



Nurses in the independent sector

Results from the
RCN membership surveys 2001/02

This employment survey was commissioned by the Royal College of Nursing and conducted by Jane Ball and Geoff Pike from Employment Research.

Contents

Summary	4
1 Introduction	5
1.1 16 years of RCN membership surveys	5
1.2 Response rates	5
1.3 Report structure	6
2 Profile of independent sector nurses	7
2.1 Biographical details	7
2.2 Qualifications	10
2.3 Employment situation	12
3 Working hours	16
3.1 Part time and shift working	16
3.2 Time spent at work	18
3.3 Views of working hours	20
4 Workloads	22
4.1 Nurse to patient ratios	22
4.2 Adequacy of staffing and quality of care	26
5 Role and rewards	30
5.1 Inappropriate grading	30
5.2 Responsibilities	31
5.3 Pay satisfaction	33
6 Changing jobs and leaving nursing	35
6.1 Changing jobs, employers and careers	35

6.2 Future intentions	36
6.3 Intentions to leave nursing	36
7 Quality of working life	40
8 What do nurses want from their work?	45
8.1 Key features	45
8.2 Experience of key features of working life	48
8.3 Difference between features valued and nurses' experiences	49

Summary

The 2001/2002 RCN membership survey is a rich source of data highlighting the changes in members' employment patterns, and their attitudes to work, pay and conditions. This survey has focused on a particular group in the nursing workforce. The results have for the first time given us an insight to the working lives of nurses in the independent sector, and who make up 27% of RCN membership.

Nurses in the independent sector reveals a workforce that is older than the average compared to NHS colleagues, less likely to hold a degree, and has been in nursing for longer than health service counterparts.

We also wanted to find out what the most important features about work were for independent sector (IS) nurses, what they thought about work/life balance, and how they experienced this. Nurses stated clearly that the most important features about their work were:

- job security
- pay
- being respected at work
- having a good relationship with their manager.

They told us that flexible working was very important to them, and that they wanted work to fit into their domestic lives. But responses to the survey showed that reality had failed to live up to the work/life aspirations for 30% of the nurses.

However, nurses in independent settings are much more likely to report feeling valued in their work than NHS nurses. The survey also shows that these nurses are more likely to work in a well-staffed area than is the case for NHS nurses, although this is less true for nurses in care home settings.

The key findings from the survey that summarise independent sector nurses' working lives are:

- 70% think that they could be paid more for less effort outside nursing
- 90% think they are not well paid in comparison to other professions
- they are more likely to cite pay as the reason for changing employers than NHS colleagues
- independent hospitals and hospices have lower patient-to-nurse ratios than the NHS
- care homes have higher proportion of staff on lower grades
- the average age of an IS nurse is 46 compared to 40 in the NHS.

1 Introduction

1.1 16 years of RCN membership surveys

The RCN has conducted an annual survey of its membership each year since 1985. The surveys are a rich source of data that enable us to analyse changes in the employment patterns of members, and more recently attitudes to work and conditions of employment. The data also allows us to analyse issues that are relevant to different groups of nurses.

The objective of the annual RCN membership survey is to provide an insight into the working lives of NHS and independent sector nurses in the UK. Respondents to the surveys are representative of all RCN members. However, in some surveys we use top up samples to explore issues of topical interest to the RCN and the nursing profession. For example, in the case of the 2001 survey we sampled more nurses in the independent sector. This included nurses working in independent hospitals and care homes, hospices and some nurses who worked in a range of other independent settings.

So, the 2001 sample of RCN members included:

1. 4,000 nurses drawn at random from the RCN membership records
2. 500 nurses from the independent sector
3. 500 nurses working in care homes (not covered in sample 1 above)
4. 350 nurses working in hospices.

This report focuses on respondents from the main random sample (1) who are classified as working in the independent sector¹. Nurses in samples 2, 3 and 4 classify themselves as working in the independent sector.

1.2 Response rates

While table 1.1 shows a good response rate of 67% in the random sample of the survey, it also highlights that we achieved a much better response from nurses in the independent sector at around 80%.

¹ Reference to the independent sector includes nurses in independent hospitals, care homes and hospices. Throughout the report reference to *nurses* covers all independent sector nurses.

Table 1.1 Response rates by sample

	Respondents	Non-respondents	PO returns	Sample N=
Main random sample	66.8	32.8	0.4	4,000
Independent sector	78.6	21.4	0	500
Care homes	80.4	19.4	0.2	500
Hospices	82.9	17.1	0	350
Total sample	71.7	28.0	0.3	5,350

Source: RCN membership surveys 2001/2

1.3 Report structure

The main body of the report looks at the employment patterns and the views of nurses in the independent sector. The data also gives us an insight into the individual working lives of nurses working in independent settings.

For the most part the survey reports on independent sector nurses who are in employment (1,148 responses to the main random survey). We also use open responses from data collected in 2002 to highlight nurses' views and experiences of their work.

The rest of the report is structured as follows:

Chapter 2 – profile of nurses working in the independent sector

Chapter 3 – working hours

Chapter 4 – workloads

Chapter 5 – role and rewards

Chapter 6 – changing jobs and leaving nursing

Chapter 7 – quality of working life

Chapter 8 – what independent sector nurses want from their work.

2 Profile of independent sector nurses

This chapter provides data and an overview of the biographical and employment characteristics of independent sector nurses working in the UK. This is an in depth information source about these nurses, which provides the context for further analysis of their employment experiences and views of working life in the independent sector.

In total 1,148 nurses are classified as working in the independent sector, and much of the following analysis explores the differences between the four groups identified in table 2.1.

Table 2.1 Independent sector respondents - 2001

	Number
Independent hospital	288
Independent care homes	436
Hospice/charity	317
Other independent settings	107
All independent sector nurses	1,148

Source: RCN membership surveys 2001/2

2.1 Biographical details

This section analyses data on gender, age, ethnicity and the domestic responsibility profiles of the independent sector (IS) nurses who took part in the survey.

Gender and ethnicity

As is the case in the NHS and GP practices, the vast majority of independent sector nurses are women (95%). This figure is more or less the same across our four workplace categories: hospital settings (93%); care home (95%); hospices (96%); and in other independent settings (96%).

Few nurses in the independent sector are from minority ethnic origins (4%), and there is little or no difference between the four types of workplace. This figure is slightly lower than in the NHS (5%).

The survey highlights the very small number of men and minority ethnic groups working in the independent sector. As a result we have not broken down the findings by gender or ethnicity in later sections of the report.

Age profile

In previous membership surveys we reported that the respondent age of all nurses is increasing. We believe that this older age profile is a particular concern for the independent care home sector. In 2001, the mean age of RCN members in the independent sector was 46 years, and 40% of those nurses were aged 50 and over. In comparison, the mean age of NHS nurses was 40 years, with 30% of those nurses aged 50 and over. Nearly a half of all nurses employed in independent care homes were aged 50 and over (45%). Table 2.2 shows the age profile of the four independent sectors covered in this survey, and figure 2.1 demonstrates the difference in age profiles between NHS and independent sector nurses.

Table 2.2 Age profiles of independent sector nurses

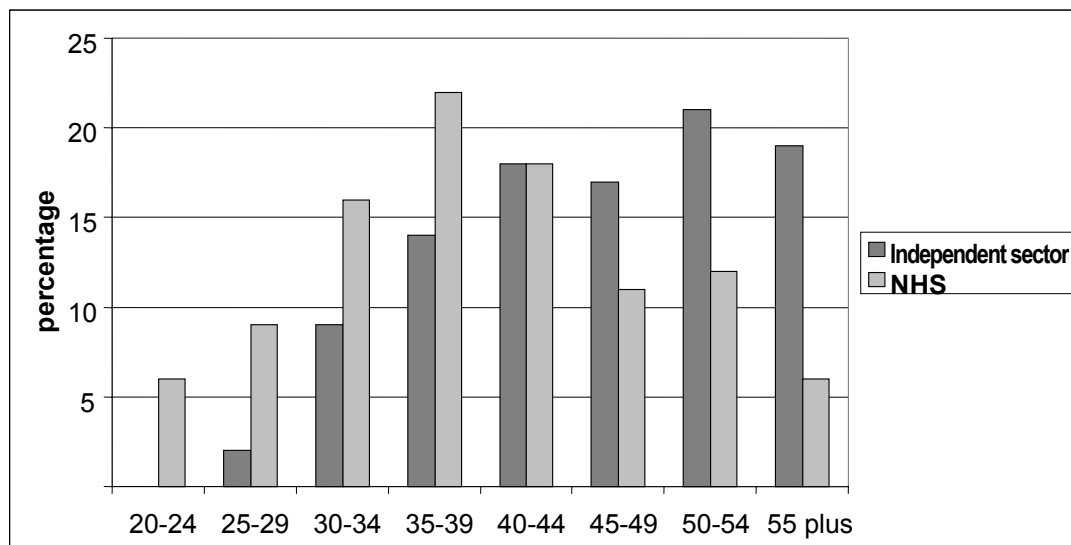
Age band	Independent hospital	Care home	Hospices	Other independent	All independent sector	All nurses 2002
20-24	0	0	0	0	0	3
25-29	4	2	2	0	2	11
30-34	11	9	9	3	9	17
35-39	16	10	17	20	14	18
40-44	118	18	16	18	18	17
45-49	17	17	18	17	17	14
50-54	20	21	24	15	21	11
55 plus	13	24	14	28	19	11
Base N=100	283	430	314	107	1,134	4,049

Source: RCN membership surveys 2001/2

Dependants

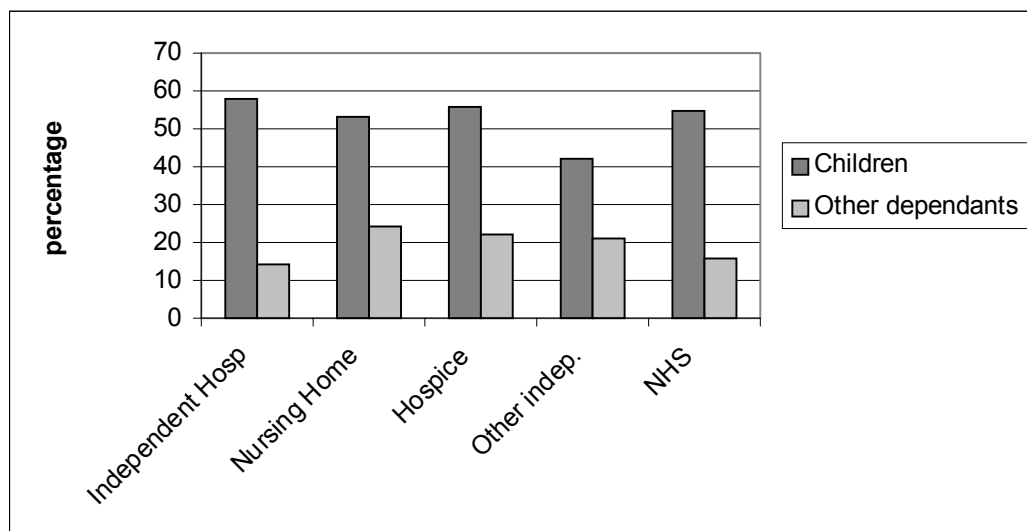
Just over a half of all nurses in the independent sector have childcare responsibilities (54%). Fewer nurses working in other independent settings have children living at home (42%) than is the case among nurses working in hospices, care homes and independent hospitals. Figure 2.1 shows the proportion of nurses in each of the key independent sectors and the NHS who have children and other dependants living at home.

Figure 2.1 Age profile of nurses in the NHS and independent sectors



Source: RCN Membership surveys 2001/2

Figure 2.2 Children and other dependants living at home



Source: RCN membership surveys 2001/2

Age is the key variable that is used to predict which nurses will have caring responsibilities. As expected respondents with pre-school age children are clustered in the 25-39 age band. Nurses who have school age children fall into the 30-49 age band, and nurses with older age children are in the 40 plus age band. This is similar to the profile of all RCN members.

Just over one in five nurses in the independent sector have other caring responsibilities.

Table 2.3 Age and dependants

Age band	Children		Other caring responsibilities	
	Yes	No	Yes	No
25-34	57	43	7	93
35-44	72	28	18	82
45-54	53	47	23	77
55 plus	22	78	29	71
Base N=100%	605	523	232	884

Source: RCN membership surveys 2001/2

2.2 Qualifications and experience

Just 6% of IS nurses hold a degree level qualification. This means that in comparison with NHS nurses (12%) they are much less likely to hold degree level qualifications. Two per cent hold a higher degree and 14% a diploma as their highest qualification.

Table 2.4 Highest qualifications held by sector – IS nurses

Age band	Independent hospital	Care home	Hospice/charity	Other independent	All independent sector
No academic qualification	79	91	67	62	78
Diploma	15	6	19	21	14
Degree	5	3	10	14	6
Higher degree	1	0	4	3	2
Base N=100%	279	422	311	107	1,119

Source: RCN membership surveys 2001/2

However, nurses in hospices and other independent settings are more likely to hold higher level academic nursing qualifications than those who work in care homes and hospitals. This profile will change significantly over the next decade because all new registrants to nursing now have a diploma as a minimum qualification. However, it is likely the qualification levels of nurses in many IS settings will not change for some time because of the older age profile.

Experience – time since qualification

Independent sector nurses are typically more experienced than other RCN members, which reflects their older age profile. This is because IS nurses on average qualified 22 years ago, compared to all nurses in the RCN membership survey who qualified just over 16.5 years ago.

Table 2.5 Summary of main biographical data for the independent sector – percentages and means

	% men	% with kids	% ethnic minority	% under 40	% nursing degree	Mean time since qualified	Number
Independent hospital	7	58	5	31	5	22.0	284
Independent care homes	5	53	4	20	3	23.8	430
Hospice/charity	4	56	2	29	10	21.7	315
Other independent settings	4	42	4	22	14	25.0	107
All independent nurses	5	54	4	25	6	22.9	1,130
All nurses (from random sample only)	7	55	5	48	13	16	2,621

Source: RCN membership surveys 2001/2

2.3 Employment situation

In this section we examine the employment profiles of IS nurses who responded to the 2001 survey.

Country and region

All but 2% of respondents first registered as a nurse in the UK.

More than four out of five independent sector nurses surveyed (86%) worked in England at the time of the research. Of the others who responded to the survey 8% were employed in Scotland, and equal percentages of 3% were based in Wales and Northern Ireland. Slightly higher proportions of IS nurses work in England than is the case among all RCN members. This reflects the higher concentration of independent sector health care providers in England.

Specialty

Nurses working in the independent sector are concentrated in only a few specialties. The survey found that two-thirds of IS nurses who worked in independent hospitals specialised in adult acute care. As expected, 85% of nurses in independent care homes work in older peoples' nursing, and 82% of hospice nurses in oncology/palliative care.

Table 2.6 Specialty by sector

	Independent hospital	Independent care home	Hospice/ charity	Other independent	All
Adult acute	66	1	2	23	20
Primary/community	0	0	1	8	1
Older people	2	85	1	8	34
Mental health	7	6	1	6	5
Paediatrics	1	0	5	3	2
Learning disabilities	1	5	1	8	3
Oncology/palliative	3	1	82	16	25
Education/research	1	0	2	2	1
Several fields	16	1	1	8	6
Non-acute care	2	2	3	8	3
Other	1	0	1	13	2
Base N= 100%	287	434	317	106	1,144

Source: RCN membership surveys 2001/2

Grading

One in five independent sector nurses reported that they are employed on Whitley scales, compared to 72% who said that they are paid on their employer's scales. However, 7% did not know what scale they are paid on. When asked their grade or equivalent, 86% were able to give an answer. Most independent employers use the NHS grading structure as table 2.7 highlights.

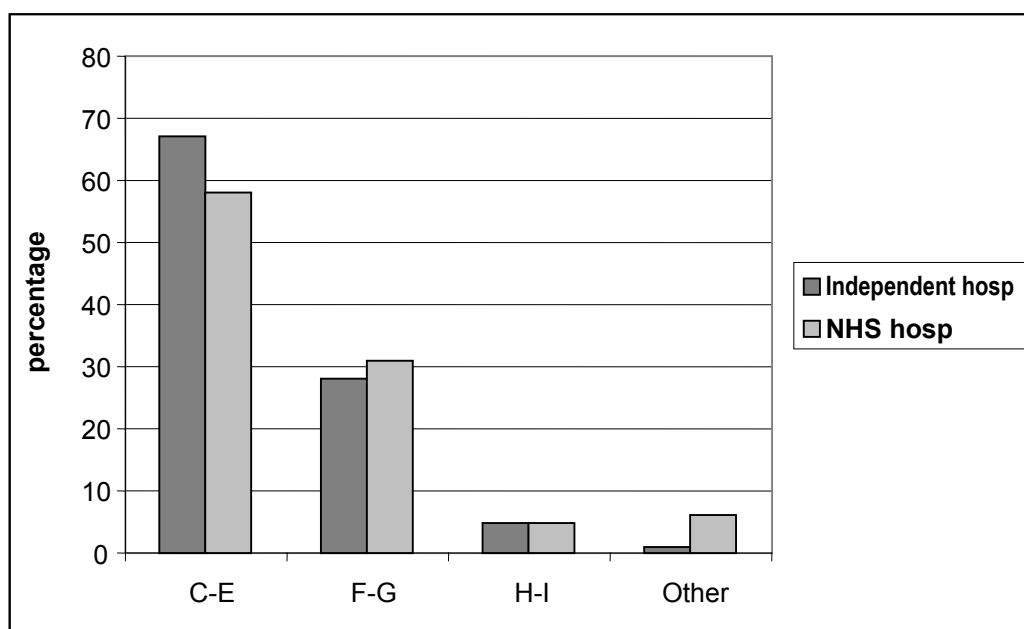
Table 2.7 Nurse grading by employer group – percentages and numbers

	Grade							Base N=
	C/D	E	F	G	H	I	Other	
Independent hospital	18	39	19	13	4	2	6	272
Independent care homes	20	23	13	14	6	4	21	367
Hospice/charity	16	38	16	10	8	4	9	308
Other independent settings	6	13	13	19	15	9	24	99
All independent	17	31	15	13	7	4	14	1,046
All nurses	21	32	15	19	6	2	5	2,593

Source: RCN membership surveys 2001/2

Hospices and independent hospitals appear to have very similar grading structures, while independent care homes employ higher proportions of nurses both on low grades and other grades. Nurses employed in other independent settings tend to be on higher grades. Figure 2.2 shows the grade profiles of independent and NHS hospital-based nurses.

Figure 2.3 Grade profile of hospital-based nurses in the independent and NHS sectors



Source: RCN membership surveys 2001/2

Time in post and time with current employer

Nurses in different settings of the independent sector exhibit very similar average length of service in terms of time in post, and time with current employer. As we expected, the variation in length of service is correlated with age, and replicates data from the main survey. IS nurses aged over 40 have been with their current employer for an average of seven years, compared to five years for those aged under 40.

Across all categories of independent employer, nurses have been in post with the same employer for shorter periods than is the case among NHS and GP nurses. This is largely because changing post in the independent sector is more likely to involve a change of employer than it is in the NHS.

Table 2.9 Time in post and with current employers by sector

	Time in post	Time with employer	Base N=
Independent hospital	5.3	8.5	283
Independent care homes	4.3	5.1	423
Hospice/charity	4.8	7.1	310
Other independent settings	5.0	7.1	107
All independent	4.8	6.7	1,123
All nurses	5.3	9.1	2,592

Source: RCN membership surveys 2001/2

3 Working hours

This chapter looks at the amount of time IS nurses spend either working, or getting to and from work.

3.1 Part-time and shiftworking

There is considerable variation in working hours² and shift patterns between nurses in each employer group.

Overall, 45% of IS nurses work part-time, compared to 41% across all sectors. However, part-time working is less prevalent in care homes (37%) than it is in independent hospitals (53%) and hospices (55%).

Table 3.1 Working hours and shiftworking by sector – percentages and numbers

	Part-time	Full-time	Base N=
Independent hospital	53	47	287
Independent care homes	37	63	431
Hospice/charity	55	45	316
Other independent settings	30	70	105
All independent	45	55	1,139
All nurses (inc NHS)	41	59	2,631

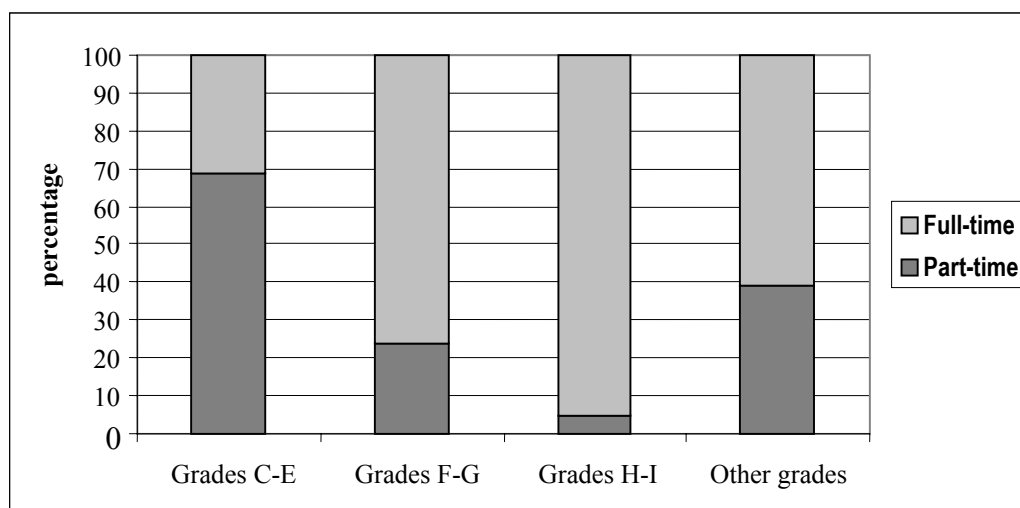
Source: RCN membership surveys 2001/2

As in many areas of work, working part-time hours is concentrated among nurses with children, although not exclusively. More than half (54%) of IS nurses with children living at home work part-time, while only 36% of those without children work part-time.

High grade nurses in the independent sector are also much more likely to work full-time than those on lower grades, and shown in figure 3.1. Nearly seven in ten (69%) grade C to E nurses work part-time, compared to one in 20 nurses on H to I grades.

² Occasional/various hours have been recoded as part-time as in other membership surveys. The majority of nurses, approximately two-thirds, who work occasional/various hours are in bank and agency work.

Figure 3.1 Working part-time in the independent sector by grade



Source: RCN membership surveys 2001/2

Independent sector nurses with higher-level academic qualifications are also less likely to work part-time than nurses with no academic qualifications.

Shift patterns in the independent sector

The shift patterns worked also vary between IS employer groups (shown in table 3.2). Nurses in independent hospitals are more likely to be working a form of internal rotation (57%) than nurses in NHS hospitals. However, nursing staff in care homes are more likely than other independent sector nurses to be employed on permanent nights (22%).

Table 3.2 Working hours and shiftworking by sector – percentages and numbers

	Shift system						Base N=
	Mix eln	Mix e &/or l n	Long days	Per m night	Days only	Flexi time	
Independent hospital	10	47	9	14	10	3	285
Independent care homes	8	38	11	22	15	3	428
Hospice/charity	23	19	5	17	29	3	313
Other independent settings	8	10	9	5	49	5	105
All independent	13	32	8	17	21	3	1,131
All nurses	22	18	11	8	30	2	2,616

3.2 Time spent at work

Recent membership surveys have explored the differences in the hours worked by nurses. Table 3.3 shows the data on the actual hours worked by respondents, the extent and amount of excess hours they worked, and the number of hours worked in any additional jobs.

More than two-thirds (69%) of full-time IS sector nurses worked extra hours in their main job in the week preceding the survey. This figure is higher than that recorded across all sectors. More than a half (54%) of all full-time independent sector respondents work extra hours in their main job at least several times per week. Part-time nurses are less likely to work hours in excess of their contracted hours, and do so less frequently. Nurses in independent care homes work slightly more hours in excess of their contracted time than is the case among other IS nurses.

One in five independent sector nurses who work part-time have additional jobs, and work on average 13.5 hours in these jobs. This is slightly higher than is the case among NHS nurses. But IS nurses on full-time contracts work slightly fewer hours in additional jobs than NHS nurses.

Overall, full-time nurses in the independent sector work just under 44 hours per week, and part-time nurses 28 hours per week. These figures are similar to those for NHS nurses.

Table 3.3 Additional hours, additional jobs and hours worked by employer setting (full-time/part-time) percentages and means

	Independent sector – ALL		Independent hospital		Independent care home		Hospice		All nurses	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Mean contracted hours in main job ³	37.5	22.7	37.5	23.4	37.5	22.4	37.5	23.1	37.5	23.3
% working excess hours in last week	69	46	71	53	65	41	70	45	61	49
% working in excess of contract several times per week or more	54	23	50	27	50	18	57	20	49	26
Average excess hours in main job (ALL)	5.6	3.3	5.0	3.6	5.6	3.6	5.0	2.8	4.7	3.1
Average excess hours in main job (for those that worked excess hours)	8.1	7.2	7.1	6.8	8.7	8.7	7.1	6.3	7.7	6.4
% with additional jobs	14	22	19	23	12	13	15	29	25	29
Average hours worked in additional jobs (ALL)	0.9	2.2	1.6	1.9	0.8	1.7	0.6	3.2	2.1	2.5
Average hours worked in additional jobs (for those that have worked in additional job)	11.9	13.5	14.8	12.2	10.6	17.8	8.8	13.7	13.7	11.8
Average TOTAL hours worked in last week (all respondents)	43.5	28.0	43.4	29.0	44.3	28.0	41.6	29.0	43.5	29.1
Mean weekly travel to work time (hours)	3.8	3.4	4.3	3.6	3.4	2.7	3.8	3.7	4.3	3.6
Base N=	558	444	126	118	234	123	133	131	1,521	980

Source: RCN membership surveys 2001/2

³ Full-time contracted hours are used as the median figure because in many cases hours worked have been given rather than contracted hours.

Unlike the NHS, where most nurses carry out additional jobs through bank nursing with the same employer, most nurses in the independent sector who have additional jobs work for different employers. Also 12% of independent sector nurses who have additional jobs are employed in non-nursing work, and 14% work in other types of work – both these figures are higher than among NHS nurses.

Table 3.4 Nature of additional jobs – percentages by broad employer group

	Independent sector	NHS	All
Bank nursing with same employer	17	52	40
Bank nursing with different employer	28	12	16
Agency nursing	20	24	23
NHS nursing/management	2	2	3
Independent care home	4	4	5
Non-NHS hospital	2	2	2
Other non-NHS nursing work	5	3	4
Non-nursing work	12	4	5
Other	14	8	10
Base ⁴ N=	207	521	722

Source: RCN membership surveys 2001/2

3.3 Views of working hours

The 2001 membership survey also asked nurses to give their views on how working hours impacts on their working lives. For example, we asked them about the importance and experience of:

- flexible working hours
- work that fits in with home life
- having advanced warning of working hours.

⁴ Bases do not add up to 100% because respondents cited more than one additional job.

While all three of these aspects of working hours are important to IS nurses, nearly nine in ten respondents (86%) said that having advanced warning of their working hours is most important, or at least very important. Nearly three-quarters of these nurses (72%) said it is very, or extremely important that their work fits in with their domestic lives. While nearly six out of ten (59%) told the survey that flexible working hours is very, or extremely important to them.

There is a gap between the number of IS nurses who reported that these issues are important to them and their day-to-day experience. In approximately 30% of cases independent sector nurses' experience of these features of working life failed to match the level of importance they attributed to them⁵.

⁵ Data exploring the relative importance of flexible working hours and the home-work balance compared to other working life variables is given in chapter 8.

4 Workloads

In 2001 the RCN Membership Survey for the first time collected information from respondents on nurse-to-patient numbers for the last shift worked. We have used the nurse-to-patient ratios to improve our understanding of the relationship between workload and job satisfaction, as well as to provide an indicator of staffing levels in different settings. We also explored skill mix in terms of the number of registered nurses (RNs) to health care assistants (HCAs) and nursing auxiliaries.

4.1 Nurse to patient ratios

This section looks at the skill mix and workloads of nurses in the independent sector and contrasts the results with those for NHS hospital settings.

In order to exclude senior nurses with cross-ward/hospital responsibility, we have only included data with responses from nurses who indicated that they provided clinical care to patients. The data refers to the last shift they worked.

The ideal ratio of nurses to patients should be determined according to a number of factors including:

- the setting (ward, unit, outpatients)
- the field of practice and type of care being delivered
- patient dependency and acuity
- time of day/night
- physical layout of the ward.

Understanding the relationship between the numbers of nurses needed to provide care services for a given number of patients would, ideally, require all of the above factors (and more) to be taken into account.

It is the complexity and range of factors that influence nursing staff requirements that makes deciding on the appropriate staffing levels such an arduous task⁶. It also means that collecting information about existing nurse-to-patient ratios is fraught with difficulty, and is perhaps why there is such a scarcity of this type of data. Nevertheless, while accepting the limits and caveats of looking at crude nurse-to-patient ratios, this simple data can provide a vital insight into the realities of care provision and workloads.

⁶ Buchan, J., Ball, J., and O'May, F., (2000). *Determining skill mix in the health workforce: guidelines for managers and health professionals*. London: WHO. Issues in health services

Respondents providing in-patient care gave information on:

1. last shift they worked (day/night)
2. setting (hospital/care home/specialty)
3. number of beds on the ward/home
4. total number of patients
5. number patients they cared for
6. number of nursing staff (RNs, HCAs or nursing auxiliaries).

Table 4.1 highlights the proportion of all respondents (independent and NHS) working each type of shift on the last time that they worked. We start by looking at the results across all employers including the NHS. Then we look at how the NHS and independent sectors compare, in particular focusing on hospital settings.

To explore differences in staffing levels we have grouped early, late and day shifts into one category labelled *day*. Nights have remained as a separate category due to the different staffing arrangements for night shifts. In this section we have only covered in-patient settings such as hospital ward, unit⁷, care home and hospices, and looked at differences for day and night shifts.

Table 4.1 What was the last full shift you worked?

	Hospital ward	Hospital unit	Care home	Hospice
Early	41	35	37	38
Late	18	14	17	12
Night	27	21	28	30
Day	10	30	20	20
Base	1,001	597	351	207
N=100%				

Source: RCN membership surveys 2001/2

delivery discussion paper number 3.

⁷ Units have been included although they do cover a much wider range of activities.

Table 4.2 presents the aggregate staffing and patient numbers for these workplace settings and types of shift, as well as average patient-to-nurse ratios in the settings covered by respondents⁸.

Care homes tend to be the largest sites, and in most cases there are more patients on average per member of staff, particularly per RN, than is the case in the other settings. Care homes also had a lower RN to HCA/auxiliary ratio. In hospital wards we found an average of about four patients per member of staff during the day, and six patients per member of staff at night. On average each RN working in care homes has about eight patients during the day and 10 at night. The data collected here shows that hospital units and hospices have lower average patient-to-nurse ratios than hospital wards and care homes.

Table 4.2 Staffing and patients – all nurses providing clinical care by base and type of shift

	Hospital ward		Hospital unit		Care home		Hospice	
Average number of beds	24		13		37		14	
Proportion of beds filled	22		20		32		12	
Last shift was:	Day	Night	Day	Night	Day	Night	Day	Night
Average number of registered nurses (RNs)	3.3	2.4	6.1	5.7	1.9	1.3	3.4	2.4
Average number all nursing staff	5.4	3.6	7.4	6.4	7.1	3.7	5.7	3.7
Average number of patients/all nursing staff (RNs and HCAs/aux)	4.3	6.2	3.3	2.8	4.7	9.4	2.2	3.7
Average number patients per registered nurse	7.7	10.4	4.5	3.7	18.3	26.4	3.8	6.1
Percentage of staff that are registered nurses	64	68	82	88	28	40	61	68
Base N=	698	271	358	115	250	96	124	59

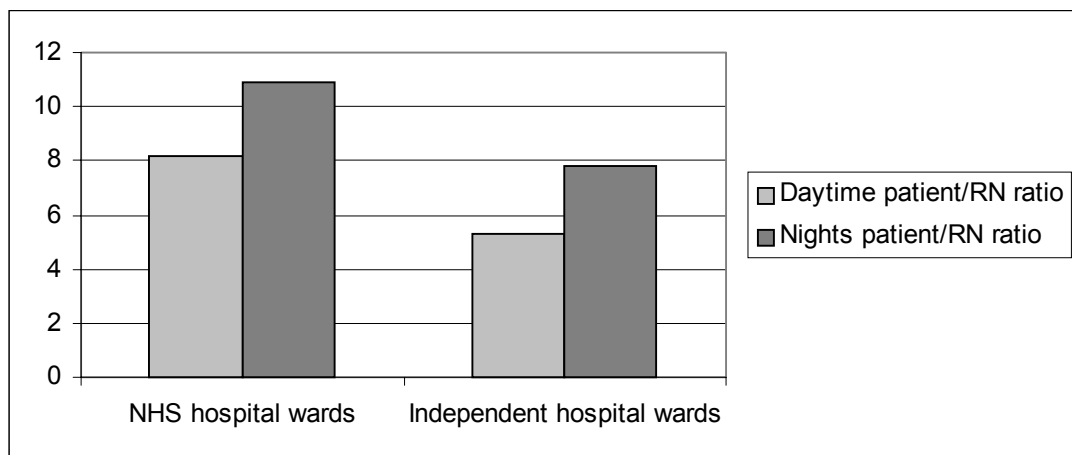
Source: RCN membership surveys 2001/2

⁸ In Appendix C we set out the variation in patient-to-nurse ratios for day time staffing of hospital wards to give an indication of the amount of variation in the figures provided. The variation around the mean is typical for this type of data.

The above figures do not distinguish NHS and independent sector hospitals. However, if we contrast these two groups by looking at the nurses who work on hospital wards⁹ significant differences are revealed. During the day RNs on NHS hospital wards on average provided care for more than eight patients, compared to just over five patients per RN working on independent sector hospital wards. At night RNs who worked on NHS hospital wards on average cared for nearly 11 patients, compared to just fewer than eight in the independent sector. Figure 5.1 highlights these differences.

The skill mix is also different. There was a richer skill mix in the independent sector than in the NHS (74% RNs compared to 62% during the day, and 77% compared to 66% at night).

Figure 4.1 NHS and independent hospital wards – day and night shift patient-to-RN ratios



Source: RCN membership surveys 2001/2

Individual workloads

In this section we examine the numbers of patients each respondent (only including those providing clinical care to patients) was providing care for. This data gives an indication of individual workload. It is noticeable that these figures are higher than the overall ward/home situation. This is because there were a number of people who were not delivering clinical care but assumed overall management responsibility. These figures give a clearer idea of clinical workload in the wards/units/homes covered by the respondents.

⁹ It is not possible to compare the NHS and independent sectors for nurses who work in hospital units because of the small sample sizes involved.

Table 4.3 Number of patients each respondent looked after – all nurses providing clinical care by base and type of shift

	Hospital ward		Hospital Unit		Care home		Hospice	
	Day	Night	Day	Night	Day	Night	Day	Night
Last shift was:								
Average number of patients looked after	9.2	12.3	5.7	3.8	13.3	21.2	4.9	9.6
Base N=	698	271	358	115	250	96	124	59

Source: RCN membership surveys 2001/2

Again, respondents in care homes have the highest numbers of patients to look after, both during the day and night. Hospital units and hospices have the lowest numbers of patients. Similar differences are also apparent for the NHS and independent sectors.

4.2 Adequacy of staffing and quality of care

More than half of all nurses (51%) questioned felt that the nurse staffing levels where they worked were insufficient to meet patient needs. However, IS sector nurses are less likely to believe this than NHS nurses, and two-thirds of independent sector nurses said that the staffing establishment was sufficient. This might be expected given our findings in the previous section that showed better nurse-to-patient ratios in the independent sector.

Respondents were also asked how often they felt patient care was compromised by short staffing where they work. Table 4.4 summarises the data by employer group and setting.

Table 4.4 Establishment sufficiency and where frequency of care is perceived to be compromised

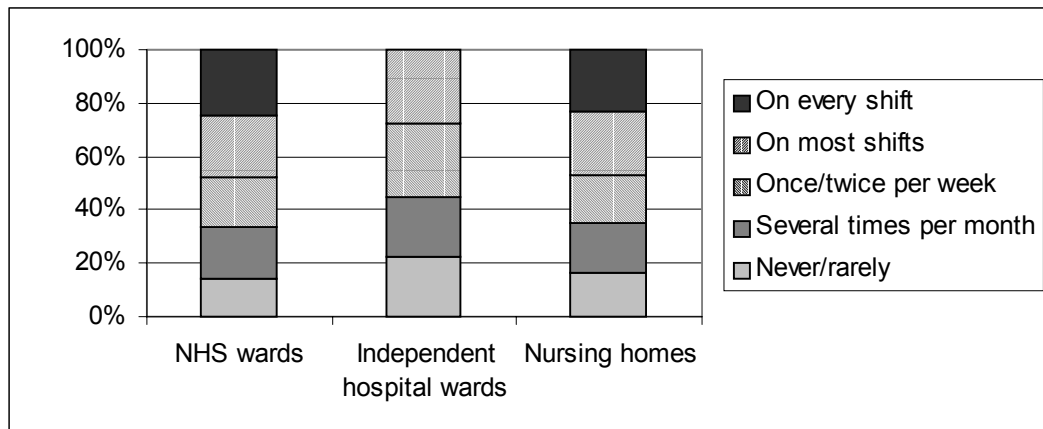
	Nursing establishment insufficient	Care compromised			Base N= 100%
		Never/ rarely	3-8 times/ month	Every/ most shifts	
Independent hospital	48	34	47	19	258
Independent care homes	37	44	40	12	372
Hospice/charity	24	72	21	7	284
Other independent settings	32	64	30	6	89
All independent sector	36	51	35	14	1,111
All nurses	51	34	37	29	2,616

Source: RCN membership surveys 2001/2

More than a third of nurses in NHS hospital settings believe that patient care is compromised by short staffing on most shifts or on every shift. By comparison, nearly three-quarters (72%) of nurses working in hospices feel that patient care is only rarely or never compromised. While the crudeness of nurse-to-patient ratios is acknowledged, there is nonetheless a clear relationship between the nurse-to-patient ratios and the likelihood of nurses reporting that care is compromised by short staffing.

Nurses in the independent sector felt that the care they provide is likely to be compromised less by short staffing than is the case among NHS nurses.

Figure 4.2 Frequency that patient care is compromised – NHS hospital, independent hospital ward and care home settings



Source: RCN membership surveys 2001/2

It is noticeable that among nurses working on independent hospital wards the relationship between patient-to-nurse ratios and perceived quality of patient care is minimal, meaning that other factors explain variation in the perceptions of compromises to patient care. However, in care homes there is a significant relationship as there is in NHS hospital wards. The survey found that homes where patient care is perceived to be most often compromised have 44% more patients per nurse than in homes where care is thought to be only rarely compromised.

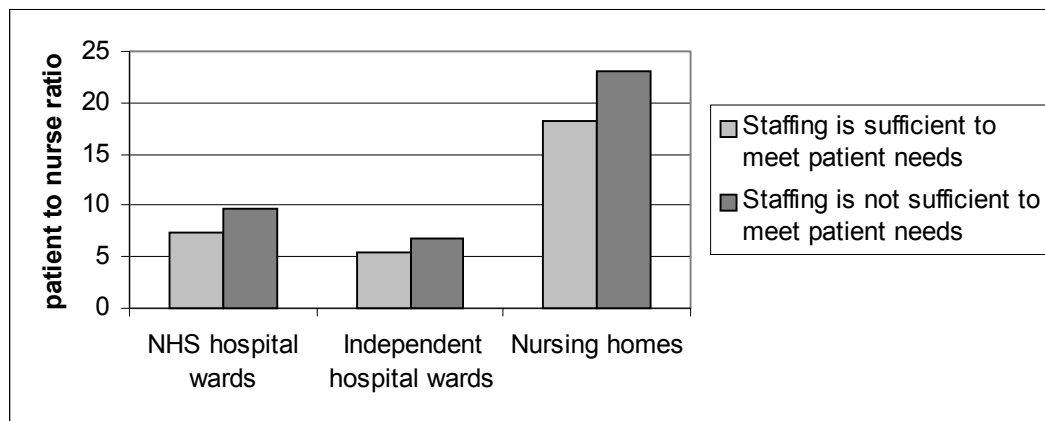
Taking this theme further, respondents were also asked to provide perceptions of the degree to which:

- there are sufficient staff to provide a good standard of care.

Nurses working in care homes are as likely as NHS hospital nurses to report that patient care is compromised on most shifts or every shift. However, interestingly they are less likely to report that there are insufficient staff to provide a good standard of care. Nearly two-thirds of NHS hospital-based (65%) staff say that there are not sufficient staff to provide a good standard of care compared in 54% of independent hospital nurses, 38% of nurses in care homes and 15% of nurses in hospices.

In care homes, again there is a correlation between patient-to-nurse ratios and the degree to which nurses are satisfied with staffing levels. The link between patient-to-nurse ratios in independent hospital settings and satisfaction with staffing is weaker.

Figure 4.3 Staffing levels and standards of care by patient-to-nurse ratio and setting



Source: RCN membership surveys 2001/2

Although not as pertinent in the independent sector as in the NHS, it is interesting to note that although many nurses perceive patient care to be compromised frequently, most say that the quality of care they perceive to be provided is good. The results suggest that where and when nursing care is delivered the quality is *good*. However, due to short staffing and workload pressures there is a perception that there is insufficient *quantity* of care provided in some cases.

Hospice nurses are most positive about the quality of care where they work with 60% agreeing strongly that *the quality of care where I work is good*. This compares with 25% of those working in independent hospital settings, and 35% in care homes. In the NHS 21% of nurses responded in this way.

5 Role and rewards

Pay is recognised generally, and by the government in particular, as a key factor in the recruitment and retention of nurses¹⁰. In previous RCN survey reports attention has tended to focus on NHS pay, so this chapter looks in a little more detail at the views and experiences of nurses in the independent sector.

As well as details of the role and responsibilities of respondents, information was also collected on nurses' views on the importance of key features in their employment and the degree to which these factors were perceived to be present in their own jobs. The wider context of reward in terms of *feeling valued* is also explored. How important is being valued to nurses and what part does pay satisfaction play in a sense of feeling valued?

5.1 Inappropriate grading

Nurses were asked whether they considered their grade to be appropriate given their role and responsibilities, and if not why not. Nearly six in ten nurses (59%) working in the independent sector consider their grade to be inappropriate. This is broadly comparable for the figure for nurses across all sectors.

The lack of a proper pay and grading structure was an issue for nurses working in the independent sector, and particularly in independent care homes. For example, 11% of nurses in independent care homes did not know if they were appropriately graded or not.

Table 5.1 Inappropriate grading in the independent sector

	Appropriate grade	Inappropriate grade	Don't know	Base N=
Independent hospital	60	36	5	261
Independent care homes	55	34	11	362
Hospice/charity	64	32	4	282
Other independent settings	64	32	4	89
All independent sector	59	34	7	1,116
All (random sample only)	59	38	3	2,614

Source: RCN membership surveys 2001/2

¹⁰ Department of Health (2000). *Recruiting and retaining nurses, midwives and health visitors in the NHS: a progress report*. London: DH. www.doh.gov.uk

Respondents were also asked what they thought their grade should be. In most cases (86%) a single grade increase was considered appropriate. In a further 6% no indication of a grade increase was given. In 8% of cases more than one grade increase was deemed necessary to bring the individual up to an appropriate level given their role and responsibilities.

Finally, respondents were asked an open-ended question about why they felt they should be on a different grade (up to three themes were then coded for each respondent). In the majority of cases the reasons independent sector nurses felt inappropriately graded centred on the responsibility required of the individual (63%). A significant number referred specifically to being left in sole charge of a unit/ward/home (23%), while others reported that they were working to a higher grade (16%). The range of tasks and activities undertaken (15%) were also cited by many nurses. More than one in five (21%) also mentioned that they were not rewarded for management/supervision tasks that were expected of them in their role.

5.2 Responsibilities

Nine out of ten nurses working in their main job in the independent sector have a job description, although nurses in independent care homes are less likely to have one than those working in other settings (85%).

Table 5.2 Responsibilities by sector – percentage yes

	Independent hospital	Care home	Hospice	Other independent	All independent	NHS
Job description	92	85	95	86	90	92
Job description reflects role	60	64	75	75	67	53
Base N=	287	428	310	104	1,129	2,042

Source: RCN membership surveys 2001/2

However, a third of these nurses did not think that their job description reflected their role accurately, or did not know. This was more so in independent hospital settings (40%). Also younger independent sector nurses were less likely to think that their job description is an accurate reflection of their role (52%). In the NHS this figure is higher still at nearly 50%.

More than half (55%) of all independent sector nurses think that their role and responsibilities have changed since they took up their current post, a slightly lower proportion than in the NHS. Again, hospital-based nurses are more likely to report a change in their role/responsibilities. However, of the nurses who did report a change, those working in care homes are less likely to be satisfied with the nature of the change (59% compared to 71% overall).

Table 5.3 Changes in role/responsibility by sector – percentage yes

	Independent hospitals	Care home	Hospice	Other independent	All independent	NHS
Any change in responsibilities	63	48	54	62	55	61
Base N=	286	427	312	104	1,129	2,120
Satisfied with these changes	74	59	76	85	71	69
Base N=	184	213	171	65	633	1,309

Source: RCN membership surveys 2001/2

It seems that nurses working full-time, with degree/higher degree level qualifications and working more shifts beyond their contracted hours are most likely to report that their role and responsibilities had changed in the 12 months prior to the survey.

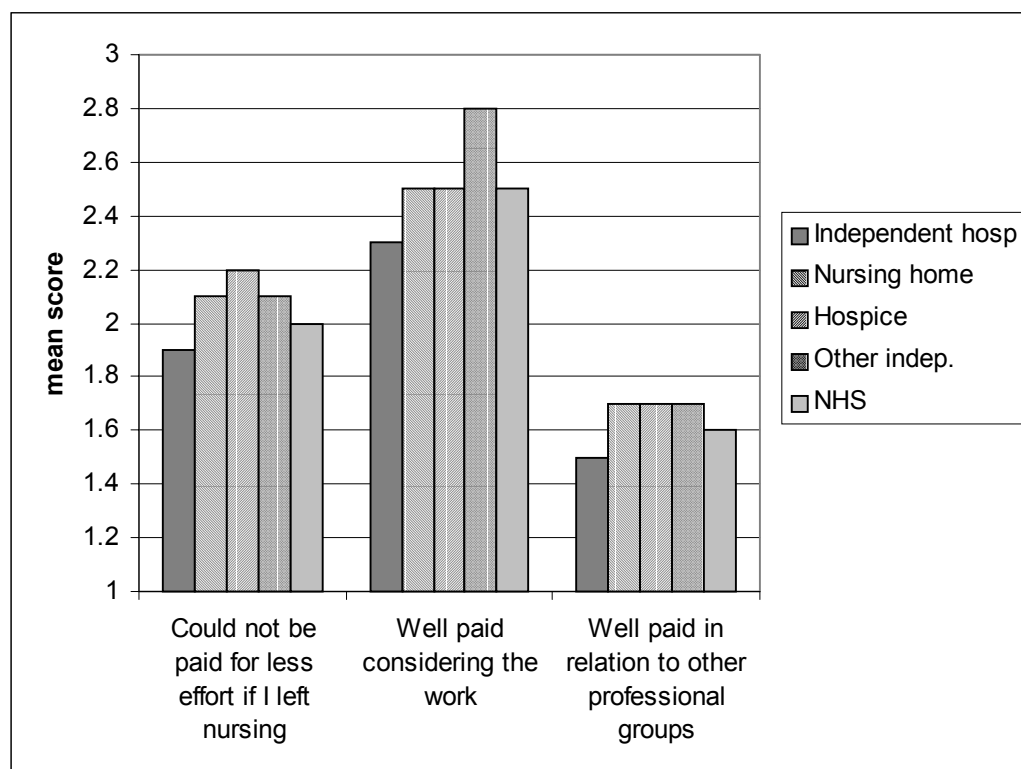
5.3 Pay satisfaction

The questionnaire contained these attitude statements about pay-related issues:

- I could be paid more for less effort if I left nursing
- considering the work I do I am not well paid
- nurses are paid poorly in relation to other professional groups.

Most nurses in the independent sector are dissatisfied with their pay and there is little difference between nurses in the independent sector and the NHS in relation to their pay satisfaction, as can be seen from figure 7.2. More than 70% think that they could be paid more for less effort if they left nursing, 60% think that they are not well paid considering the work they do and more than 90% think that they are not well paid in relation to other professional groups. Nurses in hospices responded slightly more positively on pay issues than nurses in other independent and NHS sectors, although nurses in other independent settings are more likely to say they are well paid considering the work that they do. Nurses in independent hospitals are most negative in relation to pay issues.

Figure 5.1 Pay satisfaction by sector – mean scores



(higher score = more positive response)

Source: RCN membership surveys 2001/2

It is worth noting here that nurses in the independent sector, who feel that they are not appropriately graded, are much less likely to respond positively to any of these items than nurses who do feel they are on an appropriate grade. For example, we looked at responses to the statement *considering the work I do I am well paid*. We found that 84% of nurses, who feel their grade is inappropriate because of their role and responsibilities, disagree with the statement. This compares with 43% of independent sector nurses who think that their grade is appropriate. Whether or not nurses feel appropriately graded is the most important factor determining responses to pay satisfaction statements.

6 Changing jobs and leaving nursing

This chapter aims to provide an indication of turnover and wastage in the independent sector nursing workforce. The independent sector covers employers where recruitment may well be most difficult given the ageing profile of the nursing workforce in these sectors. For example, in older people's nursing upwards of 60% of nurses are aged 40 plus, which means that retention issues are of particular importance.

Turnover issues are different in the independent sector because changing jobs is more likely than in the NHS. Also, IS organisations are generally smaller than NHS trusts, and job changes often involve a change of employer too.

6.1 Changing jobs, employers and careers

Across all respondents just fewer than one in four nurses (23%) had changed jobs in the 12 months prior to the survey. These figures have changed little over the last five years. In the independent sector there is a slightly lower turnover in terms of job change (18%) in the year to April 2001.

Table 6.1 Changing jobs and employers by employer group – percentages of each group

	Percentage changing jobs	Base N= 100%	Percentage of job changes involving a change of employer	Base N= all who changed jobs
Independent hospital	16	283	44	46
Independent care homes	21	430	76	87
Hospice/charity	14	311	56	43
Other independent settings	24	103	64	25
All independent	18	1,127	63	201
All nurses	23	2,511	52	592

Source: RCN membership surveys 2001/2

Hospice nurses are least likely to have changed jobs in the 12 months prior to the survey with a relatively low turnover rate.

As might be expected, nurses employed in care homes are more likely to have changed employer as part of their job change than is the case among nurses elsewhere in the independent sector or NHS. Nurses in hospital settings are least likely to have changed employer when they change jobs.

6.2 Future intentions

In terms of nurses' intentions to change employer, one in nine independent sector nurses is planning to leave their employer within six months, and a further 22% expect to leave within two years. These figures suggest slightly higher future turnover among nurses in the independent sector than is the case among NHS nurses.

Nurses in the NHS are more likely than independent sector nurses to cite low morale/lack of job satisfaction (9% compared to 4%), and a lack of promotion/opportunities to progress (29% to 20%) as reasons to change employer. However, more nurses in the independent sectors focus on poor pay (27% compared to 12% of NHS nurses) and poor management/lack of communication (19% compared to 6%).

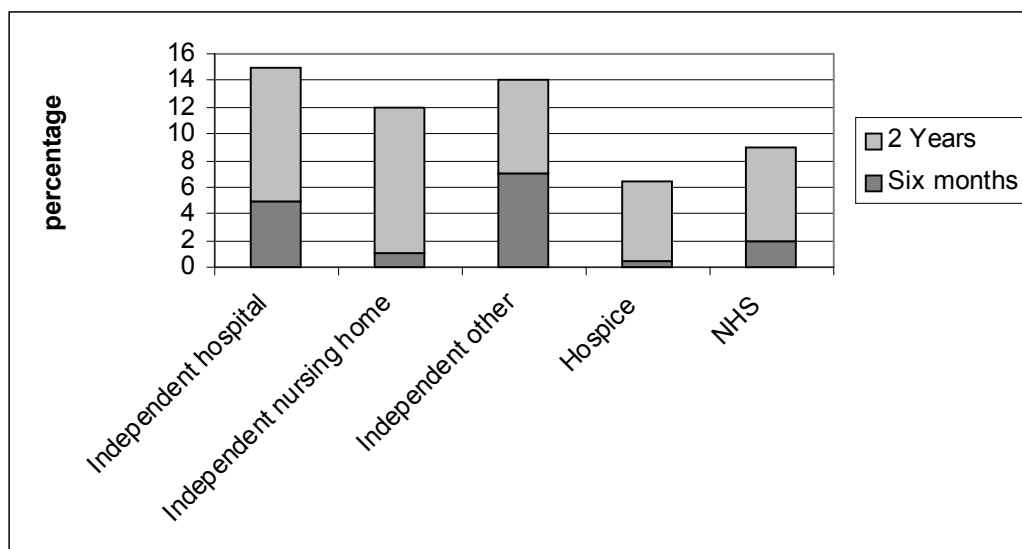
6.3 Intentions to leave nursing

Here we look at respondents' future career intentions, specifically in relation to leaving nursing altogether. Approximately 4% of nurses in the independent sector expect to leave nursing within six months, while a further 14% anticipate leaving within two years. There is very little difference in future career intentions between nurses employed in different settings. Of the nurses aged under 50, just 11% want to leave nursing within two years. However, nurses working part-time, and those without children are more likely to say that they want to leave within two years.

Of all the nurses questioned, 3% intend to leave nursing in the next six months, 9% within two years, and 27% between two to five years. The majority, 61%, intend to stay in nursing for five years or more. Overall, these figures show a marginal improvement in the intention of nurses to remain in nursing than was reported last year. Compared to 1996, when 79% of NHS nurses said they intended to remain in nursing for two years or more, today that figure is 89%.

Figure 6.1 highlights the proportions of nurses intending to leave within six months and two years by employer group. This is intended to ensure consistency in the different age profiles for nurses under 50, and to show differences between employers.

Figure 6.1 Planning to leave nursing within six months and two years by employer group (under 50s only)



Source: RCN membership Surveys 2001/2

Respondents working in the independent sector are more likely to be intending to leave nursing in the near future. While younger IS nurses are much more likely to say that they intend to leave within two years than older nurses. For example, 48% of those aged under 35 intend to leave within two years compared to just 25% of those aged 40 to 49.

Respondents were asked to give their reasons for wanting to leave/stay in the profession. More than a half of all nurses commented on the factors that were influencing their decision. Nearly half of the respondents (42%) mentioned personal reasons as factors that influenced their decision-making. They included: ill health (in many cases work-related); retirement; and family (often connected with childcare problems). Work-related factors for leaving included: pay level issues (36%); lack of opportunities to progress (12%); workload and stress (one third); working hours (16%); and low morale and poor job satisfaction (15%).

Nurses in the independent sector seem more concerned with pay issues (45% mentioned factors associated with their pay compared to 36% of NHS nurses). However, nurses in the NHS are more likely to indicate stress and workload issues (36% compared to 26% of independent sector nurses).

Table 6.2 Issues raised in wanting to leave/stay in nursing (independent sector/NHS)

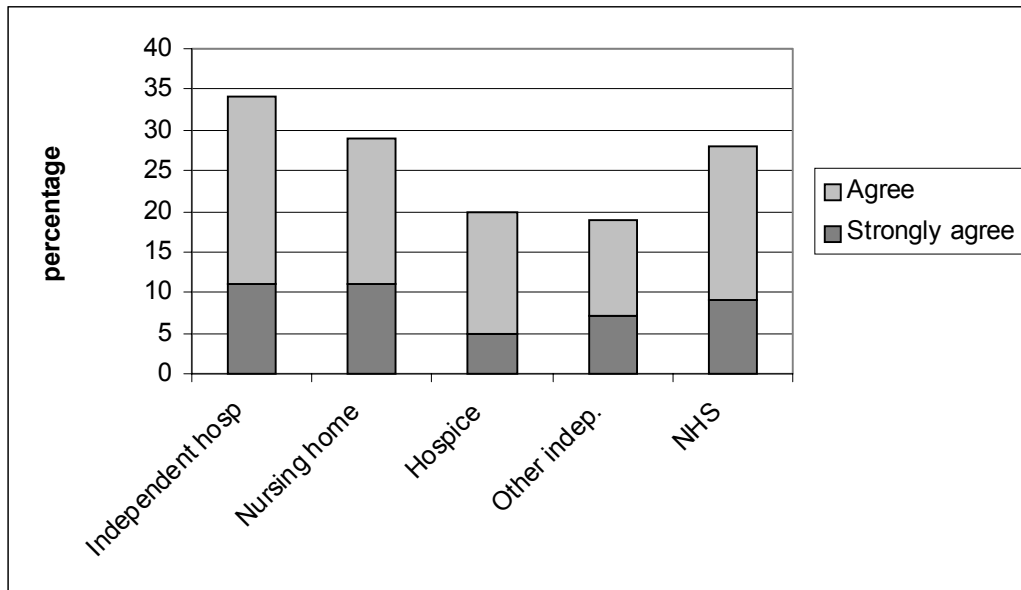
	Independent sector	NHS
Pay-related issues	45	35
Promotion/progression	8	13
Stress/workload	26	36
Working hours	19	16
Morale	13	15
Not valued/lack of recognition	12	13
Family/personal/health	38	38
Base N=	137	1,106

Source: RCN membership survey 2001

I would leave nursing if I could

Overall, 30% IS nurses say they would leave nursing if they could, which is very similar to the views of NHS nurses (29%). Nurses in independent hospitals are most likely to agree with this statement. Of nurses aged under 50, 36% agreed compared to 19% of hospice nurses.

Figure 6.2 I would leave nursing if I could – independent sector and NHS



Source: RCN membership survey 2001

7 Quality of working life

In general, independent sector nurses who responded to the survey are positive about nursing as a career. But what do they think about their own jobs? Two key statements were included in the questionnaire this year which allow us to look more specifically at nurses views of their own jobs and places of work. These are:

- I feel satisfied with my present job
- I'm proud to work in this organisation.

Overall, three out of five respondents (60%) report that they are satisfied with their jobs. Ten per cent of nurses say that they are very satisfied and 50% satisfied. Satisfaction is slightly higher still for most nurses in the independent sector as table 7.1 shows. In the independent sector two-thirds say that they feel satisfied with their present job.

Table 7.1 I feel satisfied with my present job by employer setting – percentages and mean

	Independent hospital	Independent care home	Hospice	All independent	All nurses
Strongly agree	10	13	22	15	10
Agree	53	47	54	51	50
Neither	19	24	14	19	22
Disagree	15	13	8	12	14
Strongly disagree	3	3	2	3	3
Mean average (high is positive)	3.50	3.53	3.87	3.64	3.55
Base N= 100%	261	370	280	1,126	2,676

Source: RCN membership surveys 2001/2

Table 7.1 shows the responses to job satisfaction by employer setting. The mean scores make comparisons between the employer settings easier, and reveal that nurses working in hospices are the most likely to be satisfied with their jobs. However, the table shows that hospital nurses and those working in care homes are less satisfied. It is worth noting that nurses who have to work excess hours more often are most likely to feel dissatisfied in their work. A similar difference emerges between nurses who feel inappropriately graded and those that are not. We found that nurses who feel inappropriately graded are three times more likely to report that they feel dissatisfied with their jobs (24% compared to 8% of those feeling appropriately graded).

Perhaps not surprisingly, job satisfaction and pride in place of work are strongly and significantly correlated. For example, 84% of all nurses who agreed that they were proud to work for their organisation also reported job satisfaction. The figure for all nurses who are proud to work in their organisation is 51%. However, this figure rises to 66% for independent sector nurses. Pride in their organisation is the issue that reveals the greatest difference in response between IS and NHS nurses. It is interesting to note that independent sector nurses have greater pride in their organisation than NHS nurses.

Nurses who consider themselves appropriately graded are much more likely to say that they feel proud of their organisation. We found that nearly three-quarters (73%) responded positively compared to 56% of nurses who do not feel appropriately graded.

Table 7.2 I am proud to work in this organisation by employer setting – percentages and mean

	Independent hospital	Independent care home	Hospice	All independent	All nurses
Strongly disagree	2	4	0	2	3
Disagree	11	8	3	7	12
Neither	28	30	13	24	34
Agree	50	42	42	44	40
Strongly agree	9	16	42	22	11
Mean average (high is positive)	3.52	3.57	4.23	3.77	3.44
Base N= 100%	284	428	310	1,125	2,601

Source: RCN membership surveys 2001/2

Nurses in independent care homes, and to a lesser extent hospitals, are less likely to consider themselves appropriately graded, while nurses working in hospices feel more proud of their organisations and are more likely to say they are appropriately graded.

Table 7.3 below shows the views of independent sector nurses and all nurses in the survey on a range of issues. By and large, the views of nurses in the independent sector are similar to those of nurses in the NHS and elsewhere although there are some notable differences the most significant of which is *pride in one's organisation* discussed above. In the following sections we also look at other issues where there are significant differences.

Staffing levels and quality of care

We designed a number of statements to find out nurses' views on staffing levels at their places of work. Each statement found nurses in the independent sector more positive than nurses working elsewhere (primarily the NHS). For example, in the independent sector more than half (51%) of nurses agreed with the statement that *there are sufficient staff to provide a good standard of care*. This compares to just 29% of NHS nurses. Using these statements as a measure, the issue of sufficient staffing highlights the greatest difference in the working lives of IS and NHS nurses. More nurses in the independent sector also feel that staffing levels are better and have improved in the last year, and that the quality of care provided is good and that too has improved over the previous year.

Perhaps partly as a result of better staffing levels, nurses in the independent sector are also more inclined to report that they *don't feel under too much pressure at work* – 26% agreeing with the statement compared to 18% of nurses elsewhere.

Career progression

Nurses working with independent employers report lower levels of interest in career progression than nurses elsewhere in the health sector. However, IS nurses are more worried about redundancy than nurses in the public sector.

Table 7.3 Mean scores and percentage satisfied with each attitude statement – independent sector (IS) nurses and NHS nurses

(order: greatest to least satisfaction)

	Mean score IS	% agree IS	Mean score NHS	% agree NHS
The quality of care where I work is good	4.3	92	3.9	81
Most days I am enthusiastic about my job	3.9	79	3.8	77
I think nursing is a rewarding career	3.9	80	3.7	72
I am NOT worried that I may be made redundant*	3.7	63	3.9	72
I am NOT in a dead end job*	3.6	60	3.7	66
Nursing will continue to offer me a secure job for years to come	3.5	58	3.5	62
I feel satisfied with my present job	3.6	66	3.4	58
My employer provides me with the opportunity to keep up with new developments related to my job	3.5	64	3.4	59
I am interested in career progression	3.3	44	3.6	63
I know what I want to do in the future in my career	3.5	57	3.5	56
I can determine the way my career develops	3.6	63	3.4	56
I see nursing as my career until I retire	3.7	66	3.5	58
Opportunities for nurses to advance their careers have improved	3.5	57	3.3	52
I am able to take time off for training*	3.3	55	3.2	50
I'm proud to work in this organisation	3.8	66	3.3	47
I would NOT want to leave nursing if I could*	3.3	51	3.2	48
I would find it easy to get another job using my nursing skills	3.3	49	3.2	45
I DO know where my career in nursing is going*	3.2	41	3.1	44
I would recommend nursing as a career	3.2	49	3.0	40
I would not want to work outside nursing	3.2	46	3.1	42
There is open dialogue about my career with my manager	3.2	47	3.0	40

The quality of care where I work has improved in the last year	3.4	46	3.0	31
There are sufficient staff to provide a good standard of care	3.2	51	2.5	24
I have a good chance to get ahead in nursing	2.8	23	2.9	29
Time is well spent on nursing duties	2.7	29	2.6	24
Career prospects in nursing are NOT becoming less attractive*	2.7	25	2.7	25
It will NOT be very difficult for me to progress from my current grade*	2.4	19	2.5	24
Considering the work I do I am paid well	2.5	21	2.3	15
I DO NOT feel I am under too much pressure at work*	2.7	26	2.5	16
My workload is NOT too heavy*	2.6	24	2.4	15
Nurse staffing levels have got better in the last year	2.7	22	2.2	14
I could NOT be paid more for less effort if I left nursing*	2.1	13	2.0	11
Nurses are NOT paid poorly in relation to other professional groups*	1.7	7	1.6	4
I DO NOT have to work very hard in my job*	1.8	3	1.7	2
* Reworded so that all statements are positively framed.				
Items in bold show where there is a significant difference between independent sector and NHS nurses.				

Source: RCN membership surveys 2001/2

8 What do nurses want from their work?

In the previous chapter we looked at overall job satisfaction and morale among independent sector nurses. We found that in general morale is relatively good when compared to NHS nurses, but that there are nonetheless still many issues that IS nurses feel very negative about. Other chapters explored various aspects of nursing lives in more detail – their working hours, workloads, pay and opportunities to progress, again making some links to job satisfaction.

The aim of this chapter is to look in greater depth across a wide range of work/life features to identify the factors that are of greatest importance to nurses in the independent sector, and the extent to which each is present in their current jobs. Essentially we are asking what it is that nurses want and whether their jobs are delivering these features. We also examined the data to find the factors that motivate nurses. We did this by exploring which of the features of work are most significant in explaining variation in job satisfaction. Respondents were also asked explicitly to describe which single change their employer could make to most improve job satisfaction.

8.1 Key features

This section explores the importance nurses give to the various components of their working lives. Nurses were asked for their views on 29 aspects of working life to which they had to attribute a response on a scale of 1 *not important* to 4 *extremely important*. Respondents were then asked to indicate the degree to which each facet of working life is present in their own jobs by giving an answer from 1 *not at all* to 4 *to a great extent*.

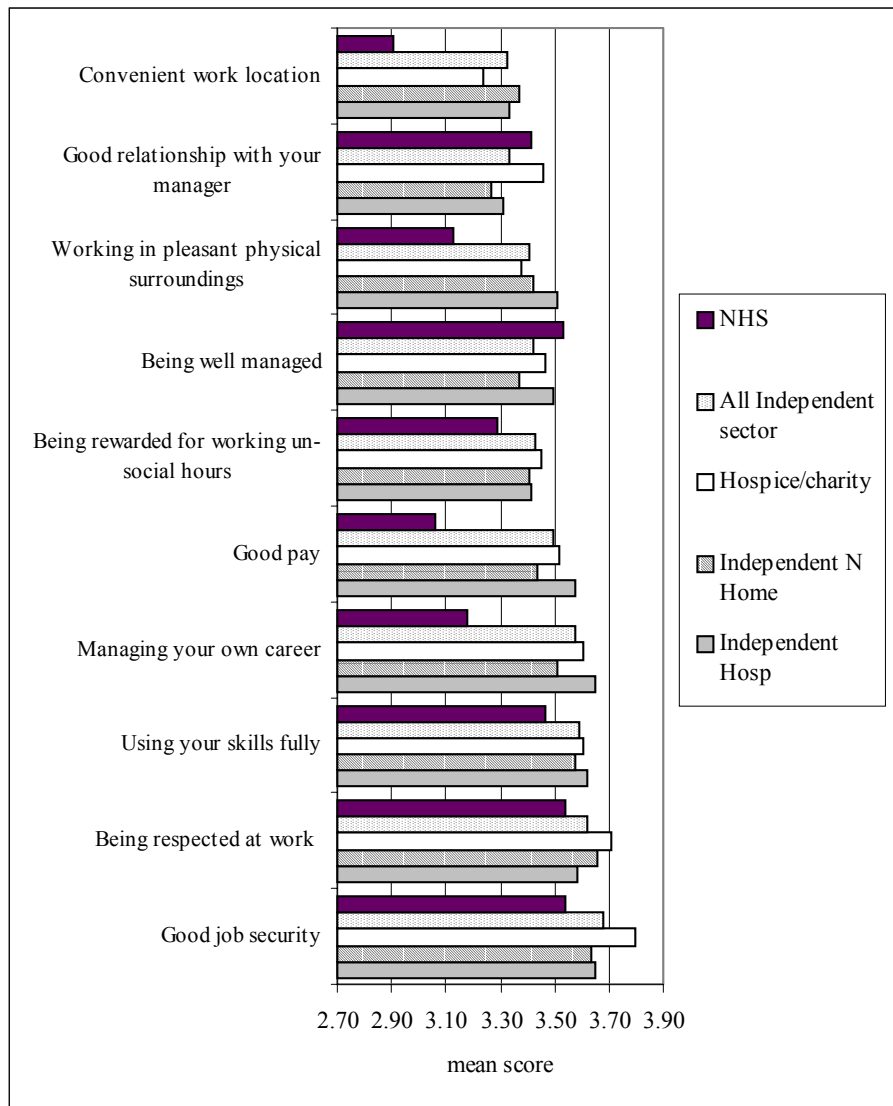
Figure 8.1 shows the ten most important features of working life to nurses in the independent sector by setting.

Which features are most important?

There is considerable difference between independent sector nurses and those in the NHS in relation to what they see as important in their working lives. Figure 8.1 shows the ten most important features, with scores for each of the four independent settings covered in the survey. Good job security, pay and being respected at work are clearly key needs expressed among independent sector nurses. Being well managed and having a good relationship with your manager are also important to IS nurses. For most of these factors nurses in the independent sector gave higher scores than NHS nurses.

Interestingly, the features that nurses in the independent sector attached lowest importance to were the two to which NHS nurses attached most importance. These were *having contact with patients* and *doing a worthwhile job*. NHS nurses also attach much more importance to the need to *feel valued* in their work.

Figure 8.1 Ten most important features of working life for independent nurses – mean score



Source: RCN membership Survey 2001/2

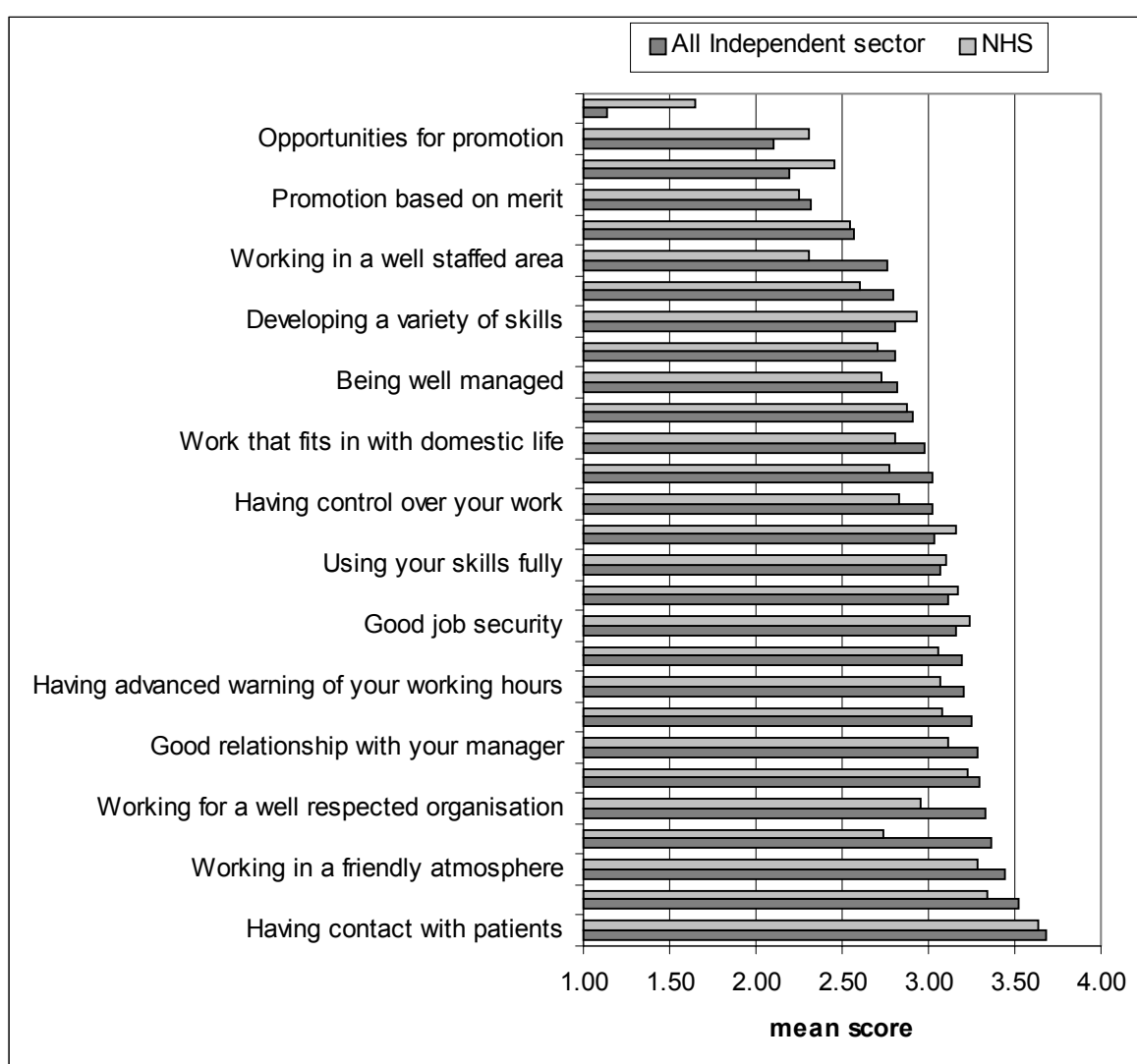
There are clear differences among independent sector nurses in the features that they see as most important according to where they are in their life/career. An obvious example is the priority given to *work that fits in with domestic life*. Twenty-three per cent of those without pre-school age children consider it extremely important compared to 49% of nurses with pre-school age children.

There is also variation between independent sector nurses in the importance they give to flexible working patterns. Part-time nurses are more likely to rate flexible working patterns as an important feature of their working lives. For example, more than half (51%) of the nurses who work part-time hours report that *work that fits in with domestic life* is extremely important to them, compared to 27% of full-time independent sector nurses. Similarly, 36% of part-time nurses say that *having flexible working hours* is extremely important to them, while only 22% of full-time staff think this.

8.2 Experience of key features of working life

Nurses were asked to rate on a four point scale *from not at all* through to *a great extent* the degree to which each of the features was present in their current job. The mean scores that reveal the extent to which the IS nurses experience each aspect of working life in their jobs are presented below. The equivalent scores for NHS nurses (the higher score reflects more experience in working life) are shown alongside.

Figure 8.2 Working life experience for independent sector and NHS nurses – mean score



Source: RCN membership surveys 2001/2

Features that IS nurses have least experience of in their jobs are listed below:

- only a third (35%) of IS nurses say that there are opportunities for promotion where they work (fewer than in the NHS), and less than half (45%) say that they experience promotion based on merit to at least some extent (similar to the NHS)
- being rewarded for unsocial hours (41%) is again lower than in the NHS
- experience of *good pay* does not receive a high score relative to other features of working life.

8.3 Difference between features valued and nurses' experience

The data is most revealing here, perhaps, when we look at the differences between the importance attached to each working life feature, and nurses' reported experience. The data contrasts the importance nurses give to each aspect of working life to their experience in work. Figure 8.3 shows a selection of *working life features* where the differences between the independent and NHS sectors are greatest.

There is a considerable difference between the importance that NHS nurses attach to *feeling valued* in their work and their actual experience of it in the workplace. Many more nurses gave a higher score to its importance than they did to their experience of it. However, the reverse is true for nurses in the independent sector, particularly in hospices. Here the nurses gave a higher rating to their experience of *feeling valued* than they did to the importance attached to it.

A number of areas emerge where the results show a significant mismatch between the importance that nurses attach to a range of working life factors, and their actual experience of it. We found that for a third or more of the independent sector nurses surveyed, their experience of six of the working life values listed in figure 8.3 is lower than the importance they attach to it. Figure 8.3 lists working life values in order of priority. This way we can see which issues need most attention to bring them into reality and in line with nurses' ideals.

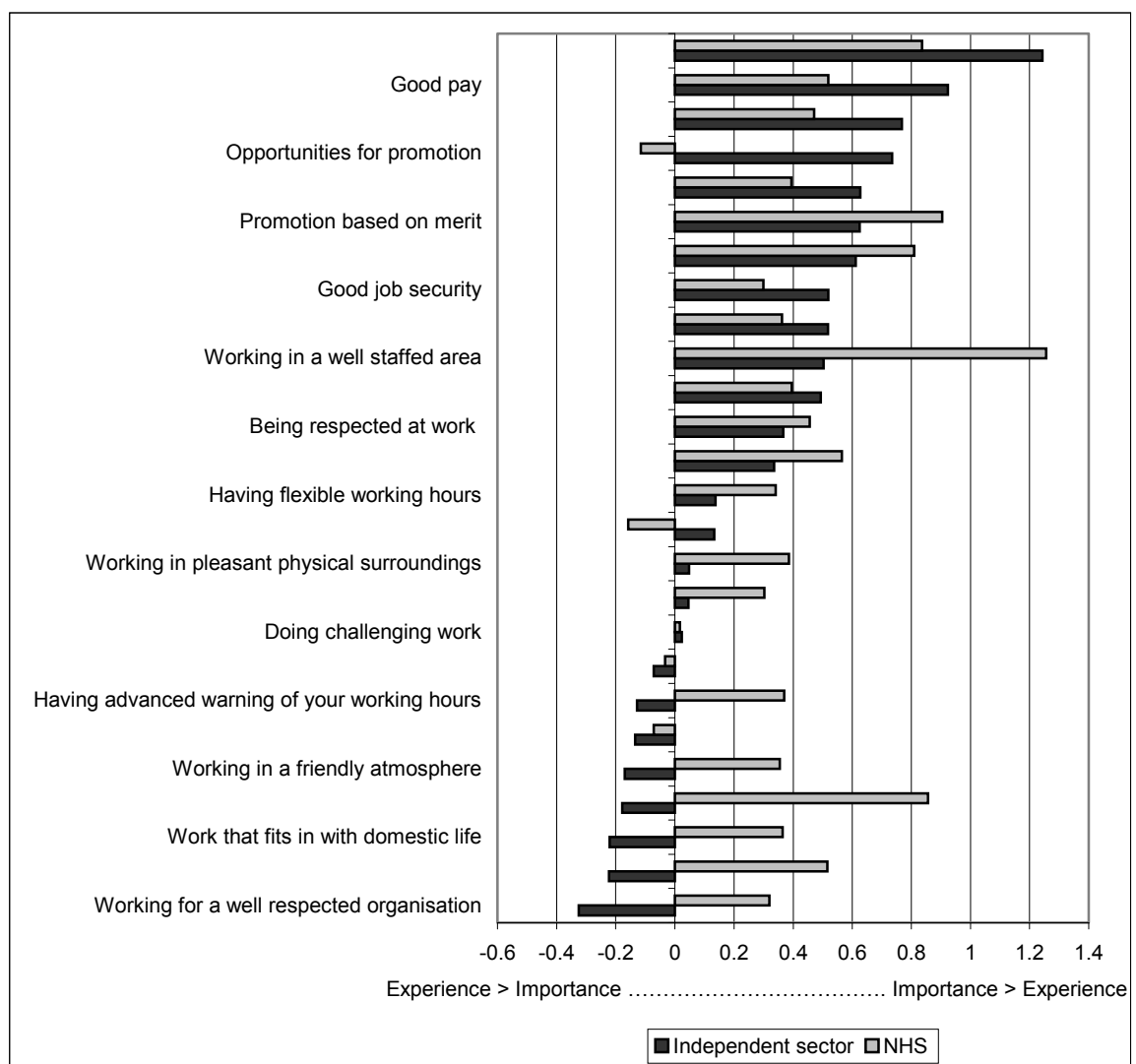
It should be noted that although there is a mismatch between the experience and importance of promotion opportunities for IS nurses, they also attach relatively less importance to this than NHS nurses.

- being rewarded for working unsocial hours
- good pay

- managing own career/being well managed
- promotion issues
- having childcare facilities at work
- being well managed
- good job security.

Nurses in independent settings are much more likely to report feeling valued in their work than NHS nurses. The survey also shows that IS nurses are more likely to work in a well staffed area than is the case for NHS nurses, although this is less true for nurses in hospital settings.

Figure 8.3 The gap between the importance nurses' attribute to aspects of working life and their experience of it in working life – mean score



Source: RCN membership surveys 2001/2

In addition to considering the working life features that nurses most value, they were also asked *which single change could your employer make that would most improve your job satisfaction?* Here nurses were allowed to write what they wanted, and we have summarised their responses in table 8.1. Again, improvements to pay feature strongly, although it is relatively more important to independent sector nurses than it is to NHS nurses.

Table 8.1 Changes nurses want to improve job satisfaction – independent sector and NHS nurses

	% independent sector	% NHS
More staff/improved facilities/resources	38	49
Pay/improve salary/terms and conditions	36	21
Better management/communication/appreciation	29	31
Better working hours/home-work balance	14	17
Better promotion/progress opportunities/training	11	16
Utilise knowledge and skills/less paperwork	7	7
Quality of care	7	7
Base N=	798	1,529

Source: RCN membership surveys 2001/2

December 2003

Publication code 002 187

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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