



Views from the frontline

RCN Employment survey 2011 for Scotland

November 2011

Publication code 004 201

RCN Employment Survey 2011 Scotland

Published by the
Royal College of Nursing
20 Cavendish Square
London
W1G 0RN
020 7409 3333

RCN Publication code: 004 201

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Contents

1 Introduction	5
1.1 Key findings	5
1.2 Context	6
1.3 Key respondent characteristics	6
1.4 Pay and grading	6
1.5 Pensions	6
1.6 Working hours	7
1.7 Training and continuing professional development.....	7
1.8 Workload and staffing	7
1.9 Views about nursing.....	7
2 Political, social and economic context	8
2.1 Introduction	8
2.2 NHS Scotland health and social care policy	9
2.3 The implications of Westminster’s Health and Social Care Bill for Scotland	10
2.4 NHS Scotland workforce	10
3 How to use this report	12
3.1 Presentation of results	12
4 Key respondent characteristics	13
4.1 Employment information	13
4.1.1 Current employment situation	13
4.1.2 Main employer and location of work	14
4.1.3 Main job title and area of practice	15
4.1.4 Length of service with current employer and time in current post	17
4.2 Respondent profile	18
4.2.1 Gender, age, ethnicity and disability	18
4.2.2 Qualifications held	19
5 Pay and grading	21
5.1 Overview	21
5.2 Current pay and grading arrangements	21
5.3 Views on current pay band or grade	22
5.4 Pay and household income	23
5.5 Career progression	25
5.6 Agenda for Change transition issues	25
6 Pension arrangements	27
6.1 Overview	27
6.2 Current pension arrangements	27
6.3 Pension reforms	28
7 Working hours	31
7.1 Overview	31
7.2 Working patterns	31

RCN Employment Survey 2011 Scotland

7.3 Additional hours worked	32
7.4 Additional paid work	34
7.5 Views on working hours and work-life balance.....	35
8 Training and continuing professional development	38
8.1 Overview	38
8.2 Mandatory training	38
8.3 Continuing professional development	40
8.4 Appraisals and personal development plans	43
9 Workload and staffing	45
9.1 Overview	45
9.2 Staffing levels	45
10 Views about nursing	51
10.1 Overview	51
10.2 Views about nursing as a career	51
10.3 Career progression and professional development	52
10.4 Working hours and work-life balance	52
10.5 Employer support in the workplace	54
10.6 Bullying and harassment	55
Appendix 1	57
Methodology	57
Introduction	57
Weighted survey data	64
Routing questions	65
Appendix 2	67
RCN online survey	68

1. Introduction

The report is based on the results from the RCN Scotland membership of an online survey sent out to a stratified random sample of the whole RCN membership. The survey achieved a total of 721 usable responses¹, which represents a response rate of 9 per cent.

The proportion of participants from Scotland represents 9 per cent of the total survey sample, which includes usable responses from 7,904 RCN members.

The 2011 Employment Survey was conducted by Incomes Data Services (IDS), and data was supplied for tables and graphs for analysis by the RCN. All views expressed in the report are those of the RCN.

The RCN membership survey has been ongoing since the 1980s and this is the 23rd survey in the series. It has been a key feature of the survey approach that some of the same questions have been included over time, in order to measure changes and key trends. This year's survey also incorporates some new lines of questioning, however, and we discuss the questionnaire more fully in our methodology section in Appendix 1.

Broadly, the 2011 survey includes questions around members' current employment status, other personal information (for example, gender, ethnicity, qualifications) and the following six key areas:

- pay and grading
- pension arrangements
- working hours
- training
- workload and staffing
- views about nursing as a career.

1.1 Key findings

This report covers the findings from the 23rd RCN Employment Survey of a sample of RCN members in Scotland. Surveys of the RCN membership (which covers more than half of all practising nurses) are broadly representative of the nursing workforce as a whole thus the results of this survey of members can be taken to reflect the workforce more generally.

¹ The survey link was originally sent out to approximately 8,256 RCN members in Scotland.

1.2 Context

This survey takes a snapshot of the nursing workforce, their employment conditions, hours worked, workload and views about nursing. It takes place at a time when households are coping with a squeeze on spending power and rising costs of many everyday essentials, including food, energy and transport. The continuing fragility in the employment market, combined with reduced spending and job losses in the public sector add to this feeling of uncertainty.

In the NHS, government spending on health has risen year on year since power was devolved in 1999. However, the Scottish Spending Review 2011 and Draft Budget 2012/13 set out spending plans which allow for almost no real terms growth up until 2014/15. Within this context, the Scottish Government is pursuing an ambitious strategy to improve quality and efficiency in the NHS and drive forward the integration of health and social care services for adults.

Scotland is heavily reliant on public spending, with a quarter of the Scottish workforce employed in the public sector. Financial challenges have begun to impact on the sector, including the NHS which has faced reductions in workforce numbers over 2010/11 which are continuing in 2011/12.

The Draft Budget 2012/13 also resulted in a real terms reduction in the settlement for local authorities, which will continue to put pressure on charities and voluntary sector health care providers.

1.3 Key respondent characteristics

The majority of respondents to this survey are employed in the NHS, with many having worked for the same employer for long periods of time. The ageing profile of the nursing workforce has been a concern for some time and this survey confirms this trend, with the majority of respondents aged 45 and over. We also see from this survey that the level of qualification held by nurses has risen steadily in recent years, with almost half holding a nursing degree.

1.4 Pay and grading

With two thirds of all respondents the main or sole breadwinner in their household, many are particularly vulnerable to rising inflation and the impact of austerity measures, such as changes to welfare arrangements and pay freezes. Indeed, the majority report that their household expenditure has increased over the last year, while income was static or lower. It comes as no surprise that many are concerned about their own financial situation, as well as the possibility of job cuts and redundancies.

1.5 Pensions

The survey finds that while the majority of nursing staff working in the NHS belong to the NHS pension scheme, a large number of those working in the independent and voluntary sectors belong to no pension at all.

Among those who belong to the NHS pension scheme, we tested whether reforms, including increased contributions or a shift from final salary to a career average scheme would prompt them to opt out. While a minority of respondents report they

would leave the scheme, we find a sense of uncertainty and anxiety among NHS nursing staff about the proposed reforms to the NHS pension scheme.

1.6 Working hours

This chapter covers issues around working hours including patterns of work, whether and how often nursing staff work additional hours and how these extra hours are paid. The survey shows that a large number regularly work more than their contracted hours and are often unpaid for these. Most (89 per cent) work additional hours on at least one shift each work and almost half (43 per cent) do so several times a week. Four fifths (82 per cent) regularly work up to six hours a week overtime. The high rate of long hours working is impacting on nursing staff's personal lives, with half reporting they are unable to balance their work and home life.

1.7 Training and continuing professional development

The recent growth in training reported in previous employment surveys appears to have slowed down, particularly in non-mandatory training, where provision appears to be the same as in 2009. In addition, fewer report receiving continuing professional development – and where training is undertaken – it is often of shorter length.

However, the use of appraisals or development reviews and personal training and development plans is more encouraging, with the rate of use highest among all UK countries.

1.8 Workload and staffing

This chapter finds a link between financial pressures and staffing levels, with just over half reporting a reduction in levels of registered nurses over the previous 12 months and a third reporting that the numbers of health care assistants have decreased.

The survey also shows that staffing levels are being managed down by the use of recruitment freezes leading to posts being unfilled, as well as cuts in posts, the redistribution or redeployment of staff, agency or bank bans and skill-mix changes.

1.9 Views about nursing

The last chapter compares findings about views about nursing to those in the 2009 RCN employment survey and finds that morale and motivation continues to fall. Fewer than a third believe that nursing will continue to offer a secure job in the future, compared to over three-quarters in 2009 as nursing staff are affected by the combination of either pay freezes or low pay rises, pensions reforms, rising workloads, fears about job securing and rising costs.

2. Political, social and economic context

2.1 Introduction

In common with the rest of the UK, the main issue affecting Scotland is the consequence of the economic downturn on public spending.

The Scottish government has been preparing for this for some time, having commissioned the Independent Budget Review (IBR) (2010)² and the Commission on the Future Delivery of Public Services (2011)³, alongside public spending forecast reports from its Chief Economic Advisor, Dr Andrew Goudie. In July 2010, Dr Goudie forecast that Scotland would see five years of significant real-term budget cuts from 2011/12, with Scotland's overall spending £4.8bn lower in 2015/16 than at its peak in 2009/10. This 2009/10 level of spending is unlikely to be seen again until 2025/26, with £42bn lost from Scotland's budget during this 16-year period⁴.

Drawing on this economic context, the IBR panel questioned the ongoing affordability of a number of Scotland's universal service policies and urged ministers to review its support for free personal and nursing care, concessionary travel schemes, free university tuition and the freeze on council tax. In addition, it recommended options for further pay restraint in the public sector. However, the IBR report does not constitute Government policy. The then-minority Scottish National Party (SNP) government reaffirmed its commitment to existing policies of universal provision when the IBR published in 2010. It went on to make them part of its campaign for the May 2011 elections, which saw the party win an outright parliamentary majority for the first time.

The Scottish government has, to date, given some protection to the NHS budget, despite pressure from many to do otherwise⁵. However, this headline can mask the pressures faced by NHS boards. In common with the rest of the UK, many NHS costs tend to increase above inflation rates, particularly pharmaceuticals and new technology. Efficiency targets for Scotland's 14 geographic health boards have also risen from two per cent to three per cent in 2011/12 – with even higher targets given to NHS Scotland's special health boards. The picture for NHS efficiency targets from 2012-13 is not wholly clear. Partners in delivering improved health outcomes, such as local councils and the third sector, have seen significant cuts. Stubborn health inequalities in some Scottish communities and a sharp increase expected in the numbers of older people⁶ will increase demands on health care, particularly when healthy life expectancy is failing to keep up with life expectancy improvements in Scotland.

² www.scotland.gov.uk/Publications/2010/07/29082838/19

³ www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf

⁴ www.scotland.gov.uk/Resource/Doc/918/0101175.pdf, p.8

⁵ See for example: www.scotland.gov.uk/Publications/2010/07/29082838/19

⁶ Between 2008 and 2033, Scotland is expected to see a 33% rise in 60-74 year olds and an 84% rise in the over-75s. See: www.gro-scotland.gov.uk/files2/stats/projected-population-of-scotland_-2008-based/ projected-population-of-scotland-2008-based-publication/j1125000.htm

The Scottish Spending Review 2011 and Draft Budget 2012-13 set out spending plans for the NHS and Special Health Boards, rising from £8,645 million in 2011/12 to £8,862 million in 2012/13 and £9,390 in 2014/15. In real terms, this means that overall spending growth for Scottish health boards is practically zero. In addition, some other areas of government health spending, such as nurse education and training, will see a significant real terms decrease in funding.

Debates about policy divergence and choices in public sector spending take place in the context of a wider civic and legislative debate around the future position of Scotland within the UK. The Scotland Bill, which would give Scotland additional responsibilities over some taxation, is currently in passage through both Westminster and Holyrood⁷. In addition, the SNP government has promised an independence referendum in Scotland before the end of this five-year term.

2.2 NHS Scotland health and social care policy

*The Healthcare Quality Strategy for NHS Scotland*⁸ is being positioned by the government as the key policy driver for Scottish health care. It aims to make Scotland a world leader in providing person-centred, safe and effective care. However, this ambition is being taken forward when it is clear that Scotland is facing significant financial constraints in the public sector.

Although the Quality Strategy only relates to the NHS, one area of service quality improvement, prioritised by the new Government, is the integration of health and social care service provision for adults – in particular for older people. The Scottish government wishes to make changes to deal with the variation in provision and quality of available services across Scotland, improve efficiency and address issues raised about “cluttered” partnership structures in the recent critical Audit Scotland report on Community Health Partnerships⁹. A national consultation is expected to be launched on these proposals later in 2011. However, in some areas health boards are already taking forward their own approach to integration, with one area driving forward with wholesale transfers of staff between NHS and council bodies.

This focus on older people has been thrown into sharp relief by the situation, shared with the rest of the UK, of the collapse of Southern Cross, which had run nearly 100 homes in Scotland.

Linked to both these policy areas, and the desire to improve financial efficiency in the long-term, is a cross-party commitment to increase preventative spend in Scotland¹⁰. There is much focus being given to investing more in very early years’ interventions to improve life chances, and better early intervention/prevention work in adults to reduce levels of chronic ill health.

⁷ <http://services.parliament.uk/bills/2010-11/scotland.html>

⁸ www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/QualityStrategy

⁹ www.audit-scotland.gov.uk/docs/health/2011/nr_110602_chp.pdf

¹⁰ See for example: www.scottish.parliament.uk/s3/committees/finance/reports-11/fir11-01.htm

However, given existing health needs in Scotland, it is not yet clear how this significant shift in health care focus can be delivered safely and equitably at the same time as health boards are already facing real pressures on budgets.

Finally, it is important to place SNP policies on funding health care provision within the context of their ongoing rejection of market-based mechanisms. Scotland's last major reorganisation in health care provision in 2004, under the previous Labour/Liberal Democrat coalition, created 14 unified territorial health boards and removed the internal market by dissolving the purchaser-provider split.

In its recent election manifesto the SNP stated:

The SNP remains 100 per cent committed to the Scottish NHS as a publicly funded and publicly-delivered resource¹¹.

2.3 The implications of Westminster's Health and Social Care Bill for Scotland

Although most measures in the Health and Social Care Bill do not apply to Scotland there may be some implications for the country. The bill includes provisions to abolish or change certain NHS bodies, some of which will have an impact cross-border where they influence health policy, such as the Human Fertilisation and Embryology Authority or NICE. In addition any changes to the UK-negotiated GP contract to accommodate changes required under the Bill may also impact on Scotland.

2.4 NHS Scotland workforce

Scotland's public sector "produces one fifth of Scotland's total economic output"¹². Indeed, in the first quarter of 2011, 25 per cent of the Scottish workforce was employed in the public sector. However, this demonstrates a drop of 1.3 per cent or 8,000 over the previous 12 months¹³. This loss of posts across the whole public sector is mirrored in the NHS.

In 2011, the NHS in Scotland employed 133,326 whole-time equivalent (WTE) staff and spent £4.8bn on staff working in the hospital and community services. Workforce projections from NHS Boards for 2010/11 showed an estimated reduction of 3,790 staff across the whole of the NHS in Scotland¹⁴. This is in addition to a recorded reduction of 861 WTE staff between 2009 and 2010 (ISD Scotland, 2011). According to the Information Services Division (ISD), nursing and midwifery posts were cut by 711 whole-time equivalent posts in the six months to 31 March 2011, compared to 550 for the entire year to 30 September 2010, showing a marked acceleration in the loss of posts. The use of bank nurses also dropped by 13 per cent and agency nurses by 47 per cent. In addition, the Scottish Government has announced a 25 per cent reduction in NHS Scotland senior management posts by the end of the next Parliament (2014/15).

¹¹ <http://manifesto.votesnp.com/health2>

¹² www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf p.9

¹³ www.scotland.gov.uk/Topics/Statistics/Browse/Labour-Market/TrendPublicSectorEmp

¹⁴ www.scotland.gov.uk/Resource/Doc/924/0099600.pdf

In December 2010, RCN Scotland published *Taking the Pulse of NHS Scotland*¹⁵, which showed that many NHS Scotland boards were facing real financial difficulties and cutting their nursing and midwifery staff. The report included analysis of board workforce plans, with many showing intentions to reduce staff in post and workforce costs through measures which include:

- staff turnover
- vacancy control
- reducing working hours
- increasing productivity
- service redesign
- replacing registered posts with non-registered posts
- reducing sickness absence.

Some board reports also highlighted plans to shrink the use of temporary bank and agency staff and to change the proportions of registered and non-registered nursing and midwifery staff. The majority of boards were reported to be expecting turnover to decrease and if this trend continued, they would look for other measures to make cost savings. The RCN also reports on more 'stringent management reviews of posts as staff leave, which could lead to NHS boards deciding to reorganise workload so the vacancy need not be filled, reducing the number/hours of posts and/or changing the Agenda for Change banding'.

In May 2010 the Health Secretary, Nicola Sturgeon, offered a guarantee that no NHS employee will face compulsory redundancy amid pressure on budgets, so most of the posts lost so far have been through natural turnover or voluntary severance. However, in releasing the Scottish Government's pay policy for 2011/12, the Cabinet Secretary for Finance and Sustainable Growth set out his terms for the continuation of this policy:

*The Government believes that the policy position of no compulsory redundancies can be sustained on condition that agreements are reached on flexible working practices which reduce costs while maintaining headcount and services*¹⁶.

The Scottish Government has set up a group, including RCN representation, to consider the scope of these flexibilities but to date no detailed negotiations have taken place.

¹⁵ www.rcn.org.uk/_data/assets/pdf_file/0004/352741/Taking_the_Pulse_of_NHS_Scotland.pdf

¹⁶ www.scotland.gov.uk/Publications/2010/11/17095357/1

3. How to use this report

3.1 Presentation of results

This report details the results for Scotland from the 2011 RCN membership survey across the following chapters:

- Chapter 4: Key respondent characteristics
- Chapter 5: Pay and grading
- Chapter 6: Pension arrangements
- Chapter 7: Working hours
- Chapter 8: Training
- Chapter 9: Workload and staffing
- Chapter 10: Views about nursing as a career

For each chapter, we present the findings through a combination of tables and charts. We have *italicised* our commentary where comparisons are drawn with results from the 2009 report for Scotland. We have also *italicised* our commentary where comparisons are drawn with results from the 2011 report for the UK.

All tables and charts presented in the report include both the percentage and number of RCN members from Scotland responding to the question. In the case of 'tick all that apply' questions the size stipulated refers to the number of *total respondents* answering the question, rather than the *total number of responses* given.

The use of routing questions in the survey also means that sample sizes vary across the results shown.¹⁷

When analysing the tables it is important to focus not only on the *percentage* of respondents that have answered a question in a particular way, but also the *number* of respondents. Some of the sample sizes are quite small, and where necessary we have highlighted this in our analysis. It should also be noted that where numbers from the tables are featured in the text they have been rounded up or down accordingly.

All data collected from district nurses have been weighted, although this does not affect the overall results to any extent. Further information is given in Appendix 2.

¹⁷ Routing questions are those that direct respondents to different questions throughout the survey, depending on responses given. Further information is given in Appendix 1.

4. Key respondent characteristics

This section summarises the main characteristics of respondents to the 2011 survey from the Scotland RCN membership. Information requested by this year's survey includes:

- current employment situation
- job title
- main area of practice
- length of service with current employer
- age range
- gender
- country of work
- qualifications
- ethnicity

The tables featured in this sector are for 'all respondents' in each case. Please note that all results are weighted to take into account the oversampling of district nurses. Further details are set out in Appendix 2.

4.1 Employment information

4.1.1 Current employment situation

The majority of respondents to the survey describe their current employment situation as 'employed and working' (table 4a). Some respondents describe themselves as employed but either currently on sick leave (2 per cent) or on maternity leave (1 per cent).

Table 4a: Current employment situation

	No.	%
Employed and working	682	95.2
Employed, but currently on sick leave	12	1.7
Retired, but still in paid employment	6	0.8
Employed, but currently on maternity leave	4	0.6
Unemployed	3	0.6
Self-employed	1	0.1
Fully retired	1	0.1
Student	1	0.1
Total	717	100

4.1.2 Main employer and location of work

In respect of main employer, the majority of members are employed by the NHS, at 85 per cent, a further 9.5 per cent are employed by an independent or private health care provider and six per cent by other non-NHS employers.

Within the NHS the majority of respondents (70 per cent) work directly for the NHS, while five per cent work for NHS 24 and four per cent work in a GP practice. A small number are employed by other non-NHS employers, with the largest proportion being employed by a university.

Table 4b: Employer for main job

	No.	%
All NHS	608	84.8
NHS (excluding GP practices)	499	69.6
NHS 24/help-line	39	5.4
GP practice	30	4.2
Other NHS employer (e.g. SHA/health board)	27	3.8
NHS Bank	13	1.8
Independent and voluntary sector	68	9.5
Independent/private health care provider	45	6.3
Charity/voluntary group	19	2.6
Private contractor	4	0.6
Other	41	5.7
University	17	2.4
Local authority/other public body	10	1.4
Private company	5	0.7
Retired/Not currently working	2	0.3
Nursing agency	1	0.1
School	1	0.1
Other	5	0.7
Total	717	100

In respect of the primary location of work, just under half (48 per cent) of all respondents spend most of their time in a hospital setting, most commonly on a ward (20 per cent) or a hospital unit (15 per cent).

A further 52 per cent spent most of their time in another setting, such as working in the community (21 per cent), or across different organisations and settings (7 per cent). Seven per cent work in a GP practice and six per cent for a care home.

Table 4c: Where do you currently spend most of the time in your main job?

	No.	%
All hospital settings	343	47.8
Hospital ward	142	19.8
Hospital unit (e.g. A&E, ITU specialist units)	108	15.1
Hospital outpatients/day care	38	5.3
Other hospital setting	47	6.6
Across different hospital departments	8	1.1
Other settings	374	52.2
Community	156	21.7
Various (across organisation/s)	48	6.7
Care home	42	5.9
Call centre	34	4.7
GP practice	32	4.5
Office/research/education setting	27	3.8
University	13	1.8
Hospice	6	0.8
Prison service	5	0.7
Industry/workplace	5	0.7
Not currently working	2	0.3
School	1	0.1
Other	3	0.4
Total	717	100

4.1.3 Main job title and area of practice

Overall 32 per cent of respondents from Scotland are staff nurses, 9 per cent are sisters, charge nurses or ward managers and 9 per cent are clinical nurse specialists.

Health care assistants and nursing auxiliaries make up 3 per cent of the respondents from Scotland. This compares with 3 per cent for UK respondents as a whole.

Table 4d: Main job title (all respondents)

	No.	%
Staff nurse	231	32.2
Sister/charge nurse/ward manager	66	9.2
Clinical nurse specialist	66	9.2
Nurse practitioner	58	8.1
Community nurse	48	6.7
Senior nurse/matron/nurse manager	45	6.3
Researcher/lecturer/tutor	31	4.3
Practice nurse	27	3.8
Manager/director	25	3.5
Community psychiatric nurse	21	2.9
Health care assistant/nursing auxiliary	19	2.6
Occupational health nurse	18	2.5
Educator	16	2.2
Non-nursing job/work	11	1.5
District nurse	10	1.4
School nurse	6	0.8
Health visitor/SCPHN	5	0.7
Consultant nurse	5	0.7
Midwife	5	0.7
Public health practitioner	3	0.4
Not currently working	2	0.3
Total	718	100

In terms of practice area, 27 per cent work in acute and urgent care, 15 per cent in primary and community care and 10 per cent with older people. Similar proportions report working in mental health (7 per cent) and with children and young people (7 per cent).

Table 4e: Main area of practice (all respondents)

	No.	%
Acute and urgent care	141	19.7
Primary and community care	97	13.5
Older people	90	12.6
Mental health	77	10.8
Children and young people	48	6.7
Long-term conditions	29	4.1
Adult general/medical/surgical	27	3.8
Education	25	3.5
e-health/telecare	23	3.2
Management/leadership	19	2.7
Learning disabilities	19	2.7
Quality improvement and research	18	2.5
Cancer care	17	2.4
Workplace and environmental health	16	2.2
Palliative care	14	2.0
Other specialties	12	1.7
Surgery/operating theatre	10	1.4
Public health	11	1.5
Outpatients	5	0.7
Midwifery	5	0.7
School nursing	4	0.6
Neonatal	4	0.6
Women's health	3	0.4
Not currently working	2	0.3
Total	716	100.0

4.1.4 Length of service with current employer and time in current post

Respondents were asked how long they have been employed both with their current employer and in their current post. Half (50 per cent) of all respondents have worked for their employer for 10 years or more and nearly a quarter have between 5 and 10 years' service with their current employer.

In terms of time in post, similar proportions of members report being in their current post for between 5 and 10 years and for between 2 and 5 years, at 27 per cent respectively.

Table 4f: How long have you worked for your current employer? (all respondents)

	No.	%
Less than 1 year	35	4.9
Over 1 year, up to 2 years	40	5.6
Over 2 years, up to 5 years	122	17.1
Over 5 years, up to 10 years	160	22.4
Over 10 years	357	50.0
Total	715	100

Table 4g: How long have you worked in your current post? (all respondents)

	No.	%
Less than 1 year	72	10.7
Over 1 year, up to 2 years	79	11.8
Over 2 years, up to 5 years	180	26.7
Over 5 years, up to 10 years	185	27.3
Over 10 years	159	23.6
Total	676	100

4.2 Respondent profile

4.2.1 Gender, age, ethnicity and disability

Overall, 85 per cent of respondents are female, compared with 93 per cent in 2009. *However, since the gender balance in the overall RCN membership has not changed over this period, we are unsure why this ratio has changed.*

The majority of respondents are aged 45 and over, with 47 per cent in the age range 45-54 and 20 per cent aged over 55, reflecting a wider trend of an increasing age in the nursing workforce.

When asked about disability, 7 per cent responded that they consider themselves to have a disability. *This compares to 7 per cent of all UK respondents.*

Table 4h: Analysis of survey respondents by age (all respondents)

	No.	%
18-25	12	1.7
26-34	60	8.3
35-44	168	23.4
45-54	338	47.0
55-64	139	19.4
Over 65	2	0.3
Total	720	100

Two-thirds of all respondents describe their national identity as Scottish, a further 19 per cent British and 6 per cent English.

Table 4i: Analysis of survey respondents by national identity

	No.	%
Scottish	489	67.9
British	138	19.2
English	42	5.9
Northern Irish	10	1.4
Welsh	6	0.8
Prefer not to say	5	0.7
Other	29	4.0
Total	719	100.0

By ethnic group, 96 per cent of respondents identified their ethnic group as White. *This is a similar profile to 2009, when 97 per cent described their ethnic group as White.*

Table 4j: Analysis of survey respondents by ethnic group

	No.	%
White	689	96.1
Black/African/Caribbean	5	0.7
Asian/Asian British	3	0.4
Mixed/multiple ethnic groups	2	0.3
Prefer not to say	15	2.1
Other ethnic group	3	0.4
Total	717	100

4.2.2 Qualifications held

Survey respondents were asked about the types of registration and qualifications held and the findings illustrate both the different routes taken by nursing staff into the profession and the different descriptions used.

Almost two-thirds of respondents (63 per cent) have completed their first-level registration nursing qualifications and 13 per cent hold second level registration. In addition, 43.5 per cent hold a nursing diploma, 38.5 per cent also have a nursing degree and 15 per cent a higher degree (table 4j).

In 2009, 42 per cent of respondents held a degree. The 2009 figures similarly represented an increase from earlier surveys and confirmed the fact that the level of qualification held by nurses has been rising steadily in recent years.

Table 4k: Nursing qualifications held*

	No.	%
First level registration	515	71.4
Second level registration	87	12.1
Nursing degree	328	45.5
Nursing diploma	202	28.1
Masters/PhD	90	12.5
NVQ/SVQ level 2, 3 or 4	37	5.2
Other	100	13.9
Others include: Advanced diploma, Cert Ed., City and Guilds, management diploma, district nursing certificate, ENB, independent prescribing		

* Respondents were asked to tick all that apply

5. Pay and grading

5.1 Overview

This section of the report sets out to establish pay arrangements for respondents in Scotland, including current pay grade, and how RCN members feel about their current grading. We continue to find that nursing staff are more dissatisfied with their pay and remuneration than any other aspect of their working lives.

We also examine how RCN members are coping financially and find a growing sense of anxiety. Nursing staff are faced with decreased household incomes at the same time as rising household expenditure – on top of mounting concerns about redundancies and job security.

5.2 Current pay and grading arrangements

Overall, the majority of respondents are employed on the Agenda for Change (AfC) pay structure (80 per cent), with a further 7 per cent on clinical grades.

Among respondents working in the NHS, the majority (91 per cent) are employed on AfC scales, compared to just 22 per cent in the independent and voluntary sectors. The majority of respondents working outside the NHS are employed on local grades or organisational pay structures.

Table 5a: On which pay system/scale are you currently being paid? (by sector)

	All NHS		Independent & voluntary		Other employer		All respondents	
	No.	%	No.	%	No.	%	No.	%
AfC	550	91.2	15	22.4	2	5.4	567	80.2
Clinical grade	34	5.6	10	14.9	3	8.1	47	6.6
Other	19	3.2	42	62.7	32	86.5	93	13.2
Total	603	100	67	100	37	100	707	100

Table 5b shows that the distribution of AfC pay bands is similar among Scotland and all UK respondents, with 39 per cent of respondents in Scotland employed on pay band 5 and a quarter each employed on bands 6 and 7.

Table 5c shows the distribution of clinical grades and among this year's respondents in Scotland, there is a similar spread among grades as the UK respondents.

**Table 5b Current AfC pay band
(all Scotland respondents)**

AfC pay band	No.	%
1	1	0.2
2	4	0.6
3	11	1.8
4	2	0.3
5	231	37.1
6	178	28.5
7	149	24.0
8	47	7.5
Total	623	100.0

**Table 5c Current clinical grade
(all Scotland respondents)**

Clinical grade	No.	%
A	2	1.7
B	0	0
C	1	0.9
D	28	24.4
E	23	20.3
F	16	14.0
G	27	23.9
H	13	11.3
I	4	3.5
Total	115	100.0

Current AfC pay band (all UK respondents)

AfC pay band	No.	%
1	16	0.3
2	68	1.1
3	105	1.7
4	58	0.9
5	2,293	36.2
6	1,670	26.4
7	1,463	23.1
8	653	10.3
Total	6,326	100.0

Current clinical grade (all UK respondents)

Clinical grade	No.	%
A	24	2.2
B	16	1.5
C	19	1.8
D	205	19.0
E	215	20.0
F	210	19.5
G	254	23.5
H	90	8.3
I	45	4.2
Total	1,078	100.0

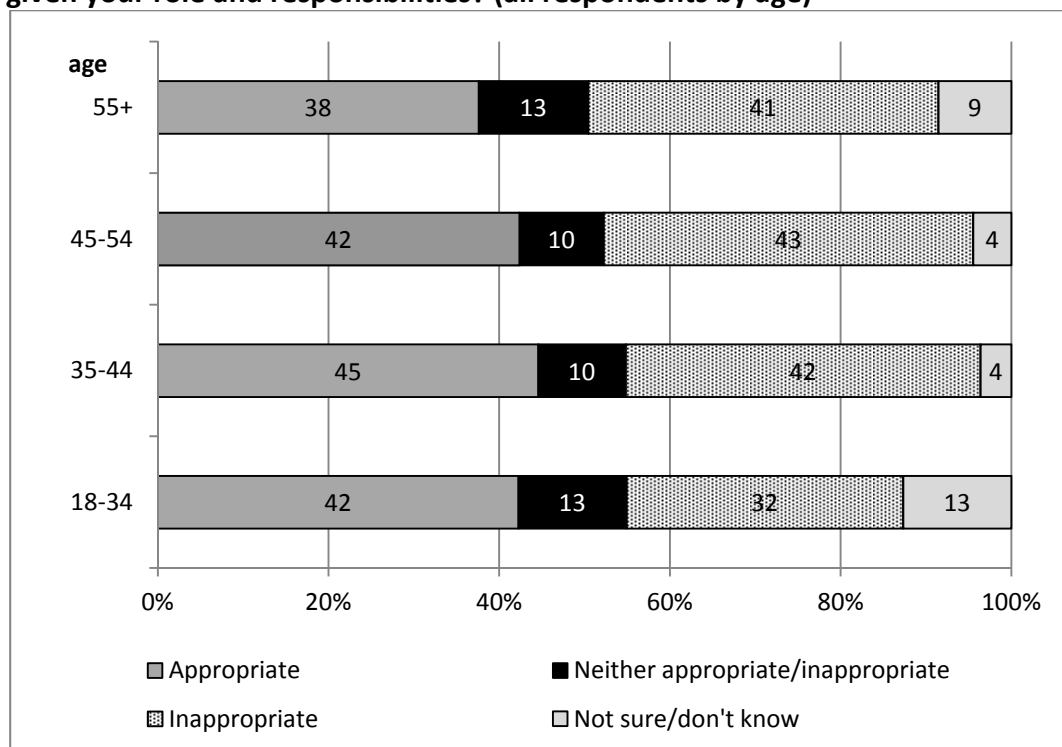
5.3 Views on current pay band or grade

We asked respondents on their views about the appropriateness of their current pay band or grade for their role and responsibilities. Almost half of respondents (44 per cent) said that it is appropriate compared with 40 per cent who said it is inappropriate. *These figures are broadly similar to 2009, with 45 per cent of respondents in Scotland stating their pay band or grade was appropriate.*

These findings are also very similar to those for all UK respondents, among whom half (49 per cent) thought their pay band or grade is appropriate and just over a third (37 per cent) said it was inappropriate.

Analysis of responses by age in Chart 5a shows that older members are just as likely to view their current pay and grading as appropriate compared to younger members.

Chart 5a: How appropriate do you consider your current pay band/grade to be, given your role and responsibilities? (all respondents by age)

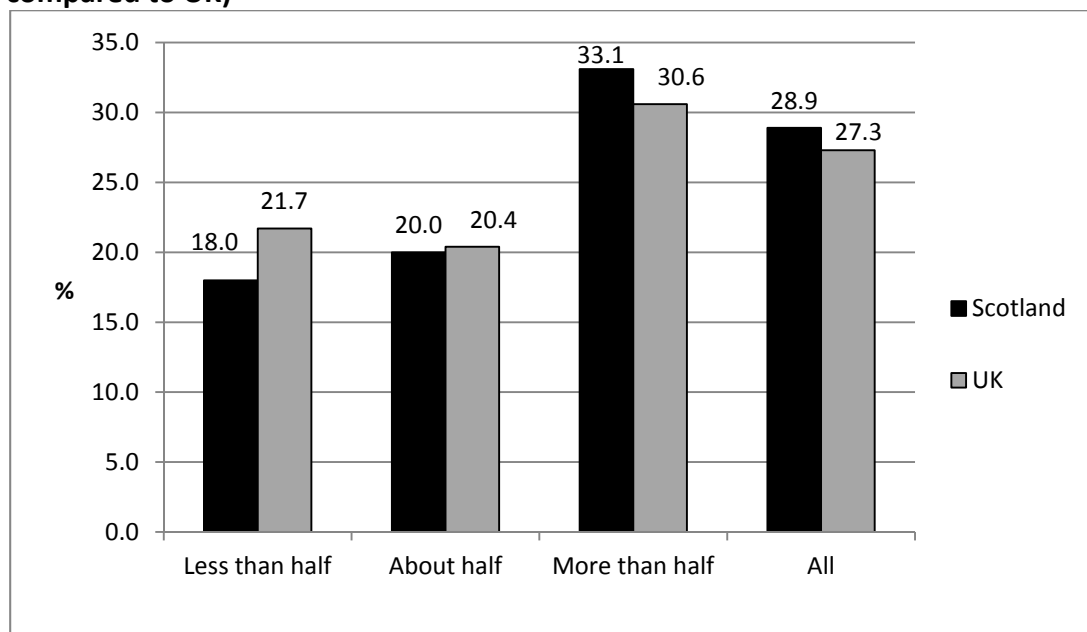


5.4 Pay and household income

Just under two thirds of all respondents (62 per cent) told us that they are the main or sole breadwinner in their households, with their income making up more than half of household income. *This is compared with 58 per cent of all UK respondents.*

Six per cent of all respondents in Scotland stated they are in receipt of Working Tax Credits, compared to eight per cent of all UK respondents.

Chart 5c: Proportion of total household income that earnings represent (Scotland compared to UK)



This year's survey asked for the first time about the impact of austerity measures and rising inflation on household incomes and financial concerns. Responses indicate that Scotland respondents – in common with other UK colleagues – have felt the impact of rising costs and are increasingly concerned about their financial situation.

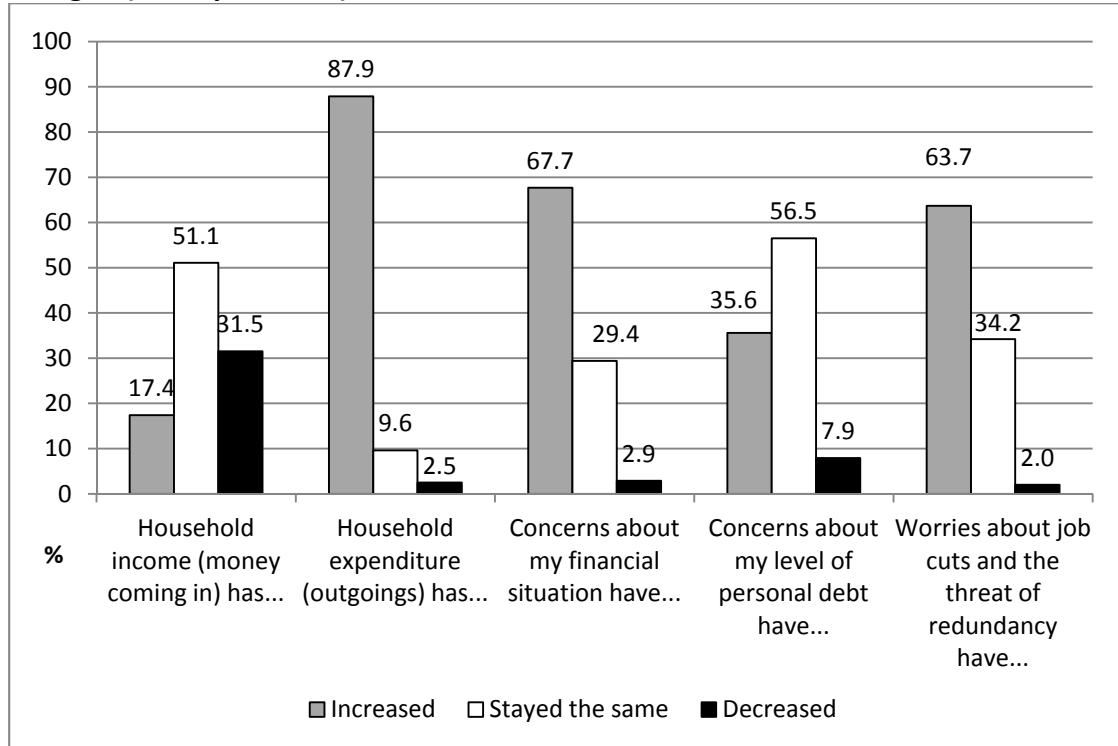
Chart 5b shows that the majority of respondents (88 per cent) report that household expenditure has increased over the last year, while a similar number (83 per cent) said that household income was the same or lower.

Two-thirds (68 per cent) told us that concerns about their financial situation had increased over the last 12 months and a third (36 per cent) reported heightened concerns about personal debt.

Almost two-thirds (64 per cent) reported that worries about job cuts and redundancies have increased. *This is a similar number as all UK respondents – with 63 per cent reporting they were worried about job security.*

This paints a picture of increased stress and anxiety about household finances and job security. Furthermore, with two thirds of all Scotland respondents reporting that they are the main or sole breadwinner in their household, these concerns are likely to become ever more acute.

Chart 5b: Compared to this time last year, please describe how your situation has changed (all respondents)



5.5 Career progression

Respondents were asked whether they had applied for a job at a higher grade or band over the previous 12 months, in order to examine the extent of career progression.

Just over one in ten (13 per cent) reported that they had applied for a new job, with one third (32 per cent) being successful. Among those taking up a job at a higher grade or band, 32 per cent did so with a new employer. *This compares with 13 per cent of all UK respondents who applied for a new job at a higher grade or band, with a 42 per cent success rate. Of these respondents, 35 per cent took up a new post with a new employer.*

Among the reasons cited by respondents in Scotland for taking up a higher graded or paid position, the main ones included better pay or promotion, or to gain different experience or skills. Other reasons included better prospects and a change in working hours or better work-life balance.

5.6 Agenda for Change transition issues

This is the second RCN employment survey since almost all NHS nurses across the UK have been assimilated to the Agenda for Change pay structure. To continue the review of this process, the survey asked members whether they had challenged their banding following assimilation. Just under one third (31 per cent) of Scotland respondents reported that they have had a review of their banding after assimilation to AfC, of which 30 per cent subsequently had their banding uplifted.

In 2009, we found that 27 per cent of all Scotland respondents had requested a review of their AfC grading. This suggests that in Scotland, AfC reviews are still an ongoing issue.

This year's Employment Survey shows that across all UK respondents, 28 per cent reported their banding had been reviewed, compared to 23 per cent in 2009.

Table 5: Did you have a review of your banding after assimilation to AfC?

	No.	%
Yes	203	30.5
No	462	69.5
Total	665	100.0

Table 5: If so was your banding uplifted?

	No.	%
Yes	59	29.6
No	141	70.4
Total	200	100.0

6. Pension arrangements

6.1 Overview

This chapter looks at current pension arrangements among RCN members and finds almost full membership of the NHS scheme among respondents working in the NHS. However, it also finds that a worryingly high number working for independent or voluntary sector providers belong to no pension at all.

This chapter goes on to look at the NHS pension scheme in more depth, in light of government proposals to reform public sector pension schemes and asks whether members would consider leaving the scheme.

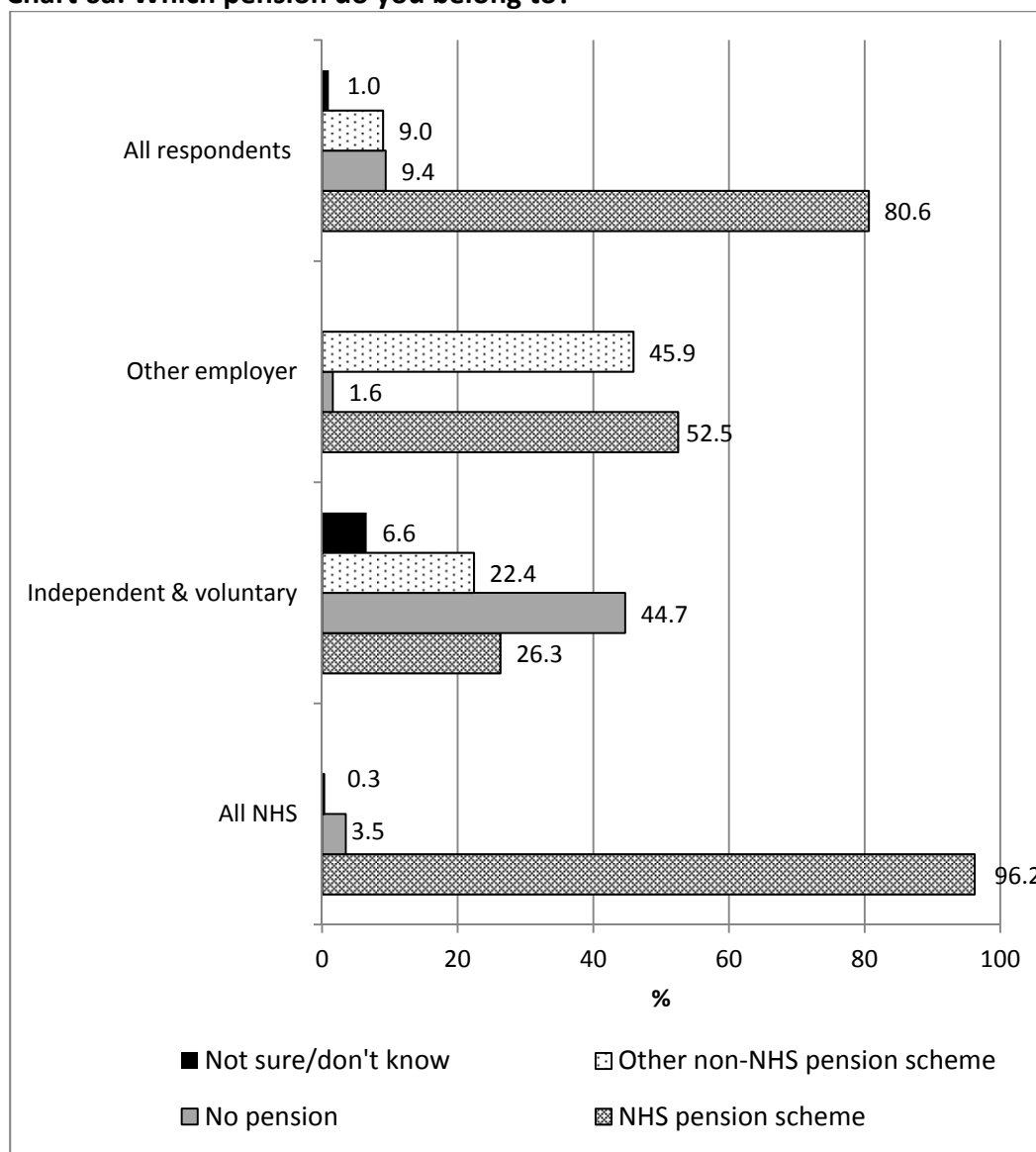
While a minority said that they would probably or definitely opt out of the NHS scheme if contributions were to rise or the final salary scheme were to be replaced by a career average, it is still too early to draw any firm conclusions about these kinds of decisions. However, these findings certainly suggest a growing sense of uncertainty and anxiety about pensions reforms which add to other concerns about job security, pay levels and workload.

6.2 Current pension arrangements

Overall, 83 per cent of all Scotland respondents are members of the NHS pension scheme and smaller numbers (7 per cent) either have no pension at all or are members of another occupational scheme (10 per cent).

Among respondents working in the NHS, the majority (96 per cent) belong to the NHS scheme. In the independent and voluntary sectors, just less than half (45 per cent) belong to no scheme at all.

Chart 6a: Which pension do you belong to?



6.3 Pensions reforms

The survey asked respondents who belong to the NHS pension scheme to indicate, from a number of proposed changes, which would make them consider opting out of the scheme.

The three scenarios they were asked to consider were:

- an increase in pension contributions of 1 to 3 per cent,
- an increase in pension contributions of 3 per cent or more
- shift from final salary to a career-average scheme.

While the results show that many respondents are unsure whether these changes would make them consider opting out of the NHS pension scheme, it is clear that a shift from a final salary scheme to a career-average scheme is likely to be the issue most likely to affect decisions about membership.

Chart 6b: Would any of the following make you consider opting out of the NHS pension scheme (all NHS respondents)

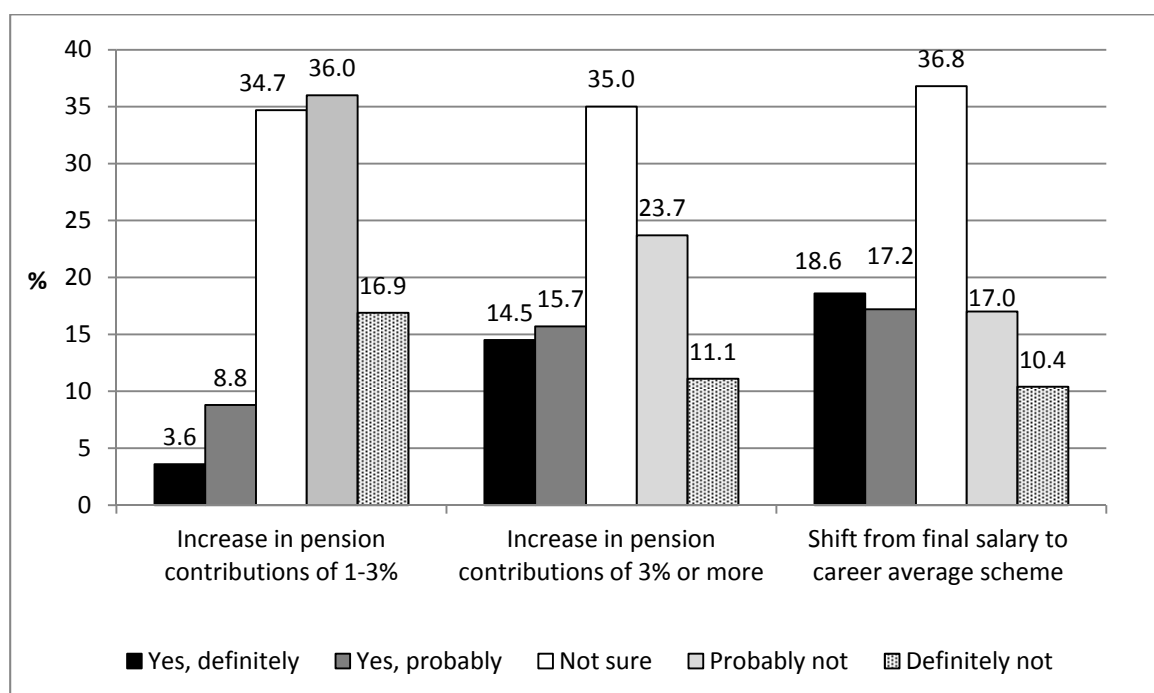


Chart 6b shows that 12 per cent of respondents said they would consider opting out of the NHS pension scheme if contributions rose by between 1 and 3 per cent. However, when faced with an increase of more than 3 per cent, almost one third (30 per cent) said they would either ‘definitely’ or ‘probably’ consider opting out of the NHS pension scheme if this change came into effect.

On the issue of a move from a final salary to career-average salary scheme, slightly more would consider opting out – at 36 per cent of respondents.

A closer look at the responses in Table 6a suggests that Scotland respondents (in common with colleagues in England) are more likely to indicate they would opt out of the NHS pension scheme than those in Wales or Northern Ireland.

Table 6a: Would any of the following make you consider opting out of the NHS pension scheme (by country)

	England %	Scotland %	Cymru/ Wales %	Northern Ireland %	Total %
Increase in pension contributions of 1 to 3 per cent					
Yes	12.2	12.4	8.9	7.0	11.6
No	54.0	52.9	62.5	69.6	55.6
Unsure	33.8	34.7	28.7	23.5	32.8
Total	100	100	100	100	100
Increase in pension contributions of 3 per cent or more					
Yes	29.5	30.2	23.7	20.4	28.5
No	35.3	34.8	37.5	38.3	36.0
Unsure	35.1	35.0	38.8	41.3	35.5
Total	100	100	100	100	100
Shift from final salary to career average scheme					
Yes	31.1	35.8	25.1	11.8	29.9
No	28.6	27.4	30.4	35.3	29.0
Unsure	40.3	36.8	44.5	52.9	41.1
Total	100	100	100	100	100

7. Working hours

7.1 Overview

This year's survey asked a series of questions around working hours including patterns of work, contracted hours, overtime working and additional paid work.

The findings show that a significant proportion of respondents in Scotland regularly work more than their contracted hours and often unpaid.

Most respondents (89 per cent) report working additional hours on at least one shift each week and two fifths (43 per cent) do so several times a week. 82 per cent regularly work up to 6 hours a week overtime.

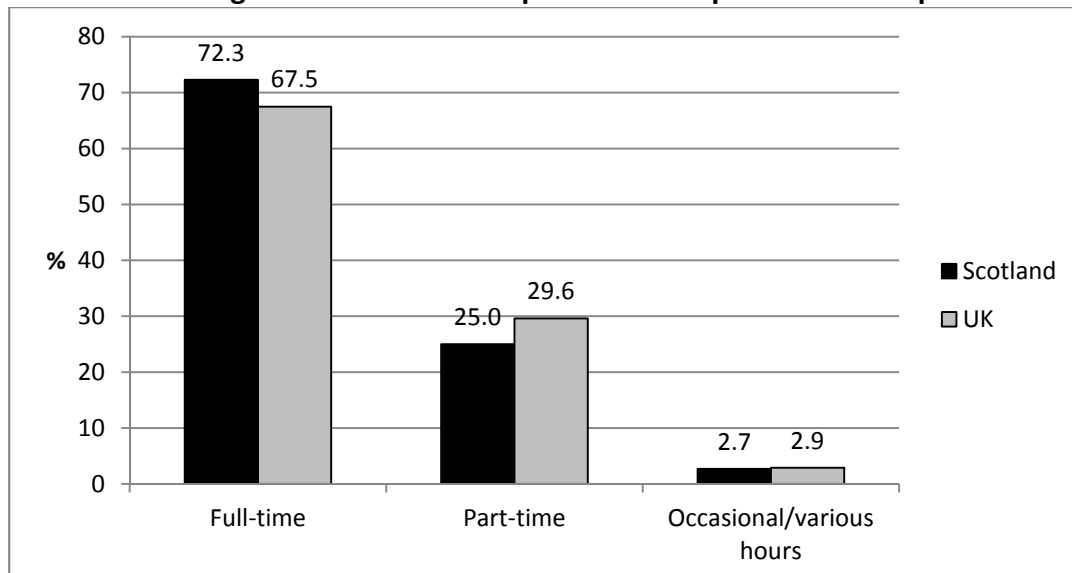
Given this tendency to work long hours, it is perhaps unsurprising that quarter told us that working hours frequently or always conflicted with their domestic arrangements and almost half said they are unable to balance their work and home lives.

7.2 Working patterns

Around three-quarters of all respondents currently work full-time which is a larger proportion than that for all respondents across the UK (72 per cent Scotland; 68 per cent UK).

The proportion of respondents from Scotland reporting they work full-time has been steadily increasing since 2003 when just 58% worked full-time. In 2009, 60 per cent stated they worked full-time.

Chart 7a: Working hours – Scotland respondents compared to UK respondents



Analysis of working patterns by age shows that respondents are more likely to work part-time later in their careers. Table 7a indicates that just 16 per cent of respondents aged under 35 work part-time, rising to 31 per cent of those aged 55 and over.

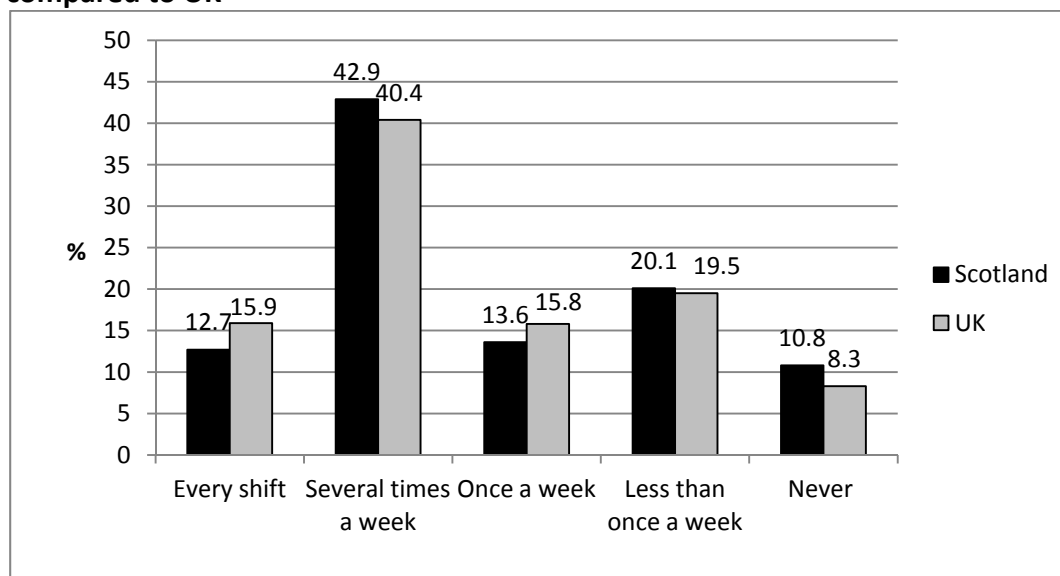
Table 7a: Working patterns in main job (all respondents)

		18-34	35-44	45-54	55 and over	All respondents
Full-time	No.	55	116	253	92	516
	%	78.6	69.9	74.9	65.7	72.3
Part-time	No.	11	45	80	43	179
	%	15.7	27.1	23.7	30.7	25.0
Occasional hours	No	4	5	5	5	19
	%	5.7	3.0	1.5	3.6	2.7
Total	No.	70	166	338	140	714

7.3 Additional hours worked

Chart 7b shows that in common with nurses across the rest of the UK, a large proportion of respondents in Scotland report that they work in excess of their weekly contracted hours several times a week (43 per cent), or every shift (13 per cent). Nine in ten (89 per cent) report regularly working in excess of contracted hours at least once a week.

Chart 7b: How often do you work in excess of your contracted hours? Scotland compared to UK



Respondents also indicated that they typically work up to six additional hours a week (82 per cent in Scotland compared to 80 per cent in the UK). A further 18 per cent stated that they worked on average over six hours a week as overtime.

Chart 7c: Number of additional hours worked on average each week (Scotland compared to UK)

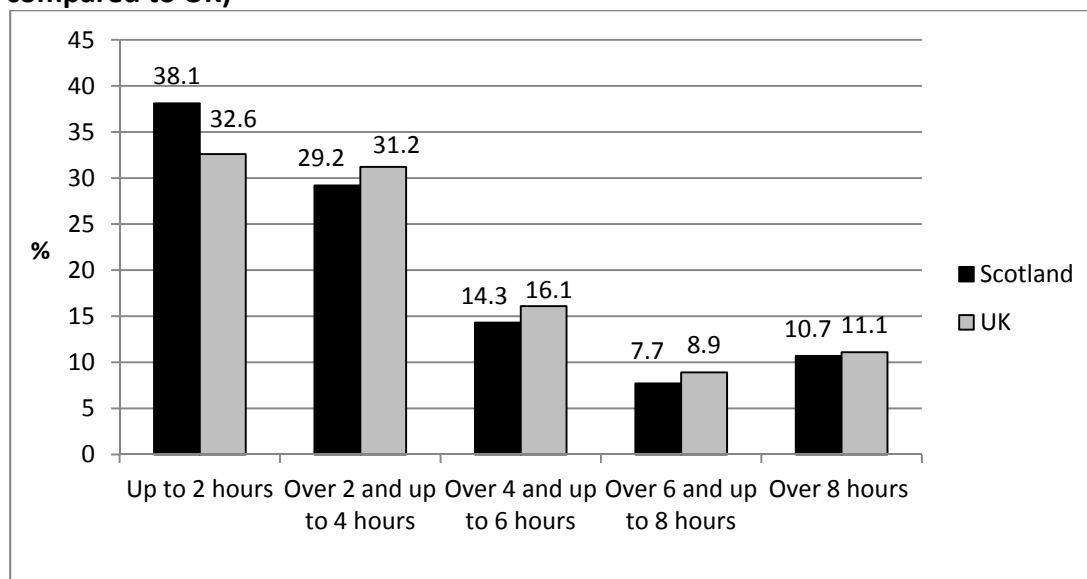
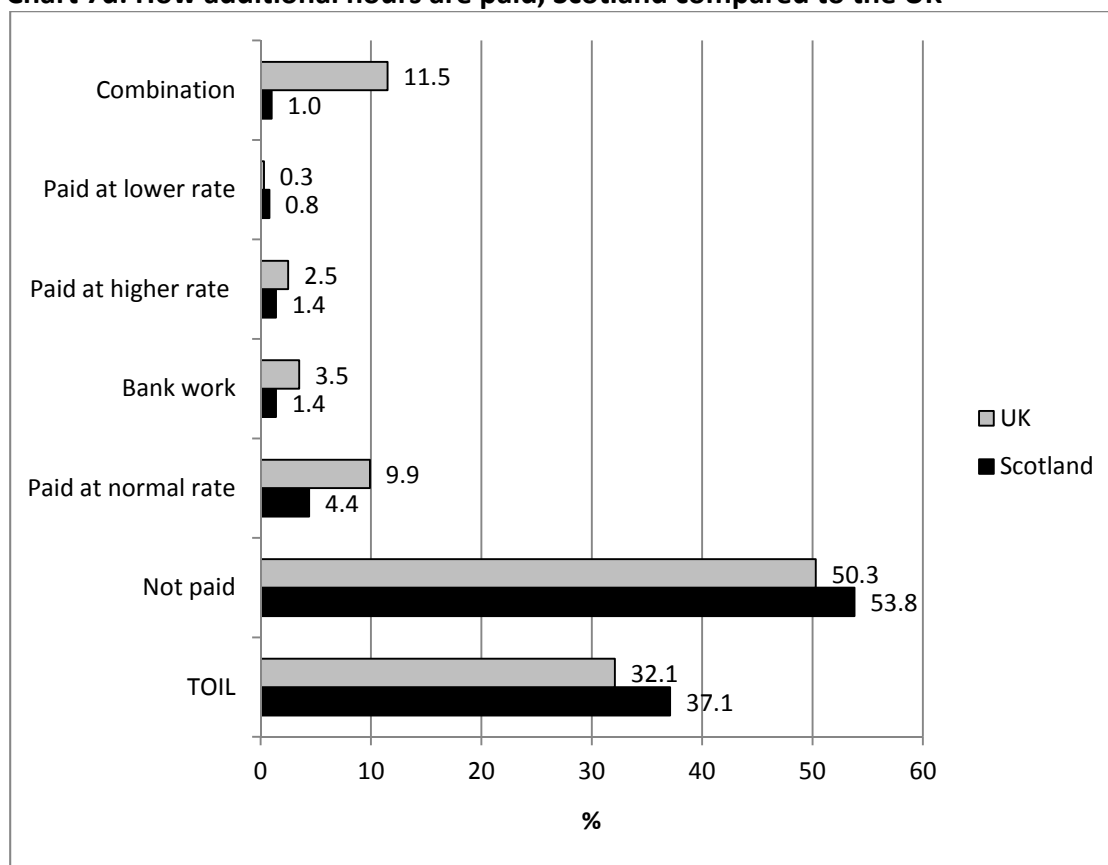


Table 7d indicates that around a third (37 per cent) of those working extra hours receive time off in lieu (TOIL) as compensation, around half (54 per cent) are not paid at all. This roughly matches the findings for all UK respondents.

A comparison with the 2009 survey shows a significant increase in the proportion of members saying they are not offered anything should they work extra hours. Just five per cent reported that they were usually unpaid for working additional hours. By contrast, 31 per cent said they were offered TOIL.

The proportion stating that extra hours are paid at either the normal or a higher rate have fallen since 2009, with four per cent stating additional hours are paid at the normal rate, compared with 31 per cent in 2009. This year, just 1.4 per cent said additional hours are paid at a higher rate, compared to 14 per cent in 2009.

Chart 7d: How additional hours are paid, Scotland compared to the UK

Some comments from individual respondents indicate that while they are offered TOIL or other flexible hours options as a means of compensation for working extra hours, in reality workloads mean that finding the time to do so is often difficult. For example, one respondent indicated that they are offered TOIL but stated: "I probably reclaim about 50% of extra hours as time off in lieu. The remainder I don't claim for at all." Another stated that: "Some of the additional hours are paid, some not. I start early so I can get some of the work done and I am not paid for this." A further respondent told us: "Time in lieu is difficult due to shortage of staff and depending on how busy we are."

7.4 Additional paid work

Around a sixth (17 per cent) of respondents in Scotland report undertaking additional paid work, mainly through working as a bank or agency nurse. *This compares with 24 per cent of respondents from Scotland in the 2009 survey reporting to have a second job.*

Table 7e: If you have a second job, what are the other jobs you undertake apart from your main job? Tick all that apply (all respondents doing additional paid work, n=122)

	No.	%
Bank nursing with same employer	52	42.6
Bank nursing with different employer	21	17.2
Non-nursing work	17	13.9
Agency nursing	7	5.7
Care/nursing home	5	4.1
Other non-NHS nursing work	5	4.1
Other	24	19.7

The key reason stated for undertaking extra paid work is to provide additional income (67 per cent). *This is the same proportion as in the 2009 Scotland survey.*

Table 7f: What is the main reason for doing additional paid work? (all respondents doing additional paid work, n=121)

	No.	%
To provide additional income	81	66.9
To maintain particular nursing skills	10	8.3
To maintain staffing levels where I work	7	5.8
To gain experience of other specialties	7	5.8
Other	16	13.2
Total	121	100

7.5 Views on working hours and work-life balance

The survey also asked a series of questions about their views on certain issues relating to working hours and work-life balance. We asked respondents whether their hours of work, including shift patterns, conflict with their domestic commitments, for example childcare arrangements or looking after an older relative.

Chart 7e shows that findings for Scotland respondents roughly follow the pattern for those of all UK respondents, with half (51 per cent) of all respondents in Scotland stating that domestic and work commitments conflict occasionally and a fifth (20 per cent) said they do so frequently.

Chart 7e: Do additional hours of work conflict with domestic commitments, Scotland compared to the UK (all respondents)

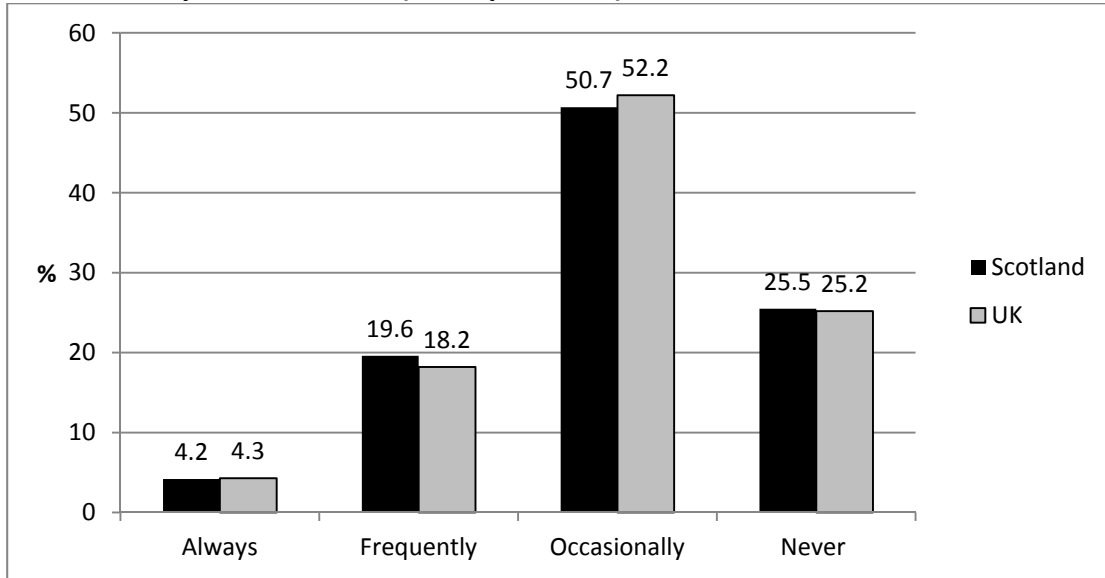
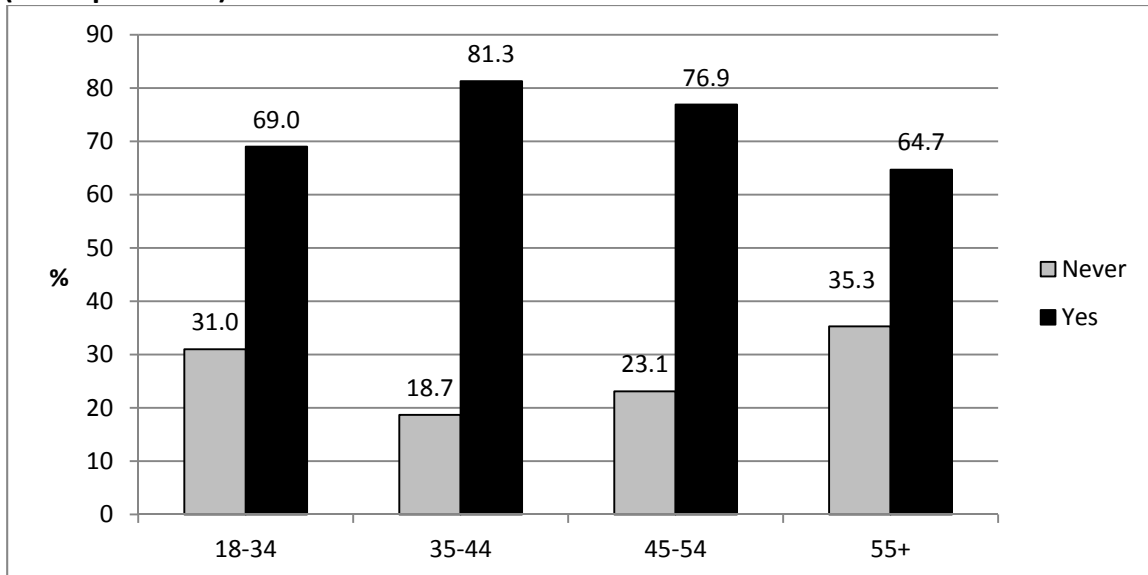


Chart 7f shows that respondents in the youngest and oldest age groups are more likely to report that their hours of work conflict with their domestic commitments compared to those aged 35-54, which probably reflects different domestic and caring responsibilities.

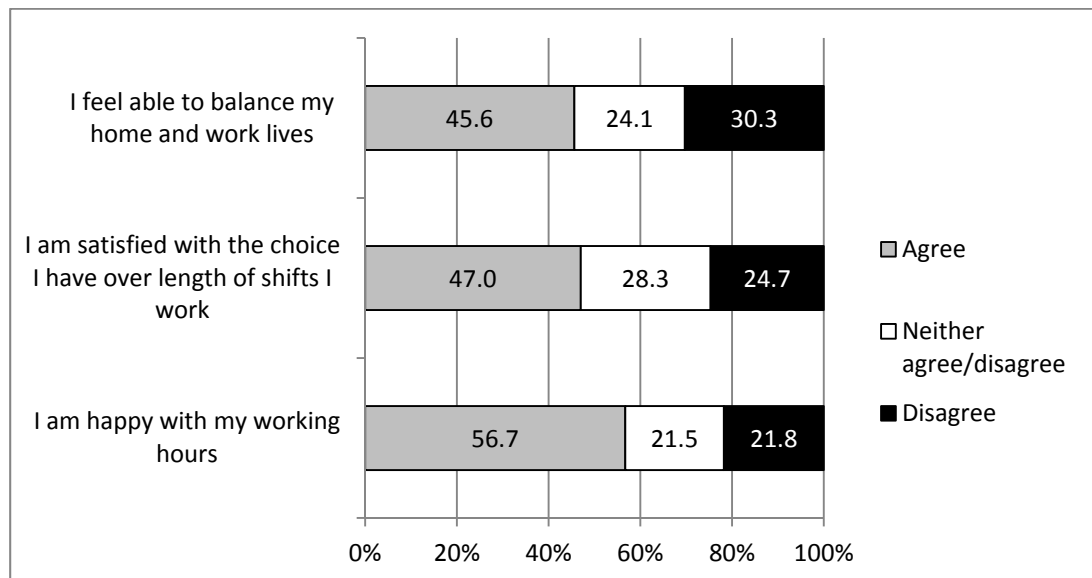
Chart 7f: Do your hours of work conflict with your domestic commitments - by age (all respondents)



When asked whether respondents are happy with their working hours, the majority (57 per cent) said they were and a fifth (22 per cent) said they were not. *However, the proportion happy with their hours has fallen since the 2009 survey, when 75 per cent stated they were satisfied.*

Just under half (47 per cent) stated they are satisfied with the choice over the length of shifts they work, while 25 per cent are not. *In 2009, 59 per cent stated they were satisfied with the choice over shift length.*

Finally, just under half (46 per cent) said they feel able to balance their work and home lives, while 30 per cent said they could not. *In 2009, a higher proportion (61 per cent) stated they felt able to balance work and home lives.*



8. Training and continuing professional development

8.1 Overview

Recent Employment Surveys found that mandatory training had increased across the board since 2007, with a marked increase in infection control training particularly in NHS hospitals and independent care homes. This year's survey suggests that the growth in training has stopped, with similar numbers reporting having undertaken mandatory training.

In terms of continuing professional development, fewer respondents told us that they had received any training in previous 12 months than we found in the 2009 survey. Three-quarters (70 per cent) reported they had undertaken CPD training paid or provided for by their employer – compared to 87 per cent in 2009 and the duration of training is shorter, with more nursing staff reporting they received development lasting just 1 or 2 days.

However, the use of appraisals/development reviews and personal training and development plans is encouraging, with the use of these developmental tools the highest of all UK countries.

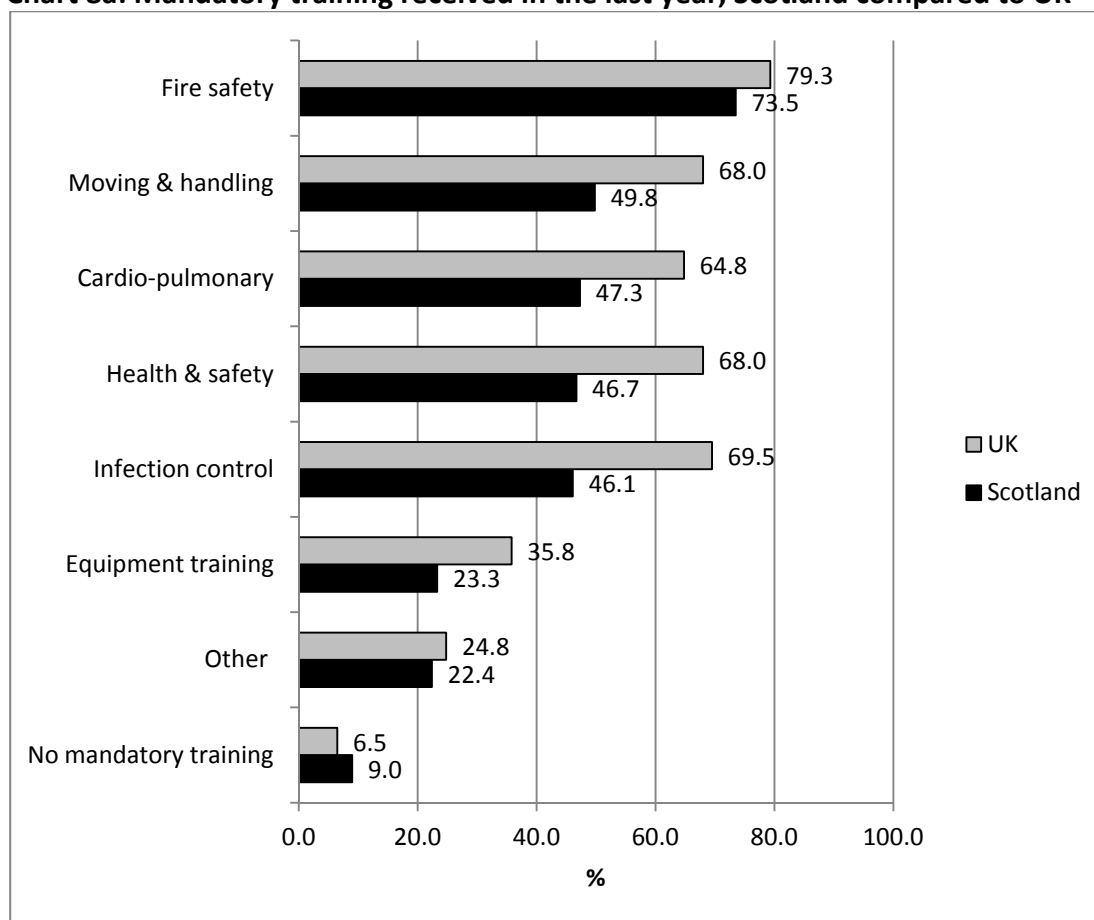
8.2 Mandatory training

Respondents were asked about any mandatory training they have received in the last year. Around three-quarters have undertaken training in fire safety and around half have all undertaken training in moving and handling and cardio-pulmonary.

Just less than half have received and health and safety and infection control training and around a quarter equipment training. One in ten (nine per cent) reported they had not received any training at all in the previous year.

Chart 8a shows that fewer respondents from Scotland report having received training across all the categories than all UK respondents.

Chart 8a: Mandatory training received in the last year, Scotland compared to UK



Comparing 2011 findings with those for 2009, we see that across the NHS and the independent and voluntary sectors, fewer respondents reported they had received mandatory training across several categories than two years ago. While it is encouraging that a higher proportion of respondents reported receiving infection control training in the NHS, a lower number working in the independent and voluntary sectors said they had received this training.

Table 8a: In the last year, what mandatory training have you received? 2011 compared to 2009

	2011	2009	2011	2009
	NHS excluding GP practices (n=578)	NHS excluding GP practices (n=464)	Independent & voluntary sector (n=68)	Independent & voluntary sector (n=80)
Fire safety	75.6	75.5	82.4	86.3
Health & Safety	45.4	40.3	66.2	73.8
Moving & handling	52.0	59.9	66.2	77.5
Infection control	57.7	51.7	58.8	63.8
Equipment training	23.7	33.2	30.9	47.5
CPR	48.5	76.1	23.5	45.0
None	8.1	n/a	13.2	n/a
Other	22.1	n/a	20.4	n/a

8.3 Continuing professional development

Respondents were asked about the amount of CPD or non-mandatory training received in the last 12 months. In total 70 per cent reported having received training provided or paid for by their employer. *This compares to 72 per cent for all UK respondents.*

A quarter (26 per cent) reported having received between one and two days and the same number said they undertaken between three and six days' worth of training.

Chart 8b: Other than mandatory training, how much training has your employer provided or paid for over the last year, Scotland compared to the UK

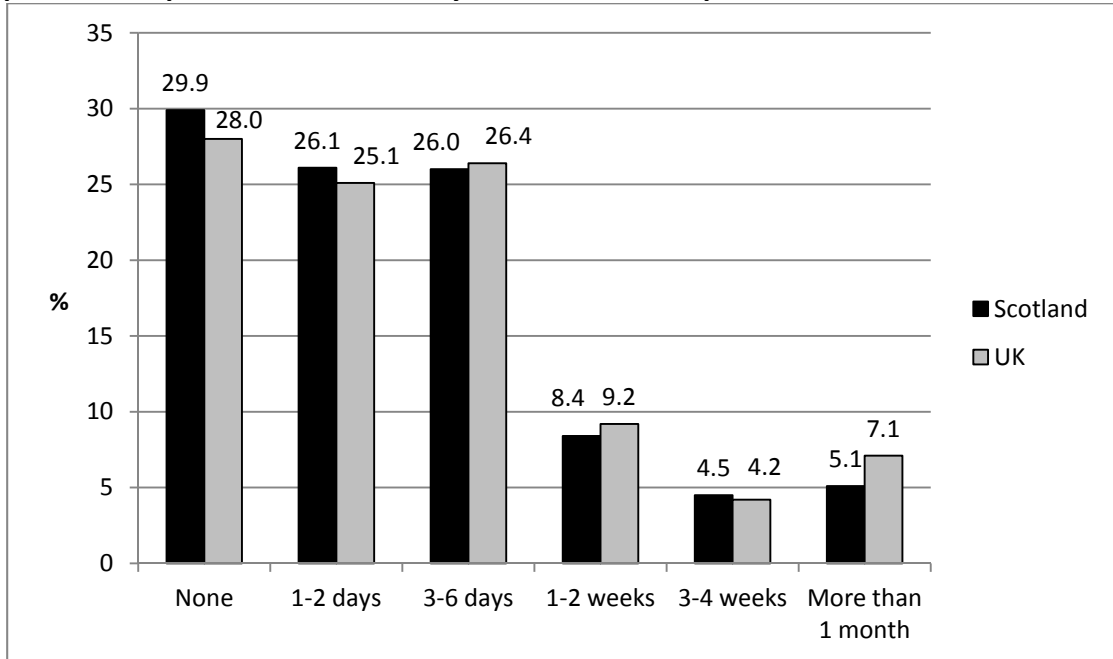
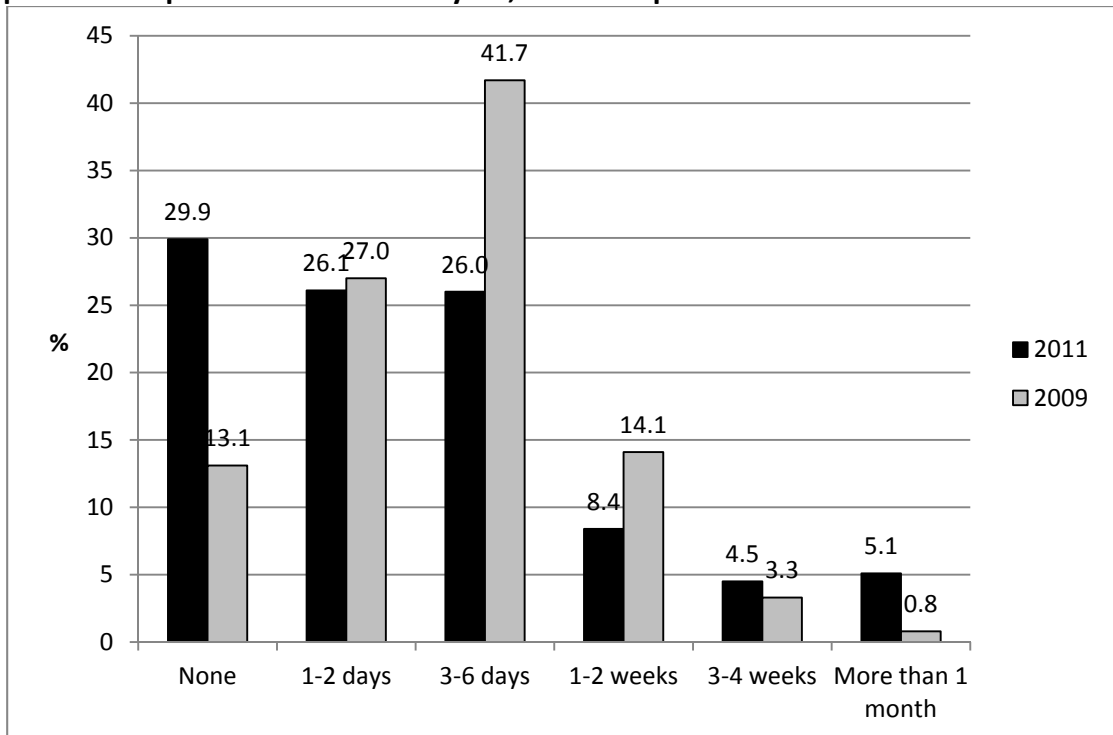


Chart 8c shows that 70 per cent of respondents in Scotland reported having received CPD provided or paid for by their employer compared to 87 per cent in 2011. The duration of training was also longer, with 44 per cent of respondents receiving training lasting longer than two days, compared to 60 per cent in 2011.

Chart 8c: Other than mandatory training, how much training has your employer provided or paid for over the last year, 2011 compared to 2009



Of those respondents who had received training provided or by their employer, eight in ten (84 per cent) said their employer had paid for their training in full – almost matching the UK figure.

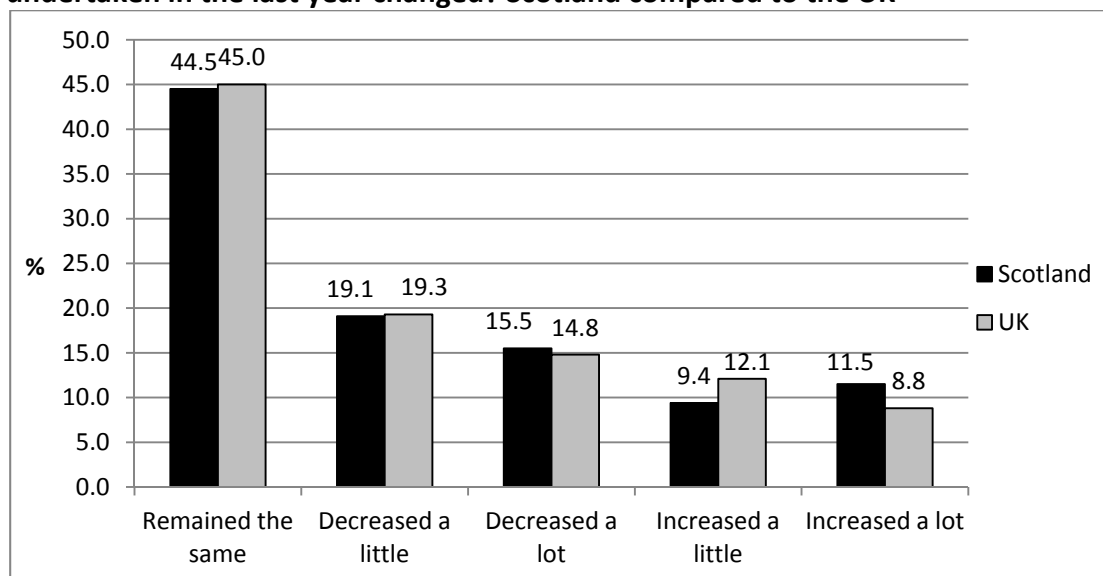
Table 8b: What proportion of your training was paid for by your employer? (by country)

		England	Scotland	Cymru/Wales	Northern Ireland	All UK
All of it	No.	2,890	422	299	310	3,921
	%	83.5	83.6	78.3	79.9	82.7
50% or more	No.	291	36	36	38	401
	%	8.4	7.1	9.4	9.8	8.5
Less than 50%	No.	148	19	20	19	206
	%	4.3	3.8	5.2	4.9	4.4
None of it	No.	131	28	27	21	207
	%	3.8	5.5	7.1	5.4	4.4
Total	No.	3,460	505	382	38	4,735
	%	100.0	100.0	100.0	100.0	100.0

Respondents were also asked to assess whether the amount of training or CPD received had changed over the last year. Chart 8d shows that 45 per cent reported that it had stayed about the same and a third (24 per cent) said it had decreased either a little or a lot. A further quarter (26 per cent) reported that increased either a little or a lot.

Similar numbers across the UK reported that the amount of training or CPD received had decreased since last year than all UK respondents. 34 per cent of respondents across the UK reported a drop in training, suggesting a widespread squeeze on training budgets.

Chart 8d: Compared with 12 months ago, has the amount of training/CPD undertaken in the last year changed? Scotland compared to the UK



8.4 Appraisals and personal development plans

Over three-quarters (77 per cent) of respondents in Scotland reported having a personal training and development plan (PTDP) and the majority (79 per cent) have been drawn up in conjunction with their manager. A similar number (72 per cent) said they have received an appraisal or development review with their line manager in the last 12 months.

It is encouraging that a higher number reported they had received an appraisal or development review in the last 12 months than the last survey in 2009 (72 per cent in 2011 compared to 55 per cent in 2009).

A higher number this year also reported that they had a PDTP (77 per cent in 2011 compared to 63 per cent in 2009). A similar proportion indicated that their manager had played an active role in drawing up the plan (79 per cent in 2011, compared to 77 per cent) in 2009.

Analysis of this year's findings by country shows that respondents from Scotland are the most likely to have had an appraisal/development review or a PDTP out of all UK countries.

Table 8c: Appraisals and personal development plans (by country)

		England	Scotland	Cymru/Wales	Northern Ireland	All UK
Appraisal or development review	No.	3,390	513	230	259	4,436
	%	70.0	71.6	45.2	54.5	67.1
Personal training and development plan	No.	3,084	554	243	250	4,179
	%	63.6	77.2	47.4	52.6	63.0

9. Workload and Staffing

9.1 Overview

This chapter looks at respondents' views on workload and staffing and finds that budgetary pressures are impacting on health care provision and staffing levels. Just over half of all respondents report a reduction in staffing levels of registered nurses and a third say levels have decreased for health care assistants.

We also find that staffing levels are being managed down by the use of recruitment freezes, leading to posts being unfilled, as well as cuts in posts, the redistribution or redeployment of staff, bans on the use of bank or agency staff and skill-mix changes.

9.2 Staffing levels

Across all respondents in Scotland, over half (56 per cent) report that the number of registered nurses in their workplace has declined and just over a third (38 per cent) state that there has been a reduction in the number of health care assistants/health care support workers in the last 12 months.

These figures are higher than for all UK respondents, with half (49 per cent) reporting a reduction in numbers of registered nurses and a third (31 per cent) a reduction in numbers of HCAs.

Chart 9a: Changes in staffing levels over the last 12 months

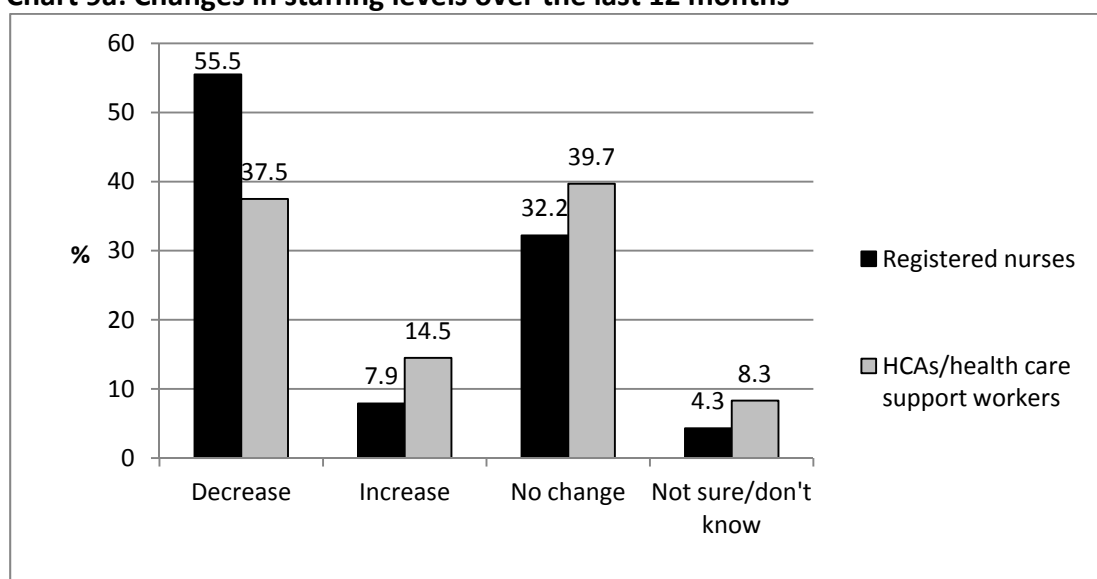


Table 9b: Changes in staffing levels in the last 12 months – registered nurses (by country)

		England	Scotland	Cymru/ Wales	Northern Ireland	Total
Yes, staffing levels have increased	No.	581	55	36	15	687
	%	12.4	7.9	7.3	3.2	10.8
Yes, staffing levels have decreased	No.	2,357	385	232	154	3,128
	%	50.2	55.5	46.8	32.6	49.2
There has been no change in staffing levels	No.	1,510	224	194	238	2,166
	%	32.2	32.3	39.1	50.4	34.1
Not sure/do not know	No.	248	30	34	65	377
	%	5.3	4.3	6.9	13.8	5.9
Total	No.	4,696	694	496	472	6,358
	%	100.0	100.0	100.0	100.0	100.0

Table 9c: Changes in staffing levels in the last 12 months – HCAs/HSWs (by country)

		England	Scotland	Cymru/ Wales	Northern Ireland	Total
Yes, staffing levels have increased	No.	709	83	47	42	881
	%	18.5	14.5	10.8	9.7	16.7
Yes, staffing levels have decreased	No.	1,253	214	121	67	1,655
	%	32.6	37.5	27.8	15.4	31.3
There has been no change in staffing levels	No.	1,559	227	229	250	2,265
	%	40.6	39.8	52.5	57.6	42.9
Not sure/do not know	No.	320	47	39	75	481
	%	8.3	8.2	8.9	17.3	9.1
Total	No.	,841	571	436	434	5,282
		100.0	100.0	100.0	100.0	100.0

Tables 9d and 9e show that respondents working in the NHS are more likely to report that staffing levels for both registered nurses and HCAs had decreased in the

last 12 months than other any other sector, with 62 per cent reporting a reduction in numbers of registered nurses and 40 per cent reporting a reduction in HCAs.

Table 9d: Changes in staffing levels in the last 12 months – registered nurses (by sector)

	NHS %	Independent and voluntary sectors %	All %
Yes, staffing levels have increased	7.3	19.0	7.9
Yes, staffing levels have decreased	61.9	32.8	55.5
There has been no change in staffing levels	21.7	41.4	32.3
Not sure/do not know	3.7	6.8	4.3
Total	100	100	100

Table 9d: Changes in staffing levels in the last 12 months – HCAs/HSWs (by sector)

	NHS %	Independent and voluntary sectors %	All %
Yes, staffing levels have increased	13.2	19.0	16.7
Yes, staffing levels have decreased	40.0	32.8	31.3
There has been no change in staffing levels	38.2	41.4	42.9
Not sure/do not know	8.6	6.8	9.1
Total	100	100	100

We asked how staffing levels were being managed and found that a much higher number of respondents in Scotland than across the UK reported recruitment freezes over the last 12 months leading to vacancies left unfilled (52 per cent compared to 35 per cent in the UK). A slightly higher number in Scotland also reported that skill-mix changes had been undertaken (28 per cent compared to 22 per cent), that posts have been cut (22 per cent compared to 17 per cent) and there has been redistribution or redeployment of staff (26 per cent compared to 20 per cent).

Changes in staffing levels is impacting on patient/client caseloads, with a quarter (26 per cent) stating they have increased, and on service provision, with 16 per cent reporting that services or wards have been merged or restructuring and 14 per cent that wards or beds have been closed.

At this stage, it appears that the incidence of redundancies is fairly low across Scotland and the other UK countries, with between five and seven per cent reporting they have occurred in the last 12 months. However, Chart 9b uncovers more findings around redundancies.

Table 9d: Impact of staffing levels in the last 12 months, Scotland compared to UK

	Scotland			UK	
	No.	%		No.	%
Recruitment freezes with vacancies left unfilled	371	51.5		2,713	35.1
Skill-mix change within your ward/department	202	28.0		1,705	22.1
Increase in patient/client caseload	187	26.0		2,062	26.7
Redistribution/redeployment of staff	185	25.7		1,523	19.7
Posts cut	159	22.1		1,285	16.6
Bank or agency ban	157	21.8		1,413	18.3
Role expansion (e.g. senior staff cover wider areas)	154	21.4		1,331	17.2
Fewer opportunities for access to clinical supervision/mentoring	123	17.0		1,069	13.8
Services/wards merged or restructured	116	16.1		1,103	13.8
Ward/bed closures	101	14.0		825	10.7
Redundancies	37	5.1		550	7.1

* Respondents were asked to tick all that apply

Chart 9 presents the same data, but for the NHS only and confirms the impact of reduced budgets and restructuring on the NHS workforce across the whole of the UK.

Well over half (57 per cent) of respondents working in the NHS in Scotland report that recruitment freezes have left posts unfilled in their workplace, almost a third (31 per cent) state that skill-mix changes have taken place and a quarter (23 per cent) state that posts have been cut. One in three (29 per cent) report that staffing levels have led to increased patient or client caseloads.

Chart 9b: Impact of staffing levels in the past 12 months, Scotland compared to the UK (all NHS respondents)

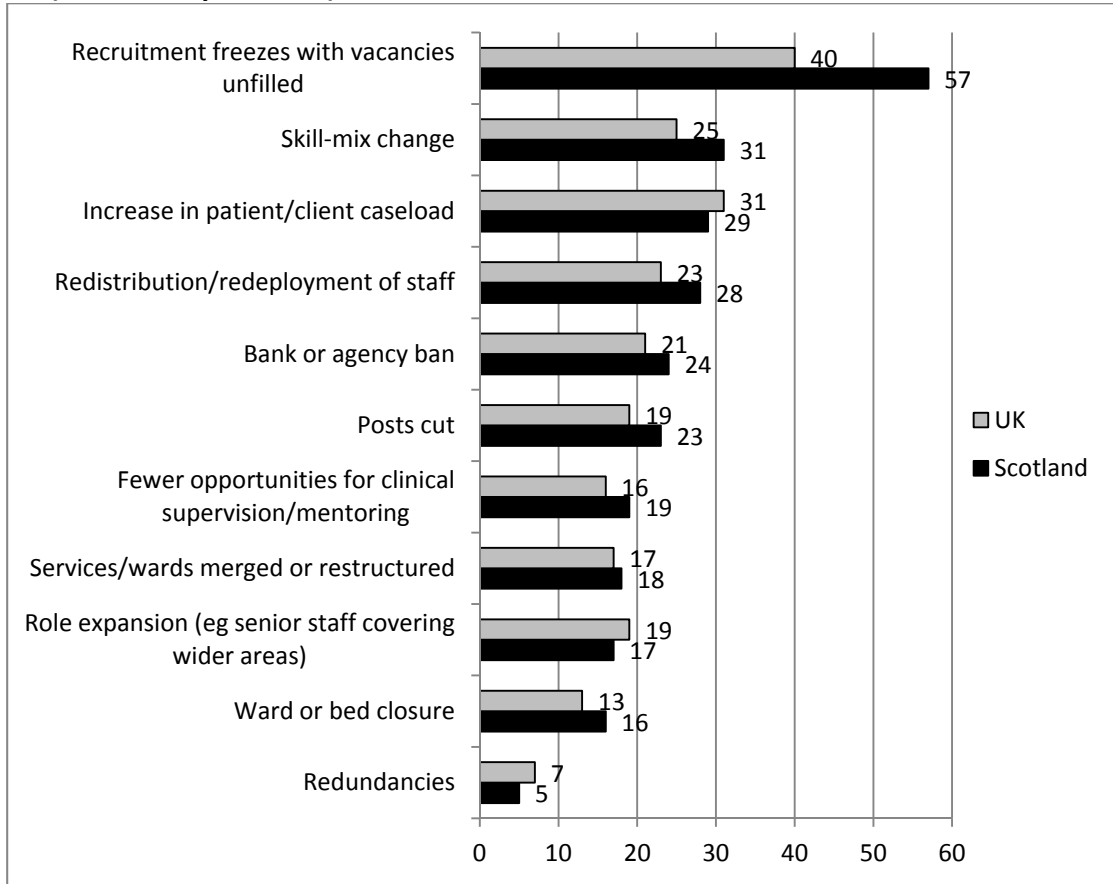
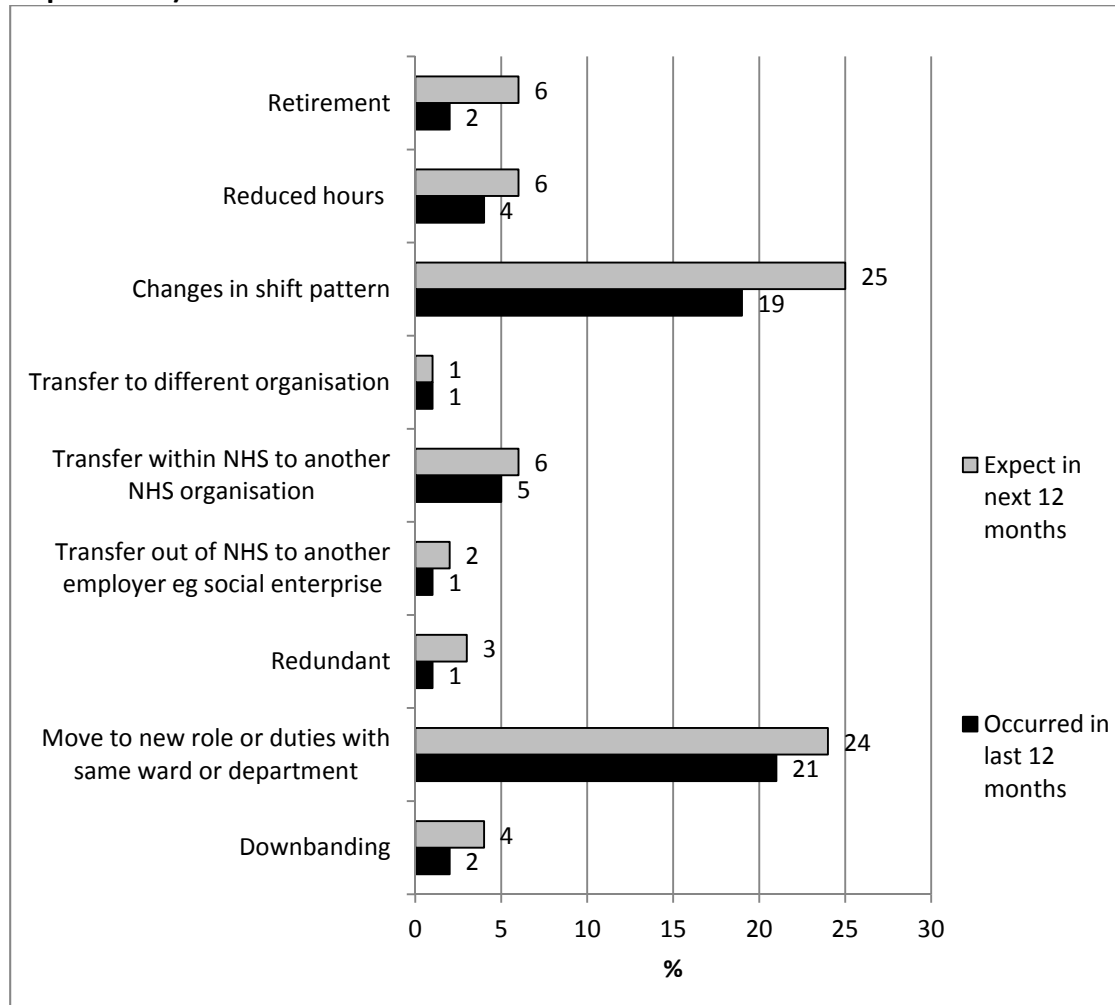


Chart 9c shows the extent or change reported by nursing staff working in the NHS and while some developments such as changes in shift pattern or a move to a new role could occur in any circumstances, others relate to new changes in working conditions. Two per cent of all NHS respondents report to have been downbanded in the last 12 months and a further four per cent expect to be downbanded in the next year. Just fewer than one in ten (eight per cent) expect to be transferred within or out of the NHS and a further three per cent expect to be made redundant in the next 12 months.

Table 9c: Changes over the last 12 months and expected in next 12 months (NHS respondents)



10. Views about nursing

10.1 Overview

This final chapter reports on response to a series of statements about experiences of working in nursing. Many of the statements have featured in previous RCN Employment Surveys and results are compared to 2009 where possible.

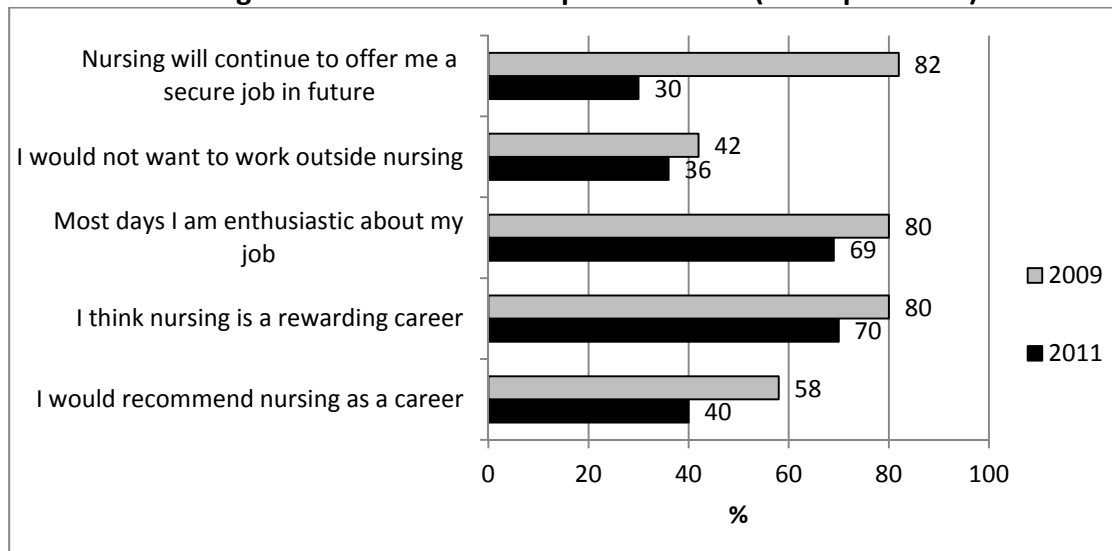
In general, these findings paint a picture of falling levels of morale and motivation. Fewer than a third believe that nursing will continue to offer a secure job in the future, compared to over three-quarters in 2009. Nursing staff are evidently affected by the combination of pay freezes or low pay rises, pensions reforms, rising inflation and fears about job security.

10.2 Views about nursing as a career

Chart 10 compares key findings relating to respondents' attitudes to nursing as a career between 2011 and 2009 and finds that although respondents' commitment to nursing and their role remains high, fewer state they view nursing as a rewarding career than two years ago (70 per cent compared to 80 per cent in 2009). A lower proportion of respondents agree with the statement 'I would not want to work outside nursing' (36 per cent compared to 42 per cent in 2009) an alarmingly lower number view nursing as being able to offer a secure job in the future (30 per cent compared to 82 per cent in 2009). The culmination of these feelings means that fewer nurses in Scotland would recommend nursing as a career (40 per cent compared to 58 per cent).

These findings generally follow the same pattern as those for all UK respondents, both in terms of the proportion of respondents agreeing with the statements and any changes since 2009, suggesting that morale across the whole nursing workforce is sliding.

Chart 10a: Nursing as a career – 2011 compared to 2009 (all respondents)



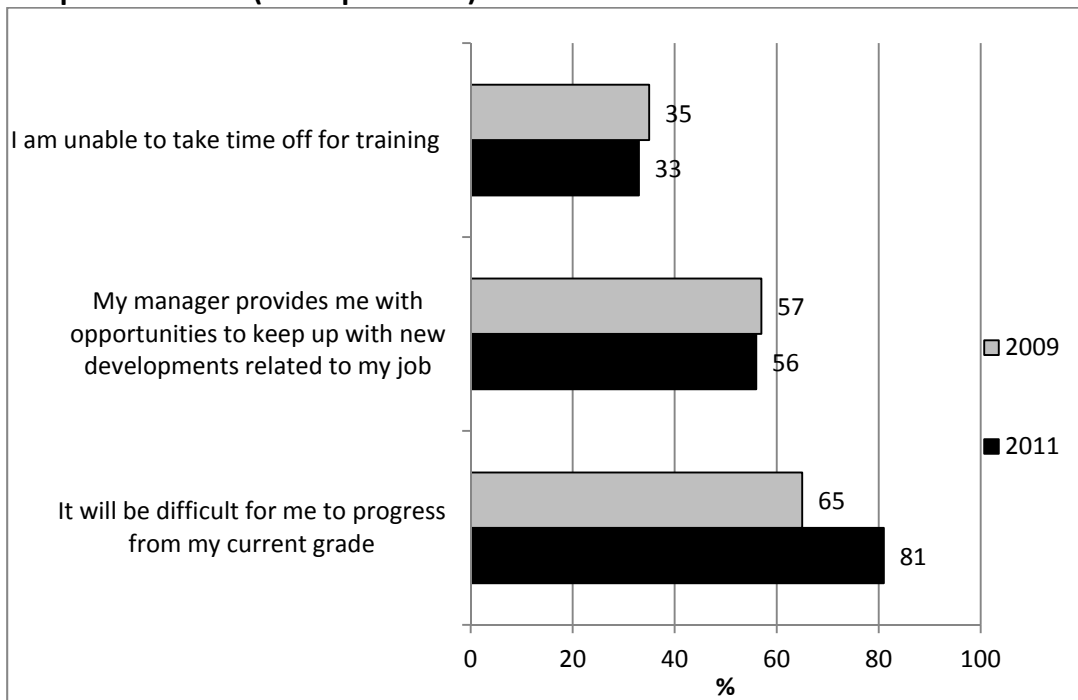
10.3 Career progression and professional development

Compared to 2009, respondents are less positive about opportunities for career progression and development within nursing. A higher proportion of respondents stated that it would be difficult for them to progress from their current grade (81 per cent compared to 65 per cent in 2009).

However, similar numbers reported that their manager supports them with opportunities to keep up with new developments (56 per cent compared to 57 per cent in 2009) and that they were unable to take time off for training (33 per cent compared to 35 per cent in 2009). Two-fifths (41 per cent) reported that they *are* generally able to take time off for training.

A higher proportion of respondents in Scotland reported that they think career progression will be difficult than all UK respondents (81 per cent compared to 70 per cent). Other findings in this section were similar to UK figures.

Chart 10b: Views about career progression and professional development – 2011 compared to 2009 (all respondents)



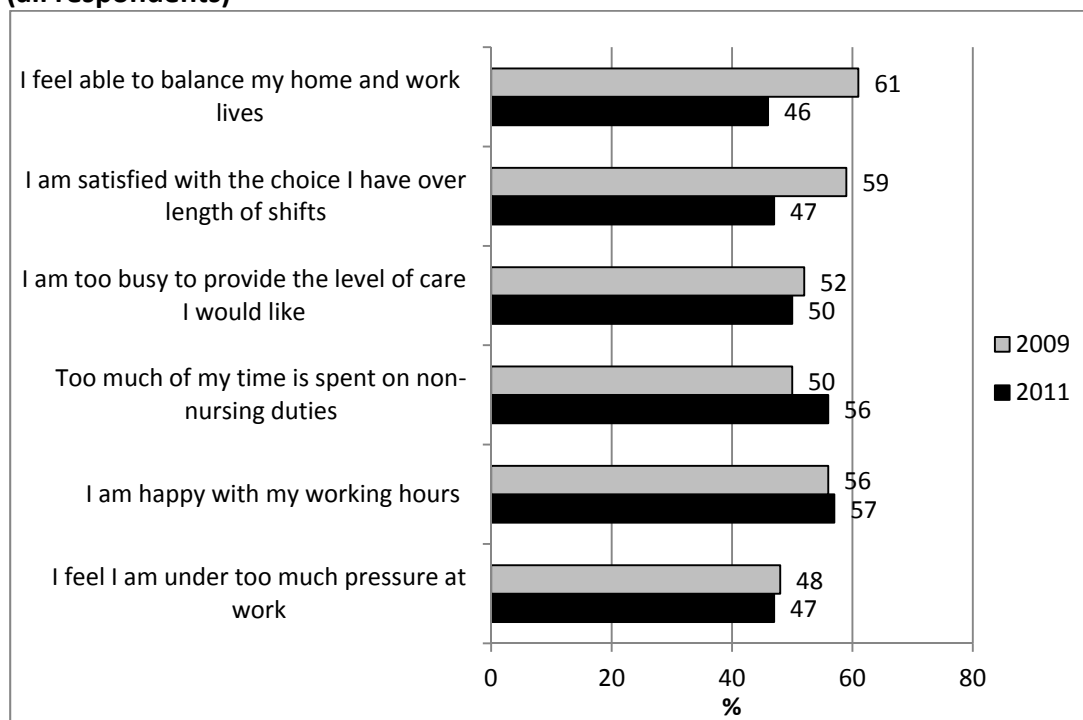
10.4 Working hours and work-life balance

This year’s survey suggests that respondents continue to be under pressure at work, with half continuing to state that they are under too much pressure (47 per cent compared to 48 per cent in 2009) and in a new question asked this year, 80 per cent said that their individual workload had increased over the last 12 months.

High workloads are clearly impacting on the quality of care nursing staff feel they can give, with half of all respondents in Scotland reporting they are too busy to provide

the level of care they would like and that too much of their time is spent on non-nursing duties. High workloads are also impacting on work-life balance with slightly fewer respondents stating they are able to balance their work and homes lives (46 per cent compared to 61 per cent in 2009).

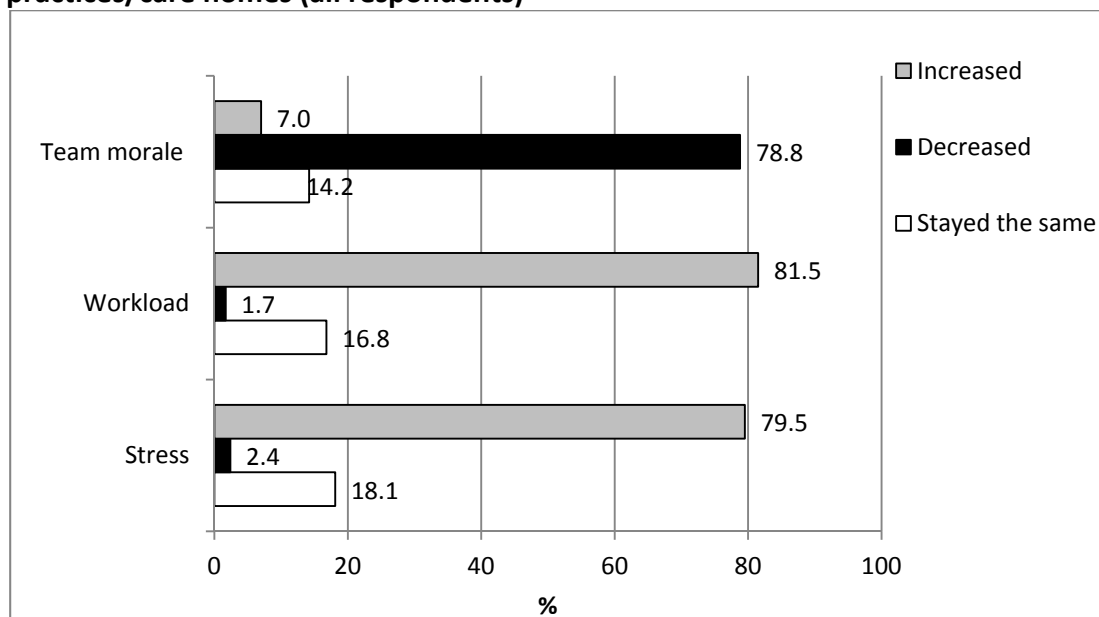
Chart 10c: Views on working hours and work-life balance, 2011 compared to 2009 (all respondents)



We also asked about relative changes in the level of workload, stress and morale in the workplace. Chart 10d shows that the majority of respondents (79 per cent) reported that team morale had fallen (while stress (80 per cent) and workload (82 per cent) had both increased).

Across all UK respondents, 69 per cent said that team morale had decreased, 76 per cent reported that stress had increased and 81 per cent that workload had increased.

Chart 10d: Changes over the last 12 months in respondents' wards/units/services/practices/care homes (all respondents)

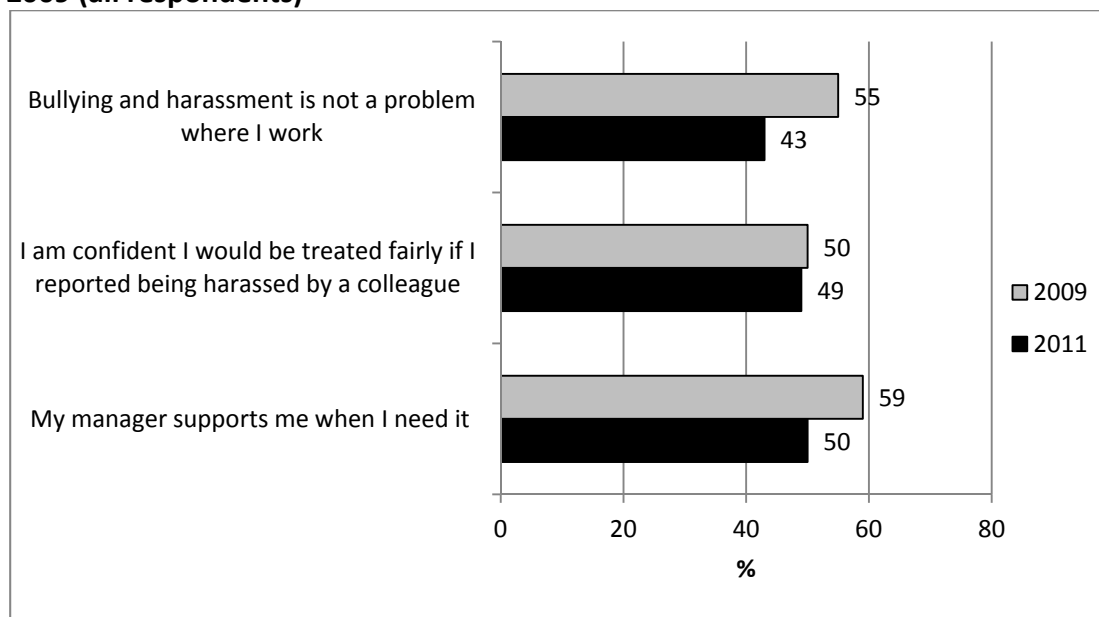


10.5 Employer support in the workplace

Across all respondents in Scotland, similar numbers state that their manager supports them when they need it and that they are confident they would be treated fairly if reported being harassed by a colleague as in 2009. However, fewer stated that bullying and harassment is *not* a problem in their workplace (43 per cent compared to 55 per cent in 2011). Bullying and harassment is explored further in the next section.

A new question introduced this year asked respondents whether their employer provided good occupational health support, with 59 per cent stating they did. This is a similar number for all UK respondents. Given the demanding nature of nursing – both physically and mentally – we would expect a higher level of support to be given to the nursing profession.

Chart 10e: Views about employer support in the workplace, 2011 compared to 2009 (all respondents)

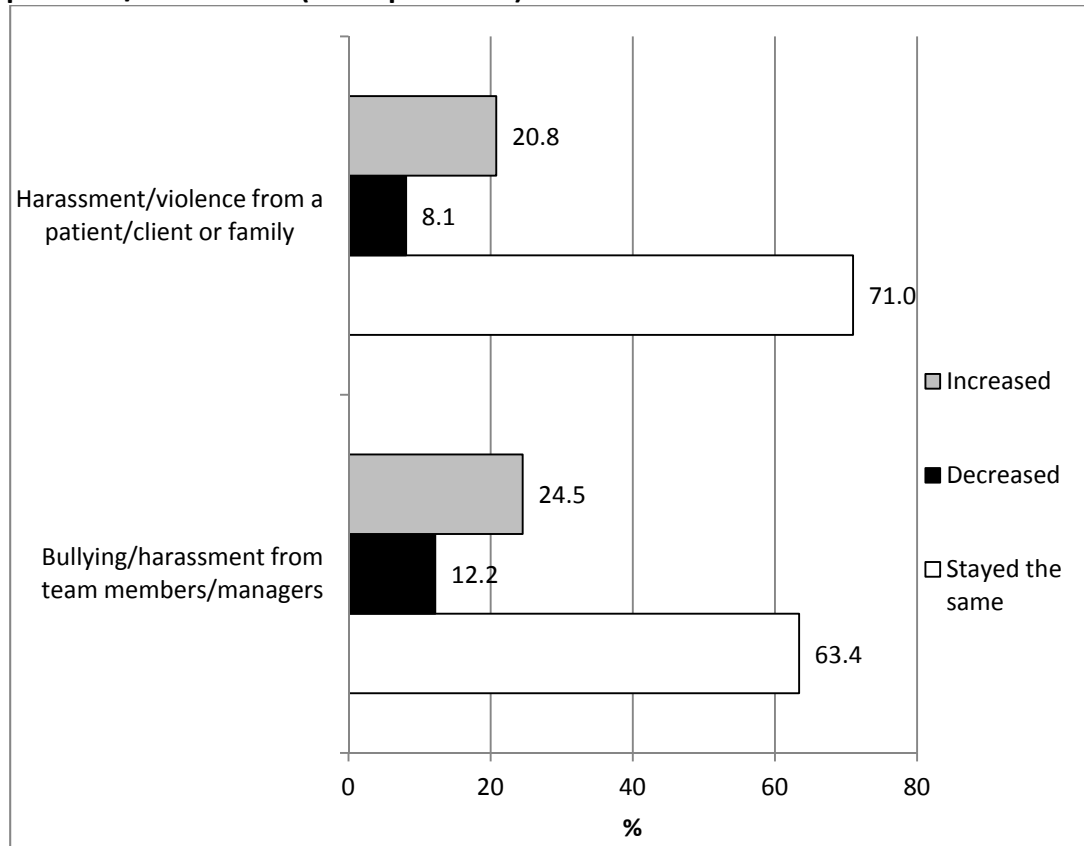


10.6 Bullying and harassment

An alarmingly high number of respondents reported having personally experienced bullying or harassment from a team member or manager (32 per cent) or from a patient/client or member of their family (38 per cent) in the last 12 months. *These are higher figures than for all UK respondents, with 27 per cent reporting bullying or harassment from team members or managers and 30 per cent reporting violence or harassment from a patient/client or family member.*

Chart 10f also shows that 25 per cent stated that bullying or harassment from a team member or manager has increased over the last 12 months and 21 per cent report violence or harassment from patients or clients or members of their family has increased.

Chart 10f: Changes over the last 12 months in respondents' wards/units/services/practices/care homes (all respondents)



Appendix 1

Methodology

Introduction

In previous years the RCN has taken the approach of combining both postal and web-based versions of a questionnaire sent out to respondents. This year, it was decided to focus solely on a web-based questionnaire.

A link to the online questionnaire was sent out to just over 68,800 RCN members with email addresses, and achieved 7,904 usable responses after data were cleaned and duplicates removed¹⁸. The approximate breakdown of questionnaires received from the UK countries is shown in table (i) below¹⁹.

Table (i): Questionnaires sent out and received by country

Country	No. sent out	% sent out	No. received	% received as proportion of total sample*
England	49,536	72.0	4,899	9.9
Scotland	8,256	12.0	721	8.7
Wales	5,504	8.0	514	9.3
Northern Ireland	5,504	8.0	482	8.8

* i.e. total sample of the UK countries.

The 2011 survey was designed in *SurveyMonkey*²⁰, a web-based and user-friendly survey tool, which provides easy access to the survey and allows for respondents' answers to be entered directly into a database. Once the survey closed the database could then be imported into SPSS (originally 'Statistical Package for the Social Sciences') and the data cleaned and analysed.

In terms of survey design, short questionnaires with pre-defined tick box responses are easier to complete and also offer greater possibilities for undertaking extensive quantitative analysis. Open-ended questions should, ideally, be kept to a minimum as responses take longer to analyse, code-up and allocate to distinct categories. In addition, an on-line questionnaire should take no longer than around 10-15 minutes to complete and the sequence of questions should flow logically.

¹⁸ The total number of duplicate responses was 58.

¹⁹ After cleaning the data and removing duplicates we were able to conclude that: 6,827 RCN members completed the last survey question; 6,836 completed the last five questions and 6,886 completed the last 10 questions.

²⁰ www.surveymonkey.com

RCN Employment Survey 2011 Scotland

This year, the survey included 81 questions across seven areas, which were agreed with the RCN as follows:

- pay and grading
- pension arrangements
- working hours
- training
- workload and staffing
- view about nursing as a career
- employment/respondent profile information.

A key feature of previous RCN membership surveys has been to include the same questions over time, to assist with continuity of analysis and reporting. While true longitudinal analysis refers to the study of the same population at different points in time to capture both stability and change, it can be difficult to achieve this with any dynamic workforce (i.e. leavers and joiners). Nevertheless, the approach of asking some of the same questions in successive surveys can be effective in capturing general trends across a range of issues affecting NHS staff over time.

A copy of this year’s survey can be found in Appendix 2, while table (ii) highlights those questions featured in both 2009 and 2011. In some cases, where the same questions have been used on both occasions, some of the response options have been changed or amended for the latest survey.

In particular, ‘open-ended’ questions included in 2009 survey have been redesigned to enable respondents to choose from a list of survey options, enabling easier analysis.

Table (ii): Questions used in 2009 and 2011 RCN surveys (plus amendments)

2009 survey	2011 survey	
Employment information		
Which one of the following best describes your current employment situation?	Q 1A	Unchanged from 2009
Who is the employer for your main job?	Q 1B	Following responses added: – social enterprise – private contractor
Where do you currently spend most of the time in your main job?	Q 1C	Unchanged from 2009
Which one of the following job titles best describes your main job?	Q1 D	Following response added: – occupational health nurse
Which one of the following best describes the area of practice in your main job?	Q1 E	Following responses added: – acute and urgent care – ethics

RCN Employment Survey 2011 Scotland

		<ul style="list-style-type: none"> – public health – quality improvement and research – workplace and environmental health – aesthetics – e-health/telecare – school nursing – management/leadership
How long have you worked for your current employer?	Q1 F	Same question asked in 2011 but worded differently (e.g. open question in 2009/ scale used in 2011)
How long have you been in your current post?	Q1 G	As above
Pay and grading		
On which pay system/scale are you currently being paid?	Q 2A	Unchanged from 2009
On which AfC grade or pay band are you currently employed? If you are on a different pay scale please indicate the equivalent grade or pay band, if possible	Q 2B	Unchanged from 2009
What was your clinical grade IMMEDIATELY PRIOR to the transition to Agenda for Change?	Q 2C	Unchanged from 2009
What was your AfC pay band IMMEDIATELY AFTER the transition?	Q 2D	Unchanged from 2009
How appropriate do you consider your current pay band/grade to be given your role and responsibilities?	Q 2I	Same question asked in 2011 but worded differently (e.g. Yes/No responses in 2009/ scale used in 2011)
Approximately what proportion of your TOTAL household income do your earnings represent?	Q 2K	Unchanged from 2009

Working hours		
In your main job do you work full-time, part-time or occasional/ various hours?	Q 4A	Unchanged from 2009
How many hours are your CONTRACTED to work each week in your main job	Q 4B	Same question asked in 2011 but worded differently (e.g. open question in 2009/ scale used in 2011)
If your main job is bank or agency, please state your typical working hours in a week	Q 4C	Unchanged from 2009
How often do you work in excess of your contracted hours?	Q 4D	Unchanged from 2009
How many extra hours did you work in your last full working week?	Q 4E	Same question asked in 2011 but worded differently (e.g. open question in 2009/ scale used in 2011)
If your employer wants you to work extra hours to provide cover, what are you most likely to be offered?	Q 4F	Unchanged from 2009
Do you currently have a second job or undertake any other paid work in addition to your main job?	Q 4H	Unchanged from 2009
What are your other jobs?	Q 4I	Unchanged from 2009
What is your main reason for doing additional paid work?	Q 4J	Unchanged from 2009
Training		
In the last year what mandatory training have you received?	Q 5A	Following response added: – I have not received any mandatory training in the last year
Do you currently have a personal training and development plan?	Q 5C	Unchanged from 2009
If yes, has your manager/employer been actively involved in drawing up this plan?	Q 5D	Unchanged from 2009
Have you had an appraisal development/review with your line	Q 5E	Unchanged from 2009

manager in the last 12 months?		
Compared with 12 months ago, would you say the amount of training/CPD you have undertaken in the last year has increased a lot; increased a little; remained about the same; decreased a little; decreased a lot.	Q 5F	Unchanged from 2009
Workload and staffing		
Including yourself, how many staff were on duty for all or most of your last shift?	Q 6G	Unchanged from 2009
How many students were there on your last shift?	Q 6H	Unchanged from 2009
In total, how many patients/clients were on your ward/unit/home in your last shift?	Q 6I	Unchanged from 2009
Job change and career plans		
Have you applied for a post of a higher grade/band in the last 12 months?	Q 7A	Unchanged from 2009
If yes, were you successful in this application?	Q 7B	Unchanged from 2009
Have you changed jobs in the last 12 months?	Q 7C	Unchanged from 2009
Have you changed employer in the last 12 months?	Q 7D	Unchanged from 2009
What are the main reasons you changed jobs and/or employer?	Q 7E	Unchanged from 2009
If you had more than one reason for changing jobs, which two were the most important?	Q 7F	Unchanged from 2009
Are you currently seeking a change in employment?	Q 7G	Same question asked in 2011 but worded differently (e.g. Yes/No responses in

RCN Employment Survey 2011 Scotland

	2009/ list of options in 2011)	
General views about nursing as a career		
I would recommend nursing as a career	Q 8A(i)	Unchanged from 2009
I think that nursing is a rewarding career	Q 8A(ii)	Unchanged from 2009
Most days I am enthusiastic about my job	Q 8A(iii)	Unchanged from 2009
Nursing will continue to offer me a secure job for years to come	Q 8A(iv)	Unchanged from 2009
I would not want to work outside of nursing	Q 8A v)	Unchanged from 2009
It will be very difficult for me to progress from my current grade	Q 8B(i)	Unchanged from 2009
My employer provides me with opportunities to keep up with new developments related to my job	Q 8B(ii)	Unchanged from 2009
I am unable to take time off for training	Q 8B(iii)	Unchanged from 2009
I feel I am under too much pressure at work	Q 8C(i)	Unchanged from 2009
I am happy with my working hours	Q 8C(ii)	Unchanged from 2009
Too much of my time is spent on non-nursing duties	Q 8C(iii)	Unchanged from 2009
I am too busy to provide the level of care I would like	Q 8C(iv)	Unchanged from 2009
I am satisfied with the choice I have over the length of shifts I work	Q 8C(v)	Unchanged from 2009
I feel able to balance my home and work lives	Q 8C(vi)	Unchanged from 2009
Bullying and harassment is not a problem where I work	Q 8D(i)	Unchanged from 2009

RCN Employment Survey 2011 Scotland

I am confident I would be treated fairly if I reported being harassed at work by a colleague	Q 8D(ii)	Unchanged from 2009
My manager supports me when I need it	Q 8D(v)	Unchanged from 2009
Personal profile		
Are you male or female?	Q 9A	Unchanged from 2009
What is your age?	Q 9B	Same question asked in 2011 but worded differently (e.g. open question in 2009/ scale used in 2011)
In which country do you work?	Q 9C	Following response added: – Channel Islands
If you work in England, in which county do you mainly work?	Q 9G	Same question asked in 2011 but worded differently (e.g. open question in 2009/list of options in 2011)
What nursing qualifications do you hold?	Q 9H	Unchanged from 2009
Where did you first register as a qualified nurse?	Q 9I	Unchanged from 2009
Were you recruited from your country of origin to work in the UK as a nurse?	Q 9J	Unchanged from 2009
To which ethnic group do you belong?	Q 9L	Unchanged from 2009
Which of the following best describes your ethnic background?	Q 9M-Q	Unchanged from 2009

A link to the survey, contained within a letter of invitation (Appendix 2) was emailed to the RCN, to forward on to members. The letter was sent out mid-May and respondents were given around six weeks to complete the survey. An email reminder was circulated mid-June and the survey was closed at the end of June.

Weighted survey data

The 2011 survey focused on the 18 defined jobs in section 1, part D of the questionnaire (*'which one of the following job titles best describes your main job?'*) and for all but one role – 'district nurse' – questionnaires were sent only to a sample of each of the job categories listed. For district nurses, questionnaires were sent to all members with an e-mail address, which meant there was a possibility that this group would be over-represented once all of the responses had been collated. This was at the request of the RCN in order to undertake a more in-depth analysis of findings for this group.

In total, excluding district nurses, there were 7,667 responses from a total of 221,852 RCN members with email addresses (which equates to 3.46 per cent).

237 district nurses replied from the 1,625 that were sent the questionnaire²¹, representing a response rate of 14.58 per cent. In order to compensate for the oversampling, the analysis of responses from district nurses were weighted by a factor of 0.2369 (3.46/14.58).

It should be noted, however, that the number of district nurses represents a small proportion of the whole sample and so the weighting has not affected the overall results to any extent.

²¹ This is the total number of district nurses in the RCN membership with e-mail addresses.

Routing questions

The routing questions for this survey were:

2E Did you have a review of your banding after assimilation to Agenda for Change?

- Yes → routed to question 2F
- No → routed to question 2I

2F Was your banding uplifted?

- Yes → routed to question 2G
- No → routed to question 2H

2I How appropriate do you consider your current pay band/grade to be, given your role and responsibilities?

- Inappropriate → routed to question 2J
- Very inappropriate → routed to question 2J
- Very appropriate → routed to question 2K
- Appropriate → routed to question 2K
- Neither appropriate/inappropriate → routed to question 2K
- Not sure/do not know → routed to question 2K

3A Which pension scheme do you belong to?

- NHS pension scheme → routed to question 3B
- Other non-NHS pension → routed to question 4A
- No pension → routed to question 4A
- Not sure/do not know → routed to question 4A

4D How often do you work in excess of your contracted hours?

- Every shift → routed to question 4E
- Several times a week → routed to question 4E
- Once a week → routed to question 4E
- Less than once a week → routed to question 4G
- Never → routed to question 4G

4H Do you currently have a second job, or undertake any other PAID work in addition to your main job?

- Yes → routed to question 4I
- No → routed to question 5a

5B Other than mandatory training, how much training has your EMPLOYER provided/paid for over the past year?

- 1 to 2 days → routed to question 5C
- 3 to 6 days → routed to question 5C
- 1 to 2 weeks → routed to question 5C
- 3 to 4 weeks → routed to question 5C
- 1 to 2 months → routed to question 5C
- None → routed to question 5D

5D Do you currently have a personal training and development plan?

- Yes → routed to question 5E
- No → routed to question 5F
- Not sure/do not know → routed to question 5F

6G Do you work in a hospital or a care home?

- I work in a hospital → routed to question 6H
- I work in a care home → routed to question 6H
- I do not work in either a hospital or a care home → routed to question 6K

7A Have you applied for a post of a higher grade/band in the last 12 months?

- Yes → routed to question 7B
- No → routed to question 7G

7B If yes, were you successful in this application?

- Yes → routed to question 7C
- No → routed to question 7G

7C Have you changed jobs in the last 12 months?

- Yes → routed to question 7D
- No → routed to question 7G

9C In which country do you work?

- England → routed to question 9G
- Scotland → routed to question 9H
- Cymru/Wales → routed to question 9D
- Northern Ireland → routed to question 9H

9D Do you speak Welsh?

- Yes → routed to question 9G
- No → routed to question 9H

9E If you speak Welsh are you required to speak it professionally in your role?

- Yes → routed to question 9F
- No → routed to question 9H

9I Where did you first register as a qualified nurse?

- UK → routed to question 9K
- Other country → routed to question 9J

9L To which ethnic group do you belong?

- White → routed to question 9M
- Mixed/multiple ethnic groups → routed to question 9N
- Asian/Asian British → routed to question 9O
- Black/African/Caribbean – 9P
- Prefer not to say – 9R
- Other ethnic group – 9Q

Appendix 2

RCN membership survey 2011



Dear member,

I am writing to ask for your help with what is one of the most important pieces of research that the RCN commissions.

You have been selected at random from the RCN's membership records to take part in this survey. Your response is vital to help the RCN obtain a representative picture of nurses across the UK, covering every sector and field of practice.

Over the years, the employment surveys have played an important part in many campaigns and policies led by the RCN, helping the organisation to argue for better pay and working conditions for nursing staff.

Much has changed since the last survey was undertaken two years ago and the RCN urgently needs to have an up-to-date picture of members' working lives so that we are better able to represent you.

This year the survey is being conducted confidentially by Incomes Data Services, an independent research organisation specialising in pay and employment issues.

The survey should take around 15 minutes to complete and is completely anonymous. The more responses we receive the stronger our evidence will be, so we would be very grateful if you can take the time to complete this survey.

You can complete the survey by selecting the link: www.surveymonkey.com/s/7QJSW5L
<<http://www.surveymonkey.com/s/7QJSW5L>>

The survey closes on 24 June.

Thank you very much for your contribution to this important research.

Yours sincerely

Dr Peter Carter
Chief Executive & General Secretary

RCN online survey

Welcome to the 2011 RCN membership survey. The survey will take around 15 minutes to complete and your answers will be used to support pay negotiations and future campaign work. Thank you for your assistance

1. Employment information

A Which one of the following best describes your current employment situation?

- Employed and working
- Employed but currently on maternity leave
- Employed but currently on sick leave
- Self-employed
- Unemployed
- Student
- Retired, but still in paid employment
- Fully retired
- Other (please specify) _____

B Who is the employer for your main job?

- NHS (excluding GP practices)
- GP practice
- NHS bank
- Nursing agency
- NHS Direct/NHS 24/help-line
- Other NHS employer (e.g. SHA/Health Board)
- Independent/private health care provider
- Charity/voluntary group
- University
- Social enterprise
- Private contractor
- Local authority/other public body
- Other (please specify) _____

C Where do you currently spend most of the time in your main job?

- Community
- GP practice
- Care home
- Hospice
- Hospital ward
- Hospital unit (e.g. A & E, ITU specialist units)
- Hospital outpatients/day care
- Other hospital setting
- University
- Prison service
- Various (across organisation/s)
- Other (please specify) _____

D Which one of the following job titles best describes your main job?

- Staff nurse
- Community nurse
- Health care assistant/nursing auxiliary
- Sister/charge nurse/ward manager
- Senior nurse/matron/nurse manager
- Clinical nurse specialist
- Consultant nurse
- Nurse practitioner
- District nurse
- Health visitor/SCPHN
- Community psychiatric nurse
- Midwife
- School nurse
- Practice nurse
- Occupational health nurse
- Manager/director
- Researcher/lecturer/tutor
- Non-nursing job/work
- Other (please specify) _____

E Which one of the following best describes the area of practice in your main job?

- Acute and urgent care
- Cancer care
- Palliative care
- Children and young people
- Long-term conditions
- Education
- Ethics
- Learning disabilities
- Mental health
- Midwifery
- Older people
- Public health
- Quality improvement and research
- Women's health
- Workplace and environmental health
- Aesthetics
- e-health/telecare
- School nursing
- Primary and community care
- Management/leadership
- Other (please specify) _____

F How long have you worked for your current employer?

- Less than 1 year
- Over 1 year, up to 2 years
- Over 2 years, up to 5 years
- Over 5 years, up to 10 years
- Over 10 years

G How long have you been in your current post?

- Less than 1 year
- Over 1 year, up to 2 years
- Over 2 years, up to 5 years
- Over 5 years, up to 10 years
- Over 10 years

2 Pay and grading

A On which pay system/scale are you currently being paid?

- AfC pay band
- Clinical grade
- Other (please specify) _____

B On which AfC grade or pay band are you currently employed? If you are on a different pay scale please indicate the equivalent grade or pay band, if possible.

AfC pay band	Clinical grade
---------------------	-----------------------

- | | |
|-----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> A |
| <input type="checkbox"/> 2 | <input type="checkbox"/> B |
| <input type="checkbox"/> 3 | <input type="checkbox"/> C |
| <input type="checkbox"/> 4 | <input type="checkbox"/> D |
| <input type="checkbox"/> 5 | <input type="checkbox"/> E |
| <input type="checkbox"/> 6 | <input type="checkbox"/> F |
| <input type="checkbox"/> 7 | <input type="checkbox"/> G |
| <input type="checkbox"/> 8a | <input type="checkbox"/> H |
| <input type="checkbox"/> 8b | <input type="checkbox"/> I |
| <input type="checkbox"/> 8c | |
| <input type="checkbox"/> 8d | |

C What was your clinical grade IMMEDIATELY PRIOR to the transition to Agenda for Change?

Clinical grade

- A
- B
- C
- D
- E
- F
- G
- H
- I

D What was your AfC pay band IMMEDIATELY AFTER the transition?

AfC pay band

1

2

3

4

5

6

7

8a

8b

8c

8d

E Did you have a review of your banding after assimilation to Agenda for Change?

Yes

No

F Was your banding uplifted?

Yes

No

G What was your banding uplifted to?

AfC pay band

1

2

3

4

5

6

7

8a

8b

8c

8d

H Did you change jobs between assimilation and review?

Yes

No

I How appropriate do you consider your current pay band/grade to be given your role and responsibilities?

Very appropriate

Appropriate

Neither appropriate/inappropriate

Inappropriate

Very inappropriate

Not sure/do not know

J If you think your current pay band/grade is inappropriate, please state why.

K Approximately what proportion of your TOTAL household income do your earnings represent?

Less than half

About half

More than half

All if it

L Are you, or your household, in receipt of Working Tax Credits?

Yes

No

M Compared to this time last year, please describe how your situation has changed in relation to each of the following?

	Increased	Stayed the same	Decreased
(i) Household income level (e.g. money coming in) has	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Household expenditure (e.g. outgoings) has	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Concerns about my financial situation have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(iv) Concerns about my level of personal debt have

(v) Worries about job cuts and the threat of redundancy have

3 Pension arrangements

A Please indicate which pension scheme you belong to:

- NHS pension scheme
- No pension
- Other non-NHS pension
- Not sure/do not know

B Would any of the following make you consider opting out of the NHS pension scheme?

	Yes definitely	Yes probably	Not sure	Probably not	Definitely not
(i) Increase in pension contributions of 1-3%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Increase in pension contributions of 3% or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Shift from a final salary scheme to a career-average scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C If you have a non-NHS pension please give details.

4 Working hours

A In your main job do your work:

- Full-time
- Part-time
- Occasional/various hours

B In your main job what are your normal weekly contracted hours of work?

- Up to 15 hours
- 16 to 29 hours
- 30 to 37.5 hours
- Over 37.5 hours

C If your main job is bank or agency, please state your typical working hours in a week.

D How often do you work in excess of your contracted hours?

- Every shift
- Several times a week
- Once a week
- Less than once a week
- Never

E Please state the number of additional hours that you work, on average, each week: Up to 2 hours

- Over 2 and up to 4 hours
- Over 4 and up to 6 hours
- Over 6 and up to 8 hours
- Over 8 hours

F Are your additional hours normally:

- Paid at a higher rate
- Paid at a normal rate
- Paid at a lower rate
- Bank work
- Time-off-in-lieu
- Not paid
- Other (please specify) _____

G To what extent do your hours of work (including shift patterns) conflict with your domestic commitments, for example, child care arrangements or looking after an older relative?

- Never
- Occasionally
- Frequently
- Always

H Do you currently have a second job, or undertake any other PAID work in addition to your main job?

- Yes
- No

I What are your other jobs? Please tick all that apply.

- 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 (please specify) _____

J What is your MAIN reason for doing additional paid work?

- To provide additional income
- To maintain particular nursing skills
- To gain experience of other specialities
- To maintain staffing levels where I work
- Other (please specify) _____

5 Training

A In the last year, what mandatory training have you received? Please tick all that apply.

- Health and safety
- Fire safety
- Moving and handling
- Infection control
- Equipment training
- Cardio-pulmonary
- I have not received any mandatory training in the last year
- Other (please specify) _____

B Other than mandatory training, how much training has your EMPLOYER provided/paid for over the past year?

- None
- 1–2 days
- 3–6 days
- 1–2 weeks
- 3–4 weeks
- 1–2 months
- More than 2 months

C What proportion of your training was paid for by your employer?

- All of it
- 50 per cent or more
- Less than 50 per cent
- None of it

D Do you currently have a personal training and development plan?

- Yes
- No
- Not sure/do not know

E If YES, has your manager/employer been actively involved in drawing up this plan?

- Yes
- No

F Have you had an appraisal/development review with your line manager in the last 12 months?

- Yes
- No
- Not sure/do not know

G Compared with 12 months ago, would you say the amount of training/CPD you have undertaken in the last year has:

- Increased a lot
- Increased a little
- Remained about the same
- Decreased a little
- Decreased a lot

H Have you used any RCN training or learning resources in the last 12 months? Please tick all that apply.

- RCN Learning Zone
- RCN library
- RCN e-library/online learning
- RCN virtual enquiry service
- RCN event
- RCN publications
- Online learning resources on key nursing practice issues
- Enrolled on an Open University course
- RCN activist training
- Used an RCN research resource
- None of the above
- Other (please specify) _____

6 Workload and staffing

A Has there been any change to staffing levels where you work in the last 12 months? Please answer for the ward/unit/service/practice/home you currently work in.

- | | | | |
|------------------------------|------------------------------|--------------------------------|-------------------------|
| Yes, staffing
levels have | Yes, staffing
levels have | There has been
no change in | Not sure/do
not know |
|------------------------------|------------------------------|--------------------------------|-------------------------|

	increased	decreased	staffing levels	
(i) Registered nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Health care assistants/ health support workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B If there has been a change in staffing levels, what changes have occurred in the last 12 months? Please tick all that apply.

- Recruitment freezes with vacancies left unfilled
- Posts cut
- Redundancies
- Redistribution/redeployment of staff
- Skill-mix change within your ward/department
- Ward/bed closures
- Services/wards merged or restructured
- Increase in patient/client caseload
- Reduced staffing levels
- Bank or Agency ban
- Role expansion (e.g. senior staff cover wider areas)
- Fewer opportunities for access to clinical supervision/mentoring
- Other (please specify) _____

C Compared with this time last year, has your own individual workload:

- Increased a lot
- Increased a little
- Stayed the same
- Decreased a little
- Decreased a lot

D Have you experienced any of the following in the past 12 months? Please tick all that apply.

- Downbanding
- Move to a new role or other duties within the same ward/department/service
- Redundancy
- Transfer out of the NHS to another employer e.g. social enterprise/independent sector
- Transfer within the NHS to another NHS organisation
- Other transfer to a different organisation
- Changes in shift patterns
- Reduced hours

Retirement

E Do you expect to experience any of the following in the next 12 months? Please tick all that apply.

- Downbanding
- Move to a new role or other duties within the same ward/department/ service
- Redundancy
- Transfer out of the NHS to another employer e.g. social enterprise/independent sector
- Transfer within the NHS to another NHS organisation
- Other transfer to a different organisation
- Changes in shift patterns
- Reduced hours
- Retirement

F Compared with 12 months ago

	Strongly agree	Agree	Neither agree/ disagree	Disagree	Strongly disagree
(i) I am under increased stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) I have fewer opportunities to work flexibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) I have considered leaving my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) My job is now more interesting/ stimulating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) I have personally experienced bullying/ harassment from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a team member
or manager

(iv) I have personally experienced harassment or violence from a patient/client or their family

G Please indicate if you work in a hospital or care home.

- I work in a hospital
- I work in a care home
- I do not work in either a hospital or a care home

H Including yourself, how many staff were on duty for all or most of your last shift?

Total registered nurses _____

Total HCAs/auxiliaries _____

I How many students were there on your last shift?

Students _____

J In total, how many patients/clients were on your ward/unit/home on your last shift?

Total patients/clients _____

K Have each of the following increased/decreased/stayed the same over the last 12 months?
Please answer for the ward/unit/service/practice/home you currently work in.

	Increased	Stayed the same	Decreased
(i) Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Team morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Caseload			

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (v) Quality of care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) Use of temporary staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) Bullying or harassment from team members or managers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (viii) Harassment or violence from a patient/client or their family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7 Job change and career plans

A Have you applied for a post of a higher grade/band in the last 12 months?

- Yes
- No

B If yes, were you successful in this application?

- Yes
- No

C Have you changed jobs in the last 12 months?

- Yes
- No

D Have you changed employer in the last 12 months?

- Yes
- No

E What are your main reasons for changing jobs and/or employer? Please tick all that apply.

- Better prospects
- Better pay
- Promotion
- To gain different experience/skills
- Working hours/work-life balance
- Terms and conditions/pension issues
- Distance to work
- Personal/family reasons/moving area/care of dependent
- Health problems
- Dissatisfied with previous job
- Stress/workload in previous job

- Redundancy/place of work closed
- Redundancy/service reconfiguration
- Unfairly dismissed
- Distress caused by bullying/harassment from patients
- Distress caused by bullying/harassment from other colleagues/managers
- Training reasons
- Semi-retirement
- Other (please specify) _____

F If you had more than one reason for changing jobs, which two were the most important?

Most important reason _____

Second reason _____

G Are you currently seeking a change in employment?

- No change
- New job, same employer
- New job, different employer
- Retirement

8 General views about nursing as a career

Below are a number of statements. Please indicate the extent to which each statement matches your own views by ticking one box on each line. There are no right or wrong answers. We are interested in your views.

A Please select one of the following in each case:

	Strongly agree	Agree	Neither agree/ disagree	Disagree	Strongly disagree
(i) I would recommend nursing as a career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) I think that nursing is a rewarding career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(iii) Most days I am enthusiastic about my job

(iv) Nursing will continue to offer me a secure job for years to come

(iii) I would not want to work outside of nursing

B Please select one of the following in each case:

	Strongly agree	Agree	Neither agree/ disagree	Disagree	Strongly disagree
(i) It will be very difficult for me to progress from my current grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) My employer provides me with opportunities to keep up with new developments related to my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) I am unable to take time off for training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C Please select one of the following in each case:

Strongly agree	Agree	Neither agree/ disagree	Disagree	Strongly disagree
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(i) I feel I am under too much pressure at work

(ii) I am happy with my working hours

(iii) Too much of my time is spent on non-nursing duties

(iv) I am too busy to provide the level of care I would like

(v) I am satisfied with the choice I have over the length of shifts I work

(vi) I feel able to balance my home and work lives

D Please select one of the following in each case:

Strongly agree Agree Neither agree/ disagree Disagree Strongly disagree

(i) Bullying and harassment is not a problem where I work

(ii) I am confident I would be treated fairly if I reported being harassed at work by a colleague

(iii) I am confident that colleagues would be treated fairly if they reported being harassed at work by another member of staff

(iv) My employer provides good occupational health support for staff

(v) My manager supports me when I need it

9 Personal profile

A Are you:

- Male
- Female

B What is your age?

- 18-25
- 26-34
- 35-44
- 45-54
- 55-64
- Over 65

C In which country do you work?

- England
- Scotland
- Cymru/Wales
- Northern Ireland
- Channel Islands
- Other (please specify) _____

D Do you speak Welsh?

- Yes
- No

E If you speak Welsh, are you required to speak it professionally in your role?

- Yes
- No

F If you speak Welsh, are you able to speak it professionally in your role?

- Yes
- No

G If you work in England, in which region do you mainly work?

- East of England
- East Midlands
- Greater London
- North East
- North West
- South East
- South West
- West Midlands
- Yorkshire and Humberside
- Across different regions/nationally

H Which of the following nursing qualifications do you hold? Please tick all that apply.

- First level registration
- Second level registration
- NVQ/SVQ level 2, 3 or 4
- Nursing diploma
- Nursing degree
- Masters/PhD
- Other (please specify) _____

I Where did you first register as a qualified nurse?

- UK
- Other country (please specify) _____

J Were you recruited from your country of origin to work in the UK as a nurse?

- Yes
- No

K How would you describe your national identity?

- English
- Welsh
- Scottish
- Northern Irish
- British
- Prefer not to say
- Other (please specify) _____

L To which ethnic group do you belong?

- White
- Mixed/multiple ethnic groups
- Asian/Asian British
- Black/African/Caribbean
- Prefer not to say
- Other ethnic group (please specify) _____

White

M Which of the following best describes your ethnic background?

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please specify) _____

Mixed/multiple ethnic groups

N Which of the following best describes your ethnic background?

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/multiple ethnic background (please specify) _____

Asian/Asian British

O Which of the following best describes your ethnic background?

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please specify) _____

Black/African/Caribbean

P Which of the following best describes your ethnic background?

- African
- Caribbean
- Any other Black/African/Caribbean background (please specify) _____

Other ethnic group

Q Which of the following best describes your ethnic background?

- Arab
- Any other ethnic background (please specify) _____

R Do you consider yourself to have a disability?

- Yes
- No