Royal College of Nursing

EMPLOYMENT RESEARCH

Past imperfect, future tense

Nurses' employment and morale in 2009

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September 2009

Employment Research Ltd

Acknowledgements

This report was commissioned by the Royal College of Nursing (RCN) and conducted by Jane Ball and Geoff Pike from the independent research consultancy Employment Research Ltd.

The authors would like to thank the team in the RCN Employment Relations department, in particular Nicola Power, who co-ordinated the project at the RCN. We would also like to thank all the nurses who took part in the survey; any survey is highly dependent on the target research group being sufficiently interested in and concerned about the issues raised to participate in the research. It is commendable that so many nurses participate each year in this research.

Finally, we would like to thank the authors and researchers involved in earlier RCN employment surveys (listed in Appendix C). Each RCN employment survey benefits hugely from the previous surveys and continuity in the approach and questions. The authors have made extensive use of the reports produced by the Institute for Employment Studies between 1987 and 1999, and Employment Research Ltd since 2001.

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 biennial RCN Employment Survey, the RCN *Working Well* surveys, and several surveys of selected sub-groups of the membership.

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

020 7409 3333

RCN Publication code: 003 545

Contents

Summary

This report describes the findings from the 22nd RCN employment survey of a sample of RCN members.

Nine thousand nurses from across the UK were surveyed, using a methodology which builds on a longstanding series of surveys (with many parts of the questionnaire standardised since 1992) so changes over time can be reported. 54% responded to the survey.

Surveys of the RCN membership (which covers more than half of all practicing nurses[1]), are broadly representative of the nursing workforce as a whole, thus the results of this survey of members can be taken to reflect the UK nursing workforce more generally.

Context

In 2007 the mood of the nurses surveyed was one of heightened anxiety. Although there was evidence of improved staffing relative to 2005, nurses were deeply concerned about the impact that cuts and recruitment freezes may have on their job security and potential to develop and progress.

Growth in the nursing workforce has slowed in the last few years, and cost containment pressures in the coming years will continue to restrict expansion. Meanwhile the volume of care delivered in the NHS has continued to increase. With a policy agenda firmly focused on driving up quality and safeguarding patients from risk, how are nurses faring in 2009? Do they have the resources and support needed to deliver quality care?

Biographical profile

While the ageing of the nursing profession has been an issue of some concern over the last decade, in the last five years the average age of a nurse in the UK has remained unchanged at around 42, nine years older than was the case in 1992. This is primarily due to an increased reliance on internationally recruited nurses (IRNs), who are typically younger. Although recruitment of overseas nurses has tailed off recently, IRNs still form 10% of all members responding to the survey, the same as in 2007.

More than a quarter (27%) of nurses working in independent care homes are IRNs and the average age in this sector is 47, with 41% aged over 50. Care homes are increasingly staffed by older white nurses and younger black and minority ethnic (BME) nurses.

Pay and rewards

It remains the case that nurses are more dissatisfied with their pay and remuneration than any other aspect of their working lives. The current survey is the first one since all NHS staff across the UK have been assimilated to Agenda for Change (AfC) pay bands making pre and post AfC comparisons possible (using data from 2003, the last survey in which all nurses were on clinical grades).

[1] 'Nurses' is used throughout the report to cover the whole nursing family who are members of the RCN including healthcare assistants, midwives, district nurses and health visitors.

More E grade nurses in England and Wales were placed on band 6 (15% and 17% respectively) compared to Scotland 8% and Northern Ireland 2%. There were similar disparities in the proportion of G grades moving on to band 7. One in four (23%) NHS nurses requested a banding review. More nurses in Scotland (27%) and in Northern Ireland (30%) requested a banding review, reflecting the higher proportions of nurses who had been assimilated onto lower pay bands.

Health visitors are most dissatisfied with their transition to AfC; a half requested a banding review (50%), and many more saying that their grade/pay band is not appropriate to their role and responsibilities (74% compared with 49% in 2003 prior to AfC).

Across all nurses, 44% consider that their pay band/grade is not appropriate given their role and responsibilities. The proportion of IRNs working in care homes who say they 'don't know' if their pay band is appropriate has more than doubled, since 2001 to 27%.

Within the NHS, senior nurses are less likely to think that their grade/pay band is inappropriate relative to their role and responsibilities than in 2003 (e.g. 59% pre AfC in 2003, 28% in 2009). Nurses on band 5 are twice as likely as those on band 8/9 to consider their pay band to be inappropriate, whereas in 2003 there was little variation by grade.

Black and minority ethnic (BME) nurses are least likely to feel that they are appropriately graded (65% say their grade is not appropriate compared to 44% across all respondents). IRNs are also more likely to view their pay band as inappropriate.

Nurses continue to be generally dissatisfied with their pay, 84% say that nurses are not well paid in relation to other professional groups and 78% think they could be paid more for less effort if they left nursing. Nurses early in their careers are least positive about pay.

One in four nurses (23%) say they are 'finding it difficult' financially at present, and 24% of nurses have an additional job. More band 5 BME nurses have another job (42% vs. 24% of all nurses), and do so in order to provide additional income. Agency work is much less common in 2009 than in the past.

Working hours

There has been no change in the proportion of nurses working full-time since 2003 (63% with 34% working part-time and 3% working occasional/various hours) and two thirds of all NHS nurses working shifts, work internal rotation.

More nurses in care homes work permanent night shifts (24% compared to 7% of NHS hospital nurses). IRN staff nurses in the NHS are more likely to work shifts (92%) and internal rotation (77%) than UK qualified staff nurses (87% and 71% respectively).

Most nurses are more satisfied with their working hours, if they have not had to work extra hours or if they work part-time, but the reverse is true for BME nurses.

Nurses working 12 hour shifts are more likely to be satisfied with their working hours than those working eight hour shifts.

The mean total hours worked by full-time staff nurses in their last full working week was 44 hours. Full-time BME nurses in NHS hospitals work an average of 48 hours per week compared to 43 hours among white nurses.

Staffing and workload

The average number of patients per registered nurse (RN) on NHS wards is 7.9 patients in the daytime and 10.6 at night. This is the same as recorded in 2005, but is a higher figure (by one patient per RN) than recorded in 2007. Typically, RNs make up 60% of nursing staff during the day on NHS wards, less than in 2007, when 66% on duty were RNs.

Three quarters of those who were in charge of an NHS ward on their last shift are staff nurses, and 17% have less than five years' experience as a qualified nurse.

Two thirds (68%) of NHS nurses feel that the mix of activities in their work is about right, but sister/charge nurses, district nurses and health visitors are most likely to be dissatisfied with how their time is divided. Generally they consider that they should be spending less time on clinical activities and more on training/educating others, research and management.

Similar to 2007, 52% of all respondents and 58% of NHS nurses report that they have mentoring responsibilities, and 33% of all nurses and 38% of NHS nurses saying they have preceptorship responsibilities.

Although more nurses today say there are sufficient staff to provide a good standard of care, nurses are generally more negative about workloads than in 2007. Six in ten (61%) NHS nurse say their workload is too heavy, 55% say they are under too much pressure at work, 54% say they are too busy to provide the standard of care they would like.

Amongst NHS staff nurses, IRNs are more likely to say they feel their workload is too heavy (73% compared to 58% of UK qualified nurses), but fewer say too much time is spent on non-nursing duties (31% compared to 47% of UK qualified nurses).

Views of NHS hospital nurses about their workload are strongly correlated with reported patient to RN ratios. So, those who say their workload is not too heavy work on wards with an average of 6.8 patients per RN, compared with 9.3 patients per RN for those who say their workload is too heavy.

More than a half of NHS nurses (55%) consider that the nursing establishment where they work is not sufficient to meet patient needs. In addition to this, 42% say that short staffing compromises patient care at least once or twice per week, with one in four saying it is on most or every shift. NHS nurses are most likely to say that patient care is compromised regularly.

Job change

Turnover as measured by job changes across all nurses has increased from the 10 year low reported in 2007 of 16% to 19% and movement between employers has increased from 8% to 10% in 2009. This remains lower than the figure reported in 2005. In the NHS the rate of job change is 16%. Much of the increase in turnover between 2007 and 2009 is concentrated among nurses early in their careers.

The main reason nurses change jobs is to gain new experience and skills (54%). There has been an increase in job moves due to stress/workload issues (31% compared to 23% in 2007) and because of dissatisfaction with their previous job (30% compared to 26% in 2007).

There has been little change in how nurses view their career progression opportunities. In 2009, 56% of nurses agreed that it will be very difficult to progress from their current pay band/grade; in 2003 the equivalent figure was 58%. One in four nurses in NHS and outside NHS are looking for work or a change of job, slightly higher than the 24% reported in 2007.

One in five nurses expects to work beyond their retirement age. More nurses in the later stages of their career say they will work beyond their retirement age, while more in the middle of their career say they will retire before their retirement age.

Just under a half (47%) of all nurses agree with a statement saying they have sufficient information about their pensions. Younger nurses and those working in Scotland and Northern Ireland are less likely to say they have sufficient information.

Training and continuing professional development

In 2007, annual CPD in the NHS fell steeply from 11 days in 2005 to seven days in 2007. In 2009 the amount of CPD undertaken remains lower than in preceding years, and is more or less the same as reported in 2007. Staff nurses in the NHS have undertaken less CPD (5.3 days) than other groups of NHS nurse (6.8 days).

Just over six in 10 nurses (61%) across all sectors have had an appraisal/development review with their manager in the 12 months prior to the survey, slightly higher than in 2007 (58%).

In general, mandatory training has increased across the board since 2007, but there has been a particular increase in infection control training in NHS hospitals (80% in 2009 compared with 63% in 2007) and independent care homes (81% compared to 67% in 2007).

Views of access to training opportunities are slightly more positive in 2009 than was the case in 2007, but remain lower than was recorded in 2005.

Morale

In 2007 there was a steep downturn in the confidence of nurses across various aspects of working life. Aside from workload, views have generally improved since 2007, but not returning to the levels of satisfaction recorded in 2005.

More nurses feel enthusiastic about their jobs, feel that nursing is a rewarding career and would recommend nursing as a career than at any time in the last 12 years.

Nurses in the NHS respond more negatively than nurses in other health care sectors to bullying and harassment themes, being able to balance home and working lives, feeling that their work is valued, training, stress and workload themes.

In the NHS black and minority ethnic nurses are less likely to report that they feel satisfied in their present job and more likely to say that bullying and harassment is a problem where they work and that they would leave nursing if they could. BME nurses are also more concerned about redundancy than white nurses, but more BME nurses feel positive about career opportunities for nurses.

1. Introduction

1.1 The 2009 RCN Employment Survey

This report describes the findings from the 22nd RCN employment survey of a sample of RCN members. The overall methodology has remained virtually unchanged since 2005, further enhancing the continuity of the analysis and reporting.

In summary 9,000 nurses from across the UK were surveyed, which covers sufficient numbers of important sub-groups of nurses to allow detailed analysis. The methodology builds on a longstanding series of surveys (with many parts of the questionnaire standardised since 1992) so changes over time can be explored[2].

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 nursing population more generally.

1.2 Context

Four years ago, in 2005, after a period of sustained workforce growth, the level of morale amongst nurses responding to the RCN employment surveys reached the highest levels witnessed since the early nineties. But the 2007 survey saw a significant decline in morale and perceptions of nursing as a secure and rewarding career in particular had plummeted.

In 2005/06, 31% of NHS organisations were reported to be in deficit[3]. After a period of stringent cost saving measures – typically recruitment freezes, reduction in posts and training budget cuts – the Department of Health announced in June 2007 that the NHS was 'back in balance'[4]. But the road to financial recovery had clearly had an impact on nurses' morale; the mood had shifted from one of positive change in 2005 to deep concerns about livelihoods and careers in 2007.

The health sector and wider national economy have witnessed considerable change since the last survey. A recent NHS Confederation paper forecast a shortfall of £15bn for the NHS from 2011[5] and warned that measures taken in the past – training cuts, allowing waiting lists to grow, across the board budget cuts – were not viable options and could be counter productive.

In June 2008 *High Quality Care for All* was published, which "sets out a vision for an NHS with quality at its heart"[6]. The drive to ensure quality and minimise risk to patients is also reflected in the search for appropriate nursing metrics[7] and in September 2008, the NMC ratified plans to make entry to nursing degree level only by 2015, bringing it in line with Wales and Scotland.

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[2] Previous survey findings are referred to by year throughout the report and references for the corresponding reports are given in Appendix C

[3] House of Commons Health Committee (2007) *Workforce Planning Fourth Report of Session 2006-07* Vol. 1

[4] Department of Health announcement 6th June 2009

[5] NHS Confederation (2009) *Dealing with the downturn: The greatest ever leadership challenge for the NHS?* June 2009

[6] Department for Health (2008) *High Quality Care for All: NHS Next Stage Review*, Department of Health. London

[7] Griffiths P, Jones S, Maben J & Murrells T (2008) *State of the art metrics for nursing: a rapid appraisal,* National Nursing Research Unit at Kings College: London

The most recent labour market review reports that after a period of rapid growth earlier in the decade, nursing workforce numbers have stabilised, but that the aging profile continues to pose a critical challenge[8]. Scenario modelling suggests that significant growth will be required to meet future demand for nurses. The move to an all graduate profession further complicates the picture in terms of ensuring there are sufficient nurse in the future.

So how have nurses' views and experiences changed in the last two years? This report seeks to describe the employment characteristics of nurses in 2009, and identify changes 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 between February and April 2009.

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 of small sub-groups of nurses, and separate reports for England?, Northern Ireland, Scotland and Wales. However, the methodology used this year broadly repeated the 2005 and 2007 surveys, notwithstanding some alterations to the questionnaire to slightly shift the focus of the survey.

Sample

The total sample in 2009 was stratified slightly differently. Random samples were drawn from members living in England (4,800 members), Scotland (1,400), Wales (1,100) and Northern Ireland (1,000).

An additional sample of 400 members aged under 30 was included to ensure that younger nurses were covered adequately in the data set. They form a relatively small but important sub-group and are characterised by lower response rates. Although in recent years the numbers of newly qualified nurses has increased following growth the numbers being trained, a higher proportion of newly qualified nurses are aged 30 plus, so the sampling strategy targeted younger nurses specifically, as opposed to those who are recently qualified.

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 were checked against the entire RCN membership, to ensure that a representative cross section had been drawn in terms of the age and country distribution and membership categories.

The sampling strategy necessitates a weight to be applied to the data to ensure that the response set matches the RCN population in terms of geographic distribution and key biographical variables. Further details of the sampling process and subsequent weighting that has been applied are provided in Appendix A.

[8] Buchan J and Seccombe I (2008) *An incomplete plan: the UK nursing labour market review, 2008*, London: RCN, 2008

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.

The questionnaire design reflects input from the RCN Employment Relations department, and builds on earlier surveys to allow longitudinal comparisons. As a result of slightly lower response rates in recent surveys of RCN members, reflecting wider difficulties in maintaining public sector response rates, the length of the questionnaire remained at eight pages the same as in 2007 but shorter than in 2005 and 2003 when it was 10 pages long. The form focuses primarily on the core longitudinal employment issues as listed above. However, as in 2007, there are also sections covering the move to AfC, continuing professional development (CPD) and workload.

A draft questionnaire was designed following discussion between Employment Research and the RCN, and piloted during November/December 2008. In addition to this a short telephone survey was conducted to explore the possibility of using incentives in the 2009 survey. This idea was rejected as there was insufficient evidence that it would make an appreciable difference and to maintain the continuity with previous years. 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 data that can be contrasted with pervious surveys.

Survey process and response

The form was printed as an eight page A4 booklet and mailed to the home addresses of 9,000 RCN members in February, and remained open until April 2009. An online version of the survey was also made available to survey participants (who were sent the link).

Reminders were sent to non-respondents at two weekly intervals (first a postcard, then a second questionnaire pack, and finally a letter). To explore non-response and boost the final response rate, a telephone follow-up was undertaken of all members with telephone numbers who had not completed the survey. When the survey closed at the end of April 2009, 4,845 forms had been returned representing an overall response rate of 54% (see Table 1.1).

Table 1.1: Response rates by sample

	Total mailed	Post Office returns	Not appropriate	Completed forms	Response rate
England sample	4800	39	2	2461	52%
Northern Ireland sample	1000	4	0	481	48%
Scotland sample	1400	6	1	645	46%
Wales sample	1100	1	0	536	49%
Under 30 top up	400	7	0	158	40%
Practice nurse top up	300	0	0	206	69%
Total	9000	57	3	4487	50%
Anonymous forms (online and id removed)	-	-	-	358	4%
Total	**9000**	**57**	**3**	**4845**	**54%**

Source: Employment Research/RCN 2009

Four percent of forms returned were anonymous – hence they could not be marked off against a particular sample. In addition, 57 forms had been returned by the Post Office as not being known at the address given, and three forms were returned as inappropriate.

An overall response rate of 54% was achieved (based on all samples). There was more variation in the response rate by sample group than was the case in previous years. In particular members from Northern Ireland, Scotland and Wales and BME members displayed lower response rates. These issues are discussed in more detail in Appendix A where a full analysis of non-response is presented.

Weighting has been applied to the dataset to firstly adjust for the stratified sampling by country and second to rebalance the age profile of respondents and ensure that it is in line with the membership profile. This weight also increases the representation of members who are less likely to have responded to the survey, for example, men and BME members. Survey results for each country will be produced in separate reports. Full details of the weighting process are also provided in Appendix A.

1.4 Respondents' employment status

Not all of the RCN members who responded to the survey are working in nursing. Since the aim of the employment survey is to look at the conditions of employment in nursing, people who were fully retired, unemployed or working in a job unrelated to nursing (3% in total) were excluded from the data-set. The report does however include respondents who are employed in nursing, but who are on either sick leave or maternity leave and those who have retired but are still working (6%). Table 1.2 describes the employment situation of respondents.

The additional sample of practice nurses have not been included in the data presented in this report as it would bias the data set (but will be reported on separately).

Table 1.2: Respondents by employment status (percentages)

	Numbers	Percentage
In employment	4272	93%
On maternity and sick leave	161	3%
Self employment	32	1%
In semi retirement	117	3%
Total respondents (included in analysis)	**4582**	**100%**
Unemployed/not employed/fully retired	15	excluded
Not in nursing employment	14	excluded
Practice nurse top up respondents	205	excluded
All respondents	**4845**	

Source: Employment Research/RCN 2009

Over the past two decades the RCN Employment Surveys have always been based on a presenting a picture of a cross-section of RCN members. Note that in the current survey, this includes 1.5% (n=70) of members who are working as health care assistants or nursing support workers.

1.5 Report structure

The findings in the report are based on all respondents (weighted for age and country), who are currently employed in nursing (4,582 cases). The remainder of the report is structured as follows:

Chapter 2 examines the demographic and employment profile of nurses in 2009.

Chapter 3 looks at pay and examines the impact of 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 gives 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 2009.

2. Profile

The demographic profile of the nursing workforce is shifting. Over the last five years, the key changes in the profile of the RCN membership have been:

- an older age distribution; although this has been mitigated to some extent by nurses recruited from abroad
- a trend towards older newly qualified nurses i.e. numbers qualifying in their 30s as opposed to 18-21 as was the historical norm
- increased numbers of migrant nurses now forming some 10% of the RCN population
- increased levels of academic qualifications.

This chapter serves two main functions. Firstly to update these trends, highlighting changes in the demographic and employment profile that have taken place in the last couple of years, since the last employment survey. Secondly, to introduce many of the variables used in subsequent analysis to compare differences within the population.

The picture drawn from the Employment Survey is particularly valuable, as it affords a unique view of a cross-section of the nursing workforce as a whole with the membership covering roughly half of the total pool of registered nurses and midwives in the UK. The demographic profile of RCN is broadly in line with that captured by other national statistics. For example, 10% of nurses on the NMC register[9] are aged under 30 compared to 13% of the RCN membership. Primarily due to a difference in response rate, men account for a slightly smaller proportion of survey respondents (7%) compared to NMC registrants (11%).

However, the problem in trying to determine how 'representative' the survey population are of the nursing workforce overall, is that the other statistics available are also all limited in their own ways. The NMC register provides demographic data on registrants, but not all registrants are currently using their registration in paid employment. NHS data gives some demographic breakdowns, but the data does not present a pan-UK view, nor does it cover nurses working outside the NHS.

The shifting age profile of the nursing workforce has been, for the last 20 years, one of the most significant issues facing workforce planning in the health sector. Concern over this issue had subsided somewhat as increased intakes and recruitment of nurses from overseas during the 2000s has, at least quantitatively, minimised this impending shortfall, especially in independent sector care homes. Recent restrictions to immigration of nurses outside of the EU by the UK Borders Agency may reverse this trend in the coming years.

[9] Statistical Analysis of the Register: 1 April 2007 to 21 March 2008. Nursing & Midwifery Council, www.nmc-uk.org

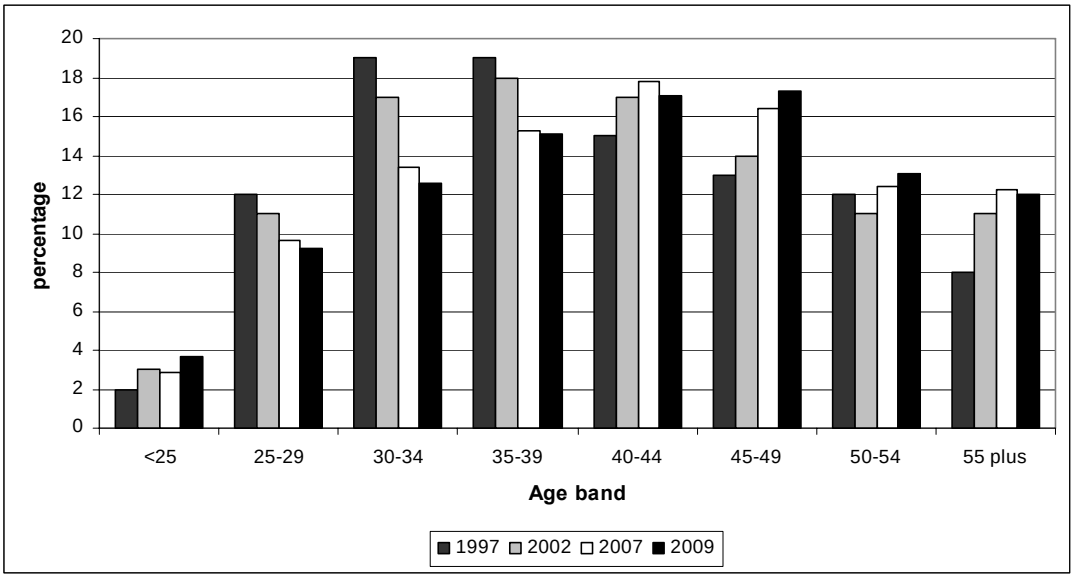
2.1 Age Profile

The age profile of the RCN membership and the wider nursing workforce 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 had increased from 33 in 1987, to 37 in 1995, 41 in 2003 to 42 in 2005. In 2007 the average age had remained unchanged from 2005 and today in 2009 remains unchanged at 42.

The slowdown of the ageing of the workforce is due in part to the increased numbers of internationally recruited nurses, who tend to be younger than the average UK trained nurse. However as these numbers start to decline, as has been the case over the last few years[10] due to visa restrictions, the overall age profile is likely to rise again (see section 2.4).

Figure 2.1 shows the reduction in the number of younger nurses compared to five and ten years ago; 41% are aged under 40 in 2009 (unchanged from 2007) compared to 49% in 2002 and 52% in 1997. There are more members now aged 55 plus (and thus approaching retirement) than was the case even just five, or ten years ago. For example, in 1997 8% of members were aged 55 plus while today 12% are aged 55 plus, again unchanged from 2007. Although this suggests that in the last two years the age profile of nursing has stabilised it is nonetheless anticipated that 180,000 nurses are due to retire in the next 10 years[11].

Figure 2.1: RCN membership age profile (percentages) 1997, 2002, 2007 and 2009



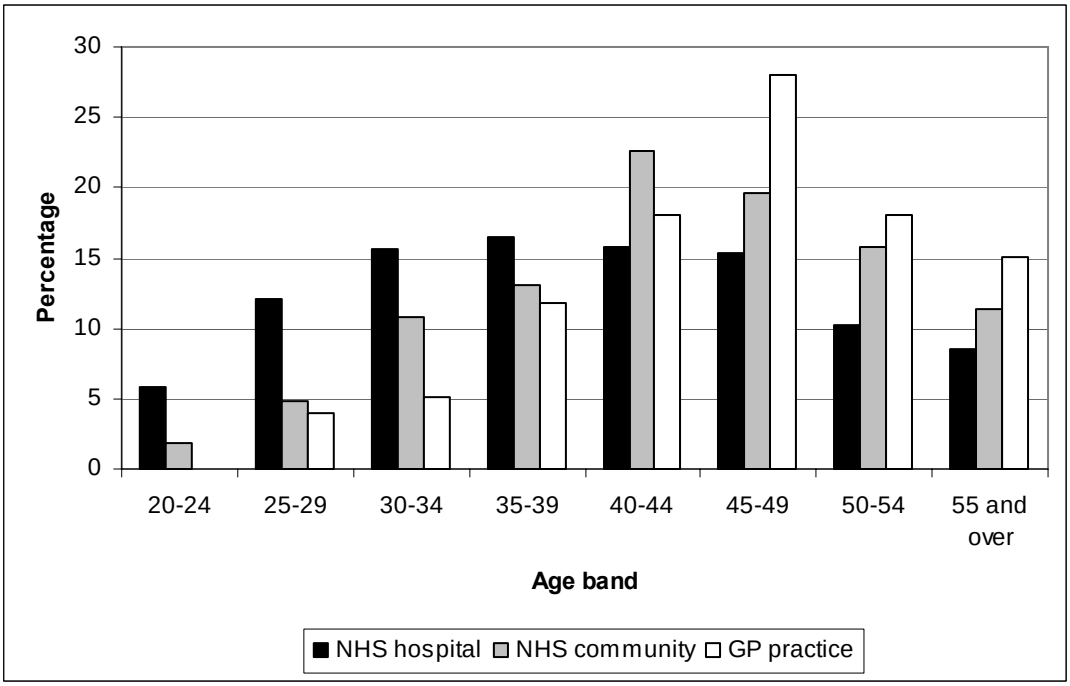
Source: Employment Research/RCN 2009

The age profile of each employment sector varies, as Figure 2.2 highlights. Younger nurses are predominantly employed in NHS hospitals, While there is a higher proportion of older nurses working in NHS community or GP practices (27% of those working in NHS community are aged over 50, 33% in GP practices, compared with only 19% in NHS hospitals). The average age of health visitors is 46 (with 32% over 50), compared with 40 for the average nurse working in an NHS hospital.

[10] In 2004, 14,122 new NMC registrants were nurses from overseas by 2008 this figure had fallen to 2,309
[11] Buchan J and Seccombe I (2008) *An incomplete plan: the UK nursing labour market review, 2008* London: RCN, 2008

The older age profile of those working in the community has been an issue of concern, particularly given the plan outlined in *The Next Stage Review* to increase the proportion of care being delivered in the community.

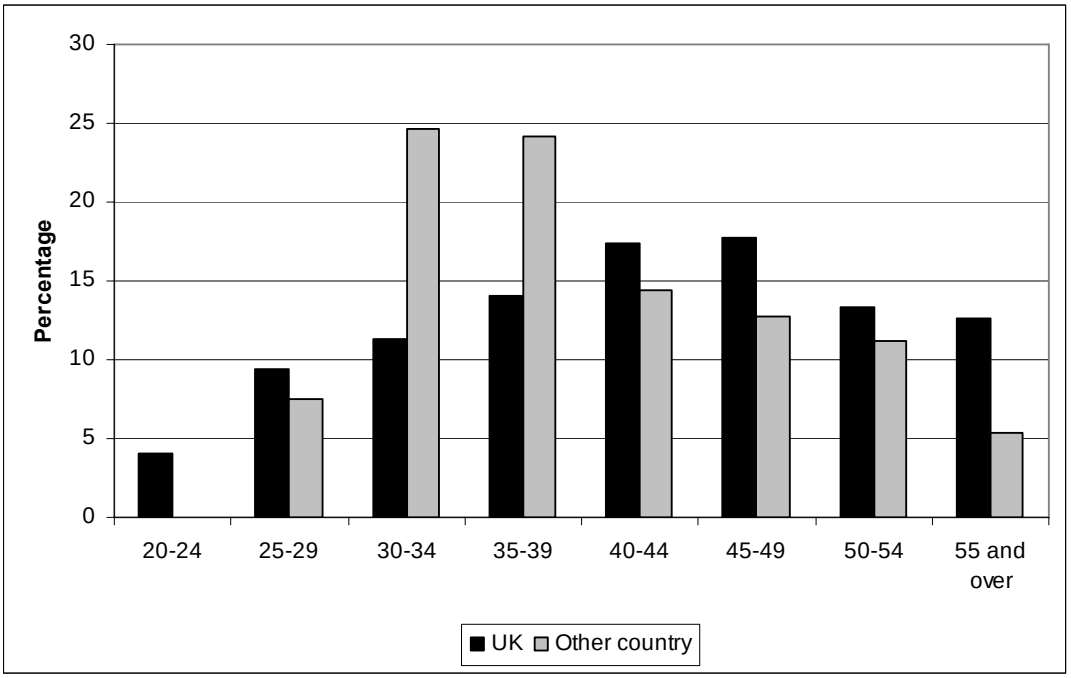
Figure 2.2: Age profiles of NHS hospital, community and GP practice nurses: 2009



Source: Employment Research/RCN 2009

Figure 2.3 illustrates the difference in the age profile of UK qualified nurses as opposed to those who first qualified as a nurse outside of the UK. One in four (26%) UK qualified nurses are 50 or older, compared with just 16% of those who trained outside of the UK. Just under half (49%) of nurses who first qualified outside the UK are in their 30s, compared to 25% of UK qualified nurses. In 1999 35% of all nurses were in their 30s suggesting that overseas qualified nurses now form an important constituent of the younger age bands in the UK nursing workforce.

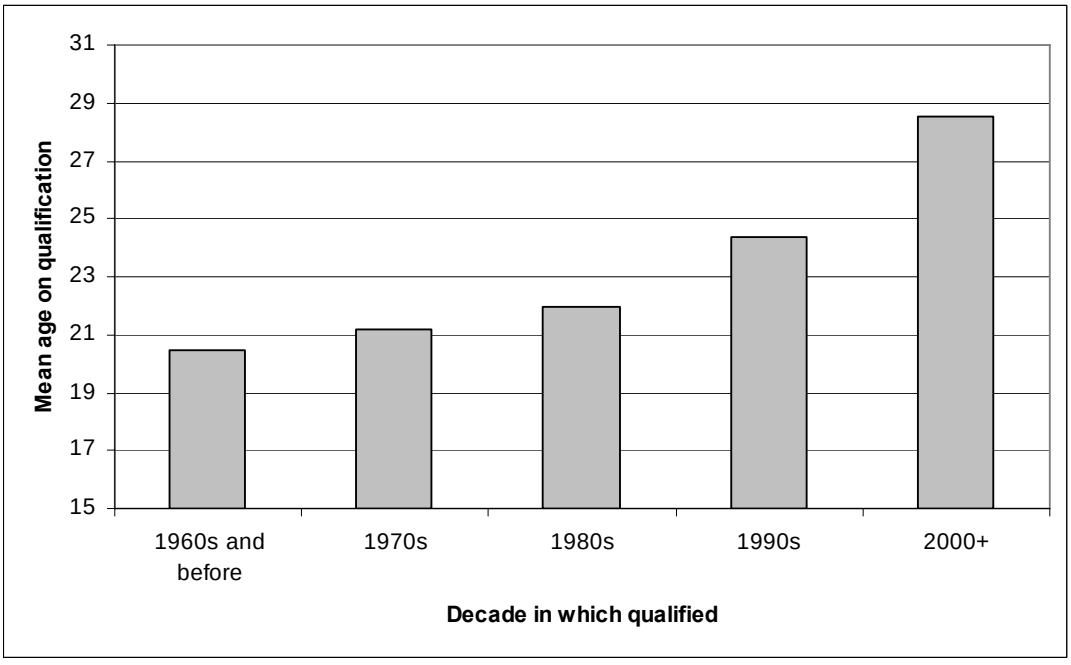
Figure 2.3: Age profile by country of qualification as a nurse



Source: Employment Research/RCN 2009

On average, members first qualified as nurses at the age of 24 (the same as in 2005). The average age at which nurses qualify has gradually risen over time. Those qualifying in the 1960s or before were 20 when they qualified, compared to an average of 29 for those who qualified in the last decade (Figure 2.4). 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.

Figure 2.4: Mean age on qualification by decade in which qualified



Source: Employment Research/RCN 2009

There has been little change since 2007 in the time since qualification - just under 18 years on average across all respondents, more or less the same as reported in 2007.

2.2 Caring responsibilities

The 2009 survey asked respondents: 'Do you have dependent children living with you?'[12]. as well as 'Do you have a regular caring responsibility for an elderly relative or other adult with care needs? Just over half (52%) have dependent children living at home, slightly higher than reported in 2007 (49%) with 40-44 year olds most likely to report having childcare responsibility (74%). A higher proportion of respondents aged 45-54 report having children living at home than was the case in 2007.

One in seven (16%) report that they have caring responsibilities for an elderly relative or other adult, with this proportion rising with age to 25% among those over 50. Seven percent of nurses have responsibility for both a child and adult/elderly relative and three quarters of nurses in their forties have either child or adult caring responsibilities. Table 2.1 below summarises the responses to these questions by age group. In addition more female than male nurses have children living at home with them (52% compared to 43% of men) and more have responsibilities for an elderly relative, 16% compared to 11% of men.

Table 2.1: Nurses with domestic caring responsibilities (percentages) by age group

	Children	Elderly/other adult	*Weighted cases*
Under 25	5	4	*167*
25-29	26	6	*419*
30-34	56	7	*562*
35-39	71	9	*676*
40-44	74	18	*761*
45-49	68	21	*776*
50-54	41	25	*586*
55 plus	14	25	*521*
All respondents	**52**	**16**	***4474***

Source: Employment Research/RCN 2009

2.3 Gender & Ethnicity

The proportion of men in the RCN membership has remained broadly unchanged over the last 10 years or more, at around 7%. That said, among those qualifying since 2000, the proportion is nearer 10% (Figure 2.5). More male nurses are employed in London (14%), and more are working in mental health and as community psychiatric nurses.

In contrast to gender, the ethnicity profile of the membership has changed considerably in recent years. The proportion of BME[13] nurses covered by the survey has doubled since 2002, from 6% to 13% in 2009, with 87% describing their ethnic group as white (82% 'white British', 3% 'white Irish', and 2% 'white other'[14]).

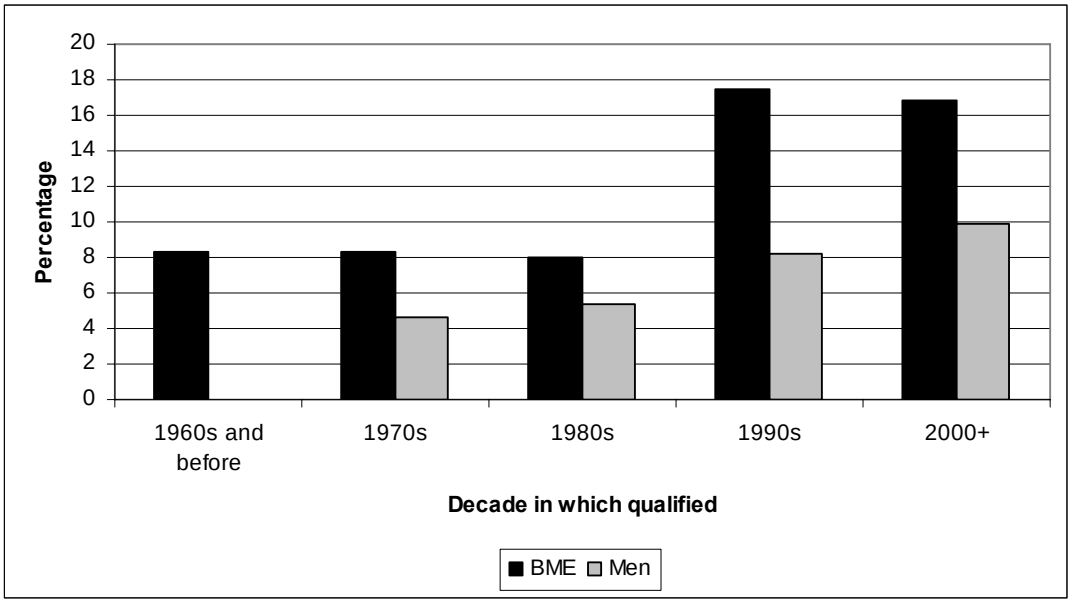
Figure 2.5 shows how the gender and ethnicity profile has changed, by displaying the percentage of black and minority ethnic nurses against the decade in which they qualified. Among those who qualified since 1990, approximately 17% are BME nurses compared to around 8% of those who qualified pre-1990.

[12] Prior to 2007, the survey asked *'Do you have children living with you?'* and then a follow up question that asked for the number that were pre-school, school age and older. Hence direct comparisons cannot be made to the findings from previous years, as there is now a direct reference to dependence (as opposed to using age as a proxy).

[13] This includes all mixed ethnic groups, Asian/Asian British, Black/Black British, Chinese and other ethnic groups ONS categories 4-16.

[14] Use of the term 'white' in the remainder of the report includes white British, Irish and other categories.

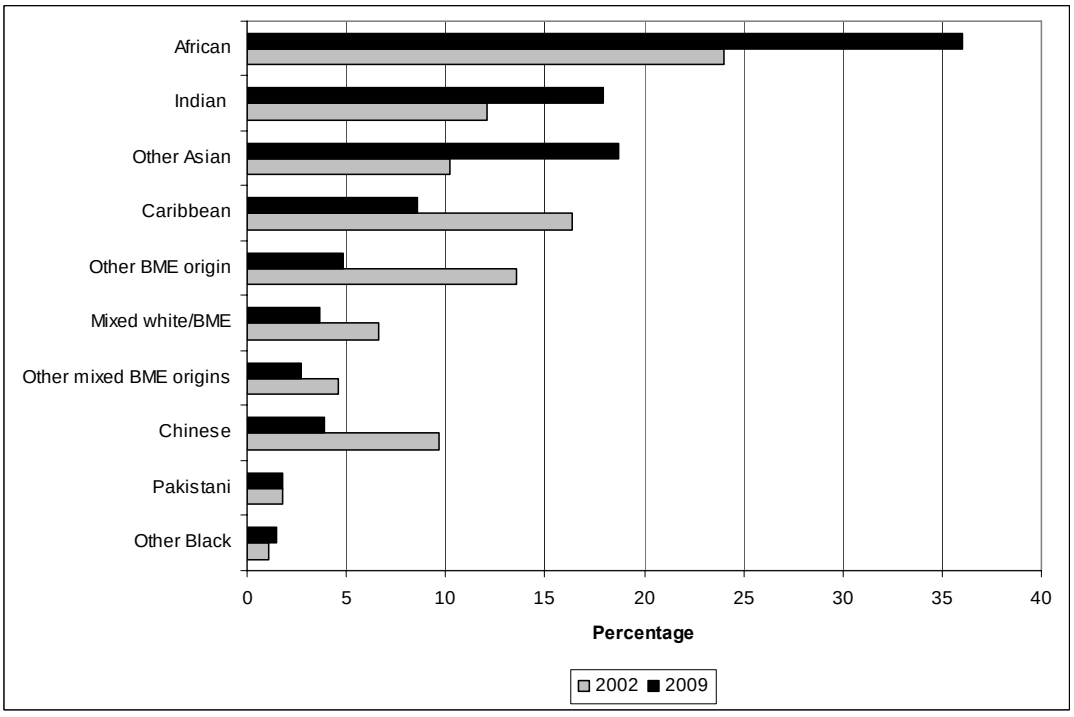
Figure 2.5: Percentage of men and black and minority ethnic nurses in each cohort



Source: Employment Research/RCN 2009

As well as a general increase in the proportion of BME nurses over the past seven years, there has also been a shift in the mix of ethnic groups as illustrated by Figure 2.6. In 2002 24% of all BME nurses were African, compared to 36% today. Similarly, 12% were Asian Indian in 2002 compared to 18% in 2009, and there are twice as many nurses from other Asian backgrounds this year compared with 2002. In 2002 there was a higher proportion of BME nurses from Caribbean, Chinese and mixed backgrounds, than in 2009.

Figure 2.6: Ethnic distribution 2002 and 2009 (percentages)



Source: Employment Research/RCN 2009

Nearly six in ten of all BME nurses (59%) first qualified as a nurse outside of the UK (see 2.4). Reflecting the concentration of nurses who first qualified overseas in the 30-39 age band, this age band also contains the highest proportion of BME nurses, at just over one in five.

Four in ten (42%) of all nurses working in London are from BME backgrounds. In contrast BME nurses make up 3% and 2% of RCN members in Scotland and the Northern region of England.

2.4 Country of qualification

As in 2007, one in ten (10%) respondents first qualified as a registered nurse outside of the UK. The proportion of non-UK qualified nurses increased significantly between 2001 and 2007; in 2001 2% qualified outside the UK, rising to 6% in 2003, and 10% in 2007. This figure may have peaked for the time being, as tighter entry requirements[15] have restricted the number of new entrants from outside the European Economic Area – EEA. But analysis of the NMC register shows no reduction in the numbers of nurses moving to the UK from the EU[16].

Respondents who had qualified overseas were asked 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, who may have migrated to the UK for a variety of reasons not connected with nursing.

Of those who qualified outside of the UK, 60% (207 unweighted cases) reported that they were recruited from their country of origin to work in the UK as a nurse. This population (6% of all respondents) is therefore treated as internationally recruited nurses (IRNs). The majority of this group (94%) started work within the UK since 1999. Table 2.2 summarises the profile of each group.

Table 2.2: Profile of IRNs, migrants and UK qualified respondents (percentages)

	IRNs	Migrant nurses	UK qualified
Percentage men	16	5	7
Average age (mean)	39.0	41.3	42.3
Average time since qualification (years)	14.7	17.5	17.8
Percentage under 40	61	48	39
Percentage with childcare responsibilities	67	59	51
Percentage with older dependent responsibilities	13	10	16
White British	1	8	90
White other	7	27	4
Mixed ethnicity	3	2	1
Asian	54	23	1
Afro Caribbean	30	38	4
Other	5	2	0
Weighted cases (max)	*247*	*169*	*4058*
% of all respondents	*6%*	*4%*	*90%*

Source: Employment Research/RCN 2009

[15] These include: tighter registration compliance, removal of main clinical entry grades from the Home Office occupation shortage list (so that recruiters can no longer employ non-EU nurses on AfC band 5/6, other than in a few designated specialties), raised language test requirements and a shift to a points based work permit system.
[16] *Op cit* Statistical Analysis of the Register (NMC).

All, bar 8% of IRNs, are from BME backgrounds. One in four IRNs (27%) are Indian, 24% are black African, (10% South Africa/Zimbabwe, 6% Nigeria and 10% elsewhere in Africa), 31% from the Philippines and 2% from the Caribbean, 1% from elsewhere in Asia and the remaining 7% from Europe (1% Ireland), North America and the Antipodes.

Of the other migrant nurses, those not directly recruited from overseas, 27% are 'white other', 23% Asian and 38% Afro Caribbean. Among the UK qualified nurses 94% are white, 4% Afro Caribbean.

More IRNs are male (16%) than UK qualified nurses, they are on average three years younger (39), with 61% aged under 40 (compared to just 39% of UK qualified nurses). Partly reflecting their age profile, slightly more have childcare responsibilities (67%) but fewer have other adult caring responsibilities (12%).

The non-IRN respondents who qualified outside of the UK (who are described as 'migrant nurses') have a different profile. Thirty-four percent are white, 66% black or other ethnic minorities. They are also slightly older than the IRN group, with an average age of 41.

2.5 Qualifications

The level of qualifications held by nurses has been rising steadily in recent years, as the profession moves towards all graduate entry for RNs[17]. In 2009, one in four (27%) report that their highest qualification held is a degree, a further 4% a higher degree, and 34% a diploma, marginally higher in all cases than the figures reported in 2007. In 2002, 17% reported holding a degree, with 3% holding a higher degree and 26% a diploma. Nurses who qualified 6-15 years ago are most likely to hold a degree or higher degree (43%) (see Table 2.3).

Table 2.3: Highest qualification held by time since qualification (percentages)

Years since qualified…	No academic qualification	NVQ/ SVQ 2-4	Other qualification	Diploma	Degree	Higher degree	*Weighted cases*
1-5 years	5	0	1	58	35	1	*794*
6-10	7	0	0	52	39	2	*667*
11-15	12	1	1	41	40	6	*573*
16-20	39	2	4	22	27	6	*583*
21-25	41	1	8	22	22	5	*624*
26-30	46	3	7	19	18	7	*558*
31-35	50	3	9	16	15	7	*362*
35 plus	56	3	12	15	10	4	*273*
Total	**28**	**1**	**4**	**34**	**28**	**4**	***4434***

Source: Employment Research/RCN 2009

Since 2007, the biggest increase has been in the numbers of those qualified in the previous five years who hold a degree level qualification, up from 26% in 2007 to 35% in 2009.

Older respondents are more likely to hold other academic qualifications. Just one percent of all nurses hold NVQs/SVQs. Although 70 respondents indicated that they currently work as health care assistants/nursing auxiliaries, the majority of these were registered nurses (71% first qualified in the UK, 6% outside of the UK, and 23% not qualified).

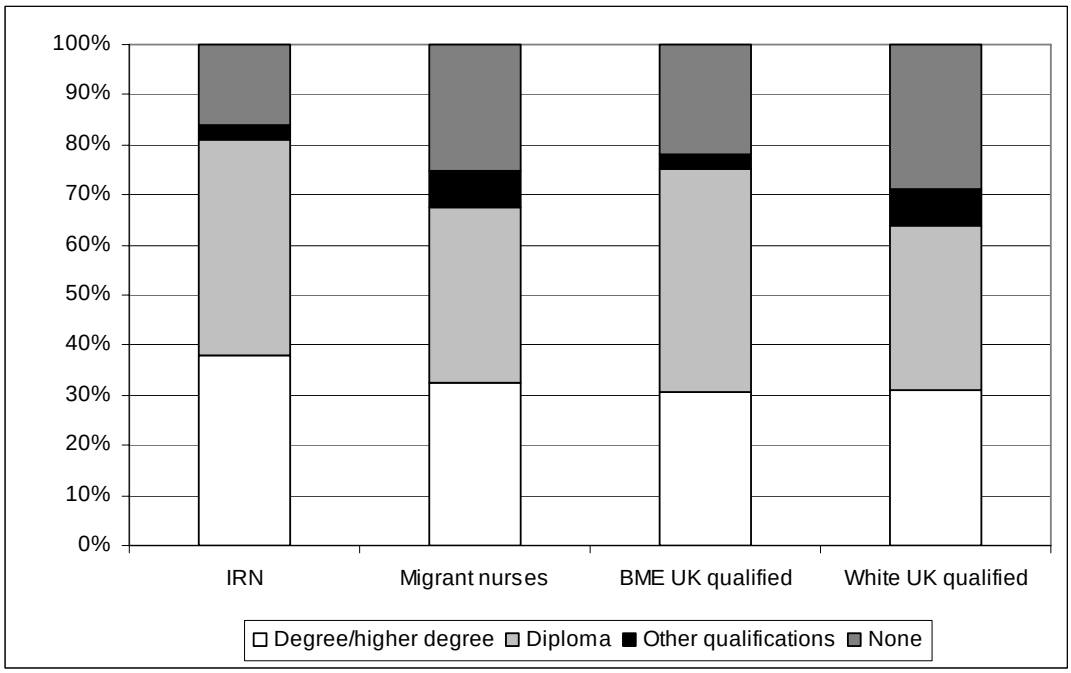
[17] Staines R (2008) 'Nursing to become degree-only profession' *Nursing Times.* 4th Sept 2008

Qualification levels vary by job title; more than a half of all clinical nurse specialists (CNS), consultant nurses, nurse practitioners, district nurses and health visitors are degree or higher degree qualified.

Among those who qualified in the 1980s and 1990s, twice as many men as women hold a higher degree (10% compared to 5% of women).

BME nurses are more likely to hold diplomas (42% compared to 32% of white nurses) and fewer have no academic qualifications. This difference is primarily related to the higher levels of qualification held by internationally recruited nurses, as Figure 2.7 shows. IRNs are more likely than UK qualified nurses or migrant nurses to hold degrees (36%), and less likely to have no academic qualifications (16%). BME and white nurses UK qualified nurses are equally likely to hold a degree/higher degree.

Figure 2.7: Qualifications held by place of qualification/ethnicity



Source: Employment Research/RCN 2009

Nurses working in higher education or NHS community settings are the most highly qualified: 57% and 39% respectively are degree qualified compared to 28% working elsewhere.

Nearly a half of those working in paediatric critical (46%) and general (43%) are graduates and a similar proportion (48%) working in oncology/palliative care are graduates also. The lowest proportions of degree qualified nurses are found in learning disabilities (19%), older people's nursing (13%) and rehabilitation/longer term care (20%).

In Northern Ireland and Scotland fewer nurses are diploma qualified (21% and 18% respectively) but more are degree qualified (40% and 41% respectively) compared to 32% across the whole UK.

2.6 Employer and setting

Although the survey is designed to be applicable to nurses in all specialties and employer groups, nevertheless three-quarters of members responding to the survey are employed in the NHS (74%), and half (54%) of all respondents are employed in NHS hospitals.

Despite the well established policy agenda to increase the volume of care delivered in the community (reiterated in the *Next stage Review*), the mix between sectors is broadly the same as it has been since 2001. In the 2002 survey, 71% of nurses worked in the NHS and 53% in NHS hospitals[18]. The survey findings tally with the numbers reported in the NHS census; the proportion of nursing staff employed in community services has barely changed in ten years – 14% of fulltime equivalent nurses in 1998, and 16% in 2008. The percentage of those working in acute services has also slightly increased (from 53% in 1998 to 55% in 2004 and every year since)[19].

The other major employer groups include NHS community settings (15% of all respondents), GP practice (6%), independent care homes (6%), other NHS employers (including NHS Direct) (5%), hospice/charity and independent hospital settings (each 3%) and bank/agencies (3%). These figures are almost entirely unchanged from 2007.

Detailed data on the biographic profile by employer group, job title and specialty are provided in Appendix B. The average age of those working in the NHS community and primary care has increased in recent years. However, the opposite is true in care homes, where increasing proportions of nurses are under 40.

The change in the age profile of the independent sector is primarily due to the increased reliance on IRNs, who are typically younger than UK qualified nurses, in this sector in the last few years. Hence the independent sector employs the highest proportions of BME nurses (many of whom are IRNs). For example, 45% of those working in care homes are BME nurses and 27% are IRNs. There is also a significant age difference within the sector: 58% of those under 50 are BME nurses compared with 25% of those aged over 50. Thus nearly nine in ten (86%) of staff nurse respondents, aged under 40 and working in independent care homes are IRNs. This is a marked increase from 2007 when the equivalent figure was 50%, albeit in both cases based on relatively small numbers (approximately 50 weighted cases).

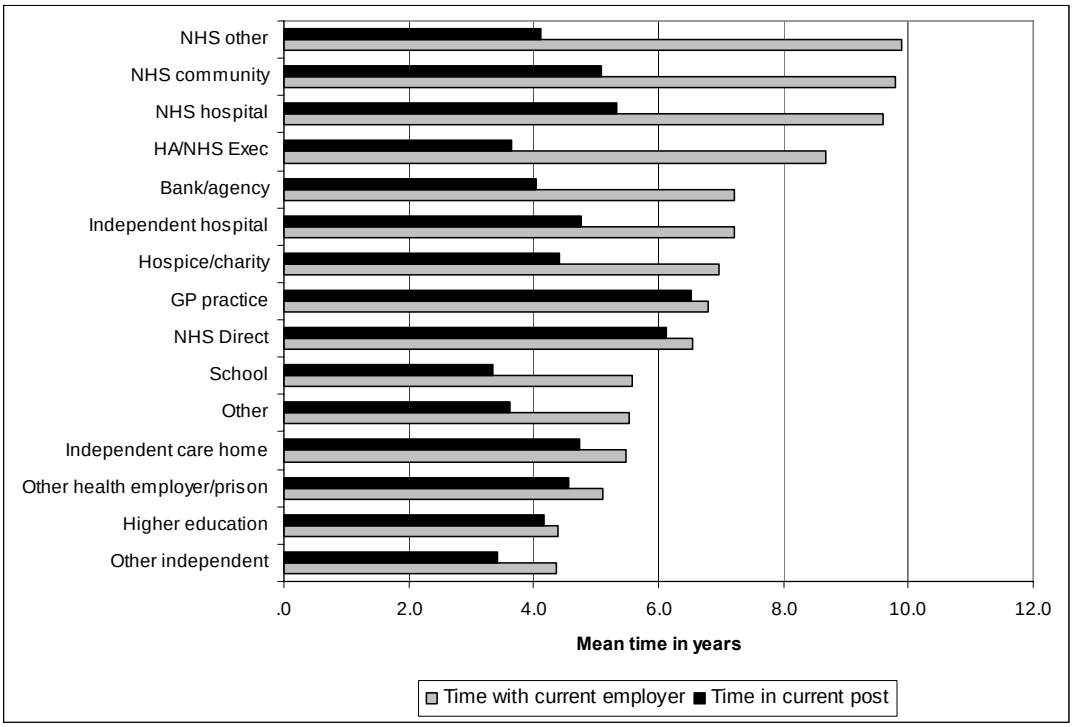
Similar differences, although not quite so marked are apparent in the independent hospital sector.

2.7 Length of service

On average, nurses have been in their current position for just over five years, and with their current employer for just under nine years. These figures are more or less unchanged from 2007. There is a wider difference in the job change/employer change figures for NHS nurses, reflecting the fact that a job move does not necessarily involve a change of employer. There is little difference between time in post and length of service for GP practice nurses, and those working in independent care homes or other independent settings (reflecting the smaller organisations in these sectors, in that a job move typically involves a change of employer too (Figure 2.8).

[18] Prior to 2001 the question was designed slightly differently and results are not directly comparable
[19] NHS Non-medical staff 1998-2008, Published 25 March 2009, www.ic.nhs.uk

Figure 2.8: Time in post and with current employer by employer group (percentages)



Source: Employment Research/RCN 2009

2.8 Key points: Chapter 2

This chapter has introduced the key biographical and employment situation variables that will be used in the subsequent sections of the report. Key points to note are:

- Three-quarters of nurses work in the NHS; 54% in NHS hospitals. The proportion of nurses working in hospitals as opposed to community/primary has not changed.
- 10% of respondents first qualified as a nurse outside of the UK. In 2001 this figure was 2%. However, this figure is likely to stabilise or perhaps reduce as numbers of new entrants from overseas to the register have reduced since 2004.
- The proportion of internationally recruited nurses, who are generally younger than the UK qualified nurses, has helped to keep the average age at 42, which is the same as in 2005.
- Nonetheless the average age of a nurse in 2009 is nine years older than was the case in 1992, and the proportion of nurses aged under 40 continues to decline albeit at a slower rate than was the case during the 1990s (41% today).
- Increasingly care homes are staffed by older white nurses and younger BME nurses, many of whom have been recruited from overseas (predominantly India, the Philippines and Africa).
- Steady growth in the proportion of nurses holding degree level qualifications continues. Nearly one in three (31%) hold a degree or higher degree, up from 20% five years ago. IRNs (38%) are more likely to hold degree level qualifications than UK qualified respondents (31%).
- Half of members have children living at home, and 15% report caring responsibility for an elderly relative or other adult.

3. Pay bands and grading

At the time of the last survey in 2007, Agenda for Change (AfC) was almost fully implemented across England but significant numbers of NHS respondents had not been assimilated onto the new pay bands; in Scotland (29% had not been assimilated), Wales (21%) and in Northern Ireland (23%). Early reviews[20] of AfC reported that although managers expected that the new system would help deliver improvements in care and staff experience, the implementation process had been rushed and there had been problems embedding the Knowledge and Skills Framework (KSF). These findings are echoed by the National Audit Office[21], who report a lack of formal evaluation of AfC, and lack of evidence as to its impact on productivity or recruitment and retention.

This is the first employment survey where almost all NHS nurses across the UK are on AfC pay bands. It provides an opportunity to assess UK-wide, the transition process from clinical grading to AfC, and allows a more complete analysis to explore country and regional differences. To explore differences in views and experiences of NHS nurses, pre- and post-AfC, comparisons are made between the 2003 survey (the last where the majority of nurses were employed on clinical grades) and this survey (the first where almost all are employed on AfC pay bands).

3.1 Transition to Agenda for Change (AfC)

Respondents were asked to indicate their clinical grade *immediately prior* to the transition to AfC and their AfC pay band *immediately after* the transition. Table 3.1 summarises these data for the whole UK showing the proportion within each clinical grade who moved on to each AfC pay band listed. Across the UK as a whole, these figures are very similar to the situation reported in 2007. However, they do provide a more complete picture as a significant proportion of nurses in Scotland and Northern Ireland had not been assimilated to AfC at the time of the 2007 survey.

Table 3.1: Clinical grade immediately prior to the transition to AfC and AfC pay band after the transition (percentages NHS only)

	Agenda for Change pay band					
Clinical grade	**≤ 4**	**5**	**6**	**7**	**8**	***Weighted cases***
A/B/C	75	25	0	0	0	*71*
D	3	97	0	0	0	*703*
E	1	85	14	0	0	*991*
F	0	10	84	4	1	*460*
G	0	1	43	55	2	*597*
H	0	0	12	60	28	*206*
I	0	0	2	34	64	*47*
All respondents	**3**	**52**	**26**	**16**	**3**	***3075***

Source: Employment Research/RCN 2009

[20] Buchan J & Evans D (2007) *Realising the benefits? Assessing the implementation of Agenda for Change*, Kings Fund: London

[21] National Audit Office (2009) *NHS Pay Modernisation in England: Agenda for Change. A report ordered by the House of Commons*, Department of Health: London.

Table 3.2 presents data on the on resultant pay bands of E and G grade nurses, which are the two grades with enough cases to allow country differences to be explored. There is a clear split in terms of the pay bands to which nurses were allocated between the four countries of the UK. Across the UK, of all E grade nurses who provided details, 88% moved to band 5 and 12% moved to band 6. However, in Scotland only 8% moved to band 6 and in Northern Ireland only 2% made the higher band. This compares unfavourably with England and Wales where 15% and 17% respectively moved on to band 6. A similar, albeit less marked, difference is noticeable with transitions from G grade with fewer nurses in Scotland and Northern Ireland making the transition to band 7 than was the case in England and Wales. However, numbers in this case are too small to be considered statistically significant.

Table 3.2: Grade E / G AfC transitions by country (percentages NHS only)

	England	Northern Ireland	Scotland	Wales	All respondents
Grade E / AfC 5	85	98	92	83	88
Grade E / AfC 6	15	2	8	17	12
Cases (unweighted)	*551*	*155*	*197*	*145*	*1048*
E Grade nurses who requested a banding review	21	30	29	27	22
Grade G / AfC 6	45	56	52	42	47
Grade G / AfC 7	55	44	48	58	53
Cases unweighted	*371*	*71*	*114*	*83*	*639*
G Grade nurses who requested a banding review	29	45	36	26	30
Percentage of all nurses requesting a banding review	21	28	27	23	22

Source: Employment Research/RCN 2009

The survey also asked if individuals had requested a banding review. Just under a quarter (23%) had requested a review of their banding. This is higher than reported in 2007 (18%), primarily due to the larger numbers of nurses from Northern Ireland (30%) and Scotland (27%) who have now been through the process, more of whom requested a review.

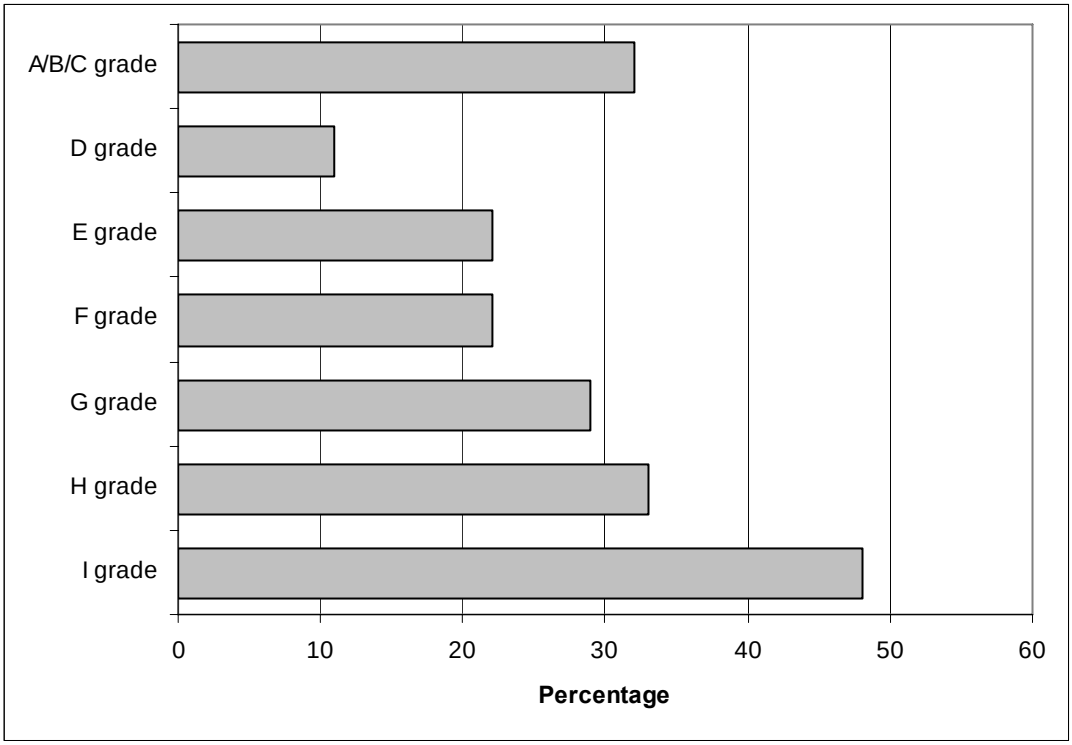
Larger proportions of previously E grade nurses in Northern Ireland and Scotland were placed on band 5, and similarly G grade nurses in these countries are more likely to have been placed on band 6. And it is these nurses (who have been moved onto the lower of two possible bands) that are most likely to have requested a review.

Generally, nurses in higher grade posts are more likely to have requested a review of their pay band. Figure 3.1 highlights this, showing that nearly a half of all respondents who were I grades prior to AfC sought a review of their banding post transition, a third of G grades and 22% of E and F grades requested a review of their banding. Just 11% of those who were previously D grades wanted a review.

Despite this pattern, band 5 nurses (most of whom were assimilated from E grade) are most likely to say that they do not feel their pay band is appropriate to their role and responsibilities (see Section 3.4).

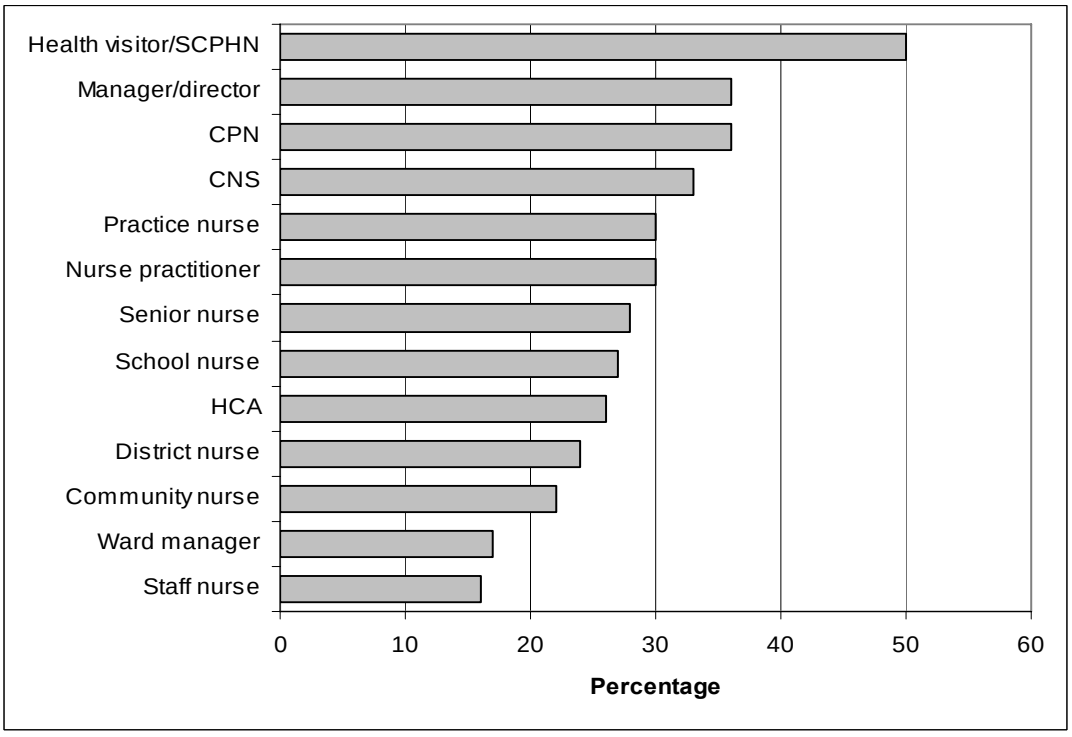
Of those respondents currently working as health care assistants, 27 gave details of their grade/pay band pre and post AfC. Most (17 of the 27) were placed on band 3, with 10 placed on band 2. A third of health care assistants requested a review.

Figure 3.1: Percentage of nurses seeking a review of their banding by grade prior to transition (percentages)



Source: Employment Research/RCN 2009

Figure 3.2: Requests for a banding review by job title (percentages NHS/GPs only)



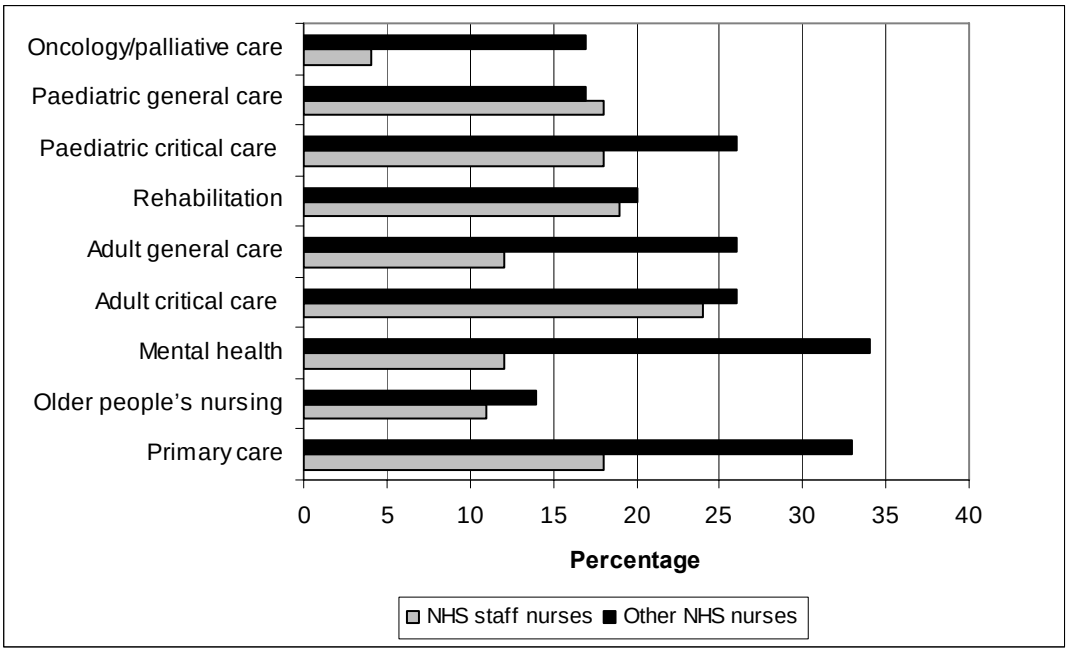
Source: Employment Research/RCN 2009

Health visitors (as can be seen from Figure 3.2) are least satisfied with their banding post AfC. Half of all respondents requested a review, which is more than twice the figure for all NHS nurses, and significantly more than any other job category of NHS nurse.

Given the relationship to grade, it is unsurprising that nurses in more senior jobs (such as sister/charge nurses, senior nurses, CNS, CPNs) are significantly more likely to have requested a review than staff nurses. Across the NHS as a whole, just 17% of staff nurses requested a review of their banding compared to 27% of more senior NHS nurses. The divide between senior nurses and staff nurses is greatest in mental health, primary care and oncology/palliative care (Figure 3.3).

These findings corroborate the 2007 data showing staff nurses in adult critical care to be those most likely to have requested a review of their banding (24%), whereas staff nurses in other specialties were all much less likely to have requested a review than other nurses in each specialty. This is especially the case in mental health (34% of senior nurses and 12% of staff nurses requested a review and in primary care 18% of staff nurses and 33% of other nurses).

Figure 3.3: Requests for a banding review by field of practice: staff nurses and more senior nurses (percentages NHS only)

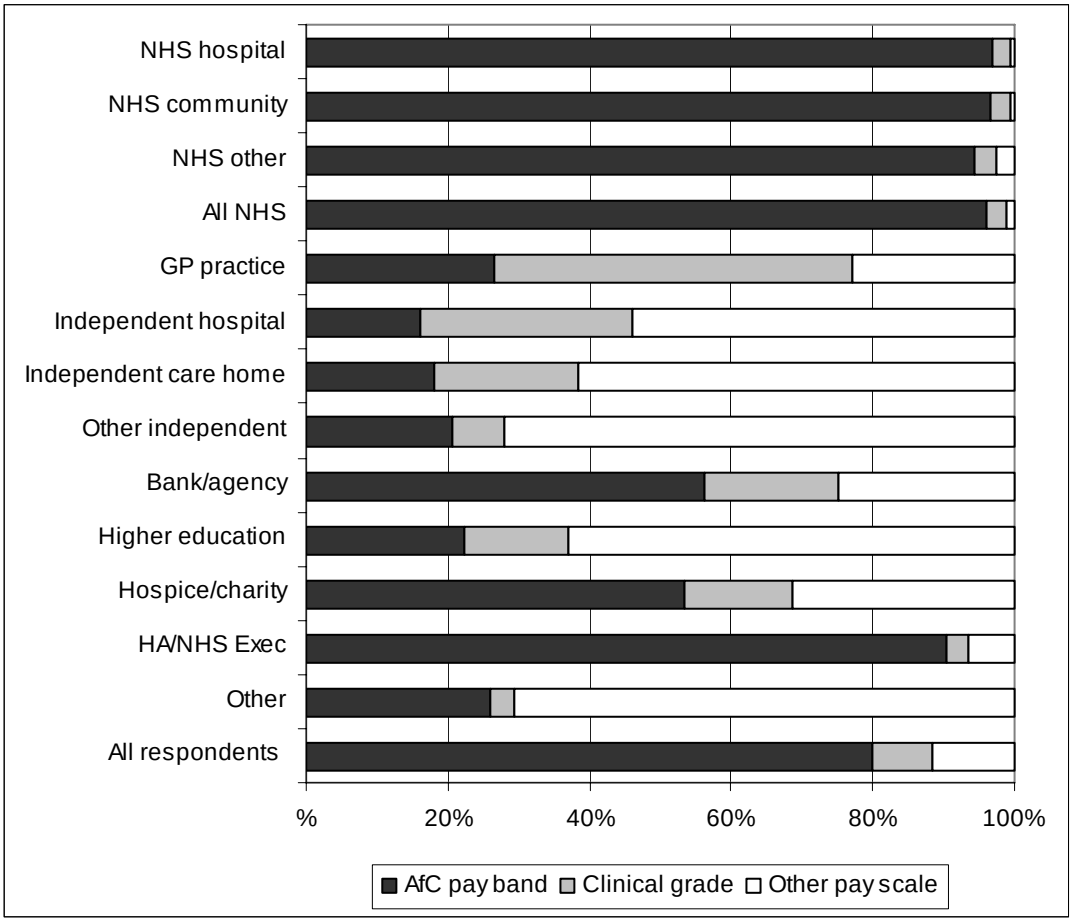


Source: Employment Research/RCN 2009

3.2 Current pay

All bar 4% of NHS nurses are paid on AfC pay bands, and most of those who indicated they were on another pay scale nonetheless provided an equivalent AfC pay band (Figure 3.4). Just one in four (26%) practice nurses are paid on AfC pay bands, a half (51%) on clinical grades and 23% on other local pay scales. More than a half of all respondents working in hospices, the voluntary sector and in bank and agency nursing are paid on AfC pay bands.

Figure 3.4: Pay scales currently paid on: by employer group (percentages)



Source: Employment Research/RCN 2009

Tables 3.3a and 3.3b show the distribution of AfC pay bands and clinical grades across each sector of the nursing workforce. Across the UK, these figures are very similar to those reported in 2007. A half of all NHS respondents (50%) are paid on band 5, one in four (25%) on band 6, 18% on band 7 and 6% on band 8/9. In NHS hospitals 56% of all nurses are on band 5.

Table 3.3a: Current AfC pay bands by employer group (percentages)

	AfC pay band						*Weighted cases*
	1/2/3	**4**	**5**	**6**	**7**	**8/9**	
NHS hospital	1	1	56	22	16	5	*2346*
NHS community	1	0	33	37	23	6	*654*
NHS other	2	0	23	32	22	21	*223*
All NHS	**2**	**0**	**50**	**25**	**18**	**6**	***3319***
GP practice	2	1	18	45	17	16	*87*
Independent hospital	0	9	39	32	9	11	*44*
Independent care home	3	5	73	10	3	5	*60*
Other independent	0	0	36	28	15	21	*39*
Bank/agency	7	0	74	13	3	2	*90*
Higher education	0	0	0	17	42	42	*12*
Hospice/charity	0	5	44	23	21	7	*82*
HA/NHS Exec	0	0	38	31	23	8	*26*
Other	0	7	25	31	11	25	*55*
All respondents	**2**	**1**	**48**	**25**	**17**	**7**	***3718***

Source: Employment Research/RCN 2009

In independent care homes nearly three quarters (73%) of all respondents who gave an AfC pay band are on band 5 and among those who gave a clinical grade 53% are D grades. A similar distribution is apparent for respondents working in bank and agency settings.

Table 3.3b: Clinical grades by employer group where provided (percentages)

	Clinical grade						*Weighted cases*
	A/B/C	**D**	**E**	**F**	**G**	**H/I**	
NHS hospital	4	35	33	16	10	2	*431*
NHS community	11	15	21	22	23	9	*82*
NHS other	33	6	6	17	33	6	*36*
All NHS	**7**	**31**	**29**	**17**	**13**	**4**	***580***
GP practice	0	1	10	37	43	9	*183*
Independent hospital	0	15	39	20	16	9	*74*
Independent care home	3	53	26	9	4	5	*93*
Other independent	4	4	9	13	52	17	*23*
Bank/agency	2	38	42	7	11	0	*55*
Higher education	0	22	0	11	44	22	*9*
Hospice/charity	9	19	30	26	9	7	*43*
HA/NHS Exec	33	0	0	17	0	50	*6*
Other	3	13	43	17	3	20	*30*
All respondents	**5**	**25**	**27**	**20**	**18**	**6**	***1065***

Source: Employment Research/RCN 2009

There are significant differences by country among NHS nurses (see Table 3.4). More NHS nurses in Scotland (55%) and Northern Ireland (62%), are employed on band 5 than is the case among nurses working in England (49%) and Wales (45%). In Northern Ireland especially, there are significantly fewer nurses employed on band 6, 7 and 8/9 than is the case elsewhere in the UK.

These national differences remain, even when controlling for levels of experience. For example, among nurses with 11-20 years experience 57% of nurses in Northern Ireland are on band 5 compared to 36% in England, 44% in Scotland and 37% in Wales.

Table 3.4: AfC pay bands by country (percentages)

	AfC pay band						*Weighted cases*
	1/2/3	**4**	**5**	**6**	**7**	**8/9**	
England	2	0	49	25	18	6	*2705*
Scotland	1	1	55	23	18	3	*337*
Wales	2	0	45	30	18	5	*157*
Northern Ireland	2	0	62	20	12	4	*118*
All UK NHS	**2**	**0**	**50**	**25**	**18**	**6**	***3317***

Source: Employment Research/RCN 2009

Table 3.5 presents data on the pay band distribution among NHS nurses in the UK by job title. Nine in ten staff nurses are paid on AfC band 5 as are 69% of community nurses. Just over half (55%) of all HCAs are employed on pay band 3, with 40% on pay band 2 and 5% of pay band 4. HCAs were more likely to indicate that they are not sure if their pay band is appropriate considering their role and responsibilities (26% of all HCAs and 29% of HCAs working in the NHS).

Table 3.5: AfC pay bands by job title NHS only (percentages)

	AfC pay band						*Weighted cases*
	1/2/3	**4**	**5**	**6**	**7**	**8/9**	
HCA	95	5	0	0	0	0	*42*
Staff nurse	0	0	90	9	0	0	*1555*
Community nurse	0	0	69	22	7	1	*229*
Sister/charge nurse	0	0	0	57	42	0	*424*
Senior nurse	0	0	7	14	37	42	*180*
CNS	0	0	0	35	58	6	*272*
Consultant nurse	0	0	0	19	19	63	*16*
Nurse practitioner	0	0	7	30	49	14	*111*
District nurse	1	0	17	38	43	1	*77*
Health visitor/SCPHN	6	0	3	74	12	6	*34*
CPN	0	0	10	78	12	0	*82*
Midwife	0	0	10	76	14	0	*21*
School nurse	0	0	42	51	7	0	*55*
Manager/director	0	0	0	6	12	82	*66*
Researcher/lecturer/tutor	0	3	8	44	33	13	*39*
Nurse advisor	0	0	0	83	6	11	*18*
Specialist nurse	0	0	35	24	35	6	*17*
Other	3	5	18	46	22	5	*76*
All respondents	**2**	**0**	**50**	**25**	**18**	**6**	***3319***

Source: Employment Research/RCN 2009

Pay & ethnicity

While a recent assessment of AfC found that there was no evidence of bias against black or minority ethnic groups (or women)[22] in the implementation, previous employment surveys have identified disparities in the grades of BME nurses compared to white nurses. This remains difficult to analyse in the care home sector as both clinical grading and AfC pay bands are used with more of the recently qualified nurses employed on AfC pay bands. However in Table 3.6 job title is used as a proxy, to compare the range of posts filled by BME nurses compared to white nurses in NHS hospitals and independent care homes (which are the two employment settings with sufficient numbers).

Table 3.6: Job title by ethnicity (percentages in NHS hospitals and care homes) figures in brackets are mean time since qualification

	NHS hospital		Care home	
	White	BME	White	BME
Staff nurse	60 (12)	76 (13)	45 (25)	85 (14)
Sister/charge nurse	18 (19)	12 (20)	18 (25)	5 (15)
Senior nurse	5 (20)	3 (18)	18 (30)	4 (16)
CNS/Consultant nurse/NP	12 (21)	3 (15)	0	0
Manager/director	1	0	14	3
Other	4	6	5	3
Weighted cases	*2096*	*338*	*136*	*111*
Mean time since qualification	15.4	14.5	25.8	14.8

Source: Employment Research/RCN 2009

In both NHS hospitals and independent care homes, larger proportions of BME nurses are employed as staff nurses and fewer are in the more senior posts. In care homes, almost twice as many BME nurses (85%) are employed as staff nurses than white nurses (45%). Larger proportions of white nurses are employed in each of the more senior posts in both NHS hospitals and care homes. For example, only 3% of BME nurses are in advanced or specialist nursing roles in NHS hospitals, compared with 12% of white nurses.

The mean time since qualification of each group is provided for context and it shows little difference in the average amount of nursing experience between white and BME nurses in NHS hospitals (15.4 years and 14.5 years respectively) but considerably more experience on average among white nurses in care homes (25 plus years). In both sectors many of the BME nurses are recruits from overseas (61% in care homes and 44% in NHS hospitals).

3.3 Pay band/grade is appropriate

One of the objectives of the 2009 employment survey was to examine the full implementation of AfC. A question asking whether or not nurses consider their pay band/grade to be appropriate given their role and responsibilities, has been included in the employment surveys undertaken both before and after AfC implementation.

Across all sectors, 44% of nurses surveyed in 2009 say that the pay band or grade that they are on is not appropriate given their role and responsibilities, with 49% reporting that it is and 8% saying they do not know. This is roughly the same result as reported in 2007.

[22] Thompson C & Horan B (2009) *The impact of implementation of Agenda for Change in England on Equality*, NHS Information Centre for Health & Social Care. www.ic.nhs.uk

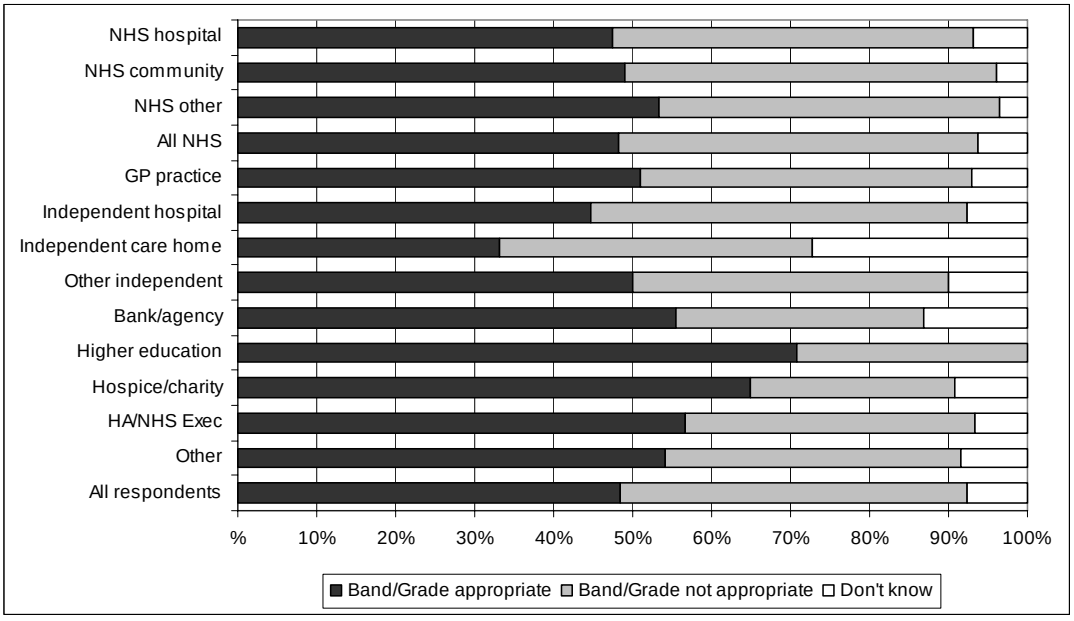
Within the NHS 46% say that their pay band is not appropriate. Overall there has been very little change in response since this question was first asked in 2003, when 48% of NHS nurses said that their grade was not appropriate (in 2005 the equivalent figure was 47%), although views do vary between different groups of nurses.

However reinforcing findings from the previous two employment surveys, it is clear that BME nurses (and especially Afro Caribbean nurses) are least likely to feel that they are appropriately graded (65% say their grade is not appropriate compared to 44% of all nurses). Among UK qualified nurses, two thirds (63%) of BME nurses say their grade is not appropriate compared to 43% of white UK qualified nurses.

Those who first registered as a qualified nurse over the age of 30 are also less likely to feel their pay band is appropriate, nearly a half (49%) of this group feel their pay band is not appropriate, compared to 43% of those who first registered under the age of 30. More nurses who qualified later in life live in households where their income accounts for more than half of the total household earnings (56% compared to 47% of those who earn a half or less of their household income). It may be that this also impacts on their views of appropriate banding for their role and responsibilities.

Figure 3.5 highlights the differences in satisfaction with current banding by employer group. Nurses working in higher education and hospices/charities are more likely than other respondents to indicate that their pay band/grade is appropriate given their role and responsibilities. Nurses working in independent care homes are most likely to say that they do not know whether or not their pay band/grade is appropriate for their role and responsibilities.

Figure 3.5: Appropriateness of current pay band/grade by employer group

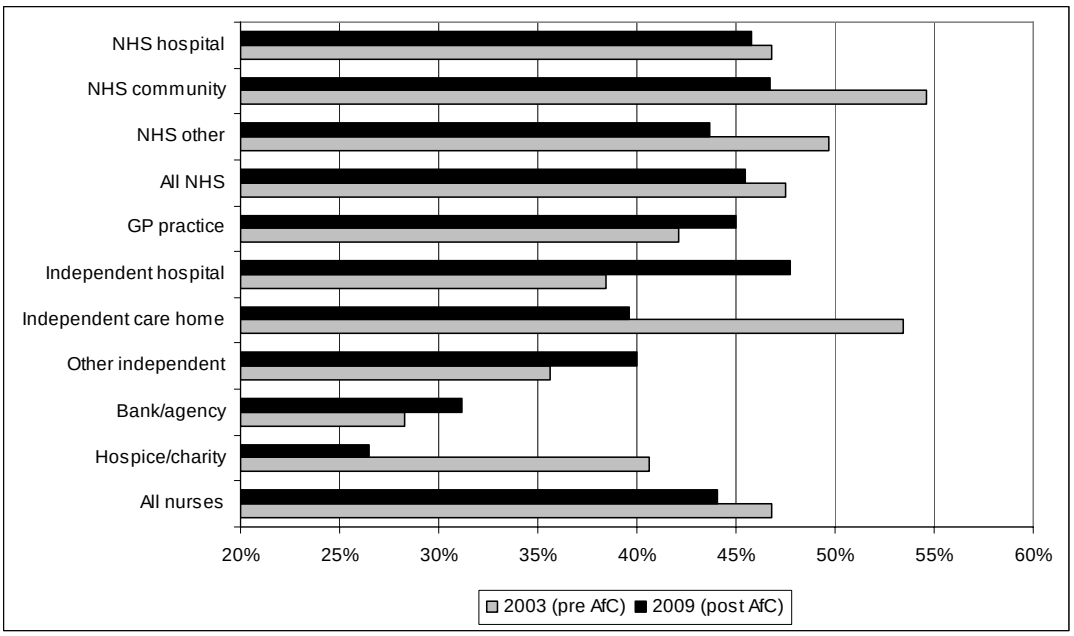


Source: Employment Research/RCN 2009

Uncertainty regarding the appropriateness of grade/pay band has been noted amongst care home respondents over the last few surveys, and coincides with an increase in IRNs in this sector. Thus in 2003, when 15% of care home nurses were IRNs, 53% of care home respondents said their grade was not appropriate and 13% did not know. In 2009, with 27% of all nurses in the sector having been internationally recruited, fewer (33%) consider that their grade is not appropriate but the proportion who say they don't know has more than doubled, to 27%.

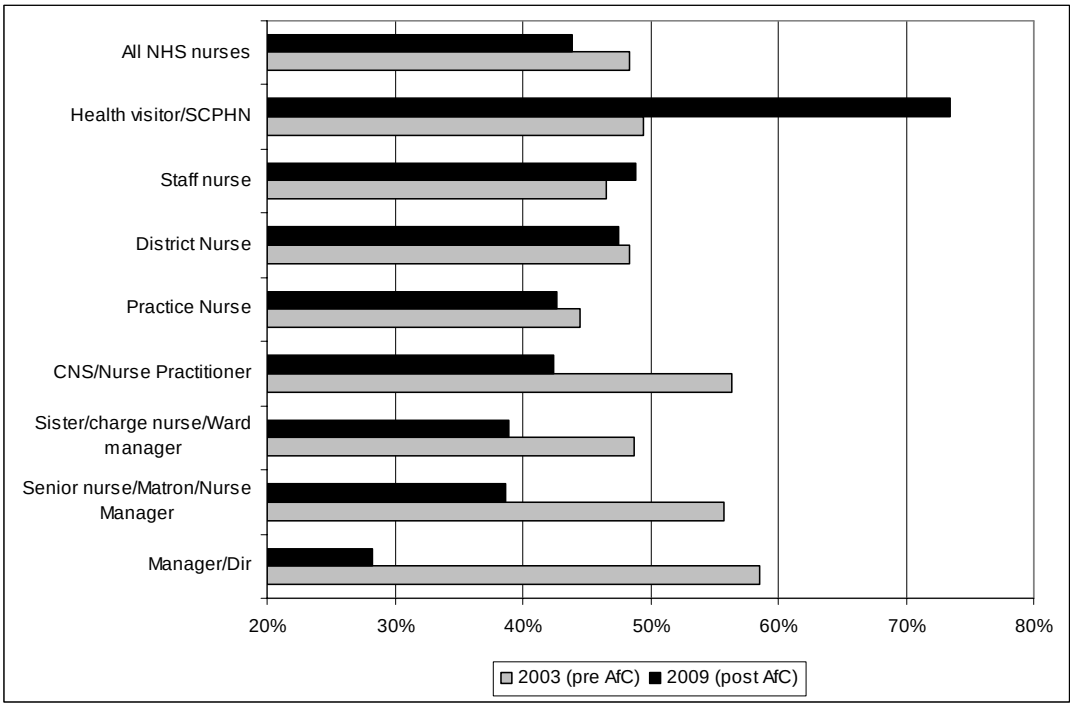
Figure 3.6a shows how views of the appropriateness of grade/pay band among nurses in each employment sector have changed since 2003 (prior to AfC). Within NHS hospitals slightly fewer now consider that their pay band is inappropriate than was the case in 2003 (46% compared with 48%), but in the NHS community sector there has been a significant improvement. In 2003 55% of NHS community nurses considered that their grade was inappropriate whereas in 2009, their views are more comparable to hospital colleagues, with 47% considering their grade to be inappropriate. There was also a similar reduction in numbers feeling inappropriately graded in NHS 'other' jobs.

Figure 3.6a: Pay band/grade is inappropriate by employer group (2003 & 2009)



Source: Employment Research/RCN 2009

Figure 3.6b: Pay band/grade is inappropriate by job title (NHS, 2003 & 2009)



Source: Employment Research/RCN 2009

Within the NHS, the way in which nurses in particular jobs view the grading of their post has changed since 2003 (see Figure 3.6b). For example, prior to AfC (in 2003) nearly six in ten nurses (59%) working in managerial posts felt that their grade was inappropriate relative to their role and responsibilities. But in 2009 this figure has halved to 28%. A similar, albeit less marked change is apparent for other senior posts: senior nurses/matrons/nurse managers (56% considered their grade inappropriate in 2003 compared with 39% in 2009), CNS/nurse practitioners (56% in 2003 to 42% in 2009), and sisters/charge nurses (49% in 2003 compared with 39% in 2009).

While there has been little change in the views of practice nurses and district nurses between 2003 and 2009, the reverse is true for health visitors. Three quarters of health visitors[23] in the NHS (74%) say they do not feel appropriately graded in 2009 compared to just 49% in 2003. In 2003 health visitors were no more or less likely to say their grade was inappropriate than any other nurse in the NHS. Nearly three quarters (73%) of health visitors are on band 6, and of this group eight in ten (80%, n=25) feel that their pay band is not appropriate given their role and responsibilities. It is worth remembering here too, that a half of all health visitors requested a review of their banding after transition to AfC, significantly more than among any other category of job in the NHS as recorded through the employment survey.

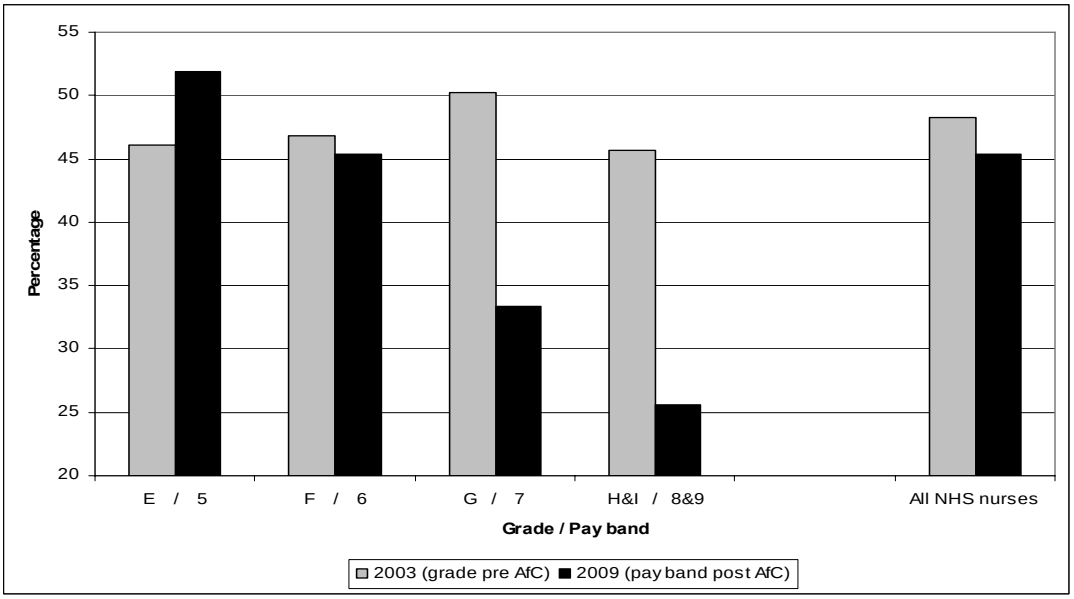
Health visitors are also reported[24] to have the lowest levels of job satisfaction, highest work pressure and is the staff group least likely to recommend their trust as a place to work. This is explored in a little more detail in subsequent chapters.

[23] Although the number of health visitors covered in the 2009 survey is small (41 cases), the results corroborate findings from the 2007 survey which also identified health visitors as more dissatisfied with their pay band (69% of 48 cases). In 2003 there were 95 cases. Taken together these data demonstrate a significant deterioration in satisfaction with current grade/pay band among health visitors.
[24] Health Care Commission (2008) National NHS Staff Survey, March 2009

Figure 3.6c shows that in general, nurses in higher grade posts are more positive about their pay bands following the implementation of AfC, than grade E and F nurses[25].

In 2003 there was little variation between nurses on different grades as to whether or not they considered their grade to be inappropriate given their role and responsibilities. But in 2009, band 5 nurses are twice as likely as band 8/9 nurses to consider their grade inappropriate to their role and responsibilities. The proportion considering their pay band to be inappropriate reduces as pay band increases.

Figure 3.6c: Pay band/grade is inappropriate by grade/band (2003 & 2009 NHS)

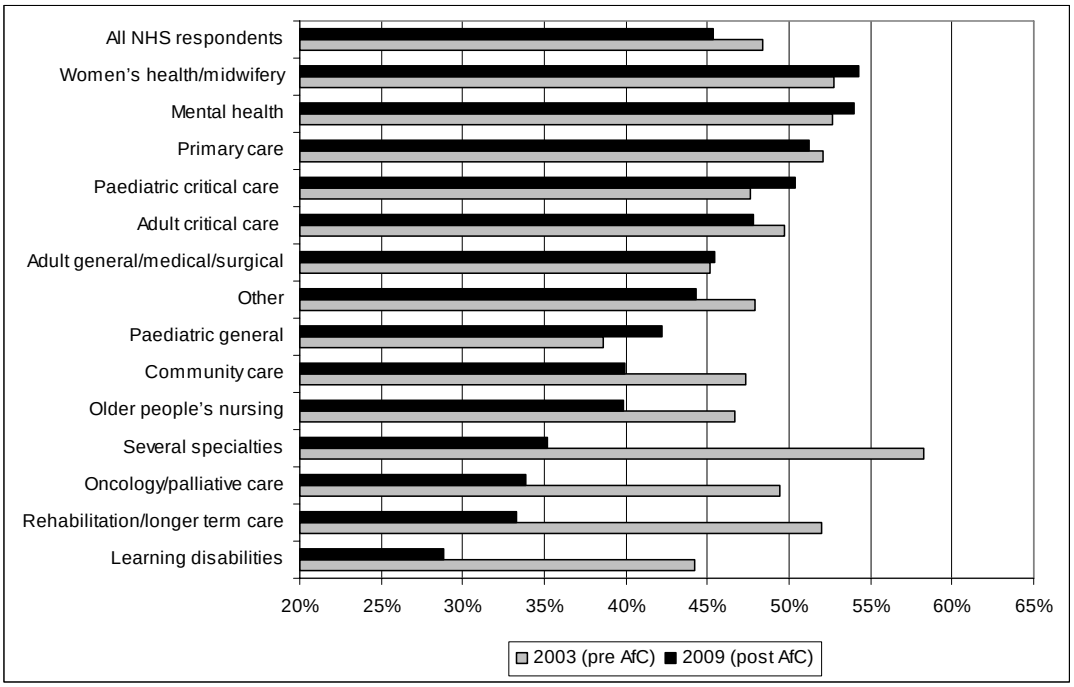


Source: Employment Research/RCN 2009

Figure 3.6d below highlights changes in views of grade/pay band by specialty. While in general fewer NHS nurses regard their pay band as inappropriate in 2009 than in 2003 (46% vs. 48%), nurses working in women's health, mental health and paediatric critical care were all more likely to be dissatisfied with their pay band in 2009 than in 2003. Meanwhile nurses working in oncology/palliative care, rehabilitation/longer term care, learning disabilities or those who work across the organisation are more positive, i.e. fewer regard their pay band as inappropriate relative to their role and responsibilities in 2009, compared to 2003.

[25] This is corroborated in Buchan and Evans (2007) *Realising the Benefits? Assessing the implementation of AfC*, The King's Fund where senior clinical nursing staff were identified as one of the groups who benefited most from the implementation of AfC

Figure 3.6d: Current pay band/grade is inappropriate by specialty (NHS, 2003 & 2009)



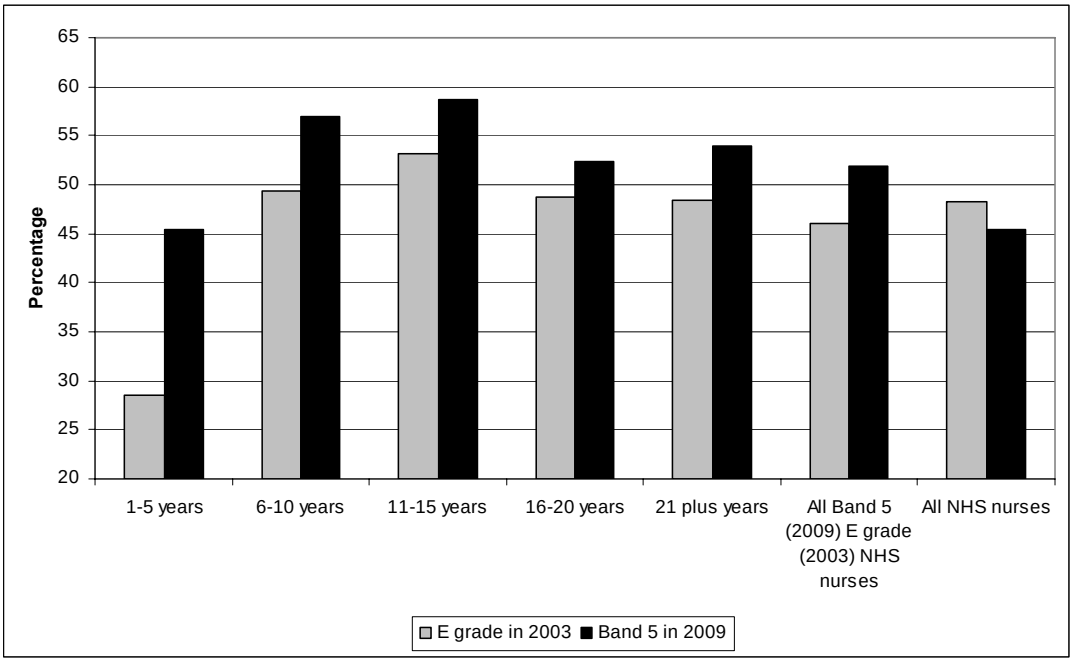
Source: Employment Research/RCN 2009

In 2003 it was reported that E grade nurses were the group most dissatisfied with various aspects of their working lives, in particular those who had been employed 11-15 years[26]. Figure 3.6e focuses on E grade nurses in 2003 and band 5 nurses in 2009, comparing views of their grade/pay band and controlling for time since qualification.

Regardless of their length of experience, band 5 nurses in 2009 are more dissatisfied than the equivalent E grade nurses in 2003. This disparity is greatest for nurses early in their careers (less than five years). In 2003 E grade nurses with one-five years' experience were less likely to consider their grade inappropriate than those with 11-15 years experience. But in 2009, there is less variation by length of experience with 45% of band 5 nurses with one-five years' experience considering that their grade is inappropriate compared to 54% across all band 5 nurses.

[26] Ball J and Pike G (2003) *Stepping Stones: Results from the 2003 RCN membership survey*, London 2003

Figure 3.6e: Percentage of E grade/band 5 nurses considering grade/pay band inappropriate by time since qualified (2003 & 2009, NHS only)



Source: Employment Research/RCN 2009

Table 3.7 shows the proportion of nurses in each country reporting their pay band/grade to be inappropriate in 2003 and 2009 (for the NHS only).

As might be expected given the greater likelihood of nurses in Northern Ireland, and to a lesser extent Scotland, to be employed on lower AfC pay bands, nurses in these countries are more likely to see their pay band as inappropriate. However, more nurses in Northern Ireland viewed their grade as inappropriate in 2003 compared to 2009. Dissatisfaction with current pay bands in Northern Ireland would seem to reflect disparities that existed between the four countries prior to the implementation of AfC.

Table 3.7 Current pay band/grade is considered appropriate by country (2003 & 2009, NHS percentages)

	AfC pay band/grade						
	Appropriate		Not appropriate		Don't know		*Cases*
	2003	2009	2003	2009	2003	2009	*(2009)*
England	49	49	47	44	4	6	*1992*
Scotland	45	45	50	51	5	4	*569*
Wales	46	47	50	47	4	6	*482*
Northern Ireland	35	36	60	56	6	8	*405*
All UK NHS	**48**	**48**	**48**	**46**	**4**	**6**	***3448***

Source: Employment Research/RCN 2009

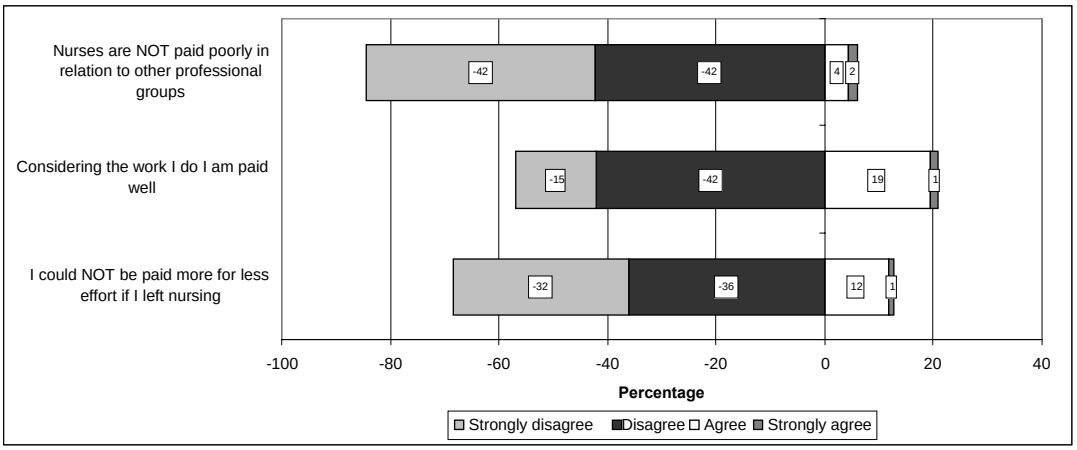
3.5 Pay satisfaction

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 scale the extent to which they agree or disagree with each statement. Figure 3.8 highlights the overall findings for NHS nurses in 2009.

Figure 3.8: Summary of pay satisfaction in the NHS (percentages)

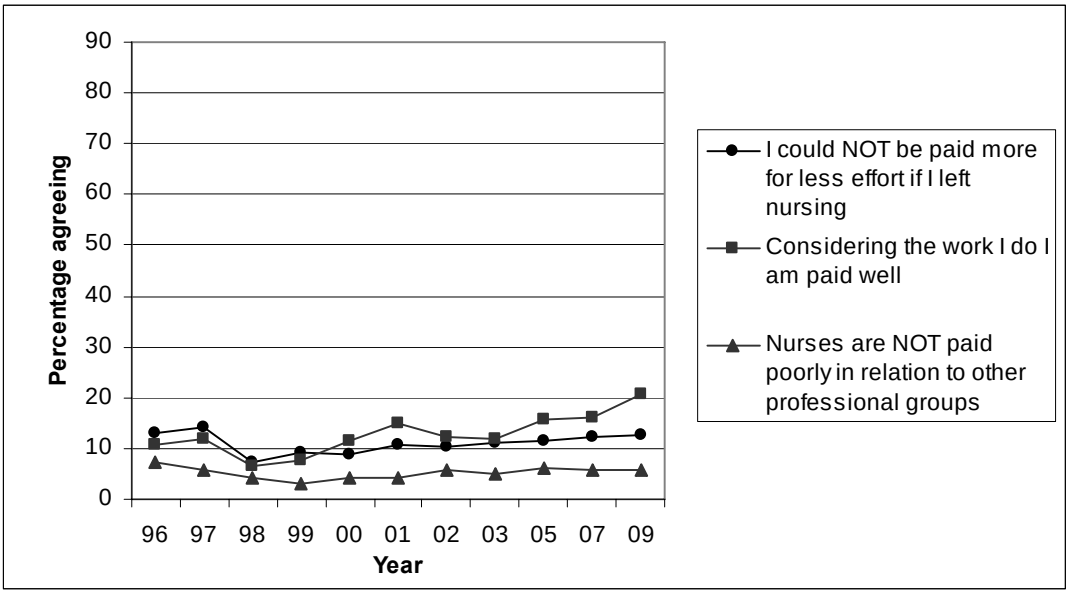


Source: Employment Research/RCN 2009

Views of pay among nurses have historically been very negative and this remains the case in 2009. That said, there has been an improvement in satisfaction with pay *'considering the work I do'*. In 2007 64% did not feel well paid considering the work they do – this year the equivalent figure is 57%. There was very little change in views on the other two pay variables with 84% indicating that nurses are not well paid in relation to other professional groups and 78% disagree with the statement *'I could be paid more for less effort if I left nursing'*.

Figure 3.9 presents NHS nurses views of pay since 1996, and shows there has been very little change in pay satisfaction over the last decade.

Figure 3.9: Pay (percentages NHS only) 1996-2009

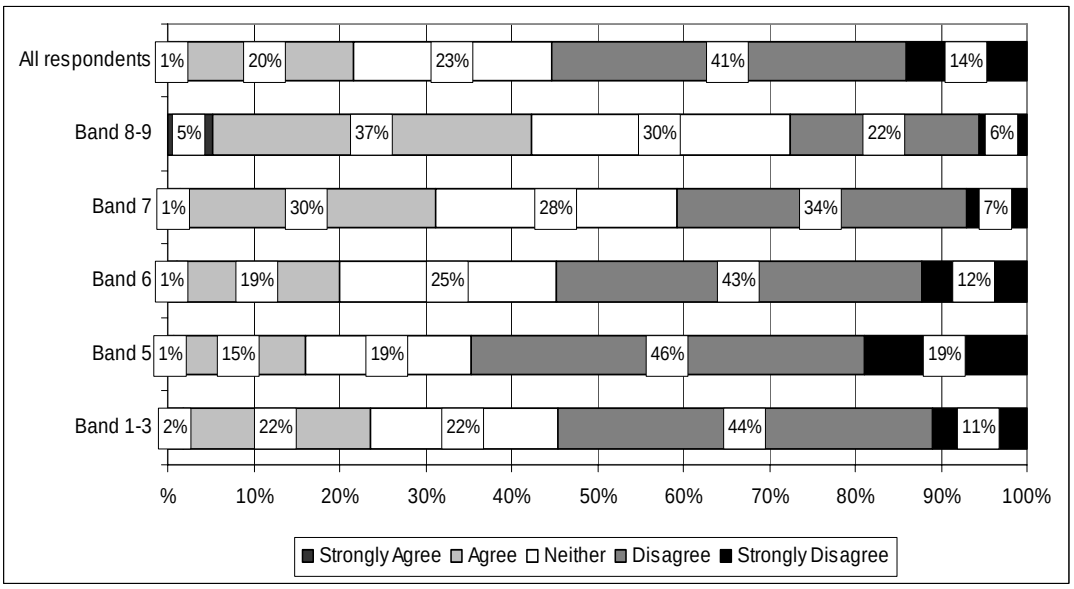


Source: Employment Research/RCN 2009

Nurses working in NHS hospitals are least likely to be satisfied with their pay when considering the work they do than any other sector (19%), although there is little difference between independent and NHS hospital nurses in their views of their pay. Nurses working in higher education, albeit small numbers (n=28) are most satisfied (64%). A third (32%) of NHS community nurses consider they are paid well given the work that they do.

There is a strong correlation between pay satisfaction and pay bands as Figure 3.10 illustrates. The higher the pay band, the more satisfied members tend to be with their pay. Just 16% of NHS band 5 nurses feel well paid considering the work they do, compared to 20% of band 6, 31% of band 7 and 40% of band 8/9 nurses.

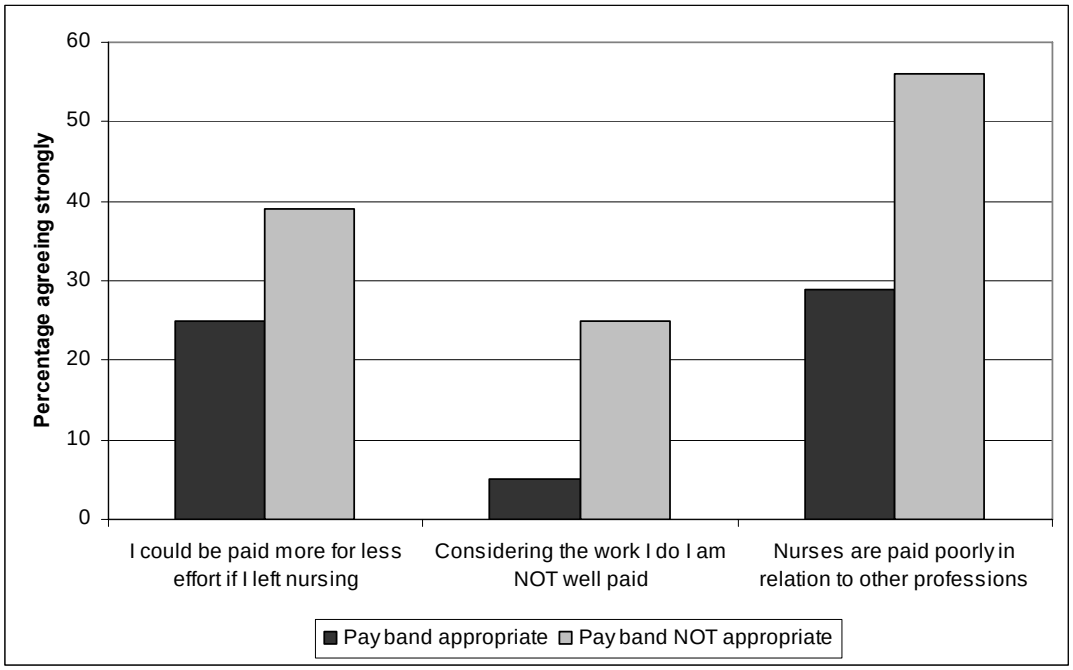
Figure 3.10: Considering the work I do I am well paid by pay band (NHS only)



Source: Employment Research/RCN 2009

As might be expected, nurses who do not feel appropriately graded are least likely to be satisfied with their pay. For example, eight in 10 (79%) of those who do not feel appropriately graded disagree with the statement *I could be paid more for less effort if I left nursing* with compared to 34% of those who do feel their pay band is appropriate to their role and responsibilities. Figure 3.11 shows the proportion who agree strongly with each statement relating to pay.

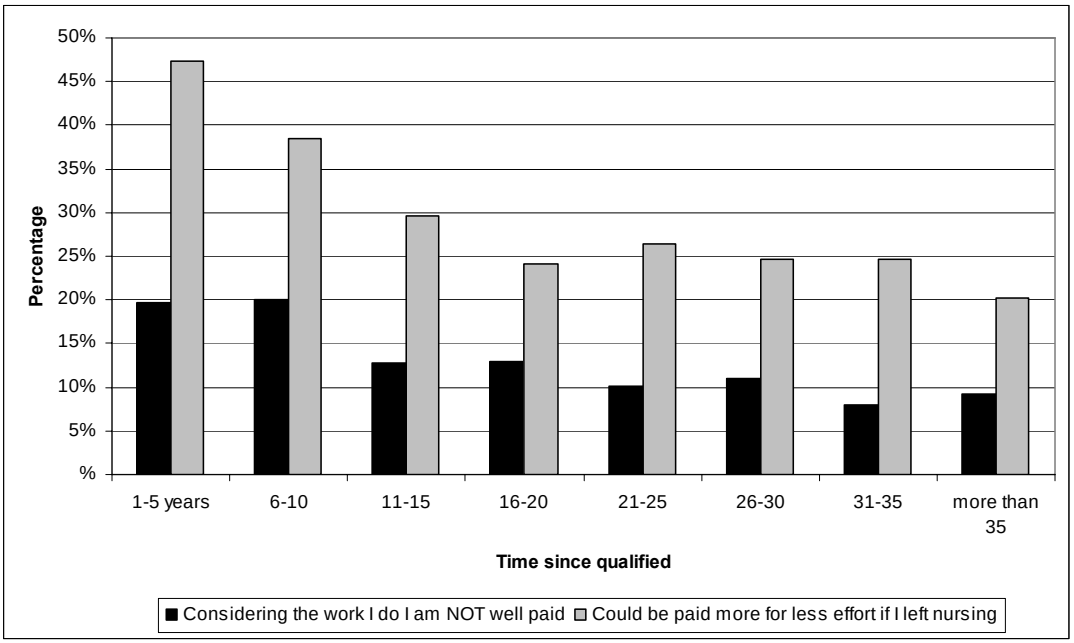
Figure 3.11: Strong agreement with each pay statement by whether or not pay band is viewed as appropriate to role and responsibilities (percentages)



Source: Employment Research/RCN 2009

Pay satisfaction is strongly related to time since qualification, as Figure 3.12 shows. Nurses early in their career (with one-five years' experience) are more likely to feel nursing is poorly paid relative to the effort they put into their work (47% compared with 25% of those with 20 years or more experience). Overall there has been little change in this view since the introduction of AfC. In 2003 50% of nurses with five years or less experience agreed strongly with the same statement compared to 35% of all nurses and 30% of nurses with more than 20 years experience.

Figure 3.12: Views of pay by time since qualification (percentages agreeing)



Source: Employment Research/RCN 2009

Nurses are more likely to work in acute settings early in their careers, and it is within critical care specialties (adult or paediatric) that nurses are least satisfied with their pay. For example, 25% of nurses working in paediatric critical care strongly disagreed that '*considering the work I do I am well paid'*. A similar response is also apparent when respondents consider whether or not they could be better paid if they left nursing (47% of nurses in paediatric critical care agree strongly with this statement).

Pay satisfaction also varies by ethnicity. Afro Caribbean nurses (11%) are much less likely to agree with the statement *considering the work I do I am well paid*, when compared to all other ethnic groups (23%), but there is no difference in their views regarding whether or not they could be paid more for less effort outside of nursing. This suggests relative to other nurses Afro Caribbean nurses feel poorly paid but comparing externally with other occupations they are no more or less likely to feel *well paid for the work they do*.

Given that they are the group least likely to feel they are appropriately banded, it is no surprise to find that health visitors are least satisfied with their pay (61% are dissatisfied with their pay *in relation to the work they do*).

3.6 Household income and financial circumstances

In one in five cases (21%) nurses' earnings represent all their household income, in one in four cases (27%) earnings represent most of the household income, in 24% of cases it represents about half all income and in 27% of cases it represents less than half of household income. These figures have not changed significantly since the question was introduced in 2003.

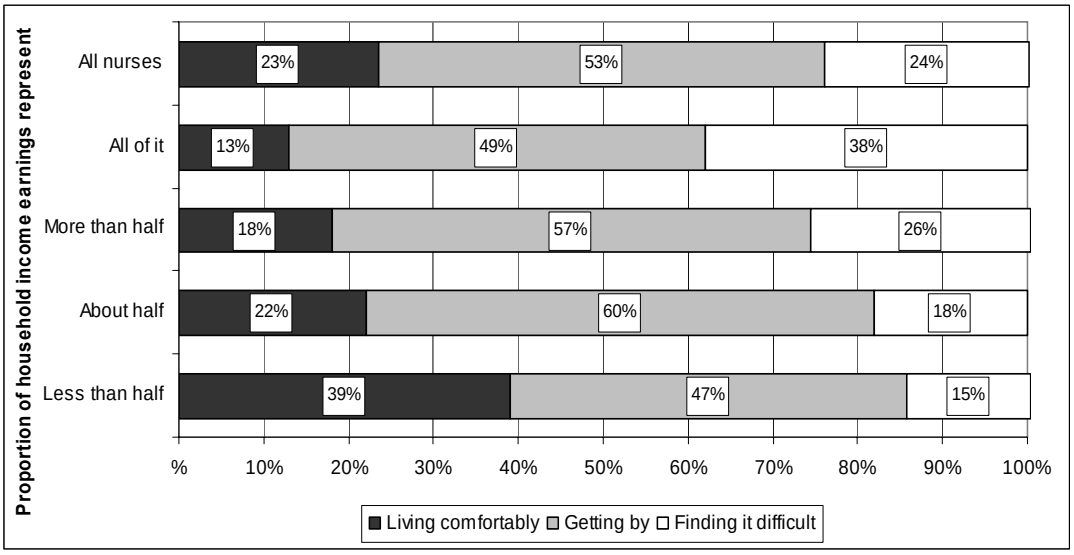
The following groups of nurses are all more likely to have earnings that represent a higher proportion of their household income (i.e. most or all of the household income).

- Nurses working full-time (61%)
- Nurses who do not have children living with them (55%)
- Nurses from Asian (64%) Afro Caribbean (60%) or mixed ethnic groups (57%)
- Nurses who first qualified overseas and were recruited to UK as nurses (65%)
- Nurses on pay bands 7-9 (60%)
- Nurses early in their career, where just 19% of respondents up to five years into their career have incomes that represent less than half their household earnings compared to 29% of nurses more than five years into their careers.

Nurses were also asked how they view their financial circumstances to provide a barometer of how well nurses are coping financially in 2009. Across all respondents one in four (24%) say they are 'living comfortably', just over half (53%) say they are 'getting by' and one in four (23%) say they are 'finding it difficult'.

Nurses whose earnings represent all or most of their household income are more likely to report that they are finding it difficult to manage financially (see Figure 3.13). Of those respondents whose earnings represent all their household income, 39% say that they are 'finding it difficult' compared to 15% of those where earnings represent less than half household income.

Figure 3.13: Financial circumstances by earnings as a proportion of household income (percentages)



Source: Employment Research/RCN 2009

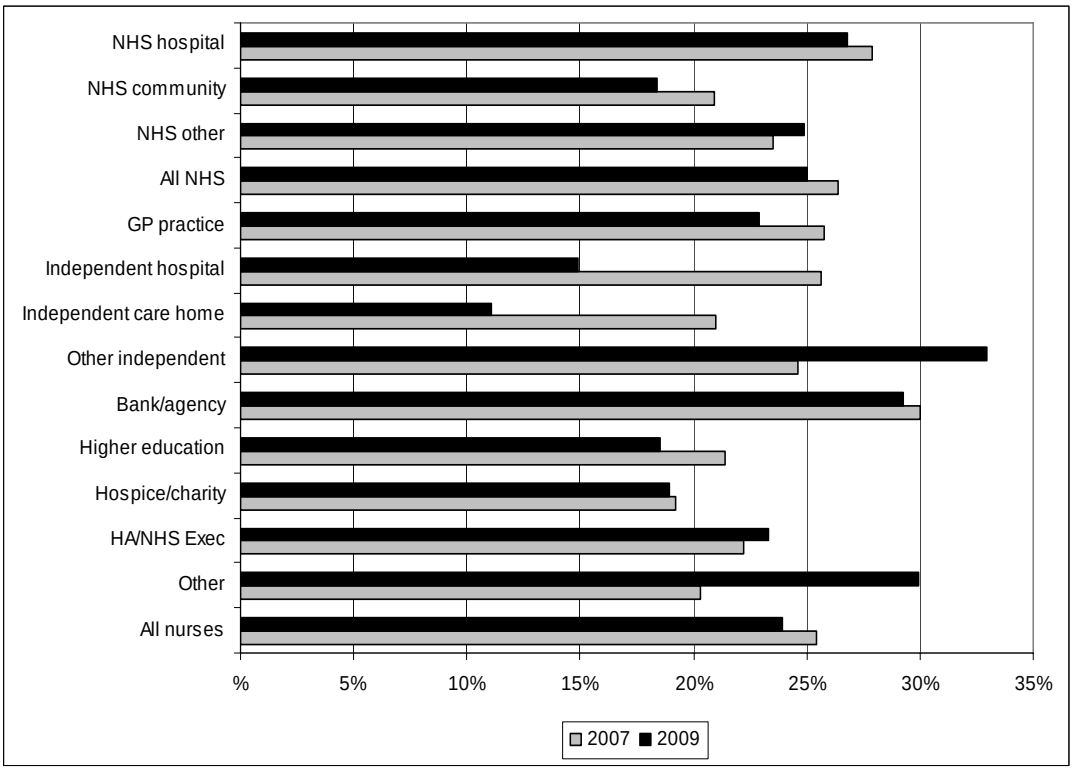
Nurses on pay band 5 are much more likely to report that they are finding it difficult financially at the moment (28%), as are nurses with children (27%) black and minority ethnic nurses (47%) and those early in their careers (28%).

3.7 Additional jobs

Over the last ten years, since this question was first asked, approximately one in four nurses report having additional jobs. This year the figure is 24%, marginally less than in 2007 (26%) but the same as in 1997.

Although in previous surveys there has been little difference between nurses working in different sectors, in 2009 fewer nurses working in the independent sector have second jobs than was the case in 2007 (see Figure 3.14). In 2007 26% of nurses working in independent hospitals and 21% of those in care homes had additional jobs compared to 15% and 11% respectively in 2009.

Figure 3.14: Undertaking additional work by employment setting - 2007 & 2009



Source: Employment Research/RCN 2009

Whether or not nurses are likely to have an additional job is determined primarily by ethnicity, stage of career, the proportion of total household income nurses' earnings represent and their pay band.

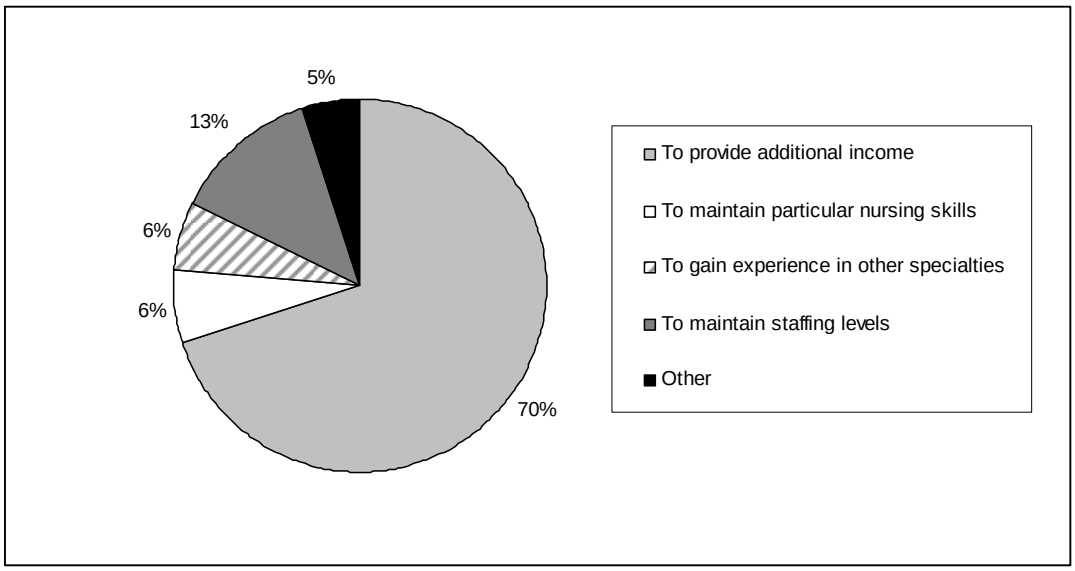
Afro Caribbean nurses are most likely to have a second job (46%, which is up slightly from 2007). More Afro Caribbean nurses work full time, have a second job and rely on their own earnings for a greater proportion of household income. They are also least likely to feel well paid considering the work they do. Nurses recruited from overseas are also more likely to have second jobs than UK qualified nurses (40% compared to 23%) but less likely than BME UK qualified nurses (46%).

More nurses in the early stage of their career have a second job (29% compared to 21% of those who have more than 10 years experience as a registered nurse) and this has not changed significantly since 2003. Related to this, 28% of nurses on band 5 have a second job compared to 17% of those on band 7-9.

Reason for undertaking second jobs

The survey asked members their main reason for doing additional paid work. Five responses were provided: 'to provide additional income', 'to maintain particular nursing skills', 'to gain experience in other specialties', 'to maintain staffing levels where I work' and 'other'. Figure 3.15 shows that 70% undertake another job to provide additional income.

Figure 3.15: Reasons for undertaking additional work - 2009



Source: Employment Research/RCN 2009

BME nurses, particular those who have been recruited internationally, are much more likely to do additional work in order to provide additional income (82% of BME and 84% of IRN respondents compared to 66% of white respondents). This is partly because households with BME and IRN respondents are more reliant on their income, as shown above. Differences between BME and white respondents remain even when controlling for pay band and stage of career. More BME band 5 respondents do additional work (42%) and do it in order to provide additional income (84%) than the equivalent white band 5 respondents.

Nurses working in paediatric critical care are more likely than other nurses to do additional work in order to maintain staffing levels (24%) compared to 12% across all nurses. There are few other differences by sector or specialty in why nurses undertake additional work.

The nature of additional work undertaken by nurses varies by sector and specialty (full details in the appendix). NHS hospital nurses (64%) are most likely to do bank work with their employer while independent sector nurses are more likely to do agency nursing.

The type of work nurses undertake to supplement their income has changed (see Table 3.9). Agency work is less prevalent; dropped from 31% of all respondents in 2001 to 14% in 2009. In 1991, 45% of nurses with second jobs worked for agencies. One in 7 (15%) part-time nurses are supplementing their incomes through non-nursing work. This figure is higher than among full-time nurses (5%) and has increased marginally in recent years (12% in 2003 and 2007).

Table 3.9: Additional jobs in the NHS in 2001, 2005 and 2009 (percentages)

	Full-time			Part-time		
	2001	2005	2009	2001	2005	2009
Bank nursing with same employer	55	67	63	48	45	43
Bank nursing with different employer	9	8	15	17	19	17
Agency nursing	31	17	14	14	10	11
NHS nursing/management	2	1	3	3	6	7
Care/nursing home	4	4	4	5	3	2
Non-NHS hospital	2	2	1	3	3	1
Other non-NHS nursing work	3	2	3	4	4	9
Non-nursing work	4	7	5	3	9	15
Other	6	7	5	12	13	10
Weighted cases	***325***	***612***	***616***	***196***	***341***	***215***

Source: Employment Research/RCN 2009

3.8 Key points: Chapter 3

This is the first RCN employment survey since AfC has been fully implemented in the NHS across the UK, allowing comparison across all four countries. As well as looking at the immediate transition from clinical grade to pay band, the chapter also contrasts the situation in 2009 with that in 2003, the last year when NHS staff were all on clinical grades. Some significant differences between the two years have been highlighted, which point to apparent 'winners' and 'losers' from the implementation of AfC.

- All bar 4% of NHS nurses are on AfC pay bands.
- Just one in four (26%) practice nurses are paid on AfC pay bands, a half (51%) on clinical grades and 23% on other local pay scales.
- More than half (56%) of all NHS hospital nurses are employed on band 5. Nine in ten staff nurses are paid on AfC band 5, as are 69% of community nurses.
- Fewer E grade nurses in Scotland and Northern Ireland were assimilated to band 6 compared with England and Wales. (Scotland 8%, Northern Ireland just 2%), and more NHS nurses in Scotland (55%) and Northern Ireland (62%) are employed on band 5. National differences are even more pronounced among more experienced NHS nurses.
- G grade nurses in England and Wales are more likely to have moved to band 7 than nurses in Scotland and Northern Ireland.
- One in four (23%) NHS nurses making the transition to AfC requested a banding review. More nurse in Scotland and Northern Ireland requested a review, reflecting the higher proportions of nurses who had been assimilated onto lower pay bands.
- A half (50%) of all health visitors responding to the survey requested a review of their banding, twice as many as for all other NHS nurses.
- Staff nurses were less likely to have requested a review of their banding than nurses in more senior posts in the NHS.

- In both NHS hospitals and independent care homes larger proportions of BME nurses are employed as staff nurses and fewer are in the more senior posts. For example, only 3% of BME nurses are in advanced or specialist nursing roles in NHS hospitals, compared with 12% of white nurses.

- In NHS hospitals there has been little change in the proportion considering their grade/pay band to be appropriate following the implementation of AfC (46% regard it as inappropriate in 2009, 48% in 2003). But in the NHS community sector there has been a significant improvement.

- The proportion of IRNs working in care homes who say they don't know if their pay band is appropriate has more than doubled since 2001, to 27%.

- Nurses in senior posts are less likely in 2009 to think that their grade/pay band is inappropriate relative to their role and responsibilities than in 2003 (e.g. 59% pre AfC in 2003, 28% in 2009).

- 74% of health visitors say they are not appropriately graded in 2009, compared to just 49% in 2003. 73% of health visitors are on band 6, and of this group 80% feel that their pay band is not appropriate given their role and responsibilities.

- While overall there has been little change in the NHS in whether grade/pay band regarded as appropriate, in 2009 there is a clear link to grade/pay band; nurses on band 5 are twice as likely as those on band 8/9 to consider their pay band to be inappropriate, whereas in 2003 there was little difference by grade.

- Black and minority ethnic nurses are least likely to feel they are appropriately graded (65% say their grade is not appropriate compared to 44% across all respondents). IRNs are also more likely to view their pay band as inappropriate.

- Nurses continue to be generally dissatisfied with their pay, but slightly more consider they are well paid relative to work they do compared with 2007. But there has there has been very little change in how well paid nurses feel in relation to other professional groups.

- Nurses early in their career are least positive about pay - 47% of all nurses with 1-5 years experience strongly agree that they '*could be paid more for less effort if they left nursing'*, compared with 25% of those with 20 years or more experience.

- One in four respondents (24%) say they are 'living comfortably', just over half (53%) say they are 'getting by' and one in four (23%) say they are 'finding it difficult'.

- Nurses whose earnings represent all or most of their household income are more likely to report that they are finding it difficult to manage financially.

- One in four (24%) nurses have an additional job. 28% on band 5 have a second job compared to 17% of those on band 7-9.

- More BME band 5 respondents do additional work (42%) and do it in order to provide additional income (84%) than the equivalent white band 5 respondents.

- 14% of nurses do agency work as their additional job, but this is much less common in 2009 than in the past (e.g. 31% in 2001, 45% in 1991).

4. Working hours

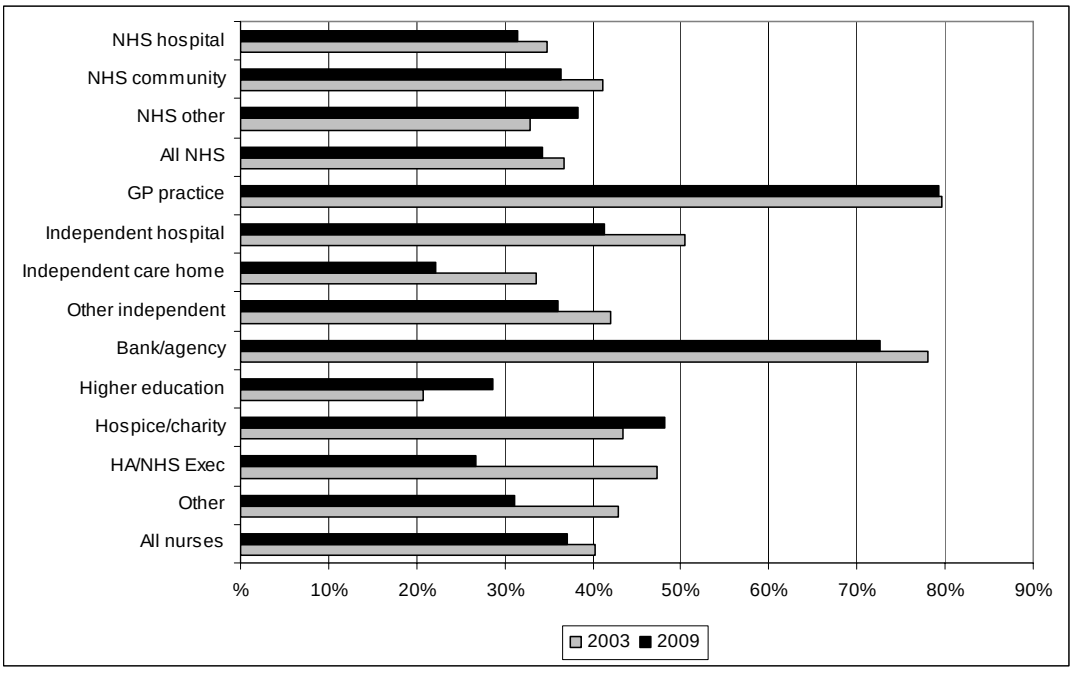
Nurses' working hours influence health service provision at all levels - nationally, locally and individually. The average number of hours worked by each nurse determines the volume of care that can be delivered by the nursing workforce as a whole. Changes in working patterns that produce a subtle effect on the average full time equivalent that each nurse represents may have significant workforce planning implications. Meanwhile for employers, providing flexible and family friendly working patterns is part of a wider human resource strategy to improve nurses' working lives and retain staff. The NHS was named by the charity 'Working Families' as one of the best employers[27]. For individual nurses, control over working hours can contribute significantly to overall quality of work life.

The continued ageing of the nursing workforce means there has been a gradual increase in the number of older respondents (aged 55 plus) approaching retirement, who are more likely to work part-time. Meanwhile the tendency for nurses to take up the profession later in life means that the potential total career length of newly qualified nurses is shorter today than it was in the past.

4.1 Mode of working

In 2009, 63% of members work full-time and 37% work part-time/occasionally (34% part-time, 3% occasionally – within the analysis both are considered 'part-time'). The proportion working full-time/part-time has not changed since 2003, but there has been a slight increase in full-time working since 1999 when 60% of nurses worked full-time. Figure 4.1 shows the proportion of nurses who are working part-time in each sector in 2003 and 2009.

Figure 4.1: Part-time working by broad employment sector 2003/2009 (percentages)



Source: Employment Research/RCN 2009

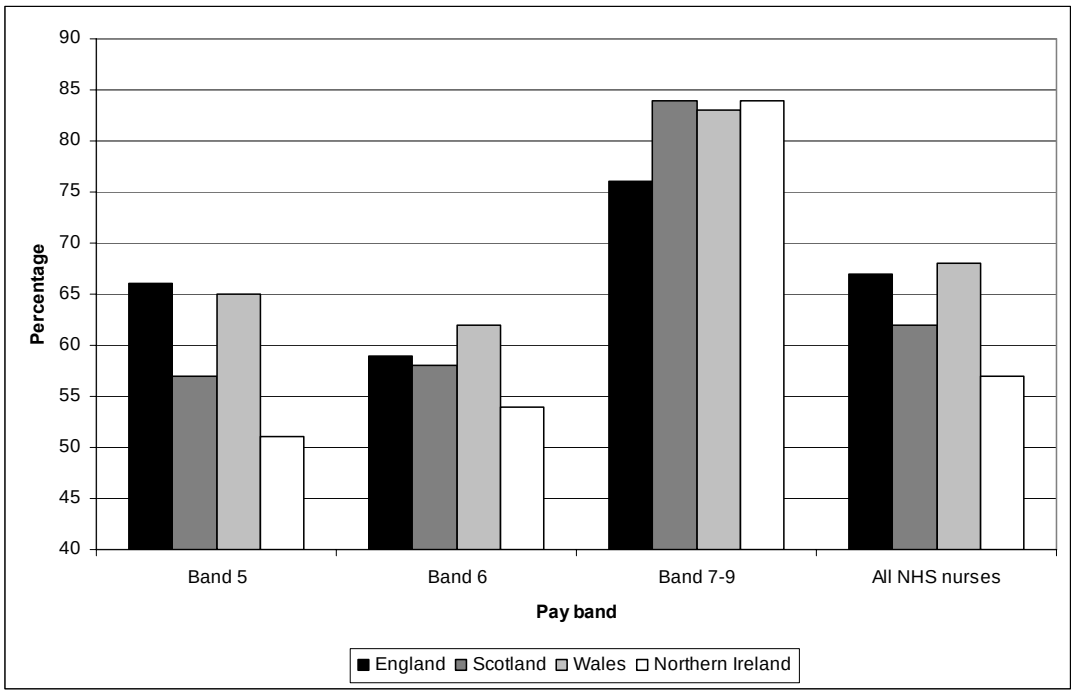
[27] NHS Employers (2009), www.nhsemployers.org

Across most sectors there has been little change in working patterns. In the NHS as a whole 34% work part-time in 2009 compared to 37% in 2003. In hospices and charitable organisations more work part-time today than was the case in 2003 (48% compared to 43% in 2003). Eight in ten (79%) practice nurses work part-time in 2009, which is the same as in 2003 but lower than in 1997, when 87% of practice nurses worked part-time. In contrast, fewer nurses working in higher education are employed full-time than they were six years ago (71% are compared with 79% in 2003).

While nearly a half (46%) of nurses working for a bank or agency worked occasional/various hours, 27% of this group nonetheless report that they do bank/agency work full-time.

Larger proportions of nurses in England and Wales work full-time than nurses in Scotland and Northern Ireland. This overall difference primarily relates to a difference in the working patterns of band 5 nurses, who are more likely to work full-time in England (see Figure 4.2). At the other end of the scale, band 7-9 nurses are less likely to work full-time in England than in the other countries.

Figure 4.2: Full-time working by country and pay band (NHS only, percentages)



Source: Employment Research/RCN 2009

Figure 4.2 also highlights the fact that more nurses on higher pay bands i.e. bands 7-9, work full-time than is the case among nurses on bands 5 and 6. Across the UK in the NHS 65% of staff nurses and 54% of community nurses work full-time, compared to 72% of ward managers and 85% of senior nurses, corroborating other research evidence that fewer nurses working part-time are found in the more senior positions of the NHS[28].

[28] Lane, Nikala, *The Low Status of Female Part-Time NHS Nurses: A Bed-Pan Ceiling?* Gender, Work and Organization, Vol. 7, Issue 4, October 2000. Available at www.ssrn.com

4.2 Working patterns

Full details of nurses' working patterns (full-time/part-time, shift working and 12 hour shifts) and how they vary by employer group, job title, specialty and pay band, are provided in tables in the appendix. Across all nurses 63% work full-time (66% NHS), 57% work shifts (60% NHS) and 36% 'office' hours (34% NHS). Of those nurses working shifts 58% work a form of internal rotation (65% NHS), 32% work day time shifts (27% NHS) and 10% work permanent nights (8% NHS).

Permanent night shifts are most prevalent in the independent sector and among bank/agency nurses. In care homes one in four (24%) work permanent nights compared to 7% of NHS hospital nurses. Working 12 hour shifts is more common among nurses working in care homes; 63% work 12 hour shifts compared to 41% of NHS hospital nurses and 34% of independent hospital nurses.

Within the NHS, larger proportions of nurses in paediatrics work full-time than two years ago (up from 59% in 2007 to 69% in 2009). Meanwhile in adult critical and general care there has been little change in working patterns. Nine in ten nurses working in adult and paediatric critical care work shifts and of these more than eight in ten work internal rotation.

The proportion of school nurses working full-time has more than doubled since 2007 – from 17% to 38%. Meanwhile nurse practitioners are less likely to be working full time (58% in 2009 compared with 66% in 2007).

Nurses' working patterns are related to their stage of career (as measured by time since qualification) and domestic circumstances. For example, 87% of newly qualified nurses work full-time compared to 60% of nurses with more than five years' experience. They are also much more likely to work shifts (84%) and work internal rotation (82%). Conversely nurses with children living at home and, to a lesser extent, with adult caring responsibilities are less likely to work full-time, shifts and internal rotation.

There are also differences by ethnicity and country of qualification. For example, focusing on NHS staff nurses, 88% of BME nurses work full-time compared to 60% of white nurses. One in ten (93%) IRNs in the NHS work full-time compared to 81% of BME UK qualified nurses and 60% of UK qualified white nurses. Although there is little difference by ethnicity in the shift patterns of NHS staff nurses, more of those who have been internationally recruited work shifts than UK qualified nurses (92% compared to 86%), and IRNs are more likely to work internal rotation (77% compared to 71% of UK qualified nurses).

4.3 Working excess hours

The proportion of nurses working excess hours has remained unchanged for the last 10 years (58%), and there is no overall difference between the NHS and other sectors.

Nurses in higher grade/pay band posts are more likely to work excess hours. In the NHS, 43% of bands 1-3 and 49% of band 5 nurses work excess hours compared to 60% of band 6, 75% of band 7 and 85% of band 8/9.

More nurses in England work in excess of their contracted hours than nurses in the other countries of the UK, particularly compared with Northern Ireland and Scotland. This is not simply connected to the different pay band distribution of the four countries.

Looking specifically at nurses in band 5 posts (where there is most variation), nurses in Scotland and Northern Ireland are less likely to have worked excess hours in their last full working week and they also work excess hours less frequently and for shorter amounts of time, than nurses in England (see Table 4.2).

Reimbursement for working overtime also varies by country. Nurses in Northern Ireland are more likely to be offered time off in lieu, or pay at normal rate as opposed to a higher rate and less likely to be offered bank work than nurses in England.

Table 4.2: NHS band 5 nurses working excess hours by country (percentages)

	Band 5 in each country				All
	England	Scotland	Wales	N Ireland	band 5
% working excess hours	53	39	48	41	50
% working excess hours at least several times per week	36	26	30	27	34
Average (mean no.) excess hours *(all nurses)*	3.1	1.9	3.4	2.1	2.9
Average (mean no.) excess hours *(those working excess hours)*	6.4	5.2	8.0	5.6	6.3
% respondents offered pay at higher rate	19	18	17	14	18
% respondents offered pay at normal rate	28	32	28	31	28
% respondents offered bank work	28	28	25	23	28
% respondents offered time off in lieu	22	21	26	29	22
% respondents offered nothing	2	0	2	1	2
Weighted cases (max)	*1229*	*169*	*65*	*70*	*1533*

Source: Employment Research/RCN 2009

Although more full-time nurses work excess hours than part-time (60% compared to 55%), and there are more part-time nurses working in Northern Ireland, Scotland and Wales, this does not entirely explain the national differences in the table above.

Members were also asked *'If your employer wants you to work extra hours to provide cover, what are you most likely to be offered?'* Their responses, categorised by employer, are presented in Table 4.3. The findings are broadly the same as in the 2007 survey, apart from among hospice nurses where fewer report being paid at a higher rate (3% compared to 12% in 2007), or their normal rate (42% compared to 48%) but more are offered bank work (15% compared to 10%) or time off in lieu (35% compared to 25% in 2007).

Table 4.3: Cover pay offered by employer group (percentages)

	NHS hospital	NHS community	GP	Indep. hosp	Indep. care home	Hospice	All
Paid at higher rate	18	7	5	17	16	3	**14**
Paid at normal rate	24	22	69	30	63	42	**31**
Paid at lower rate	2	1	0	2	2	1	**1**
Bank work	26	9	0	9	4	15	**18**
Time off in lieu	26	55	24	35	9	35	**31**
Nothing	4	5	1	6	6	2	**5**
Other	0	0	1	0	0	2	**1**
Weighted cases	*2279*	*580*	*251*	*125*	*239*	*124*	***4129***

Source: Employment Research/RCN 2009

Community nurses are more likely than other groups to be offered time off in lieu – this is partly a function of pay band, with more community nurses employed on higher pay bands. Nurses in care homes are more likely to be offered pay at the normal rate when they work extra hours to provide cover.

Five percent of members said that they are not offered anything should their employer want them to work extra hours. This is most common for higher band nurses: 2% of those in pay bands 1-6 are not offered anything compared with 6% of band 7, and 34% of band 8/9.

On average, full-time nurses work a total of 44 hours and part-time work 29 hours. This has changed little since 2007. Table 4.4 shows the total working hours of staff nurses and more senior nurses. Combining all working hours, full-time staff nurses who have an additional job worked an average of 56 hours their last full working week, and the equivalent for part-time nurses was 46 hours.

Table 4.4: Hours worked (full-time/part-time) – percentages and means

	Full-time		Part-time	
	Staff nurses	**Senior nurses**	**Staff Nurses**	**Senior nurses**
Mean contracted hours in main job	37.5	37.5	23.1	23.6
Working excess hours in last week (%)	50	68	47	61
Working in excess of contract several times per week or more (%)	35	56	26	35
Mean excess hours in main job *(ALL)*	4.0	5.2	3.1	3.0
Average excess hours in main job (*those that worked excess hours)*	7.6	7.5	6.3	5.0
Additional jobs (%)	31	21	19	24
Mean hours worked in additional jobs *(ALL)*	2.7	1.7	2.1	2.3
Mean hours worked in additional jobs *(those with additional jobs)*	8.5	7.6	10.5	8.9
TOTAL hours worked in last week *(ALL)*	**44.4**	**44.3**	**28.4**	**29.2**
Weighted cases (all respondents)	*1116*	*1347*	*610*	*788*
TOTAL hours worked in last week *(those with additional jobs & working extra hours)*	**55.7**	**52.5**	**45.8**	**36.1**
Weighted cases (all respondents)	*207*	*201*	*61*	*135*

Source: Employment Research Ltd/RCN 2005

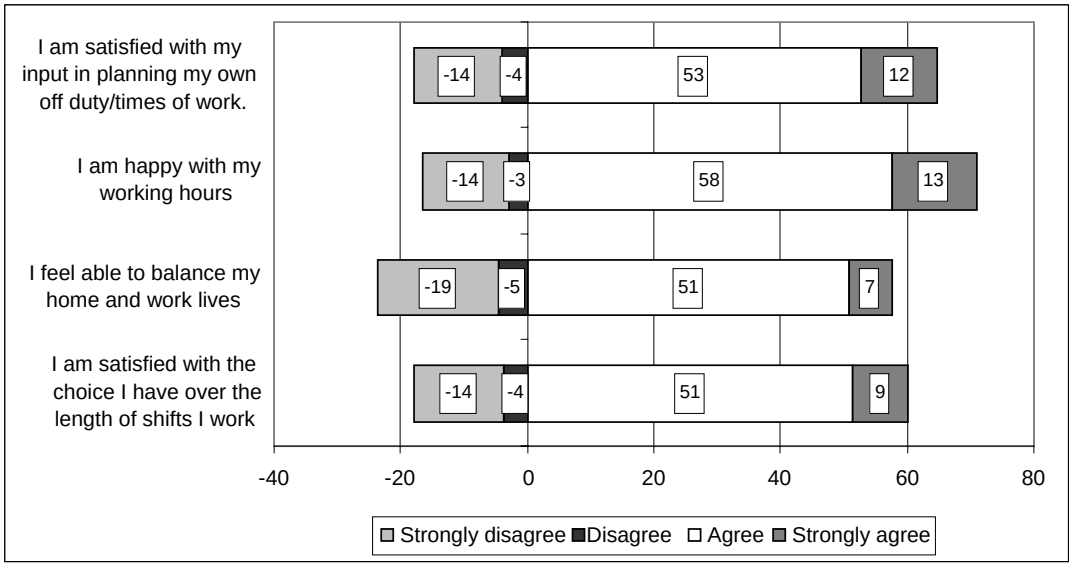
BME nurses and nurses recruited from overseas work longer average hours than the equivalent white and UK qualified nurses. Looking at full-time staff nurses in NHS hospitals, BME nurses work an average of 48 hours per week (including extra hours and hours in a second job) and white nurses work 43 hours. In independent care homes the equivalent figures are 49 hours for BME respondents and 40 hours for white respondents.

Meanwhile in care homes, internationally recruited nurses working full-time as staff nurses are working even longer hours, and the gap between IRNs and UK qualified is even greater (average of 52 hours amongst IRS, and 41 hours amongst UK qualified staff nurses).

4.4 Working hours satisfaction

Despite the long hours many nurses work, most members/nurses are positive about their working hours and these views have changed little in recent years. Nearly three quarters of all nurses (71%) are happy with their working hours[29], 65% are satisfied with their input into planning off duty/times of work, 58% feel able to balance their home and working lives and 60% feel satisfied with the choice they have over the length of shifts they work.

Figure 4.3: Views of working hours (percentages NHS only)



Source: Employment Research/RCN 2009

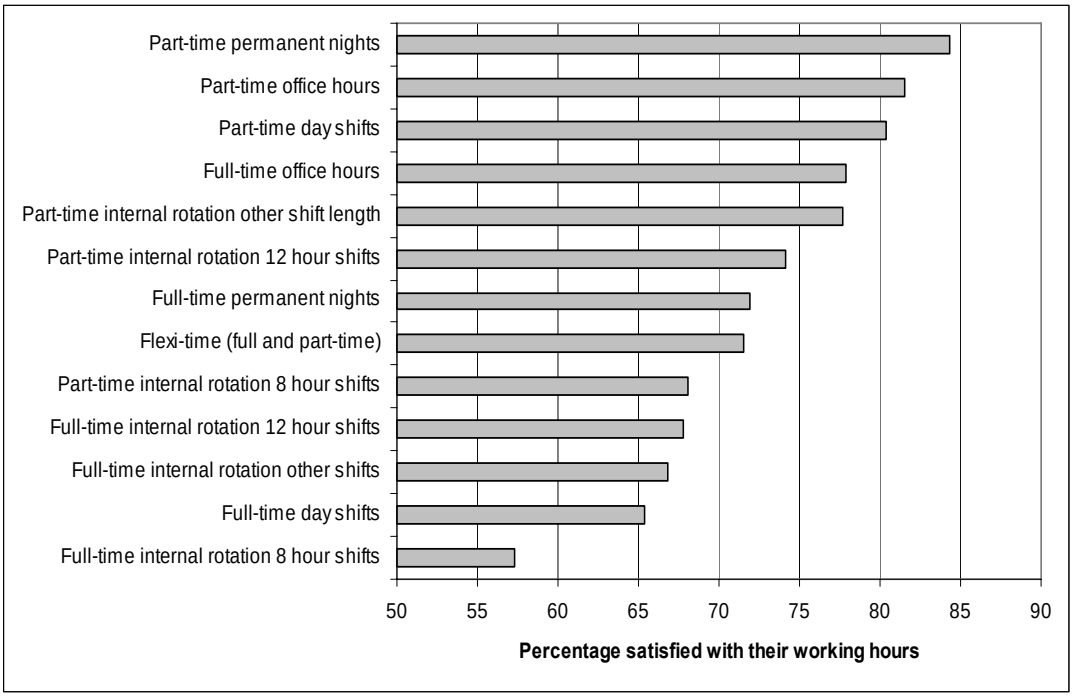
Part-time nurses are generally more satisfied with their working hours (79% vs 67% of full-time nurses), and current working patterns are the main predictors of satisfaction with working hours. A satisfaction hierarchy has been produced in Figure 4.4, which shows the level of satisfaction associated with different combinations of working patterns.

Despite the research evidence identifying health risks associated working nights shifts[30], most of those working these hours are happy with them.

By and large staff working part-time are more satisfied but this is not universally the case. For example, full-time permanent nights have a higher satisfaction score than eight hour part-time internal rotating shifts. Clearly, more nurses prefer to work 12 hour shifts, whether it is part-time or full-time to eight hour shifts, with full-time eight hour internal rotating shifts the least popular of all shift patterns.

[29] This statement is new to the 2009 survey used as it provides an overall indicator of working hours satisfaction while the others focus on specific aspects of working hours.
[30] Medical News Today (2009) *Danish night shift workers get compensation for cancer*, www.medicalnewstoday.com

Figure 4.4: *I am happy with my working hours* by mode of working, type of shift and shift length (percentages)



Source: Employment Research/RCN 2009

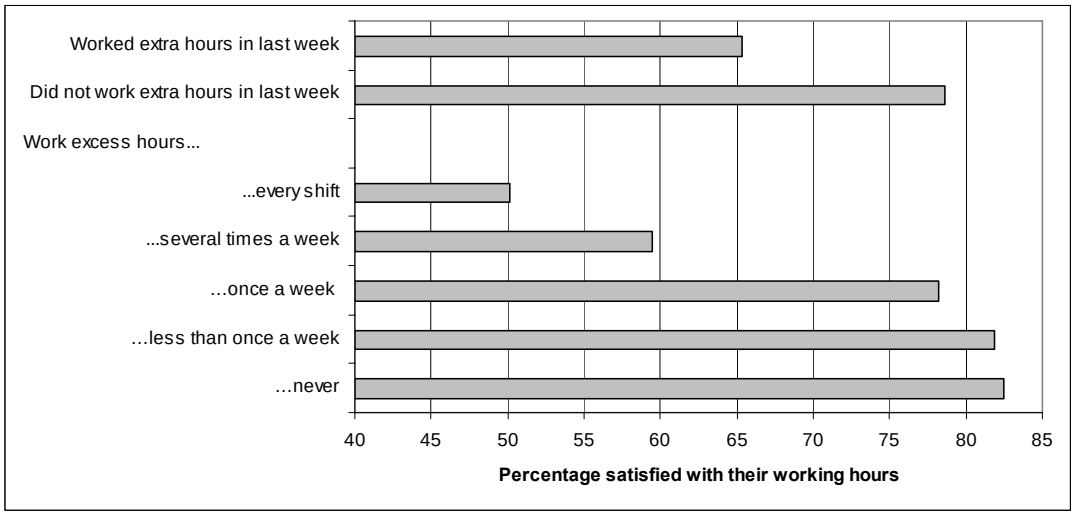
Country of qualification also makes a difference to satisfaction with working hours. While most IRNs work full-time (92%), they are more likely to be satisfied with their working hours than UK qualified nurses who work full-time (79% vs. 65%) – and are as satisfied as UK qualified part-time nurses.

Working extra hours & satisfaction

Most nurses working extra hours are less satisfied with their working hours, as illustrated in Figure 4.5. But again this is not the case among IRN nurses, who are equally satisfied with their working hours regardless of whether they have worked beyond their contract hours. Clearly, there are a significant number of IRN nurses who would prefer to be working full-time and longer hours, and this may be a reflection of their economic situation or the need to provide remittances home to their families.

Nurses who are not offered any reimbursement when they are asked to work extra hours are least satisfied with their working hours overall (47% compared to 71% across all nurses). Hence band 7-9 nurses, more of whom are not offered anything for working additional hours, are less satisfied with their working hours than other bands (59%).

Figure 4.5: *I am happy with my working hours* by working excess hours in last week



Source: Employment Research/RCN 2009

Nurses who work long hours in total, are also less satisfied with their hours. Thus full-time nurses who express most dissatisfaction with their hours are typically working six hours a week more than those who are most positive about their working hours (49 vs 43 hours). The same pattern is found for part-time nurses.

4.5 Key points: Chapter 4

This chapter has pulled together data concerning working hours, mode and patterns of working, comparing the experiences of nurses working in different sectors and fields of practice.

- There has been no change in the proportion of nurses working full-time since 2003 (63% with 34% working part-time and 3% working occasional/various hours).
- In care homes one in four nurses work permanent shifts (24%) compared to 7% of NHS hospital nurses.
- Two thirds of all NHS nurses working shifts are working internal rotation.
- Overseas recruited staff nurses in the NHS are more likely to work shifts (92%) and internal rotation (77%) than UK qualified staff nurses (87% and 71% respectively).
- Nurses working 12 hour shifts are more likely to be satisfied with their working hours than those working eight hour shifts.
- More nurses in England worked extra hours (53% of band 5 nurses in England compared to 48% in Wales and 41% in Northern Ireland).
- The mean total hours worked by full-time staff nurses in their last full working week was 44 hours. Full-time BME nurses in NHS hospitals work an average of 48 hours per week compared to 43 hours among white nurses.
- Most nurses are more satisfied with their working hours if they have not had to work extra hours but the reverse is true for BME nurses.
- Across all nurses, those working part-time are more satisfied with their hours than those working full-time, but the reverse is true among BME nurses.

5. Workload & staffing

After a period of rapid growth earlier in the decade, NHS funding restraints have curtailed this growth, and the numbers of nurses working in the NHS has flat-lined since 2005[31]. Meanwhile the demand for care continues to grow – for example in England, NHS hospital admissions have risen from 11m to 13.5m in the last decade, at a time when the mean length of stay has fallen from 8.4 days to 5.7 days, and average age of inpatients has gone up from 45 to 50[32] .

There is a growing body of evidence demonstrating that the ratio of registered nurses to patients, although a crude measure when taken in isolation, is nonetheless strongly correlated with patient outcomes[33]. The RCN Employment Survey provides a unique opportunity to capture a snapshot of staffing levels in different settings, and explore how changes in workforce numbers and demand for care at the national level are playing out in hospital wards and care homes.

5.1 Nurse to patient ratios

The Employment Survey included a set of questions aimed at respondents working in hospitals or care homes to explore staffing levels and patient numbers on their last shift. The results are presented for NHS and independent hospitals and for care homes, separating the results by day and night shifts and comparing with results from previous surveys.

NHS wards

Overall there has been little change on NHS wards in the patient and staffing data reported. The average NHS ward has 24 beds and an average of 23 patients during the day. While daytime occupancy rates are much as they have been (97% vs 96% in 2007 and 2005) the wards worked on by nurses in 2009 are on average larger by one bed than previously, hence the average number of patients has risen from 22 to 23.

The average number of nursing staff on these wards is virtually unchanged (see Table 5.1) at 5.4 RNs and HCAs/auxiliaries during daytime (compared with 5.6 in 2007, and 5.4 in 2005). However there has been a shift in the skill-mix reported; with fewer registered nurses (60%) being on duty in the day, compared with 66% in 2007. While the numbers of RNs is much the same as in 2005 (with 3.3 RNs during the day and 2.2 during the night), it is slightly less than in 2007[34]. This small change combined with an increase of one patient per ward, has led to an increase in the number of patients per RN: from an average of 6.9 patients per RN in the day and 9.1 at night, to 7.9 patients in the daytime and 10.6 at night.

[31] Buchan J, Seccombe I (2008) *'An incomplete plan: The UK nursing labour market review 2008'*, RCN London

[32] Hospital Episode Statistics (2009) *A decade in view*, www.hesonline.nhs.uk

[33] Kane R et al (2007) The Association of Registered Nurse Staffing Levels and Patient Outcomes: Systematic Review and Meta-Analysis. *Med. Care*, 2007, 45:1195-204
More nurses equals better care (2009) *Nursing Times*, ww.nursingtimes.net

[34] Note that the question asking about staffing numbers in 2009 asked respondents to give the total numbers INCLUDING themselves (in capital letters), whereas in the previous surveys the question asked for numbers EXCLUDING yourself

Table 5.1: Average staffing and patient data – NHS wards 2009, 2007 & 2005

	NHS wards 2009		NHS wards 2007		NHS wards 2005	
	Day	Night	Day	Night	Day	Night
Number of beds	24	24	23	23	23	23
Total number of patients	23	22	22	22	22	21
Occupancy	97%	92%	96%	100%	96%	95%
Number of registered nurses	3.3	2.5	3.6	2.8	3.3	2.4
Number of HCAs/auxiliaries	2.2	1.5	1.9	1.2	2.1	1.3
Total staff on duty (RNs + HCAs)	5.4	3.9	5.6	4.0	5.4	3.7
RNs as % of all nursing staff	60%	62%	66%	70%	62%	66%
Patients per registered nurses (mean across all RNs)	7.9	10.6	6.9	9.1	7.7	10.1
Patients per member of nursing staff (mean across total staff)	4.4	6.1	4.2	5.7	4.4	6.1
Number of cases	*713*	*324*	*805*	*380*	*822*	*316*

Source: Employment Research/RCN 2009

The current staffing/patient results for NHS hospital wards are almost identical to those from the 2001 and 2002 surveys. In 2001, day shifts were staffed by an average of 3.2 RNs and 2.1 HCAs, with a ratio of 4.4 patients per member of staff, or 8.0 per RN.

Staffing ratios vary by specialty. Paediatric wards have more RNs on duty (83% compared to 61% across all specialties), with a ratio of 4.6 patients per RN (compared to 8.7 across all specialties). At the opposite end of the spectrum, RNs make up just 48% of the nursing staff on elderly care wards, and the average ratio is 11 patients per RN (see Table 5.2). In mental health wards the mix of RNs to all nursing staff is also lower than average, at 50%. In adult general wards 62% of all nursing staff are RNs and, as in mental health, each RN is responsible for an average of nine patients.

Table 5.2: Average staffing and patient data – NHS wards by specialty (all shifts)

	Older People	Mental health	Adult general	Paediatric general	All specialties
Number of beds	27	19	26	20	24
Total number of patients	25	17	25	15	23
Occupancy	95%	88%	99%	80%	95%
Number of registered nurses	2.5	2.1	3.1	3.6	3.1
Number of HCAs/auxiliaries	2.7	2.2	2.0	.8	2.0
Total staff on duty (RNs + HCAs)	5.2	4.3	5.1	4.3	4.9
RNs as % of all nursing staff	48%	50%	62%	83%	61%
Patients per registered nurses (mean across all RNs)	11.3	9.2	9.1	4.6	8.7
Patients per member of nursing staff (mean across total staff)	5.2	4.1	5.4	3.8	4.9
Number of cases	*103*	*76*	*451*	*124*	*1011*

Source: Employment Research/RCN 2009

Tables 5.3 and 5.4 present the results for the independent sector (split as care homes and independent hospital wards). While overall patient and staff numbers in care homes have stayed much as they were in 2007, there has been a reduction in the skill-mix (RNs make up 25% of staff now compared with 34% in 2007), which corresponds to an increase in the number of patients per RN on duty (from 15.5 on average to 18.3). At night the average patients per RN increases to 26.4.

Table 5.3: Average Staffing and patient data – Care homes 2009, 2007 & 2005

	2009		2007		2005	
	Day	Night	Day	Night	Day	Night
Number of beds	38	39	35	35	36	39
Total number of patients	31	35	31	32	30	34
Occupancy	84%	89%	87%	88%	94%	92%
Number of registered nurses	1.8	1.5	2.3	1.6	2.0	1.6
Number of HCAs/auxiliaries	5.2	2.8	5.1	2.4	4.9	2.6
Total staff on duty (RNs + HCAs)	7.5	4.4	7.4	4.0	7.0	4.2
RNs as % of all nursing staff	25%	34%	34%	42%	32%	42%
Patients per registered nurses (mean across all RNs)	18.3	26.4	15.5	22.2	17.2	24.6
Patients per member of nursing staff (mean across total staff)	4.2	8.6	4.3	8.3	4.6	8.8
Number of cases	*164*	*70*	*214*	*108*	*240*	*112*

Source: Employment Research/RCN 2005-9

Table 5.4: Staffing and patient data – Independent hospital wards 2009, 2007 & 2005

	2009		2007		2005	
	Day	Night	Day	Night	Day	Night
Number of beds	25	26	22	25	26	-
Total number of patients	18	18	17	16	20	-
Occupancy	80	70	75%	69%	86%	-
Number of registered nurses	3.1	2.1	4.0	2.6	3.9	-
Number of HCAs/auxiliaries	1.9	1.1	1.3	0.8	1.6	-
Total staff on duty (RNs + HCAs)	4.8	3.0	5.3	3.3	5.4	-
RNs as % of all nursing staff	64%	68%	78%	80%	74%	-
Patients per registered nurses (mean across all RNs)	6.4	9.5	4.5	6.9	5.5	-
Patients per member of nursing staff (mean across total staff)	3.7	6.7	3.4	5.0	3.8	-
Number of cases	*35*	*19*	*33*	*23*	*55*	*14*

Source: Employment Research/RCN 2005-9

In independent hospitals the number of respondents providing data is small (just 35 cases for day shifts and 19 for night shifts) so the data is less reliable. But the results suggest that in this sector also, there has been a reduction in the number and proportion of RNs on duty, and an increase in the patient to RN ratio. On average each RN is responsible for six patients during day shifts and 10 at night.

5.2 How nurses' time is spent

Nurses were asked to give a breakdown of their working time, showing how it is split between: clinical work, management, educating and training others, research and other activity. They were also asked if they thought that the way their time was divided was about right.

NHS nurses typically spend 71% of their time on clinical activity, which is similar to the figure reported in 2007 (73%) but still slightly higher than in 2005 (66%). On average 15% of nurses' time is spent on management (14% in 2007), 10% on educating/training others and 5% on research and other activities.

Table 5.5 breaks down these results by job-title within the NHS. For staff nurses, 81% of time is spent on clinical activities (which is the same as in 2007) and 8% on management, 8% on educating/training others, 1% on research and 1% on other activities. Typically 42% of senior nurse's time is spent on management and 43% on clinical work. On average a quarter of a sister/charge nurse's time is spent on management and 64% on clinical work.

Table 5.5: Activity mix in the NHS by job title: mean percentages actual (and ideal)

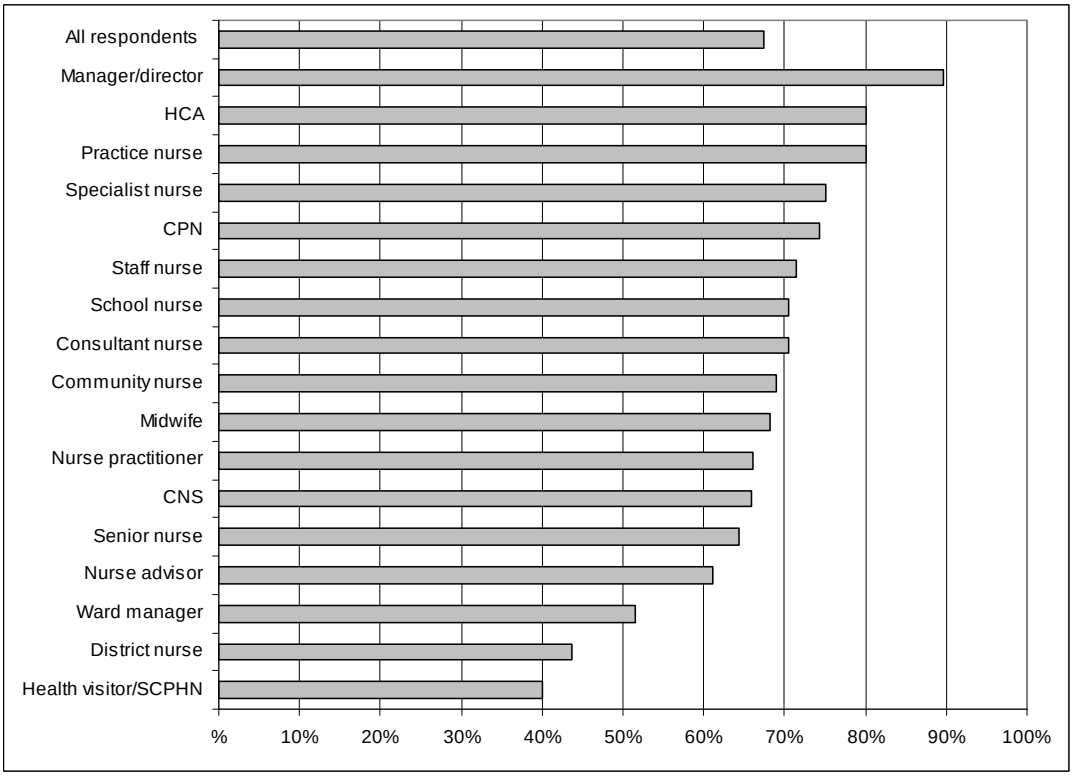
	Nature of activity					
	Clinical	**Mgt**	**Ed/training others**	**Research**	**Other**	***Weighted cases***
Staff nurse	81 (69)	8 (13)	8 (13)	1 (6)	1 (2)	*1603 (401)*
Community nurse	74 (72)	10 (8)	8 (11)	2 (6)	5 (2)	*230 (66)*
HCA	89	1	6	2	1	*44*
Sister/Charge nurse	64 (55)	25 (27)	9 (14)	1 (3)	1 (1)	*431 (97)*
Senior nurse	43 (46)	42 (34)	10 (13)	1 (4)	3 (2)	*183 (60)*
CNS	65 (60)	11 (10)	15 (18)	4 (8)	5 (4)	*278 (91)*
Consultant nurse	59	14	15	8	3	*17*
Nurse practitioner	74 (62)	11 (15)	10 (14)	2 (7)	2 (2)	*113 (38)*
District nurse	63 (51)	27 (32)	8 (12)	0 (3)	2 (1)	*79 (42)*
Health visitor/SCPHN	66 (58)	16 (19)	10 (15)	2 (6)	7 (4)	*34 (18)*
CPN	77 (71)	9 (8)	8 (11)	1 (5)	4 (6)	*85 (18)*
Midwife	85	4	8	0	2	*22*
School nurse	61	8	17	2	11	*53*
Practice nurse	85 (70)	6 (13)	4 (8)	1 (4)	2 (3)	*233 (45)*
Manager/director	10	75	8	1	6	*69*
Nurse advisor	72	4	13	1	10	*18*
Specialist nurse	62	12	14	4	8	*18*
All NHS respondents	**71 (62)**	**15 (16)**	**10 (14)**	**2 (5)**	**3 (2)**	***3407 (1005)***

Source: Employment Research/RCN 2009

This year the survey asked respondents to indicate whether or not they felt their mix of activity was about right for the job they are in. Most nurses (70%) were happy with the current mix, rising to 83% of hospice nurses and 80% of GP practice nurses. Within the NHS, two thirds (68%) of nurses feel their mix of activities is about right; in care homes 65% and among independent hospital nurses 73% think their work mix balance is about right.

Figure 5.1 explores the results by job title. Sisters/charge nurses, district nurses and health visitors are all less likely to be happy with the current mix of activities. Looking at table 5.5 again, the figures in brackets show the mean proportion of time that nurses feel should be spent on each activity (bearing in mind it includes only those who feel the mix of activities is not quite right). Sisters and charge nurses would like to spend less time providing clinical care, and more time in management and educating and training staff.

Figure 5.1: Activity mix is about right for the job NHS only (percentage agreeing)



Source: Employment Research/RCN 2009

In general, nurses dissatisfied with their current role feel that they should be spending less time on clinical activities and more on training/educating others and research, and to a lesser extent management. This is especially the case among staff nurses, sister/charge nurses, nurse practitioners, practice nurses and health visitors.

In care homes, nurses typically spend 62% of their time on clinical work. Those who are not happy with the mix would like to see this reduced to 50%, with more time available to spend on management and educating/training others. For nurses in independent hospitals who feel their work mix is not right they would like to see 15% of their time spent on providing education/training as opposed to the 8% reported as taking place in practice.

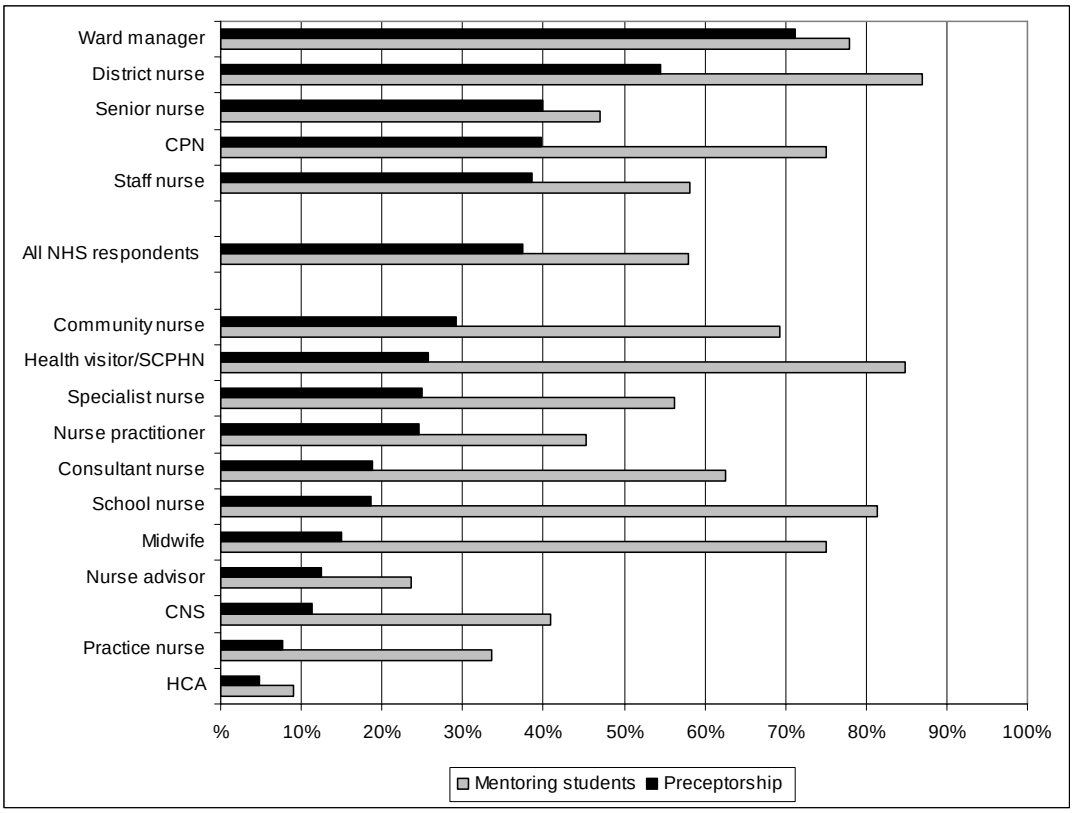
5.3 Responsibilities

As well as asking about staffing on their last shift, hospital nurses were also asked whether they were in charge. Overall 49% of NHS hospital nurses reported that they were in charge on their last shift. More than three quarters of those in charge of an NHS ward are staff nurses (64% of those in charge are band 5) and 24% are sisters/charge nurses. Roughly one in five (17%) of those in charge on their last shift have less than five years experience as a qualified nurse.

Approximately a half (52%) of all nurses responding (58% of those in the NHS) mentor students, and 33% (38% in the NHS) provide preceptorship for newly qualified nurses.

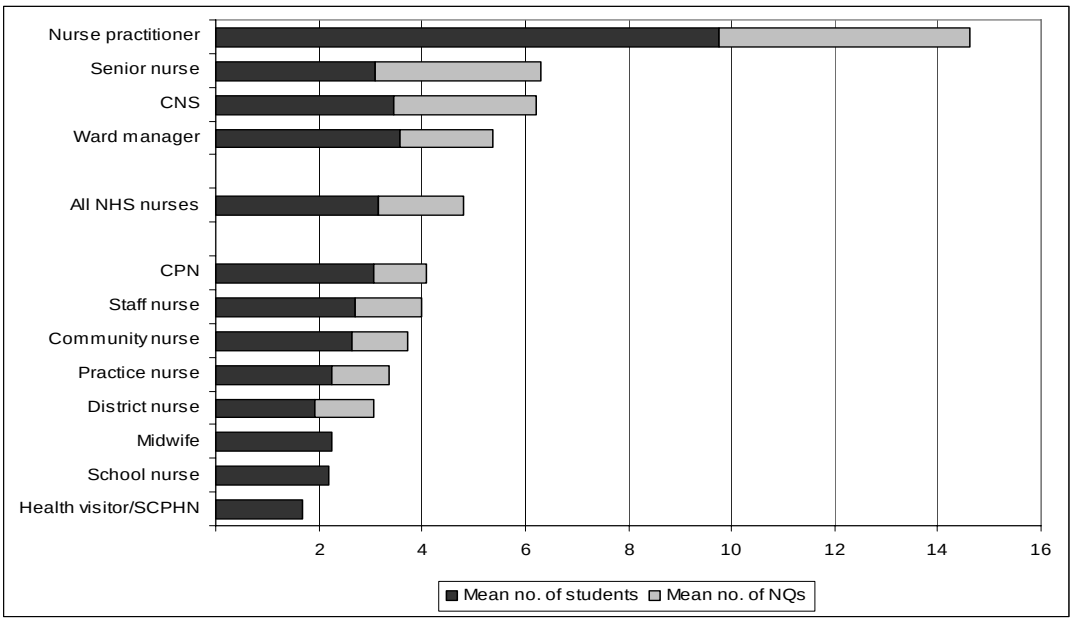
Figure 5.2a shows the proportion of NHS nurses in different jobs that have student mentoring and newly qualified preceptorship responsibilities. Sister/charge nurses are most likely to provide preceptorship (71%), and 78% have responsibility for mentoring students. In the last year sister/charge nurses typically have responsibility for mentoring four students and two newly qualified nurses (mean averages are presented in Figure 5.2b).

Figure 5.2a: Preceptorship & mentoring by job title (NHS only)



Source: Employment Research/RCN 2009

Figure 5.2b: Mean number responsible for in last year (NHS only)



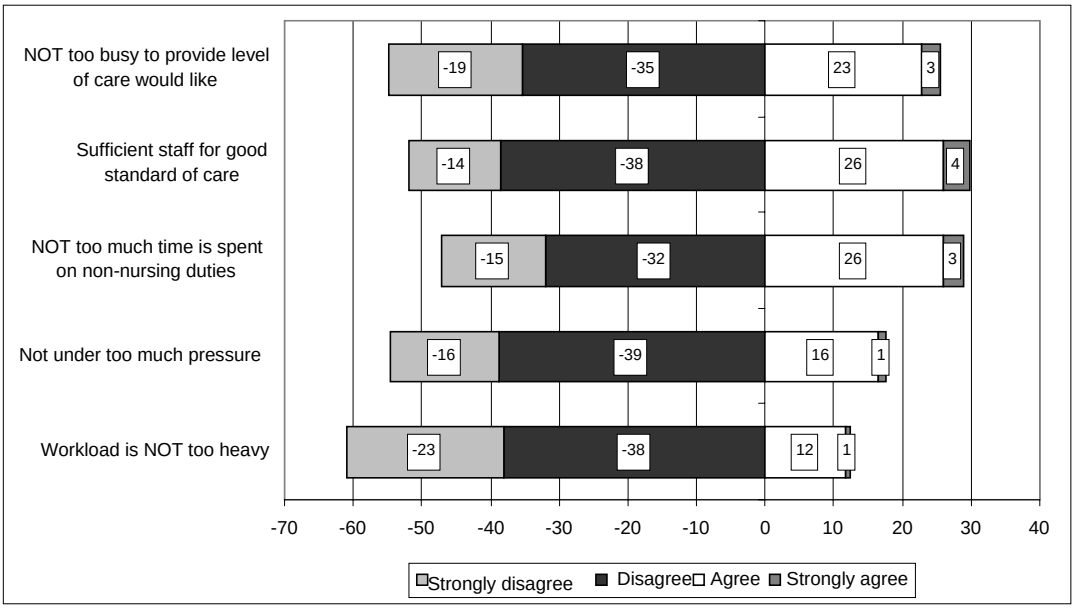
Source: Employment Research/RCN 2009

Although only one in four (25%) nurse practitioners are preceptors for newly qualified nurses and 45% are student mentors, they typically have responsibility for larger numbers than other staff do (five newly qualified staff and ten students). Nearly six in ten (58%) staff nurses are student mentors (on average three in the last year) and 39% have responsibility for preceptorship (on average one in the last year).

5.4 Views of workload and staffing

Respondents were presented with 34 statements about their working life as a nurse, and asked to indicate their agreement with each on a five point scale. The results for the items related to workload and staffing are presented in Figure 5.3.

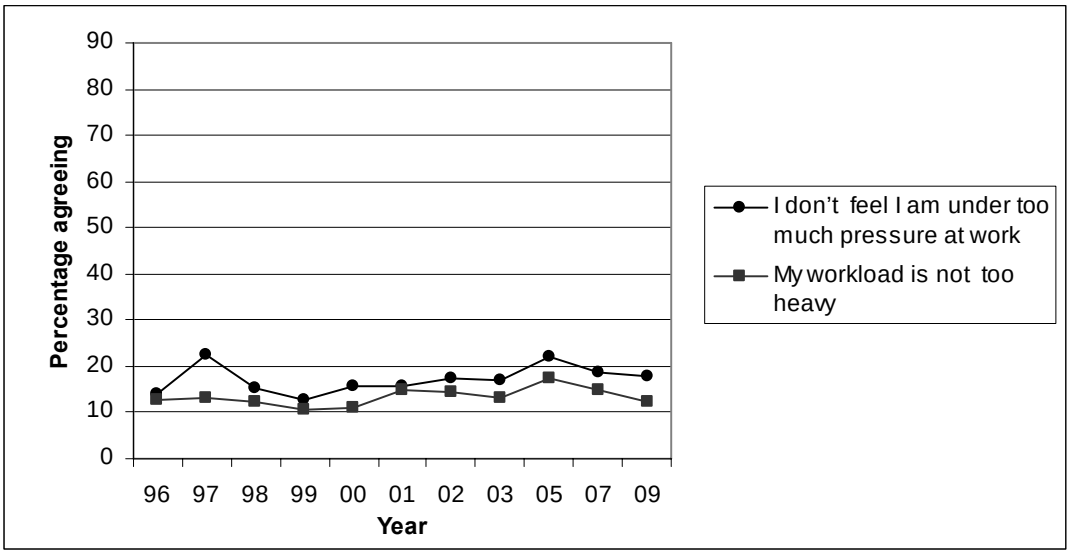
Figure 5.3: Views of workload and staffing (NHS only) – percentages



Source: Employment Research/RCN 2009

Despite an overall improvement in morale and motivation since 2007, views of workload have continued to decline, from what was already a low base (see Figure 5.4). The vast majority (58% of all nurses, 61% in the NHS) consider that their workload is too heavy and that they are under too much pressure (52% all, 55% NHS). Six out of ten (61%) NHS nurse say their workload is too heavy, 55% say they are under too much pressure at work, and 47% say too much time is spent on non-nursing duties. More than half (55%) of all NHS nurses say they are too busy to provide the level of care they would like. On all four of these items there has been a decrease in numbers responding positively since 2007.

Figure 5.4: Workload and pressure (percentages NHS only) 1996-2009



Source: Employment Research/RCN 2009

The following highlight the differences between subgroups of nurses:

- Practice and hospice nurses are more positive about their workloads, with just a third (34% and 32% respectively) saying they feel under too much pressure compared to 56% of NHS hospital and 54% of NHS community nurses.
- Health visitors are the group most likely to report feeling under too much pressure at work (70%) followed by district nurses (68%), sisters/charge nurses (63%) and senior nurses (62%). In comparison 33% of HCAs, 46% of community nurses and 54% of staff nurses feel they are under too much pressure.
- IRNs are more likely to report that their workload is too heavy (73% compared to 58% of UK qualified nurses), but are less likely to say that too much time is spent on non-nursing duties (31% compared to 47% of UK qualified white nurses).

There was no discernible difference in the NHS between staff nurses working full or part-time.

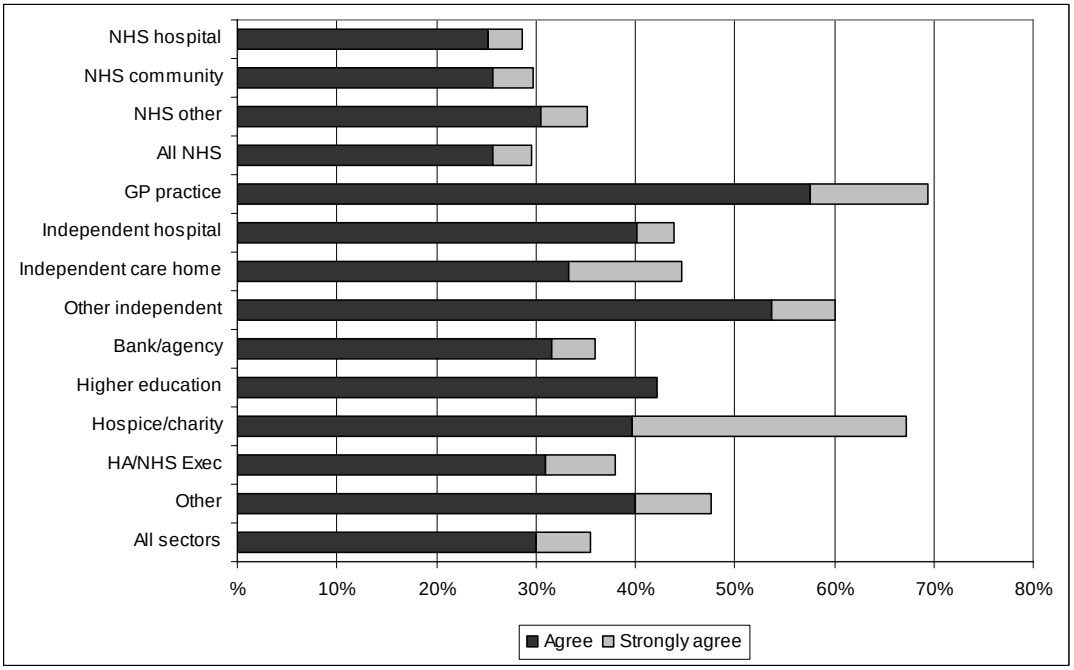
Pressure in the workplace may also relate to outside pressures. Nurses in the NHS who have adult caring responsibilities at home are more likely to feel they are under too much pressure at work than nurses who do not have these responsibilities (62% compared to 53% respectively).

Views of workload are strongly related to typical patient to RN ratios. Within the NHS, nurses who feel that their workload is too heavy are on wards with an average of 9.3 patients per RN, compared with 6.8 amongst nurses who say that their workload is not too heavy.

Figure 5.5 shows the proportion of respondents by sector agreeing and strongly agreeing with the statement *'there are sufficient staff to provide a good standard of care'*. Although workloads continue to be viewed negatively, more NHS nurses in 2009 agree that: *'there are sufficient staff to provide a good standard of care'* (up from 26% in 2007 to 30% in 2009).

However NHS nurses are significantly more negative about staffing levels than nurses in other sectors. Nearly 70% of practice nurses agree with the statement compared to just under 30% of NHS nurses. Nurses working in hospices and charities are also more positive, with two thirds (67%) agreeing that there are sufficient staff where they work (27% of whom strongly agree). While nurses in independent hospitals and care homes are slightly more negative than this (44% agreeing with the statement), they are still on average considerably more positive about staffing levels than NHS nurses.

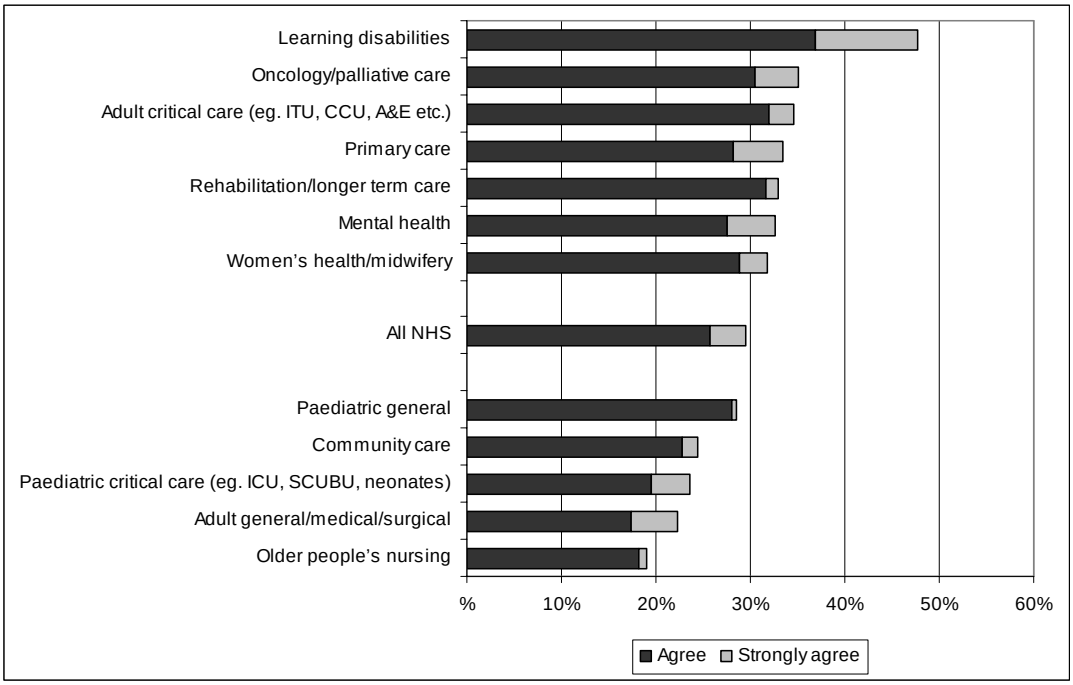
Figure 5.5: 'Sufficient staff to provide a good standard of care by employment setting (percentage)



Source: Employment Research/RCN 2009

Figure 5.6 focuses on nurses within the NHS, and shows how views of staffing sufficiency vary by field of practice. Nurses working in learning disabilities are most positive (48% agreeing that there are sufficient staff to provide a good standard of care), especially compared to those working in older people's nursing (19%), adult general (22%) and paediatric critical care (24%).

Figure 5.6: 'Sufficient staff to provide a good standard of care by field of practice (NHS only)



Source: Employment Research/RCN 2009

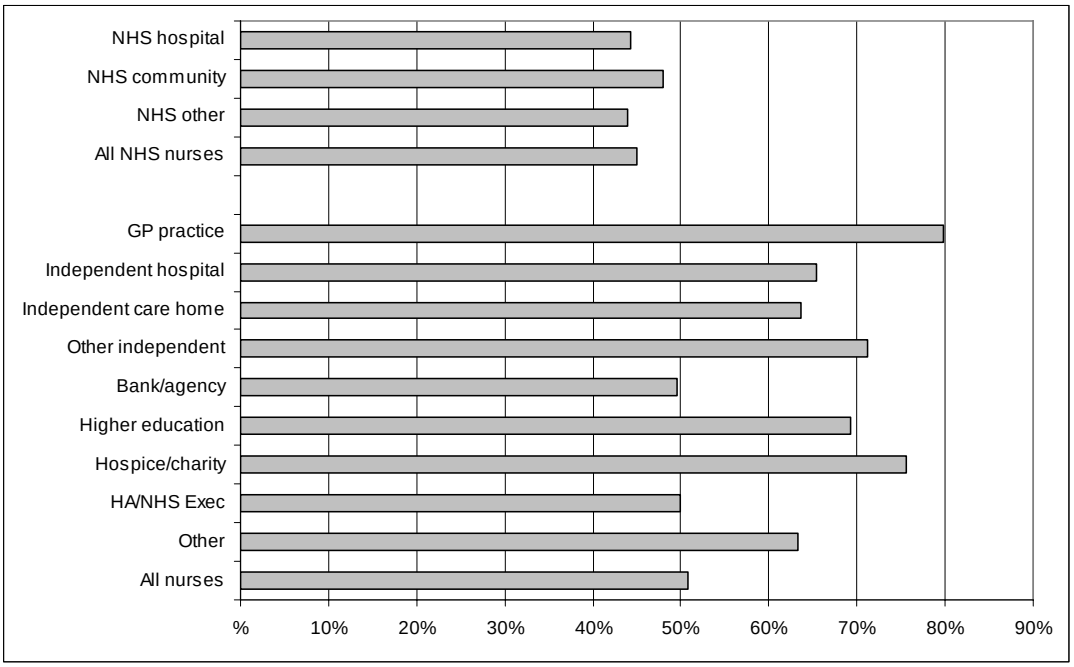
Nursing establishments and compromised care

Two related questions ask respondents firstly, whether they consider the nursing establishment (i.e. the planned complement of staff to be employed) where they work to be sufficient to meet patient needs and secondly, how often they feel patient care is compromised where they work.

Half (51%) of all nurses responding to the question say that the nursing establishment where they work is sufficient to meet patient needs and a half (49%) say it is not. Among NHS nurses 45% say there are sufficient staff, 55% say there are not sufficient staff to meet patient needs. This is virtually unchanged since 2007, when 46% of NHS nurses considered that there the establishment where they worked was sufficient (and 53% of all).

Figure 5.7 compares the results by employer that indicate that the *'nursing establishment is sufficient to meet patient needs'*. Practice nurses are most likely to report that the nursing establishment is sufficient (80%) and NHS hospital nurses are least likely (44%).

Figure 5.7: 'Nursing establishment is sufficient to meet patient needs' by employer

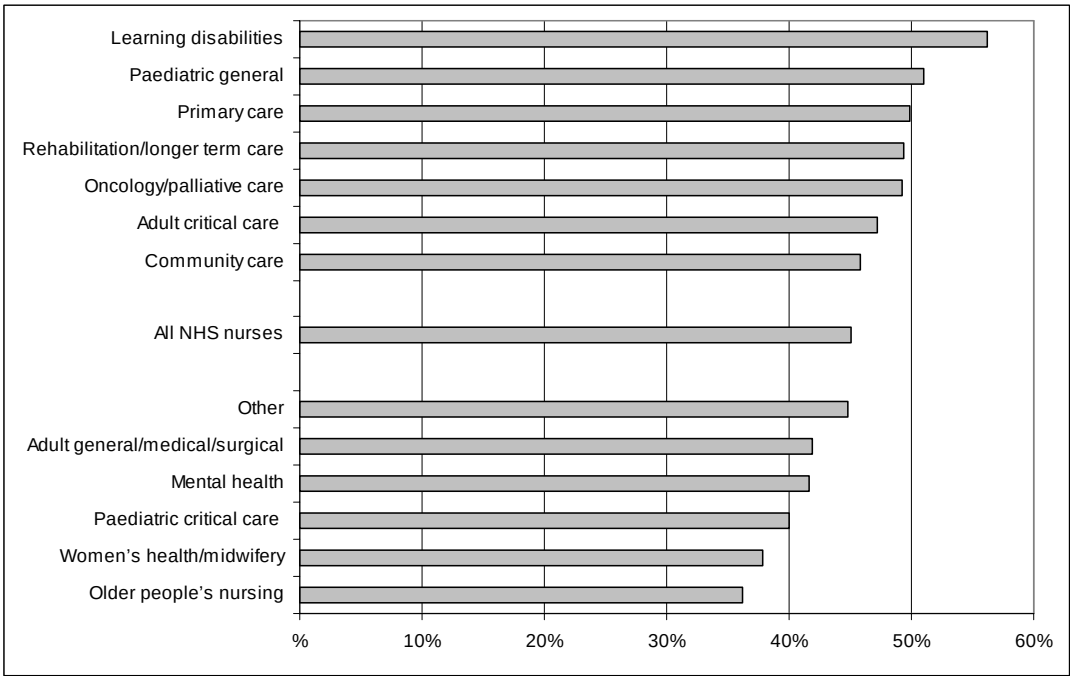


Source: Employment Research/RCN 2009

Within the NHS, analysis by field of practice shows that in only two specialties (learning disabilities and paediatric general), are half or more of all nurses satisfied that the nursing establishment is sufficient to meet patient needs. Fewer than 40% think the nursing establishment is sufficient in older peoples' nursing, women's health and paediatric critical care (Figure 5.8).

Whether the nursing establishment is in reality sufficient to provide enough staff on a daily basis, will depend a number of other factors – the level of unfilled posts, the number of staff absent (short or long-term) and the extent which these gaps are covered (through staff working additional hours or temporary staff). Thus in the NHS, even where nurses consider that the nursing establishment is sufficient, only half (53%) agree that there are sufficient staff to provide a good standard of care. On the other hand where the nursing establishment is not considered sufficient, 11% nonetheless say there are sufficient staff to provide a good standard of care.

Figure 5.8: Agree 'Nursing establishment is sufficient to meet patient needs' by specialty (NHS only)



Source: Employment Research/RCN 2009

Just over a third of nurses (35%) report patient care is rarely or never compromised by short staffing, 23% say it is compromised several times per month and 42% say it is compromised at least once or twice per week (with one in four saying it is on most or every shift). Patient care is compromised more frequently in the NHS; 47% report it is compromised at least once or twice per week compared to 23% outside the NHS. This has increased slightly since 2007, when 44% of NHS respondents reported that short staffing compromised patient care at least once a week (or 39% across all employer settings).

Eight out of ten GP practice nurses say patient care is compromised only rarely or never, while 51% of nurses in NHS hospitals and 50% of those that work in bank/agencies say patient care is compromised at least once or twice per week. (See table 5.6).

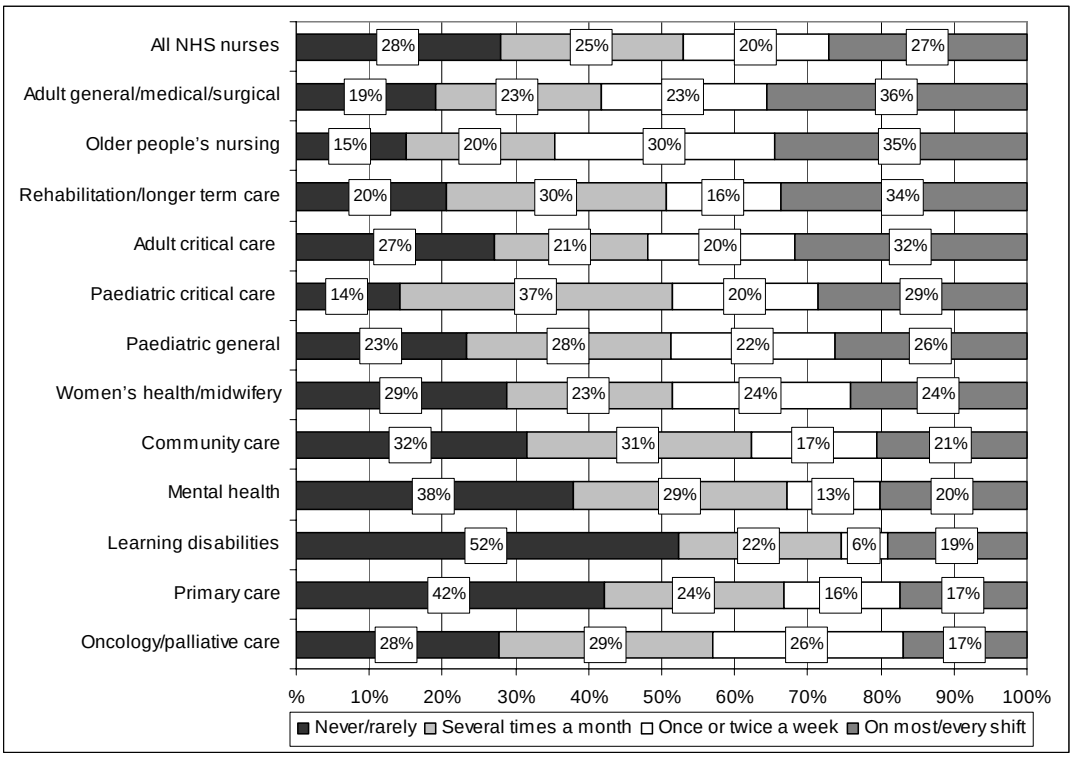
Table 5.6: Frequency patient care is compromised by short staffing

	Never	Rarely	Several times a month	Once or twice a week	On most shifts	On every shift	*Weighted cases*
NHS hospital	3	21	24	21	25	5	*2405*
NHS community	6	35	29	16	10	5	*651*
NHS other	8	31	24	18	16	4	*205*
All NHS	**4**	**24**	**25**	**20**	**22**	**5**	***3372***
GP practice	21	60	11	5	2	2	*266*
Independent hospital	11	36	16	17	15	5	*130*
Independent care home	6	34	23	15	18	4	*239*
Other independent	21	55	11	8	4	0	*71*
Bank/agency	6	24	21	12	30	8	*139*
Hospice/charity	12	52	21	9	6	0	*126*
Other	23	43	11	10	9	4	*91*
All respondents	**6**	**29**	**23**	**18**	**19**	**5**	***4363***

Source: Employment Research/RCN 2009

Figure 5.9 shows the proportion of nurses indicating patient care to be compromised by specialties within the NHS. Between 50% and 65% of nurses working in adult general, adult critical, older people's nursing and rehabilitation/longer term care patient care report that care is compromised on most or every shift.

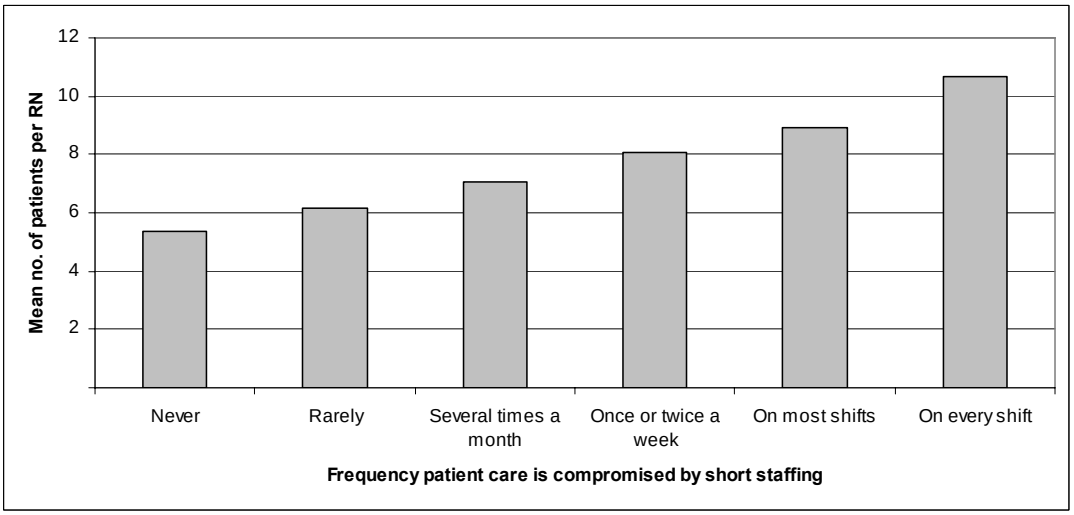
Figure 5.9: Patient care is compromised by short staffing by specialty (NHS only)



Source: Employment Research/RCN 2009

Figure 5.10 demonstrates the link between patient to nurse ratio and reports that care is compromised by short staffing in NHS hospitals. Where patient care is reported to never be compromised the average number of patients per RN is five but where it is compromised on every shift the patient to nurse ratio is two times higher at ten patients per RN.

Figure 5.10: Frequency patient care is compromised by short staffing in NHS hospitals, mean number of patient per RN



Source: Employment Research/RCN 2009

5.5 Key points: Chapter 5

- The average number of patients per registered nurse on NHS wards is 7.9 patients in the day and 10.6 at night. This is the same as recorded in 2005, but more than in 2007.

- RNs make up 60% of nursing staff in the day on NHS wards, 64% on independent hospital wards and 25% of staff on duty in care homes.

- Staffing and skill-mix vary between wards in the NHS. Half (48%) of nursing staff on older people's wards are RNs, compared with 83% on paediatric wards.

- On average 71% of NHS nurses' time is spent in clinical work, 15% on management, 10% on educating/training, and 5% on research/other activity. Clinical time has changed little since 2007, but is higher than in 2005 (66%).

- Although most (68%) of NHS nurses are happy with the way their time is divided, sister/charge nurses, district nurses and health visitors are more likely to be dissatisfied. Generally they consider that they should be spending less time on clinical activities and more on training/educating others, research and management.

- Nearly a half of all hospital nurses said they were in charge during their last shift.

- Nearly six in ten (58%) staff nurses act as mentors for students (on average three in the last year) and 39% are preceptors for newly qualified nurses (on average one a year).

- Although more nurses say there are sufficient staff to provide a good standard of care (from 26% in 2007 to 30% in 2009), all the other views on workload/staffing are more negative since 2007.

- Nearly two thirds (61%) of all NHS respondents say their workload is too heavy, 55% say they are under too much pressure at work, 54% say they are too busy to provide the standard of care they would like and 47% say too much time is spent on non-nursing duties.

- Larger proportions of health visitors, sisters/charge nurses and senior nurses feel under pressure from their workload.

- In the NHS, IRNs are more likely to say their workload is too heavy (73% compared to 58% of UK qualified nurses), but fewer say too much time is spent on non-nursing duties (31% compared to 47% of UK qualified nurses).

- Workload views of NHS hospital nurses are strongly correlated with the patient to RN ratio where they work.

- More than half (55%) of NHS nurses consider that the nursing establishment where they work is not sufficient to meet patient needs. In older people's nursing, women's health and paediatric critical care, 60% say the establishment is insufficient.

- 42% say short staffing compromises patient care at least once or twice per week; one in four say it is on most or every shift. Care is compromised more often in the NHS.

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, retention and 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.

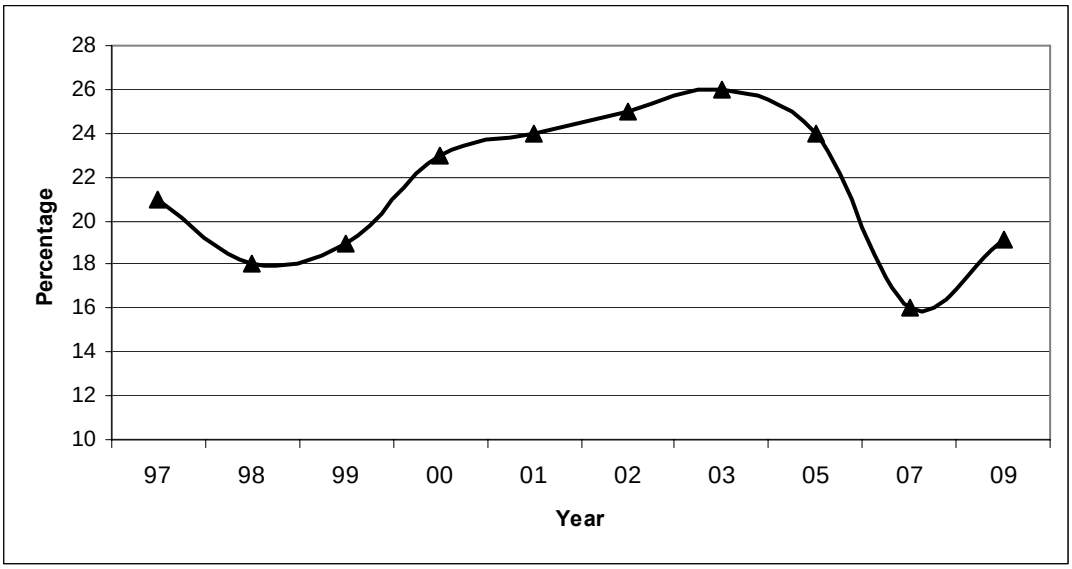
In 2005 the employment survey reported a small decline in turnover suggesting a slow down in recruitment. In addition to this, the slow down in the health labour market resulted in difficulties for newly qualified nurses in finding employment[35]. Then in 2007 there was a steep decline in turnover with the lowest recorded level of job change since 1997 as the health economy reacted to NHS financial deficits, and as a new pay system was introduced which inevitably put people 'on hold' as they waited to see what their final position on the new pay bands would be.

Two years on since the last employment survey, AfC has been fully implemented in the NHS across the UK. But since the autumn of 2008 the national economic climate has deteriorated and the country faces growing levels of unemployment. How has this impacted on nurses' job mobility and progression?

6.1 Changing jobs and employer

Each employment survey, for the last 12 years, has asked nurses to indicate whether or not they have changed jobs and employers in the preceding 12 months. These data (see Figure 6.1) provide an indication of turnover in the nursing labour market.

Figure 6.1: Nurses changing jobs in preceding 12 months 1997-2009



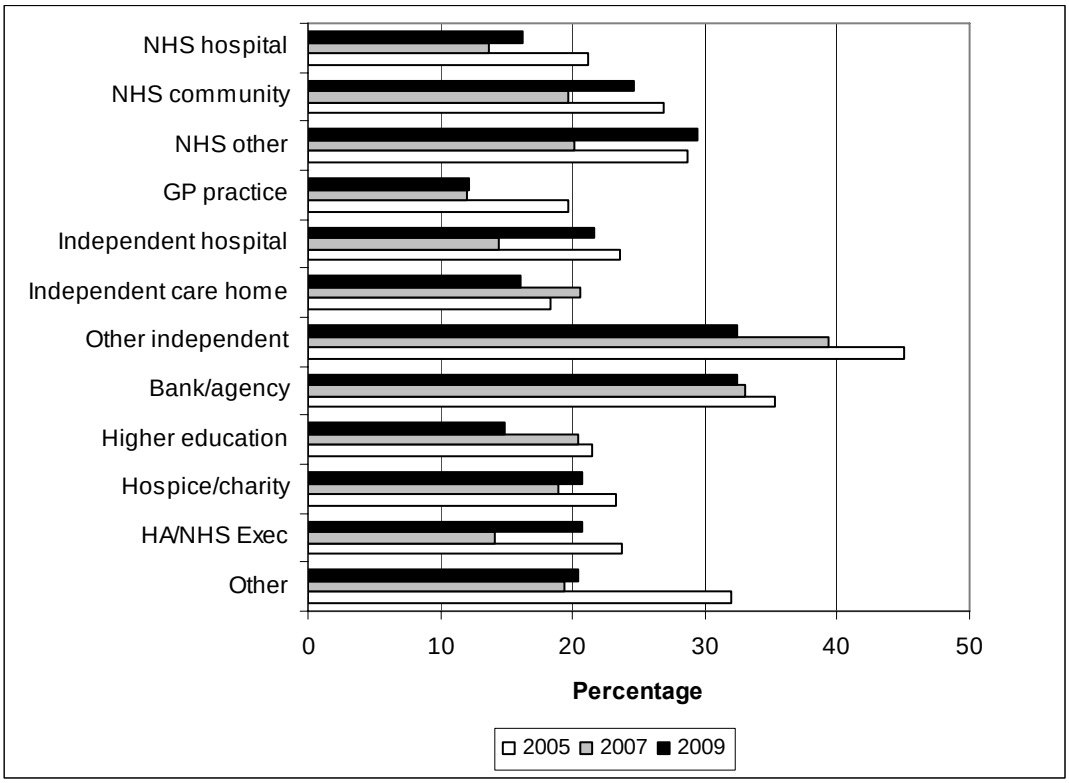
Source: Employment Research/RCN 1997-2009

[35] Buchan J (2006) *From Boom to Bust? The UK Nursing Labour Market Review 2005/6*, Queen Margaret University College, September 2006, pg 39

Between 1998 and 2003 there was a gradual increase in the level of job change, suggesting an increasingly buoyant market but in 2005 the level of job change started to fall and in 2007 it fell significantly to the lowest point recorded by the employment surveys (16% had changed jobs in the preceding year). This year there has been a small increase, with 19% of all respondents reporting that they had changed jobs in the preceding 12 months – returning it to the same level as ten years ago (in 1999).

Variation in the level of job change by current employment setting is shown in Figure 6.2 and the 2009 results are contrasted with those from 2007 and 2005. Between 2005 and 2007 the level of job change in NHS hospitals had fallen from 21% to 14% in 2007. Today 16% of nurses in NHS hospitals reported changing jobs in the preceding year, slightly higher than in 2007, but still lower than that recorded in 2005.

Figure 6.2: Changing jobs by employer group (percentages) 2005, 2007 and 2009



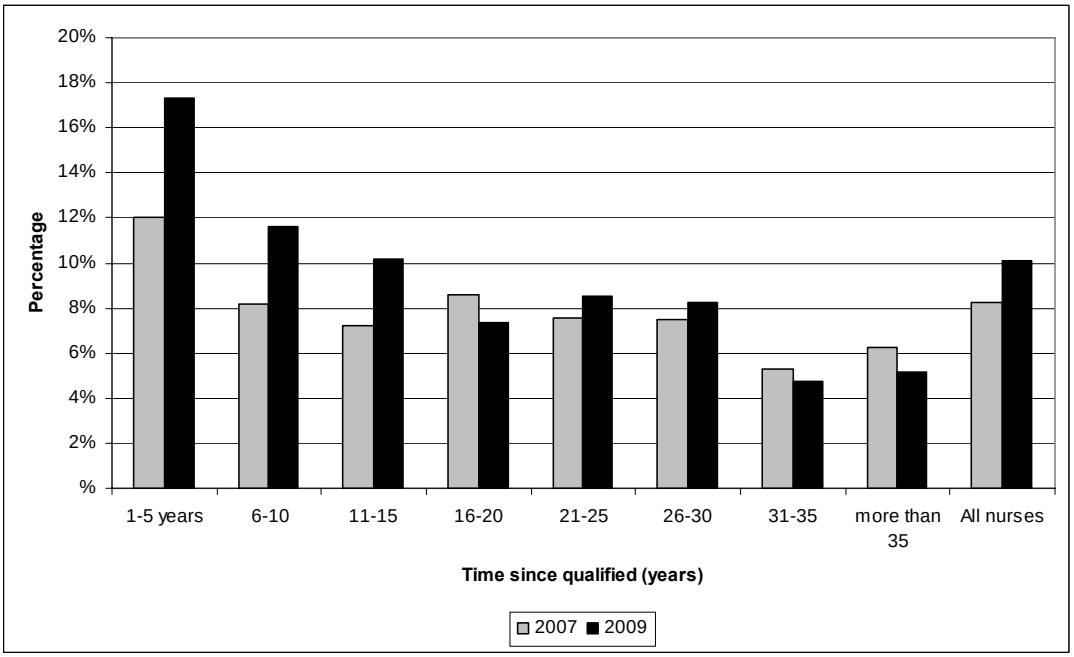
Source: Employment Research/RCN 2005-09

However, there has been no change amongst GP practice nurses – just 12% had changed jobs in the preceding 12 months, the same as in 2007 but down from 20% in 2005. The rate of job change among independent hospital nurses has returned to a similar level to that reported in 2005, while in care homes, after an increase in 2007 from 2005, job change has fallen back to 16%.

A separate question asked whether members had changed employer in the preceding 12 months. One in ten (10%) nurses had changed employer, which is up from 8% in 2007 and just lower than the 11% employer change rate recorded in 2005. Among GP practices there has been no change – 12% having changed employers in 2009 the same as in 2007 but down from 17% in 2005.

The likelihood of changing job and employer is related to career stage. Figure 6.3 shows that compared with 2007, nurses who have qualified recently are much more likely to have changed employer in the preceding 12 months (12% in 2007, 17% in 2009). Thus the overall increase in job change between 2007 and 2009 is primarily caused by an increased mobility of less experienced nurses.

Figure 6.3: Changing jobs by time since qualified as a registered nurse, 2009 (percentages)



Source: Employment Research/RCN 2009

Nurses recruited from outside the UK are less likely to have changed jobs than UK qualified nurses (14% compared with 20% of UK qualified nurses).

Job change is related to career stage and domestic circumstances. One in five (20%) NHS staff nurses without children living at home had changed jobs in the previous 12 months compared to 11% of those with children.

A third (34%) of all respondents who had received an increase in their pay band since making the transition to AfC had also changed jobs, compared to 14% of those who had not moved on to a higher grade.

Why nurses change jobs/employer

The survey asked members to indicate from a list of possible factors the main reasons they changed jobs/employer. Although the options changed slightly this year, the results are broadly comparable with 2007, and are presented for all nurses who changed jobs plus those who also changed employers, in Table 6.1.

Table 6.1: Reasons for changing jobs – percentages (2007 in brackets)

	All job changers		Employer changers		% most important 2
	% 2009	% 2007	% 2009	% 2007	
Gain different experience/skills	54	52	48	55	29 (31)
Better prospects	39	34	40	37	22 (20)
Change in hours/better work life balance	35	31	41	39	24 (25)
Stress/workload in previous job	31	23	35	31	19 (22)
Promotion	30	28	17	20	17 (18)
Better pay	30	29	27	31	22 (27)
Dissatisfied with previous job	30	26	37	36	20 (14)
Distance to work	15	11	23	18	5 (4)
Personal reasons/moving/partner's job[36]	13	13	20	22	8 (10)
Bullying/harassment	11	7	14	9	7 (8)
Training reasons	8	6	10	7	4 (2)
Better terms and conditions	7	14	10	21	2 (5)
Health problems	4	3	3	2	1 (2)
Redeployment[37]	4	7	3	3	2 (3)
Place of work closed/redundancy	3	6	5	8	2 (3)
Retirement (semi)	2	2	1	1	2 (1)
Dismissed (unfairly/fairly)	1	1	1	1	1 (1)
Other	12	11	14	10	6 (3)
Weighted cases	*863*	*793*	*451*	*375*	*639 (731)*

Source: Employment Research/RCN 2007-09

The most common reason for changing jobs is to gain different experience and skills, mentioned by more than half (54%) of all nurses who had changed jobs in the preceding year. Career progression issues such as seeking better prospects were referred to by 39% and this figure is slightly higher than in 2007 when 34% moved jobs for this reason. Other changes in response include considerably more nurses moving jobs because of stress and workload (31% compared to 23% in 2007), dissatisfaction with previous job (30% compared to 26% in 2007), change in working hours (35% in 2009 and 31% in 2007), distance to work and bullying and harassment both of which were also cited by more respondents in 2009 than was the case in 2007. Interestingly, on average, respondents ticked more factors for moving jobs in 2009 than was the case in 2007.

Nurses whose job change involved a change of employer gave gaining experience/skills (48%), change in hours (41%), better prospects (40%), and dissatisfaction with their previous job (37%) as their main reasons. However, compared to those who change jobs without moving to a new employer, more cited stress and workload (35%), distance to work (23%) and bullying and harassment (14%) as reasons for moving.

Looking at the two most important reasons nurses gave for moving jobs, the major change since 2007 is that fewer refer to gaining better pay as a reason for the change but more refer to dissatisfaction with their previous job.

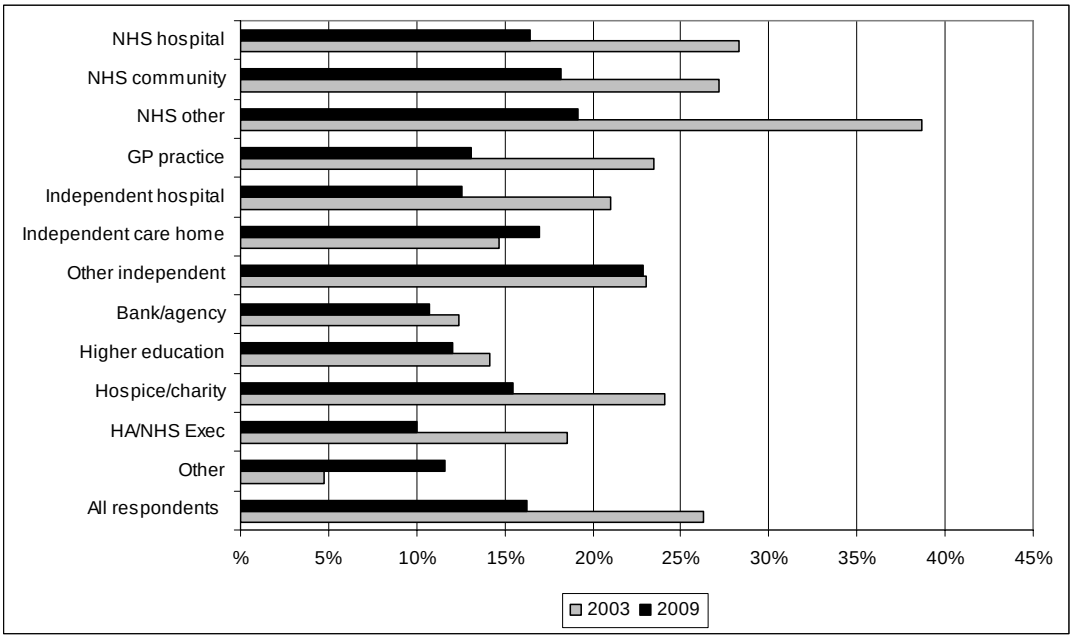
[36] This includes family reasons. In 2007 family reasons was a separate factor
[37] Redeployment not included as an option in 2005

6.2 Applications for higher posts

The Employment survey includes questions to explore nurses' efforts to gain promotion. Respondents are asked if, in the last 12 months, they have applied for a higher grade/banded post and if they have whether or not that application was successful.

As in 2007, 16% had applied for a higher band/grade post, while in 2003 the equivalent figure was 26% (see Figure 6.4). Within the NHS, 17% had applied for a higher grade post, while in 2003 the equivalent figure is 29%. Nurses working in care homes were more likely to have applied for a higher grade post than was the case in 2003, but in all other sectors fewer nurses in 2009 had applied for higher banded/graded posts.

Figure 6.4: Percentage of nurses applying for higher grade posts by employer group 2003 & 2009

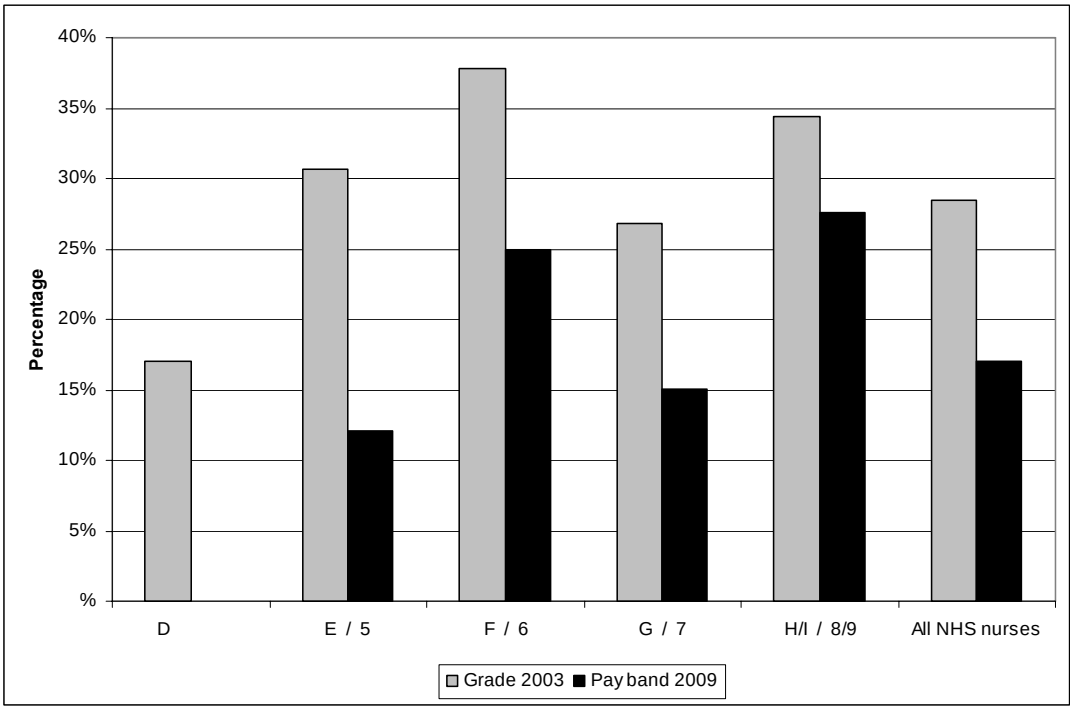


Source: Employment Research/RCN 2009

Some of the reduction in applications to higher grade posts will be due to the width of band 5, which encompasses what was previously two separate grades. Almost half (49%) of all NHS nurses are employed on band 5, while in 2003 36% of all NHS nurses were E grades and 23% D grades. Thus transition between grade D and E would previously have involved an application to a post of higher grade, but now both levels fall within the same pay band.

Thus in 2003, 17% of NHS respondents who were currently D grades, and 31% of E grades, had applied for a higher grade post in the 12 months preceding the survey (see Figure 6.5). In 2009 just 12% of current band 5 nurses had applied for a higher banded post. But this only explains part of the reduction in applications rates. As Figure 6.5 shows, relative to 2003 there has been a reduction in the application rate across all grades/pay bands.

Figure 6.5: Applications for higher grade posts by grade (2003) and pay band (2009) (NHS only, percentages)



Source: Employment Research/RCN 2009

The reduction in the proportion of nurses applying for jobs of a higher pay band is likely to be due to the relatively recent implementation of AfC. That process in itself may have felt like a job change for many respondents, as they waited to see the outcome of job evaluation, and to see how their post had been banded.

Larger proportions of BME nurses (26% compared to 16% of white nurses) have applied for a job of a higher band in the last year. Similarly full-time nurses (19% compared to 11% of part-time nurses) are also more likely to have applied for higher banded positions.

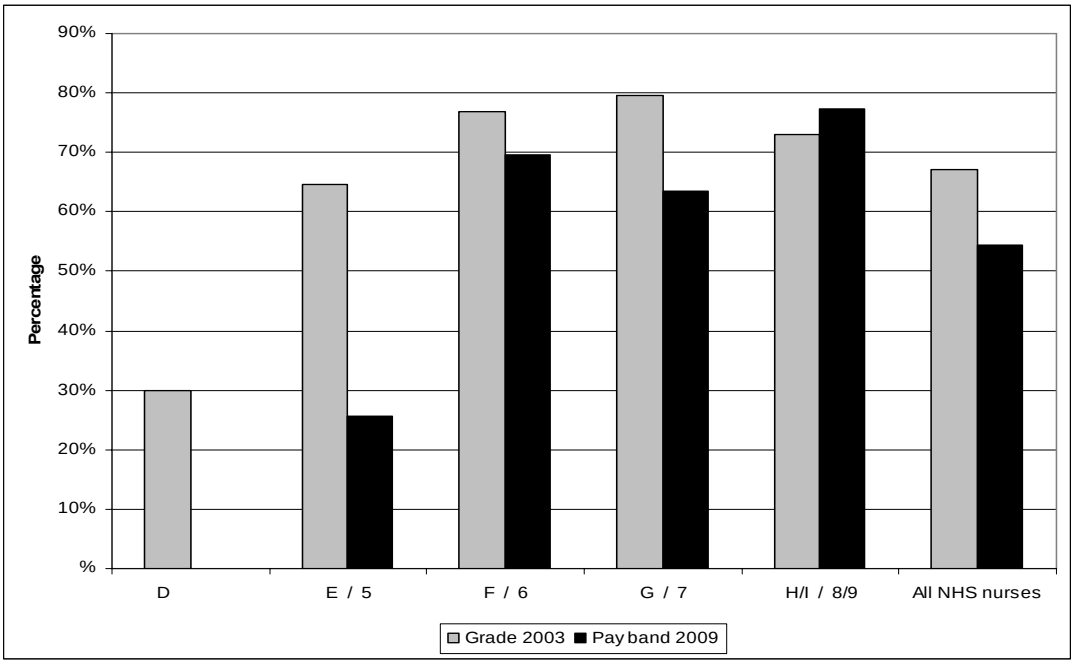
Success in applying for higher banded posts

Just over half (55%) of those nurses who applied for higher banded posts were successful in getting the job, with no difference between the NHS and other health care sectors. The rate of successful job application for NHS nurses has fallen from 67% in 2003 to 55% in 2009. There were significant differences within the NHS according to current between pay bands, and the pattern by has changed since 2003, as Figure 6.6 shows.

Clearly, success in applying for higher banded posts is also correlated with job title with fewer staff nurses applying and being successful in their applications than is the case among sisters/charge nurses, senior nurses and other NHS job categories. There is less variation by field of work/specialty.

In other employer settings, there are too few respondents to make reliable comparisons but across the independent sector as a whole, six in ten (58%) nurses were successful in their applications. Although the main determinant of success in applying for higher banded posts is pay band, it is also the case that nurses who qualified more recently are more likely to have been successful in their application (59% of those who qualified in the last ten years compared to 52% of those who qualified more than ten years ago).

Figure 6.6: Successful applications to higher grade/pay band posts by grade (2003) and pay band (2009) (NHS only, percentages)



Source: Employment Research/RCN 2009

Looking across all nurses who made applications for higher grade posts, younger nurses are more likely to have been successful in their applications (58% of those aged under 50 compared to 38% of those aged 50 plus and 63% of the under 40s compared to 42% of the 40 plus age group). Similarly, more white nurses were successful than BME nurses (58% compared to 42% of BME nurses).

Changes in pay bands post assimilation to AfC

Looking at the bands of nurses immediately after their transition from clinical grading to AfC pay bands and contrasting this with the distribution of pay bands in 2009, provides an alternative indicator of upward movement. For example, in 2007 6% of nurses who were on band 5 immediately after their transition to AfC were on band 6 at the time of the survey.

The equivalent figure in 2009 is 15% with 2% on band 7 (Table 6.2). Also, in 2007 12% of those on band 6 were employed on band 7 at the time of the survey, today the equivalent figure is 23% with 2% on band 8. However, more than three quarters of band 6 and band 5 respondents have been on these pay bands since their transition from clinical grading. The unknown in this analysis however, is the date at which nurses were assimilated to AfC.

Table 6.2: AfC pay bands immediately after AfC and in 2009 (NHS only, percentages)

Pay band immediately after transition	Current AfC pay band						*Weighted cases*
	1/2/3	4	5	6	7	8/9	
≤ 4	44	11	41	4	0	0	*71*
5	0	0	82	15	2	0	*1473*
6	0	0	0	75	23	2	*708*
7	0	0	0	0	86	14	*434*
8/9	0	0	0	0	9	91	*90*
All respondents	**1**	**0**	**45**	**27**	**20**	**6**	***2776***

Source: Employment Research/RCN 2009

To provide an indication of career progression nurses are split into those who remain on the same band as they were immediately after making the transition to AfC and those that are on a higher pay band. One in five (19%) NHS nurses are now on a higher grade compared to the band they moved onto at the time of transition.

6.3 Currently seeking a change of job

In 2007 a new question was introduced to find out if members were currently seeking work or a change of job and if so, to indicate what type of job they are seeking. In 2009 one in four nurses (26%, same as NHS figure) are currently seeking work or a change of job, marginally higher than the figure reported in 2007 (24%). Nurses in independent care homes are most likely to be seeking a change of job (39%) and GP practice nurses and hospice/charity nurses least likely (15% and 19% respectively).

More BME respondents are looking to change jobs than white respondents. This is especially the case in care homes where 51% of BME respondents are seeking a change of job compared to 29% of white nurses.

Looking for a change in job is correlated with career stage. A third (33%) of nurses in the first ten years of their careers are seeking work or a change of job, compared to one in five of those more than 20 years into their career.

Among staff nurses in the NHS, men (40%) are more likely to be seeking work or a change of job than women (27%) across all stages of their career – this corroborates a similar finding in 2007, showing men to be more likely to be seeking work/change of job than women.

Nurses who are dissatisfied with their working lives they are more likely to be seeking a change of job. For example, 59% of nurses who say they are dissatisfied with their current job are looking for a change of job, compared to just 14% of those who report job satisfaction. Four other factors have been identified as being most strongly correlated with looking for a new job: control over working hours, feeling work is valued, access to training, and having a supportive manager. In each case, nurses who are not currently seeking a change in job are more satisfied, and are at least twice as likely to be satisfied with each of these aspects of their working lives compared to those looking for a job.

Preferred type of work

Members seeking a change of job were asked what type of work they are looking for. Table 6.3 summarises the key data. There has been a shift towards more nurses seeking NHS work (from 62% in 2007 to 69% in 2009) and agency work (up from 5% to 9% this year).

However, there has been a fall in the numbers considering non-NHS work (down from 16% in 2007 to 12% in 2009) and non-nursing work (19% in 2007 to 14% this year). Two-thirds (67%) of nurses working in care homes are seeking work in the NHS, while 22% of independent hospital nurses are looking for work outside the UK.

Table 6.3: Type of work sought by current employer (percentages[38])

Sought: / Current:	NHS work	Agency	Bank	Non-NHS	Outside UK	Non-nursing	Other	*Base N=*
NHS hospital	73	7	5	10	10	15	9	*570*
NHS community	79	3	6	8	8	14	12	*153*
NHS other	74	13	6	13	2	12	13	*53*
All NHS	**73**	**7**	**6**	**10**	**9**	**14**	**11**	***820***
GP practice	54	16	11	27	5	16	13	*37*
Independent hospital	53	14	8	16	22	8	3	*36*
Independent care home	67	15	10	12	8	12	7	*86*
Bank/agency	51	17	16	16	9	16	14	*63*
All respondents	**69**	**9**	**6**	**12**	**10**	**14**	**11**	***1080***

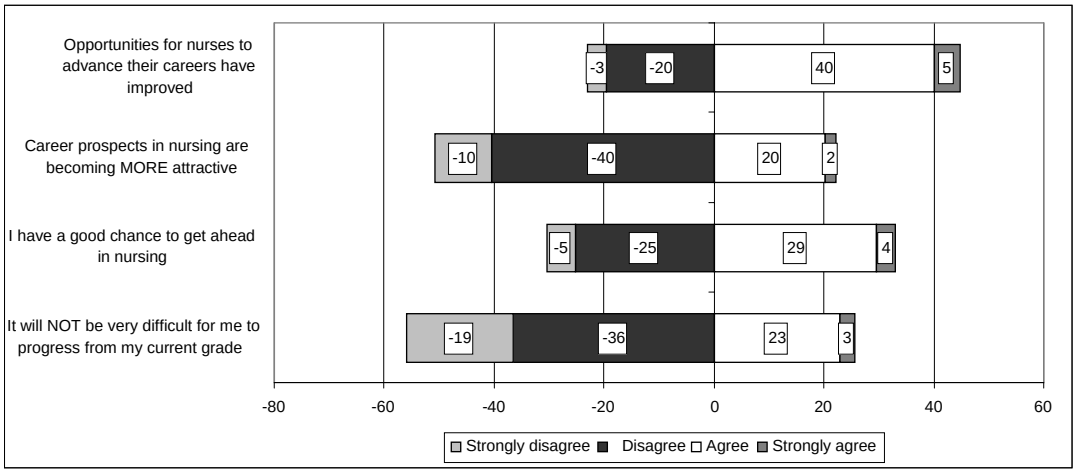
Source: Employment Research/RCN 2009

BME nurses are more likely to be seeking work in the NHS, agency work, and nursing work outside the UK but fewer are seeking work in non-nursing jobs and non-NHS nursing. A third (32%) of IRNs working in the UK are seeking work or a change of job and of these 27% are seeking nursing work outside the UK, compared to 9% of UK qualified nurses.

6.4 Views of career progression issues

Four of the attitude items included relate to career opportunities and progression. Most nurses feel it will be very difficult for them to progress from their current grade (55%), a third think they have a good chance to get ahead in nursing, just 22% feel that career prospects in nursing are becoming more attractive but 47% of all nurses (45% of NHS nurses) think that opportunities for nurses to advance their careers have improved. The results for NHS nurses are presented in Figure 6.7.

Figure 6.7: Views of career progression issues (NHS only, 2009 percentages)

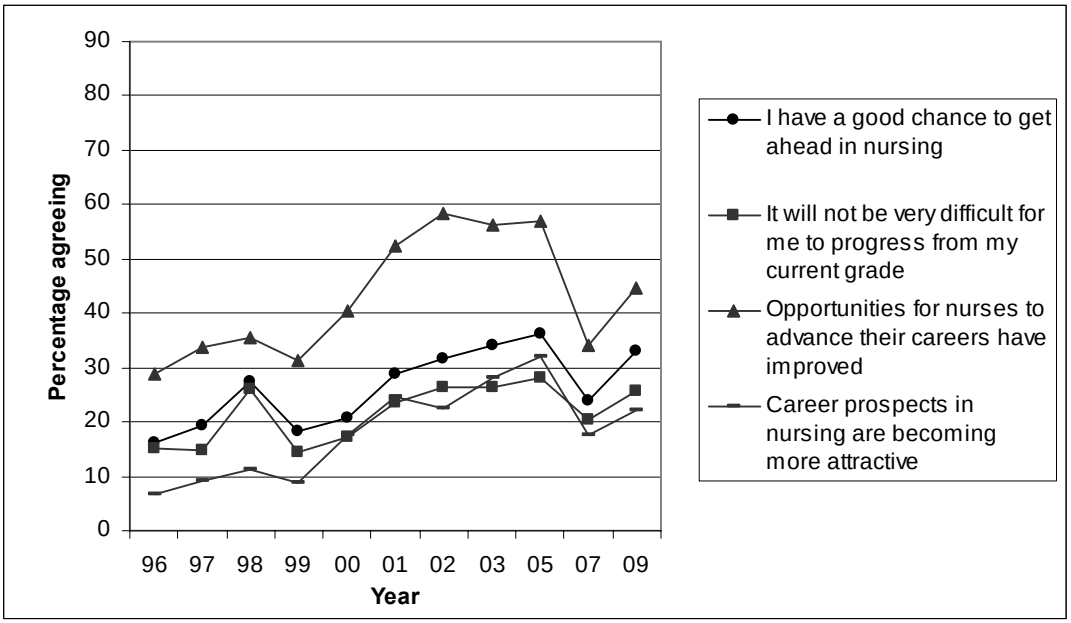


Source: Employment Research/RCN 2009

[38] Note that respondents could indicate more than one type of work/destination so numbers do not add to 100%.

Across the attitude items, career progression is one of the features of working life that has shown most improvement since 2007. Between 2005 and 2007 (when there was much concern about redundancies and financial deficits) nurses' views of career opportunities had fallen dramatically. Views are more positive in 2009, but are still below the level of optimism recorded in 2005 (see Figure 6.8).

Figure 6.8: Career progression (percentages NHS only) 1996-2009



Source: Employment Research/RCN 2009

Views of nurses vary according to their employer group. For example, in relation to the statement: '*I have a good chance to get ahead in nursing'*, NHS community nurses feel most negative, with just 26% agreeing with the statement compared to 35% of NHS hospital nurses, 34% of practice nurses, 37% of independent hospital and 43% of care home nurses.

Practice nurses (66%) and nurses working in independent care homes (61%) are most likely to think that *opportunities for nurses have improved*, especially when compared to hospice and NHS community nurses (43%), and NHS and independent hospital nurses (45%).

Within the NHS nurses on band 5 (42%) and band 6 (40%) are less likely than nurses on band 7 (51%) and band 8/9 (62%) to feel that nursing career opportunities have improved. Nurses on bands 1-3 are also more likely to see opportunities having improved (57%) than those on bands 5 or 6.

In addition to this, BME nurses feel more positive about career opportunities than white nurses in the NHS (55% compared to 44% of white nurses). This difference holds true for all pay bands with 50% of band 5 and 65% of band 6 BME nurses feeling positive about this aspect of their working life compared to respectively 40% and 38% of white nurses in the NHS.

By and large younger nurses are more positive about career prospects. For example, 44% of nurses under 40 agree that they have a good chance to get ahead in nursing compared to just 24% of those over 40. This partly explains the difference noted above between NHS hospital and community nurses. Nurses recruited from overseas are also much more positive about careers, with two thirds (65%) indicating that they have a good chance to get ahead in nursing compared to 31% of UK qualified nurses.

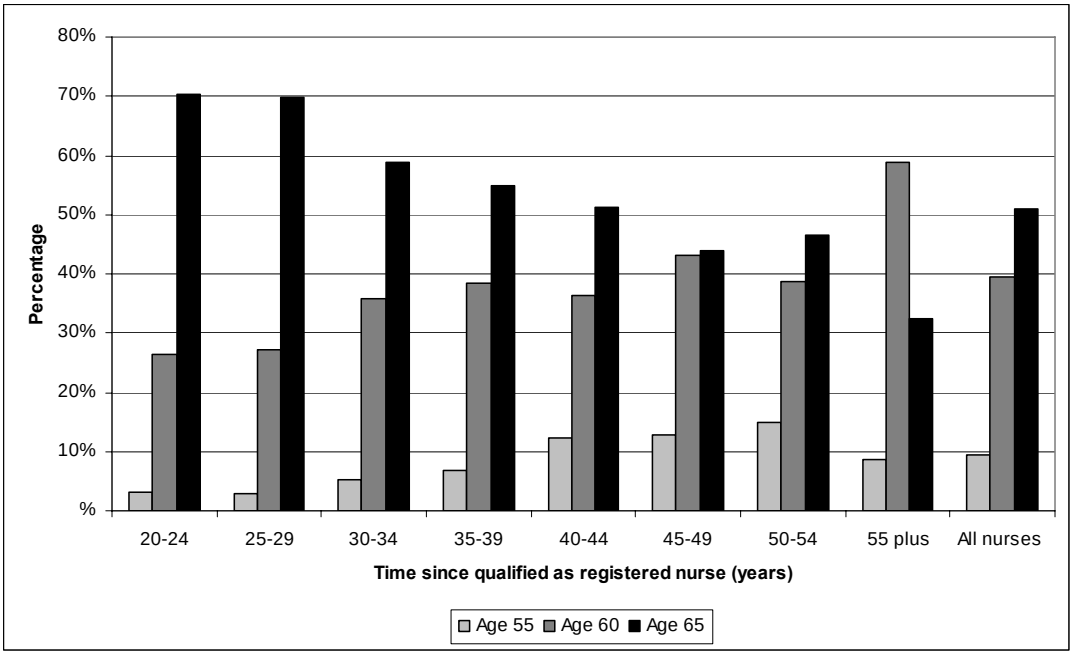
Views of career prospects also vary by country; more nurses in England (35%) feel positive about their chances of progress in nursing than in Scotland (25%), Wales (28%) or Northern Ireland (27%).

6.5 Retirement

For the last three surveys the questionnaire has sought information on nurses' retirement plans. Firstly members were asked to indicate their official retirement age. Half (51%) report that their official retirement age is 65, 39% say it age 60 and 10% say it is age 55.

Younger nurses are more likely to report having an official retirement age of 65 (70%), while more nurses nearing retirement age say their official retirement age is 60 (Figure 6.9).

Figure 6.9: Official retirement age by age band (percentages)



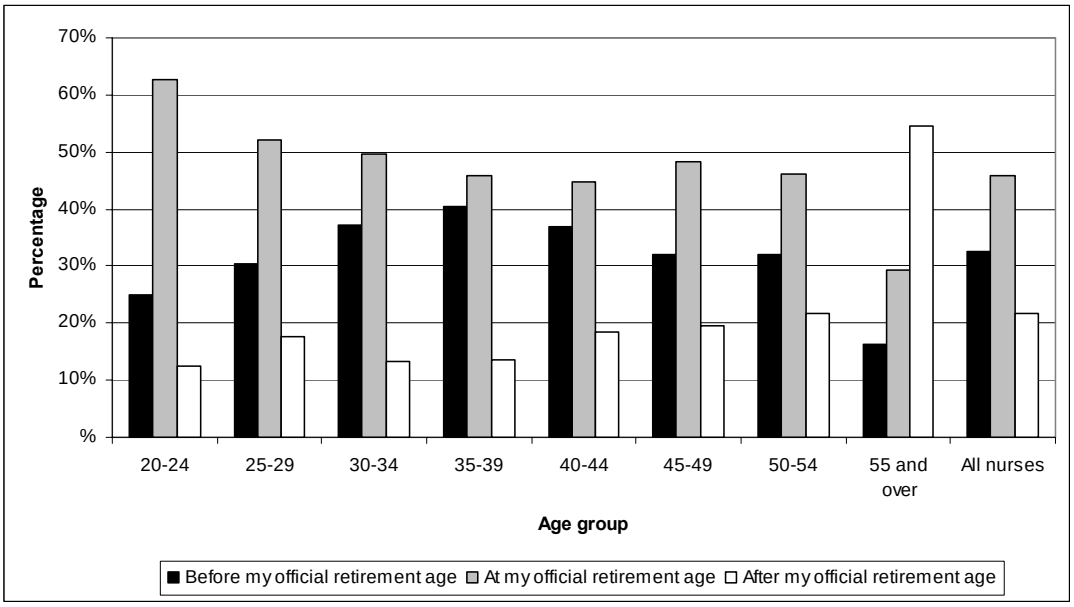
Source: Employment Research/RCN 2009

A second question asked when members anticipated that they would retire (before, on or after their official retirement age). Figure 6.10 shows the anticipated retirement point of nurses by age group.

It highlights the fact that at the outset of nurses' careers most nurses anticipate retiring at their retirement age, however, in the middle of their careers more nurses anticipate retiring before their retirement age. In the final five-ten years there is an increase in the number of nurses who expect to work beyond their retirement age and anticipate retiring after their retirement age (some of these are already working beyond their retirement age).

Overall, one in four nurses (25%) plan to continue to work in nursing, which is a significant increase since 2007 when the equivalent figure was 17%[39]. In 2007 more nurses said they did not intend to work in nursing (29% compared to 25% in 2009) or did not know (43% compared to 36% in 2009). The figures for continuing to work but not in nursing are broadly the same between the two surveys (13% in 2009 and 11% in 2007).

Figure 6.10: Anticipated retirement age by age band (percentages)



Source: Employment Research/RCN 2009

Table 6.4 gives a break down by time since qualification of the respondents' working plans after they reach retirement age. Nurses at the start of their careers are less likely to know their retirement plans, but the proportion saying they 'don't know' gradually reduces with stage of career. During the middle stages of their careers more nurses intend to stop working at retirement age (32%) at 11-20 years into their careers. However, as nurses reach retirement age an increasing number intend to work in nursing and in the same work in which they are currently engaged.

Table 6.4: Working beyond retirement age by time since qualification (percentages)

	1-5 years	6-10	11-15	16-20	21-25	26-30	31-35	35 plus	All nurses
Yes, in nursing in same sort of work	14	11	11	12	15	18	27	61	**17**
Yes, in nursing but in different type of work	11	7	6	5	9	8	8	7	**8**
Yes, but not in nursing	10	12	14	14	14	19	12	8	**13**
No, will not continue working	20	29	31	32	25	24	23	14	**26**
Don't know	45	41	38	36	37	31	29	11	**36**
Weighted cases	*791*	*652*	*570*	*584*	*617*	*554*	*361*	*266*	***4395***

Source: Employment Research/RCN 2009

[39] Note that the wording changed slightly. In 2009, respondents were given two 'stay in nursing' options, 'Yes, in nursing in same sort of work' and 'Yes, in nursing but in a different type of work'. In 2007 respondents were only offered one option 'Yes, in nursing work'.

Focusing on nurses who provided details of what they anticipated doing once they reached retirement age, those in women's health, sisters/charge nurses, nurses working paediatric general environments, clinical nurse specialists and nurses working in oncology/palliative care are most likely to say they will not be working beyond their retirement. While occupational health nurses, learning disabilities, hospice nurses and nurse practitioners are most likely to say they will continue to work in the same sort of work.

Men are more likely to be decided about their retirement plans (just 29% say they 'don't know' compared to 41% of women), even when looking only at the under 50 age group. More men want to work outside nursing (20% compared to 13% of women), or work in a different field of nursing (15% compared to 7% of women), with fewer men anticipating not working beyond retirement age (22% compared to 28% of women).

Information about pensions

This year an additional attitude item was included to assess nurses' views of the information they have regarding the pension associated with their job. Overall, just under half of all nurses (46%) agree that they have sufficient information about the pension associated with their job. There is little difference between the NHS (45%) and other sectors of health care (47%), but nurses in care homes (27%) and working for bank/agencies (29%) are much less likely to agree with the statement. Nurses in hospices (59%) and independent hospitals (58%) are more likely to say they have sufficient information. The closer in age nurse are to their retirement, the better informed they are likely to be – 53% of nurses aged over 50 say they have sufficient information. Nurses living in Northern Ireland (36%) and Scotland (42%) are less likely to report that they have sufficient information about the pension associated with their job.

6.6 Key points: Chapter 6

- Turnover as measured by job changes across all nurses has increased from the ten year low reported in 2007 of 16%, to 19%. This remains lower than the figure reported in 2005. In the NHS the rate of job change is 16%.
- Movement between employers has increased from 8% to 10% in 2009.
- There has been no change in the last two years in the movement of practice nurses between jobs and employers with 12% changing jobs/employers in the preceding 12 months, significantly lower than the 17% reported in 2005.
- Much of the increase in turnover has been concentrated among nurses early in their careers.
- Nurses who qualified and were recruited from overseas (14%) are less likely to have changed jobs than UK qualified nurses (21%).
- The main reason nurses change jobs is to gain new experience and skills (54%). However, there has been an increase in nurses moving jobs because of stress/workload issues (31% compared to 23% in 2007) and because of dissatisfaction with their previous job (30% compared to 26% in 2007).

- Since 2003, the last employment survey to use clinical grading to record pay, there has been a steep reduction in the number of nurses applying for higher grade posts (down from 26% to 16%) with most of this change taking place in the NHS (down from 29% in 2003 to 17% in 2009). The introduction of a single band in place of grades D and E, accounts for some of this difference.

- In the NHS the proportion of applications for higher banded posts that were successful was 55%, down from 67% in 2003. Younger nurses (63% of the under 40s) and white nurses (58%) are more likely to have been successful in their applications than older 48% of nurses aged 40 plus) and BME nurses (42%).

- One in four nurses in the NHS and outside the NHS are looking for work or a change of job. Slightly higher than the 24% reported in 2007. More than two thirds (69%) of all nurses are seeking work in the NHS (including 67% of care home nurses). One in five (22%) of independent hospital nurses are looking for work outside the UK. Nurses who feel dissatisfied with their present job, cannot plan their off duty/times of work, do not feel their work is valued, are unable to take time off for training and do not feel supported by their manager are all more likely to be seeking a change of work.

- One in five nurses expects to work beyond their retirement age. More nurses in the later stages of their career say they will work beyond their retirement age, while more in the middle of their career say they will retire before their retirement age.

- Nurses working as sisters/charge nurses, in paediatric general care, clinical nurse specialists and nurses in oncology/palliative care are most likely to say they will not be working beyond their retirement age.

- Just under a half (47%) of all nurses agree with a statement saying they have sufficient information about their pensions. Younger nurses and those working in Scotland and Northern Ireland are less likely to say they have sufficient information.

- Views of career progression issues have remained broadly the same in 2009 compared to 2003, with little change in the individual reflection. However, when asked to consider the statement o*pportunities for nurses to advance their careers have improved* and *career prospects in nursing are becoming more attractive* there was less agreement in 2009 than there was in 2003 pre AfC.

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 implementation of the new pay system in the NHS was accompanied by the introduction of KSF – a system to make more transparent the associations between professional development, career progression and pay. But by the end of 2006, concern was expressed by a House of Commons Health committee that education and training cuts driven by NHS deficits were seriously affecting the roll-out of KSF.

The employment survey in 2007 revealed that there had been a significant fall in the amount of CPD undertaken by nurses since 2005 – of those that had undertaken CPD 12% said they had not had any, the average fell from 10.6 days a year to 7.3 days in 2007[40].

To boost the take-up of KSF, in May 2008 the government wrote to all NHS organisations emphasising the importance of KSF. The 2008 Healthcare Commission[41] NHS staff survey reported that 55% of NHS staff had a personal development plan, while the National Audit Office[42] estimated that in Aug/Sept 2008, 54% of all staff in the NHS had received an annual appraisal in accordance with the KSF.

What impact have training cuts and subsequent ring-fencing had on nurses' levels of CPD and how do levels of training and having a personal development plan vary across health care employment settings?

7.1 Time spent in CPD

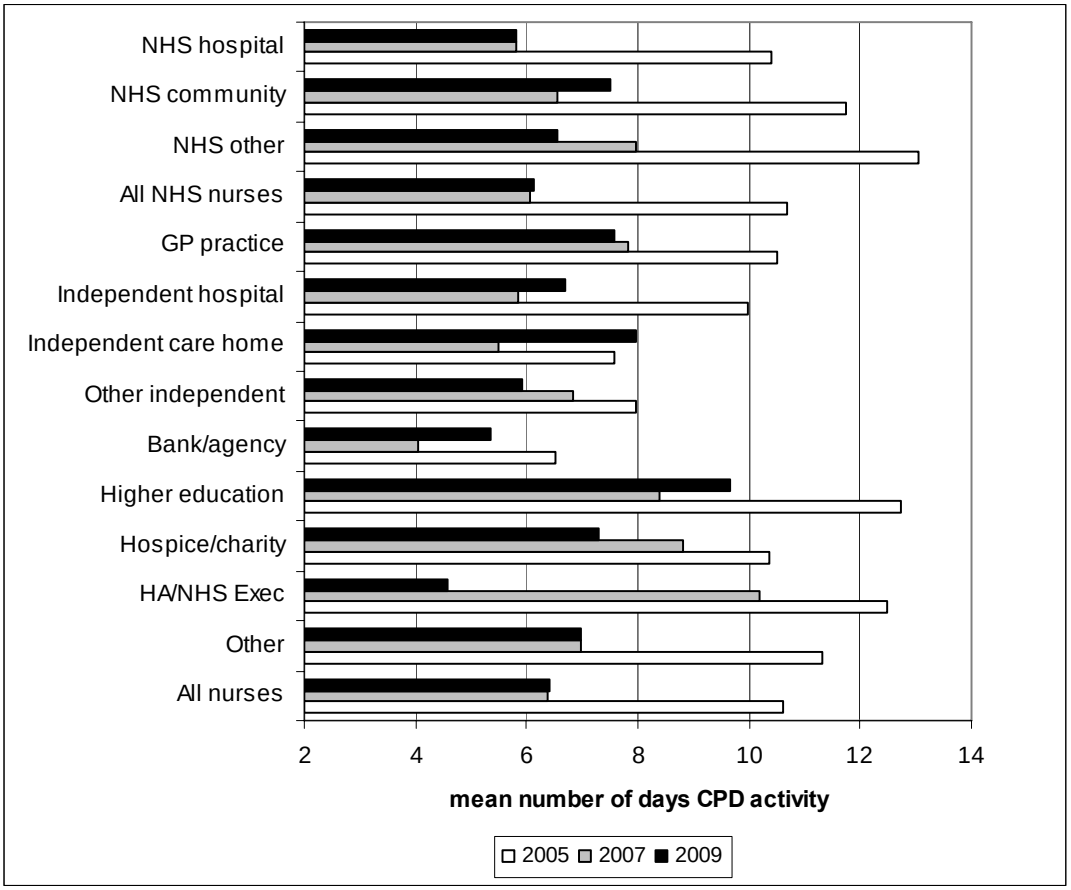
In 2005 1% of nurses surveyed indicated that they had not done any CPD, in 2007 this figure had increased to 12%, while in the current survey, 8% say they have not done any CPD. Of those who had undertaken CPD, the average amount of 7.0 days per year is roughly as it was in 2007, but considerably lower than the 10.6 days recorded in 2005. Including those who had not undertaken any CPD, the average across all nurses is 6.4 days a year, and across the NHS is 6.1 days (exactly as in 2007).

Figure 7.1 shows the average amount of CPD undertaken by employer group including nurses who had not undertaken any CPD in the preceding year. Between 2005 and 2007 the biggest decrease in CPD was found in NHS hospitals and levels of CPD in NHS hospitals have not changed since then. NHS community nurses are however doing more days CPD than their hospital colleagues, and this has increased (6.6 days in 2007 to 7.5 in 2009).

Hospice nurses have had less CPD than was reported in 2007 (down from 8.8 days per year in 2007 to 7.3 in 2009). In the independent sector there has been an increase in the last two years, and in care homes it is back to the level recorded in 2005.

[40] This is the average across all those nurses who had reported having undertaken CPD, excluding those who did not report any CPD days, or who reported 100 days or more (this was deemed to be full-time study)
[41] Health care Commission (2008) *National NHS staff survey 2008*, The Care Quality Commission, www.cqc.org.uk
[42] National Audit Office (2009) Op cit.

Figure 7.1: Mean annual days CPD by employer group (2005, 2007 and 2009)



Source: Employment Research/RCN 2009

There was some variation in the amount of CPD undertaken between countries; in England an average of 6.3 days, Wales and Scotland 5.6 days and Northern Ireland 5.4 days in the last 12 months. These differences remain even when controlling for difference in the employer group. For example, NHS hospital nurses spend an average of 5.9 days on CPD a year in England, compared to 5.2 in Scotland and Northern Ireland and 5.5 in Wales.

In 2007 it was reported that IRNs in the NHS had much lower CPD participation than UK qualified nurses. In 2009, although IRNs would still seem to undertake less CPD the difference is not so great (5.2 days compared to 6.2 days).

Within the NHS, staff nurses have undertaken the least CPD in the preceding year: 5.3 days compared to 6.1 days on average among sisters/charge nurses, 7.8 days among senior nurses, 6.7 days among CNS and nurse practitioners, 6.9 days among community nurses and 8.0 among district nurses. Of these job categories only community, senior and district nurses show an increase in the amount of CPD conducted when compared to 2007. Although the numbers are small (in 2007 17 cases, in 2009 49 cases) it seems too, that there has been a large increase in the amount of training undertaken by HCAs up from an average of 2.4 days in 2007 to 7.8 this year.

In terms of specialty, the lowest levels of CPD are reported in paediatric and adult general (5.2 days), women's health (5.4 days) and adult critical care (5.7 days). Higher levels are reported by nurses working in mental health (9.4 days) and learning disabilities (8.5 days). Adult and paediatric critical care, primary care and oncology/palliative care are the main specialties where there has been a reduction of CPD undertaken since 2007.

Respondents are also asked how much of their CPD is paid for by their employer. Eight in ten nurses (80%) report that all their CPD is paid for by their employer, 6% say that none of it is and the remainder say it is partially paid for by their employer. Bank and agency nurses are less likely to have it paid for, just 36% saying that all of their CPD is paid for by their employer. In the NHS, how CPD is funded does not vary by where nurses work or their pay bands. NHS nurses report that on average 89% of their CPD was paid for by their employer slightly more than in 2007 when 86% of CPD was paid for by the employer.

This year the survey asked respondents whether or not the amount of CPD undertaken in the last year has changed compared to the previous 12 months. Approximately a half (49%) of all nurses think the amount of CPD they have done in the last year is more or less the same as it was in the preceding 12 months. Three in ten (29%) think it has increased and 22% think it has decreased. There is little or no difference between the NHS and the non-NHS sector. However, nurses working in care homes are most likely to report an increase (38%). A third of nurses in NHS community settings (34%) report an increase in the last year compared to the previous year, compared to 27% of NHS hospital nurses.

Nurses in Wales are more likely to report that the amount of CPD they have undertaken has decreased in the last year (34% compared to 23% of nurses in England and Northern Ireland and 26% of nurses in Scotland).

Supporting the findings above, more NHS nurses working in mental health (40%) and learning disabilities (46%) say that the amount of CPD they have done has increased more than any other field of work. A higher proportion of HCAs also report increases in CPD activity in the last year (46%), again corroborating the findings above showing an increase in the amount of CPD undertaken by HCAs between 2007 and 2009.

In the NHS, nurses who have been promoted onto a higher grade since they moved on to an AfC pay band are more likely to say the amount of CPD they have done has increased in the last year (34%), and more full-time nurses also said the amount of training they have done has increased (30%). Finally, more nurses who were recruited from overseas said that the amount of CPD they have done has increased in the last year, 37% compared to 28% of UK qualified nurses.

7.2 Development reviews and training plans

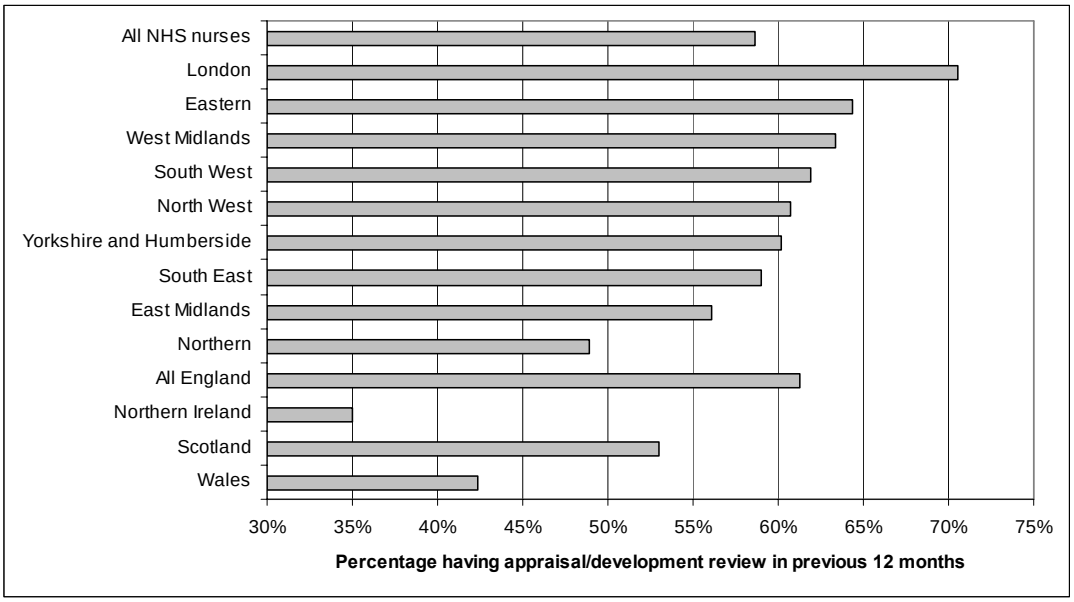
Just over six in ten nurses (61%) have had an appraisal/development review with their manager in the 12 months prior to the survey. This figure is slightly higher than that reported in 2007 (58%). In the NHS this figure is slightly lower at 59% but is significantly higher than reported in 2007 (53%).

Practice nurses are most likely to have had a review (81%) while just 37% of bank/agency nurses have had an appraisal/development review. Meanwhile staff nurses in the NHS are least likely to have had a review (53%, but this figure is higher than the 48% reported in 2007).

The likelihood of nurses in the NHS having received an appraisal/development review is significantly correlated with their country and NHS region. Figure 7.2 demonstrates this showing that for England 61% of NHS nurses have had a development review, compared to 53% of nurses in Scotland, 42% in Wales and 35% in Northern Ireland. Within England more nurses in London have had a review – 71% and less in Northern region 49%.

Within the NHS in England, Scotland and Wales more full-time nurses than part-time have had appraisals/development reviews. In Northern Ireland there is no difference between full-time and part-time. In England 64% of full-time respondents have had a review compared to 57% of part-time nurses, in Scotland 56% of full-time compared to 48% of part-time and in Wales 45% of full-time compared to 37% of part-time nurses.

Figure 7.2: Percentage of nurses having had an appraisal/development review



Source: Employment Research/RCN 2009

Personal training and development plans (PTDPs)

There has been a gradual increase in the proportion of nurses who have personal training and development plans, from 52% in 2005, to 56% in 2007 and 60% in 2009. The figure for the NHS (59%) is marginally lower than the non-NHS sectors, but is an increase relative to 2007 and 2005, when 54% had PTDPs.

Practice nurses are most likely to have a PTDP (74%, same as in 2007), followed by hospice and charity sector nurses (68%, significantly higher than the 55% in 2007). In care homes 60% have a PTDP (up from 48% in 2007) and 60% of those working in independent hospitals do (same as in 2007).

Within the NHS, more full-time nurses have PTDPs (63% compared to 51% of part-time nurses) and band 5 nurses are less likely to have PTDPs (55%) than other nurses. Nurses in Wales (43%) and Northern Ireland (44%) are much less likely to have PTDPs than nurses in England (60%) and Scotland (63%).

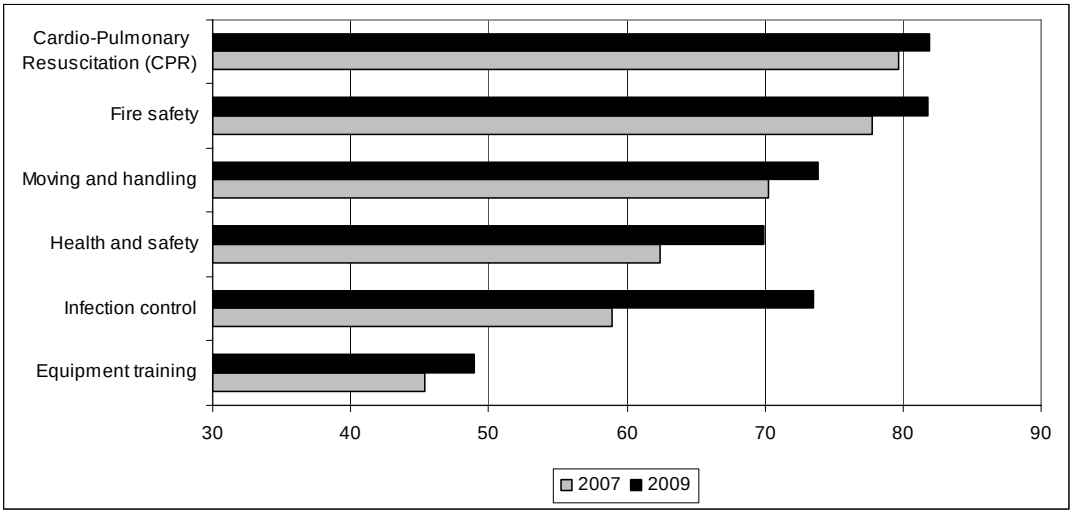
Respondents who have PTDPs were asked to indicate whether or not their manager was involved in drawing up the plan. Nearly eight in ten (79%, compared with 78% in 2007) respondents indicated that their manager had been actively involved in drawing up their PTDP, with very little variation by employer group (NHS 80%).

Within the NHS, IRNs were less likely to report that their manager was involved in drawing up the PTDP (67%) than UK qualified nurses. Interestingly there is no difference between IRNs and UK qualified nurses working in independent care homes as to whether or not their manager was involved in drawing up their PTDP. Finally, nurses in Northern Ireland were less likely to have had their manager involved (67%).

7.3 Mandatory training

A new question was introduced in 2007 that asked whether or not members had received mandatory training in cardio-pulmonary resuscitation (CPR), fire safety, moving and handling, health and safety, infection control and equipment training. Across all activities there has been an increase in the incidence of mandatory training since 2007, especially in infection control from 59% of nurses in 2007 to 74% in 2009 (Figure 7.3). Eight in ten respondents (82%) had received CPR and fire safety (81%), 74% had received moving and handling training 70% health and safety and 49% equipment training.

Figure 7.3: Mandatory training received in last year (percentages)



Source: Employment Research/RCN 2009

The biggest increases in mandatory training have been in the NHS, both hospital and community sectors (see Table 7.1). In particular, there has been a big increase in the proportion of nurses in NHS hospitals receiving infection control training, from 63% in 2007 to 80% in 2009. There has also been a similar increase in infection control training among nurses in NHS community settings (up from 51% in 2007 to 69% in 2009). More nurses working in independent care homes have also received infection control training (81% compared to 67% in 2007).

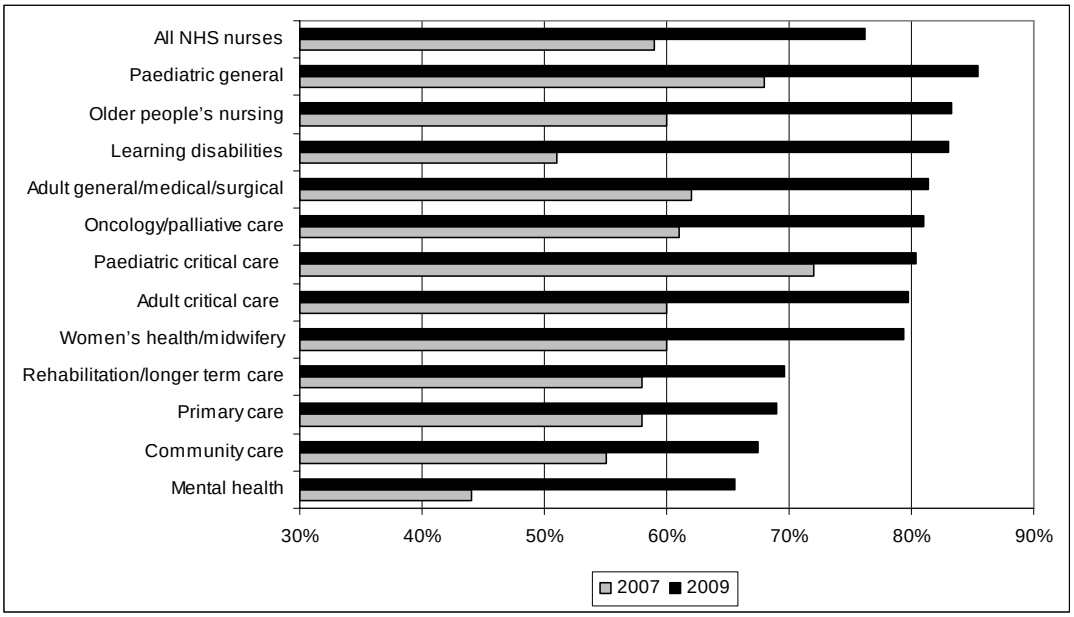
Table 7.1: Mandatory training received in last year by employer group (percentages)

	H&S	Fire safety	Moving & handling	Infection control	Equipment	CPR	*Base N=*
NHS hospital	71	83	78	80	57	86	*2258*
NHS community	68	85	73	69	32	77	*623*
GP practice	34	47	16	43	24	98	*264*
Independent hospital	94	94	91	85	64	96	*125*
Independent care home	84	94	92	81	50	44	*235*
Bank/agency	76	81	86	75	56	85	*137*
Hospice/charity	76	89	87	73	58	77	*131*
All nurses	**70**	**82**	**74**	**74**	**49**	**82**	***4184***

Source: Employment Research/RCN 2009

Larger proportions of nurses in all specialties have received mandatory infection control training in 2009, compared with 2007 (Figure 7.4). The biggest increases have been in learning disabilities (up from 51% in 2007 to 83% in 2009) and mental health (up from 44% to 66% in 2009). This might explain some of the increase in CPD training activity in these two specialties reported in the previous section. The only area of practice where there was only a modest increase in activity is paediatric critical care, largely because training activity in this field was already high; and significantly above other specialties in 2007.

Figure 7.4: Mandatory infection control training by specialty 2007 & 2009

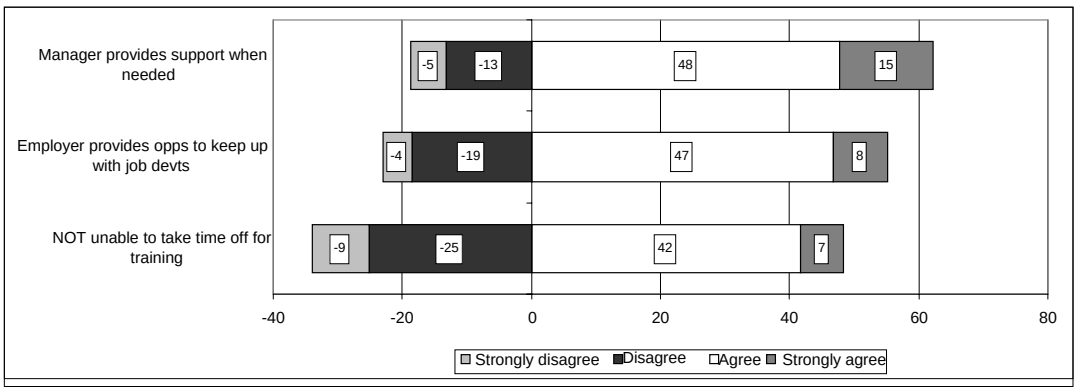


Source: Employment Research/RCN 2009

7.4 Views of training

Figure 7.5 summarises NHS nurses views about training. Views are slightly more positive since 2007, having fallen significantly between 2005 and 2007.

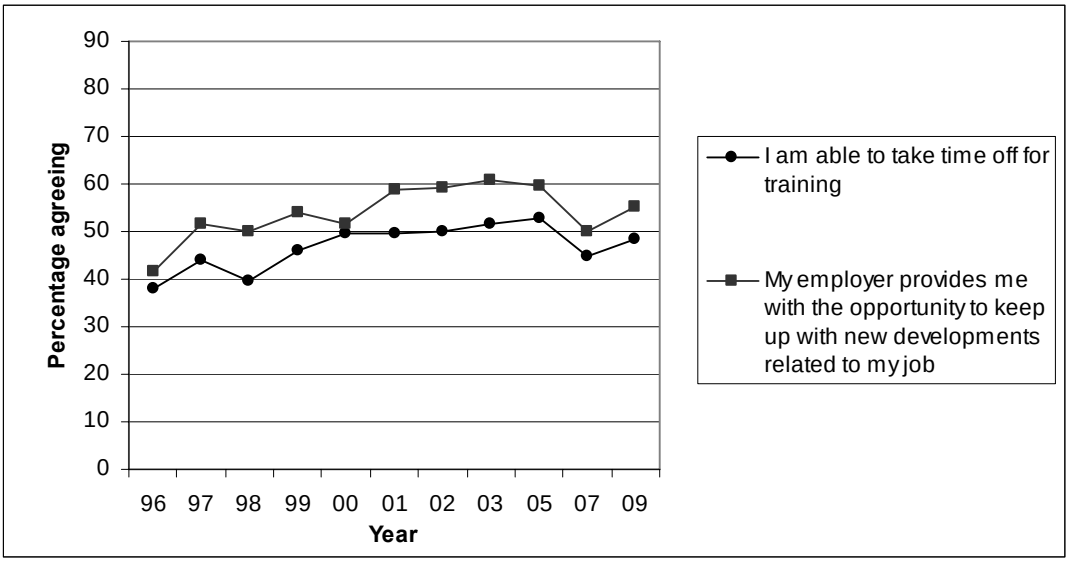
Figure 7.5: Views of training (NHS only 2009) - percentages



Source: Employment Research/RCN 2009

In the decade leading up to 2005, there was a marginal increase in the proportion of NHS nurses indicating that their employer supports their training and development (Figure 7.6). In 2007 the proportion agreeing fell to 45% in the NHS. Today there has been a small improvement with 48% of NHS nurses saying they are *able to take time off for training*, but this is still lower than the figure reported in 2005 (53%).

Figure 7.6: Training and employer support (percentages NHS only) 1996-2009



Source: Employment Research/RCN 2009

NHS nurses are less likely to respond positively about being able to take time off for training than nurses working in other sectors. For example, 46% of NHS hospital nurses say they can take time off for training compared to 73% of GP practice nurses, 55% of independent care home nurses and 51% of independent hospital nurses.

Similarly, fewer NHS nurses (55%) say that their employer provides them with opportunities to keep up with developments related to their job compared to 65% of nurses working outside the NHS (e.g. 74% of practice and 65% of care home nurses).

Within the NHS nurses who work full-time are more inclined to say that they can take time off for training (52% compared to 41% of part-time nurses). Also, only 43% of staff nurses say they can take time off for training, compared to 51% of sisters/charge nurses, 55% of senior nurses, 57% of CNS. Just 41% of health visitors and 43% of district nurses and nurse practitioners say they can take time off for training.

More nurses in England (50%) say they can take time off for training compared to Northern Ireland (45%), Scotland (42%) and Wales (40%). But within the NHS in England, more white nurses (51%) say they can take time off for training than BME nurses (44%). This is despite the fact that more BME nurses work full-time than white nurses.

7.5 Key points: Chapter 7

- In 2009 the amount of CPD undertaken remains lower than in preceding years, and is more or less the same as reported in 2007.
- In the NHS the amount of CPD undertaken showed little changed from 2007 but there were falls in most other sectors, and especially in the hospice sector from 8.8 days in 2007 to 6.6 days in 2009.
- Staff nurses in the NHS (5.3 days) have undertaken less CPD than other groups of NHS nurse.
- Across all nurses, 80% report that all their CPD is paid for by their employer.

- Three in ten nurses (29%) think the amount of CPD they have undertaken in the last year has increased and 22% think it has decreased.

- Nurses in Wales are more likely to report that the amount of CPD they have undertaken has decreased in the last year (34% compared to 23% of nurses in England and the same in Northern Ireland and 26% of nurses in Scotland).

- Just over six in ten nurses (61%) across all sectors have had an appraisal/development review with their manager in the 12 months prior to the survey. This figure is slightly higher than that reported in 2007 (58%).

- Nurses in Wales (43%) and Northern Ireland (44%) are much less likely to have personal training and development plans than nurses in England (60%) and Scotland (63%).

- In general, mandatory training has increased marginally across the board since 2007. However, there is much more infection control training reported by nurses in NHS hospitals than was the case in 2007 (80% in 2009 compared to 63% in 2007) and more nurses working in independent care homes have also received infection control training (81% compared to 67% in 2007).

- Views of access to training opportunities are slightly more positive in 2009 than was the case in 2007, but remain lower than was recorded in 2005.

- More nurses in England (50%) say they can take time off for training compared to Northern Ireland (45%), Scotland (42%) and Wales (40%).

8. Morale in 2009

Since 1996, some 20 items have formed an unchanging 'core' in the employment survey to provide a reliable barometer of the changing morale of nursing in the UK. Between the 2005 and 2007 surveys there had been much change in the health sector economy with financial deficits, recruitment freezes and some redundancies. This was reflected in the findings from the 2007 survey when morale overall had declined and nurses were particularly concerned about job security and redundancy.

In 2008/2009, there has been a national economic downturn. While initially public sector workers may have felt relatively protected compared with the private sector [43] the recent NHS Confederation report[44] flags up concerns that the health service will not be immune from the effects of recession.

Meanwhile the last two years have seen a range of developments in the NHS. In the same period that the Next Stage Review has been published prioritising quality of care, the NHS has witnessed several high profile care 'crises' at particular hospitals, which have shaken public confidence and sparked concern about nurse staffing levels and opportunities staff have to speak out when standards fall.

The nursing profession itself is on the brink of major reforms – new career paths for nurses have been proposed and the move towards becoming an all graduate profession has expanded to encompass England by 2015.

This chapter presents an overview of nurses' morale and how it has changed.

8.1 Overview of morale in 2009

Table 8.1 presents the data for all nurses and NHS nurses, comparing this year's findings with the 2007 survey, grouped into themes. Many of the specific themes have been explored in the relevant chapters. Here we present an overview of how morale amongst nurses has changed and summarise the key differences between sectors and subgroups of nurses.

On the questionnaire received by nurses, attitude 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.

Across most themes nurses are more positive in 2009 than they were in 2007. The items that have shown most improvement in satisfaction ratings since 2007 have been career progression and job security issues, responses to both of which were affected by the financial deficit crisis in 2007 and the threat of redundancies that was prevalent at the time. Although fewer staff are worried about redundancy in 2009 compared with 2007, in all employer groups nurses' views remain more negative than they were in 2005.

[43] Buchan J (2009) Funnel Vision. *Nursing Standard.* Vol 23 (25)
[44] NHS Confederation (2009) *Dealing with the downturn: The greatest ever leadership challenge for the NHS?* Paper 4, NHS Confederation, London, June 2009

Table 8.1: Views of all respondents vs. NHS in 2009 & 2005 (percentages)

	All		NHS	
	2007	***2009***	**2007**	***2009***
Career progression				
NOT very difficult to progress from current grade	21	*25*	20	*26*
Have a good chance to get ahead in nursing	26	*34*	24	*33*
NOT in a dead end job	66	*73*	66	*73*
Career prospects becoming MORE attractive	19	*23*	17	*22*
Opportunities for nurses to advance careers have improved	38	*47*	34	*45*
Bullying/Harassment				
Confident would be treated fairly if reported being harassed by a colleague at work	54	*56*	51	*54*
Bullying and harassment is not a problem at work	57	*58*	54	*55*
Working hours				
Satisfied with choice over length of shifts worked	62	*62*	60	*60*
Satisfied with input in planning times of work	64	*66*	62	*65*
Feel able to balance home and work lives	59	*61*	56	*58*
Happy with working hours	-	*72*	-	*71*
Job satisfaction				
Most days enthusiastic about job	79	*81*	77	*80*
Satisfied with present job	58	*64*	54	*62*
Proud to work in this organisation	47	*56*	42	*54*
I feel my work is valued	55	*56*	50	*53*
Nursing as a career				
Recommend nursing as a career	51	*62*	49	*60*
Nursing is a rewarding career	79	*82*	78	*81*
Don't want to work outside nursing	37	*45*	36	*44*
Would NOT leave nursing if could	51	*53*	49	*52*
Pay				
NOT paid for less effort if left nursing	13	*13*	12	*13*
Well paid considering work	19	*23*	16	*21*
Nurses NOT poorly paid in relation to other professions	6	*6*	6	*6*
Quality of care				
Quality of care is good	81	*82*	79	*81*
Job security				
Nursing will continue to offer a secure job for years	38	*73*	34	*73*
NOT worried may be made redundant	44	*62*	40	*63*
Find it easy to get another job using my skills	36	*41*	33	*39*
Training				
Able to take time off for training	49	*51*	45	*48*
Employer provides opps to keep up with job devts	55	*58*	50	*55*
Manager provides support when needed	-	*64*	-	*62*
Workload				
Workload is NOT too heavy	18	*15*	15	*12*
NOT under too much pressure at work	22	*20*	19	*18*
NOT too much time is spent on non-nursing duties	35	*33*	30	*29*
Sufficient staff to provide good standard of care	33	*35*	27	*30*
NOT too busy to provide level of care would like	32	*30*	27	*25*
Nurse staffing levels have got better in the last year	14	*18*	12	*15*
Pension				
Have sufficient information about pension	-	*46*	-	*45*

Source: Employment Research/RCN 2009

Despite an overall improvement in morale and motivation since 2007, views of workload have continued to decline. The vast majority (58% of all nurses, 61% in the NHS) consider that their workload is too heavy and that they are under too much pressure (52% all, 55% NHS).

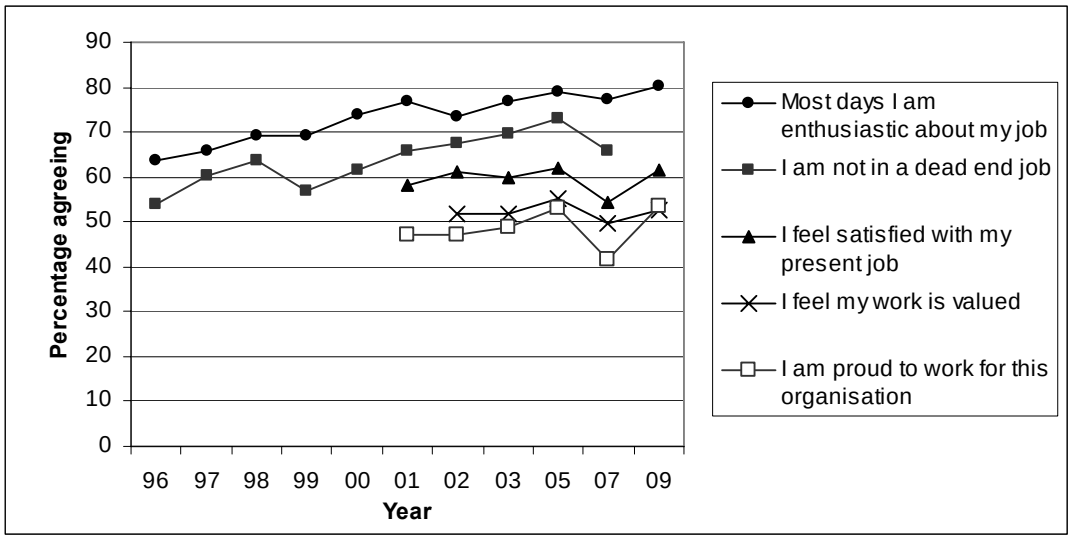
Pay has been viewed negatively by nurses in all sectors consistently since these surveys started. In 2009 however, there has been an improvement in the proportion of respondents who indicate that they feel well paid considering the work they do (21% compared to 16% in 2007 and 2005). But relative to other professional groups, nurses' views of their pay are resolutely negative with only 6% indicating that they feel well paid in comparison with other professions (the same as in 2007).

Looking at variation between the NHS and other health employers, nurses working for NHS employers respond more negatively in relation to bullying and harassment, feeling able to balance home and work lives, workload and work-stress themes, training issues and in the extent to which they perceive their work to be valued. In 2007 there were marked differences between NHS and other health care nurses in their sense of job security. This is no longer the case with little difference between employer groups.

8.2 Job satisfaction and enthusiasm

The majority (80%) of NHS nurses feel 'enthusiastic' about their jobs most days, and this figure is slightly higher than it was in 2007 (77%). Over the last decade there has been a small but consistent increase in the numbers of nurses saying they feel enthusiastic about their jobs, notwithstanding a small reduction in 2007 (from 63% in 1996 to 80% today) (Figure 8.2). Responses to the job satisfaction and feeling valued in work items have also improved in the last two years and have returned to the levels reported in 2005.

Figure 8.2: Job satisfaction[45] and enthusiasm (percentages NHS only) 1996-2009



Source: Employment Research/RCN 2009

GP practice nurses (80%) and hospice nurses (83%) are more satisfied with their jobs overall than other nurses, especially compared with nurses working in bank/agency settings (54%), independent care homes (60%) and NHS hospitals (61%).

[45] *I feel satisfied with my present job* included since 2001 and *I feel my work is valued* included since 2002

Within the NHS, men are slightly less likely to feel satisfied with their present job than women (54% compared to 62%). Also smaller proportions of BME nurses report that they are satisfied with their jobs (57% compared to 62% of white nurses).

Over half (56% of all and 54% of those in the NHS) say that they are proud to work for their organisation. In the NHS this figure had fallen to 42% in 2007, but has returned to the 2005 level in 2009.

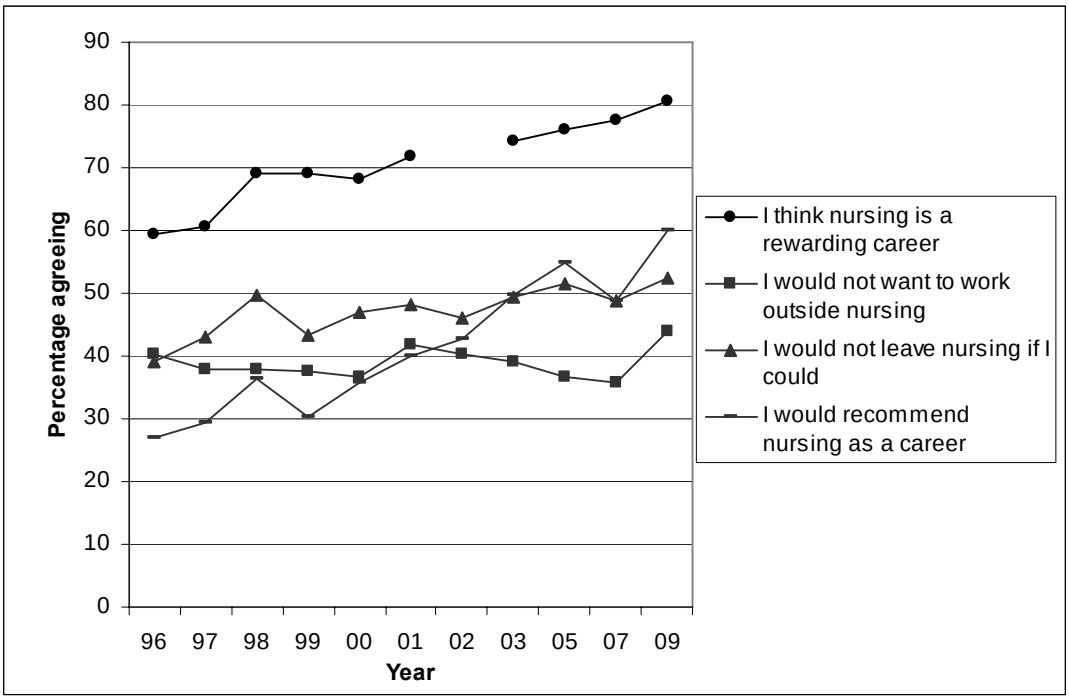
8.3 Nursing as a career

Over the last decade there has been a fairly steady increase in the numbers of NHS nurses that are positive about nursing as a career. In 2009, the majority of NHS nurses (81%, 82% across all), see *nursing as a rewarding career*[46]. In 2007, it was one of the few items concerned with careers that did not witness a downturn.

A similar trend is found in responses to *I would recommend nursing as a career*, with an increase in positive response over the last decade, In 2009 twice as many respondents would recommend nursing as a career compared to 1997. But more nurses consider nursing to be a rewarding career, than would recommend it as a career. Again the downturn seen in 2007 has been reversed.

In responding to *I would not want to work outside nursing* there had been a gradual reduction in numbers responding positively since 2001 up to 2007 but this trend has now reversed with a large increase in positive responses from 36% in 2007 to 44% in 2009. This shift may be affected by current national economic climate. In times of recession, nurses may feel more positive about the benefits of working in a public sector profession.

Figure 8.3: Nursing as a career (percentages NHS only) 1996-2009



Source: Employment Research/RCN 2009

[46] The figure for 2002 (56%) is not reported. The item was placed in a different position and this clearly this affected its interpretation. Since this point all items have been placed in the same order each year.

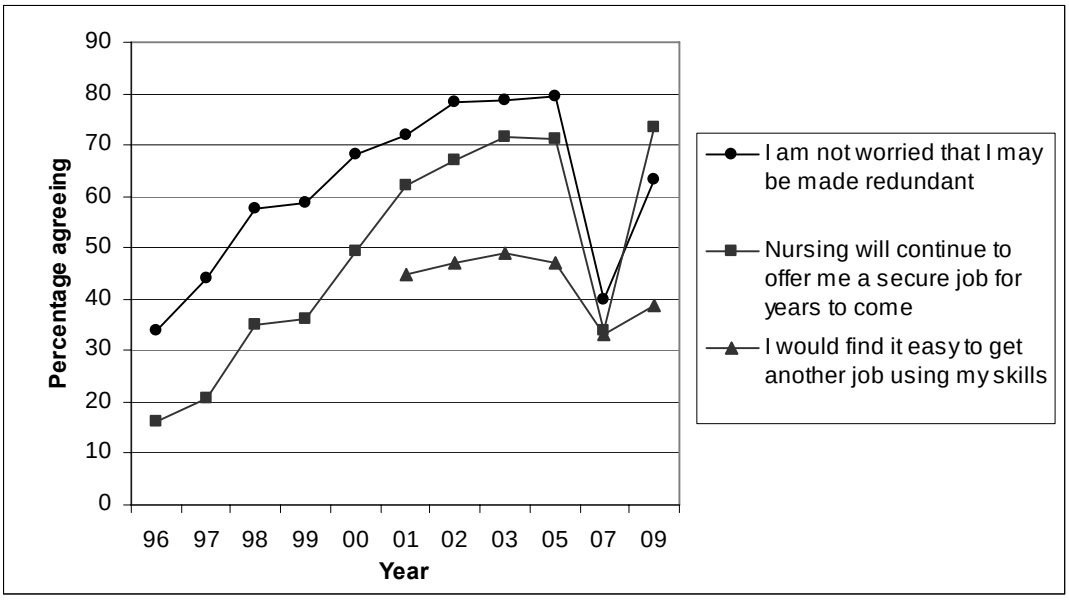
There has been little change in response to the item '*I would leave nursing if I could'* over the last 10 years. Not surprisingly, given that more say they are satisfied with their present job, hospice and practice nurses are less likely to say that they would leave nursing if they could. Across all employer groups, independent hospital nurses are least positive (29% say they would leave nursing if they could, compared with 23% of NHS hospital nurses).

Within the NHS, more BME nurses (33%) and Afro Caribbean nurses (44%) agree that they would leave nursing if they could (white nurses 22%). Men are less satisfied than women (31% say they would leave nursing if they could than women compared to 23% of women).

8.4 Job security

It is in relation to job security that the most dramatic changes in views have taken place over the last few years, As Figure 8.4 shows. Between 1996 and 2005, views became steadily more positive, before plummeting in 2007. For example, the proportion of members agreeing that '*nursing will continue to offer me a secure job for years to come'* more than halved between 2005 and 2007 (from 71% to 34%).

Figure 8.4: Job security (percentages NHS only) 1996-2009



Source: Employment Research/RCN 2009

The shift in nurses' perceptions about job security is not restricted to those in the NHS. Hospice/charity sector nurses, nurses in independent hospitals and care homes all responded more pessimistically about their job security in 2007, suggesting that insecurity in the public sector impacts across the whole health economy, not just the NHS. In 2009 hospice, independent hospital, and care home nurses are all more pessimistic about job security than NHS nurses or practice nurses.

Older nurses feel more vulnerable to redundancy than their younger colleagues. For example 68% of NHS nurses aged under 40 say they are not worried about redundancy compared to 60% of nurses aged 40 plus.

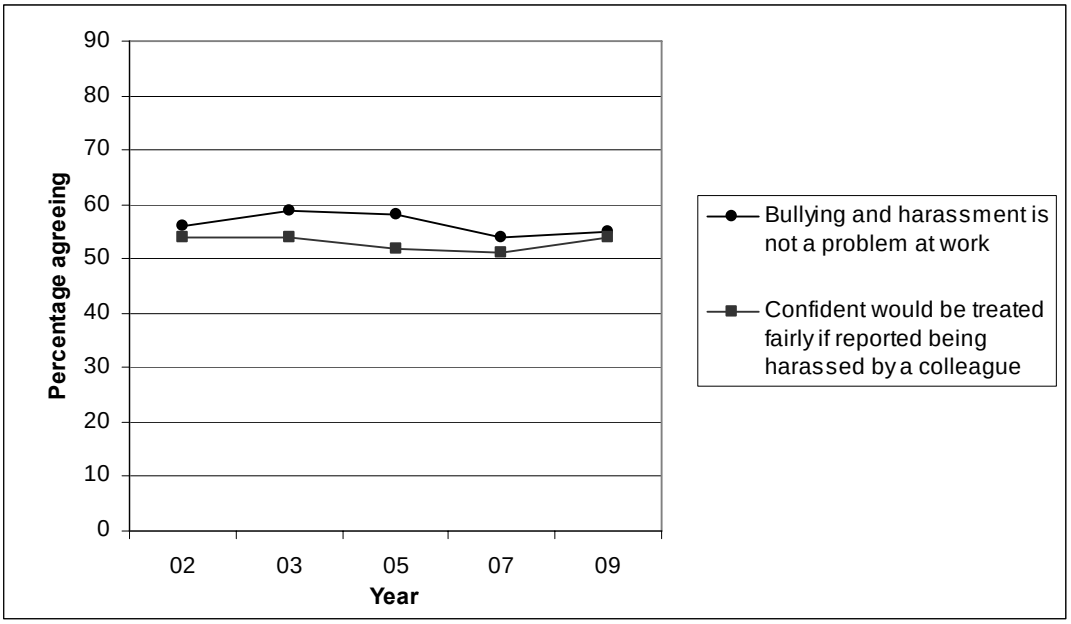
Nurses from BME background are also more concerned about redundancy in the NHS than white nurses: 19% say they are worried compared to 12% of white nurses.

Nurses whose income accounts for more than half their household earnings are also more likely to be concerned about redundancy than nurses whose income accounts for a half or less of their household earnings.

8.5 Bullying and harassment & manager support

Statements regarding bullying and harassment have been included in the employment surveys since 2002. These are: bullying and harassment is not a problem where I work and I am confident I would be treated fairly if I reported being harassed by a colleague at work. Figure 8.5 shows that views have been consistent since 2002, with roughly a half of all nurses responding positively to each statement (55% and 54% respectively).

Figure 8.5: Bullying and harassment (percentages NHS only) 2002-2009



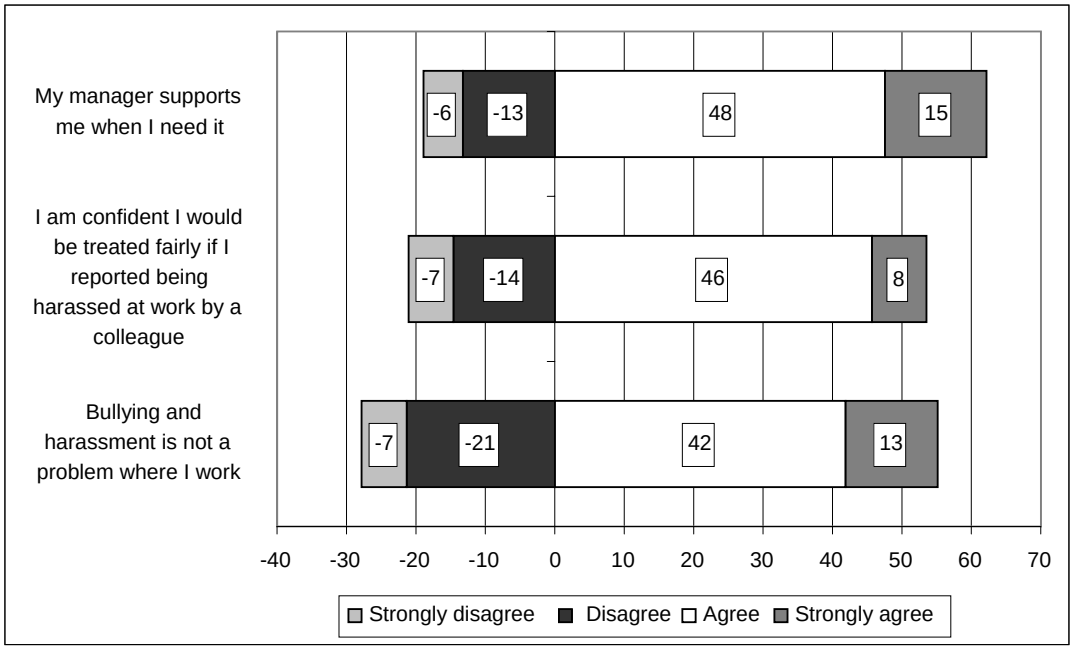
Source: Employment Research/RCN 2009

Similar to many of the work related issues discussed above, the experience of NHS hospital nurses is least positive (30% report bullying and harassment is a problem). In contrast, 8% of practice nurses say bullying and harassment is a problem where they work, and 21% of NHS community nurses. Within the independent sector, 23% of those working in hospitals and 27% of those in care homes report it is a problem where they work.

Within the NHS, men are more likely to think that *bullying and harassment is a problem where they work*, as are BME nurses (34% of BME nurses compared to 27% of white nurses).

In addition to the bullying and harassment issues, this year a new more general but related item was included: *my manager supports me when I need it*. Just under two-thirds (63%) of nurses agreed that they are supported by their manager when they need it.

Figure 8.6: Bullying and harassment (NHS only, percentages) 2009



Source: Employment Research/RCN 2009

Health visitors (30%) and district nurses (33%) are much more likely to disagree with the statement than other NHS respondents (19%). However, gender and ethnicity (which were correlated with the bullying and harassment items), are not correlated with support from their manager.

8.10 Key points: Chapter 8

In 2007 there was a steep downturn in the confidence of nurses across various aspects of working life. In particular nurses were more negative about job security, training and development and career progression issues, but there was also a dip in nurses' reports of job satisfaction and or feeling valued. Aside from workload, most of these items have improved in 2009, although generally not returning to the levels of satisfaction recorded in 2005.

- More nurses feel enthusiastic about their jobs, feel that nursing is a rewarding career and would recommend nursing as a career than at any time in last 12 years.
- In the NHS BME nurses are less likely to report that they feel satisfied in their present job and more likely to say that bullying and harassment is a problem where they work and that they would leave nursing if they could. BME nurses are also more concerned about redundancy than white nurses. But more BME nurses feel positive about career opportunities for nurses.
- Although there has been some improvement in optimism surrounding job security, career opportunities and access to training and professional development in the last two years, views are still significantly more negative than they were four years ago.
- More nurses in independent hospitals and hospices feel concerned about job security than in the case among NHS and practice nurses in 2009.
- Nurses in the NHS respond more negatively than nurses in other health care sectors to bullying and harassment themes, being able to balance home and working lives, feeling that work is valued, training and stress and workload themes.

Appendix A: Sampling and response

A.1 Drawing the sample

The full membership records were accessed on 8 January 2009. At this date the database contained 377,285 records. The employment survey sample is selected only from:

- 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)
- those members based in UK – overseas 0.5% and missing 0.2% are excluded.

This leaves a population of 330,438 members. The profile of this sub-group is:

Table A1: membership breakdown (all UK)

Type	Number of members	Percentage
Full	313012	94.7
Full concessionary	3903	1.2
Full newly qualified	9057	2.7
HCA	2659	0.8
HCA (concessionary)	1807	0.5
Gender	**No. of Members**	**Percentage**
Female	301068	91.2
Male	28953	8.8
Country	**No. of Members**	**Percentage**
England	273071	82.6
Scotland	31938	9.7
Wales	14650	4.4
Northern Ireland	10779	3.3

Source: RCN membership records, January 2009

Table A2: age bands (all UK)

	Number of members	Percentage (all)	Percentage (known)
20-24	9997	3.0	3.7
25-29	24956	7.6	9.2
30-34	33949	10.3	12.6
35-39	40683	12.3	15.1
40-44	46023	13.9	17.1
45-49	46611	14.1	17.3
50-54	35276	10.7	13.1
55-59	20772	6.3	7.7
60 plus	11578	3.5	4.3
Total	269845	81.7	100.0
Missing	60593	18.3	
Total	330438	100.0	

Source: RCN membership records, January 2009

From this sub-population, a sample of 4,800 fully random records was drawn from all members living in England, 1400 members were drawn from members living in Scotland, 1100 from Wales and 1000 from Northern Ireland. As in 2007 the survey sampled an additional 400 members aged under 30 and this year, to allow further analysis of practice nurses, 300 additional cases identified from records as practice nurses were also included.

The survey was mailed on 5 February 2009 with three reminders. The initial pack consisted of a letter from the RCN Chief Executive, the questionnaire and a reply paid envelope. The first reminder, mailed on 25 February, consisted of a postcard, the second was a full reminder with second questionnaire and reply paid envelope mailed on 10 March, and the final reminder, a letter from Employment Research, was mailed on 25 March 2009.

As the response rate this year was lower than in 2007, a follow-up telephone reminder was undertaken between 8 and 16 April (of all 1780 non-respondents where telephone contact details had been provided).

A.2 Response rates

An overall response rate of 54% was achieved. This figure is slightly lower than in 2007 despite using more or less the same methodology and making very few changes to the questionnaire. As reported in 2007, it is likely that nurses are experiencing survey fatigue because they have been surveyed much more regularly in recent years.

Biographcial factors

As in previous years, the response rate for younger nurses is lower, particularly for the 30 to 39 year old age groups. They account for just 22% of respondents, but make up 28% of the survey population (see table A2 above). Conversely, 16% of all respondents are aged 55 plus compared to just 12% of the survey population. It has been shown before that age is the main variable influencing the response rate. This year it would seem that additionally ethnicity is correlated with response rate as is gender. For example, 9% of the RCN membership population are male compared to 7% of all respondents.

Related to age it is also noticeable that the more recently qualified members are also less likely to respond to the survey. For example, 44% of respondents who had qualified in the last 10 years completed the questionnaire lower than those who qualified in the 1990s (53%), 1980s (59%) and 1970s or earlier (68%). Younger nurses and those more recently qualified (not always the same people these days with more nurses qualifying in their 30s and older) are less inclined to participate in surveys.

Country factors

Additionally, this year there seemed to be a correlation between the country from which members were sampled and response rates. Table A3 below highlights this showing response rates in England (52%) to be higher than response rates in Northern Ireland, Scotland and Wales.

Table A3: Response rates by sample

	Total mailed	Post Office returns	Not appropriate	Completed forms	Initial response rate
England sample	4800	39	2	2461	52%
Northern Ireland sample	1000	4	0	481	48%
Scotland sample	1400	6	1	645	46%
Wales sample	1100	1	0	536	49%
Under 30 top up	400	7	0	158	40%
Practice nurse top up	300	0	0	206	69%
Total	9000	57	3	4487	50%
Anonymous forms	-	-	-	358	4%
Total	**9000**	**57**	**3**	**4845**	**54%**

Source: Employment Research/RCN 2009

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. Any survey that is conducted by the RCN, or others using RCN membership records, in Northern Ireland, for example, only has a population of around 11,000 members from which to draw. Most surveys would require a sample of approximately 1000 (10% of the population) to achieve a response set of around 500 in order to allow sufficient analysis of important sub groups. Surveys of nurses have become more prevalent in the last five-ten years and so there is likely to be survey fatigue across the whole population, but perhaps especially in Northern Ireland, Wales and Scotland, where the population sizes are smaller.

Response weighting

In order to ensure that the findings presented in the report are as far as possible based on a cross section of members as opposed to a cross section of respondents the data need to be weighted and all data presented in the report is based on weighted data.

Firstly, the top sample of practice nurses is removed from the response set as these were included only to enable sufficient numbers to provide a separate report covering practice nurses alone. Including this group would distort the response set.

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.

Table A5: Country worked in[47] – cases before and after weighting

	Before weighting		After weighting	
	Cases	Percentage	Cases	Percentage
England	2753	59.4	3824	82.6
Northern Ireland	521	11.3	154	3.3
Scotland	734	15.8	447	9.7
Wales	623	13.5	207	4.5
All cases	4631	99.9	4631	98.1
Missing	5	0.1	5	0.1

Source: Employment Research/RCN 2009

The results produced are more likely to provide an accurate reflection of the experiences and views of the population of RCN members.

The procedure was as follows:

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 83% of the RCN membership, but only 59% of the response set. So each respondent from England is given a weight of roughly 1.4 (that is 83 divided by 59) to compensate for the bias

Second, once the weight generated in step one 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.

Table A6: Age profile – cases before and after weighting

	Before weighting		After weighting	
Age band	Cases	Percentage	Cases	Percentage
20-24	166	3.6	168	3.6
25-29	428	9.2	420	9.1
30-34	441	9.5	571	12.3
35-39	571	12.3	685	14.8
40-44	725	15.6	775	16.7
45-49	804	17.3	785	16.9
50-54	692	14.9	594	12.8
55-plus	715	15.4	545	11.7
All cases	4542	98.0	4542	98.0
Missing	94	2.0	94	2.0

Source: Employment Research/RCN 2009

[47] Membership population uses country of residence as opposed to country of employment as in the survey.

A.3 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 A7: 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.

Appendix B: Additional data

Table B.1: Biographical profile by employer group: means and percentages (base weighted cases max)

	Mean age (years)	Mean years since qualified	% under 40	% aged over 50	% male	% child care	% adult care	% qualified over 30	% BME	% IRN	% diploma qualified	% degree qualified	*Weighted cases*
NHS hospital	39.9	15.3	50	19	8	50	14	15	14	6	37	33	*2431*
NHS community	43.7	18.8	31	27	7	56	21	18	7	0	27	39	*679*
NHS other	44.1	20.9	33	29	9	52	22	8	5	1	24	38	*232*
GP practice	45.9	23.8	21	33	2	67	18	7	4	1	25	28	*273*
Independent hospital	42.3	19.0	42	30	8	48	10	10	16	6	40	20	*133*
Independent care home	46.5	20.8	26	41	6	47	16	19	45	27	36	10	*248*
Other independent	42.8	18.6	40	27	8	49	12	17	5	1	35	34	*84*
Bank/agency	45.0	19.8	34	36	11	50	17	13	28	7	30	17	*151*
Higher education	43.2	23.1	38	29	0	54	18	13	19	0	18	57	*28*
Hospice/charity	46.4	20.8	24	38	3	52	16	19	10	2	32	33	*134*
HA/NHS Exec	45.6	21.6	23	33	13	48	10	14	17	7	28	41	*30*
Other	45.0	21.5	28	33	14	41	24	9	3	4	39	31	*116*
Total	**42.1**	**17.6**	**41**	**25**	**7**	**52**	**16**	**15**	**14**	**6**	**34**	**32**	***4539***

Source: Employment Research/RCN 2009

Table B.2: Biographical profile by job title: means and percentages (base weighted cases max)

	Mean age (years)	Mean years since qualified	% under 40	% aged over 50	% male	% child care	% adult care	% qualified over 30	% BME	% IRN	% diploma qualified	% degree qualified	*Weighted cases*
Staff nurse	39.5	14.0	53	20	7	50	13	19	21	10	42	26	*1996*
Community nurse	41.2	15.6	43	17	4	57	18	20	8	0	40	27	*253*
HCA	42.4	15.9	46	29	11	51	17	25	25	0	12	2	*70*
Ward manager	42.6	19.2	39	24	9	53	16	11	9	5	36	29	*509*
Senior nurse	45.0	21.9	27	30	10	45	18	10	9	3	24	38	*244*
CNS	44.3	21.4	32	27	5	59	19	7	4	1	21	55	*326*
Consultant nurse	45.1	21.9	21	25	17	29	29	13	0	0	17	57	*24*
Nurse practitioner	44.8	21.0	27	27	8	47	25	12	7	1	19	55	*157*
District nurse	46.9	21.6	12	36	1	56	30	24	1	0	25	60	*80*
Health visitor/SCPHN	46.0	23.1	22	32	5	68	22	10	10	0	10	71	*41*
CPN	42.2	15.8	36	21	15	44	18	24	8	0	24	34	*85*
Midwife	39.2	17.5	64	18	0	68	45	5	25	0	35	35	*20*
School nurse	42.8	19.1	32	23	1	71	8	16	5	3	27	32	*73*
Practice nurse	46.2	24.0	21	35	1	66	17	6	2	1	29	20	*234*
Manager/director	46.6	24.4	18	37	21	42	18	2	9	2	15	44	*121*
Researcher/lecturer/tutor	44.8	21.2	36	36	10	38	13	11	8	4	19	51	*77*
Occupational health nurse	47.3	25.6	11	36	11	50	7	0	0	0	37	20	*28*
Nurse advisor	46.5	23.1	30	42	8	42	23	12	0	0	27	12	*26*
Specialist nurse	44.1	20.8	24	32	8	52	19	16	11	0	22	30	*26*
Other	45.6	21.4	30	42	7	37	17	14	8	2	26	28	*148*
Total	**42.1**	**17.6**	**41**	**25**	**7**	**52**	**16**	**15**	**13**	**6**	**34**	**32**	***4538***

Source: Employment Research/RCN 2009

Table B.3: Biographical profile by field of practice: means and percentages (base weighted cases max)

	Mean age (years)	Mean years since qualified	% under 40	% aged over 50	% male	% child care	% adult care	% qualified over 30	% BME	% IRN	% diploma qualified	% degree qualified	*Weighted cases*
Primary care	45.3	21.5	25	33	3	56	19	14	6	1	28	32	*684*
Community care	43.9	19.5	27	27	3	59	22	16	4	0	28	36	*256*
Older people's nursing	45.2	20.2	30	38	4	53	17	16	34	20	34	13	*378*
Mental health	42.0	14.2	40	27	25	49	14	28	18	4	33	34	*314*
Learning disabilities	42.5	18.1	35	22	14	48	22	13	5	2	34	19	*93*
Adult critical care (eg. ITU, CCU, A&E etc.)	38.6	14.3	55	13	10	49	9	14	12	6	39	35	*574*
Adult general/medical/surgical	39.9	15.0	53	19	8	53	13	17	21	9	40	28	*822*
Rehabilitation/longer term care	43.2	18.3	41	29	10	52	25	14	14	10	44	20	*94*
Paediatric critical care (eg. ICU, SCUBU, neonates)	37.1	12.8	61	15	3	52	10	13	6	4	33	46	*126*
Paediatric general	35.3	12.7	68	11	3	46	12	6	6	1	42	44	*217*
Women's health/midwifery	40.9	17.1	54	25	0	57	22	14	17	4	40	32	*75*
Oncology/palliative care	42.3	18.5	40	23	1	52	15	12	7	2	29	48	*227*
Education/research	45.1	21.8	32	36	7	40	20	10	6	4	20	48	*82*
Several specialties/work across the organisation	44.6	21.9	27	26	8	49	19	5	6	1	23	38	*124*
Occupational health	47.0	24.3	21	34	10	47	20	9	0	0	26	35	*60*
Other	44.7	20.9	29	34	8	50	17	11	10	2	30	26	*313*
Total	**42.0**	**17.6**	**41**	**25**	**7**	**52**	**16**	**15**	**13**	**5**	**34**	**32**	***4439***

Source: Employment Research/RCN 2009

Table B.4: Biographical profile by region: means and percentages (base weighted cases max)

	Mean age (years)	Mean years since qualified	% under 40	% aged over 50	% male	% child care	% adult care	% qualified over 30	% BME	% IRN	% diploma qualified	% degree qualified	*Weighted cases*
East Midlands	41.6	17.4	42	22	6	53	11	14	9	6	37	25	*292*
Eastern	43.1	18.6	34	26	8	55	17	15	15	7	31	29	*413*
London	41.0	15.7	50	24	14	45	11	18	42	12	34	41	*422*
North West	41.7	16.9	44	25	8	50	15	15	7	4	41	25	*415*
Northern	42.9	19.2	37	30	5	49	18	12	2	0	31	30	*178*
South East	42.8	18.9	38	27	5	54	16	14	16	7	35	29	*626*
South West	42.2	17.6	42	27	4	50	14	15	8	5	34	30	*387*
West Midlands	41.2	16.5	45	23	7	49	12	15	15	5	37	30	*311*
Yorks and Humberside	40.9	16.8	42	22	6	50	18	15	11	6	39	32	*327*
Other England	42.2	16.9	41	27	10	52	19	17	16	6	41	28	*385*
Northern Ireland	41.1	19.0	41	18	6	66	27	4	7	5	21	40	*151*
Scotland	42.8	18.5	35	24	7	51	17	16	3	1	18	41	*434*
Wales	42.4	18.1	38	23	8	56	22	15	8	4	32	40	*204*
Total	**42.1**	**17.6**	**41**	**25**	**7**	**52**	**16**	**15**	**13**	**6**	**34**	**32**	***4545***

Source: Employment Research/RCN 2009

Table B.5: Nature of additional work by employer group and specialty (percentages all those undertaking additional work)

	Bank nursing with same employer	Bank nursing with different employer	Agency nursing	NHS nursing/ management	Care/ nursing home	Non-NHS hospital	Other non-NHS nursing work	Non-nursing work	Other	*Base N=*
NHS hospital	64	13	14	3	3	1	3	5	5	*659*
NHS community	41	25	2	9	2	0	9	16	9	*126*
NHS other	31	24	9	2	0	2	12	22	19	*56*
GP practice	4	24	9	17	0	0	19	12	23	*65*
Independent hospital	48	15	25	0	14	14	5	20	14	*21*
Independent care home	7	28	28	3	24	4	4	7	0	*28*
Bank/agency	5	19	34	2	2	0	5	26	17	*39*
Hospice/charity	23	23	4	12	0	0	15	15	19	*25*
Other	3	15	32	0	0	0	3	21	29	*33*
All respondents	**46**	**17**	**14**	**5**	**3**	**1**	**6**	**9**	**10**	***1092***
	Bank nursing with same employer	**Bank nursing with different employer**	**Agency nursing**	**NHS nursing/ management**	**Care/ nursing home**	**Non-NHS hospital**	**Other non-NHS nursing work**	**Non-nursing work**	**Other**	***Base N=***
Primary care	25	26	12	6	3	1	11	12	14	*167*
Older people's nursing	36	24	22	2	13	2	6	3	2	*64*
Mental health	64	12	4	1	4	0	0	15	5	*74*
Adult critical care	60	18	19	2	2	1	4	5	4	*190*
Adult general	62	10	17	5	3	1	3	9	4	*212*
Paediatric critical care	81	5	2	0	7	0	9	7	9	*42*
Paediatric general	44	19	21	2	0	0	5	14	12	*43*
Oncology/palliative care	45	19	7	7	0	5	10	2	12	*42*
Other	38	20	20	5	2	0	4	9	19	*55*
All respondents	**48**	**17**	**15**	**4**	**3**	**2**	**6**	**9**	**9**	***1062***

Source: Employment Research/RCN 2009

Table B.6: Mode and patterns of working by employer group (percentages)

	Full-time working			Pattern of working				Type of shift pattern (of those working shifts)				
	2007	2009	*Weighted cases*	Shifts	'Office' hours	Flexi-time	*Weighted cases*	Internal rotation	Daytime shifts	Permanent night shifts	% working 12 hour shifts[48]	*Weighted cases*
NHS hospital	67	68	*2446*	76	20	4	*2431*	69	23	7	41	*1877*
NHS community	61	64	*679*	17	74	9	*671*	15	74	11	9	*133*
NHS other	68	62	*235*	28	63	9	*233*	59	34	7	13	*71*
All NHS	**65**	**66**	***3482***	**60**	**34**	**6**	***3458***	**65**	**27**	**8**	**37**	***2158***
GP practice	28	21	*275*	6	89	5	*272*	-	-	-	-	-
Independent hospital	60	59	*131*	67	24	9	*135*	23	59	18	34	*96*
Independent care home	76	78	*249*	80	11	10	*244*	22	54	24	63	*207*
Other independent	69	64	*86*	26	53	21	*86*	27	59	14	13	*22*
Bank/agency	28	27	*150*	66	14	20	*146*	40	40	20	35	*108*
Higher education	80	71	*28*	19	63	19	*27*	-	-	-	-	-
Hospice/charity	59	52	*135*	58	36	6	*133*	51	38	11	10	*79*
HA/NHS Exec	63	73	*30*	37	57	7	*30*	-	-	-	-	-
Other	68	69	*116*	22	53	24	*116*	50	43	7	27	*30*
All respondents	**63**	**63**	***4560***	**57**	**36**	**7**	***4524***	**58**	**32**	**10**	**37**	***2660***

Source: Employment Research/RCN 2009

[48] This figure is not directly comparable with 2007 data as the question structure changed slightly.

Table B.7: Mode and patterns of working by job title (NHS only, percentages)

	Full-time working			Pattern of working				Type of shift pattern (of those working shifts)				
	2007	2009	*Weighted cases*	Shifts	'Office' hours	Flexi-time	*Weighted cases*	Internal rotation	Daytime shifts	Permanent night shifts	% working 12 hour shifts	*Weighted cases*
Staff nurse	64	65	*1653*	87	10	3	*1647*	71	20	9	42	*1459*
Community nurse	49	54	*238*	22	69	10	*236*	10	78	12	3	*58*
HCA	79	63	*49*	74	22	4	*50*	81	11	8	28	*36*
Sister/charge nurse	72	71	*435*	77	19	4	*431*	60	36	4	37	*339*
Senior nurse	81	85	*181*	32	59	8	*179*	65	32	3	33	*65*
CNS	67	63	*280*	5	83	12	*278*	65	35	0	19	*17*
Nurse practitioner	66	58	*113*	53	37	10	*111*	43	46	11	30	*63*
District nurse	61	75	*80*	25	65	10	*79*	0	87	13	4	*23*
Health visitor/SCPHN	62	60	*35*	0	91	9	*34*	-	-	-	-	-
CPN	79	73	*85*	18	75	7	*85*	31	69	0	10	*16*
Midwife	50	38	*21*	91	9	0	*22*	75	15	10	50	*20*
School nurse	17	38	*56*	2	82	16	*51*	-	-	-	-	-
Manager/director	93	83	*71*	0	93	7	*70*	-	-	-	-	-
Researcher/lecturer/tutor	73	76	*42*	5	90	5	*42*	-	-	-	-	-
Other	60	65	*83*	42	49	9	*81*	42	39	19	18	*36*
All NHS respondents	**65**	**66**	***3482***	**60**	**34**	**6**	***3458***	**65**	**27**	**8**	**37**	***2158***

Source: Employment Research/RCN 2009

Table B.8: Mode and patterns of working by specialty and pay band (percentages, NHS only)

	Full-time working			Pattern of working				Type of shift pattern (of those working shifts)				
	2007	2009	*Weighted cases*	Shifts	'Office' hours	Flexi-time	*Weighted cases*	Internal rotation	Daytime shifts	Permanent night shifts	% working 12 hour shifts	*Weighted cases*
Primary care	58	62	*391*	29	61	9	*388*	37	54	9	18	*124*
Community care	50	54	*238*	22	68	10	*234*	7	73	20	6	*59*
Older people's nursing	63	62	*138*	82	14	4	*136*	57	34	9	25	*117*
Mental health	87	82	*263*	44	52	4	*261*	64	28	8	16	*117*
Learning disabilities	71	74	*65*	42	48	9	*64*	70	23	7	13	*30*
Adult critical care	70	66	*559*	90	8	2	*556*	80	14	6	51	*504*
Adult general	67	67	*734*	78	17	5	*732*	64	28	8	34	*588*
Rehabilitation/LTC	58	64	*83*	72	20	7	*83*	52	36	11	22	*61*
Paediatric critical care	59	68	*125*	92	6	2	*126*	87	7	6	74	*116*
Paediatric general	59	69	*201*	76	20	4	*201*	80	11	9	64	*157*
Women's health	55	48	*69*	71	26	3	*68*	57	28	15	35	*47*
Oncology/palliative	63	67	*135*	38	55	7	*130*	70	22	7	25	*54*
Other	58	65	*255*	40	51	9	*252*	38	55	7	19	*108*
All respondents	**65**	**66**	***3410***	**61**	**34**	**6**	***3385***	**65**	**27**	**8**	**37**	***2111***
Band 1/2/3	-	64	*53*	72	23	6	*53*	75	19	6	27	*36*
Band 4	-	60	*15*	67	33	0	*15*	-	-	-	-	-
Band 5	62	64	*1646*	78	18	4	*1636*	69	22	9	39	*1305*
Band 6	63	59	*831*	54	39	7	*824*	63	32	6	35	*461*
Band 7	70	74	*580*	32	59	9	*575*	50	45	5	30	*194*
Band 8/9	93	84	*192*	14	79	7	*190*	50	44	6	44	*32*
All NHS nurses	**65**	**66**	***3317***	**60**	**34**	**6**	***3293***	**65**	**27**	**8**	**37**	***2038***

Source: Employment Research/RCN 2009

Appendix C: RCN employment surveys

Ball, J and Pike, G (2007) Holding On? Results from the 2007 RCN Employment Survey, London: RCN, RCN publication code 003 181

Ball, J and Pike, G (2005) Managing to work differently: Results from the 2005 RCN Employment Survey, London: RCN, RCN publication code 003 006

Ball, J and Pike, G (2003) *Stepping Stones: Results from the 2003 RCN Employment Survey*, London: RCN, RCN publication code 002 235

Ball, J and Pike, G (2002) *Valued Equally?: Results from the 2002 RCN Employment Survey*, London: RCN, RCN publication code 001 937

Ball, J and Pike, G (2001) Time to Deliver? Results from the 2001 RCN Employment Survey, London: RCN

Ball, J and Stock, J (2000) All part of The Plan? A stock take of registered nurses in the year 2000, London: RCN

Robinson D, Buchan, J and Hayday, S (1999) *On the Agenda: changing nurses' careers in 1999*, IES Report 360, Brighton: Institute for Employment Studies

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