

Gender and Nursing as a Profession

Valuing nurses and paying them their worth

CORPORATE



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Authors

- Kate Clayton-Hathway - Anne Laure Humbert - Heather Griffiths
- Rachael McIlroy (RCN) - Sue Schutz

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The literature review was led by Sue Schutz, Anne Laure Humbert and Rachael McIlroy, with contributions from Heather Griffiths and comments from Yasmin Marshall.

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The statistical analysis is a joint collaboration between Anne Laure Humbert and Rachael McIlroy.

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Interviews with key stakeholders were led and conducted by Kate Clayton-Hathway, with analytical contributions from Heather Griffiths, Yasmin Marshall, Sue Schutz and Tracy Walsh. Key insights were received from Sue Ledwith, Jo Morris and Tracy Walsh.

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Executive summary

This document is a short summary of research findings. The full report *Gender and Nursing as a Profession*, can be found on the RCN website.

This report explores and critiques the gendered construction of value within the nursing profession and evaluates how value is attributed to nursing, the value placed on individuals and the status of the profession. The data collected to address these questions were drawn from quantitative data and in-depth interviews with senior stakeholders from the nursing profession.

Nursing, a profession in crisis?

In recent years, the combination of staff shortages and under-resourced services resulting from poor workforce planning have led to nurses feeling overworked and underpaid, and choosing to leave the profession. Yet an often overlooked feature of the crisis currently facing the profession is the fact that the workforce is overwhelmingly made up of women.

Nursing suffers from a historical construction as a vocation, where individuals – usually women – enter its gates as a calling and some inherited notions persist that have consequences for modern nursing. This is perhaps seen most clearly in the huge amounts of goodwill demonstrated by nursing staff, both in working beyond their paid hours and in difficult contexts, often without financial reward.

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The construction of nursing as a gendered profession and the role of wages

The gendered construction of nursing leaves a legacy which continues to feed the current crisis, including suppressing wages and downgrading working conditions. Historic perceptions that care is a naturally feminine skill or characteristic sit in direct opposition to the high level of skills and professionalisation required in contemporary nursing. It also devalues the emotional labour required in nursing, taking this for granted as a natural ability rather than one that should be rewarded.

Examining concepts of professionalisation in relation to nursing and its status, the report reflects on why – in the face of a serious staffing crisis – nurses remain undervalued and underpaid when it might be expected that market forces would prevail in the present situation of high levels of vacancies, and force an increase in wages.

Going beyond orthodox market theories, we evaluate:

- wages as a social practice that informs and reflects deeply embedded views of a nurse's place in the hierarchy of jobs, revealing how wages are not only based on productivity or an assessment of job demands, but also shaped by gender or ethnicity
- how the NHS, as the largest employer of nurses in the labour market, exerts significant control over wage setting and acts as a trend setter for all health sectors
- how austerity has suppressed wages and weakened trade union bargaining power
- how nurses are positioned within the NHS Agenda for Change (AfC) pay structure and the implications this has in relation to equity with other occupational groups.

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Gender and diversity in relation to pay and working conditions: quantitative evidence

Analysis of data sets from the Office for National Statistics (*ONS Quarterly Labour Force Survey 2018; ONS Annual Survey of Hours and Earnings 2018*) and the RCN (*RCN Employment Survey 2017*) reveals:

- a substantial gender pay gap exists among all health care professionals (nurses, doctors, managers and allied health professionals – with women receiving an average of 30% less than men per week, or 16% less per hour as a result of two factors: men working on average more hours than women and sex discrimination



30%
less pay

on average for women across all health professions



pay for registered nurses is

81%

of the health sector average

- the pay of registered nurses is 81% of the sector average (which includes health professionals; allied health professionals); health managers and directors; and therapeutic and technical staff)
- the pay of registered nurses is also characterised by little variation in earnings across the nursing workforce, despite the wide range of roles and responsibility and levels of seniority; this suggests there is low scope for progression and higher earnings across nursing careers

- among nurses, the gender pay gap amounts to 17% on a weekly basis, however, when other factors are considered (age, number of dependents or having management responsibilities) this gap almost disappears due to differences in working hours (women in nursing are more likely to work on a part-time basis than men)
- among those nurses who work paid overtime to boost their pay, men work on average more hours than women.

A decomposition of the nursing gender pay gap shows that if women and men worked the same hours, the pay gap would be reduced by £102.60 per week, accounting for the majority (95%) of it. In other words, it is the gendered construction of nursing that is suppressing wages rather than gender inequality in the workforce.

Exploring other differences among nurses:

- nurses from a Black, Asian and minority ethnic (BAME) background appear to earn more on a weekly basis than white nurses; typically this cohort of nurses is less likely to work part-time and more likely to use overtime to increase their pay than white nurses
- paradoxically, when structural factors such as working hours are considered, BAME nurses earn 10% less (weekly and hourly) than their white counterparts
- as many as one in three men, and the same proportion of those from a BAME background, are thinking about leaving their jobs because of financial worries.

The voice of senior stakeholders in the nursing profession

Interviews with senior stakeholders provided further confirmation that the unrealistic and outdated perceptions of nursing that persist within wider society and nurses' own self-concepts undermine professional identity.



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Stakeholders also identified the continuing failure to recognise the profession as a safety-critical role is linked to the fact that the majority of nurses are women.

Senior stakeholders identified a number of other complex challenges that are impacting the nursing profession:

- interviewees described how the registered nursing role is being diluted and overwhelmed by the increasingly diverse range of tasks being carried out by nurses – contributing to confusion about what nurses do and further devaluing the role
- growth in the number of unregistered health care workers/nurses, and the development of their scope of practice, was both viewed as a significant opportunity to address undersupply but one that further undermines the profession by hollowing-out the registered nursing role

- an increasing number of nurses are choosing flexibility over career development (either by remaining in lower AfC band roles or moving to bank contracts) in reaction to a lack of choice/control over working patterns or working hours, a paucity of care provision, and the lack of support for training and development.

Asked for their views on potential solutions, several interviewees cited the need for greater:

- engagement from leaders and managers in enabling more inclusive and adaptive working environments which suit the needs of an increasingly diverse workforce
- nursing leader input and influence in national policy development and in the workplace itself.

The RCN has an important role to play in protecting and enhancing the profession's knowledge and skills

In terms of the RCN's position and potential, interviewees stated it has an important role to play in protecting and enhancing the profession's knowledge and skills. This should be supported and prompted by the increased engagement of nurses, with better support from nursing leaders, to articulate their own value and use their own voice.

Final observations and recommendations

A range of factors have contributed to continuing low pay and poor working conditions within the nursing profession. While the effect of gender on pay is not direct, it is necessary to understand the critical role that gender plays in suppressing wages. Another factor is the dominating role of the NHS; as the primary employer in the health sector it acts as a significant point of reference for wages throughout the sector.

While the professionalisation of nursing has made great progress, the consolidation of the status of nursing as a profession can only be achieved by addressing two issues in parallel:

- questions of knowledge claims – what skills are at the heart of the nursing profession
- the autonomy and control of work – how work and working time are organised.

Gendered notions of nursing and nurses that fail to match the reality of a professional life defined by high level technical, emotional and cognitive skills continue to inhibit efforts to improve the standing and attractiveness of nursing as a career. In recent years, the RCN has engaged in campaigns and bargaining activities aimed at setting out a true picture of the realities and complexities of modern nursing. The RCN and other professional and representative bodies now need to build on these to describe, publicise and recognise the impact nursing staff make through their work in practice, research, advocacy and innovation. Campaigns, engagement and bargaining activities need to articulate the value of nursing on multiple levels – to patient safety, social mobility, public finances and economic growth. They also need to go one step further by emphasising the importance of nurses' voice and leadership in realising these benefits.

Campaigns, engagement and bargaining activities need to articulate the value of nursing on multiple levels

A key part of this work should include a new understanding of transformations in the economy, in society, and the world of work.

Key areas for exploration should include changing views of:

- the psychological contract in terms of the relationship between workers and employers and the mutual expectations for each side (including opportunities for growth, pay and reward, recognition, progression, managerial and peer support, flexibility, and job security)
- what members want from their union, in relation to professional leadership, workplace representation and agents for social change
- how members wish to be their own advocates for change on professional and workforce issues.

Recommendations

- 1 Research and engagement with RCN members should be undertaken to better understand the meaning of work for nursing as a profession against a changing world of work; and how the profession responds to future developments and changes.**

Not only is the RCN uniquely placed to lead research and engagement to understand these changes and trends, but it is imperative that it does so in order for it to continue representing its members and nursing.

- 2 RCN to create a platform for the nursing profession to articulate the full scope of nursing as caring, compassionate, evidence based and safety critical.**

The RCN is also uniquely placed to provide a platform to enable the profession, and particularly its members, to express and assert the full value of nursing. This will enable nurses to present clear descriptions of what nursing actually is and what it does, the value it brings, and the need for nurses' voices at key points of all decision-making affecting the nursing profession.

- 3 RCN to conduct further research (quantitative and qualitative) into the intersections of sex and gender with other variables such as ethnic background, disability, age and social class.**

Further research is needed to understand the nature of work and outcomes for nursing staff from an intersectional perspective, evaluating how factors such as ethnic background, disability, age or social class can shape the experience of nursing as a profession and outcomes, particularly career progression and pay levels.

4 RCN to lead on the development of a clear and in-depth assessment of the mix of knowledge and skills in nursing – both on its own terms and in relation to other staff in the health sector – in current job descriptions and evaluation frameworks.

5 RCN to lead on the development of fairer and more realistic job evaluation frameworks for use in all settings and for the benefit of all of its members, followed by steps to ensure that nursing staff are employed on the correct banding to match their level of responsibility, skills and autonomy.

A review of current job evaluation structures to assess if these are fit for purpose for a graduate profession; accurately and fully measure the productive value of all aspects of nursing (emotional, productive, technical and cognitive); and fully encapsulate new NMC standards is needed. While this activity relates primarily to AfC, any changes will have far-reaching consequences for nursing staff employed on other contracts and has clear implications for health care support workers; care must be taken to avoid unintended consequences that result in poorer conditions for support staff. The review should include a programme of work to ensure that nursing staff are appropriately banded and employed on a band that matches their level of responsibility, skills and autonomy. It is also important that nursing staff are fairly treated and supported in appraisals and other development programmes related to their employment and career progression.

6 RCN to call for the development of a career framework which enables, rewards and supports horizontal and vertical progression.

This research demonstrates that, in comparison to other health care professions, nursing provides fewer opportunities for progression. Associated with moving away from clinical roles (and away from care), progression is also associated with an element of risk that is perceived to be inadequately rewarded or supported. Progression also leads to less flexible roles, which can be unattractive to nursing staff with family or caring responsibilities. There is a clear need to better understand and support progression in nursing.

7

RCN to promote the need for a change in how work is organised and call for the NHS and other employers to use their reputational power and resources to enable women's and men's careers at all life stages.

All efforts to address chronic shortages in nursing and other health and social care occupations, and to develop a highly skilled, highly motivated workforce must be placed within the framework of a workforce where women predominate. This means addressing how work and working time is organised and recognising the different needs of staff at different stages of their life course. To achieve this:

- managers and union representatives need to ask how each new policy, change in service delivery or new way of working facilitates nursing staff to work to the best of their abilities (while considering the different needs of staff according to their personal circumstances/capabilities)
- employers need to engage with the workforce, listen to their needs and enable practical solutions (fair pay for nurses and support staff, training and development, occupational health provision, decent working conditions, subsidised childcare) as well as flexibility, career progression, inclusion and professional voice. This is particularly true for the NHS as the biggest employer in the UK.

8

RCN to invite members and nursing leaders to debate and support the recommendations of this report and engage them in becoming advocates for change.

Our final recommendation entails a broad invitation to RCN members and nursing leaders to debate the main points and other recommendations made in this report. Through the RCN, members and leaders can be brought together to discuss and plan strategies for joint working.

This work has been carried out at a time when it is more urgent than ever to ensure that nursing as a profession remains attractive and offers adequate rewards. Through this research, we hope to have contributed towards the path of critically evaluating where nursing in the UK stood as a profession, so that it can successfully move forward as a graduate and safety-critical profession.



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