Nurses’ Employment and Morale
Scotland 2007

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Employment Research Ltd
Acknowledgements

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Employment Research Ltd

Employment Research Ltd, an independent research consultancy, was formed in 1994. The company undertakes a range of research and evaluation, and since 2001 has undertaken the annual RCN Employment Survey, the RCN Working Well surveys, and several surveys of selected sub groups of the membership.

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1. Introduction

1.1 The 2007 RCN Employment Survey

This report describes the findings for Scotland from the 21st RCN employment survey of a sample of RCN members. This year 9,000 nurses from across the UK were surveyed (including an additional 800 living in Scotland), which means that the survey has covered sufficient numbers of important sub-groups of nurses to allow detailed analysis.

The RCN membership is broadly representative of the nursing workforce as a whole, thus the results of this survey of members can be taken to broadly reflect the UK and Scotland nursing populations more generally.

1.2 UK context

At the time of the last report in 2005, the nursing workforce context was:

- Massive reform and modernisation program underway in the NHS.
- Demand for health care staff and nurses in particular had increased.
- Between 1997 and 2005, across the UK the NHS qualified nurse workforce expanded by 23%\(^1\). This was achieved through a combination of increased nurse training, international recruits and more temporary staff.
- Despite workforce expansion, in some areas the increased growth in services meant that demand continued to outstrip the supply, with employers continuing to report recruitment problems.
- NHS employers had embarked on implementing the new pay system Agenda for Change, but the majority of nurses were still paid on clinical grades.

The 2005 Employment Survey reported an improvement in morale. Perceptions of nursing as a secure and rewarding career were at an all time high since 1996 when attitudes were first tested. The mood was of positive change. A key finding was that whilst the majority of nurses reported that their role itself had changed, where this was accompanied by training and development plans and updated job descriptions, this was seen as a positive change. But where change had not been supported, nurses were more likely to be dissatisfied and less likely to want to stay with their employer.

But since that time the context has changed dramatically.

In March 2006, 42% of NHS employers surveyed indicated that recruitment was a problem to some extent and 62% indicated that recruitment in the preceding 15 months was the same or more difficult than it had been previously\(^2\).

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NHS deficits emerged in 2004/05 and in November 2005 the Secretary of State committed to achieving net financial balance in the NHS by the end of 2006-07. In 2005/06, 31% of NHS organisations were reported to be in deficit\(^3\). After a period of stringent saving measures – typically recruitment freezes, reduction in posts and training budget cuts – the Department of Health announced in June 2007 that the ‘NHS is back in balance’\(^4\).

But what has been the effect on individual nurses? Have there been repercussions affecting the wider nursing workforce?

By comparing the results of the current employment survey with those from previous years, this report seeks to gauge shifts in the employment behaviour and morale of the UK nursing workforce.

### 1.3 Method

A postal survey of 9,000 RCN members at their home addresses was undertaken in February/March 2007.

The approach to the survey has been refined gradually since it was first commissioned in 1987, with questions altered to reflect changes in nursing. Samples have also increased over this period to allow analysis by country so that separate reports for Northern Ireland, Scotland and Wales can be provided.

#### Sample

The main sample consisted of 6,000 members selected randomly from the RCN membership records. Top up samples of 800 members from Northern Ireland, Scotland and Wales allow country specific data to be analysed and reported separately. An additional sample of 600 members aged less than 30 was included to ensure that younger nurses were covered adequately in the data set. They form a relatively small group and are characterised by lower response rates, and in recent years the numbers of newly qualified nurses has increased following growth in numbers in nurse training.

The top up samples for each country are based on members home addresses. The final data set used to provide country specific data is based on where members work.

Within each strata of the sample members were selected at random, and all cases were removed after selection so that no individual could be selected twice. Before mail-out the profiles of each sample was checked against that of the entire RCN membership, to ensure that a representative cross section had been drawn.

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

#### Questionnaire design

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.

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\(^4\) Department of Health announcement 6\(^{th}\) June 2007.

The questionnaire design reflects input from the RCN Employment Relations Department, and builds on earlier surveys by using some previous question formats to allow longitudinal comparisons. As a result of slightly lower response rates in the last few surveys of RCN members, reflecting wider difficulties in maintaining public sector response rates, this year the length of the questionnaire was reduced from 10 pages to 8, focusing primarily on the core longitudinal employment issues as listed above. However, there are also sections covering the move to Agenda for Change (AfC) and comparisons between prior clinical grade and new AfC pay band, continuing professional development (CPD) and workload.

A draft questionnaire was designed following discussion between Employment Research and the RCN and piloted, both in paper and online formats during November/December 2006 among 100 members. In addition a pilot group of nurses was convened to discuss the questionnaire. All comments and suggestions were considered and the questionnaire revised to ensure it was as user friendly as possible while still meeting the requirement to supply reliable longitudinal data.

The form was printed as an eight page A4 booklet and mailed to 9,000 RCN members between February and April 2007.

Survey process and response

Prior to receiving the questionnaire a pre-survey postcard was sent to all members sampled totrail the survey and stress its importance. At two week intervals, first a reminder postcard was sent to non-respondents, then a second questionnaire and finally a letter. To explore non-response a final reminder was sent to a random sample of 900 and included a short additional form to seek reasons for non-response. When the survey closed in April 2007, a total of 5243 forms had been returned representing a response rate of 59% (see Table 1.1).

<table>
<thead>
<tr>
<th>Table 1.1: Response rates by sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Main sample</td>
</tr>
<tr>
<td>Northern Ireland top up</td>
</tr>
<tr>
<td>Scotland top up</td>
</tr>
<tr>
<td>Wales top up</td>
</tr>
<tr>
<td>Under 30 top up</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Anonymous forms</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Source: Employment Research/RCN 2007

The response rate based on the randomly selected samples only (and excluding the younger ‘top-up’ sample, who had not been included in 2005 and 2003 surveys) is just over 60%.

Four percent of forms returned were anonymous – hence they cannot be marked off against a particular sample. In addition, 76 forms had been returned by the Post Office as not being known at the address given, and 16 forms were returned as inappropriate, predominantly from nurses who had retired.
An overall response rate of 52% (UK 59%) was achieved for the Scotland ‘top up’ sample. There was more variation in the response rate by sample group than was the case in previous years. Because of the relative sizes of samples in each country, individual members in Northern Ireland, Scotland and Wales are likely to be surveyed by the RCN more often than is the case in England. The final data set used for Scotland includes 755 cases.

Weighting has been applied to this dataset to rebalance the age profile of respondents so that it matches the population of RCN members. Details are provided in Appendix A.

1.4 Report structure

The findings in the report are based on all respondents (weighted for age), who are currently employed in nursing (755 cases).

There are some changes to the variables used in the analysis to allow sufficient numbers in each cell. NHS community includes primary care and GP practices and the independent sector has been grouped as the cell sizes are often not large enough to compare care homes with hospitals. Throughout the report comparisons are made between the UK figures and Scotland results and where significant differences emerge these are highlighted.

The report is structured as follows:

**Chapter 2** examines the demographic and employment profile of nurses in 2007.

**Chapter 3** looks at pay and examines the impact Agenda for Change on NHS respondents.

**Chapter 4** describes working hours and shift patterns.

**Chapter 5** explores current workloads in terms of excess hours worked, perceived workload, and nurse to patient ratios.

**Chapter 6** summarises patterns of job change. The data give an indication of turnover and progression, and reasons for changing jobs are explored. Finally, we present the survey findings on retirement.

**Chapter 7** examines the data on continuing professional development

**Chapter 8** concludes the report by reviewing morale among nurses in 2007.
2. Profile

Each year the nursing population and RCN membership profile alters slightly; older age distribution, a trend towards older newly qualified nurses, increased numbers of migrant nurses, and increased levels of academic qualifications have all been reported on in previous surveys. This chapter serves both to highlight recent changes in the demographic and employment profile of respondents in Scotland as well as introducing many of the variables that are used in subsequent analysis to compare differences within the population.

The shifting age profile of the nursing workforce is one of the most significant issues facing workforce planning in the health sector and was a major factor driving the increased international recruitment in the early 00’s and the increase in numbers being trained. Both of these changes have impacted on the profile of the nursing workforce.

2.1 Age Profile

The age profile has grown steadily older over the last 20 years, since these surveys started. In 2005 it was reported that the average age of nurses responding to the survey across the UK had increased from 33 in 1987, to 37 in 1995, 41 in 2003 to 42 in 2005 in Scotland (UK 42). The average age in 2007 is once again 42 in Scotland, the same as for the UK as a whole.

There is also considerable variation in the age profile of the nursing workforce with younger nurses employed predominantly in NHS hospitals, where just 17% (UK 18%) are aged over 50. This is in contrast to NHS community settings where 26% (UK 27%) are aged over 50. Across the UK, just five years ago 19% of community nurses were aged over 50.

Given that changes in community care that will be required to meet the shift planned in the Review of Nursing in the Community Our health, our care, our say, significant recruitment to these sectors will be needed, not only to meet increased service demand but also to meet increasing retirement rates.

The average age that members first qualified as nurses was 24 (UK 24). The age at which members qualified relates to the era in which they first qualified as Figure 2.1 shows. The average age has steadily increased over time, from just over 20 among those qualifying in 1960s or before, to 29 among those qualifying since 2000 (Figure 2.1). In the years since 2000, 35% of those who qualified as registered nurses are aged over 30 compared to less than 4% of those who qualified before 1990.

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5 There are some changes to the variables used in the analysis to allow sufficient numbers in each cell. NHS community includes primary care and GP practices and the independent sector has been grouped as the cell sizes are not large enough to compare care homes with hospitals.

As the age of nurses has increased, so has the average time since qualification. Across all respondents the mean time since qualification is 18 years (UK 17.9).

### 2.2 Caring responsibilities

This year the question concerning childcare responsibility was altered so no direct comparison with previous years can be made. We asked ‘Do you have dependent children living with you?’ In previous years respondents have been asked ‘Do you have children living with you?’ If they answered yes, they were then asked to give numbers for pre-school, school age and older. Clearly, the new question will elicit a lower figure for childcare responsibility in comparison with previous years as there is now a direct reference to dependence.

In addition to childcare responsibility respondents are also asked ‘Do you have a regular caring responsibility for an elderly relative or other adult with care needs?’ Table 2.1 below summarises the responses to these questions by age group.

Across all respondents a half (50%, UK 49%) have children living at home with 40-44 year olds most likely to report having childcare responsibility (78%, UK 75%). One in six (18%, UK 15%) have responsibilities caring for an elderly relative or other adult with this proportion rising with age to 32% (UK 25%) among the over 55 age group.

Nine per cent (UK 7%) of nurses have responsibility for both a child and adult/elderly relative.
Table 2.1: Nurses with domestic caring responsibilities (percentages) by age group (UK in brackets)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Children</th>
<th>Elderly/other adult</th>
<th>Weighted cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>16 (5)</td>
<td>4 (4)</td>
<td>98</td>
</tr>
<tr>
<td>30-34</td>
<td>47 (49)</td>
<td>10 (8)</td>
<td>85</td>
</tr>
<tr>
<td>35-39</td>
<td>68 (68)</td>
<td>9 (10)</td>
<td>122</td>
</tr>
<tr>
<td>40-44</td>
<td>78 (75)</td>
<td>21 (16)</td>
<td>144</td>
</tr>
<tr>
<td>45-49</td>
<td>63 (62)</td>
<td>28 (22)</td>
<td>131</td>
</tr>
<tr>
<td>50-54</td>
<td>34 (35)</td>
<td>23 (23)</td>
<td>85</td>
</tr>
<tr>
<td>55 plus</td>
<td>9 (13)</td>
<td>32 (25)</td>
<td>81</td>
</tr>
<tr>
<td>All respondents</td>
<td>50 (49)</td>
<td>18 (15)</td>
<td>746</td>
</tr>
</tbody>
</table>

Source: Employment Research/RCN 2007

2.3 Gender & Ethnicity

The proportion of men in the RCN membership has remained broadly unchanged over the last 10 years or more, hovering at around 7% (UK 7%). That said, among those qualifying since 1990, the proportion is 15% (UK 10%).

In contrast, across the UK, the ethnicity profile of the membership has changed. Respondents from BME backgrounds account for 14%, which is up from just 6% in 2002. However, in Scotland just 4% are from BME backgrounds but this figure is up from 2% in 2003.

2.4 Place of qualification

One in ten (10%) UK respondents first qualified as a registered nurse outside of the UK. This has increased significantly over the last few years – in 2001 2% were qualified outside the UK, rising to 6% in 2003, and 10% in 2007. Again, the figures in Scotland are lower with 4% first registering as a qualified nurse outside the UK. The numbers of both BME and overseas qualified nurses are too small to allow further analysis.

2.5 Qualifications

The level of qualifications held by nurses has been rising consistently in recent years. In 2007, 34% (UK 25%) report that their highest qualification held is a degree, a further 4% (UK 4%) a higher degree, and 23% (UK 33%) a diploma. Older respondents are more likely to hold other academic qualifications. Just one per cent hold NVQs/SVQs.

Four years ago in 2002, 27% of respondents reported holding a degree. Four in ten of those respondents who have been qualified for 6-15 years hold a degree or higher degree.
2.6 Current job and employer

Although the survey is designed to be applicable to nurses in all specialties and employer groups, nevertheless more than three quarters of members responding to the survey are employed in the NHS (77%, UK 74%) with 55% (UK 53%) of all respondents employed in NHS hospitals. These figures have remained broadly unchanged for the last five years. In 2003 the equivalent figure was 73% in the NHS and 53% in NHS hospitals. The other major employer groups include NHS community settings (14% of all respondents), GP practice 6% (UK 6%), independent care homes 7% (UK 6%), other NHS employers (including NHS Direct) 5% (UK 6%), hospice/charity and independent hospital settings (each 2%) and bank/agencies 2% of respondents.

Here we highlight the main differences between different settings:

- Age profiles by employer group vary but across all settings the profile has aged.
- Most young nurses are employed in NHS hospitals (where the average age is 40, same as for the UK), as staff nurses. 60% (UK 52%) of all NHS hospital staff nurses are aged under 40 compared to 29% (UK 31%) across all other settings.
- Older age profiles are found in community/primary settings, where the average age is 44 (UK 46). One in four (28%, UK 22%) are aged under 40 with 26% (UK 34%) aged 50 plus
- The average age of NHS staff nurses is 37 (UK 38) and that of other NHS staff is 45 (UK 43).

Nurses in the survey have been in their current position for 6 years (UK 5 years), and with their current employer for 11 years (UK 9 years). For respondents employed in GP practice settings, independent care homes and other independent settings, there is little difference between time in post and length of service, reflecting the smaller organisations in these sectors, in that a job move typically involves a change of employer too.

2.7 Household income

For the last three surveys the questionnaire has asked respondents what proportion of their total household income their earnings represent. In 21% (UK 23%) of cases, nurse’s income represents all their household earnings, in 24% (UK 25%) of cases it is about half, in 26% (UK 25%) it is more than half, and in 29% (UK 27%) of cases it is less than half of household earnings.

Working full-time or part-time is the main determinant of this proportion. 61% (UK 61%) of nurses working full-time report their income accounts for more than half total household earnings, compared to just 26% (UK 27%) of part-time nurses.

2.8 Key points: Chapter 2

This chapter has served to introduce the key biographical and employment situation variables that will be used in the subsequent sections of the report to explore variation in the aggregate results. Key points to note are:

- Average age of nurses in Scotland is 42, the same as across whole UK and the same figure as reported in 2005.

Prior to this the question was designed slightly differently and results are not directly comparable.
Younger nurses are employed predominantly in NHS hospital settings (17% (UK 18%) aged over 50. In community settings 26% (UK 27%) are aged over 50. This said nurses in community settings in Scotland are slightly younger on average than is the case across the rest of the UK (44 compared to 46).

7% of respondents are male (same as for the UK as a whole) and 4% are from BME backgrounds, up from 2% in 2003 but lower then the 14% across the whole UK.

More nurses in Scotland hold nursing degrees (34%) compared to elsewhere in the UK 25%.
3. Pay bands and grading

Over the last three years Agenda for Change has been implemented across the NHS, in all four countries. The transition process has taken longer than first envisaged. At the time of writing, it is reported by trade union leads that across England at least 99% of all staff have been assimilated, while in Scotland 6% are reported as unassimilated.

For three years following the implementation of AfC the pay review body did not report on pay as a settlement was negotiated within the implementation of AfC. Since the implementation of Agenda for Change in 2004 the remit of the pay review body - now the Nurses and Other Health Professionals Pay Review Body (NOHPRB) - has broadened to include other professional groups on Spine two of Agenda for Change. In March 2007 the NOHPRB recommended a 2.5% pay award. However the Government decided to stage the award giving NHS staff 1.5% in April followed by 1% in November, which reduced its value to 1.9% overall. Even though the Scottish Executive subsequently decided to implement the Pay Review Body's recommendation of a 2.5 per cent pay award for nurses and other healthcare workers in full, at the time of the survey all four countries in the UK were in the same position.

This is the first Employment Survey in which Agenda for Change (AfC) pay bands are the main variable to indicate levels of financial reward within the NHS.

3.1 Contracts and pay scales

Nine in ten members surveyed (94%, UK 93%) are employed on permanent contracts, 2% (UK 3%) bank/agency contracts, 3% (UK 2%) temporary contracts and 1% (UK 1%) on secondment/other contracts. In the NHS 95% (UK 95%) are employed on permanent contracts (the same figure as reported in 2000, when this question was last asked).

In 2005, 89% (UK 84%) indicated that they were paid on clinical grades, 1% (UK 5%) on AfC pay bands and 10% (UK 12%) on other pay scales. This year 57% (UK 74%) of all respondents report being paid on Agenda for Change pay bands, with 30% (UK 13%) still on clinical grades and 13% (UK 13%) on other pay scales. Within the NHS, 71% (UK 91%) are paid on AfC pay bands compared to 1% (UK 6%) in 2005.

The differing speeds of implementation of Agenda for Change across the UK are apparent from the survey results. In Scotland 71% of NHS respondents report being paid on an AfC pay band but with 30% still being paid on clinical grades but in England, 95% are paid on AfC pay bands, in Wales the equivalent figure is 79%, Northern Ireland 77%.
Respondents working in GP practice settings are most likely to report being paid on clinical grades with nurses in higher education, independent care homes and in other independent settings most likely to be paid on other pay scales (see Figure 3.1).

3.2 Transition to Agenda for Change (AfC)

The questionnaire sought details from respondents about the clinical grade they were employed on immediately prior to the transition to AfC and their pay band immediately after transition. For the UK it is possible to compare the prior clinical grade against the pay band respondents were subsequently moved to, giving the proportion of each grade that have been moved to each AfC pay band, however, with the relatively low assimilation rate and numbers of respondents in Scotland this data cannot be provided here for all grade/AfC pay band combinations, only in aggregate, using relative low/high grade/pay band combinations.

The only direct comparison that is possible is the transition from E grade to pay band 5/6. There are national differences in the distribution of respondents between these grade/pay band combinations, with more nurses in Scotland and Northern Ireland moving to the lower pay band. Of those respondents employed on Grade E immediately prior to the transition to AfC, 86% of all respondents in England moved to pay band 5, compared to 94% in Scotland and 98% in Northern Ireland.

Respondents were also asked to report whether or not they had requested a review of their banding. One in four nurses in Scotland (25%, UK 18%) had requested a review, slightly more than across the UK as a whole.
In the NHS only this figure was the same but fewer respondents in NHS hospitals in Scotland (19%, UK 15%) had requested a review than was the case among NHS community respondents (39%, UK 27%). Of those respondents who had been placed on a relatively low grade (e.g. E grade to pay band 5) 36% had requested a review compared to 7% of those who had moved to a relatively high grade (e.g. E grade to pay band 6).

**Figure 3.2: Requests for a banding review by time since qualified for NHS staff nurses only (percentages)**

<table>
<thead>
<tr>
<th>Years since qualified as registered nurse</th>
<th>UK</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 years</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>6-10</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>11-15</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>16-20</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>21-25</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>26-30</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>31-35</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>35 plus</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

*Source: Employment Research/RCN 2007*

Length of service is correlated with propensity to request a review of AfC pay band, as Figure 3.2 shows. In Scotland nurses with 6-10 years experience are most likely to have requested a review of their banding (25%, UK 14%).

### 3.3 Current pay level

Respondents were also asked to indicate the AfC pay band or clinical grade they are currently being paid on (as opposed to the band they first moved to). Six in ten (59%, UK 77%) of all respondents gave an AfC pay band and a further 33% (UK 16%) gave a clinical grade. Tables 3.1a and 3.1b show the distribution of pay bands and grades by employer group. It is apparent that in Scotland nurses are employed on lower AfC pay bands than is the case across the whole of the UK. 66% of NHS nurses on pay band 5 compared to 51% across all UK nurses.
Table 3.1a: AfC pay bands by employer group (percentages) UK figures in brackets

<table>
<thead>
<tr>
<th>AfC pay band</th>
<th>Weighted cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>NHS hospital</td>
<td>76</td>
</tr>
<tr>
<td>NHS community/primary</td>
<td>37</td>
</tr>
<tr>
<td>All NHS</td>
<td>66 (51)</td>
</tr>
<tr>
<td>Independent</td>
<td>30</td>
</tr>
<tr>
<td>Other</td>
<td>50</td>
</tr>
<tr>
<td>All respondents</td>
<td>64 (50)</td>
</tr>
</tbody>
</table>

Source: Employment Research/RCN 2007

Table 3.2b: Clinical grades by employer group (percentages) UK figures in brackets

<table>
<thead>
<tr>
<th>Clinical grade</th>
<th>Weighted cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>NHS hospital</td>
<td>31</td>
</tr>
<tr>
<td>NHS community/primary</td>
<td>4</td>
</tr>
<tr>
<td>All NHS</td>
<td>23 (22)</td>
</tr>
<tr>
<td>Independent</td>
<td>33</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
</tr>
<tr>
<td>All respondents</td>
<td>21 (21)</td>
</tr>
</tbody>
</table>

Source: Employment Research/RCN 2007

3.4 Inappropriate banding/grading

Since 2001 the Employment Survey has asked respondents to say whether they consider their pay band/grade (previously grade) to be appropriate given their role and responsibilities. This question/variable serves as a useful barometer and is strongly correlated with a number of work life experiences and views. The number that report that they are on a grade/pay band appropriate to their role is 41% (UK 48%), with 51% (UK 44%) saying they are not and 8% (UK 8%) answering that they ‘don’t know’. Clearly, in Scotland there is a higher level of dissatisfaction with banding/grading than is the case elsewhere in the UK. This was not the case in 2005 when the results in Scotland were similar to rest of the UK, so the last two years has seen a significant increase in pay band dissatisfaction among nurses in Scotland, more so than across the rest of the UK.

Within the NHS the numbers are virtually the same, with 51% (UK 44%) saying that they are not on an appropriate grade and 41% (UK 49%) agreeing that their grade is appropriate. Again, there is a significant difference between respondents in Scotland and the rest of the UK. Similar to the rest of the UK there is little difference in responses between nurses in the NHS and independent sectors (51%) and GP practice (48% saying their grade is not appropriate to their role and responsibilities), all higher though than elsewhere in the UK.

Nurses in Scotland who are paid on AfC pay bands are more likely to say that their pay band is inappropriate than nurses on clinical grades. In 2005, only 6% of UK respondents were on AfC but this group of ‘early movers’ were more likely to feel they were on an appropriate grade/pay band, with only 39% saying they were not, compared with 48% of those who were still on clinical grades.
The outcome of the transition process between clinical grade and AfC pay band shows the strongest correlation to whether or not their current pay band is perceived to be appropriate or not. Two thirds of respondents who were placed on a ‘low’ pay band relative to others e.g. moving from E grade pay band 5 reported that their pay band was inappropriate to the role and responsibilities, compared to 34% of those who moved to a relatively high pay band e.g. E grade to pay band 6.

**3.5 Pay satisfaction**

A regular feature of all the employment surveys since 1992 has been the use of a series of attitude statements to garner opinion on pay. The three statements used have remained unchanged, allowing comparisons year on year. These are:

- *I could be paid more for less effort if I left nursing*
- *Considering the work I do I am well paid*
- *Nurses are paid poorly in relation to other professional groups*

Respondents were asked to indicate on a five point ‘likert’ scale the extent to which they agree or disagree with each statement. Nurses’ views have always been extremely negative in relation to their pay and on no other items are views as negative as they are concerning pay. However, if anything, in recent years nurses views are more negative than they were 10 years ago. For example within the NHS, in 1992 across the UK 45% agreed with the statement that ‘I could be paid more for less effort if I left nursing’, in 1997 62%, and today the equivalent figure in the UK is 71% (across all sectors it is 70%) while in Scotland among NHS nurses it is 76%.

**Figure 3.3: Summary of pay satisfaction in the NHS (percentages)**

Since 1997, there has been little change across the UK in response to the statement that *considering the work I do I am well paid* or to the statement *nurses are paid poorly in relation to other professional groups*. Over the last 15 years across the UK, the overwhelming majority of nurses across all employers, jobs and specialties have expressed dissatisfaction with their pay.
When comparing their own pay to that of other professional groups almost all nurses surveyed (88%, UK 87%) express dissatisfaction. It has been shown in the past that there is a correlation between clinical grade and pay satisfaction, particularly in relation to *I could be paid more for less effort if I left nursing*. However, in 2005 we found that this correlation had reduced and there was much more similarity between clinical grades in their dissatisfaction with pay. In 2007 we find there is some correlation, although not as much as in previous years, between AfC pay band and responses to this item, 78% (UK 72%) of band 5 respondents express dissatisfaction compared to 60% (UK 65%) of band 8.

In considering the work they do in relation to their pay, a stronger link between pay band and views is exhibited. Nearly three quarters (73%, UK 70%) of band 5 express dissatisfaction compared to 62% (UK 63%) of band 6, 61% (UK 51%) of band 7 and 27% (UK 35%) of band 8.

Although there is some correlation in these results by employer, pay band and some biographical variables (e.g. age, but this is linked to the greater likelihood of younger nurses to work in hospital and critical care settings), the aspect of working life that correlates most strongly with views on pay is whether or not they perceive their pay band / grade to be appropriate given their role and responsibilities.

**Figure 3.4: Views on pay (strong agreement): (percentages)**

![Figure 3.4: Views on pay (strong agreement): (percentages)](image)

Source: Employment Research/RCN 2007

Across all respondents, 51% (UK 44%) perceive their pay band/grade to be inappropriate and these nurses are much more inclined to hold strongly negative views of their pay: in particular, in relation to *considering the work I do I am NOT well paid*, 36% (UK 32%) of this group hold this view strongly compared to just 10% (UK 9%) of those who feel appropriately banded/graded. Four in ten (43%, UK 43%) feel strongly that they could be paid more for less effort if they left nursing, compared to 30% (UK 27%) of those who consider themselves appropriately banded and finally, 66% (UK 62%) agree strongly that nurses are poorly paid in relation to other professional groups compared to 47% (UK 42%) of those who feel appropriately banded/graded.
3.6 Additional jobs

One of the consequences of poor pay is the need to ‘top up’ pay with additional work. Over the last ten years the Employment Survey has found that roughly one in four nurses have additional jobs and, across the UK, this proportion has changed only marginally over this period. This year 29% of nurses in Scotland (UK 26%) report having an additional job, whilst in 2005 it was 26% (UK 27%). It would seem that in Scotland the proportion with a second job has increased marginally in the last two years, perhaps partly as a consequence of increased dissatisfaction with pay and banding.

There is little difference between nurses working in the NHS and other sectors in the proportions having additional jobs, 30% (UK 28%) of NHS hospital nurses compared to 26% (UK 21%) of community nurses, 27% (UK 26%) of practice nurses and 24% (UK 24%) of independent sector nurses. Where nurses are the main ‘breadwinner’ (i.e. their income accounts for more than half of total household earnings) 30% (UK 28%) have second jobs compared to 25% (UK 24%) where income accounts for a half or less of household earnings.

The questionnaire asked members to give their reasons for undertaking additional work (and presented them with three categories and an ‘other’ option). The majority (71%, UK 74%) of nurses report that providing an additional income is the main reason that they have a second job (within the NHS, 74% (UK 76%) report this as their main reason). One in ten (12%, UK 10%) cited maintaining particular skills, and 7% (UK 6%) reported that it was a means of gaining experience in another speciality.

Ten per cent (UK 9%) of respondents mention other reasons for undertaking additional work. In these cases it is primarily to help maintain staffing levels (predominantly nurses in NHS hospitals) or for general interest/enjoyment and challenge.

Nurses on higher bands and in NHS community roles are more likely to say that they do additional work ‘to maintain particular nursing skills’.

Most of the additional work undertaken by those with additional jobs is for a bank: 47% do bank work for their own employer and 18% for a bank elsewhere.

3.7 Key points: Chapter 3

The main points to emerge from Chapter 3 are:

- In the last two years across the UK the number of NHS nurses paid on AfC pay bands has risen from 6% to 91%. But the there has been variation in assimilation across the UK - 91% in England, 79% Wales, 77% Northern Ireland, 71% Scotland.

- Of all E grades prior to AfC more nurses in Scotland and Northern Ireland, when compared to Wales and England, moved to pay band 5 as opposed to pay band 6. Nurses who moved to a relatively low pay band (compared with colleagues of the same grade) are more likely to be dissatisfied with their pay.

- One in four nurses in Scotland (25%, UK 18%) had requested a review, slightly more than across the UK as a whole. In the NHS this figure was the same but fewer respondents in NHS hospitals in Scotland (19%, UK 15%) had requested a review than was the case among NHS community respondents (39%, UK 27%).
• It is apparent that in Scotland nurses are employed on lower AfC pay bands than is the case across the whole of the UK. 66% of NHS nurses on pay band 5 compared to 51% across all UK nurses.

• In Scotland there is a higher level of dissatisfaction with banding/grading than is the case elsewhere in the UK (51% feel inappropriately graded/banded (UK 44%). In 2005 there was no difference in the results.

• Nurses in Scotland who are paid on AfC pay bands are more likely to say that their pay band is inappropriate than nurses on clinical grades.

• Of those who feel inappropriately banded/graded, four in ten (43%, UK 43%) feel strongly that they could be paid more for less effort if they left nursing, compared to 30% (UK 27%) of those who consider themselves appropriately banded.

• 29% (UK 26%) of members in Scotland surveyed have additional jobs, primarily to earn additional income (71%, UK 74%).
4. Working hours

The total nursing workforce is not just about the numbers of people employed but also about the length of hours they work. The continued ageing of the nursing workforce means that, all other things being equal, there are fewer nurses who traditionally work longer hours and full-time. At the same time, there has been a gradual increase in the number of older respondents (aged 55 plus) approaching retirement and more likely to work part-time. Mitigating this effect in recent years has been the growth in the number of international recruits, most of whom work longer hours and full-time.

The European Working Time Directive\(^8\) limits employees working time to 48 hours per week. Although the directive has been in effect in the UK since October 1998, as from 2009 it will be extended to also restrict the hours of doctors in training to 48 per week.

According to the NHS staff surveys, views of the quality of work life balance have become slightly more negative in acute trusts between the 2004 and 2006 surveys, from an average score of 3.5 for registered nurses and midwives to a score of 3.33 last year (where higher scores equal better work life balance)\(^9\).

What affect does the changing profile of the nursing workforce have on typical working patterns? Has the context of financial constraint and reduced bank and agency use, had any effect on the hours worked by those in the NHS?

This chapter describes the working patterns of nurses in terms of; mode of working, shift working, working hours and excess hours, and total time spent working (including hours worked in additional jobs - discussed in the previous chapter).

4.1 Mode of working

There has been a small reduction in the proportion of nurses working part-time since the 2005 survey (39%, UK 37%), compared to 41% (UK 39%) in 2005. Within the NHS the proportion of nurses working part-time is the same as ten years ago; 62% (UK 65%) work full-time, 35% (UK 33%) part-time and 3% (UK 2%) as part of a job share or work occasional hours.

Across the UK full-time working is much more prevalent among GP practice nurses than was the case in 1997 (28% compared to 13%). Also, within the independent sector, 61% worked full-time in 1997 compared to 71% today (76% in care homes 60% in hospitals).

Age and grade have been found in previous surveys to correlate most strongly with mode of working. Across the UK there is little difference between band 5 (61%), band 6 (63%) and band 7 (71%) in the proportion working full-time but in Scotland there is a significant difference 51% of band 5 work full-time, 69% of band 6, 77% of band 7 and 90% of band 8 (albeit using small numbers).

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\(^8\) European Working Time Directive 93/104/EC  
Again, there is a link, touched on in the previous chapter, between respondents who are in a ‘breadwinner’ role compared to others; 78% (UK 79%) of respondents whose income accounts for more than half their total household earnings, work full-time compared to just 32% (UK 30%) of those whose income accounts for less than half.

4.2 Working patterns

There has been a small increase in Scotland (not mirrored across the UK) in the proportion of respondents who indicated they work shifts in the last two years; 58% (UK 56%) compared to 55% in 2005 (UK 55%). Nearly four in ten (39%, UK 37%) work day time/office hours but only 3% (UK 7%) work a form of flexi-time/irregular hours. There is significant variation in typical work pattern by employer group. Respondents working for independent care homes (85%, UK 81%) and in NHS hospitals (79%, UK 76%), are most likely to be working shifts.

Of all nurses working shifts, 65% (UK 59%) work a form of internal rotation. This figure is both significantly higher than the 57% (UK, 54%) reported in 2005 and than the UK wide figure. Fewer work day time shifts only (23%, UK 30%) and one in eight (13%, UK 11%) work permanent nights. Among NHS hospital respondents, three quarters (75%, UK 69%) are currently working internal rotation. In the independent sector more respondents work permanent nights – 33% (UK 29%).

Looking specifically at those nurses working shifts, those aged under 30 are most likely to work internal rotation (78%, UK 82%).

Shift length

Shift length varies considerably between both employer groups and specialties.

Across all respondents working shifts, 47% (UK 45%) work 12 hour shifts, 52% (UK 55%) work 8 hour shifts and 1% (UK 1%) work other lengths of shift. Nurses working in the independent sector (60%, UK 65%) are most likely to be working 12 hour shifts. In the NHS in Scotland more nurses work 12 hour shifts (55%, UK 47%).

4.3 Working excess hours

As has been the case for most of the last ten years, the proportion of respondents indicating that they worked more than their contracted hours in their last full working week is 58% this year (UK 58%) slightly higher than in 2005 (55%, UK 60%). Four in ten of all respondents (39%, UK 44%) say that they work in excess of their contracted hours several times per week (31%, UK 34%) or every shift (8%, UK 10%). Just 11% (UK 8%) never work beyond their contracted hours, while 31% (UK 29%) do so less than once per week and 19% (UK 19%) once per week, on average.

There is little difference by sector in the proportion working more than their contracted hours in their last full working week, or the frequency with which they work excess hours.

Over several surveys, grade has been found to be the variable that correlates most strongly with working excess hours.

Nurses in higher band posts are more likely to work excess hours than those paid on lower bands, and work excess hours more frequently. Four out of five (83%) nurses on pay band 7/8/9 worked more than their contracted hours in their last full working week and most say they work excess hours at least several times per week.
Across all nurses, regardless of whether or not they worked excess hours, an average 3.6 (UK 3.7) excess hours was worked in the last full working week, 6.1 (UK 6.7) hours among those who worked excess hours. Across the UK, this is higher than the figure reported in 1997, when the average number of excess hours worked was 5.9. Looking specifically at those working full-time, the number of excess hours typically worked has risen in the last two years, from 6.0 in 2005 to 6.9 (UK 7.3) in 2007.

A separate question asked what recompense is most likely to be offered when nurses are asked to work extra hours in order to provide cover. One in four (26%, UK 31%) of all respondents referred to time off in lieu, 12% (UK 11%) are paid at a higher rate, 38% (UK 34%) at their normal rate, 2% (UK 1%) at a lower rate, 12% (UK 11%) are offered bank on full pay, 5% (UK 5%) bank on lower pay and 4% (UK 5%) are not offered any reimbursement.

NHS hospital nurses are most likely to be paid at a higher rate (16%), or bank on full pay (19%), while independent sector nurses are more likely to be paid at their normal rate (63%). NHS community nurses are most likely to be offered time off in lieu (49%).

In Chapter 3 we looked at the prevalence of nurses working in second/additional jobs. In total, approximately one in four work in second jobs. The average number of hours worked in these jobs is approximately 13 hours for the UK. However for Scotland the number of hours worked in additional jobs is less than half this figure at 5 hours. Table 4.1 shows the total hours worked for full-time and part-time respondents. Across all full-time respondents the average total number of hours worked in the previous week is approximately 44, while for part-time respondents it is 29 hours.

<table>
<thead>
<tr>
<th>Table 4.1: Hours worked (full-time/part-time) – percentages and means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean contracted hours in main job</td>
</tr>
<tr>
<td>Working excess hours in last week (%)</td>
</tr>
<tr>
<td>Working in excess of contract several times per week or more (%)</td>
</tr>
<tr>
<td>Mean excess hours in main job (ALL)</td>
</tr>
<tr>
<td>Average excess hours in main job (those that worked excess hours)</td>
</tr>
<tr>
<td>Additional jobs (%)</td>
</tr>
<tr>
<td>Mean hours worked in additional jobs (those with additional jobs)</td>
</tr>
<tr>
<td>Mean TOTAL hours worked in last week (ALL)</td>
</tr>
<tr>
<td>Weighted cases (all respondents)</td>
</tr>
</tbody>
</table>

Source: Employment Research Ltd/RCN 2007

There has been little change in the last five years in the reported total hours worked by nurses, at approximately 44 hours for full-time nurses and 29 hours for part-time nurses.

Just under a half (44%, UK 46%) of all nurses working full-time, work more than 40 hours per week in their main jobs. In the NHS this figure is 41% (UK 44%) (36%, UK 42% in NHS hospitals and 49%, UK 48% in the community), while in the independent sector it rises to 62% (UK 59%). Just 27% (UK 22%) of full-time nurses working in GP practices work more than 40 hours per week.
Monitoring working hours

Respondents were asked to indicate whether or not their employer monitors the total number of hours they work (including bank/overtime); slightly fewer in Scotland 54% (UK 61%) said ‘yes’ their employer does monitor their total hours, 22% (UK 19%) thought they did not and 24% (UK 21%) said they did not know.

In the independent sector more respondents (74%, UK 77%) say their employer monitors their total working hours, while in GP practices the figure falls to 55%, lower than across all UK respondents (67%).

4.4 Working hours satisfaction

Most respondents hold positive views of their working hours and these views, in aggregate, have changed little since the 2005 survey:

⇒ 56% (UK 61%) agree that they are ‘satisfied with their input in planning off duty and times of work’.

⇒ 59% (UK 56%) ‘feel able to balance their home and work lives’

⇒ 59% (UK 62%) are ‘satisfied with the choice they have over the length of shifts they work’.

Between one in four and one in five respondents disagree with each of these statements. In Scotland slightly fewer are satisfied with their input in planning off duty and times off than across the rest of the UK but more feel able to balance their home and work lives.

Nurses working part-time are most likely to feel positive about their working hours. Nearly three quarters of part-time nurses (72%, UK 72%) say that they feel able to balance their home and work lives compared to (51%, UK 52%) of full-time nurses. Similar albeit slightly smaller differences are also visible for each of the other two items.

There is only marginal difference between nurses in relation to the domestic caring responsibilities they have. Those with children tend to be slightly more satisfied with control they have over their working hours and the balance between their home and working lives but those with adult caring responsibilities are slightly less likely to be satisfied. For example, 61% (UK 67%) of those with childcare responsibilities (but no adult caring responsibilities) say they are satisfied with their input in planning off duty/times off but among those with adult caring responsibilities (and no child) 53% (UK 58%) say they are satisfied with their input in this regard. Of those caring for both a child and an adult 51% (UK 60%) say they are satisfied.
Figure 4.1: Views of working hours (percentages NHS only)

There is also variation according to the type of shift pattern worked. Figure 4.2 below shows these differences (for full-time respondents only). In particular those working internal rotation feel least satisfied with their working hours while those working permanent nights feel more satisfied with their the choice and control they have over their working hours.

Figure 4.2: Views of working hours by type shift pattern (percentages)
Where employers monitor the total number of hours worked by respondents there is greater satisfaction regarding aspects of their working hours. For example, 62% (UK 63%) of those who report that their employer monitors their total working hours say they feel able to balance their home and work lives, compared to 53% (UK 50%) of those who say their employer does not monitor total working hours. Similarly, 60% (UK 66%) are positive with their choice over length of shifts worked compared to 54% (UK 54%) where employers are not monitoring total working hours.

4.5 Key points: Chapter 4

- The number working part-time, although slightly less than ten years ago, has not changed since 2005 – 39% (UK 37%).

- Whilst younger nurses are more likely to work full-time there has been a slight increase in full-time working amongst the 50-54 age group.

- There has been a small increase in Scotland (not mirrored across the UK) in the proportion of respondents who indicated they work shifts in the last two years; 58% (UK 56%) compared to 55% in 2005 (UK 55%).

- Internal rotation is the most prevalent work pattern of those working shifts, particularly in NHS hospitals and more so in Scotland than elsewhere in the UK (75%, UK 69%).

- 58% (UK 58%) worked in excess of their contracted hours in their last working week. For 39% (UK 44%), working excess hours is a regular or daily reality.

- On average, full-time nurses work a total of 43 (UK 44) hours a week (including overtime and additional jobs).

- Just under a half (44%, UK 46%) of all nurses work more than 40 hours per week.

- If nurses are asked to work extra hours to provide cover, they are typically paid at the normal rate or offered time in lieu. NHS community based nurses were most likely to be offered time off in lieu as opposed to payment.

- Fewer nurses in Scotland 54% (UK 61%) said ‘yes’ their employer monitors their total working hours.

- Views of working hours and control and choice over them, remain predominantly positive, although more negative in Scotland than is the case elsewhere in the UK. In Scotland slightly fewer are satisfied with their input in planning off duty and times off than across the rest of the UK but more feel able to balance their home and work lives.
5. Workload & staffing

Over the last two years significant changes have impacted on the NHS best summarised by the House of Commons Health Committee:

‘From around 2005, there is evidence of a sudden and distinct change in health service workforce trends. The growth in staff numbers came rapidly to an end and in some areas the workforce may be beginning to contract’ p17 HOCHCC Workforce Planning\textsuperscript{10}.

In many areas recruitment freezes\textsuperscript{11} and workforce contraction have coincided with a continued growth in demand as demonstrated in Figure 5.1 below.

**Figure 5.1: Hospital activity trends 1998/9 – 2005/6**

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure51.png}
\caption{Hospital activity trends 1998/9 – 2005/6}
\end{figure}

\textit{Source: Employment Research/RCN 2007}

5.1 Nurse to patient ratios

Survey respondents were asked to provide details of the total number of staff and patients on their last working shift, in order to get a ‘snapshot’ picture of staffing patterns. Table 5.1 presents the patient and staffing data for respondents working on NHS wards, alongside the 2005 findings. The results are split according to whether the last shift worked was during the day or at night. Note that the staffing figures refer to all staff on duty regardless of their role, and would include those in charge of the ward.

Many of the basic parameters of NHS wards remain the same as two years ago – typically 23 beds, with 90+ occupancy rates. The results suggest very little change from 2005.


\textsuperscript{11}For example, nearly a half (45%) of clinical nurse managers surveyed in March 2006 reported that there had been redundancies or a reduction in nursing posts where they work. Ball J (2006) ‘Cutbacks take their toll’ Nursing Standard, 2\textsuperscript{nd} August, vol. 20 no. 47 pgs 14-15
Table 5.1: Average staffing and patient data – NHS wards 2007 & 2005 (UK in brackets)

<table>
<thead>
<tr>
<th></th>
<th>NHS wards 2007</th>
<th></th>
<th>NHS wards 2005</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day</td>
<td>Night</td>
<td>Day</td>
<td>Night</td>
</tr>
<tr>
<td>Number of beds</td>
<td>22.9 (22.5)</td>
<td>22.1 (22.7)</td>
<td>22 (23.4)</td>
<td>25 (22.7)</td>
</tr>
<tr>
<td>Total number of patients</td>
<td>22.2 (22)</td>
<td>19.9 (22)</td>
<td>21 (22)</td>
<td>22 (21)</td>
</tr>
<tr>
<td>Occupancy</td>
<td>97 (96)%</td>
<td>91 (100)%</td>
<td>93 (96)%</td>
<td>88 (95)%</td>
</tr>
<tr>
<td>Number of registered nurses</td>
<td>3.7 (3.6)</td>
<td>2.3 (2.8)</td>
<td>3.3 (3.3)</td>
<td>2.5 (2.4)</td>
</tr>
<tr>
<td>Number of HCAs/auxiliaries</td>
<td>2.3 (1.9)</td>
<td>1.3 (1.2)</td>
<td>2.1 (2.1)</td>
<td>1.4 (1.3)</td>
</tr>
<tr>
<td>Total staff on duty</td>
<td>6.0 (5.6)</td>
<td>3.6 (4.0)</td>
<td>5.5 (5.4)</td>
<td>3.9 (3.7)</td>
</tr>
<tr>
<td>RNs as % of all nursing staff</td>
<td>63 (66)%</td>
<td>64 (70)%</td>
<td>61 (62)%</td>
<td>63 (66)%</td>
</tr>
<tr>
<td>Patients per registered nurse (mean across all RNs)</td>
<td>6.7 (6.9)</td>
<td>9.6 (9.1)</td>
<td>7.4 (7.7)</td>
<td>10.6 (10.1)</td>
</tr>
<tr>
<td>Patients per member of nursing staff (mean across total staff)</td>
<td>3.8 (4.2)</td>
<td>5.8 (5.7)</td>
<td>4.0 (4.4)</td>
<td>6.1 (6.1)</td>
</tr>
<tr>
<td>Number of cases</td>
<td>146 (805)</td>
<td>66 (380)</td>
<td>162 (822)</td>
<td>58 (316)</td>
</tr>
</tbody>
</table>

Source: Employment Research/RCN 2007

Across the 146 NHS wards covered by respondents, registered nurses typically account for 63% (UK 66%) of nursing staff on duty during a day shift. This figure has increased by two percentage points since 2005, when it was 61%. Corresponding with this change, the patient to nurse ratio shows signs of improvement. Although the overall patient to staff ratio has changed little (eg. it is now 3.8 during day shifts compared with 4.0 in 2005), the number of patients per RN has gone from 7.4 to 6.7 during the day, and 10.6 to 9.6 at night.

5.2 How nurses’ time is spent

Nurses were asked how their work time is divided between clinical work, management work, educating and training others, research and ‘other’ activity.

In the NHS the average proportion of time spent on clinical work has increased since the 2005 survey, from 68% (UK 66%) to 72% (UK 73%). Across all NHS nurses 13% of time was spent on management, 10% on educating/training others and 2% on research and 3% on other activities.

A similar increase in the proportion of time spent on clinical activities is also recorded by practice nurses, with the average time spent on clinical work rising from 78% (UK 80%) to 85% (UK 86%) of total work time. But among respondents working in the independent sector, hospices and for banks/agencies there has been little or no change in the proportion of working time spent doing clinical work.

Looking within the NHS by job title, it is notable that senior nurses, ward managers and advanced specialist nurses in Scotland all spend more of their time on clinical work than was the case in 2005, mirroring results across the UK, with less time spent on other activities.

The survey also asked members to indicate whether or not they are responsible for mentoring students and for preceptorship of newly qualified nurses. Figure 5.2 summarises these data by employer group. Across all nurses, slightly more in Scotland than across the rest of the UK (58%, UK 53%) reported that they were responsible for mentoring students and 32% (UK 31%) indicated that they provided preceptorship for newly qualified nurses.
Six in ten (65%, UK 61%) of respondents in NHS hospital wards are responsible for students and 44% (UK 42%) are responsible for preceptorship of newly qualified nurses. In the NHS community/primary care 56% of nurses are responsible for students and 16% for preceptorship. Nurses who have these responsibilities typically have an average of three students and provide preceptorship for just under two newly qualified nurses. This does not vary significantly by employer group.

5.3 Views of workload and staffing

Figure 5.3 summarises the responses to the statements concerning workload and pressure at work. It is clear that most nurses respond negatively to all the statements regarding workload and that there is a high level of consistency in the responses to these items. For example, 56% (UK 55%) of all nurses say that they are too busy to provide the standard of care they would like. Similarly, 55% (UK 56%) say that there are not sufficient staff to provide a good standard of care and the same proportion say they feel under too much pressure at work and 55% (UK 59%) say their workload is too heavy.

Few respondents in the NHS (12%, UK 12%) consider that ‘nurse staffing has got better in the last year’, with 22% (UK 28%) strongly disagreeing and 43% (UK 41%) disagreeing. Unlike the UK as whole, in Scotland, there has been a reduction since 2005 in the proportion that consider that there are ‘sufficient staff to be able to a good standard of care’ – from 31% (UK 25%) to 26% (UK 26%).

Also, the proportion that report that they are ‘too busy to be able to provide the level of care they would like’ has risen 48% (UK 47%) of NHS respondents in 2005 to 56% (UK 55%) in 2007.
There is significant variation between employer groups. For example, more than a half of all nurses working in the NHS 56% (UK 55%) agree or strongly agree with this statement, and in NHS hospitals 60% (UK 58%), say that they feel too busy to provide the level of care they would like. This figure falls to 42% (UK 46%) of nurses working in the independent sector, 41% of NHS community nurses/primary care.

**Figure 5.4: I am too busy to provide the level of care I would like (percentage agree)**

Source: Employment Research/RCN 2007
5.4 Key points: Chapter 5

- Across all sectors there has been an improvement in staffing ratios compared to the 2005 survey.

- On NHS wards, there are typically 6.7 (UK 6.9) patients per registered nurse on duty during the day and 9.6 (UK 9.1) at night.

- RNs make up 63% (UK 66%) of the nursing staff on duty during the day on NHS wards.

- Senior nurses, ward managers and nurse practitioners in the NHS are spending more time on clinical work and less on management, educating other staff and research than they did on average in 2005.

- Just a quarter of NHS nurses (26%, UK 25%) consider that there are sufficient staff to provide a good standard of care.

- The number of NHS nurses who feel too busy to provide the care they would like has increased since 2005, from 48% (UK 47%) to 56% (UK 55%).
6. Job change and career progression

In this chapter we examine job change and career movement and progression issues. These questions provide the survey with indicators of turnover, satisfaction with nursing and a sense of the nursing workforce dynamics. In addition the data highlight differences in experience of groups of nurses when moving jobs or applying for posts of a higher grade/pay band.

In 2005 the employment survey reported a small decline in turnover suggesting a slow down in recruitment. In addition to this, the slow down in the health labour market has resulted in difficulties for newly qualified nurses in finding employment.\textsuperscript{12}

6.1 Changing jobs and employer

To provide a barometer of turnover in the nursing labour market over the previous year, respondents are asked to answer two questions ‘have you changed jobs in the last 12 months?’ and following this ‘have you changed employer in the last 12 months?’

In 2005, we reported that the turnover figure (as measured by job changes) had reduced slightly for the first time since 1997/8. At the time it was not clear if this was a temporary dip or the start of downward trend. The data this year would suggest that it was the start of a downward trend. Across the workforce as a whole there has been a significant reduction in the number of members who have changed jobs in the 12 months preceding the survey; down from 21% (UK 24%) in 2004/5 and 23% (UK 26%) in 2002/3 to 19% (UK 16%) in 2006/7. Across the UK this is the lowest rate of job change recorded in these surveys. In Scotland however, there has been less change in job turnover over the last two years and the turnover rate is now higher in Scotland than across the whole UK for the first time in the last five years.

Reduced turnover as expressed by job changes is likely to be caused by a combination of factors. Firstly, there are fewer opportunities due to budget deficits, recruitment freezes and job losses. And secondly, over the 12 months prior to the survey many NHS nurses were waiting to discover how their post had been evaluated in the new pay system Agenda for Change.

In NHS hospitals the proportion of respondents who had changed job in the 12 months prior to the survey has fallen from 21% (UK 21%) in 2005 to 18% (UK 14%) this year – again a smaller reduction in Scotland than elsewhere.

The financial situation affecting recruitment in the NHS has not only impacted within the NHS. There has been some reduction in aggregate job turnover in other sectors but not as significant a fall as elsewhere in the UK.

In Scotland there has been no change in the proportion of respondents indicating that they have changed employer (8%, UK 8%) unlike across the UK where there was a fall from 11% to 8%. In the NHS turnover as measured by employer changes fell from 8% to 5% (UK 11% to 6%), among GP practices employer turnover was 19% (UK 12%).

\textsuperscript{12} Buchan J (2006) From Boom to Bust? The UK Nursing Labour Market Review 2005/6, Queen Margaret University College, September 2006, pg 39

\textsuperscript{13} It has always been assumed that this figure includes all job changes, both within the same organisation be it horizontal or via promotions and employer moves.
As a benchmark, the 2006 Workforce Survey\textsuperscript{14} found that the turnover rate\textsuperscript{15} among nursing staff, midwives and health visitors was 10\% (in England Wales and Scotland), marginally lower than in 2005, and the wastage rate\textsuperscript{16} was 8\%, identical to the figures reported above, albeit using a different time frame (year to 31\textsuperscript{st} March 2006 as opposed to February/March 2007 in the Employment Survey).

**Why nurses change jobs/employer**

Respondents were provided with a list of possible reasons for changing jobs and asked to mark each that applied to their situation. Table 6.1 summarises the reasons why respondents have changed jobs or moved employers in the 12 months preceding the survey. The table covers several groups. Firstly we look at all those who changed jobs (and contrast the reasons given in 2007 with those in 2005). The second set of columns covers those whose job change involved a change of employer as well. Respondents were asked to say which two reasons were most important and these results are presented in the final column.

**Table 6.1: Reasons for changing jobs - percentages (UK in brackets)**

<table>
<thead>
<tr>
<th>Reason</th>
<th>All job changers</th>
<th>Employer changers</th>
<th>% most important 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% 2005</td>
<td>% 2007</td>
<td>Scotland (UK)</td>
</tr>
<tr>
<td>Gain different experience/skills</td>
<td>53 (50)</td>
<td>50 (52)</td>
<td>46 (55)</td>
</tr>
<tr>
<td>Better prospects</td>
<td>30 (36)</td>
<td>35 (34)</td>
<td>30 (37)</td>
</tr>
<tr>
<td>Promotion</td>
<td>36 (35)</td>
<td>27 (28)</td>
<td>22 (20)</td>
</tr>
<tr>
<td>Better pay</td>
<td>32 (29)</td>
<td>28 (29)</td>
<td>31 (31)</td>
</tr>
<tr>
<td>Change in hours/better work life balance\textsuperscript{17}</td>
<td>24 (26)</td>
<td>31 (31)</td>
<td>36 (39)</td>
</tr>
<tr>
<td>Dissatisfied with previous job</td>
<td>29 (25)</td>
<td>22 (26)</td>
<td>21 (36)</td>
</tr>
<tr>
<td>Stress/workload in previous job</td>
<td>22 (24)</td>
<td>26 (23)</td>
<td>27 (31)</td>
</tr>
<tr>
<td>Distance to work</td>
<td>11 (13)</td>
<td>10 (11)</td>
<td>12 (18)</td>
</tr>
<tr>
<td>Better terms and conditions</td>
<td>11 (12)</td>
<td>15 (14)</td>
<td>21 (21)</td>
</tr>
<tr>
<td>Personal reasons/moving/partner’s job</td>
<td>8 (11)</td>
<td>12 (8)</td>
<td>22 (16)</td>
</tr>
<tr>
<td>Family reasons</td>
<td>7 (10)</td>
<td>10 (5)</td>
<td>7 (6)</td>
</tr>
<tr>
<td>Training reasons</td>
<td>4 (7)</td>
<td>7 (6)</td>
<td>12 (7)</td>
</tr>
<tr>
<td>Bullying/harassment</td>
<td>5 (6)</td>
<td>8 (7)</td>
<td>9 (9)</td>
</tr>
<tr>
<td>Health problems</td>
<td>4 (3)</td>
<td>4 (3)</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Retirement (semi)</td>
<td>2 (3)</td>
<td>1 (2)</td>
<td>0 (1)</td>
</tr>
<tr>
<td>Place of work closed/redundancy</td>
<td>3 (2)</td>
<td>5 (6)</td>
<td>9 (8)</td>
</tr>
<tr>
<td>Redeployment\textsuperscript{18}</td>
<td>- (-)</td>
<td>1 (7)</td>
<td>0 (-)</td>
</tr>
<tr>
<td>Dismissed (unfairly/fairly)</td>
<td>0 (1)</td>
<td>0 (1)</td>
<td>0 (1)</td>
</tr>
<tr>
<td>Other</td>
<td>10 (7)</td>
<td>10 (11)</td>
<td>8 (10)</td>
</tr>
<tr>
<td><strong>Weighted cases</strong></td>
<td>184</td>
<td>142</td>
<td>52 (375)</td>
</tr>
</tbody>
</table>

*Source: Employment Research/RCN 2007(& 2005)*

\textsuperscript{14} NOHPRB (2006) *Workforce Survey Results for Nursing Staff, Midwives and Health Visitors, 2006*

\textsuperscript{15} Number of leavers from trusts as a proportion of staff in post

\textsuperscript{16} Leavers (excluding transfers to other NHS trusts as a proportion of staff in post).

\textsuperscript{17} In 2005 this referred only to a change in working hours so may not be entirely comparable.

\textsuperscript{18} Redeployment not included as an option in 2005.
The main reason nurses report changing jobs is, and has been the most frequently cited reason since this question was first asked, to gain different skills and experiences; mentioned by around a half of all job and employer changers. Better prospects, promotion and pay are all mentioned by around a third of respondents, with little difference between respondents from Scotland and the rest of the UK.

Promotion was mentioned by only 27% (UK 28%) of job changes compared to 36% (UK 35%) in 2005 and is also much less likely to be mentioned as one of the two most important reasons for moving jobs (12%, UK 18%) compared to 21% (UK 23%) in 2005.

Of the ‘other’ reasons given (10% of job), the main response given was ‘end of training/newly qualified’ but other answers included: new role, secondment, end of contract and returning to work.

6.2 Applications for higher posts

For the last five years the Employment Survey has included questions to explore nurses’ efforts to gain promotion. The figures this year may not be directly comparable with previous years as the introduction of AfC pay bands has resulted in a narrower range of pay bands i.e. today more than half all respondents are employed on AfC band 5, while in 2005 37% were on E grades. Thus progression is less dependent on applying for and getting a differently banded/graded post than before AfC. In addition, the job evaluation and transition process is also likely to have temporarily dampened down applications for higher grades, with one in five nurses requesting a review and others still waiting to be assimilated.

One in six (16%, UK 16%) had applied for a higher grade post. This represents a significant fall from 2003 (28%, UK 26%). Stage of career is most highly correlated with the propensity to apply for a higher band post, with those 6-10 years into their careers applying in greatest numbers (26%, UK 22%). In 2005 it was noted that amongst recently qualified nurses, there had been a disproportionately large fall in the number applying for a higher grade post. This year 19% (UK 18%) of nurses who qualified within the last five years had applied for a higher position. In addition to the more general factors dampening job turnover, this also relates to the change in the entry band from a relatively short band (D grade) to a longer pay band (Level 5).

Also, one in three (34%, UK 24%) respondents who had requested a review of their banding following transition to AfC had subsequently applied for a higher grade post, compared to 14% (UK 14%) of those who had not requested a review of their banding. Similarly, more of those who feel that their grade/pay band is not appropriate to their role and responsibilities have applied for a higher position (23%, UK 19% compared to 17%, UK 14% of those who feel their grade/pay band is appropriate).

In 2005 59% of respondents in Scotland (UK 65%) had been successful in their applications for higher grade posts, a slightly higher figure than reported in 2003. In 2007, this figure has fallen to 55% (UK 55%). Across all respondents just 9% (UK 8%) had moved to a higher graded post in the 12 months prior to the survey compared to 12% (UK 14%) in 2005.

Nurses’ Employment and Morale in Scotland: 2007
6.3 Currently seeking a change of job

This year a new question has been included to assess the current career intentions of respondents and provide a further barometer of the buoyancy of the health sector labour market. Respondents were asked ‘are you currently seeking work or a change of job?’ and then if yes, what type of work is being sought. Across all respondents one in four (26%, UK 24%) are seeking work or a change of job. There is little difference by sector although more respondents in independent care homes are seeking a change of job than others (32%, UK 33%); NHS hospital respondents 26% (UK 25%) and community 22% (UK 21%).

Figure 6.1: Seeking work/change of job (percentages)

In general, similar to the results reported above, respondents who are earlier in their career are more likely to be looking for work or a change of job; 32% (UK 34%) of those 1–5 years into their careers, reducing down to 0% (UK 8%) among those approaching retirement 35 years or more into their working lives. However, a larger number of respondents 16–20 years into their careers report looking for a change of work/job 36% (UK 25%), although the number of cases here is small.

There is no correlation between domestic caring responsibilities or the relative importance of respondent income to household earnings and likelihood of respondents seeking work/a change of job.

Preferred type of work

Across all nurses looking for work or a job change just under two thirds are seeking NHS work (63%, UK 62%). Within the NHS 60% (UK 64%) are looking for NHS work, 8% (UK 15%) to the non-NHS sector, 10% (UK 21%) seeking other work, 18% (UK 14%) non-nursing work and 10% (UK 11%) work outside the UK.
6.4 Retirement

The survey asked four questions related to retirement: official retirement age, planned retirement age, whether they think they will work after reaching retirement age, and if so whether that will be with the same or a different employer.

The vast majority and significantly more in Scotland (90%, UK 84%) of those answering the question (5% did not) gave their official retirement age as 60, with 10% (UK 16%) indicating it is 55. Those working for a GP practice are more likely to have a retirement age of 60 (95%, UK 92%), whilst fewer of those in NHS community jobs officially retire at 60 (85%, UK 77%, compared with 89%, UK 84% of nurses based in NHS hospitals). The earlier official retirement age of community nurses exacerbates the workforce problems caused by an older age profile (who are near to retirement), at time when the demand for this sector of the workforce is likely to grow. 46% (UK 47%) of NHS community nurses are over 45 years of age.

To illustrate this, the time until respondents will reach the official retirement age was calculated and Figure 6.2 presents the results for NHS community, NHS hospitals and GP practice. 28% (UK 29%) of NHS community staff surveyed, and 29% (UK 31%) of GP practice nurses reach their retirement age in within the next ten years.

99% (UK 92%) of those working in the independent sector officially retire at 60.

Figure 6.2: Years until reach official retirement age

![Years until reach official retirement age](image-url)

Source: Employment Research/RCN 2007
Figure 6.3 also shows the proportion who are working beyond their official retirement age. Across all respondents, 3% (UK 4%) are older than their official retirement age.

Relatively few nurses (35%, UK 36%) felt able to give a planned retirement age; with most answering that they did not know. Of those who gave a planned retirement age, 35% (UK 40%) plan to retire before they are 60, 44% (UK 40%) at the age of 60, and the remaining 21% (UK 20%) plan to retire later than 60 (most, 14%, UK 13% retiring at 65).

Respondents were asked whether they think they will continue to work after reaching retirement age. The most frequent response was that they do not know (42%, UK 43%). Of those that did feel able to predict their plans, nurses were split equally with roughly half saying they did expect to continue working and half not. However, not all those that anticipate working after retirement age expect to be doing nursing work – two-fifths report that they will be doing non-nursing work, same as UK figures. Thus of all respondents (including those who do not know), only 16% (UK 17%) think that they will continue working in nursing after they retire.

**Figure 6.3: Continue to work after reaching retirement age**

![Chart showing the proportion of nurses working beyond retirement age](chart)

**Source:** Employment Research/RCN 2007

As Figure 6.3 shows, the nearer to retirement age respondents currently are, the more likely that they know their plans and that they expect to continue working. 12% (UK 14%) of the 55 plus group have an official retirement age of 55; hence they are already working beyond their retirement age. Of the 50-54 age group, 25% (UK 23%) expect to work in nursing after they retire and 13% (UK 15%) expect to do non-nursing work.

Half of those who expect to be working after retirement expect to be with the same employer, the other half expect to work for a different employer.

### 6.5 Key points: Chapter 6

- Turnover as expressed by job changes (including both internal and external turnover) has reduced from 23% (UK 26%) five years ago to 19% (UK 16%) in 2006/7. In Scotland the turnover rate is slightly higher in 2007 than across the rest of the UK, while in previous years the turnover rate in Scotland has been slightly lower than for the rest of the UK.
• In Scotland there has been no change in the proportion of respondents changing employers in the preceding 12 months, down from 8% (in the UK it fell from 11% to 8%).

• Gaining different skills and experiences, better prospects, promotion and pay have always been the main reasons nurses change jobs. Promotion was less likely to have been mentioned in 2007 that two years ago (27% (UK 28%) compared with 36% (UK 35%) in 2005).

• There has been a small decline in Scotland in the number of nurses applying for higher grade posts, from 22% (UK 26%) in 2003 to 19% (UK 16%) in 2007. In the UK the fall was much greater. Just 9% (UK 8%) moved to a higher grade position in 2007 compared to 14% in 2005.

• One in four nurses in Scotland (26%, UK 24%) are seeking a change of work/job.

• 90% (UK 84%) officially retire at 60. Larger proportions of those in the independent sector and working in higher education retire at 60.

• Community nurses are more likely to be able to retire at 55. This, in combination with the older age profile, means that three out of ten community nurses will have reached retirement age in the next 10 years.

• Overall, most nurses do not know what their plans are after retirement, but 16% (UK 17%) indicated that they think they will continue to work in nursing.
7. Continuing professional development (CPD)

This chapter explores individual access to training and development, looking at time spent in CPD, how CPD is funded, managers’ involvement in appraisal/review and personal development plans, and mandatory training received.

The Knowledge and Skills Framework was developed to support Agenda for Change in order to link in to development plans, appraisal and performance reviews. The intention is to provide a more transparent link between professional development, career progression and pay.

One of the ways in which the NHS has sought to address financial deficits has been to reduce the amount spent on training. The health committee on workforce planning reported ‘serious doubts’ about how well the benefits of Knowledge and Skills Framework (KSF) had been realised to date, saying that ‘Education and training cuts have also affected the implementation of the Knowledge and Skills Framework’.19

What evidence is there of any change in individual access to professional development and training opportunities in 2007? How does CPD vary between nurses and to what extent are nurses being supported in their professional development?

7.1 Time spent in CPD

In 2005, respondents who had undertaken some CPD had spent an average of 12 days (UK 11 days) per year on CPD activities20 and this figure has remained more or less unchanged since 2000. Today though, the average number of days spent on CPD activities across all respondents (again who had undertaken some CPD activity) has fallen to 7.2 (UK 7.3) a reduction of more than a third (42%, UK 31%). In the NHS the figure has fallen from 11.9 (UK 10.9) days to 6.8 (UK 7.1), a fall of 43% (UK 35%). Including those who had not undertaken any CPD activity in the previous 12 months there has been a fall of 48% (UK 40%) in the number of days spent on CPD activity (50%, UK 44% in the NHS).21

Figure 7.1 highlights the reduction in CPD activity between 2005 and 2007 (including those that had not undertaken any CPD activity in this period) by employer group. The biggest reductions are in the NHS, but interestingly all sectors show some reduction in CPD activity, and among respondents working in independent hospital settings the reduction (30%) is more or less the same as among NHS respondents. This reduction is less marked among respondents working in independent care home settings (13%).

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20 This figure excluded those who had not done any CPD activity, and those who had reported having done 100 days or more (classified here as undertaking full-time study).
21 In 2005 just 1% of respondents indicated that they had not undertaken any CPD activity in the preceding 12 months in 2007 this figure had increased to 12%.
Respondents were asked how many of the days they had spent on CPD in the last 12 months had been paid days. Three quarters (72%, UK 78%) said that every day they spent on CPD in the preceding 12 months had been paid. One in ten (10%, UK 8%) reported that none of their CPD had been paid and 10% (UK 9%) said that a half or less of the time spent on CPD had been paid.

### 7.2 Development reviews and training plans

Just under half (47%, UK 58%) of all nurses surveyed have had an appraisal/development meeting with their manager in the last 12 months. In the NHS this figure falls to 43% (UK 53%) compared to 76% (UK 81%) among GP practice nurses and 51% (UK 68%) among independent sector nurses. These figures are significantly lower than for the UK as a whole.

Apart from recently qualified nurses being slightly less likely to have had a review (40%, UK 46%), there is no significant difference between respondents.

Just over half all respondents have personal training and development plans (54%, UK 56%), more or less the same as in 2005 when 55% (UK 52%) had training and development plans. Despite the introduction of AfC the proportion of NHS nurses with training and development plans (55%, UK 54%) is if anything slightly lower than in 2005 (57%, UK 53%).

There is little difference between the NHS and other sectors. Two thirds (64%, UK 73%) of respondents working in GP practices have training and development plans. Since 2005, there has also been an increase in the percentage of respondents employed in independent care homes that have personal training and development plans.

Nearly seven in ten (69%, UK 78%) of those with a personal training and development plan say that their manager has been actively involved in drawing up their plan. The figures by employer group are broadly the same as reported in 2005 but show a significant increase from the results reported in 2000, especially among practice nurses.
7.3 Mandatory training

This year respondents were asked to provide details of any mandatory training they had received in the 12 months prior to the survey (Figure 7.2 summarises the results). Seven in ten respondents (UK 80%) had received cardio-pulmonary resuscitation training and a similar number had received fire safety training (70%, UK 78%), moving and handling training has been undertaken by 59% (UK 70%) of nurses, health and safety 40% (UK 62%), infection control 41% (UK 60%) and equipment training by 31% (UK 45%). All these figures are significantly lower in Scotland than is the case elsewhere in the UK.

Figure 7.2: Mandatory training received in last year (percentages)

Table 7.1 highlights the differences between employer groups in the mandatory training received. It is worth noting that in Scotland nurses in NHS hospitals are much less likely to receive all forms of training than is the case among their equivalents elsewhere in the UK. Practice nurses are less likely to receive all forms of training except cardio-pulmonary resuscitation training (93%, UK 95%) received this form of training more than for any other employer group).

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

<table>
<thead>
<tr>
<th></th>
<th>H&amp;S</th>
<th>Fire safety</th>
<th>Moving &amp; handling</th>
<th>Infection control</th>
<th>Eqpt</th>
<th>CPR</th>
<th>Base N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS hospital</td>
<td>32 (63)</td>
<td>71 (79)</td>
<td>60 (75)</td>
<td>38 (63)</td>
<td>35 (53)</td>
<td>76 (84)</td>
<td>368</td>
</tr>
<tr>
<td>NHS community</td>
<td>47 (55)</td>
<td>73 (77)</td>
<td>64 (69)</td>
<td>42 (51)</td>
<td>22 (26)</td>
<td>75 (78)</td>
<td>88</td>
</tr>
<tr>
<td>GP practice</td>
<td>29 (36)</td>
<td>30 (46)</td>
<td>14 (17)</td>
<td>38 (44)</td>
<td>19 (22)</td>
<td>93 (95)</td>
<td>42</td>
</tr>
<tr>
<td>Indep hospital</td>
<td>85 (92)</td>
<td>100 (95)</td>
<td>100 (91)</td>
<td>85 (82)</td>
<td>62 (67)</td>
<td>100 (92)</td>
<td>13</td>
</tr>
<tr>
<td>Indep care home</td>
<td>71 (76)</td>
<td>96 (95)</td>
<td>84 (87)</td>
<td>63 (67)</td>
<td>35 (45)</td>
<td>22 (38)</td>
<td>51</td>
</tr>
<tr>
<td>Hospice/charity</td>
<td>44 (70)</td>
<td>89 (88)</td>
<td>61 (87)</td>
<td>33 (63)</td>
<td>24 (54)</td>
<td>33 (70)</td>
<td>18</td>
</tr>
<tr>
<td>All respondents</td>
<td>40 (62)</td>
<td>70 (78)</td>
<td>60 (70)</td>
<td>41 (59)</td>
<td>31 (45)</td>
<td>70 (80)</td>
<td>665</td>
</tr>
</tbody>
</table>

Source: Employment Research/RCN 2007
7.4 Key points: Chapter 7

- There has been a significant fall in the average amount of CPD undertaken in the 12 months prior to the survey between 2005 (12 days, UK 11 days per year) and 2007 (7 days per year).

- In the NHS including those who had not undertaken any CPD during the year there has been a fall of 43% (UK 44%) since 2005. Although less marked, CPD activity has fallen across most healthcare sectors.

- Three quarters of all respondents (72%, UK 78%) say that their CPD time was paid by their employer.

- Just under half (47%, UK 58%) respondents have had an appraisal review with their manager in the year prior to the survey and a similar proportion report that they have a personal training and development plan (54%, UK 56%).

- In Scotland fewer nurses report having received mandatory training than is the case across the rest of the UK.
8. Morale in 2007

Each of the previous four employment surveys have presented the views of nurses and how they are changing from year to year. For more than 10 years now, 25 items have formed an unchanging ‘core’ in the survey to provide a reliable barometer of the changing morale of nursing in the UK. As in 2005, we have grouped statements into themes and all data are presented in terms of those responding positively to each item. On the survey, the items are presented as a mix of positively and negatively framed statements. For consistency and to enable comparisons to be drawn, negative items have been reworded in the positive, and the scores reversed. Thus across all items, agreement indicates a positive response.

In addition to these data, an open section was also provided for members to air any additional points and views they feel are relevant to the survey. A third of respondents completed this section and their views are presented where relevant in the sections below.

Since the last employment survey in 2005, there has been much change in the health sector economy with financial deficits, recruitment freezes and some redundancies. The Health Care Commission, who collate the findings from the national NHS staff surveys, report a downward trend in job satisfaction since 2003, and a worsening of the organisational climate within trusts.

8.1 Overview of morale in 2007

This chapter illustrates the changing views of nurses, focussing primarily on the NHS. Views of pay and workloads have been fairly constant with little change over the last few years. However, this year, after nearly a decade of improving perceptions of career progression, job security and training provision/support, there has been a significant deterioration of this relative optimism. Nurses in 2007 feel much less secure in their employment, feel there are fewer opportunities open to them to advance their careers or move on from their current grade and fewer also think that their employer is doing all they can to support their development. On some issues, after a decade of improvement, views have been put back ten years.

Table 8.1 below presents the aggregate data for all nurses and NHS nurses, comparing this year’s data with that from 2005 for each of the items included in the survey, grouped into themes. Each of these main themes is then looked at in more detail in the later sections.

A result worth highlighting is the views of quality of care. Both within and outside of the NHS there has been a reduction in the proportion of nurses who report that the quality of care where they work is good; down from 90% to 86% (UK 86% to 79%) among NHS nurses and 90% to 87% (UK 86% to 81%) among all nurses.

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<table>
<thead>
<tr>
<th>Table 8.1: Views of all respondents vs. NHS in 2007 &amp; 2005 (percentages UK figures in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Career progression</strong></td>
</tr>
<tr>
<td>Know what want to do in future in career</td>
</tr>
<tr>
<td>Can determine way career develops</td>
</tr>
<tr>
<td>NOT difficult to progress from current grade</td>
</tr>
<tr>
<td>Have a good chance to get ahead in nursing</td>
</tr>
<tr>
<td>NOT in a dead end job</td>
</tr>
<tr>
<td>Do know where career in nursing is going</td>
</tr>
<tr>
<td>Career prospects becoming MORE attractive</td>
</tr>
<tr>
<td>Opportunities for nurses to advance careers have improved</td>
</tr>
<tr>
<td><strong>Bullying/Harassment</strong></td>
</tr>
<tr>
<td>Confident would be treated fairly if reported being harassed by a colleague at work</td>
</tr>
<tr>
<td>Bullying and harassment is not a problem at work</td>
</tr>
<tr>
<td><strong>Working hours</strong></td>
</tr>
<tr>
<td>Satisfied with choice over length of shifts worked</td>
</tr>
<tr>
<td>Satisfied with input in planning times of work</td>
</tr>
<tr>
<td>Feel able to balance home and work lives</td>
</tr>
<tr>
<td><strong>Job satisfaction</strong></td>
</tr>
<tr>
<td>Most days enthusiastic about job</td>
</tr>
<tr>
<td>Satisfied with present job</td>
</tr>
<tr>
<td>Proud to work in this organisation</td>
</tr>
<tr>
<td>I feel my work is valued</td>
</tr>
<tr>
<td><strong>Nursing as a career</strong></td>
</tr>
<tr>
<td>Recommend nursing as a career</td>
</tr>
<tr>
<td>Nursing is a rewarding career</td>
</tr>
<tr>
<td>Don’t want to work outside nursing</td>
</tr>
<tr>
<td>Would NOT leave nursing if could</td>
</tr>
<tr>
<td><strong>Pay</strong></td>
</tr>
<tr>
<td>NOT paid for less effort if left nursing</td>
</tr>
<tr>
<td>Well paid considering work</td>
</tr>
<tr>
<td>Nurses NOT poorly paid in relation to other professions</td>
</tr>
<tr>
<td><strong>Quality of care</strong></td>
</tr>
<tr>
<td>Quality of care is good</td>
</tr>
<tr>
<td><strong>Job security</strong></td>
</tr>
<tr>
<td>Nursing will continue to offer a secure job for years</td>
</tr>
<tr>
<td>NOT worried may be made redundant</td>
</tr>
<tr>
<td>Find it easy to get another job using my skills</td>
</tr>
<tr>
<td><strong>Training</strong></td>
</tr>
<tr>
<td>Able to take time off for training</td>
</tr>
<tr>
<td>Employer provides opps to keep up with job devts</td>
</tr>
<tr>
<td>Open dialogue about career with manager</td>
</tr>
<tr>
<td><strong>Workload</strong></td>
</tr>
<tr>
<td>Workload is NOT too heavy</td>
</tr>
<tr>
<td>NOT under too much pressure at work</td>
</tr>
<tr>
<td>NOT too much time is spent on non-nursing duties</td>
</tr>
<tr>
<td>Sufficient staff to provide good standard of care</td>
</tr>
<tr>
<td>NOT too busy to provide level of care would like</td>
</tr>
<tr>
<td>Nurse staffing levels have got better in the last year</td>
</tr>
</tbody>
</table>

Source: Employment Research/RCN 2007

Nurses’ Employment and Morale in Scotland: 2007 45
Looking at the variation between the NHS and other health employers in Scotland, nurses working for NHS employers respond more negatively in relation to bullying and harassment, workload themes, training issues and job satisfaction themes.

In Scotland a different picture to that reported for all UK respondents has emerged. In 2005 responses were significantly more negative in relation to carer progression issues than was the case across the rest of the UK but in 2007 there is less difference here following significant reduction in satisfaction with career progression issues in England in the last two years.

The following sections look at how views of nurses have changed across the UK highlighting current and recent changes in response among nurses in Scotland.

8.2 Job satisfaction and enthusiasm

The majority (75%, UK 77%) of NHS nurses feel ‘enthusiastic’ about their jobs most days. Over the last decade up until 2005 there had been a small but consistent increase in the numbers of nurses responding positively to these items, but this survey reveals a reduction, particularly in the numbers responding positively in relation to their job satisfaction and in perceptions of being in a dead end job. The number in the NHS who feel that their work is valued has also fallen, from 47% (UK 55%) in 2005 to 44% (UK 50%) in 2007. It is worth noting that responses to this item are significantly more negative in Scotland than is the case elsewhere in the UK.

In 2005 more than half (51%, UK 53%) of NHS nurses surveyed agreed or strongly agreed that they felt proud to work for their organisation. In 2007, this number has fallen dramatically to 41% (UK 42%). NHS staff are least likely to feel proud of their organisation compared to other sectors.

How nurses feel about the organisation for which they work is linked to their desire to stay in nursing. Thus 40% of those who do not feel proud of where they work say they would leave nursing if they could, compared to 23% of those who feel proud of their workplace.

**Figure 8.2: Job satisfaction and enthusiasm (percentages NHS only) 1996-2007 UK**

Source: Employment Research/RCN 2007

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23 Separate results have only recently been possible for Scotland.

24 I feel satisfied with my present job included since 2001 and I feel my work is valued included since 2002
8.3 Nursing as a career

The group of items centred on the theme ‘Nursing as a career’ show some variation in views. The majority of NHS nurses (75%, UK 78%), see nursing as a rewarding career\textsuperscript{25}, and this proportion has increased steadily in the UK over the last decade. In 2007 in the UK, it is one of the few items concerned with career that has not witnessed a downward turn in response. In Scotland there has not been a significant change in response to these items between 2005 and 2007.

In contrast, there has been a significant reduction in perceived attractiveness of career prospects in nursing, which over the last 10 years had previously shown sustained growth in numbers responding positively. In 2005, when nurses were most optimistic about career prospects in nursing, 26% (UK 32%) thought they were becoming more attractive, whereas today this figure has fallen to 19% (UK 17%). This downward trend has been less steep in Scotland than is the case elsewhere in the UK, but in 2005 views of nurses in Scotland were more negative than across the whole of the UK.

A similar trend is found in responses to I would recommend nursing as a career, suggesting that although most nurses feel nursing is a rewarding career, fewer would recommend it as a career, particularly in 2007.

In responding to I would not want to work outside nursing there has been a gradual reduction in numbers responding positively since 2001. A similar item, I would leave nursing if I could, has remained broadly unchanged over the last 10 years.

Figure 8.3: Nursing as a career (percentages NHS only) 1996-2007 UK

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{nursing-career-chart.png}
\caption{Nursing as a career (percentages NHS only) 1996-2007 UK}
\end{figure}

Source: Employment Research/RCN 2007

\textsuperscript{25} The figure for 2002 (56%) has been removed as the item was placed in a different position within the list and clearly this affected respondent interpretation of the item. Since this point all items have been placed in the same order each year.
8.4 Own career in nursing

Several items have tracked how positive nurses feel about their own career progression. Across all these items there has been a reduction in positive responses.

Figure 8.4a: Own career in nursing (percentages NHS only) 1996-2007 UK

Source: Employment Research/RCN 2007

There has been a gradual reduction over the last few years in the numbers of respondents across the UK who agree there is an open dialogue about their work with their manager. In Scotland there has been a more significant decline in numbers responding positively from 38% to 32% among NHS nurses (UK 45% to 44%) and fewer in Scotland respond positively to this item than is the case among UK respondents.

In 2007 across all UK respondents, there was a significant fall in numbers indicating that they know where their career in nursing is going and in the numbers who know what they want to do in the future in their career. This was not reflected in Scotland where numbers remained static albeit in 2005 at a much lower figure than across all UK. Fewer also feel able to determine the way their career develops. All these items had exhibited an increase in positive responses over the previous five years across the UK but in Scotland between 2003 and 2005 there was a deterioration in response.
In addition to this, nurses also feel they have less chance to get ahead in nursing, feel it will be more difficult to progress from their current grade and are much less likely to think that opportunities for nurses to advance their careers have improved, than was the case in 2005.

This year, 35% (UK 34%) of respondents feel that opportunities for nurses to advance their careers have improved: in 2005 the equivalent figure was 34% (UK 57%). Again it is apparent that respondents across the UK have become more disillusioned in the last two years and are now at the same level reported in Scotland in 2005. After six years of improving perceptions across the UK (that accompanied the increase in advanced or specialist clinical role) much of this optimism seems to have evaporated in the wake of financial deficits and recruitment freezes.

8.5 Job security

It is in relation to job security that the most dramatic changes in views have taken place across the UK. In 2005, after 10 years of improving confidence among nurses about the security of their jobs, 79% (UK 80%) agreed with the statement I am not worried I may be made redundant. Following growing concern about nurse shortages, overseas recruitment, increased investment in the NHS and a generally tightening labour market, this figure had increased steadily from 44% (UK only) in 1997. Today, this figure has fallen back to 40% across the UK although only to 71% in Scotland.

In the whole UK a similar change has occurred in response to the item nursing will continue to offer me a secure job for years to come; the proportion of respondents agreeing with this statement more than halving since 2005 from 71% to 34%. Again this figure has fallen to the levels witnessed in 1997/98, before the increased investment and regular coverage of nursing shortages. However, the fall has not been nearly so steep in Scotland (from 71% to 59%).
In 2001, a new item was introduced linked to job security: *I would find it easy to get another job using my skills*. Again there has been a significant reduction with the percentages responding positively reducing from 45% in 2005 to 36% in 2007 – a further indication of perceived lack of job security. Here, among respondents in Scotland, there was little change between the two surveys in responses.

It is worth noting that this change in views is not solely among NHS nurses. Hospice/charity sector nurses, nurses in independent hospitals and care homes have also responded much more negatively about their job security in 2007, suggesting that insecurity in the public sector impacts across the whole health economy, not just the NHS.

### 8.6 Workload and pressure

These items trigger some of the most negative responses across all nurses, and in 2007 views are slightly more negative than they were in 2005. The biggest difference is on the item *‘I am too busy to provide the level of care I would like’*, which has gone from 48%, UK 47% agreeing or strongly agreeing in 2005, to 56%, UK 55% in 2007. There is little difference in this group of items between respondents in Scotland and the rest of the UK.
8.7 Pay

Pay has been viewed negatively consistently since these surveys started. In 2005 there was a small improvement in perceptions of pay but this has levelled out with little or no change in 2007. The number in the NHS that feel they are well paid considering the work they do is exactly as it was in 2005 – 14% (UK 16%). Again here, there is little difference between respondents in Scotland and the rest of the UK.

In fact views of nursing pay have hardly shifted at all in the last decade. Only around one in ten respondents think that their pay is fair in relation to other professional groups. Similarly, almost all nurses feel they could be paid more for less effort if they left nursing and few again, feel well paid considering the work they do.
8.8 Training and employer support

Over the last 10 years up to 2005, there has been a marginal increase in the proportion of NHS nurses indicating that their employer supports their training and development. In 2007 there has been a reduction in the proportion supporting this view across the UK, although not to the same degree in Scotland where views were more negative in 2005; today 42% (UK 45%) of NHS nurses say they are able to take time off for training compared to 44% (UK 54%) two years previously, and 48% (UK 50%) say their employer provides opportunities to keep up with new developments related to the job, compared to 57% (UK 60%) in 2005.

Figure 8.8: Training and employer support (percentages NHS only) 1996-2007 UK

Source: Employment Research/RCN 2007

8.9 Key points: Chapter 8

- Views of pay and workload remain negative with more than four in five nurses seeing their workload as too heavy and their pay poor both in comparison to other professional groups for the type of work undertaken.

- Nurses in Scotland however are more likely than nurses elsewhere in the UK to agree that the quality of care where they work is good (86%, UK 79%).

- There has been a significant deterioration in optimism surrounding job security, career opportunities and access to training and professional development across the UK. In Scotland views on these items were more negative in 2005 and so the reduction is not as great as elsewhere in the UK and now views in Scotland are more or less in line with the rest of the UK on these items.

- Only 39% (UK 38%) of nurses feel that opportunities to advance their careers have improved, compared to 50% (UK 60%) in 2005.

- In Scotland notions of job security are much more positive than across the rest of the UK with 70% (UK 44%) not worried they may be made redundant today, compared to 77% (UK 77%) in 2005.
There has also been a reduction, especially in the NHS, in nurses’ sense of job satisfaction and feeling that their work is valued. This coincides with a significant reduction in numbers who feel proud to work for their organisation.

In Scotland nurses are more likely to feel that they have less control over their working hours than is the case elsewhere (55% are satisfied with the input they have in planning times of work (UK 64%).

Nurses in Scotland are also more likely to hold negative views concerning bullying and harassment and how well it would be handled by their employer than is the case elsewhere (47% say they would be treated fairly if they reported being harassed by a colleague at work – UK 54%).

The proportion of NHS nurses who consider that the quality of care where they work to be good has fallen from 90% (UK 86%) in 2005 to 86% (UK 79%) in 2007.
Appendices

Appendix A: Sampling and response

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.

Drawing the sample

The full membership records were provided on 13th October 2006. At this date the database contained 381,887 records.

The annual employment survey sample is selected only from:

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

This leaves a population of 329,929 members.

The profile of this sub-group is:

<table>
<thead>
<tr>
<th>Table A1: membership breakdown (all UK)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
</tr>
<tr>
<td>Full</td>
</tr>
<tr>
<td>Full concessionary</td>
</tr>
<tr>
<td>Full newly qualified</td>
</tr>
<tr>
<td>HCA</td>
</tr>
<tr>
<td>HCA (concessionary)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td><strong>Country</strong></td>
</tr>
<tr>
<td>England</td>
</tr>
<tr>
<td>Scotland</td>
</tr>
<tr>
<td>Wales</td>
</tr>
<tr>
<td>Northern Ireland</td>
</tr>
</tbody>
</table>

Source: RCN membership records, November 2006
Table A2: Age bands (all UK)

<table>
<thead>
<tr>
<th>Age bands</th>
<th>Number of members</th>
<th>Percentage (all)</th>
<th>Percentage (known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>5767</td>
<td>1.7</td>
<td>2.9</td>
</tr>
<tr>
<td>25-29</td>
<td>19135</td>
<td>5.8</td>
<td>9.7</td>
</tr>
<tr>
<td>30-34</td>
<td>26764</td>
<td>8.1</td>
<td>13.5</td>
</tr>
<tr>
<td>35-39</td>
<td>30354</td>
<td>9.2</td>
<td>15.3</td>
</tr>
<tr>
<td>40-44</td>
<td>35442</td>
<td>10.7</td>
<td>17.9</td>
</tr>
<tr>
<td>45-49</td>
<td>32746</td>
<td>9.9</td>
<td>16.5</td>
</tr>
<tr>
<td>50-54</td>
<td>23304</td>
<td>7.1</td>
<td>11.8</td>
</tr>
<tr>
<td>55 plus</td>
<td>24368</td>
<td>7.4</td>
<td>12.3</td>
</tr>
<tr>
<td>Missing</td>
<td>132049</td>
<td>40.0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: RCN membership records, November 2006

From this sub-population, a sample of 6,000 fully random records was drawn. In addition, 800 members (not previously included) were drawn from members living in Scotland, Wales and Northern Ireland. This year in addition the survey sampled an additional 600 members aged under 30.

The survey was mailed on 1st February 2007 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 15th February, consisted of a postcard, the second was a full reminder with second questionnaire and reply paid envelope mailed on 1st March, and the final reminder, a letter from Employment Research, was mailed on 15th March.

Response rates

An overall response rate of 52% (among the Scotland top up) (UK 59%) was achieved. The overall UK figure is slightly higher than in 2005 as a result of reducing the length of the questionnaire, using an additional mailing to market the survey and improving the design and layout of the form but in Scotland the aggregate response rate has reduced slightly.

It is likely that nurses are experiencing some survey fatigue because they have been surveyed much more regularly in recent years; e.g. as part of Healthy Working Lives.

In total there were 755 respondents recorded as working in Scotland at the time of the survey.

Table A3: overall response rates by sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Total mailed</th>
<th>Post Office returns</th>
<th>Not appropriate</th>
<th>No. usable responses</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main sample</td>
<td>6,000</td>
<td>51</td>
<td>6</td>
<td>3333</td>
<td>57%</td>
</tr>
<tr>
<td>Northern Ireland top up</td>
<td>800</td>
<td>5</td>
<td>2</td>
<td>441</td>
<td>56%</td>
</tr>
<tr>
<td>Scotland top up</td>
<td>800</td>
<td>7</td>
<td>0</td>
<td>406</td>
<td>52%</td>
</tr>
<tr>
<td>Wales top up</td>
<td>800</td>
<td>3</td>
<td>0</td>
<td>447</td>
<td>56%</td>
</tr>
<tr>
<td>Under 30 top up</td>
<td>600</td>
<td>10</td>
<td>3</td>
<td>266</td>
<td>47%</td>
</tr>
<tr>
<td>Anonymous forms</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>350</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>9000</td>
<td>76</td>
<td>16</td>
<td>5243</td>
<td>59%</td>
</tr>
</tbody>
</table>

Source: Employment Research Ltd/RCN 2007
As in previous years, the response rate for younger nurses is lower, particularly for the 25 to 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. If the under 30 age group is excluded from the sample then the response rate is just over 53% (UK 60%).

**Response weighting**

The data presented in the report is based on weighted data both for Scotland and UK data. For the full UK report respondents from each country were weighted so that they matched the UK country distribution of nurses. For this report the responses for nurses working in Scotland were weighted to ensure that the age profile matched the RCN membership across all nurses living Scotland.

**Table A5: Age profile – cases before and after weighting**

<table>
<thead>
<tr>
<th>Age band</th>
<th>Before weighting</th>
<th>After weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Percentage</td>
</tr>
<tr>
<td>20-24</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>25-29</td>
<td>54</td>
<td>7</td>
</tr>
<tr>
<td>30-34</td>
<td>76</td>
<td>10</td>
</tr>
<tr>
<td>35-39</td>
<td>110</td>
<td>15</td>
</tr>
<tr>
<td>40-44</td>
<td>154</td>
<td>20</td>
</tr>
<tr>
<td>45-49</td>
<td>164</td>
<td>22</td>
</tr>
<tr>
<td>50-54</td>
<td>85</td>
<td>11</td>
</tr>
<tr>
<td>55-plus</td>
<td>91</td>
<td>12</td>
</tr>
<tr>
<td>All cases</td>
<td>750</td>
<td>99</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

*Source: Employment Research/RCN 2007*

**Sample statistics and confidence for small sub samples**

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

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

**Table A6: 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**

<table>
<thead>
<tr>
<th>Sample size</th>
<th>200</th>
<th>500</th>
<th>1,000</th>
<th>2,000</th>
<th>5,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard error and (margin for 50% estimate)</td>
<td>3.5 (±7.0%)</td>
<td>2.2 (±4.4%)</td>
<td>1.6 (±3.2%)</td>
<td>1.1 (±2.2%)</td>
<td>0.7 (±1.4%)</td>
</tr>
<tr>
<td>Standard error and (margin for 10/90% estimate)</td>
<td>2.4 (±4.8%)</td>
<td>1.5 (±2.6%)</td>
<td>1.1 (±2.2%)</td>
<td>0.74 (±1.5%)</td>
<td>0.4 (±0.8%)</td>
</tr>
</tbody>
</table>
To put it into words, if we were estimating that 10% of ethnic minority nurses hold a particular view and 500 responded to the question the following applies:

*We are 95% confident that between 7.4% and 12.6% of ethnic minority nurses hold this view (10% ± 2.6%).*

However, when we are looking at larger sub samples, for example all NHS nurses, a more precise estimate can be provided, say 10% ±1.5%.

Knowledge of the margin of error allows us to specify the likely range of the estimate obtained from the survey data within which the population value lies with a certain level of probability/confidence. It also allows us to say, when two estimates differ by a certain amount, how confident we can be that they indicate different population values.

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


Seccombe, I and Ball, J (1992) *Motivation, Morale and Mobility: A Profile of Qualified Nurses in the 1990s* IMS Report 233, Institute of Manpower Studies, Brighton, 1992
