

Nurses in Scotland 2005

Results for Scotland from the
RCN Employment Survey 2005

Jane Ball
Geoff Pike

Employment Research Ltd

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 Scotland 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

Website: www.employmentresearch.co.uk

Email: info@employmentresearch.co.uk

Table of Contents

Acknowledgements	2
Employment Research Ltd	2
<i>Table of Contents</i>	3
1. Introduction	5
1.1 The 2005 RCN Employment Survey	5
1.2 UK-wide context	5
1.3 Survey method	7
1.4 Respondents' employment status	9
1.5 Report structure	9
2. Profile	10
2.1 Age profile	10
2.2 Gender and ethnicity	11
2.3 Length of service profile	12
2.4 Current job and employer	14
Key points from chapter 2	14
3. Rewarding nurses	16
3.1 Pay scales and grade distribution	16
3.2 Inappropriate grading	18
3.3 Additional jobs	18
3.4 Pay satisfaction	19
3.5 Agenda for Change (AfC)	22
Key points from chapter 3	23
4. Role and job description	24
4.1 Role content	24
4.2 Job descriptions	27
Key points from chapter 4	30
5. Job change and career intentions	32
5.1 Changing jobs/employer	32
5.2 Moving up	35
5.3 Future plans	35
Key points from chapter 5	38
6. Working hours	39

6.1 Part-time working	39
6.2 Number of hours worked	40
6.3 Views of working hours	43
6.4 Working patterns and shift working	44
Key points from chapter 6	47
7. <i>Workload & staffing</i>	48
7.1 Nurse to patient ratios	48
7.2 Effects of changes on workload	49
7.3 Perceptions of workload	50
Key points from chapter 7	51
8. <i>Professional development</i>	52
8.1 Participation in CPD activities	52
8.2 Training and development plans	55
Key points from chapter 8	59
9. <i>Morale in 2005</i>	60
9.1 Enthusiasm with work	60
9.2 Careers in nursing	61
9.3 Own career	61
9.4 Job security	62
9.5 Workload and pressure	63
9.6 Pay	63
9.7 Training and employer support	64
9.8 2003 and 2005 nurses' views in Scotland	65
<i>Appendix A: Survey process</i>	67
A.1 Drawing the sample	67
A.2 Response rates	68

1. Introduction

1.1 The 2005 RCN Employment Survey

This report describes the results for Scotland 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 (e.g. practice nurses or nurses from black and minority ethnic origins).
- 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 UK-wide context

Overall the nursing workforce in the UK has expanded¹. Between 1997 and 2004 the NHS qualified nursing/midwifery workforce across the UK has increased by between 10% in Scotland and 23% in England. This expansion has been sourced primarily through increases in the numbers of nurses trained and through recruiting nurses from outside the UK (who represent about 45% of new entrants to the UK register). There has also been a substantial increase in the NHS in use of bank/agency nurses (e.g. expenditure on temporary staffing in England tripled between 1998 and 2003). Thus the target set in 2000 in the 'NHS Plan' to increase the number of nurses working in the NHS in 2004 by 20,000 has been achieved. But, as the recent Healthcare Commission review of ward staffing points out², services themselves have been expanded and reconfigured, so an increase in the number of nurses does not necessarily mean an increase in staffing levels.

But at the same time that the workforce size has increased, so has the range, volume and complexity of care provided. For example, between 1997 and 2004 the number of NHS hospital admissions in England rose by 22%³. The last two years alone have seen an increase of 7%. Hence despite the growth in the workforce there is little sign that vacancy levels have changed – the government reported three-month vacancy rate has remained between 2-3% over the last six years (the 2004 figure for England is 2.6%; in 1999 it was 2.8%). In 2004 an average 9% of NHS hospital ward posts were unfilled.

¹ Buchan (2005) *UK Labour Market Commentary 2004-05– interim report*, London:RCN.

² Healthcare Commission (2005) *Ward Staffing. Acute hospital portfolio review*, London: Healthcare Commission.

³ Department of Health (2005) *Annual Report 2005*, London: DH.

Change has become a constant within UK health care provision in the last twenty years. But it has reached unprecedented levels more recently as the NHS programme of modernisation drives reform. The changes outlined in the *NHS Plan*⁴ were described as ‘the most fundamental and far reaching reforms the NHS has seen since 1948’ and that ‘over the next few years the NHS will be modernised from top to toe’. The last five years have seen a period of massive change as both internal and external drivers reshape the health service landscape. A raft of white papers and initiatives have been launched as the NHS strives to become a ‘model employer’ – for example, ‘*Securing our future health*’, ‘*Every Child Matters*’, establishment of National Service Frameworks, *Agenda for Change*, and new contracts for doctors.

The twin aims of health service modernisation have been to have more staff, working differently. Developments such as ‘Walk in Centres’, NHS Direct and nurse prescribing impact on the way in which nurses deliver care. The increase in the number of nurses working in specialised and advanced roles have implications beyond the NHS or individual employers, and has prompted the NMC to review what regulation is required to accommodate the new breed of nurses on the register.

Meanwhile a number of factors are impacting on the health services provided outside the NHS. The relationship between the NHS and independent sector providers has been developing since the proposal of a concordat in 2000. But the level of state funding received by private care homes continues to be a source of tension, creating staffing pressures within many homes⁵.

Added to this, the demographic profile of the workforce itself is changing. The average ages of nurses working in the UK has been steadily increasing, as has the age of entrants to nursing. Are health service employers positioned to meet the needs of an increasingly mature workforce?

At a macro level we know that the volume of care required continues to increase, and that health services are expanding, reconfiguring and changing the way in which they meet that need. But what does this mean for typical nurses delivering that care? What has their experience of change been? Has the increased number of nurses in the workforce reduced workload? Does being part of a ‘top to toe’ reform leave individual nurses feeling battered or are they more positive about nursing as a career?

These are some of the key questions that the survey in 2005 seeks to address – what are the effects of change on individual nurses and do their experiences point to how working differently can be best managed?

⁴ Department of Health (2000) *NHS Plan*, London: DH.

⁵ Ball J, Pike G (2004) *Survey of nurses in care homes. Impact of low fees for care homes in the UK*, London: RCN.

1.3 Survey method

The approach to the survey has been refined over the years. It was first commissioned in 1987 with questions altered over the years 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 Northern Ireland, Scotland and Wales.

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 Scotland
- ◆ 1,000 additional cases from Wales.

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

Questionnaire design

Each year, to ensure continuity and allow comparisons with previous years, the questionnaire covers core employment and biographical questions including: demographic details, pay and grading, working hours, job change and various attitude items relating to nurses' experiences of working life. This year's survey also included sections looking at the application of Agenda for Change, professional development and workload.

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 & 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%) – compared to 60% of the random sample surveyed in 2003. However, the response rate in Scotland was slightly higher than across the rest of the UK (59%). The UK-wide response rate 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 Agenda for Change questions may have alienated some 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.

An overall response rate of just less than 57% (59% in Scotland) was achieved.

Table 1.1 Response rates by sample

	Total mailed	Post Office returns	Inappropriate	Number Responses	Response rate
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%
Total	9,000	94	23	5062	57%

Source: Employment Research/RCN 2005

As in previous years the response rate for younger nurses is lower, particularly for the 25-34 year old groups – they account for 22% (Scotland 21%) of respondents but make up 28% of the RCN membership (Scotland 26%). Previous RCN Employment Surveys conducted by Employment Research have demonstrated that age is a key variable influencing response behaviour, followed by gender and to a lesser extent ethnicity⁶. As a result of this discrepancy in the response, a weighting procedure is carried out to rebalance the age profile of respondents and ensure that it is more in line with the membership profile. This is described in Appendix A. This Appendix also gives an outline of the precision achieved in the results for different sub-samples.

⁶ See the discussion on sampling and response in Appendix A of: Ball J & Pike G (2001) *'Time to deliver'* London: RCN.

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 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, as the questionnaire did not apply to them.

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 in the report are based on all respondents indicating that they work in Scotland (weighted by age) who are currently employed in nursing (885 cases).

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 and then examines the introduction of Agenda for Change.

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.

Please note: all tables in the following report provide the UK data in brackets.

2. Profile

This chapter reviews the demographic characteristics and employment situation of respondents working in Scotland to the 2005 Employment Survey. Demographic data is of key interest in its own right, for example to monitor the ageing profile of the nursing workforce, but the relationship between demographic characteristics and work situation is also of interest. For example *Stepping Stones* contrasted the average age of respondents in different employment settings and drew attention to the relationship between the type of work undertaken and age, suggesting a pattern of employment related to career stage.

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.

2.1 Age profile

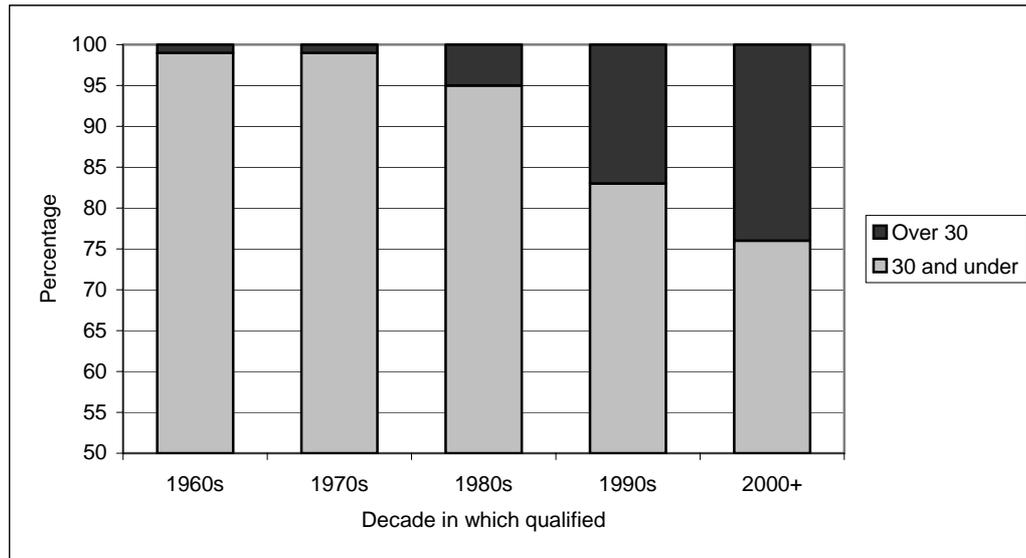
One of the key variables in analysing the Annual Employment Survey is age. In recent years the data set has been weighted to ensure that the profile of the respondents matches the population profile as closely as possible.

Important characteristics of the age profile of the nursing workforce and the respondent profile are:

- today 12% (UK, 14%) of all respondents are aged over 55; in 2000 across the UK the equivalent figure was 8%
- the average age of nurses in the UK responding to the survey has increased from 33 in 1987, 37 in 1995, 41 in 2003 to 42 today in Scotland (UK 42). The average (mean) age of the nursing workforce has been increasing by approximately six months every year since 1987
- the mean age of men is 43.4 (UK 41.3) compared to 41.6 for women (UK 42.0). But for men the average time since qualification is 16 years (UK 14 years) compared to 19 years for women (UK 18 years). Nurses of the same age in Scotland are slightly more experienced, qualifying slightly younger than is the case elsewhere in the UK
- the age at which nurses first register as qualified nurses has also been increasing (Figure 2.1 below). Almost all nurses who qualified in the 1960s and 1970s were under the age of 30; indeed most were aged 20-21. However, today a one in four (Scotland 24%, UK 33%) of all new registrants are aged over 30

- the mean age on qualification of nurses who qualified in the 1960s was 21 (UK 21) while in the 2000s the average age on qualification is 28 (UK 29). This has a big impact on the nature of the nursing workforce. It suggests that the total length of nurses' careers is shorter now than was the case in previous decades. But this may not mean fewer years spent nursing per person, as it is likely that older entrants will have already had children (and hence less likely to require maternity leave/career breaks) before entering nursing, so may offer more continuous service than could be expected of new recruits in the past.

Figure 2.1: Age on qualification by decade qualified as registered nurse – percentages



Source: *Employment Research 2005*

2.2 Gender and ethnicity

Just 2% of all members responding to the survey in Scotland are from black and minority ethnic origins (BMEs). This figure is the same as in 2003. In the last few years, entrants from outside the UK have represented 45% of all new entrants to the register⁷.

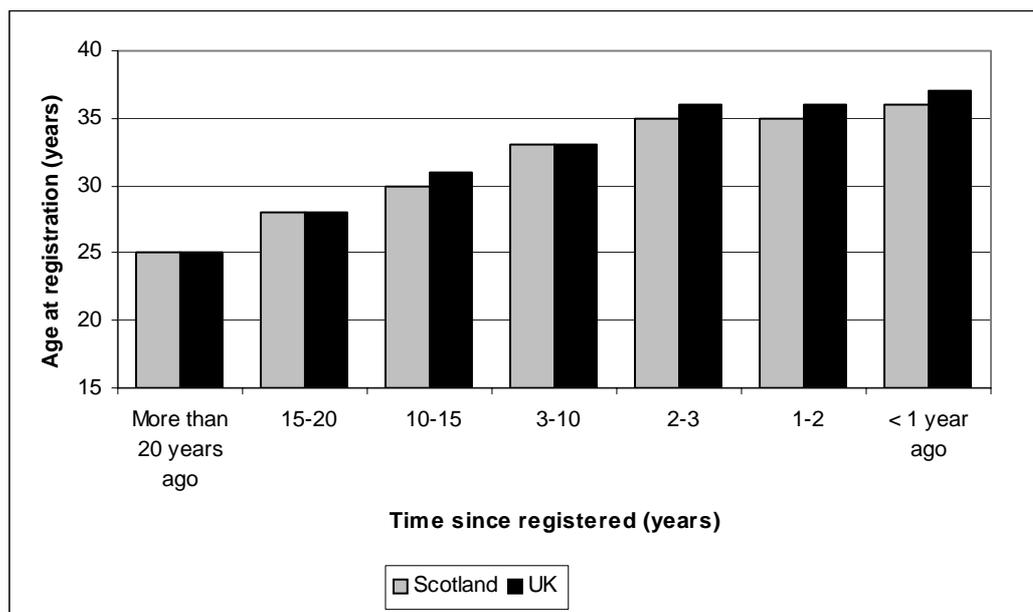
Overall, the proportion of men in the membership has remained broadly stable for some time; today at 6% (UK 7%) more or less the same as in 1995. Across the UK there has been a steady increase in the proportion of men entering the membership, as indicated by numbers in each cohort, and significant increases in the proportion of minority ethnic nurses but the numbers are too small to examine in the Scotland data.

⁷ Buchan (2005) *UK Labour Market Commentary 2004-05– interim report*, London: RCN.

2.3 Length of service profile

This section is devoted to showing the differences between generations of nurses. The time since qualification variable has been re-banded to present all nurses who qualified in each of the last five decades⁸. It helps to build on the evidence presented in the 2003 report⁹ that explored changing employment profiles of nurses through their careers. First though, demonstrating the older profile of entrants to the register we show the average age of RCN members registering as new members¹⁰ by the decade in which they first registered.

Figure 2.2: Mean age at registration by time since registered



Source: RCN Membership records, 2005

Full members who qualified more than 20 years ago typically registered at the age of 25 (UK 24). Today the equivalent figure is 36 (UK 37).

The main points to note are:

- in Scotland there has been a further small increase in the proportion of respondents who hold a degree or higher degree level qualification (30% compared to 27% two years ago, significantly higher than the equivalent figures for UK (22% and 21%))
- nine in ten (93%) of those who qualified since 2000 (UK 85%) have a degree or diploma qualification – again higher than for the UK as a whole. Four in ten (39%, UK 30%) of those who qualified in the 1990s have a degree or higher degree qualification. Respondents in Scotland are more likely to hold nursing degrees than nurses across the UK as a whole

⁸ The '1960s' band includes a small number of nurses (9) who qualified in the 1950s

⁹ Ball J, Pike G (2004) *Stepping Stones: Results from the RCN membership survey 2003*, London: RCN.

¹⁰ Although this is not the same as age on qualification it acts as a useful proxy.

- each year, as increasing numbers qualify in their mid 20s to mid 30s, more nurses who have recently qualified have children. So, although only 21% (UK 22%) of those aged under 30 have children to care for, 32% (UK 35%) of respondents in the first five years of their careers have children. As previous surveys have shown¹¹, this is the stage in their careers when nurses are most likely to work in NHS hospitals, underlining the importance of flexible working and childcare assistance to this sector
- a third (32%, UK 35%) of all respondents who qualified in the last five years have children but there are big differences between the mature entrants to nursing (64%, UK 67% have children) and those who qualified aged thirty and under (23%, UK 21% have children living at home)
- self-evidently the average age of each cohort increases, although it is worth reinforcing the data above that shows the average age even of those who qualified in the last five years is over 30 (31) further demonstrating the older age at qualification which is helping to push up the average age of the nursing workforce.

Table 2.1: Demographic summary by decade of qualification – percentages (UK)

		Decade in which qualified					Total
		1960s	1970s	1980s	1990s	2000+	
Mean age		(59) 59	(51) 51	(43) 43	(36) 36	(32) 31	(42) 42
Mean age qualified		(21) 21	(21) 21	(23) 22	(25) 25	(29) 28	(24) 23
Men %		(3) 3	(6) 4	(6) 6	(8) 8	(10) 5	(7) 6
Qualification:	Diploma %	(12) 12	(16) 9	(17) 12	(39) 21	(63) 53	(30) 20
	Degree/higher %	(7) 12	(16) 23	(23) 28	(30) 39	(22) 40	(22) 31
Dependents:	Child %	(22) 22	(53) 50	(74) 73	(54) 55	(36) 32	(55) 54
	Adult %	(29) 27	(28) 32	(18) 19	(11) 9	(12) 9	(18) 18
Partner/ spouse %		(76) 72	(76) 80	(82) 85	(77) 78	(65) 69	(77) 79
Weighted cases		66	158	286	245	121	876

Source: Employment Research Ltd/RCN 2005

Interestingly, there is little difference between respondents in terms of the proportion of household earnings their income accounts for between the decades in which they qualified. Overall the proportion earning less than half of the household income is more or less the same as in 2003, when it was 33% (in 2005 it is 32%, UK 30%).

The average length of service for all respondents is 18 years (UK 18 years), with half this time spent with their current employer. Just over 5 years has been spent in respondents' current post with just over 5 years spent on their current grade (4 years UK).

¹¹ Ball J & Pike G (2003) *Stepping Stones: Results from the RCN membership survey 2003*, London: RCN.

2.4 Current job and employer

Across the UK the distribution of respondents by sector has barely altered in the last five years or more. Nearly three quarters (74%, UK 72%) of all respondents report working in the NHS (including management), 7% (UK 8%) in GP practice nursing, 12% (UK 14%) outside the NHS (in independent and voluntary/hospice sectors), 2% (UK 2%) in bank nursing and 1% (2%, UK) in agency nursing.

Below we look at employment patterns in relation to career stages i.e. time since qualification. Full tables are provided in the Appendix. The main points to note are:

- 80% (UK 75%) of recently qualified nurses work in NHS hospital settings. In contrast only 39% (UK 35%) of those who qualified in the 1960s and 1970s are now working in NHS hospital settings. More newly qualified nurses in Scotland work in NHS hospital settings than is the case across the rest of the UK
- of those who qualified in the last five years, 'mature' (i.e. over thirty) entrants to nursing are less likely than their younger colleagues to be currently working in NHS hospitals (68% (UK 69%) are compared with 84% (UK 79%) of the young entrants)
- later in their careers nurses are more likely to report working in a GP practice, independent care home and bank/agency settings (27% (UK 39%) of those who qualified in the 1960s worked in these areas compared to 8% (UK 7%) of those qualifying the last five years)
- overall, 46% (UK 41%) of respondents are staff nurses, 11% (UK 12%) sisters/charge nurses, 6% (UK 7%) community nurses, 4% (UK 6%) senior nurses, 7% (UK 10%) clinical nurse specialists/nurse practitioners and 6% (UK 7%) practice nurses
- 89% (UK 82%) of nurses who qualified in the last five years are staff nurses compared to 54% (UK 45%) of those who qualified in the 1990s and 30% (UK 30%) of those who qualified in the 1960s/70s
- 30% (UK 30%) of all nurses work in adult general/critical care, 24% (UK 22%) work in primary/community care. Nurses move from adult general/critical care, in the early part of their career, towards primary and community care and older people nursing in the latter stages of their careers.

Key points from chapter 2

- The average age of the nursing workforce in Scotland is 42 (UK 42). In 1987 the average age was 33 (UK) and the average age has been increasing by approximately six months every year for the last 18 years.
- Today 12% of all members are aged over 55. In 2000 the equivalent figure was 8% (UK).
- Nurses now enter the profession later. In the 1960s the average age on qualification was 21 while in the 2000s the average age at which nurses qualify is 28 and a third of new registrants are aged over 30.

- Linked to this demographic increasing numbers of newly qualified nurses have children (35% of those who qualified in the last five years).
- The proportion of men on the register has remained more or less unchanged over the last 10 years at between 7-10%.
- More nurses in Scotland hold nursing degrees than is the case across the rest of the UK (30%, UK 22%).
- Most recently qualified nurses (last five years) work in NHS hospital settings (80%) and this figure is higher than across the UK (75%). In contrast only 39% of those who qualified in the 1960s/70s are now working in this setting.
- Fewer experienced nurses i.e. qualified in the 1960s in Scotland work in GP, independent care home and bank/agency settings in Scotland (27%, UK 39%).

3. Rewarding nurses

This chapter looks at nurses' pay and grading, both within and outside of the NHS. This is the first RCN employment survey since Agenda for Change was launched in 2004 and provides an opportunity to gauge the progress made with assimilation to the new pay bands within the NHS, and respondents' views of the process itself.

As well as describing which grades/pay-bands nurses are paid on, the survey explored how they viewed their pay and whether they consider their grade to be appropriate. Previous surveys identified a correlation between nurses' perception of being appropriately graded and their morale, as revealed through feeling that their work is valued and plans to stay in nursing.

3.1 Pay scales and grade distribution

In early spring 2005, 89% of members in Scotland (UK 84%) reported that they were paid on clinical grades (more than in UK as a whole), 1% (UK 5%) on AfC pay bands, 1% (UK 3%) on managerial pay scales and 4% (UK 9%) on other pay scales. In the NHS 97% (UK 91%) of all respondents indicated that they are employed on a clinical grade and 2% (UK 6%) (11 respondents) reported being on AfC pay bands (Table 3.1). The numbers of nurses in Scotland reporting that they are paid on AfC pay bands means that further analysis here is not possible.

Table 3.1: Nursing pay scales – percentages by sector (UK)

	Pay scale/band				<i>Weighted cases</i>
	Clinical grade	Agenda for Change	Managerial pay scale	Other pay scale	
NHS hospital	(91) 97	(6) 1	(1) 0	(2) 1	474
NHS community	(92) 99	(6) 1	(1) 0	(1) 0	103
NHS other	(78) 90	(6) 5	(14) 5	(3) 0	58
GP practice	(89) 89	(2) 2	(0) 2	(8) 7	56
Independent care home	(53) 37	(1) 0	(11) 6	(34) 57	35
Other independent	(36) 40	(0) 0	(5) 20	(59) 40	10
Bank/agency	(80) 90	(0) 0	(2) 0	(18) 10	21
Hospice/charity	(66) 52	(1) 0	(3) 0	(30) 48	25
Other health employer	(62) 97	(2) 1	(4) 1	(33) 1	56
All respondents	(84) 89	(5) 1	(3) 1	(9) 9	849

Source: Employment Research/RCN 2005

Table 3.2 below presents the clinical grading by employer group. Overall across the UK, there are slightly more G-I grades than was the case in 2003. This applies to most sectors.

Table 3.2: Grading by employer group – percentages by sector (UK)

	Clinical grade						Cases	% other
	D	E	F	G	H	I		
NHS hospital	27 (23)	42 (39)	13 (17)	13 (14)	4 (5)	1 (1)	471	1 (7)
NHS community	14 (8)	28 (26)	6 (13)	39 (35)	11 (14)	2 (3)	102	1 (7)
NHS other	0 (4)	14 (11)	28 (19)	35 (32)	18 (23)	6 (11)	51	7 (17)
GP practice	2 (3)	15 (12)	28 (30)	51 (44)	4 (9)	0 (2)	53	5 (3)
Independent hospital	10 (18)	40 (39)	10 (23)	30 (16)	10 (5)	0 (0)	10	0 (7)
Independent care home	48 (39)	35 (35)	14 (11)	3 (12)	0 (3)	0 (1)	29	17 (17)
Bank/agency	76 (48)	24 (32)	0 (9)	0 (10)	0 (2)	0 (0)	21	0 (4)
Hospice/charity	8 (23)	46 (34)	17 (15)	17 (14)	0 (11)	13 (2)	24	4 (9)
Other health employer	10 (8)	17 (41)	19 (20)	31 (20)	19 (10)	5 (0)	42	14 (9)
All respondents	22 (19)	35 (32)	14 (17)	21 (21)	6 (8)	2 (2)	815	3 (8)

Source: *Employment Research/RCN 2005*

In Scotland there are more nurses in the NHS employed on D/E grades than is the case across the UK as a whole. In particular this is the case for staff and community nurses (Table 3.3). In Scotland 70% of community nurses are on D/E grades compared to 56% in UK.

Table 3.3: NHS grading by job title – percentages (UK)

	Clinical grade						Other	Cases
	D	E	F	G	H	I		
Staff nurse	34 (32)	60 (56)	6 (4)	0 (0)	0 (0)	0 (0)	0 (7)	341
Community nurse	21 (14)	49 (42)	6 (16)	19 (19)	2 (3)	0 (0)	2 (7)	47
Sister/charge nurse/ward mgr	0 (0)	0 (1)	32 (47)	63 (46)	3 (2)	1 (0)	1 (4)	76
Senior nurse/matron/nurse mgr	0 (0)	15 (3)	22 (16)	11 (12)	37 (36)	15 (18)	0 (15)	27
CNS/Nurse practitioner	0 (0)	0 (2)	23 (11)	34 (39)	41 (38)	2 (4)	0 (6)	44
District nurse	5 (2)	5 (8)	15 (7)	65 (69)	10 (11)	0 (0)	0 (3)	20
Practice nurse	0 (2)	15 (11)	23 (34)	56 (45)	4 (5)	0 (0)	2 (3)	48
All respondents	23 (17)	37 (30)	12 (16)	19 (20)	6 (7)	1 (2)	1 (7)	655

Source: *Employment Research/RCN 2005*

Acting up to a higher grade

Respondents were asked to indicate if they are currently 'acting up' to a higher grade.

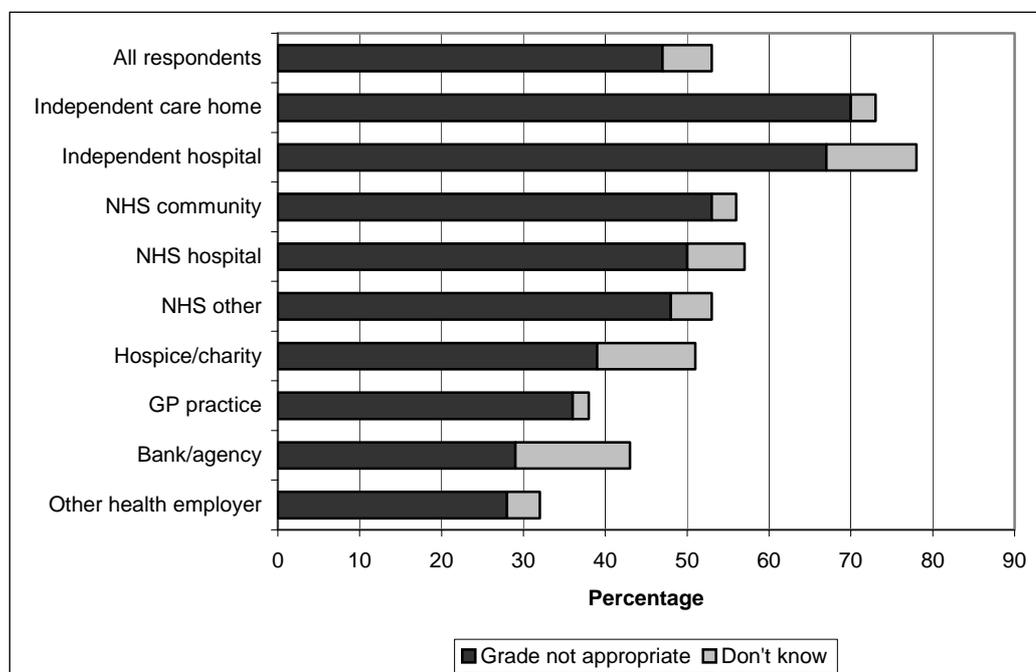
In 2003 approximately 6% (UK 9%) said they were acting up to a higher grade and this year the figure is the same 6% (UK 7%) more or less the same as in 2003, with little difference between types of employer. Across the UK there is some correlation between acting up and grade. D-F grade nurses are more likely to indicate they are acting up to a higher grade (8%) compared to G-I grades (4%).

3.2 Inappropriate grading

Each year for the last four years, respondents have been asked whether or not they consider their current grade to be appropriate given their role and responsibilities. Since 2002 approximately a half of all respondents do not consider their grade appropriate for their role. This year 47% (UK 45%) said they felt their grade was inappropriate, in 2003 the equivalent figure was the same (UK 47%). However, there were slightly more nurses who said they 'don't know' whether or not their grade was appropriate, 6% (UK 7%) compared to 5% (UK 5%) in 2003.

Figure 3.1 below shows the proportion of respondents in each employer group who feel their grade is either inappropriate for their role and responsibilities, or that they do not know whether it is or it isn't. Respondents from the independent sector are more likely to say their grade is inappropriate than nurses from the NHS.

Figure 3.1: Grade considered inappropriate by employer group – percentages



Source: Employment Research/RCN 2005

3.3 Additional jobs

Overall, one in four (26%, UK 27%) nurses have additional jobs, this figure in aggregate remaining more or less unchanged over the last five years.

- more higher graded nurses work excess hours than lower grade nurses but the converse is true in relation to working in additional jobs
- 16% (UK 13%) have more than one additional job – this figure more or less the same as in 2003.

Nearly two thirds of respondents are in bank nursing¹² as their additional job (45%, UK 48% with their own employer and 17%, UK 16% with a different employer). A further 19% (UK 15%) do agency nursing and around five per cent have additional jobs in each of care home nursing, non-NHS hospital nursing, and other nursing work. One in ten (12%) 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.

Most NHS nurses (54%, UK 59%) doing additional jobs are working for the bank with their own employer but 15% (UK 12%) work with other banks and 15% (UK 14%) worked with agencies. A higher proportion of independent sector nurses work in additional jobs with agencies (24%, UK 22%) and other banks (19%, UK 32%).

Looking at the reasons for taking additional jobs the main driver is to provide additional income, mentioned by 72% (UK 72%). 14% (UK 11%) said that they wanted to maintain nursing skills, 11% (UK 10%) wanted to gain experience in other specialties and 3% (UK 8%) gave other reasons. These included to ensure there were enough staff to provide the service, personal interest and a change, and for research/study purposes. The reasons cited by nurses for undertaking additional work vary:

- younger nurses are more likely to do it to provide additional income (77%, UK 80% of the under 40s compared to 66%, UK 64% of the over 40s) with older nurses much more inclined to mention maintaining nursing skills (17%, UK 14% compared to 11%, UK 7% of under 40 age group), to gain experience in other specialties (13% to 10%, UK 12% to 8%) and other reasons (4% to 2%, UK 11% to 5%)
- nurses who earn more than half their household income are more likely to attach importance to the need to provide additional income (77% (UK 81%) of those who account for more than half the household income compared to 63%, UK 62% of those whose income accounts for less than half the household income).

3.4 Pay satisfaction

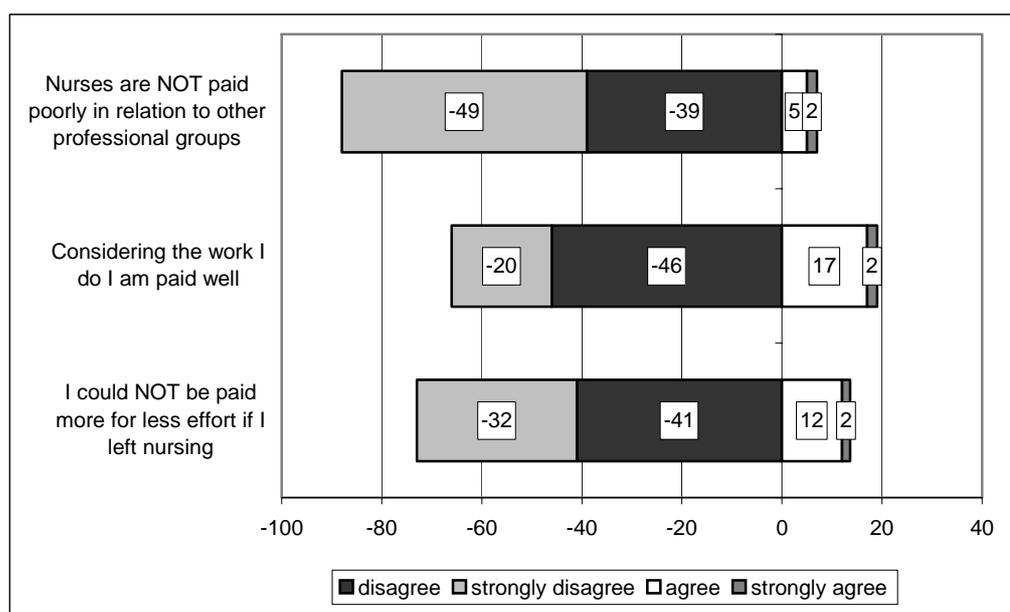
For the last 10 years nurses have been asked to indicate the extent to which they agree with a series of statements on pay. The items included in the 2005 survey are:

- *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 NHS in Scotland 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 vast majority (73%, UK 71%) think they would be better paid if they left nursing. The figures for all items are similar to the UK with nurses in Scotland if anything slightly more negative in their responses concerning pay than nurses elsewhere.

¹² Bank staff are staff who have trust contracts but work on an 'as required' basis.

Figure 3.2: Pay satisfaction (NHS only) – percentages



Source: Employment Research Ltd/RCN 2005

Across the UK there has been little change to the responses to these items since 1996, with pay items consistently receiving the most negative responses from nurses with only around 10-15% giving a positive response to any of the items. This said, there has been some small improvement in response over the last two years but it is difficult to say if this is a ‘blip’ or part of a longer-term improvement. Further analysis of how attitudes to pay and other issues have altered since 1996, is presented in Chapter 9.

Table 3.4 presents aggregate results by employer group showing the percentages disagreeing with each of the statements concerning pay and comparing with the UK equivalent figures. There is some uniformity of view between employer groups to two of the statements, but responses to ‘*considering the work I do I am well paid*’ are markedly different. NHS nurses in both community and hospital settings are more negative in their view than nurses with most other employers.

Table 3.4: Views on pay by employer group – percentages agreeing with each statement (UK)

	<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>
NHS hospital	77 (73)	74 (68)	91 (88)	469
NHS community	74 (70)	63 (60)	87 (83)	102
NHS other	64 (69)	55 (48)	78 (81)	59
GP practice	72 (71)	50 (52)	89 (81)	53
Independent hospital	80 (66)	60 (55)	80 (87)	10
Independent care home	58 (54)	67 (53)	89 (75)	43
Bank/agency	57 (62)	38 (52)	79 (83)	23
Hospice/charity	72 (70)	56 (42)	92 (80)	25
Other health employer	62 (68)	42 (44)	75 (83)	53
All respondents	73 (70)	65 (60)	88 (85)	853

Source: Employment Research/RCN 2005

It is noticeable that respondents in Scotland working for independent care homes and hospices are more negative in their views concerning pay than equivalent nurses elsewhere in the UK.

'I could be paid more for less effort if I left nursing'

The impression gleaned from this analysis is that nurses' views of their pay in relation to work outside nursing have become more negative. Three quarters of nurses (75%, UK 74%) in the NHS in Scotland feel that they '*could be paid more for less effort if they left nursing*'. In 1995 across the UK the equivalent figure was 60%.

However, across the UK the pattern of response to this question has also changed markedly over the last 10 years. Across all grades, there has been an increase in the proportion agreeing with this statement; higher-grade nurses are relatively much more dissatisfied today than they were in 1995.

The first five years in the profession is when reward for effort is viewed most negatively. Newly qualified nurses (*i.e.* those who qualified in the five years prior to the survey) feel much more strongly than all others, independent of age, that they could be paid more for less effort if they left nursing (48%, UK 45% strongly agree compared to 28%, UK 28% of all other nurses), with not much difference in response between the groups with 5-40 years experience.

Larger proportions of the recently qualified are in lower grade positions, which may explain some of the finding, but it may also relate to the increase in age of qualification. Nurses who qualify later in life are not only more likely to have financial responsibilities (in terms of dependents etc) but they may also have a better knowledge of work life and pay in other occupations and the relative effort required to earn that pay.

'Considering the work I do I am well paid'

Interestingly, given that more nurses today feel that they could be paid more if they left nursing, within the NHS more respondents in 2005 report that considering the work they do they are well paid. In 1995 across the UK nearly 80% disagreed with the statement, today the equivalent figure is 69% (UK 65%), which represents a significant reduction. At first sight, this would appear to be something of a contradiction although the 1995 result showed a large, and possibly anomalous, increase from the previous two years.

As mentioned above NHS nurses are least likely to feel that they are well paid for the work they do but it is whether or not nurses feel appropriately graded that explains most of the variation in nurses holding this view. Table 3.5 below demonstrates this; four times as many nurses, who feel that their grade is not appropriate to their role and responsibilities, disagree strongly with the statement, than do nurses who feel appropriately graded.

Table 3.5: ‘Considering the work I do I am well paid’ by appropriate grade (NHS only) – percentages (UK)

	Appropriately graded	Inappropriately graded	All respondents
Strongly agree	3 (2)	1 (1)	2 (1)
Agree	28 (24)	5 (6)	16 (15)
Neither	23 (26)	10 (12)	17 (20)
Disagree	39 (38)	53 (51)	46 (45)
Strongly disagree	7 (10)	31 (30)	19 (19)
<i>Weighted cases</i>	384	398	830

Source: Employment Research/RCN 2005

‘Nurses are paid poorly in relation to other professional groups’

Here there is almost unanimous agreement with 88% (UK 85%) of all respondents agreeing with the statement and little difference between the NHS and other sectors. Across the UK there has been a small reduction in the percentage agreeing with this statement since 2003 but it is still more or less the same result as found in 1995.

3.5 Agenda for Change (AfC)

It was reported above that just two per cent of all nurses (same for NHS) are currently being paid on an AfC pay band. As a result of the small numbers involved it is not possible to analyse many of these questions further for nurses in Scotland.

However, in addition to this, respondents were also asked ‘Have you been told by your employer which AfC pay band you will be on?’ Clearly, for many outside the NHS the issue is not applicable but nevertheless there are a number of nurses, especially in the independent hospital sector, who report that they have been moved onto AfC pay bands. Among NHS nurses, just 8% (UK 15%) report having been told by their employer which AfC pay band they will be on (Table 3.6).

Table 3.6: Told by employer which AfC pay band will be on (NHS/GP practice only) – percentages (UK)

	Told by employer which AfC band will be on			<i>Weighted cases</i>
	Yes	No	Not applicable	
NHS hospital	9 (17)	81 (83)	0 (0)	469
NHS community	4 (15)	95 (84)	1 (1)	104
NHS other	5 (10)	95 (90)	0 (0)	57
GP practice	2 (5)	70 (78)	29 (17)	56
All respondents	8 (15)	91 (84)	1 (1)	654

Source: Employment Research/RCN 2005

The numbers are small but of the NHS respondents who indicated that they had been told their pay band, 11% (UK 16%) reported that they did not know which pay band they would be on, 65% (UK 44%) said they would be on Band 5, 13% (UK 19%) Band 6 and 11% (UK 10%) Band 7 or higher.

Key points from chapter 3

- In the NHS 97% (UK 90%) are still paid on clinical grades. 2% (4%) of respondents report being paid on AfC pay bands, 1% (3%) on managerial pay scales and 9% on other pay scales. More nurses in Scotland are on clinical grading (89%) than is the case across all UK (84%).
- More nurses in Scotland, especially those working in the community, are paid on lower grades (D/E) 57% of all NHS nurses compared to 51% across all UK. In addition far fewer nurses in Scotland respond positively to questions concerning career progression (21% say it will not be difficult to progress from their current grade compared to 28% across all UK).
- At the time of the survey 8% (UK 15%) of NHS respondents have been told which AfC pay band they will be on.
- 47% (UK 45%) of all respondents think their grade is inappropriate. This figure is the same as in 2003.
- 26% (UK 27%) of all respondents have a second job. Over the last four years there has been a swing away from agency working to bank nursing in second jobs.
- Pay satisfaction remains very low – 88% (UK 85%) say that they are paid poorly in relation to other professional groups. Nurses in Scotland are slightly more negative about their pay than is the case among all nurses in the UK.
- Nurses who are inappropriately graded are much less likely to agree that for the work they do they are well paid.

4. Role and job description

Recent changes in the health service have prompted the emergence of ‘new’ roles and the development and reconfiguration of many ‘old’ roles. The NHS Plan sets out not just to increase the number of nurses working in the NHS, but to develop new and more flexible ways of delivering care. But as commentators point out, whilst numbers can be easily measured, progress towards ‘working differently’ is much more difficult to gauge. A major impediment is the lack of a clear yardstick – without having data on the proportion of ward managers’ time spent on clinical activity previously, how can we tell how this has changed?

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. Within the NHS, the arrival of Agenda for Change has underscored the central importance of having an up to date job description that is an accurate reflection of the work undertaken. 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 Scotland, 65% (UK 65%) of nurses’ time is spent on clinical work, 15% (UK 16%) on management, 12% (UK 12%) on education, 3% (UK 3%) on research and 5% (UK 4%) on other activities. In a separate question respondents were also asked to give the amount of time they spend on clerical/administrative activities. A quarter of all time (27%, UK 27%) is spent on these activities. There is little difference between Scotland and the rest of the UK in these results.

There is some variation by type of employer with nearly 70% of time spent on clinical activity in NHS hospitals, compared to 63% of time for NHS community nurses and 80% for those working in GP practices. As might be expected nurses working bank/agency spend most time on clinical tasks. 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 (UK)

	Nature of activity					Weighted cases	Admin/ Clerical
	Clinical	Mgt	Edn	Res	Oth		
NHS hospital	69 (69)	14 (15)	12 (11)	3 (3)	2 (3)	466	28 (27)
NHS community	63 (63)	17 (17)	11 (12)	3 (2)	6 (6)	102	29 (28)
NHS other	46 (46)	17 (24)	20 (16)	5 (5)	11 (9)	58	24 (29)
GP practice	78 (80)	9 (8)	4 (6)	4 (2)	4 (4)	55	21 (20)
Independent hospital	74 (71)	13 (16)	11 (8)	0 (1)	2 (3)	10	28 (27)
Independent care home	61 (55)	23 (27)	12 (12)	2 (2)	3 (3)	43	33 (34)
Bank/agency	81 (77)	8 (11)	5 (7)	0 (1)	3 (3)	21	28 (24)
Hospice/charity	50 (61)	22 (20)	19 (11)	1 (3)	8 (4)	24	20 (27)
Other health employer	45 (55)	18 (13)	18 (13)	13 (8)	7 (10)	53	26 (32)
All respondents	65 (65)	15 (16)	12 (12)	3 (3)	4 (4)	846	27 (27)

Source: Employment Research Ltd/RCN 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 (NHS only¹³) – percentages (UK)

	Nature of activity					Cases	Admin/ clerical
	Clinical	Mgt	Educ'n	Res'ch	Other		
Staff nurse	76 (77)	9 (9)	10 (10)	2 (1)	3 (2)	333	26 (26)
Community nurse	72 (72)	9 (10)	11 (10)	1 (2)	7 (6)	46	29 (29)
Sister/charge nurse/ward mgr	58 (61)	26 (25)	13 (11)	2 (2)	4 (2)	78	28 (29)
Senior nurse/matron/nurse mgr	33 (32)	53 (50)	9 (10)	1 (2)	3 (6)	25	44 (34)
Clinical nurse specialist	55 (59)	9 (11)	21 (18)	10 (6)	5 (6)	44	20 (22)
District nurse	57 (57)	26 (26)	12 (11)	2 (1)	3 (4)	21	34 (30)
Practice nurse	82 (80)	7 (8)	5 (6)	2 (1)	3 (4)	48	18 (20)
All respondents	67 (66)	14 (16)	12 (11)	3 (3)	4 (4)	646	28 (27)

Source: Employment Research/RCN 2005

Approximately three quarters of staff nurse and community nurse time is spent on clinical work (76% (UK 77%) and 72% (UK 72%) respectively). Sisters/ward managers spend slightly less time on clinical work (58%, UK 61%) and more on management (26%, UK 25%) and senior nurses more still, half their time is spent on management. (Table 4.2)

One key point is that the amount of clerical work reported by nurses hardly varies at all between D-I grades (Table 4.3). This said, senior nurses/matrons/nurse managers undertake significantly more clerical work than other nurses.

Unlike across the rest of the UK part-time respondents do not report undertaking less administrative work than full time employees.

¹³ School sector and practice nurses include non-NHS employers.

Table 4.3: Percentage of time spent on different activities by grade (NHS nurses) – percentages and means (UK)

	Clinical grade							All
	D	E	F	G	H	I	Other	
Clinical activity	81 (82)	74 (74)	60 (65)	53 (58)	42 (44)	22 (25)	33 (54)	67 (66)
Management	4 (5)	10 (10)	16 (16)	24 (21)	26 (27)	48 (43)	52 (29)	14 (16)
Education	10 (8)	11 (11)	16 (13)	14 (13)	18 (17)	15 (19)	9 (9)	12 (11)
Research	2 (2)	2 (2)	7 (4)	4 (3)	4 (5)	7 (3)	3 (2)	3 (3)
Other activities	4 (3)	3 (2)	3 (4)	5 (5)	10 (7)	7 (10)	3 (5)	4 (4)
<i>Base N=100%</i>	<i>148</i>	<i>236</i>	<i>81</i>	<i>121</i>	<i>41</i>	<i>9</i>	<i>9</i>	<i>643</i>
Admin/Clerical	28 (25)	26 (27)	25 (26)	30 (28)	30 (26)	35 (28)	33 (29)	28 (27)

Source: Employment Research Ltd/RCN 2005

As would be expected there is an inverse relationship between the amount of time spent on clinical work and grade, and the opposite is true in terms of management and education.

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 (UK)

	Nature of activity					Weighted cases	Admin/clerical
	Clinical	Mgt	Edn	Research	Other		
Primary care	70 (71)	14 (13)	8 (9)	2 (2)	5 (4)	152	27 (25)
Community care	67 (66)	11 (17)	14 (11)	3 (2)	5 (5)	45	27 (26)
Older people nursing	66 (59)	21 (26)	9 (12)	1 (2)	3 (2)	84	30 (31)
Mental health	61 (62)	20 (20)	12 (11)	2 (2)	5 (6)	50	31 (33)
Adult critical care	74 (75)	9 (12)	12 (10)	3 (2)	2 (2)	119	22 (23)
Adult general	73 (71)	11 (14)	11 (10)	2 (2)	4 (3)	129	29 (27)
Rehab/longer term	61 (61)	23 (18)	11 (14)	1 (2)	4 (5)	21	33 (31)
Paediatric critical care	78 (75)	10 (12)	10 (10)	2 (1)	0 (2)	12	16 (19)
Paediatrics general	78 (73)	6 (12)	8 (10)	3 (2)	5 (2)	23	23 (24)
Women's health	69 (71)	9 (12)	18 (11)	2 (3)	3 (4)	13	26 (28)
Learning disabilities	56 (57)	31 (25)	9 (10)	1 (3)	3 (5)	16	35 (33)
Oncology/palliative	67 (67)	16 (14)	14 (11)	2 (4)	2 (4)	36	23 (24)
Education/research	16 (20)	14 (8)	34 (45)	32 (21)	4 (6)	29	23 (27)
Several different fields	45 (44)	20 (25)	20 (16)	4 (5)	10 (9)	37	31 (29)
Total	65 (65)	15 (16)	12 (12)	3 (3)	4 (4)	841	27 (27)

Source: Employment Research/RCN 2005

Biographical differences are a product of the different jobs worked in. For example men spend more time on management activities since a higher proportion of men are employed in management/senior nurse position and as would be predicted nurses at the beginning of their careers spend much more time on clinical work than those in the middle of their careers. Nurses approaching retirement age also spend more time on clinical activities – partly because more are employed in GP practice and bank/agency work.

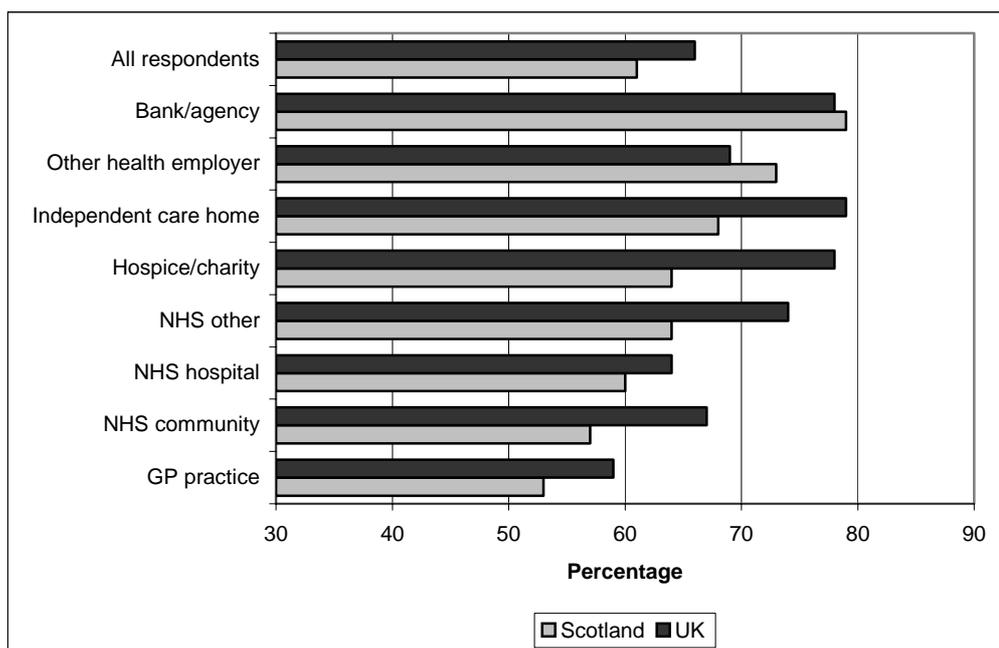
4.2 Job descriptions

Almost all respondents have a job description (87%, UK 92%, 88%, UK 94% in the NHS). Across the UK this figure is slightly higher than reported in 2001 when 88% (NHS 92%) of all respondents had job descriptions. However, in Scotland there are slightly fewer nurses with job descriptions than across all of the UK. Fewer bank/agency staff (58%, UK 63%), GP practice staff (83%, UK 83%) and independent care home staff (84%, UK 88%) have job descriptions, otherwise there is little difference between employers.

Just under two thirds of all nurses (61%, UK 69%, NHS 60%, UK 68%) feel that their job description is an accurate reflection of their role. Again across the UK, this figure is higher than in 2001 when 58% (NHS 54%) said it represented an accurate description of their role. Again though, in Scotland, fewer respondents see their job description as providing an accurate reflection of their role than across all the UK.

There is not a lot of variation between employer groups (see Figure 4.1) with independent care home (68%) and bank and agency (79%) nurses more likely to think their job description gives an accurate reflection of their role (just under 80% for both in the UK). GP practice (53%, UK 61%) were less likely to report that their job descriptions are accurate.

Figure 4.1: Job description is an accurate description of role by employer group – percentages

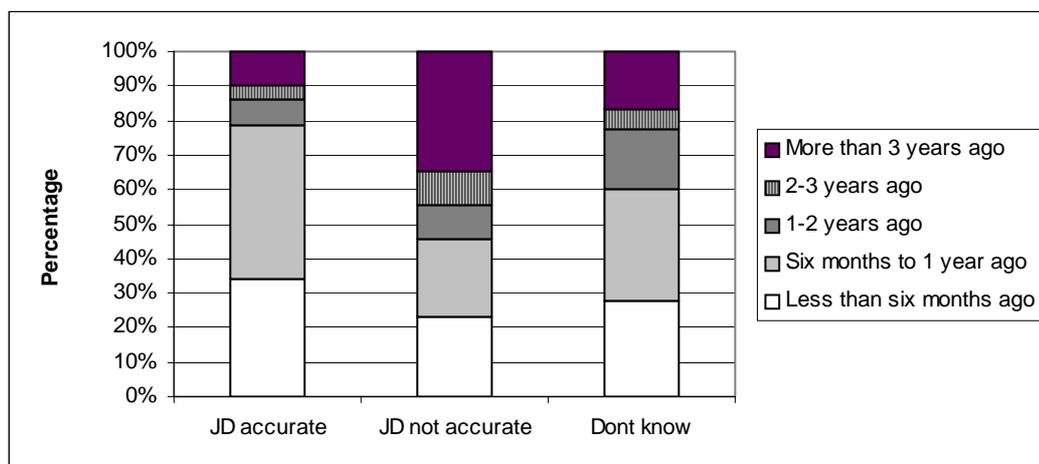


Source: Employment Research Ltd/RCN 2005

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. Eight in ten (74%, UK 83%) nurses who say that their grade is an accurate reflection of their role also think their job description is accurate but only (47%, UK 52%) of those who feel their grade is not an accurate reflection of their role think their job description is accurate.

Those 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. One in three (34%, UK 30%) respondents who say that their job description is not an accurate reflection of their role have not had it updated or revised in the last three years. This compares with 10% (UK 6%) of those who say their job description is an accurate reflection of their role (Figure 4.2).

Figure 4.2: Time since job description was last revised/updated by whether or not it is perceived as accurate – percentages



Source: Employment Research Ltd/RCN 2005

Two thirds of all respondents (67%, UK 62%) say that their role/responsibilities have changed since they took up their post. More nurses in Scotland report that their role has changed since they took up their post.

The only clear differences by employer are that the roles/responsibilities of GP practice nurses are most likely to have changed (89%, UK 78%) while fewer independent care home (50%, UK 47%) and bank/agency staff (46%, UK 37%) have experienced a change in role. A higher proportion of senior nurses (79%, UK 74%) and CNS (79%, UK 72%) have experienced a change to their role since they took up their post particularly in comparison with staff nurses (64%, UK 54%) and district nurses (57%).

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 (79%, UK 74% compared to 58% (UK 54%) 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 (72%, UK 71%) are satisfied with the change and more still (75%, UK 77%) think it has been beneficial to the service. Figures for the NHS respondents only are slightly lower at 68% (UK 69%) and 71% (UK 74%) respectively.

- GP practice staff are most satisfied with any role change (92%, UK 89% satisfied and 98% (UK 93%) think it has been beneficial to the service) Table 4.5.
- Nurses in independent care homes were least satisfied with the change (68%, UK 64%).
- More nurses who feel inappropriately graded are also not satisfied with the way their role changed (29%, UK 30% compared to 14%, UK 16% of those who feel appropriately graded).

- 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 (78%, UK 79% vs. 65%, UK 59%).
- 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 (73%, UK 72% vs. 64%, UK 65%).

Table 4.5: Role change satisfaction and benefit to service by job title – percentages (UK)

	Satisfied with role change		Beneficial to service		Weighted cases ¹⁴
	Yes	No	Yes	No	
Staff nurse	65 (69)	29 (23)	69 (73)	21 (15)	264
Community nurse	76 (61)	15 (34)	80 (72)	14 (18)	35
Sister/charge nurse/ward mgr	69 (65)	28 (29)	67 (71)	21 (19)	72
Senior nurse/matron/nurse mgr	63 (63)	30 (31)	61 (70)	18 (22)	28
CNS/Nurse practitioner	89 (86)	6 (11)	92 (89)	2 (7)	48
Practice nurse	91 (89)	7 (10)	96 (92)	2 (7)	44
All respondents	71 (71)	23 (23)	75 (77)	15 (15)	606

Source: *Employment Research/RCN 2005*

Larger proportions of nurse practitioners and clinical nurse specialists view their role change positively and regard it as beneficial to the service and these figures are higher than across the UK. However, the same cannot be said of staff nurses fewer of whom responded positively about role change compared to their colleagues elsewhere in the UK.

Key points from chapter 4

- Approximately two thirds of respondents' time is spent on clinical activities and 14% on management (same as UK). This balance varies by grade and job title. Approximately three quarters of all time of D/E grades is spent on clinical activity compared to 40% of the time of H/I grades.
- An average of 27% (same as UK figure) of all time is spent on clerical/administrative activities and this varies little by grade or job title.
- 87% (UK 92%) have job descriptions and 61% (UK 69%) think it is an accurate reflection of their role. Both these figures are lower than nurses across all UK. In 2001 across the UK just 57% said their job description was an accurate reflection of their role.
- Most respondents in Scotland and more than elsewhere in the UK (67%, UK 62%) say that their role/responsibilities have changed since they took up their current post. Nearly three quarters (72%, UK 71%) report that they are satisfied with the change to their role and 75% (UK 77%) say that it has been beneficial to the service.

¹⁴ Don't knows have been excluded so rows do not add to 100%

- However, staff nurses in Scotland are less likely to report satisfaction with their role change compared to UK staff nurses (65%, UK 69%). Most other staff groups show a higher satisfaction rating than their colleagues across the UK.
- The more time that has elapsed since the job description has been reviewed the less likely respondents are to feel satisfied with role change.
- Role change is more likely to be viewed positively if changes are reflected in the job description and roles are graded accordingly. Respondents who feel inappropriately graded are less likely to express satisfaction with any role change.

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 was 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

Across all respondents, a smaller proportion report that they changed jobs in the preceding 12 months in 2005 than was the case in 2003 and fewer again than across the whole of the UK – 21% (UK 24%) compared with 23% (UK 26%) two years ago. The job-change figure varies according to current and previous workplace. Of those who currently work in the NHS, 21% (UK 23%) had changed jobs (23% in 2003 UK 25%), compared to 17% (UK 20%) of practice nurses, and 39% (UK 35%) of those who are currently doing bank/agency nursing. This is the first year since 1998 when the NHS turnover figure has not increased relative to the previous year's survey. Some of this slowdown in job movement may relate to the awaited transition to Agenda for Change – upgrades being delayed until the new system is in place, although it is too early to say whether this year's figure represents a temporary change or the start of a trend.

One in twelve (8%, UK 11%) report that they changed employer in the last 12 months (compared with 13% in 2003 - UK 13%). In addition, this report finds that turnover had reduced from 13% in 2003. In other words 37% (UK 47%) of those who changed jobs also changed employer. This is a lower level of employer change than in 2003 (42%).

Changing employer is related to career stage, with employer change more frequent earlier on in careers (Table 5.1). Across the UK fewer nurses in the first five years of their careers have changed jobs/employers than was the case even two years ago. This change did not occur in Scotland where the differences by time since qualification were minimal between 2003 and 2005.

Table 5.1: Changing jobs and employer age on qualification by time since qualification – percentages (UK)

Time since qualification	Qualified over 30	Changed jobs	Changed employer
1-5 years	24 (33)	29 (30)	13 (13)
6-10 years	23 (19)	30 (29)	7 (13)
11-15 years	14 (17)	24 (29)	7 (12)
16-20 years	5 (8)	23 (24)	8 (12)
21-25 year	4 (5)	14 (20)	7 (9)
26-30 years	1 (3)	11 (18)	4 (9)
31 years plus	1 (1)	14 (15)	5 (7)
All respondents	10 (12)	21 (24)	8 (11)

Source: Employment Research Ltd/RCN 2005

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 were the most important factors.

Gaining experience/skills was most frequently given (53%, UK 50%) as a reason for changing jobs in Scotland and was considered one of the most important factors by 43% (UK 35%) – indeed more so than across all UK nurses. This was the main driver in 2002, although there have been other changes in the last three years. 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, 37% (UK 37%) of all those who changed employer did so due to dissatisfaction with previous job compared to 29% (UK 25%) of all job changers, and 27% (UK 28%) moved because of stress/workload compared to 22% (UK 24%) of all job changers.

Table 5.2: Reasons for changing jobs (of those who have changed jobs/employers)

	All (job changes)	All employer leavers	Two most important
Gain different experience/skills	53 (50)	55 (50)	43 (35)
Better prospects	30 (36)	39 (40)	22 (23)
Promotion	36 (35)	17 (22)	23 (21)
Better pay	32 (29)	30 (31)	21 (17)
Change in working hours	24 (26)	32 (33)	18 (16)
Dissatisfied with previous job	29 (25)	37 (37)	15 (18)
Stress/workload in previous job	22 (24)	27 (28)	17 (19)
Distance to work	11 (13)	19 (23)	9 (8)
Better terms and conditions	11 (12)	22 (19)	3 (4)
Personal reasons/moving/partner's job	8 (11)	14 (18)	3 (7)
Family reasons	7 (10)	9 (14)	4 (9)
Training reasons	4 (7)	4 (8)	2 (4)
Bullying/harassment	5 (6)	6 (8)	5 (6)
Health problems	4 (3)	3 (3)	4 (2)
Retirement (semi)	2 (3)	0 (3)	1 (1)
Place of work closed/Redundancy	3 (2)	1 (2)	0 (1)
Dismissed (unfairly/fairly)	0 (1)	0 (1)	0 (<1)
Other	10 (7)	7 (5)	4 (6)
<i>Weighted cases</i>	<i>184</i>	<i>67</i>	<i>178</i>

Source: *Employment Research/RCN 2005*

Across the UK¹⁵ of concern to the NHS is the fact that 49% of all leavers from the NHS did so because of stress/workload compared to 29% of all those who changed employer in the previous 12 months. Similarly, there were big differences in prospects (45% NHS leavers, 38% all leavers), pay (36%, 30%) and terms and conditions (28%, 19%).

Other differences included:

- degree and higher degree qualified nurses were more likely to change jobs to get better prospects (46%)
- promotion was more frequently cited by NHS nurses (43%), largely as a result of the larger employers allowing better promotion opportunities
- family reasons were more often mentioned by respondents with children (17%).

In Scotland more job changers mentioned dissatisfaction with previous job (29%, UK 25%) and fewer mentioned better prospects (30%, UK 36%). Nurses in Scotland also respond much less positively to 'career prospects' attitude statements. For example, only 50% agree with the statement opportunities for nurses to advance their careers have improved compared to 60% of all UK nurses.

¹⁵ Numbers of NHS leavers are too small to compare for Scotland only.

5.2 Moving up

The last few employment surveys have collected data on applications for higher grade posts and respondents' success in their applications. In 2003 22% (UK 26%) had applied for a higher-grade post. This year the proportion has fallen to 20% (UK 23%), representing a significant reduction.

Nurses early in their career are most likely to apply for higher-grade posts but this pattern does not reflect the UK data, where applications in the first five years of their career are significantly lower this year than was the case in 2003 (30% applying compared to 38% in 2003) 19% of nurses in the first five years of their career in Scotland applied for higher grade posts.

Career progression appears more limited in the early stages of nurses' careers in Scotland than is the case elsewhere in the UK.

The proportion of successful applications in Scotland has increased since 2003. Nearly two thirds (59%, UK 65%) were successful in their application (2003 53%, UK more or less the same as 2003, 66%).

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 (29%, UK 30%) respondents to the 2005 Employment Survey said they wanted to leave their current employer within 2 years, 8% (UK 9%) within six months. Both these figures are slightly higher than two years ago and higher still than 2001 (25% and 7%). Nurses in the NHS are no more or less likely to be considering leaving their current employer within the next six months or two years, than those in other employment situations.

Table 5.3: Intention to leave current employer by decade of qualification – percentages (UK)

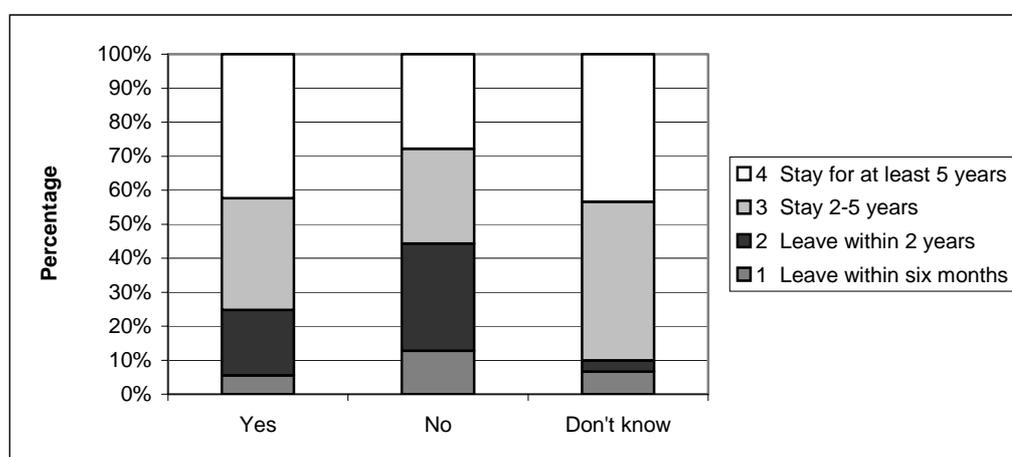
	Decade in which qualified					Total
	1960s	1970s	1980s	1990s	2000+	
Within 6 months	8 (11)	5 (7)	5 (8)	8 (10)	16 (12)	8 (9)
Within 2 years	47 (36)	16 (15)	16 (16)	16 (22)	42 (29)	22 (21)
Stay for 2-5 years	40 (44)	24 (35)	30 (35)	41 (36)	22 (39)	32 (36)
Stay for 5 years or more	5 (99)	55(42)	49 (41)	34 (31)	21 (20)	39 (33)
<i>Weighted cases</i>	<i>60</i>	<i>148</i>	<i>279</i>	<i>239</i>	<i>116</i>	<i>842</i>

Source: Employment Research Ltd/RCN 2005

As can be seen in Table 5.3 above, 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. Reflecting this demographic, nurses without children are more likely to be considering changing employer than those with. If we consider only nurses aged under 40 nurses in NHS hospitals the proportion has increased from 32% to 36%.

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 6.1 highlights the differences showing that 44% (UK 46%) of those who have been dissatisfied with a role change wanting to change jobs in the next 2 years compared with 25% (UK 24%) of those who have been satisfied.

Figure 5.1: Satisfaction with role change and intention to leave current employer – percentages



Source: Employment Research Ltd/RCN 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% (UK 12%), in 2003 it was 11% (UK 11%). Most nurses who intend to leave nursing in the short to medium term are aged 50 plus, with just 9% (UK 8%) of the under 40s planning to leave in two years. Looking specifically at the under 40s across the UK, there has been a significant reduction in the proportion of nurses aged in this age group who plan to leave nursing within five years 35% in 2005 in Scotland compared to 47% in 2003 (UK 32% and 43% respectively).

This is one of the most marked differences between the 2003 and 2005 results and suggests a shift in attitude towards nursing as a career (explored further in Chapter 8).

In line with other findings, nurses who say they do not feel satisfied with a role change are significantly more likely to plan to leave nursing within five years (50% (UK 51%) compared to 33% (UK 35%) of those who are satisfied with their change in role).

Retirement planning

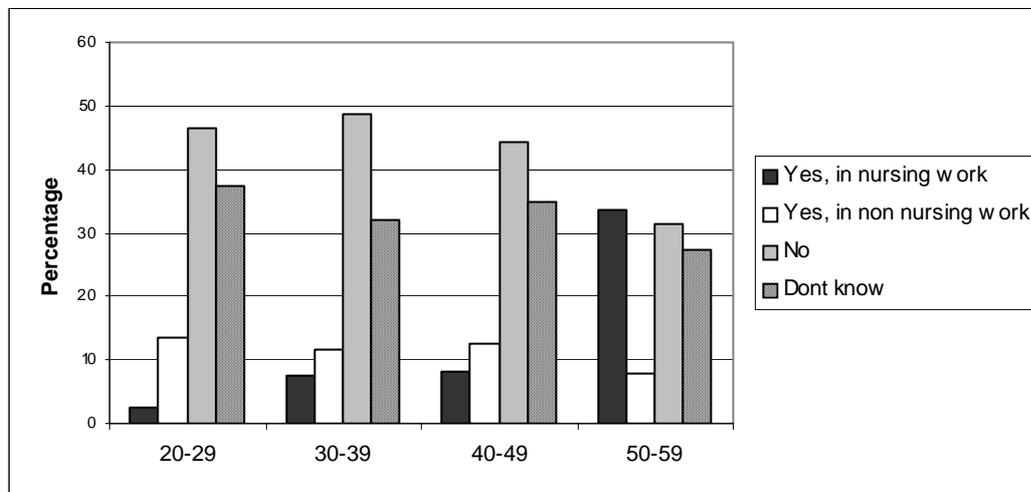
In 2003 it was reported that the average age respondents planned to retire was 59 (UK 58), this year the planned retirement age has remained unchanged at 59 (UK 59) and respondents ideal retirement age has increased from 55 to 56 (UK 55 to 56). Part of this change will be as a result of the growing average age of the nursing workforce.

It was shown in 2003, and is the same this year, that nurses' intended retirement age increases with age. Thus nurses in their 20s and 30s 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.

One in eight (13%, UK 16%) of all respondents intend to work in nursing after reaching retirement age (age 60) and 11% (UK 10%) intend to work beyond retirement in non-nursing work. A third (33%, UK 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 as Figure 5.2 shows. Indeed, more than one in three (34%, UK 36%) respondents aged 50-59 intend working in nursing beyond retirement age.

Figure 5.2: Working after retirement – percentages



Source: Employment Research Ltd/RCN 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 (18%, UK 19% compared to 9%, UK 11% where respondent income represents less than half household earnings).

It should be reiterated from the 2003 survey that a sense of feeling that their contribution is valued is 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

- Since 2003 there has been a small reduction in the proportion of respondents who have changed jobs in the preceding 12 months (21% compared to 23% in 2003 UK 23% compared to 26% in 2003).
- Across the rest of the UK this change has occurred predominantly among respondents who are recently qualified. In the Scotland this change is smaller. There has been a similar reduction in the proportion who have changed employer (13% in 2003 to 8% in 2005 UK 21% in 2003 to 13% in 2005).
- Nurses in Scotland though remain less likely to have changed jobs and employers than all UK nurses and are less likely to have done so because of prospects. Fewer applied for higher grade posts than among all UK nurses, especially in the first five years of their career (19%, UK 30%) and fewer respond positively to career progression questions.
- There has also been a reduction in the proportion of respondents who applied for a higher graded post in the previous 12 months (22% compared to 20% in 2003 UK 22% to 26% in 2003).
- 44% (UK 46%) of respondents who report being dissatisfied with a role change say they want to change employers in the next two years compared to just 25% (UK 24%) of those who have been satisfied with a role change.
- There has been a significant reduction in the proportion of respondents aged under 40 who report wanting to leave nursing within five years 35% in 2005 from 47% in 2003 (UK 32% compared to 43% in 2003).
- One in eight (UK 1 in 6) respondents intend to continue to work in nursing beyond retirement age and 10% intend to work outside nursing. Of the 50-59 age group 33% intend to continue to work in nursing beyond retirement.

6. Working hours

One dimension of 'working differently' relates to the way in which work is undertaken, in terms of working hours and working patterns. Initiatives such as *Improving Working Lives* have flagged the importance of making working patterns more flexible and better suited to employees' needs. Research evidence¹⁶ based on NHS staff in England shows that achieving a good work-life balance is correlated with job satisfaction, reduced stress levels, lower errors and incidents and improved retention of staff.

Whilst the benefits of work-life balance are recognised, nonetheless other changes in the configuration of services – such as changes in the GP contract or junior doctors' working hours – may lead to more rather than less pressure on nurses' work schedules. The survey asked respondents directly about the impact of such changes on working hours and workloads, as well as mapping current working hours and workloads.

The changing profile of the nursing workforce – with an increased average age and older entrants to nursing – may also have implications for the patterns of work sought by nurses.

6.1 Part-time working

The proportion of respondents in Scotland to the RCN annual employment survey who work part time hours has remained broadly unchanged since 2000, at just under two fifths (41%, UK 39%) working part-time (including as part of a job share or occasional/various hours), after a period of growth in the 1990s. Across the UK, in 1989 only 29% of NHS nurses worked part-time, whilst today the figure is 39% (UK 36%).

However, this aggregate picture hides some interesting changes in patterns of part-time working:

- The proportion of men working part-time increased in recent years with 17% (UK 13%) working part time in 2003. This year the figure is higher (22%) (in UK it reduced marginally to 11%) and represents quite a significant increase although the numbers are quite small.
- Part-time working among nurses with dependant children has reduced from 58% (UK 56%) to 55% (UK 52%) while conversely it has increased among those without dependants from 21% to 23% (UK 19% to 23%).
- For nurses aged under 50 there has been little change in the proportions working part-time or full-time. However, there has been a significant increase in full-time working among nurses aged 50 plus since 2000. For the 50-54 year old age group this has increased from 59% to 67% and among the 55 plus age group it has increased from 40% to 48% across the UK. Equivalent figures for Scotland are 62% for 50-54 year olds and 51% for nurses aged 55 plus.

¹⁶ Healthcare Commission (2005) *NHS National staff survey 2004*, London: Healthcare Commission.

The previous annual employment survey revealed considerable changes in part-time working by age and domestic circumstances and although this remains the case in 2005, the data here also demonstrate how the picture is continually evolving.

Table 6.1: Part-time working by decade in which qualified – percentages (UK)

	Decade in which qualified as nurse					Total
	1960s	1970s	1980s	1990s	2000s	
Full-time	43 (39)	55 (58)	55 (52)	61 (67)	81 (83)	59 (61)
Part-time	57 (61)	45 (42)	45 (48)	39 (33)	19 (17)	41 (39)
<i>Weighted cases</i>	<i>58</i>	<i>151</i>	<i>284</i>	<i>242</i>	<i>117</i>	<i>852</i>

Source: *Employment Research Ltd/RCN 2005*

Working full-time is more prevalent amongst more recently qualified nurses, as Table 6.1 shows – 81% (UK 83%) of those who qualified in the last five years are currently working full-time. Although mature, recently qualified entrants are much more likely to have children (65% do vs 23% of their younger colleagues), the vast majority of this group (65%¹⁷ UK 76%) nonetheless work full-time. This may explain the decrease noted previously in the percentage of nurses with children working part-time.

And given that a third of newly qualified nurses since 2000 are aged 30 plus this is an important consideration in delivering working patterns that meet the needs of different nurses.

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 23.5 hours per week (UK 23.7 hours), slightly higher than in 2000 (22.9 hours). Full-time nurses are typically contracted for 37.5 hours per week. Five per cent of full-time nurses are contracted to work more than 40 hours per week.

Working excess hours

The propensity of nurses across the UK to work excess hours has changed little over the last 10 years. In 1995 it was reported that 61% of NHS nurses worked excess hours during their last full working week, up from 57% in 1994, and in 2000 58% of NHS nurses worked additional hours in their main job. Today the equivalent figure is 55% in Scotland, slightly lower than in the UK (60%). There is little difference here by sector with other non-NHS nurses are equally likely to have worked additional hours in their main job. Across the UK in the last 10 years there has been a slight increase in the proportion of NHS nurses who worked 10 or more excess hours in their main job, up from 16% to 20% in 2005.

The average number of excess hours worked (by those that have worked excess hours in the preceding week) is 5.8 (UK 6.5) in the last full working week. Across all respondents, 7% (UK 10%) work excess hours every shift, a third (32%, UK 34%) work extra hours several times per week, 16% (UK 20%) once a week, 35% (UK 30%) less than once a week and 9% (UK 8%) never work extra hours.

¹⁷ Numbers here are small (17 respondents) but are corroborated by UK findings.

As reported in previous employment surveys it is grade that accounts for most of the variation in whether or not nurses work excess hours, with higher graded nurses more likely to have worked excess hours in the previous week. However, it is worth noting that across the UK, while there has been no change in the propensity of D-F grade nurses to work excess hours (45%, 50% and 65% respectively) since 2000, higher graded nurses are slightly less likely to have worked excess hours in the previous week, down from 76% to 71% since 2000.

Table 6.2: Working excess hours by grade (NHS nurses) – percentages and means (UK)

	Clinical grade						All NHS
	D	E	F	G	H	I	
% Working excess hours	44 (46)	50 (51)	60 (67)	61 (71)	85 (78)	63 (91)	55 (60)
% Work excess hours at least several times per week	29 (31)	35 (35)	39 (49)	51 (56)	77 (69)	75 (69)	41 (45)
Average excess hours (<i>all nurses</i>)	3 (3)	3 (3)	4 (4)	5 (4)	8 (5)	8 (8)	3 (4)
Average excess hours (<i>those working excess hours</i>)	6 (6)	5 (6)	4 (6)	6 (6)	6 (7)	12 (9)	6 (6)
% overtime unpaid	19 (18)	16 (18)	19 (18)	21 (26)	28 (27)	23 (35)	20 (22)
% overtime paid at <i>less than</i> standard rate	2 (2)	3 (2)	4 (3)	2 (2)	0 (1)	0 (4)	2 (2)
% overtime paid at <i>standard</i> rate	29 (30)	31 (30)	13 (21)	15 (13)	6 (6)	1 (5)	23 (22)
% overtime paid at <i>higher</i> than standard rate	16 (16)	15 (14)	14 (10)	7 (5)	2 (3)	0 (5)	12 (10)
% overtime given as <i>time off in lieu</i>	31 (33)	34 (35)	47 (45)	51 (52)	63 (60)	76 (50)	41 (42)
Weighted cases	114	189	67	99	36	8	520

Source: Employment Research Ltd/RCN 2005

Table 6.2 above highlights clearly how senior nurses in the NHS work excess hours more frequently, for longer hours and are less likely to be paid for doing so, more having to take time off in lieu or have their time unpaid. However, fewer F-I grade nurses in Scotland work excess hours compared to their colleagues elsewhere in the UK, while D/E grades in Scotland are equally likely to be working excess hours compared to all UK nurses.

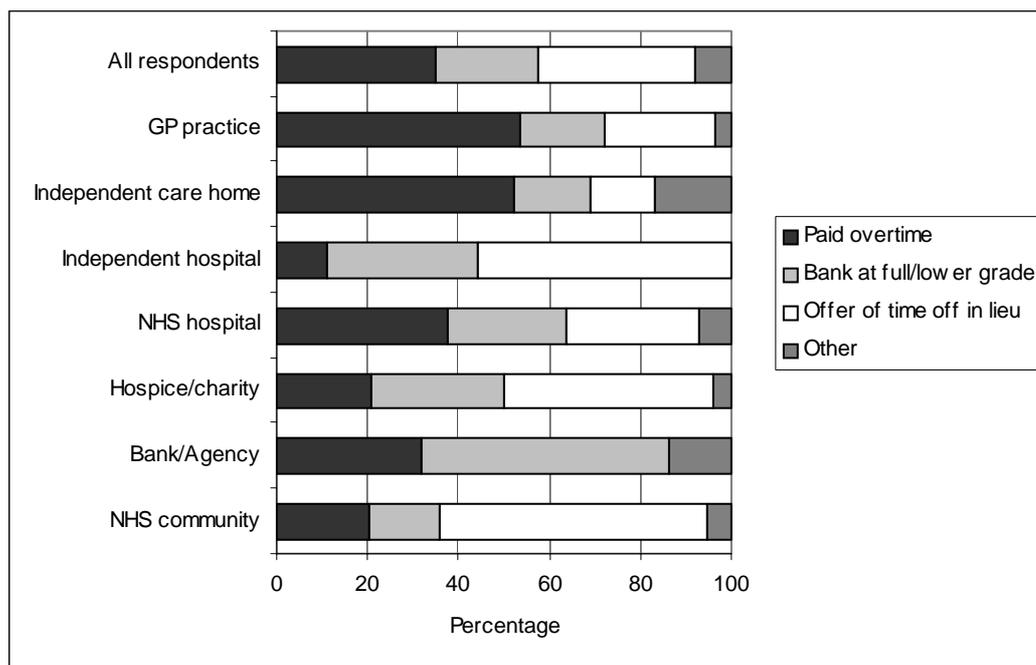
One in five (20%, UK 22%) NHS nurses in Scotland work unpaid overtime, not getting anything in return. A further one in five (23%, UK 22%) receive overtime pay at the standard rate and two in five (41%, UK 42%) get time off in lieu.

In addition to the above, 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%, UK 63% compared to 50% (UK 54%) of those whose income accounts for less than half household earnings).

Excess hours to provide staffing cover

When employers want their staff to work extra hours to provide cover, a third of nurses (35%, UK 33%) across all sectors are paid overtime, about two in five (35%, UK 37%) are offered time off in lieu and one in five (19%, UK 19%) are offered bank pay at their full grade and a further 3% (UK 4%) are given bank at a lower grade. Figure 6.1 shows how this varies by employer group. NHS community staff are least likely to be offered paid overtime (19%, UK 20%) but most likely to be given time off in lieu (59%, UK 60%).

Figure 6.1: Reimbursement of overtime by employer – percentages



Source: Employment Research Ltd/RCN 2005

Paid overtime is an option for around a half of all respondents (53%, UK 50%, 53% NHS UK 47%). More NHS nurses in Scotland have the option of paid overtime than nurses in all UK. Again grade is a key variable with approximately 57% (UK 52%) of D-F grades having the option of paid overtime, while only about 45% (UK 40%) of G-I grades have the option of paid overtime. As above, nurses in the NHS community are least likely to have the option of paid overtime (39%, UK 36%), while three quarters of practice nurses (69%, UK 75%) and independent hospital nurses (70%, UK 73%) sometimes have the option of overtime pay.

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 (UK 47.8) for full-time nurses and 28.9 (UK 29.8) hours part-time, otherwise there is little variation in the total hours worked by employer group.

On average full-time nurses across all sectors work approximately 44-45 hours per week. In the UK this is approximately an hour longer than was reported in 2000. For part-time nurses the total hours worked has increased from just over 28 hours to just over 29 hours per week.

Table 6.3: Hours worked (full-time/part-time) – percentages and means (UK)

	Full-time	Part-time
Mean contracted hours in main job ¹⁸	37.5 (37.5)	23.5 (23.7)
Working excess hours in last week (%)	59% (64%)	48% (53%)
Working in excess of contract several times per week or more (%)	47% (50%)	28% (32%)
Mean excess hours in main job (<i>ALL</i>)	3.5 (4.4)	2.7 (2.9)
Average excess hours in main job (<i>those that worked excess hours</i>)	6.0 (6.9)	5.8 (5.5)
Additional jobs (%)	25% (26%)	29% (29%)
Mean hours worked in additional jobs (<i>ALL</i>)	1.8 (2.6)	2.9 (2.5)
Mean hours worked in additional jobs (<i>those with additional jobs</i>)	10.4 (13.0)	12.2 (10.0)
Mean TOTAL hours worked in last week (2000) (<i>ALL</i>)	44.5 (43.3)	29.1 (28.1)
<i>Weighted cases (all respondents)</i>	510	351

Source: Employment Research Ltd/RCN 2005

In the UK, 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. In Scotland fewer respondents report working long hours (35% of full-time work more than 40 hours and 10% working more than 50 hours).

6.3 Views of working hours

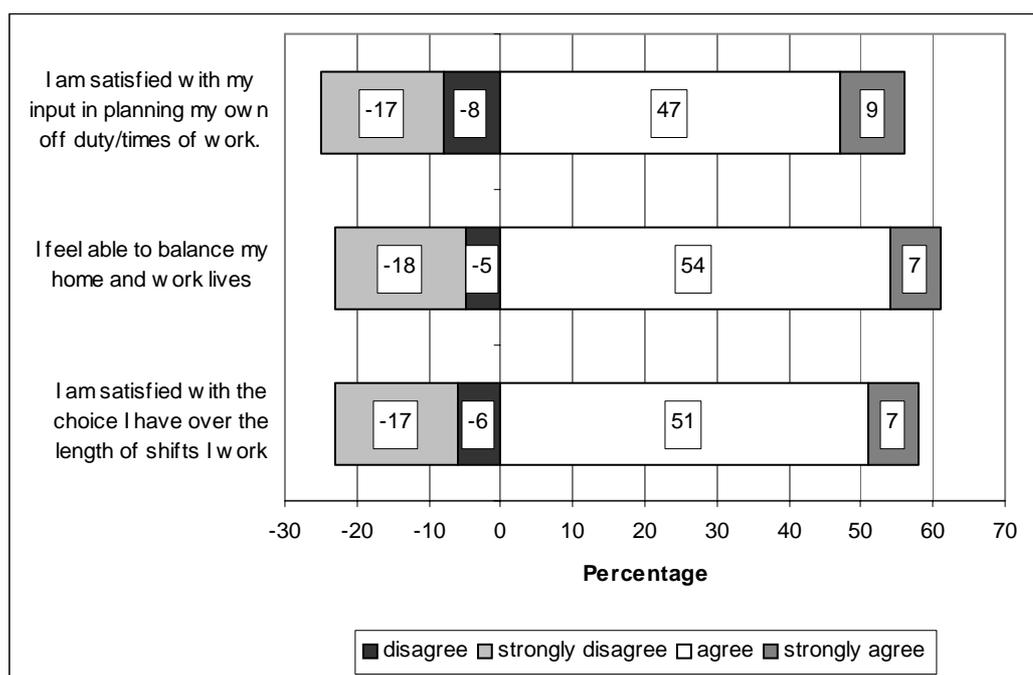
Figure 6.2 below shows that most respondents have a positive outlook on their working hours. This said there are still between one in five and one in four respondents who are not satisfied with their working patterns. This negative view applies most to the ability of nurses to balance their home and working lives. 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, 66% (UK 66%) saying they agree with the statement ‘I feel able to balance my home and work lives’, compared to 57% (UK 52%) of full-time nurses.

Also, part-time respondents are more inclined to respond positively to the statement concerning the choice they have over the length of shifts worked – 63% (UK 67%) responding positively compared to 54% (UK 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. There is some difference among part-time respondents with more of those on day-time shifts (67%, UK 72%) responding positively than those working permanent nights (46%, UK 55%) or internal rotation (48%, UK 60%).

Nurses in Scotland are less likely to respond positively in relation to the control they have over shift times and length, especially in the NHS (53% said they were satisfied with their input into planning off duty and times of work compared to 63% of all UK respondents).

¹⁸ Full-time contracted hours have used the median figure as it is clear that in many cases, the hours worked had been given, rather than contracted hours.

Figure 6.2: Views of working hours – percentages



Source: Employment Research Ltd/RCN 2005

6.4 Working patterns and shift working

This year the question concerning shift working was altered slightly, although the results are still broadly comparable with previous years. The proportion of nurses working shifts has reduced slightly from 2003 at 55% (UK 55%). However, since 1995 across the UK this proportion has increased from 46%. Just under four in ten nurses work ‘office’ hours and six per cent work flexi-time/irregular hours.

Shift-working is predominantly undertaken by younger nurses, however the average age of nurses has increased and proportion of nurses aged under 30 has declined significantly since 1995 (see Chapter 2) and therefore, it is likely that the average age of nurses working shifts has increased over the last 10 years.

Table 6.4 below shows how working patterns change during the careers of nurses, with the vast majority (83%, UK 84%) of nurses who qualified in the last five years working shifts while only around 40-45% of those who qualified more than 15 years ago work this pattern.

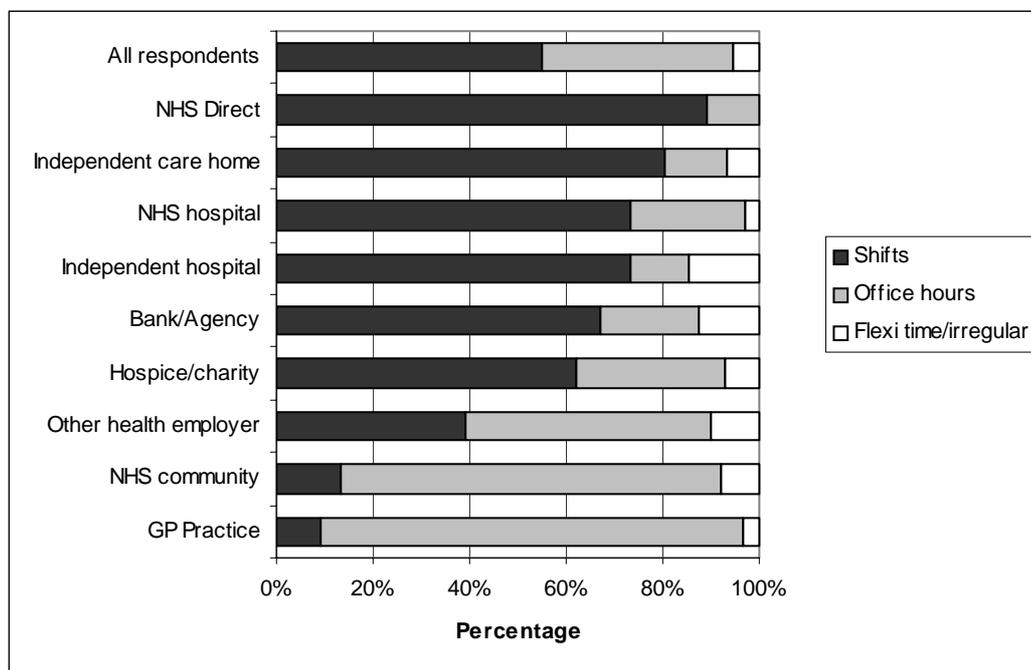
Table 6.4: Working patterns and shift-working by decade in which qualified – percentages (UK)

		Decade in which qualified as nurse					All
		1960s	1970s	1980s	1990s	2000s	
Main pattern of work	Shifts	45 (46)	45 (45)	42 (42)	65 (61)	83 (84)	55 (55)
	Office hours	47 (44)	51 (48)	54 (51)	31 (35)	14 (13)	41 (40)
	Flexi time/irregular	8 (11)	4 (7)	4 (7)	3 (4)	3 (2)	4 (6)
	<i>Base N=100%</i>	60	152	282	243	118	855
Shift patterns ¹⁹	Internal rotation	31 (18)	30 (32)	47 (43)	65 (60)	85 (80)	57 (53)
	Day time shifts	48 (55)	49 (53)	40 (44)	29 (32)	13 (18)	33 (37)
	Permanent night shifts	21 (27)	21 (15)	13 (13)	6 (8)	2 (3)	10 (10)
	<i>Base N=100%</i>	29	71	128	165	97	490

Source: Employment Research Ltd/RCN 2005

Looking at NHS nurses, more work shifts (59%, UK 58% overall and 87%, UK 86% of those who qualified in the last five years). Of those nurses who report working flexi-time/irregular hours it is predominantly a form of flexible/variable shift length, self-roster or organising their own schedule/flexible hours. Across the UK flexible working hours are most frequently cited among bank/agency nurses (14%) and independent hospital nurses (15%). Only 2% (UK 3%) of NHS hospital nurses report working flexi-time/irregular hours. Nine in ten practice nurses (93%, UK 87%) work ‘office’ hours.

Figure 6.3: Working pattern by employer group – percentages



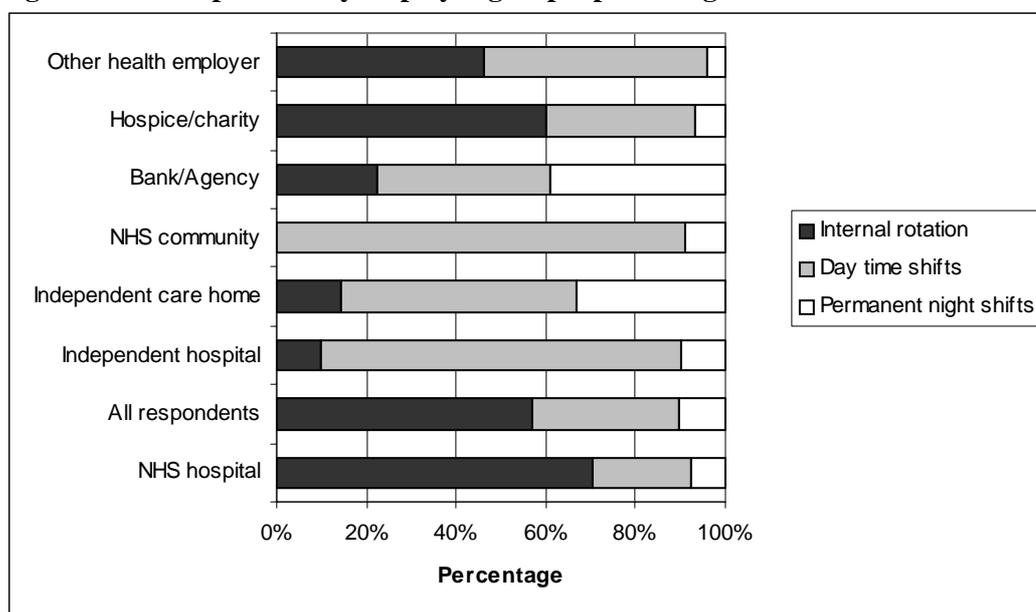
Source: Employment Research Ltd/RCN 2005

More than half (57%, UK 53%) of all nurses working shifts are on a form of internal rotation with a third (33%, UK 37%) working day time shifts and one in ten working permanent nights. More nurses in Scotland work internal rotation than among all UK nurses.

¹⁹ Of those who worked shifts or flexi-time/irregular patterns

The proportion working internal rotation rises to 70% (UK 65%) among NHS hospital nurses (seemingly higher than in 2001 in the UK when 54% worked a form of rotation²⁰) (Figure 6.4).

Figure 6.4: Shift patterns by employer group – percentages



Source: Employment Research Ltd/RCN 2005

Shift length

Nurses responding to the survey work a variety of shift lengths. Approximately 46% in Scotland (UK 46%) of all nurses working shifts work 8 hour or shorter shift lengths, about one in five (18%, UK 19%) work 9-10 hour shifts, a similar proportion work 11-12 hour shifts and 17% (UK 15%) work shifts longer than 12 hours. The mean length of shift worked is 9 hours (same as UK).

Table 6.5: Length of shifts by employer group – percentages (UK)

	Length of shift (hours)					Weighted cases
	< 7.5	7.5 – 8	9-10	11-12	> 12	
NHS hospital	4 (3)	35 (41)	17 (18)	21 (18)	23 (19)	373
NHS community	21 (20)	63 (49)	13 (19)	3 (8)	0 (5)	38
Independent hospital	0 (3)	22 (37)	11 (23)	22 (23)	44 (13)	9
Independent care home	23 (21)	15 (13)	13 (19)	45 (41)	5 (6)	40
Bank/agency	14 (16)	24 (18)	14 (23)	19 (38)	29 (6)	21
Hospice/charity	6 (8)	71 (48)	18 (23)	0 (13)	6 (7)	17
All respondents	11 (8)	35 (38)	18 (19)	19 (20)	18 (15)	584

Source: Employment Research Ltd/RCN 2005

²⁰ Comparisons are difficult here as the questions concerning shift working have altered slightly in the last few years.

Nurses who qualified in the last five years are much more likely to work longer shifts; 36% (UK 24%) working shifts longer than 12 hours and 17% (UK 20%) working 11-12 hour shifts. Within this group, mature entrants are more likely to want to work shorter shifts (19%, UK 17% vs. 12%, UK 13% of younger entrants) whilst younger entrants are more likely to say their ideal shift length would be longer (27%, UK 16% vs. 23%, UK 8% of mature entrants).

Respondents were also asked what length of shift they would like to work. Responses to this question suggest most, more than two thirds (66%, UK 69%), both within and outside the NHS, 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 (75%, UK 82%) and those employed in the independent care home sector least likely (63%, UK 61%). The others were between these two extremes.

Of those who were not working their ideal length of shift at the time of the survey, 23% (UK 23%) wanted a shorter shift and 12% (9%, UK) wanted a longer shift.

Key points from chapter 6

- Part-time working has remained at around 40% since 2000 after a period of growth in the 1990s.
- Part-time working has reduced among those with dependent children but increased among those without. Full-time working has increased among those aged 50 plus. 81% of nurses in Scotland (UK 83%) of those who qualified in the five years prior to the survey work full-time.
- Working beyond contracted hours has remained broadly stable in the last 10 years across the UK at around 55% (UK 60%) of all respondents. On average full-time nurses work approximately 44 hours per week and 10% of all respondents work more than 50 hours per week.
- Fewer nurses in Scotland work excess hours and less frequently (55%, UK 60%). This is mainly among nurses on grades F-I, D-E grade nurses are equally likely as those in UK as a whole to work excess hours.
- Overtime is paid for around a third (35%, UK 33%) of all respondents but is an option for a half (53%, UK 50%).
- 55% (UK 55%) of respondents work shifts. This figure has not changed in recent years. The average age of nurses working shifts has increased as the average age of newly qualified nurses increases – 83% (UK 85%) of nurses qualified for less than five years work shifts.
- Nurses who qualified in the last five years work longer shifts, 17% (UK 20%) work 11-12 hour shifts and 36% (UK 24%) report working shifts longer than 12 hours.
- Full-time nurses in Scotland are more likely to respond positively in relation to balancing their home and work lives (57%, UK 52%).
- In Scotland nurses are less likely to say they are able to plan off duty/times off and get the length of shifts they want.

7. Workload & staffing

The latest labour market review 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. Since 1992, 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. Additional questions were included in the 2005 survey to establish the impact of changes in junior doctors’ hours and GP contracts on nurses’ workloads.

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 NHS hospital ward and for those working in care homes (there are too few respondents in independent hospitals to include this category). The data are split to show responses according to whether the shift referred to was during the day or at night.

Table 7.1: Average staffing and patient data

	NHS Wards		Care homes	
	Day	Night	Day	Night
Number of beds	22 (23.4)	25 (22.7)	41 (36.2)	44 (38.6)
Total number of patients	21 (22)	22 (21)	33 (30)	40 (34)
Occupancy	93% (96%)	88% (95%)	85% (94%)	95% (92%)
Number of registered nurses	3.3 (3.3)	2.5 (2.4)	1.8 (2.0)	1.5 (1.6)
Number of HCAs/auxiliaries	2.1 (2.1)	1.4 (1.3)	5.1 (4.9)	3.8 (2.6)
Total staff on duty	5.5 (5.4)	3.9 (3.7)	6.9 (7.0)	5.3 (4.2)
RNs as % of all nursing staff	61% (62%)	63% (66%)	28% (32%)	33% (42%)
Patients cared for by individual respondent (mean)	9.7 (10.3)	14.6 (13.5)	22.4 (18.1)	28.4 (23.3)
Patients per RN (mean across all RNs)	7.4 (7.7)	10.6 (10.1)	21.2 (17.2)	30.3 (24.6)
Patients per member of nursing staff (mean)	4.0 (4.4)	6.1 (6.1)	4.8 (4.6)	8.3 (8.8)
<i>Weighted cases</i>	<i>162 (822)</i>	<i>58 (316)</i>	<i>34 (240)</i>	<i>23 (112)</i>

Source: *Employment Research/RCN 2005*

NHS wards in Scotland are similarly sized and staffed to the rest of the UK. They typically have 22 beds, with 21 patients and during the day are staffed by 3-4 RNs and 1 HCA/auxiliary. The average number of patients cared for by respondents is 9.7 during the day and 14.6 at night.

In care homes the corresponding figures are 22 patients in the day and 28 at night (compared with 18 and 23 in all UK). Much greater reliance is made of HCAs in care homes, with RNs representing less than a third of the staff on duty. Respondents in Scotland report working in care homes that are larger than the average across the UK (41-44 beds compared with 36-39). The staffing numbers are similar to the UK wide averages, hence the larger number of patients produces higher patient to nurse ratios.

7.2 Effects of changes on workload

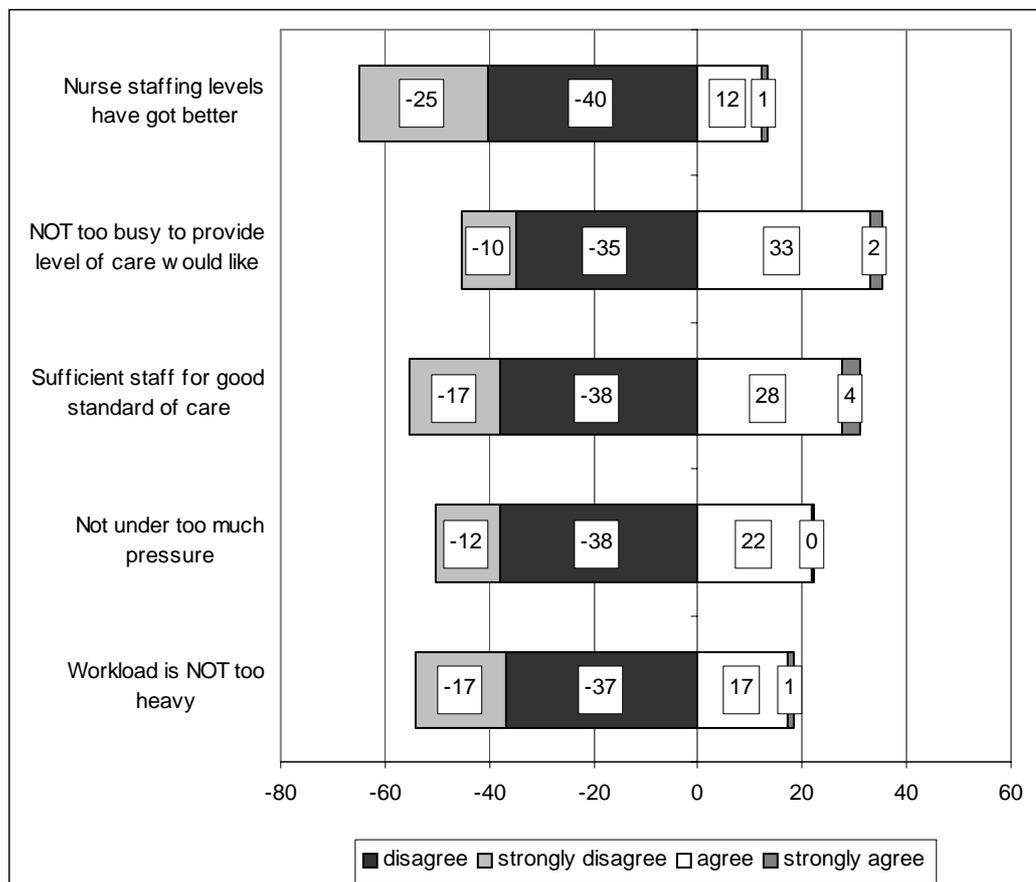
Well over half (Scotland 62%, UK 55%) of respondents working in NHS hospitals reported that changes in junior doctor's working hours had increased their own workload. Smaller proportions (53%) of D grade NHS hospital nurses report that changes in junior doctors' hours have had an impact on their workload, especially in contrast to G grades, 80% of whom report that it has increased their workload.

Changes in the GP contract are reported to have increased the amount of 'out of hours' service provided by nurses by (Scotland 42%, UK 58%) of those working in NHS community/GP Practice jobs. Almost three-quarters (Scotland 74%, UK 67%) of District Nurses reported seeing an increase whilst relatively few (Scotland 29%, UK 27%) GP Practice nurses say they have seen an increase in 'out of hours' services provided by nurses as a result of changes to the GP contract.

7.3 Perceptions of workload

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

Figure 7.1: Views of workload and staffing (NHS only) - percentages



Source: *Employment Research/RCN 2005*

The results show that in general more respondents are negative about workload issues than positive. Indeed, workload is the group of items causing most dissatisfaction among respondents other than pay. For example, 54% of NHS nurses in Scotland (UK 59%) consider that their workload is too heavy, while relatively few (32%) say that there are sufficient staff to be able to provide a good standard of care (although more in Scotland than in all UK where the figure is 25%). On the other hand, smaller proportions in Scotland (13% vs. 16%, UK) consider that staffing levels have improved in the last year. The proportion of respondents in Scotland who responded positively about their workload has increased by several percentage points since 2003. This mirrors the pattern in all UK.

Key points from chapter 7

- Nurse to patient ratios in NHS wards across the UK have changed little since 2001, although in 2005 there has been a fractional reduction in the number of patients per registered nurse.
- 62% of respondents in Scotland report that changes in GP contracts and junior doctors' hours have increased nursing workloads.
- Whilst the majority in the NHS consider their workloads too heavy and few consider that there is sufficient staff, there has been a small reduction in the proportion feeling under too much pressure.
- Nurses in Scotland are less likely to report that nurse staffing levels have got better in the last year.

8. Professional development

Changes in the health service and new modes of care delivery have opened up scope for new or altered roles. For example, 11% of respondents in 2005 are clinical nurse specialists or nurse practitioners, compared with 9% in 2003 and 8% in 2002. Across the profession, nursing roles and the roles nurses occupy are changing. To respond to these changes requires a corresponding development in skills and knowledge. Within the NHS, this is clearly recognised in the Knowledge & Skills Framework introduced to accompany the new pay system.

This year information was sought 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 look at the types of activities undertaken by respondents. Table 8.1 below presents the aggregate results by age group. Age was found to differentiate between nurses most in terms of the types of activities they have done although in many cases type of job influenced the type of activities undertaken. Study days are most frequently cited by respondents (78%, UK 81%).

Table 8.1: Participation in CPD activities by age group – percentages (UK)

	Age group				All ages
	20-29	30-39	40-49	50 plus	
Study days	86 (82)	80 (82)	78 (80)	73 (80)	78 (81)
In service session	26 (27)	42 (41)	55 (51)	56 (58)	48 (47)
Conferences/seminars etc	27 (32)	40 (44)	48 (50)	53 (51)	44 (46)
Study based on journals etc.	40 (35)	44 (37)	48 (46)	52 (46)	47 (42)
Lectures/demonstrations	42 (34)	39 (38)	43 (42)	41 (46)	41 (41)
Courses	26 (35)	25 (31)	26 (27)	18 (20)	24 (28)
Internet based study	27 (24)	29 (23)	30 (25)	27 (21)	29 (23)
Visit HE institution/library	29 (27)	25 (24)	24 (24)	16 (17)	23 (23)
Interest group meeting	9 (9)	16 (15)	17 (21)	20 (24)	16 (18)
Shadowing	13 (13)	9 (12)	10 (10)	6 (6)	9 (10)
Distance learning	23 (9)	15 (9)	18 (11)	8 (8)	15 (9)
RCN cont. ed. articles	4 (5)	6 (5)	8 (8)	17 (14)	9 (8)
RCN Nursing Update	4 (4)	8 (5)	6 (6)	13 (11)	8 (7)
Secondments/exchanges	5 (5)	3 (4)	7 (6)	3 (3)	5 (4)
Other	1 (3)	2 (2)	3 (2)	1 (2)	2 (2)
Weighted cases	110	246	306	189	851

Source: Employment Research Ltd/RCN 2005

Between 40-50% mentioned in-service sessions, conferences/seminars, study based on journals etc., and lectures/demonstrations. Age was found to be significantly correlated with take up of many of these activities, especially in service sessions, interest group meetings, conferences, study based on journals, lectures and courses.

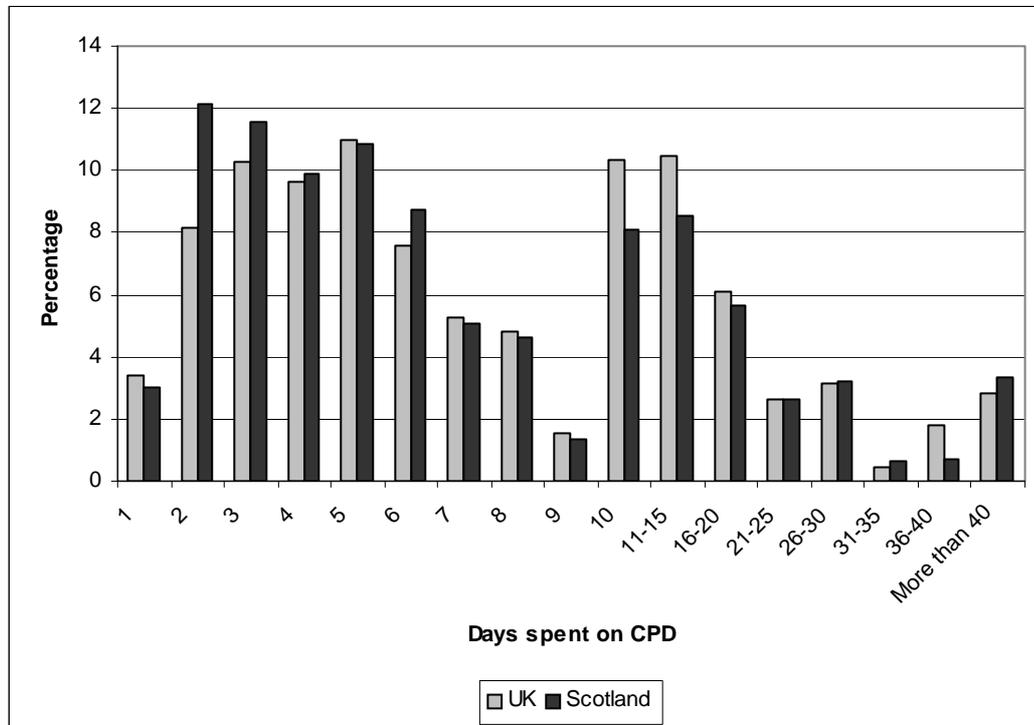
Nurses in Scotland are more likely to cite internet based study (29%, UK 23%), study based on journals (47%, UK 42%) and distance learning (15%, UK 9%) but are less likely to have undertaken study days (78%, UK 81%) and courses (24%, UK 28%).

For the UK as a whole a similar question was asked in 2000 but with fewer options. By and large there has been little change although there has been a large increase in internet based study from 6% in 2000 to 23% in 2005 and a corresponding reduction in literature based study from 38% to 23% this year, otherwise changes were only marginal.

Higher levels of CPD activity are associated with satisfaction about role change. For example, 84% (UK 78%) of those respondents who had been on study days felt satisfied with the way their role had changed compared to 67% (UK 67%) of those who had not been on study days.

On average respondents have spent approximately 12 days (UK 11 days) on CPD activities in the last 12 months²¹ - the UK figure being identical to that found in 2000. 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



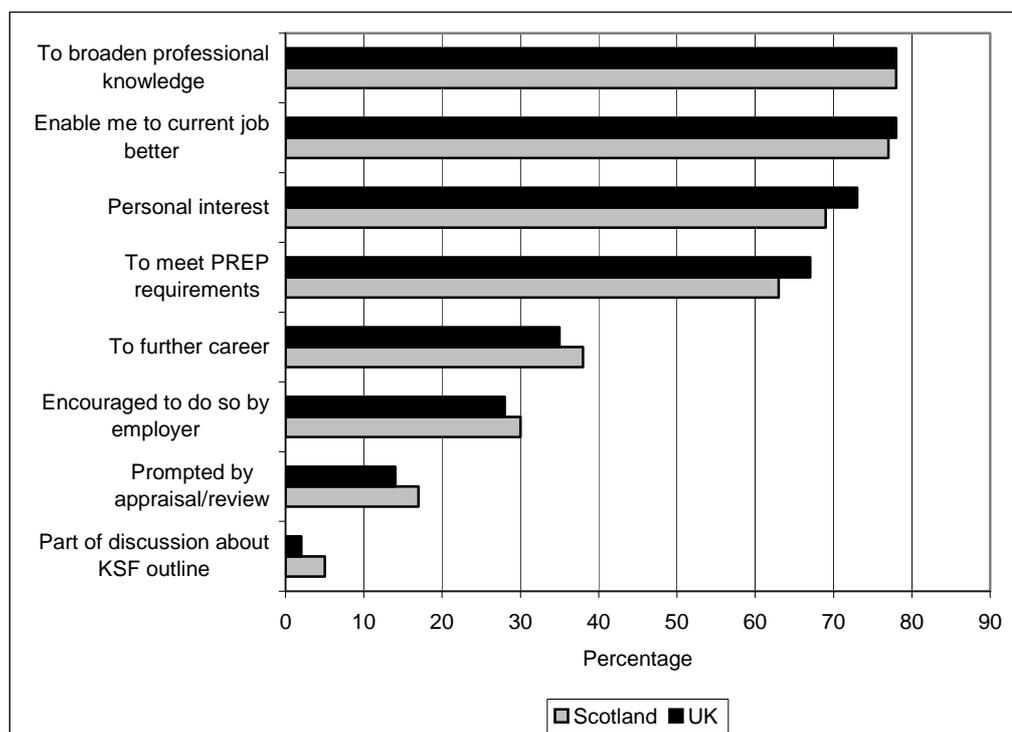
Source: Employment Research Ltd/RCN 2005

²¹ 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).

There is little to separate nurses in terms of the amount of time spent on CPD by age although respondents over 50 spent less time than those under 50; 9 days (UK 8 days) compared to 13 (UK 12 days).

Clinical nurse specialists and nurse practitioners spend more time on CPD than other nurses (12 and 14 days respectively, UK 13 and 16 days), compared to 12 days (UK 11 days) for all NHS nurses. Staff nurses spent less time on CPD last year than other NHS nurses, at 9 days.

Figure 8.2: Reasons for undertaking CPD activities – percentages



Source: Employment Research Ltd/RCN 2005

Most nurses undertake CPD activities primarily to broaden their professional knowledge (78%, UK 77%) and to enable them to do their current job better (78%, UK 77%). However, more than two thirds (73%, UK 68%) do it for personal interest while 67% (UK 62%) also adopt a more practical approach to meet PREP requirements. Fewer nurses in Scotland undertake CPD in order to further their career (35%, UK 39%) and 28% (UK 30%) are encouraged to do so by their employer. Nurses who report that their current grade is not appropriate are less likely to say that their employer encouraged them to undertake CPD activities (25% (UK 25%) compared to 32% (UK 35%) of those who say their grade is appropriate).

The figures for the UK are much the same as reported in 2000 with a couple of interesting differences. More respondents in 2005 said that they had undertaken CPD activity because they had been encouraged to do so by their employer, up from 21% in 2000 to 30% this year and more had been prompted to undertake CPD activity from their appraisal/review – up from 12% to 18% in 2005.

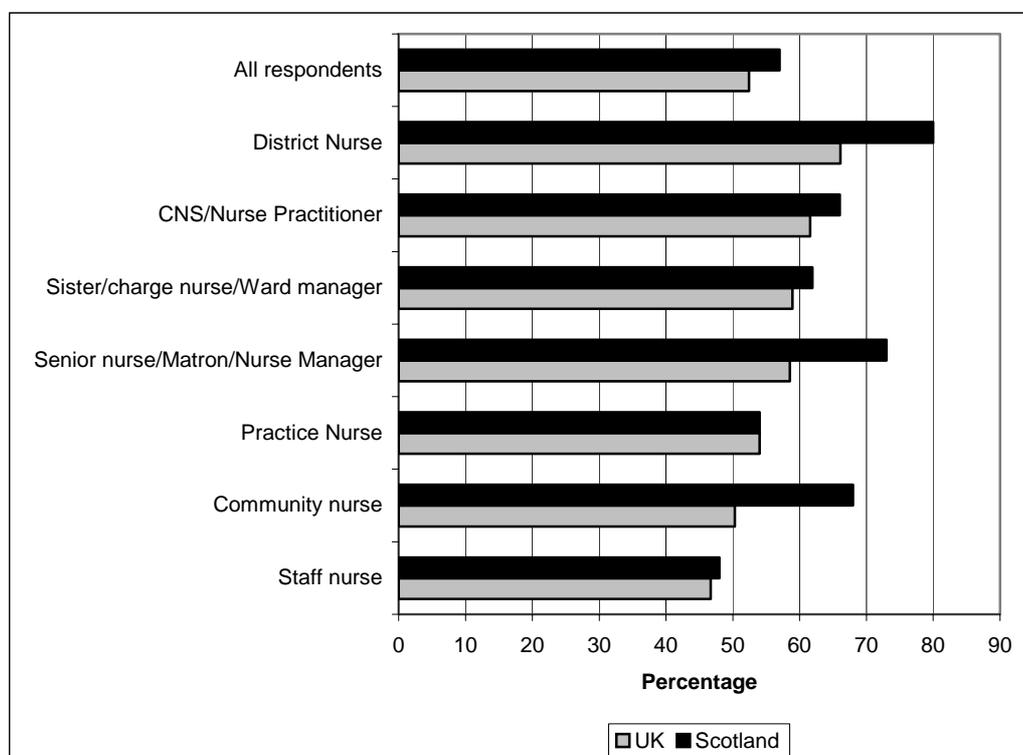
Furthering their career is much more the focus of the younger nurse in explaining why they undertake CPD activities – 52% (UK 54%) of the under 30 age group citing this reason compared to 41% (UK 41%) of 40-49 year olds and 15% (UK 19%) of those aged over 50. It is interesting to note that more nurses who 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 over a half (55%), and slightly more than across the UK as a whole (52%), of all respondents in Scotland (and 57%, UK 53% of those in the NHS) say that they have a personal training and development plan. However, only 40% (UK 42%) of those working in hospices, 30% (UK 38%) of those working in independent care homes and 18% (UK 25%) in bank/agency work say they have one, otherwise there is little to separate employer types. Overall, this figure is much higher than reported in 2000 for the UK as a whole when 36% of respondents said they had a personal training and development plan (38% in the NHS). Again, it is noticeable that the largest increases are among GP practice nurses up from 29% to 57% (Scotland 57%).

Type of job is a key variable correlated with possession of a training and development plan (Figure 8.3). Staff nurses and community nurses are least likely to have training plans (47% and 50% respectively).

Figure 8.3: Have a personal training and development plan by job title – percentages (NHS only)



Source: *Employment Research/RCN 2005*

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 (75%, UK 76% compared to 68% (UK 63%) of those who do not have personal training and development plans). Higher proportions of nurses with higher-level qualifications (i.e. degree/higher degree) have personal training and development plans (60%, UK 58%).

Of those respondents with training and development plans fewer nurses in Scotland (73%, UK 79%) report having had their manager involved in drawing it up. Across the UK this represents a much higher level of employer involvement than in 2000 when 56% reported that their employers were involved in drawing up their PDPs. Employer involvement in GP practices was up from 46% to 79% (Scotland 58%).

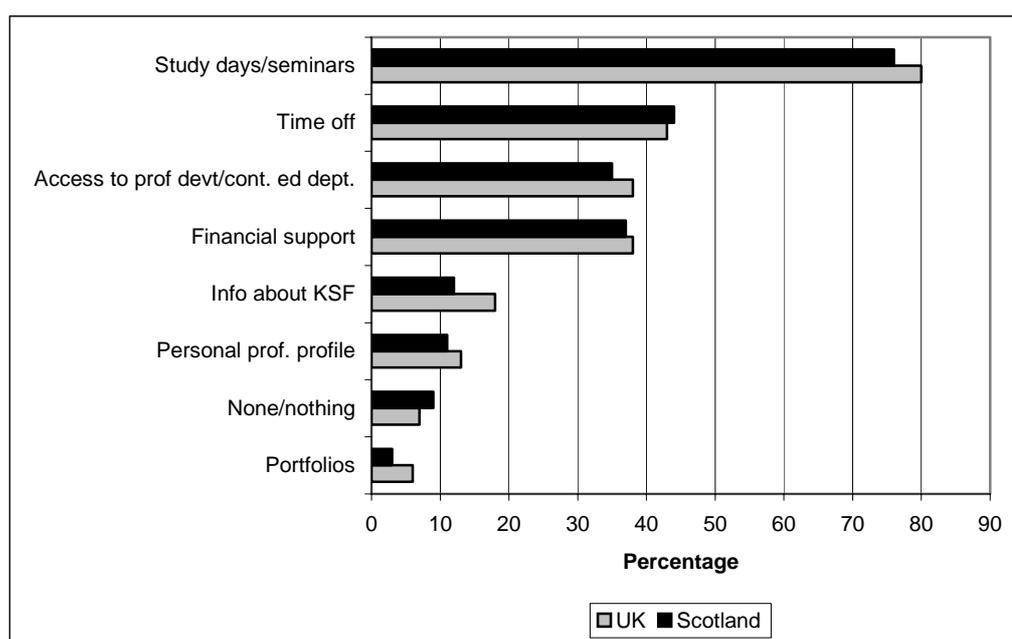
Senior nurses/matron/nurse managers are more likely to have had their manager involved (89%) while sisters/charge nurses/ward managers are less likely to have done so (73%).

Once again, 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 (78%, UK 79%) compared to 64% (UK 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 (76%, UK 80%) followed by time off (44%, UK 43%), the same as in 2000. Just 9% (UK 6%) 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 2000 across the UK 30% of respondents mentioned having access to professional development department or continuing education department. Today this figure has increased to 40%, again reinforcing the notion that more employers are providing support for their employees than was the case in 2000. This increase applies across all sectors, but especially in GP practices and the independent sector.

Figure 8.4: Support provided by employer (all respondents) – percentages



Source: Employment Research Ltd/RCN 2005

Job title is a key variable explaining some of the variation in employer support. More clinical nurse specialists get time off and financial support but fewer get study days/seminars. The same is true for practice nurses. Conversely fewer staff nurses and enrolled nurses get financial support or time off. Senior nurses are more likely to get time off (Table 8.2).

Table 8.2: Percentage of time spent in different activities by job title (NHS only) – percentages (UK)

	Type of support			Weighted cases
	Study days	Financial support	Time off	
Staff nurse	74 (83)	27 (28)	30 (32)	328
Community nurse	81 (82)	38 (33)	60 (41)	42
Sister/charge nurse/ward mgr	81 (81)	35 (42)	45 (47)	78
Senior nurse/matron/nurse mgr	76 (83)	52 (55)	64 (57)	25
CNS/nurse practitioner	68 (76)	50 (53)	61 (58)	44
District nurse	84 (88)	47 (39)	53 (42)	19
Practice nurse	79 (69)	52 (50)	81 (69)	48
All NHS	76 (82)	34 (37)	40 (41)	636

Source: *Employment Research/RCN 2005*

Fewer respondents in Scotland report their employer giving them study days to support CPD (76%, UK 82%).

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, 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 (54% compared to 20%, UK 40% compared to 22%).

Eight in ten respondents (80%, UK 83%) report that they are maintaining a Personal Professional Portfolio, more or less the same as in 2000 (88%). Gender appears to explain much of the variation in response to this question with 74% (UK 74%) of men saying they are maintaining a PPP compared to 80% (UK 84%) of women. It is also worth noting that there is some correlation with age; more older nurses maintaining a PPP than younger ones (85%, UK 89% of 50-54 year olds compared to 58%, UK 76% of those aged under 25).

Nearly a half (47%, UK 49%) of respondents have met with their manager to discuss their Personal 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.

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.*

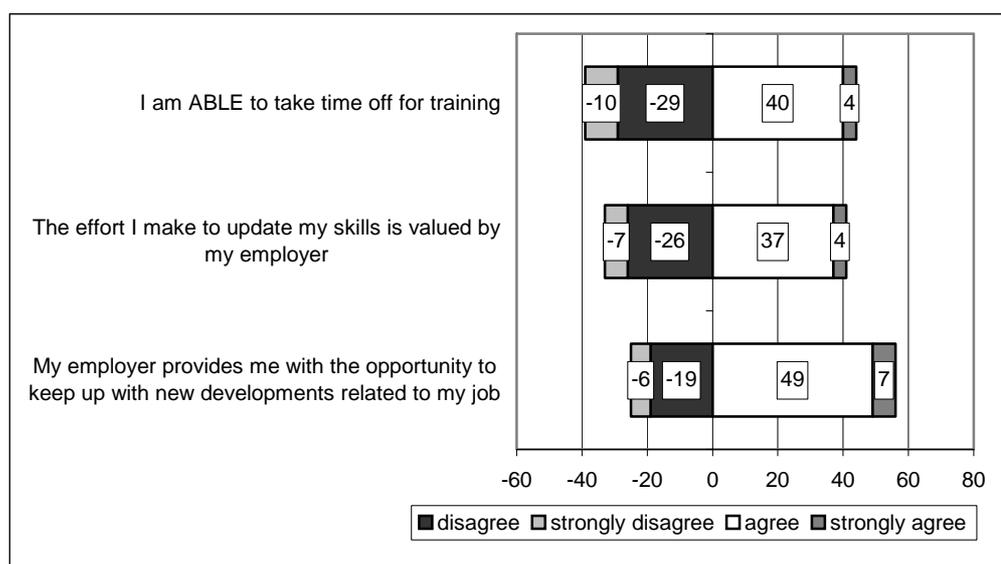
More than half (50-60%) of respondents say that they are able to take time off for training and that their employer provides them with opportunities to keep up with new developments related to their job. However, fewer (41% NHS UK 45%) say that their employer values the effort they make to update their skills and knowledge. There is significant difference by sector in response to this item with NHS hospital nurses much less likely to agree with the item than all other respondents, especially, independent care home and hospice nurses.

Looking back 10 years across the UK it is clear (see section 9.7) that respondents' views of the support they get from their employers in relation to training has been getting more positive.

In Scotland fewer nurses report being able to take time off for training (47%) compared to 57% among nurses across the rest of the UK. There are similar but smaller differences between Scotland and the UK in responses to the other two items as well.

In all three cases those respondents who feel satisfied with any change in role in their job respond more positively to both items. More than half all respondents (52%, UK 63%) who are satisfied with a role change say they are able to take time off for training compared to one in five (21%, UK 40%) of those who are not satisfied with the change in their role. Similarly, 64% (UK 70%) think that their employer provides them with the opportunity to keep up with new developments related to their job compared to 42% (UK 43%) of those not satisfied with a role change.

Figure 8.5: Views of employer support for training (NHS) – percentages



So

Source: Employment Research Ltd/RCN 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

- Nine in ten (86%, UK 82%) have undertaken study days in the 12 months prior to the survey (the average number of days was 12, UK 11). This figure has remained unchanged since 2000 across the UK. Study days remain the most frequently cited activity but today many more nurses are using the internet to undertake CPD activities (up from 6% in 2000 to 23% today).
- Older respondents are less likely to have been on courses, visited HE libraries but are more likely to have been to conferences/seminars, in service sessions and interest group meetings.
- Nurses in Scotland are more likely to cite internet based study (29%, UK 23%), study based on journals (47%, UK 42%) and distance learning (15%, UK 9%) but are less likely to have undertaken study days (78%, UK 81%) and courses (24%, UK 28%).
- Satisfaction with role change is associated with higher levels of CPD activity.
- A half (55%, UK 52%) of respondents have a training and development plan.
- Fewer respondents in Scotland report their employer giving them study days to support CPD (76%, UK 82%).
- In Scotland fewer nurses report being able to take time off for training (47%) compared to 57% among nurses across the rest of the UK.
- Employer commitment to training would appear to have improved in the five years since the 2000 survey. More are giving employees access to professional development/continuing education departments, more respondents have personal training and development plans but fewer in Scotland than in the rest of the UK (73%, UK 79%) and, in particular, many more respondents, in all sectors, say that their manager is involved in the PDP.

9. Morale in 2005

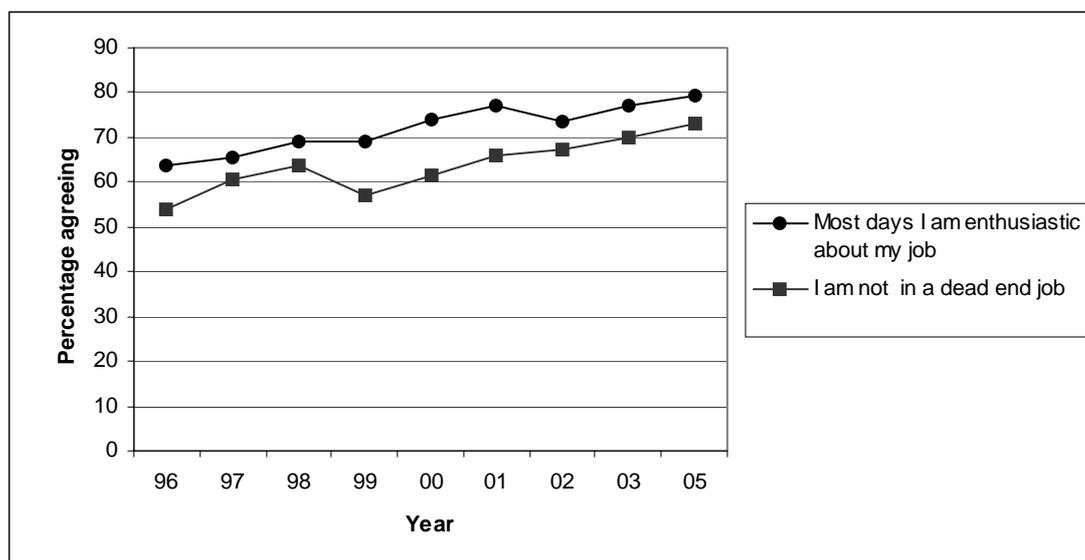
Each year the survey collates responses on a range of issues connected with nursing employment and working lives. For 10 years now a core range of issues and questions has been covered that allows us to map changes in views and attitudes among respondents. In addition, each year a number of other issues of more immediate and topical concern are addressed. The longitudinal data presented here are for the UK in aggregate.

The results for many of these items in 2005 have been described in the relevant places within the report (and are tabled in the appendix), but in this chapter we present responses to the longitudinal questions for the UK as a whole showing, in some cases, how views have changed over the last decade, while in other cases how little change there has been to nurses' views and attitudes. Statements have been grouped into themes in order to provide a more consistent impression of how views have altered²².

9.1 Enthusiasm with work

Figure 9.1 below shows how nurses' views of their working lives have shifted. There has been a gradual and perceptible improvement in 'enthusiasm' levels of approximately 15 percentage points over the 10-year period.

Figure 9.1: Job enthusiasm – percentages 1996-2005 (NHS only)



Source: Employment Research Ltd/RCN 2005

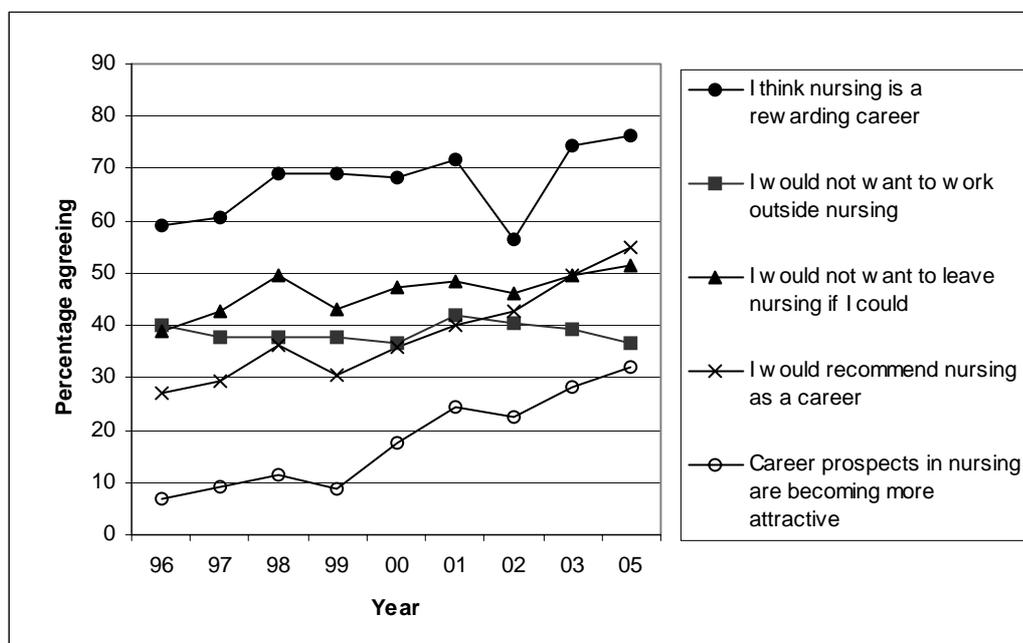
²² It needs to be remembered that the biographical profile of the nursing workforce has changed and this will have altered patterns of response. For example, we know that younger nurses are more likely to hold negative views of their work than older nurses and given that the average age of the workforce has increased by about 5 years over this period it is likely that there are more nurses responding positively than was the case 10 years ago, all other things being equal.

9.2 Careers in nursing

Figure 9.2 below presents responses to a series of questions concerning careers in nursing. There have been significant increases in the number of nurses who think that *career prospects in nursing are becoming more attractive* – up from 7% in 1996 to 32% this year. Similarly, there has been a strong improvement in views of nursing as a career with twice as many respondents saying they would recommend nursing as a career in 2005 than was the case in 1996. Conversely though, there has been a small increase in numbers who say they would like to work outside nursing (ie. a drop in the positively framed statement – I would not want to work outside nursing), suggesting that although it can be a worthwhile career, there are costs associated with it. Similarly, there has been little change in the numbers of nurses saying that they would want to leave nursing if they could.

Finally, three quarters of respondents say that nursing is a rewarding career and this percentage has increased since the late 1990s²³.

Figure 9.2: Careers in nursing – percentages 1996-2005 (NHS only)



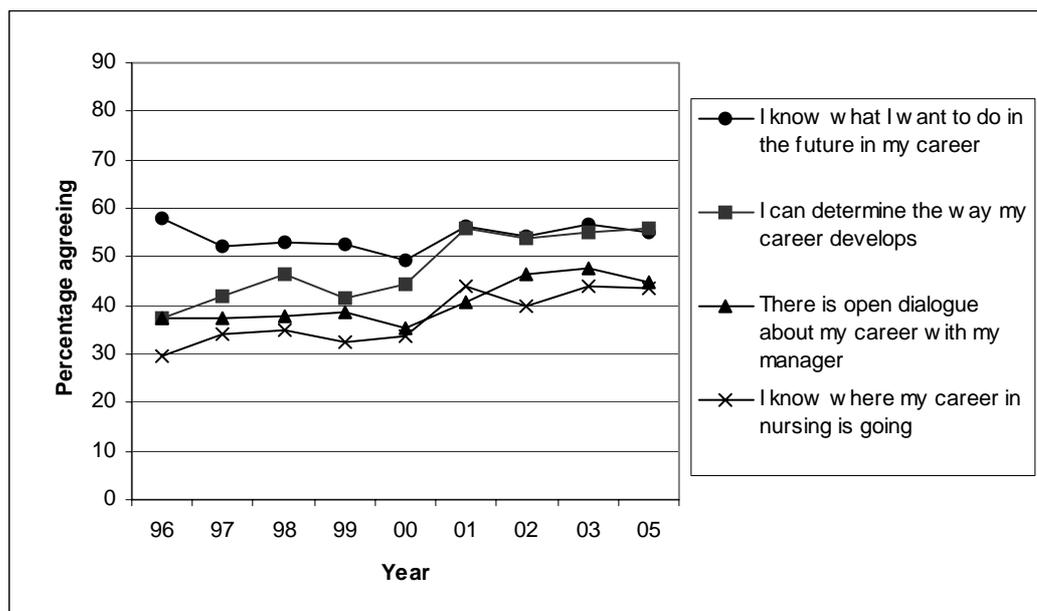
Source: Employment Research Ltd/RCN 2005

9.3 Own career

Nurses' views of their own career, as opposed to views of nursing as a career more generally, have not altered to the same extent. Across all the statements there has been negligible change with most improvement in views of nurses' ability to determine the way their career develops and having a sense of knowing where their career is going.

²³ In 2002 there was a blip in the response caused by moving the question within the list. Since then all questions have remained in the same order to ensure continuity.

Figure 9.3: Own career – percentages 1996-2005 (NHS only)

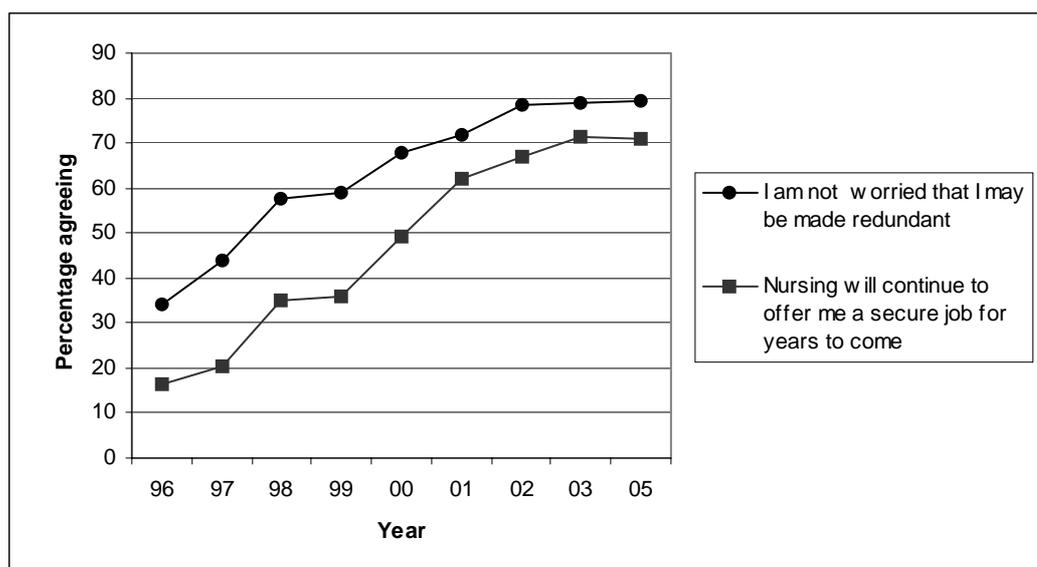


Source: Employment Research Ltd/RCN 2005

9.4 Job security

As one might expect in an increasingly tight labour market there have been enormous increases in the numbers of nurses who believe they have a secure job for years to come and who are not worried about being made redundant. In 1996 less than 20% of respondents said they felt nursing would offer them a secure job for years to come, today the equivalent figure is just over 70%. There has been a similar reduction in fears of redundancy.

Figure 9.4: Job security – percentages 1996-2005 (NHS only)

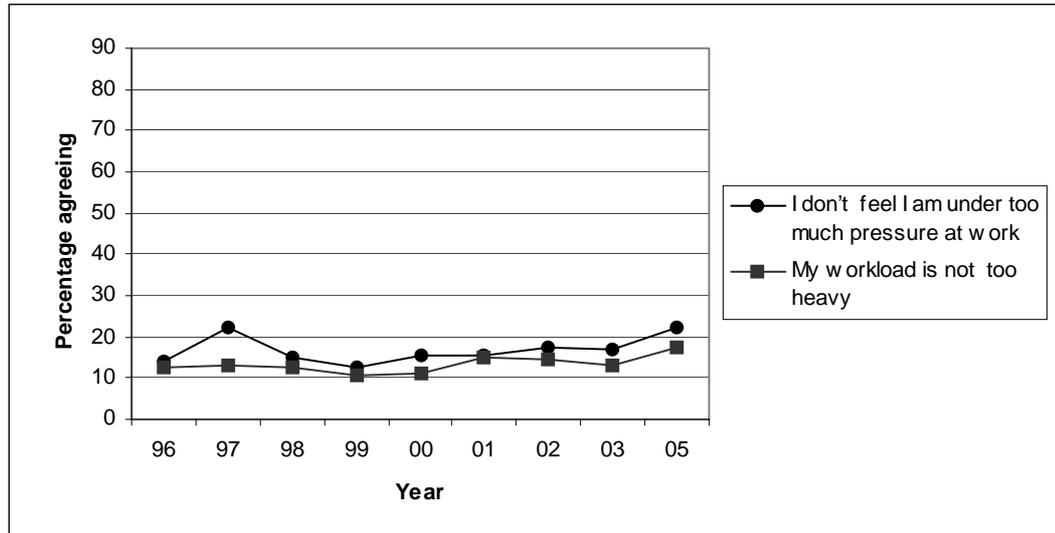


Source: Employment Research Ltd/RCN 2005

9.5 Workload and pressure

Other than pay, nurses' views of their workload are more negative than on any other of the items covered in this survey. Just 20% of respondents say they do not feel under too much pressure or that their workload is not too heavy. Although fairly entrenched, views did appear to improve marginally this year when compared to 2003.

Figure 9.5: Workload and pressure – percentages 1996-2005 (NHS only)

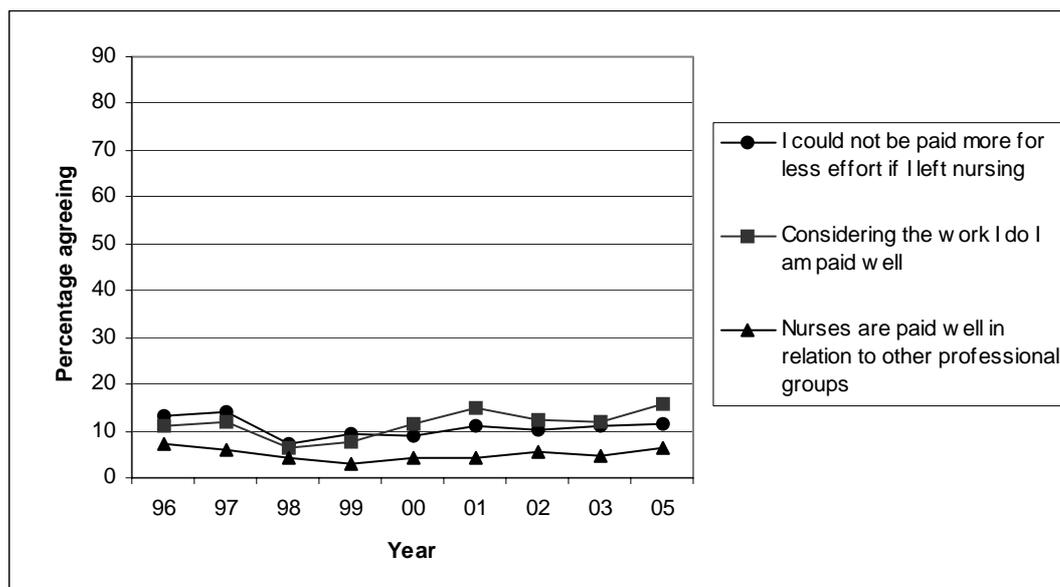


Source: *Employment Research Ltd/RCN 2005*

9.6 Pay

Pay is the issue that engenders the most negative response in nurses and is clearly a significant factor in dissatisfaction that many nurses feel about their working lives. Only around one in eight nurses feel that they could not be paid more for less effort if they left nursing. Almost all respondents say that they are not well paid in relation to other professional groups and only 16% of all nurses (15% of NHS) say they are well paid considering the work they do. Similar to the workload section above, these views have been strongly negative for the last decade but have shown some small signs of improvement in the last couple of years. It remains to be seen whether this is a temporary change or part of a more sustained improvement.

Figure 9.6: Pay – percentages 1996-2005 (NHS only)

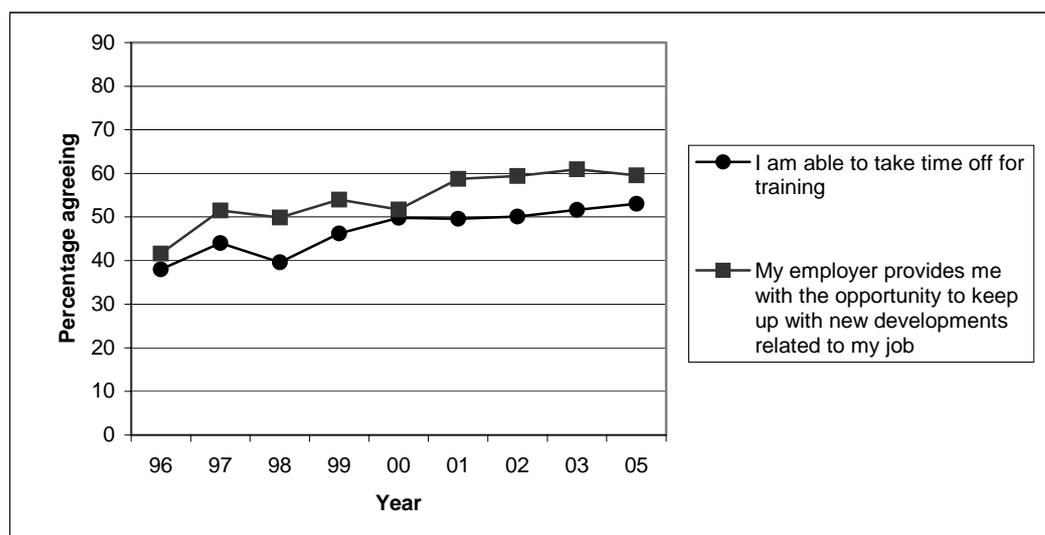


Source: Employment Research Ltd/RCN 2005

9.7 Training and employer support

Over the last 10 years respondent views of employer support of their training has become more positive. In 1996, 42% of NHS respondents said their employer provides them with the opportunity to keep up with new developments related to their job, and 38% said they are able to take time off for training. In 2005 these figures had increased respectively to 60% and 53%.

Figure 9.7: Employer support of training – percentages 1996-2005 (NHS only)



Source: Employment Research Ltd/RCN 2005

These charts serve to show the consistency of response over the last decade with views on the most pressing issues of workload and pay being consistently negative while there has been some improvements demonstrated by more positive responses concerning job security and views of nursing as a career.

9.8 2003 and 2005 nurses' views in Scotland

Table 9.1 serves to illustrate both the differences between the NHS responses and all nurses as well as between Scotland and the UK. Between 2003 and 2005 the following items showed significant increases in positive responses:

- I would recommend nursing as a career
- Career prospects in nursing are NOT becoming less attractive
- I am proud to work in this organisation
- Considering the work I do I am well paid
- I am NOT under too much pressure at work
- My workload is NOT too heavy

In terms of variation between the NHS and all nurses the following are the main differences:

- There are sufficient staff to provide a good standard of care (32% of all nurses agree compared to 25% of NHS nurses)
- I feel my work is valued (59% all, 55%, NHS)
- I am NOT too busy to provide the level of care I would like (37%, 33%)
- The effort I make to update my skills is valued by my employer (50%, 46%)
- NOT too much of my time is spent on non-nursing duties (31%, 27%)
- Considering the work I do I am well paid (20%, 16%)

In all cases here the views of NHS nurses are more negative than is the case across all sectors. In particular this is the case in responses to the item *there are sufficient staff to provide a good standard of care*. This is explored in more detail above in Chapter 7.

The main differences between Scotland and the UK are in the following items, with views of Scottish nurses more negative in each instance:

- I am satisfied with my input in planning my own off duty/times of work
- Bullying and harassment is not a problem where I work
- I can determine the way my career develops
- I would recommend nursing as a career
- I feel my work is valued
- Opportunities for nurses to advance their careers have improved
- It will NOT be very difficult for me to progress from my current grade

The only area where views of nurses in Scotland was more positive was in agreement with the statement 'the quality of care where I work is good'.

Table 9.1: Percentage agreeing with positive items – All and NHS only 2005 (UK)

		All 2005 (UK)	NHS 2005 (UK)
25	The quality of care provided where I work is good	90 (86)	90 (86)
4	Most days I am enthusiastic about my job	80 (80)	79 (79)
* 13	I am NOT worried that I may be made redundant	77 (77)	79 (79)
2	I think nursing is a rewarding career	75 (78)	73 (77)
* 16	I am NOT in a dead end job	72 (73)	73 (73)
8	Nursing will continue to offer me a secure job for years to come	68 (71)	70 (71)
26	I feel satisfied with my present job	64 (64)	62 (62)
23	I am interested in career progression	63 (64)	64 (66)
36	I feel able to balance my work and home lives	61 (59)	58 (57)
* 15	Nurses are paid WELL in relation to other professional groups	6 (7)	6 (6)
21	My employer provides me with the opportunities to keep up with new developments related to my job	59 (63)	57 (60)
33	I am satisfied with the choice I have over the length of shifts I work	58 (62)	56 (61)
38	I am satisfied with my input in planning my own off duty/times of work	56 (65)	53 (63)
35	Bullying and harassment is not a problem where I work	56 (61)	52 (58)
6	I know what I want to do in the future in my career	56 (57)	53 (55)
7	I can determine the way my career develops	55 (60)	52 (57)
27	I'm proud to work in this organisation	55 (57)	51 (53)
1	I would recommend nursing as a career	53 (58)	49 (56)
39	I am confident I would be treated fairly if I reported being harassed at work by a colleague	53 (55)	51 (52)
34	I feel my work is valued	52 (59)	47 (55)
19	I would NOT leave nursing if I could	52 (53)	49 (52)
22	Opportunities for nurses to advance their careers have improved	50 (60)	46 (58)
* 12	I am ABLE to take time off for training	47 (57)	44 (54)
30	The effort I make to update my skills is valued by my employer	45 (50)	41 (46)
32	I would find it easy to get another job using my skills	43 (50)	41 (47)
24	There is open dialogue about my career with my manager	40 (47)	38 (45)
* 18	I DO know where my career in nursing is going	40 (46)	37 (44)
31	I am NOT too busy to provide the level of care I would like	38 (37)	35 (33)
17	I would not want to work outside nursing	37 (37)	38 (36)
29	There are sufficient staff to provide a good standard of care	35 (32)	31 (25)
14	I have a good chance to get ahead in nursing	30 (37)	30 (37)
* 28	Too much of my time is NOT spent in non-nursing duties	30 (31)	28 (27)
* 20	Career prospects in nursing are NOT becoming less attractive	29 (35)	26 (33)
* 9	I am NOT under too much pressure at work	24 (24)	22 (22)
* 11	It will NOT be very difficult for me to progress from my current grade	21 (28)	21 (29)
* 5	My workload is NOT too heavy	21 (20)	18 (17)
10	Considering the work I do I am paid well	18 (20)	15 (16)
* 3	I could NOT be paid more for less effort if I left nursing	14 (12)	13 (11)
37	Nurse staffing levels have got better in the last year	13 (18)	13 (15)

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

Source: Employment Research Ltd/RCN 2005

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 AES 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 (Scotland 30,747).

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

Table A2: Age bands (Scotland)

	No. of Members	Percentage (ALL)	Percentage (KNOWN)
20-24	693	2.3	3.9
25-29	1690	5.5	9.5
30-34	2213	7.2	12.4
35-39	2856	9.3	16.0
40-44	3494	11.4	19.6
45-49	2868	9.3	16.1
50-54	1855	6.0	10.4
55 plus	2162	7.0	12.1
Missing	12916	42.0	0

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 2005, 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

	Total mailed	Post Office returns	Inappropriate	Number usable responses	Response rate
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 Ltd/RCN 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.

As a result a weighting procedure was undertaken in order to correct the differential response rate by age.

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
Standard error and (Margin for 50% estimate)	3.5 (±7.0%)	2.2 (±4.4%)	1.6 (±3.2%)	1.1 (±2.2%)	0.7 (±1.4%)
Standard error and (Margin for 10/90% estimate)	2.4 (±4.8%)	1.5 (±2.6%)	1.1 (±2.2%)	0.74 (±1.5%)	0.4 (±0.8%)

To put it into words, if we were estimating that 10 per cent 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 per cent of ethnic minority nurses hold this view (10 per cent ± 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 per cent ±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.

November 2005

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 003 013