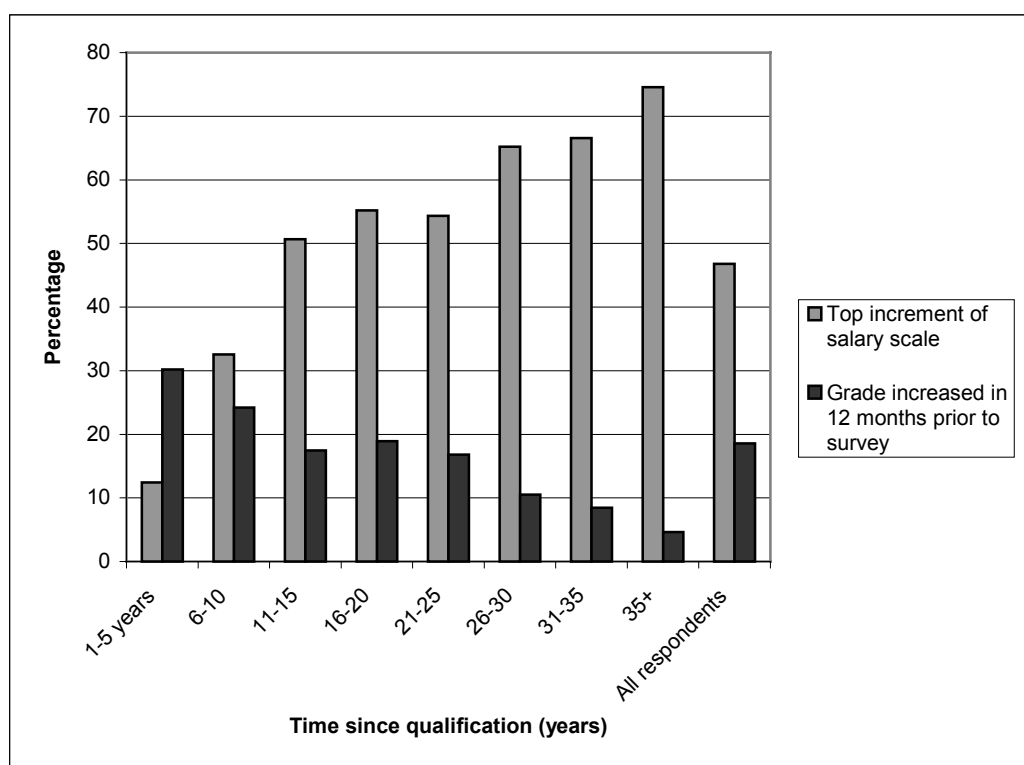
Promotions and experience

Looking at the data from a retention perspective, figure 4.2 highlights the proportion of respondents indicating that they are at the top of their salary scale and achieving a promotion in the previous year in five-year bands since qualification. Nurses aged 40 plus are much more likely to be at the top of their salary scale. More than a half of all respondents are at the top of their scale 15 years after qualifying. At this stage of career too, the chances of achieving a promotion start to decline – notwithstanding the recent increase in promotions among H and I grades.

The mean time nurses have spent on their current grade is 4.4 years. This figure is slightly lower in the independent sector and among full-time employees, primarily because of disproportionate numbers of men and nurses in the early stages of their career. It seems that the time spent on D, F and H grades is shorter, at around 3.6 years, than on E and G grades in particular at 4.9 and 6.0 years respectively (I grade nurses are at the top of the scale so are not applicable).

The data suggests that transition through some grades is quicker than others and that significant proportions of nurses stay at either E or G grades for ten years plus. 57% of NHS hospital nurses in E grade posts qualified more than ten years ago. The morale of nurses who have been on the same grade for a long time is explored in chapter 7.

Figure 4.2 Promotions and top of scale by time since qualification – percentages 2003 (all respondents)



Source: Employment Research Ltd/RCN 2003

Nearly one-in-five (18%) of respondents received a grade increase in the previous 12 months. More nurses in other NHS, other independent, higher education and health authority/NHS Executive settings received grade increases. Nurses in bank and agency as their main job were more likely to have received a grade reduction (15%).

In addition, men (21%) were more likely to have achieved a grade increase in the previous year than women (18%) as were minority ethnic nurses (21%) when compared to the white nurses (18%).

4.2 Acting up to a higher grade and inappropriate grading

Approximately one-in-11 respondents say that, at the time of the survey, they were acting up to a higher grade. This figure is slightly higher in the independent sector (12% compared to 9% in the NHS) and, reinforcing last year's findings, it seems that respondents from minority ethnic origins are much more likely to say that they are acting up to a higher grade (20%) than white British respondents (8%). However, this difference is larger than that reported last year, and it is also noticeable that minority ethnics in primary/community care particularly report acting up a grade (43% compared to 7% of white nurses). In the NHS senior nurses (H grades) and enrolled nurses are more likely to say that they are acting up to a higher grade (14% and 16% respectively).

Across all the nurses acting up to a higher grade four out of ten (39%) say in the survey that they are paid for doing this. However, again it seems minority ethnics are less likely to be paid for acting up a grade (18% compared with 44% of white respondents).

Inappropriate grading

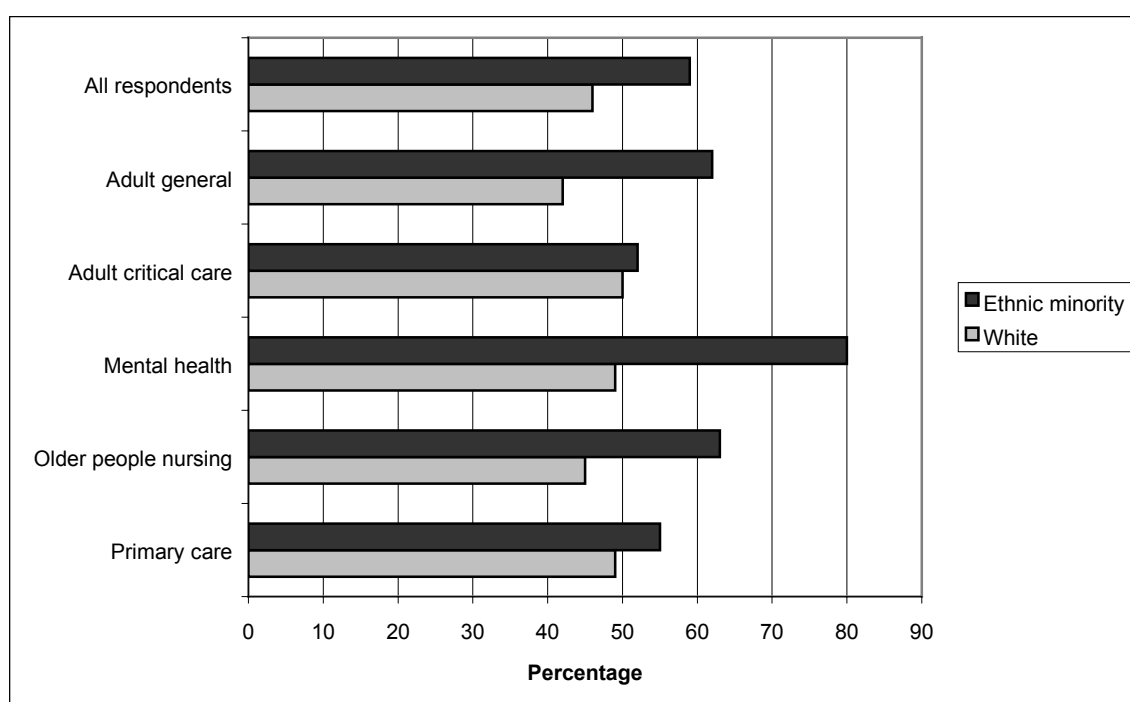
A key variable that differentiates respondents in relation to how positive they feel about their work, employer and profession is whether or not they feel appropriately graded, given their role and responsibilities. Just under a half of all respondents (47%) report being inappropriately graded, a similar result to last year with 5% not knowing if they are or they aren't appropriately graded. There is little difference in broad terms between the NHS (47%) and the independent sector (43%), although 10% of independent sector nurses say they do not know whether or not they are inappropriately graded compared to 4% of NHS nurses.

However, of concern, and replicating the findings from last year's survey, is that black and minority ethnic respondents are much less likely to feel that they are appropriately graded than white respondents (34% compared to 50% of white nurses). This is also the case in a number of key specialties. Figure 4.3 shows the main differences (where numbers of cases are greater than 50).

It would seem that much of this difference is an employer issue. In the independent care home sector only 18% of minority ethnic origin nurses feel that their grade is appropriate to their level and responsibilities compared to 40% of white nurses – high proportions also do not know whether or not their grade is appropriate. A similar difference is apparent when respondents' employers are PCTs, where only 23% of minority ethnic origin nurses see their grade as appropriate. Partly reflecting these employer differences, higher proportions of older nurses report their grade is inappropriate to their role and responsibilities than do younger nurses.

In the NHS 49% of white nurses feel their grade is appropriate compared to 36% of minority ethnic nurses.

Figure 4.3 Current grade is inappropriate by ethnicity (UK qualified) and field of practice – percentages



Source: *Employment Research Ltd/RCN 2003*

In mental health eight out of ten minority ethnic nurses feel inappropriately graded, compared to just under a half (49%) of white nurses.

Nurses who have been on their current grade for a long time are more likely to feel inappropriately graded (57% of those who have been on their current grade for five to ten years compared to 38% who have been on their current grade for under two years). Not surprisingly, those respondents who say that they are currently acting up to a higher grade are also more likely to consider themselves inappropriately graded (67% as opposed to 45% of those who were not acting up a grade at the time of the survey).

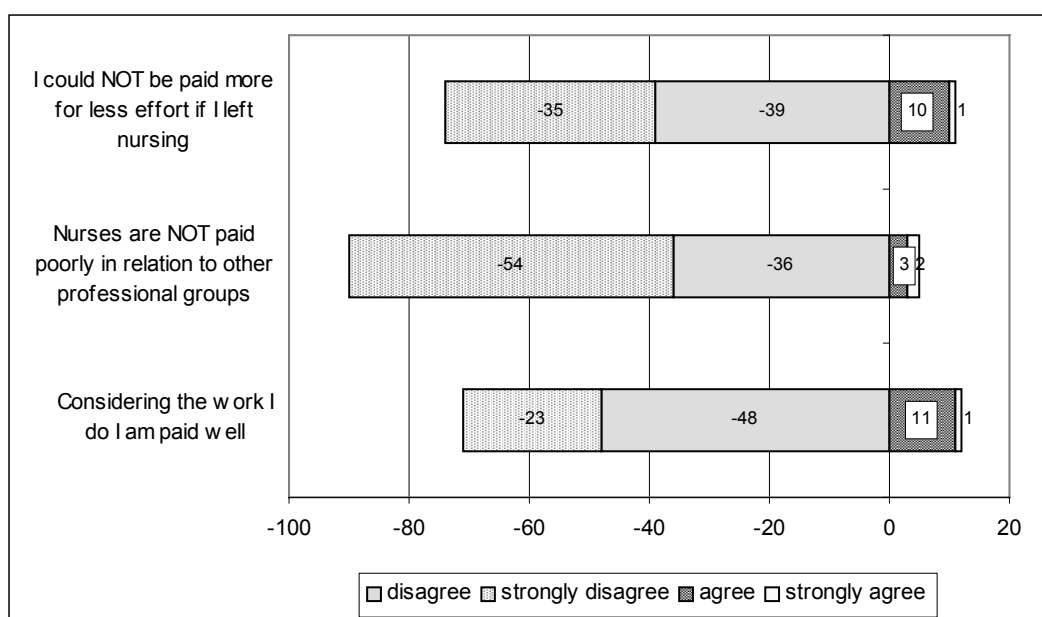
More than half (53%) of nurses who intend to leave the profession within two years feel inappropriately graded, compared to 44% of respondents intending to stay in nursing for more than two years. Similarly, nearly 60% of nurses who say that they would leave nursing if they could feel inappropriately graded compared to 42% of those who have no desire to leave nursing. Nurses who feel inappropriately graded are also much less likely to report that they are satisfied with their present job (see chapter 7).

Feeling wrongly graded clearly has retention consequences as it pushes them towards leaving earlier than would otherwise be the case. If all goes well with AfC there may be fewer nurses feeling inappropriately graded and consequently fewer wanting to leave the profession.

4.3 Attitudes towards pay

Respondents were asked to indicate on a five-point scale the extent to which they agreed with three items regarding their pay (the items were interspersed with attitude items described in more detail in chapter 7). Their responses (excluding the proportions who answered *neither*) are shown in figure 4.4. Few nurses in the NHS are satisfied with their pay – 74% felt that they could be paid more for less effort if they left nursing, and only 12% felt they were well paid considering the work they do.

Figure 4.4 Views of pay (NHS only) - percentages



Source: *Employment Research Ltd/RCN 2003*

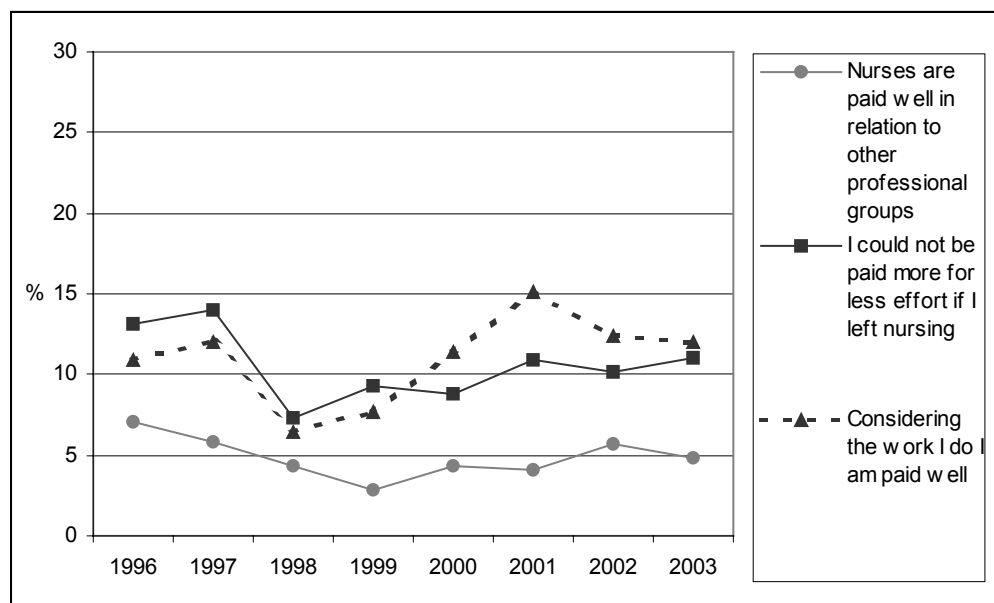
The aspect of pay that nurses felt most strongly negative about was how nurses' pay compares to that of other professional groups. Nine out of ten nurses in the NHS disagreed with the statement that *nurses are paid well in relation to other professions*. Feeling appropriately rewarded and valued is not just about actual pay levels but relative pay, both externally when compared to other professions, as above, and internally relative to colleagues undertaking similar work. In 2001²¹, while *good pay* was considered important or extremely important by three-quarters of nurses an even larger proportion 80% felt *promotion based on merit* was important or extremely important. And it is *promotion based on merit* that showed the greatest difference between the importance attached to it and experience in the work place.

In responses to the statement *considering the work I do I am well paid* NHS hospital nurses are much less likely to agree than all other groups (10% compared to 15% overall). It is worth pointing out that more than a third (34%) of bank and agency nurses agreed with the same statement. Nurses in critical care are most likely to feel that their work is poorly paid (78%). However, whether or not respondents feel that their grade is appropriate given their role and responsibilities it is most strongly correlated with pay satisfaction. Of those who feel inappropriately graded 84% feel that they are not well paid considering the work they do, compared to 52% of those who consider themselves appropriately graded.

Figure 4.5 looks at how views of pay have changed since 1996. Comparing 2003 directly with 1996 there has been virtually no change in the proportion of NHS nurses agreeing with the positively framed statements about pay. However, there have been some small changes in the intervening years. Respondents to the 1998 survey were least positive about pay, and since then most of the items saw slight positive changes until 2001. Views since 2001 have changed little. The overall point to make is that in the last eight years the proportion who are satisfied with their pay has never exceeded 15%, and currently stands at 12%.

²¹ Royal College of Nursing (2001) *Time to deliver?* London: RCN. Publication code 00 1 577

Figure 4.5 Views of pay 1996 – 2003 (NHS only) – percentages agreeing



Source: Employment Research Ltd/RCN 2003

4.4 Key points

This year for the first time data was collected on the earnings of members completing the survey. This information should enable some comparisons between the two pay systems:

- 92% of all respondents are able to give their grade C-I demonstrating the wide application of national pay scales across all sectors. In independent hospitals 84% gave a grade equivalent
- since 1998 there has been an increase in the proportion of nurses on grades F or higher in the NHS from 37% to 43%. Since 1991, however, there has been a reduction in the proportion indicating that they are grade G and above from 32% to 26%
- reinforcing last year's findings there is a difference between the time taken to progress to senior grades for men and women. However, some of this difference is attributable to mode of working with the difference between full-time men and women being narrower
- part-time nurses, regardless of their gender, are likely to be on lower grades than full-time nurses, and women are less well represented in higher grades than full-time men.
- nearly a half (47%) of all respondents say that their grade is not appropriate for their role and responsibilities. Black and minority ethnic nurses are much less likely to feel appropriately graded, particularly those in mental health and older people's nursing.

5. Job change and retirement

Understanding the nature of nursing workforce dynamics is complex. A host of factors influence the course of individuals through their careers from the point at which they enter nurse education, until they finally reach retirement age. From a workforce planners' perspective, to work out how many nurses have to be recruited into nursing in order to achieve a specific increase in numbers in the NHS, requires an understanding of the job moves made by nurses into and out of nursing, and between different sectors.

In recent years the focus has been on nurse shortages and although progress has been made to increase nursing numbers, there is no room for complacency. As the *Labour Market Review* puts it “without international recruitment we would have been running hard to stand still”. The challenge facing planners is not simply to ensure enough nurses are in the workforce, but that there are the right numbers of nurses in the right places at the right time. Plans to increase the nursing workforce focus on: increasing training; recruiting from abroad; encouraging nurses outside of the workforce to return to practice; and improving retention. Another option being reviewed is to keep nurses in employment for longer by encouraging them to delay their retirement. But little is known about how many nurses would consider delaying retirement, and what it would take to make this option viable and attractive to nurses.

Having looked at the profile of respondents and nature of their jobs, this chapter explores job change and career plans. The survey captured data on what respondents were doing 12 months ago, and asks if they have had a change of job or employer in the preceding year. The job change data has been analysed to determine the amount of movement into and out of nursing²², and between different sectors. Job change data can provide an indication of turnover. We also look at employment sector by time since qualification to see how the employment setting of those at the start of their careers compares to those nearing the end. Are there any clear patterns in the areas worked in at different stages in careers?

Later in the chapter, nurses' career plans – with respect to nursing in general and their current employer in particular – are described to see what the future holds. How many nurses are planning to stay in nursing or leave within the next few years?

Finally, the results from the new section of the questionnaire on nurses' retirement plans are presented. Is delaying retirement really an option that might help maintain nursing workforce numbers?

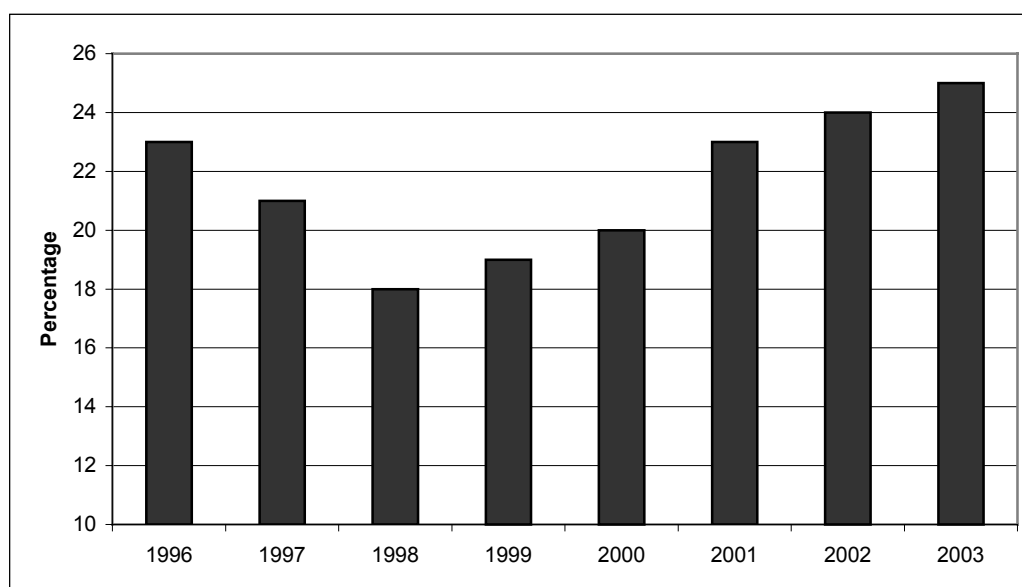
²² Points to note in interpreting the results: membership attrition affects movement, the survey only covers those who are currently in nursing employment, retirements between surveys are not included, neither are those who have left the profession between surveys. The survey is a better measure of inflows than outflows.

5.1 Changing jobs

Just over a quarter (26%) of all respondents to the 2003 survey had changed job in the preceding 12 months. Comparing job change by the employment sector worked in 12 months previously can give some indication of the nurse turnover²³ in each sector. GP practice nursing and nurse education have comparatively stable workforces, and relatively few of the nurses working in these sectors a year ago have changed their jobs in the last 12 months (15% and 17% respectively). At the other end of the spectrum, roughly a half (49%) of all agency nurses have changed their jobs in the last year. The independent sector varied. A fifth (20%) of those who were in independent hospitals a year ago had changed jobs compared with 29% in nursing care homes.

Of those currently working in the NHS, 25% had changed jobs. Turnover has increased year on year since 1998, when 18% of current NHS nurses had changed jobs in the preceding year (see figure 5.1). There is no clear explanation for this increase but it may relate to the gradual growth in headcount in the NHS (particularly in England), and the level of organisational reconfiguration in health services in the last five years. Nurses in primary care in the NHS are more likely to have changed jobs in the last 12 months (31%) while fewer of those in paediatrics general (18%) and older people's nursing (19%) had changed jobs.

Figure 5.1 NHS turnover 1996-2002 – percentage



Source: *Employment Research Ltd/RCN 2003*

Job changes do not necessarily entail a change of employer but may be a promotion or sideways move to work in a different part of the same organisation. This said, just over a half of all job changes (51%) also entailed a change of employer. One-in-eight (13%) of all nurses changed employer in the previous twelve months – this figure has remained constant since 2001.

²³ Surveys such as this only cover certain types of turnover and wastage. For example, members who retired or stopped their RCN membership during the course of the year are not included in the survey. The survey and this analysis only cover nurses who have maintained RCN membership and are currently in nursing-related employment.

Nurses working in non-NHS sectors who have changed jobs are more likely to also have changed employer compared to NHS nurses. For example, 29% of nurses currently working in NHS hospital settings who moved jobs also changed employer, compared to 58% of those in independent hospitals and 61% of those currently working in independent care homes. This will be due primarily to the relative size of employers in the independent sector compared to the NHS.

Joining the nursing workforce

Nearly 7% of those who reported that they were working in nursing in the UK at the time of this latest survey²⁴, were not doing so 12 months previously. Three per cent were students, 1% worked outside of nursing, 2% were on maternity leave or career breaks and 1% previously worked outside the UK.

Movement between sectors in the last 12 months

All respondents (not just those who had changed jobs) were asked to describe their employment situation one year ago. The overall job change figures described above give an indication of the *level* of change, but not the *direction*. Data on the previous work situations for all those who are currently working in nursing is explored more fully to find out what movement there has been between sectors²⁵.

Of those who were working in some part of the NHS one year ago (using a broad categorisation to include GP practices and PCTs), 96% report that they are still employed and working. The rest are split as follows: 2% are on maternity leave; 1% are employed but currently on sick-leave; and a further 1% are retired but still working.

The vast majority (96.5%) of those who were in the NHS (broadly defined) a year ago still are. Of the 248 who left the NHS in the preceding 12 months²⁶ 30% are now employed by a nursing bank or agency, 17% work in the independent sector, 16% work for a charity/school or other health-related employer, 15% work for health authorities or NHS Executive, and 16% are self-employed or working for a non-nursing employer.

Further analysis was undertaken to look in more detail at the work situation of respondents 12 months ago relative to their current employment situation. The results show the movement between different parts of the NHS or independent sectors.

The vast majority of those who reported that they were students²⁷ a year ago (92% of 280) are now working in an NHS trust or a PCT. Of the remainder, 3% (8 cases) went directly into the independent sector and 2% have gone to take up a non-nursing job. The numbers of recently qualified nurses in the survey are too small to determine if this is a normal pattern of post-qualification employment.

²⁴ This survey, however, is not the ideal vehicle to comprehensively measure influxes into the profession as it is based only on full RCN members.

²⁵ Note that because the data set is restricted to employed nurses, the analysis does not cover all movement in the health service such as retirements and other movements out of nursing.

²⁶ As described in chapter 1, respondents who are retired, in non-nursing jobs or not employed at all were excluded from the data set, as the questionnaire does not apply to them.

²⁷ Note that these may not necessarily be newly-qualified nurses.

Of those nurses who were previously working in nursing outside of the UK a year ago (80 cases) roughly the same proportion are now in the NHS as are in the independent sector (38% and 36% respectively). Given the relative sizes of the NHS and independent workforces, it would seem that proportionally, the influx of international recruits is greater in the independent sector. Indeed, data presented in chapter 2 showed that 22% of all IRNs surveyed are currently working in nursing care homes.

Bank and agency nursing emerge as relatively important destinations for those returning to work after a career break, primarily because it allows them more choice and control over their hours of work. For example, 18% of those who were on a career break a year ago are now working for an NHS bank. It would seem that NHS bank work can be a stepping stone back into the NHS – 38% who gave NHS bank as their employer one year ago report that they now work in the NHS/PCT. The popularity of bank work among returners has implications for the back-to-nursing campaigns.

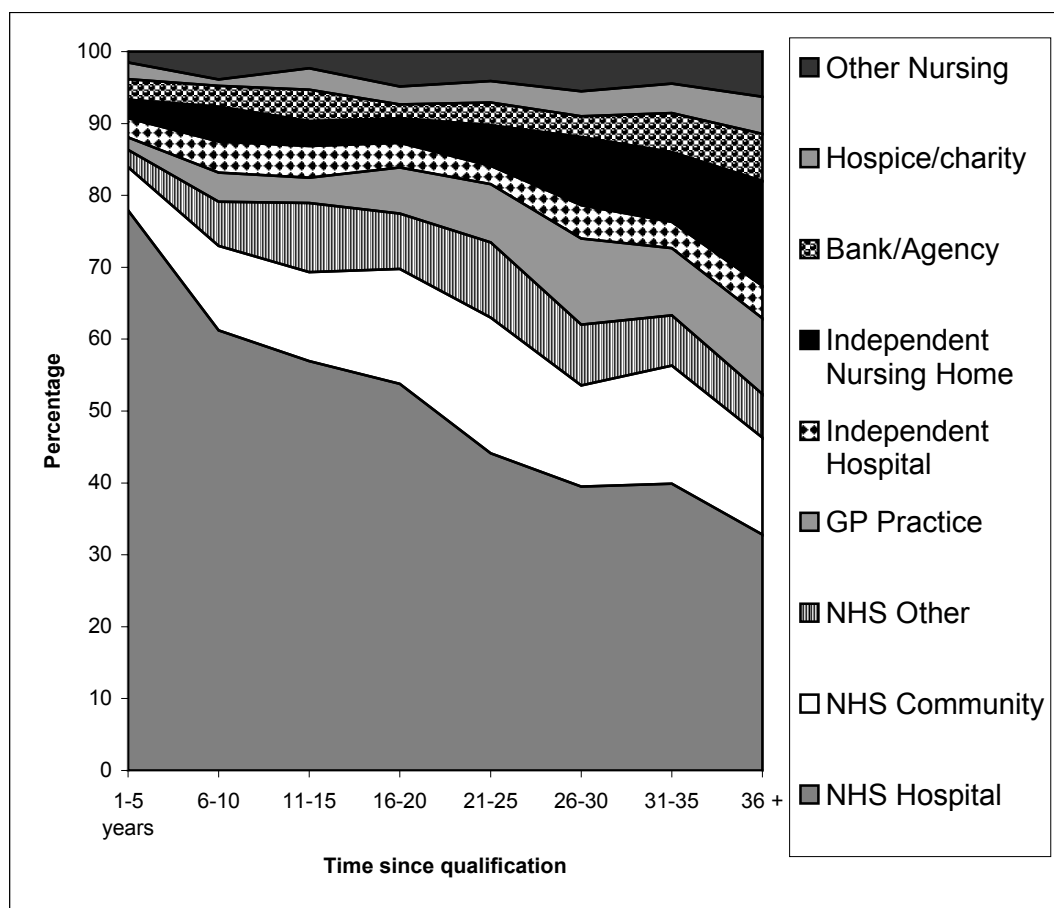
Again the relative stability of the different sectors is apparent. The vast majority (95%) of those who were working in GP practices a year ago are still in GP practices or PCTs. However, a much lower proportion of those doing bank or agency care have stayed in the same sector since year one. A small number of respondents (just 34 cases) were working in NHS Professionals a year ago. Of these, only 12% report that this is their current work situation.

Career moves

The above section details recent job change, but as the survey covers a snapshot of almost 10,000 nurses of all ages, we can look at current work situation by age to get an idea of the typical work scenarios of nurses at different points in their careers. Chapter 2 presented data showing a link between age and specialty/sector worked in. For example, 71% of respondents in older people's nursing are over 40, and in primary/community care 68% are in this age group. Incidentally, both these figures are slightly higher than reported last year.

The overall picture is that as nurses progress through their careers a steadily reducing proportion of any cohort is working in the NHS, particularly in hospital settings. Figure 5.2 plots employment sector by time since qualification. The proportion working in NHS hospitals goes from more than three-quarters of the age group, in the early parts of nurse careers, to less than a third in the later stages. By comparison, the proportion working in other sectors, particularly GP practice and independent nursing homes, increases with time since qualification so that these sectors are noticeably fatter from left to right on the graph.

Figure 5.2 Employment setting by time since qualification



Source: *Employment Research Ltd/RCN 2003*

Nurses gravitate more towards community settings PCTs, GP practice settings, and most significantly (in terms of numbers), towards independent care homes. So, while nearly 80% of nurses who qualified in 2000 and later are working in NHS hospitals, only 30% of those who qualified in the 1960s are doing so, and 12% of this group are working in independent care homes and 21% in PCTs.

This would seem to suggest that the NHS has most direct influence on retention issues at the early stages in nurses' careers. The NHS will have less opportunity to influence retention or retirement planning, in the later stages of nurses' careers as many are either working outside of the NHS or working in low turnover, low vacancy areas such as GP practice. This has two implications. Firstly, virtually all nurses spend the first few years of their career in the NHS, and the quality of that experience will shape their views of the NHS as a place to work, and as such it is critical. Secondly, the shift away from NHS employment later in their careers suggests that to retain nurses in the NHS, the NHS must create working opportunities and conditions that will be more attractive to experienced nurses. A study by researchers at Loughborough University²⁸ on the attractiveness of the NHS as an employer showed that once working in the independent sector or for an agency, the older people were, the lower their intention to work for the NHS. They also reported that qualified staff, currently working outside the NHS, were unlikely to return.

²⁸ Arnold, J., Loan-Clarke, J., Combs, C et al. (2003) *Looking Good? The attractiveness of the NHS as an employer to potential nursing and allied health profession staff*. Loughborough: Loughborough University

5.2 Moving up

This section looks at nurses applying for higher-grade posts, success rates and factors correlated with successful applications.

Applying and getting higher grade posts

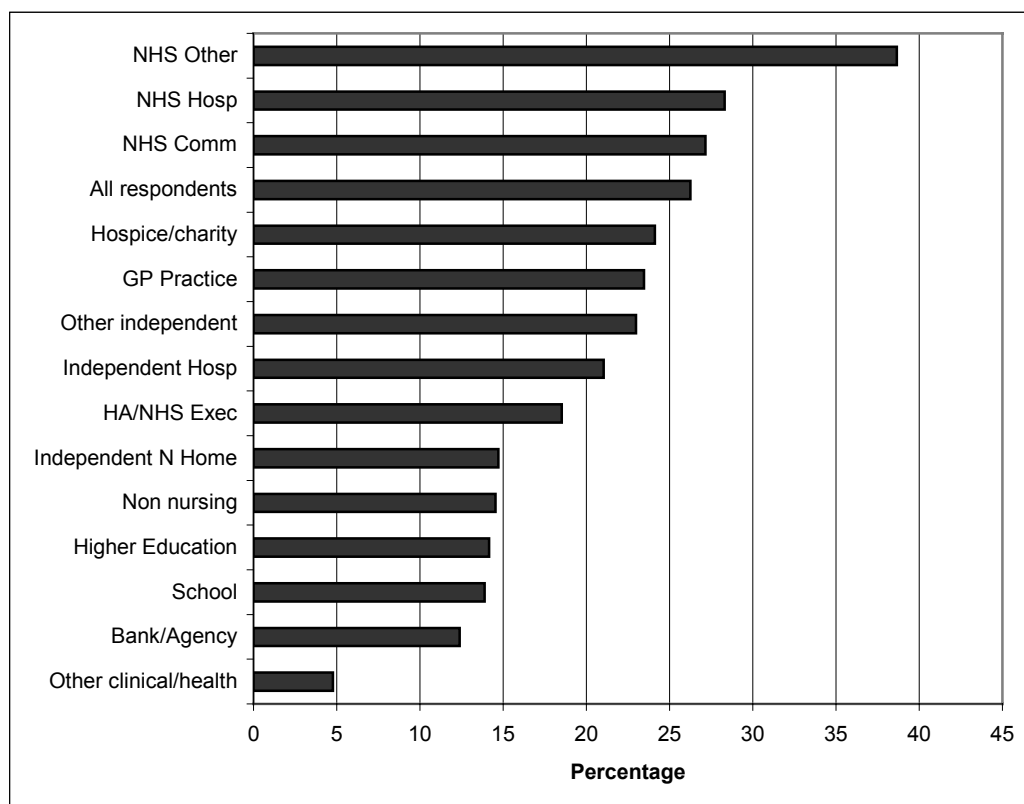
Just over a quarter (26%) of all respondents had applied for a higher grade post in the preceding 12 months. This figure is slightly lower than that reported last year (28%).

Nurses earlier in their career are much more likely to apply for higher grade posts. For example, 76% of those in the first five years of their career applied for a higher grade post in the previous 12 months compared to 63% of those who have been in their careers for ten years or more. This situation impacts on the pattern of applications by employer group. As figure 5.3 demonstrates, 29% of nurses in the NHS applied for higher grade posts, which compares to 15% of those working in independent care homes and 21% of those in independent hospitals.

NHS nurses working in *other* settings are most likely to have applied for a job of higher grade. The majority of these nurses are clinical nurse specialists or nurse practitioners that do not work in a single ward/unit/practice, but have responsibility across several different parts of an organisation - hence their work-base is classified as *other*.

In addition, but also correlated to these factors, nurses working full-time are much more likely to apply for higher grade posts than those working part-time (32% compared to 19% respectively). In the NHS more current F and H grades applied for higher grade posts than was the case among the others, and particularly D grades.

Figure 5.3 Applying for posts of a higher grade by employer – percentages



Source: *Employment Research Ltd/RCN 2003*

Determinants of success

Respondents were asked if they were successful in their application, and 66% were successful in 2002/3²⁹. Firstly, it is worth noting that being unsuccessful in an application for a higher grade post is strongly correlated with nurses considering their current grade to be inappropriate for their role and responsibilities. Of those respondents that made a successful application for a higher grade post 61% considered that their grade was appropriate compared to 24% of those that made an unsuccessful application.

Nurses currently on F, G and H grades were all more likely to have been successful in their applications than other grades (75%). Women, while more successful than men in getting higher grade posts (67% compared to 57%), are less likely to have applied for one in the last 12 months (26% of women compared to 33% of men). The overall result is that 16% of all women had successfully got a higher grade post compared with just under 18% of all men.

White nurses, particularly those who are UK-qualified, are more likely to be successful in their applications than minority ethnic origin nurses, 68% compared to 45% (69% to 51% in the NHS only).

²⁹ Taken as a percentage of those who said that they had applied for a higher grade post.

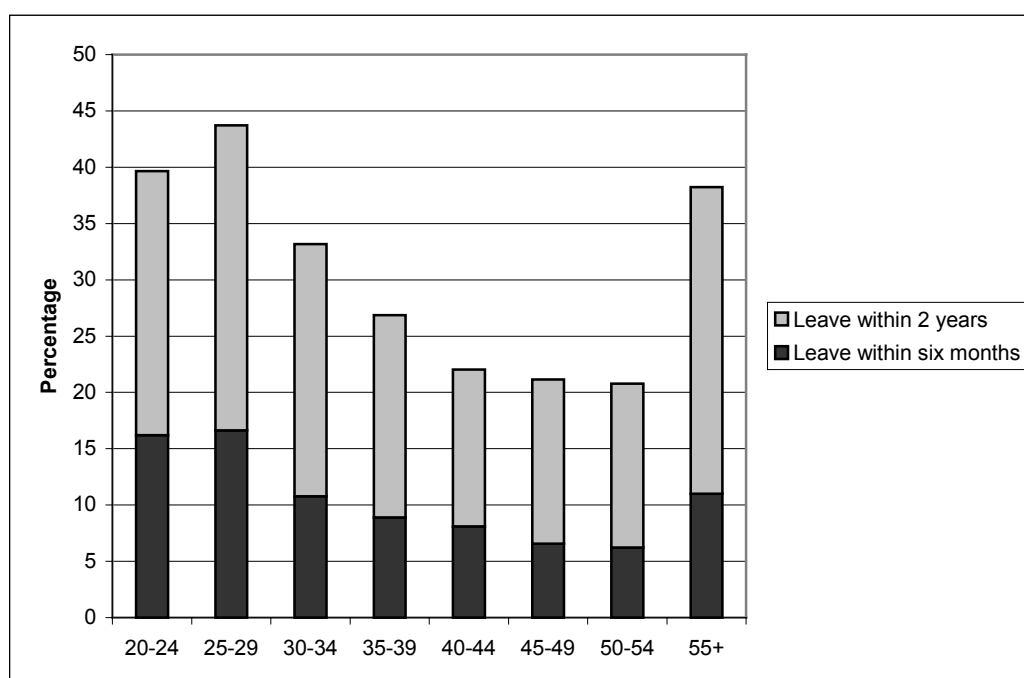
5.3 Next steps

Each year the survey seeks information concerning nurses' future career intentions – how long they intend to remain in nursing, and how long they think they will stay with their current employer.

Intentions to change employer

Nearly three-in-ten (29%) of all nurses plan to leave their employer within the next two years, a trend that is marginally higher than two years ago (27%). Age and life situation are the two main factors correlated with intentions to change employer. Figure 5.4 highlights the age differences with 41% of nurses aged under 30 intending to change employer within two years compared to 30% of nurses in their thirties and 22% of nurses in their forties. Nurses aged over 55 are most likely to want to leave their employer due to retirement plans, discussed in the next section.

Figure 5.4 Intending to leave employer by age band – percentages



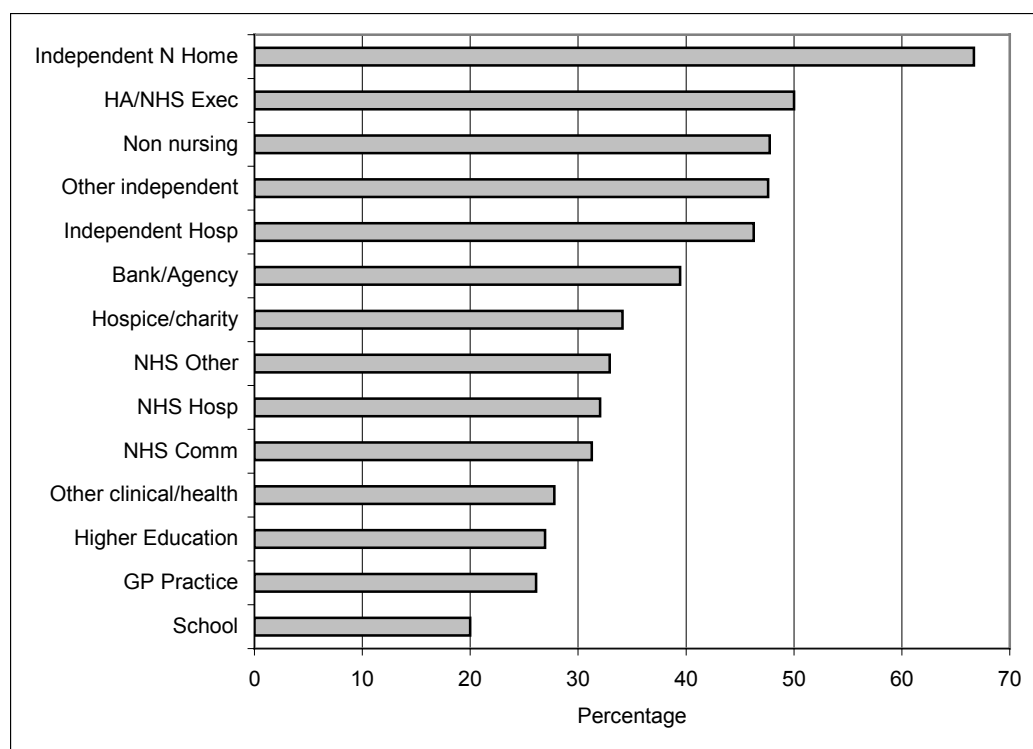
Source: *Employment Research Ltd/RCN 2003*

Nearly 40% of all single nurses without children intend to change employer compared to 23% of those with children and living with a partner.

Approximately one-in-four (27%) nurses in the NHS are looking to leave their employer in the next two years but in the independent sector this rises to 36% in hospitals and 48% in care homes. This significant difference is not a product of the different age profiles. Looking solely at respondents who are less than 40, two-thirds (67%) of those in independent care homes plan to leave their employer in the next two years compared to just 26% working for GP practices, 31% in NHS community and 32% in NHS hospitals (compared with 46% in independent hospitals) – see figure 5.5.

Recent international recruits are more likely to be planning to leave their current employer in the next two years (45%).

Figure 5.5 Intending to leave employer within two years by sector (under 40s only) – percentages



Source: Employment Research Ltd/RCN 2003

Of those nurses who intend to stay with their employer for five years or more, 63% agree with the statement *I feel my work is valued*. Only 40% of those who wish to leave within two years feel that their work is valued. Whether or not respondents feel satisfied in their current jobs though, is the factor that is most correlated with intentions to leave their current employer. Other indicators of job satisfaction are also important such as enthusiasm for their work and pride in the organisation worked for. Also, whether or not nurses feel that their efforts to update their skills are valued is an important factor in the decision.

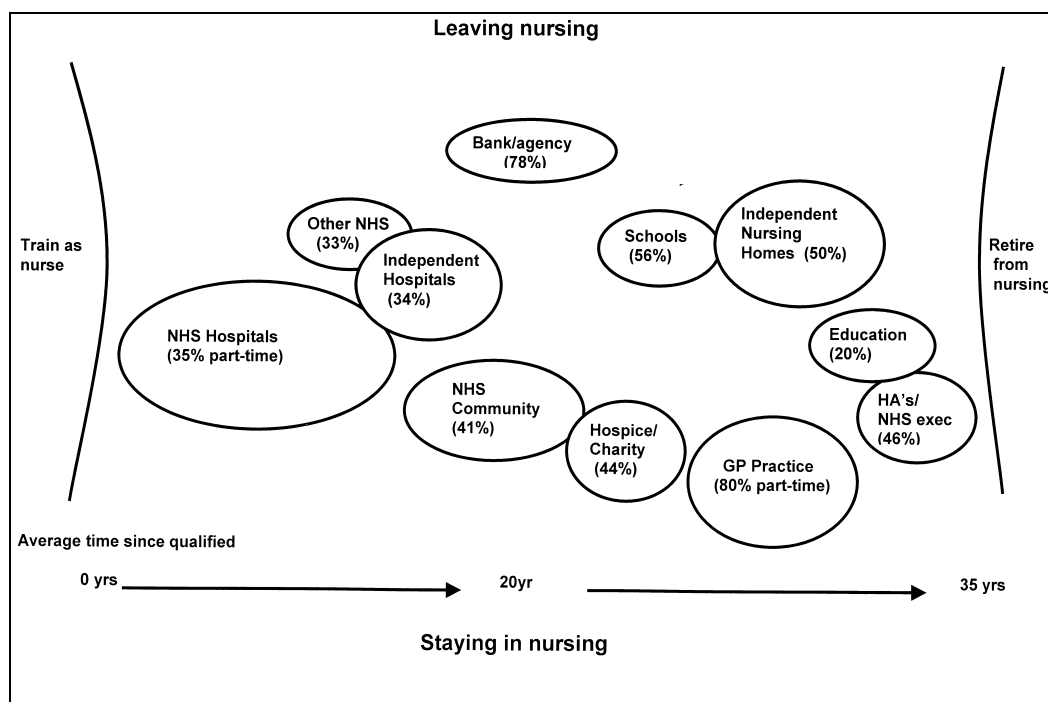
Intentions to leave nursing

There has been little change in recent years in the proportion of nurses intending to leave nursing within two years – 11%. Last year we reported that more nurses under 40 intended to leave the profession within five years than previously (46%). This figure has reduced slightly to 43%, but it is still higher than in 2001 when it was 37%.

Again, whether or not respondents feel that their work is valued is strongly correlated with their intentions to leave nursing, and it is the variable that explains most variation in the intention to leave nursing. Looking only at nurses aged under 50, to take out those who may be retiring within five years, 61% of those intending to stay in nursing for more than five years say that they feel their work is valued. Contrast this with 29% of those who want to leave nursing within two years.

Looking at this by employer, figure 5.6 illustrates the differences between employment sectors in terms of nurse intentions to leave the profession. The position of the sectors (or *stepping stones*) from left to right reflects the average time since qualification of nurses working in each (shown in figure 5.2). The left hand side of the figure represents nurses' entry to the profession, and the far right *bank* is retirement. The height of the stones represents variation in plans to leave nursing in the next two years. The lower stones are associated with lower intention to leave. The percentages shown are the proportions who work part-time in each sector.

Figure 5.6 Stepping stones out of nursing: leaving nursing within two years



Source: Employment Research Ltd/RCN 2003

Nurses in independent hospitals, independent nursing homes and bank and agency settings are more likely to be planning to leave nursing in the next two years than is the case among NHS nurses. Looking at career plans over the next five years shows a similar pattern. Nearly 40% of nurses in NHS hospitals plan to leave nursing within five years, compared to 50% of those working for banks/agencies, 44% of those in independent hospitals and 42% of those employed in care homes. Less than 30% of nurses in GP practices and schools intend to leave nursing within five years.

This lends weight to the point made earlier in the chapter about the extent to which NHS employers can directly influence the retention of nurses within the profession. Working in the independent sector or doing bank/agency work seem to be stepping stones out of the profession. The challenge for the NHS is therefore to keep nurses in the NHS or GP practices, and to develop policies so that these settings are more attractive to nurse returners. Once nurses leave these employment situations, they are more likely to consider leaving the profession altogether.

5.4 Retirement planning

Retiring early is an aspiration that characterises much of the labour market nationally, with successive generations expecting to retire at a younger age. In addition, many retire early on medical grounds. In the NHS a third of employees retire early on medical grounds with an average age of just under 52³⁰. It is estimated that early retirement by nurses will cost the NHS Pensions Agency £180 million more than would have been the case had they retired at the normal retirement age³¹.

The research by Meadows (2002) shows that the main reason nurses retire early is because of the *toll of too much pressure*, caused partly by increased workload, staff shortages, lack of recognition and long working hours.

This year's survey asked respondents a series of questions about when they would ideally like to retire and when they actually plan to, as well as asking about factors that may influence their decision to retire.

The average age nurses plan to retire is about 58 but, ideally, they would like to be retiring a few years earlier than this at 55. However, a half of all respondents (primarily younger nurses) do not know at the moment when they plan to retire. In addition 28% of all respondents do not have an ideal retirement age at present. Many nurses have no fixed ideas about when they may retire, or even when they would like to ideally, suggesting that there is scope to influence the retirement plans of many.

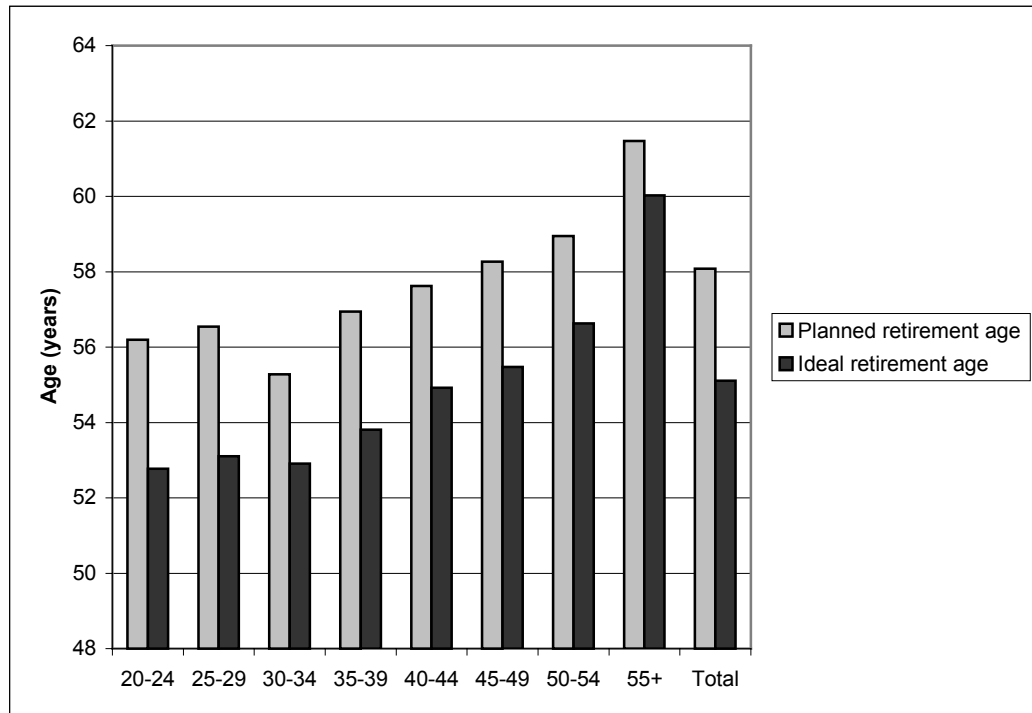
There is little difference between employer groups in either the ideal or planned retirement ages of respondents. What difference that does exist is due primarily to the age profiles in each setting. Older nurses typically expect to retire later than younger nurses and also give an older ideal retirement age. For example, the over forties plan to retire on average at 59 but would like to retire at 56, while those under 40 give 56 as their planned retirement age and 53 as their ideal retirement age. Other than age differences in the predicted and preferred retirement ages (see figure 5.7) there is very little discernible difference between groups of nurses regarding their retirement plans.

It is worth reiterating that a small proportion of respondents (1.6%) described their current employment situation as 'retired but still working'. Most of this group are working for a bank or agency or in the independent care home sector, with just 21% in the NHS.

³⁰ Department for Education and Skills (1998) *Characteristics of older workers*. London: DfES (formerly DfEE).

³¹ King's Fund (2002) *Great to be grey*. London: King's Fund.

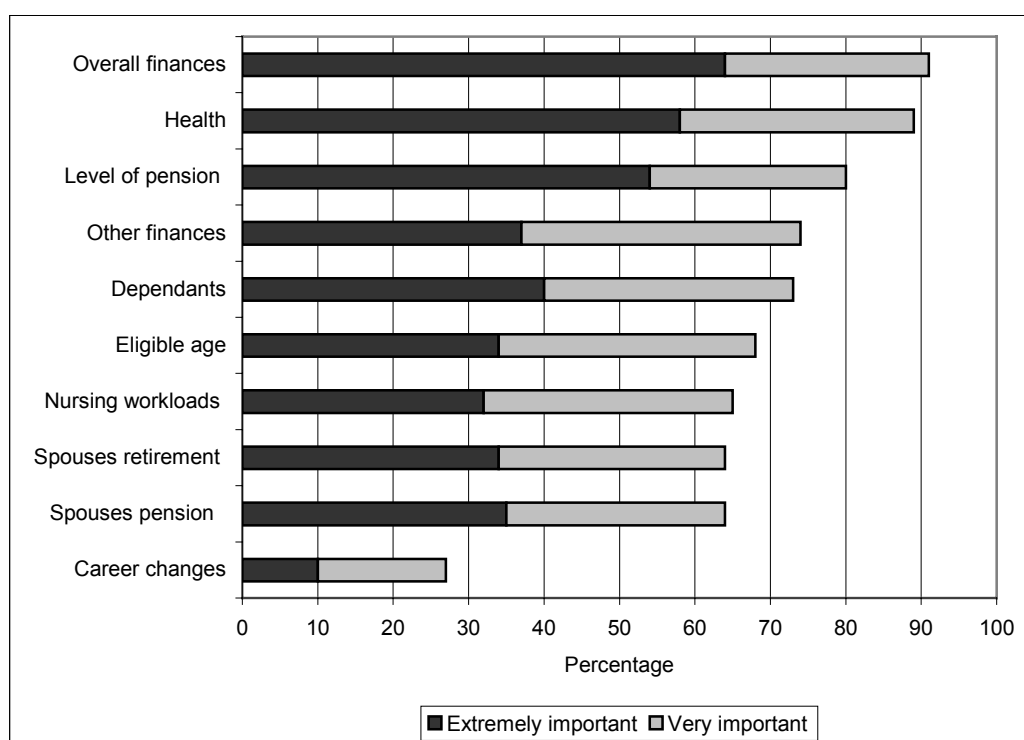
Figure 5.7 Average planned and ideal age of retirement by age group



Source: Employment Research Ltd/RCN 2003

Respondents were asked to indicate the importance to them of a range of factors in influencing when they plan to retire from nursing employment. The two key factors that influence members' retirement plans are their overall financial situation and their health, and 90% indicated that these two factors were either extremely or very important. Figure 5.8 shows the relative importance attached to each factor listed.

Figure 5.8 Factors influencing retirement plans: importance of each factor in determining retirement – percentages



Source: *Employment Research Ltd/RCN 2003*

Being a bread-winner and working full-time affect the level of importance of financial issues in making retirement plans. For example, 62% of nurses whose earnings make up more than half their total household income view the level of their pension as extremely important compared to 43% of those nurses who contribute less than half of the household income. As would be expected, the converse is true in relation to spouse's pension as an important factor. Of those with a partner or spouse 78% consider that their partner's pension to be very or extremely important. Also correlated with retirement plans is mode of working. Of nurses working part-time 46% view the level of their pension as extremely important compared to 59% of full-time respondents.

The age eligible for pensions is a bigger factor in the retirement plans of NHS nurses, 71% of whom rate it as very or extremely important compared with 57% of nurses working in independent care homes. One-in-ten nurses in the care home sector indicate that the age at which they can draw a pension is not applicable to them. Health also plays a part, particularly for lower grade nurses. Eleven per cent more D grade nurses say that their health is an extremely important factor in their retirement plans than do H/I grade nurses (62% and 51% respectively).

Delaying retirement

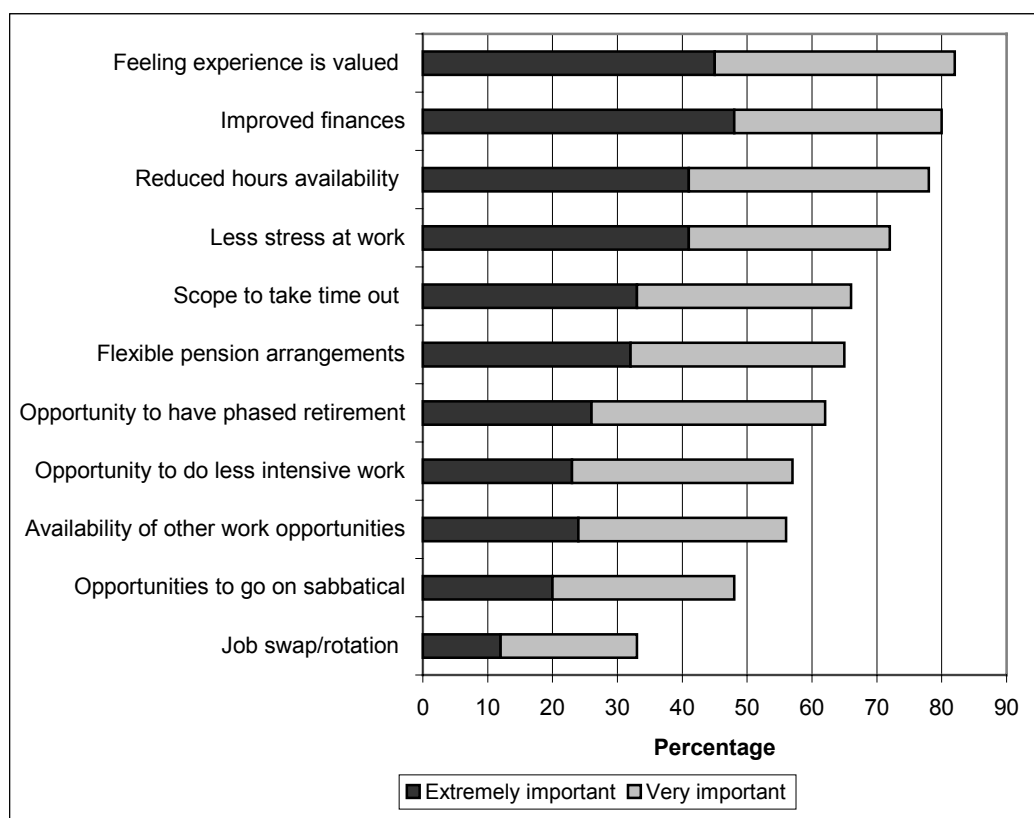
Three-quarters (76%) of respondents say that they would delay their retirement from nursing employment – 70% in certain circumstances, 6% in any. One-in-four respondents (24%) say they would not consider delaying their retirement.

There are few differences in the biographical and employment characteristics of nurses who would or would not consider delaying retirement. This said, younger, more recently qualified nurses, are more open to the idea of delaying retirement, while minority ethnic nurses are less likely to consider delaying retirement (69% compared to 77% of white nurses).

Respondents' overall attitude to nursing as a career correlates with propensity to delay retirement. Nurses who agree with the statement *I would leave nursing if I could* are less likely to consider delaying their retirement compared to those that disagree. Two-fifths (38%) of those in agreement said they would not consider delaying their retirement in any circumstances, compared to 22% of those who disagreed with the statement.

The data presented in figure 5.9 shows the percentage of respondents indicating a factor to be extremely or very important (excluding *not applicable* cases who are primarily nurses who have already partially retired, most of whom are working in care home settings).

Figure 5.9 Factors that might delay retirement: importance attached to each – percentages



Source: *Employment Research Ltd/RCN 2003*

From the previous analysis on the factors that influence retirement planning in general, it might be expected that overall financial situation would be the most important factor in deciding to delay retirement. This is not the case. The factor rated as being extremely or very important by four out of five nurses in encouraging them to delay retirement, is feeling that their experience is valued.

Reinforcing the previous point, nurses who currently feel that their work is valued are much more likely to consider delaying their retirement (81%), compared to 69% of those who do not currently feel their work is valued.

Improved overall finance is the next most highly rated factor in deciding to delay retirement. After this is the availability of being able to work reduced hours without a negative impact on pension levels. More than three-quarters indicate that this factor would be extremely or very important in influencing their decision to delay retirement from nursing employment. The fourth highest ranking factor reported was “less stress at work”.

The importance of different factors varied between groups of nurses. More flexible pension and working arrangements, improved financial situation and less stress at work were all seen as more important to minority ethnic nurses than white nurses. Meanwhile lower grade nurses attach greater importance to reducing stress levels and opportunities to do less intensive work.

Employers can influence some of these factors at little cost while others are clearly funding constrained. However, again the importance to nurses of feeling that their work is valued comes through as important issue across all sectors and grades. The 2002 survey highlighted ‘feeling valued’ as the main factor in predicting nurses plans to leave their employer. In the 2001 survey ‘feeling valued’ was the most important feature of working life to nurses and was the aspect of their work with the biggest gap between the extent to which it is important to them and the extent to which it is present in their jobs.

In the current survey, *feeling valued* and *feeling that experience is valued* are the most important factors influencing nurses’ plans to delay their retirement from nursing.

5.5 Key points

This chapter covered job change and movement between sectors and looked at respondents’ retirement planning. The main points to note are:

- one-in-four (25%) respondents had changed jobs in the preceding 12 months. Turnover has increased each year since 1998
- one half of all job changes involved a change of employer. This figure is higher outside the NHS where employer sizes are smaller
- most nurses start their careers in NHS hospital settings and move towards primary and community settings and independent care home settings, as they get older
- slightly fewer nurses applied for a higher grade post this year compared to last (26%). Two-thirds were successful in their application with applications to F, G and H grades most likely to be successful
- 29% of respondents intend to change employer within two years. Those with lower levels of job satisfaction and who feel their work is not valued are much more likely to be considering leaving their employer within this timeframe

- leaving nursing can be seen as an accumulation of decisions or stepping stones to nursing retirement. Looking at the age and experience profiles of different sectors suggests many nurses move from the NHS to community settings/independent sector to bank and agency work then to full retirement. Nurses in bank and agency and the independent sector are more likely to be considering leaving the profession than nurses in the NHS
- on average nurses plan to retire at 58 but would ideally like to retire at 55. Older nurses have slightly older planned and ideal retirement ages
- the most important factors in general influencing retirement decision-making are overall finances and health
- most nurses (76%) say that they would be prepared to delay their retirement
- the most important factor influencing whether nurses would or would not consider delaying retirement is that they feel their experience is valued.

6. Bank and agency working

Bank and agency nursing staff provide health service employers with a means of overcoming temporary staffing needs and meeting fluctuations in service demand. They form a fundamental component of the nursing workforce. The 2003 RCN *Labour market review*³² points to the increased reliance made by the NHS on temporary staffing since the mid-1990s in the NHS in England. The NHS in England now owns and runs its own agency called NHS professionals. The thinking behind the new agency is to reduce the cost to the NHS of using agency staff while at the same time keeping staff in the NHS.

However, in recent years the high level of use of bank/agency staff in the NHS has been cause for some concern. Between 1996 and 2001 bank and agency staffing costs tripled. While temporary staffing is regarded as an entirely acceptable way of covering short-term absence, if used more extensively as a response to long-term staff shortages, it is not only expensive but may threaten the quality and continuity of care provided.

For individuals, bank and agency nursing offers greater choice and control over the number of hours worked and the scheduling of work hours, so that life outside of work can be accommodated more easily. From a workforce retention perspective, a key question is: what career choices would these nurses make if bank and agency work were not available? Does the existence of this type of flexible work help to retain nurses in the profession, who might otherwise have left? Analysis of job change data suggests that bank and agency nursing can be a stepping stone into and out of nursing work.

Used appropriately, there are positive aspects of bank and agency nursing to suit both the employer and individual. While bank and agency working have much in common with one another, they are not synonymous. The survey focused on drawing out the differences between working for an agency, a nurse bank or NHS professionals, to identify the strengths and weaknesses of each. This chapter reports on nurses' experiences of temporary working and presents their views of each.

6.1 Prevalence of bank and agency work

Most of this chapter covers nurses who work for banks/agencies in addition to their main job although a small number of respondents work for NHS banks, other banks, nursing agencies or NHS Professionals (NHSP) as their main job (119, 32, 174 and 12 out of 9,605 respondents). On average nurses working in this sector as their main job commit 24 hours a week, which is roughly the same as the average for part-time nurses working for other employers.

Working for a nursing bank or agency work does not mean moving out of the NHS environment, as most (60%) work in hospital-based settings in adult general or critical care. Nurses working for banks and agencies are thus working in roughly the same settings and for the same number of hours as part-time nurses employed directly by the NHS, which emphasises the importance of choice and control for nurses choosing this mode of work.

³² Buchan, J., & Seccombe, I. (2003) *More nurses, working differently. A review of the UK nursing labour market in 2002*. London: RCN/Queen Margaret University College. Publication code 002 180.

Bank and agency nurses tend to be slightly older than the average across all respondents, but there is little difference in the profile of these nurses relative to other respondents. Bank and agency nurses are no more or less likely than other nurses to have children living at home, have other caring responsibilities or to live with a partner.

Where bank and agency nurses differ most from other nurses is in their career plans. Nurses who do bank and agency work as their main job are twice as likely to be planning to leave nursing in the next two years (compared to all respondents).

Bank and agency work is more commonly undertaken in addition to a main job. Chapter 3 reported that 26% of nurses covered by the survey have additional jobs, most of which are in the health sector, typically for nurse banks and agencies. A third of respondents with additional jobs are working for their own employer's bank, 14% work with a bank at another employer and 21% do agency work.

Table 6.1 below highlights biographical information about nurses who work for banks and agencies as either their main job or as an additional job. In general, those who are working for a bank or agency in addition to their main job are younger nurses, who are single, on lower grades, and have main jobs based in hospital settings. Minority ethnics (particularly Afro-Caribbean 72%) nurses are more likely to have worked for a bank or agency. Last year³³ it was shown that the main reason nurses do bank and agency work in addition to their main jobs is to increase household income (75% cited this reason). Nine per cent mentioned improving their nursing skills and 8% said they wanted to widen their experience.

Table 6.1 Profile of respondents working for bank and agencies – percentages

	Mean age	Mean TSQ	% UK Minority ethnic	% IRN	% Single	% with Children	% Other caring resp	Weighted cases
Main job nursing agency	40	17	2	9	19	54	12	169
Main job bank in NHS trust	44	21	4	6	23	55	17	110
Additional job nurse bank own employer	37	13	9	8	31	50	15	800
Additional job other employer	40	16	6	4	23	44	18	340
Additional job agency	38	14	16	11	33	49	16	509
All respondents	41	17	6	5	24	54	17	9,400

Source: *Employment Research Ltd/RCN 2003*

³³ Royal College of Nursing (2002) *Valued equally? Results from the RCN membership survey 2002*. London: RCN. Publication code 001 937. Seccombe, I., and Smith, G. (1998) *Taking part: registered nurses and the labour market in 1997*. Brighton: IES.

The questionnaire also asked respondents specifically about their experience of working for a bank or agency in the preceding 12 months. One-in-five had worked for a bank with their own employer (21%), one-in-nine (11%) respondents worked for an agency, and 7% for a bank with another employer. Five per cent reported that they had worked for NHSP. The comments from some respondents completing the survey suggest that not all are aware of NHS Professionals as a nursing agency. Some respondents may have interpreted NHS professionals to refer to professional nursing staff in the NHS in general. Nearly two-thirds (63%) of respondents had not worked for any agency or bank in the previous year.

Table 6.2 Working for bank and agencies – percentages

	% Worked in last 12 months	Average number of shifts worked
Nurse bank for own employer	21%	11
Nurse bank for other employer	7%	23
Nursing agency	11%	22
NHS Professionals	5%	15
No agency/bank	63%	-
<i>All respondents</i>	8,829	

Source: Employment Research Ltd/RCN 2003

Of those nurses who have worked for a bank or agency in the last 12 months one half are registered with one or more agencies – the remaining half are working with a bank with their own or another employer. In 2% of cases nurses are registered with three or more agencies.

Nurses working for a bank in their own place of work had done an average of 11 shifts over the last 12 months, compared to 13 shifts for those working in a bank outside of their main workplace. Very few nurses responding to the survey had worked for NHS Professionals in the preceding year (5%), and those that had, typically worked 15 shifts for NHSP in the past 12 months.

6.2 Views of nurse banks and agencies

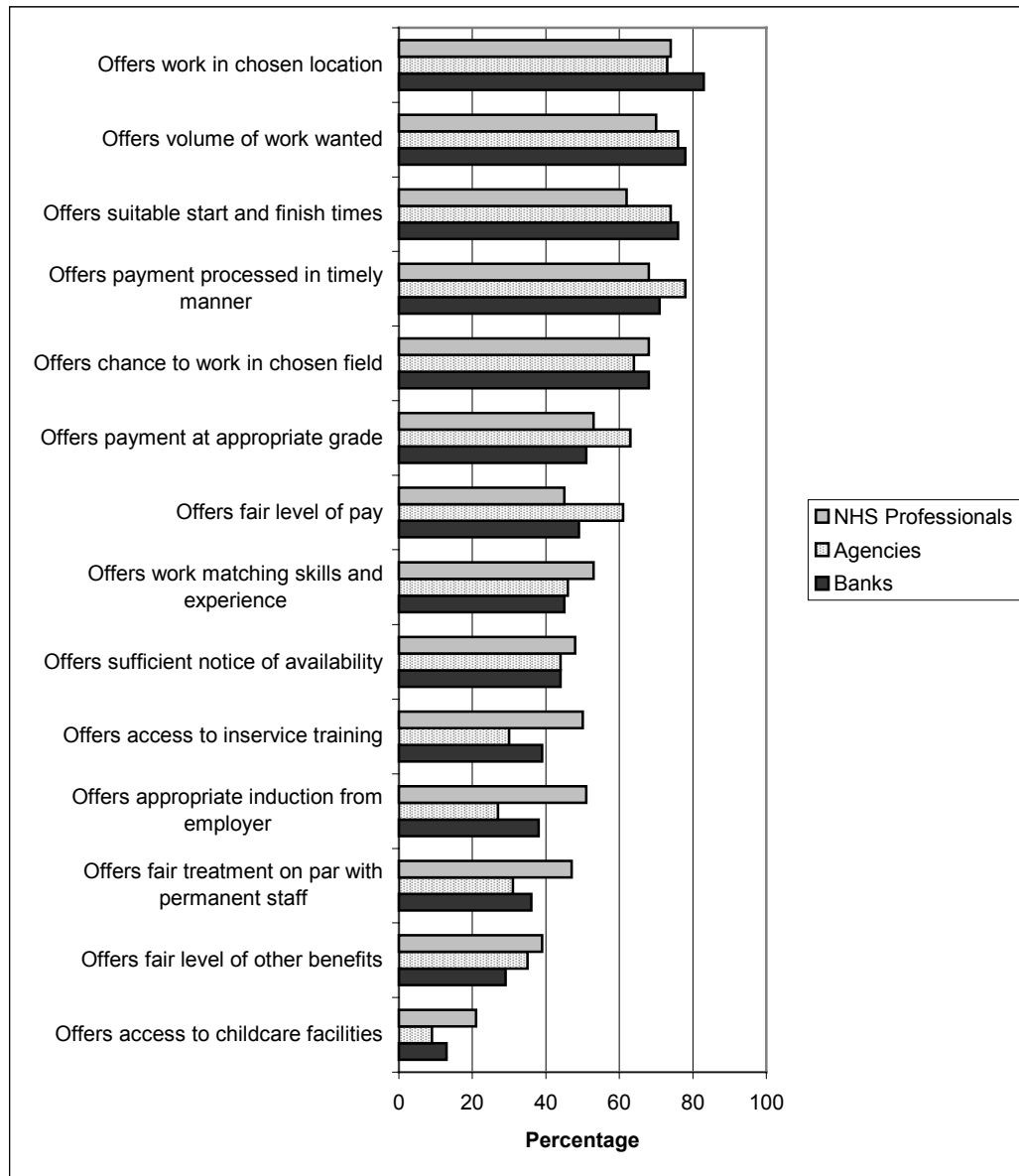
Respondents were asked to say the extent to which they agreed or disagreed with a series of statements reflecting aspects of the service offered by nurse banks, agencies and NHSP. A proportion (roughly a fifth) either did not complete this section or gave their responses as *don't know*. These cases are excluded from the analysis presented.

Looking at the views of respondents across the three types of temporary employment bank, agency and NHSP, some key differences emerge. Figure 6.1 highlights the percentages that agree with each statement as it applies to banks, agencies and NHSP (for all respondents who felt able to offer a view).

Agencies receive a more positive response on the pay offered. Higher percentages report that the pay is appropriate to grade and that the pay is fair in relation to the work undertaken. More than 60% agreed that agency pay is fair relative to work undertaken compared to around 50% commenting on this for nurse banks and NHS Professionals.

On the other hand, views of nurse banks are more positive in relation to the volume of work offered, start and finish times and being able to work where desired and in preferred chosen specialties. Overall NHS Professionals is rated more positively in terms providing in service training and induction.

Figure 6.1 Views of working for banks and agencies – percentage agree

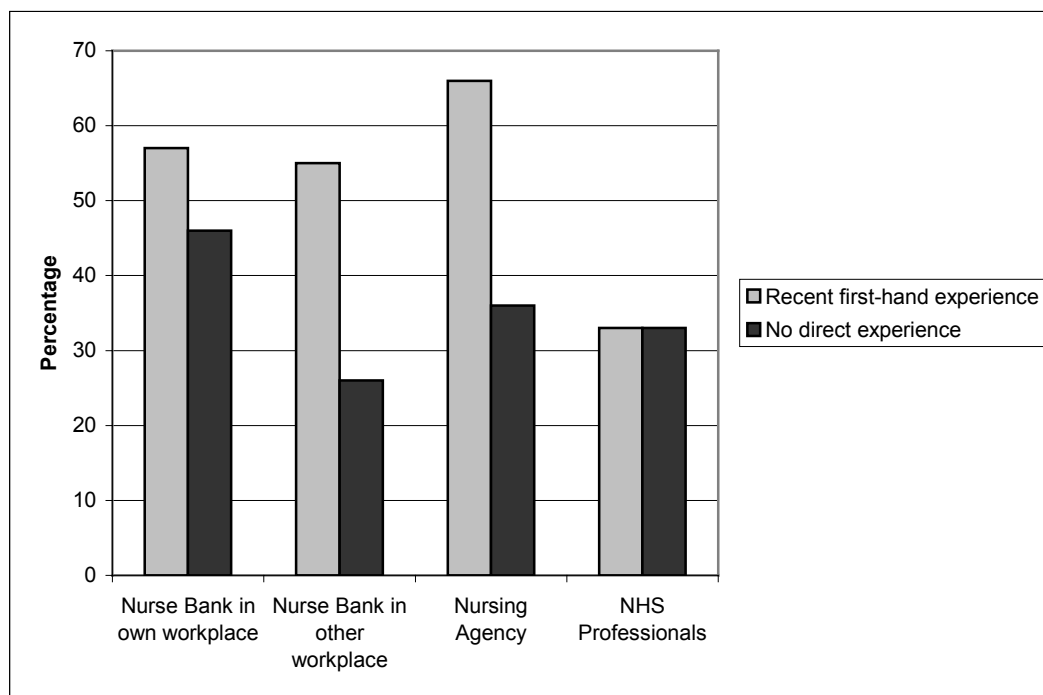


Source: Employment Research Ltd/RCN 2003

In a separate question at the end of this section, respondents were asked to give each employer type an overall rating. In general employers were rated as either *average* or *good*. Bank work with own employer was viewed most favourably with 49% regarding it as *good* or *very good*. A lower proportion believed that bank work with another employer or NHS Professionals was *very good* or *good* (31% and 33% respectively), and 43% rated nursing agencies as *good* or *very good* employers.

However, these global views are based on the responses from all respondents who felt able to offer an opinion, regardless of their own personal experience of each type of employer. These populist views differed noticeably from the views for those who have had recent experience of each type of employment. As figure 6.2 shows, those with recent first hand experience are much more likely to be positive about banks and agencies.

Figure 6.2 Employer is very good/good – percentages



Source: *Employment Research Ltd/RCN 2003*

This is particularly the case for nursing agencies where two-thirds of those who have worked for one in the last 12 months say that their employer is *good* or *very good* compared to 36% of those that have not worked for one in the last 12 months.

To get more detail on these views we return to look at the specific characteristics of each, and contrast the views of nurses that have recent experience of each employer with those that have not.

Starting with nurse banks, those with recent experience are more positive on a number of items than other nurses. Table 6.3 highlights the areas where the differences are greatest. The gap between those with recent experience compared to the rest is greatest in relation to 1) the extent that banks provide work that matches the skills and experience of the individual nurse; and 2) the treatment of bank staff compared to permanent staff. In both cases the experienced group is much more likely to respond positively than those with less recent or no direct experience of working for a bank.

Table 6.3 Views of nurse banks by experience – percentages

Nurse banks offer:	Recent experience (% Agree)	No recent experience (% Agree)
Work matching level of skills and experience	60	38
Chance to work in chosen field/specialty	75	65
Payment at appropriate grade	57	48
Fair treatment – on a par with permanent staff	45	31
<i>Approx no. weighted cases</i>	<i>2,500</i>	<i>4,500</i>
Agencies offer:		
Work matching level of skills and experience	69	40
Chance to work in chosen field/specialty	72	62
Payment at appropriate grade	77	60
Fair level of pay in relation to work undertaken	77	58
Fair level of other benefits	43	33
Payment processed in timely manner	91	74
Access to relevant in service training and CPD	49	25
Fair treatment – on a par with permanent staff	41	28
<i>Approx number weighted cases</i>	<i>870</i>	<i>3,500</i>
NHS Professionals offers:		
The volume of work wanted	82	68
Start and finish times of shifts that fit in with other commitments	81	60
Appropriate induction from NHSP	35	53
Work matching level of skills and experience	67	51
Chance to work in chosen field/specialty	84	66
Chance to work in chosen geographic location	85	73
Payment processed in timely manner	61	69
Access to relevant in service training and CPD	33	52
<i>Approx number weighted cases</i>	<i>400</i>	<i>2,700</i>

Source: Employment Research Ltd/RCN 2003

The views of nurses who had worked in the last year for an agency were polarised compared to the general view of all respondents, with higher proportion of the experienced group either strongly agreeing or strongly disagreeing. This lack of consensus suggests that nurses' experiences of working for an agency vary greatly depending on the particular agency in question. Despite this polarity, taking the mean scores, nurses with recent agency experience are generally more positive than those without.

The most significant difference between the two groups is that firstly, nurses who have recently worked for an agency are much more likely to say that they have received access to relevant in service training and continuing professional development (CPD). Secondly, more nurses who have recently worked for an agency say that there is a fair level of pay and that pay is appropriate to the grade of work undertaken, than is the case among those who have not worked for an agency in the last 12 months.

In contrast, although a high proportion (69%) of all respondents thought that NHSP paid promptly (a similar figure to that reported for nurse banks and agencies), if we look only at those who have actually worked for these organisations, then NHSP is viewed significantly less positively (61% agreeing) than is the case among nurses who have worked for banks or agencies (76% and 80% respectively agreeing that payment is prompt).

Those with experience of NHSP are generally more positive than those who have not in terms of the volume of work wanted, flexibility in terms of start and finish times, and in choosing location and work that is in preferred specialties and matches the skills and experience of the individual.

Clearly some of the views held by nurses about working for temporary staffing organisations are not shared to the same extent by those who have recent experience of each in the last 12 months. In most cases, but not all, the experience of working for the organisation has engendered a more positive response than is the case among those who have not had direct recent experience of working for each.

However, the same cannot be said for nurses working with NHS Professionals. There appears to be lower satisfaction of NHS Professionals as employers both among nurses working for NHS Professionals and those that have not than is the case for agencies and banks.

6.3 Open comments on banks, agencies and NHSP

Finally respondents were given a space to add comments about their experiences of working for a bank, agency or NHS Professionals. Many of the comments made (which were categorised into broad themes) reflect the differences described above. Respondents report that working for a nurse bank generally means poorer pay (cited by 28%). Higher proportions of senior grade nurses think that the pay is good (17% compared to 4% of D/E grades). One-in-ten commented on tardiness of payment or gave other negative comment about the administration of nurse banks. On the plus side nurse banks are seen as providing good working hours (cited by 9%).

In contrast, more than a third (37%) reported that agencies offer good pay, but negative comments were given on the *quality of staff* (12%) and poor relationship between agency and permanent staff (11%). Again working hours was mentioned as a positive aspect of agency working by 11%. Some of the views offered are clearly given from the perspective of staff that work alongside agency nurses. Senior grade nurses are much more likely to comment on the quality of staff working in an agency than are lower grades (29% of H/I grades compared to 9% of D/E grade nurses).

Three main themes emerge in relation to comments about NHS Professionals³⁴. Firstly, late payment, reported by 42% of those offering comments. Secondly, poor pay, mentioned by 18%. Thirdly, issues concerned with supply of staff were referred to by 13% of respondents.

6.4 Key points

Bank and agency nursing forms an increasingly important function in overall staffing levels in the NHS. Approximately 3.5% of all respondents work for a bank or agency (including NHS Professionals) as their main job. A further one-in-five of nurses work for banks or agencies in addition to their main job. This summarises the main findings:

- nurses who work bank and agency as their main job have a similar biographical profile to other nurses in the NHS and elsewhere. But those who work for banks and agencies in addition to their main job tend to be younger, are more likely to be from minority ethnic origins or recent international recruits, and are less likely to have partners or caring responsibilities
- nurses working for a bank or agency as their main job are often working in the same sorts of settings for the same number of hours as part-time staff employed directly by the NHS. They are twice as likely to be planning on leaving nursing in the next two years
- across all respondents, agencies are viewed most positively on pay issues while nursing banks score better on the type of work offered in terms volume, times and place of work
- respondents who have worked for banks or agencies are more positive about them than those who have no recent experience – there is a mismatch between popular conceptions and reality
- nurses who have worked for agencies recently hold quite different views of them, suggesting that there is a wider range in the quality of agencies as employers
- While NHS Professionals has a fairly good reputation amongst nurses in general (particularly for being better at providing induction and training), those with experience of NHSP are more negative than those without. Late payment was the biggest source of dissatisfaction.

³⁴ Note the point made earlier, that it is unclear that the number of respondents commenting fully understood that NHS Professionals refers to the NHS-owned nursing agency in England.

7. Morale and leaving nursing

Earlier chapters in the report have described the nature of nurses' working lives – where and when they work, their pay, typical job changes and experiences of working as bank or agency nurses. We have looked at how nurses' working lives vary, focussing on age and time since qualification-related differences to get some sense of how work lives change during the course of careers.

In this final chapter we move away from describing the nature of nurses' jobs and careers to describing their views and attitudes. The responses to a series of attitude statements are analysed to gauge overall levels of morale among NHS nurses in 2003 and identify the issues with which respondents are most and least satisfied. We look at how views vary at different ages and stages in careers and between the different work settings.

Later in the chapter what could be regarded as a key indicator of morale is explored – that is, whether or not nurses want to stay in nursing. This is a quite different indicator than the actual career plans of nurses described in chapter 5. Plans to leave a job may depend on a host of factors such as current financial needs, domestic situation, career breaks or nearing retirement, as well as feelings towards the job itself, while the statement *I would leave nursing if I could* puts the practicalities to one side to reveal respondents' true feelings towards their job. Which nurses are most likely to feel that they would leave nursing if they could and what are the factors associated with the desire to get out of nursing?

7.1 Overview of morale in 2003

For the last ten years, the RCN annual membership survey has presented respondents with a set of 25 attitude items to elicit views on the following:

- nursing as a career
- job security
- career opportunities
- pay
- workload and staffing
- working hours
- education and training.

In the 2003 survey, respondents were presented with 37 statements (12 negatively framed and 25 positively) and asked to indicate the extent to which they agreed or disagreed with each on a five-point scale. To make the reporting consistent, the negatively framed items have been reworded and the scores reversed, so that in all cases the scores represent agreement with positive statements. Where averages are used, higher scores therefore indicate greater levels of satisfaction.

Table 7.1 shows the proportion of respondents (across all sectors and in the NHS only) that agree with the positively framed statements. The statements have been placed in order from highest to lowest levels of satisfaction.

What emerges is that the majority of nurses are enthusiastic about their jobs (78% agree or strongly agree) and are satisfied that the quality of care provided where they work is good (85% agree or strongly agree). They are generally positive about nursing, considering it to be a rewarding career that offers good job security.

There is an interesting difference between the responses to two quite similar items: *I think nursing is a rewarding career* and *I would recommend nursing as a career*. While three-quarters agree that nursing is a rewarding career, only half would recommend it as a career to others.

The responses to some of the other items give some insight into why respondents are less certain about recommending nursing as a career to others, despite seeing it as a rewarding career in general. Two aspects of nursing work-life drew negative responses from the majority of respondents – pay and workloads. Three-fifths (60%) of all respondents agree or strongly agree with the statement *My workload is too heavy* and few (15% in all, 12% in the NHS) consider that they are well paid for the work they do. Perhaps this is related to the fact that only a small proportion (26% in the NHS) feels there is sufficient staff to provide a good standard of care. Also, dissatisfaction is expressed by half of all respondents concerning the amount of time spent on non-nursing duties.

Career progression opportunities are another source of frustration to many of the respondents. Three-fifths (59%) of all respondents report it will be very difficult for them to progress from their current grade and 47% consider that career prospects in nursing are becoming less attractive.

Of the aspects of work that are most clearly within employers' sphere of influence, working hours is viewed most positively. Two-thirds (66%) are satisfied with their input in planning their own off-duty, and 62% with the choice they have over the length of shifts they work. While most (61%) report that their employer provides them with opportunity to keep up with new developments related to their job, in reality 30% report that they are unable to take time off for training. About one half agree that their employer values efforts made to update their skills.

Again career opportunities, this time specifically for individuals to progress from their current grade, are viewed negatively. Despite two-thirds reporting that they are interested in career progression, more than half (57% of NHS nurses) feel that it would be difficult for them to progress from their current grade. Related to this, but also reflecting views of the ways in which they are managed, 46% of all agree that they have an open dialogue with their manager about their career.

Table 7.1 Percentage agreeing with positive items – all and NHS only

		All	NHS Only
25	The quality of care provided where I work is good	85	85
4	Most days I am enthusiastic about my job	78	77
35	My work environment is free from age discrimination	78	77
* 13	I am NOT worried that I may be made redundant	77	79
2	I think nursing is a rewarding career	76	74
8	Nursing will continue to offer me a secure job for years to come	71	72
* 16	I am NOT in a dead end job	69	70
36	I am satisfied with my input in planning my own off duty/times of work	66	64
23	I am interested in career progression	65	67
32	I am satisfied with the choice I have over the length of shifts I work	62	61
34	Bullying and harassment is not a problem where I work	62	59
21	My employer provides me with the opportunities to keep up with new developments related to my job	61	61
26	I feel satisfied with my present job	61	60
6	I know what I want to do in the future in my career	58	57
7	I can determine the way my career develops	58	55
22	Opportunities for nurses to advance their careers have improved	58	56
37	I am confident I would be treated fairly if I reported being harassed at work by a colleague	56	54
33	I feel my work is valued	55	52
* 12	I am ABLE to take time off for training	53	52
27	I'm proud to work in this organisation	52	49
1	I would recommend nursing as a career	51	50
31	I would find it easy to get another job using my skills	51	49
19	I would NOT leave nursing if I could	50	49
30	The effort I make to update my skills is valued by my employer	49	47
24	There is open dialogue about my career with my manager	46	48
* 18	I DO know where my career in nursing is going	45	44
17	I would not want to work outside nursing	39	39
14	I have a good chance to get ahead in nursing	34	34
29	There are sufficient staff to provide a good standard of care	31	26
* 20	Career prospects in nursing are NOT becoming less attractive	29	28
* 28	Too much of my time is NOT spent in non-nursing duties	29	26
* 11	It will NOT be very difficult for me to progress from my current grade	25	26
* 9	I am NOT under too much pressure at work	19	17
* 5	My workload is NOT too heavy	15	13
10	Considering the work I do I am paid well	15	12
* 3	I could NOT be paid more for less effort if I left nursing	12	11
* 15	Nurses are paid WELL in relation to other professional groups	6	5

Asterisked (*) statements have been reworded and the score reversed

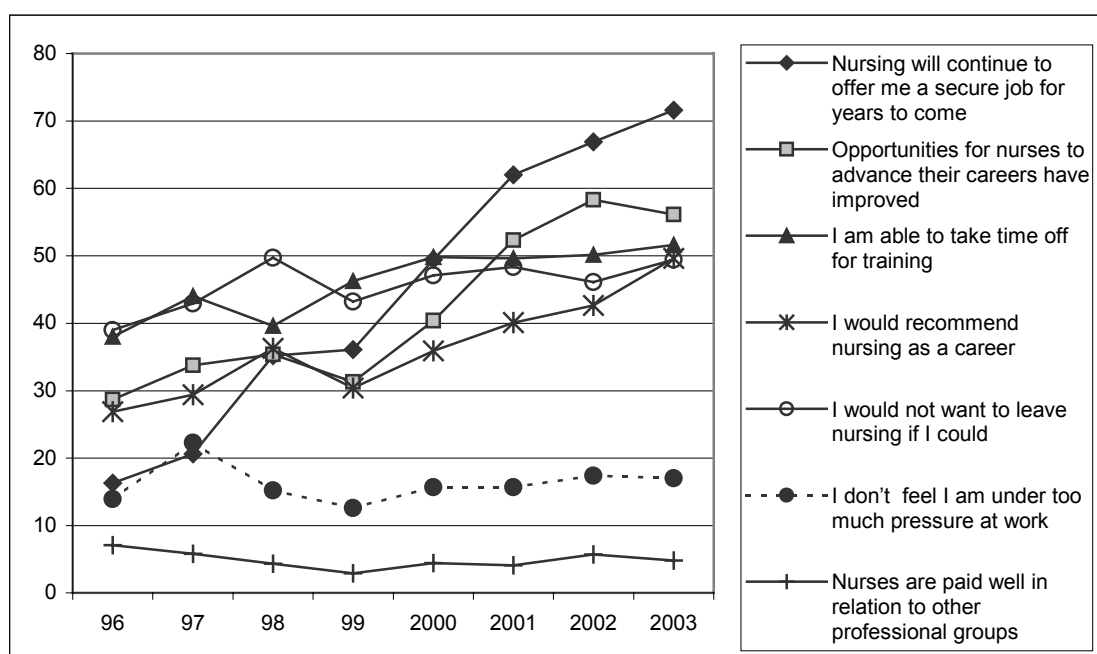
Source: *Employment Research Ltd/RCN 2003*

7.2 Recent trends

In the questionnaire 25 of the 37 statements used have been in every RCN annual membership survey conducted since 1996, which means that change over time can be explored. Trend analysis has been restricted to respondents working within the NHS (as these are the figures available from previous years, and removes much of the variation that may be caused by differences in the samples).

The overall pattern, looking across all the items since 1996, is that between 1996 and 2000 there was a downward trend in views across many of the issues addressed. This has been reversed over the last four years, so that in 2003 the proportion of satisfied responses is greater than it was in 1996, on virtually all the statements. This in itself is a striking finding. On 16 of the 25 statements the proportion responding positively has increased by ten percentage points or more since 1996. Seven key items have been selected to represent the broad themes covered by the survey. Figure 7.1 shows the percentage of NHS nurses that have agreed with each of these statements since 1996.

Figure 7.1 Change over time on agreement with seven key items (NHS)



Source: Employment Research Ltd/RCN 2003

Views about job security have changed hugely over the last eight years, reflecting the changing labour market and increased emphasis on recruitment and retention of nurses. In 1996 just 16% agreed with the statement saying that *Nursing will continue to offer me a secure job for years to come*. The proportion agreeing with this statement has increased every year since then. In 2003 72% of nurses in the NHS agreed with the statement, and few are worried about redundancy.

The proportion of nurses who view nursing as a rewarding career has changed little over the last five years from 69% in 1998 to 74% in 2003. Meanwhile those recommending nursing as a career has increased by 14 percentage points from 36% in 1998 to 50% in 2003. The aspects of work life that have not seen positive change are workloads and pay.

7.3 Variation in views

It would be expected that nurses' views would vary according to the sector and specialty as well as stage of career. The mean scores on each of the attitude items were compared for key groups of nurses. The differences are outlined below to highlight the areas of working lives that are of concern to nurses in different settings and at different stages of their career.

Employment sector

The group that is most frequently positive in their views are **GP practice nurses**, and they are more likely than nurses in any of the other sectors to be enthusiastic about their jobs (88% compared to 78% across all respondents). Although they do not think it will be easy to progress from their current grade they are the group most likely to say that they know what they want to do in their career (68% agree), and are least likely to consider themselves as being in a dead end job (6%). Larger proportions are positive about career prospects for nurses than is the case for other nurses. Another big difference is in the control that they have over their working hours and the extent to which they feel that their working environment is free from discrimination. Of all the groups, GP practice nurses are most likely to report that they feel their work is valued (70%).

The results **for bank and agency nurses** reinforce the view that for many nurses this may be a stepping stone for moving out of nursing. The aspects of work life where they are more positive than other nurses is that they report less pressure, are more likely to be able to get the shifts they want and are more satisfied with their pay, considering the work they do. In summary, their own job situation suits them. But they tend to be more negative about career prospects in nursing generally than nurses in other employment sectors. They are also the group least likely to know where their careers are going and one of the groups most likely to say that they would leave nursing if they could (35% compared to 29% of nurses overall).

Respondents working in **hospices and charities** tend to be more positive about the way they are treated by their employer and have highest levels of job satisfaction and lower levels of workload pressure. In addition, they are the group most likely to report that their work and skills are valued and more report that quality of care is good. Perhaps as a result, they are also more likely to report being proud to work in their organisation than any other group (86% compared to 48% in the NHS). However, they are more likely to say that it will be difficult to make progress in their careers (64%).

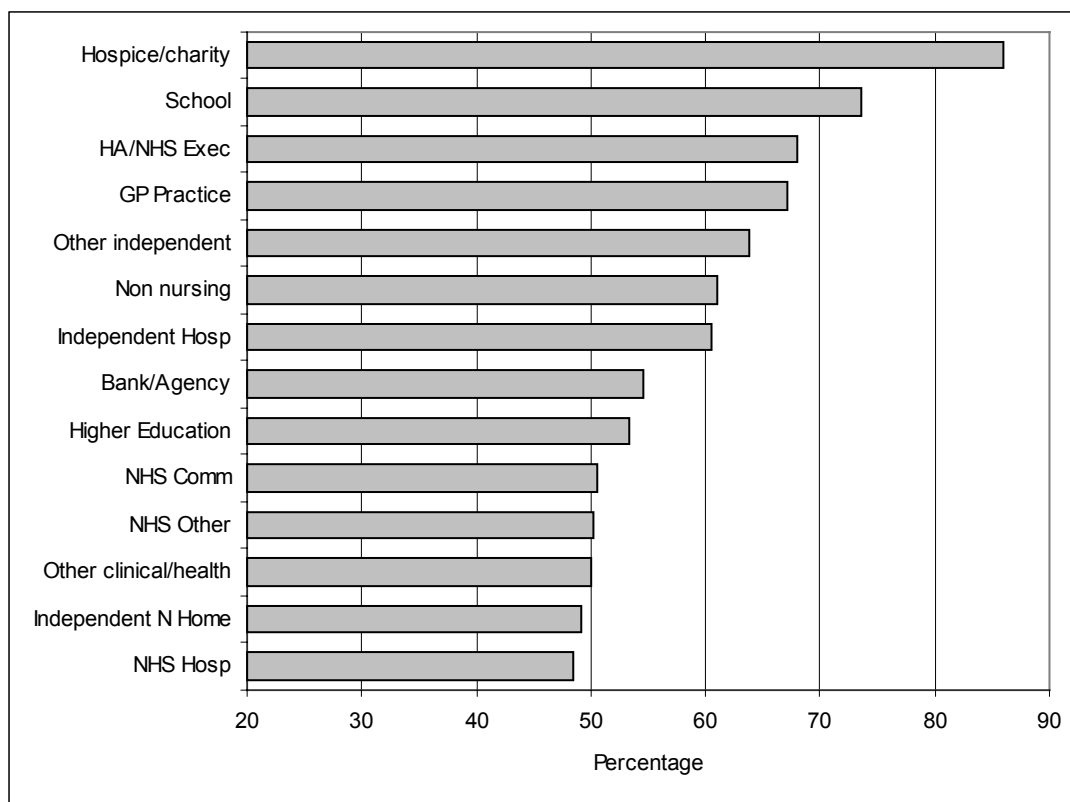
Nurses across the **independent sector** give more negative responses in relation to job security. Respondents working in **independent hospitals** are much more likely than their NHS counterparts to report that there are sufficient staff to provide a good standard of care and are generally more likely to respond positively about workloads and pressure in their jobs. In addition, more report that they can take time off for training and feel that they are better paid. Compared to **NHS hospital nurses** fewer say that too much of their time is spent undertaking non-nursing duties (46% compared to 55%). More nurses in NHS hospitals are interested in career progression than is the case in the independent sector. Meanwhile, nurses in independent hospitals (rather than in the NHS) are more likely to agree that they would like to work outside nursing and would leave nursing if they could.

In the **care home sector** nurses are positive about their pay, both in relation to the pay of others and relative to the work they do (despite this being a generally lower paid sector). They are also slightly more positive about future careers than nurses in other sectors. However, they report being under similar pressure to nurses in NHS hospitals and are the least likely of all groups to take time off for training and most likely to feel they are in a dead end job. Overall, nurses in this sector have lowest levels of job satisfaction (51% saying they are satisfied in their current job compared to 60% of nurses in independent hospitals and 58% of nurses in NHS hospitals) and are less likely to report being proud of the organisation for which they work.

Views vary most widely concerning the adequacy of staffing levels. Nearly two-thirds of all nurses in NHS hospitals feel there is insufficient staffing to provide a good standard of care. In independent hospitals the equivalent figure is 35%, in hospices 22% and independent care homes 52%. Other items on which variation is particularly great are: workload/pressure; pay; quality of care; and pride in one's organisation.

Figure 7.2 summarises the differences between sectors in respondents views by showing the percentage that agree with the statement *I'm proud to work in this organisation*. The responses put nurses in hospices at one end of the spectrum and those working in NHS hospitals at the other.

Figure 7.2 I'm proud to work in this organisation by employer



Source: Employment Research Ltd/RCN 2003

Stage of career

Throughout the report we have been particularly interested to explore nurses' employment by age and, more specifically, stage in career. Analysis of the attitude data shows that views of nurses vary by length of time since they qualified.

Typically, older nurses and those towards the end of their career are more positive than those nearer the beginning and in the middle of their careers. This is especially the case in terms of views of employers and in overall job satisfaction. Largely as a result of a higher density of respondents in part-time roles and in primary and community care, nurses in the later stages of their career are also more positive about their working hours.

Respondents who are mid-career (11-25 years experience) tend to be more negative about most aspects of their working lives than those who are early or towards the end of their career. This difference is most visible in regard to career prospects and opportunities to progress. Many respondents in the middle of their careers are *interested in career progression*, but a higher proportion is negative in terms of knowing where their career in nursing is going. These nurses are more likely than others to say that career prospects in nursing are becoming less attractive.

Nurses in the early stages of their career are more positive about their career prospects, and feel that there are opportunities to progress in their jobs and careers and have a much greater sense of job security. Although most, if not all, nurses feel that their pay is low when compared to other professions and considering the work they do. Nurses in the early stages of their careers tend to be even more negative about pay and rewards, and this group is also most negative about working hours.

Grade and experience in the NHS

In general, **senior grade nurses** (H/I) are more positive than those in lower grades. Although I grade nurses have a lower sense of job security and are more likely to feel that their workplace suffers from some age discrimination. G and H grade nurses in the NHS are most critical of the amount of time that they have to spend on non-nursing duties (ward sisters, district nurses and health visitors are discussed specifically later).

Enrolled nurses (ENs) report lower levels of job satisfaction than other jobs/grades and fewer career progression opportunities. But ENs are less likely to say that they want to work outside nursing, and are less likely to think that they could be paid more for less effort if they left nursing.

Sisters/ward managers are most positive about job security but are more likely to feel that they spend too much time on non-nursing duties and report higher levels of stress and workload pressure.

However, the main feature of the analysis by grade is that **E grade nurses**, who make up 35% of the NHS nursing workforce and can be viewed as the backbone of the NHS. They consistently give a more negative response than is the case for the other grades. This is most marked in relation to career progression and views of nursing as a profession. Their views of employers and workload are also more negative than both D and F grade respondents in the NHS.

To explore this further the responses from E grade nurses to the attitude statements were cross-tabulated against length of service to get a more detailed picture. Some striking differences emerged in the E grade population.

On career and progression issues, views of nursing in general and, more specifically, their employers, there is a sharp decline in how positive the responses are of E grades with length of service. There is evidence in the data that E grade nurses with between 11 to 15 years' experience are less positive about progressing in their careers, and are more likely to be negative in general about other aspects of their careers and working lives. On some items the views of those who are 20 years or more into their careers start to improve again, but this may be partly because a number of the more disillusioned E grade nurses have left nursing by this stage. It is also the case that nurses nearing the end of their careers place much less emphasis on career-related issues.

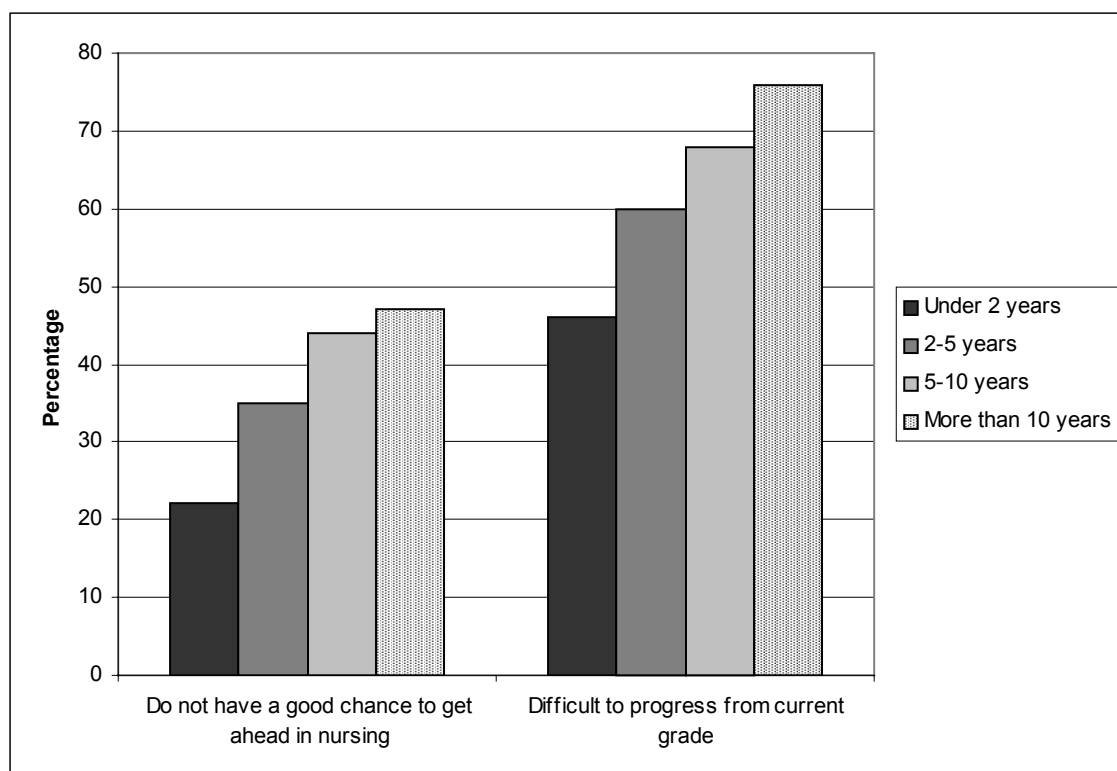
For example, only 34% of E grade nurses in the first five years of their career think it will be difficult to progress from their current grade compared to 62% of those E grades who have been in nursing for six to ten years and 71% of those with 11 to 15 years' experience. Three times as many nurses in the ten to 15 years experience bracket think that they are in a *dead end job* compared to those in the first five years of their career, and twice as many would leave nursing if they could. Also, more than one-in-four (26%) say that they are not proud to work for their organisation compared to 11% of those in the first five years of their career.

E grade nurses 11 to 20 years into their careers hold the most negative views of their work of all NHS nurses. When this coincides with other areas where views are more negative, for example, certain specialties such as adult critical care or mental health, their views are more negative still. More than a half (53%) of this group of nurses feel that their grade is inappropriate - more than any other E grade nurses.

Nurses feeling more disillusioned with career progression as time passes without a promotion/grade change is common to all grades, albeit to a slightly lesser extent. Figure 7.3 highlights this pattern in response showing how the proportion of respondents thinking that they *have a good chance to get ahead in nursing* declines with time spent on current grade.

Perhaps of concern is that nurses who have spent more time on their current grade feel increasingly that their employer does not value *efforts to upgrade their skills*, suggesting that the main mechanism through which employers demonstrate valuing a nurse is to increase their grade.

Figure 7.3 Views of career progression by time spent in grade



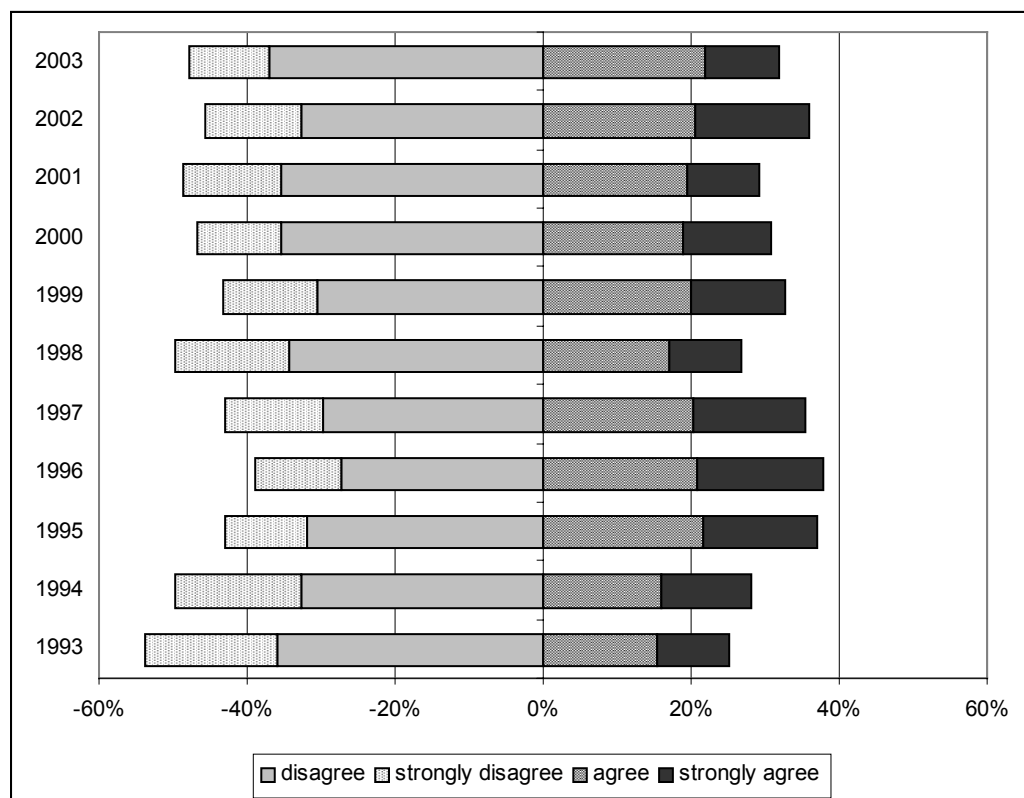
Source: Employment Research Ltd/RCN 2003

7.4 Wanting to leave nursing

Since 1993 the survey has asked nurses to indicate the extent to which they agree or disagree with the statement *I would leave nursing if I could*. Expressing this view can be seen as a culmination of negative career and job experiences, and provides a broad indication of general morale – that is, if circumstances were different, the respondent would leave nursing and do something else. This year 29% of all respondents said that they would leave nursing if they could.

The percentages agreeing with the statement have fluctuated over the years with nurses most likely to agree between 1995-1997 (figure 7.4). Five years ago 27% of NHS nurses reported that they *would leave nursing if they could*, compared to 32% this year.

Figure 7.4 I would leave nursing if I could (NHS only) – percentages



Source: Employment Research Ltd/RCN 2003

Why do nurses want to leave nursing?

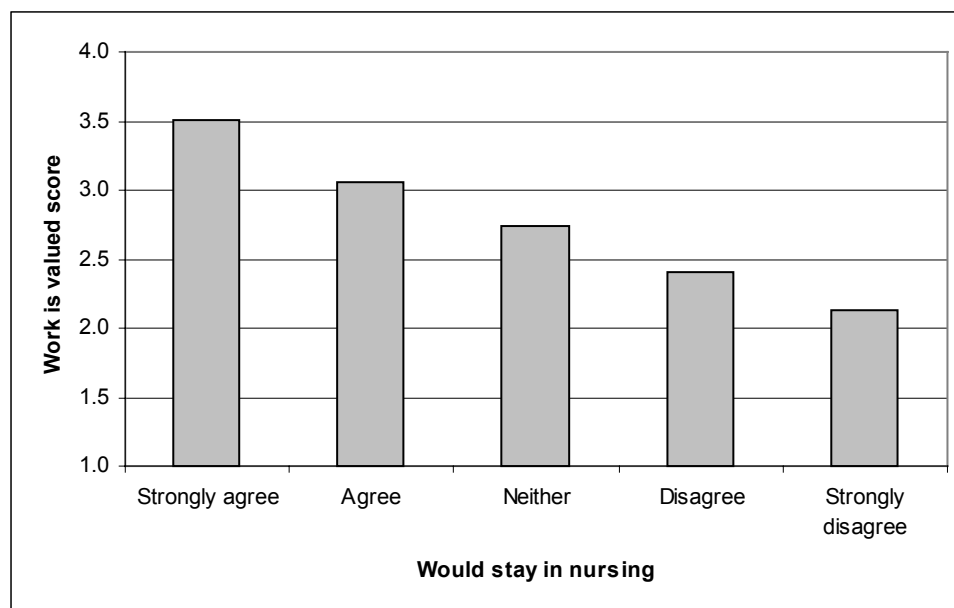
As might be expected, desire to leave nursing is closely correlated with the other attitude items covering nursing as a career and job satisfaction, demonstrating its usefulness as an indicator of overall morale. For example, of those who say that they would *leave nursing if they could* just a third said that they are satisfied with their present job compared with 73% of those who say they do not wish to leave nursing. Also, those who most want to leave nursing are least likely to say that they would recommend nursing as a career (just 22% saying they would recommend nursing as a career compared to 63% of those who do not want to leave nursing).

However, the feature of working life that is most strongly correlated in career-related issues is lack of career opportunity. For example, nearly three-quarters of those who would leave nursing if they could (74%) say that career prospects are becoming less attractive (contrasts with 36% of those who do not want to leave nursing), and more of these nurses do not know where their career in nursing is going. Partly, as a result no doubt, many more would prefer to work outside nursing.

In addition, lower proportions of those wanting to leave say that nursing is a rewarding career (49% compared to 66% of nurses not wanting to leave).

As reported last year, another important factor related to whether or not a nurse indicates they would leave nursing if they could, is the extent to which they feel their work is valued. Figure 7.5 highlights this relationship. Those who want to stay in nursing have a higher average score on the *I feel my work is valued* variable.

Figure 7.5 I would stay in nursing if I could – percentages



Source: Employment Research Ltd/RCN 2003

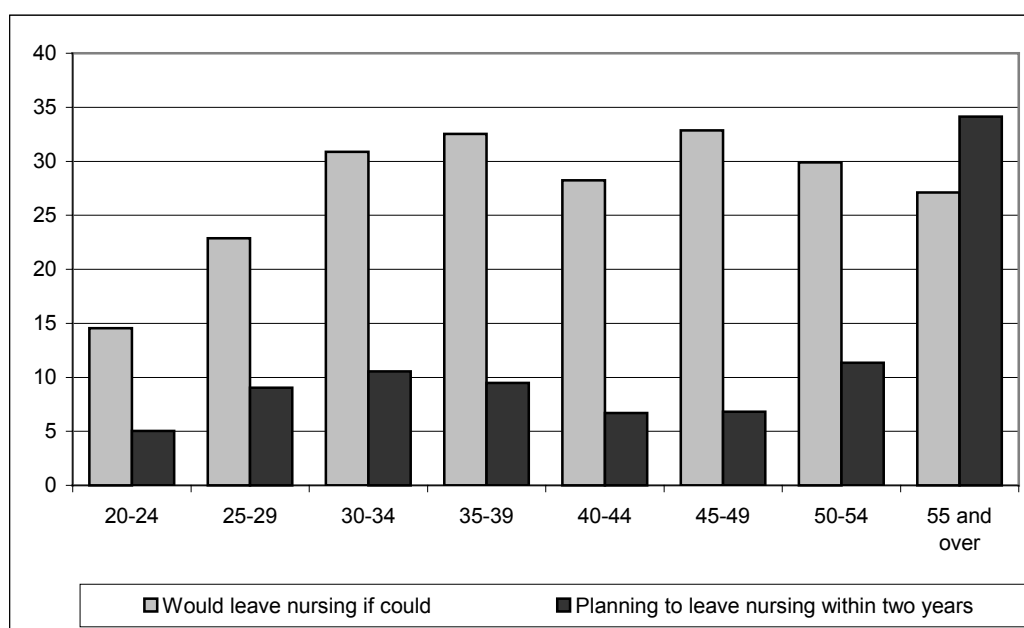
Added to this, whether or not grade is considered appropriate is the factor that correlates most strongly with nurses feeling valued. Where respondents think that their grade is appropriate to their role and responsibilities nearly two-thirds (64%) agree that their work is valued. On the other hand where nurses do not feel their grade is appropriate only 45% feel that their work is valued.

Who wants to leave nursing?

In terms of the biographical variables, minority ethnic nurses are much more likely than white nurses to say that they would leave nursing if they could (45% compared to 28% of white nurses). Ethnicity is one of the key variables correlated with desire to leave nursing. Also, a larger proportion of recent international recruits would leave nursing if they could than UK-qualified nurses (36%). In addition to this, men are also more likely than women to say they would leave if they could (41% compared to 28% of women).

Figure 7.6 below shows how both nurses' plans to leave nursing and their desire to leave fluctuate with age. A higher proportion of younger nurses intend to stay in nursing for at least five years and, perhaps more importantly, want to stay in nursing. However although the proportion of nurses in their forties planning to leave is slightly lower, the proportion wishing that they could leave is higher, suggesting that more nurses in this age group feel disenchanting and want to leave nursing but are unable to. This perhaps adds to their sense of disillusionment with nursing and their careers.

Figure 7.6 Wanting to leave nursing and planning to leave by age - percentages

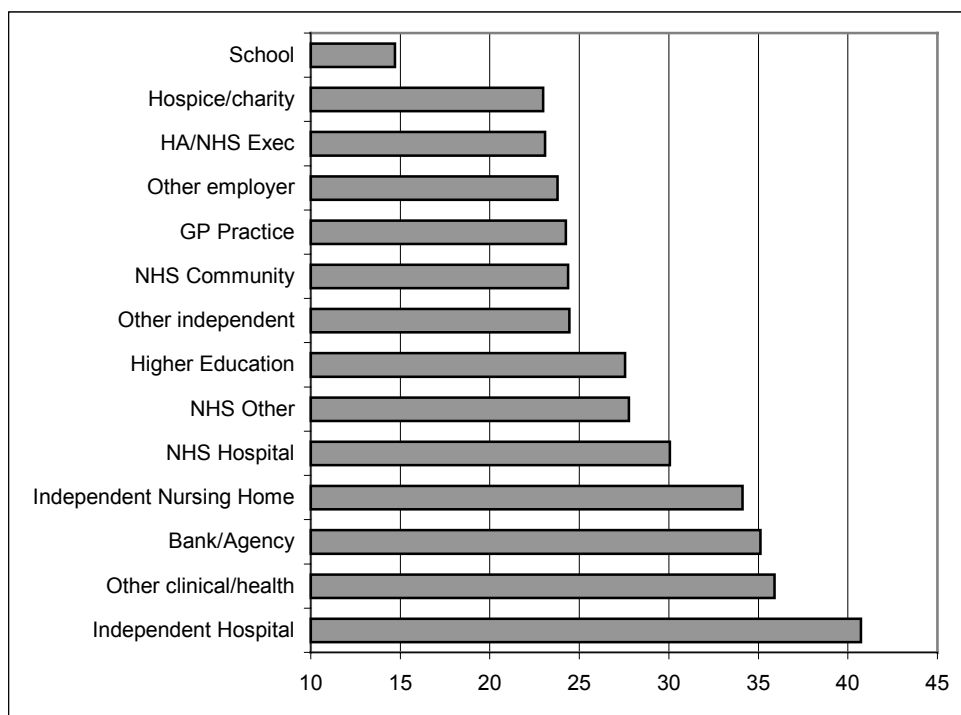


Source: *Employment Research Ltd/RCN 2003*

Chapter 5 showed that plans to leave nursing in the next few years varied by employment setting. Desire to leave nursing is also related to current employment setting, as figure 7.7 illustrates. Nurses working in the independent sector (in either hospitals or nursing homes) or doing bank/agency work have the greatest tendency to leave nursing if they could. In comparison, relatively few respondents working in hospices, schools, GP practices or the community say that they would leave nursing if they could. This reflects the higher overall levels of morale in these settings described in the preceding section.

Looking at the NHS, there is also variation between specialties. Nurses working in mental health (38%), adult critical care (33%) and rehabilitation/longer term care (33%) are more inclined to say that they would leave nursing if they could. This is particularly the case for E grade nurses in adult critical care and older people's nursing, where nearly four-in-ten (39%) would leave nursing if they could.

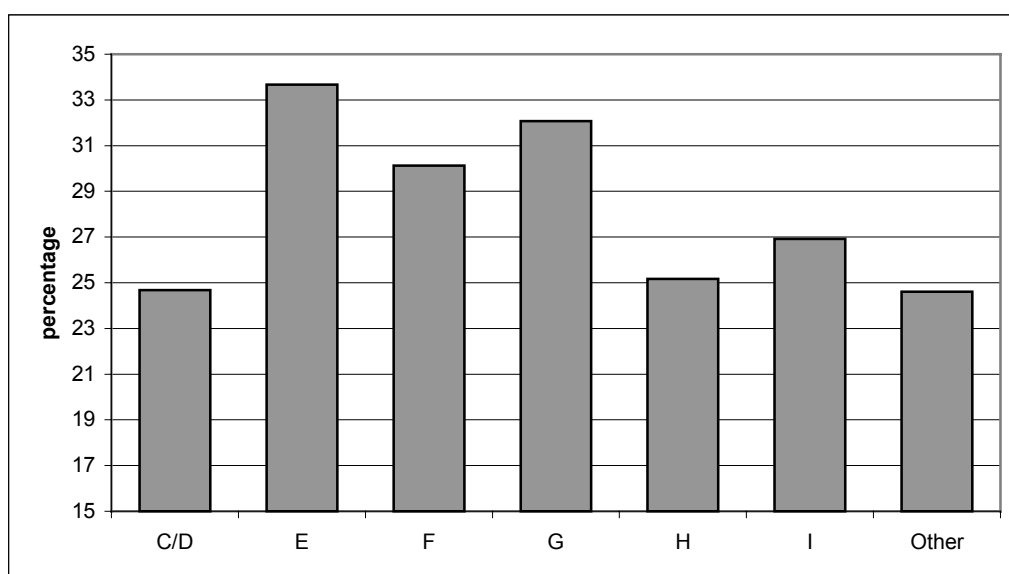
Figure 7.7 I would leave nursing if I could by sector – percentages



Source: Employment Research Ltd/RCN 2003

Wanting to leave nursing is related to grade more generally in the NHS (figure 7.8). Nurses on E grade, particularly those with 11 to 20 years experience, working in the independent sector, bank/agency or those working nights, are more likely than other grades to say that they would leave nursing if they could. A similar picture, albeit less strongly correlated, emerges for G grades. This view ties in with the data on career progression – 34% of NHS nurses who feel *stuck* at their current grade and report that career progression will be difficult, would leave nursing if they could.

Figure 7.6 I would leave nursing if I could by grade (NHS only)



Source: Employment Research Ltd/RCN 2003

Views of the appropriateness of grade relative to role and responsibilities is even more strongly related to job satisfaction and desire to leave nursing. Of NHS nurses who feel that their grade is not appropriate 35% would like to leave nursing if they could, compared to 24% of those saying they are on an appropriate grade.

In summary, the data suggests that when nurses feel that their careers have reached a plateau, or they become *stuck* on a grade, this is the point when views of nursing as a job and career become more negative.

7.5 Key points

This chapter has summarised respondent' views of nursing and their working lives. Key points to emerge from this analysis include:

- most nurses (78%) are enthusiastic about their jobs and believe a good standard of care is provided (85%). Overall views are more positive than they were in 1996
- although 75% think nursing is a rewarding career only a half would recommend it as a career to others
- pay and workload draw the most negative responses – 15% think that they are well paid for the work they do and 60% think their workload is too heavy
- three-fifths of all respondents also say they think it will be difficult to progress from their current grade
- there is a lot of variation in the views of respondents in relation to their employer, specialty and grade. With different groups of nurses feeling positive or negative about different aspects of their working lives. It is shown that E grade nurses who have been nursing for more than 15 years display more negative views than others
- 29% of nurses would leave nursing if they could
- relatively high proportions of minority ethnic and male nurses would leave nursing if they could
- desire to leave nursing is most strongly correlated with perceived lack of career opportunities/direction. However, those that feel their work is valued are much less likely to want to leave.

Appendix: Survey process

The sample this year was larger than in previous years as sufficient numbers were included to produce separate reports for Northern Ireland, Scotland and Wales. The research also focused more on older nurses' retirement planning, so a top up of 500 older nurses was included in the sample.

However, due to a problem in the way the sample was drawn, the survey had to be conducted in two phases. It was found that the sample drawn in spring was taken only from RCN records that included biographical information. This information is obtained from members completing an update form; only about a half of members complete this form. As a result around a half of all members (those who typically do not complete questionnaires) were not included in the initial sample.

This presented the survey with a problem. The response set included only members who were more likely to complete questionnaires. As a result the data would not be comparable with previous (or future) surveys and previous studies found that this group of nurses had different demographic profiles and are more likely to hold positive views than nurses who typically do not complete their update form. For example, fewer are male and from the minority ethnic communities and fewer are on lower grades and work in hospital-based settings.

The 2001 RCN survey used information from the records database that allowed us to compare the responses of members who had completed the update form with those that had not. This information told us the nature of the top up sample we required in order to rebalance the data set.

First (spring) survey

The first wave of the survey was mailed out in early February 2003 to 11,000 members' home addresses and members were given two months to respond. Three reminders were sent in fortnightly intervals, including a postcard, a full reminder complete with a copy of the questionnaire and a final letter.

Table A1: Response rates to spring survey

	Total mailed	Post Office returns	Inappropriate	Number Responses	Response rate
Main sample (random plus 500 older)	5,000	47	5	3,471	70%
Northern Ireland top up	2,000	3	4	1,427	72%
Scotland top up	2,000	12	3	1,384	70%
Wales top up	2,000	8	2	1,388	70%

Source: *Employment Research/RCN 2003*

The response rates were very high to this survey when it was expected that they might be slightly lower than previous years due to questions seeking information on pay, which typically reduces response. This was the first indication that the sample may have not been correctly drawn. After discussions with the RCN it was decided that a further sample should be drawn and surveyed in the summer in order to ensure the data set reflected the full range of RCN members' views.

Second (top up summer) survey

The second wave was mailed in late June and kept open until the end of August. Due to the timescale and cost implications only two reminders were used the first a letter to and the second a full reminder complete with a second questionnaire.

Response rates to this survey were lower, as anticipated due to only those nurses who do not complete the update form being included in the sample. Nevertheless a response rate of 47% was achieved.

Table A2: Response rates by sample – summer survey

	Total mailed	Post Office returns	Inappropriate	Number Responses	Response rate
Main sample (random plus 700 older and 231 younger nurses)	2,831	53	10	1,269	46%
Northern Ireland top up	700	7	1	323	47%
Scotland top up	700	12	1	347	51%
Wales top up	686	7	3	325	48%

Source: *Employment Research/RCN 2003*

In total 15,917 questionnaires were mailed and by the time the survey was finally closed at the end of August 2003, 9,700 forms had been returned (61%). In addition, 164 forms had been either returned by the Post Office as not being known at the address given or were returned as inappropriate. A further 14 were nurses based overseas and these were subsequently excluded from the sample.

An overall response rate of just less than 62% was achieved. This is slightly lower than last year possibly because of questions concerning pay, which has been shown to reduce response rates to questionnaire surveys in the past. There was little variation by sample group (table A3).

Table A3: Overall response rates by sample

	Total mailed	Post Office returns	Inappropriate	Number Responses	Response rate
Main sample (random plus 700 older 217 younger nurses)	7,817	100	15	4,626	60%
Northern Ireland top up	2,700	10	5	1,709	63%
Scotland top up	2,700	24	4	1,695	63%
Wales top up	2,700	15	5	1,670	62%

Source: *Employment Research/RCN 2003*

As in previous years, the response rate for younger nurses is lower, particularly for the 25 to 34 year old groups – they account for 24% of respondents but make up 27% of the survey population. It has been shown before that age is the main variable influencing the response rate, followed by gender and to a lesser extent ethnicity.

Also, the additional cases from Northern Ireland, Scotland and Wales have also been weighted so that every completed questionnaire can be included in the analysis for the main report.

Response weighting

The data presented in the report is based on weighted data (9,666 cases in all). However, to give an idea of the numbers on which the analysis is based table A4 shows the numbers of cases included in the final response set for each country, before and after weighting. Using top up samples and then weighting the data enables more reliable analysis (as there are a larger number of cases) and the results produced are more likely to provide an accurate reflection of the experiences and views of the population of RCN members.

Table A4 Country worked in – cases before and after weighting

	Before weighting		After weighting	
	Cases	Percentage	Cases	Percentage
England	3,712	39.2	7,672	81.2
Northern Ireland	1,798	19.0	310	10.2
Scotland	2,110	22.3	964	5.3
Wales	1,840	19.5	499	3.3
All cases	9,666	100	9,666	100

Source: *Employment Research/RCN 2003*

The procedure was as follows:

- 1) First, the data was examined to determine the proportion of respondents who had completed (and not completed) an update form. More than three-quarters of respondents (77%) had completed one. The earlier research had found that 53% of a random data set should be members who had completed their update form. So respondents who had completed their form were given a weight of 53/77 while those who had not were given a weight of 47/22.

- 2) Second, a country weight was calculated, by looking at the proportion of respondents in each country (after the data was weighted as in step 1 above) compared to that found in the whole data set. So, for example, England respondents make up 81% of the respondents from the random sample, but 37% in the entire data set. So each respondent from England is given a weight of roughly 2.2 (that is 81 divided by 37) to compensate for the bias.
- 3) Third, once a weight generated by combining steps 1) and 2) had been applied the age profile was examined. Again the actual profile among respondents was compared with the membership population and a third weight was calculated.

These three weights are multiplied to produce a single weighting figure and this is applied to each case.

Sample statistics and confidence for small sub samples

A key concern of the survey is to provide an accurate measure of nurses' experiences and views. Given that some of the statistics produced in the report are based on some relatively small numbers of respondents it is worth giving some discussion to the reliability of the estimates. For the most part though, large samples are used and we can be very confident that the results are reliable estimates of the population of RCN members.

Here we try to give some indication as to the *precision* of the results given in the substantive parts of the report. The table below gives the approximate margin of error associated with percentage estimates for a 50/50 split and 10/90 split for different sample sizes. The worst case in terms of precision of the estimate is for a 50/50 split in the sample.

Table A5 Margin of error for estimating the population proportion to be 50/50 or 10/90 for different sample sizes and for a 95% confidence interval

	Sample size				
	200	500	1,000	2,000	5,000
Standard error and (margin for 50% estimate)	3.5 (±7.0%)	2.2 (±4.4%)	1.6 (±3.2%)	1.1 (±2.2)	0.7 (±1.4)
Standard error and (margin for 10/90% estimate)	2.4 (±4.8%)	1.5 (±2.6%)	1.1 (±2.2%)	0.74 (±1.5%)	0.4 (±0.8%)

To put it into words, if we were estimating that 10% of minority ethnic nurses hold a particular view and 500 responded to the question the following applies:

We are 95% confident that between 7.4% and 12.6% of minority ethnic nurses hold this view (10% ±2.6%).

However, when we are looking at larger sub samples such as all NHS nurses, a more precise estimate can be provided, say 10% ±1.5%.

Knowledge of the margin of error allows us to specify the likely range of the estimate obtained from the survey data in which the population value lies with a certain level of probability/confidence. It also allows us to say that, when two estimates differ by a certain amount, how confident we can be that they indicate different population values.

Clearly with smaller sub samples variation in the response increases and the level of precision of the data declines. As a result reporting differences between groups of sub samples becomes more problematic and prone to error. However, we should also note that the main concern of most surveys is to estimate the magnitude of effects. This means that determining strength of opinion about key issues is as important as to whether two results are significantly different from one another.