

Practice nurses in 2009

Results from the
RCN annual employment surveys 2009 and 2003

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1. Overview and summary

The purpose of this report is to provide a summary of employment related statistics as they pertain to practice nurses, comparing results for this group with all nurses using the 2009 employment survey¹ and where possible, with those for 2003 the last year when the sample size was large enough to allow reliable analysis of the practice nurse sub-group.

With 9,000 nurses from across the UK being covered by the survey, there are sufficient numbers of important sub-groups of nurses working outside the NHS to allow detailed analysis and comparisons with previous data sets. In addition a top-up sample of 300 practice nurses was also included in the 2009 methodology to enable analysis this key specialty of the nursing workforce.

An overall response rate for the 2009 survey of 54% was achieved (based on all samples) with the highest response rate among the practice nurse top up sample (69%). This sample has a higher response rate partly because these members have already completed an RCN 'update' form which identifies them as members more interested in completing questionnaires, compared to the main random sample which is drawn from all members².

The final data set of practice nurses with which this report compares results against non-practice nurses includes 386 cases. This group includes only respondents who indicated they work as practice nurses and are employed in GP practice surgeries. Within the report, data are compared with the 2003 survey, which contains 552 practice nurses, defined in the same way. The 2003 survey has been selected as the benchmark to act as a time comparison partly because of the large sample deployed that year and the fact that it is the last year of data before the introduction of Agenda for Change (AfC).

The data and findings in the report are based on all practice nurse respondents and contrasts these with all nurses who are not practice nurses.

'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.

Executive summary: key findings

The next sections present an overview of the main findings to emerge from the analysis of practice nurses from the 2009 Employment Survey, contrasted with data from all other nurses and with responses from practice nurses and all other nurses in 2003.

Biographical profile

Practice nurses are slightly older than other nurses in the RCN membership, average age 48 compared to 41 among all other nurses, just 15% of all practice nurses in 2009 are aged under 40 compared to 41% of all other nurses. A very small minority are men (just three cases in 2009) or from black and minority ethnic (BME) origins (3%).

¹ Ball J and Pike G (2009) *Past tense, future imperfect: Nurses' employment and morale in 2009*, Royal College of Nursing, London, September 2009

² See Appendix A for more details of the sampling and methodology.

Practice nurses are more experienced than most other groups of nurses having been qualified for an average of 26 years compared to 17 years for all other nurses. Slightly more have children living at home with them (55%) than other nurses (51%).

Practice nurses are less likely to hold degree level qualifications (17%) than other nurses (33%) but this proportion has increased significantly since 2003 when 10% held degree level qualifications.

Practice nurses are less likely to be the primary earner than is the case among all other nurses. One in four (28%) say that their own income accounts for more than half or all of their household income compared to a half (49%) of all other nurses

Pay bands and grading

More than half (56%) of all practice nurses are still paid on clinical grades with one in four 25% on AfC pay bands and the remainder on local employer specific pay systems.

It would seem that where practice nurses have been assimilated to AfC (93 cases) more have moved on to lower pay bands than is the case among the equivalent grade of other nurses, although it is difficult to say confidently as the sub sample sizes are relatively small. For example, more practice nurses who were employed as G grades prior to AfC implementation moved onto Band 6 (79% of 34 cases) as opposed to Band 7 (21%). This compares unfavourably with all other G grade nurses making the transition to AfC where nearly three times as many (57%) moved to Band 7.

Also, more practice nurses have requested a banding review than is the case among all nurses, 32% compared to 23% of all other nurses, which also lends weight to the suggestion that practice nurses have not been as well rewarded from the implementation of AfC as other nurses.

Of those practice nurses who remain on clinical grades in 2009 more are employed as G grades or higher than was the case in 2003 (63% compared to 53% in 2003).

Over the last 10 years practice nurses have traditionally been more likely than other nurses to consider their pay band/grade appropriate to their role and responsibilities but in 2009 they were actually slightly less likely than all other nurses to say their pay band or grade was appropriate to their role and responsibilities. This also suggests there has been some relative deterioration in the satisfaction of practice nurses with their pay and grading. For example, in 2003, 52% of practice nurses said they felt their grade was appropriate to their role and responsibilities but in 2009 the equivalent figure was 47%. Among all other nurses the same figure was 48% in both 2003 and 2009.

In 2009 G grade practice nurses are less likely to say that their grade is appropriate than they were in 2003 (56% compared to 68% in 2003).

The survey found that practice nurses who are employed on AfC pay bands are more satisfied with their pay than those who are still paid on a clinical grading system who, in turn, are more satisfied than those who are employed on other, local GP scales/systems (26% of those on AfC pay bands say they are well paid considering the work they do compared to 21% of those on clinical grades and 16% of those on other pay scales/systems). This difference is despite the fact that relatively high proportions of previously G grade nurses were assimilated to pay band 6 when among other nurses a higher proportion were assimilated to pay band 7.

One in five practice nurses have an additional job (22%) slightly lower than among all other nurses and two thirds (67%) have a second job to provide additional income. Among those practice nurses who were finding it financially difficult at the time of the survey 82% have a second job in order to provide additional income compared to just 32% of those who were not finding it difficult financially.

Working hours

Just 16% of practice nurses work full-time compared to 65% of all other nurses. However, practice nurses employed on AfC pay bands are more likely to be working full-time (22%) than those employed on clinical grades (15%) and on other pay scales (14%). Among those practice nurses employed on clinical grade scales, G grades are more likely to work full-time than F grades (20% compared to 10%).

Nine in ten (85%) of practice nurses work 'office hours', 9% work shifts and 6% flexi time or irregular hours. Of the small number of practice nurses that work shifts (39 cases) 97% work day time shifts only.

Six in ten (59%) practice nurses worked in excess of their contracted hours in their last full working week. This figure is more or less the same as reported for all other nurses and for practice nurses in 2003. If practice nurses work in excess of their contracted hours they are much more likely to be paid at their normal rate (72%) than other nurses (29%), more of whom are paid time off in lieu, bank work or at a higher rate (14% compared to 3% of practice nurses).

Despite the hours many nurses work, most nurses are positive about their working hours and this is especially true for practice nurses with 83% happy with their working hours compared to 71% of all other nurses. As with all nurses, those working part-time (83%) are more satisfied with their working hours than those working full-time (69%). Although more practice nurses are satisfied with their working hours, more of those working extra hours express dissatisfaction. For example, twice as many nurses who did not work extra hours strongly agree with the statement: "I am happy with my working hours" (21%) compared to those who had worked extra hours in the previous week (11%).

Workload and staffing

Practice nurses typically spend 86% of their time on clinical activity, which is significantly more than other nurses (69%). Most practice nurses were happy with the current mix of their role but where nurses were not it was felt that less time should be spent on clinical activity and more should be spent on management, educating/training others and research and other activities.

Practice nurses tend to respond more positively about staffing levels where they work. Nearly two thirds feel there are sufficient staff to provide a good standard of care (63%) compared to just 34% of all other nurses. Also, the proportion of practice nurses who disagree with the statement "too much time is spent on non-nursing duties" has increased significantly since 2003 when 40% disagreed with the statement; in 2009 more than half (54%) disagreed.

Twice as many practice nurses (54%) who felt their grade was inappropriate said their "workload is too heavy" compared to just 27% of those who said their grade was appropriate to their role and responsibilities.

Three quarters of all practice nurses (74%) consider the nursing establishment where they work to be sufficient to meet patient needs compared to 50% of all other nurses. And when looking at how frequently patient care is compromised 81% said it is only rarely or never compromised compared to 33% of all other nurses.

Job change and career progression

One in nine (11%) of practice nurses had changed jobs in the year preceding the 2009 Employment Survey more or less the same as for all other nurses and slightly lower than the peak year in 2003 when 14% had changed jobs.

The main reasons for practice nurses is to gain a change in working hours (54% compared to 35% of other nurses), better prospects (44%, 38% other nurses), stress and workload issues (44%, 31% among other nurses) and better pay (42%, 30% among other nurses). Among other nurses the main reason for changing jobs is to gain new skills and experience this only ranks fifth among practice nurses.

The two most important reasons for moving jobs given by practice nurses were to change their working hours and gain a better work-life balance (34% compared to 23% of other nurses) and to gain better pay (26% compared to 21% of other nurses).

One in nine (11%) practice nurses had applied for a higher grade post in the previous 12 months compared to 16% of all other nurses and of these, just under a half (49%) were successful compared to 55% of other nurses. These figures are significantly lower than those reported in 2003 when 20% of practice nurses and 27% of all other nurses had applied for a higher graded post and of these 63% and 66% respectively were successful.

Practice nurses who are dissatisfied with their working lives are more likely to be seeking a change of job. For example, 68% of practice nurses (all other nurses, 59%) who say they are dissatisfied with their current job are looking for a change of job, compared to just 8% (other nurses 14%) of those who report job satisfaction.

Practice nurses looking for work or a job change are less likely than other nurses to be seeking NHS work (53%, compared to 70% of all other nurses) but more likely to be seeking non-NHS nursing, agency nursing and other types of nursing (for example, other GP practice jobs).

Compared to 2003 fewer practice nurses think that career prospects are becoming more attractive (21% compared to 36% in 2003) and fewer also think they have a good chance to get ahead in nursing.

Continuing professional development (CPD)

More than three quarters of all practice nurses (80%) have had an appraisal/development review with their manager in the 12 months prior to the survey. This figure is much higher than for all other nurses (60%).

Three quarters of all practice nurses have a personal training and development plan (PTDP) compared to 59% of all other nurses. And of those with a PTDP in three quarters of cases (77%) their managers were actively involved in drawing up the plan, more or less the same figure are for other nurses (79%).

Practice nurses are less likely to have received mandatory training in each area of activity apart from cardio-pulmonary resuscitation (CPR). In moving and handling and equipment training less than one in five practice nurses have received training, compared to respectively 77% and 50% of other nurses.

Views of training are more or less the same among practice nurses as reported in 2003 but they are significantly more positive than among all other nurses. For example, three quarters (73%) of practice nurses said they are able to take time off for training compared to just 50% of other nurses and three quarters again (74%) said their employer provides them with opportunities to keep up with development related to their job, compared to 57% of other nurses.

Morale of practice nurses

The items that have shown most improvement in satisfaction ratings among practice nurses since 2003 have been workload and job satisfaction and some aspects of nursing as a career but in considering career progression issues and aspects of job security, views are significantly more negative in 2009 than they were in 2003.

Practice nurses are more positive than other nurses on a range of items including:

- **workload:** 63% of practice nurses believe there to be sufficient staff to provide a good standard of care compared to 34% of all other nurses
- **training:** 73% of practice nurses say they are able to take time off for training compared to 50% of all other nurses
- **job satisfaction:** three quarters of all practice nurses in 2009 said that they feel their work is valued compared to 56% of other nurses
- **bullying and harassment:** 79% of practice nurses say it is not a problem where they work compared to 57% of other nurses.

More practice nurses are also positive about their job security than other nurses and their working hours.

The remainder of this report presents more detailed data, tables and charts on these issues and is structured as follows:

- Chapter 2** examines the demographic and employment profile of practice nurses in 2009
- Chapter 3** looks at pay and examines the impact AfC
- Chapter 4** describes working hours and shift patterns
- Chapter 5** explores current workloads in terms of excess hours worked and perceived workload
- Chapter 6** summarises patterns of job change. The data gives an indication of turnover and progression, and reasons for changing jobs and findings on retirement plans
- Chapter 7** examines the data on CPD

Chapter 8 concludes the report by reviewing morale among practice nurses in 2009 contrasting this with views in 2003.

2. Biographical profile

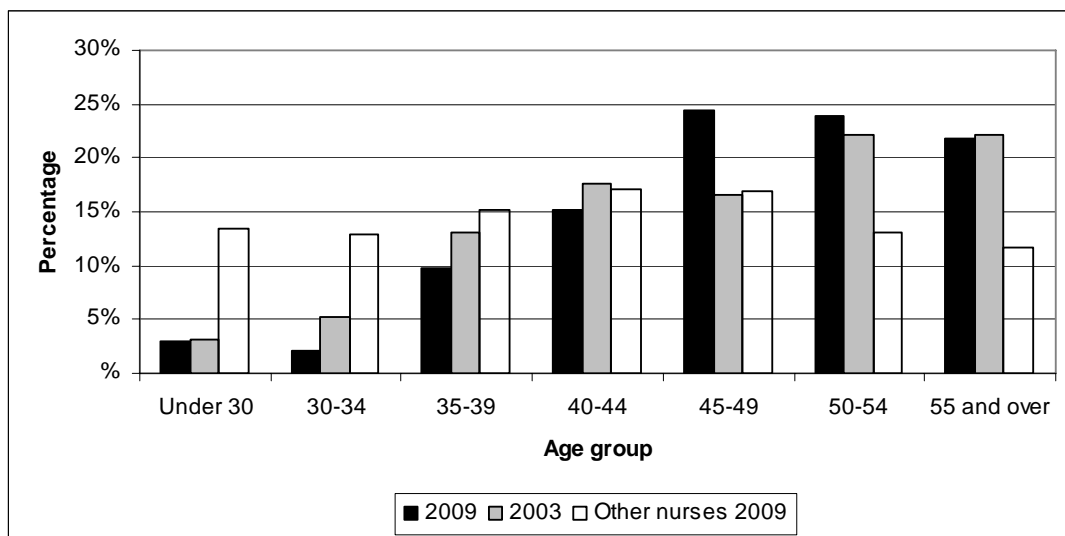
This section provides data on the biographical and employment characteristics of practice nurses working in the UK, giving an overview of the main characteristics of nurses working in general practice. This acts both as a source of data on these nurses, contrasted with data covering all other nurses, and provides a context for further analysis of their employment experiences and views of working life.

2.1 Gender, age and ethnicity

All but four practice nurse respondents to the 2009 employment survey are women; in 2003 the equivalent figure was nine out of 550 practice nurses. In 2003 and 2009 there are significantly fewer men employed as practice nurses than is the case in most other areas of nursing.

Practice nurses tend to be older than the general nursing workforce. The average age of practice nurses in 2009 is 48; up from 46.8 in 2003. Just 15% of practice nurses are aged under 40 compared to 41% of all other nurses, down from 21% in 2003. This represents a significant change in the age profile of practice nurses. Figure 2.1 shows the proportion of practice nurses in 2003 and 2009 by age band, contrasted with the distribution for all other nurses in 2009.

Figure 2.1: Age profile of practice nurses – 2009 and 2003 and all other nurses in 2009 (percentages)



Source: *Employment Research/RCN 2009*

Just under a half (46%) and almost twice as many, practice nurses are aged 50 plus compared with all other nurses (25%). In 2003 the equivalent figures were 44% and 23%. However, there are more nurses across all sectors and specialties aged over 50 in 2009 than was the case six years ago.

On average practice nurses have been qualified as registered nurses for longer, that is 26 years compared to 17 years among other nurses.

Practice nurses are less ethnically diverse. Just 3% of all practice nurses are of BME background (the same as reported in 2003), compared to 13% of all other nurses and just 3 nurses out of 382 were recruited from overseas.

2.2 Caring for children and adults

More practice nurses have children living at home with them (55%) than nurses in other areas of work (51%) but this figure is lower in 2009 than was reported in 2003 (65%). Also, in 2009 fewer practice nurses have adult caring responsibilities (18%) than was reported in 2003 (24%). It is not certain why there should be such a significant change in this figure since 2003, but it is unlikely to be accounted for solely by the older age profile in 2009.

2.3 Qualifications

Due to the older age profile of practice nurses, more of this group hold no academic qualifications (42%) compared to 27% of all other nurses. Just 17% hold a degree compared to 32% of other nurses, 30% hold a nursing diploma compared to 34% of other nurses and 11% of practice nurses have other qualifications compared to 4% of other nurses. However, more practice nurses in 2009 hold a diploma, degree or higher degree than was the case in 2003 (see Table 2.1).

Table 2.1: Highest qualification held (percentages)

	Practice nurses 2009	Practice nurses 2003	Other nurses 2009
No additional qualifications	42	68	27
NVQ/SVQ	1	(inc. above)	3
Other qualification	11	(inc. above)	4
Diploma	30	22	34
Degree	15	9	28
Higher degree	2	1	5
<i>Base N = 100%</i>	376	544	4364

Source: Employment Research/RCN 2009

This difference between practice and other nurses is to do with being an older workforce. The changing qualification profile of practice nurses is also highlighted when comparing qualifications by age of practice nurses. Of the under 40s in 2009, 39% of practice nurses have a degree or higher degree, compared to 13% of those aged 40 plus and 11% of those aged 50 plus.

3. Pay bands and grading

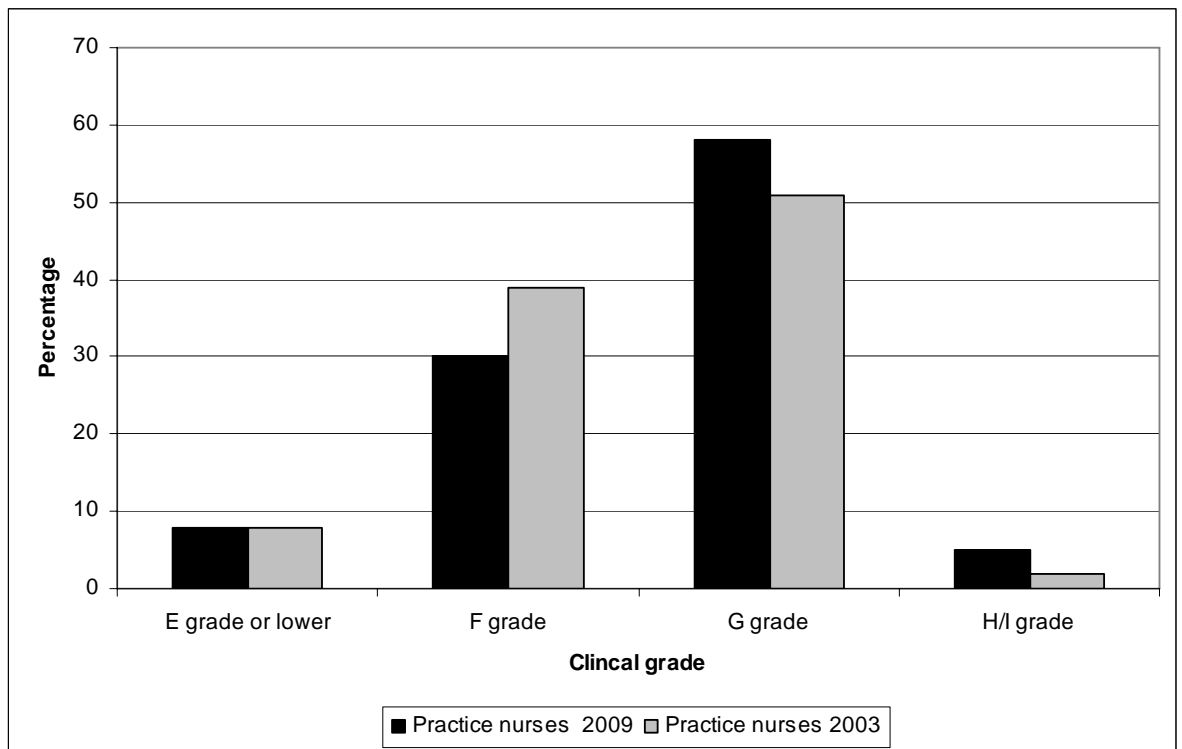
This is the first employment survey where almost all NHS nurses across the UK are on AfC pay bands. It provides an opportunity to assess UK-wide, the transition process from clinical grading to AfC, and allows a more complete analysis to explore country and regional differences. To explore differences in views and experiences of 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 Current pay bands

Among practice nurses just 25% are paid on AfC pay scales with 56% still paid on clinical grades and 19% on other grade structures. There is no difference here by the age of practice nurses. Of the 111 practice nurses on AfC pay bands 60% were on band 6, 20% on Band 5 and 19% on band 7 or 8.

Of the 210 practice nurses who are still paid on clinical grades, 8% are on E grade, 30% are on F grade, 58% on G grade and 5% on H or I grade. In 2003, 39% of practice nurses said they were employed as F grades (more than in 2009), 51% as G grades (fewer than in 2009), 9% as E grades (same as in 2009) and 2% as H grades.

Figure 3.1: Clinical grading of practice nurses – 2009 and 2003 (percentages)



Source: *Employment Research/RCN 2009*

Given that most practice nurses, approximately two thirds, are still paid on clinical grades it is interesting to compare the grade distribution in 2003 with 2009. It is noticeable that more practice nurses in 2009 on clinical grades are employed as G grades or higher than was the case in 2003 (63% compared to 53%).

Practice nurses aged 50 plus are more likely to be employed as G grades or higher, than those aged under 50. Nearly three quarters (71%) of all practice nurses employed on clinical grades are on G grades or higher with 22% paid on F grades. Of those aged under 50, 55% are on G grades with 37% on F grades.

Transition to Agenda for Change

Looking at those practice nurses who were able to provide information on their clinical grade immediately prior to AfC and their pay band immediately after, Table 3.1 summarises the key data, albeit with small sample sizes. It shows that among practice nurses a relatively high proportion (two thirds) of those previously on G grades were placed on Band 6, 12% on Band 5 and just 21% on to Band 7. Among all NHS nurses making the transition it was shown that those who moved from G grade to Band 6 (47% compared to 67% of practice nurses) were more likely to express dissatisfaction with the pay and banding than those who moved on to Band 7. This suggests that practice nurses were less likely to receive a positive outcome from AfC implementation than other nurses.

Table 3.1: Clinical grade immediately prior to AfC and pay band immediately after - 2009 (practice nurses only – percentages)

	Band 5	Band 6	Band 7 plus	Base N=100%
F grade	29	71	0	28
G grade	12	67	21	33
All practice nurses	38	50	12	93

Source: Employment Research/RCN 2009

It would seem that where practice nurses have been assimilated to AfC (93 cases only 25% had been assimilated at the time of the survey) more have moved on to lower pay bands than is the case among the equivalent grade of other nurses, although it is difficult to say confidently as the sub sample sizes are relatively small. More practice nurses who were employed as G grades prior to AfC implementation moved onto Band 6 (79% of 34 cases) as opposed to Band 7 (21%). This compares unfavourably with all other G grade nurses making the transition to AfC where 57% moved to Band 7.

This indicative finding though is reinforced by the fact that more practice nurses have requested a banding review than is the case among all nurses, 32% compared to 23% of all other nurses and 30% of all other G grade nurses.

3.2 Pay band/grade is appropriate to role and responsibilities

One of the objectives of the 2009 employment survey was to compare views of nurses of their pay band in 2009 with views of nurses of their grade in 2003, pre-AfC. Typically, over the last 10 years, practice nurses have held more positive views of their pay and grading than nurses working in other sectors and specialties. For example in 2003, before AfC was implemented, more than half (52%) of practice nurses reported that they felt their grade was appropriate given their role and responsibilities and this was some four percentage points higher than all other nurses surveyed that year (48%). However, this year (2009) fewer practice nurses (47%) said they felt their pay band/grade was appropriate given their role and responsibilities, while the proportion of all other nurses who agree that their pay band is appropriate has remained unchanged at 48%.

It is apparent from Table 3.2 that the main change since 2003 has been an increase in the proportion of practice nurses who say they do not know if their pay band/grade is appropriate or not to their role. This change was reflected across other sectors and specialties.

Table 3.2: Pay band/grade is appropriate given role and responsibilities – 2009 and 2003 (percentages)

	2009		2003	
	Practice nurses	Other nurses	Practice nurses	Other nurses
Yes	47	48	52	48
No	44	44	43	47
Don't know	9	8	5	5
Base N =	374	4289	526	8834

Source: *Employment Research/RCN 2009*

Comparing practice nurses on AfC pay bands, with those still being paid on clinical grades and those who are on 'other' local pay scales interesting differences emerge again. Practice nurses who are employed on AfC pay bands are most likely to say that their pay band is appropriate (56%) compared to 47% of those paid on clinical grades and just 33% of those paid on 'other scales'. More than half of all nurses employed on 'other scales' (51%) say that their pay band is not appropriate to their role and responsibilities and a further 16% say they do not know if their grade/pay band is appropriate or not. In the case of practice nurses this is a useful variable with which to compare the working life experiences across a number of other variables in the remaining sections of the report.

Table 3.3: Pay band/grade is appropriate given role and responsibilities by type of scale employed on – 2009 (practice nurses only – percentages)

	AfC pay band	Clinical grade	Other scale	All practice nurses
Yes	56	47	33	47
No	39	45	51	44
Don't know	5	9	16	9
Base N =	96	210	67	374

Source: *Employment Research/RCN 2009*

Analysing this data by grade shows practice nurses on F grade to be significantly more likely to say their grade is not appropriate to the role and responsibilities than those on G grade. This was the case both in 2003 and in 2009. It is noticeable though that in 2009, G grade practice nurses are less likely to say that their grade is appropriate than they were in 2003. This might be that they feel they should be employed on AfC pay bands rather than clinical grades.

Table 3.4: Pay band/grade is appropriate given role and responsibilities by grade – 2009 and 2003 (practice nurses on clinical grade only – percentages)

	2009		2003	
	F Grade	G Grade	F grade	G grade
Yes	33	56	35	68
No	58	36	60	26
Don't know	9	8	5	6
Base N =	76	129	245	260

Source: *Employment Research/RCN 2009*

It is interesting to note that, although there were relatively high proportions of practice nurses that moved from G grade to Band 6 post AfC, nurses on AfC pay bands were more satisfied with their pay bands than was the case amongst nurses who were still employed on clinical grades at the time of the survey.

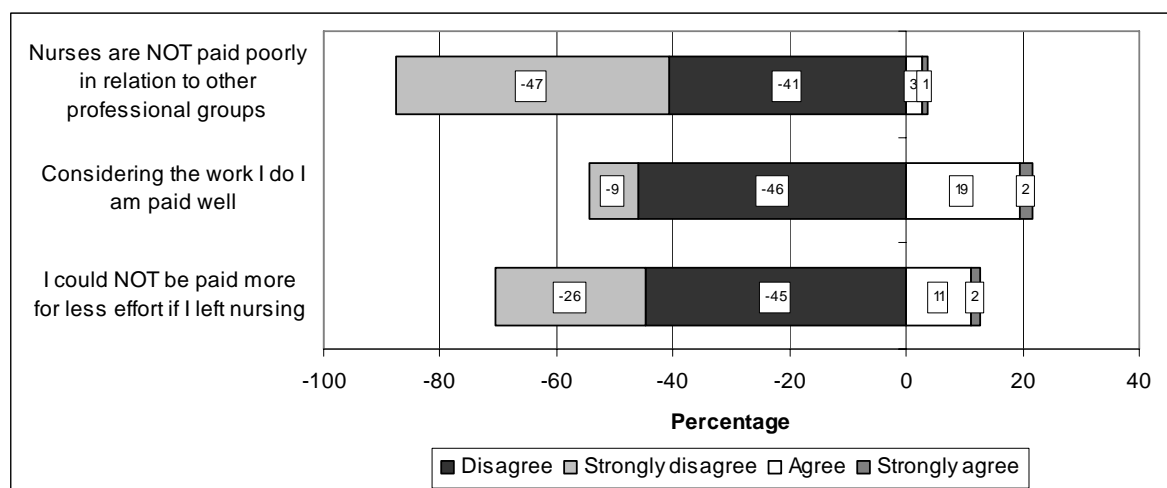
3.3 Pay satisfaction

A regular feature of all the employment surveys since 1992 has been the use of a series of attitude statements 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 practice nurses in 2009.

Figure 3.2: Summary of pay satisfaction in the NHS (practice nurses only – percentages)

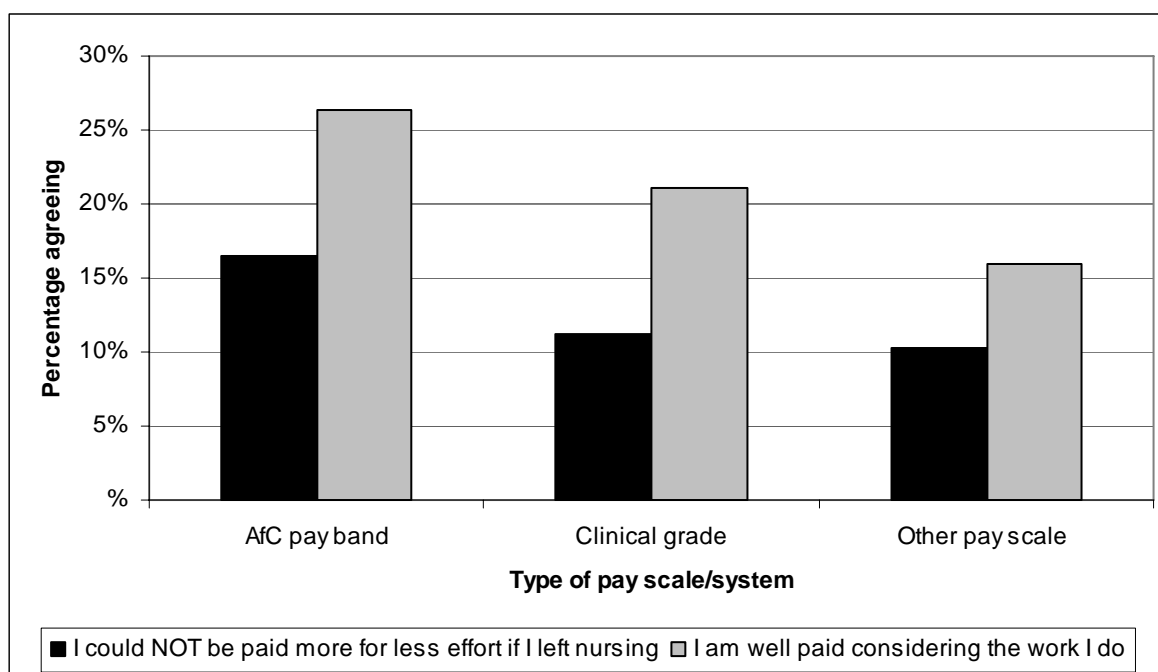


Source: *Employment Research/RCN 2009*

Views of pay among all nurses have historically been very negative and this remains the case in 2009 and for practice nurses there has been little or no change in views since 2003. In fact across all nurses in 2009 there had been a small rise in nurses agreeing with the statement “Considering the work I do I am well paid” but among practice nurses, the reverse is true with less (22%) agreeing in 2009 than in 2003 (24%)

There is a strong correlation between pay satisfaction and which type of pay scale/system practice nurses are employed on. Figure 3.3 below demonstrates that practice nurses who are employed on AfC pay bands are more satisfied with their pay than those who are still paid on a clinical grading system who, in turn, are more satisfied than those who are employed on other, local GP scales/systems. For example, 26% of those on AfC pay bands say they are well paid considering the work they do compared to 21% of those on clinical grades and 16% of those on other pay scales/systems.

Figure 3.3: Satisfaction with pay by type of pay scale/system employed on (practice nurses only – percentages)



Source: *Employment Research/RCN 2009*

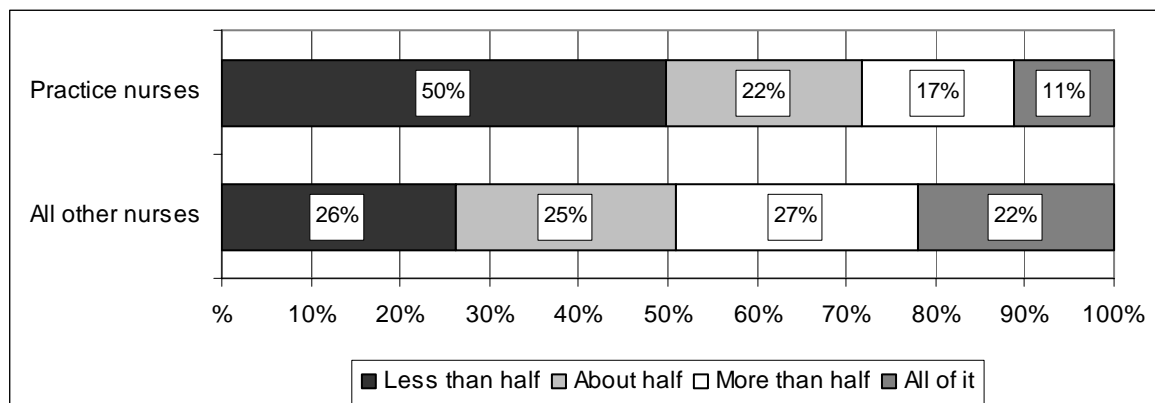
Interestingly, looking only at those practice nurses who are employed on clinical grades, there is little variation by grade in how practice nurses perceive their pay. Pay satisfaction is most strongly correlated with whether or not practice nurses feel they are on a pay band/grade that is appropriate given their role and responsibilities. Thirty six per cent of practice nurses who say that their pay band/grade is appropriate to their role and responsibilities agree that they are ‘well paid considering the work they do’ compared to just 7% of those who say their pay band or grade is not appropriate. This mirrors the findings for all nurses.

3.4 Household income and financial circumstances

Practice nurses are less likely to be the primary earner than is the case among all other nurses. A half (50%) of all practice nurses say that their earnings represent less than a half of their total household income, compared to 26% of all other nurses. Similarly, 28% say that their own income accounts for more than half or all of their household income compared to 49% of all other nurses (see Figure 3.4).

It is perhaps worth noting here that where practice nurses income accounts for all their household income they are much less likely to be satisfied with their pay considering the work they do; just 15% say they feel well paid considering the work they do compared to 22% of all practice nurses. This difference in views does not hold for other nurses, with little difference between those whose income accounts for more of their household earnings and those where it is less.

Figure 3.4: Own income as a proportion of household earnings – 2009 (percentages)



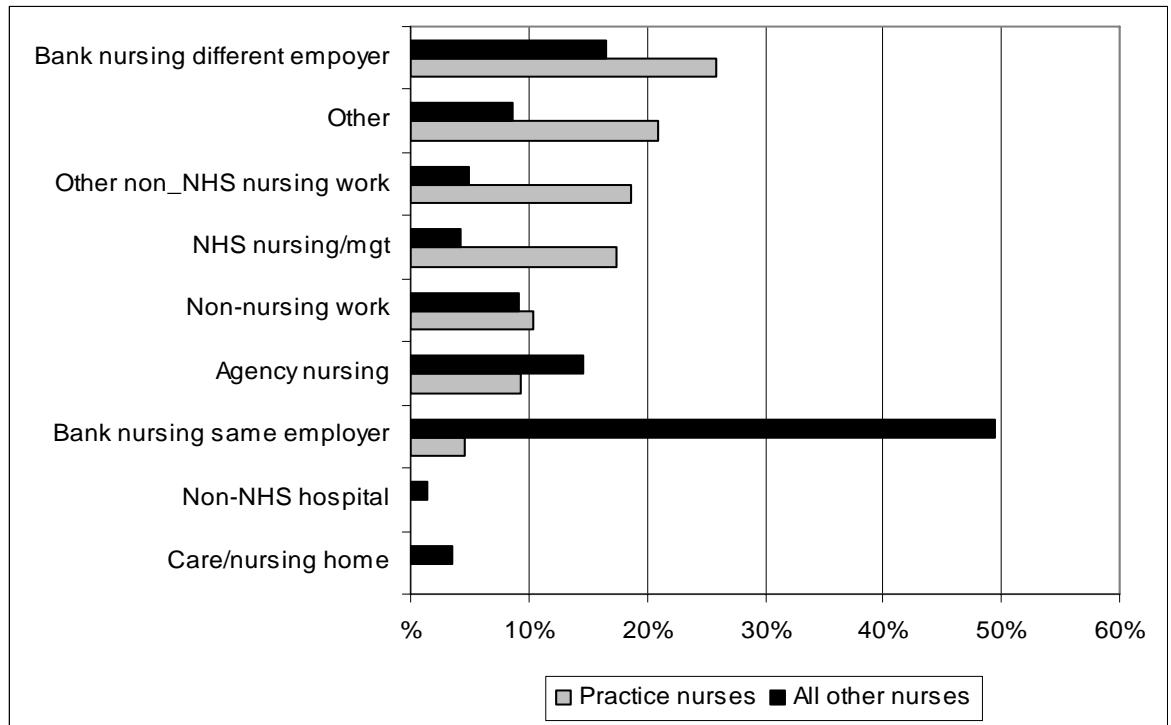
Source: *Employment Research/RCN 2009*

Practice nurses are more likely to report that they are ‘living comfortably’ at the moment (32%), than other nurses (23%). However, looking only at those practice nurses where their own earnings represents all their household income just 15% said they are living comfortably and 44% say they are finding it difficult financially. This pattern is similar to that found among other nurses.

3.5 Additional jobs

Over the last 10 years, since this question was first asked, approximately one in four of all nurses report having additional jobs. In 2009 this figure was 24% among all nurses and, a similar proportion, 22% among practice nurses, slightly lower than in 2003 when 27% of practice nurses had a second job. Practice nurses are more likely to do bank nursing with a different employer (26%), other NHS nursing/management (17%), other non-NHS nursing (19%) and other work (21%) than other nurses. Not surprisingly, fewer do bank nursing with same employer or agency nursing (see Figure 3.5).

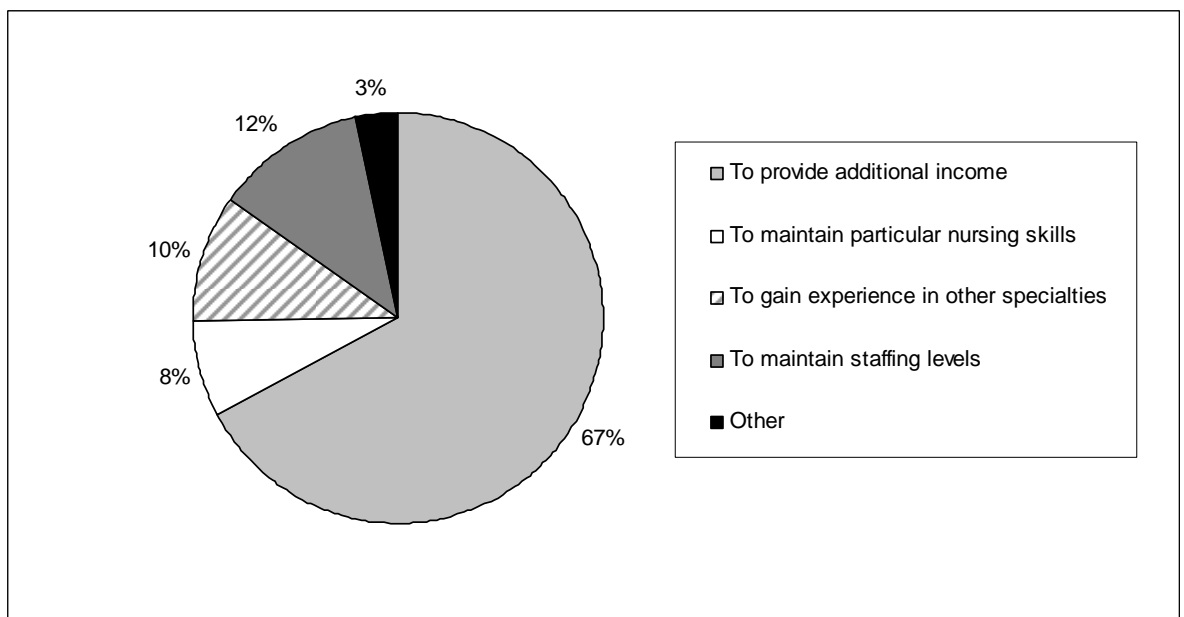
Figure 3.5: Nature of additional jobs – 2009 (percentages)



Source: Employment Research/RCN 2009

The reasons why practice nurses have additional jobs are very much the same as for all other nurses with two thirds (67%, other nurses 69%) doing it to earn additional income (12%, other nurses 11%), 10% (other nurses 6%) have one to gain experience in other specialties and 8% (same as all other nurses) have an additional job to maintain particular nursing skills.

Figure 3.6: Reasons for undertaking additional work – 2009 (practice nurses only – percentages)



Source: Employment Research/RCN 2009

As might be expected, practice nurses who are 'finding it difficult' financially are much more likely to have a second job in order to provide additional income (82%), compared to just 32% of those who are 'living comfortably', more of whom have a second job to maintain nursing skills (23% compared to 4% of nurses who are struggling financially).

4. Working hours

The continued ageing of the nursing workforce means there has been a gradual increase in the number of older nurses (aged 55 plus) approaching retirement, who are more likely to work part-time. This issue is especially relevant for the practice nurse population where the average age is higher than among other nurses.

4.1 Mode of working

In 2009, just 16% of practice nurses work full-time with 82% working part-time and 1% occasional/various hours or part of a job share. These figures are more or less the same as reported in 2003 when 14% worked full-time. Among all other nurses 65% work full-time and 35% part-time or part of a job share (Table 4.1).

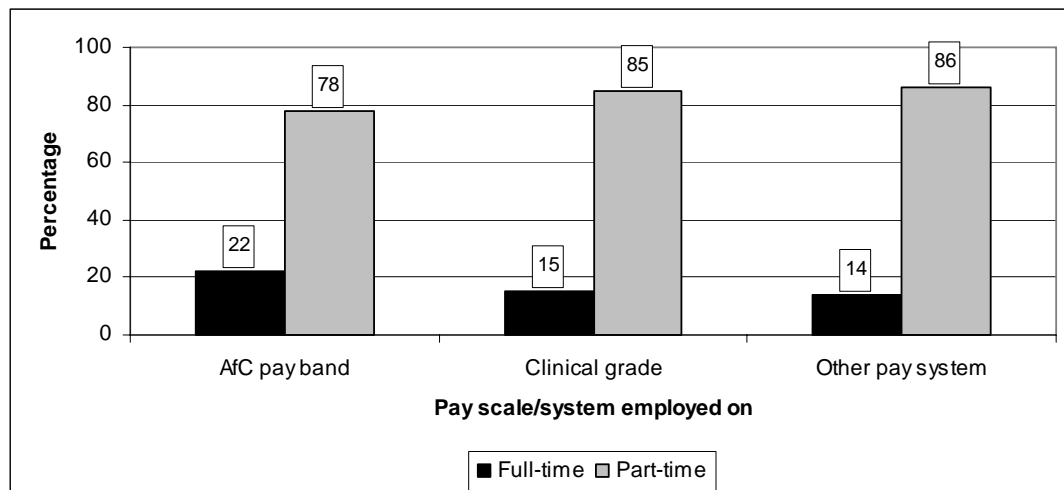
Table 4.1: Mode of working - 2009 and 2003 (percentages)

	2009		2003	
	Practice nurses	Other nurses	Practice nurses	Other nurses
Full-time	16	65	14	62
Part-time	82	32	84	35
Occasional/various/ job share	1	3	2	3
Base N =	385	4390	552	9116

Source: *Employment Research/RCN 2009*

Practice nurses employed on AfC pay bands are more likely to be working full-time (22%) than those employed on clinical grades (15%) and on other pay scales (14%). Figure 4.1 highlights these differences. There is no difference by age of practice nurses in their likelihood of working part-time or full-time.

Figure 4.1: Full-time working by pay scale – 2009 (practice nurses only – percentages)



Source: *Employment Research/RCN 2009*

In addition to this, practice nurses employed as G grades are twice as likely as those employed as F grades to work full-time (20% compared to 10% of F grades). Also, those who feel their current grade/pay band is not appropriate to their role and responsibilities are more likely to work full-time (19% compared to 14% of those who do feel appropriately graded).

Finally, a key factor in propensity to work full-time is whether or not the nurse is the main breadwinner in the household. Where practice nurses' earnings account for more than half of the total household income 35% work full-time compared to 5% where it is less than half and 19% where it is about half.

4.2 Working patterns

Nine in ten (85%) of practice nurses work office hours, only 9% work shifts and 6% flexi-time or irregular hours. This is not directly comparable with 2003 as the question was asked differently in that year.

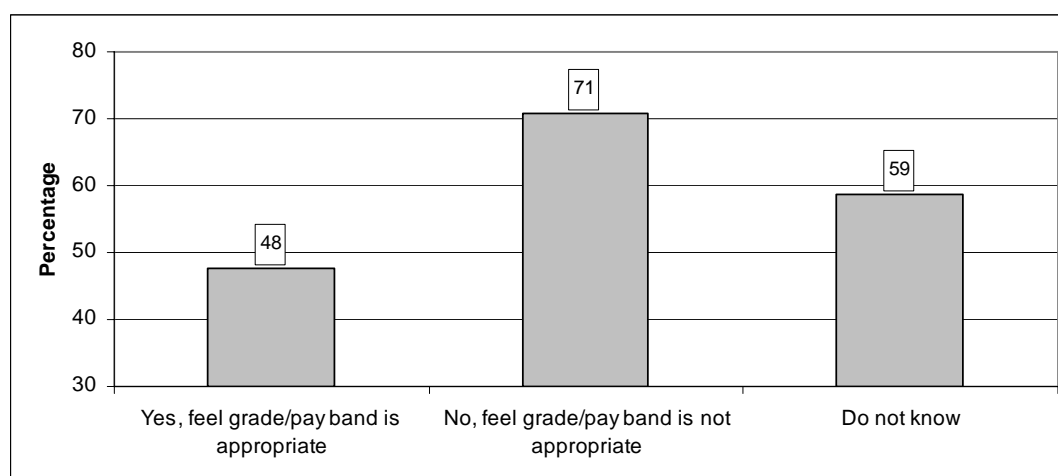
Of the small number of practice nurses that work shifts (39 cases) 97% work day time shifts only.

4.3 Working excess hours

Across the UK and across all nurses, the proportion of nurses working excess hours has remained more or less unchanged for the last 10 years (58%). Amongst practice nurses this figure is more or less the same at 59%. In 2003, 57% of practice nurses worked more than their contracted hours.

There is no difference between practice nurses in relation to the type of pay scale they are employed on; AfC, clinical grading or other system and, unlike other nurses, little or no correlation with grade. However, there is a large and significant difference between practice nurses who feel they are appropriately graded and those that do not (Figure 4.2).

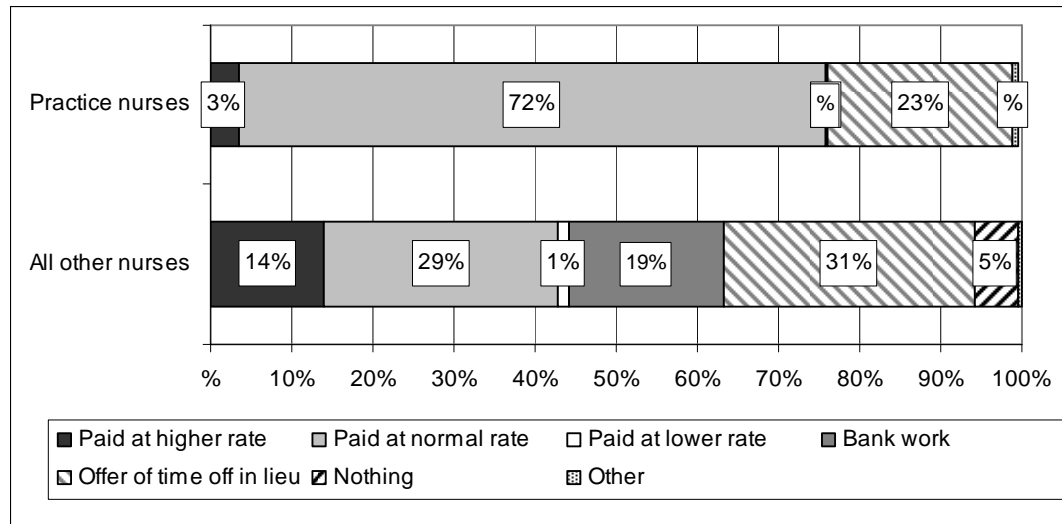
Figure 4.2: Working excess hours by whether or not grade/pay band was felt to be appropriate given role and responsibilities – 2009 (practice nurses only – percentages)



Source: *Employment Research/RCN 2009*

When asked to work extra hours three quarters (72%) of practice nurses are offered pay at their normal rate and 23% are offered time off in lieu. Among other nurses more are offered bank work (19%), pay at a higher rate (14%) and time off in lieu (31%) but fewer are offered pay at their normal rate (29%).

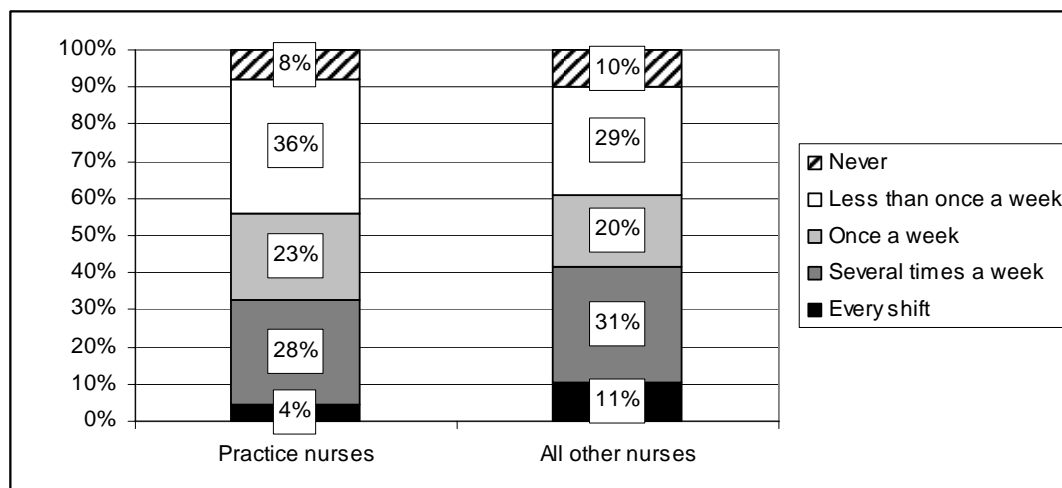
Figure 4.3: How remunerated if asked to work extra hours – 2009 (percentages)



Source: Employment Research/RCN 2009

Practice nurses work in excess of their contracted hours less frequently than other nurses, 32% work extra hours at least several times a week compared to 42% of all other nurses. Again, it is noticeable that practice nurses who feel inappropriately graded are more likely to work excess hours with 41% working extra hours at least several times per week compared to just 25% of those who do feel appropriately graded and 32% of those who do not know whether or not they are appropriately graded.

Figure 4.4: How often work in excess of contracted hours – 2009 (percentages)



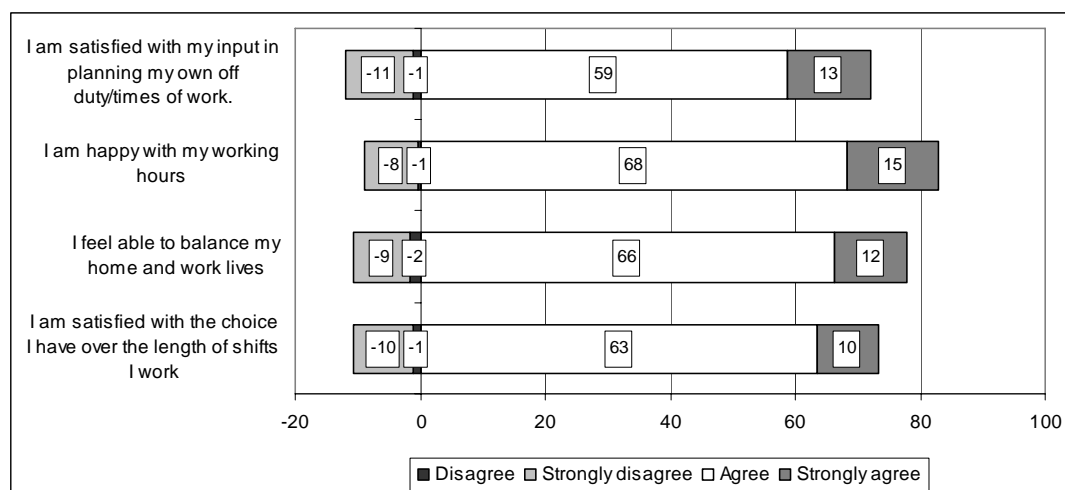
Source: Employment Research/RCN 2009

On average, full-time practice nurses work a total of 40 hours (all other nurses 44 hours) and part-time work 27 hours (all other nurses 29 hours). This has changed little since 2007 when full-time practice nurses worked an average total of 39 hours and other nurses worked 44 hours, and part-time practice nurses worked 25 hours and other part-time nurses 29 hours.

4.4 Working hours satisfaction

Despite the hours many nurses work, most nurses are positive about their working hours and this is especially true for practice nurses with 83% happy with their working hours compared to 71% of all other nurses. Furthermore, 72% (all other nurses 66%) are satisfied with their input into planning off duty/times of work, 78% (all other nurses 60%) feel able to balance their home and working lives and 73% (all other nurses 60%) feel satisfied with the choice they have over the length of shifts they work.

Figure 4.5: Views of working hours – 2009 (practice nurses only – percentages)



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% versus 69% of full-time nurses) (UK 79% versus 67% of full-time nurses), 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.

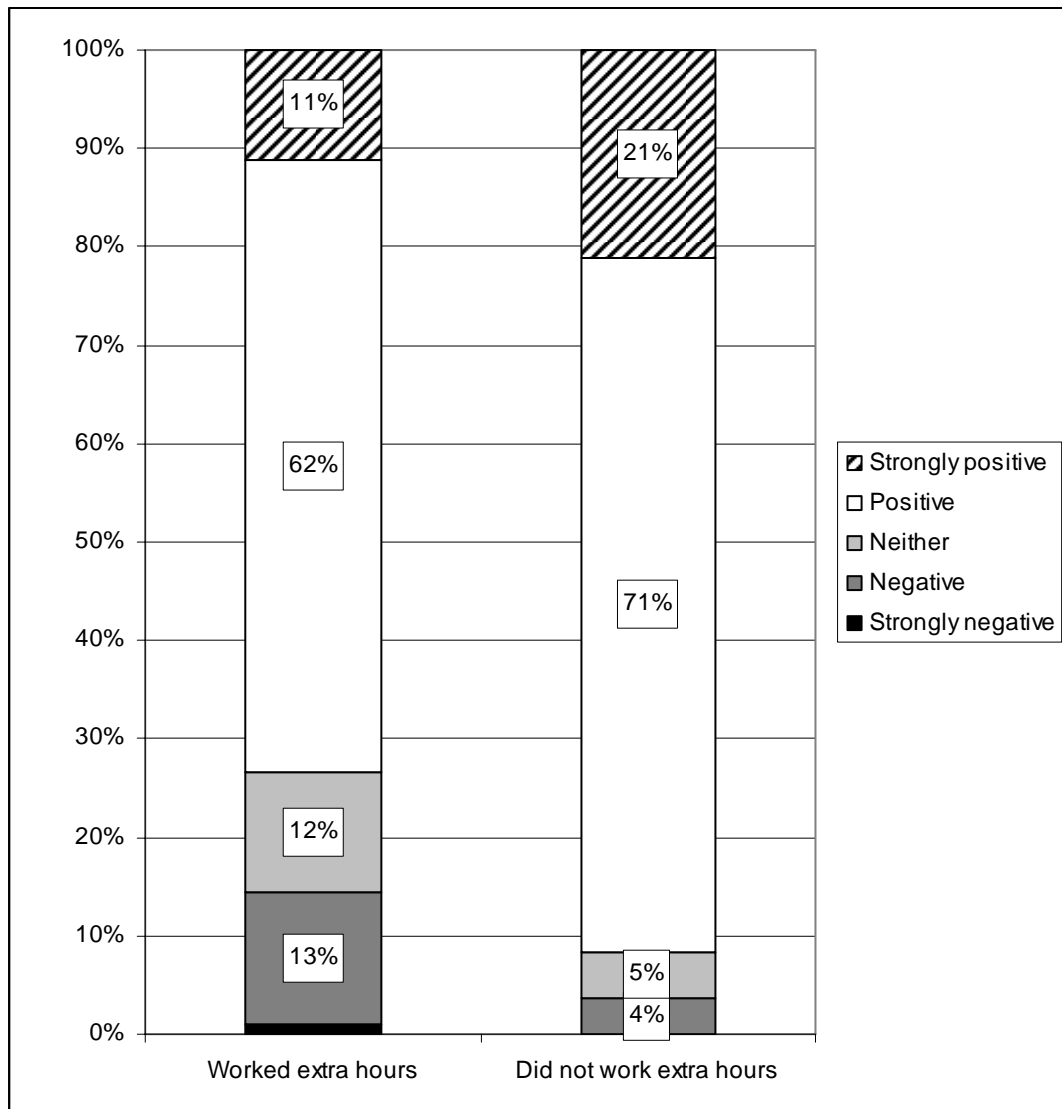
Working extra hours and satisfaction

Although more practice nurses are satisfied with their working hours, more of those working extra hours express dissatisfaction (Figure 4.5). This finding replicates those found among other nurses. For example, twice as many nurses who did not work extra hours strongly agree with the statement 'I am happy with my working hours' (21%) compared to those who had worked extra hours in the previous week (11%) and three times as many disagreed with the statement (14%) as among those who had not worked extra hours (4%).

Nurses who consider their grade to be appropriate to their role and responsibilities are more likely to report that they are happy with their working hours (91% compared to 73% of those not on a grade they see as appropriate). It is reported in each of the employment surveys that part-time nurses are more satisfied with their working hours than those working full-time. However, among practice nurses there is no difference with satisfaction in this regard, with both full-time and part-time nurses equally satisfied with all aspects of their working hours.

Although practice nurses display very high levels of satisfaction with their working hours these views are, nevertheless, slightly more negative than those reported in 2003 when 75% said they were satisfied with their input into planning times of work (in 2009 the figure was 72%).

Figure 4.6: 'I am happy with my working hours' by whether or not worked extra hours in previous week – 2009 (practice nurses only - percentages)



Source: Employment Research/RCN 2009

Satisfaction with working hours is also dependent upon the frequency with which nurses work extra hours; 69% of those working extra hours several times per week or more say they are satisfied with their working hours compared to 89% of those working extra hours less than once a week.

5. Workload and staffing

This chapter will focus on role and service delivery and views of staffing levels where practice nurses work.

5.1 How nurses' time is spent

In the employment survey, 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 the way their time was divided was about right.

Practice nurses typically spend 86% of their time on clinical activity, which is significantly more than other nurses (69%). On average 7% (other nurses 16%) is spent on management 4% (other nurses 10%) on educating/training others and 3% (other nurses 5%) on research and other activities.

There is little to differentiate practice nurses in how their time is spent. Full-time nurses spend marginally less time on clinical activity (82% of the total time on average), as do G grade nurses (84%) but the differences are not significant.

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 practice nurses (77%, other nurses 69%) were happy with the current mix of their role but where they were not it was felt that less time should be spent on clinical activity (74% of total time) and more on management (10%), educating/training others (7%) and research and other activities (6%). There was no variation in views between different groups of practice nurses.

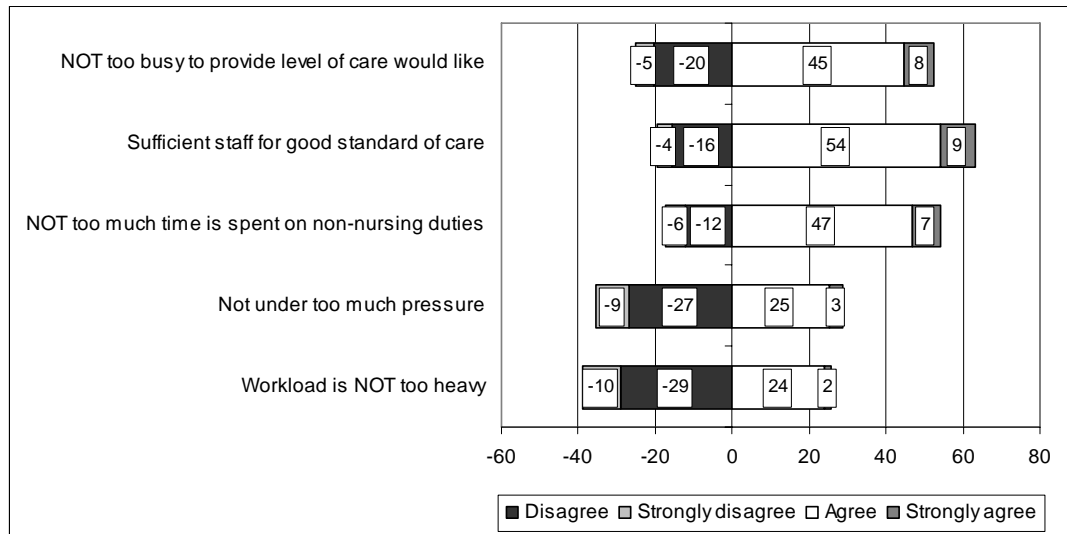
5.2 Responsibilities

Just over a third (38%) of those practice nurses answering the question reported that they are responsible for mentoring students (all other nurses 53%) and nine per cent said they were responsible for the preceptorship of newly qualified nurses (all other nurses 34%).

5.3 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 - 2009 (practice nurses only - percentages)



Source: *Employment Research/RCN 2009*

Workload and staffing are the areas of working life that most clearly differentiate practice nurses from other nurses. For example, fewer feel their workload is too heavy (39%) compared to other nurses (59%), and fewer feel under too much pressure at work (36%) compared to other nurses (52%). However, it is in relation to staffing levels that the largest difference between the views of practice nurses and all other nurses is apparent. Nearly two thirds of practice nurses feel there are sufficient staff to provide a good standard of care (63%) compared to 34% of all other nurses. One in five practice nurses do not think there are sufficient staff to provide a good standard of care, compared to 48% of all other nurses.

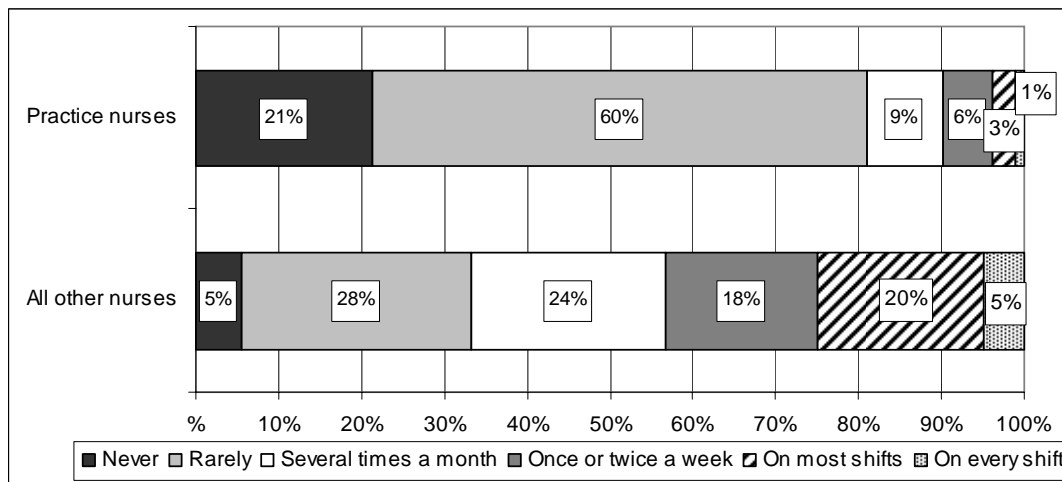
It is in relation to workload too that nurses views have changed most and in the main for the positive. A particularly significant change is in the proportion of practice nurses who disagree with the statement 'Too much time is spent on non-nursing duties'. In 2003, 40% disagreed with this statement, and in 2009 this had increased to 54%. Similarly, more practice nurses in 2009 (63%) said there are sufficient nurses to provide a good standard of care than was the case in 2003 (53%) and more are satisfied that their workload is not too heavy (26%) and that they are not under too much pressure at work (29%). It should be remembered though that despite this improvement, nearly four in ten (39%) practice nurses still feel that their workload is too heavy.

Again, it is noticeable that those practice nurses who feel inappropriately graded are much more likely to respond negatively to these items. For example, twice as many (54%) practice nurses who felt their grade was inappropriate said their workload is too heavy compared to just 27% of those who said their grade was appropriate to their role and responsibilities.

Nursing establishments and compromised care

Two related questions ask nurses firstly, whether they consider the nursing establishment (that is 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. Again, the differences here between practice nurses who answered the question and all other nurses are wide and significant (Figure 5.2).

Figure 5.2: 'How often is patient care compromised by short staffing where you work?' – 2009 (percentages)



Source: Employment Research/RCN 2009

Three quarters of all practice nurses (74%) consider the nursing establishment where they work to be sufficient to meet patient needs (26% did not) compared to 50% of all other nurses. And when looking at how frequently patient care is compromised 81% said it is only rarely or never compromised compared to 33% of all other nurses. Just 4% of practice nurses said that patient care is compromised on most shifts compared to 25% of all other nurses.

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 practice nursing workforce dynamics. In addition the data highlight the experience of nurses when moving jobs or applying for posts of a higher grade/pay band.

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 2003, considerably less practice nurses (14%) had changed jobs in the previous 12 months compared to 26% of all other nurses; 2003 was recognised as the peak year in job turnover as recorded in the RCN employment surveys. Six years later this figure had reduced to 11% among practice nurses and 10% among all other nurses. Clearly the changes in the health care labour market have affected the GP practice sector to a lesser extent than other sectors of the workforce.

Employer changes form a high proportion of practice nurse turnover compared to other sectors, especially the NHS where movement within an employer is more likely. In 2003 employer turnover was 13% amongst practice nurses and 13% amongst all other nurses. Outside the GP practice sector, employer changes account for approximately 50% of all job changes while among practice nurses they account for around 90% of all job changes.

Table 6.1: Mode of working – 2009 and 2003 (percentages)

	2009		2003	
	Practice nurses	Other nurses	Practice nurses	Other nurses
Job changes in preceding 12 months	11	19	14	26
Employer changes in preceding 12 months	11	10	13	13
Base N =	382	4333	537	8969

Source: *Employment Research/RCN 2009*

Why nurses change jobs/employer

The survey asked nurses about the main reasons they changed jobs/employer. Although the options changed slightly this year, the results are similar to 2003, and are presented for all nurses who changed jobs. There are not sufficient cases of practice nurses to analyse these data fully so only main factors have been listed.

Among all other nurses the most common reason for changing jobs is to gain different experience and skills, mentioned by a half (54%) of all nurses who had changed jobs in the preceding year. However, among practice nurses this only ranks fifth (with 39% mentioning it). The main reasons for practice nurses is to gain a change in working hours (54% compared to 35% of other nurses), better prospects (44%, 38% other nurses), stress and workload issues (44%, 31% among other nurses) and better pay (42%, 30% among other nurses).

The two most important reasons for moving jobs given by practice nurses were to change their working hours and gain a better work-life balance (34% compared to 23% of other nurses) and to gain better pay (26% compared to 21% of other nurses).

Table 6.2: Reasons for changing jobs – 2009 (percentages)

	Practice nurses	All other nurses
Change in hours/better work life balance	54	35
Better prospects	44	38
Stress/workload in previous job	44	31
Better pay	42	30
Gain different experience/skills	39	54
Dissatisfied with previous job	37	29
Distance to work	31	14
Training reasons	17	8
Better terms and conditions	17	7
Promotion	14	30
Personal reasons/moving/partner's job ³	14	13
<i>Weighted cases</i>	<i>41</i>	<i>813</i>

Source: *Employment Research/RCN 2009*

6.2 Applications for higher band posts

The employment survey also explores 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.

One in nine (11%) practice nurses had applied for a higher grade post in the previous 12 months compared to 16% of all other nurses and of these, just under a half (49%) were successful compared to 55% of other nurses. These figures are significantly lower than those reported in 2003 when 20% of practice nurses and 27% of all other nurses had applied for a higher graded post and of these 63% and 66% respectively were successful.

Table 6.3: Applications for higher band posts – 2009 and 2003 (percentages)

	2009		2003	
	Practice nurses	Other nurses	Practice nurses	Other nurses
Proportion applied for higher graded post	11	16	20	26
<i>Base N =</i>	<i>384</i>	<i>4363</i>	<i>539</i>	<i>9052</i>
Proportion successful in application	49	55	63	66
<i>Base N = applications</i>	<i>39</i>	<i>669</i>	<i>97</i>	<i>2293</i>

Source: *Employment Research/RCN 2009*

It is worth noting that more practice nurses employed at the time of the survey had applied for higher banded posts (17% compared to 9% of those on clinical grades and 8% of those on other pay scales/systems). Also, more of those who consider themselves inappropriately banded/graded had applied (15% compared to 8% of those who said they were appropriately graded/banded). Finally, more F grades had applied, who in turn are more likely to consider themselves inappropriately graded (18% compared to 5% of G grades).

³ This includes family reasons.

The reduction in the proportions of nurses applying for jobs of a higher pay band is possibly partly connected to the relatively recent implementation of AfC. That process in itself may have felt like a job change for some respondents, as they waited to see the outcome of job evaluation, and to see how their post had been banded. This explanation though, applies more to other nurses in the NHS than for practice nurses, most of whom are still paid on clinical grades or other local pay scales/systems.

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 just one in six practice nurses (16%) are currently seeking work or a change of job, significantly fewer than among all other nurses (27%). As one might expect, more than twice as many practice nurses who feel their grade is not appropriate to their role and responsibilities are seeking a change of work (24%, compared to 10% of those practice nurses who feel their grade is appropriate to their role). Practice nurses aged under 50 are also more likely to be seeking a change of work (18%).

Table 6.4: Currently seeking a change of work/job and nature of work sought – 2009 (percentages)

	Practice nurses	All other nurses
Currently seeking work or a change of job?		
Yes	16	27
No	84	73
<i>Weighted cases</i>	<i>357</i>	<i>4103</i>
What type of work sought?		
NHS nursing	53	70
Agency nursing	13	8
Bank nursing	9	6
Non-NHS nursing	30	12
Nursing outside the UK	7	10
Non-nursing	18	14
Other	20	10
<i>Weighted cases</i>	<i>55</i>	<i>1066</i>

Source: *Employment Research/RCN 2009*

Following on from the above, practice nurses who are dissatisfied with their working lives are more likely to be seeking a change of job. For example, 68% of practice nurses (all other nurses, 59%) who say they are dissatisfied with their current job are looking for a change of job, compared to just 8% (other nurses 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.

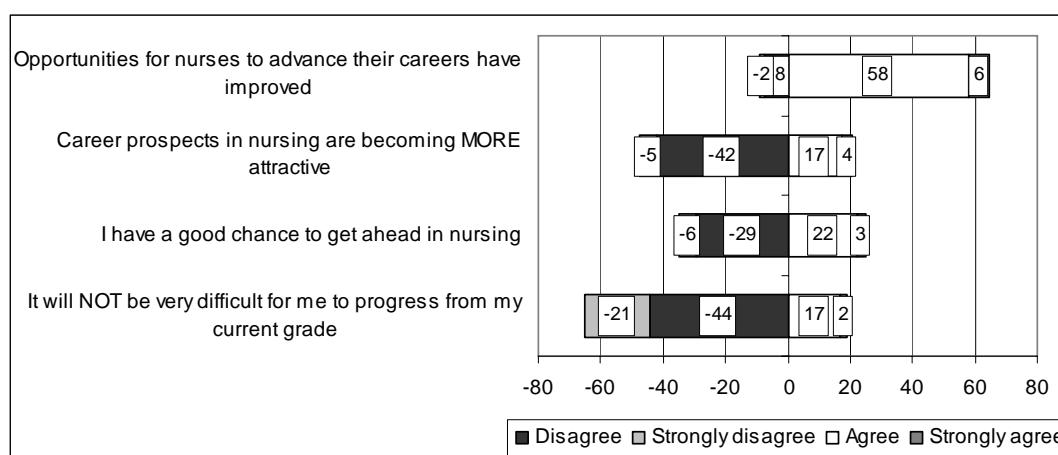
Preferred type of work

Practice nurses looking for work or a job change are less likely than other nurses to be seeking NHS work (53%, compared to 70% of all other nurses) but more likely to be seeking non-NHS nursing, agency nursing and other types of nursing (for example, other GP practice jobs).

6.4 Views of career progression issues

Most practice nurses feel it will be very difficult for them to progress from their current grade (65%, other nurses 56%), one in four (25%, other nurses 34%) think they have a good chance to get ahead in nursing, just 21% (other nurses 23%) feel that career prospects in nursing are becoming more attractive but two thirds (65%, other nurses 47%) of practice nurses think that opportunities for nurses to advance their careers have improved. The results for practice nurses are presented in Figure 6.5.

Figure 6.1: Views of career progression issues – 2009 (practice nurses only – percentages)



Source: Employment Research/RCN 2009

Compared to 2003 fewer practice nurses think that career prospects are becoming more attractive (21% compared to 36% in 2003) and fewer also think they have a good chance to get ahead in nursing.

The main difference in views here is that F grades are less likely to agree with the statement: 'It will be very difficult to progress from my current grade' (59%) than G grades (78%). There is little difference by type of pay scale, whether or not nurses feel appropriately banded/graded or by age and mode of working.

6.5 Retirement

For the last three surveys nurses were asked about their retirement plans. Firstly members were asked to indicate their official retirement age. Four in 10 practice nurses (41%, other nurses 51%) report that their official retirement age is 65, a half (54%, other nurses 39%) say it age 60 and 6% (other nurses 10%) say it is age 55.

Younger nurses are more likely to report having an official retirement age of 65, hence the lower figure reported for practice nurses, while more nurses nearing retirement age say their official retirement age is 60.

More practice nurses (26%) say they plan to retire after their official retirement age compared to other nurses (21%). This is partly because of the slightly older age profile of practice nurses, as those approaching retirement are most likely to say they will work beyond their retirement age. It is worth noting too that nurses whose earnings account for more than half their total household income are more likely to say they will work beyond their retirement age (36% compared to 20% of those whose earnings account for less than half household income). The difference here increases with age as respondents approach retirement age.

Overall, just 29% (other nurses 26%) plan to continue to work in nursing, 26% expect to continue in the same sort of nursing (17% of other nurses) and 2% expect to work in a different area of nursing (8% for other nurses). 10% expect to work beyond retirement age but not in nursing, 28% do not intend to continue and 33% do not know. Apart from the numbers that expect to continue working in same sort of nursing, there is not as significant a difference between practice nurses and other nurses as might be expected.

Again, where earnings account for less than half the household income, practice nurses are much more inclined to say that they will not be working beyond their retirement age (38%), compared to 22% of those where earnings are about a half and 16% of those where earnings account for more than half of household income.

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 practice nurses (55%, other nurses 45%) agree that they have sufficient information about the pension associated with their job. Again, the closer in age nurses are to their retirement, the better informed they are likely to be, hence the more positive response from practice nurses to this question than other nurses.

7. Continuing professional development (CPD)

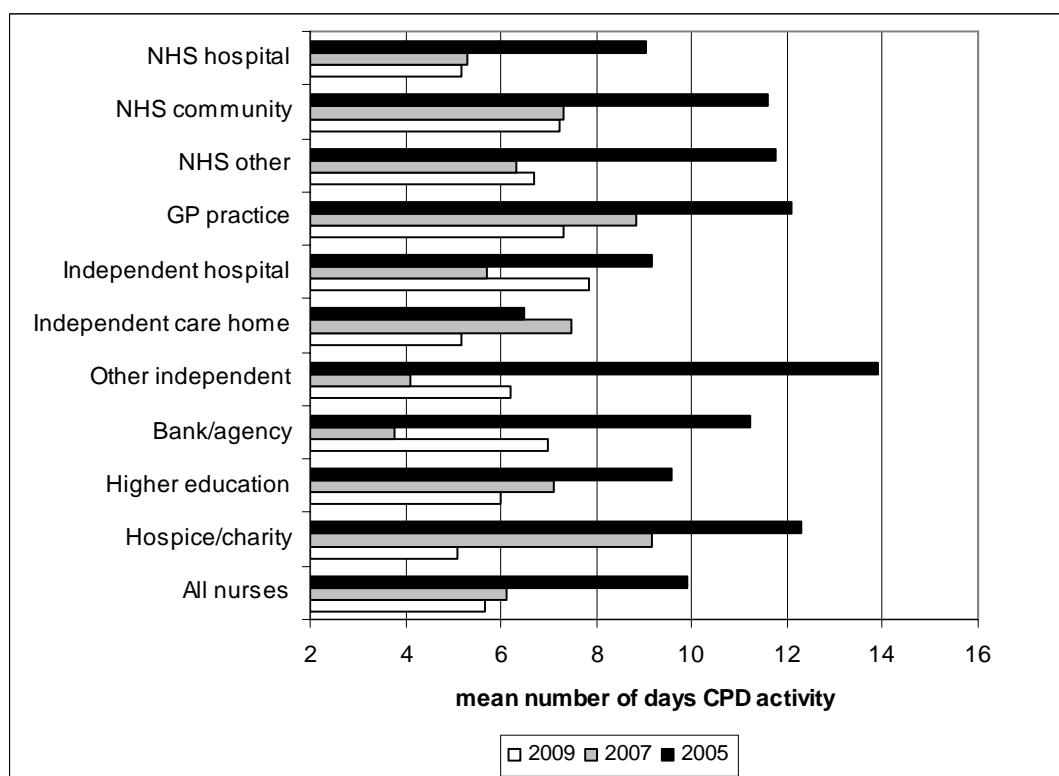
This chapter explores individual access to training and development, looking at time spent in CPD, how CPD is funded, managers' involvement in appraisal/review and personal development plans, and mandatory training received. The implementation of the new pay system in the NHS was accompanied by the introduction of the Knowledge and Skills Framework (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 (In 2007 12% said they had not had any) falling from an average 10.6 days a year to 7.3 days in 2007⁴.

7.1 Time spent in CPD

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. Among practice nurses the number of days has reduced from 12 days in 2005, to nine days in 2007 and to seven days in 2009. The average for all nurses has reduced from 10 days in 2005 to six days in 2009.

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



Source: *Employment Research/RCN 2009*

⁴ 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).

Respondents are also asked how much of their CPD is paid for by their employer. Three quarters of practice nurses (74%, other nurses 79%) report that all their CPD is paid for by their employer, 5% (other nurses 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.

Approximately a half (56%, other nurses 49%) of all practice 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. One in four practice nurses (25%, other nurses 29%) think it has increased and one in five (19%, other nurses 22%) think it has decreased. The higher the grade, the more CPD they had done with almost twice as many G grades (24%) as F grades (13%) saying the amount of CPD they had done had increased in the previous 12 months.

7.2 Development reviews and training plans

More than three quarters of all practice nurses (80%) have had an appraisal/development review with their manager in the 12 months prior to the survey. This figure is much higher than for all other nurses (60%). There is little difference between groups of practice nurses.

Personal training and development plans (PTDPs)

Again, three quarters of all practice nurses have a personal training and development plan compared to 59% of all other nurses. And of those with a PTDP, in three quarters of cases (77%) their managers were actively involved in drawing up the plan, more or less the same figure are for other nurses (79%). The higher the grade, the more likely they are to have a PTDP with 87% of G grade nurses compared to 75% of F grades having one. Practice nurses who feel inappropriately graded are less likely to have had their manager actively involved in drawing up the plan (69% compared to 81% of practice nurses who feel they are appropriately graded).

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.

Table 7.1: Mandatory training received in last year by employer group (percentages)

	H&S	Fire safety	Moving & handling	Infection control	Equipment	CPR	Base N=
Practice nurses	31	45	15	40	18	98	371
All other nurses	72	84	77	75	50	81	4016
All nurses	70	82	74	74	49	82	4387

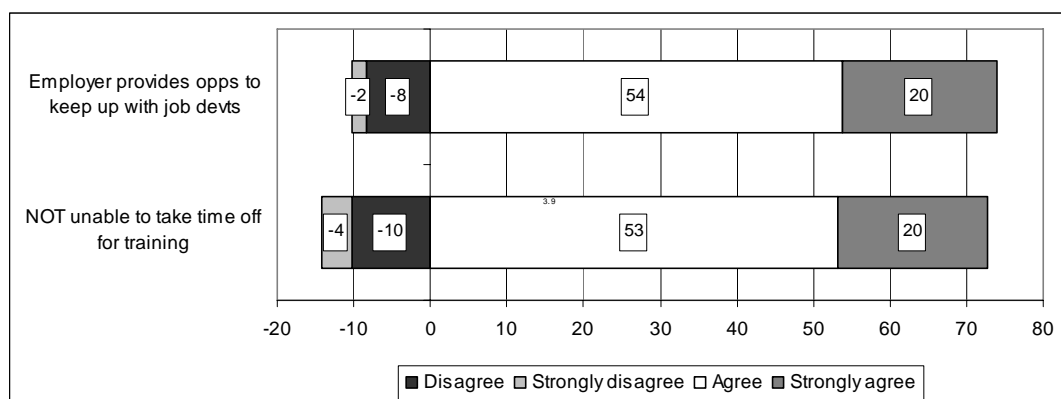
Source: *Employment Research/RCN 2009*

Practice nurses are less likely to have received mandatory training in each activity apart from CPR. In moving and handling and equipment training less than one in five practice nurses have received training.

7.4 Views of training

Views of training are more or less the same among practice nurses as reported in 2003 but they are significantly more positive than among all other nurses. For example, three quarters (73%) of practice nurses said they are able to take time off for training compared to just 50% of other nurses and three quarters again (74%) said their employer provides them with opportunities to keep up with development related to their job, compared to 57% of other nurses.

Figure 7.2: Views of training issues – 2009 (percentages)



Source: *Employment Research/RCN 2009*

Nurses who feel appropriately graded are more likely to say they can take time off for training (81% compared to 66% of those that do not think they are appropriately graded) and nurses who are satisfied with their jobs are more than twice as likely to say they can take time off for training (78% compared to 37% of nurses not satisfied with their jobs).

8. Morale of practice nurses

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 sector⁵, there are tangible concerns that the health service will not be immune from the effects of recession.

Meanwhile, the last 2 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 an assistant nursing role.

Although not all these issues will affect practice nurses directly, they provide a general context in which nursing is positioned. This chapter presents an overview of practice nurses’ morale and how it has changed since 2003, and compares this with the views of other nurses.

8.1 Overview of morale in 2009

Table 8.1 presents the data for practice nurses and all other nurses, comparing this year’s findings with the 2003 survey, grouped into themes. Here we present an overview of how morale amongst nurses has changed over time and summarise the key differences between sectors and subgroups of nurses.

The items that have shown most improvement in satisfaction ratings among practice nurses since 2003 have been workload and job satisfaction and some aspects of nursing as a career but in considering career progression issues and aspects of job security, views are significantly more negative in 2009 than they were in 2003.

⁵ Buchan J (2009) Funnel Vision. *Nursing Standard*. Vol 23 (25).

Table 8.1: Views of all practice nurses compared to all other nurses – 2009 and 2003 (percentages)

		Practice nurses		All other nurses	
		2009	2003	2009	2003
Career progression					
11	NOT difficult to progress from current grade	19	13	25	26
14	Have a good chance to get ahead in nursing	25	30	34	34
20	Career prospects becoming MORE attractive	21	36	23	29
22	Opportunities for nurses to advance careers have improved	65	67	47	57
Bullying/Harassment					
33	Bullying and harassment is not a problem at work	79	81	57	61
23	Manager supports me when needed	73		63	
37	Confident would be treated fairly if reported being harassed by a colleague at work	69	64	55	56
Working hours					
31	Satisfied with choice over length of shifts worked	73	76	61	61
36	Satisfied with input in planning times of work	72	75	66	66
34	Feel able to balance home and work lives	78		60	
	Happy with working hours	83		71	
Job satisfaction					
4	Most days enthusiastic about job	87	87	81	78
25	Satisfied with present job	78	73	63	61
26	Proud to work in this organisation	73	69	56	52
32	I feel my work is valued	75	68	56	54
Nursing as a career					
1	Recommend nursing as a career	63	57	62	51
2	Nursing is a rewarding career	88	85	81	75
17	Don't want to work outside nursing	47	49	44	38
19	Would NOT leave nursing if could	59	61	53	50
Pay					
3	NOT paid for less effort if left nursing	13	12	13	12
10	Well paid considering work	22	24	23	15
15	Nurses NOT poorly paid in relation to other professions	3	5	6	6
Quality of care					
24	Quality of care is good	97	95	82	85
Job security					
8	Nursing will continue to offer a secure job for years	78	72	73	71
13	NOT worried may be made redundant	76	83	61	77
30	Find it easy to get another job using my skills	47	61	40	51
Training					
12	Able to take time off for training	73	69	50	52
21	Employer provides opps to keep up with job devts	74	76	57	60
Workload					
5	Workload is NOT too heavy	26	20	15	15
9	NOT under too much pressure at work	29	23	20	19
27	NOT too much time is spent on non-nursing duties	54	40	32	28
28	Sufficient staff to provide good standard of care	63	53	34	29
29	NOT too busy to provide level of care would like	52		29	

Source: Employment Research/RCN 2009

Looking at differences in views between practice nurses and all other nurses in 2009, practice nurses can be seen to be more positive on most items, in particular this is the case in relation to:

- **workload:** 63% of practice nurses believe there to be sufficient staff to provide a good standard of care compared to 34% of all other nurses and 54% do not think too much of their time is spent on non-nursing duties, compared to 32% of other nurses
- **training:** here 73% of practice nurses say they are able to take time off for training compared to 50% of all other nurses and 74% say their employer provides them with opportunities to keep up with developments related to their job compared to 57% of other nurses
- **job satisfaction:** three quarters of all practice nurses in 2009 said that they feel their work is valued compared to 56% of other nurses and 73% say they are proud to work in their organisation compared to 56% of other nurses
- **bullying and harassment:** again practice nurses are more positive here being less likely to say that it is a problem where they work and more are confident that they would be treated fairly if they reported being harassed at work.

More practice nurses are also positive about their job security than other nurses and their working hours. In fact the only areas where there is little difference or that practice nurses feel more negative about their working life is in relation to career progression issues, perhaps with more being towards the end of their careers, they feel that opportunities to progress from their current grade is likely to be more difficult. This said, more practice nurses said that opportunities for nurses to progress their careers have improved. Finally, practice nurses are marginally more negative in their responses to these career progression items than other nurses.

Here it is worth noting again the significant change since 2003 in the views of practice nurses responses to the item 'Considering the work I do I am well paid' when compared to other nurses. In 2003, 24% of practice nurses agreed with the statement compared to 15% of other nurses; in 2009, 22% of practice nurses agreed with the statement compared to 23% of other nurses.

Compared to 2003 the views of practice nurses in relation to other nurses on workload items are significantly more positive. For example, in 2003, 40% of practice nurses said they felt not too much of their time was spent on non-nursing duties, compared to 28% of other nurses but six years later in 2009, 54% of practice nurses responded positively to this item (14 percentage points higher) compared to 32% of other nurses, just 4 percentage points higher than reported in 2003.

Similarly, there has been a large relative change in views since 2003 between practice nurses and others when considering whether or not they are worried that they may be made redundant. Both groups are less positive in 2009 than was the case in 2003 but the fall in confidence amongst practice nurses is not as steep as it was amongst other nurses.

There has also been an improvement amongst most nurses in their views of nursing as a career since 2003. However, this is less marked amongst practice nurses than is the case among other nurses. For example, more other nurses in 2009 said they did not want to work outside nursing than was the case in 2003, but amongst practice nurses there was a small reduction between 2003 and 2009.

Appendix A: Method, sampling and response

A.1 Method

A postal survey of 9,000 RCN members (including 300 identified as practice nurses) at their home addresses was undertaken in February and March 2009.

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 over this period to allow analysis by country so that separate reports for Northern Ireland, Scotland and Wales have been produced as well as for practice nurses.

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 and finally, 300 additional practice nurses were included in the sample, so that this 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 were excluded from the analysis and reporting so that each report reflected a representative cross section of UK nurses.

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.

Drawing the sample

The full membership records were accessed on 8 January 2009. At this date the database contained 377,285 records. The employment survey sample is selected only from:

- full category, full newly qualified category and full concessionary category (same as in previous surveys) plus health care assistant (HCA) and HCA concessionary (included this year, not included in the past)
- those members based in UK – overseas 0.5% and missing 0.2% are excluded.

This leaves a population of 330,438 members. The profile of this sub-group is:

Table A1: membership breakdown (all UK)

Type	Number of members	Percentage
Full	313012	94.7
Full concessionary	3903	1.2
Full newly qualified	9057	2.7
HCA	2659	0.8
HCA (concessionary)	1807	0.5
Gender	No. of Members	Percentage
Female	301068	91.2
Male	28953	8.8
Country	No. of Members	Percentage
England	273071	82.6
Scotland	31938	9.7
Wales	14650	4.4
Northern Ireland	10779	3.3

Source: RCN membership records, January 2009

Table A2: age bands (all UK)

	Number of members	Percentage (all)	Percentage (known)
20-24	9997	3.0	3.7
25-29	24956	7.6	9.2
30-34	33949	10.3	12.6
35-39	40683	12.3	15.1
40-44	46023	13.9	17.1
45-49	46611	14.1	17.3
50-54	35276	10.7	13.1
55-59	20772	6.3	7.7
60 plus	11578	3.5	4.3
Total	269845	81.7	100.0
Missing	60593	18.3	
Total	330438	100.0	

Source: RCN membership records, January 2009

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 RCN Chief Executive, the questionnaire and a reply paid envelope. The first reminder, mailed on 25 February 2009, consisted of a postcard; the second was a full reminder with second questionnaire and reply paid envelope mailed on 10 March 2009; 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 2009 (of all 1780 non-respondents where telephone contact details had been provided).

Questionnaire design

To ensure continuity in the main UK report 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 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 and 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.

A.2 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 2009, 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 (first a postcard; then a second questionnaire pack; and finally a letter). To explore non-response and boost the final response rate, a telephone follow-up was undertaken of all members with telephone numbers who had not completed the survey. When the survey closed at the end of April 2009, 4845 forms had been returned representing an overall response rate of 49% (UK 54%) (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.

An overall response rate of 54% was achieved (based on all samples). 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 Wales, Northern Ireland and Scotland and the highest response rate among practice nurses. The practice nurse sample has a higher response rate partly because some of these members have already completed an RCN ‘update’ form which identifies them as members more interested in completing questionnaires, compared to the main random sample which is drawn from all members.

The final data set of practice nurses with which this report compares results against non-practice nurses includes 386 cases. This group includes only respondents who indicated they work as practice nurses and are employed in GP practice surgeries. Within the report, data are compared with the 2003 survey. The 2003 data contains 552 practice nurses, defined in the same way, for instance, working as a practice nurse and employed in a GP practice. The 2003 survey has been selected as the benchmark to act as a time comparison partly because of the large sample deployed that year and the fact that it is the last year of data before the introduction of AfC.

Country factors

This year there seemed to be a correlation between the country from which members were sampled and response rates. Table A3 below highlights this showing response rates in England (52%) to be higher than response rates in Northern Ireland, Scotland and Wales.

Table A3: Response rates by sample

	Total mailed	Post Office returns	Not appropriate	Completed forms	Initial 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	-	-	-	358	4%
Total	9000	57	3	4845	54%

Source: Employment Research/RCN 2009

Because of the relative sizes of samples in each country, individual members in Northern Ireland, Scotland and Wales are likely to be surveyed by the RCN more often than is the case in England. Any survey that is conducted by the RCN, or others using RCN membership records, in Northern Ireland, for example, only has a population of around 11,000 members from which to draw. Most surveys would require a sample of approximately 1000 (10% of the population) to achieve a response set of around 500 in order to allow sufficient analysis of important sub groups. Surveys of nurses have become more prevalent in the last five to ten years and so there is likely to be survey fatigue across the whole population, but perhaps especially in Northern Ireland, Wales and Scotland, where the population sizes are smaller.

Response weighting

In order to ensure that the findings presented in the report are as far as possible based on a cross section of members as opposed to a cross section of respondents the data need to be weighted and all data presented in the report is based on weighted data.

Firstly, the top sample of practice nurses was removed from the response set as these were included only to enable sufficient numbers to provide a separate report covering practice nurses alone. Including this group would distort the response set. For the purposes of this report the top up sample of practice nurses was returned to the data set and each case given a weight of one.

Tables A5 and A6 show the numbers of cases included in the final response set for each country, before and after weighting. Using top up samples, and then weighting the data enables more reliable analysis because there are a larger number of cases.

Table A4: Country worked in⁶ – cases before and after weighting

	Before weighting		After weighting	
	Cases	Percentage	Cases	Percentage
England	2753	59.4	3824	82.6
Northern Ireland	521	11.3	154	3.3
Scotland	734	15.8	447	9.7
Wales	623	13.5	207	4.5
All cases	4631	99.9	4631	98.1
Missing	5	0.1	5	0.1

Source: Employment Research/RCN 2009

The results produced are more likely to provide an accurate reflection of the experiences and views of the population of RCN members.

The procedure was as follows:

First a country weight was calculated. This was achieved by looking at the proportion of respondents living in each country both in the population and among respondents. So, for example, England respondents make up 83% of the RCN membership, but only 59% of the response set. So each respondent from England is given a weight of roughly 1.4 (that is 83 divided by 59) to compensate for the bias.

Secondly, once the weight generated in step one above is applied, the age profile was examined. Again the profile among respondents was compared with the membership population and a second weight as above was calculated.

These two weights are multiplied to produce a single weighting figure, applied to each case.

⁶ Membership population uses country of residence as opposed to country of employment as in the survey.

Table A5: Age profile – cases before and after weighting

Age band	Before weighting		After weighting	
	Cases	Percentage	Cases	Percentage
20-24	166	3.6	168	3.6
25-29	428	9.2	420	9.1
30-34	441	9.5	571	12.3
35-39	571	12.3	685	14.8
40-44	725	15.6	775	16.7
45-49	804	17.3	785	16.9
50-54	692	14.9	594	12.8
55-plus	715	15.4	545	11.7
All cases	4542	98.0	4542	98.0
Missing	94	2.0	94	2.0

Source: *Employment Research/RCN 2009*

A.3 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 A7: 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: Additional data

Table B.1: Biographical profile by employer group: means and percentages (base weighted cases max)

	Mean age (years)	Mean years since qualified	% under 40	% aged over 50	% male	% child care	% adult care	% qualified over 30	% BME	% IRN	% diploma qualified	% degree qualified	<i>Weighted cases</i>
NHS hospital	39.9	15.3	50	19	8	50	14	15	14	6	37	33	2431
NHS community	43.7	18.8	31	27	7	56	21	18	7	0	27	39	679
NHS other	44.1	20.9	33	29	9	52	22	8	5	1	24	38	232
GP practice	45.9	23.8	21	33	2	67	18	7	4	1	25	28	273
Independent hospital	42.3	19.0	42	30	8	48	10	10	16	6	40	20	133
Independent care home	46.5	20.8	26	41	6	47	16	19	45	27	36	10	248
Other independent	42.8	18.6	40	27	8	49	12	17	5	1	35	34	84
Bank/agency	45.0	19.8	34	36	11	50	17	13	28	7	30	17	151
Higher education	43.2	23.1	38	29	0	54	18	13	19	0	18	57	28
Hospice/charity	46.4	20.8	24	38	3	52	16	19	10	2	32	33	134
HA/NHS Exec	45.6	21.6	23	33	13	48	10	14	17	7	28	41	30
Other	45.0	21.5	28	33	14	41	24	9	3	4	39	31	116
Total	42.1	17.6	41	25	7	52	16	15	14	6	34	32	4539

Source: Employment Research/RCN 2009

Table B.6: Mode and patterns of working by employer group (percentages)

	Full-time working			Pattern of working			Type of shift pattern (of those working shifts)					
	2007	2009	Weighted cases	Shifts	'Office' hours	Flexi-time	Weighted cases	Internal rotation	Daytime shifts	Permanent night shifts	% working 12 hour shifts ⁷	Weighted cases
NHS hospital	67	68	2446	76	20	4	2431	69	23	7	41	1877
NHS community	61	64	679	17	74	9	671	15	74	11	9	133
NHS other	68	62	235	28	63	9	233	59	34	7	13	71
All NHS	65	66	3482	60	34	6	3458	65	27	8	37	2158
GP practice	28	21	275	6	89	5	272	-	-	-	-	-
Independent hospital	60	59	131	67	24	9	135	23	59	18	34	96
Independent care home	76	78	249	80	11	10	244	22	54	24	63	207
Other independent	69	64	86	26	53	21	86	27	59	14	13	22
Bank/agency	28	27	150	66	14	20	146	40	40	20	35	108
Higher education	80	71	28	19	63	19	27	-	-	-	-	-
Hospice/charity	59	52	135	58	36	6	133	51	38	11	10	79
HA/NHS Exec	63	73	30	37	57	7	30	-	-	-	-	-
Other	68	69	116	22	53	24	116	50	43	7	27	30
All respondents	63	63	4560	57	36	7	4524	58	32	10	37	2660

Source: Employment Research/RCN 2009

⁷ This figure is not directly comparable with 2007 data as the question structure changed slightly.