

Independent Sector Nurses in 2007

Results by sector from the
RCN Annual Employment Survey 2007

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1. Introduction

The purpose of this report is to provide a summary of the main statistics produced in the full 2007 Employment Survey¹ by employment sector, to allow some comparison between the non-NHS and NHS sectors. With 9,000 nurses from across the UK being covered by the survey, there are sufficient numbers of important sub-groups of nurses working outside the NHS to allow detailed analysis and comparisons with the 2005 and 2001 data.

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 experiences and views of independent and non-NHS nurses throughout the UK.

1.1 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 have been produced as well as for the independent sector.

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.

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. The dataset was 'randomised' by applying a weighting during analysis, so that the age and country mix reflects that of the RCN membership as a whole.

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.

¹ Ball J and Pike G (2007) *Holding On: Nurses' Employment and Morale in 2007*, Royal College of Nursing, London, July 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 membership surveys (reflecting wider difficulties in maintaining public sector response rates to surveys), the length of the questionnaire for the current survey was reduced from 10 pages to eight, focusing primarily on the core longitudinal employment issues as listed above. In addition questions also covered continuing professional development (CPD) and workload.

A draft questionnaire was designed following discussion between Employment Research and the RCN and both paper and online formats were piloted during November/December 2006 among 100 members. In addition a pilot group of nurses was convened to review 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.

Survey process and response

Prior to receiving the questionnaire, a pre-survey postcard was sent to all members sampled to trail 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 an overall response rate of 59% (see Table 1.1).

Table 1.1: Response rates for the Annual Employment Survey by sample

	Total mailed	Post Office returns	Not appropriate	Completed forms	Initial response rate
Main sample	6000	51	6	3333	57%
Northern Ireland top up	800	5	2	441	56%
Scotland top up	800	7	0	406	52%
Wales top up	800	3	0	447	56%
Under 30 top up	600	10	3	266	47%
Total	9000	76	11	4893	55%
Anonymous forms	-	-	5	350	4%
Total	9000	76	16	5243	59%

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 the 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.

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

It is not possible to provide employment group/sector specific response rates as the sample does not contain all the necessary data.

1.2 Respondents' employment status

Not all of the RCN members responding to the survey were currently in nursing employment. As the aim of the Annual Employment Survey (nurses) is to look at the conditions of employment within nursing, those who were fully retired, unemployed or working in a job unrelated to nursing (2% in total) were excluded from the data-set.

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

This report focuses on respondents who indicated that they work outside of the NHS in the independent sector² who are currently employed in nursing (861 cases). Table 1.1 shows the distribution of independent sector respondents by employment setting, and contrasts this with the 2005 survey. There were larger numbers of independent sector respondents in the 2001 survey; the sample was structured to boost the number of respondents in these sectors. Compared to 2005 there are larger numbers of respondents included in 'other' independent settings in 2007. This is accounted for by higher numbers of respondents included who are classified as working with 'non-nursing' employers e.g. prisons and in the private sector and more who self classified themselves as working in 'other' independent settings.

Table 1.1 Independent sector respondents – 2007 and 2005

	2007	2005
Independent hospital	132	145
Independent care homes	295	273
Hospice/charity	161	172
Other independent settings	273	107
All independent sector nurses	861	691

Source: Employment Research, 2007/2005

1.3 Analysis & Report structure

The findings in the report are based on all respondents (weighted for country and age), who are currently employed in nursing. To place the findings of independent sector nurses in context, wherever possible a fuller breakdown of results by employer group is provided.

Respondents have been re-categorised into broad employer groups to ensure that there are sufficient in each group to allow meaningful analysis. NHS community includes primary care and GP practices and in some cases the independent sector is reported on in aggregate as there are too few respondents to compare care homes with independent hospitals. Throughout the report comparisons are made, where relevant, between the results of 2005 and 2007 and where any significant differences emerge these are highlighted. Each section is based around a comprehensive table highlighting responses to all the key questions separating out every employment group, including those within the NHS.

² The term independent sector used here is more broadly defined as the non-NHS sector and includes all nurses working in independent hospitals, care homes and all nurses working in hospices. Other independent settings include 'other' health sector (e.g. agency settings 50 cases), other non-health sector employers, prisons and a few 'other' settings. The total number of respondents classified as working in the independent/non-NHS sector is larger as more respondents classified themselves as working for 'other' health sector employers and non-nursing employers. Practice nurses are not included in the independent sector or the NHS but results for this group are highlighted in the table for comparative purposes.

2. Biographical profile

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

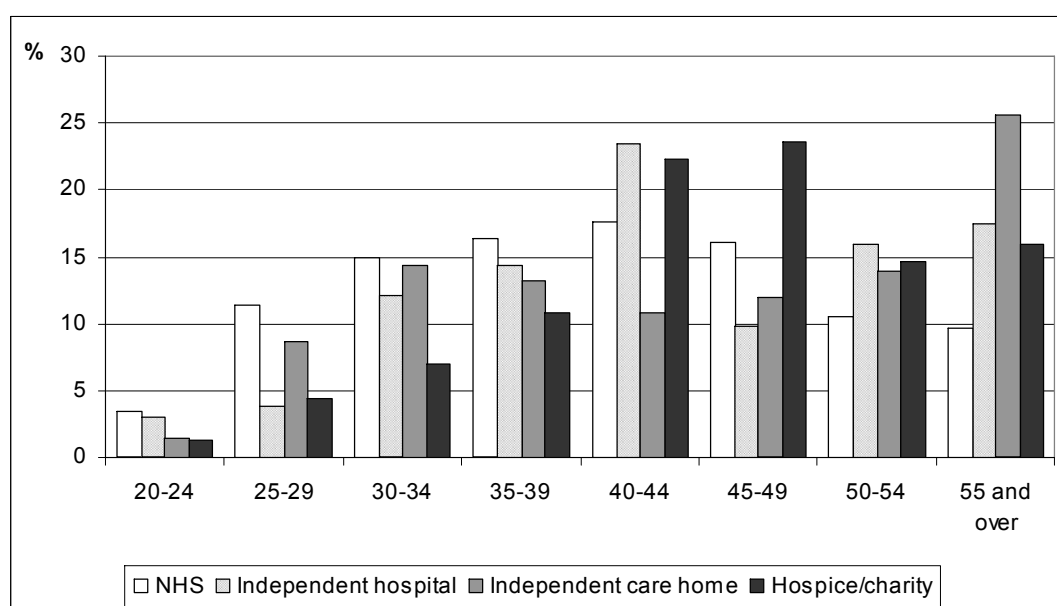
Table 2.1 at the end of this section summarises the key data for all sectors. The key findings in relation to each of the demographic variables are presented in the sections below.

2.1 Age and gender differences

The average age is slightly older among independent sector nurses than in the NHS, although the difference is less pronounced in 2007 than was the case in 2005 (45 years compared to 47 in 2005). The reduction in average age of independent sector nurses is primarily due to an increase in the proportion of care home nurses aged under 40 (up from 21% in 2005 to 38% in 2007). In contrast the average age among all NHS nurses is 41 years. Among all independent sector nurses 36% are aged over 50 compared to 21% of all NHS nurses.

Figure 2.1 presents the age profile of nurses in each of the main independent sector employer groups. Relative to other independent sector employer groups, care homes are characterised by having higher proportions of both the older and younger respondents: 40% of nurses in care homes are aged over 50, whilst 38% are under 40. Conversely only one in four (24%) nurses working in hospices are aged under 40, with the majority being in their 40's.

Figure 2.1 Age profile by employer sector



Source: *Employment Research/RCN 2007*

There is little difference in the gender distribution of each sector (8% of all independent sector nurses are male compared to 7% of all NHS nurses).

2.2 Ethnicity differences

An increasing proportion of nurses in the independent sector are from black and minority ethnic (BME) backgrounds (23% compared to 17% in 2005, and 4% in 2001). This change reflects major changes in the composition of the care home sector workforce over the last few years, primarily due to an increase in nurses recruited from outside the UK (discussed below). In 2007, 43% of all care home respondents were from BME backgrounds. This compares with 31% in 2005 and just 4% in 2001.

Among care home respondents, 67% of nurses under 40 are from BME backgrounds compared with just 19% of those aged 50 plus.

However, there has also been a large increase in the numbers of BME nurses employed in independent hospitals (25% in 2007, 15% in 2005 and 5% in 2001).

2.3 Internationally Recruited Nurses (IRNs)

It was reported in 2005 that there had been a large increase in the employment of IRNs within the independent sector and it was apparent that this was an important characteristic of the independent sector.

Until 2005 a proxy variable had been used to provide an indication of international recruitment, based on qualification overseas and recently starting to work in the UK. However, this variable did not address how overseas qualified nurses arrived in the UK.

This year the questionnaire asked respondents who had qualified overseas an additional question: *'were you recruited from your country of origin to work in the UK as a nurse?'* The responses allow some analysis of internationally 'recruited' nurses as opposed to overseas qualified.

Of those independent sector nurses who qualified outside of the UK, 60% (104 cases) reported that they were recruited from their country of origin to work in the UK as a nurse. This population (13% of all independent sector respondents, compared with 4% in the NHS) is therefore treated as internationally recruited nurses (IRNs). All IRNs in the independent sector are from BME backgrounds (90% NHS). More than half (55%) of all IRNs in the independent sector are Afro-Caribbean, a third of IRNs (32%) are Asian (predominantly Indian) and 13% are mixed and other origins.

In addition to these IRNs there are also 70 respondents working in the independent sector who qualified overseas but were not recruited as a nurse to work in the UK. Within this group 33% are white British/Irish, 43% are Afro-Caribbean, 17% Asian and 7% are mixed/other origin.

In the care home sector especially there has been a large increase in IRNs - one in four (25%) of all nurses employed in care homes report that they had been recruited from overseas. Across all independent sector respondents this figure is 12%, whilst among all NHS nurses just 4% are IRNs. The difference between IRNs and UK qualified nurses³ is a key feature of the subsequent analysis.

³ The term UK qualified in this context also includes the 70 respondents who qualified overseas but were not recruited to work in the UK.

2.4 Caring for children and adults

Reflecting the older age profile of independent sector nurses, fewer have children living at home (43% compared to 50% of all NHS nurses) but more adult caring responsibilities (17% compared to 15% of NHS respondents).

2.5 Qualifications

Recent Employment Surveys have highlighted that the average age of qualification has gradually risen, with larger proportions of mature entrants to nursing in the recent cohorts. However, as the older age profile implies, more independent sector nurses qualified longer ago (typically 22 years ago as opposed to 17 in the NHS), hence slightly fewer qualified as mature students/graduates (12% compared to 14% of NHS nurses).

The older age profile is also a factor in the lower levels of academic qualification among independent sector nurses (27% are diploma qualified, compared to 34% of NHS nurses and 19% are degree qualified compared to 30% of NHS nurses). All recently qualified nurses are diploma/degree qualified.

Although across the population independent sector nurses have lower levels of qualification than NHS nurses, more now have diploma and degree qualifications than was the case in 2005, when 17% of all independent sector respondents held diplomas and 14% degrees.

In care homes in 2007, 31% hold diplomas as their highest qualification compared to 13% in 2005. The proportion who hold a degree or higher has remained unchanged at 9%.

Among independent hospital nurses, 19% hold a degree in 2007 compared to 10% in 2005 and 28% hold a diploma compared to 19% in 2005. In 2005 there was also a significant increase on these figures compared to 2001. Much of this increase can be attributed to the increasing numbers of IRNs, especially in care homes, more of whom hold diploma/degree qualifications (74% compared to 42% of UK qualified nurses in the independent sector).

Table 2.1: Biographical profile

	Mean age (years)	Mean years since qualified	% under 40	% aged over 50	% child care	% adult care	% male	% qualified age 30+	% BME	% IRN	% diploma qualified	% degree qualified	Cases
NHS hospital	39.6	15.2	51	17	48	13	7	15	14	6	38	27	2644
NHS community	43.5	19.3	33	27	54	21	6	14	8	0	28	36	675
NHS other	43.9	20.2	33	26	47	16	10	13	7	1	26	39	364
All NHS	41.2	17.0	44	21	50	15	7	14	11	4	34	30	4002
GP practice	46.0	23.4	21	35	59	17	2	8	3	1	23	27	320
Higher education	45.1	21.7	32	33	51	23	13	12	4	0	7	82	60
Independent hospital	44.0	20.5	33	34	47	16	6	12	25	12	28	19	130
Independent care home	44.9	19.7	38	40	40	20	9	17	43	25	31	9	287
Agency	47.6	23.0	27	44	40	16	10	13	16	7	29	17	117
Hospice/charity	45.2	21.6	24	31	55	20	6	11	7	6	23	26	156
Other	45.2	22.4	25	33	40	13	8	9	12	1	23	26	218
Independent sector	45.1	21.2	30	36	43	17	8	12	24	13	27	19	851
Total	42.0	17.8	41	25	49	15	7	14	13	5	32	29	4997

Source: Employment Research/RCN 2007

3. Contracts and pay scales

Within the NHS there has been significant change in the pay system and structures, as Agenda for Change (AfC) has been introduced. Outside the NHS, most independent sector nurses are paid on other pay scales, and the majority continue to think of their pay level in relation its equivalent clinical grade. Asking nurses to indicate their pay level according to how it equates to clinical grades (or AFC pay bands) allows us examine if there have been any changes to the grade distribution between surveys, and to contrast the pay of independent sector respondents with those in the NHS.

This section starts by looking at the types of contracts nurses in the independent sector are employed on before exploring the grade distribution of independent sector nurses (based on the ‘equivalents’ given by respondents), contrasted with NHS nurses.

3.1 Contracts

Nurses in the independent sector are less likely than NHS nurses to be employed on permanent contracts (86% compared to 95% of those working in the NHS) (Table 3.1).

More nurses in higher education are employed on temporary/fixed term contracts than nurses in any other sector (27%). Also, more nurses in independent hospitals are employed on agency contracts (11%) compared to other independent sector and NHS nurses.

It is worth noting that 97% of IRNs working in the independent sector are employed on permanent contracts.

Table 3.1: Type of contract in main job by employment sector

	Permanent contract	Bank/ Agency	Temporary or fixed-term	Secondment	Other	Cases
NHS hospital	97	1	2	0	0	2687
NHS community	95	1	3	1	0	683
NHS other	94	1	3	2	0	376
All NHS	95	2	2	1	0	3713
GP practice	96	2	1	0	1	324
Higher education	70	0	27	0	3	60
Independent hospital	89	11	0	0	0	131
Independent care home	96	3	2	0	0	293
Agency	19	80	0	0	1	122
Hospice/charity	90	6	3	1	1	160
Other	87	4	5	0	5	222
Independent sector	88	8	2	0	1	859
Total	93	4	2	0	1	5058

Source: *Employment Research/RCN 2007*

3.2 Pay scales

As might be expected, far fewer nurses in the independent sector reported that they are currently being paid according to AfC pay bands (4% of those in care homes, 14% in independent hospitals and 35% of those in the hospice/charity sector). These figures compare with 91% among NHS nurses, although this figure varied significantly by country (Table 3.2).

Among independent hospital respondents more than a third (35%) indicated that they were paid according to clinical grades and a half (51%) report that they are on other pay scales. In the care home sector, 19% give a clinical grade equivalent and 77% report they are on other pay scales.

Within the independent sector, nurses working for hospices and agencies are most likely to refer to AfC pay bands (35% and 39% respectively). Nurses in other non-NHS sectors are more likely to be paid on other pay scales.

Table 3.2: Pay scale currently paid on in main job by employment sector

	AfC pay band	Clinical grade	Other pay scale	Cases
NHS hospital	92	7	1	2686
NHS community	92	8	0	684
NHS other	84	11	5	376
All NHS	91	8	1	3711
GP practice	16	63	21	325
Higher education	8	12	80	59
Independent hospital	14	35	51	129
Independent care home	4	19	77	270
Agency	39	31	31	121
Hospice/charity	35	24	40	156
Other	19	13	69	215
Independent sector	16	21	62	820
Total	73	14	13	5021

Source: *Employment Research/RCN 2007*

3.3 Pay comparisons using band/grade 'equivalents'

Despite the fact that the majority (62%) of independent sector nurses are paid on other pay-scales, nonetheless seven out of ten were able to provide details of their current pay level in terms of an 'equivalent' pay band or clinical grade. Most commonly independent sector nurses provided a clinical grade equivalent 40%, whilst 20% gave an AfC pay band, 10% provided both, and 30% gave neither.

As relatively few nurses working in the independent sector provided AfC pay band equivalents, the data presented in Table 3.3 are indicative but not a reliable indicator of the distribution between pay bands. It shows that across the whole independent sector fewer nurses are employed on pay band five (42% compared to 53% of NHS nurses) and more are on pay band 8 (15% compared to 4% of NHS nurses). However, among respondents (albeit based on small numbers of cases) working in care homes, agencies and independent hospitals more than 60% are employed on pay band five.

Table 3.3: AfC pay band percentages of all respondents in each employment sector

	AfC 5	AfC 6	AfC 7	AfC 8	% requested banding review	Cases
NHS hospital	60	23	14	3	16	2507
NHS community	36	38	23	4	28	629
NHS other	24	35	27	14	29	326
All NHS	53	26	17	4	19	3269
GP practice	30	42	22	6	29	67
Higher education	5	20	30	45	38	20
Independent hospital	61	25	11	3	10	36
Independent care home	63	19	7	12	4	43
Agency	85	15	0	0	7	53
Hospice/charity	42	25	24	9	8	76
Other	29	31	17	23	28	77
Independent sector	42	26	17	15	13	267
All respondents	52	27	17	5	19	3834

Source: *Employment Research/RCN 2007*

Table 3.4 presents the pay data for those who provided details of their current pay as a clinical grade or its equivalent.

Table 3.4: Clinical Grade by employment sector percentages of all respondents in each employment sector

	D grade	E Grade	F Grade	G Grade	H/I grade	Cases
NHS hospital	28	32	11	18	11	151
NHS community	6	27	2	33	31	48
NHS other	18	25	9	28	20	65
All NHS	12	20	18	34	16	476
GP practice	4	13	26	44	13	238
Higher education	0	0	21	58	21	19
Independent hospital	24	34	17	16	9	70
Independent care home	50	26	14	3	7	123
Agency	43	29	10	10	10	21
Hospice/charity	28	36	16	10	10	58
Other	12	22	19	26	22	69
Independent sector	31	28	15	14	11	390
All respondents	21	24	16	25	13	862

Source: *Employment Research/RCN 2007*

It would seem from the data available in these surveys, that there has been a downward shift in the grades at which care home staff are paid, with larger proportions of respondents in this sector being paid on lower grades. For example, in the current survey 50% of care home respondents giving a clinical grade equivalent are D grades. In 2005 this figure was 38% and in 2001 it was 25%. This would seem to represent a marked and shift in grading, notwithstanding the movement of some nurses to AfC pay bands. Among the 37 IRNs working in care homes who gave a clinical grade, 84% are employed on D grades compared to 31% of UK qualified nurses. Unfortunately it is not possible to control for all factors, due to the small numbers, but there is clearly a disparity in grading between IRNs and UK qualified nurses working in care homes.

Given the rapidly increasing numbers of black and minority ethnic origin nurses employed in care homes and the growing recruitment of nurses from overseas to this sector, these figures point to potentially growing inequities within the sector, with the overall pay bill being reduced through the recruitment of nurses from overseas.

3.4 Views of pay

Table 3.5 shows the proportion of respondents in each sector that said their pay band or clinical grade was inappropriate to their role and responsibilities. These figures suggest that in care homes there has been little change since 2005 in the proportion of respondents who say their grade/pay band is not appropriate to their role and responsibilities (44% compared to 47% in 2005, although this figure is considerably higher than in 2001, 34%), despite the apparently lower grading of nurses within the sector. However, there are now 21% who say they do not know whether or not their grade is appropriate or not, compared to 12% in 2005. Among IRNs 30% say they do not know whether or not their grade/pay band is appropriate. Black and minority ethnic nurses in care homes are also much more likely to say that they do not know if their grade/pay band is appropriate or not (25% compared to 15% of white nurses). So a larger proportion of the care home workforce is made up of BME nurses who are typically paid on a lower grade but are uncertain about whether this is appropriate relative to the role and responsibilities undertaken.

Table 3.5: Pay scale currently paid on in main job by employment sector

	Grade appropriate	Inappropriate grade	Don't know	Cases
NHS hospital	49	43	8	2643
NHS community	45	50	5	673
NHS other	51	42	7	437
All NHS	49	44	7	4003
GP practice	51	45	4	319
Higher education	50	45	5	56
Independent hospital	37	50	12	129
Independent care home	35	44	20	261
Agency	61	29	10	41
Hospice/charity	55	36	10	154
Other	53	38	9	205
Independent sector	45	41	14	795
Total	48	44	8	4918

Source: *Employment Research/RCN 2007*

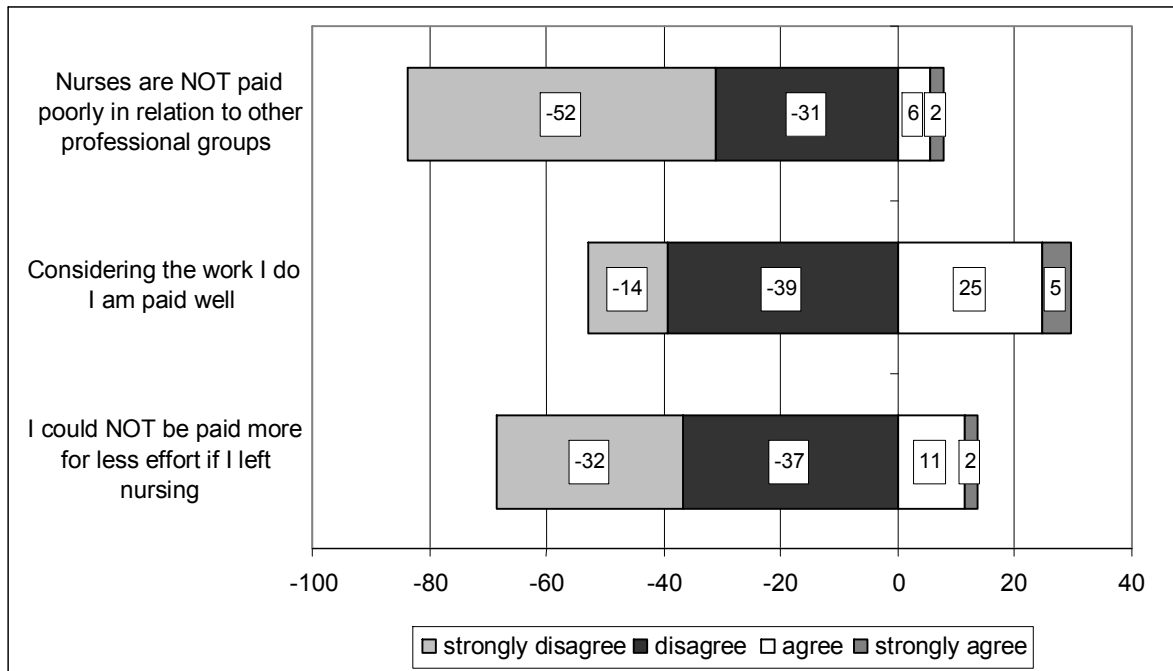
Nurses in independent hospitals are most likely to report that their grade is not appropriate (50%).

Overall, more nurses in the independent sector do not know if their grade/pay band is appropriate or not (14% compared to 7% of NHS nurses). Among those who do know there is little difference in response across all respondents.

Respondents were asked about their views of their pay more generally, using a number of statements and a five point scale to indicate agreement/disagreement. There is some difference between the views of nurses working in the independent sector and NHS, although the vast majority of both express considerable dissatisfaction with pay. One in three (30%) independent sector nurses think they are well paid considering the work they do which is significantly higher than the figure reported for the NHS (16%). This figure is lower for care home (24%) and independent hospital nurses (22%).

Also, just 13% agree they could be paid more for less effort if they left nursing (NHS 12%), and 8% think that nurses are not poorly paid in relation to other professions (NHS 6%).

Figure 3.1: Pay satisfaction: percentages (independent sector only)



Source: *Employment Research/RCN 2007*

There are no differences in the views of independent sector nurses concerning pay between respondents from different ethnic backgrounds or between IRNs and UK qualified nurses.

4. Working hours

This section looks at working patterns and working hours in terms of total numbers of hours contracted to work (full-time/part-time), patterns of work (shifts) and actual hours worked.

4.1 Working full-time/part-time

In the independent sector there has been a significant increase in the proportion of nurses working full-time over the last six years; from 55% in 2001, to 64% in 2005, and 68% of independent sector nurses working full-time in 2007.

In care homes 77% work full-time compared to 63% in 2001 while in independent hospitals 60% work full-time compared to 50% in 2005 and 47% in 2001.

This increase in numbers of independent sector nurses working full-time has been primarily linked to the increased numbers of IRNs working in the sector, all of whom (bar one) are working full-time.

Among white nurses 58% are working full-time while 74% of BME nurses work full-time. BME nurses are also more likely to be the main source of household income, this too is correlated with mode of working, with full-time working more prevalent among those who say their income accounts for more than half their total household income.

A further change is that across the independent sector, more nurses with children are now working full-time but this is also correlated with overseas recruitment. In 2005 55% of respondents with children worked full-time, today this figure has increased to 61%. Looking specifically at IRNs, half of those working in this sector have children⁴, and they all work full-time.

Again this association is largely responsible to differences by ethnicity. Of those independent sector nurses with children living at home 50% of white nurses work full-time compared to 92% of BME nurses.

Table 4.1: Mode of working percentages of all respondents in each employment sector

	Full-time	Part-time	As part of a job-share	Occasional/ various hours	Cases
NHS hospital	67	32	0	0	2686
NHS community	61	37	1	1	683
NHS other	67	31	2	0	376
All NHS	65	33	1	1	3711
GP practice	28	70	1	1	324
Higher education	80	16	0	3	61
Independent hospital	60	31	2	8	131
Independent care home	77	21	0	2	294
Agency	28	30	0	43	122
Hospice/charity	59	36	2	3	160
Other	68	25	1	5	221
Independent sector	67	27	1	5	860
Total	63	34	1	2	5058

Source: *Employment Research/RCN 2007*

⁴ The questionnaire asks 'Do you have children living with you?'

4.2 Shifts

Across all independent sector respondents there has been a reduction in the proportion of respondents working shifts from 67% in 2005 to 58%, although much of this change is likely to be the way in which respondents have been classified, with more respondents classified as 'other' in the current analysis, compared with 2005. Among the 'other' employment group, only 27% work shifts (this groups includes those working in non-nursing employers e.g. prisons and the non-health sector and 'other' independent settings).

Controlling for the specific employer group, within care homes 81% work shifts compared to 76% in 2005. However this is the only area of the independent sector where there has been an increase in shift working. And again, this increase would seem to be as a direct result of the growth of IRNs in the care home sector, all of whom work shifts.

More nurses in independent hospitals work flexi-time or irregular hours (20%) and this has increased from 14% in 2005. In contrast only 4% of NHS hospital nurses covered in the survey report working this way.

Table 4.2: Pattern of work: percentages of all respondents in each employment sector

	Shifts	'Office' hours	Flexi-time/ irregular hours	Cases
NHS hospital	76	20	4	2674
NHS community	13	78	9	679
NHS other	28	60	11	374
All NHS	60	34	5	3693
GP practice	11	85	4	324
Higher education	3	87	10	61
Independent hospital	64	16	20	131
Independent care home	81	12	6	289
Agency	63	18	19	123
Hospice/charity	54	38	9	157
Other	27	53	20	221
Independent sector	58	29	13	851
Total	56	37	7	5033

Source: *Employment Research/RCN 2007*

Fewer nurses in the independent sector work internal rotation shift patterns than is the case among NHS nurses (30% compared to 67% of NHS nurses). Hence, more nurses in the independent sector, especially those in hospitals and care homes, are working permanent night shifts (27% and 29% respectively, compared to 8% of NHS hospital nurses and 22% of NHS community). Among IRNs 34% work permanent nights (41% among care home nurses only).

Twelve hour shifts are also more prevalent in the independent sector. In particular 72% of all those working in care homes work 12 hour shifts. Just under six in ten (59%) independent hospital nurses work 12 hour shifts. These figures are much higher than those reported by NHS nurses. And once again, it is IRNs who seem to be working longest hours with 87% working 12 hour shifts compared to 36% of UK qualified nurses (95% of IRN respondents working in care homes work 12 hour shifts). In the NHS nurses working 12 hour shifts display more satisfaction with their working hours than those working eight hour shifts but in the independent sector the reverse is true (see below).

Table 4.3: Shift patterns (of those working shifts): percentages of all respondents in each employment sector

	Type of shift			Length of shift		Cases
	Internal rotation	Daytime shifts only	Permanent night shifts	8 hours	12 hours	
NHS hospital	70	22	8	53	47	1561
NHS community	11	67	22	89	11	46
NHS other	55	40	5	75	24	79
All NHS	67	25	9	55	45	1686
Independent hospital	20	52	27	41	59	54
Independent care home	22	49	29	27	72	169
Agency	44	37	19	57	43	61
Hospice/charity	45	36	19	78	20	55
Other	44	49	7	54	46	46
Independent sector	30	46	24	42	58	349
Total	59	30	11	53	46	2085

Source: *Employment Research/RCN 2007*

4.3 Extra hours/total hours worked

Six in ten (60%) nurses working in the independent sector worked extra hours in their main job in their last full working week, more or less the same as the figure in 2005. This compares with 58% in the NHS. Almost two-thirds (65%) of IRNs in the independent sector worked more than their contracted hours in their last full working week.

In care homes 67% worked extra hours. Given that across all nurses, higher graded nurses are most likely to work extra hours and that in care homes more nurses are employed on lower grades; this implies that comparing equivalent grades nurses in care homes are much more likely to work extra hours than nurses in other employer groups. Compared to the NHS, a slightly smaller proportion of respondents in the independent sector work extra hours at least several times per week (37% compared to 44% in the NHS).

Table 4.4: Working extra hours: percentages of all respondents in each employment sector

	% Worked extra hours	Frequency worked extra hours				Cases
		At least several times/week	Once a week	Less than once a week	Never	
NHS hospital	56	44	19	29	8	2407
NHS community	63	44	19	30	7	554
NHS other	66	46	20	26	8	302
All NHS	58	44	19	29	8	3626
GP practice	59	34	20	38	8	290
Higher education	68	47	17	24	12	39
Independent hospital	58	33	26	32	8	121
Independent care home	67	38	27	30	5	277
Agency	30	30	14	27	29	58
Hospice/charity	62	44	13	34	9	141
Other	58	32	20	36	13	171
Independent sector	60	37	21	32	10	793
Total	58	42	19	30	8	4383

Source: *Employment Research/RCN 2007*

Agency nurses are least likely to work extra hours (30%) and 29% never work extra hours compared to 12% of all independent sector nurses. When working extra hours, independent sector nurses are more likely to be paid at their normal rate (52%) or at a higher rate (14%) than NHS nurses, who are more likely to be offered time-off in lieu. Care home nurses are most likely to be paid at their normal rate (69%), whilst more independent hospital nurses are given time off in lieu. More agency nurses (31%) are paid bank rates on full pay.

Table 4.5: Remuneration for working extra hours: percentages of all respondents in each employment sector

	Paid at higher rate	Paid at normal rate	Bank on full pay	Bank on lower pay	Offer of time off in lieu	Cases
NHS hospital	14	28	16	8	28	2407
NHS community	3	21	3	2	63	554
NHS other	7	26	4	3	46	302
All NHS	12	27	14	6	35	3218
GP practice	4	71	1	0	19	290
Higher education	0	13	0	3	44	39
Independent hospital	11	45	13	2	25	121
Independent care home	14	69	0	0	5	277
Agency	7	44	31	5	6	46
Hospice/charity	12	45	9	1	24	141
Other	17	32	1	0	33	171
Independent sector	14	52	4	1	19	748
Total	11	34	11	5	31	4383

Source: *Employment Research/RCN 2007*

Across all independent sector nurses the average (mean) number of hours worked in their main job is 44.1 for respondents working full-time and 26.7 for those working part-time. Among full-time nurses these figures are slightly higher than those reported by the NHS (41.3 hours per week). For independent care home nurses the mean number of hours worked per week by nurses working full-time is 45.7. Among nurses working part-time there is little difference between employment sectors.

Table 4.6: Hours worked by mode of working and employer monitoring: percentages of all respondents in each employment sector

	Mean hours worked in main job		% where employer monitors total hours worked	Cases
	Full-time	Part-time		
NHS hospital	41.2	27.3	60	2654
NHS community	41.4	27.2	59	669
NHS other	42.1	25.5	56	370
All NHS	41.3	26.9	59	3659
GP practice	38.1	23.6	67	319
Higher education	42.7	24.6	22	59
Independent hospital	41.6	25.1	77	129
Independent care home	45.7	24.8	78	283
Agency	46.1	22.3	56	62
Hospice/charity	43.1	26.6	62	159
Other	43.2	29.2	56	213
Independent sector	44.1	26.7	68	811
Total	41.8	26.3	61	4976

Source: *Employment Research/RCN 2007*

Within the independent sector IRNs work longer hours on average than their UK qualified colleagues (47 hours in their main job compared to 43 hours among UK qualified nurses – full-time only). More independent sector nurses report that their total working hours are monitored by their employer (68% compared to 61% among NHS respondents).

4.4 Additional jobs

Slightly fewer nurses in the independent sector have additional jobs (21% compared to 26% across the NHS). This figure is more or less the same as reported in 2005 (19%). Although fewer nurses in the independent sector have additional jobs, on average they work longer hours in these jobs (9.1 hours compared to 7.0 hours among NHS nurses).

Despite more IRNs working full-time and for longer hours, more also have second jobs (26% compared to 19% of UK qualified nurses). Taking all work into account full-time IRNs on average work a total of 52 hours per week compared to 45 hours among UK qualified nurses.

Predictably, given the relative scarcity of independent sector nurse banks, fewer nurses in the independent sector work on the bank with their own employer (22% compared to 55% of NHS nurses) and more work for banks with other employers or with agencies.

Table 4.7: Second/additional jobs: percentages in each employment sector

	% with second job	% with bank with same employer	% bank nursing with different employer	% agency nursing	Cases
NHS hospital	28	63	13	11	2529
NHS community	21	34	26	9	673
NHS other	23	41	18	10	365
All NHS	26	55	15	11	3516
GP practice	26	5	27	1	318
Higher education	21	9	50	0	56
Independent hospital	26	44	37	15	117
Independent care home	21	14	22	22	238
Agency	30	0	27	23	58
Hospice/charity	19	22	44	7	151
Other	22	16	19	7	213
Independent sector	22	22	28	15	766
Total	25	47	18	11	4770

Source: *Employment Research/RCN 2007*

Also when independent sector nurses undertake bank work in their additional jobs more of them are paid at a higher rate than in their main job (42% compared to 32% of NHS nurses). In particular, nurses in independent hospitals and care homes are more likely be paid at a higher rate when they do bank work.

Relative to the NHS, nurses across the independent sector are less likely to report that they take additional work/jobs to provide additional income: 65% compared to 77% of nurses in the NHS. However, more respondents in independent hospital (89%) and care home settings (68%) say they have additional jobs to provide additional income, albeit based on small numbers of respondents.

Table 4.8: Hours worked in additional jobs by employment sector

	Mean hours worked in additional job in last week	Bank work: usual pay rate (%)			Cases ⁵
		Higher rate	Same rate	Lower rate	
NHS hospital	6.9	36	34	31	706/594
NHS community	6.8	15	32	52	141/105
NHS other	8.1	22	32	46	84/63
All NHS	7.0	32	33	35	931/762
GP practice	6.4	45	23	32	82/47
Higher education	8.8	-	-	-	12
Independent hospital	5.6	58	29	13	30/24
Independent care home	14.5	51	37	12	50/41
Agency	7.7	33	33	33	33/18
Hospice/charity	5.2	18	27	55	29/22
Other	8.8	33	29	38	46/24
Independent sector	9.1	42	31	27	145/116
Total	7.3	34	32	34	1213/941

Source: *Employment Research/RCN 2007*

4.5 Views of working hours

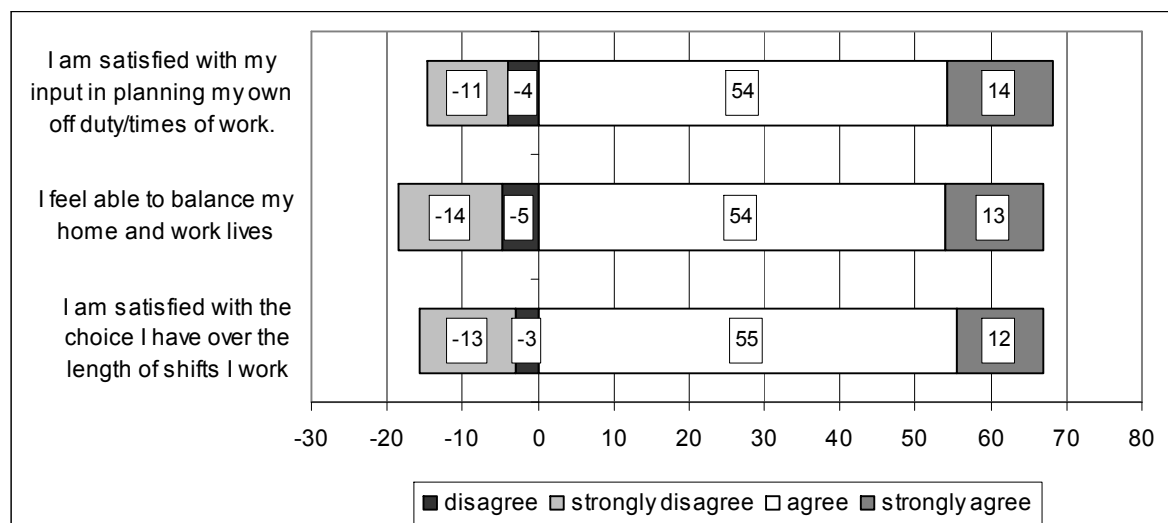
Views of working hours among independent sector respondents are more or less the same as reported in 2005 and are generally more positive than those of NHS respondents. For example, 67% of independent sector nurses agree with the statement ‘I feel able to balance my home and work lives’ compared to 56% of NHS respondents (Figure 5.1). Although, nurses in the independent sector are more satisfied with choice over lengths of shifts and input in planning off duty than NHS respondents the differences are not so great (see Table 8.1).

There is little difference between employer groups within the independent sector. However, perhaps reflecting the increased likelihood of working 12 hour shifts, IRNs display lower levels of satisfaction with working hours than UK qualified nurses. For example, 58% agree that they are satisfied with the length of shifts they work compared to 68% of UK qualified nurses.

It is worth noting that in the NHS nurses who work 12 hour shifts are more likely to be satisfied with the choice they have over length of shifts than is the case among those working 8 hour shifts (68% compared to 58% respectively). However, in care homes and in the independent sector more generally, those working eight hour shifts are more satisfied with the choice they have over the shift length they work (among nurses working in care home 81% of those working 8 hour shifts are satisfied with the choice they have over length of shift while among those working 12 hour shifts just 63% are satisfied).

⁵ First number refers to those doing additional jobs and second to those doing Agency in their additional job.

Figure 4.1: Views of working hours (percentages: independent sector only)



Source: *Employment Research/RCN 2007*

5. Staffing and workload

Several issues are explored in this section. First we look at the division of working time reported by nurses working in the independent sector, then at their responsibilities for mentoring and preceptorship and then at staffing levels and workload issues.

5.1 Division of time

On average, nurses in the independent sector spend less time on clinical activities (60%) but more time on management tasks (21%) than nurses in the NHS (see Table 5.1).

Among respondents in independent care homes the differences are wider still (57% of time is spent on clinical activities and 27% on management). This is striking given that the grade/pay band distribution among independent care home respondents is lower than other employer groups.

Table 5.1: Division of work time: mean percentages in each employment sector

	Clinical work	Management	Training others	Research	Other	Cases
NHS hospital	75	13	9	2	2	2545
NHS community	67	16	10	2	4	655
NHS other	58	20	13	2	6	426
All NHS	72	14	9	2	3	3874
GP practice	85	7	4	1	4	317
Higher education	14	11	49	24	2	58
Independent hospital	73	16	9	1	1	123
Independent care home	57	27	10	2	4	252
Agency	77	10	5	1	7	46
Hospice/charity	60	23	12	4	3	146
Other	54	17	16	2	9	207
Independent sector	60	21	12	2	5	778
Total	70	15	10	2	3	4778

Source: *Employment Research/RCN 2007*

In the independent sector fewer nurses have responsibilities for mentoring students (30%) and the preceptorship of NQs (18%) when compared with the NHS (Table 5.2). However, those that do have these responsibilities are responsible for a similar number of students and NQs as their counterparts in the NHS.

More nurses in independent hospitals have these responsibilities than elsewhere in the independent sector.

Table 5.2: Responsibilities for students and newly qualified nurses

	Percentage responsible for:		Mean number:		
	Mentoring students	Preceptorship of NQs	Students	NQ nurses	Cases
NHS hospital	61	42	3.3	1.6	2669
NHS community	70	25	2.5	1.1	678
NHS other	44	17	3.8	1.6	372
All NHS	60	36	3.2	1.5	3540
GP practice	35	6	2.8	1.2	321
Higher education	38	7	11.7	16.5	55
Independent hospital	39	29	3.1	1.6	127
Independent care home	29	18	3.3	2.0	277
Agency	15	9	3.4	3.9	61
Hospice/charity	42	22	2.5	1.9	155
Other	24	10	4.3	2.7	217
Independent sector	30	18	3.3	2.2	856
Total	53	31	3.2	1.6	4992

Source: *Employment Research/RCN 2007*

5.2 Staffing levels

Staff working in care homes or wards were asked to give details of the number of staff and patients present on their last shift. These data were used to compute the average number of patients per nurse in each setting (Table 5.3). Respondents working in independent care homes report the highest numbers of patients per RN (17.6) and lowest mix of RNs as a proportion of all staff (36%).

Conversely nurses working in independent hospitals report the lowest patient to nurse ratio (4.8) and the highest mix of RNs as a percentage of all staff (79%).

Table 5.3: Staffing and workload: percentages and mean numbers in each employment sector

	Sufficient staff to meet patient needs	Care compromised 'on most shifts'	Patient : nurse ratio	% RNs of all staff	Cases ⁶
NHS hospital	46	30	6.3	74	2626/2085
NHS community	54	11	4.1	80	669/129
NHS other	41	21	-	-	339
All NHS	46	30	6.3	74	3634/2331
GP practice	76	4	-	-	319
Independent hospital	72	18	4.8	79	129/102
Independent care home	72	17	17.8	36	282/272
Agency	40	25	9.7	66	56/45

⁶ The first figure refers to responses concerning sufficiency of staffing levels and the second to the patient : nurse ratio, which only applies to respondents working in a care home or ward setting.

Hospice/charity	83	7	7.7	52	148/88
Other	73	10	-	-	168
Independent sector	73	14	12.5	52	774/554
Total	53	22	7.4	70	4822/2984

Source: *Employment Research/RCN 2007*

Nurses working in the independent sector are more likely to say that there are sufficient staff to meet patient needs (73% compared to 46% of NHS nurses) and less likely to say that patient care is compromised on most shifts or every shift (14% compared to 30% of NHS respondents). These figures are similar for both independent hospital and care home respondents.

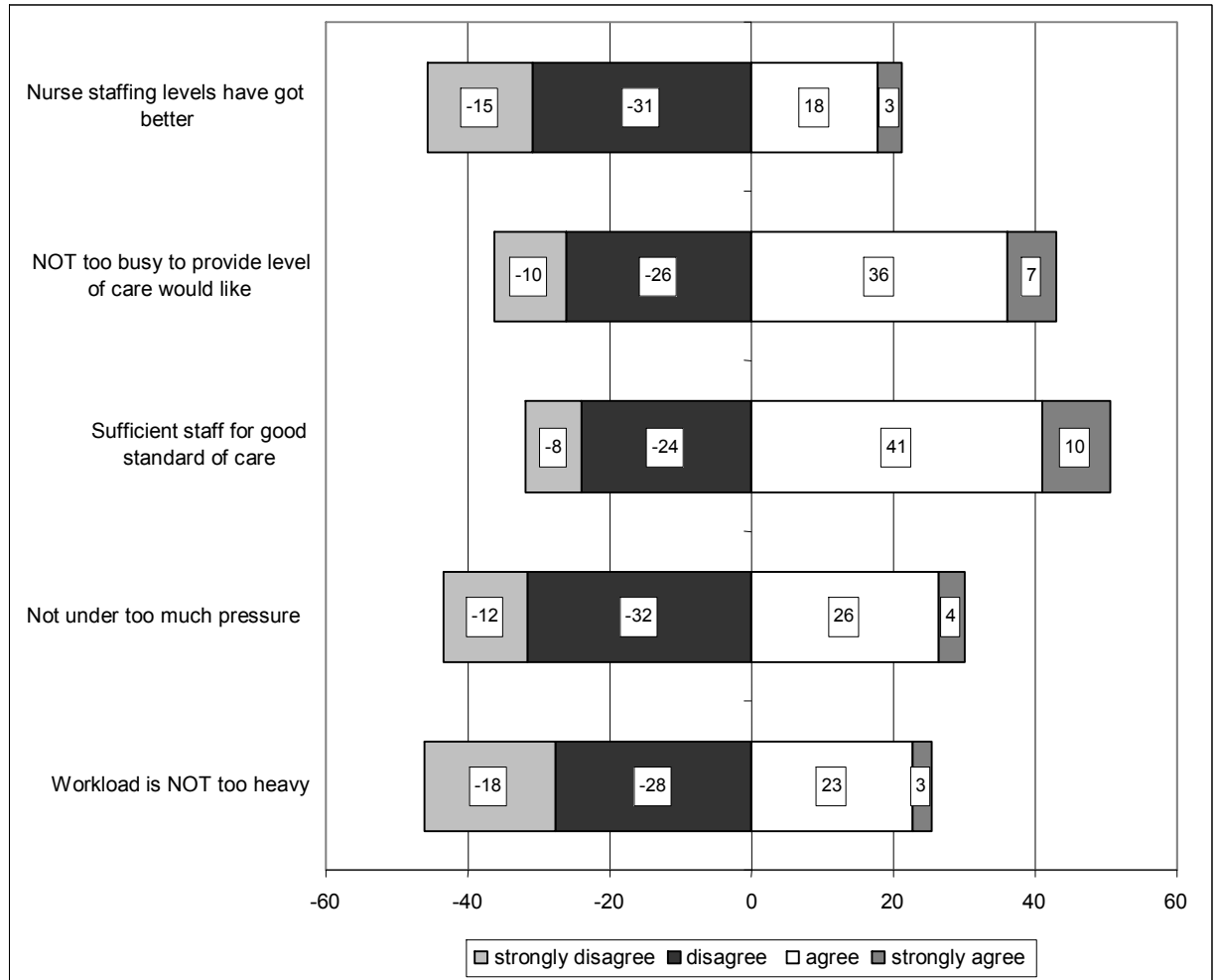
Hospice based respondents were the most likely to have reported that the nursing establishment is sufficient to meet patient needs (83%) and least likely to say that patient care is compromised on most shifts (7%).

Relative to the NHS, nurses working in the independent sector express significantly more positive views on workload issues. For example, 51% of independent sector respondents say that there are sufficient staff to provide a good standard of care, compared to just 27% of NHS respondents. One in four independent sector nurses do not think their workload is too heavy, compared to 15% of NHS respondents (see Table 8.1).

There are some significant differences between IRNs working in the independent sector and UK qualified nurses. For example, two thirds (65%) of IRNs say that their workload is too heavy compared to 42% of UK qualified nurses, 59% of IRNs say they feel under too much pressure at work compared to 41% of UK qualified nurses and nearly twice as many (61%) say they are too busy to provide the standard of care they would like (UK qualified 32%).

Contrasting these figures with the 2005 results a mixed picture emerges. Fewer nurses think that nurse staffing levels have improved, and more say they are too busy to provide the standard of care they would like but fewer say that too much time is spent on non-nursing duties. Responses to the workload pressure and items are more or less the same as in 2005.

Figure 5.1: Views of workload (percentages: independent sector only)



Source: *Employment Research/RCN 2007*

6. Job change and career intentions

6.1 Changed job in last 12 months

The rate of job changed reduced significantly in 2007 compared to 2005 across the NHS but in the independent sector there has been little change. One in five nurses in the independent sector had changed jobs in the previous 12 months (22%) more than in the NHS (16%). This figure is roughly the same as that reported in 2005 (23%).

Almost three times as many respondents in the independent sector had changed employers in the year preceding the survey compared with those in the NHS (17% vs 6%). Whilst most job changes involved moves within the independent sector, 25% of independent sector nurses who had moved jobs in the previous year, had moved from the NHS to a job in the independent sector. Thus overall 9% of those currently working in the independent sector were working in the NHS one year ago.

However there is little difference between the independent and NHS sectors in the proportion of nurses who applied for higher grade posts in the preceding year (16%, same as for the NHS). Fewer independent hospital nurses (9%) compared to care home nurses (19%) had applied for higher grade posts. In terms of the likelihood of success 59% made successful applications; two thirds (67%) of independent hospital nurses were successful compared to just 49% of care home respondents.

Twice as many IRNs had applied for higher grade posts as UK qualified nurses (28% compared to 14%). However, albeit based on small numbers (29 cases), only 31% of IRNs were successful in their application compared to 73% of UK qualified nurses.

Table 6.1: Job change: percentages in each employment sector

	% changed jobs in previous 12 months	% changed employer	% applied for higher grade post	% successful application	Cases
NHS hospital	14	5	15	49	2622
NHS community	20	9	18	65	660
NHS other	19	6	18	68	371
All NHS	16	6	16	52	3706
GP practice	12	12	14	43	312
Higher education	19	9	26	69	52
Independent hospital	16	11	9	67	126
Independent care home	20	14	19	49	288
Agency	36	28	10	58	58
Hospice/charity	19	15	17	67	157
Other	26	22	16	71	219
Independent sector	22	17	16	59	852
Total	17	8	16	55	4925

Source: Employment Research/RCN 2007

Nurses in the independent sector are much more likely to cite 'better pay' as a reason for changing jobs than is the case among NHS nurses (43% compared to 25%). In addition to this, better terms and conditions were also mentioned more frequently by independent sector nurses changing jobs.

Independent sector nurses are also more likely to say a change in working hours/better work-life balance is a reason for changing jobs (36%).

Reasons associated with dissatisfaction and stress/workload are also mentioned more frequently by independent sector nurses.

Table 6.2: Reasons for changing jobs: percentages in each employment sector

	NHS	Independent sector	All respondents
Gain different experience/skills	53	49	52
Better prospects	33	35	34
Promotion	28	26	27
Better pay	25	43	29
Change in hours/better work life balance ⁷	29	36	31
Dissatisfied with previous job	23	32	26
Stress/workload in previous job	22	29	23
Distance to work	9	16	11
Better terms and conditions	11	23	14
Personal reasons/moving/partner's job	8	11	8
Family reasons	5	3	5
Training reasons	7	5	6
Bullying/harassment	6	10	7
Health problems	3	2	3
Retirement (semi)	1	2	1
Place of work closed/redundancy	5	11	7
Redeployment ⁸	9	3	7
Dismissed (unfairly/fairly)	1	2	1
Other	12	8	11
Cases	606	174	788

Source: *Employment Research/RCN 2007*

6.2 Seeking a change of job

One in four nurses in the independent sector (25%) are seeking a change of job, the same figure as within the NHS. Interestingly a half (49%) of all those seeking a change of job are looking for jobs in the NHS. Among independent care home nurses this figure rises to 58%.

Twice as many IRNs (40%) are seeking a change of work as UK qualified nurses (20%) and most want to move to the NHS (67%) compared to 44% of UK qualified nurses.

Given that one in four care home respondents are nurses recruited from overseas, the highest proportion of any employer group, it is perhaps surprising that only 7% are looking for work outside the UK. This is the lowest proportion of any employer group and suggests that the majority of IRNs currently working in care homes are planning to continue working in the UK in the future, but are looking to move on to work in the NHS.

Nearly a half (47%) of independent hospital nurses are seeking a change of work in non-NHS nursing, more looking in this direction than among any employer group.

⁷ In 2005 this referred only to a change in working hours so may not be entirely comparable.

⁸ Redeployment not included as an option in 2005.

Table 6.3: Currently seeking work/change of job: percentages in each employment sector

	Seeking change of job	Type of work/job sought				Cases
		NHS nursing	Non-NHS nursing	Nursing outside UK	Non nursing	
NHS hospital	25	66	13	15	19	2629
NHS community	21	63	14	6	20	676
NHS other	26	60	23	10	34	376
All NHS	25	64	15	14	21	3645
GP practice	16	58	19	0	13	318
Higher education	20	55	27	10	18	60
Independent hospital	24	47	47	10	13	129
Independent care home	33	58	18	7	14	290
Agency	31	43	5	18	21	58
Hospice/charity	13	47	21	16	16	159
Other	21	40	28	10	14	217
Independent sector	25	49	24	10	14	847
Total	24	62	16	12	19	4969

Source: Employment Research/RCN 2007

6.3 Retirement plans

Fewer nurses in the independent sector report that their official retirement age is 55 compared to the NHS (10%, NHS 18%).

More nurses in the independent intend to continue working in nursing beyond their retirement age (23%) and of these 50% think they will do so for the same employer (same as the figure reported for NHS nurses).

Table 6.4: Retirement and post retirement intentions: percentages in each employment sector

	Official retirement age		Intentions post retirement			Cases
	Age 55	Age 60	Continue to work in nursing	Continue in non-nursing	... with same employer	
NHS hospital	16	84	14	11	48	2574
NHS community	23	77	17	12	55	669
NHS other	28	72	18	14	48	354
All NHS	18	82	15	11	49	3583
GP practice	8	92	22	6	69	300
Higher education	11	89	15	17	22	57
Independent hospital	9	91	21	8	56	118
Independent care home	10	90	29	13	49	262
Agency	18	82	31	11	51	54
Hospice/charity	7	93	18	11	57	148
Other	11	89	18	14	41	203
Independent sector	10	90	23	12	50	851
Total	16	84	17	11	50	4797

Source: Employment Research/RCN 2007

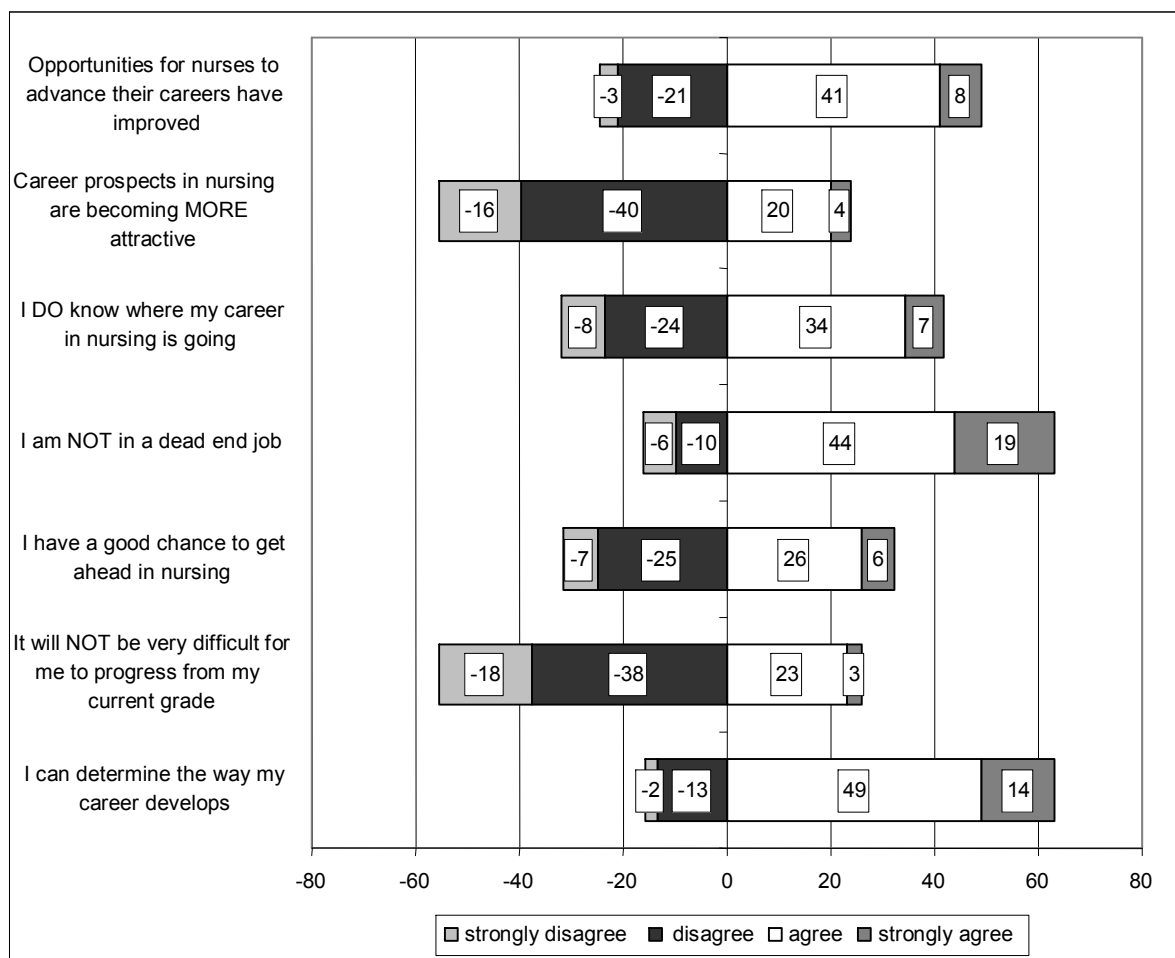
6.4 Views of career opportunities

The views of nurses working in the independent sector concerning their career progression and opportunities are slightly more positive than those of NHS nurses, but mainly negative and significantly more negative than was the case in 2005 (see Table 8.1).

For example, just 32% of independent sector nurses feel they have a good opportunity to get ahead in nursing and 26% feel that will not be difficult for them to progress from their current grade.

Interestingly, given the reported difficulties above in IRNs gaining higher graded positions they are relatively optimistic about their career opportunities. For example 53% of IRNs feel they have a good chance to get ahead in nursing compared to 27% of UK qualified nurses. However, these data will be influenced by the relative age profiles of each group, with UK qualified nurses in the independent sector predominantly aged 50 plus while IRNs are predominantly under 40.

Figure 6.1: Views of career progression (percentages: independent sector only)



Source: *Employment Research/RCN 2007*

7. Continuing Professional Development (CPD)

Since 2005 there has been a decline in the levels of reported CPD activity across all employment sectors, albeit not quite so steep a fall in the independent sector (down from 10 days per year to 7, compared to a reduction from 12 days per year to 7 in the NHS).

7.1 CPD activity

Independent care home nurses are the employees with lowest levels of supported CPD activity. They have an average of 6 days per year and excluding agency nurses (who do not have a single employer) they are least likely to have their CPD paid for by their employer (62% say all their CPD is paid for by their employer compared to 72% of all independent sector nurses and 78% of NHS nurses). Across IRNs the reported number of days spent on CPD average at 8, compared to 7 days among UK qualified nurses. IRNs are no more or less likely to have had their training paid for by their employer.

Agency (31%) and care home nurses (62%) are least likely to have had their CPD paid for by their employer. Among independent hospital and hospice nurses 80% have all their CPD paid for by their employer.

Table 7.1: Days spent on CPD: mean days and percentages in each employment sector

	CPD days in last year	% where CPD all paid by employer	Cases
NHS hospital	7	77	2649
NHS community	7	90	681
NHS other	9	78	367
All NHS	7	80	3645
GP practice	8	72	319
Higher education	9	89	60
Independent hospital	6	80	127
Independent care home	6	62	283
Hospice/charity	9	80	161
Other	7	80	206
Independent sector	7	74	825
Total	7	78	4970

Source: *Employment Research/RCN 2007*

7.2 Appraisals and PTDPs

As Table 7.2 shows, nurses in the independent sector are more likely than NHS nurses to report that they have had an appraisal review in the last 12 months (67% compared to 53% of NHS nurses). More of those working in independent hospitals (73%) and hospices (70%) have had appraisals than those working in care home nurses (62%).

Just over half (56%) of all independent nurses (NHS 54%) have a personal training and development plan. Again, fewer care home nurses (49%) have Personal training and development plans (PTDPs). Three quarters of all independent nurses (75%) have had their manager involved in their PTDP, again a similar proportion to the NHS (79%)

Table 7.2: Appraisals and Personal Training and Development Plans (PTDP): percentages in each employment sector

	Appraisal review in last 12 months	Have PTDP	Manager involved in PTDP	Cases
NHS hospital	52	53	77	2649
NHS community	55	55	83	681
NHS other	66	62	83	367
All NHS	53	54	79	3645
GP practice	81	73	73	319
Higher education	77	60	81	60
Independent hospital	73	60	75	127
Independent care home	62	49	70	283
Hospice/charity	70	55	94	161
Other	73	67	74	206
Independent sector	67	56	77	825
Total	58	55	78	4970

Source: *Employment Research/RCN 2007*

7.3 Mandatory training

Independent sector nurses are more likely to have received mandatory training in each of the fields listed than is the case among NHS nurses, apart from in ‘Cardio-Pulmonary Resuscitation’ (CPR). Only 38% of care home respondents have had CPR training in the last year.

The largest difference is in ‘Health and Safety’ training, where 77% of independent nurses have received training in the previous 12 months compared to 61% of NHS respondents and in fire safety training where 86% of independent nurses have had training in last year compared to 79% of NHS nurses.

Table 7.3: Mandatory training in last year: percentages in each employment sector

	Mandatory training received in last year						Cases
	H&S	Fire safety	M&H	Infection control	Eqpt training	CPR	
NHS hospital	63	79	75	63	53	84	2463
NHS community	55	78	69	51	26	78	615
NHS other	60	79	64	51	32	76	323
All NHS	61	79	73	59	47	82	3645
GP practice	36	46	17	45	22	95	301
Higher education	68	73	51	38	41	59	40
Independent hospital	92	95	91	83	67	92	129
Independent care home	76	95	87	66	45	38	274
Agency	72	78	85	66	53	81	107
Hospice/charity	70	88	87	63	54	70	152
Other	72	65	51	42	41	73	186
Independent sector	77	86	79	63	50	64	791
Total	62	78	70	59	45	80	4590

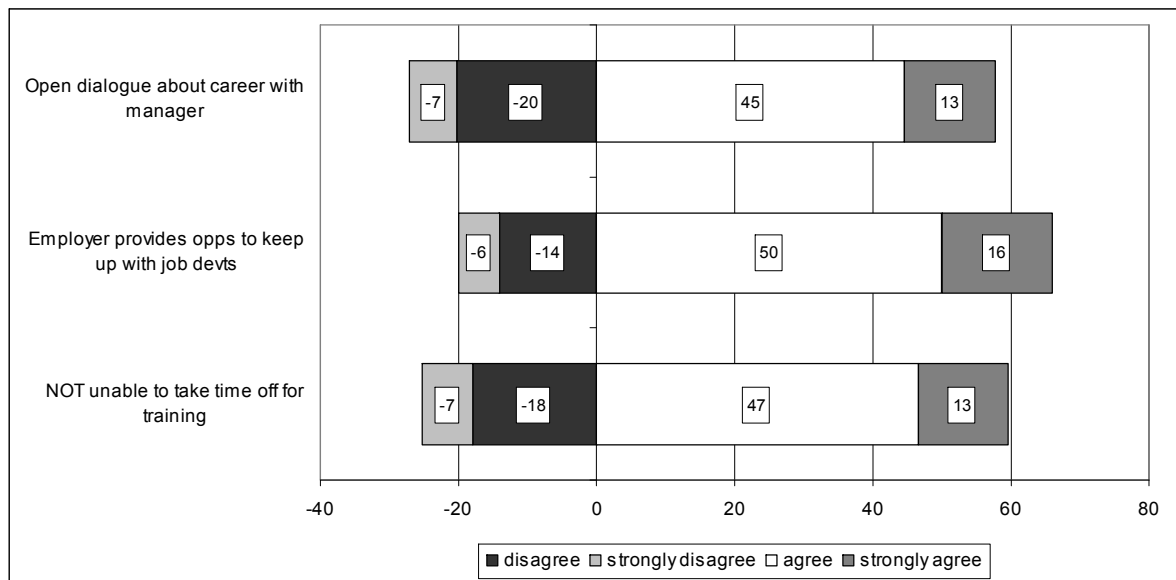
Source: *Employment Research/RCN 2007*

7.4 Views on development and training

Again, the views of independent sector nurses are more positive than NHS nurses on training opportunities. Two thirds (66%) say that their employer provides them with opportunities to keep up to date with developments related to their job compared to 50% of NHS respondents.

While there has been a significant deterioration in views on training opportunities among NHS respondents there has been little change in the views of independent sector nurses in this regard. IRNs in the independent sector are slightly less likely to say that they are able to take time off for training (52% compared to 63% of UK qualified nurses). Yet this report shows that they take on average eight days CPD compared to seven days for UK qualified nurses.

Figure 7.1: Views training opportunities (percentages: independent sector only)



Source: *Employment Research/RCN 2007*

8. Views of Nurses in the Independent Sector

8.1 Overview of issues

Tables 8.1, 8.2a and 8.2b below highlight the main differences in views between NHS and independent sector respondents for 2005 and 2007.

Independent sector respondents respond more positively about their work than NHS respondents on almost all items. The only item where NHS nurses responded more positively in 2007 was to the item '*I am not in a dead end job*' 66% agreed with the statement compared to 63% of independent sector nurses (59% of independent care home respondents).

The largest differences between the independent and NHS sectors are in relation to measures of job satisfaction. Nearly two thirds (64%) of independent sector nurses say they are proud to work for their organisation compared to 42% of NHS nurses. However, there are big differences within the independent sector with 54% of care home, 57% of hospital and 87% of hospice nurses reporting that they are proud to work for their organisation. Similarly, many more independent nurses say that they feel their work is valued when compared to NHS nurses and again there are similar differences within the independent sector (see tables 8.2a and b).

On all the workload items significantly more independent sector nurses than NHS nurses respond positively. For example, 51% of independent sector nurses say that there are sufficient staff to provide a good standard of care compared to 27% of NHS nurses. In the case of hospice nurses 68% say there are sufficient staff to provide a good standard of care.

Similarly, many more independent nurses say they are not too busy to provide the standard of care they would like (43% compared to 27% of NHS nurses).

Independent sector nurses are also more positive about their training, with 66% saying their employer provides them with opportunities to keep up with developments related to their job compared to 50% of NHS respondents. Across the NHS there was a significantly more negative response expressed in relation to training compared to 2005.

The final area where there is significant sectoral variation in views, relates to job security issues. For example, 51% of independent sector nurses are not worried they may be made redundant compared to 40% of NHS respondents. Historically, nurses in the NHS have felt more secure about their employment than independent sector nurses but today the reverse is true.

8.2 Changes since previous surveys

Since 2005 nurses views of their work and careers have become significantly more negative. This is the case in the independent sector as well as across the NHS. This is especially the case when reflecting on issues of job security and career progression. Financial deficits in the NHS seem to have affected the confidence of nurses in all sectors not just the NHS. For example, in 2005 73% of independent sector nurses agreed that nursing will offer a secure job for years to come in 2007 this figure reduced to 48%.

Table 8.1: Views of independent and NHS nurses in 2007 & 2005 (percentage agreeing)

	Independent		NHS	
	2007	2005	2007	2005
Career progression				
Know what want to do in future in career	57	59	51	55
Can determine way career develops	63	65	50	57
NOT difficult to progress from current grade	26	29	20	29
Have a good chance to get ahead in nursing	32	38	24	37
NOT in a dead end job	63	70	66	73
Do know where career in nursing is going	42	48	35	44
Career prospects becoming MORE attractive	24	36	17	33
Opportunities for nurses to advance careers have improved	49	65	34	58
Bullying/Harassment				
Confident would be treated fairly if reported being harassed by a colleague at work	64	66	51	52
Bullying and harassment is not a problem at work	63	68	54	58
Working hours				
Satisfied with choice over length of shifts worked	67	65	60	61
Satisfied with input in planning times of work	68	71	62	63
Feel able to balance home and work lives	67	63	56	57
Job satisfaction				
Most days enthusiastic about job	82	81	77	79
Satisfied with present job	67	72	54	62
Proud to work in this organisation	64	69	42	53
I feel my work is valued	69	65	50	55
Nursing as a career				
Recommend nursing as a career	58	64	49	56
Nursing is a rewarding career	82	79	78	77
Don't want to work outside nursing	41	40	36	36
Would NOT leave nursing if could	54	56	49	52
Pay				
NOT paid for less effort if left nursing	14	15	12	11
Well paid considering work	30	31	16	16
Nurses NOT poorly paid in relation to other professions	8	9	6	6
Quality of care				
Quality of care is good	83	89	79	86
Job security				
Nursing will continue to offer a secure job for years	48	73	34	71
NOT worried may be made redundant	51	69	40	79
Find it easy to get another job using my skills	43	58	33	47
Training				
Able to take time off for training	60	61	45	54
Employer provides opps to keep up with job devts	66	68	50	60
Open dialogue about career with manager	58	52	44	45
Workload				
Workload is NOT too heavy	26	26	15	17
NOT under too much pressure at work	30	31	19	22
NOT too much time is spent on non-nursing duties	43	37	30	27
Sufficient staff to provide good standard of care	51	55	27	25
NOT too busy to provide level of care would like	43	47	27	33
Nurse staffing levels have got better in the last year	21	28	12	15

Source: *Employment Research/RCN 2007*

Within the independent sector nurses in hospices are by and large more positive on a range of items than other nurses – the exception are certain aspects of pay and interest in career progression where hospice nurses tend to respond more negatively. In particular, hospice nurses are much more likely to say that they feel their work is valued 86% compared to 60% of independent hospital, 64% of care home and 50% of all NHS nurses.

Nurses working for agencies hold more negative views than other independent sector nurses and especially in relation to training, job satisfaction and career progression.

Independent care home respondents are least likely to report that they are satisfied with their present job, or that they are not too busy to provide the level of care they would like. They are also less likely to report that they are able to take time off for training. Linked to this IRNs express more job dissatisfaction than UK qualified nurses, within care homes 50% of IRNs say they are satisfied with their present job compared to 58% of UK qualified nurses within care homes.

Independent hospital nurses are least likely of all nurses, including those in the NHS, to say they would recommend nursing as a career.

Table 8.2a: Attitude statements⁹ (percentage agreeing with positive framed statements)

	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11	H12	H13	H14	H15	H16	H17	H18	H19
NHS hospital	49	78	11	76	15	50	50	35	18	14	22	41	40	24	6	65	37	34	49
NHS community	46	76	14	80	15	50	47	32	23	19	17	54	42	20	6	69	35	35	50
NHS other	51	76	18	78	18	57	52	28	19	22	16	53	39	28	6	64	31	43	48
All NHS	49	78	12	77	15	51	50	34	19	16	20	45	40	24	6	66	36	35	49
GP practice	55	89	11	90	29	65	72	61	36	20	22	73	76	33	4	79	44	61	63
Higher education	56	77	13	83	20	56	75	41	33	32	20	64	37	31	7	78	17	51	53
Independent hospital	45	84	10	88	28	61	66	44	33	22	26	58	48	31	6	61	36	34	49
Independent care home	64	79	20	76	16	62	58	53	24	24	26	49	51	33	11	59	48	42	53
Agency	54	81	15	77	25	50	54	42	26	33	17	44	45	29	13	60	36	37	42
Hospice/charity	59	92	7	90	33	51	63	43	34	33	29	76	55	32	4	74	42	48	62
Other	56	78	13	82	31	55	67	45	32	37	25	65	50	32	6	64	33	42	54
Independent sector	58	82	14	82	26	57	63	48	30	30	26	60	51	32	8	63	41	42	54
Total	51	79	13	79	18	53	54	38	22	19	21	49	44	26	6	66	37	38	51

Source: Employment Research/RCN 2007



= result is five percentage points or more **higher** than the independent sector average.
 = result is five percentage points or more **lower** than the independent sector average.

⁹ List of statements provided in Appendix A.

Table 8.2b: Attitude statements (percentage agreeing with positive framed statements)

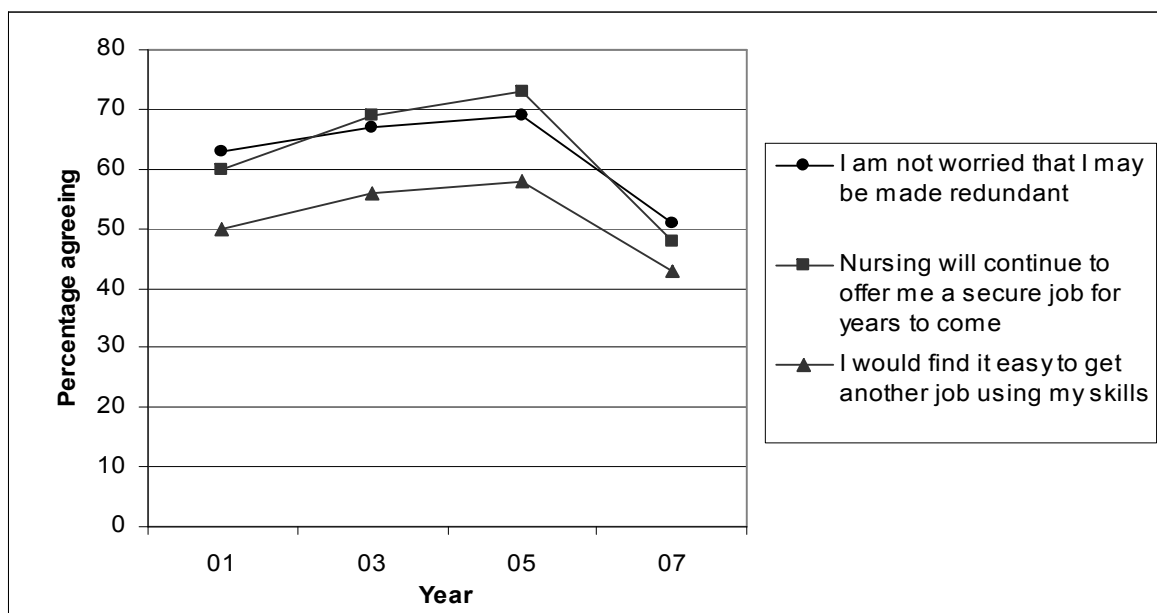
	H20	H21	H22	H23	H24	H25	H26	H27	H28	H29	H30	H31	H32	H33	H34	H35	H36	H37
NHS hospital	18	48	34	40	79	53	41	32	26	27	33	60	48	52	55	12	60	51
NHS community	16	55	32	53	86	58	42	21	29	27	31	61	54	61	61	12	66	51
NHS other	19	58	37	57	76	56	40	34	31	28	38	55	53	55	51	11	65	48
All NHS	17	50	34	44	79	54	41	30	27	27	33	60	50	54	56	12	62	51
GP practice	23	80	57	62	96	76	72	61	68	60	51	76	76	77	75	20	73	64
Higher education	24	70	50	69	62	70	60	32	33	34	61	50	61	62	58	8	75	72
Independent hospital	19	63	44	52	84	65	57	47	49	52	42	65	60	57	70	16	73	55
Independent care home	30	59	51	51	82	55	54	41	47	33	40	68	64	57	63	27	64	65
Agency	16	46	48	38	74	57	53	36	27	29	40	64	59	62	69	16	68	44
Hospice/charity	19	76	51	69	95	84	87	53	68	53	41	71	86	72	69	22	74	80
Other	23	73	47	64	79	69	65	38	46	45	47	66	71	68	69	13	69	61
Independent sector	24	66	49	58	83	67	64	43	51	43	43	67	69	63	67	21	68	64
Total	19	55	38	47	81	58	47	35	33	32	36	62	55	57	59	14	63	54

Source: Employment Research/RCN 2007

 = result is five percentage points or more **higher** than the independent sector average.
 = result is five percentage points or more **lower** than the independent sector average.

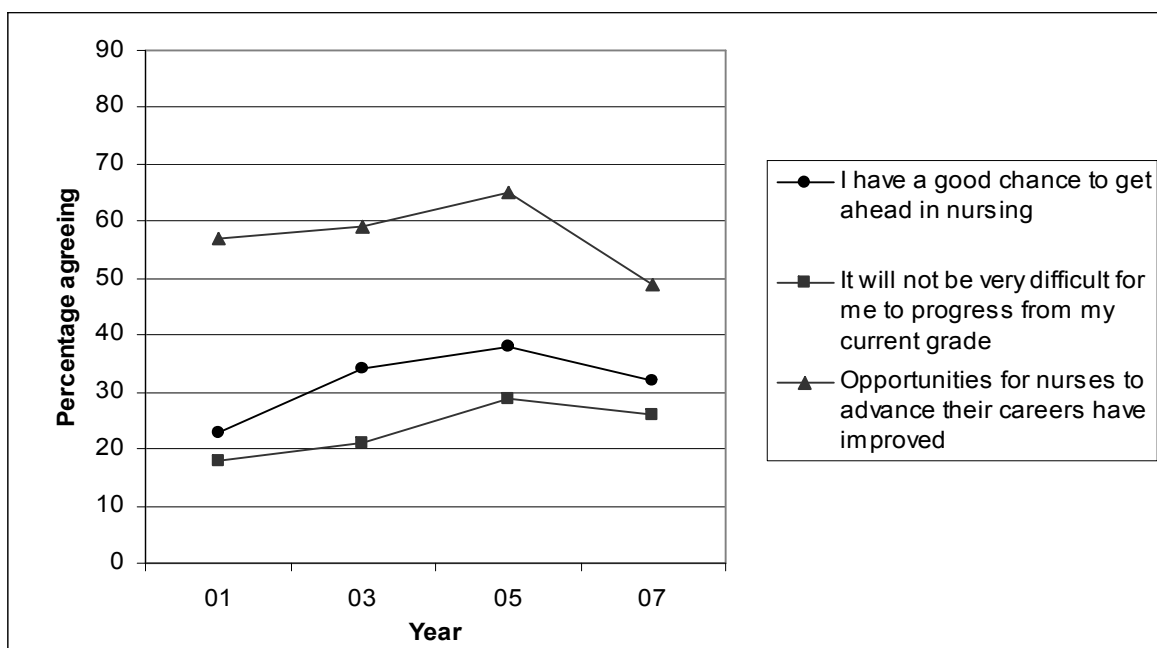
Since 2001 there has been little change in the views of independent sector nurses on many of the items listed above – in particular opinions of nurses pay and workload have remained consistently low. The main exceptions to this are in relation to job security and career opportunities (see Figures 8.1 and 8.2). In both cases the views of nurses became more positive between 2001 and 2005 but in the last two years have become markedly more negative.

Figure 8.1: Views of job security items 2001-2005 (percentages: independent sector only)



Source: Employment Research/RCN 2007

Figure 8.1: Views career opportunity items 2001-2005 (percentages: independent sector only)



Source: Employment Research/RCN 2007

Appendices

Appendix A: Attitude statements used in Tables 8.2a/b

H1	Recommend nursing as a career
H2	Nursing is a rewarding career
H3	NOT paid for less effort if left nursing
H4	Most days enthusiastic about job
H5	Workload is NOT too heavy
H6	Know what want to do in future in career
H7	Can determine way career develops
H8	Nursing will continue to offer secure job for years
H9	NOT under too much pressure at work
H10	Well paid considering work
H11	NOT difficult to progress from current grade
H12	NOT unable to take time off for training
H13	NOT worried may be made redundant
H14	Have a good chance to get ahead in nursing
H15	Nurses NOT poorly paid in relation to other professional groups
H16	NOT in a dead end job
H17	Don't want to work outside nursing
H18	Do know where career in nursing is going
H19	Would NOT leave nursing if could
H20	Career prospects in nursing becoming MORE attractive
H21	Employer provides opportunities to keep up with job developments
H22	Opportunities for nurses to advance careers have improved
H23	Open dialogue about career with manager
H24	Quality of care is good
H25	Satisfied with present job
H26	Proud to work in this organisation
H27	NOT too much time is spent on non-nursing duties
H28	Sufficient staff to provide good standard of care
H29	NOT too busy to provide level of care would like
H30	Find it easy to get another job using my skills
H31	Satisfied with choice over length of shifts worked
H32	I feel my work is valued
H33	Bullying and harassment is not a problem at work
H34	Feel able to balance home and work lives
H35	Nurse staffing levels have got better in the last year
H36	Satisfied with input in planning off duty/times of work
H37	Confident would be treated fairly in reported being harassed by a colleague

Appendix B: 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 B1: membership breakdown (all UK)

Type	Number of members	Percentage
Full	306,577	92.9
Full concessionary	10,397	3.2
Full newly qualified	10,790	3.3
HCA	1,073	0.3
HCA (concessionary)	1,092	0.3
Gender	No. of Members	Percentage
Female	300971	91.3
Male	28851	8.7
Country	No. of Members	Percentage
England	268870	81.5
Scotland	31460	9.5
Wales	18811	5.7
Northern Ireland	10788	3.3

Source: RCN membership records, November 2006

Table B2: age bands (all UK)

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

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

Response rates

An overall response rate of 59% was achieved. This 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.

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.

Table B3: overall response rates by sample

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

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 60%.

Response weighting

The data presented in the report is based on weighted data. However, to give an idea of the numbers on which the analysis is based, tables A5 and A6 show the numbers of cases included in the final response set for each country, before and after weighting. Using top up samples, and then weighting the data enables more reliable analysis because there are a larger number of cases. The results produced are more likely to provide an accurate reflection of the experiences and views of the population of RCN members.

Table B4: Country worked in¹⁰ – cases before and after weighting

	Before weighting		After weighting	
	Cases	Percentage	Cases	Percentage
England	3158	60.2	4208	80.1
Northern Ireland	569	10.9	167	3.2
Scotland	774	14.8	489	9.3
Wales	643	12.3	291	5.5
All cases	5144	98.1	5155	98.1
Missing	99	1.9	99	1.9

Source: *Employment Research/RCN 2007*

The procedure was as follows:

1. First a country weight was calculated. This was achieved by looking at the proportion of respondents living in each country both in the population and among respondents. So, for example, England respondents make up 81% of the RCN membership, but only 60% of the response set. So each respondent from England is given a weight of roughly 1.5 (that is 81.5 divided by 54.6) to compensate for the bias
2. Second, once a weight generated in step 1 above is applied, the age profile was examined. Again the profile among respondents was compared with the membership population and a second weight as above was calculated.

These two weights are multiplied to produce a single weighting figure, applied to each case.

¹⁰ Membership population uses country of residence as opposed to country of employment as in the survey.

Table B5: Age profile – cases before and after weighting

Age band	Before weighting		After weighting	
	Cases	Percentage	Cases	Percentage
20-24	186	3.5	151	2.9
25-29	610	11.6	491	9.3
30-34	545	10.4	685	13.0
35-39	689	13.1	781	14.8
40-44	847	16.1	920	17.4
45-49	918	17.5	840	15.9
50-54	639	12.2	639	12.1
55-plus	701	13.3	663	12.5
All cases	5135	97.7	5170	97.7
Missing	119	2.3	119	2.3

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 B6: margin of error for estimating the population proportion to be 50/50 or 10/90 for different sample sizes and for a 95% confidence interval

	Sample size				
	200	500	1,000	2,000	5,000
Standard error and (margin for 50% estimate)	3.5 (±7.0%)	2.2 (±4.4%)	1.6 (±3.2%)	1.1 (±2.2%)	0.7 (±1.4%)
Standard error and (margin for 10/90% estimate)	2.4 (±4.8%)	1.5 (±2.6%)	1.1 (±2.2%)	0.74 (±1.5%)	0.4 (±0.8%)

To put it into words, if we were estimating that 10% 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.