

# Nurses in the Independent Sector 2005

Results for members working in the independent  
sector from the 2005 and 2001  
RCN Employment Surveys

Jane Ball  
Geoff Pike

Employment Research

## **Acknowledgements**

Any survey is highly dependent upon its research population being sufficiently interested and concerned in the issues raised to participate in the research and, in these days of increasing use of survey methods to establish perceptions of health service staff, it is commendable that so many members in Independent sector continue to complete their questionnaire for the Annual Employment Survey.

The survey benefits hugely from the longitudinal research and continuity in methods and questions that have been used between 1987 and 1999 by the Institute for Employment Studies and, since 2000, Employment Research Ltd.

Within the RCN the authors would also like to thank Josie Irwin, Head of Employment Relations, and her team for advising and commenting on all aspects of the project throughout the research process.

## **Employment Research Ltd**

Formed eleven years ago, Employment Research Ltd is a small independent research consultancy, undertaking a range of research and evaluation, much of which is focused on health sector human resource issues. For the last five years Employment Research Ltd has undertaken the annual RCN Employment Survey and conducted the RCN Working Well survey.

For further information:

Employment Research Ltd: 45 Portland Road, Hove, BN3 4LR

Telephone: 01273 299719

[www.employmentresearch.co.uk](http://www.employmentresearch.co.uk)

Email: [info@employmentresearch.co.uk](mailto:info@employmentresearch.co.uk)

# Table of Contents

<b>1. Introduction</b>	<b>5</b>
<b>1.1 The 2005 RCN Employment Survey</b>	<b>5</b>
<b>1.2 Aims/parameters</b>	<b>5</b>
<b>1.3 Survey method</b>	<b>6</b>
<b>1.4 Respondents' employment status</b>	<b>7</b>
<b>1.5 Report structure</b>	<b>8</b>
<b>2. Profile</b>	<b>9</b>
<b>2.1 Age profile</b>	<b>9</b>
<b>2.2 Ethnicity and gender profile</b>	<b>10</b>
<b>2.3 Current employment</b>	<b>12</b>
<b>Key points from Chapter 2</b>	<b>13</b>
<b>3. Pay</b>	<b>14</b>
<b>3.1 Current pay/grade</b>	<b>14</b>
<b>3.2 Inappropriate grading</b>	<b>14</b>
<b>3.3 Additional jobs</b>	<b>15</b>
<b>3.4 Pay satisfaction</b>	<b>16</b>
<b>Key points from Chapter 3</b>	<b>18</b>
<b>4. Role and job description</b>	<b>19</b>
<b>4.1 Role content</b>	<b>19</b>
<b>4.2 Job descriptions</b>	<b>21</b>
<b>Key points from Chapter 4</b>	<b>22</b>
<b>5. Job change and career intentions</b>	<b>24</b>
<b>5.1 Changing jobs/employer</b>	<b>24</b>
<b>5.2 Moving up</b>	<b>26</b>
<b>5.3 Future plans</b>	<b>26</b>
<b>Key points from Chapter 5</b>	<b>29</b>
<b>6. Working hours</b>	<b>30</b>
<b>6.1 Part-time working</b>	<b>30</b>
<b>6.2 Number of hours worked</b>	<b>31</b>
<b>6.3 Working patterns and shift working</b>	<b>34</b>
<b>6.4 Views of working hours</b>	<b>36</b>
<b>Key points from Chapter 6</b>	<b>37</b>

<b>7. Workload &amp; staffing</b>	<b>39</b>
<b>7.1 Nurse to patient ratios</b>	<b>39</b>
<b>7.2 Perceptions of workload</b>	<b>41</b>
<b>Key points from Chapter 7</b>	<b>42</b>
<b>8. Professional development</b>	<b>43</b>
<b>8.1 Participation in CPD activities</b>	<b>43</b>
<b>8.2 Training and development plans</b>	<b>45</b>
<b>8.3 Views on CPD/training</b>	<b>47</b>
<b>Key points from Chapter 8</b>	<b>48</b>
<b>9. Views of the independent sector</b>	<b>50</b>
<b>9.1 Comparisons with the NHS</b>	<b>50</b>
<b>9.2 Differences within the independent sector</b>	<b>52</b>
<b>Appendix A: Survey process</b>	<b>54</b>
<b>A.1 Drawing the sample</b>	<b>54</b>
<b>A.2 Response rates</b>	<b>55</b>

# 1. Introduction

## 1.1 The 2005 RCN Employment Survey

This report describes the results for the independent sector from the nineteenth employment survey of a sample of RCN members. The main features of the RCN Employment Surveys that contribute to their value are:

- large sample sizes – this year 9,000 nurses from across the UK were surveyed allowing comments to be made about relatively small but important sub groups of nurses (including nurses from the independent sector)
- being part of a series of surveys with data over the years being collated on a wide variety of issues that allows the RCN to monitor changes in nurses' views over time. Several questions have been repeated every year since 1992 to provide continuity and allow changes over time to be explored
- good response rates, typically in the region of 55-65%, depending upon the groups being surveyed
- the representative nature of the RCN membership means that the results of the survey analysis are reflective of the entire UK nursing population.

## 1.2 Aims/parameters

The 'independent sector' is far from a homogenous area of work, but covers nurses working in a wide variety of settings for very different employers. The aim of this report is to use the data from the 2005 nurses to explore the employment experience and views of nurses who are working outside of the NHS for different independent sector employers. Respondents are divided into four main employer settings:

- independent hospitals
- independent care homes
- hospice/charity
- other independent settings<sup>1</sup>

A similar report was prepared using the 2001 nurses' data. Where possible the findings from the 2005 analysis are contrasted with those from 2001, and the 2005 NHS equivalent figures are provided for context.

---

<sup>1</sup> The definition of 'other' independent is not exactly the same as in 2001. This group includes 'other health sector' employers (including prisons) as well as 'other independent' as in 2001.

## 1.3 Survey method

The approach to the survey has been refined over the years. It was first commissioned in 1987 with questions altered to reflect changes in nursing. Samples have also increased over this period to allow analysis of small sub groups of nurses and separate reports to be provided for the independent sector and for each UK country.

### Sample

In 2005 the RCN Annual Employment Survey questionnaire was mailed to 9,000 RCN members between February and April 2005. Full details of the survey administration are in Appendix A.

The main sample consisted of 6,000 members selected randomly from the RCN membership records. Top up samples (of 1,000 members) were drawn from Wales, Scotland and Northern Ireland to allow country specific data to be analysed and reported separately. Within each 'strata' of the sample members were selected at random with all cases removed after selection so no individual could be selected twice. Before mail-out the demographic profiles of each sample was checked against that of the entire RCN membership.

In summary, the full samples comprised of:

- ◆ 6,000 randomly selected
- ◆ 1,000 additional cases from Northern Ireland.
- ◆ 1,000 additional cases from independent sector.
- ◆ 1,000 additional cases from Wales.

Further details of the sampling process are provided in Appendix A.

### Questionnaire design

Each year, to ensure continuity and allow comparisons with previous years (in the case of this report with 2001/2 when the independent sector was last analysed separately), 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.

Questionnaire design for the survey followed discussions with the RCN Employment Relations Department in November and builds on earlier surveys, using some previous question formats in order to allow longitudinal comparisons. It was then piloted with several groups of nurses to ensure, as far as possible, that it is relevant to their working lives and to help test the design and layout of the form. Following this piloting the questionnaire was amended and then reformatted into a 12-page booklet.

### Survey process and response

The first wave of the survey was mailed out in early February 2005 to members' home addresses and members were given two months to respond. Three reminders were sent in fortnightly intervals, including a postcard, a full reminder (complete with a copy of the questionnaire) and a final letter.

In total 9,000 questionnaires were mailed and at the survey close (end of April 2005) 5,073 forms had been returned (56%). The response rate of nurses working in the independent sector was slightly higher than across other sectors (59%). The overall response to the 2005 employment survey is slightly lower than previous years, largely, we believe, as a result of survey fatigue and the fact that this year the sample was taken from all members, while in the past, sections of the sample were drawn from members who had provided employment information (i.e. had demonstrated a commitment to survey processes). The increased length of the questionnaire may also have had an effect. Added to this, the inclusion of a section on Agenda for Change may have alienated respondents to whom it is not applicable.

In addition, 94 forms had been either returned by the Post Office as not being known at the address given and 23 forms were returned as inappropriate, predominantly from nurses who had retired. Taking these into account, an overall response rate of just less than 57% was achieved.

As a result of the sampling strategy used this year there are disproportionate numbers of respondents from Scotland, Wales and Northern Ireland. The data set has been weighted to ensure that the distribution reflects the proportion of independent sector nurses in each country. This weighting procedure is described in more detail in Appendix A. This Appendix also gives an outline of the precision achieved in the results for different sub-samples.

## **1.4 Respondents' employment status**

Not all of the RCN members responding to the survey were currently in nursing employment. As the aim of the Annual Employment Survey (nurses) is to look at the conditions of employment within nursing, those who were fully retired, unemployed or working in a job unrelated to nursing (3% in total) were excluded from the data-set.

The report does however include respondents who are in employment in nursing but who are on either sick leave (1%) or maternity leave (2%), and those who have retired but are still working (2%).

The findings presented in this report are based on all respondents who indicated that they work in the independent sector<sup>2</sup> who are currently employed in nursing (691 cases). The 691 respondents are distributed as per Table 1.1 In 2001 there were larger numbers of independent sector respondents in the analysis as top up samples were used to boost the number of respondents in these sectors.

---

<sup>2</sup> The independent sector here includes all nurses working in independent hospitals, care homes and all nurses working in hospices. Other independent settings includes 'other' health sector, other non-health sector employers, prisons and a few 'other' settings.

**Table 1.1 Independent sector respondents – 2005 and (2001)**

	<i>Number</i>
Independent hospital	145 (288)
Independent care homes	273 (436)
Hospice/Charity	172 (317)
Other independent settings	101 (107)
<b>All independent sector nurses</b>	<b>691 (1148)</b>

*Source: Employment Research, 2005*

## **1.5 Report structure**

The report is structured as follows:

Chapter 2: examines the demographic profile of nurses in 2005 before going on to look at current employment situation.

Chapter 3: looks at pay and grading in nurses' main jobs.

Chapter 4: considers role content and division of time across different aspects of work whether or not roles have changed and consequent respondent satisfaction. We also look at job descriptions and how recently they have been updated and revised.

Chapter 5: summarises patterns of job change, looking at what nurses were doing 12 months prior to the survey compared with current employment. It also gives some data on turnover and progression and reasons given for changing jobs. Finally, data are presented on future plans including retirement planning.

Chapter 6: describes working hours and shift patterns.

Chapter 7: explores current workloads.

Chapter 8: presents data on continuing professional development (CPD) activities and the nature of employer support for nurses pursuing professional development.

Chapter 9: covers an overview of morale, by describing the responses to a series of attitude items.

## 2. Profile

This chapter provides data concerning the biographical and employment characteristics of independent sector nurses working in the UK. The aim of this chapter is to present an overview of the main characteristics of nurses working within the independent sector. This acts both as a source of data on these nurses and provides a context for further analysis of their employment experiences in the independent sector.

In this year's report we look in particular at the profile of respondents in 2005 and how this has changed over the last few years since it was described in 2001.

### 2.1 Age profile

The ageing of the nursing workforce has been reported extensively over the last 10 years and across all nurses covered in the RCN nurses there has been an average ageing of around six months per year since 1987 when the annual employment surveys were first introduced.

In 2001 the average age of independent sector nurses responding to the survey was 46 with 40% aged 50 plus. Today the mean age is 47 (compared to a mean of 42 across all nurses) and 42% are aged 50 plus. It is noticeable that many more nurses in care homes and hospices are aged 55 plus than was the case in 2001. However, the average age of nurses in these sectors has not increased quite as fast as it has among all nurses.

Table 2.1 shows the age distribution by employment setting (the figures in brackets refer to the results from the 2001 survey).

**Table 2.1 Age profiles of independent sector nurses – percentages (2001)**

Age band	Independent hospital	Care home	Hospice	Other independent	All independent	All nurses
20-24	0 (0)	0 (0)	1 (0)	1 (0)	<b>0 (0)</b>	3 (3)
25-29	6 (4)	4 (2)	1 (2)	4 (0)	<b>4 (2)</b>	7 (11)
30-34	13 (11)	7 (9)	6 (9)	15 (3)	<b>9 (9)</b>	12 (17)
35-39	20 (16)	10 (10)	8 (17)	9 (20)	<b>12 (14)</b>	15 (18)
40-44	13 (18)	15 (18)	17 (16)	28 (18)	<b>17 (18)</b>	20 (17)
45-49	19 (17)	11 (17)	21 (18)	18 (17)	<b>16 (17)</b>	17 (14)
50-54	15 (20)	19 (21)	17 (24)	13 (15)	<b>17 (21)</b>	13 (11)
55 plus	15 (13)	34 (24)	29 (14)	11 (28)	<b>25 (19)</b>	14 (11)
Mean age	44 (44)	48 (47)	47 (45)	43 (48)	<b>47 (46)</b>	42 (40)
Base N=100%	142	265	168	99	<b>674</b>	4952

Source: *Employment Research, 2005*

Similar to NHS, the age at which nurses first qualified has been increasing.

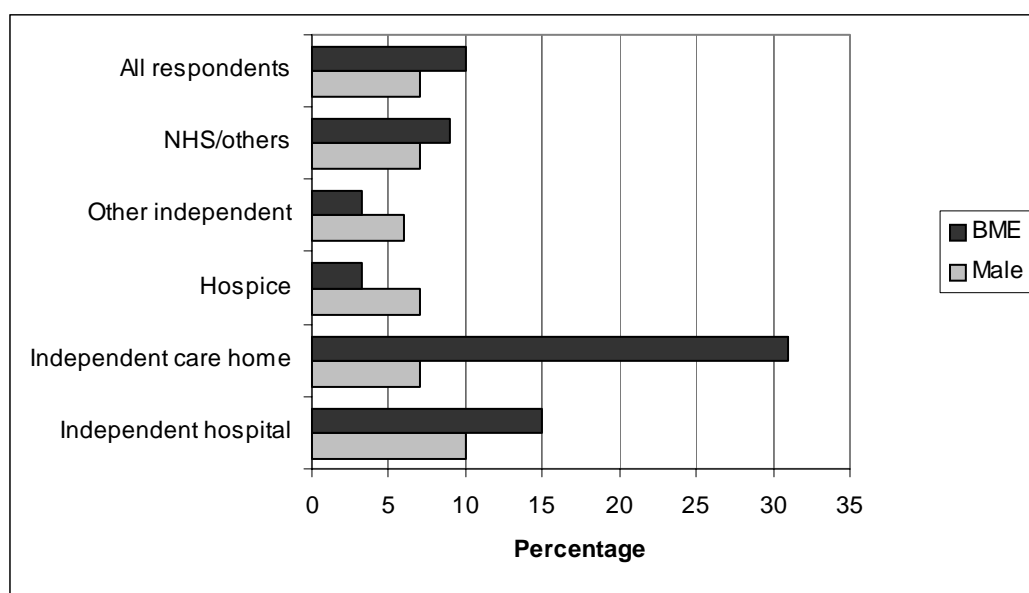
- Almost all nurses who qualified in the 1960s and 1970s were under the age of 30; indeed most were aged 20-21. However, 30% of all independent sector nurses who qualified in the 1990s were aged over 30.
- Across the whole independent sector the same proportion of nurses are aged under 40 than was the case in 2001 (25%) compared to a reduction in the NHS from 46% to 39% over the same period.
- In independent hospitals more nurses are aged under 40 than was the case in 2001, there has been little change in care homes but fewer in hospices are under 40 today than was the case four years ago.

Thus the overall ageing trend affecting the nursing workforce is less visible in some parts of the independent sector. This would appear to be due to the increased proportions of international recruits (who are generally younger) within the independent sector, as described below.

## 2.2 Ethnicity and gender profile

There has been a large shift in the ethnic composition of respondents working in the independent sector. In 2001 just 4% of respondents were from minority ethnic origins, whilst in 2005 the figure is 15%. This change has resulted primarily from an increase in the number of nurses working in care homes who have been recruited from overseas (19% of all nurses working in this sector responding to the survey – Figure 2.1 compared to 3% in 2001). The average age of IRNs (nurses who qualified overseas and started work in the UK since 1999) who are working in the independent sector, is 42.

**Figure 2.1 Ethnic and gender composition by sector – percentages**



Source: *Employment Research, 2005*

In both independent hospitals and care homes there are many more black and minority ethnic (BME) origin nurses than is the case among the NHS (Figure 2.1/Table 2.2).

There is little difference between sectors in the proportion of men, accounting for approximately 7% of all respondents, more or less the same as across the NHS respondents – slightly more than in 2001 though (5%).

Fewer respondents have children living at home than was the case four years ago (49% compared to 54% in 2001). In the NHS the proportion increased from 55 to 57%.

**Table 2.2 Summary of main biographical data for the independent sector – percentages and means 2005 (2001)**

	% Men	% with children	% BME	% < 40	% Degree	Time since qualified	Base N=100%
Independent hospital	10 (7)	59 (58)	15 (5)	39 (31)	9 (5)	20 (22)	142
Independent care home	7 (5)	45 (53)	31 (4)	21 (20)	6 (3)	24 (24)	263
Hospice	7 (4)	46 (56)	3 (2)	17 (29)	12 (10)	23 (22)	169
Other independent	6 (4)	47 (42)	3 (4)	30 (22)	23 (14)	20 (25)	100
<b>All independent</b>	<b>7 (5)</b>	<b>49 (54)</b>	<b>17 (4)</b>	<b>25 (25)</b>	<b>12 (6)</b>	<b>23 (23)</b>	<b>680</b>
NHS	6 (7)	57 (55)	9 (5)	39 (46)	19 (12)	19 (18)	4281
<b>All nurses</b>	<b>7 (7)</b>	<b>56 (55)</b>	<b>10 (5)</b>	<b>37 (48)</b>	<b>18 (13)</b>	<b>19 (17)</b>	<b>4955</b>

Source: *Employment Research, 2005*

Almost twice as many nurses in the independent sector have degrees compared to four years ago (up to 12% from 6% in 2001 – see Table 2.3). Across all sectors there has been an increase in the proportion of respondents holding degrees although it is the ‘other’ independent sector that shows the biggest increase. Across all independent sector respondents this figure remains lower than in the NHS (20%).

**Table 2.3 Highest qualifications held by sector – percentages in 2005 (and 2001)**

	Indep. hospital	Care home	Hospice	Other indep.	All indep. sector	All NHS
No academic qual.	71 (79)	79 (91)	58 (67)	54 (62)	69 (78)	41 (50)
Diploma	19 (15)	13 (6)	23 (19)	17 (21)	17 (14)	31 (33)
Degree	9 (5)	8 (3)	15 (10)	24 (14)	12 (6)	19 (14)
Higher degree	1 (1)	1 (0)	5 (4)	6 (3)	2 (2)	4 (3)
<i>Base N=100%</i>	<i>117</i>	<i>288</i>	<i>150</i>	<i>91</i>	<i>646</i>	<i>4276</i>

Source: *Employment Research, 2005*

On average respondents working in the independent sector have been employed in nursing for 23 years, longer than is the case across the rest of the nursing workforce (19 years).

## 2.3 Current employment

Table 2.4 presents the spread between specialties within each employment setting. Perhaps not surprisingly the majority of those working in independent hospitals give 'adult acute' as their field of practice, whilst 85% of those working in care homes describe their specialty as 'older people'. The number of independent hospital nurses working in mental health has increased since 2001, from 7% to 13%, whilst the proportion in adult acute has dropped from 66% to 57%.

**Table 2.4 Specialty by sector – percentages in 2005 (2001)**

	<b>Independent hospital</b>	<b>Independent care home</b>	<b>Hospice/charity</b>	<b>Other indep.</b>	<b>All independent</b>
Adult acute	57 (66)	0 (1)	1 (2)	7 (23)	13 (20)
Primary/community	4 (0)	1 (0)	4 (1)	29 (8)	6 (1)
Older people	1 (2)	85 (85)	17 (1)	5 (8)	39 (34)
Mental health	13 (7)	5 (6)	5 (1)	4 (6)	6 (5)
Paediatrics	3 (1)	0 (0)	3 (5)	0 (3)	1 (2)
Learning disabilities	1 (1)	4 (5)	7 (1)	2 (8)	4 (3)
Oncology/palliative	3 (3)	0 (1)	54 (82)	0 (16)	14 (25)
Education/research	1 (1)	0 (0)	2 (2)	11 (2)	2 (1)
Several fields	4 (16)	1 (1)	4 (1)	11 (8)	4 (6)
Other	13 (1)	4 (0)	97 (1)	31 (13)	11 (2)
<i>Base N=100%</i>	<i>143</i>	<i>273</i>	<i>169</i>	<i>100</i>	<i>686</i>

Source: *Employment Research, 2005*

Partly as a result of the increase in IRNs within the independent sector, the average time in post and time with current employer has fallen since it was reported in 2001 (see Table 2.5).

**Table 2.5 Time in post and with current employers by sector – percentages**

	<b>Time in post</b>	<b>Time with employer</b>	<b>Base N=</b>
Independent hospital	4.3 (5.3)	7.1 (8.5)	138
Independent care home	3.8 (4.3)	5.0 (5.1)	263
Hospice	4.5 (4.8)	6.9 (7.1)	167
Other independent	2.3 (5.0)	3.7 (7.1)	98
<b>All independent</b>	<b>3.9 (4.8)</b>	<b>5.7 (6.7)</b>	<b>665</b>
<i>All nurses</i>	<i>4.7 (5.3)</i>	<i>8.8(9.1)</i>	<i>4837</i>

Source: *Employment Research, 2005/2002*

## Key points from Chapter 2

- Nurses working in the independent sector have an older mean age (47 years vs. 42 years for a cross-section of nurses in all employer settings), and qualified a few years earlier (on average 23 years ago compared with 19 years).
- As with the rest of the nursing workforce, the average age has increased since 2001 although not quite to the same extent (from 46 years to 47 years in 2005).
- Independent care homes (and to a lesser extent independent hospitals) are characterised by larger proportions of black and ethnic minority nurses, many of whom are recent recruits to the UK. These nurses are generally younger than their peers in the independent sector (42 years).
- Typically nurses in the independent sector have been in post for just under four years – this is less time than in 2001.
- Fewer independent sector nurses hold academic qualifications compared to nurses in all settings, but the proportion with degrees has doubled in the last four years (from 6% to 12%).

## 3. Pay

In this chapter we look at grade mix amongst independent sector nurses before describing how respondents view their grade and their pay more generally. We also look at the prevalence of second jobs.

### 3.1 Current pay/grade

The grade mix of nurses in each of the employment settings is given in Table 3.1. Although nurses outside of the NHS are not paid according to Whitley terms and conditions, the clinical grading system is well recognised by independent sector nurses and the majority able to give a grade equivalent.

**Table 3.1 Nurse grading by employer group – percentages in 2005 (2001)**

	Grade							Base
	C/D	E	F	G	H	I	Other	N=
Independent hospital	16 (18)	36 (39)	21 (19)	15 (13)	5 (4)	0 (2)	7 (6)	139
NHS hospital	22 (27)	37 (40)	16 (15)	13 (13)	4 (4)	1 (1)	7 (1)	2336
Independent care home	31 (20)	30 (23)	9 (13)	10 (14)	2 (6)	1 (4)	18 (21)	226
Hospice	20 (16)	32 (38)	14 (16)	13 (10)	10 (8)	2 (4)	10 (9)	167
Other independent	7 (6)	27 (13)	15 (13)	28 (19)	10 (15)	4 (9)	8 (24)	95 99
<b>All independent</b>	<b>21 (17)</b>	<b>31 (31)</b>	<b>14 (15)</b>	<b>15 (13)</b>	<b>6 (7)</b>	<b>2 (4)</b>	<b>12 (14)</b>	<b>627</b>
<i>All nurses</i>	<i>17 (21)</i>	<i>29 (32)</i>	<i>16 (15)</i>	<i>20 (19)</i>	<i>8 (6)</i>	<i>2 (2)</i>	<i>8 (5)</i>	<i>4835</i>

Source: *Employment Research, 2005*

Generally speaking the independent sector has slightly larger proportions of staff on the lower grades and fewer on higher grades, although there is considerable variation between different employment settings (see Table 2.5). There are proportionally more H/I grades in hospices and other independent than in the other settings. C/D grade staff account 31% of those working in care homes – compared to 16% of those in independent hospitals. The grade mix of independent hospitals is broadly the same as that of NHS hospitals although they have slightly more staff on F/G grade posts than the NHS (and this has increased since 2001) whilst the proportion in D/E posts is less than it was in 2001.

### 3.2 Inappropriate grading

There has been a marked reduction in the independent sector in the proportion of nurses responding to the survey who think their grade is appropriate given their role and responsibilities – down from 59% to 50%. Table 3.2 shows differences by employment setting. The difference between 2001 and 2005 is greatest in the independent hospital and care home sectors.

**Table 3.2 Inappropriate grading in the independent sector – percentages 2005 and (2001)**

	<b>Appropriate grade</b>	<b>Inappropriate grade</b>	<b>Don't know</b>	<b>Base N=</b>
Independent hospital	45 (60)	49 (36)	6 (5)	137
Independent care homes	42 (55)	47 (34)	12 (11)	248
Hospice	67 (64)	29 (32)	4 (4)	165
Other independent	52 (64)	42 (32)	6 (4)	99
<b>All independent sector</b>	<b>50 (59)</b>	<b>42 (34)</b>	<b>8 (7)</b>	<b>651</b>
<i>All nurses</i>	48 (59)	45 (38)	7 (3)	4802

Source: *Employment Research, 2005*

This change would seem to partly result from the increased number of black and minority ethnic origin nurses working in the independent sector, more of whom feel that they are inappropriately graded (51% compared to 40% of white respondents).

### 3.3 Additional jobs

Fewer nurses in the independent sector (20%) have second/additional jobs than is the case among NHS and other nurses (28%).

Nearly a half (47%) of respondents do bank nursing<sup>3</sup> as their additional job (63% all nurses). A further 21% (all nurses 14%) do agency nursing and around five per cent have additional jobs in each of care home nursing, independent hospital nursing, and other nursing work (see Table 3.3). One in seven (14%) nurses are doing second jobs in non-nursing work. Finally, one in ten indicated other health related work e.g. complementary therapy, counselling and training.

**Table 3.3 Nature of additional jobs – percentages 2005 and (2001)**

	<b>Independent sector</b>	<b>NHS</b>	<b>All nurses</b>
Bank nursing with same employer	11 (17)	50 (52)	46 (40)
Bank nursing with different employer	36 (28)	14 (12)	17 (16)
Agency nursing	21 (20)	14 (24)	14 (23)
NHS nursing/management	6 (2)	5 (2)	5 (3)
Independent care home	8 (4)	4 (4)	5 (5)
Independent hospital	5 (2)	3 (2)	3 (2)
Other nursing work	7 (5)	3 (3)	4 (4)
Non-Nursing work	14 (12)	9 (4)	10 (5)
Other	11 (14)	11 (8)	11 (10)
<i>Base<sup>4</sup> N=</i>	<i>123</i>	<i>1097</i>	<i>1220</i>

Source: *Employment Research, 2005*

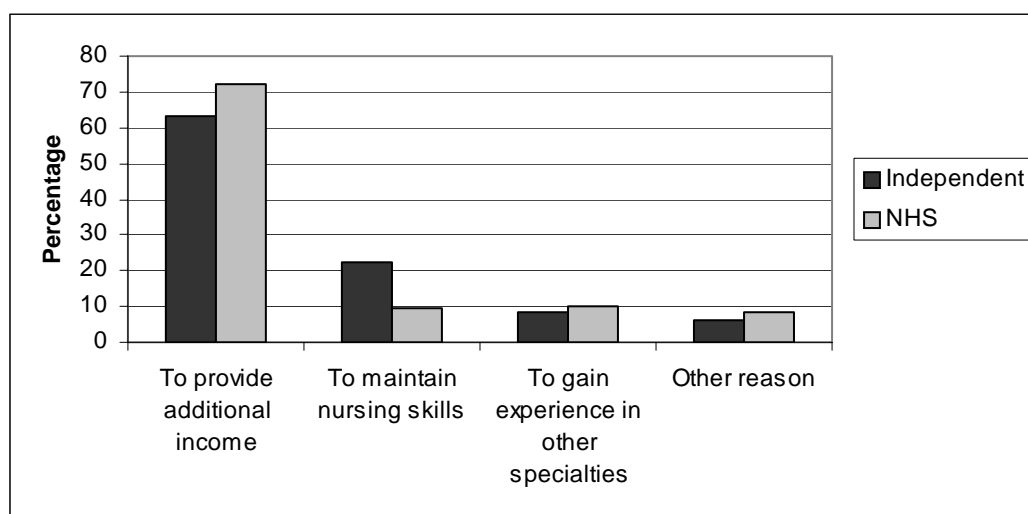
<sup>3</sup> Bank staff are staff who have trust contracts but work on an 'as required' basis.

<sup>4</sup> Bases do not add up to 100% as respondents could cite more than one additional job

Unlike nurses in the NHS, most independent sector respondents doing additional jobs are working for a bank with another employer. Only 11% (NHS 50%) work with banks with their current employer; 21% worked with agencies.

The main reason for taking an additional job is to provide additional income, mentioned by 63% of nurses with an additional job in the independent sector, slightly lower than among NHS respondents (72%). However nurses in the independent sector are more likely than NHS nurses to do additional work in order to maintain nursing skills (Figure 3.1)

**Figure 3.1 Reason for undertaking additional work by broad employer group – percentages**



Source: Employment Research, 2005

### 3.4 Pay satisfaction

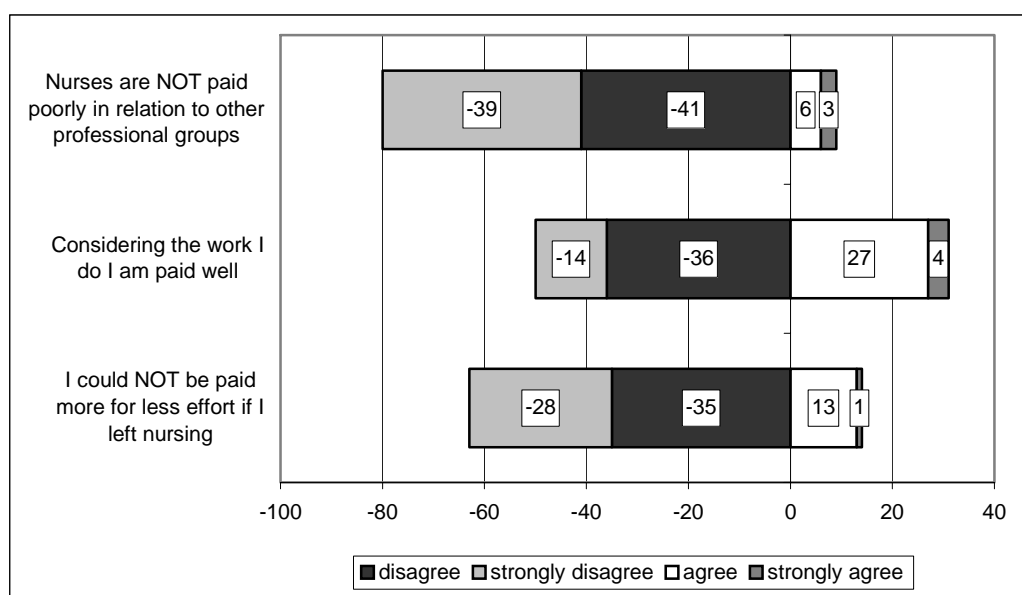
For the last 10 years nurses have been asked to indicate the extent to which they agree with a series of statements on pay. The items included in the 2005 survey are:

- *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*

The responses to these items for nurses in the independent sector are shown in Figure 3.2. The items are reworded so that all three are positively framed, and the bars to the left indicate the proportion holding negative views. Very few nurses (fewer than one in ten) feel well paid relative to other professional groups and the majority (63%) think they would be better paid if they left nursing.

Responses on all items are more positive from the independent sector than is the case among NHS nurses. The difference between the NHS and independent sector is greatest for the item '*considering the work I do I am paid well*' with 31% of independent sector nurses agreeing compared to just 1% of NHS respondents.

**Figure 3.2 Pay satisfaction of independent sector nurses – percentages**



Source: *Employment Research, 2005*

There has been some improvement in response to these items since 2001 when approximately 10% more nurses responded negatively to each item above.

Table 3.4 presents aggregate results by employment setting showing the percentages disagreeing with each of the statements concerning pay and comparing the results with those from all nurses.

**Table 3.4 Views on pay by employment setting – percentages agreeing**

	<i>I could be paid more for less effort if I left nursing</i>	<i>Considering the work I do I am NOT well paid</i>	<i>Nurses are paid poorly in relation to other professional groups</i>	<i>Weighted cases</i>
Independent hospital	66	55	87	141
Independent care home	54	53	75	265
Hospice	69	42	79	159
Other independent	72	46	83	89
<b>All independent</b>	<b>63</b>	<b>49</b>	<b>80</b>	<b>671</b>
NHS	70	61	86	4287
<b>All nurses</b>	<b>70</b>	<b>60</b>	<b>85</b>	<b>4879</b>

Source: *Employment Research, 2005*

In 2001 it was noted 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 on pay than nurses who do feel they are on an appropriate grade. This remains the case today, indeed the difference between those who feel their grade is appropriate with those that do not has widened since 2001.

For example (Table 3.5), 80% (84% in 2001) of those who feel their grade is not appropriate, disagree with the statement ‘*Considering the work I do I am well paid*’. This compares with 25% (43% in 2001) of independent sector nurses who think their grade is appropriate.

**Table 3.5 Percentages disagreeing with statement ‘Considering the work I do I feel well paid’ by whether or not grade is appropriate – 2005 and 2001**

Considering the work I do I feel well paid ...	2005	2001
Grade appropriate (percentage disagree)	25	43
Grade not appropriate (percentage disagree)	80	84

*Source: Employment Research, 2005*

Whether or not nurses feel appropriately graded is the most important factor determining responses to pay satisfaction statements.

### Key points from Chapter 3

- Grade mix (based on equivalent grades) varies between different employer settings within the independent sector – with a higher proportion of nurses in hospices being on higher grades and more in care homes on lower grades.
- Only half of all independent sector nurses consider that their grade is appropriate relative to their role and responsibilities, compared to 59% in 2001.
- Hospice staff are most likely to feel their grade is appropriate (67%) whilst care home staff are least likely to (42%).
- One in five nurses in the independent sector have an additional job (compared with 28% in the NHS).
- The main reason for undertaking an additional job is to earn extra income, but nurses in this sector are more likely than NHS nurses to report that they do the additional job in order to maintain/develop their nursing skills.
- Although generally more respondents are dissatisfied with their pay than satisfied, independent sector nurses are more positive than those in the NHS, particularly about their pay relative to the work they do.
- Views about pay are more positive in 2005 than they were in 2001.
- Being appropriately graded is strongly correlated with overall pay satisfaction.

## 4. Role and job description

The survey tackles role change issues from several perspectives. Firstly we capture data on the division between different types of activity (management, education, clinical, research) within the individual's role. This will form important benchmarking data so that in future years we can determine the way in which the balance between these basic categories shifts. But this is a crude level of activity classification. To get a fuller picture of the prevalence of role change, the survey asked respondents directly about their own experience of it. Has their role changed, and if so are they satisfied with the way in which it has changed and the impact of the role change on patient services?

One of the challenges of evolving roles is that definitions of what the job entails soon become out of date. Yet having an accurate job description is a basic requirement of employment. The survey therefore also included questions about job descriptions, their accuracy and when they were last reviewed.

### 4.1 Role content

Members were asked to give details of the proportion of time they spend on different activities. Across all respondents in the independent sector, 59% of nurses' time is spent on clinical work, 22% on management, 12% on education, 3% on research and 4% on other activities (see Table 4.1). In a separate question respondents were also asked to give the amount of time they spend on clerical/administrative activities. Nearly a third of all time (31%, compared with 27% for all nurses) is spent on these activities. Generally in the independent sector, slightly less nurse time is spent on clinical activities and more on management than is the case across all respondents. Also, independent sector nurses report undertaking more administrative work than is the case among NHS nurses.

**Table 4.1 Percentage of time spent on different activities – Mean percentages**

	Nature of activity					Weighted cases	Admin/ Clerical
	Clinical	Mgt	Edn	Research	Other		
Independent hospital	71	16	8	1	3	139	27
Independent care home	55	27	12	2	3	243	34
Other independent	50	21	15	3	11	42	43
Hospice/charity	61	20	11	3	4	160	27
<b>All independent sector</b>	<b>59</b>	<b>22</b>	<b>12</b>	<b>3</b>	<b>4</b>	<b>662</b>	<b>31</b>
NHS	66	16	12	3	4	4154	27
<b>All nurses</b>	<b>65</b>	<b>16</b>	<b>12</b>	<b>3</b>	<b>4</b>	<b>4787</b>	<b>27</b>

Source: *Employment Research, 2005*

Clearly, role content will vary significantly by grade and job title. The following tables highlight some of these differences.

**Table 4.2 Percentage of time spent in different activities by job title – Independent sector only (NHS respondents)**

	Nature of activity					Cases	Admin/ clerical
	Clinical	Mgt	Educ'n	Res'ch	Other		
Staff nurse	74 (77)	11 (9)	10 (10)	1 (1)	3 (2)	281	26 (26)
Sister/charge nurse/ward mgr	62 (61)	25 (25)	11 (11)	1 (2)	1 (2)	101	29 (29)
Senior nurse/matron/nurse mgr	38 (32)	42 (50)	14 (10)	2 (2)	4 (6)	95	40 (34)
Clinical nurse specialist	66 (59)	11 (11)	14 (18)	5 (6)	4 (6)	30	25 (22)
Nurse practitioner	79 (70)	9 (13)	8 (14)	2 (5)	2 (4)	9	16 (20)
Manager/director	22 (15)	60 (66)	12 (11)	2 (3)	3 (5)	49	49 (39)
<b>All nurses</b>	<b>59 (66)</b>	<b>22 (16)</b>	<b>12 (11)</b>	<b>3 (3)</b>	<b>4 (4)</b>	<b>662</b>	<b>31 (27)</b>

Source: *Employment Research, 2005*

Approximately three quarters (74%) of staff nurse time is spent on clinical work. Sisters/ward managers spend slightly less time on clinical work (62%) and more on management (25%) and senior nurses more still - nearly half their time is spent on management (Table 4.2).

One of the key differences between the independent sector and the NHS is that senior nurses/matrons and managers/directors in the independent sector spend less time on management, but much more time on clerical work and clinical work than their NHS colleagues.

The amount of clerical work reported by nurses hardly varies at all between D-H grades in the independent sector (Table 4.3) but I grades and those on other grades spend more time on clerical work than is the case in the NHS.

**Table 4.3 Percentage of time spent on different activities by grade – independent sector (NHS respondents)**

	Clinical grade							All
	D	E	F	G	H	I	Other	
Clinical activity	74 (82)	71 (74)	60 (65)	45 (58)	37 (44)	16 (25)	37 (54)	<b>59 (66)</b>
Management	10 (5)	14 (10)	24 (16)	29 (21)	30 (27)	40 (43)	47 (29)	<b>22 (16)</b>
Education	9 (8)	10 (11)	12 (13)	16 (13)	15 (17)	26 (19)	9 (9)	<b>12 (11)</b>
Research	1 (2)	1 (2)	2 (4)	3 (3)	10 (5)	7 (3)	4 (2)	<b>2 (3)</b>
Other activities	4 (3)	3 (2)	3 (4)	7 (5)	8 (7)	10 (10)	3 (5)	<b>4 (4)</b>
<i>Base N=100%</i>	<i>125</i>	<i>192</i>	<i>84</i>	<i>89</i>	<i>37</i>	<i>10</i>	<i>70</i>	<b><i>606</i></b>
Admin/Clerical	28 (25)	28 (27)	31 (26)	35 (28)	31 (26)	39 (28)	45 (29)	<b>32 (27)</b>

Source: *Employment Research, 2005*

As would be expected the higher the grade, the less time spent on clinical work, and the opposite is true in terms of management and education. However, in the independent sector, nurses on D-G grades report undertaking more management than is the case among NHS nurses, while the figures for H-I grades are similar to nurses in the NHS.

Looking at field of practice (Table 4.4), management accounts for a higher proportion of time among nurses working in older people's nursing – largely due to the higher number of independent care home respondents, many of whom are managers/owners.

**Table 4.4 Percentage of time spent in different activities by specialty – percentages in the independent sector (NHS respondents)**

	Nature of activity					Weighted cases	Admin/ clerical
	Clinical	Mgt	Edn	Research	Other		
Primary care	65 (71)	20 (13)	8 (9)	2 (2)	4 (4)	35	34 (25)
Older people nursing	55 (59)	28 (26)	12 (12)	2 (2)	3 (2)	250	34 (31)
Mental health	59 (62)	22 (20)	12 (11)	2 (2)	4 (6)	42	32 (33)
Adult (general) care	76 (71)	14 (14)	7 (10)	0 (2)	3 (3)	85	28 (27)
Learning disabilities	48 (57)	35 (25)	10 (10)	1 (3)	6 (5)	25	40 (33)
Oncology/palliative	70 (67)	15 (14)	11 (11)	1 (4)	2 (4)	93	22 (24)
Several different fields	45 (44)	18 (25)	19 (16)	8 (5)	12 (9)	26	31 (29)
<b>Total</b>	<b>59 (65)</b>	<b>22 (16)</b>	<b>12 (12)</b>	<b>3 (3)</b>	<b>4 (4)</b>	<b>657</b>	<b>31 (27)</b>

Source: *Employment Research, 2005*

## 4.2 Job descriptions

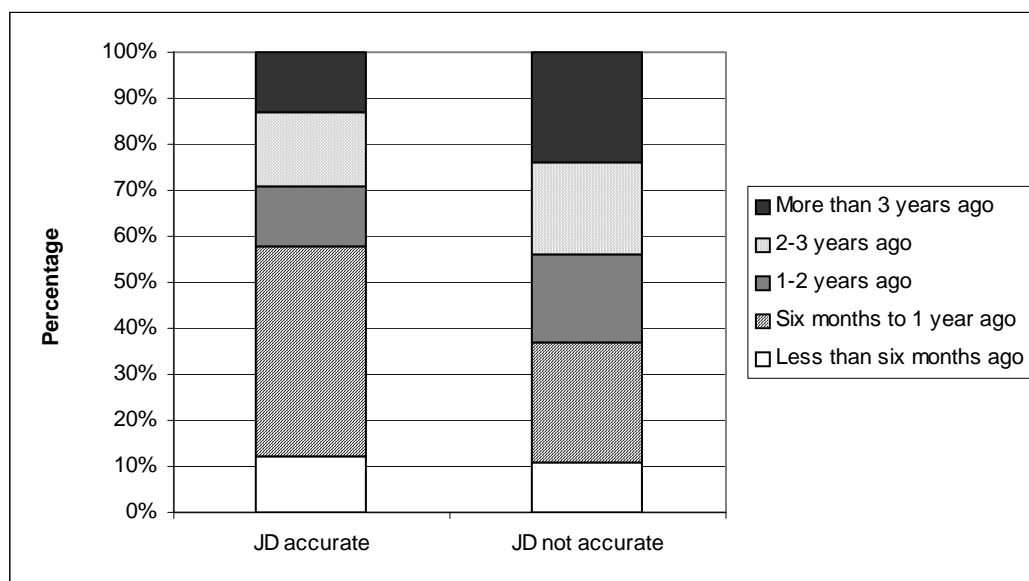
Almost all respondents have a job description (91%, NHS 94%) although fewer (88%) independent care home respondents have job descriptions; otherwise there is little difference between employers.

Three quarters (75%) of all independent sector nurses (NHS 68%) feel that their job description is an accurate reflection of their role. Overall, there is not a lot of variation between employer groups with independent care home (80%) and hospice (79%) nurses more likely to think their job description gives an accurate reflection of their role.

In the previous chapter it was reported that just under half of all nurses consider their grade to be inappropriate relative to their role and responsibilities. Not surprisingly, those respondents who consider their grade to be inappropriate also feel that their job description is not an accurate reflection of their role. Nine in ten (90%, all respondents 83%) nurses who say that their grade is an accurate reflection of their role also think their job description is accurate but only (61%, all respondents 52%) of those who feel their grade is not an accurate reflection of their role think their job description is accurate.

Those independent sector nurses who report that their job description is not an accurate description of their role are less likely to have had it revised/updated recently (Figure 4.1). Only 37% of nurses who do not have an accurate job description have had it updated within the last 18 months compared to 58% of those who do see their job description as an accurate reflection of their role. However, this difference is not as marked as it is among NHS nurses.

**Figure 4.1 Time since job description was last revised/updated by whether or not it is perceived as accurate**



Source: *Employment Research, 2005*

More than half (54%) of independent sector respondents (NHS, 64%) say that their role/responsibilities have changed since they took up their post. Fewer nurses in independent care home (47%) have experienced a change in role. Further analysis shows that nurses who regard their grade as inappropriate are also more likely to report that their role has changed since they took up their current post - 64% compared to 49% of those who feel their grade is appropriate.

When asked about the impact of changes in role, most nurses are both satisfied with the way in which their role has changed and think that it has been beneficial to the service. Across all respondents nearly three quarters (70%, NHS 69%) are satisfied with the change and more still (76%, NHS 74%) think it has been beneficial to the service.

- Nurses in independent care homes were least satisfied with the change (64%).
- More nurses who feel inappropriately graded are also not satisfied with the way their role changed.
- Those who hold an accurate job description are more likely to report that they are satisfied with the role change than respondents who do not see their job description as accurate.
- Larger proportions of respondents who are satisfied with the way in which their role has changed have had their job description updated within the last two years.

## Key points from Chapter 4

- Generally in the independent sector, slightly less nurse time is spent on clinical activities and more on management than is the case across all sectors.
- Senior nurses/managers spend a larger proportion of their time on clerical activity in the independent sector than in the NHS.

- One in ten nurses in the independent sector say that they do not have a job description.
- Three-quarters of those with job description regard it as an accurate reflection of their role.
- Although less pronounced than in the NHS, role change is an issue for many of those in the independent sector (54% compared with 64% in the NHS).

## 5. Job change and career intentions

In this chapter we look at job change and career plans. Each year the survey asks respondents what they were doing 12 months previously. These data are then contrasted with their current position to get a sense of the labour dynamics amongst nurses. We also ask respondents directly about whether they have changed jobs or tried to change jobs in the preceding 12 months. The results provide an indication of turnover and can also be used to look at the success rate of respondents in different groups – of those that have applied for higher-grade posts, who were successful? The questionnaire explores the motivating factors – why have those who have changed jobs done so?

The chapter ends by looking at respondents' plans to exit nursing; what are their plans in terms of leaving their current employer, the profession and retirement?

### 5.1 Changing jobs/employer

One in four nurses in the independent sector (23%) had changed jobs during the course of the previous 12 months; which is the same level as reported in the NHS. This figure is higher than reported in 2001 when 18% had changed jobs in the preceding year. Nurses in other independent settings were most likely to have changed jobs while independent care home respondents were least likely.

**Table 5.1 Changing jobs and employers by employer group – percentages (2001)**

	<b>Percentage changing jobs</b>	<b>Base N =100%</b>	<b>Percentage of job changes involving a change of employer</b>	<b>Base N = all who changed jobs</b>
Independent hospital	23 (16)	141	52 (44)	31
Independent care homes	18 (21)	267	74 (76)	46
Hospice	22 (14)	167	69 (56)	35
Other independent	37 (24)	95	89 (64)	35
<b>All independent</b>	<b>23 (18)</b>	<b>670</b>	<b>71 (63)</b>	<b>147</b>
NHS	23 (23)	4161	43 (50)	933
<i>All nurses</i>	23 (23)	4831	47 (52)	1080

Source: *Employment Research, 2005*

Overall, 16% of independent sector respondents (NHS, 10%) report that they changed employer in the last 12 months. Table 5.1 shows that the proportion of respondents who had changed job in the previous 12 months who also moved employer is higher than it was in 2001 (71% compared to 63%). In the NHS the percentage of respondents who had changed employer has reduced over the same period (47% from 53% in 2001).

Respondents were asked why they had changed jobs and the percentage giving each response is shown in Table 5.2. The table also indicates which factors respondents identified as the most important factors.

Gaining experience/skills was most frequently given as a reason for changing jobs in the independent sector and was considered one of the most important factors by 31% of nurses. This was the main driver in 2001, although there have been other changes since that time. The overall difference is that in 2005 more of the job change is driven by ‘pull’ factors – *i.e.* people being attracted to move into other jobs for better prospects and pay, and less likely to be moving for push factors (dissatisfaction, stress/workloads, bullying and harassment).

As might be expected given the nature of the decision, respondents who have changed employers are more likely to have made their decision based on ‘push’ factors than those who changed jobs *i.e.* stress/dissatisfaction with previous job/hours/terms and conditions. For example, 42% (NHS 38%) of all those who changed employer did so due to dissatisfaction with previous job compared to 32% (NHS 22%) of all job changers. Also, 37% (NHS 49%) moved employer because of stress/workload compared to 28% (NHS 22%) of all job changes. Both these figures are higher in the independent sector than they are elsewhere although not so much so compared to the NHS (Table 5.2). On the other hand fewer respondents from the independent sector cite promotion and prospects as reasons for their change in job or employer.

**Table 5.2 Reasons for changing jobs – independent sector (NHS)**

	All (job changes)	All employer leavers	Two most important
Gain different experience/skills	47 (51)	44 (50)	31 (39)
Better prospects	31 (36)	29 (45)	13 (25)
Promotion	25 (38)	16 (29)	13 (23)
Better pay	33 (27)	32 (36)	22 (16)
Change in working hours	27 (24)	32 (40)	12 (16)
Dissatisfied with previous job	32 (22)	42 (38)	27 (15)
Stress/workload in previous job	28 (22)	37 (49)	17 (17)
Distance to work	20 (11)	27 (17)	11 (7)
Better terms and conditions	19 (7)	22 (28)	7 (3)
Personal reasons/moving/partner’s job	12 (10)	13 (12)	10 (6)
Family reasons	10 (9)	12 (16)	8 (10)
Training reasons	4 (7)	3 (6)	5 (5)
Bullying/harassment	6 (6)	8 (6)	5 (6)
Health problems	7 (2)	8 (7)	3 (2)
Retirement (semi)	3 (2)	2 (6)	1 (<1)
Place of work closed/redundancy	4 (2)	5 (2)	3 (<1)
Dismissed (unfairly/fairly)	0 (1)	0 (-)	0 (<1)
Other	5 (8)	5 (5)	5 (5)
<i>Weighted cases</i>	<i>147</i>	<i>102</i>	<i>118</i>

Source: *Employment Research, 2005*

## 5.2 Moving up

The last few employment surveys have collected data on applications for higher-grade posts and respondents' success in their applications. Only 16% (23% all nurses) had applied for a higher-grade post in the previous 12 months. Two thirds (67%, all nurses 64%) of applications for higher-grade posts from nurses in the independent sector were successful.

Nurses early in their career are most likely to apply for higher-grade posts. Applications in the first five years of careers are significantly higher than is the case among those later in careers (26% compared to 9% of those who qualified in the 1960s and 11% of those who qualified in the 1970s). This pattern is similar to that of respondents working in the NHS.

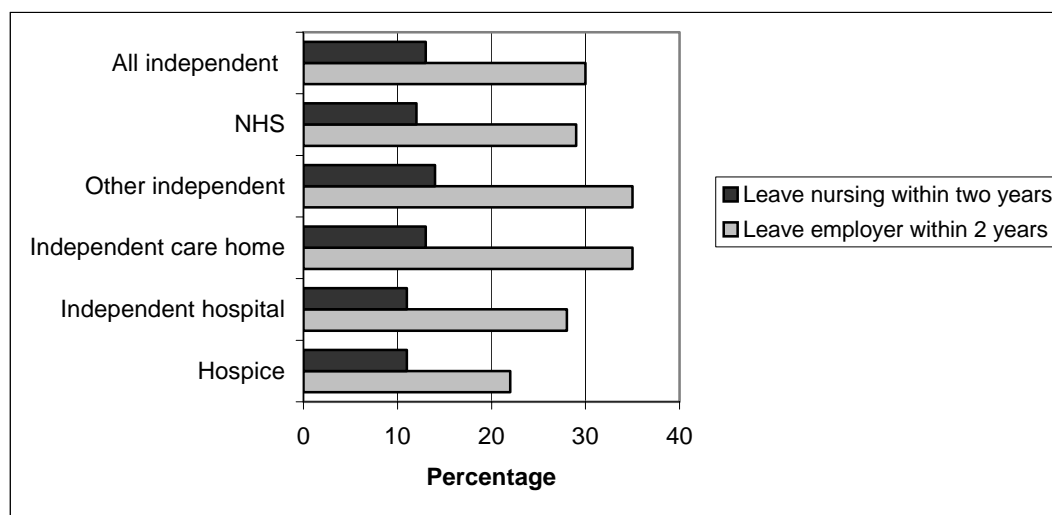
## 5.3 Future plans

In recent years each survey has collected information from respondents on their future career intentions – how long they intend to remain with their current employer, in nursing and, since 2003, their retirement plans.

### Leaving current employers

Three in ten (30%, all nurses 30%) respondents said they wanted to leave their current employer within 2 years, 12% (all nurses 9%) within six months. Both these figures are higher than in 2001 (22% and 11%) – in part this may be because of the increase in the numbers of international recruits.

**Figure 5.1 Intentions to leave current employer/nursing**



Source: *Employment Research, 2005*

It is also worth noting that, relative to nurses in other sectors, larger proportions of independent sector nurses who qualified in the 1960s expect to stay with their current employer for two years or more.

**Table 5.3 Intention to leave current employer by decade of qualification – percentages independent sector (all nurses)**

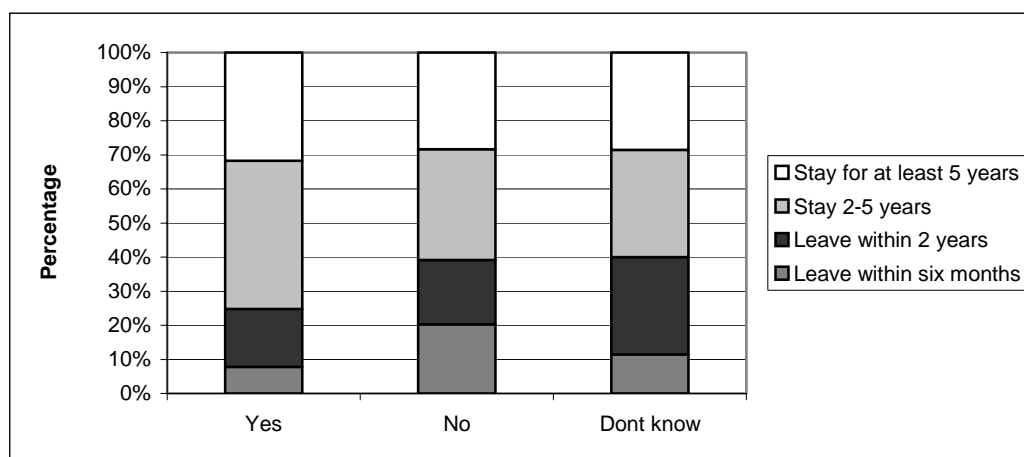
	Decade in which qualified					All
	1960s	1970s	1980s	1990s	2000+	
Within 6 months	9 (11)	8 (7)	13 (8)	18 (10)	11 (12)	<b>12 (9)</b>
Within 2 years	25 (36)	14 (15)	12 (16)	20 (22)	42 (29)	<b>18 (21)</b>
Stay for 2-5 years	57 (44)	38 (35)	36 (35)	39 (36)	29 (39)	<b>40 (36)</b>
Stay for 5 years or more	9 (9)	40(42)	39 (41)	23 (31)	18 (20)	<b>30 (33)</b>
<i>Weighted cases</i>	<i>91</i>	<i>181</i>	<i>183</i>	<i>143</i>	<i>45</i>	<b><i>643</i></b>

Source: *Employment Research, 2005*

As can be seen in Table 5.3, nurses who are at the beginning and end of their career are most likely to be considering leaving their current employer, but for different reasons obviously, with the latter group approaching retirement. Reflecting this demographic, nurses without children are more likely to be considering changing employer than those with children.

Following a theme that recurs in this year’s analysis, whether or not a respondent is satisfied with a role change influences their view of working life in a number of different ways. Here again, there is a correlation between intention to leave a current employer (and indeed nursing as shown below) and satisfaction with a role change. Figure 5.2 highlights the differences showing that 39% (NHS 46%) of those who have been dissatisfied with a role change wanted to change jobs in the next 2 years compared with 25% (NHS, 24%) of those who were satisfied with the role change.

**Figure 5.2 Satisfaction with role change & intention to leave employer – percentages**



Source: *Employment Research, 2005*

### Leaving nursing

There has been no significant change in the percentage of all respondents who intend to leave nursing within 2 years – in 2005 it is 13% (all nurses, 12%), in 2001 it was 14%. There is also little difference between the independent sectors and other health sectors including the NHS (see Figure 5.1 above).

## Retirement planning

The planned retirement age of respondents in the independent sector is 60 (NHS, 59) and respondents' ideal retirement age is 57 (NHS 56).

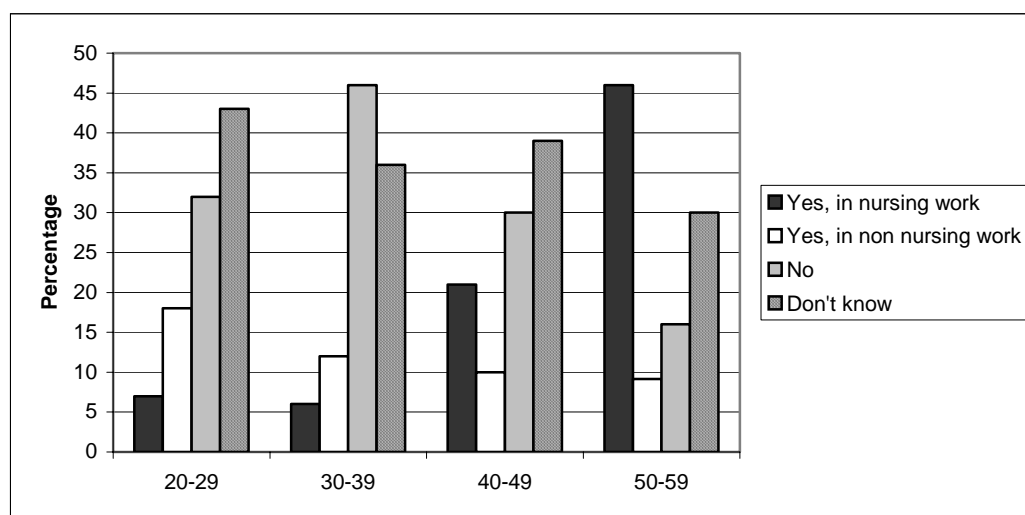
Nurses' intended retirement age increases with age. Thus nurses in their 20's and 30's plan to retire at age 57 while those aged over 55 intend to retire at 63 on average. However, it should be noted that many nurses by the age of 60 will have retired already leaving only those nurses who either feel more positive towards their work or who need to work.

Age is most strongly correlated with retirement planning but also the proportion of household earnings that respondent income accounts for is a factor, with those more dependent on their own income indicating a slightly older age at retirement than those where income accounts for less than half of household earnings.

More than one in four (28%, nurses 16%) of nurses in the independent sector intend to work in nursing after reaching retirement age (age 60) and 10% (all 10%) intend to work beyond retirement in non-nursing work. A third (34%, all nurses 36%) are not sure at this stage whether or not they intend to work beyond retirement age. Clearly, this will be influenced by proximity to retirement (see Figure 5.3). Indeed, nearly a half (46%, all 36%) respondents aged 50-59 intend working in nursing beyond retirement age.

These figures show interesting differences between the independent sector and other respondents with many more intending to continue working in nursing beyond retirement than is the case among NHS nurses and nurses in other sectors. This is especially the case among care home (37%) and hospice (32%) nurses wanting to work in nursing beyond retirement.

**Figure 5.3 Working after retirement by age – percentages**



Source: *Employment Research, 2005*

Need is an important factor, with those whose households are more reliant on respondent's income being more likely to report that they intend to work in nursing beyond retirement.

As was found in the 2003 survey, a sense that their contribution is valued is still the most important factor in encouraging 'near retirees' to remain in nursing. Also mentioned as important factors in any decision they may make concerning delaying retirement were the availability of reduced hours and reduced stress at work; by more than 70% of respondents.

## **Key points from Chapter 5**

- Level of job change is the same for nurses in the independent sector as for those in the NHS, although this varies by employment setting, with those in care homes least likely to have changed job in the preceding year.
- Of those that changed job, nurses in the independent sector are more likely to have changed employer than those in the NHS and this proportion has increased since the 2001 survey.
- Gaining experience/skills is the main driver for job change. Compared to the previous survey, 'pull' factors were cited more frequently than 'push' factors.
- Promotion is less frequent amongst independent sector nurses than in the NHS. Fewer have applied for a higher-grade position and fewer cite it as a reason for job change.
- Independent sector nurses are no more likely to be leaving their current employer than nurses in other sectors, although the proportion has increased since 2001.
- Although independent sector nurses plan to retire at roughly the same age as NHS nurses, they are more likely to plan to work in nursing once they have retired (28% vs. 16% in the NHS).
- Respondents whose households are more reliant on their income are more likely to report that they intend to work in nursing beyond retirement, or to plan to retire later.

## 6. Working hours

This chapter looks at working patterns and working hours in terms of total numbers of hours contracted to work (full-time/part-time), actual hours worked, patterns of work (shifts) and views of independent sector nurses of their working hours.

### 6.1 Part-time working

Unlike the NHS, where there has been little change in the propensity of nurses working part-time/full-time, the proportion of respondents in the independent sector who work full-time hours has increased significantly since 2001, 64% work full-time now compared to 55% in 2001. Some of this change relates to changes in the composition of the workforce – more recently qualified nurses and more IRNs. Table 6.1 shows how part-time working varies between employment settings.

**Table 6.1 Part-time working by employment setting – percentages (2001)**

	<b>Part-time</b>	<b>Full-time</b>	<b>Base N=</b>
Independent hospital	50 (53)	50 (47)	141
Independent care homes	25 (37)	75 (63)	269
Hospice/charity	42 (55)	58 (45)	171
Other independent settings	39 (30)	61 (70)	100
<b>All independent</b>	<b>36 (45)</b>	<b>64 (55)</b>	<b>681</b>
<i>All nurses</i>	<i>39 (41)</i>	<i>61 (59)</i>	<i>4944</i>

Source: *Employment Research, 2005*

Working full-time is more prevalent amongst more recently qualified nurses, as Table 6.2 shows – 83% (all nurses 83%) of those who qualified in the last five years are currently working full-time.

**Table 6.2 Part-time working by decade qualified – percentages (all nurses)**

	<b>Decade in which qualified as nurse</b>					<b>Total</b>
	1960s	1970s	1980s	1990s	2000s	
Full-time	46 (39)	62 (58)	60 (52)	74 (67)	83 (83)	<b>63 (61)</b>
Part-time	54 (61)	38 (42)	40 (48)	26 (33)	17 (17)	<b>37 (39)</b>
<i>Weighted cases</i>	<i>92</i>	<i>182</i>	<i>189</i>	<i>140</i>	<i>46</i>	<b><i>649</i></b>

Source: *Employment Research, 2005*

The following describes the variables most strongly correlated with mode of working in the independent sector:

- Respondents who are the main source of household income are more likely to work full-time (80% of those who earn more than half the total household income, 70% of those who earn about half but only 30% of those who earn less than half their household income work full-time).
- Nine in ten black and minority ethnic origin nurses work full-time compared to 58% of white nurses.
- Nearly a half (45%) of respondents with children work part-time compared to 29% of those without children.
- More E grade nurses work part-time (56%) than other grades, with higher grades and those with degree level qualifications most likely to work full-time.

## **6.2 Number of hours worked**

As reported above, four in ten nurses are working part-time. These nurses are contracted to work on average 23.6 hours per week (all nurses 23.7 hours). Full-time nurses are typically contracted for 37.5 hours per week.

### **Working excess hours**

The propensity of nurses to work excess hours has changed little over the last 10 years. There is also little difference here by sector with other independent sector nurses equally likely to have worked additional hours in their main job as NHS nurses. Table 6.3 presents a summary of data on the number of hours worked and contrasts this for full-time and part-time staff.

**Table 6.3 Breakdown of all hours worked by employer setting (2001)**

	Independent Sector		All nurses	
	FT	PT	FT	PT
Mean contracted hours in main job <sup>5</sup>	37.5 (37.5)	23.6 (22.7)	37.5 (37.5)	23.7 (23.3)
% working excess hours in last week	64 (69)	52 (46)	64 (61)	54 (49)
Percentage working in excess of contract several times per week or more	47 (54)	26 (23)	51 (49)	33 (26)
Average excess hours in main job ( <i>ALL</i> )	5.5 (5.6)	3.5 (3.3)	4.5 (4.7)	2.9 (3.1)
Average excess hours in main job ( <i>for those that worked excess hours</i> )	8.7 (8.1)	6.9 (7.2)	7.0 (7.7)	5.5 (6.4)
Percentage with additional jobs	16 (14)	26 (22)	26 (25)	30 (29)
Average hrs worked in additional jobs ( <i>ALL</i> )	2.5 (0.9)	2.4 (2.2)	2.3 (2.1)	2.2 (2.5)
Average hours worked in additional jobs ( <i>for those that have worked in additional job</i> )	11.8 (11.9)	8.2 (13.5)	7.8 (13.7)	7.3 (11.8)
Average TOTAL hours worked in last week ( <i>ALL nurses</i> )	45.9 (43.5)	30.1 (28.0)	44.4 (43.5)	29.1 (29.1)
Base N=	420	250	2920	1943

Source: Employment Research, 2005

The average number of excess hours worked (by independent sector nurses that have worked excess hours in the preceding week) is 8.7 in the last full working week. Across all respondents, 7% (all nurses 10%) work excess hours every shift, a third (32%, all nurses 34%) work extra hours several times per week, 19% (all nurses 20%) once a week, 34% (all nurses 30%) less than once a week and 7% (all nurses 8%) never work extra hours.

Looking across all hours worked by employer group, including excess hours and hours worked in additional jobs, nurses in independent care homes work the longest hours, 46.2 hours (all nurses 47.8) for full-time nurses and 28.9 (all nurses 29.8) hours for part-time nurses. There is little variation in the total hours worked by other employer groups in the independent sector.

On average full-time nurses across all sectors work approximately 44 to 45 hours per week. Independent sector nurses work slightly longer at an average of 45.9, which up from 2001 when it was 43.5. For part-time nurses in the independent sector the total hours worked has increased from 28 hours in 2001 to an average of 30 hours.

In the independent sector (as elsewhere) four in ten respondents work more than 40 hours per week. Looking at full-time nurses this percentage rises to 60%. Furthermore, 20% of full-time nurses work 50 hours or more per week.

One in five (20%, NHS 22%) nurses in the independent sector work unpaid overtime, not getting anything in return. Almost one in four respondents (23%, all nurses 22%) receive overtime pay at the standard rate and two in five (41%, all nurses 42%) get time off in lieu (see Figure 6.1).

Higher graded nurses (G/H/I) are more likely to have worked excess hours in the previous week.

<sup>5</sup> Full-time contracted hours have used the median figure as it is clear that in many cases hours worked have been given rather than contracted hours.

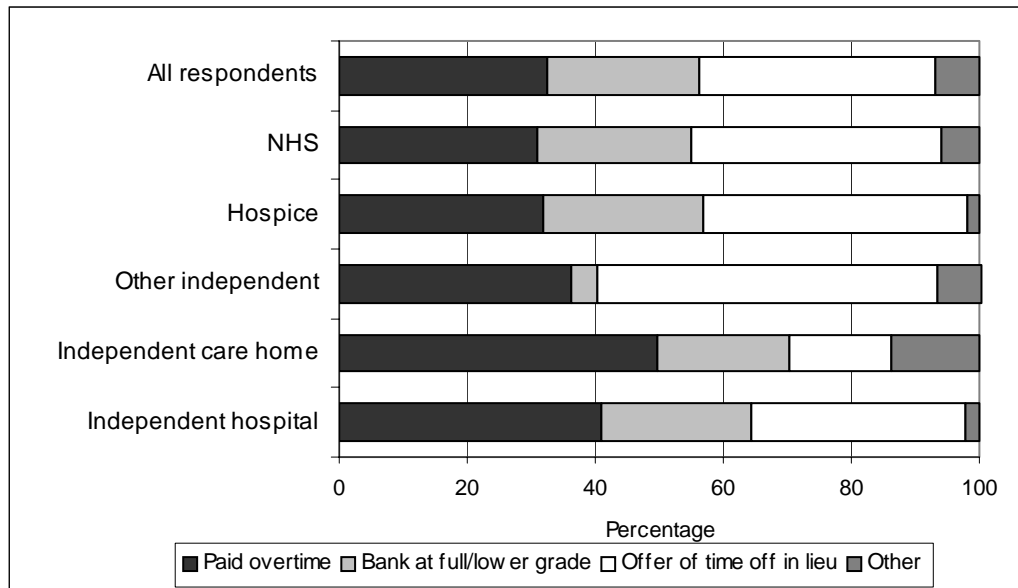
In addition to grade, nurses whose income accounts for more than half their household income are most likely to have worked excess hours in the last full working week (59%) compared to 50% of those whose income accounts for less than half household earnings.

### Providing cover

When employers want their staff to work extra hours to provide cover, four in ten nurses in the independent sector (41%) say they are offered paid overtime, higher than for NHS (27%). This means that although four in ten say that if their employer wants them to work overtime they will be paid for it, just 23% of all overtime worked is actually paid.

Just under a third of nurses in the independent sector (31%) are offered time off in lieu, lower than for other nurses (38%), and one in five (20%, all nurses 24%) are offered bank pay at their full or a lower grade. Figure 6.1 shows how this varies by employer group. NHS/other employers are grouped together.

**Figure 6.1 Reimbursement of overtime by employer – percentages**



Source: *Employment Research, 2005*

In addition to being asked about how cover is normally provided, respondents were asked directly whether paid over-time is *ever* an option. Nurses in the independent sector report that paid overtime is an option (57%) compared to 47% of NHS nurses. Nurses in independent hospitals are most likely to be offered paid overtime (73%) compared to just over half those working in care homes and hospices.

## 6.3 Working patterns and shift working

Two-thirds (67%) of independent sector nurses work shifts, a quarter (24%) work ‘office hours’ and 9% work irregular hours or some form of flexi-time. Table 6.4 below shows how working patterns change during the careers of nurses in the independent sector and contrasts these patterns with those working in the NHS and other non-independent nurses, with the vast majority (87%, all nurses 84%) of nurses who qualified in the last five years working shifts. However, in the independent sector many more older and more experienced nurses work shifts, around two thirds of those who qualified in the 1960s/70s compared to less than half of those in the NHS and other sectors.

**Table 6.4 Working patterns by decade qualified – percentages (NHS)**

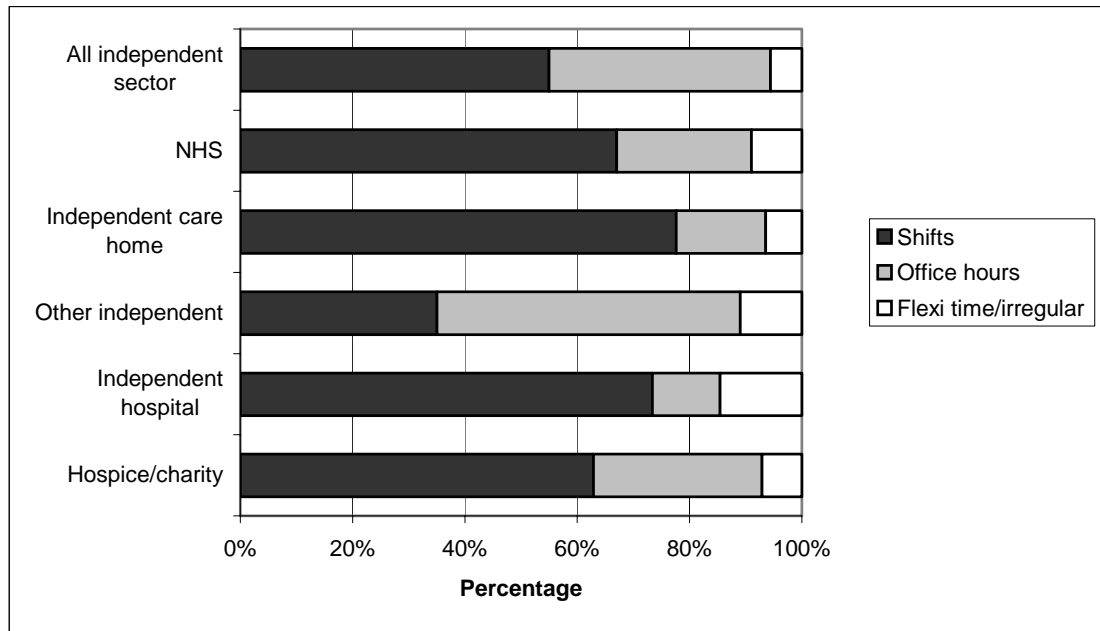
		Decade in which qualified as nurse					All
		1960s	1970s	1980s	1990s	2000s	
Main pattern of work	Shifts	68 (46)	66 (45)	56 (42)	70 (61)	87 (84)	<b>67 (57)</b>
	Office hours	24 (44)	27 (48)	31 (51)	23 (35)	7 (13)	<b>24 (38)</b>
	Flexi time/irregular	8 (11)	8 (7)	13 (7)	8 (4)	7 (2)	<b>9 (6)</b>
<i>Base N=100%</i>		<i>91</i>	<i>180</i>	<i>186</i>	<i>138</i>	<i>46</i>	<b><i>641</i></b>
Shift patterns <sup>6</sup>	Internal rotation	12 (18)	22 (32)	34 (43)	34 (60)	28 (80)	<b>25 (59)</b>
	Day time shifts	59 (55)	60 (53)	56 (44)	56 (32)	53 (18)	<b>57 (33)</b>
	Permanent night shifts	29 (27)	18 (15)	10 (13)	10 (8)	19 (3)	<b>18 (8)</b>
<i>Base N=100%</i>		<i>65</i>	<i>127</i>	<i>124</i>	<i>102</i>	<i>43</i>	<b><i>461</i></b>

Source: *Employment Research, 2005*

The working patterns of nurses in the independent sector are different to those in the NHS, especially among older age groups with more working shifts. However, working hours and shift patterns also vary within the independent sector as Figures 6.2 and 6.3 show.

<sup>6</sup> Of those who worked shifts or flexi-time/irregular patterns

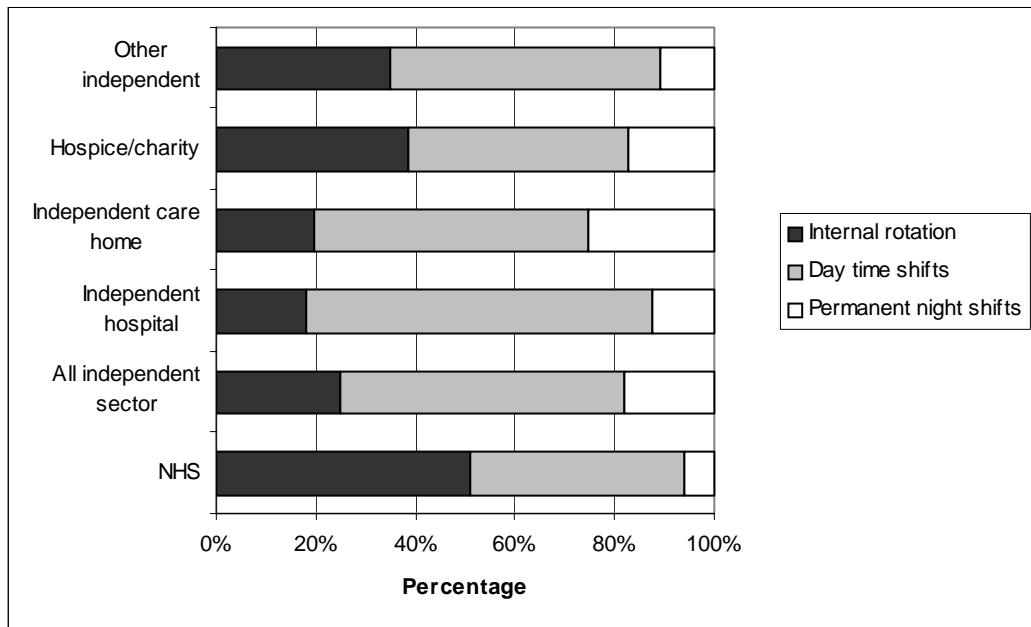
**Figure 6.2 Working pattern by employer group – percentages**



Source: *Employment Research, 2005*

In the NHS more than half (59%) of all nurses working shifts are on a form of internal rotation with just a third (33%) working day time shifts and one in twelve (8%) working permanent nights. In the independent sector only one in four work a form of internal rotation and 57% work day-time shifts. There is also much less difference between cohorts of nurses in their shift patterns in the independent sectors as there is in the NHS.

**Figure 6.3 Shift patterns by employer group – percentages**



Source: *Employment Research, 2005*

## Shift length

Nurses responding to the survey work a variety of shift lengths. A higher proportion of nurses in the independent sector work shifts shorter than 7.5 hours than in the NHS. In care homes 21% of nurses work shifts shorter than 7.5 hours, although 41% of nurses working in care homes also report working 11 to 12 hour shifts. Nurses in hospices are most likely to work 7.5 to 8 hour shifts.

**Table 6.5 Length of shifts by employer group – percentages**

	Length of shift (hours)					Weighted cases
	< 7.5	7.5 - 8	9-10	11-12	> 12	
Independent hospital	3	37	23	23	13	116
Independent care home	21	13	19	41	6	214
Hospice/charity	8	48	24	14	7	118
<b>All independent</b>	<b>13</b>	<b>29</b>	<b>23</b>	<b>29</b>	<b>7</b>	<b>488</b>
NHS	7	41	19	18	15	2238
<b>All nurses</b>	<b>8</b>	<b>38</b>	<b>19</b>	<b>20</b>	<b>15</b>	<b>2779</b>

Source: *Employment Research, 2005*

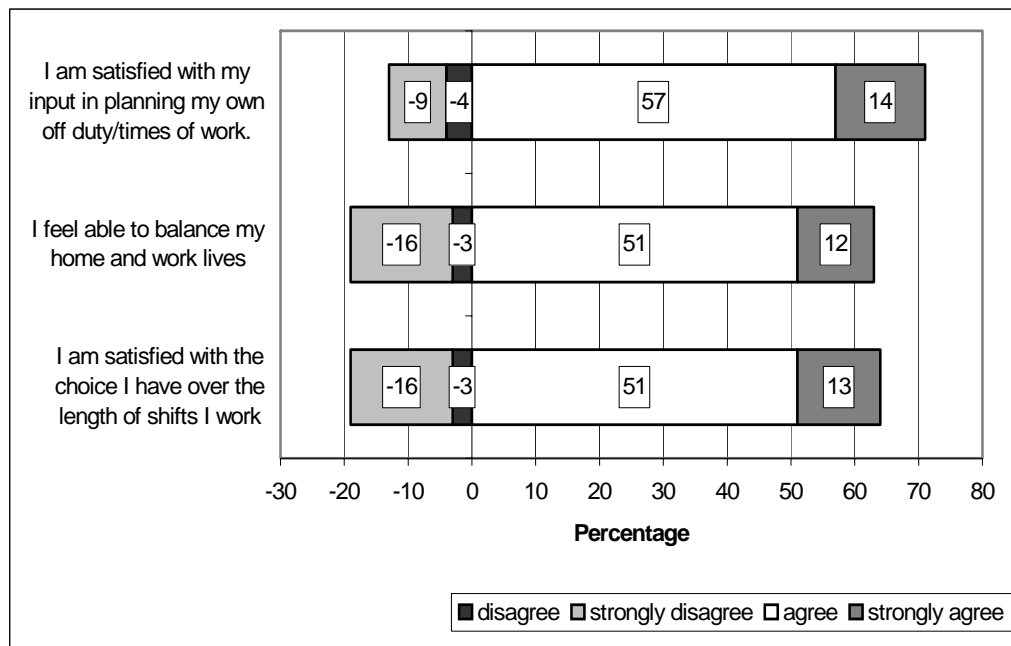
Respondents were also asked what length of shift they would like to work. Responses to this question suggest that two thirds (all nurses 69%) are working their preferred length of shift. Nurses working in the hospice/charity sector were most likely to be working the length of shift they wanted (82%) and those employed in the independent care home sector least likely (59%). Just over a quarter (all nurses 23%) wanted a shorter shift and 7% (all nurses 9%) wanted a longer shift.

## 6.4 Views of working hours

Figure 6.4 shows that most respondents have a positive outlook on their working hours. In addition nurses in the independent sector are slightly more satisfied with their working hours than those in the NHS.

This said there are still one in five respondents who are not satisfied with their working patterns. This negative view applies in particular to the ability of nurses to balance their home and working lives, and the choice they have over the length of shifts they work. Part-time nurses are much more likely to feel able to balance their home and working lives than full-time nurses, irrespective of whether or not they have children. 79% (NHS 66%) of part-time nurses say they agree with the statement '*I feel able to balance my home and work lives*', compared to 55% (NHS 52%) of full-time nurses.

**Figure 6.4 Views of working hours – independent sector percentages**



Source: *Employment Research, 2005*

There is little difference in the views of nurses within the independent sector although nurses in independent hospitals are slightly more negative in their views of working hours.

Also, part-time respondents are more inclined to respond positively to the statement concerning the choice they have over the length of shifts worked – 72% (NHS 67%) responding positively compared to 60% (NHS 57%) of full-time nurses. Interestingly there is little difference between respondents in relation to the type of shift they work, especially among full-time respondents.

Nurses in the independent sector are also more likely to respond positively in relation to the control they have over shift times and length than NHS and nurses from other sectors.

## Key points from Chapter 6

- Independent sector nurses are more likely than those in the NHS to work full-time and the proportion has increased from 2001 when it was 55% to 64% in 2005.
- Whilst slightly less likely than their NHS colleagues to work in excess of their contracted hours, those that do so, do more hours per week – 8.7 compared with 7.0.
- Four out of ten independent sector nurses work in excess of 40 hours a week.
- Shift work is more commonplace amongst nurses outside of the NHS – 67% work shifts, although smaller proportions work internal rotation (25% compared with 53% of all nurses).

- Length of shift varied from shifts less than 7.5 hour long to shifts in excess of 12. Independent sector staff in general and hospice staff in particular, are more likely than other nurses to work shorter shifts.
- Almost half of care home staff (47%) are typically working shifts over 11 hours long.
- 27% of independent sector respondents would like to work shorter shifts, 7% longer.
- Independent sector staff are generally positive about their working hours (more so than NHS staff) and their ability to balance their home and work lives.

## 7. Workload & staffing

The latest labour market review<sup>7</sup> figures suggest that across the UK, the number of nurses has increased. But these top line figures do not tell the whole story in terms of expected changes to workload. Service expansion and development and the introduction of new roles add to demand for staff, whilst, at the same time, patient acuity and complexity of care needs means delivering care is increasingly intensive. Added to this, the three sources of labour that are supplementing the established nursing workforce – international recruits, newly qualified nurses and bank/agency staff – do not have the same level of experience or local knowledge of their work environments as the ‘average’ nurse. The newcomers are of course new, and temporary staff are temporary – whilst the ‘average’ nurse has 18 years experience and has been in their current job for four years.

Clearly there is a vast array of factors that will impact on the system at the macro level, but what is the net effect of these changes and influences on individual nurses delivering care? What are their workloads like and have they changed?

Workload is explored from several different perspectives in the 2005 RCN Employment Survey. The RCN employment surveys have included a series of attitude statements, several of which explore nurses’ perceptions of their workloads and staffing where they work. Along with this data on perception of workload, respondents providing in-patient care (in hospitals or care homes) were asked for details on the number of staff they work with and numbers of patients cared for. These data allow us to calculate a ratio showing the numbers of patients per nurse. Although in many ways such a figure is limited (as it does not take into account variation in patients’ care needs, and is applicable to inpatient care) it nonetheless does allow some discussion about workload based on a quantifiable measure as opposed to relying solely on perceptions.

### 7.1 Nurse to patient ratios

Staff were asked for details of the number of staff and patients on their last working shift, in order to get a ‘snapshot’ picture of staffing. Table 7.1 presents the patient and staffing data for respondents working on wards in independent hospitals, wards in NHS hospitals, and for those working in care homes. The data are split to show responses according to whether the shift referred to was during the day or at night.

---

<sup>7</sup> Buchan J and Secombe I (2005) *Past trends, future imperfect? A review of the UK nursing labour market in 2004/5*, London: RCN.

**Table 7.1 Average staffing and patient data by employer setting – percentages and means**

	NHS Wards		Independent Wards		Care homes	
	Day	Night	Day	Night	Day	Night
Number of beds	23.4	22.7	26	-	36.2	38.6
Total number of patients	22	21	20	-	30	34
Occupancy	96%	95%	86%	-	94%	92%
Number of registered nurses	3.3	2.4	3.9	-	2.0	1.6
Number of HCAs/auxiliaries	2.1	1.3	1.6	-	4.9	2.6
Total staff on duty	5.4	3.7	5.4	-	7.0	4.2
RNs as % of all nursing staff	62%	66%	74%	-	32%	42%
Patients cared for by individual respondent (mean)	10.3	13.5	7.8	-	18.1	23.3
Patients per RN (mean across all RNs)	7.7	10.1	5.5	-	17.2	24.6
Patients per member of nursing staff (mean)	4.4	6.1	3.8	-	4.6	8.8
<i>Weighted cases</i>	822	316	55	14 <sup>8</sup>	240	112

Source: *Employment Research, 2005*

The results suggest that wards in independent hospitals are slightly bigger, in terms of number of beds (26 vs. 23 on average) but have lower occupancy rates (86% vs. 96%), so that typically have slightly fewer patients than NHS wards. Care homes typically have 36 beds and occupancy rates of 94%.

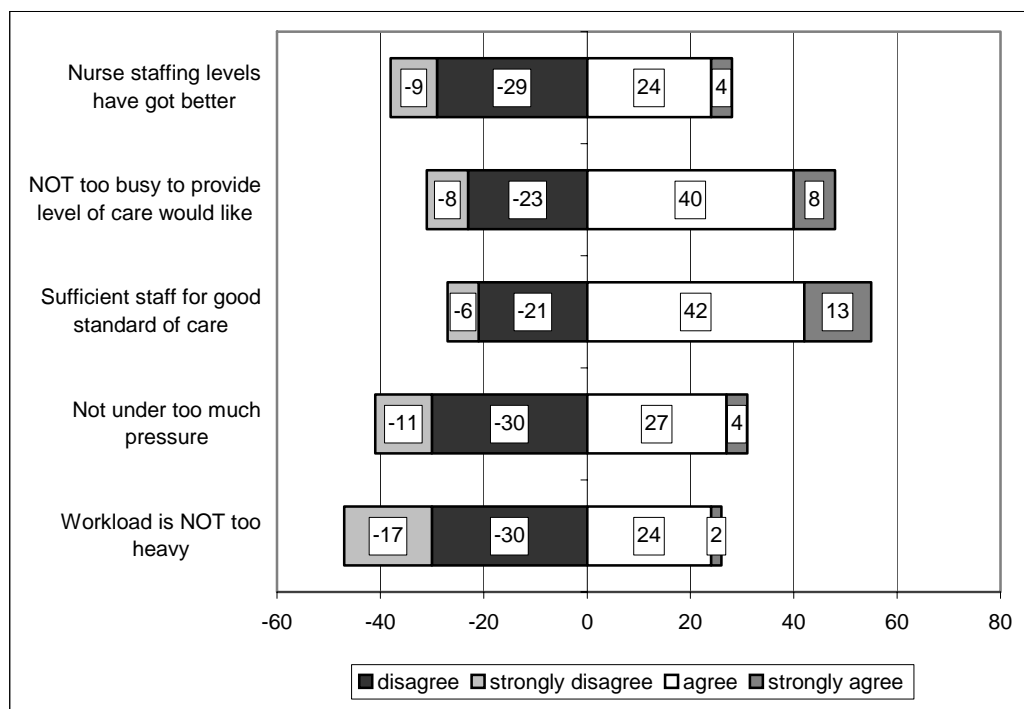
Independent hospital wards are better resourced both in terms of overall staffing levels and in terms of skill mix, as 74% of staff on duty during a day shift are registered nurses, compared with 63% on NHS wards. During the day, respondents working on independent hospital wards care for an average of 7.7 patients, compared with 10.2 on NHS wards. In care homes the corresponding figure is 17.2. Much greater reliance is made of HCAs in care homes, with RNs representing less than a third of the staff on duty. Thus the relative paucity of RNs is balanced by having more HCAs, so in fact the ratio of patients to nursing staff (in total) between NHS wards and care homes is very similar – 4.4 on NHS wards and 4.6 per member of nursing staff in care homes.

<sup>8</sup> Number of cases too small to analyse for independent hospitals at night time.

## 7.2 Perceptions of workload

The results of the analysis of attitude statements for respondents working in the independent sector are presented in Figure 7.1.

**Figure 7.1 Views of workload and staffing - percentages**



Source: *Employment Research, 2005*

In the independent sector a larger proportion of staff are positive, in particular in relation to there being 'sufficient staff to provide a good standard of care'; 55% of independent sector respondents responded positively compared to 25% of NHS respondents. Workload is the issue causing most dissatisfaction among respondents other than pay.

Outside of the NHS, the better nurse to patient ratios described earlier for independent hospitals, are associated with more positive views of respondents about workloads and staffing. For example, just 41% of those working in independent hospitals feel their workload is too heavy (compared with 60% of NHS hospital nurses), 34% felt under too much pressure (compared with 53%), and 57% (compared with 26%) feel there are sufficient staff to provide a good standard of care. However, the independent sector is far from homogenous, with respondents working in care homes feeling as negatively about many aspects of workload as NHS hospital staff – 60% report workloads are too heavy, 53% feel under too much pressure.

## Key points from Chapter 7

- Independent hospital wards are better resourced both in terms of overall staffing levels and in terms of skill mix; they have an average patient to RN ratio of 5.5, compared with 7.7 patients per RN on NHS wards.
- Whilst in general independent sector staff are more positive about workloads/staffing issues, nurses working in care homes feel as stretched as NHS ward staff.
- 55% of independent sector respondents report that there are 'sufficient staff to provide a good standard of care' compared to 25% of NHS respondents.

## 8. Professional development

This year's nurses sought information from respondents about continuous professional development (CPD) activity in the year prior to the survey. They were asked about the amount of time they had spent on CPD, reasons for undertaking activities and issues concerning training and professional development.

### 8.1 Participation in CPD activities

First we looked at the types of activities undertaken by respondents. Table 8.1 below presents the aggregate results by employer group. Study days are the most frequently cited type of CPD, although fewer independent sector nurses report having study days than in the NHS (74%, compared with 82%). Relative to all nurses, independent sector respondents are more likely to participate in in-service sessions and use RCN publications but less likely to use internet-based study, visit HE institutions or go to interest group meetings.

**Table 8.1 Participation in CPD activities by employer setting – percentages**

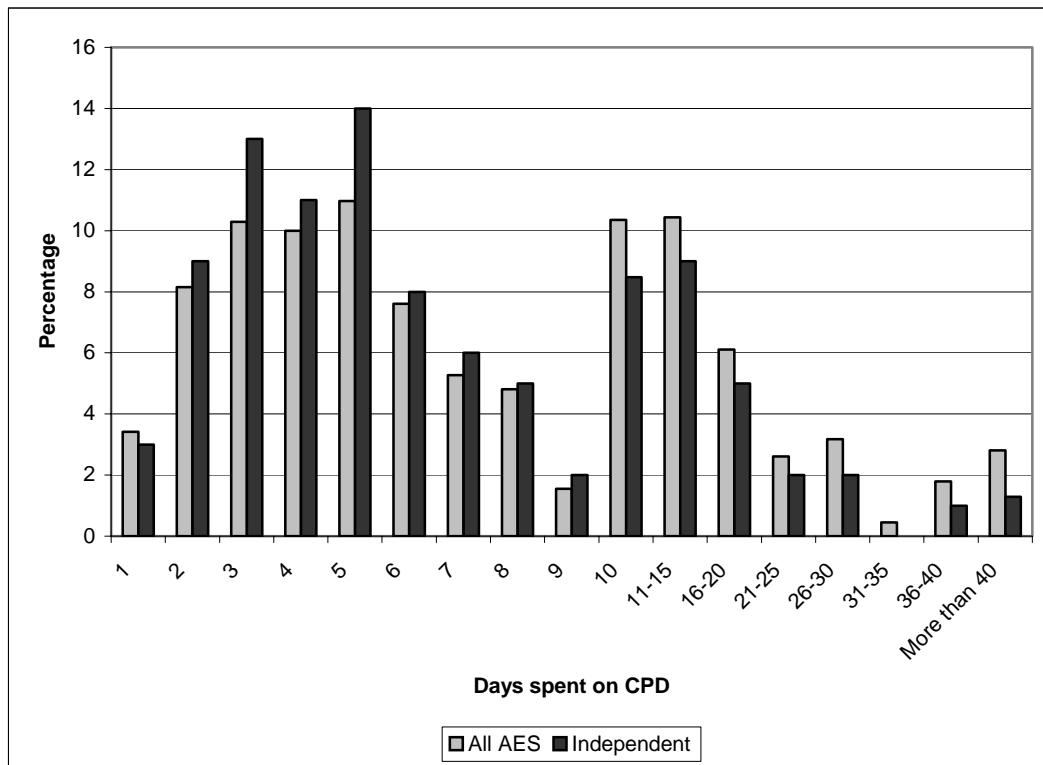
	<b>Indep. hospital</b>	<b>Indep. care home</b>	<b>Hospice</b>	<b>All indep.</b>	<b>All nurses</b>
Study days	77	70	76	<b>74</b>	81
In service session	61	48	64	<b>56</b>	47
Conferences/seminars etc	47	45	50	<b>49</b>	47
Study based on journals etc.	36	43	49	<b>44</b>	43
Lectures/demonstrations	38	39	50	<b>42</b>	41
Courses	24	21	34	<b>24</b>	27
Internet based study	13	12	23	<b>17</b>	24
Visit HE institution/library	13	8	18	<b>13</b>	24
Interest group meeting	11	11	20	<b>14</b>	20
Shadowing	7	5	12	<b>7</b>	10
Distance learning	9	14	5	<b>10</b>	9
RCN cont. ed. Articles	7	19	11	<b>13</b>	8
RCN Nursing Update	10	17	10	<b>12</b>	7
Secondments/exchanges	2	1	1	<b>2</b>	4
Other	0	1	2	<b>1</b>	3
<b>Weighted cases</b>	<b>136</b>	<b>263</b>	<b>168</b>	<b>667</b>	<b>4867</b>

Source: *Employment Research, 2005*

Between 40-50% mentioned in-service sessions, conferences/seminars, study based on journals etc., and lectures/demonstrations.

On average respondents in the independent sector have spent approximately 10 days (all nurses 12 days) on CPD activities in the last 12 months<sup>9</sup>. It is difficult to estimate how many nurses did not spend any time on CPD activities as those who did not complete the question may well have not undertaken any CPD. Figure 8.1 shows the distribution of respondents in relation to time spent on CPD activities.

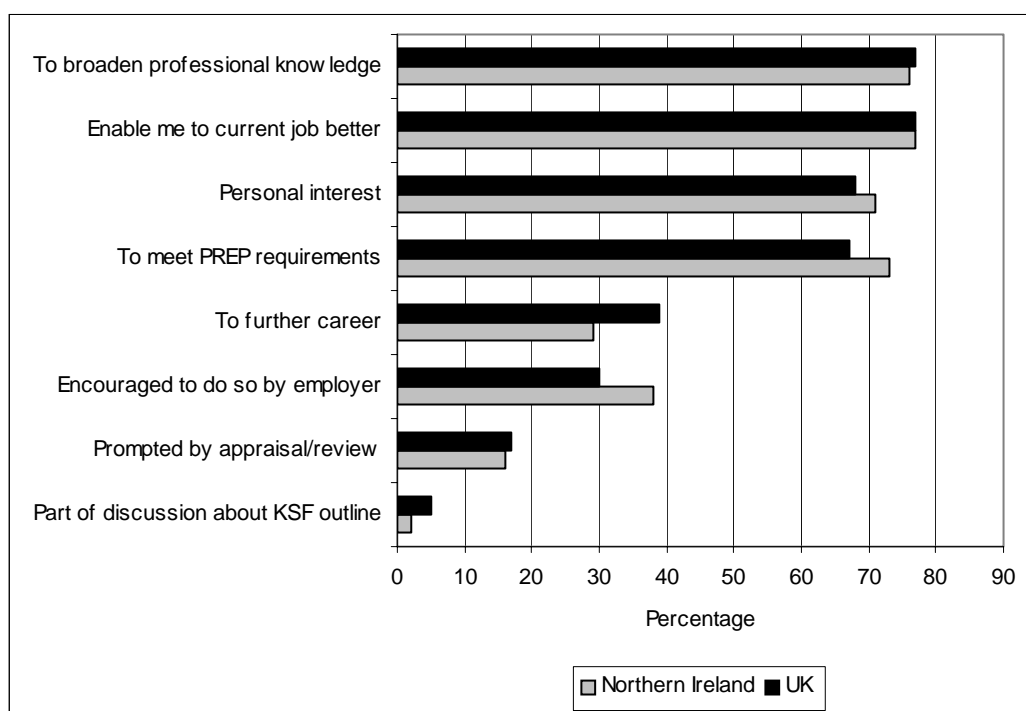
**Figure 8.1 Time spent on CPD activities – percentages**



Source: Employment Research, 2005

<sup>9</sup> Here we have excluded those who have not done any CPD activity and those who reported having done 100 days or more (classified here as undertaking full-time study – approximately 1% of respondents)

**Figure 8.2 Reasons for undertaking CPD activities – percentages**



Source: *Employment Research, 2005*

Most nurses undertake CPD activities primarily to broaden their professional knowledge (76%, all nurses 77%) and to enable them to do their current job better (77%, all nurses 77%). However, more than two thirds (71%, all nurses 68%) do it for personal interest while 73% (all nurses 62%) also adopt a more practical approach to meet PREP requirements. Fewer nurses in the independent sector undertake CPD in order to further their career (29%, all nurses 39%), while more are encouraged to do so by their employer (38% compared to 30% across all nurses).

Nurses who report that their current grade is not appropriate are less likely to say that their employer encouraged them to undertake CPD activities (31% (all nurses 25%) compared to 48% (all nurses 35%) of those who say their grade is appropriate).

Furthering their career is much more the focus of the younger nurses in explaining why they undertake CPD activities. It is interesting to note that more nurses report being satisfied with the way their role has changed (reported in Chapter 4) and that the change has been beneficial to the service also report doing CPD activities to broaden professional knowledge and to help them do their current job better.

## 8.2 Training and development plans

Just under half (44%, all nurses 55%), of all respondents in the independent sector say that they have a personal training and development plan. Fewer respondents in the independent sector have PTDPs (Personal Training and Development Plans). Only 40% of those working in hospices and 30% of those working in independent care homes say they have one. Across all independent sector respondents this figure is still much higher than reported in 2001 when just 31% said they had a personal training and development plan.

Following on from the previous section, a higher percentage of those who have training and development plans feel satisfied with the way their role has changed (77%, (all nurses 76%) compared to 62% (all nurses 63%) of those who do not have personal training and development plans). Across all respondents higher proportions of nurses with higher-level qualifications (i.e. degree/higher degree) have personal training and development plans but this is not the case among independent sector nurses where levels of qualification make no difference as to whether or not respondents have PTDPs.

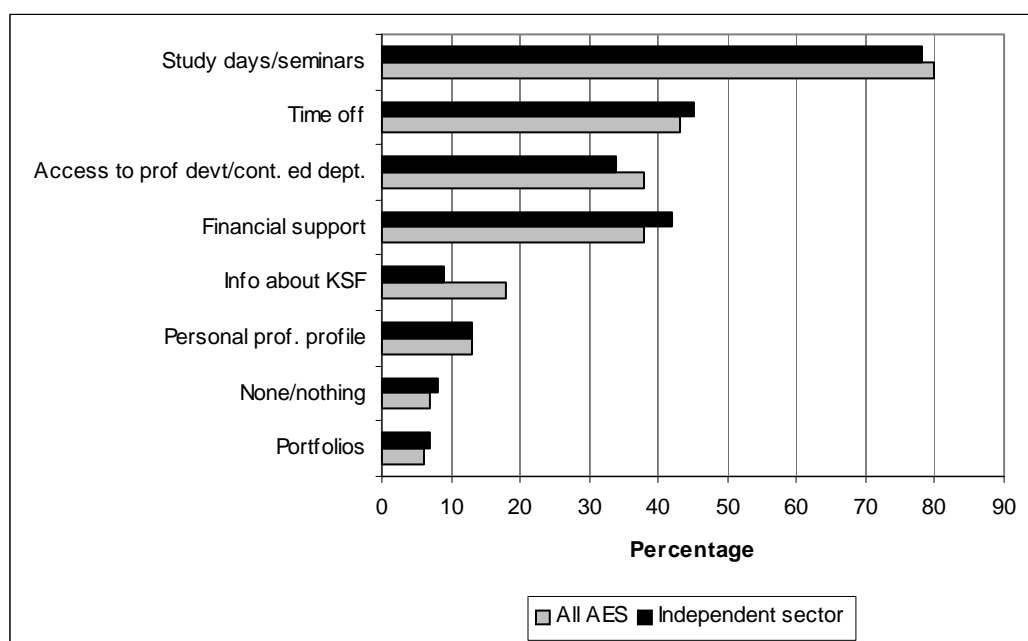
Of those respondents with training and development plans 79% of the independent sector (all nurses 79%) report having had their manager involved in drawing it up. This represents a much higher level of employer involvement than in 2001 when 46% of the independent sector reported that their employers were involved in drawing up their PTDPs.

A key variable here is satisfaction with role change. So, where a manager has been actively involved in drawing up a training and development plan, more are satisfied with role changes (85% (all nurses 79%) compared to 71% (all nurses 63%) of those who have not had their manager involved).

The most common forms of support provided by employers to help their staff meet CPD requirements are study days/seminars (78%, all nurses 80%) followed by time off (45%, all nurses 43%), the same as in 2001. Just 8% (all nurses 7%) of respondents said that their employer did not provide any support to help staff. There was little difference by employer in terms of the range of support given.

In 2001 18% of respondents in the independent sector mentioned having access to a professional development department or continuing education department. Today this figure has increased to 34%, again reinforcing the notion that more employers are providing support for their employees than was the case in 2001.

**Figure 8.3 Support provided by employer – percentages**



Source: *Employment Research, 2005*

Once again, nurses who consider themselves to be inappropriately graded and/or feel dissatisfied with any role change they have experienced, are more likely to say that their employer has not provided them with any help to meet CPD requirements. For example, more than twice as many nurses who say they did not receive any support are not satisfied with their role change than is the case among those who have received help (48% compared to 18%, all nurses 40% compared to 22%).

Eight in ten respondents (83%, same as for all nurses) report that they are maintaining a Personal Professional Portfolio, more or less the same as in 2001 (90%). Four in ten respondents (43%, all nurses 49%) have met with their manager to discuss their Personal Training and Development Plan. And again, more of those that have met are satisfied with any role change they have experienced.

The data taken together in this chapter suggest that where nurses are being provided with training opportunities, have personal training and development plans and with their manager involved, there is a greater likelihood that they will feel satisfied with any changes to their role.

### **8.3 Views on CPD/training**

Looking at the views of respondents in relation to training, three items cover these issues:

- *I am unable to take time off for training,*
- *The effort I make to update my skills is valued by my employer, and*
- *My employer provides me with the opportunity to keep up with new developments related to my job.*

Around two thirds (60-70%) of respondents say that they are able to take time off for training, that their employer provides them with opportunities to keep up with new developments related to their job and their employer values the effort they make to update their skills and knowledge. All these figures and especially the figures concerning the third statement 'my employer values the efforts I make to update my skills and knowledge' are higher than across the NHS.

In all three cases those respondents who feel satisfied with any change in role in their job respond more positively to both items. Nearly two thirds of all respondents (64%, all nurses 63%) who are satisfied with a role change say they are able to take time off for training compared to two in five (45%, all nurses 40%) of those who are not satisfied with the change in their role. Similarly, 68% (all nurses 70%) think that their employer provides them with the opportunity to keep up with new developments related to their job compared to 38% (UK 43%) of those not satisfied with a role change.

**Figure 8.4 Views of employer support for training (NHS) – percentages**



Source: *Employment Research, 2005*

It is clear that implementing role change must be well supported by access to training provision and development opportunities.

## Key points from Chapter 8

- Respondents in the independent sector have spent an average of approximately 10 days on CPD activities in the last 12 months, which is two days less than the average for all nurses.
- Independent sector respondents are more likely to participate in in-service sessions and use RCN publications but less likely to use internet based study, visit HE institutions or go to interest group meetings.
- Three-quarters (76%) of respondents undertake CPD activities primarily to broaden their professional knowledge.
- Fewer nurses in the independent sector undertake CPD in order to further their career (29%, all nurses 39%), while more are encouraged to do so by their employer (38% compared to 30% across all Nurses).
- Fewer respondents in the independent sector have a personal training and development plan (44%, all nurses 55%). Fewer still in hospices (40%) or care homes (30%) of those working in independent care homes.
- The number of nurses in the independent sector with a PTDP has increased since 2001, when just 31% had one.
- Managers are involved in drawing up PTDPs in 79% of cases (compared with 46% in 2001).

- In 2001 18% of respondents in the independent sector mentioned having access to a professional development department or continuing education department. Today this figure has increased to 34%.
- Independent sector nurses are more positive about their employer's attitude and support for CPD than all nurses generally.

## 9. Views of the independent sector

Each year the survey collates responses on a range of issues connected with nursing employment and working lives. The results for many of these items have been described in the relevant places earlier in the report but in this chapter we show differences between the independent sector and NHS in nurses' views and attitudes.

### 9.1 Comparisons with the NHS

Table 9.1 serves to illustrate the differences in views between the independent sector and NHS responses in 2005. The table is sorted so that it highlights the differences with the top items showing where independent sector respondents are relatively most satisfied in contrast to NHS nurses:

- In aggregate independent sector nurses are more positive on every item except three: more (although not many) are worried about being made redundant, more think they are in a dead end job and fewer are interested in career progression.
- More than twice as many independent sector respondents agree that there are sufficient staff in their place of work to provide a good standard of care (55% of independent sector respondents compared to 25% of NHS respondents). Also on related issues:
  - Many more think that nurse staffing levels have got better in the last year (28% independent, 15% NHS).
  - Fewer think their workload is too heavy, that they are too busy to provide the level of care they would like and that they are under too much pressure at work.
- Twice as many again think they are well paid considering the work they do (31%, 16%). Also more independent sector respondents are positive about pay.
- 69% say they are proud to work for their organisation compared to 53% of NHS respondents. 72% say they are satisfied in their present job compared to 62% of NHS respondents.
- Views about their employers are also more positive. In particular, in relation to valuing their efforts to update skills and feeling that their work is valued.
- More also say they would be treated fairly if an incident was reported and fewer report that bullying and harassment is a problem at their work.

**Table 9.1 Percentage agreeing with positive items – Independent and NHS (2005)**

		<b>Indep.</b>	<b>NHS</b>	<b>% Diff</b>
25	The quality of care provided where I work is good	89	(86)	3
4	Most days I am enthusiastic about my job	81	(79)	2
2	I think nursing is a rewarding career	79	(77)	3
8	Nursing will continue to offer me a secure job for years to come	73	(71)	3
26	I feel satisfied with my present job	72	(62)	14
38	I am satisfied with my input in planning my own off duty/times of work	71	(63)	11
* 16	I am NOT in a dead end job	70	(73)	-4
27	I'm proud to work in this organisation	69	(53)	23
* 13	I am NOT worried that I may be made redundant	69	(79)	-14
35	Bullying and harassment is not a problem where I work	68	(58)	15
21	My employer provides me with the opportunities to keep up with new developments related to my job	68	(60)	12
39	I am confident I would be treated fairly if I reported being harassed at work by a colleague	66	(52)	21
34	I feel my work is valued	65	(55)	15
7	I can determine the way my career develops	65	(57)	12
22	Opportunities for nurses to advance their careers have improved	65	(58)	11
33	I am satisfied with the choice I have over the length of shifts I work	65	(61)	6
1	I would recommend nursing as a career	64	(56)	13
36	I feel able to balance my work and home lives	63	(57)	10
* 12	I am ABLE to take time off for training	61	(54)	11
30	The effort I make to update my skills is valued by my employer	60	(46)	23
6	I know what I want to do in the future in my career	59	(55)	7
32	I would find it easy to get another job using my skills	58	(47)	19
19	I would NOT leave nursing if I could	56	(52)	7
23	I am interested in career progression	56	(66)	-18
29	There are sufficient staff to provide a good standard of care	55	(25)	55
24	There is open dialogue about my career with my manager	52	(45)	13
* 18	I DO know where my career in nursing is going	48	(44)	8
31	I am NOT too busy to provide the level of care I would like	47	(33)	30
17	I would not want to work outside nursing	40	(36)	10
14	I have a good chance to get ahead in nursing	38	(37)	3
* 28	Too much of my time is NOT spent in non-nursing duties	37	(27)	27
* 20	Career prospects in nursing are NOT becoming less attractive	36	(33)	8
10	Considering the work I do I am paid well	31	(16)	48
* 9	I am NOT under too much pressure at work	31	(22)	29
* 11	It will NOT be very difficult for me to progress from my current grade	29	(29)	0
37	Nurse staffing levels have got better in the last year	28	(15)	46
* 5	My workload is NOT too heavy	26	(17)	35
* 3	I could NOT be paid more for less effort if I left nursing	15	(11)	27
* 15	Nurses are paid WELL in relation to other professional groups	9	(6)	33

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

Source: *Employment Research, 2005*

## 9.2 Differences within the independent sector

Table 9.2 shows the percentages within each setting in the independent sector agreeing with each statement listed. It also highlights where there is a strong positive response (indicated by the shaded box) and a more negative response (indicated by the lined box).

The main features of the table are that:

Respondents in hospices are more positive about their jobs in general. In particular they respond positively in relation to:

- *Most days I am enthusiastic about my job.*
- *I am NOT in a dead end job.*
- *I'm proud to work in this organisation.*
- *I feel my work is valued.*

Nurses in these settings are also more positive about workload issues. For example, they are less likely to say they feel under too much pressure at work and that they are too busy to provide the standard of care they would like. In addition, as reported in Chapter 8, nurses in hospices respond positively in relation to the time and support they are provided to update their skills and how this is valued by their employers.

Nurses in independent hospitals respond more negatively to several items in comparison to other independent sector nurses (although not the NHS as seen above). These centre primarily on career and pay related issues. They are also less likely to say that they feel their work is valued or that their efforts to update their skills are valued by their employers. More also say that too much of their time is spent on nursing duties.

In the case of independent care home staff more responded positively to recommending nursing as a career and other career related issues. This may in part be due to the larger number of internationally recruited nurses who are working in this sector today and are there in large part for carer related reasons.

**Table 9.2 Percentage agreeing with positive items – settings within independent sector**

	Hosp	Care home	Hospice	Other
1 I would recommend nursing as a career	54	72	62	58
2 I think nursing is a rewarding career	80	78	83	71
3 I could NOT be paid more for less effort if I left nursing	14	18	9	15
4 Most days I am enthusiastic about my job	81	78	89	79
5 My workload is NOT too heavy	24	23	33	27
6 I know what I want to do in the future in my career	42	66	61	62
7 I can determine the way my career develops	55	73	60	67
8 Nursing will continue to offer me a secure job for years to come	76	75	66	67
9 I am NOT under too much pressure at work	31	28	40	23
10 Considering the work I do I am paid well	23	30	34	42
11 It will NOT be very difficult for me to progress from my current grade	29	30	29	24
12 I am ABLE to take time off for training	60	56	72	57
13 I am NOT worried that I may be made redundant	67	68	74	65
14 I have a good chance to get ahead in nursing	37	40	34	34
15 Nurses are paid WELL in relation to other professional groups	6	12	8	8
16 I am NOT in a dead end job	70	66	79	68
17 I would not want to work outside nursing	35	50	41	27
18 I DO know where my career in nursing is going	46	52	51	36
19 I would NOT leave nursing if I could	45	61	62	46
20 Career prospects in nursing are NOT becoming less attractive	33	37	41	28
21 Employer provides opportunities to keep up with new developments	61	63	84	65
22 Opportunities for nurses to advance their careers have improved	65	66	68	57
23 I am interested in career progression	50	58	48	63
24 There is open dialogue about my career with my manager	51	49	59	51
25 The quality of care provided where I work is good	89	89	96	82
26 I feel satisfied with my present job	72	71	77	67
27 I'm proud to work in this organisation	70	63	84	64
28 Too much of my time is NOT spent in non-nursing duties	28	40	42	37
29 There are sufficient staff to provide a good standard of care	57	50	71	40
30 The effort I make to update my skills is valued by my employer	50	60	75	53
31 I am NOT too busy to provide the level of care I would like	44	39	68	41
32 I would find it easy to get another job using my skills	63	60	50	56
33 I am satisfied with the choice I have over the length of shifts I work	63	67	66	57
34 I feel my work is valued	56	66	77	62
35 Bullying and harassment is not a problem where I work	65	68	74	65
36 I feel able to balance my work and home lives	59	68	69	51
37 Nurse staffing levels have got better in the last year	29	31	29	16
28 I am satisfied with my input in planning my own off duty/times of work	67	72	79	63
39 I am confident I would be treated fairly if I reported being harassed at work by a colleague	59	72	71	54

## Appendix A: Survey process

In previous years the RCN has undertaken the sampling process using instructions from the research team to draw the sample. However, problems in 2002 and 2003 led the RCN to use the research team to draw the sample directly from the full membership records database.

### A.1 Drawing the sample

The full membership records were provided on 19 January 2005 and at this date the database contained 373,075 records.

The nurses' sample is selected only from:

1. Full Category, Full Newly Qualified Category and Full Concessionary Category (same as in previous surveys) plus HCA and HCA concessionary (included this year, not included in the past).
2. Those members based in UK. Overseas 0.5% and Missing 0.2%.

This leaves the population as 317,111 members.

The profile of this sub-group is:

**Table A1 Membership breakdown (all UK)**

Type	No. of Members	Percentage
Full	283,661	89.5
Full concessionary	10,027	3.2
Full Newly qualified	22,455	7.1
HCA	501	0.2
HCA (Conc)	467	0.1
Gender	No. of Members	Percentage
Female	289,617	91.3
Male	27,494	8.7
Country	No. of Members	Percentage
England	257,186	81.4
Scotland	30,747	9.7
Wales	17,746	5.6
Northern Ireland	10,201	3.2

*Source: RCN membership records, January 2005*

From this sub-population a sample of 6,000 fully random records was drawn. In addition, 1,000 members (not previously included) were drawn from those members living in Scotland, Wales and Northern Ireland.

The survey was mailed on 8 February 2005 with three reminders. The initial pack consisted of a letter from the General Secretary, the questionnaire and a reply paid envelope. The first reminder, mailed on 1 March, consisted of a postcard, the second, a full reminder with second questionnaire and reply paid envelope, was mailed on 10 March and the final reminder, a letter from Employment Research was mailed on 23 March.

## A.2 Response rates

An overall response rate of 57% was achieved. This is slightly lower than in previous years but is more or less the same when compared with samples drawn from the entire membership records and not including those who have completed their update form, of which there were more cases drawn in previous years.

It is also likely that nurses are experiencing some survey fatigue having been surveyed regularly by their employer as part of Healthy Working Lives. In addition, the questionnaire has gradually increased in length over the years and it is likely that this has reduced response rates too.

**Table A3 Overall response rates by sample**

	<b>Total mailed</b>	<b>Post Office returns</b>	<b>Inappropriate</b>	<b>Number usable responses</b>	<b>Response rate</b>
Main sample	6000	69	17	3366	57%
Northern Ireland top up	1000	5	2	538	54%
Scotland top up	1000	13	2	579	59%
Wales top up	1000	7	2	579	58%

*Source: Employment Research, 2005*

As in previous years, the response rate for younger nurses is lower, particularly for the 25-34 year old groups – they account for 21.3% of respondents but make up 26.5% of the survey population (see Table A2 above). It has been shown before that age is the main variable influencing the response rate, followed by gender and to a lesser extent ethnicity.

Although a weighting procedure to ensure the age profile reflected the population in the main nurses' report, for the independent sector report this procedure was not undertaken in order to ensure that the data were comparable with the 2001 survey. However, in the event the differences were not great partly because the independent sector has a different age profile to the NHS.

### Sample statistics and confidence for small sub samples

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

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

**Table A4 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	1000	2000	5000
<b>Standard error and (Margin for 50% estimate)</b>	3.5 (±7.0%)	2.2 (±4.4%)	1.6 (±3.2%)	1.1 (±2.2)	0.7 (±1.4)
<b>Standard error and (Margin for 10/90% estimate)</b>	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 per cent 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, e.g. 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 that, when two estimates differ by a certain amount, how confident we can be that they indicate different population values.

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

January 2006

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

020 7409 3333

*The RCN supports nurses and nursing, promotes  
excellence in practice and shaped health policies*

Publication code 003 019