



Nurses' employment and morale

Scotland 2009

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Employment Research Ltd

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Employment Research Ltd

Employment Research Ltd, an independent research consultancy, was formed in 1994. The company undertakes a range of research and evaluation, and since 2001 has undertaken the annual RCN employment survey, the RCN *Working Well* surveys, and several surveys of selected sub groups of the membership.

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Contents

<i>Contents</i>	4
1. Introduction	6
1.1 The RCN employment survey 2009	6
1.2 General context	6
1.3 Scottish health policy context	7
1.4 Method	7
1.5 RCN employment survey 2009: UK Summary	10
1.6 Report structure	14
2. Profile	15
2.1 Age Profile	16
2.2 Caring responsibilities	17
2.3 Gender and ethnicity	18
2.4 Country of qualification	19
2.5 Qualifications	19
2.6 Employer and setting	20
2.7 Key points: Chapter 2	22
3. Pay bands and grading	23
3.1 Transition to Agenda for Change (AfC)	23
3.2 Current pay bands	24
3.3 Pay band/grade is appropriate	25
3.4 Pay satisfaction	27
3.5 Household income and financial circumstances	29
3.6 Additional jobs	30
3.7 Key points: Chapter 3	32
4. Working hours	33
4.1 Mode of working	33
4.2 Working patterns	34
4.3 Working excess hours	35
4.4 Working hours satisfaction	37
4.5 Key points: Chapter 4	39
5. Workload and staffing	40
5.1 Nurse to patient ratios (NHS wards)	40
5.2 How nurses' time is spent	41
5.3 Responsibilities	42

5.4 Views of workload and staffing.....	42
5.5 Key points: Chapter 5	45
6. Job change and career progression	47
6.1 Changing jobs and employer.....	47
6.2 Applications for higher band posts.....	49
6.3 Currently seeking a change of job	50
6.4 Views of career progression issues.....	51
6.5 Retirement.....	52
6.6 Key points: Chapter 6	55
7. Continuing professional development (CPD).....	56
7.1 Time spent in CPD	56
7.2 Development reviews and training plans	58
7.3 Mandatory training.....	59
7.4 Views of training.....	60
7.5 Key points: Chapter 7	61
8. Morale in 2009	63
8.1 Overview of morale in 2009	63
8.2 Key points: Chapter 8	68
Appendices	69
Appendix A: Sampling and response.....	69
Appendix B: RCN employment surveys.....	72

1. Introduction

1.1 The RCN employment survey 2009

This report describes the findings for Scotland from the 22nd RCN employment survey of a sample of RCN members. This year, as in 2007, 9,000 nurses from across the UK were surveyed (including 1400 identified as living in Scotland).

The RCN membership is broadly representative of the nursing workforce as a whole, thus the results of this survey of members in Scotland can be taken to broadly reflect the UK and Scotland nursing populations more generally.

This report seeks to describe the employment characteristics of nurses in 2009, and identify changes in the employment behaviour and morale of the nursing workforce in Scotland.

1.2 General context

Four years ago, in 2005, after a period of sustained workforce growth, the level of morale amongst nurses responding to the RCN employment surveys reached the highest levels witnessed since the early nineties. But the 2007 survey saw a significant decline. Perceptions of nursing as a secure and rewarding career in particular had plummeted.

The health sector and wider national economy have witnessed considerable change since the last survey. As the NHS in Scotland represents about a third of the total spend in the public sector, and is Scotland's largest employer, cost containment pressures can be expected to increase over the coming years. Whilst the NHS Audit¹ for the financial year 2007-2008 reported that the financial position of the NHS at that time was good, a number of cost pressures were identified, and pressures were expected to intensify (for example to deliver on the European Working Time Directive), even without the impact of the recession.

The Scottish Parliament's Finance Committee review of the budget process for 2010-11 concludes that 'current 2009-10 budget assumptions, and the 2010-11 ones, are likely to be under even more pressure than the bare numbers imply'².

The most recent labour market review reports that after a period of rapid growth earlier in the decade, nursing workforce numbers have stabilised, but that the aging profile continues to pose a critical challenge³. Scenario modelling suggests that significant growth will be required to meet future demand for nurses. The move to an all graduate profession further complicates the picture in terms of ensuring there are sufficient nurses in the future.

'Nurses' is used throughout the report to cover the whole nursing family who are members of the RCN including health care assistants, midwives, district nurses and health visitors.

¹ *Financial overview of the NHS in Scotland 2007/08*.(2008) www.audit-scotland.gov.uk Audit Scotland.

² Finance Committee, 2nd Report, 2009 (Session 3) *Strategic Budget Scrutiny*. www.scottish.parliament.uk

³ Buchan J and Seccombe I (2008) *An incomplete plan: the UK nursing labour market review, 2008* London: RCN, 2008.

1.3 Scottish health policy context

In December 2007, the Scottish Government introduced *Better health, Better Care*, a new blueprint for NHS Scotland which aims to create an environment which emphasises collaboration and co-operation between NHS staff, patients and the public, improving quality of care. Since then, the Scottish Government has launched a raft of related strategies and action plans which impact on the future workforce. These include:

- a series of separate public health plans that focus on the serious public health issues facing Scotland (including substance misuse, obesity, smoking, mental ill health)⁴
- a comprehensive action plan to tackle the major health inequalities faced by Scotland⁵
- increased emphasis on early years' interventions including a new *Early Years Framework*⁶
- *Leading Better Care*, which raises the profile of the Senior Charge Nurse role and links development of the role with quality of care through clinical quality indicators⁷
- a major review to reshape care for older people – led jointly by the Scottish Government's Minister for Public Health and the Health and Wellbeing Spokesperson for the Convention of Scottish Local Authorities (COSLA) – with the aim of developing a 20 year strategy for health and social care services for older people
- a new Modernising Community Nursing Board which will oversee the reform of the profession through developing 'a common approach to a way forward which will have the key aim of modernising community nursing services and to ensure the provision of high quality and effective care within a team based approach in Scotland'
- a two year pilot to develop new approaches to increasing capacity to improve health and wellbeing in schools⁸
- work towards Scotland's 18 week *Referral to Treatment* targets by 2011⁹
- and, following on from *Better Health, Better Care*, the development of a new quality strategy¹⁰.

1.4 Method

A postal survey of 9,000 RCN members at their home addresses was undertaken between February and April 2009.

⁴ *The Road to Recovery: a new approach to tackling Scotland's drug problem*, Scottish Government (2008) www.scotland.gov.uk; *Healthy Eating; Active Living: an action plan to improve diet, physical activity and tackle obesity*, Scottish Government (2008) www.scotland.gov.uk; *Scotland's Future is Smoke Free: a smoking prevention action plan*, Scottish Government (2008) www.scotland.gov.uk; *Towards a Mentally Flourishing Scotland: Policy and action plan 2009-11*, Scottish Government (2009) www.scotland.gov.uk

⁵ *Equally Well: Report of the Ministerial Task Force on Health Inequalities*, Scottish Government (2008) www.scotland.gov.uk

⁶ *The Early Years Framework*, Scottish Government (2008) www.scotland.gov.uk

⁷ *Leading Better Care: Report of the Senior Charge Nurse Review and Clinical Quality Indicators Project*, Scottish Government (2008) www.scotland.gov.uk

⁸ *Health and Wellbeing in Schools*, Scottish Government, (2008) www.scotland.gov.uk

⁹ '18 Weeks: The referral to treatment standard', Scottish Government, (2008) www.scotland.gov.uk

¹⁰ NHS Scotland: *Leading in Health care Quality – Becoming a world leader in patient-centred health care quality*, Scottish Government. June 2009 www.scotland.gov.uk

The approach to the survey has been refined gradually since it was first commissioned in 1987, with questions altered to reflect changes in nursing. Samples have also increased in the last three surveys, to allow analysis by country so that separate reports for Scotland, Northern Ireland and Wales can be provided.

Sample

The sampling was altered slightly this year and split into separate country samples. The sample consisted of 4,800 members who live in England, 1,400 from Scotland, 1,100 from Wales and 1,000 from Northern Ireland to allow country specific data to be analysed and reported separately. An additional sample of 400 members (from across the UK) aged under 30 was included to ensure that this group was covered adequately in the data set. They form a relatively small group and are characterised by lower response rates, and in recent years the numbers of newly qualified nurses has increased following growth in numbers in nurse training.

Finally, 300 additional practice nurses were included in the sample, so that a separate report examining the views and working lives of this group could also be produced. For the country specific reports and the main UK report, respondents from the additional sample of practice nurses have been excluded (21 cases in Scotland).

The samples for each country are based on members' home addresses. However, the final data set used to provide country specific data is based on where members work. Within each strata of the sample members were selected at random, and all cases were removed after selection so that no individual could be selected twice. Before mail-out the profile of each sample was checked against the entire RCN membership, to ensure that a representative cross section had been drawn.

Further details of the sampling process and subsequent weighting applied are provided in Appendix A.

Questionnaire design

To ensure continuity and allow comparisons with previous years, 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.

The questionnaire design reflects input from the RCN Employment Relations Department, and builds on earlier surveys by using some previous question formats to allow longitudinal comparisons. As a result of slightly lower response rates in the last few surveys of RCN members, reflecting wider difficulties in maintaining public sector response rates, this year the length of the questionnaire was reduced from 10 pages to eight, focusing primarily on the core longitudinal employment issues as listed above. However, there are also sections covering the move to Agenda for Change (AfC) and comparisons between prior clinical grade and new AfC pay band, continuing professional development (CPD) and workload.

A draft questionnaire was designed following discussion between Employment Research and the RCN and piloted, both in paper and online formats during November/December 2008 among 100 members. In addition a pilot group of nurses was convened to discuss the questionnaire. All comments and suggestions were considered and the questionnaire revised to ensure it was as user friendly as possible while still meeting the requirement to supply reliable longitudinal data. The form was printed as an eight page A4 booklet and mailed to 9,000 RCN members between February and April 2009.

Survey process and response

The form was printed as an eight page A4 booklet and mailed to the home addresses of 9,000 RCN members in February, and remained open until April 2009. An online version of the survey was also made available to survey participants (who were sent the link). Reminders were sent to non-respondents at two weekly intervals. To explore non-response and boost the final response rate, a telephone follow-up was undertaken to non-respondents. At the survey close (end April 2009), in total 4845 forms had been returned, representing a response rate of 54% in the UK, and 46% in Scotland (see Table 1.1).

Table 1.1: Response rates by sample

	Total mailed	Post Office returns	Not appropriate	Completed forms	Response rate
England sample	4800	39	2	2461	52%
Northern Ireland sample	1000	4	0	481	48%
Scotland sample	1400	6	1	645	46%
Wales sample	1100	1	0	536	49%
Under 30 top up	400	7	0	158	40%
Practice nurse top up	300	0	0	206	69%
Total	9000	57	3	4487	50%
Anonymous forms (online and id removed)	-	-	-	358	4%
Total	9000	57	3	4845	54%

Source: Employment Research/RCN 2009

Four percent of forms returned were anonymous – hence they could not be marked off against a particular sample. In addition, 57 forms had been returned by the Post Office as not being known at the address given, and three forms were returned as inappropriate.

There was more variation in the response rate by sample group than was the case in previous years with lower response rates in each of Scotland, Northern Ireland and Wales. This might in part be due to the additional survey burden on individual nurses in these countries as a higher proportion of the population are being sampled in any given survey.

Weighting was applied to the UK dataset to firstly adjust for the stratified sampling by country and second to rebalance the age profile of respondents and ensure that it is in line with the membership profile. This weight also increases the representation of members who are less likely to have responded to the survey e.g. men and black and minority ethnic (BME) members. The final data set used for Scotland includes 721 cases. Weighting has been applied to this dataset to rebalance the age profile of respondents so that it matches the population of RCN members living in Scotland¹¹. Details are provided in Appendix A.

¹¹ Although the weighting is applied using data on where nurses live it is used as a proxy for nurses working in Scotland.

1.5 RCN employment survey 2009: UK summary

In order to give some additional context to the findings for each country a summary of the 2009 UK report is included in the following sections. This also provides some coverage of variables where the number of cases within each country were too small to allow reliable analysis.

Context

In 2007 the mood of the nurses surveyed was one of heightened anxiety. Although there was evidence of improved staffing relative to 2005, nurses were deeply concerned about the impact that cuts and recruitment freezes may have on their job security and potential to develop and progress.

Growth in the nursing workforce has slowed in the last few years, and cost containment pressures in the coming years will continue to restrict expansion. Meanwhile the volume of care delivered in the NHS has continued to increase. With a policy agenda firmly focussed on driving up quality and safeguarding patients from risk, how are nurses faring in 2009? Do they have the resources and support needed to deliver quality care?

Biographical profile

While the ageing of the nursing profession has been an issue of some concern over the last decade, in the last five years the average age of a nurse in the UK has remained unchanged at around 42, nine years older than was the case in 1992. This is primarily due to an increased reliance on internationally recruited nurses (IRNs), who are typically younger. Although recruitment of overseas nurses has tailed off recently, IRNs still form 10% of all members responding to the survey, the same as in 2007.

More than a quarter (27%) of nurses working in independent care homes are IRNs and the average age of in this sector is 47, with 41% aged over 50. Care homes are increasingly staffed by older white nurses and younger BME nurses.

Pay and rewards

It remains the case that nurses are more dissatisfied with their pay and remuneration than any other aspect of their working lives. The current survey is the first one since all NHS staff across the UK have been assimilated to AfC pay bands making pre and post AfC comparisons possible (using data from 2003, the last survey in which all nurses were on clinical grades).

More E grade nurses in England and Wales were placed on band 6 (15% and 17% respectively) compared to Scotland 8% and Northern Ireland 2%. There were similar disparities in the proportion of G grades moving on to band 7. One in four (23%) NHS nurses requested a banding review. More nurses in Scotland (27%) and in Northern Ireland (30%) requested a banding review, reflecting the higher proportions of nurses who had been assimilated onto lower pay bands.

Health visitors are most dissatisfied with their transition to AfC; half requested a banding review (50%), and many more said that their grade/pay band is not appropriate to their role and responsibilities (74% compared with 49% in 2003 prior to AfC).

Across all nurses, 44% consider that their pay band/grade is not appropriate given their role and responsibilities. The proportion of IRNs working in care homes who say they 'don't know' if their pay band is appropriate has more than doubled, since 2001 to 27%.

Within the NHS, senior nurses are less likely to think that their grade/pay band is inappropriate relative to their role and responsibilities than in 2003 (e.g. 59% pre AfC in 2003, 28% in 2009). Nurses on band 5 are twice as likely as those on band 8/9 to consider their pay band to be inappropriate, whereas in 2003 there was little variation by grade.

BME nurses are least likely to feel that they are appropriately graded (65% say their grade is not appropriate compared to 44% across all respondents). IRNs are also more likely to view their pay band as inappropriate.

Nurses continue to be generally dissatisfied with their pay, 84% say that nurses are not well paid in relation to other professional groups and 78% think they could be paid more for less effort if they left nursing. Nurses early in their careers are least positive about pay.

One in four nurses (23%) say they are 'finding it difficult' financially at present, and 24% of nurses have an additional job. More band 5 BME nurses have another job (42% vs. 24% of all nurses), and do so in order to provide additional income. Agency work is much less common in 2009 than in the past.

Working hours

There has been no change in the proportion of nurses working full-time since 2003 (63% with 34% working part-time and 3% working occasional/various hours) and two thirds of all NHS nurses working shifts, work internal rotation.

More nurses in care homes work permanent night shifts (24% compared to 7% of NHS hospital nurses). IRN staff nurses in the NHS are more likely to work shifts (92%) and internal rotation (77%) than UK qualified staff nurses (87% and 71% respectively).

Most nurses are more satisfied with their working hours, if they have not had to work extra hours or if they work part-time, but the reverse is true for BME nurses.

Nurses working 12 hour shifts are more likely to be satisfied with their working hours than those working eight hour shifts.

The mean total hours worked by full-time staff nurses in their last full working week was 44 hours. Full-time BME nurses in NHS hospitals work an average of 48 hours per week compared to 43 hours among white nurses.

Staffing and workload

The average number of patients per registered nurse on NHS wards is 7.9 patients in the daytime and 10.6 at night. This is the same as recorded in 2005, but is a higher figure, by one patient per Registered Nurse (RN) than recorded in 2007. Typically, RNs make up 60% of nursing staff during the day on NHS wards, less than in 2007, when 66% on duty were RNs.

Three quarters of those who were in charge of an NHS ward on their last shift are staff nurses, and 17% have less than five years experience as a qualified nurse.

Two thirds (68%) of NHS nurses feel that the mix of activities in their work is about right, but sister/charge nurses, district nurses and health visitors are most likely to be dissatisfied with how their time is divided. Generally they consider that they should be spending less time on clinical activities and more on training/educating others, research and management.

Similar to 2007, 52% of all respondents and 58% of NHS nurses report that they have mentoring responsibilities, and 33% of all nurses and 38% of NHS nurses saying they have preceptorship responsibilities.

Although more nurses today say there are sufficient staff to provide a good standard of care, nurses are generally more negative about workloads than in 2007. Six in ten (61%) NHS nurse say their workload is too heavy, 55% say they are under too much pressure at work, 54% say they are too busy to provide the standard of care they would like.

Amongst NHS staff nurses, IRNs are more likely to say they feel their workload is too heavy (73% compared to 58% of UK qualified nurses), but fewer say too much time is spent on non-nursing duties (31% compared to 47% of UK qualified nurses).

Views of NHS hospital nurses about their workload are strongly correlated with reported patient to RN ratios. So, those who say their workload is not too heavy work on wards with an average of 6.8 patients per RN, compared with 9.3 patients per RN for those who say their workload is too heavy.

More than a half of NHS nurses (55%) consider that the nursing establishment where they work is not sufficient to meet patient needs. In addition to this, 42% say that short staffing compromises patient care at least once or twice per week, with one in four saying it is on most or every shift. NHS nurses are most likely to say that patient care is compromised regularly.

Job change

Turnover as measured by job changes across all nurses has increased from the 10 year low reported in 2007 of 16% to 19% and movement between employers has increased from 8% to 10% in 2009. This remains lower than the figure reported in 2005. In the NHS the rate of job change is 16%. Much of the increase in turnover between 2007 and 2009 is concentrated among nurses early in their careers.

The main reason nurses change jobs is to gain new experience and skills (54%). There has been an increase in job moves due to stress/workload issues (31% compared to 23% in 2007) and because of dissatisfaction with their previous job (30% compared to 26% in 2007).

There has been little change in how nurses view their career progression opportunities. In 2009, 56% of nurses agreed that it will be very difficult to progress from their current pay band/grade; in 2003 the equivalent figure was 58%. One in four nurses in the NHS and outside the NHS are looking for work or a change of job, slightly higher than the 24% reported in 2007.

One in five nurses expects to work beyond their retirement age. More nurses in the later stages of their career say they will work beyond their retirement age, while more in the middle of their career say they will retire before their retirement age.

Just under a half (47%) of all nurses agree with a statement saying they have sufficient information about their pensions. Younger nurses and those working in Scotland and Northern Ireland are less likely to say they have sufficient information.

Training and continuing professional development (CPD)

In 2007, annual CPD in the NHS fell steeply from 11 days in 2005 to 7 days in 2007. In 2009 the amount of CPD undertaken remains lower than in preceding years, and is more or less the same as reported in 2007. Staff nurses in the NHS have undertaken less CPD (5.3 days) than other groups of NHS nurse (6.8 days).

Just over six in ten nurses (61%) across all sectors have had an appraisal/development review with their manager in the 12 months prior to the survey, slightly higher than in 2007 (58%).

In general, mandatory training has increased across the board since 2007, but there has been a particular increase in infection control training in NHS hospitals (80% in 2009 compared with 63% in 2007) and independent care homes (81% compared to 67% in 2007).

Views of access to training opportunities are slightly more positive in 2009 than was the case in 2007, but remain lower than was recorded in 2005.

Morale

In 2007 there was a steep downturn in the confidence of nurses across various aspects of working life. Aside from workload, views have generally improved since 2007, but not returning to the levels of satisfaction recorded in 2005.

More nurses feel enthusiastic about their jobs, feel that nursing is a rewarding career and would recommend nursing as a career than at any time in the last 12 years.

Nurses in the NHS respond more negatively than nurses in other health care sectors to bullying and harassment themes, being able to balance home and working lives, feeling that their work is valued, training, stress and workload themes.

In the NHS, BME nurses are less likely to report that they feel satisfied in their present job and more likely to say that bullying and harassment is a problem where they work and that they would leave nursing if they could. BME nurses are also more concerned about redundancy than white nurses, but more BME nurses feel positive about career opportunities for nurses.

1.6 Report structure

The findings in the report are based on all respondents (weighted for age), who are currently employed in nursing (721 cases).

There are some changes to the variables used in the analysis to allow sufficient numbers in each cell. NHS community includes primary care, hospices and GP practices and the independent sector has been grouped as the cell sizes are often not large enough to compare care homes with hospitals. Throughout the report comparisons are made between the UK figures and Scotland results and where significant differences emerge these are highlighted.

This year results for each question have been provided by country for NHS respondents only in order to better inform each country of how their results compare to the other countries of the UK. The remainder of this report is structured as follows:

- Chapter 2** examines the demographic and employment profile of nurses in 2009
- Chapter 3** looks at pay and examines the impact of AfC on NHS respondents
- Chapter 4** describes working hours and shift patterns
- Chapter 5** explores current workloads in terms of excess hours worked, perceived workload, and nurse to patient ratios
- Chapter 6** summarises patterns of job change. The data give an indication of turnover and progression, and reasons for changing jobs are explored. Finally, we present the survey findings on retirement
- Chapter 7** examines the data on continuing professional development
- Chapter 8** concludes the report by reviewing morale among nurses in 2009.

2. Profile

The demographic profile of the nursing workforce is shifting. Over the last five years, the key changes in the profile of the RCN membership have been:

- an older age distribution
- a trend towards older newly qualified nurses i.e. numbers qualifying in their 30s as opposed to 18-21 as was the historical norm
- increased numbers of migrant nurses in the UK, although this is less the case in Scotland, now forming some 10% of the total RCN population
- increased levels of academic qualifications.

This chapter serves two main functions. Firstly to update these trends, highlighting changes in the demographic and employment profile that have taken place in the last couple of years, since the last employment survey. Secondly, to introduce many of the variables used in subsequent analysis to compare differences within the population.

The picture drawn from the employment survey is particularly valuable, as it affords a unique view of a cross section of the nursing workforce as a whole with the membership covering roughly half of the total pool of registered nurses and midwives in the UK. The demographic profile of the RCN is broadly in line with that captured by other national statistics. For example, 10% of nurses on the NMC register¹² are aged under 30 compared to 13% of the RCN membership. Primarily due to a difference in response rate, men account for a slightly smaller proportion of survey respondents compared to NMC registrants (7% vs. 11%).

However, the problem in trying to determine how ‘representative’ the survey population is of the nursing workforce overall, is that the other statistics available are also all limited in their own ways. The NMC register provides demographic data on registrants, but not all registrants are currently using their registration in paid employment. NHS data gives some demographic breakdowns, but the data does not present a pan-UK view, nor does it cover nurses working outside the NHS.

The shifting age profile of the nursing workforce has been, for the last 20 years, one of the most significant issues facing workforce planning in the health sector. A report for RCN Scotland¹³ highlighted that significant numbers of nurses in Scotland are aged 50 or over and so coming into the age range when they will consider retiring or perhaps reducing their working hours. Preventing or replacing this loss of skills and expertise is one of the main workforce challenges facing the NHS in Scotland.

¹² *Statistical Analysis of the Register: 1 April 2007 to 21 March 2008*, Nursing and Midwifery Council (2009) www.nmc-uk.org

¹³ Buchan J, O'May F and McCann D (2008) *Older...but wiser?* Queen Margaret University Edinburgh (2008) www.rcn.org.uk

Concern over this issue had subsided somewhat as increased intakes and recruitment of nurses from overseas during the 2000s has, at least quantitatively, addressed this impending shortfall, especially in independent sector care homes.

2.1 Age profile

The age profile of the RCN membership and the wider nursing workforce has grown steadily older over the last 20 years, since these surveys started. In 2007 it was reported that the average age of nurses responding to the survey across the UK had increased from 33 in 1987, to 37 in 1995, 41 in 2003 to 42 in 2007 in Scotland (UK 42). The average age in 2009 is once again 42 in Scotland, the same as for the UK as a whole. However, in Scotland 35% of nurses are aged under 40 compared to 41% across the rest of the UK.

There is considerable variation in the age profile of the nursing workforce with younger nurses employed predominantly in NHS hospitals, where just 16% (UK 19%) are aged over 50. This is in contrast to NHS community settings¹⁴, where 31% (UK 33%) are aged over 50. Across the UK, just five years ago 19% of community nurses were aged over 50.

The older age profile of those working in the community in Scotland has been an issue of concern and key points highlighted in a recent report¹⁵ include:

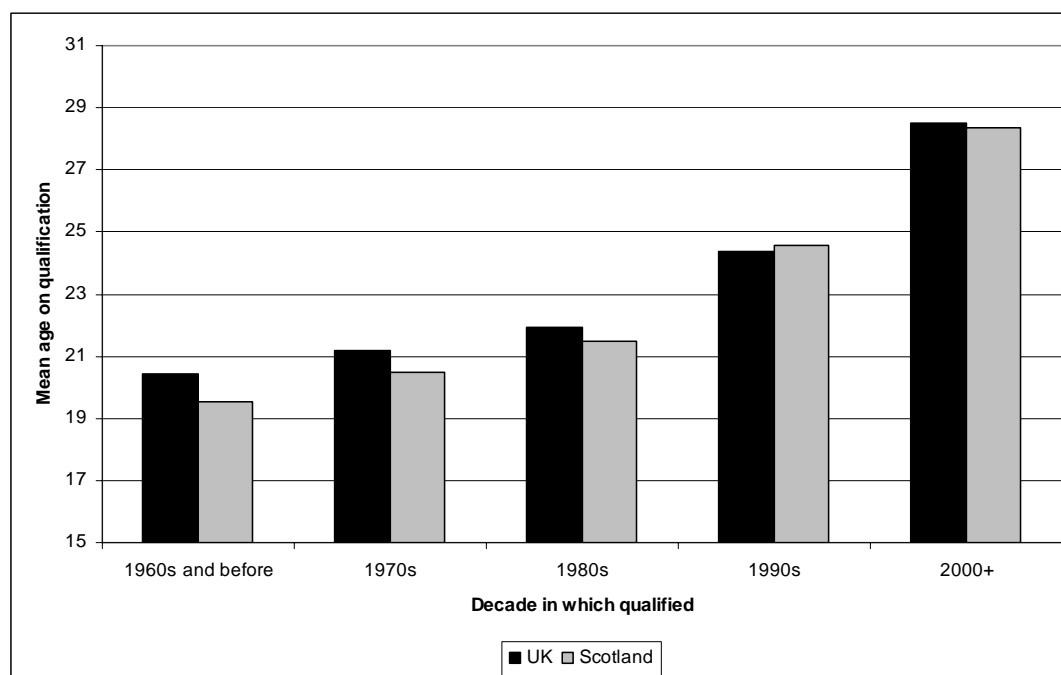
- age profiles for acute, mental health and community nurses all peak in the 40 – 50 age band, but community nursing has the oldest age profile
- one in three nurses working in the NHS community sector, e.g., health visitors, school nurses and district nurses, is aged 50 or over and as they are more likely to be able to retire at 55
- three out of ten community nurses will reach retirement age within the next 10 years.

The average age that members in 2009 first qualified as nurses is 24 (UK 24). The age at which members qualified relates to the era in which they first qualified as Figure 2.1 shows. The average age has steadily increased over time, from just under 20 among those qualifying in Scotland in the 1960s or before, to 28 (UK 29) among those qualifying since 2000 (Figure 2.1). In the years since 2000, 35% (UK 35%) of those who qualified as registered nurses are aged over 30 compared to 2% (UK 4%) of those who qualified before 1990.

¹⁴ There are some changes to the variables used in the analysis to allow sufficient numbers in each cell. NHS community includes primary care, GP practices and hospices and the independent sector has been grouped as the cell sizes are not large enough to compare care homes with hospitals in Scotland.

¹⁵ Buchan J, O'May F and McCann D (2008) *Older...but wiser?* Queen Margaret University Edinburgh, www.rcn.org.uk

Figure 2.1: Mean age on qualification by decade in which qualified



Source: *Employment Research/RCN 2009*

There has been little change since 2007 in the time since qualification just under 18 years (same across the UK as a whole) on average across all respondents, more or less the same as reported in 2007.

2.2 Caring responsibilities

The 2009 survey asked respondents: ‘Do you have dependent children living with you?’¹⁶. In addition to childcare responsibility, respondents are also asked ‘Do you have a regular caring responsibility for an elderly relative or other adult with care needs? Across all respondents a half (50%, UK 52%) have dependent children living at home. This figure is more or less the same as reported in 2007 with 40-44 year olds most likely to report having childcare responsibility (77%, UK 74%) (see Table 2.1).

One in seven (17%, UK 16%) report that they have care responsibilities for an elderly relative or other adult, with this proportion rising with age to 27% (UK 25%) amongst respondents who are over 50. Eight per cent (UK 7%) of nurses have responsibility for both a child and adult/elderly relative and three quarters (78%, UK 75%) of nurses in their forties have either child or adult caring responsibilities.

Table 2.1: Nurses with domestic caring responsibilities (percentages and figures in brackets are UK results) by age group

	Children	Elderly/other adult	Weighted cases
Under 30	25 (20)	5 (6)	98 (586)
30-34	45 (56)	9 (7)	76 (562)
35-39	64 (71)	10 (9)	107 (676)
40-44	77 (74)	16 (18)	130 (761)

¹⁶ Prior to 2007, the survey asked ‘Do you have children living with you?’ and then a follow up question that asked for the number that were pre-school, school age and older. Hence direct comparisons cannot be made to the findings from previous years, as there is now a direct reference to dependence (as opposed to using age as a proxy).

45-49	69 (68)	22 (21)	132 (776)
50-54	33 (41)	31 (25)	93 (586)
55 plus	7 (14)	22 (25)	74 (521)
All respondents	49 (52)	17 (16)	710 (4474)

Source: Employment Research/RCN 2009

Table 2.2 shows the proportion of nurses in each country who have child and adult caring responsibilities. Nurses in Scotland and England are less likely than nurses in Wales and especially Northern Ireland to have childcare and adult caring responsibilities.

Table 2.2: Caring responsibilities by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Children living at home	51	51	57	65	52
Adult caring responsibilities	17	15	22	29	16
<i>Weighted cases</i>	578	2032	494	416	3520

Source: Employment Research/RCN 2009

2.3 Gender and ethnicity

The proportion of men in the RCN membership has remained broadly unchanged over the last 10 years or more, hovering at around 7% (UK 7%). In contrast to gender, the ethnicity profile of the UK membership has changed considerably in recent years. The proportion of BME¹⁷ nurses covered by the survey has doubled since 2002, from 6% to 13% in 2009. However, in Scotland just 3% are from BME backgrounds, which shows no change from 2007.

Table 2.3: Gender and ethnic breakdown by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Female	93	92	92	93	92
Male	7	8	8	7	7
<i>Weighted cases</i>	578	2049	494	417	3538
White	98	86	94	96	90
BME	2	14	6	4	12
<i>Weighted cases</i>	584	2043	495	417	3539
UK qualified	99	92	97	97	96
Overseas qualified	2	8	5	4	7
<i>Weighted cases</i>	584	2043	495	417	3539

Source: Employment Research/RCN 2009

¹⁷ This includes all mixed ethnic groups, Asian/Asian British, Black/Black British, Chinese and other ethnic groups ONS categories 4-16.

Table 2.3 shows the proportion of respondents in the NHS who are male, BME origin and who first qualified as a registered nurse overseas. Across the UK, fewer respondents are from BME origins or first qualified overseas than is the case outside the NHS, this is especially the case in care homes. In Scotland the numbers are smaller and there is little discernible difference between the sectors. In Scotland, Northern Ireland and Wales fewer nurses are from BME origins or qualified overseas and the numbers in these groups are too small to undertake further analysis. To see comparisons between BME and white nurses and overseas and UK qualified nurses please refer to the main UK report¹⁸.

2.4 Country of qualification

One in ten (10%) UK respondents first qualified as a registered nurse outside of the UK. This has increased significantly over the last few years – in 2001 2% were qualified outside the UK, rising to 6% in 2003, and 10% in 2009, same as in 2007. Again, the figures in Scotland are lower with 4% (NHS 2%) first registering as a qualified nurse outside the UK (same as reported in 2007). The numbers of both BME and overseas qualified nurses are too small to allow any further analysis.

2.5 Qualifications

The level of qualifications held by nurses has been rising steadily in recent years, as the profession moves towards all graduate entry for RNs¹⁹. In Scotland fewer nurses are diploma qualified (19%, UK 34%) but more are degree qualified (42%, UK 31%). Older respondents are more likely to hold other academic qualifications. Just one per cent hold NVQs/SVQs (see Table 2.4).

Table 2.4: Highest qualification held by time since qualification (percentages)

Years since qualified...	No academic qualification	NVQ/ SVQ 2-4	Other qualification	Diploma	Degree	Higher degree	Weighted cases
1-5 years	6 (5)	0 (0)	0 (1)	18 (58)	76 (35)	0 (1)	116 (794)
6-10	5 (7)	0 (0)	0 (0)	45 (52)	51 (39)	0 (2)	107 (667)
11-15	18 (12)	0 (1)	0 (1)	33 (41)	47 (40)	2 (6)	96 (573)
16-20	58 (39)	0 (2)	3 (4)	6 (22)	26 (27)	6 (6)	96 (583)
21-25	56 (41)	0 (1)	8 (8)	8 (22)	26 (22)	4 (5)	106 (624)
26-30	48 (46)	2 (3)	10 (7)	11 (19)	25 (18)	6 (7)	84 (558)
31-35	48 (50)	3 (3)	14 (9)	10 (16)	24 (15)	5 (7)	62 (362)
35 plus	67 (56)	0 (3)	4 (12)	10 (15)	5 (10)	5 (4)	42 (273)
Total	34 (28)	1 (1)	4 (4)	19 (34)	39 (28)	3 (4)	709 (4434)

Source: *Employment Research/RCN 2009*

In 2002, across the UK 17% reported holding a degree, with 3% holding a higher degree and 26% a diploma. Nurses who qualified 6-15 years ago are most likely to hold a degree or higher degree (50%, UK 43%). Table 2.5 shows the qualifications held by NHS nurses in each of the four countries. More nurses in Scotland (43%) (and Wales and Northern Ireland), hold degree level qualifications than is the case in England but fewer hold diploma level qualifications (19% in the NHS in Scotland).

¹⁸ Ball J and Pike G (2009) *Past imperfect, future tense: nurses' employment and morale: results from the 2009 RCN Employment Survey*, RCN, London

¹⁹ Staines R (2008) 'Nursing to become degree-only profession' *Nursing Times*. 4 Sept 2008.

Table 2.5: Qualifications held by nurses by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
No academic qualification	34	25	20	33	26
NVQ/SVQ level 2-4	0	2	2	1	2
Other qualification	4	4	3	4	4
Diploma	19	36	32	19	34
Degree	39	28	37	40	30
Higher degree	4	4	6	3	4
<i>Weighted cases</i>	578	2044	495	416	3480

Source: *Employment Research/RCN 2009*

2.6 Employer and setting

Although the survey is designed to be applicable to nurses in all specialties and employer groups, nevertheless more than three-quarters of members responding to the survey are employed in the NHS (82%, UK 74%), and six in ten (59%, UK 53%) of all respondents are employed in NHS hospitals. These figures are both slightly higher than reported in 2007. Table 2.6 shows the distribution of respondents by employer group by country. In Scotland (and Wales and Northern Ireland) more respondents work in NHS hospitals and slightly fewer in NHS community settings.

Table 2.6: Employer group by country (percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
NHS hospital	59	53	59	56	55
NHS community	13	15	13	14	15
NHS other	5	5	5	5	5
GP practice	5	5	7	5	6
Independent hospital	1	1	2	2	3
Independent care home	6	6	6	7	6
Other independent	2	2	1	1	2
Bank/agency	3	3	1	3	3
Higher education	0	1	1	1	1
Hospice/charity	3	3	2	2	3
Health Board/HA/NHS	1	<1	2	2	1
Other	1	3	2	2	2
<i>Weighted cases</i>	718	2722	620	526	4586

Source: *Employment Research/RCN 2009*

Despite the well established policy agenda to increase the volume of care delivered in the community across the UK the mix between sectors is broadly the same as it has been since 2001.

The other major employer groups include NHS community settings (13% of all respondents, UK 15%), GP practice 5% (UK 6%), independent care homes 6% (UK 6%), other NHS employers (including NHS Direct) 4% (UK 5%), hospice/charity (3%, UK 3%) and independent hospital settings 1% (UK 3%) and bank/agencies 3% (UK 3%). These figures are almost entirely unchanged from 2007.

More nurses in Scotland (54%) and Northern Ireland (58%) are employed as staff nurses in the NHS compared to England and Wales (47%) and fewer in other job categories and as specialist nurses (Table 2.7).

Table 2.7: Job title by country (percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Staff nurse	54	46	49	58	47
Community nurse	6	7	3	6	7
Ward manager	12	13	11	11	13
Senior nurse	4	6	5	3	5
CNS	6	8	9	6	8
Other	18	20	23	16	20
<i>Weighted cases</i>	586	2047	498	417	3548

Source: *Employment Research/RCN 2009*

In terms of specialty more NHS nurses in Scotland are employed in primary care (13%) and adult critical care (19%) than elsewhere in the UK, but fewer are employed in paediatric care (general and acute).

Table 2.8: Field of practice by country (percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Primary care	13	12	8	10	11
Community care	6	7	7	9	7
Older people's nursing	4	4	4	3	4
Mental health	9	7	10	8	8
Learning disabilities	2	2	0	3	2
Adult critical care	19	16	15	16	16
Adult general/medical/surgical	22	21	22	24	22
Rehabilitation/longer term care	4	2	6	2	2
Paediatric critical care	1	4	5	4	4
Paediatric general	3	6	5	5	6
Women's health/midwifery	1	2	2	2	2
Oncology/palliative care	4	4	5	3	4
Work across the organisation	3	3	3	3	3
Other	8	9	9	7	9
<i>Weighted cases</i>	575	2001	487	406	3469

Source: *Employment Research/RCN 2009*

Here we highlight the main differences between different settings:

- Age profiles by employer group vary but across all settings the profile has aged
- Most young nurses are employed in NHS hospitals (where the average age is 40, same as for the UK), as staff nurses. More than half (55%, UK 50%) of all NHS hospital staff nurses are aged under 40 compared to 29% (UK 30%) across all other settings

- Older age profiles are found in community/primary settings, where the average age is 44 (UK 45). One in four (32%, UK 26%) are aged under 40 with 31% (UK 31%) aged 50 plus
- The average age of NHS staff nurses is 39 (UK 38) and that of other NHS staff is 45 (UK 44).

Nurses in the survey have been in their current position for six years (UK six years), and with their current employer for 11 years (UK 10 years). For respondents employed in GP practice settings, independent care homes and other independent settings, there is little difference between time in post and length of service, reflecting the smaller organisations in these sectors, in that a job move typically involves a change of employer too.

2.7 Key points: Chapter 2

This chapter has served to introduce the key biographical and employment situation variables that will be used in the subsequent sections of the report to explore variation in the aggregate results. Key points to note are:

- Average age of nurses in Scotland is 42, more or less the same as across whole UK and as reported in 2007
- Nurses in the NHS in Scotland and England are less likely to have childcare and adult caring responsibilities than is the case elsewhere in the UK
- Younger nurses are employed predominantly in NHS hospital settings 55% (UK 50%) aged under 40. In community settings 31% (UK 31%) are aged over 50
- Seven per cent of respondents are male (same as for the UK as a whole) and 4% are from BME backgrounds, the same figures as reported in 2007 and lower than England
- More nurses in Scotland hold nursing degrees (43%) compared to elsewhere in the UK 34%.

3. Pay bands and grading

At the time of the last survey in 2007, AfC was almost fully implemented across England but significant numbers of NHS respondents had not been assimilated onto the new pay bands; in Scotland (29% had not been assimilated), Wales (21%) and in Northern Ireland (23%). Early reviews²⁰ of AfC reported that although managers expected that the new system would help deliver improvements in care and staff experience, the implementation process had been rushed and there had been problems embedding Knowledge and Skills Framework (KSF). These findings are echoed by the National Audit Office²¹, who report a lack of formal evaluation of AfC, and lack of evidence as to its impact on productivity or recruitment and retention.

This is the first employment survey where almost all NHS nurses across the UK are on AfC pay bands. It provides an opportunity to assess UK-wide, the transition process from clinical grading to AfC, and allows a more complete analysis to explore country and regional differences. To explore differences in views and experiences of NHS nurses, pre- and post-AfC, comparisons are made between the 2003 survey (the last where the majority of nurses were employed on clinical grades) and this survey (the first where almost all are employed on AfC pay bands).

3.1 Transition to Agenda for Change

The questionnaire asked respondents to indicate their clinical grade **immediately prior** to the transition to AfC and their AfC pay band **immediately after** the transition. Table 3.1 presents data on the resultant pay bands of E and G grade nurses, which are the two grades with enough cases to allow country differences to be explored.

There is a clear split in terms of the pay bands to which nurses were allocated between the four countries of the UK. Across the UK, of all E grade nurses who provided details, 88% moved to band 5 and 12% moved to band 6. However, in Scotland only 8% moved to band 6 and in Northern Ireland only 2% made the higher band. This compares unfavourably with England and Wales where 15% and 17% respectively moved on to band 6. A similar, albeit less marked, difference is noticeable with transitions from G grade with fewer nurses in Scotland and Northern Ireland making the transition to band 7 than was the case in England and Wales. However, numbers in this case are too small to be considered statistically significant.

²⁰ Buchan J and Evans D (2007) *Realising the benefits? Assessing the implementation of Agenda for Change*. Kings Fund: London

²¹ National Audit Office (2009) *NHS Pay Modernisation in England: Agenda for Change*, A report ordered by the House of Commons. Department of Health: London

Table 3.1: Grade E / G AfC transitions by country (percentages NHS only)

	Scotland	England	Northern Ireland	Wales	All respondents
Grade E / AfC 5	92	85	98	83	88
Grade E / AfC 6	8	15	2	17	12
<i>Cases (unweighted)</i>	197	551	155	145	1048
E Grade nurses who requested a banding review	29	21	30	27	22
Grade G / AfC 6	52	45	56	42	47
Grade G / AfC 7	48	55	44	58	53
<i>Cases unweighted</i>	114	371	71	83	639
G Grade nurses who requested a banding review	36	29	45	26	30
Percentage of all nurses requesting a banding review	27	21	28	23	23

Source: *Employment Research/RCN 2009*

The survey also asked if individuals had requested a banding review. Across the UK, just under a quarter (23%) had requested a review of their banding. This is a higher than reported in 2007 (18%), primarily due to the larger numbers of nurses from Northern Ireland (30%) and Scotland (27%) who have now been through the process, more of whom were moved onto the lower band and more of whom requested a review.

Larger proportions of previously E grade nurses in Northern Ireland and Scotland were placed on band 5, and similarly G grade nurses in these countries are more likely to have been placed on band 6. And it is these nurses (who have been moved onto the lower of two possible bands) that are most likely to have requested a review.

3.2 Current pay bands

All but 4% (UK 4%) of NHS nurses are paid on AfC pay bands, and most of those who indicated they were on another pay scale nonetheless provided an equivalent AfC pay band.

There are significant differences by country among NHS nurses (see Table 3.2). More NHS nurses in Scotland (55%) and, especially, Northern Ireland (62%), are employed on band 5 than is the case among nurses working in England (49%) and Wales (45%). In Northern Ireland especially, there are significantly fewer nurses employed on band 6, 7 and 8/9 than is the case elsewhere in the UK. This reflects the higher numbers of staff nurses in the data set in these countries shown in chapter 2. These national differences remain, even when controlling for levels of experience. For example, among nurses with 11-20 years experience 57% of nurses in Northern Ireland are on band 5 compared to 36% in England, 44% in Scotland and 37% in Wales.

Table 3.2: AfC pay bands by country (NHS only, percentages)

	AfC pay band						<i>Weighted cases</i>
	1/2/3	4	5	6	7	8/9	
England	2	0	49	25	18	6	2705
Scotland	1	1	55	23	18	3	337
Wales	2	0	45	30	18	5	157
Northern Ireland	2	0	62	20	12	4	118
All UK NHS	2	0	50	25	18	6	3317

Source: *Employment Research/RCN 2009*

Table 3.3 shows the distribution of AfC pay bands by sector. In Scotland higher proportions of nurses are paid on pay band 5 (56%) than is the case across the rest of the UK (48%). One in four NHS nurses in Scotland (23%, UK 25%) are on band 6, 16% (UK 18%) on band 7 and 3% (UK 6%) on band 8/9. In NHS hospitals 65% (UK 56%) of all nurses are on band 5.

Table 3.3: Current AfC pay bands by employer group (NHS only, percentages UK figures in brackets)

	AfC pay band						Weighted cases
	1/2/3	4	5	6	7	8/9	
NHS hospital	1	0	65	18	15	1	408
Community/primary	2	2	36	34	20	6	159
Independent	0	0	60	30	0	10	10
Other	0	0	19	44	25	13	16
All NHS	1 (2)	1 (0)	55 (50)	23 (25)	17 (18)	3 (6)	557 (3319)
All respondents	1 (2)	1 (1)	56 (48)	23 (25)	16 (17)	3 (7)	593 (3718)

Source: *Employment Research/RCN 2009*

Table 3.4 shows the pay band distribution by job title showing staff nurses, ward managers and other NHS nurses. As can be seen the pay band distribution for NHS nurses in Scotland and the whole UK for staff nurses, ward managers and other nurses in the NHS are more or less the same. However, at an aggregate level there are more on pay band 5 which reflects the larger number of band 5 nurses in Scotland and Northern Ireland than is the case in England and Wales, as shown in table 3.2.

Table 3.4: Current AfC pay bands by job title (NHS only, percentages UK figures in brackets)

	AfC pay band				Weighted cases
	5	6	7	8/9	
Staff nurse	91 (90)	8 (9)	0 (0)	0 (0)	296 (1555)
Sister/charge nurse	0 (0)	39 (57)	61 (43)	0 (0)	66 (424)
Other	18 (17)	39 (39)	38 (33)	6 (11)	257 (1764)
All NHS	57 (50)	23 (25)	17 (18)	3 (6)	551 (3319)

Source: *Employment Research/RCN 2009*

3.3 Pay band/grade is appropriate

One of the objectives of the 2009 employment survey was to try and examine the full implementation of AfC and compare views of nurses of their pay band in 2009 with views of nurses of their grade in 2003, pre-AfC. A question asking whether or not nurses consider their pay band/grade to be appropriate given their role and responsibilities, has been included in the employment surveys undertaken both before and after AfC implementation.

Across all sectors, 48% (UK 44%) of nurses surveyed in Scotland in 2009 say that the pay band or grade that they are on is not appropriate given their role and responsibilities, with 46% (UK 49%) reporting that it is and 6% (UK 8%) saying they do not know. Across the UK these figures are roughly the same as reported in 2007 but in Scotland there are slightly more nurses saying their pay band is appropriate in 2009 than was the case in 2007 (41%).

Within the NHS 51% (UK 46%) say that their pay band is not appropriate. Overall there has been little change in response since this question was first asked in 2003. Table 3.5 shows the proportion of nurses in each country reporting their pay band/grade to be inappropriate in 2003 and 2009 (for the NHS only).

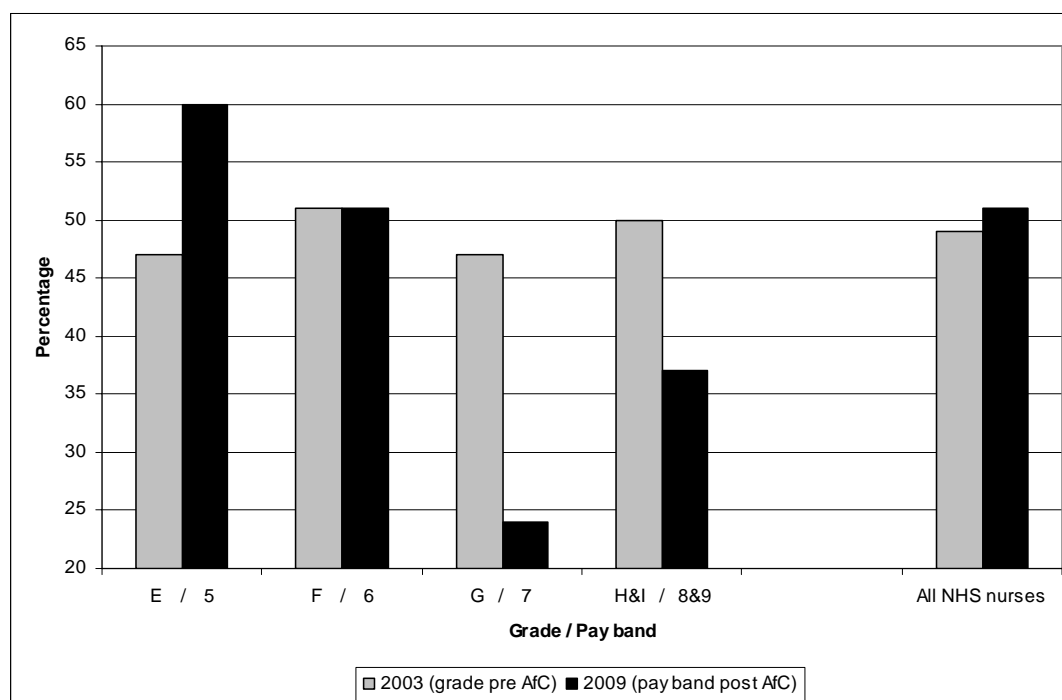
Table 3.5: Current pay band/grade is considered appropriate by country (2003 and 2009, NHS percentages)

	AfC pay band/grade						Cases (2009)
	Appropriate		Not appropriate		Don't know		
	2003	2009	2003	2009	2003	2009	
Scotland	45	45	50	51	5	4	569
Northern Ireland	35	36	60	56	6	8	405
Wales	46	47	50	47	4	6	482
England	49	49	47	44	4	6	1992
All UK NHS	48	48	48	46	4	6	3448

Source: Employment Research/RCN 2009

In 2003 there was little variation between nurses on different grades as to whether or not they considered their grade to be inappropriate given their role and responsibilities. But in 2009, band 5 nurses are more than twice as likely as band 7/8/9 nurses to consider their grade inappropriate to their role and responsibilities. The proportion considering their pay band to be inappropriate reduces as pay band increases (Figure 3.1).

Figure 3.1: Pay band/grade is inappropriate by grade/band (Scotland, 2003 and 2009 NHS)



Source: Employment Research/RCN 2009

It might be expected given the greater likelihood of nurses in Scotland (and especially Northern Ireland), to be employed on lower AfC pay bands, nurses in these countries are more likely to see their pay band as inappropriate. However, if anything, more nurses in Northern Ireland viewed their grade as inappropriate in 2003 compared to views in 2009. Dissatisfaction with current pay bands in Northern Ireland in particular, would seem to reflect disparities that existed between the four countries prior to the implementation of AfC.

Table 3.6 shows that nurses working in the community, GP practices and hospices/charities are more likely than other respondents to indicate that their pay band/grade is appropriate given their role and responsibilities (52%, UK 51%). Nurses working in the independent sector are most likely to say that they do not know whether or not their pay band/grade is appropriate for their role and responsibilities (18%, same as for the whole UK).

Table 3.6: Pay band appropriate to role and responsibilities by employer group (percentages)

	Pay band Appropriate	Pay band not appropriate	Don't know	Weighted cases
NHS hospital	42 (47)	53 (46)	4 (7)	423 (2423)
NHS Community/primary	52 (51)	42 (43)	6 (6)	203 (1660)
Independent	38 (40)	45 (42)	18 (18)	56 (440)
Other	65 (56)	30 (37)	4 (7)	23 (163)
All respondents	46 (48)	49 (44)	6 (8)	705 (4686)

Source: *Employment Research/RCN 2009*

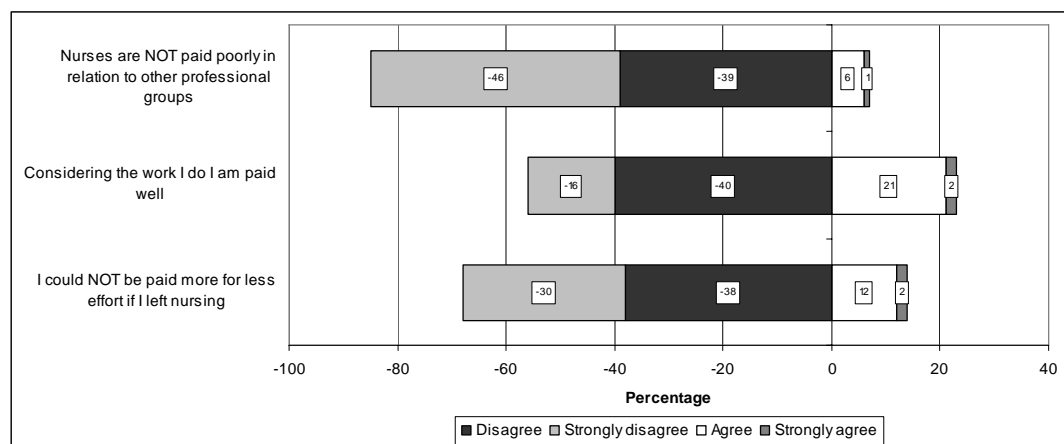
3.4 Pay satisfaction

A regular feature of all the employment surveys since 1992 has been the use of a series of attitude statements to garner opinion on pay. The three statements used have remained unchanged, allowing comparisons year on year. These are:

- *I could be paid more for less effort if I left nursing*
- *Considering the work I do I am well paid*
- *Nurses are paid poorly in relation to other professional groups.*

Respondents were asked to indicate on a five point scale the extent to which they agree or disagree with each statement. Figure 3.2 highlights the overall findings for NHS nurses in 2009.

Figure 3.2: Summary of pay satisfaction in the NHS (percentages)



Source: Employment Research/RCN 2009

Views of pay among nurses have historically been very negative and this remains the case in 2009 and the figures for Scotland mirror those for the UK as a whole. That said, there has been a small improvement in satisfaction with pay ‘*considering the work I do*’. In 2007 67% (UK 64%) did not feel well paid considering the work they do – this year the equivalent figure is 56% (UK 57%). There was very little change in views on the other two pay variables with 85% (UK 84%) indicating that nurses are not well paid in relation to other professional groups and 68% (UK 78%) disagree with the statement ‘*I could be paid more for less effort if I left nursing*’. However, significantly fewer nurses in Scotland disagree with the statement than is the case among nurses across the UK.

Table 3.7: Pay satisfaction scores by country (NHS only, percentages)

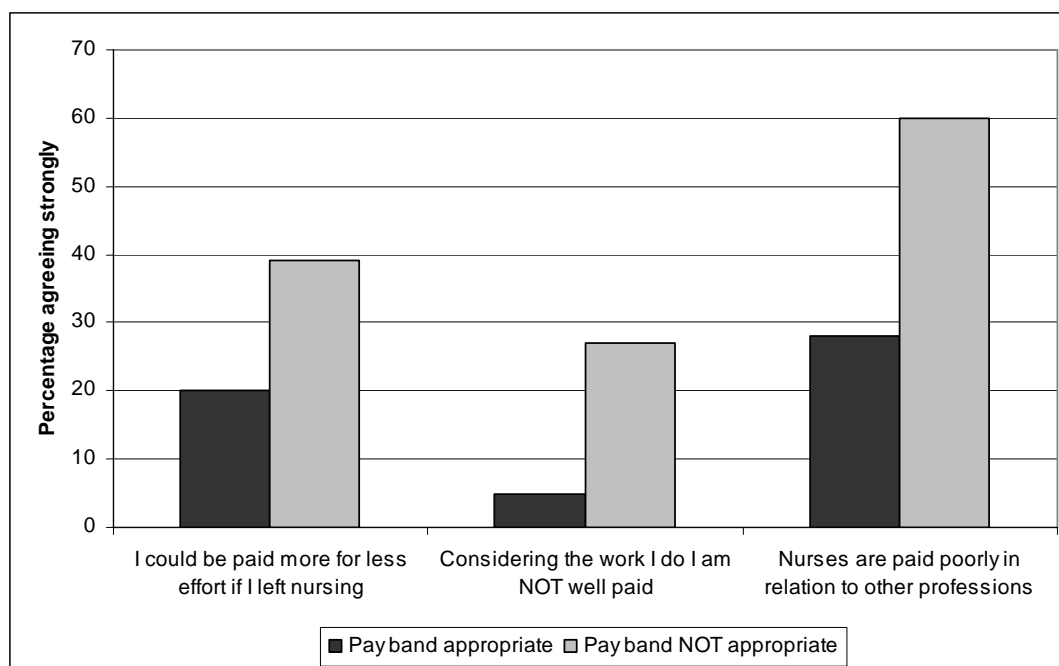
	Scotland	England	Wales	Northern Ireland	All NHS nurses
Could NOT be paid for less effort if left nursing	15	12	15	14	13
Well paid considering the work	23	21	19	14	21
Nurses are NOT poorly paid in relation to other professional groups	7	6	6	5	6
<i>Weighted cases</i>	578	2044	495	416	3480

Source: Employment Research/RCN 2009

Nurses working in NHS hospitals are least likely to be satisfied with their pay when considering the work they do than any other sector (19%, UK 19%), although there is little difference between independent and NHS hospital nurses in their views of their pay. A third (33%, UK 32%) of NHS community nurses consider they are paid well given the work that they do.

There is a strong correlation between pay satisfaction and pay bands. The higher the pay band, the more satisfied members tend to be with their pay. Just 9% (UK 16%) of NHS band 5 nurses feel well paid considering the work they do, compared to 20% (UK 20%) of band 7 and 28% (UK 40%) of band 8/9 nurses. As might be expected, nurses who do not feel appropriately graded are least likely to be satisfied with their pay (Figure 3.3). Five times as many nurses strongly disagree with the statement 26% compared to 5% of those who do feel their pay band is appropriate to their role and responsibilities. These figures are almost identical to the UK wide figures.

Figure 3.3: Views on pay (strong agreement) by whether or not pay band is viewed as appropriate to role and responsibilities (percentages)



Source: Employment Research/RCN 2009

3.5 Household income and financial circumstances

In one in five cases (20%, UK 21%) nurses' earnings represent all of their household income, in a further one in four cases (25%, UK 27%) earnings represent most of the household income, in 24% (UK 24%) of cases it represents about half of all income and in 32% (UK 27%) of cases it represents less than half of household income. These figures have not changed significantly since the question was introduced in 2003 but in Scotland more nurses earn less than half their total household earnings.

Table 3.8 shows the distribution of NHS nurses by country in their earning as a proportion of household income and their financial circumstances.

Table 3.8: Nurses' earnings as proportion of household income and current financial situation by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Less than half	29	26	18	24	26
About half	25	26	25	28	26
More than half	46	48	58	48	48
<i>Weighted cases</i>	579	<i>2012</i>	<i>492</i>	<i>417</i>	3500
Living comfortably	26	22	17	18	21
Getting by	53	54	54	61	55
Finding it difficult	21	24	29	21	24
<i>Weighted cases</i>	571	<i>2004</i>	<i>489</i>	<i>413</i>	3477

Source: Employment Research/RCN 2009

The following groups of nurses are all more likely to have earnings that represent a higher proportion of their household income i.e. more than half total household income:.

- Nurses working full-time (59%, UK 61%)
- Nurses who do not have children living with them (53%, UK 55%)
- Nurses on pay bands 7-9 (57%, UK 60%)
- Nurses early in their career (46%, UK 50%).

This year nurses were also asked how they view their financial circumstances to provide a barometer of how well nurses are coping financially in 2009. Across all respondents one in four (27%, UK 24%) say they are ‘living comfortably’, just over half (53%, UK 53%) say they are ‘getting by’ and one in five (20%, UK 23%) say they are ‘finding it difficult’.

Nurses whose earnings represent all or most of their household income are more likely to report that they are finding it difficult to manage financially. Of those respondents whose earnings represent all of their household income, 34% (UK 39%) say that they are ‘finding it difficult’ compared to 15% (UK 15%) of those where earnings represent less than half of their household income.

3.6 Additional jobs

Over the last ten years, since this question was first asked, approximately one in four nurses report having additional jobs. This year the figure is 24% (UK 25%), marginally less than in 2007 (29%). Table 3.9 presents these data for NHS nurses only.

Whether or not nurses are likely to have an additional job is determined primarily by stage of career, the proportion of total household income nurses’ earnings represent and their pay band.

Table 3.9: Percentage of nurses with an additional job and location of the additional job by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Have second job	24	25	24	29	25
No second job	76	75	76	71	75
<i>Weighted cases</i>	570	<i>2026</i>	<i>488</i>	<i>415</i>	3499
Type of second job					
Bank nursing with same employer	60	56	66	48	57
Bank nursing with different employer	11	16	9	13	15
Agency nursing	11	13	17	19	13
Non Nursing work	13	8	5	10	8
Other	9	6	3	8	7
<i>Weighted cases</i>	139	<i>517</i>	<i>117</i>	<i>119</i>	892

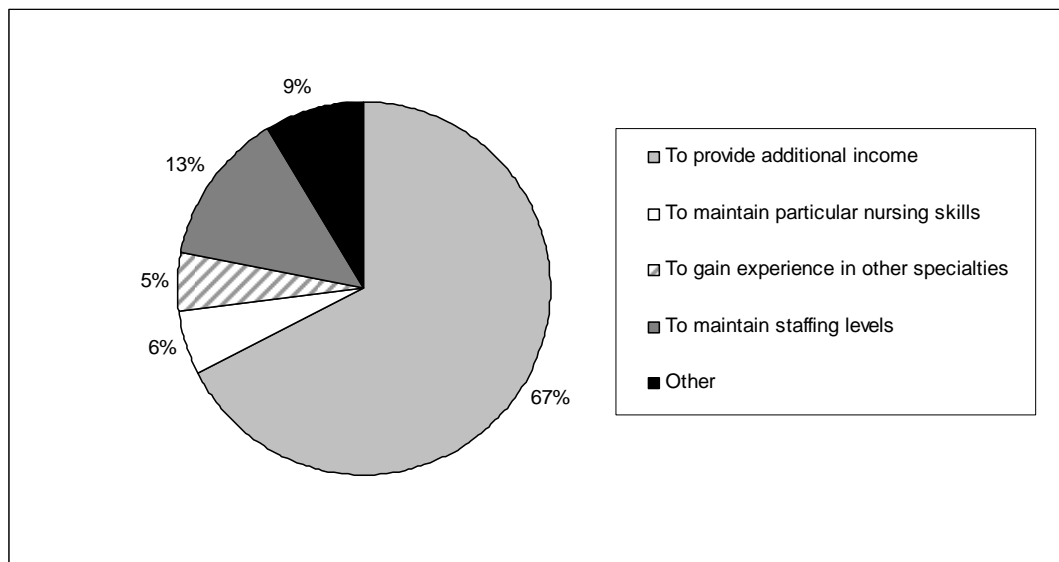
Source: *Employment Research/RCN 2009*

More nurses in the early stage of their career have a second job (32%, UK 29% compared to 23% (UK 21%) of those who have more than 10 years experience as a registered nurse) and this has not changed significantly since 2003. Related to this, 30% (UK 28%) of nurses on band 5 have a second job compared to 18% (UK 17%) of those on band 7-9.

Reason for undertaking second jobs

The survey asked members their main reason for doing additional paid work. Five responses were provided: 'to provide additional income', 'to maintain particular nursing skills', 'to gain experience in other specialties', 'to maintain staffing levels where I work' and 'other'. Figure 3.14 shows that two thirds (67%, UK 70%) undertake another job to provide additional income.

Figure 3.14: Reasons for undertaking additional work - 2009



Source: Employment Research/RCN 2009

Across the UK, the nature of additional work undertaken by nurses varies by sector and specialty however it is not possible to explore this in detail for Scotland only as the number of respondents is not sufficient. NHS hospital nurses (75%, UK 64%) are most likely to do bank work with their employer.

Table 3.10: Main reasons NHS nurses have an additional job by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
To provide additional income	66	70	74	79	71
To maintain particular nursing skills	5	7	4	6	6
To gain experience in other specialties	6	6	5	3	6
To maintain staffing levels	15	13	13	8	13
Other	8	5	3	4	5
<i>Weighted cases</i>	133	507	117	117	798

Source: Employment Research/RCN 2009

3.7 Key points: Chapter 3

The main points to emerge from Chapter 3 are:

- More NHS nurses on E and G grades were assimilated to pay bands 5 and 6 respectively than was the case across the UK as a whole. Of E grades only 8% moved to band 6 compared to 12% across the UK as a whole and of G grades only 48% moved band 7 compared to 53% across the UK as a whole
- More nurses in Scotland requested a review of their banding (27%) compared to 23% UK wide
- More NHS nurses in Scotland (55%) are employed on band 5 compared to the rest of the UK (50%). Looking at job titles where there are sufficient cases however (staff nurses and ward managers), there is no difference in the banding between NHS staff nurses in Scotland and the rest of the UK
- However, more sisters/charge nurses in Scotland are employed on band 7 than is the case across the rest of the UK (61%, UK 43%)
- In aggregate, there has been little change between 2003 (pre-AfC) (50% thought it was appropriate, 46% UK) and 2009 (post-AfC) (51%, UK 48%) in whether or not NHS nurses think their grade/pay band is appropriate given their role and responsibilities
- 60% of nurses in Scotland on pay band 5 consider their band inappropriate for their role and responsibilities. In 2003 47% of E grades felt the same way about their grade. This disparity reflects the picture across the whole UK. Before AfC there was little difference by grade in whether or not nurses felt their grade was appropriate to their role and responsibilities but post AfC band 5 nurses and to a lesser extent band 6 are more likely than band 7-9 nurses to feel their pay band is not appropriate to their role
- NHS nurses in Scotland are slightly more likely to say that they feel satisfied with their pay considering the work they do (23%) compared to 21% UK wide. Views of this aspect of pay have also improved a little since the last survey
- One in four nurses has a second job and 60% of them are working for the bank with their current employer (same as UK figures). More NHS nurses in Scotland have a second job for the main reason of maintaining staffing levels

4. Working hours

Nurses' working hours influence health service provision at all levels – nationally, locally and individually. The average number of hours worked by each nurse determines the volume of care that can be delivered by the nursing workforce as a whole. Changes in working patterns that produce a subtle effect on the average full time equivalent that each nurse represents may have significant workforce planning implications. Meanwhile for employers, providing flexible and family friendly working patterns is part of a wider human resource strategy to improve nurses' working lives and retain staff. For individual nurses, control over working hours can contribute significantly to overall quality of work life.

The continued ageing of the nursing workforce means there has been a gradual increase in the number of older respondents (aged 55 plus) approaching retirement, who are more likely to work part-time. Meanwhile the tendency for nurses to take up the profession later in life means that the potential total career length of newly qualified nurses is shorter today than it was in the past.

4.1 Mode of working

In 2009, 60% (UK, 63%) of all members in Scotland work full-time and 40% (UK 37%) work part-time/occasionally (37% (UK 34%) part-time, 3% occasionally – within the analysis both are considered 'part-time'). The proportion working full-time has increased a little in Scotland since 2003 (58% worked full-time now 62%). The proportion of nurses working part-time varies by sector, more nurses in the community and GP practices work part-time (51%), than is the case among NHS hospital nurses (35%).

Table 4.1 shows the mode of working for all NHS nurses by country.

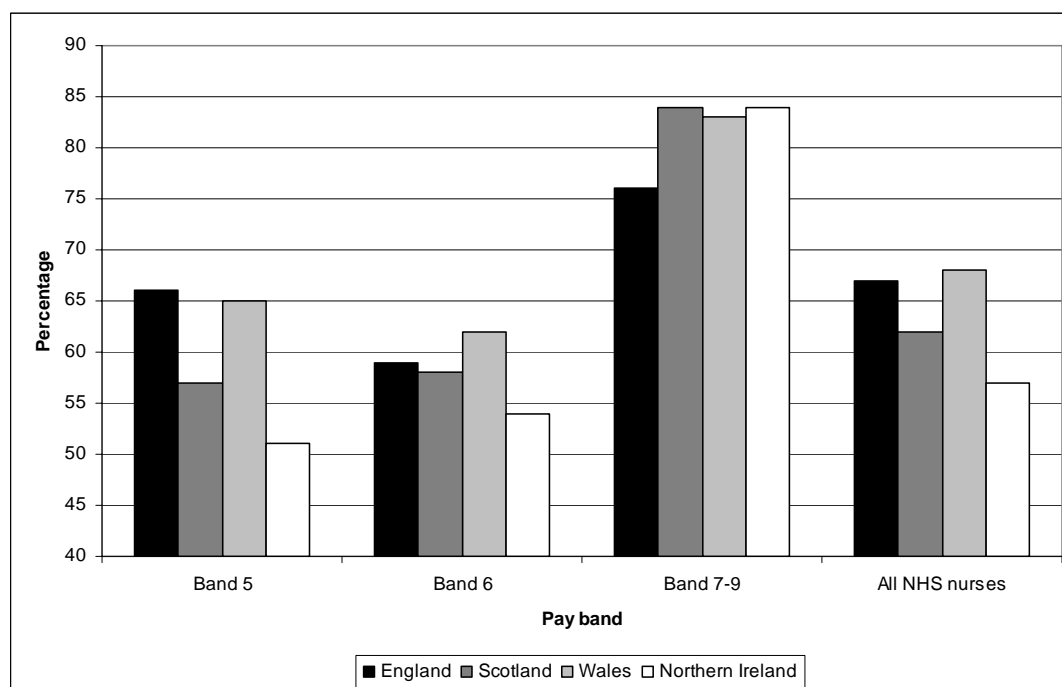
Table 4.1: Mode of working by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Full-time	62	66	67	58	66
Part-time	36	32	32	40	32
Occasional/various hours	2	2	1	2	2
<i>Weighted cases</i>	584	2057	497	419	3480

Source: Employment Research/RCN 2009

The prevalence of working full-time varies across the UK, with larger proportions of nurses in England and Wales working full-time than nurses in Scotland and Northern Ireland. This overall difference primarily relates to a difference in the working patterns of band 5 nurses, who are more likely to work full-time in England (see Figure 4.2). At the other end of the scale, band 7-9 nurses are more likely to work full-time in England than in the other countries (see Figure 4.1).

Figure 4.1: Full-time working by country and pay band (NHS only, percentages)



Source: *Employment Research/RCN 2009*

Figure 4.1 also highlights the fact that more nurses on higher pay bands i.e. bands 7-9, work full-time than is the case among nurses on bands 5 and 6. In the NHS in Scotland 58% (UK 65%) of staff nurses compared to 67% (UK 82%) of other nurses, corroborating other research evidence that fewer nurses working part-time are found in the more senior positions of the NHS²².

4.2 Working patterns

In Scotland more nurses work shifts, especially in the NHS and more work internal rotation. Across all nurses 61% (UK 57%) work shifts (NHS 64%, UK 61%) and 35% (UK 36%) 'office' hours (NHS 33%, UK 34%). Of those nurses working shifts 64% (UK 58%) work a form of internal rotation (NHS 70%, UK 65%), 26% (UK 32%) work day time shifts (NHS 23%, UK 27%) and 7% (UK 7%) work permanent nights (NHS 8%, UK 8%).

Permanent night shifts are most prevalent in the independent sector (37%, UK 22%), compared to 8% (UK 7%) of NHS hospital nurses. More nurses in Scotland 49% (UK 28%) work 12 hour shifts, 55% (UK 41%) of NHS hospital nurses and 55% (UK 50%) of independent sector nurses.

²² Lane, Nikala, *The Low Status of Female Part-Time NHS Nurses: A Bed-Pan Ceiling?*, *Gender, Work and Organization*, Vol. 7, Issue 4, October 2000. Available at SSRN: <http://ssrn.com>

Table 4.2: Nurses' patterns of work by country (NHS only, percentages)

Working pattern	Scotland	England	Wales	Northern Ireland	All NHS nurses
Shifts	64	60	64	62	61
'Office' hours	33	34	32	36	34
Flexi-time/irregular hours	3	6	4	3	5
<i>Weighted cases</i>	582	2039	496	417	3534
Shift pattern					
Internal rotation (mix of day and night shifts)	70	65	64	53	65
Daytime shifts only	23	28	26	30	27
Permanent night shifts	7	8	9	17	8
<i>Weighted cases</i>	378	1258	321	264	2221
Length of shifts					
8 hours	29	38	42	20	36
12 hours	49	35	28	54	37
Other	22	27	30	26	27
<i>Weighted cases</i>	385	1293	327	269	2274

Source: *Employment Research/RCN 2009*

Nurses' working patterns are related to their stage of career (as measured by time since qualification) and domestic circumstances. For example, 75% (UK 87%) of newly qualified nurses work full-time compared to 58% (UK 60%) of nurses with more than five years experience. They are also much more likely to work shifts (86%, UK 84%) and work internal rotation (78%, UK 82%). Conversely nurses with children living at home and, to a lesser extent, with adult caring responsibilities are less likely to work full-time, shifts and internal rotation.

4.3 Working excess hours

Across the UK, the proportion of nurses working excess hours has remained more or less unchanged for the last 10 years (58%). This year in Scotland however, there has been a reduction to 50% in 2009 from 58% in 2007 (which was slightly higher than the 55% reported in 2005).

Nurses in higher grade/pay band posts are more likely to work excess hours. In the NHS, 39% (UK 53%) of band 5 nurses work excess hours compared to 63% (UK 60%) of band 6, 65% (UK 75%) of band 7 and 93% (UK 85%) of band 8/9.

Fewer nurses in Scotland and Northern Ireland work in excess of their contracted hours than nurses in the other countries of the UK. This is not simply connected to the different pay band distribution of the four countries. Looking specifically at nurses in band 5 posts (where there is most variation), nurses in Scotland and Northern Ireland are less likely to have worked excess hours in their last full working week and they also work excess hours less frequently and for shorter amounts of time, than nurses in England (see Table 4.3).

Reimbursement for working overtime also varies by country. Nurses in Northern Ireland are more likely to be offered time off in lieu, or pay at normal rate as opposed to a higher rate and less likely to be offered bank work than the equivalent nurses in England.

Table 4.3: NHS band 5 nurses working excess hours by country (percentages)

	Band 5 in each country				All band 5
	Scotland	England	Wales	N Ireland	
% working excess hours	39	53	48	41	50
% working excess hours at least several times per week	26	36	30	27	34
Average (mean no.) excess hours (<i>all nurses</i>)	1.9	3.1	3.4	2.1	2.9
Average (mean no.) excess hours (<i>those working excess hours</i>)	5.2	6.4	8.0	5.6	6.3
% respondents offered pay at higher rate	18	19	17	14	18
% respondents offered pay at normal rate	32	28	28	31	28
% respondents offered bank work	28	28	25	23	28
% respondents offered time off in lieu	21	22	26	29	22
% respondents offered nothing	0	2	2	1	2
<i>Weighted cases (max)</i>	<i>169</i>	<i>1229</i>	<i>65</i>	<i>70</i>	<i>1533</i>

Source: *Employment Research/RCN 2009*

Although more full-time nurses work excess hours than part-time (60% compared to 55%), and there are more part-time nurses working in Northern Ireland, Scotland and Wales, this does not entirely explain the national differences in the table above.

Members were also asked ‘*If your employer wants you to work extra hours to provide cover, what are you most likely to be offered?*’ Their responses, categorised by employer, are presented in Table 4.4. The findings are broadly the same as in the 2007 survey,

Table 4.4: Cover pay offered by employer group (percentages)

	Community/				All
	NHS hospital	primary	Independent	Other	
Paid at higher rate	18	9	16	18	15 (14)
Paid at normal rate	29	38	54	24	33 (31)
Paid at lower rate	2	0	0	0	1 (1)
Bank work	25	9	2	0	18 (18)
Time off in lieu	24	39	18	53	28 (31)
Nothing	2	5	11	0	3 (5)
Other	1	0	0	6	0 (1)
<i>Weighted cases</i>	<i>397</i>	<i>170</i>	<i>57</i>	<i>17</i>	<i>641 (4129)</i>

Source: *Employment Research/RCN 2009*

Community nurses are more likely than other groups to be offered time off in lieu – this is partly a function of pay band, with more community nurses employed on higher pay bands. Independent sector nurses are more likely to be offered pay at the normal rate when they work extra hours to provide cover. These figures are very similar to the UK wide picture.

Three per cent (UK 5%) of members in Scotland said that they are not offered anything should their employer want them to work extra hours. This is most common for higher band nurses.

On average, full-time nurses work a total of 43 hours (UK 44) and part-time work 29 hours (UK 29). This has changed little since 2007. Table 4.5 shows the total working hours of nurses in Scotland and the UK by mode of working.

Table 4.5: Hours worked (full-time/part-time) – percentages and means

	Scotland		UK	
	Full-time	Part-time	Full-time	Part-time
Mean contracted hours in main job	37.5	23.6	37.5	23.2
Working excess hours in last week (%)	53	47	60	55
Working in excess of contract several times per week or more (%)	41	28	47	31
Mean excess hours in main job (ALL)	3.8	2.7	4.6	3.0
Average excess hours in main job (those that worked excess hours)	7.4	6.0	7.7	5.6
Additional jobs (%)	24	22	25	23
Mean hours worked in additional jobs (ALL)	1.7	2.0	2.1	2.2
Mean hours worked in additional jobs (those with additional jobs)	12.7	13.0	13.2	12.4
TOTAL hours worked in last week (ALL)	43.1	28.8	44.4	28.7
<i>Weighted cases (all respondents)</i>	<i>373</i>	<i>231</i>	<i>2498</i>	<i>1546</i>

Source: Employment Research Ltd/RCN 2005

4.4 Working hours satisfaction

Despite the long hours many nurses work, most members/nurses are positive about their working hours and these views have changed little in recent years. Three quarters of all nurses (75%, UK 71%) are happy with their working hours²³, 60% (UK 65%) are satisfied with their input into planning off duty/times of work, 61% (UK 58%) feel able to balance their home and working lives and 59% (UK 60%) feel satisfied with the choice they have over the length of shifts they work.

Looking at the NHS only, by and large nurses in Scotland are as satisfied with their working hours as nurses across the whole UK but fewer are satisfied with their input into planning off duty and times of work (58%, UK 65%). It is likely this is because more nurses responding to the survey work internal rotation shifts in Scotland and this working pattern is generally associated with lower levels of working hours satisfaction.

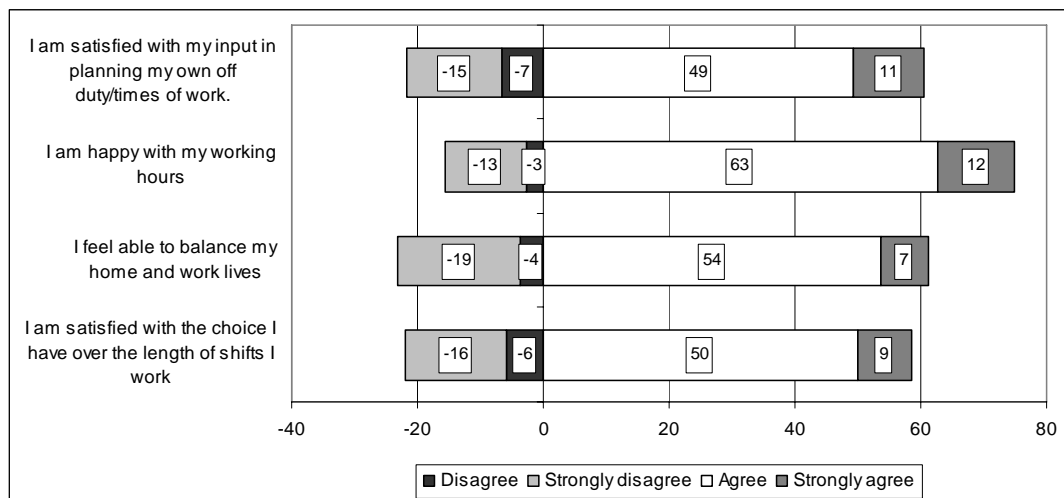
Table 4.6: Satisfaction with working hours by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Satisfied with planning off duty/times of work	58	65	62	68	65
Happy with working hours	74	70	70	74	71
Feel able to balance home and working lives	58	58	54	62	58
Satisfied with choice over length of shifts worked	58	60	59	63	60
<i>Weighted cases</i>	573	<i>2008</i>	<i>483</i>	<i>409</i>	3473

Source: Employment Research/RCN 2009

²³ This statement is new to the 2009 survey used as it provides an overall indicator of working hours satisfaction while the others focus on specific aspects of working hours.

Figure 4.2: Views of working hours (percentages NHS only)



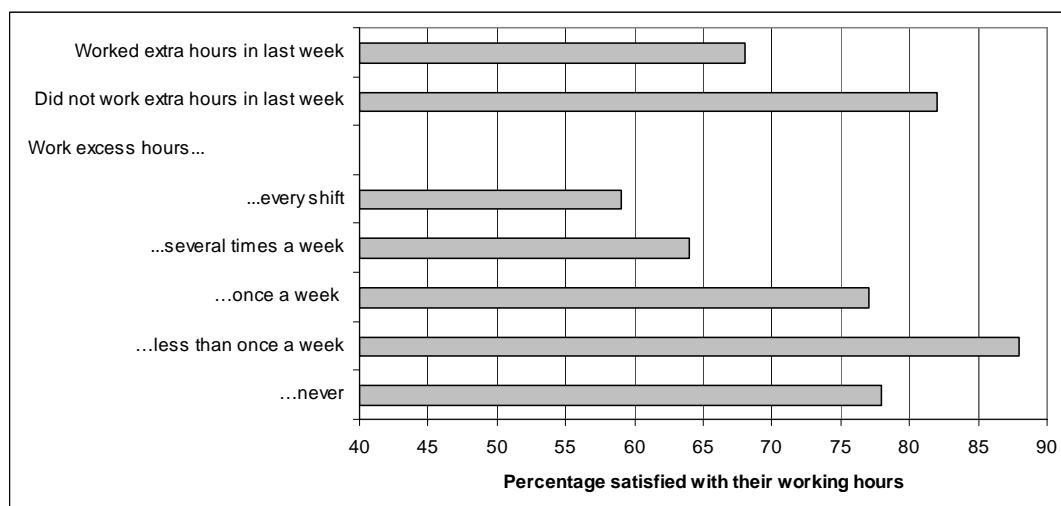
Source: Employment Research/RCN 2009

However, not all nurses feel equally satisfied with their working hours. Part-time nurses are generally more satisfied with their working hours (83% vs. 69% of full-time nurses) (UK 79% vs. 67%), and current working patterns (in terms of full or part-time, shift pattern and shift length) are the main predictors of satisfaction with working hours.

Working extra hours and satisfaction

Most nurses working extra hours are less satisfied with their working hours, as illustrated in Figure 4.3. Nurses who are not offered any reimbursement when they are asked to work extra hours are also less satisfied with their working hours overall (37% (UK 47%) compared to 74% (UK 71%) across all nurses).

Figure 4.3: I am happy with my working hours by working excess hours in last week



Source: Employment Research/RCN 2009

Nurses who work long hours in total, are also less satisfied with their hours. Thus full-time nurses who express most dissatisfaction with their hours are typically working three (UK six) hours a week more than those who are most positive about their working hours. The same pattern is found for part-time nurses.

4.5 Key points: Chapter 4

- Fewer nurses in Scotland work full-time (62%) than is the case among nurses elsewhere in the UK
- Two thirds of NHS nurses in Scotland work shifts, with 70% of these nurses working internal rotation (UK 65%) and 49% work 12 hour shifts (UK 37%)
- Fewer nurses in Scotland work excess hours than is the case in England. Although this is linked to pay band it is also the case that fewer band 5 nurses in Scotland work excess hours than UK wide (39% compared to 50% UK). They also work excess hours less frequently, 26% saying they work excess hours at least several times per week compared to 34% UK-wide
- On average, full-time nurses work a total of 43 hours (UK 44) and part-time work 29 hours (UK 29). This has changed little since 2007
- Fewer NHS nurses in Scotland are satisfied with their input into planning off duty and times of work (58%, UK 65%)
- The more frequently nurses work excess hours the less likely they are to be satisfied with their working hours
- Also, nurses who are not offered any reimbursement when they are asked to work extra hours are also less satisfied with their working hours overall (37% (UK 47%) compared to 74% (UK 71%) across all nurses).

5. Workload and staffing

The demand for care continues to grow – for example in Scotland, NHS hospital admissions have risen from 1.2m in 2003/4 to 1.3m in 2007/8, at a time when the mean length of stay has fallen from 6.0 days to 5.4 days²⁴.

There is a growing body of evidence demonstrating that the ratio of registered nurses to patients, although a crude measure when taken in isolation, is nonetheless strongly correlated with patient outcomes²⁵. The RCN employment survey provides a unique opportunity to capture a snapshot of staffing levels in different settings, and explore how changes in workforce numbers and demand for care at the national level are playing out in hospital wards and care homes.

5.1 Nurse to patient ratios (NHS wards)

Overall there has been little change on NHS wards in the patient and staffing data reported. The average NHS ward has 22 beds (UK 24) and an average of 21 patients (UK 23) during the day. Daytime occupancy rates are also much as they have been (94% vs. 97% in 2007).

The average total number of RNs and health care assistants (HCAs)/auxiliaries staffing on these wards is slightly lower at 5.3 (UK 5.4) (see Table 5.1) nursing staff during daytime (compared with 6.0 in 2007, and 5.5 in 2005). There has also been a small shift in the skill-mix reported; registered nurses represent approximately 59% of all nursing staff recorded as being on duty in the day, compared with 63% in 2007. Whilst the numbers of RNs is much the same as in 2005 (with 3.2 RNs during the day and 2.6 during the night), it is slightly less during the day than in 2007²⁶. This small change combined with an increase of one patient per ward, has led to an increase in the number of patients per RN: from an average of 6.7 patients per RN in the day and 9.6 at night, to 7.2 patients in the daytime and 11.1 at night.

Many of the basic parameters of NHS wards remain the same as two years ago – typically 23 beds, with 90+ occupancy rates. The results suggest very little change from 2007.

²⁴ ISD Scotland (2009) *Inpatient, Day Case and Outpatient Activity* www.isdscotland.org

²⁵ Kane R et al (2007) The Association of Registered Nurse Staffing Levels and Patient Outcomes: Systematic Review and Meta-Analysis, *Med. Care* 2007; 45:1195-204.

More nurses equals better care. *Nursing Times*, 31 March 2009, www.nursingtimes.net

²⁶ Note that the question asking about staffing numbers in 2009 asked respondents to give the total numbers INCLUDING themselves (in capital letters), whereas in the previous surveys the question asked for numbers EXCLUDING yourself.

Table 5.1: Average staffing and patient data – NHS wards 2009, 2007 and 2005 (UK in brackets)

	NHS wards 2009		NHS wards 2007		NHS wards 2005	
	Day	Night	Day	Night	Day	Night
Number of beds	22 (24)	25 (24)	23 (23)	22 (23)	22 (23)	25 (23)
Total number of patients	21 (23)	24 (22)	22 (22)	20 (22)	21 (22)	22 (21)
Occupancy	94 (97%)	95 (92%)	97 (96)%	91 (100)%	93 (96)%	88 (95)%
Number of registered nurses	3.2 (3.3)	2.6 (2.5)	3.7 (3.6)	2.3 (2.8)	3.3 (3.3)	2.5 (2.4)
Number of HCAs/auxiliaries	2.2 (2.2)	1.6 (1.5)	2.3 (1.9)	1.3 (1.2)	2.1 (2.1)	1.4 (1.3)
Total staff on duty (RNs + HCAs)	5.3 (5.4)	4.1 (3.9)	6.0 (5.6)	3.6 (4.0)	5.5 (5.4)	3.9 (3.7)
RNs as % of all nursing staff	59 (60%)	60 (62%)	63 (66)%	64 (70)%	61 (62)%	63 (66)%
Patients per registered nurses (mean across all RNs)	7.2 (7.9)	11.1 (10.6)	6.7 (6.9)	9.6 (9.1)	7.4 (7.7)	10.6 (10.1)
Patients per member of nursing staff (mean across total staff)	4.0 (4.4)	6.3 (6.1)	3.8 (4.2)	5.8 (5.7)	4.0 (4.4)	6.1 (6.1)
<i>Number of cases</i>	<i>134 (713)</i>	<i>63 (324)</i>	<i>146 (805)</i>	<i>66 (380)</i>	<i>162 (822)</i>	<i>58 (316)</i>

Source: Employment Research/RCN 2009

5.2 How nurses' time is spent

Nurses were asked to give a breakdown of their working time, showing how it is split between: clinical work, management, educating and training others, research and other activity. They were also asked if they thought that their time was divided about right.

NHS nurses typically spend (72% (UK 71%)) of their time on clinical activity, which is similar to the figure reported in 2007 (73%). On average 14% (UK 15%) of nurses' time is spent on management (14% in 2007), 10% (UK 10%) on educating/training others and 4% (UK 5%) on research and other activities.

Table 5.2 breaks down these results by job-title within the NHS. For staff nurses, 81% of time is spent on clinical activities (which is the same as in 2007) and 8% on management, 8% on educating/training others, 1% on research and 1% on other activities. Typically 42% of senior nurse's time is spent on management and 43% on clinical work. On average a quarter of a sister/charge nurse's time is spent on management and 64% on clinical work. All these figures are almost identical to the UK wide data.

Table 5.2: Activity mix in the NHS by job title: mean percentages actual (and ideal)

	Nature of activity					Weighted cases
	Clinical	Mgt	Ed/training others	Research	Other	
Staff nurse	81 (71)	8 (9)	9 (14)	1 (4)	1 (2)	317 (90)
Community nurse	78	8	9	1	3	34
Sister/Charge nurse	64 (55)	27 (26)	7 (13)	1 (3)	1 (1)	67 (42)
CNS	65	11	13	4	4	36
Other	53 (55)	25 (23)	12 (14)	4 (5)	5 (3)	121 (35)
All NHS respondents	72 (64)	14 (16)	10 (14)	2 (4)	2 (2)	575 (186)

Source: Employment Research/RCN 2009

This year the survey asked respondents to indicate whether or not they felt their mix of activity was about right for the job they are in. Most nurses (70%, UK 70%) were happy with the current mix, rising to 79% of community, hospice and GP practice nurses (UK 81%). Within the NHS, two thirds (67%, UK 68%) of nurses feel their mix of activities is about right and in the independent sector 77% say it is about right.

Nearly three quarters of staff nurses (73%, UK 72%) say that the activity mix is about right for their job but of sisters/charge nurses just 42% (UK 52%) report that their activity mix is about right. In general, nurses dissatisfied with their current role feel that they should be spending less time on clinical activities and more on training/educating others and research, and to a lesser extent management. Of the ward managers who report that the mix of activities is not right the average amount of time they feel should be spent on clinical activities is 55% (UK 55%) compared to the 64% (UK 64%) actually undertaken.

5.3 Responsibilities

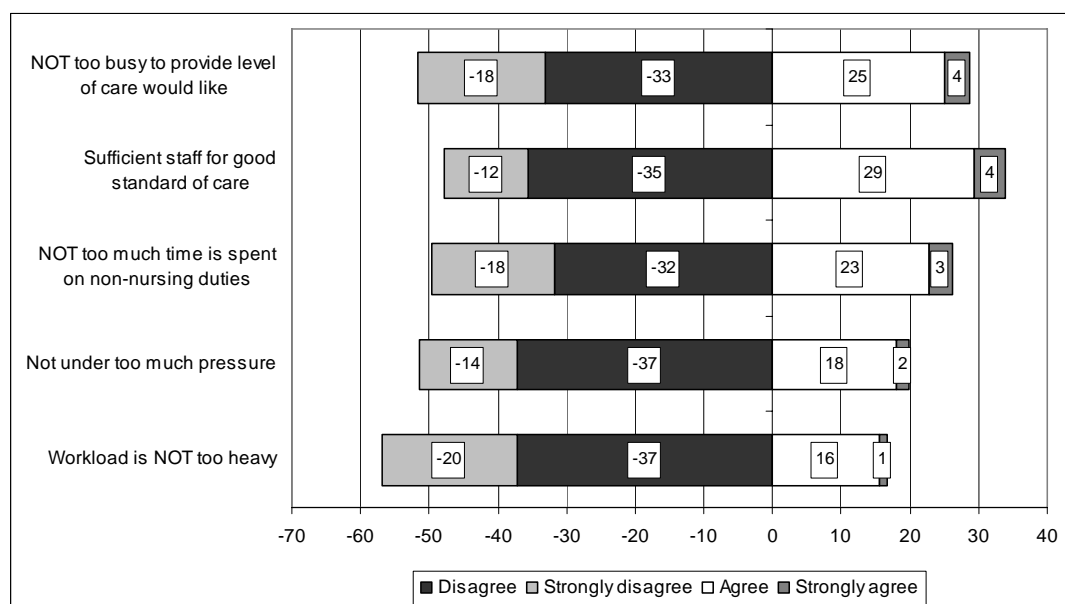
As well as asking about staffing on their last shift, hospital nurses were also asked whether they were in charge. Overall 53% (UK 49%) of NHS hospital nurses reported that they were in charge on their last shift.

Approximately a half (56%, UK 52%) of all nurses responding (63% of those in the NHS, UK 58%) mentor students, and 37% (UK 33%) (41% in the NHS, UK 38%) provide preceptorship for newly qualified nurses. Sister/charge nurses are most likely to provide preceptorship (77%, UK 71%), and 71% (UK 78%) have responsibility for mentoring students. In the last year sister/charge nurses typically have responsibility for mentoring two (UK four) students and two (UK two) newly qualified nurses.

5.4 Views of workload and staffing

Respondents were presented with 34 statements about their working life as a nurse, and asked to indicate their agreement with each on a five point scale. The results for the items related to workload and staffing are presented in Figure 5.1.

Figure 5.1: Views of workload and staffing (NHS only) – percentages



Source: *Employment Research/RCN 2009*

Despite an overall improvement in morale and motivation since 2007, views of workload have continued to decline, from what was already a low base. The majority (55%, UK 58% of all nurses, 57%, UK 61%, in the NHS) consider that their workload is too heavy and that they are under too much pressure (48%, UK 52%, all and 52%, UK 55%, NHS) and 50% (UK 47%) say too much time is spent on non-nursing duties. More than a half (52%, UK 55%) of all NHS nurses say they are too busy to provide the level of care they would like. On all four of these items there has been a decrease in numbers responding positively since 2007.

Table 5.3: Satisfaction with workload issues by country (NHS only, percentage agreeing)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
My workload is too heavy	57	62	58	63	61
I feel I am under too much pressure at work	52	55	51	59	55
Too much of my time is spent on non-nursing duties	50	46	51	51	47
Sufficient staff to provide a good standard of care	48	52	52	54	52
Too busy to provide standard of care I would like	52	55	56	57	55
<i>Weighted cases</i>	569	2033	490	411	3512

Source: *Employment Research/RCN 2009*

The following highlight the differences between subgroups of nurses:

- There was no discernible difference in the NHS between staff nurses working full or part-time
- Pressure in the workplace may also relate to outside pressures. Nurses in the NHS who have adult caring responsibilities at home are more likely to feel they are under too much pressure at work than nurses who do not have these responsibilities (61% compared to 50% respectively, UK 62% vs. 53%).

Views of workload are strongly related to typical patient to RN ratios. Within the NHS, nurses who feel that their workload is too heavy are on wards with an average of 9.9 (UK 9.3) patients per RN, compared with 6.8 (UK 6.8) amongst nurses who say that their workload is not too heavy.

Although workloads continue to be viewed negatively, more NHS nurses in 2009 agree that: *'there are sufficient staff to provide a good standard of care'* (up from 26% (UK 26%) in 2007 to 34% (UK 30%) in 2009).

However NHS nurses are significantly more negative about staffing levels than nurses in other sectors. More than half (56%) of nurses in other sectors (independent sector 44%) agree with the statement compared to just under 34% of NHS nurses.

Nursing establishments and compromised care

Two related questions ask respondents firstly, whether they consider the nursing establishment (i.e. the planned complement of staff to be employed) where they work to be sufficient to meet patient needs and secondly, how often they feel patient care is compromised where they work.

Just over a half (53%, UK 51%) of all nurses responding to the question say that the nursing establishment where they work is sufficient to meet patient needs and just under a half (47%, UK 49%) say it is not. Among NHS nurses 49% (UK 45%) say there are sufficient staff, 51% (UK 55%) say there are not sufficient staff to meet patient needs. This is a slight improvement on 2007, when 46% (UK 46%) of NHS nurses considered that the establishment where they worked was sufficient (and 51% (UK 53%) of all).

Table 5.4: Nursing establishment sufficient to meet patient needs and frequency with which patient care is compromised by country (NHS only, percentage agreeing)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Establishment sufficient	48	45	43	50	46
Establishment not sufficient	52	55	57	50	54
<i>Weighted cases</i>	569	1996	480	401	3446
Frequency patient care is compromised					
Never	5	4	4	5	4
Rarely	26	24	26	25	25
Several times a month	25	25	26	23	25
Once or twice a week	21	20	13	19	19
On most shifts	20	22	26	22	22
On every shift	4	5	5	6	5
<i>Weighted cases</i>	567	1994	482	398	3441

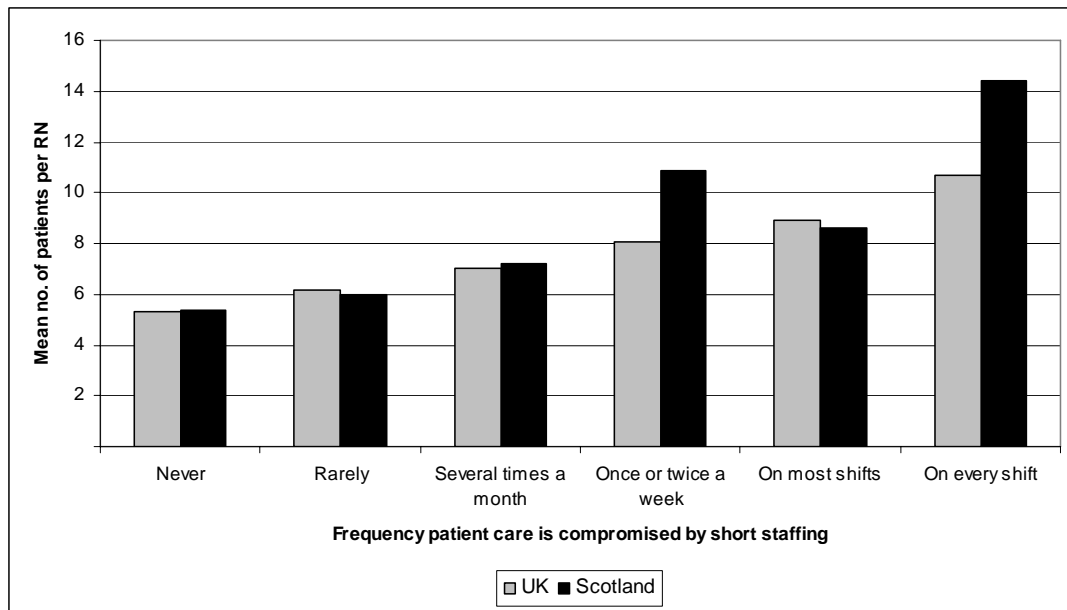
Source: *Employment Research/RCN 2009*

Whether the nursing establishment is in reality sufficient to provide enough staff on a daily basis, will depend on a number of other factors – the level of unfilled posts, the number of staff absent (short or long-term) and the extent which these gaps are covered (through staff working additional hours or temporary staff). Thus in the NHS, even where nurses consider that the nursing establishment is sufficient, only half (57%, UK 53%) agree that there are sufficient staff to provide a good standard of care. On the other hand where the nursing establishment is not considered sufficient, 13% (UK 11%) nonetheless say there are sufficient staff to provide a good standard of care.

Just over a third of nurses (36%, UK 35%) report patient care is rarely or never compromised by short staffing, 24% (UK 23%) say it is compromised several times per month and 40% (UK 42%) say it is compromised at least once or twice per week (with 22% (UK 25%) saying it is on most or every shift). Patient care is compromised more frequently in the NHS; 44% (UK 47%) report it is compromised at least once or twice per week compared to 21% (UK 23%) outside the NHS. This is more or less the same as in 2007, when 43% (UK 44%) of NHS respondents reported that short staffing compromised patient care at least once a week.

Figure 5.2 demonstrates the link between patient to nurse ratio and reports that care is compromised by short staffing in NHS hospitals. Where patient care is reported to never be compromised the average number of patients per RN is five (UK five) but where it is compromised on every shift the patient to nurse ratio is two times higher at 14 (UK 10) patients per RN.

Figure 5.2: Frequency patient care is compromised by short staffing in NHS hospitals, mean number of patient per RN



Source: *Employment Research/RCN 2009*

5.5 Key points: Chapter 5

- There has been little change in the staffing data since 2007. The number of RNs is slightly less during the day than in 2007. This small change combined with an increase in patients per ward, has led to an increase in the number of patients per RN: from an average of 6.7 patients per RN in the day and 9.6 at night, to 7.2 patients in the daytime and 11.1 at night.
- NHS nurses typically spend (72% (UK 71%) of their time on clinical activity and 14% on management, which is similar to the figure reported in 2007 (73%). Most NHS nurses (70%) are satisfied with the balance of activities in their job. An exception however, is ward managers, just 42% (UK 52%) report that their activity mix is about right. Ward managers who are dissatisfied with the mix of activities in their role think they should be spending more time on training/educating others, research and management.
- Just over half (53%, UK 49%) of NHS hospital nurses in Scotland reported that they were in charge on their last shift. Also 63% of those in the NHS (UK 58%) mentor students, and 41% in the NHS (UK 38%) provide preceptorship for newly qualified nurses.
- There has been a decline in positive responses to workload and staffing attitude items since 2007, despite an improvement in most other areas of employment. NHS nurses in Scotland respond more negatively in relation to workload items than is the case elsewhere in the UK.
- Views of workload are strongly related to typical patient to RN ratios. Within the NHS, nurses who feel that their workload is too heavy are on wards with an average of 9.9 (UK 9.3) patients per RN, compared with 6.8 (UK 6.8) amongst nurses who say that their workload is not too heavy.

- A half (48%) of nurses in Scotland say that the nursing establishment where they work is sufficient to meet patient needs and one in four (41%) say that patient care is compromised at least once or twice per week. These figures are more or less the same as elsewhere in the UK.

6. Job change and career progression

In this chapter we examine job change and career movement and progression issues. These questions provide the survey with indicators of turnover, retention and of the nursing workforce dynamics. In addition the data highlight differences in experience of groups of nurses when moving jobs or applying for posts of a higher grade/pay band.

In 2005 the employment survey reported a small decline in turnover suggesting a slow down in recruitment. Then in 2007 there was a steep decline in turnover with the lowest recorded level of job change since 1997 as a new pay system was introduced which inevitably put people 'on hold' as they waited to see what their final position on the new pay bands would be. In addition in England the health economy reacted to NHS financial deficits.

Two years on since the last employment survey, AfC has been fully implemented in the NHS across the UK. But since the autumn of 2008 the national economic climate has deteriorated and the country now faces a recession and growing levels of unemployment. How has this impacted on nurses job mobility and progression?

6.1 Changing jobs and employer

To provide a barometer of turnover in the nursing labour market over the previous year, respondents are asked to answer two questions '*have you changed jobs in the last 12 months?*' and following this '*have you changed employer in the last 12 months?*'

In 2005, we reported that the turnover figure (as measured by job changes²⁷) had reduced slightly for the first time since 1997/8. At the time it was not clear if this was a temporary dip or the start of downward trend. The data in 2007 suggested that it was the start of a downward trend. Across the workforce as a whole there was a significant reduction in the number of members who changed jobs in the 12 months preceding the survey; down from 21% (UK 24%) in 2004/5 and 23% (UK 26%) in 2002/3 to 19% (UK 16%) in 2006/7.

Across the UK this was the lowest rate of job change recorded in these surveys. In Scotland however, there was less change in job turnover over the previous two years and the turnover rate was higher in Scotland than across the whole UK for the first time. However, it seems that in Scotland the downturn in the labour market was delayed from the rest of the UK as now the proportion of nurses who changed jobs in the preceding year has gone down to 13% while in England the job change rate is 20%.

²⁷ It has always been assumed that this figure includes all job changes, both within the same organisation be it horizontal or via promotions and employer moves.

Table 6.1: Changing jobs and changing employers in 12 months prior to the survey by country (NHS only, percentage agreeing)

Changed jobs in last 12 months	Scotland	England	Wales	Northern Ireland	All NHS nurses
Yes	13	20	15	12	19
No	87	80	85	88	81
<i>Weighted cases</i>	583	2033	491	414	3521
Changed employer in last 12 months					
Yes	5	9	5	5	8
No	95	91	95	95	92
<i>Weighted cases</i>	585	2020	491	411	3507

Source: *Employment Research/RCN 2009*

Reduced turnover as expressed by job changes is likely to be caused by a combination of factors. Firstly, when there are fewer opportunities due to budget deficits, recruitment freezes and job losses. And secondly, over the 12 months prior to the survey more NHS nurses in Scotland were waiting to discover how their post had been evaluated in the new pay system AfC – this took longer in Scotland than was the case in England.

In NHS hospitals the proportion of respondents who had changed job in the 12 months prior to the survey has fallen from 21% (UK 21%) in 2005 to 18% (UK 14%) in 2007 and now stands at 9% (UK 16%), half the figure reported in 2007.

In Scotland there has also been a reduction in the proportion of respondents indicating that they have changed employer (5%, UK 8%) whereas across the UK there has been no change in the proportion of employer changes in the preceding year.

Why nurses change jobs/employer

The survey asked members to indicate from a list of possible factors the main reasons they changed jobs/employer. Although the options changed slightly this year, the results are broadly comparable with 2007, and are presented for all nurses who changed jobs. There are insufficient cases in Scotland to examine the reasons nurses changed employers.

The most common reason for changing jobs is to gain different experience and skills, mentioned by a half (48%, UK 54%) of all nurses who had changed jobs in the preceding year. Career progression issues such as seeking better prospects were referred to by 39% (UK 39%) and this figure is slightly higher than in 2007 when 35% (UK 34%) moved jobs for this reason.

Other changes in response include more nurses moving jobs because of stress and workload (29% (UK 31%) compared to 26% (UK 23%) in 2007), dissatisfaction with previous job (26% (UK 30%) compared to 22% (UK 26%) in 2007), change in working hours (39% (UK 35%) in 2009 and 31% (UK 31%) in 2007), distance to work and bullying and harassment both of which were also cited by more respondents in 2009 than was the case in 2007. Interestingly, on average, respondents ticked more factors for moving jobs in 2009 than was the case in 2007.

Looking at the two most important reasons nurses gave for moving jobs, the major change since 2007 is that fewer refer to gaining different skills and experience as a reason for the change but more refer to dissatisfaction with their previous job.

Table 6.2: Reasons for changing jobs - percentages (UK in brackets)

	All job changers		Employer changers	% most important
	UK	Scotland	(UK: too few cases in Scotland)	
Gain different experience/skills	54	48	48	35 (29)
Better prospects	39	39	40	25 (22)
Change in hours/better work life balance	35	39	41	18 (24)
Stress/workload in previous job	31	29	35	16 (19)
Promotion	30	22	17	11 (17)
Better pay	30	29	27	20 (22)
Dissatisfied with previous job	30	26	37	19 (20)
Distance to work	15	13	23	8 (5)
Personal reasons/moving/partner's job ²⁸	13	14	20	7 (8)
Bullying/harassment	11	11	14	9 (7)
Training reasons	8	6	10	4 (4)
Better terms and conditions	7	5	10	1 (2)
Health problems	4	3	3	3 (1)
Redeployment ²⁹	4	5	3	1 (2)
Place of work closed/redundancy	3	4	5	3 (2)
Retirement (semi)	2	0	1	2 (2)
Dismissed (unfairly/fairly)	1	1	1	1 (1)
Other	12	16	14	11 (6)
<i>Weighted cases</i>	<i>863</i>	<i>101</i>	<i>451</i>	<i>141 (639)</i>

Source: Employment Research/RCN 2009

6.2 Applications for higher band posts

The Employment survey includes questions to explore nurses' efforts to gain promotion. Respondents are asked if, in the last 12 months, they have applied for a higher grade/banded post and if they have whether or not that application was successful.

In 2007, 16% (UK 16%) had applied for a higher band/grade post, whilst in 2003 the equivalent figure was 26%.

Table 6.3: Applying for higher band posts in 12 months prior to the survey by country (NHS only, percentages)

Applied for a higher grade post?	Scotland	England	Wales	Northern Ireland	All NHS nurses
Yes	10	18	15	18	17
No	90	82	85	82	83
<i>Weighted cases</i>	<i>584</i>	<i>2031</i>	<i>494</i>	<i>418</i>	<i>3527</i>
Successful in application for higher grade post?					
Yes	33	53	51	38	49
No	67	47	49	62	51
<i>Weighted cases</i>	<i>69</i>	<i>354</i>	<i>75</i>	<i>73</i>	<i>571</i>

Source: Employment Research/RCN 2009

²⁸ This includes family reasons. In 2007 family reasons was a separate factor

²⁹ Redeployment not included as an option in 2005.

This year in Scotland the proportion of nurses who had applied for a higher grade post has reduced again to 12% compared to 16% across the UK as a whole. Within the NHS, 10% (UK 17%) had applied for a higher grade post, while in 2003 the equivalent figure was 28% (UK 26%).

Some of the reduction in applications to higher grade posts will be due to the width of band 5, which encompasses, what was previously, two separate grades. A half (55%, UK 49%) of all NHS nurses are employed on band 5, whilst in 2003 this proportion was split between E and D grades. Thus transition between grade D and E would previously have involved an application to a post of higher grade, but now both levels fall within the same pay band.

The reduction in the proportions of nurses applying for jobs of a higher pay band is likely to be due to the relatively recent implementation of AfC. That process in itself may have felt like a job change for many respondents, as they waited to see the outcome of job evaluation, and to see how their post had been banded.

Success in applying for higher banded posts

Just three in ten (35%, UK 52%) of those nurses who applied for higher banded posts were successful in getting the job (NHS 33%, UK 49%). Although the numbers of nurses applying for higher graded posts in Scotland is small (n=80) this represents a significant difference to the UK situation, possibly resulting from the later implementation of AfC.

There are too few cases to allow further analysis of application success.

6.3 Currently seeking a change of job

In 2007 a new question was introduced to find out if members were currently seeking work or a change of job and if so, to indicate what type of job they are seeking. In 2009 one in four nurses (24%, UK 26%, same as NHS figure) are currently seeking work or a change of job, marginally lower in Scotland than the figure reported in 2007 (26%, UK 24%).

Table 6.4: Currently seeking a change of work/job and nature of work sought by country (NHS only, percentages)

Currently seeking work or a change of job?	Scotland	England	Wales	Northern Ireland	All NHS nurses
Yes	24	26	28	26	26
No	76	74	72	74	74
<i>Weighted cases</i>	546	<i>1915</i>	<i>459</i>	<i>384</i>	3304
What type of work sought?					
NHS working	73	72	77	68	73
Agency working	3	8	2	6	6
Bank nursing	3	6	3	1	5
Non-NHS nursing	8	10	10	4	9
Nursing outside the UK	8	10	7	7	9
Non-nursing	22	13	13	18	14
Other	8	11	11	12	10
<i>Weighted cases</i>	130	<i>484</i>	<i>128</i>	<i>94</i>	836

Source: *Employment Research/RCN 2009*

Looking for a change in job is correlated with career stage. A third (28%, UK 33%) of nurses in the first ten years of their careers are seeking work or a change of job, compared 19% (UK 20%) of those more than 20 years into their career.

Nurses who are dissatisfied with their working lives they are more likely to be seeking a change of job. For example, 54% (UK 59%) of nurses who say they are dissatisfied with their current job are looking for a change of job, compared to just 12% (UK 14%) of those who report job satisfaction. Four other factors have been identified as being most strongly correlated with looking for a new job: control over working hours, feeling work is valued, access to training, and having a supportive manager. In each case, nurses who are not currently seeking a change in job are more satisfied, and are at least twice as likely to be satisfied with each of these aspects of their working lives compared to those looking for a job.

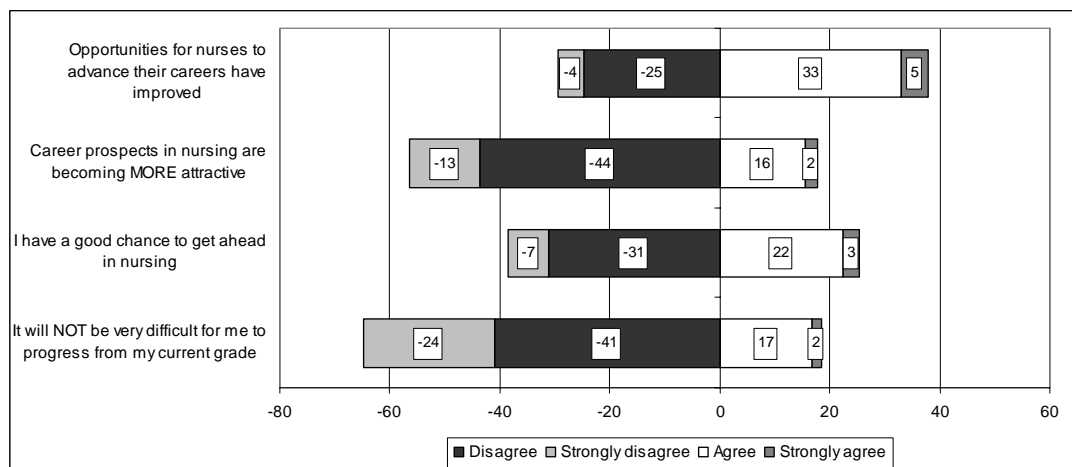
Preferred type of work

Across all nurses looking for work or a job change more than two thirds are seeking NHS work (70%, UK 69%). This represents an increase in numbers seeking NHS work from 2007 (63%, UK 62%). Within the NHS 73% (UK 73%) are looking for NHS work (up from 60%, UK 64% in 2007), 8% (UK 10%) to the non-NHS sector, 8% (UK 11%) seeking other work, 22% (UK 14%) non-nursing work and 8% (UK 9%) work outside the UK.

6.4 Views of career progression issues

Four of the attitude items included relate career opportunities and progression. Most nurses feel it will be very difficult for them to progress from their current grade (65%, UK 55%), one in four (25%, UK 33%) think they have a good chance to get ahead in nursing, just 18% (UK 22%) feel that career prospects in nursing are becoming more attractive but 38% (UK 45%) of NHS nurses think that opportunities for nurses to advance their careers have improved. The results for NHS nurses are presented in Figure 6.1. These figures are all significantly more negative than reported across all UK NHS nurses.

Figure 6.1: Views of career progression issues (NHS only, 2009 percentages)



Source: *Employment Research/RCN 2009*

Views of nurses vary according to their employer group with NHS nurses more negative than nurses in other employment sectors.

Views of career prospects also vary by country; more nurses in England (35%) feel positive about their chances of progress in nursing than in Scotland (25%), Wales (28%) or Northern Ireland (27%) (see Table 6.5).

Table 6.5: Satisfaction with career progression issues by country (NHS only, percentage agreeing)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
It will be very difficult to progress from current grade	66	54	65	62	56
Have a good chance to get ahead in nursing	25	35	27	27	33
Career prospects in nursing are becoming more attractive	18	23	17	18	22
Opportunities for nurses to advance their careers have improved	38	46	37	48	45
<i>Weighted cases</i>	575	2013	490	414	3492

Source: *Employment Research/RCN 2009*

Within the NHS, nurses on band 5 (31%, UK 42%) and band 6 (42%, UK 40%) are less likely than nurses on band 7 (52%, UK 51%) and band 8/9 (56%, UK 62%) to feel that nursing career opportunities have improved. This explains some of the more negative views of NHS nurses in Scotland as more are employed on band 5 in Scotland than elsewhere in the UK.

By and large younger nurses are more positive about career prospects, although less so in Scotland than elsewhere in the UK. For example, 28% (UK 44%) of nurses under 40 agree that they have a good chance to get ahead in nursing compared to just 23% (UK 24%) of those over 40. This partly explains the difference noted above between NHS hospital and community nurses.

6.5 Retirement

For the last three surveys the questionnaire has sought information on nurses' retirement plans. Firstly members were asked to indicate their official retirement age. A half (54%, UK 51%) report that their official retirement age is 65, 39% (UK 39%) say it age 60 and 7% (UK 10%) say it is age 55.

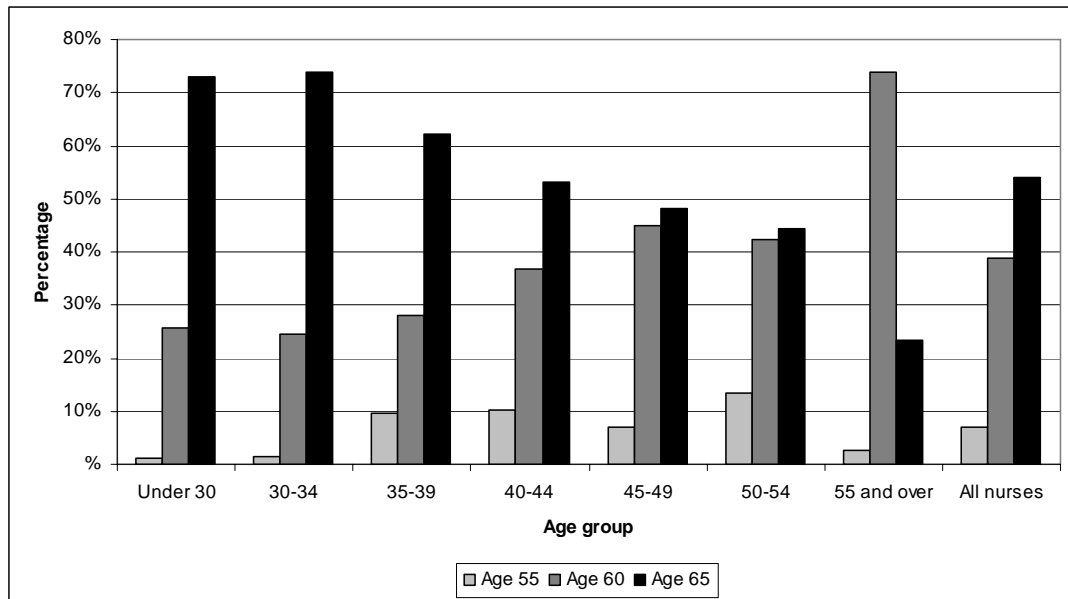
Table 6.6: Retirement ages (official and planned) by country (NHS only, percentages)

Official retirement age?	Scotland	England	Wales	Northern Ireland	All NHS nurses
Age 55	8	10	10	13	10
Age 60	39	40	43	39	40
Age 65	53	50	46	48	50
<i>Weighted cases</i>	568	1962	481	410	3421
Anticipated retirement age?					
Before official retirement age	35	33	33	44	34
At official retirement age	49	47	49	46	48
After official retirement age	17	20	18	10	18
<i>Weighted cases</i>	575	1984	485	409	3453

Source: *Employment Research/RCN 2009*

Younger nurses are more likely to report having an official retirement age of 65 (73%), while more nurses nearing retirement age say their official retirement age is 60 (Figure 6.2).

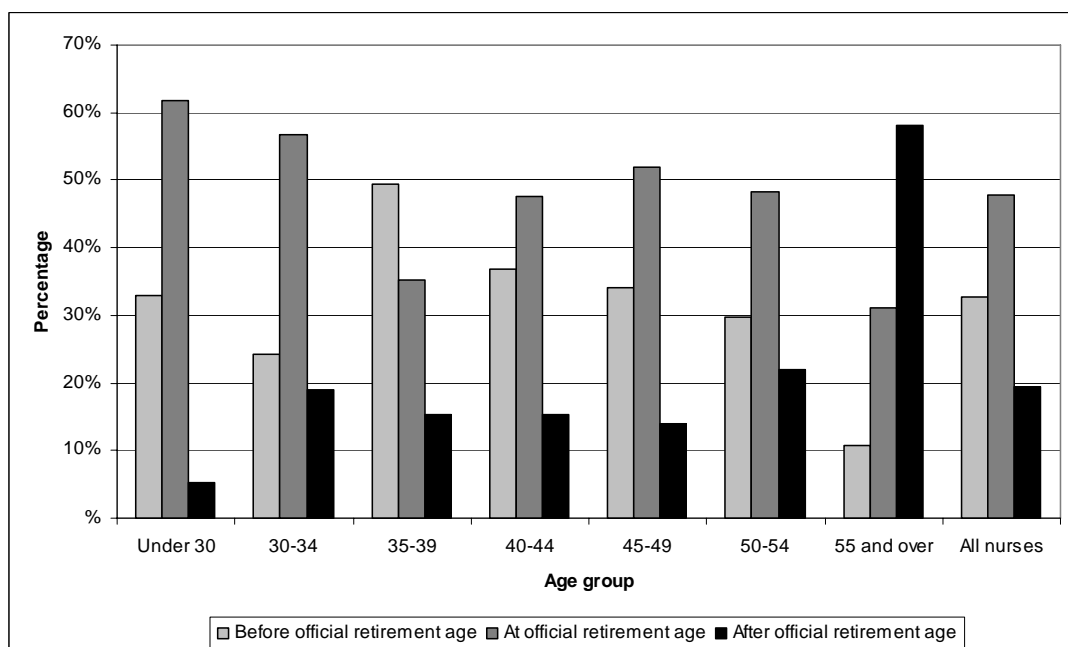
Figure 6.2: Official retirement age by age band (percentages)



Source: *Employment Research/RCN 2009*

A second question asked when members anticipated that they would retire (before, on or after their official retirement age). Figure 6.3 shows the anticipated retirement point of nurses by age group.

Figure 6.3: Anticipated retirement age by age band (percentages)



Source: *Employment Research/RCN 2009*

It highlights the fact that at the outset of nurses' careers, most anticipate retiring at their retirement age, however, in the middle of their careers more nurses anticipate retiring before their retirement age. In the final 5-10 years there is a surge of nurses who expect to work beyond their retirement age and anticipate retiring after their retirement age (some of these are already working beyond their retirement age).

Overall, just 15% (UK 25%) plan to continue to work in nursing³⁰. This is a reduction on the 2007 figure when across the UK there was an increase from 17% on 2007 to 25% in 2009. In 2007 more nurses said they did not intend to work in nursing (29% compared to 25% in 2009) or did not know (43% compared to 36% in 2009). The figures for continuing to work but not in nursing are broadly the same between the two surveys (13% in 2009 and 11% in 2007). Table 6.7 presents the same data but for NHS nurses only showing that more nurses in Scotland do not intend to work after they reach retirement 32% (UK 27%).

Table 6.7: Retirement ages and plans by country (NHS only, percentages)

Working after retirement age?	Scotland	England	Wales	Northern Ireland	All NHS nurses
Yes, in same sort of nursing work	12	16	14	12	15
Yes, in different nursing work	7	8	9	6	8
Yes, but not in nursing	15	13	16	13	14
No	32	24	28	37	27
Don't know	34	38	34	32	36
<i>Weighted cases</i>	576	<i>2018</i>	<i>493</i>	<i>414</i>	3501

Source: *Employment Research/RCN 2009*

Table 6.8 gives a break down by time since qualification of the respondents' working plans after they reach retirement age.

Table 6.8: Working beyond retirement age by time since qualification (percentages)

	1-5 years	6-10	11-15	16-20	21-25	26-30	31-35	35 plus	All nurses
Yes, in nursing in same sort of work	12 (14)	12 (11)	11 (11)	8 (12)	9 (15)	13 (18)	18 (27)	57 (61)	14 (17)
Yes, in nursing but in different type of work	13 (11)	3 (7)	3 (6)	3 (5)	9 (9)	6 (8)	5 (8)	5 (7)	6 (8)
Yes, but not in nursing	11 (10)	11 (12)	20 (14)	13 (14)	18 (14)	13 (19)	15 (12)	10 (8)	14 (13)
No, will not continue working	26 (20)	32 (29)	25 (31)	43 (32)	38 (25)	34 (24)	33 (23)	17 (14)	32 (26)
Don't know	38 (45)	41 (41)	42 (38)	32 (36)	27 (37)	33 (31)	30 (29)	12 (11)	34 (36)
<i>Weighted cases</i>	<i>113</i>	<i>105</i>	<i>94</i>	<i>97</i>	<i>106</i>	<i>32</i>	<i>61</i>	<i>42</i>	700

Source: *Employment Research/RCN 2009*

Not surprisingly nurses at the start of their careers are less likely to know their retirement plans, but the proportion saying they 'don't know' gradually reduces with stage of career. Nurses in the middle stages of their careers are more likely to anticipate that they will stop working once they reach retirement age, than nurses who are further on in their careers. However, as nurses reach retirement age an increasing number intend to work in nursing and in the same work in which they are currently engaged.

³⁰ Note that the wording changed slightly. In 2009, respondents were given two 'stay in nursing' options, 'Yes, in nursing in same sort of work' and 'Yes, in nursing but in a different type of work'. In 2007 respondents were only offered one option 'Yes, in nursing work'.

Again, it is noticeable too that more nurses in Scotland, at all stages of their careers intend to stop working altogether (32%, UK 26%).

Information about pensions

This year an additional attitude item was included to assess nurses' views of the information they have regarding the pension associated with their job. Overall, just under half of all nurses (44%, UK 46%) agree that they have sufficient information about the pension associated with their job. There is no aggregate difference between the NHS (44%, UK 45%) and other sectors of health care (47%), but nurses in the independent sector (39%) are less likely to agree with the statement. The closer in age nurses are to their retirement, the better informed they are likely to be – 56% (UK 53%) of nurses aged over 50 say they have sufficient information.

6.6 Key points: Chapter 6

- Job turnover in the 12 months preceding the survey is much lower in Scotland (13%) and Wales and Northern Ireland than it is in England (19%). There has been a similar reduction in the proportion of nurses changing employer in the previous 12 months
- In NHS hospitals the proportion of respondents who had changed job in the 12 months prior to the survey has fallen from 21% (UK 21%) in 2005 to 18% (UK 14%) in 2007 and now stands at 9% (UK 16%), half the figure reported in 2007
- There has been a steep reduction in Scotland of nurses applying for a higher banded post. Within the NHS, just 10% (UK 17%) had applied for a higher grade post, while in 2003 the equivalent figure was 28% (UK 26%)
- Just three in ten (35%, UK 52%) of those nurses who applied for higher banded posts were successful in getting the job (NHS 33%, UK 49%). Although the numbers of nurses applying for higher graded posts in Scotland is small (n=80), this represents a significant difference to the UK situation, possibly resulting from the later implementation of AfC
- One in four nurses in Scotland are looking for work or a change of job (same as across the UK as a whole) but more nurses in Scotland (22%) are looking for non-nursing work compared to the rest of the UK
- Two thirds of NHS nurses in Scotland say it will be very difficult for them to progress from their current grade, higher than for the rest of the UK (56%) and fewer are positive about other aspects of career progression. However, this will be in part due to there being more band 5 nurses in Scotland, and this group of nurses have more negative views of career progression
- More NHS nurses in Scotland (32%, UK 27%) do not intend to work after they reach retirement.

7. Continuing professional development (CPD)

This chapter explores individual access to training and development, looking at time spent in CPD, how CPD is funded, managers' involvement in appraisal/review and personal development plans, and mandatory training received.

The implementation of the new pay system in the NHS was accompanied by the introduction of the KSF – a system to make more transparent the associations between professional development, career progression and pay.

The employment survey in 2007 revealed that there had been a significant fall in the amount of CPD undertaken by nurses since 2005 – of those that had undertaken CPD (and in 2007 12% said they had not had any) the average fell from 10.6 days a year to 7.3 days in 2007³¹.

The 2008 NHS Scotland Staff Opinion Survey³² reported that 61% of NHS staff had a personal development plan.

What impact have increasing financial pressures had on nurses' levels of CPD and how do levels of training and having a personal development plan vary across health care employment settings?

7.1 Time spent in CPD

In 2005, respondents who had undertaken some CPD had spent an average of 12 days (UK 11 days) per year on CPD activities³³ and this figure had remained more or less unchanged since 2000. In 2007 though, the average number of days spent on CPD activities across all respondents (again who had undertaken some CPD activity) fell to 7.2 (UK 7.3) a reduction of more than a third (42%, UK 31%). In the NHS the figure fell from 11.9 (UK 10.9) days to 6.8 (UK 7.1), a fall of 43% (UK 35%). Including those who had not undertaken any CPD activity in the previous 12 months there was a fall of 48% (UK 40%) in the number of days spent on CPD activity (50%, UK 44% in the NHS)³⁴ between 2005 and 2007. NHS numbers for 2005-2009 are presented in Table 7.1.

Table 7.1: No. days training in last year 2005, 2007, 2009 by country (NHS only, percentages)

Mean no. of days CPD	Scotland	England	Wales	Northern Ireland	All NHS nurses
2009	5.6	6.3	5.6	5.4	6.1
2007	5.8	6.0	6.8	5.9	6.1
2005	9.7	10.9	11.5	9.5	10.7
<i>Weighted cases (2009)</i>	554	1978	482	399	3413

Source: *Employment Research/RCN 2009*

³¹ This is the average across all those nurses who had reported having undertaken CPD, excluding those who did not report any CPD days, or who reported 100 days or more (this was deemed to be full-time study)

³² ORC International (2009) NHS Scotland Staff Opinion Survey www.scotland.gov.uk

³³ This figure excluded those who had not done any CPD activity, and those who had reported having done 100 days or more (classified here as undertaking full-time study)

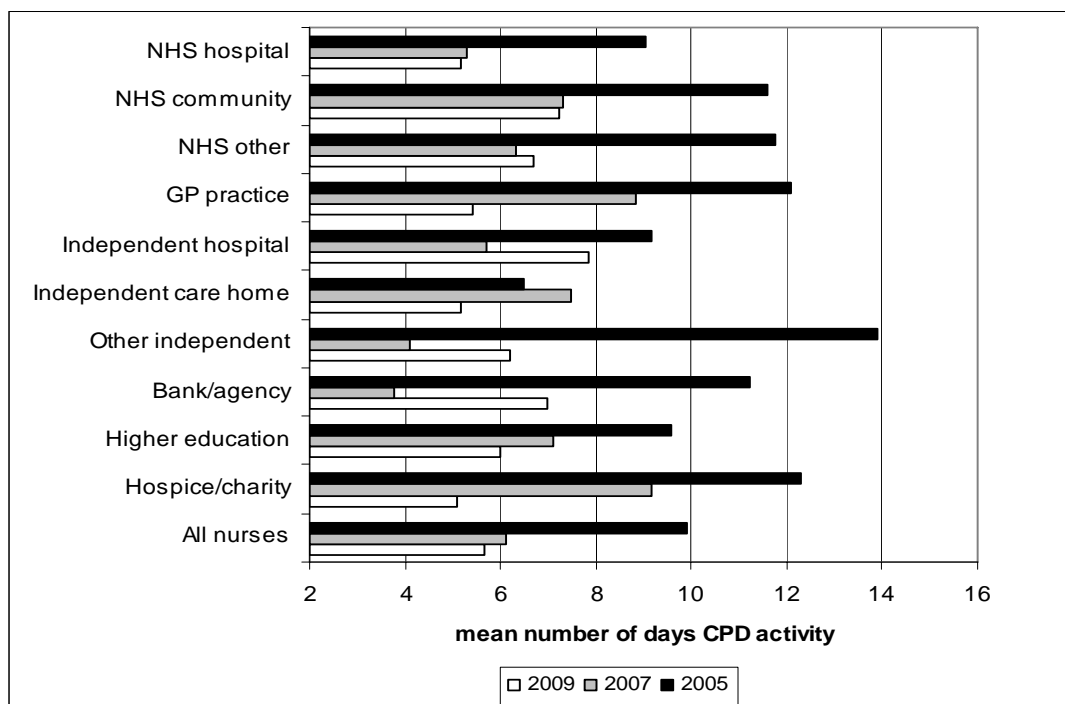
³⁴ In 2007 just 1% of respondents indicated that they had not undertaken any CPD activity in the preceding 12 months in 2009 this figure had increased to 12%.

In 2005 1% of nurses surveyed indicated that they had not done any CPD, in 2007 this figure had increased to 12%, whilst in the current survey, 10% (UK 8%) say they have not done any CPD. Of those who had undertaken CPD, the average amount of 6.3 (UK 7.0) days per year, slightly lower again than it was in 2007, but considerably lower than the 12 days (UK 10.6) recorded in 2005. Including those who had not undertaken any CPD, the average across all nurses is 5.7 days a year (UK 6.4), and across the NHS is 5.6 days (UK 6.1).

There was some variation in the amount of CPD undertaken between countries; in England an average of 6.3 days, Wales and Scotland 5.7 days and Northern Ireland 5.4 days in the last 12 months. These differences remain even when controlling for difference in the employer group. For example, NHS hospital nurses spend an average of 5.9 days CPD days a year in England, compared to 5.2 in Scotland and Northern Ireland and 5.5 in Wales.

Figure 7.1 shows the average amount of CPD undertaken by employer group including nurses who had not undertaken any CPD in the preceding year. Between 2005 and 2007 the biggest decrease in CPD was found in NHS hospitals and levels of CPD in NHS hospitals have not changed since then.

Figure 7.1: Mean annual days CPD by employer group (2005, 2007 and 2009)



Source: Employment Research/RCN 2009

Within the NHS, staff nurses have undertaken the least CPD in the preceding year: 5.5 days (UK 5.3) compared to 7.4 days (UK 6.1) on average among sisters/charge nurses and 7.1 days (UK 6.9) among community nurses. In terms of specialty, the lowest levels of CPD are reported in paediatric and adult general (4.5 days, UK 5.2 days).

Respondents are also asked how much of their CPD is paid for by their employer. Three quarters (73%, UK 80%) report that all their CPD is paid for by their employer, 9% (UK 6%) say that none of it is and the remainder say it is partially paid for by their employer. These are very similar results to those reported in 2007. In the NHS, how CPD is funded does not vary by where nurses work or their pay bands. NHS nurses report that on average 82% (UK 89%) of their CPD was paid for by their employer.

This year the survey sought a judgement from respondents as to whether or not the amount of CPD undertaken in the last year has changed compared to the previous 12 months. Approximately a half (48%, UK 49%) of all nurses think the amount of CPD they have done in the last year is more or less the same as it was in the preceding 12 months. Three in ten (28%, UK 29%) think it has increased and 24% (UK 22%) think it has decreased. There is little or no difference between the NHS and the non-NHS sector. Unlike across the UK there is little difference NHS community and hospital nurses. Figures for the NHS are shown in Table 7.2.

Table 7.2: Change in amount of training done compared to previous 12 months by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Increased a lot	13	13	7	11	12
Increased a little	14	16	13	13	15
Remained about the same	47	48	46	53	48
Decreased a little	15	13	19	14	14
Decreased a lot	11	10	15	9	11
<i>Weighted cases</i>	546	1933	460	392	3331

Source: Employment Research/RCN 2009

In the NHS, nurses who have been promoted onto a higher grade since they moved on to an AfC pay band are more likely to say the amount of CPD they have done has increased in the last year.

7.2 Development reviews and training plans

Just over half of all nurses in Scotland (55%, UK 61%) have had an appraisal/development review with their manager in the 12 months prior to the survey. This figure is slightly higher than that reported in 2007 (47%, UK 58%). In the NHS this figure is slightly lower at 53% (UK 59%) but is significantly higher than reported in 2007 (43%, UK 53%).

Staff nurses in the NHS are least likely to have had a review (49%, UK 53%, but this figure is higher than the 41% (UK 48%) reported in 2007).

The likelihood of nurses in the NHS having received an appraisal/development review is significantly correlated with country. Table 7.3 demonstrates this showing that for England 61% of NHS nurses have had a development review, compared to 53% of nurses in Scotland, 42% in Wales and 35% in Northern Ireland.

Table 7.3: Nurses having an appraisal/development review with their manager in last 12 months by country (NHS only, percentages)

Appraisal/review in last 12months?	Scotland	England	Wales	Northern Ireland	All NHS nurses
Yes	53	61	42	35	59
No	47	39	58	65	41
<i>Weighted cases</i>	566	2000	481	404	3451

Source: Employment Research/RCN 2009

Within the NHS in England, Scotland and Wales more full-time nurses than part-time have had appraisals/development reviews. In Northern Ireland there is no difference between full-time and part-time. In England 64% of full-time respondents have had a review compared to 57% of part-time nurses, in Scotland 56% of full-time compared to 48% of part-time and in Wales 45% of full-time compared to 37% of part-time nurses.

Personal training and development plans (PTDPs)

There has been an increase in the proportion of nurses who have personal training and development plans, from 55% (UK 52%) in 2005, to 54% (UK 56%) in 2007 and 62% (UK 60%) in 2009. The figure for the NHS (62%, UK 59%) is marginally higher than the non-NHS sectors, but is an increase relative to 2007 and 2005, when 55% (UK 54%) had PTDPs.

Table 7.4: Personal training and development plans (PTDP) by country (NHS only, percentages)

Currently have a PTDP?	Scotland	England	Wales	Northern Ireland	All NHS nurses
Yes	63	60	43	45	56
No	34	35	52	48	39
Don't know	3	5	5	7	5
<i>Weighted cases</i>	561	1997	482	406	3446
Manager involved in drawing up PTDP?					
Yes	77	80	76	67	78
No	23	20	24	33	22
<i>Weighted cases</i>	351	1206	207	184	1948

Source: *Employment Research/RCN 2009*

Within the NHS, nurses in Wales (43%) and Northern Ireland (45%) are much less likely to have PTDPs than nurses in England (60%) and Scotland (63%). Also, more full-time nurses have PTDPs (66% compared to 57% of part-time nurses) and band 5 nurses are less likely to have PTDPs (57%, UK 55%) than other nurses.

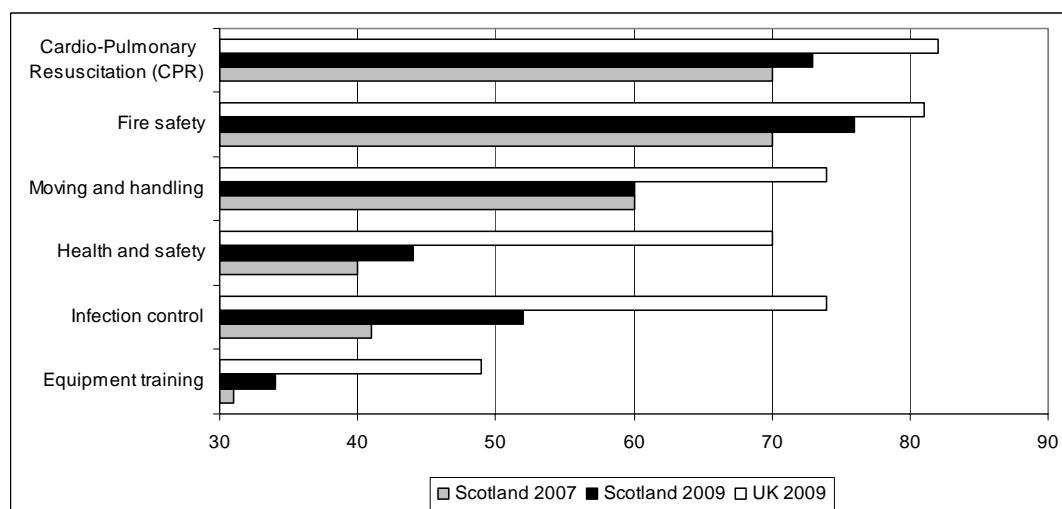
Respondents who have PTDPs were asked to indicate whether or not their manager was involved in drawing up the plan. Nearly eight in ten (79%, compared with 69% in 2007) respondents indicated that their manager had been actively involved in drawing up their PTDP, with very little variation by employer group (NHS 77%, UK 80%). This represents a significant increase on 2007.

7.3 Mandatory training

A new question was introduced in 2007 that asked whether or not members had received mandatory training in cardio-pulmonary resuscitation (CPR), fire safety, moving and handling, health and safety, infection control and equipment training. Across all activities there has been an increase in the incidence of mandatory training since 2007, especially in infection control from 41% (UK 59%) of nurses in 2007 to 52% (UK 74%) in 2009 (Figure 7.3).

Three quarters of respondents (73%, UK 82%) had received CPR and fire safety (76%, UK 81%), 60% (UK 74%) had received moving and handling training 44% (UK 70%) health and safety and 34% (UK 49%) equipment training. Across all activities these percentages are significantly lower than reported across the whole UK.

Figure 7.3: Mandatory training received in last year (percentages)



Source: Employment Research/RCN 2009

Across the UK the biggest increases in mandatory training have been in the NHS, both hospital and community sectors but this has not been reflected to the same degree in Scotland.

Table 7.5: Mandatory training undertaken in last the last year by country (NHS only, percentages)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Fire safety	76	86	71	71	80
Moving and handling	61	80	66	61	73
Infection control	52	81	50	70	71
Equipment training	34	53	46	33	47
Cardio-Pulmonary Resuscitation (CPR)	76	85	78	71	81
<i>Weighted cases</i>	498	1895	449	382	3224

Source: Employment Research/RCN 2009

In NHS hospitals in Scotland the proportion of nurses who have received infection control training has increased from 38% in 2007 to 54% in 2009 but this remains significantly lower than the 80% reported across the whole of the UK and lower than in the independent sector in Scotland (66%).

7.4 Views of training

Views of training are slightly more positive since 2007, having fallen significantly between 2005 and 2007.

Across the UK, in the decade leading up to 2005, there was a marginal increase in the proportion of NHS nurses indicating that their employer supports their training and development. In 2007 the proportion agreeing fell to 45% in the NHS. Today there has been a small improvement with 48% of NHS nurses saying they are 'able to take time off for training', but this is still lower than the figure reported in 2005 (53%). In Scotland the proportion indicating that they are able to take time off for training is significantly lower at 42%. More nurses in England (50%) say they can take time off for training compared to Northern Ireland (45%), Scotland (42%) and Wales (40%).

Table 7.6: Satisfaction with training issues by country (NHS only, percentage agreeing)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Able to take time off for training	42	50	40	45	48
Employer provides opportunities to keep up with job developments	55	56	50	53	55
<i>Weighted cases</i>	<i>571</i>	<i>2013</i>	<i>488</i>	<i>413</i>	<i>3485</i>

Source: *Employment Research/RCN 2009*

NHS nurses are less likely to respond positively about being able to take time off for training than nurses working in other sectors. For example, 37% (UK 46%) of NHS hospital nurses say they can take time off for training compared to 58% of community/practice nurses, 53% of independent sector nurses.

Similarly, 55% (UK 54%) of NHS nurses say that their employer provides them with opportunities to keep up with developments related to their job compared to 65% of nurses working outside the NHS.

Within the NHS nurses who work full-time are more inclined to say that they can take time off for training (43%, UK 52% compared to 39%, UK 41%, of part-time nurses). Also, only 32% (UK 43%) of staff nurses say they can take time off for training, compared to 50% (UK 51%) of sisters/charge nurses.

7.5 Key points: Chapter 7

- The amount of CPD undertaken remains at more or less the same levels reported in 2007 which were significantly down on the 2005 figure (5.6 days per year compared to 9.7 in 2005). The amount of CPD undertaken in Scotland is slightly lower than elsewhere in the UK (NHS, 5.6 days, UK NHS 6.1).
- Approximately one in four think that the amount of CPD they have undertaken has increased in the last year, a similar number think it has decreased (same as across the UK as a whole).
- Within the NHS, staff nurses have undertaken the least CPD in the preceding year: 5.5 days (UK 5.3) compared to 7.4 days (UK 6.1) on average among sisters/charge nurses and 7.1 days (UK 6.9) among community nurses.
- Just over half (53%) of nurses in Scotland have had a development review in the previous 12 months, compared to 42% in Wales and 35% in Northern Ireland and 61% in England.
- More nurses in Scotland have a PTDP (NHS 63%, UK 56%) and in three quarters of cases (77%, same as UK) their manager was involved in drawing up the plan.

- In all areas of mandatory training fewer nurses in Scotland reported having undertaken training than was the case across the rest of the UK, although numbers were up from 2007.
- In NHS hospitals in Scotland the proportion of nurses who have received infection control training has increased from 38% in 2007 to 54% in 2009 but this remains significantly lower than the 80% reported across the whole of the UK and lower than in the independent sector in Scotland (66%).
- Fewer NHS nurses in Scotland (42%, UK 48%) report that they are able to take time off for training.

8. Morale in 2009

Since 1996, some 20 items have formed an unchanging ‘core’ in the employment survey to provide a reliable barometer of the changing morale of nursing in the UK.

In 2008/2009, there has been a national economic downturn. Whilst initially public sector workers may have felt relatively protected compared with the private sector ³⁵ there are tangible concerns that the health service will not be immune from the effects of recession.

Meanwhile the last two years have seen a range of developments in the NHS. The NHS has witnessed several high profile care ‘crises’ at particular hospitals, which have shaken public confidence and sparked concern about nurse staffing levels and opportunities for staff to speak out when standards fall.

The nursing profession itself is on the brink of major reforms – new career paths for nurses have been proposed, the move towards becoming an all graduate profession has expanded to encompass England by 2015, and employers and policy makers alike consider the need for assistant nursing role.

This chapter presents an overview of nurses’ morale and how it has changed.

8.1 Overview of morale in 2009

Table 8.1 presents the data for all nurses and NHS nurses, comparing this year’s findings with the 2007 survey, grouped into themes. Many of the specific themes have been explored in the relevant chapters. Here we present an overview of how morale amongst nurses has changed and summarise the key differences between sectors and subgroups of nurses.

On the questionnaire received by nurses, attitude items are presented as a mix of positively and negatively framed statements. For consistency, and to enable comparisons to be drawn, negative items have been reworded in the positive, and the scores reversed. Thus across all items, agreement indicates a positive response.

Across most themes nurses are more positive in 2009 than they were in 2007. The items that have shown most improvement in satisfaction ratings since 2007 have been job satisfaction, nursing as a career and job security issues. In particular, there has been a marked improvement in views concerning the degree to which nurses in Scotland perceive that nursing will offer them a secure job for years to come, up from 60% in 2007 to 80% in 2009, in 2005 this figure was 70%.

³⁵ Buchan J (2009) Funnel Vision, *Nursing Standard*. Vol 23 (25).

Table 8.1: Views of all respondents vs. NHS in 2009 and 2007 (percentages UK figures in brackets)

		All		NHS	
		2009	2007	2009	2007
Career progression					
11	NOT difficult to progress from current grade	19 (25)	21 (21)	19 (26)	20 (20)
14	Have a good chance to get ahead in nursing	26 (34)	24 (26)	25 (33)	21 (24)
20	Career prospects becoming MORE attractive	19 (23)	20 (19)	18 (22)	19 (17)
22	Opportunities for nurses to advance careers have improved	42 (47)	39 (38)	38 (45)	35 (34)
Bullying/Harassment					
37	Confident would be treated fairly if reported being harassed by a colleague at work	50 (56)	47 (54)	48 (54)	42 (51)
33	Bullying and harassment is not a problem at work	55 (58)	53 (57)	52 (55)	52 (54)
23	Manager supports me when needed	59 (64)		57 (62)	
Working hours					
31	Satisfied with choice over length of shifts worked	59 (62)	59 (62)	58 (60)	57 (60)
36	Satisfied with input in planning times of work	60 (66)	55 (64)	58 (65)	53 (62)
34	Feel able to balance home and work lives	61 (61)	59 (59)	58 (58)	56 (56)
	Happy with working hours	75 (72)		74 (71)	
Job satisfaction					
4	Most days enthusiastic about job	80 (81)	77 (79)	78 (80)	75 (77)
25	Satisfied with present job	63 (64)	56 (58)	61 (62)	53 (54)
26	Proud to work in this organisation	54 (56)	45 (47)	50 (54)	41 (42)
32	I feel my work is valued	54 (56)	48 (55)	50 (53)	44 (50)
Nursing as a career					
1	Recommend nursing as a career	58 (62)	50 (51)	54 (60)	48 (49)
2	Nursing is a rewarding career	80 (82)	76 (79)	78 (81)	75 (78)
17	Don't want to work outside nursing	42 (45)	34 (37)	40 (44)	32 (36)
19	Would NOT leave nursing if could	50 (53)	50 (51)	47 (52)	48 (49)
Pay					
3	NOT paid for less effort if left nursing	14 (13)	11 (13)	14 (13)	10 (12)
10	Well paid considering work	25 (23)	16 (19)	23 (21)	14 (16)
15	Nurses NOT poorly paid in relation to other professions	7 (6)	6 (6)	7 (6)	5 (6)
Quality of care					
24	Quality of care is good	84 (82)	87 (81)	83 (81)	86 (79)
Job security					
8	Nursing will continue to offer a secure job for years	80 (73)	60 (38)	82 (73)	59 (34)
13	NOT worried may be made redundant	71 (62)	70 (44)	75 (63)	71 (40)
30	Find it easy to get another job using my skills	39 (41)	40 (36)	36 (39)	38 (33)
Training					
12	Able to take time off for training	45 (51)	48 (49)	42 (48)	42 (45)
21	Employer provides opps to keep up with job devts	57 (58)	54 (55)	54 (55)	48 (50)
Workload					
5	Workload is NOT too heavy	19 (15)	22 (18)	17 (12)	18 (15)
9	NOT under too much pressure at work	23 (20)	23 (22)	20 (18)	20 (19)
27	NOT too much time is spent on non-nursing duties	29 (33)	31 (35)	26 (29)	28 (30)
28	Sufficient staff to provide good standard of care	38 (35)	33 (33)	34 (30)	26 (27)
29	NOT too busy to provide level of care would like	31 (30)	30 (32)	29 (25)	26 (27)
35	Nurse staffing levels have got better in the last year	(18)	13 (14)	(15)	12 (12)

Source: Employment Research/RCN 2009

Looking at the variation between the NHS and other health employers in Scotland, the only areas where nurses working for NHS employers respond more negatively are:

- the degree to which nurses perceive opportunities for nurses to advance their careers to have improved (42% of all respondents to 38% of NHS respondents)
- certain job satisfaction themes i.e. the degree to which nurses are proud to work in their organisation (54% of all compared to 50% of NHS nurses) and the extent to which they feel their work is valued (again 54% vs. 50%)
- the degree to which nurses will recommend nursing as a career (58% of all nurses to 54% of NHS nurses)
- that 38% of all respondents say there are sufficient staff to provide a good standard of care compared to 34% of NHS nurses.

Conversely, more NHS nurses feel secure that they will not be made redundant (75% compared to 71% of all nurses).

In 2007 in Scotland a different picture to that reported for all UK respondents emerged. In 2005 in Scotland responses were significantly more negative in relation to career progression issues than was the case across the rest of the UK but in 2009 there is less difference here following significant reduction in satisfaction with career progression issues in England in the last two years.

The following sections look at how views of nurses have changed across the UK highlighting current and recent changes in response among nurses in Scotland³⁶.

There are some significant differences in views between nurses in Scotland and the rest of the UK. These include:

- Nurses in Scotland are significantly more negative about their opportunities for career progression than other nurses in the UK. For example, just 26% feel they have a good chance to get ahead in nursing, compared to 34% of nurses across the whole UK
- Fewer respond positively to the statement '*bullying and harassment is a problem where I work*'. Just 50% disagreed with the statement compared to 58% of nurses UK wide
- Nurses in Scotland are also less likely to say they would recommend nursing as a career (58% compared to 62% of UK wide nurses)
- Not as many nurses in Scotland are satisfied with the choice they have over the length of shifts or, especially, with their input into planning off duty and times of work (60% compared to 66% of UK nurses)
- Fewer also respond positively to the statement '*I am able to take time off for training*' (45% to 51% of UK wide nurses). In addition fewer respondents in Scotland say they feel supported by their manager (59% compared to 64% across the UK)

³⁶ Separate results have only recently been possible for Scotland.

- Nurses in Scotland are more positive in relation to their workload; 19% say they feel their workload is not too heavy compared to 15% of UK nurses. But conversely are more likely to say that too much time is spent on non-nursing duties.

The majority (78%, UK 80%) of NHS nurses feel ‘enthusiastic’ about their jobs most days, and this figure is slightly higher than it was in 2007 (75%, UK 77%).

Table 8.2: Issues concerned with job satisfaction by country (NHS only, percentage agreeing)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Most days enthusiastic about job	78	81	77	79	80
Satisfied with present job	61	62	59	63	62
Proud to work in this organisation	50	54	48	53	54
I feel my work is valued	51	53	47	48	53
Quality of care is good	83	81	79	85	81
<i>Weighted cases</i>	577	2014	487	415	3493

Source: *Employment Research/RCN 2009*

Staff nurses (56%) and ward managers (59%) tend to feel less satisfied with their jobs than other staff groups (68%). Nurses in NHS hospitals (59%) are also less likely to feel satisfied than other employer groups.

Across the UK, within the NHS, men are slightly less likely to feel satisfied with their present job than women (54% compared to 62%) but in Scotland the reverse is true (65% compared to 61% of women (although numbers of men are small).

Over the last decade there has been a fairly steady increase in the numbers of NHS nurses that are positive about nursing as a career. In 2009, the majority of NHS nurses (77%, UK 81%), see ‘*nursing as a rewarding career*’³⁷. In 2007, it was one of the few items concerned with careers that did not witness a downturn.

Table 8.3: Issues concerned with nursing as a career by country (NHS only, percentage agreeing)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Recommend nursing as a career	54	61	54	53	60
Nursing is a rewarding career	77	81	76	75	81
Don't want to work outside nursing	41	45	40	48	44
Would leave nursing if could	26	22	30	28	24
<i>Weighted cases</i>	576	2030	493	414	3513

Source: *Employment Research/RCN 2009*

A similar trend is found in responses to ‘*I would recommend nursing as a career*’, with an increase in positive responses over the last decade. In 2009 twice as many respondents would recommend nursing as a career compared to 1997. But more nurses consider nursing to be a rewarding career, than would recommend it as a career. Again the downturn seen in 2007 has been reversed.

³⁷ The figure for 2002 (56%) is not reported. The item was placed in a different position and this clearly affected its interpretation. Since this point all items have been placed in the same order each year.

In responding to ‘*I would not want to work outside nursing*’, across the UK there had been a gradual reduction in numbers responding positively since 2001 up to 2007, but this trend has now reversed with a large increase in positive responses from 32% in 2007 to 40% in 2009. This shift may be affected by current national economic climate. In times of recession, nurses may feel more positive about the benefits of working in a public sector profession.

Across the UK, there has been little change in response to the item ‘*I would leave nursing if I could*’ over the last 10 years. Not surprisingly, given that more say they are satisfied with their present job, hospice and practice nurses are less likely to say that they would leave nursing if they could.

It is in relation to job security that the most dramatic changes in views have taken place over the last few years. Up to 2005, views became steadily more positive, before declining in 2007, albeit not to the extent recorded in England. For example, the proportion of members agreeing that ‘*nursing will continue to offer me a secure job for years to come*’ more than halved between 2005 and 2007 (from 71% to 59%) and today it has improved to 82% – views in relation to job security are clearly very volatile at the moment.

Table 8.4: Issues concerned with job security by country (NHS only, percentage agreeing)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Nursing will continue to offer secure job for years	82	72	71	70	73
NOT worried may be made redundant	74	62	61	61	63
Find it easy to get another job using my skills	36	40	30	33	39
<i>Weighted cases</i>	564	<i>2010</i>	<i>485</i>	<i>410</i>	3469

Source: *Employment Research/RCN 2009*

The shift in nurses’ perceptions about job security is not restricted to those in the NHS. Hospice/charity sector nurses, nurses in independent hospitals and care homes all responded more pessimistically about their job security in 2007, suggesting that insecurity in the public sector impacts across the whole health economy, not just the NHS. In 2009 hospice, independent hospital, and care home nurses are all more pessimistic about job security than NHS nurses or practice nurses.

Older nurses feel more vulnerable to redundancy than their younger colleagues. For example 68% of NHS nurses aged under 40 say they are not worried about redundancy compared to 60% of nurses aged 40 plus.

Nurses whose income accounts for more than half their household earnings are also more likely to be concerned about redundancy than nurses whose income accounts for a half or less of their household earnings.

Statements regarding bullying and harassment include ‘*bullying and harassment is not a problem where I work*’ and ‘*I am confident I would be treated fairly if I reported being harassed by a colleague at work*’. We have also included ‘*my manager supports me when I need it*’ as a further indicator of support in the workplace more generally.

Nurses in Scotland are less positive in relation to these issues than nurses in the rest of the UK. Approximately a half (48%) say they are confident they would be treated fairly if they reported being harassed at work by a colleague but this compares unfavourably with 54% UK wide.

Table 8.5: Bullying and harassment issues by country (NHS only, percentage agreeing)

	Scotland	England	Wales	Northern Ireland	All NHS nurses
Bullying and harassment is not a problem at work	52	56	52	58	54
Confident would be treated fairly in reported being harassed by a colleague	48	55	48	52	55
Manager supports when needed	56	63	59	62	62
<i>Weighted cases</i>	577	2021	488	411	3497

Source: *Employment Research/RCN 2009*

Within the NHS, men are more likely to think that *'bullying and harassment is a problem where they work'*.

In addition to the bullying and harassment issues, this year a new more general but related item was included: *'my manager supports me when I need it'*. Six in ten (57%, UK 63%) of nurses agreed that they are supported by their manager when they need it. However, gender and ethnicity (which were correlated with the bullying and harassment items), are not correlated with support from their manager.

8.2 Key points: Chapter 8

In 2007 there was a steep downturn in the confidence of nurses across various aspects of working life. In particular nurses were more negative about job security, training and development and career progression issues, but there was also a dip in nurses' reports of job satisfaction and or feeling valued. Aside from workload, most of these items have improved in 2009, although generally not returning to the levels of satisfaction recorded in 2005:.

- More nurses feel enthusiastic about their jobs, feel that nursing is a rewarding career and would recommend nursing as a career than at any time in last 12 years
- There has been a marked improvement in views concerning the degree to which nurses in Scotland perceive that nursing will offer them a secure job for years to come, up from 60% in 2007 to 80% in 2009, in 2005 this figure was 70%
- Nurses in Scotland are significantly more negative about their opportunities for career progression than other nurses in the UK. For example, just 26% feel they have a good chance to get ahead in nursing, compared to 34% of nurses across the whole UK
- Fewer respond positively to the statement *'bullying and harassment is a problem where I work'*. Just 50% disagreed with the statement compared to 58% of nurses UK wide. And in the NHS only 48% said they would be confident of being treated fairly if they reported being harassed by a colleague, compared to 55% UK wide
- Nurses in Scotland are also less likely to say they would recommend nursing as a career (58% compared to 62% of UK wide nurses).

Appendices

Appendix A: Sampling and response

In previous years the RCN has undertaken the sampling process using instructions from the research team to draw the sample. However, problems in 2002 and 2003 led the RCN to use the research team to draw the sample directly from the full membership records database. A consistent and reliable method has now been employed for the 2005, 2007 and 2009 surveys which further enhances the reliability of the longitudinal measures that are provided in this series of surveys.

Drawing the sample

The full membership records were provided on 8 January 2009. The annual employment survey sample is selected only from:

1. full category, full newly qualified category and full concessionary category (same as in previous surveys) plus HCA and HCA concessionary (included this year, not included in the past)
2. those members based in the UK.

From this sub-population, a sample of 4,800 fully random records was drawn from all members living in England, 1400 members were drawn from members living in Scotland, 1100 from Wales and 1000 from Northern Ireland. As in 2007 the survey sampled an additional 400 members aged under 30 and this year, to allow further analysis of practice nurses, 300 additional cases identified from records as practice nurses were also included.

The survey was mailed on 5 February 2009 with three reminders. The initial pack consisted of a letter from the Chief Executive & General Secretary, the questionnaire and a reply paid envelope. The first reminder, mailed on 25 February, consisted of a postcard, the second was a full reminder with second questionnaire and reply paid envelope mailed on 10 March, and the final reminder, a letter from Employment Research, was mailed on 25 March 2009.

As the response rate this year was lower than in 2007, a follow-up telephone reminder was undertaken between 8 and 16 April (of all 1780 non-respondents where telephone contact details had been provided).

Response rates

An overall response rate of 46% (52% in 2007) (among the Scotland top up) (UK 54%, 2007 59%) was achieved. The overall UK figure is slightly lower than in 2007 and in Scotland the aggregate response rate has reduced slightly more. Survey fatigue is undoubtedly an issue in public sector surveys today and perhaps especially in Northern Ireland, Scotland and Wales as the workforce populations are smaller, so in any sample survey a higher demand is being placed on individual nurses as sample sizes do not vary much with size of population.

Table A1: overall response rates by sample

	Total mailed	Post Office returns	Not appropriate	Completed forms	Response rate
England sample	4800	39	2	2461	52%
Northern Ireland sample	1000	4	0	481	48%
Scotland sample	1400	6	1	645	46%
Wales sample	1100	1	0	536	49%
Under 30 top up	400	7	0	158	40%
Practice nurse top up	300	0	0	206	69%
Total	9000	57	3	4487	50%
Anonymous forms (online and id removed)	-	-	-	358	4%
Total	9000	57	3	4845	54%

Source: Employment Research Ltd/RCN 2009

In total there were 721 respondents recorded as working in Scotland at the time of the survey, slightly fewer than in 2007 when 755 respondents were identified as working in Scotland.

As in previous years, the response rate for younger nurses is lower, particularly for the 25 to 34 year old groups. They account for 21.3% of respondents, but make up 26.5% of the survey population (see table A2 above). It has been shown before that age is the main variable influencing the response rate, followed by gender and to a lesser extent ethnicity. If the under 30 age group is excluded from the sample then the response rate is just over 53% (UK 60%).

Response weighting

The data presented in the report is based on weighted data both for Scotland and UK data. For the full UK report respondents from each country were weighted so that they matched the UK country distribution of nurses. For this report the responses for nurses working in Scotland were weighted to ensure that the age profile matched the RCN membership across all nurses living Scotland.

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 looking at 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 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 A2: 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 ethnic minority 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 ethnic minority nurses hold this view (10% ± 2.6%).

However, when we are looking at larger sub samples, for example 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 within which the population value lies with a certain level of probability/confidence. It also allows us to say, 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 whether two results are significantly different from one another.

Appendix B: RCN employment surveys

Ball J and Pike G (2007) *Managing to work differently: Results from the 2007 RCN Employment Survey*, RCN, London

Ball J and Pike G (2003) *Stepping stones: Results from the 2003 RCN Employment Survey*, RCN, London

Ball J and Pike G (2002) *Valued equally?: Results from the 2002 RCN Employment Survey*, RCN, London

Ball J and Pike G (2001) *Time to deliver?: Results from the 2001 RCN Employment Survey*, RCN, London

Ball J and Stock J (2000) *All part of the plan? A stock take of registered nurses in the year 2000*, RCN, London

Robinson D, Buchan J and Hayday S (1999) *On the agenda: changing nurses' careers in 1999*, IES Report 360, Institute for Employment Studies, Brighton

Smith G and Seccombe I (1998) *Changing times: a survey of registered nurses in 1998* IES Report 351, Institute for Employment Studies, Brighton

Seccombe I and Smith G (1997) *Taking Ppart: registered nurses and the labour market in 1997* IES Report 338, Institute for Employment Studies, Brighton

Seccombe I and Smith G (1996) *In the balance: registered nurse supply and demand 1996* IES Report 315, Institute for Employment Studies, Brighton

Seccombe I and Patch A (1995) *Recruiting, rewarding and retaining qualified nurses in 1995* IES Report 295, Institute for Employment Studies, Brighton

Seccombe I, Patch A and Stock J (1994) *Workloads, pay and morale of qualified nurses in 1994* IES Report 272, Institute for Employment Studies, Brighton

Seccombe I, Ball J and Patch A (1993) *The price of commitment: nurses' pay, careers and prospects, 1993* IMS Report 251, Institute of Manpower Studies, Brighton

Seccombe I and Ball J (1992) *Motivation, morale and mobility: a profile of qualified nurses in the 1990s* IMS Report 233, Institute of Manpower Studies, Brighton

Buchan J and Seccombe I (1991) *Nurses work and worth: pay, careers and working patterns of qualified nurses: a review for the Royal College of Nursing* IMS Report 213, Institute of Manpower Studies, Brighton

Waite R, Buchan J and Thomas J (1989) *Nurses in and out of work* IMS Report 170, Institute of Manpower Studies, Brighton