DOCUMENT RESUME

ED 412 407 CE 074 976

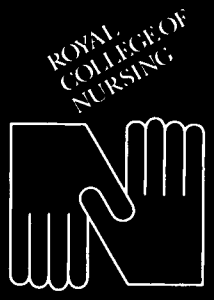
AUTHOR Seccombe, I.; Smith, G.
TITLE Taking Part: Registered Nurses and the Labour Market in 1997.
INSTITUTION Sussex Univ., Brighton (England). Inst. for Employment Studies.
REPORT NO IES-R-338
ISBN ISBN-1-85184-266-7
PUB DATE 1997-00-00
NOTE 91p.
AVAILABLE FROM Grantham Book Services, Isaac Newton Way, Alma Park Industrial Estate, Grantham NG31 9SD, England, United Kingdom.
PUB TYPE Reports - Research (143)
EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Career Change; *Career Development; *Employment Patterns; Foreign Countries; Income; Individual Characteristics; *Job Satisfaction; Labor Market; Labor Supply; *Labor Turnover; National Surveys; *Nurses; Occupational Surveys; *Work Attitudes
IDENTIFIERS *United Kingdom

ABSTRACT

The labor market participation, pay, job satisfaction, employment patterns, and turnover of registered nurses in the United Kingdom were examined through an analysis of data from the 1997 Royal College of Nursing (RCN) Survey. Of the random sample of 5,984 nurses from the RCN membership records surveyed, 4,288 (72%) returned usable questionnaires. Of the 90% of respondents who were employed in nursing, 75% worked in the National Health Service (NHS). A comparison of the 1997 and previous survey findings established the following: the number of practitioners not renewing their registration increased from 7,266 in 1990-1991 to 17,572 in 1995-96; the net growth in nursing employment in recent years has resulted from increased employment in non-NHS sectors; the proportions of nurses employed in higher-grade nursing positions and below the top of their pay scales have declined since 1991; 65% the number of nurses working full time declined from 65% in 1992 to 59% in 1997; most job turnover was accounted for by moves between non-NHS jobs. (Fifty-three figures/tables and 22 references are included. Appended is information about the following: 1997 RCN Membership Survey; participation in nursing and estimated pool size; and shift patterns by employment sector and specialty.) (MN)

the Institute for Employment Studies

Taking Part: Registered Nurses and the Labour Market in 1997



I Seccombe

G Smith

IES Report 338

TAKING PART: REGISTERED NURSES AND THE LABOUR MARKET IN 1997

Other titles from IES:

Caring Costs Revisited, 1996
Buchan J, Seccombe I, Ball J
IES Report 321. 1996. ISBN 1-851484-248-9

In the Balance: Registered Nurse Supply and Demand, 1996
Seccombe I, Smith G
IES Report 315. 1996. ISBN 1-851484-241-1

Recruiting, Rewarding and Retaining Qualified Nurses in 1995
Seccombe I, Patch A
IES Report 295. 1995. ISBN 1-85184-222-5

Nursing: the Next Generation
Seccombe I, Jackson C, Patch A
IES Report 274. 1995. ISBN 1-85184-199-7

Workloads, Pay and Morale of Qualified Nurses in 1994
Seccombe I, Patch A, Stock J
IES Report 272. 1994. ISBN 1-85184-197-0

A catalogue of these and over 100 other titles is available from IES.

the Institute for Employment Studies

Taking Part:
Registered Nurses and the Labour Market in 1997

I Seccombe
G Smith

IES
Report No. 338

Published by:

THE INSTITUTE FOR EMPLOYMENT STUDIES
Mantell Building
University of Sussex
Brighton BN1 9RF
UK

Tel. + 44 (0) 1273 686751
Fax + 44 (0) 1273 690430

British Library Cataloguing-in-Publication Data

A catalogue record for this publication is available from the British Library

ISBN 1-85184-266-7

Printed in Great Britain by College Hill Press

The Institute for Employment Studies

The Institute for Employment Studies is an independent, apolitical, international centre of research and consultancy in human resource issues. It works closely with employers in the manufacturing, service and public sectors, government departments, agencies, professional and employee bodies, and foundations. Since it was established over 25 years ago the Institute has been a focus of knowledge and practical experience in employment and training policy, the operation of labour markets and human resource planning and development. IES is a not-for-profit organisation which has a multidisciplinary staff of over 50. IES expertise is available to all organisations through research, consultancy and publications.

IES aims to help bring about sustainable improvements in employment policy and human resource management. IES achieves this by increasing the understanding and improving the practice of key decision makers in policy bodies and employing organisations.

Contents

Figures

Tables

Summary

This report presents the main findings from a national survey of registered nurses conducted between March and April 1997. This is the twelfth such survey commissioned by the RCN and conducted by the Institute. The survey respondents' age profile, gender mix and geographical distribution closely matched data from independent national sources and with the findings of other large scale surveys of registered nurses. The majority (90 per cent) of respondents were employed in nursing. Three-quarters of the nurse respondents were employed in the NHS. The remainder were employed in non-NHS nursing, GP practices and as bank or agency nurses. Nurse respondents worked across the full range of specialties and work settings.

The report also provides an overview of the dimensions and dynamics of the labour market for nurses. In particular, it examines key trends in the numbers and characteristics of those registered with the UKCC, and explores rates of participation in nursing employment.

The Register

In order to work as a qualified nurse in the UK, an individual must be registered with the UKCC and registration has to be renewed every three years. As a result, the UKCC's 'effective' Register represents the population from which all employers recruit qualified nurses. At 31 March 1996 there were 645,011 'practitioners' (the UKCC's term) on the effective Register. This is an increase of a little more than 2,000 on the figure for March 1995 and represents the smallest annual increase in the number registered since periodic registration was introduced in 1987.

Not all of these practitioners are actually available for employment as registered nurses in the UK. Firstly, residence overseas reduces the potential population of nurses. The 1996 data reveal a steady growth in the number of registrants living abroad since 1994. Secondly, there has been a major shift in the age distribution of the registered population with a substantial number of registrants nearing retirement. More than one in ten of those on the Register is aged 55 or over including four per cent who are aged 60 or over. In the next five years the number of registrants over 55 will nearly double.

In the short term the number of practitioners on the Register is unlikely to grow. Initial entries to the Register from nurse education in the UK reduced by more than 2,100 (11.1 per cent) between 1990/91 and 1995/96. This decline in entries reflects both the falling level of intakes to nurse education and the cessation of intakes to enrolled nurse education. Intakes to first level nursing courses fell from 19,600 in 1987/88 to 14,200 in 1994/95. In 1995/96 they rose to 15,476. Over the next two or three years the level of initial entries to the Register will reduce even more sharply, reflecting the cutbacks in the number of nurse education places commissioned in recent years.

Inflows of nurses from abroad are comparatively small and tend to fluctuate from year to year. In 1995/96 there were some 2,800 initial entrants from abroad, an increase on the previous two years, but somewhat lower than in the early 1990s. More important is the fact that the number of applications for admission to the UKCC Register from nurses qualifying abroad has all but halved over the last five years.

The number of practitioners not renewing their registration has risen, from 7,266 in 1990/91 to 17,572 in 1995/96. This represents a steady rise in 'wastage' from the Register from 1.2 per cent in 1990/91 to 2.7 per cent in 1995/96.

Nurse employers

The main employer recruiting from this pool of registered nurses is the NHS, which employs approximately three-fifths of all nurses on the Register. The overall number of registered nurses employed by the NHS has remained comparatively unchanged since the late 1980s, having grown at around four per cent per year between the mid 1970s and the mid 1980s.

In recent years, *net growth* in nursing employment has been accounted for by increased employment in the non-NHS sectors. For example, between 1990 and 1996 the independent sector (hospitals, clinics and nursing homes) increased its share of the known total (wte) registered nursing workforce from 11.5 per cent to 16.9 per cent.

The growth of non-NHS employment for nurses is of significance because it explains the increased rate of participation in nursing employment over a period when employment in NHS nursing has been virtually static.

The pool

Not all practitioners on the Register are available for nursing employment. Those over the age of 60 and resident in the UK represent 4.4 per cent of the Register. Others, between eight and 16 per cent, are employed in non-nursing work. It is likely, therefore, that the pool of registered nurses, not in paid

employment, is between 77,500 and 85,000. If those in non-nursing employment are included, the pool could be as big as 92,300.

This pool represents between 13 and 16 per cent of practitioners on the Register (aged under 60 and living in the UK). It is small relative to the number of vacant posts, implying that there are only five practitioners in the non-working pool for every vacancy. Of course, not all of those in the pool will want to return to nursing. Given that the number of initial entries to the Register from training in the UK has fallen, due to smaller intakes to nurse education in the early 1990s, and that a substantial number of registrants are nearing retirement, the size of the pool is unlikely to grow over the short term. Furthermore, the number of returners from this pool is likely to be small. Employers anxious to minimise vacancies should pursue strategies which focus on the retention of their employees, as well as seeking to improve recruitment and return to nursing.

Pay and Grading

For most of the 1990s the determination of NHS nurses' pay has been dominated by attempts on the part of government and management to move away from the centralised national system based on Whitley Councils and an independent Review Body. Management side evidence to the Review Body in 1997 marked a complete *volte face* in their approach to local pay. Having contested in previous years that local pay was an important lever in solving local recruitment problems, in 1997 they argued that local pay should not be used to address shortages as this could lead to a pay spiral.

While there has been little movement away from the national grading structure, there have been significant changes in the distribution of nurses across the grades. Over a comparatively short period the proportion of nurses employed in posts at grades G and above has declined, from one-third in 1991 to a little over one-quarter in 1997. Analysis of data for successive cohorts of registered nurses in the NHS shows a slowing down of grade progression five years after first registering. For example, by 1993 three-quarters of those who first registered in 1989 were in grade E posts, while only half of the 1993 cohort were in grade E posts by 1997.

As higher grade posts disappear, opportunities for grade progression, and related pay progression, deteriorate. Furthermore, a high proportion of nurses reported that they were on the top increment point of their pay scale. For the majority of nurses annual pay increases are the only mechanisms by which their pay can increase. It is likely that these trends impact on nurses' pay satisfaction; more than half agreed with the statement: *'I could be paid more for less effort if I left nursing'*.

Working hours

Previous IES/RCN survey data show that the proportion of nurses working full time has been declining, albeit slowly, from 65 per cent in 1992 to 59 per cent in 1997. There is considerable variation across employment sectors. More than four-fifths of GP practice nurses worked part time, compared to one-third of nurses in the NHS and nearly two-fifths of those in the non-NHS sector. Part-time NHS nurses were contracted to work, on average, more hours than their counterparts in the other sectors. For example, part-time NHS nurses worked 23.5 hours, compared to 20.3 hours worked by part-time GP practice nurses.

The survey data showed a change in the shift patterns worked by NHS nurses. Most notable was the increase in the proportion of NHS nurses working daytime hours, *ie* 9-3 or 9-5. In 1996 a quarter (26 per cent) of NHS nurses worked daytime hours; by 1997 this figure had risen to one-third (33 per cent).

There is a continuing rise in the proportion of nurses working in excess of their contracted hours. Two-thirds (65 per cent) reported that they had worked in excess of their contracted hours in their last working week, compared with 57 per cent in 1996. Excess hours working appears to be the norm for most nurses. Two-fifths (43 per cent) reported that they worked excess hours several times per week, while one in ten (nine per cent) reported working excess hours every shift.

The average number of excess hours worked was 5.8 and remained the same as the 1996 figure. Nurses in the non-NHS sector worked, on average, more excess hours than those in the NHS and GP practice nursing.

In 1991 one in six (17 per cent) NHS nurses reported that they did paid work in addition to their main job. By 1996 this had risen to one in four (26 per cent) and remained at this level in the 1997 survey.

The type of additional paid work has changed over time. In 1997 more than half (56 per cent) the NHS nurses with second jobs reported that they worked on the 'bank', compared with 29 per cent in 1991. Moreover, the number of additional hours worked on the 'bank' has increased, from nine hours in 1991 to 11 hours in 1997.

Just over half the nurses agreed with the statement: '*my workload is too heavy*'; a higher proportion of NHS nurses agreed with the statement than did nurses in other sectors. Two-thirds of nurses working excess hours agreed that their workload was too heavy, compared with two-fifths of those working excess hours. Similarly, half of those not working excess hours agreed that they felt: '*under too much pressure at work*' compared with one in three who did not work excess hours.

Job change

There is concern that the future stock of registered nurses available to meet the needs of the health service may be inadequate. The survey data show that the NHS and other nurse employers only attract a small proportion of registered nurses back into nursing from non-nursing work.

Those who were not working as nurses at the time of the survey were asked to indicate whether they intended to take up employment as a nurse at some time in the future. One-third said that they did not intend to take up nursing employment in the future and a quarter indicated that they did not know whether they would take up a nursing post in the future or not. The remainder indicated that they would 'probably' take up nursing employment in the future, most within the next two years.

Although the majority of newly registered nurses are in NHS employment in the year they register, the ability of the NHS to recruit newly qualified nurses has diminished over the 1990s. Further, the proportion working outside of the NHS rises in the second year after registration.

Just over one in five NHS nurses reported that they had changed jobs or stopped working during 1996-97; the rate of turnover has remained almost unchanged from its 1995-96 level. As in previous years, more than two-thirds (68 per cent) of this turnover was accounted for by nurses moving between posts in the NHS. Over half of those who left NHS nursing remained in direct care nursing jobs, including bank and agency, GP practice nursing, and independent sector nursing. The three other main destinations were non-nursing work, retirement and career breaks.

In the non-NHS sector, one in six respondents changed jobs or stopped working in 1996-97. Two-fifths of this turnover was accounted for by moves between non-NHS jobs, and most of these moves involved changes of employer. More than one-fifth of job changes were nurses moving from non-NHS to NHS nursing jobs and the NHS was the main destination for those leaving non-NHS nursing.

Despite this inflow, the NHS was a net loser. The number of nurses moving from NHS to non-NHS nursing employment was more than double the number moving in the opposite direction. The other main destinations of those who remained in nursing employment were bank nursing (which may well be in the NHS) and GP practice nursing.

Three main reasons were cited by nurses leaving the NHS. These were: to gain promotion; to gain experience in a new specialty; to get better training and development opportunities. These findings are striking in that the emphasis is not on external labour market factors which managers might legitimately feel

that they have little control over. Rather, they focus on issues of professional development and career progression, features which are at the heart of good human resource management.

Demand for nursing care continues to rise. The history of the nursing labour market is one of a cycle of shortages. Each shortage tends to bring with it a familiar set of proposed solutions; the introduction of family friendly working; support for clinical and professional development; career break schemes, *etc.* Sustained attempts at implementing these solutions have often been lacking.

1. The UK Nursing Labour Market

The focus of this report is a survey of individuals in *full*[1] membership of the Royal College of Nursing (RCN). The survey was conducted between March and April 1997 by the Institute for Employment Studies (IES). The study follows the format used in previous surveys commissioned by the RCN and conducted by IES annually since 1986. Where appropriate, data from previous surveys are presented for comparative purposes. Details of the survey methodology and the response rate are contained in Appendix A.

Additionally, the report presents data from a panel survey. The 1996 IES/RCN survey asked respondents if they would take part in subsequent surveys. Two-fifths (44 per cent) of respondents gave their consent. This first follow-up survey of this panel was conducted between mid-March and mid-May 1997. The survey was broadly similar to that of the main membership survey and details of the methodology and response rates are included in Appendix A. These data are referred to as the panel survey data.[2]

The report comprises six chapters. This introductory chapter provides an overview of the dimensions and dynamics of the labour market for nurses. In particular it endeavours to gauge the number of registered nurses not working in the profession for which they are qualified and who might be encouraged to return to nursing.

In order to achieve this we first examine key trends in the numbers and characteristics of those registered with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC). Secondly, we quantify the number of registered nurses who are actually employed in nursing. Thirdly, we draw these data together to present new estimates on participation rates and the size of the non-nursing pool.

---

[1] This is the main membership category of the RCN. Other categories, which were excluded from the survey, include student, overseas, associate, life and founder members.

[2] A full report on this, and the second follow-up survey of the panel, is due to be presented in Autumn 1998.

1.1 The nursing population

In order to work as a qualified nurse in the UK, an individual must be registered with the UKCC and that registration has to be renewed every three years. As a result, the UKCC's 'effective'[1] Register represents the population from which all employers recruit registered (and therefore qualified) nurses. Monitoring changes in the number and characteristics of those on the Register can give employers and policy makers important signals about the future nursing labour market. By combining these data with what we know about the numbers in employment, we can quantify participation rates and the size of the non-nursing pool.

1.1.1 The stock of Registered nurses

At 31 March 1996 there were 645,011 'practitioners' (the UKCC's term) on the effective Register. This is an increase of a little more than 2,000 on the figure for March 1995 and represents the smallest annual increase in the number registered since periodic registration was introduced in 1987. Table 1.1 shows how growth in the Register has slowed.

Not all of these practitioners are actually available for employment as registered nurses in the UK. There are two main factors which reduce the potential population of nurses. These are: (i) residence overseas, and (ii) retirement. Both issues are considered in this section.

The 1996 data reveal a steady growth in the number of registrants living abroad since 1994. The number rose from 21,991 in March 1994 to 26,200 in March 1996, representing four per cent of the

Table 1.1 Change in number of practitioners on UKCC effective Register, 1988/89 to 1995/96

	Number	Change	
		no.	%
1988/89	584,753	-	-
1989/90	607,103	22,350	3.8
1990/91	622,001	14,898	2.5
1991/92	633,119	11,118	1.8
1992/93	641,749	8,630	1.4
1993/94	638,361	-3,338	-0.5
1994/95	642,951	4,590	0.7
1995/96	645,011	2,060	0.3

Source: IES/UKCC, Statistical Analysis of the Council's Professional Register

[1] In addition, the UKCC holds an 'ineffective' register, comprising those who have registered in the past but who have not renewed their registration. These data are not published.

total registered population. It increased by nearly 13 per cent in the twelve months to March 1996. This overseas population originates from several sources. Firstly, there may be UK qualified and registered nurses who are living (and who may be working) outside the UK on a temporary or permanent basis.[1] Secondly, individuals who qualified outside the UK but subsequently registered with the UKCC, remain on the Register for three years, irrespective of whether they have ever practised in the UK.

These practitioners are clearly not part of the pool immediately available for employment in UK nursing. If they are excluded from the total, then the number of practitioners on the Register who are living in the UK has actually reduced, albeit marginally (by 865 or 0.14 per cent), over the last year.

This overall steady state position disguises contrasting trends in the different countries of the UK and on different parts of the Register. Analysis by country (see Table 1.2) suggests that the number of practitioners on the Register in England and Wales dropped by 0.2 per cent over the last twelve months while the numbers living in Northern Ireland and Scotland have risen marginally (0.5 per cent and 0.9 per cent respectively). In order to calculate percentage change by country, the 'no post-code' population has been re-distributed in proportion to the known registered population distribution for each year.

Table 1.2 Numbers of practitioners on UKCC Register, by country, 1994/95 and 1995/96

			Recorded change	
	1994/95	**1995/96**	**no.**	**%**
England	474,498	474,570	72	0.02
Northern Ireland	20,253	20,563	310	1.5
Scotland	71,368	71,738	370	0.5
Wales	31,376	31,311	-65	-0.21
No postcode	22,181	20,629	-1552	-6.9
Overseas/EC	23,275	26,200	2,925	12.6
Register total	642,951	645,011	2,060	0.32
UK total	**619,676**	**618,811**	**–865**	**–0.14**

Source: IES/UKCC, Statistical Analysis of the Council's Professional Register

[1] The UKCC issues verification documents to regulatory authorities outside the UK to verify registration with the Council. Verification statistics do not, however, relate to the number of practitioners seeking or obtaining registration outside the UK. Prior to 1991/92 the number of verification documents issued increased from 5,045 in 1985/86 to 8,626 in 1990/91. The number now fluctuates above 3,000. The latest figures show that the UKCC issued 3,607 verification documents in 1995/96. (Note that an individual holding effective registration on more than one Part of the Register may apply for several verification documents.)

Analysis by Part of the Register is complicated by the fact that almost one-third (32 per cent) of practitioners hold more than one registerable qualification. Analysis of those with just one qualification shows that the distribution of practitioners by part of the Register is shifting rapidly (see Table 1.3).

A number of trends are apparent in Table 1.3. Firstly, there is a significant drop in the numbers on second level parts of the Register (parts 2, 4, 6 and 7), reflecting the numbers of enrolled nurses who have converted to first level registration and the end of training for entry to these parts. Secondly, there is the substantial growth in the numbers on parts 12, 13, 14 and 15, resulting from completion of pre-registration diploma education (Project 2000). These have doubled in the 12 months to March 1996 and they now represent 5.3 per cent of practitioners with one registerable qualification. Thirdly, there has been a decline in the numbers of practitioners on most of the other parts of the Register, as a result of the ageing (leading to retirement and non-renewal) of the registered population and the phasing out of conventional pre-registration education.

One major shift in the profile of the registered population is in its age distribution. The nursing profession has 'aged' rapidly in

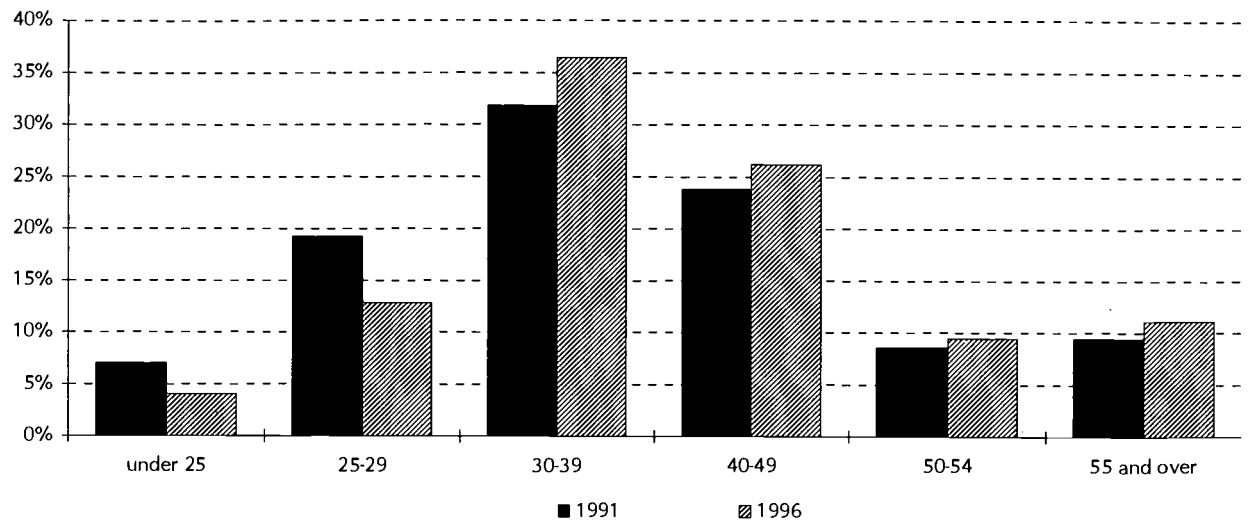
Table 1.3 Number of practitioners on UKCC Register holding one registerable qualification, 1994/95 to 1995/96

Part of the Register		1994/95	1995/96	Change no.	Change %
1	First level: general nursing	258,684	255,428	-3,256	-1.3
2	Second level: general nursing (England and Wales)	87,505	78,552	-8,953	-10.2
3	First level: mental illness nursing	35,101	35,295	194	0.06
4	Second level: mental illness nursing (England and Wales)	10,271	9,151	-1,120	-10.9
5	First level: mental handicap nursing	12,157	12,067	-90	-0.7
6	Second level: mental handicap nursing (England and Wales)	4,346	3,901	-445	-10.2
7	Second level nursing (Scotland and Northern Ireland)	18,627	17,435	-1,192	-6.4
8	Sick children's nursing	2,955	2,872	-83	-2.8
9	Fever nursing	402	359	-43	-10.7
10	Midwives	1,582	1,968	386	24.4
11	Health Visitors*	na	na	na	na
12	Project 2000: adult nursing	8,793	16,774	7,981	90.8
13	Project 2000: mental health nursing	1,823	3,595	1,772	97.2
14	Project 2000: mental handicap nursing	570	1,133	563	98.8
15	Project 2000: children's nursing	811	1,742	931	114.8
Total		**443,637**	**440,272**	**-3,365**	**-0.8**

* Note that Part 11 of the Register is a post-registration qualification. For most individuals, registration on Part 10 also follows post-registration qualification. The numbers shown here are for those completing direct entry midwifery education.

Source: IES/UKCC, Statistical Analysis of UKCC Professional Register

Figure 1.1 Age distribution of practitioners on UKCC effective Register, March 1991 and March 1996



Source: IES/UKCC, Statistical Analysis of the Council's Professional Register

recent years. In March 1991, 26 per cent of all practitioners on the Register were aged under 30; by March 1996 this age group had dropped to 17 per cent of the total (see Figure 1.1).

The number of practitioners on the Register in all other age categories has steadily increased. As age is a major determinant of labour market behaviour, an 'ageing' registered population has significant implications for current and future participation.

The ageing of the registered population is the outcome of three events. Firstly, a 'bulge' of nurses in their mid-30s to mid-40s is working its way through the population, reflecting the comparatively large intakes to nurse education of the 1970s and early 1980s. Secondly, intakes of newly qualified (and traditionally younger) practitioners have been comparatively small in the 1990s. Thirdly, the average age of those entering nurse education has risen. In 1970/71, two-thirds of student nurses were aged under 20 when they started their nursing course (Briggs, 1972). This compares with just over one-third (36 per cent) in 1994 (Seccombe, Jackson and Patch, 1995).

More than one in ten (71,499) of those on the Register are aged 55 or over, including 28,218 (four per cent of the total) aged 60 or over. In the next five years the number of registrants over 55 will nearly double. Normal retirement for most members of the NHS Pension Scheme is at age 60. Members of the special classes (including those nurses, midwives and health visitors who joined the NHS Pension Scheme before 6 March 1995) have special retirement rights enabling them to retire with full benefits from the age of 55. They may also choose to take voluntary early retirement, with reduced benefits, from age 50. Clearly many of the older practitioners on the Register are not

actually available for nursing employment and should be discounted from the potential pool.

A less noticeable, but not insignificant, shift in the profile of the registered nurse population, has been the growth in the number and proportion of men on the Register. In March 1996, there were 59,000 men on the UKCC Register, accounting for 9.2 per cent of the total registered population. This represents about 6,600 more than in March 1991 when they were 8.5 per cent of the total. Over the same period as the proportion of men has increased by 11 per cent, the overall Register has grown by under four per cent. Even in 1993/94 when the total number of registered practitioners declined for the first time, the number and proportion of men on the Register continued to increase.

The 1991 Census (Lader, 1995) shows that the proportion of male registered nurses working in nursing is very similar to that of women (67 per cent and 68 per cent respectively). However, men were more likely than women (26 per cent and 15 per cent respectively) to be working outside of nursing and less likely to be economically inactive (seven per cent and 16 per cent respectively). So, if men entering nurse education at the end of the 1990s behave in the same way as those who entered in the past, then an increase in the number and proportion of men on the Register may not signal an increase in overall participation in nursing employment.

1.1.2 Flows of registered nurses

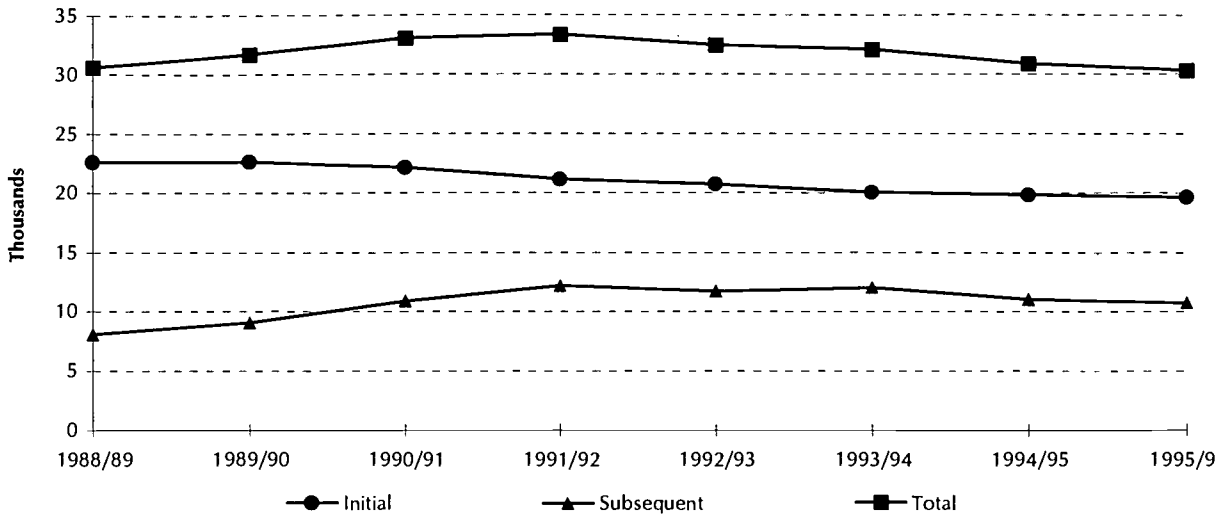
New admissions to the Register come from two sources: (i) *initial* entrants (these comprise those individuals successfully completing pre-registration education in the UK and those successfully applying to join the Register having qualified outside the UK), and (ii) *subsequent entrants* (these are practitioners who already hold registration on one or more parts of the Register, *eg* enrolled nurses converting to first level registration).

Total admissions to the Register from these sources have fallen from their peak of over 37,668 in 1986/87 to 30,389 in 1995/96 (see Figure 1.2).

The number of *initial* entries to the Register fell to 19,632 between 1995 and 1996. This is the lowest number of initial entries recorded, and represents a reduction of one per cent on the previous year and continues a downward trend apparent since 1989/90. Initial admissions to the Register from education in the UK have reduced by more than three per cent, to 16,870 in the 12 months to March 1996. Table 1.4 shows that new entries from the UK fell by more than 2,100 (11.1 per cent) between 1990/91 and 1995/96.

Proportionally, the largest reduction has been in those entering the Register from pre-registration education in Scotland (down by

Figure 1.2 Initial, subsequent and total admissions to the Register, 1988/89 to 1995/96



Source: IES/UKCC, Statistical Analysis of the Council's Professional Register

24.3 per cent since 1990/91). New entries from the other countries have also reduced markedly, falling by 15.6 per cent in Wales, 11.8 per cent in Northern Ireland and 8.5 per cent in England.

This decline in initial entries reflects both the falling level of intakes to nurse education and the cessation of intakes to enrolled nurse education.[1] The last intakes to enrolled nurse education were in 1990/91 (later in Scotland). This is reflected in the fact that initial entries to second level parts of the Register (Parts 2, 4, 6 and 7) fell to only 205 in 1995/96, compared with 2,495 in 1990/91 (see Table 1.5).

Most (72 per cent) of those entering first level parts of the Register in 1995/96 had qualified via the pre-registration

Table 1.4 Initial entries to the UKCC Professional Register from the UK, 1990/91 to 1995/96

	1990/91	1991/92	1992/93	1993/94	1994/95	1995/96	% change
England	14,786	14,184	13,931	13,992	13,997	13,527	-8.5
N. Ireland	659	726	717	707	585	581	-11.8
Scotland	2,537	2,513	2,485	2,334	2,060	1,920	-24.3
Wales	998	846	936	915	769	842	-15.6
Total	**18,980**	**18,269**	**18,069**	**17,948**	**17,411**	**16,870**	**-11.1**

Source: IES/UKCC, Statistical Analysis of the Council's Professional Register

[1] Although training courses have ceased, entry to Parts 2, 4, 6 and 7 of the Register is still possible by: applicants who have had a break in their studentship; applicants who are entitled to further assessment attempts; applicants who commence first level or diploma programmes but then opt to qualify for second level registration; and applicants who are unsuccessful on first level or diploma programmes leading to registration on Parts 1, 3, 5, 8, 12, 13, 14 or 15.

Table 1.5 Initial entries to UKCC Register (1st and 2nd level registration), 1990/91 and 1995/96

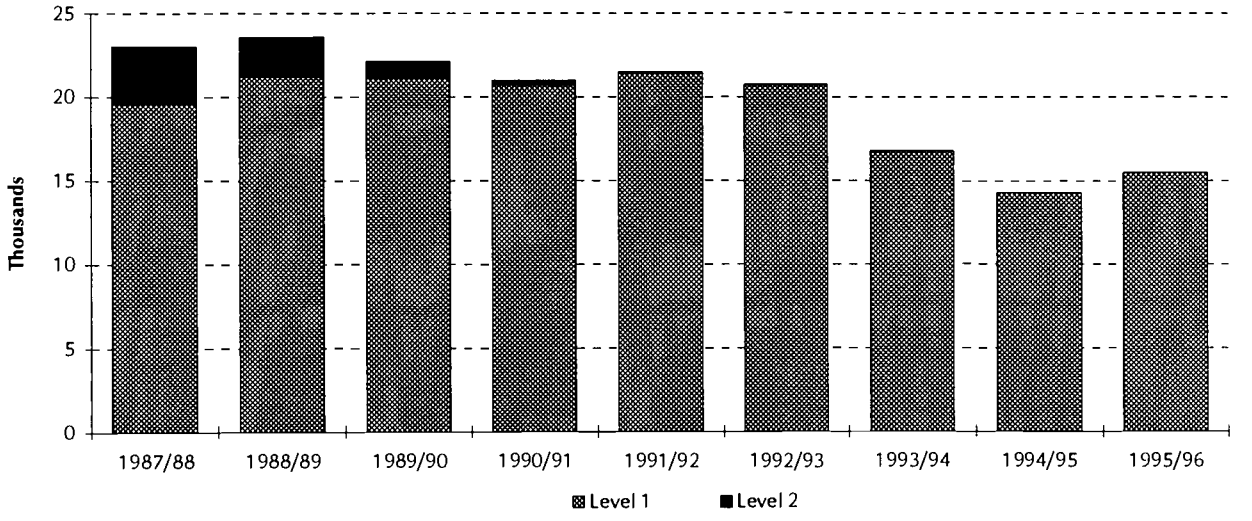
	1990/91	1995/96	% change
1st level (all)	16,485	16,665	1.1
traditional	16,485	4,682	-71.4
diploma	0	11,983	-
2nd level	2,495	205	-91.8
Total	**18,980**	**16,870**	**-11.1**

Source: IES/ UKCC, Statistical Analysis of the Council's Professional Register

diploma rather than the traditional route. Irrespective of the route to qualification, these newly qualified registrants will have started their pre-registration education three years earlier, prior to the main cutbacks in the number of nurse education places commissioned and in actual intakes to courses (see Figure 1.3).

Intakes to first level nursing courses fell from 19,600 in 1987/88 to 14,200 in 1994/95. In 1995/96 they rose to 15,476. Not all of these nursing students will complete their courses. However, there is no consensus on the drop-out rate. Figures for England show that the number of discontinuations were equal to 11 per cent of entrants to pre-registration courses in 1995/96 or five per cent of the in-training population as at the end of March 1996 (ENB, 1997). Data for Scotland (Scottish Office, 1997) show that the proportions of the 1992/93 intakes to diploma courses who failed to complete, ranged from 20.9 per cent on the Adult branch to 35.1 per cent on Paediatrics. Wastage rates for successive cohorts have fallen. For example, wastage from the first year of the Adult branch programme reduced from 10.1 per cent in 1992/93 to 8.6 per cent in 1994/95.

Figure 1.3 Entries to pre-registration nursing courses 1987/88 to 1995/96 (UK)



Source: Seccombe and Smith 1996/English National Board/Welsh National Board/National Board for Scotland/National Board for Northern Ireland

Simulation modelling shows that, if all other factors remain constant, then intakes to pre-registration nursing courses need to be double in order to maintain the nursing workforce at its current level for Great Britain.[1] Over the next two or three years then, we can safely predict that the level of initial entries to the Register from pre-registration education will reduce even more sharply.

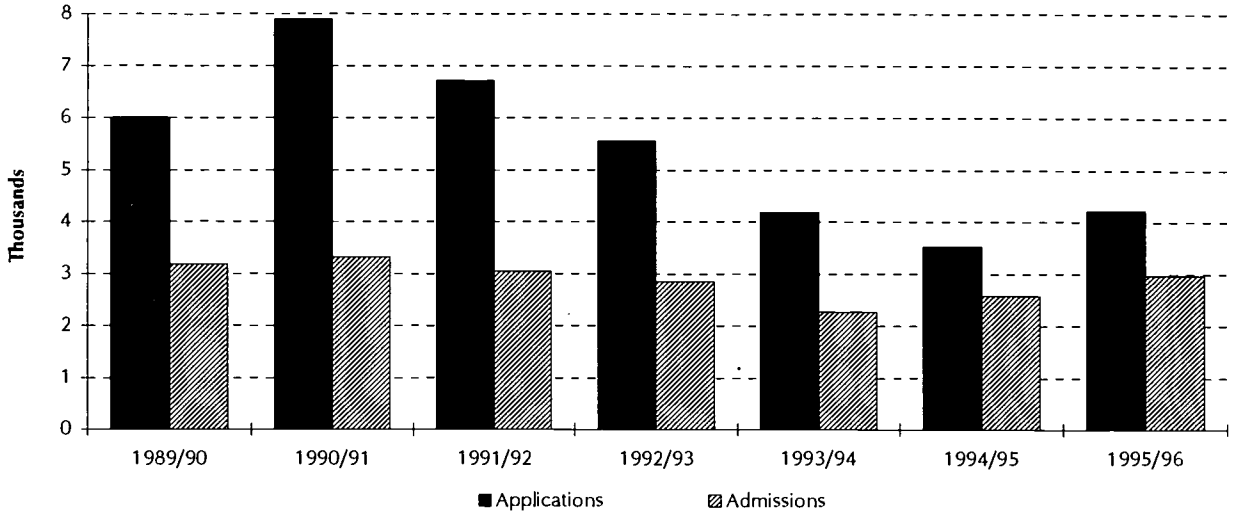
The second source of initial entries to the Register is of nurses who qualified outside the UK. Inflows of nurses from abroad are given much prominence in the media, but in reality the levels of non-UK admissions to the Register are comparatively small and tend to fluctuate from year to year. In 1995/96 there were some 2,762 initial entrants from abroad, an increase on the previous two years, but lower than in the early 1990s. In 1990/91, for example, there were 3,184 initial entries from abroad.

Perhaps more significant is that the number of applications for admission to the UKCC Register from nurses who qualified abroad has all but halved over the last five years (see Figure 1.4).

Thirdly, around one-third of total admissions to the Register were *subsequent* entrants, although this figure has been falling in recent years (down from 12,229 in 1991/92 to 10,757 in 1995/96).

In 1995/96, nearly 60 per cent of *subsequent* entrants were to Part 1 of the Register, suggesting that they are largely the result of enrolled nurse conversion. If the number of conversions drops as forecast (Hemsley-Brown and Humphreys, 1997), it is likely that the level of *subsequent* admissions to the Register will also fall.

Figure 1.4 Applications and admissions to UKCC Register from nurses who qualified abroad, 1989/90 to 1995/96



Source: IES/UKCC, Statistical Analysis of the Council's Professional Register

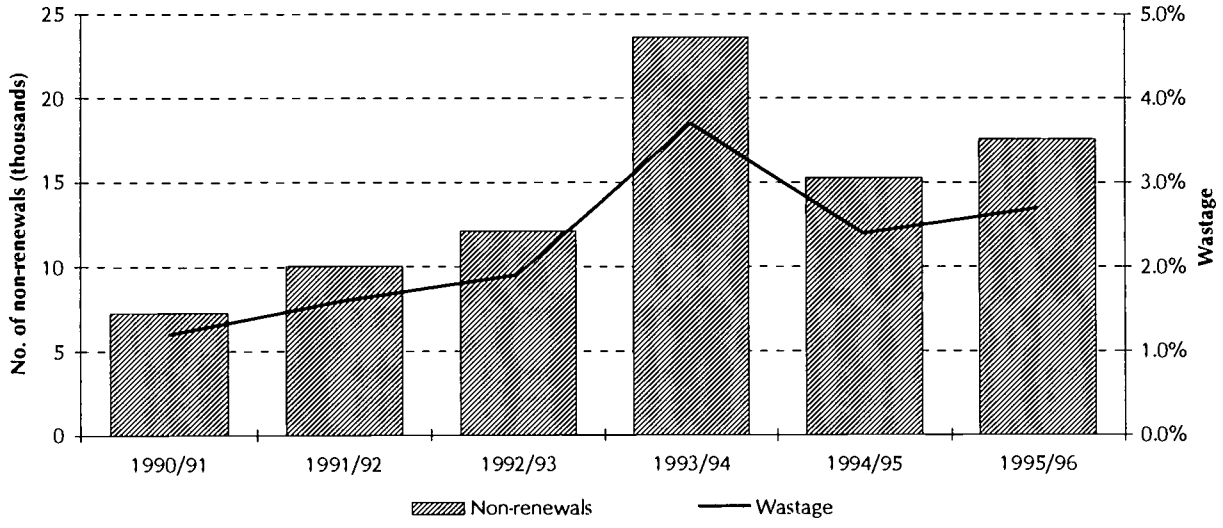
[1] Buchan J, Seccombe S, Smith G (1997), *The UK Nursing Labour Market*, unpublished report for the RCN.

Finally in this section we consider outflows from the Register. Little is known about the reasons why nurses do not renew their registration and the relative importance of different causes (*eg* death, injury, ill-health, retirement, emigration, dissatisfaction). It is likely that these individuals have no immediate intention of practising as qualified nurses and so they do not form part of the pool. Although in theory they are still available for nursing employment, they would need to undertake refresher training if they have had a break in practice.[1] From April 2000 nurses who have had a break in practice will be required to complete a statutory 'return to practice' programme and to demonstrate that they can provide safe and competent care, before renewing their registration.

Little data is available on the numbers and characteristics of those on the ineffective Register, although we do know that a large proportion are aged over 55 and therefore unlikely to return to nursing. Since registration is renewable every three years, there is always a proportion of those on the effective Register who will already have left nursing and who have no intention of returning. So the use of unadjusted figures from the Register is likely to over-estimate the true size of the pool available for employment.

What is certain is that the numbers of non-renewals are rising, up from 7,266 in 1990/91 to 17,572 in 1995/96. This represents a steady rise in 'wastage' from the Register from 1.2 per cent in 1990/91 to 2.7 per cent in 1995/96 (see Figure 1.5). It is not known why the number of non-renewals increased so markedly in 1993/94.

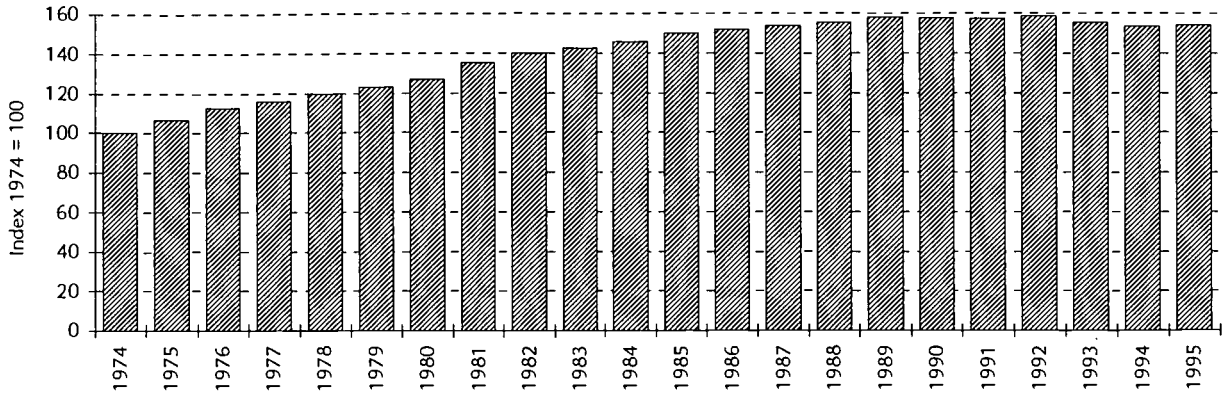
Figure 1.5 Wastage from the UKCC Register 1990/91 to 1995/96



Source: IES/ UKCC, Statistical Analysis of the Council's Professional Register

[1] The UKCC define a break in practice as working less than 100 days or 750 hours in the previous five years.

Figure 1.6 Change in no. (wte) of registered nurses employed by the NHS, 1974 to 1995 (GB)



Source: Seccombe and Smith, 1996/ONS, Annual Abstract of Statistics

1.2 Registered nurses in paid nursing employment

The main employer recruiting from the pool of registered nurses is the NHS, which employs around three-fifths of all nurses on the Register. In this section we first examine the trend in the number of nurses employed by the NHS. Secondly, we consider the number working in nursing employment outside the NHS.

The overall number of registered nurses employed by the NHS in Great Britain has remained comparatively unchanged since the late 1980s (see Figure 1.6), having grown at around four per cent per year between the mid-1970s and the mid-1980s. Data from the 1997 ONS Annual Abstract of Statistics, show that the NHS in GB employed 292,248 whole time equivalent (wte) registered nurses, as at 30 September 1995. This represents a fall of 8,450 (2.8 per cent) on the figure for September 1992, when registered nurse employment in the NHS was at its peak.

In overall terms, approximately four times as many nurses work in the NHS as in all other forms of nursing employment. However, in recent years, *net growth* in nursing employment has been accounted for by increased employment in the non-NHS sectors. Between 1990 and 1996 the independent sector (hospitals, clinics and nursing homes) increased its share of the known registered nurse workforce (wte) from 11.5 per cent to 16.9 per cent. The number of registered nurses in this sector grew from 32,430 (wte) in 1990 to 50,810 (wte) in 1996. The number of registered nurses employed by General Practitioners has also grown rapidly, from 7,740 (wte) in 1990 to 9,820 (wte) in 1996.[1]

There are a number of other areas of nurse employment such as the armed forces, prison service, voluntary and charitable organisations, *etc.* for which employment data are, at best, sparse. In many cases data are not collected centrally and

[1] Data are for England only and are taken from the Department of Health, Statistical Bulletin, August 1996 and May 1997.

sources use varying definitions (*eg* of wte numbers, and some refer to 'registered' nurses, others to 'qualified' nurses). Double counting may also occur due to overlaps between non-NHS employment sectors. For example, some charitable and voluntary organisations operate independent hospitals, clinics and nursing or residential homes for which workforce data is collected on statutory annual returns. In addition, nurses employed through nursing agencies may also have permanent jobs within the NHS or non-NHS sectors.

Aggregating data to provide a total non-NHS employment figure has to be done with considerable caution. IES/RCN survey data suggest that a further four per cent of registered nurses, in nursing employment, work in these sectors.

The growth of non-NHS employment for nurses is of significance because it explains the increased rate of participation in nursing employment over a period when employment in NHS nursing has been virtually static. The next section examines the evidence on participation rates in nursing in some detail.

1.3 Participation rates and the non-nursing pool

There have been a number of attempts to combine official statistics and survey data to estimate participation rates and the size of the pool. This chapter concludes by reviewing these past efforts and making new estimates.

1.3.1 The 1971 Census

One of the earliest of these studies was undertaken by OPCS as part of the Briggs enquiry. This study used the 1971 Census to identify a sample of individuals (under age 52) living in GB '. . . *who had nursing qualifications but who were not, at the time of the census, employed by the NHS as nurses*' (Sadler and Whitworth, 1975). Table 1.6 shows the number of female qualified nurses in each age group who were either working in NHS nursing, or not working in NHS nursing, and their estimated participation rates. Note that at this time participation was defined as working in NHS nursing.

This study showed a participation rate in NHS nursing of 46 per cent (women only) and an overall participation rate in nursing of 61 per cent. For men, the overall participation rate in NHS nursing was 70 per cent.[1] It is important to note that the definition of nursing was very broad. It simply meant that the interviewee had to indicate that they required a nursing qualification to obtain their job.

[1] It is not possible to calculate a participation rate for men in all forms of nursing employment from the data published in the report.

Table 1.6 Best estimates of the number of 'qualified' nurses living in GB, 1971 (women)

	In NHS nursing	Not in NHS nursing	Total	Participation rate in NHS nursing
<25	33,530	13,480	47,010	71%
25-29	26,810	32,190	59,000	45%
30-39	43,290	52,710	96,000	45%
40-49	40,640	39,830	80,470	51%
50-70	40,750	78,660	119,410	34%
Total	**185,020**	**216,870**	**401,890**	**46%**

Source: IES/Sadler and Whitworth, 1975

Of the overall pool of 105,000 nurses who were not nursing, approximately 65,000 (62 per cent) reported that they were likely to return to nursing at some point in the future, with two-thirds of these expecting to return within five years.

1.3.2 Survey-based estimates

Using survey data (n=2,325), Moores *et al.* (1983) found an increase in participation rates in nursing for 'qualified' nurses, from 64 per cent in 1976 to about 70 per cent in 1980. A smaller survey (n=570) by Elias (1986) found a participation rate in nursing of only 51 per cent in 1984.

Waite *et al.* (1990) examined participation rates of registered nurses in Scotland using data from the 1981 Census and a sample survey of those who had qualified in Scotland between 1955 and 1985. The 1981 Census showed that 75 per cent of qualified nurses were in paid employment. Survey data for 1987 showed that participation in paid employment had risen to 85 per cent. The authors concluded that the rate of increase in participation by qualified nurses has been considerably faster than for the general female population as a whole.

A sample survey of individuals (n=14,332) holding second level registration with the UKCC in 1996 reported that 88 per cent of respondents were in paid employment (Seccombe, Smith, Buchan and Ball, 1997).

1.3.3 The Labour Force Survey

Wilson and Stilwell (1992) used data from the Labour Force Survey (LFS) to examine participation rates of those with nursing qualifications for the years 1983 to 1989. They identified an increase in the proportion of women with a nursing qualification who were employed in a nursing occupation from 51.5 per cent in 1983 to 57 per cent in 1989. The data for males showed a similar increase in participation, from 55 per cent in 1983 to 63.5 per cent in 1989. At the same time the number of males reporting a nursing qualification as one of their top three 'highest qualifi-

cations' declined. Overall participation, for men and women, increased from 52 per cent in 1983 to 57.5 per cent in 1989.

The approach used by Wilson and Stilwell can be applied to more recent data from the LFS (winter quarter, December 1996 to February 1997). According to LFS there were 734,278 individuals in the UK whose highest qualification was nursing: 610,640 (83.2 per cent) of these were in employment, 10,406 (1.4 per cent) were unemployed and 113,232 (15.4 per cent) were economically inactive. In the same quarter, there were 419,845 individuals employed as 'qualified' nurses which gives a participation rate in nursing employment of 69 per cent.

There are three main drawbacks with this approach.

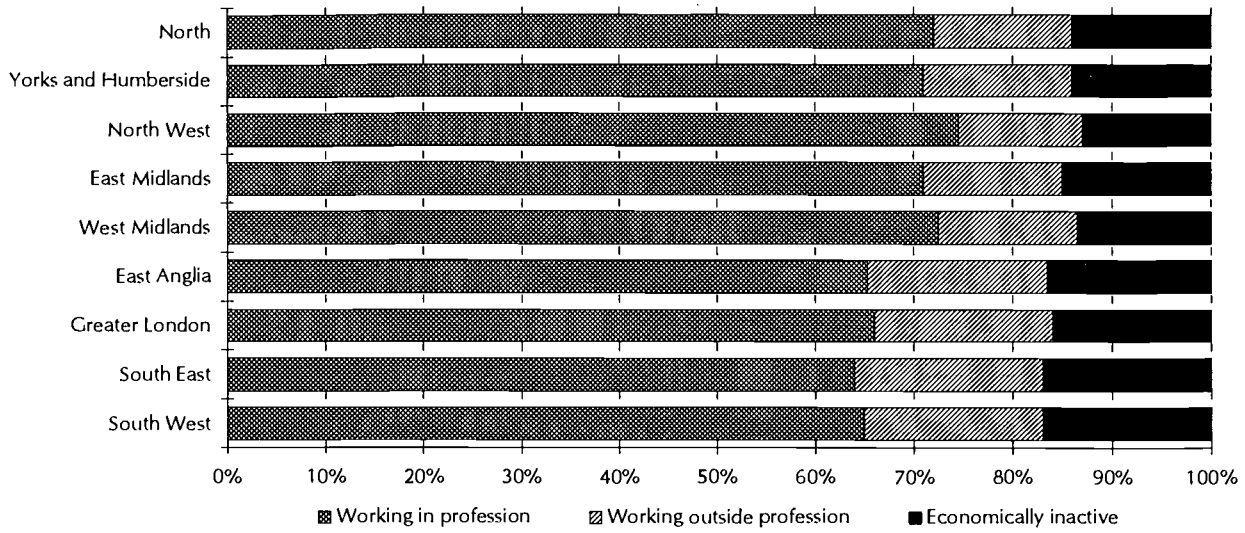
- Firstly, because the population is defined as those whose highest qualification was nursing, it will exclude those who have other qualifications which they have self-reported as 'higher' than their nursing qualification. One-fifth (22 per cent) of those employed as 'qualified' nurses reported higher qualifications other than nursing, *eg* higher and first degrees, 'A' levels, NVQs, BTEC, teaching qualifications, *etc.* According to the LFS data the actual number of individuals employed in the winter quarter as 'qualified' nurses was 538,013.
- Secondly, not all those (6.6 per cent) who reported that their highest qualification was nursing were employed as 'qualified' nurses, but worked as nursing auxiliaries, care assistants, nursery nurses or dental nurses.
- Thirdly, having a nursing qualification is not the same as being on the UKCC Register.

One way around the first two of these issues is to recalculate the participation rate. Using the number of registered practitioners as the denominator gives a participation rate in nursing employment of 68 per cent for the UK. If we use the number of individuals employed as 'qualified' nurses as the numerator and the number of registered practitioners as the denominator then the participation rate in nursing employment rises to 87 per cent.

1.3.4 The 1991 census

The OPCS has used data from the 1991 Census to identify (for England only) the population and workforce of qualified nurses (Lader, 1995). The 1991 Census identified 454,880 people in England who were aged under 55 and who had qualified to be nurses, midwives or health visitors. Around 311,131 (68 per cent) of these worked in nursing, with 73,540 (16 per cent) working outside nursing and 70,030 (15 per cent) economically inactive.
These data are interesting for two further reasons. Firstly, the analysis reveals variations in the proportions who were working in nursing, in non-nursing employment or economically inactive, by region (Figure 1.7).

Figure 1.7 Numbers working in or out of nursing, midwifery or health visiting, by standard region: 1991 Census

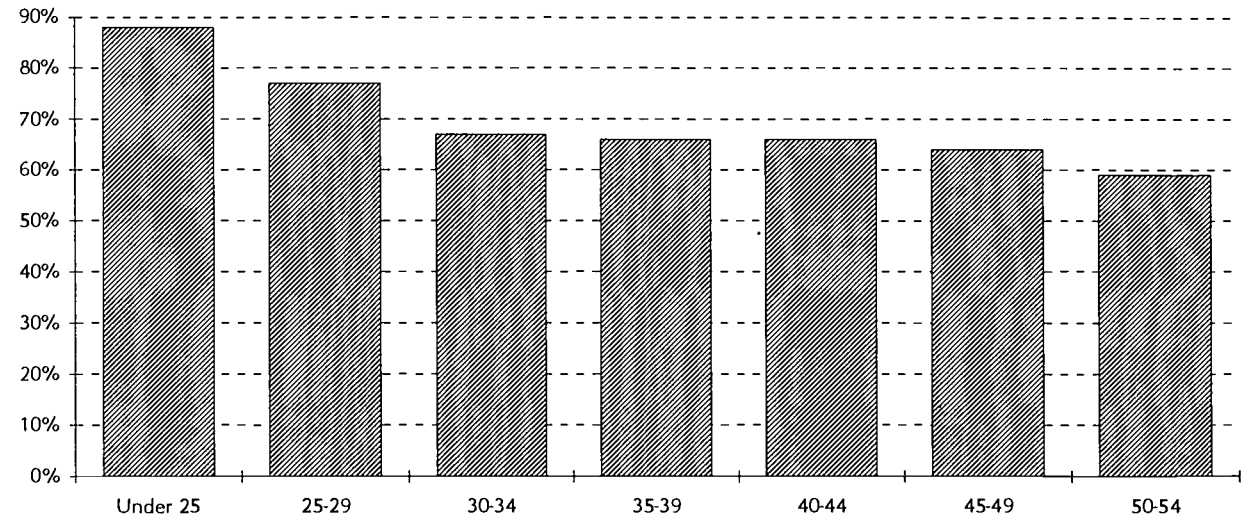


Source: IES/Lader, 1995

Within England, the proportion who had qualified as nurses and who were working in nursing ranged from 74 per cent in the North West to 64 per cent in the South East. The economically inactive proportion ranged from 13 per cent in the North West and in the West Midlands, to 17 per cent in the South East and South West, and 16 per cent in Greater London. On this rather crude basis it would appear, somewhat paradoxically, that the potential pool was largest in those regions (London and the South East) which, anecdotally at least, were experiencing the greatest problems with recruitment.

Secondly, the census data illustrated an unexpectedly continuous decline in participation by age (Figure 1.8). According to these data, participation in nursing was at its highest (88 per cent)

Figure 1.8 Proportion working in nursing, midwifery or health visiting, by age: 1991 Census



Source: IES/Lader, 1995

among those under 25, falling to 66 per cent at 35 to 39 and 64 per cent at 45 to 49. This contrasts with Sadler and Whitworth (1975) who found that participation in nursing was higher among those aged 40 to 49, than among those in their thirties or fifties. Equally, these data showed almost the same participation rates by age for both men and women.

Analysis from the 1991 LFS (England) showed a similar pattern of participation for individuals aged under 55 and whose highest qualification was nursing. According to the LFS there were 482,434 individuals whose highest qualification was nursing. At the same time there were 404,945 (86 per cent) in paid employment, 66,118 economically inactive (14 per cent) and 11,370 unemployed (two per cent). Further, there were 291,749 individuals working as 'qualified' nurses. This gives a participation rate of 72 per cent in nursing employment. The slightly higher participation rate in nursing employment, calculated from the LFS, may be due to differences in how people reported their highest qualification.

1.3.5 Why estimates vary

There are a number of reasons why participation rates in nursing may have been underestimated in the past, and consequently why the size of the non-nursing pool may be over-estimated. Most of these effects have been alluded to earlier. These reasons include the following:

- Individuals may have left nursing (*eg* because of ill-health, retirement or death) but remain on the Register until their next renewal date.
- Individuals on the Register may be living abroad.
- Individuals may maintain their UKCC registration because they regard it as relevant to their job, although they are not in, and are not available for, nursing employment. These would include health service managers, local authority managers, residential care home managers *etc.*
- Estimates based on the LFS or Census data (Sadler and Whitworth, 1975; Lader, 1995) refer to those holding nursing qualifications as the denominator. Whilst an individual may report having a nursing *qualification*, this is not necessarily the same as being on the UKCC Register.

This last point is illustrated in Table 1.7. It compares the age distribution of practitioners on the UKCC Register in 1991[1] with those who reported a nursing qualification at the time of the

[1] In order to provide an age distribution of practitioners living in England in 1991 we have made two assumptions: (i) the age distribution is the same as that for all practitioners, (ii) the proportion of practitioners living in England but with no postcode reported is the same as that for the Register as a whole.

Table 1.7 Age distribution of nurses, England, 1991: a comparison of three sources

	UKCC %	Census %	LFS %
<25	7.8	5.7	7.4
25–29	21.3	18.6	20.4
30–39	35.2	35.7	32.6
40–49	26.2	28.6	27.0
50–54	9.4	11.4	12.6
Total No.	*429,289*	*454,880*	*482,434*

Note: for comparative purposes this table excludes those aged 55 and over from the UKCC and LFS columns
Percentage figures in this and subsequent tables may not sum to 100 due to rounding

Source: IES/ UKCC, Statistical Analysis of the Council's Professional Register/ Lader, 1995/ LFS 1991

1991 Census, and with those who reported that their highest qualification was nursing for the LFS. The Census and the LFS appear to overestimate the number of 'qualified' nurses. In the case of the LFS we know that a proportion of individuals whose highest qualification is nursing, work in occupations other than that of 'qualified' nurse.

The OPCS study (Lader, 1995) excluded individuals aged over 55. In practice however, the Non-medical Workforce Census for 1991 (Department of Health, 1994) showed that 6.5 per cent of registered nurses in England, working in the NHS, were aged over 55. At the same time Atkin *et al.* (1993) found that 22 per cent of all practice nurses in England were aged over 50. Data from the 1992 IES/RCN survey showed that nine per cent of GP practice nurses and nine per cent of nurses in the private sector were aged over 55 in 1991. Finally, the LFS showed that five per cent of individuals employed as 'qualified' nurses were aged over 55. Using the participation rate of 68 per cent and applying it to the whole population on the Register (including those aged over 55) leads to an overestimate of the pool because participation in nursing employment declines with age.

1.3.6 The new estimates

We conclude this chapter by providing new estimates of the number of registered nurses potentially available for nursing employment, *ie* the pool.

A high proportion of nurses work part time; therefore, most nurse workforce data is presented as wte numbers. In order to gauge participation rates using the Register, the wte number has to be converted into a headcount figure. While the wte number for the NHS is based on a standard working week of 37.5 hours, there is no such standard for non-NHS employment.

We have estimated the wte for each nursing sector using official data sources for England. These figures were applied to data for

the rest of the UK. We estimate that the minimum number of practitioners employed in nursing (UK) was 499,282 in 1995/96 (see Appendix B for derivations of the estimates). Using the number of practitioners (resident in the UK) on the Register as the denominator, participation in nursing employment is 81 per cent; this is similar to the 80 per cent found for second level registered nurses in 1996 (Seccombe, Smith, Buchan, Ball, 1997).

Not all practitioners on the Register are potentially available for nursing employment. Those over the age of 60 and resident in the UK represent 4.4 per cent of those on the Register. Further, a number of practitioners are employed in non-nursing work. Estimates of the proportion employed in non-nursing work range from eight per cent (Seccombe, Smith, Buchan and Ball, 1997) to 16 per cent (Lader, 1995). It is likely therefore that the pool of registered nurses, not in paid employment and aged under 60, is between 77,500 and 85,000. If we include those in non-nursing employment, the pool could be as big as 92,300. These figures are less the 140,000 qualified nurses which the Department of Health has estimated to be *'not working in nursing'*.[1]

The estimated pool is comparatively small and represents between 13 and 16 per cent of practitioners on the UKCC Register (aged under 60 and living in the UK). It is small relative to the number of vacant posts, implying that there are only five practitioners in the non-working pool for every vacancy. Of course, not all of those in the pool are able, or will want to, return to nursing. Given that the number of initial entries to the Register from training in the UK has fallen, due to smaller intakes to nurse education in the early 1990s, and that a substantial number of registrants are nearing retirement, the size of the pool is unlikely to grow over the short term. Furthermore, the number of returners from this pool may be comparatively small. The OPCS study (Lader, 1995) found that only one-fifth (22 per cent) of nurses surveyed, who were not in employment, intended to return to nursing in the future. More than one-third (34 per cent) stated that they did not intend to return. Evidence presented later in this report (see Section 5.2.1) suggests that flows from non-nursing employment into nursing jobs are comparatively small. Employers anxious to minimise vacancies should therefore pursue strategies which focus on the retention of their employees, as well as seeking to improve recruitment and return to nursing.

1.4 Summary

The key findings of this chapter include these points:

- The number of practitioners on the UKCC Register has increased marginally; there has been a small reduction in the number living in the UK.

[1] *Nursing Times*, 2nd October 1996, p.16

- There has been a continuing decline in the number of initial entries to the UKCC Register, particularly initial entries from nurse education in the UK.
- The number of applications for admission to the UKCC Register from nurses qualifying abroad has almost halved since 1990/91; in parallel the number of admissions to the Register from this group has declined steadily with a small rise evident in 1995/96.
- The number of UKCC registrations which are not renewed is rising.
- The registered nurse population is ageing.
- Participation in nursing employment has increased over time, although there is a decline in participation with age.
- The number of registered nurses employed in the NHS has remained comparatively unchanged since the late 1980s; at the same time the number employed in the non-NHS sector and as GP practice nurses has increased substantially.
- The potential pool of registered nurses is estimated to be between 77,500 and 85,000; the number of those who intend to return to nursing may be even smaller.

2. Respondent Profile

2.1 Introduction

This chapter describes the demographic and employment characteristics of the survey respondents. These characteristics include country of residence, age and gender profile, caring responsibilities, UKCC registration, and employment status.

These characteristics are important for three reasons. Firstly, they establish that the survey population is broadly representative of the registered nurse population as a whole. Secondly, previous research has shown that some of these characteristics play an important role in determining participation rates between different sub-groups within the nursing population. Thirdly, these variables will be used in subsequent chapters for more detailed analyses of the employment characteristics of sub-groups of nurses.

2.2 Results

2.2.1 Country of residence

Table 2.1 compares the distribution of survey respondents by country of residence with that of the UKCC Register (resident in the UK) and with the LFS (winter quarter 1996). The distribution was broadly similar across all three sources.

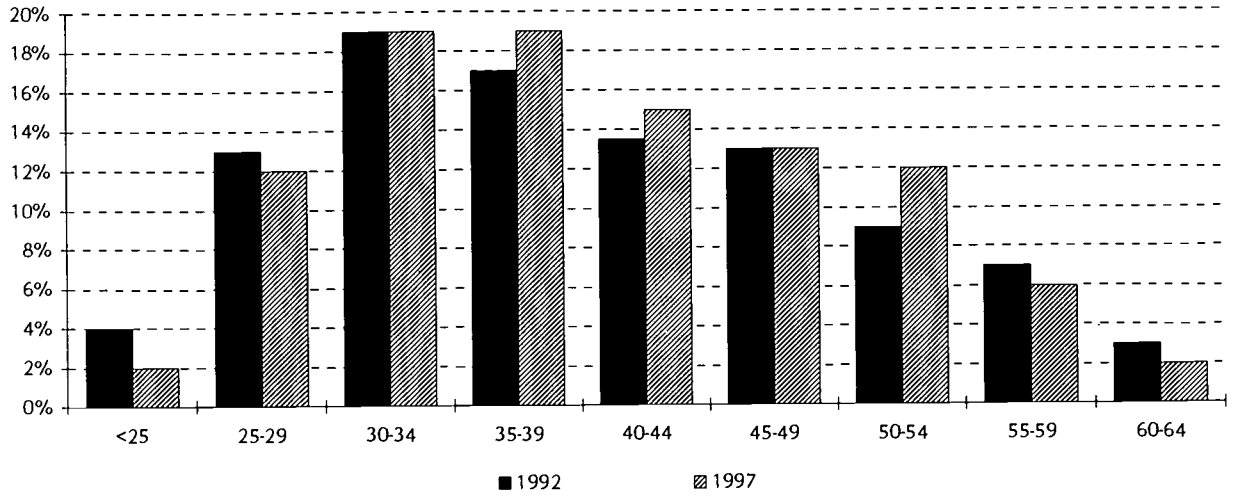
Table 2.1 Distribution of survey respondents by country of residence, compared with the UKCC Register and the Labour Force Survey

	IES/RCN survey %	UKCC Register* %	LFS %
England	80	79	81
Scotland	10	12	10
Wales	6	5	6
Northern Ireland	4	3	3
Base number	*4,231*	*598,182*	*538,013*

Note: the proportion of those on the UKCC Register living in the UK, but with 'no post-code' recorded, have been excluded

Source: IES/ UKCC, Statistical Analysis of the Council's Professional Register Register/ ONS, Labour Force Survey

Figure 2.1 Age profile of respondents, 1992 and 1997



Source: IES/RCN membership surveys

2.2.2 Age and gender profile

The age distribution of respondents was broadly similar to that of the UKCC Register and the LFS (winter quarter 1996). Chapter 1 reported that practitioners on the UKCC Register had aged. The survey data show that a corresponding shift has occurred in the age profile of RCN members (see Figure 2.1). In 1992, for example, 30 per cent of respondents were aged under 30, compared with 14 per cent in 1997. One in seven (15 per cent) respondents was aged over 50 in 1992. By 1997 those aged over 50 had risen to one in five (20 per cent).

The average age of all respondents had increased from 37 years in 1992 to 40 years in 1997. NHS nurses were younger than their counterparts outwith the NHS. The average age of NHS nurses was 39 years, compared with 42 years for nurses in the private sector and 44 years for GP practice nurses.

Seven per cent of all respondents were male: a marginal increase of one per cent since 1996. The average age of male respondents was slightly higher than females respondents, 40.7 and 40.1 years respectively, but this difference was not significant.

Nearly all (95 per cent) of the male respondents, employed in nursing, worked full time, compared with three-fifths (57 per cent) of female respondents.

2.2.3 Caring responsibilities

The majority of respondents who were employed in nursing had caring responsibilities, either for dependent children (42 per cent), dependent adults (19 per cent) or both (six per cent). Of those with dependent children, two-fifths (43 per cent) had pre-

Table 2.2 Nurses with caring responsibilities, by employment sector

	Dependent children %	Dependent adults %	Both %	Base no.
NHS nursing	42	18	6	*2,730*
Non-NHS nursing	39	20	*7*	*478*
GP practice nursing	52	27	11	*245*
Bank and agency nursing	48	20	5	*147*

Source: IES, 1997 RCN membership survey

school age children. Caring responsibilities varied by employment sector as shown in Table 2.2.

Respondents were asked about the availability of crèche or nursery facilities within their workplace. One-third of nurses reported that facilities were available. However, only five per cent of those with pre-school children made use of them.

Flexible working arrangements, for example part-time working, may be one way in which nurses with dependents (children or adults) are able to participate in employment. Overall, half (50 per cent) the nurse respondents with caring responsibilities worked part time, compared to 35 per cent of those without caring responsibilities. The proportion of nurses working part time rose to 56 per cent for those with pre-school age children.

2.2.4 UKCC registration

The majority (71 per cent) of respondents held one registerable qualification. This is similar to the figure for the UKCC Register; 68 per cent of practitioners held one registerable qualification. Half (54 per cent) of the multiple registrations were held by respondents on first and second level parts of the Register.

Analysis of registrations by specialty demonstrates that registration is not necessarily linked to current specialty. For example:

- Thirty per cent of nurse respondents who were registered children's nurses (*ie* on Part 8 or 15 of the Register) were employed in specialties other than paediatrics, school nursing or neo-natal intensive care units.
- Only 14 per cent of the registered midwives (*ie* on Part 10 of the Register) were employed as midwives. UKCC statistics show that the number of practising midwives was only one-third (35 per cent) of the total who held effective registration on Part 10 of the Register in 1995/96.
- Just over half (53 per cent) of the registered health visitors (*ie* on Part 11 of the Register) were employed as health visitors.

- Three-fifths (62 per cent) of registered mental health nurses (*ie* those on Parts 3, 4 or 13 of the Register) were employed within the field of mental health.
- One-third (33 per cent) of registered mental handicap nurses (*ie* those on Parts 5, 6 or 14 of the Register) were employed in fields other than learning disabilities.

2.2.5 Employment characteristics

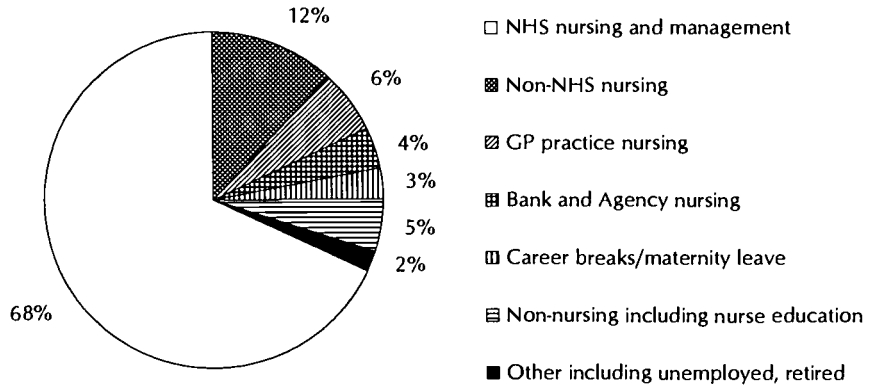
The majority (90 per cent) of respondents were employed in nursing (see Figure 2.2). This is marginally lower than the 92 per cent reported in the 1996 IES/RCN survey. This change is accounted for by a rise in the proportion employed in non-nursing work (including nurse education), from three per cent in 1996 to five per cent in 1997. The proportion of respondents on maternity leave or career breaks had also risen from two per cent to three per cent over the same time.

There had also been a shift across the different nursing employment sectors with small reductions in the proportion employed in the NHS and as GP practice nurses. The proportion employed in the NHS declined from 70 per cent in 1996 to 68 per cent in 1997. There was a one per cent reduction in the proportion employed as GP practice nurses (from seven to six per cent). At the same time there was a small rise in the proportion of respondents whose main job was bank or agency nursing (from three to four per cent). (Note that the proportion of NHS nurses undertaking additional work on the 'bank' had also increased — see 4.2.3).

Of the remaining respondents, five per cent were employed in non-nursing work, including nurse education and other jobs which they reported as utilising their nursing skills. Two per cent were on long-term sick leave, retired or unemployed.

Permanent employment contracts have traditionally been the norm for most nurses, with additional flexibility provided by

Figure 2.2 Employment status of respondents



Source: IES, 1997 RCN membership survey

bank and agency nurses. However, mirroring trends in the wider labour market, there have been small increases in the use of temporary or short-term contracts of employment in nursing (see *eg* Seccombe and Smith, 1996). Nurses working on a temporary or short-term basis cannot be identified separately using official data, so it is not possible to assess trends in the use of such staff or to establish a national overview other than through the IES/RCN survey series.

The present survey revealed that overall nine in ten (91 per cent) nurses were employed on permanent contracts. The remainder were employed on temporary (three per cent), bank or agency contracts (four per cent). These data fit closely with the LFS figures for the 1996 winter quarter which showed that 92 per cent of 'qualified' nurses were employed on permanent contracts. (Note that data from previous LFS surveys have shown little variation in the proportion of 'qualified' nurses employed on permanent contracts.)

The use of temporary, bank and agency contracts appears to be more prevalent in the non-NHS sector: seven per cent of nurses were employed on these types of contract, compared with three per cent of those employed in the NHS.

Three-quarters (76 per cent) of those in nursing employment worked in the NHS. This is similar to the LFS figure of 78 per cent. Three-quarters of the NHS respondents were employed in hospitals and one-fifth were employed in the community. The remainder worked in hospices, schools or nursing homes. One in eight (13 per cent) nurses were employed in the non-NHS sector. Of these, half worked in nursing or residential homes and one-fifth in hospitals.

A broad range of specialties were represented among nurse respondents (see Table 2.3). There was variation across the employment sectors. For example, a higher proportion of NHS nurses reported working in acute adult care (46 per cent) than those in the non-NHS sector (27 per cent). Not surprisingly, a

Table 2.3 Broad specialty of nurse respondents

	%
Acute adult care	40
Primary care	18
Elderly care	11
Paediatrics	6
Mental health	6
Other*	17
Base no.	*3,727*

* includes occupational health, management, women's health

Source: IES, 1997 RCN membership survey

large minority (44 per cent) of non-NHS nurses worked in elderly care, compared with the NHS sector (seven per cent).

Nurse respondents were asked to indicate the length of time that they had worked for their employer as a registered nurse. Two-thirds (65 per cent) reported that they had worked for their employer for more than five years, a quarter (27 per cent) for two to five years and the remainder (eight per cent) for less than one year. There was variation across employment sectors. In particular, 54 per cent of non-NHS nurses reported that they had worked for their employer for less than five years, reflecting recent growth in this sector. Two-thirds (66 per cent) of GP practice nurses reported that they had worked for their employer for more than five years. This corresponds with the big increase in practice nurse numbers between 1988 and 1990.

This chapter has shown that the respondent profile data are consistent with data from independent national sources and with the findings of other large scale surveys of nurses. We are therefore confident in drawing inferences between the survey respondents and the wider population of registered nurses.

Further, the profile data presented here are consistent with previous surveys of RCN members conducted by IES. We are confident, therefore, that they are representative of the RCN membership as a whole. High response rates to this and previous surveys in the series also mean that we can be confident in comparing these survey data over time.

3. Nurses' Pay and Pay Satisfaction

3.1 Introduction

For most of the 1990s the determination of NHS nurses' pay has been dominated by attempts on the part of government and management to move away from the centralised national system based on Whitley Councils and an independent Review Body. In its place was envisaged a system in which pay would, ultimately, be wholly determined locally by NHS trusts. The case for local pay determination arose directly from the establishment of self-governing NHS trusts (with attendant freedoms over employment). At the same time, the focus on labour costs, stimulated by the separation of purchaser and provider roles, increased demands from local management to have greater control over the paybill. Further stimulus came from the Citizens Charter, which emphasised the desirability of public sector pay being linked to performance. Significantly however, local pay was also seen by its proponents as an important tool in managing the nursing labour market. As the Pay Review Body put it in their twelfth report:

> *'Each year since 1987 the Health departments have expressed a wish to introduce more flexible remuneration arrangements in order to enable the NHS to adjust to differences in local labour market conditions.'* (para. 51, Review Body, 1997)

Much of the recurring concern about shortages of nursing staff has focused on pay — either low pay as a causal factor, or improved pay as a solution. Since the 1930s successive quasi-official reports (*eg* Lancet, 1932; Briggs, 1972) have argued that comparatively low pay rates in nursing have acted as a disincentive to enter the profession, have caused high turnover rates and have been related to low morale. In reality, the relationship between pay and labour market behaviour of nurses has received relatively little research attention in the UK.[1] Most recently, Lader (1995) reports survey findings (n=3,132) in which more than two-fifths (44 per cent) of those who had left nursing (or who had returned to nursing in the previous three years) said that 'better pay' would (or did) make a 'big difference' in encouraging (or enabling) them to return to nursing.

[1] Buchan J, Seccombe S, Smith G (1997), *The UK Nursing Labour Market*, unpublished report for the RCN.

Despite evidence from the management side arguing the case for local pay determination, there were no significant moves in that direction until the 1995 Review Body report. This introduced a significant element of local control and flexibility over the paybill. It recommended a one per cent increase in the national scales plus local negotiations which it expected to produce a total rise of between 1.5 per cent and three per cent. The 1995 Review Body report initiated a protracted pay campaign which culminated in the 'Framework Agreement'[1] by which the Nursing and Midwifery Negotiating Council (NMNC) Staff Side accepted the principle that some proportion of pay should be determined locally.

The 1996 Review Body report moved the focus of pay determination further towards the local level. It recommended a national award of two per cent, leaving trusts to determine the size of any local pay element. In practice, implementation of local pay was slow and uncertain. Major constraints included the initial absence of local bargaining structures and local management skills. Additionally, as the 1997 Review Body report has noted, employers were also hampered by the *'absence of funds . . . and the right of staff to retain their Whitley contracts'* (para. 29, Review Body, 1997).

Management side evidence to the Review Body in 1997 marked a complete *volte face* in their approach to local pay. Having contested in previous years that local pay was an important lever in solving local recruitment problems, in 1997 they argued that local pay should not be used to address shortages as this could lead to a pay spiral:

> *'Discussion with HR Directors shows a general view that higher pay is not an appropriate way of dealing with recruitment and retention problems . . . managers are often nervous of starting a pay spiral in the local labour market'.*[2]

The Review Body report noted that *'. . . there has been no significant attempt . . . '* to use local pay to address recruitment and retention difficulties.

In 1997 the Review Body reverted to a national award with no local element. The Review Body questioned the ability of trusts to deliver local pay. It commented that:

> *'We are not satisfied with a process in which nursing staff appear likely to be offered . . . that which is left over after other priorities have been met'* (para. 25, Review Body, 1997)

---

[1] The national framework agreement is scheduled to be re-negotiated in the autumn of 1997.

[2] NAHAT/Trust Federation evidence to the Pay Review Body (para. 2.4.10).

and further that:

> *'There has been little effective use made of local pay in respect of the vast majority of nursing staff who remain on Whitley or shadow Whitley contracts.'* (para. 27, Review Body, 1997)

Nevertheless, the report restated the Review Body's support for the principle of local pay, which it felt could play a role in ensuring fair pay for nursing staff.

The main recommendation from the 1997 Review Body was for a 3.3 per cent increase in the uprated scales payable from April 1997. This was subsequently staged by the government, with two per cent paid from April 1997 and 1.3 per cent from December 1997.[1] The report also recommended that separately identified funds be made available for trusts to draw on when they could demonstrate that they have a viable strategy for restructuring remuneration *'... to the benefit of the service offered to patients and the nursing staff who provide it'*. Finally, the report recommended that the Staff and Management Sides should decide which aspects of national terms and conditions should remain as core for the NHS as a whole and which are operational matters to be decided locally. The report made no recommendations on leads and allowances, which were to be determined locally.

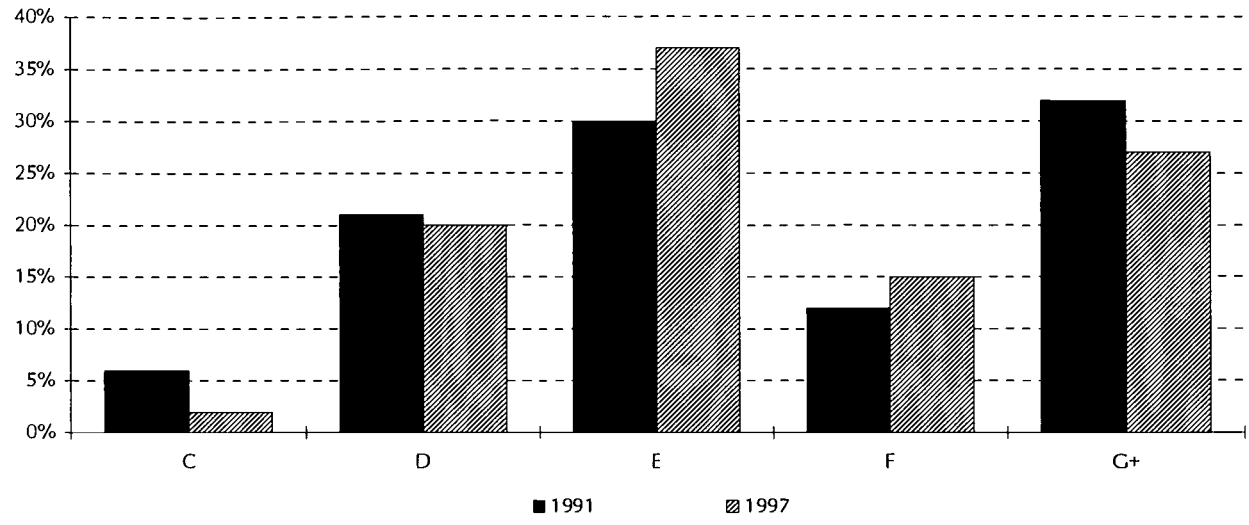
In his address to RCN Congress in May 1997, Frank Dobson, the Secretary of State for Health in the incoming Labour government, said that the government needed *'to design a system which will command the confidence of all interested parties ... a system which combines national pay determination with appropriate local flexibility.'* The Secretary of State also indicated that the government would ask the various review bodies to make a national recommendation for 1998/99 and that it would keep its pre-election promise that there would be national awards for staff on national contracts.

Against this background of rapidly shifting sands on nurses' pay determination, this chapter seeks to gauge the extent to which nurses are satisfied with their pay. The chapter is in three parts. Firstly, we consider changes in the profile of NHS nurses by clinical grade and present the survey evidence on nurses' earnings over their careers. Secondly, we examine the level of satisfaction with pay among NHS nurses in 1997, and we compare these responses with those in previous years (1992 to 1996 surveys). Thirdly, we look at pay satisfaction among nurses working outside the NHS.

---

[1] The Staff Side claim that the effect of staging is to reduce the overall value of the award to 2.4 per cent. See: 'Election blight adds new twist to pay conflict', *Employing Nurses*, March 1997.

Figure 3.1 Distribution of NHS nurses, by clinical grade in 1991 and 1997



Source: IES/RCN membership surveys

3.2 NHS nurses' pay and grade progression

With the introduction of the new NHS occupational coding in 1995, data on clinical grades are no longer collected centrally. The IES/RCN surveys have charted the growth in the proportion employed on trust contracts. However, comparatively few (four per cent) NHS nurses report being employed on anything other than the national clinical grading structure.

While there has been little movement away from the national grading structure, there have been significant changes in the distribution of nurses across the grades. Figure 3.1 shows the distribution of NHS nurses by grade in 1997 and compares this with the survey data for 1991. The figure shows that over this comparatively short period, the proportion of nurses employed in posts at G grade and above had declined from around one-third (32 per cent) to a little over one-quarter (27 per cent). Over the same period, the proportion in D and E grade posts had risen from 51 per cent to 57 per cent. Clearly, as higher grade posts disappear, opportunities for grade progression, and related pay progression, deteriorate.

Table 3.1 compares the clinical grades five years after first registration for successive cohorts of registered nurses[1] working in the NHS. The table shows that by 1993, nearly three-quarters (71.9 per cent) of those who first registered in 1989 were in grade E posts and nearly seven per cent were in posts graded F and G. Only one in five of the 1989 cohort was still on a D grade post in the fifth year after first registering.

[1] For ease of comparison, this analysis is confined to first level registered nurses.

Table 3.1 Clinical grades of first level registered nurses working in the NHS in their fifth year after first registering

Grade after five years:	Year first registered: 1989 %	1990 %	1991 %	1992 %	1993 %
D	21.3	21.3	31.5	44.4	45.2
E	71.9	60.6	64.0	49.2	51.6
F	4.5	3.2	2.7	2.4	2.2
G	2.2	1.1	1.8	3.2	-
H	-	-	-	0.8	1.1
Base number	*89*	*94*	*111*	*124*	*93*

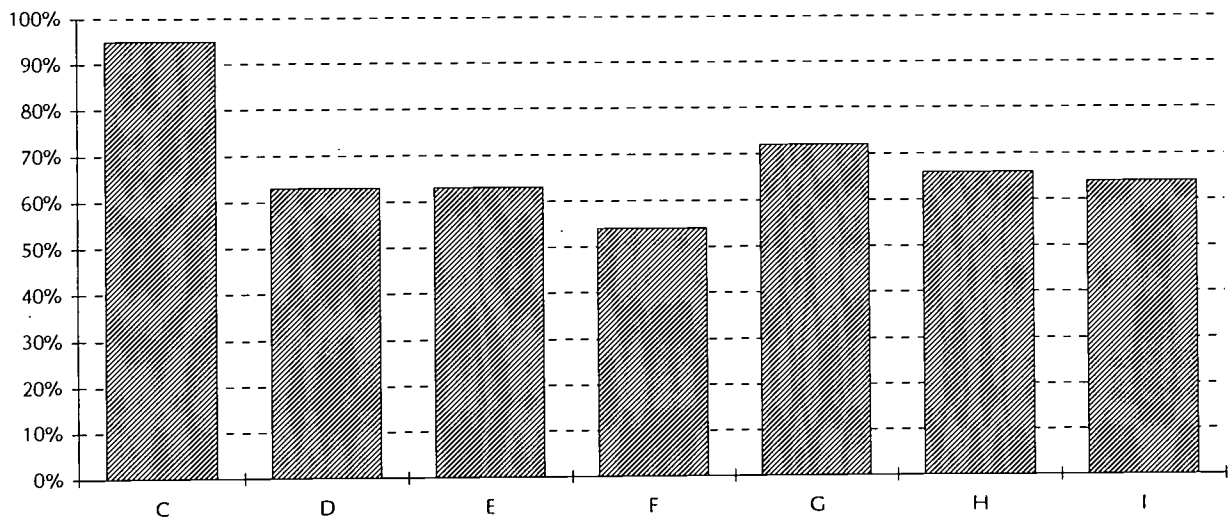
Source: IES/RCN membership surveys

In contrast, by 1997, only half (51.6 per cent) of the 1993 cohort were in posts at grade E and 3.3 per cent were in posts graded F and above. At 45.2 per cent, the proportion who remained in D grade posts had more than doubled over the five year period.

The survey data also demonstrate that a high proportion of nurses are on the top increment point of their pay scale and therefore do not receive any additional incremental increases. Almost two-thirds (64 per cent) of NHS nurses reported that they were on the top increment of their scale. In each of the grades, a majority of nurses were on the top increment. Nine in ten (95 per cent) nurses in C grade posts are at the top of their scale, as are nearly three-quarters (72 per cent) of those in G grade posts (Figure 3.2).

A combination of reducing opportunities for grade progression and limited incremental pay point progression means that, for the majority of NHS nurses, annual pay increases are the only mechanism by which their pay can increase. These trends are

Figure 3.2 Proportion of NHS nurses on the top increment point, by grade



Source: IES, 1997 RCN membership survey

also likely to impact on nurses' pay satisfaction. The next section of this chapter considers the survey data on NHS nurses' attitudes towards their pay.

3.3 NHS nurses' pay satisfaction

Survey respondents were asked to indicate the extent to which they agreed or disagreed with three statements. These statements, which have been used in successive IES/RCN surveys, were:

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

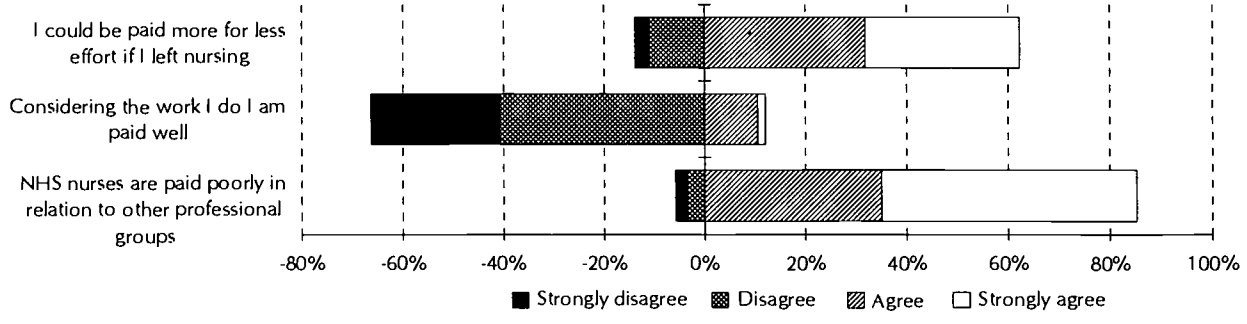
Figure 3.3 summarises the responses of NHS nurses to each of the three statements.

Nearly two-thirds (62 per cent) of NHS nurses agree that they could be paid more for less effort if they left nursing. This was particularly true of younger nurses. For example, among those aged under 30 the proportion agreeing with the statement was 75 per cent.

There were also noticeable differences in the responses of nurses working in hospital and community settings. Sixty-four per cent of hospital based nurses agreed with the statement, compared with 55 per cent of community based nurses. Generally, the proportion of nurses who agree with the statement declines with increasing clinical grade, irrespective of workplace setting. For example, 65 per cent of E grades agreed, or agreed strongly, compared with 50 per cent of I grades.

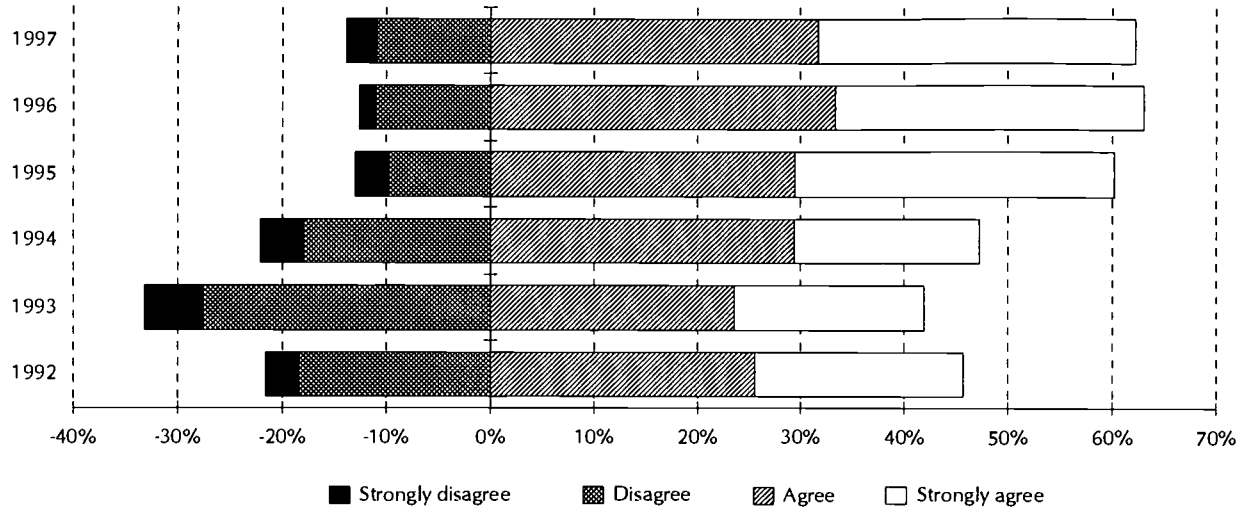
Nurses working full-time were also more likely to agree (65 per cent) with the statement than those working part-time (57 per cent). There were also differences by shift pattern. In general, those working rotating shift patterns were more likely to agree with the statement than those working days only. For example, 67 per cent of nurses working full rotation agreed or agreed strongly, compared with 56 per cent of those working days and

Figure 3.3 Summary of pay satisfaction items: NHS nurses



Source: IES, 1997 RCN membership survey

Figure 3.4 'I could be paid more for less effort if I left nursing': NHS nurses (1992 to 1997)



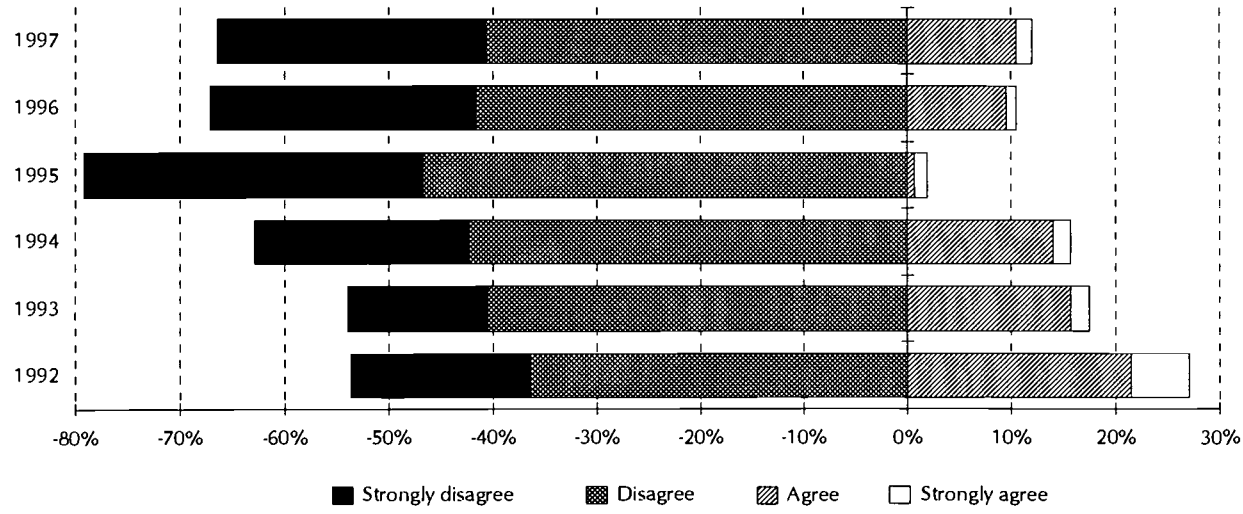
Source: IES/RCN membership surveys

59 per cent of those working nights. Nurses working twelve hour shifts were most likely to agree (71 per cent) with the statement.

In 1992 the proportion of NHS nurses who agreed with the statement was 45 per cent. By 1995 this figure had risen to 60 per cent and has remained at about this level in each of the last two surveys (see Figure 3.4).

Only 12 per cent of NHS nurses agreed with the second statement: *'Considering the work I do, I am paid well'*. This is marginally higher than the value for 1996 (ten per cent) but still intimates a substantial deterioration in pay satisfaction over the 1990s. In 1992, for example, 24 per cent of NHS nurses had agreed with the statement. Figure 3.5 shows the trend in response for NHS nurses over the last six years.

Figure 3.5 'Considering the work I do, I am paid well': NHS nurses (1992 to 1997)



Source: IES/RCN membership surveys

Again, there are sharp differences by age, with younger nurses least likely to agree. Of those under 30, only four per cent agreed with the statement. This compares with, for example, 19 per cent of those aged over 50. Generally, those in higher grades were also more likely to agree with the statement. For example, 18 per cent of those graded G or above agreed with the statement, compared with eight per cent at D and E.

The proportion of nurses agreeing with the statement varies widely by specialty. With those in critical care (three per cent), theatres (nine per cent), general medical (nine per cent) and accident and emergency (ten per cent), exhibiting the lowest proportions agreeing with the statement.

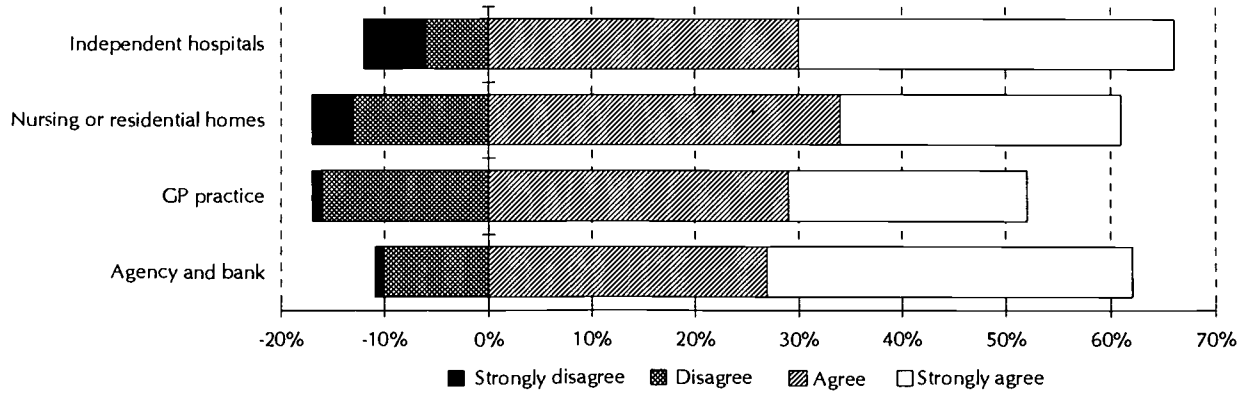
Those on rotating shifts (earlies, lates and nights and earlies and nights) and those on twelve hour shifts were less likely to agree with the statement than those working days or flexi-time. Two-fifths (41 per cent) of those nurses working 12 hour shifts disagreed strongly with the statement.

The majority (85 per cent) of NHS nurses agreed with the third statement: *'NHS nurses are paid poorly in relation to other professional groups'*. Half the NHS nurses agreed 'strongly' with the statement. This response is similar to 1996 (87 per cent agreed). Nurses working outside the NHS also supported the statement. Over 80 per cent of agency, bank and GP practice based nurses agreed with the statement, as did 75 per cent of non-NHS nurses.

3.4 Pay satisfaction among nurses working outside the NHS

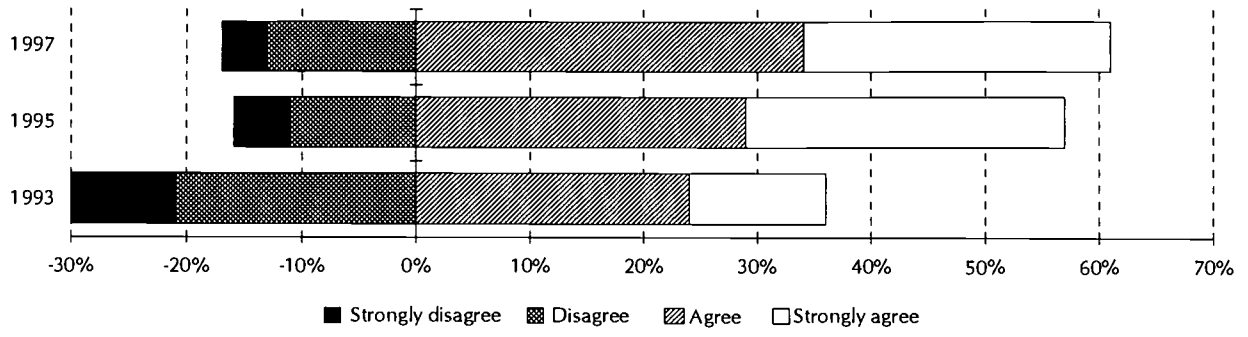
In previous surveys, the pattern of responses to the pay satisfaction statements by nurses working outside the NHS has broadly mirrored those of NHS nurses. The 1997 survey shows a more mixed pattern. Fifty-eight per cent of non-NHS nurses agreed that: *'I could be paid more for less effort if I left nursing'*. This is slightly lower than the comparable value for NHS nurses (62

Figure 3.6 'I could be paid more for less effort if I left nursing': non-NHS nurses, by employment sector



Source: IES, 1997 RCN membership survey

Figure 3.7 'I could be paid more for less effort if I left nursing': nurses working in nursing or residential homes, 1993, 1995 and 1997



Source: IES/ RCN membership surveys

per cent). In contrast, the proportion (22 per cent) of non-NHS nurses who agreed that: *'Considering the work I do, I am paid well'* was almost double the NHS figure (12 per cent).

However, there are important differences among these groups of nurses. The proportion agreeing that: *'I could be paid more for less effort if I left nursing'* varies from 51 per cent for those working in GP practices to 61 per cent of nursing/residential homes, 62 per cent of agency and bank nurses and 66 per cent in independent hospitals (see Figure 3.6).

There are similar differences in response to the second statement: *'considering the work I do, I am paid well'*. Twenty-eight per cent of practice nurses agreed with the statement, compared with only one in ten (11 per cent) agency and bank nurses, one in six (17 per cent) independent hospital nurses and one in five (20 per cent) of nursing/residential home nurses.

The largest group of non-NHS nurses responding to the survey were those working in nursing or residential homes (n=259). Analysis of their responses to these statements over time shows that, while there has been an increase in the proportion who agree that: *'considering the work I do, I am paid well'* (which has risen from 14 per cent in 1993 to 20 per cent in 1997), the proportion who agree that: *'I could be paid more for less effort if I left nursing'* has leapt from 36 per cent in 1993 to 61 per cent in 1997 (Figure 3.7).

3.5 Summary

The key survey findings in this chapter include the following:

- Opportunities for grade progression by NHS nurses have deteriorated.
- The proportion of respondents in posts at grade G or above has fallen from one-third to a quarter since 1991.
- Newly qualified nurses are making slower progression through the clinical grades.

- Nearly 80 per cent of those who registered in 1989 were in E grade posts or higher after five years; for the 1993 cohort only 55 per cent had progressed.
- Two-thirds of NHS nurses are on the top increment point of their pay scale.
- Perceptions of falling pay parity have continued to worsen; the proportion of nurses agreeing that they could be paid more for less effort has risen to two-thirds during the 1990s.
- Little more than one in ten nurses believe they are 'paid well' for the work they do; those in critical care, theatres and accident and emergency were least likely to agree.
- Overall, pay satisfaction is lower among hospital based nurses, among those working full time and those on rotating or twelve hour shifts.

4. Working Hours and Working Patterns

4.1 Introduction

Participation in employment is not simply about the numbers in work but also the contribution made by each person. As we saw in Chapter 1 the supply of nurses is contracting as the number of new entries to the Register declines and as a substantial proportion of registered nurses near retirement. The demand for health care, however, continues to increase. Between 1990/91 and 1995/96 the total number of ordinary admission episodes rose by 11.4 per cent from 7.48 million to 8.38 million and first out-patient attendances rose by 2.5 million (or 29 per cent).[1]

Measuring change in met demand for nursing care is difficult. Nevertheless, first contact data (*ie* the number of patients seen) for community nurses shows an increase in the number of patients receiving care (see Table 4.1). For example, the number of first contacts recorded in community psychiatric nursing has grown from 370,000 in 1990/91 to 530,000 in 1995/96. Meanwhile the number of first contacts recorded in district nursing has grown from 2.55 million to 2.6 million over the same period.

Expressed demand for nursing care is unlikely to abate. There is evidence that an increasing proportion of nurses are coming under pressure to increase their own activity by working additional hours in order to match this demand (Seccombe and Smith, 1996).

Table 4.1 Change in number (thousands) of first contacts recorded by community nurses, 1990/91 and 1995/96

	1990/91	1995/96	Change	
			no.	%
Community mental handicap nursing	38.5	46.9	0.84	21.8
Community psychiatric nursing	369.6	529.8	160.2	43.3
Health Visiting	3,643.2	3,712.6	69.4	1.9
District nursing	2,556.0	2,601.0	45.0	1.8
Total	**6,607.3**	**6,890.3**	**283.0**	**4.3**

Source: IES/ Department of Health, KC58, KC57, KC55, KC56 annual returns

[1] Department of Health, *Statistical Bulletin*, 'NHS hospital activity statistics: England 1985 to 1995-96'

At present the UK still has no legal limits on the working week. The previous government lost its challenge, over the legality of the European Working Time Directive, in the European Court in November 1996. Formal consultation on how to implement the Directive ended in March but its implementation in law was interrupted by the General Election. It is anticipated that the Directive will cut excessively long working hours by imposing a maximum 48 hour working week and minimum daily rest periods.

This chapter describes the employment characteristics of nurse respondents in terms of: full-time and part-time working, excess hours working, and the prevalence of second jobs. The chapter concludes by describing nurses' perceived workloads.

4.2 Results

4.2.1 Full-time and part-time working

Previous IES/RCN survey data show that the proportion of nurses working full time has been declining, albeit slowly, from 65 per cent in 1992 to 59 per cent in 1997. Data from the LFS (winter quarter 1996) show a similar share (62 per cent) of 'qualified' nurses worked full time, but there was little change in the proportion working full time over the same period.

Working hours varied by employment sector, as shown in Table 4.2. Full-time working was more prevalent among NHS and non-NHS nurses than among nurses working in other sectors. This mirrors the pattern found in previous IES/RCN surveys.

There has been some change in working hours within employment sectors, most notably among GP practice nurses. In 1996 one-fifth (19 per cent) of GP practice nurses reported that they worked full time. By 1997 this share had declined to one in eight (13 per cent) as the proportion working part time rose. The proportion of nurses in the non-NHS sector working part time also increased marginally (from 36 per cent in 1996 to 37 per cent in 1997), while the proportion of NHS nurses working part time declined slightly, from 35 per cent in 1996 to 32 per cent in 1997.

Table 4.2 Pattern of job hours, by employment sector

	Full-time	Part-time	Job share/ occasional	Base no.
	%	%	%	
NHS nursing	66	32	2	*2,852*
Non-NHS nursing	61	37	2	*506*
GP practice nursing	13	83	4	*257*
Agency and bank nursing	9	42	49	*154*
All nurses	*59*	*37*	*4*	*3,769*

Source: IES, 1997 RCN membership survey

Table 4.3 Average weekly contracted hours for part-time nurses, by employment sector

	Contracted hours		
	mean	(sd)	Base no.
NHS nursing	23.5	(6.0)	*862*
Non-NHS nursing	21.9	(7.5)	*168*
GP practice nursing	20.3	(5.8)	*197*
All nurses	*22.8*	*(6.3)*	*1,227*

Source: IES, 1997 RCN membership survey

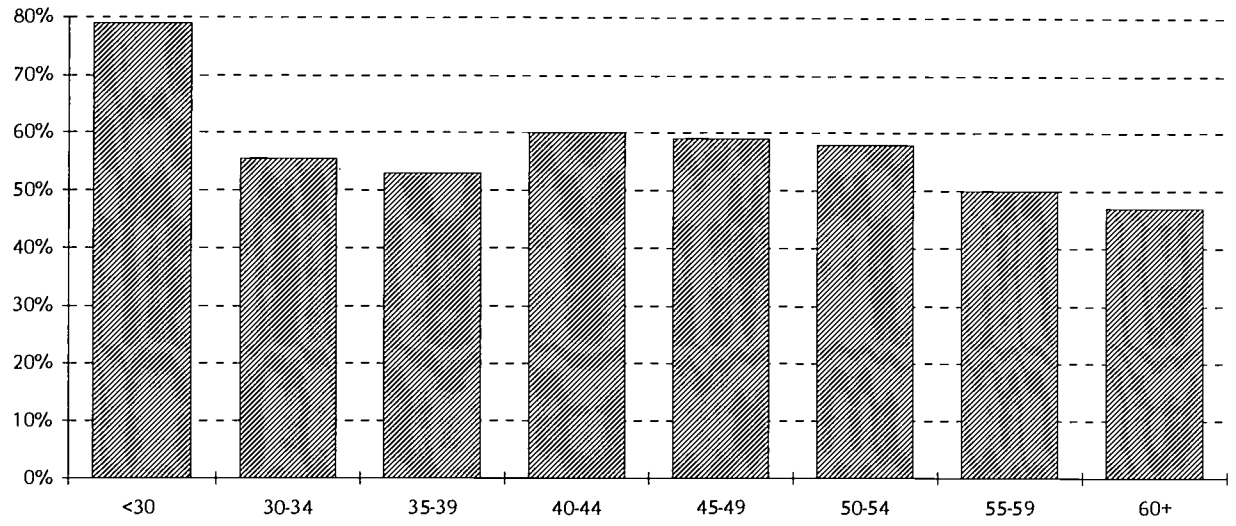
Variation in the number of weekly contracted part-time hours was also reported. Table 4.3 shows that on average, part-time NHS nurses were contracted to work slightly more hours than their counterparts in the non-NHS and GP practice nursing.

Working hours varied with age as shown in Figure 4.1. Four-fifths (79 per cent) of nurses under 30 reported that they worked full time. In contrast, just over half (54 per cent) of those aged 30-39 worked full time. The latter was associated with having dependent children. Full-time working increased to 60 per cent for those aged 40 to 44 but declined thereafter.

Three-fifths (59 per cent) of both NHS and non-NHS nurses worked full time, compared to just over half (54 per cent) of all nurses. A higher proportion (67 per cent) of NHS nurses aged 40 to 49 worked full time, compared with non-NHS nurses (55 per cent). For those aged over 50 the proportions of NHS and non-NHS nurses working full time were similar (63 and 61 per cent respectively) but above that for all nurses (52 per cent).

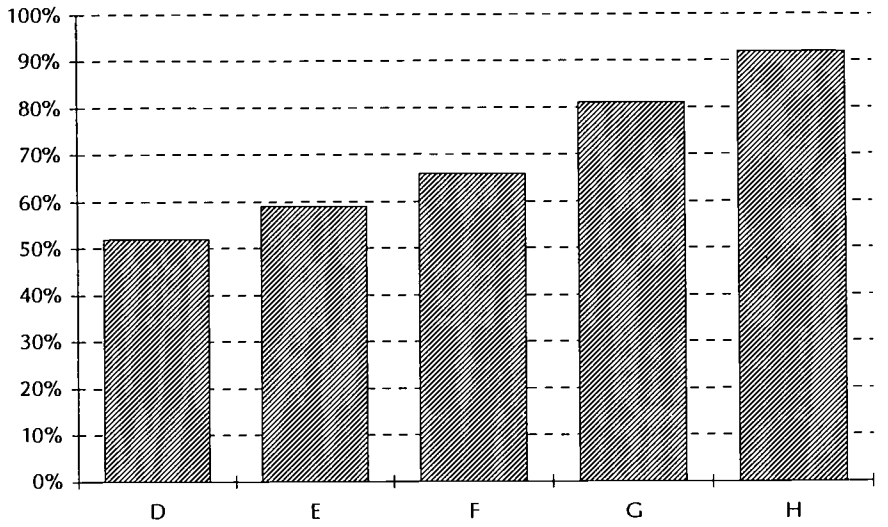
Within the NHS there were variations in full-time and part-time working by specialty and by clinical grade. A higher proportion

Figure 4.1 Proportion of nurses working full time, by age group



Source: IES, 1997 RCN membership survey

Figure 4.2 Proportion of NHS nurses working full time, by clinical grade

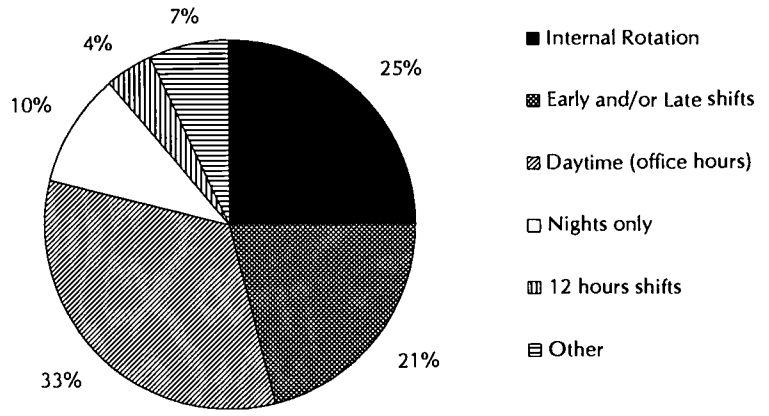


Source: IES, 1997 RCN membership survey

of NHS nurses employed in mental health (88 per cent) worked full time, compared with those in paediatrics (56 per cent), elderly care (58 per cent), primary care (61 per cent) and acute adult specialties (64 per cent). The proportion of NHS nurses working full time appears to increase with clinical grade as shown in Figure 4.2. (Note that the numbers of C grade and I grade nurses were very small; therefore, these data are not shown.)

The pattern of shifts reported by nurses in this survey was broadly similar to that found in the 1996 IES/RCN survey. Figure 4.3 shows the distribution of the main shift types. Comparison with the 1996 IES/RCN survey shows that the proportion of NHS nurses working daytime hours had increased from 26 per cent in 1996 to 33 per cent in 1997. Data from the IES/RCN panel survey confirms that the proportion of nurses working daytime hours had increased over the period.

Figure 4.3 Shift patterns: all nurses



Source: IES, 1997 RCN membership survey

Variation in reported shift patterns by employment sector and by specialty is reported in Appendix C.

4.2.2 Excess hours working

Nurse respondents were asked to indicate the number of hours worked in excess of their contracted hours in their main job, during their last full working week. Overall two-thirds (65 per cent) reported that they had worked excess hours, compared with 57 per cent in 1996. There was some variation by employment sector: 68 per cent of NHS nurses worked excess hours, compared with 61 per cent of non-NHS nurses and 64 per cent of GP practice nurses.

Data from the IES/RCN panel survey shows an increase in the proportion of nurses working excess hours. In 1996 three-fifths (63 per cent) reported that they had worked in excess of their contracted hours. By 1997 three-quarters (74 per cent) had worked excess hours in their last working week. The average number of excess hours worked was 6.4. Panel respondents were asked to indicate the main reason for working in excess of their contracted hours. One-third indicated that it was to meet unplanned peaks in workload. A quarter indicated that it was to cover for staff shortages while one in seven reported that they worked excess hours to cover for planned peaks in workload.

Respondents in the main membership survey were asked to indicate the frequency of excess hours working. One in ten (nine per cent) reported that they never worked excess hours. However, a large minority (38 per cent) reported that they worked excess hours several times per week. The remainder worked excess hours less than once per week (27 per cent), once per week (17 per cent) or every shift (nine per cent). Excess hours working is a more frequent occurrence among NHS nurses. Two-fifths (41 per cent) of NHS nurses reported that they worked excess hours several times per week, compared with one-third (33 per cent) of non-NHS nurses and a quarter (26 per cent) of GP practice nurses.

The number of excess hours worked ranged from 0.5 to 42 hours with an average of 5.9 hours. Again, there was variation by employment sector as shown in Table 4.4. Non-NHS nurses worked, on average, more excess hours. Overall, the sum total of

Table 4.4 Average number of excess hours worked, by employment sector

	Excess hours		
	mean	(sd)	Base no.
NHS nursing	5.8	(5.3)	*1,607*
Non-NHS nursing	7.1	(5.6)	*254*
GP practice nursing	3.9	(3.2)	*132*

Source: IES, 1997 RCN membership survey

excess hours worked had increased by four per cent from the 1996 figure. Data for nurses in the NHS showed a three per cent increase, compared with a 12 per cent increase for those in non-NHS nursing.

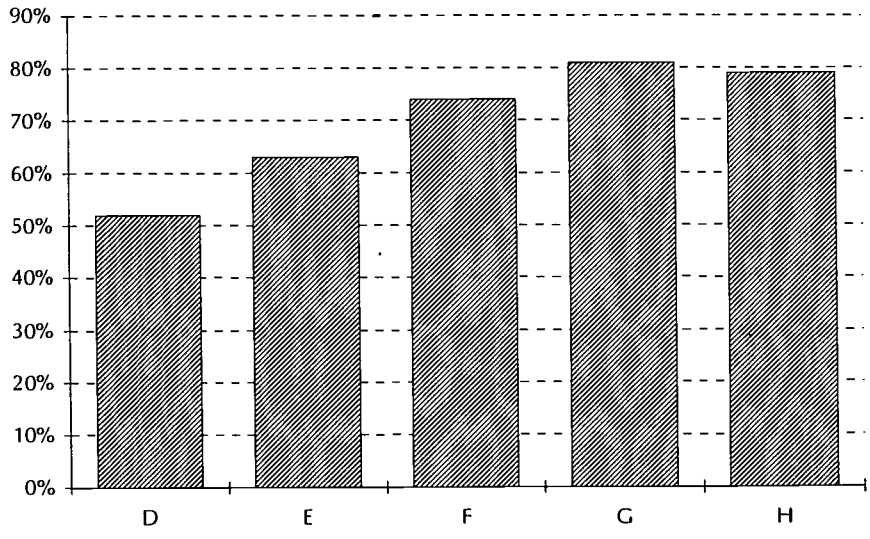
A higher proportion (72 per cent) of nurses working full time reported excess hours working than those working part time (56 per cent). There was little difference in the average number of excess hours worked by full-time and part-time nurses.

Aggregating the number of weekly contracted hours plus excess hours worked by part-time NHS nurses reveals that one in ten (ten per cent) had worked beyond the standard working week for NHS nurses (*ie* 37.5 hours). The total number of excess hours worked, by all NHS nurses, was 10,150: the equivalent of 270 wte nurses in the NHS.

Within the NHS, excess hours working varied by clinical grade. Figure 4.4 shows that the proportion of nurses working in excess of their contracted hours increased with clinical grade. (Note that the numbers of C grade and I grade nurses were very small; therefore, these data are not shown.) The average number of excess hours worked also increased with clinical grade, from 2.6 hours for those on grade D to 5.6 hours for those on grade H. This may reflect increasing managerial responsibility with grade progression. At the same time, the extent to which excess hours were paid for, declines with grade. Approximately half (52 per cent) the excess hours worked by nurses on grades D and E were paid, compared with one-third (33 per cent) of those worked by nurses on grade F and 13 per cent of those worked by nurses on grades G and H.

Generally, payment for excess hours working is not the norm. Overall, two-thirds of excess hours worked were paid, either

Figure 4.4 Proportion of NHS nurses working excess hours, by clinical grade



Source: IES, 1997 RCN membership survey

financially (34 per cent) or as time in lieu (32 per cent). The remaining one-third (34 per cent) were unpaid. A higher proportion (40 per cent) of non-NHS nurses stated that they received financial remuneration for the excess hours worked, compared with those in the NHS (32 per cent).

Within the NHS, nurses employed in primary care reported that half (50 per cent) their excess hours were paid either in terms of financial remuneration or as time in lieu. This is in contrast to those employed in acute adult care where the majority (70 per cent) of excess hours worked by nurses were paid.

A slightly higher proportion (65 per cent) of non-NHS nurses employed in hospitals reported that they had worked excess hours, compared with 57 per cent employed in nursing and residential homes. Furthermore, a higher proportion (86 per cent) of the excess hours worked by hospital nurses were paid, both financially and as time in lieu, compared with nurses employed in nursing and residential homes.

Aggregating the number of contracted hours plus excess hours worked illustrates the extent of excessive working, *ie* in excess of the maximum 48 hour working week, for full-time nurses. Eight per cent of full-time nurses reported that they worked in excess of 48 hours. The proportion (14 per cent) of non-NHS nurses working in excess of 48 hours was double that for those in the NHS (seven per cent).

Variation by workplace was also reported. Although a higher proportion of non-NHS nurses employed in hospitals worked excess hours, compared with their counterparts in nursing/ residential homes, they were less likely to work in excess of 48 hours (ten and 21 per cent respectively). A higher proportion (seven per cent) of NHS nurses employed in hospitals worked in excess of 48 hours, compared with those in the community (four per cent).

When assessing the extent of excess hours working, the number of hours worked in additional jobs should also be considered. Aggregating the number of contracted hours, excess hours, plus the number of additional hours worked in second jobs, shows an increase in the share of nurses working in excess of 48 hours. One in seven (14 per cent) full-time nurses worked in excess of 48 hours during their last working week.

4.2.3 Second jobs

Analysis of the 1997 IES/RCN survey data shows that ten per cent of nurse respondents had undertaken additional paid work in their last working week. Overall, however, the proportion who held second jobs was much higher: one in four (25 per cent) reported that they undertook additional paid work. This may suggest that for some nurses working in a second job is more

periodic in nature. According to the latest LFS data (winter quarter 1996) seven per cent of 'qualified' nurses held a second job in the reference week.

In 1991 one in six (17 per cent) NHS nurses reported that they did paid work in addition to their main job. By 1996 this had risen to one in four (26 per cent) and remained at this level in the 1997 survey. Data from the IES/RCN panel survey also shows that the proportion of nurses doing additional paid work had remained constant over the year at one in three. Additional working varied by employment sector. A higher proportion of GP practice nurses (31 per cent) held second jobs than did nurses in the non-NHS sector (19 per cent).

It might be expected that second jobs are more prevalent among nurses who work part time. The present survey shows that the proportion of these nurses with second jobs is marginally higher (at 28 per cent) than among full-time nurses (23 per cent). Part-time nurses employed in the non-NHS sector (26 per cent) and as GP practice nurses (32 per cent) were also more likely to report holding a second job than their full-time colleagues (15 and 18 per cent respectively).

Overall, ten per cent of NHS nurses undertook bank work in addition to their main job in 1991; by 1997 this figure had risen to 14 per cent. Table 4.5 shows the types of additional paid work undertaken by NHS nurses holding second jobs in 1991 and 1997. In 1991 one in three (29 per cent) NHS nurses with a second job reported working on the 'bank'. By 1996 this figure had risen to one in two (50 per cent). Data from the 1997 RCN membership survey shows a further rise (up to 56 per cent).

The continuing rise in the proportion of NHS nurses undertaking additional 'bank' work implies that nurses want financial remuneration for any additional hours they work.

Reasons cited by NHS nurses for doing additional work include: to provide additional income (74 per cent); to maintain particular nursing skills (nine per cent), and to gain experience in other specialties (nine per cent). Higher proportions of non-

Table 4.5 Types of additional paid work of NHS nurses with second jobs, 1991 and 1997

	1991 %	1997 %
Bank nursing	29	56
Agency nursing	45	23
Other nursing	26	21
Non-nursing work	11	11
Base no.	*325*	*717*

Note that figures sum to more than 100 as some individuals held more than one additional job

Source: IES/RCN membership surveys

NHS (19 per cent) and GP practice (24 per cent) nurses reported that maintaining particular skills was the main reason for doing additional paid work.

Previous IES/RCN surveys indicate that the average number of hours worked on the bank has also been increasing. In 1991, for example, NHS nurses, who did additional bank work, had worked an average of nine hours in the reference week. The present survey suggests that this trend has continued. The average number of additional bank hours worked by NHS nurses was 11.0 in 1997, compared with 7.7 hours in 1995 and 8.8 hours in 1996. However, the apparent difference may be due to changes in the wording of the survey instrument. Re-examination of the 1995 IES/RCN data shows that the average number of bank hours *worked* in the reference week was 10.8 hours rather than 7.7 hours which was the average for all NHS nurses who undertook additional bank work. The 1996 survey asked nurse respondents to report the *usual* number of additional hours worked on the bank rather the actual number in the reference week. Although the average number of bank hours worked does not appear to have changed significantly, it remains true that more NHS nurses are working bank hours.

Data from the IES/RCN panel survey showed that the average number of additional hours worked on the bank was 11.2 which is similar to that found in the membership survey.

4.2.4 Workload stress

In the remainder of this chapter, nurses' perceptions of workload stress are examined. Respondents were asked to indicate the extent to which they agreed or disagreed with the following statements:

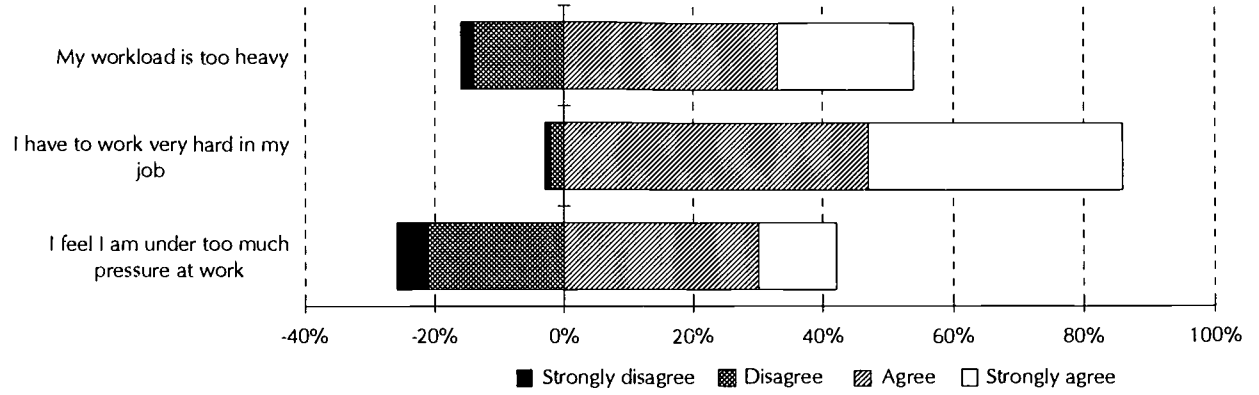
- *'My workload is too heavy.'*
- *'I have to work very hard in my job.'*
- *'I feel I am under too much pressure at work.'*

Figure 4.5 summarises the responses of nurses to each of these three statements.

Just over half (53 per cent) agreed with the statement: *'my workload is too heavy'*. There was marked variation across employment sectors. NHS nurses were more likely to agree with this statement (58 per cent) than those in non-NHS nursing (40 per cent) and GP practice nursing (31 per cent).

Analysis by excess hours working reveals variation in the proportion who agreed that: *'my workload is too heavy'*. Three-fifths (65 per cent) of nurses who worked excess hours agreed with the statement, compared with two-fifths (42 per cent) who did not work excess hours. However, a higher proportion (37 per cent) of

Figure 4.5 Summary of workload stress items: all nurses



Source: IES, 1997 RCN membership survey

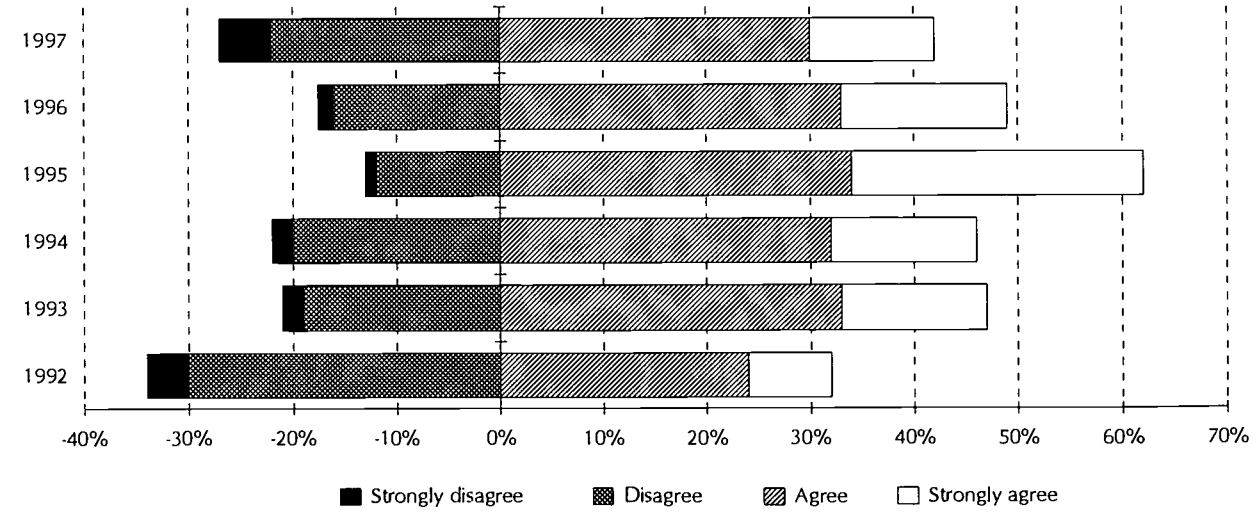
those who did not work excess hours were undecided, compared with a quarter (25 per cent) who had worked excess hours.

A large proportion of nurses agreed with the statement: *'I have to work very hard in my job'*. Nine in ten (90 per cent) NHS nurses agreed with this statement. Similar proportions of nurses in the non-NHS sector and GP practices agreed with the statement (78 and 77 per cent respectively).

Two-fifths (42 per cent) of nurses agreed with the statement: *'I feel under too much pressure at work'*. A quarter (25 per cent) of GP practice nurses agreed with this statement, compared with one in three (29 per cent) of those in non-NHS nursing and nearly half (46 per cent) of those in the NHS.

Of those working excess hours, half (50 per cent) agreed with the statement: *'I am under too much pressure at work'*, compared with one in three (31 per cent) who did not work excess hours.

Figure 4.6 'I feel I am under too much pressure at work': all nurses (1992 to 1997)



Source: IES/ RCN Membership Surveys

The statement: *'I feel I am under too much pressure at work'* has been used in each of the last six surveys. Figure 4.6 above summarises the change in nurses' responses over the last six years. In 1992 one-third (32 per cent) of nurses agreed with this statement. By 1995 the proportion of nurses who agreed with the statement had doubled (65 per cent). Thereafter there has been a small decline in the proportion who agreed with the statement. Analysis by employment sectors shows similar trends.

4.3 Summary

The key survey findings in this chapter include the following:

- The proportion of NHS nurses working part-time is falling; NHS nurses work, on average, more part-time hours.
- Part-time working was more prevalent amongst nurses aged 30 to 39 and was associated with having dependent children.
- Internal rotation and early/late shifts were the most prevalent shift patterns worked by nurses.
- There was a rise in the proportion of nurses working excess hours.
- A large minority of nurses reported that they worked excess hours several times per week.
- The sum total of excess hours worked had increased since 1996 and one in seven full-time nurses worked more than 48 hours a week.
- One-third of excess hours were unpaid.
- One in four NHS nurses held a second job, compared with one in six in 1991.
- The proportion of NHS nurses working on the bank increased.
- Perceived workload stress was greatest among NHS nurses, particularly among those working excess hours.

5. Turnover — Past, Present and Future

5.1 Introduction

There is apparent concern among Department of Health officials that the stock of registered nurses available to meet the future needs of the health service may be inadequate.[1] However, there is disagreement over whether the problem facing nursing is one of recruitment, retention or both. While each is related to the present, and future, supply of nurses, they are distinct concepts and their resolution requires distinct policy responses. It is clearly important to distinguish the relative magnitude of both if effective policies are to be formulated.

A recent report on a survey of 75 NHS acute hospital trusts (Audit Commission, 1997) found that the turnover of 'nursing staff'[2] in 1994/95 ranged from seven per cent to 36 per cent (averaging 16 per cent). The Audit Commission report states that while some trusts are facing problems of low turnover, others are revisiting issues that have not been seen for years such as ward and operating theatre closures which are attributed to shortages of key staff. They state that while local labour market factors (notably comparatively higher external pay levels, the availability of comparable jobs in the local labour market and local unemployment levels) have a discernible influence on NHS turnover: *'more than half the variation in turnover rates is explained by differences in how trusts manage their staff'*. The Audit Commission conclude that:

> *'If staff could be retained for longer periods, the return on the investment in training would improve and, in the medium term, the need to train fewer replacement staff would release funds for improvements to other aspects of the service.'*

Using a turnover costing methodology developed by Buchan and Seccombe (1991), the Audit Commission estimate that, on average, it costs NHS trusts £4,900 to replace an E grade nurse.

The 1997 PRB report also drew attention to staff management: *'it seems to us that Trusts could do more to deal with their recruitment and retention problems'*. The Review Body report highlights inadequate

---

1 EL(96)46.

2 The report does not make clear whether this is all nursing staff or registered nurses only.

management information systems and the lack of a strategic approach to issues of recruitment and retention which it says are evident in some trusts.

Data on the numbers of registered nurses changing jobs within the NHS or leaving the NHS are no longer collected centrally for England, following the NHS Executive's decision to discontinue the KM48 return. Nor is such data collected in Wales or Northern Ireland. Data are still collected in Scotland. The latest available (1994/95) showed that there has been little change in the proportion of registered nurses leaving the NHS. This figure has fluctuated between 8.7 per cent in 1990/91 and 8.4 per cent in 1994/95 (ISD, 1996).

The only national (GB) employer based data available, is that which was collected for the first time in 1996 by the Office of Manpower Economics (OME) as part of its survey for the Pay Review Body.[1] This shows that 13.7 per cent (21,284) of first and second level registered nursing staff in post had changed jobs in the year to 31 March 1996.[2] Although the survey sought to collect data on the type of leaver (retirement, redundancy, dismissal, transfer *etc.*), more than half (53 per cent) were classed as 'other/don't know'. It would therefore be unwise to distinguish those changing jobs within the NHS and those leaving NHS nursing (wastage).

The OME assert that the wastage rate (leavers *excluding* transfers to other NHS units as a proportion of staff in post) was nine per cent for GB, ranging from 14 per cent in North Thames to five per cent in Wales. This assumes that none of those whose destination was recorded as 'other/don't know', actually moved to another NHS nursing or nurse management job. Note also that these figures are for all nursing staff; the published data do not permit a separate analysis for registered staff only. The total leaving rate (including transfers between NHS units) ranged from 22 per cent in North Thames to eight per cent in Wales. Turnover was particularly high in Inner London, with one-third of nursing staff changing post or leaving the NHS.

Turnover (*ie* all leavers) was highest among 'other first level nurses'[3] and registered sick children's nurses (whether working

---

1 Note that this data is based on the returns to the survey received from 52 per cent of NHS trusts and DMUs. Lower response rates from some regions (*eg* South Thames), where anecdotal evidence shows higher turnover, suggests these figures probably underestimate the true level of job change.

2 The usual convention in calculating leaver rates is to use an average staff in post figure for the year as the denominator, rather than the year end staff in post figure as reported by the OME.

3 These are defined as nurse managers and first level registered nurses in paediatrics, maternity, community, psychiatric and learning disabilities nursing.

in paediatrics or not) at 17.2 per cent and 16.2 per cent respectively, and lowest amongst health visitors and district nurses (both nine per cent).

The results of the latest OME survey of nursing vacancies identified some 6,634 (wte) vacant posts for registered nurses in the NHS in GB at the end of March 1996. A further 498 (wte) posts were reported to be held permanently open. These figures are based on useable returns from 52 per cent of NHS trusts and directly managed units. Reported vacancies and posts held permanently open represented 4.4 per cent of the registered nurse 'establishment'. However, this probably underestimates the true level of vacancies since, as the OME state, a comparatively poorer response to the survey came from those areas (notably the South Thames region) where vacancy rates tend to be higher.

The overall three month vacancy rate for registered nurses, which the OME regards as: *'the most appropriate measure of shortage'* was two per cent. It was highest in the Inner and Outer London weighting zones.

Analysis by the new (from April 1995) NHS occupational codes reveals that the highest overall (and three-month) vacancy rates for registered nurses were in paediatrics (7.3 per cent vacant), theatre (5.9 per cent), mental illness (5.5 per cent) and learning disabilities (5.1 per cent).

Further analysis reveals that the overall vacancy rate for first level nurses (4.5 per cent) was significantly higher than that for second level registered nurses (1.7 per cent). Three-month vacancy rates were 2.1 per cent and 0.8 per cent respectively. These figures confirm the findings of an IES survey (n=700) of NHS trusts and other health sector employers, conducted for the UKCC, which revealed that one-third of employers would not accept applications from second level registered nurses for vacant D grade posts (Seccombe, Smith, Buchan and Ball, 1997). Two main reasons were cited by employers: the costs of conversion courses and limitations on clinical practice.

Comparison of the 1995 and 1996 OME surveys using matched samples[1] reveals that the total vacancy rate for registered nurses rose only marginally (from 3.6 per cent to 3.8 per cent) between 1995 and 1996. More significantly however, the proportion of vacancies which had lasted for more than three months increased from 30.4 per cent to 42.6 per cent. The other significant trend was the sharp fall in the proportion of posts which were recorded as permanently open, from 0.9 per cent of establishment in 1995 to 0.3 per cent in 1996.

---

[1] That is, confining the analysis to those NHS trusts and DMUs which responded to the survey in both years.

There are no comparable data on turnover, wastage and vacancies for nursing staff outside the NHS. A survey of the independent sector[1] (in GB) conducted by the Local Government Management Board between August 1996 and January 1997 provides some new data on registered nurse turnover and vacancy rates (LGMB, 1997). The survey shows a range in turnover rates from 22.3 per cent among nursing staff in dual registered homes to 12.6 per cent in residential homes. The survey also shows a range in vacancy rates from 2.9 per cent in residential homes to 7.1 per cent in nursing homes.

This chapter aims to shed light on the present situation by mapping the flows of nurses into and out of the nursing labour market, as well as between its constituent parts. It presents pertinent results from the 1997 IES/RCN membership survey and is in five parts. Firstly, we map flows in the nursing labour market over the last six years. Secondly, we consider the scale of job change among NHS nurses in 1996-97 and recent trends. Data on the reasons for job change are presented. Thirdly, we look at those leaving NHS nursing altogether, their destinations and reasons for leaving. Fourthly, we consider turnover in the non- NHS sector. Finally, we consider nurses' future turnover intentions.

5.2 Results

5.2.1 Nurses — in and out of work

Table 5.1 compares the employment sectors which survey respondents reported working in during 1991 and 1997. It shows for example that 81 per cent of those who were in NHS nursing

Table 5.1 All respondents: employment in 1991 and 1997

	Employment sector in 1991:				
Employment sector in 1997:	**NHS nursing %**	**Non-NHS nursing %**	**GP practice nursing %**	**Non-nursing employment %**	**No paid employment %**
NHS nursing	81	19	10	28	32
Non-NHS nursing	5	60	2	3	23
GP practice nursing	2	3	82	8	11
Non-nursing employment	1	3	>1	28	5
No paid employment	4	7	4	18	7
Base number	*2,709*	*454*	*211*	*40*	*44*

Note: column totals do not sum to 100 because several response categories for sector of employment in 1997 are not shown. These are: statutory maternity leave; agency nursing; nurse education; bank nursing.

Source: IES, 1997 RCN membership survey

[1] 2,878 nursing, residential and dual registered homes responded to the survey. This was 34 per cent of the sample.

in 1991 were still in NHS nursing six years later. This is consistent with the wastage rates reported in this series of surveys, allowing for the fact that some of these respondents have both left and returned to NHS nursing during this period. By 1997, five per cent of those who were NHS nurses in 1991, were in non-NHS nursing, four per cent were doing bank or agency nursing, while two per cent were employed as GP practice nurses. A further three per cent were on statutory maternity leave or were taking a career break.

In contrast, only 60 per cent of those who were employed in non-NHS nursing in 1991 have remained in that sector, with 19 per cent employed in NHS nursing jobs in 1997. The majority (66 per cent) of those who were not in paid employment in 1991, were in nursing jobs in 1997. However, a comparatively small proportion (39 per cent) of those who were in non-nursing jobs in 1991 were in nursing employment in 1997.

The 1993 OPCS study (Lader, 1995) reported that nearly one-fifth (18 per cent) of those with nursing *qualifications* who were 'out-of-service' (*ie* in non-nursing employment or no paid employment) in the 1991 Census, were in nursing employment two years later. In contrast, the IES/RCN membership data suggests a much higher rate of 'return', with 54 per cent of the eligible population (*ie* those who were registered by 1991) in nursing jobs in 1993. The fact that these respondents have remained in RCN membership may mean that they are unrepresentative of those who leave, or are outside, nursing.

Further analysis, using cohorts defined by their year of first registration, also reveals that:

- the majority of newly registered nurses are in NHS employment in the year they register
- but the proportion of newly registered nurses in NHS employment in the year they register has fallen over time
- and the proportion working outside the NHS rises in the second year after registration.

For example, taking those respondents who first registered in 1991, we find that 98.6 per cent were in an NHS nursing job in 1991 and 95.2 per cent in 1992. In contrast, only 89.7 per cent of the 1995 registration cohort were in NHS nursing in their year of registration and 86.2 per cent in 1996. Table 5.2 summarises these data. The falling proportion of newly registered nurses in NHS employment may reflect the findings of an earlier study (Seccombe, Jackson, Patch, 1995) which found that pre-registration diploma students were less likely than 'traditional' learners to report that they intended to work in the NHS on qualification.

Just under five per cent of respondents were not working in nursing at the time of the survey, although the majority had

Table 5.2 Proportion of each registration year cohort in NHS employment in year of registration and subsequent year, 1990 to 1995

Year first registered	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %
1990	na					
1991	95.7	98.6				
1992		95.2	93.7			
1993			82.2	94.8		
1994				88.9	89.7	
1995					86.6	89.7
1996						86.2

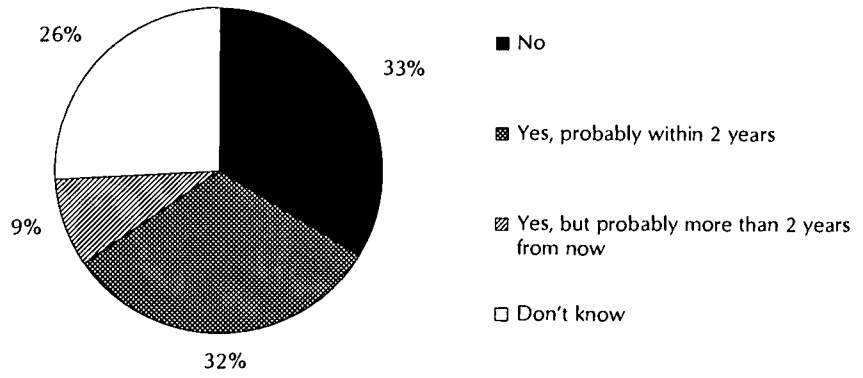
Source: IES, 1997 RCN membership survey

worked as nurses at some point in the previous six years.[1] These respondents were asked to indicate whether they intended to take up employment as a nurse at some time in the future. One-third reported that they did not intend to take up nursing employment in the future. A quarter indicated that they did not know whether they would take up a nursing post in the future or not (see Figure 5.1).

The remaining two-fifths indicated that they would 'probably' take up nursing employment in the future, most within the next two years. Again, this is much higher than the findings of the OPCS study (Lader, 1995) which reported 14 per cent intending to return in the future.

The intention of respondents to take up employment as a nurse in the future is age-related. One-third of the non-nursing population were aged 50 or over; only one in six of these respondents would 'probably' nurse in the future, compared

Figure 5.1 Non-nursing respondents' intentions to take up future nursing employment



Source: IES, 1997 RCN membership survey

[1] Only 15 per cent of these respondents were not in nursing employment in 1991.

with nearly half of those aged 35 to 49 and three-fifths of those aged under 35. Over half of those reporting that they would not work in nursing in the future were aged 50 or over.

What these findings suggest is that the nursing labour market is very fluid. That is, there are quite significant flows each year between different components of nursing employment, as well as flows within those components (see below) and flows into and out of nursing employment. It is likely that some of these flows are also accompanied by changes in time commitment. Data from the IES/RCN panel survey show that four per cent of nurses moved from full-time to part-time employment between 1996 and 1997, while ten per cent moved from part-time to full-time employment.

Policies to secure the future supply of nurses by targeting recruitment at the pool must recognise two key features. Firstly, that the pool is itself ageing and that employment policies to attract, retain and develop older nurses are likely to differ from policies aimed at younger, newly qualified nurses. Secondly, and echoing the argument we presented in Chapter 1, a significant proportion of those in the non-nursing pool are in non-nursing employment. The survey evidence suggests that employers' ability to attract these individuals back to nursing is diminishing and that estimates of the genuine pool size should be adjusted accordingly.

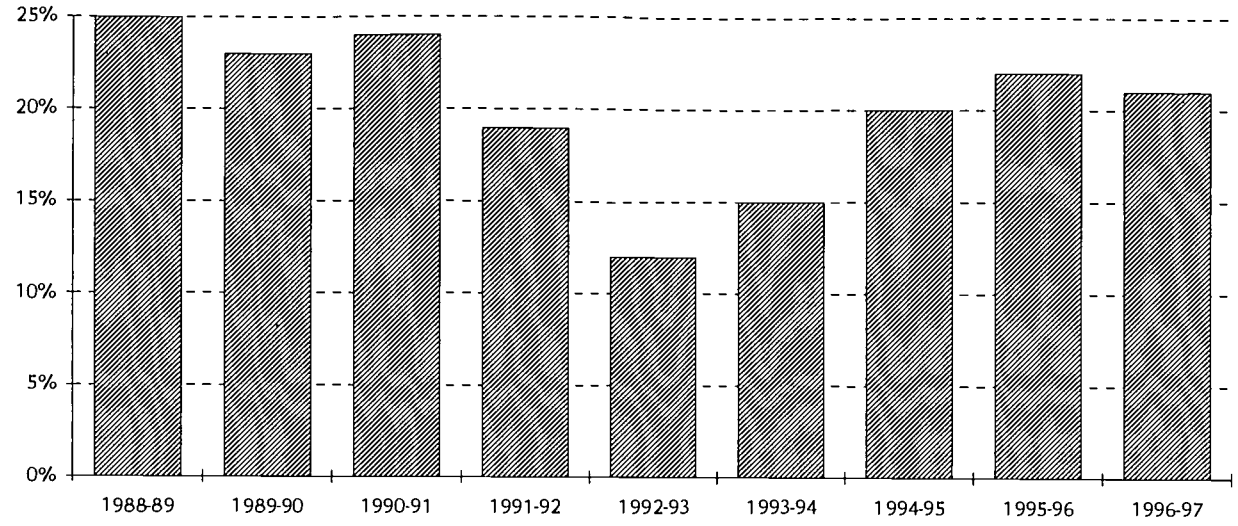
5.2.2 Turnover in NHS nursing

With more than one in five (21 per cent) NHS nurses reporting that they had changed jobs or stopped working during 1996-97, the rate of turnover has remained almost unchanged from its 1995-96 level. This turnover figure includes nurses changing jobs within the NHS, moving from NHS to non-NHS nursing jobs and to non-nursing jobs, and leaving paid employment altogether. It should be regarded as a minimum figure since those leaving nursing may also leave RCN membership and so will be excluded from the sample. Data from the IES/RCN panel survey suggests a higher turnover figure. Twenty-four per cent of those who were in NHS nursing in 1996 either left the NHS or changed jobs within the NHS.

Figure 5.2 shows the trend in turnover among NHS nurses, as recorded by successive IES/RCN surveys since 1988-89. Note that, for consistency, the data for 1996-97 are from the membership survey and not from the panel.

Using our lowest estimate of turnover (21 per cent) and average costs of £4,900 per nurse reported earlier (see 5.1), a 350 bed hospital employing 700 nurses would incur nurse turnover costs of £720,300 per annum or 7.1 per cent of the nursing paybill (assuming an average salary (excluding on-costs) of £14,500).

Figure 5.2 Turnover among NHS nurses, 1988-89 to 1996-97

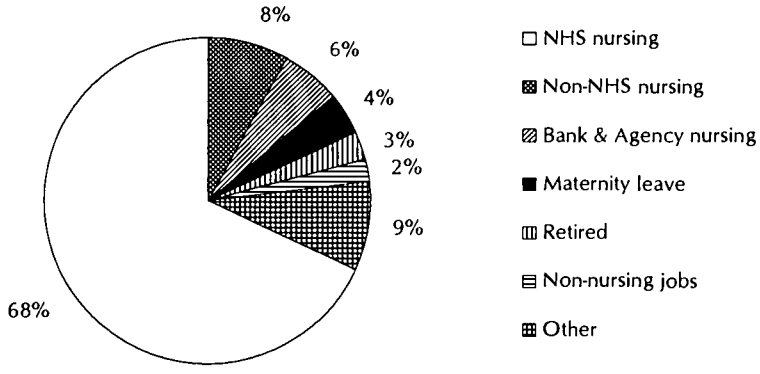


Source: IES/RCN membership surveys

Most of this turnover is, as in previous years', accounted for by nurses moving between posts in the NHS (68 per cent of job changes) or taking statutory maternity leave (four per cent).[1] The striking feature of this year's data is the rise in the proportion of turnover accounted for by nurses leaving the NHS. This has increased from 21 per cent in 1994-95 and 22 per cent in 1995-96, to 28 per cent in 1996-97. Much of this latest rise is accounted for by nurses moving to non-NHS nursing jobs, which has increased from five to eight per cent of all job changes among NHS nurses. The proportion leaving for bank and agency nursing jobs has also risen, from four to six per cent.

Figure 5.3 shows the employment status of NHS nurses who changed jobs during 1996–97.

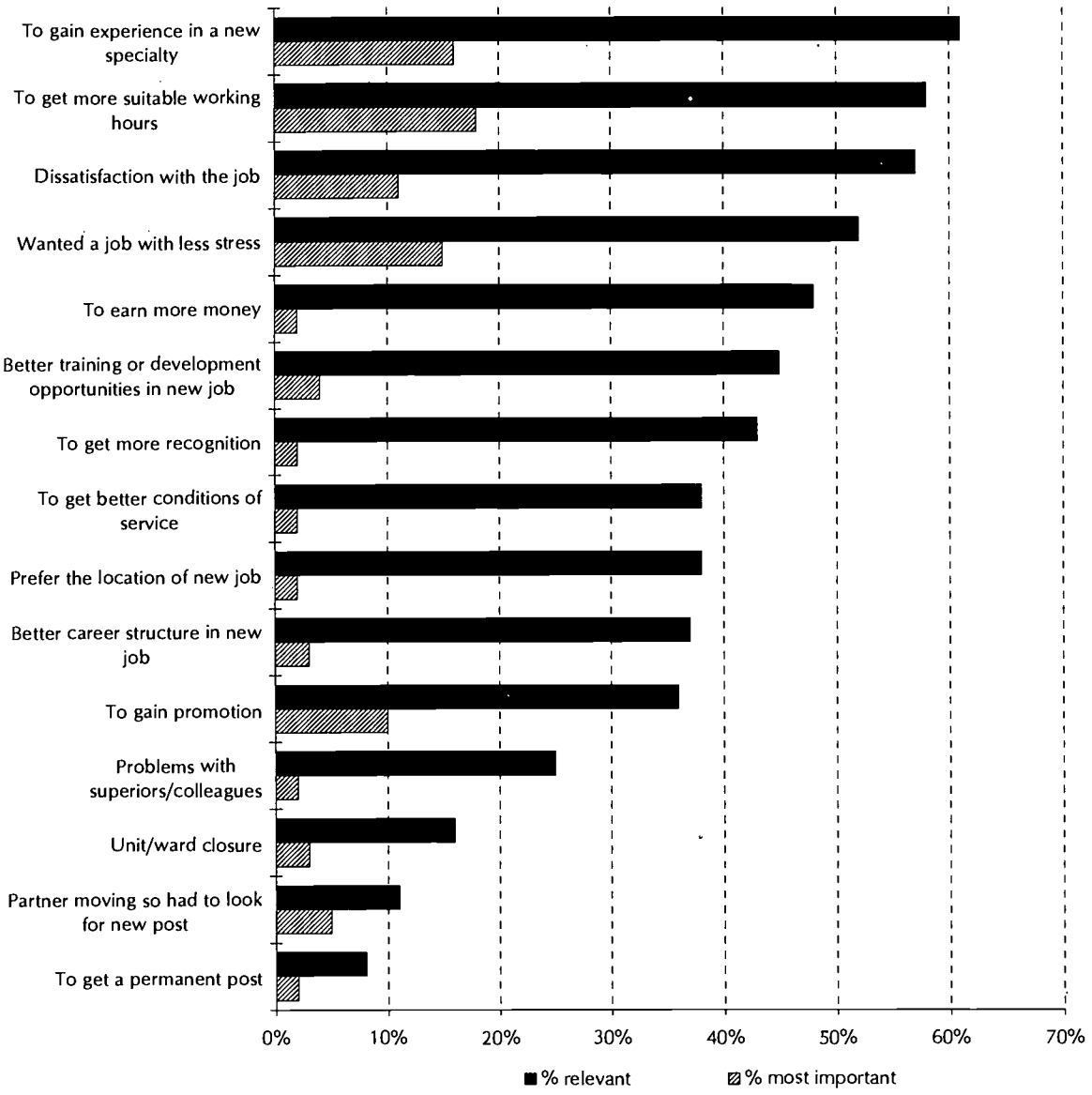
Figure 5.3 Employment status of NHS nurses who changed jobs during 1996-97



Source: IES, 1997 RCN membership survey

[1] In practice some of those on statutory maternity leave will not return to NHS nursing.

Figure 5.4 NHS nurses: reasons for changing jobs within the NHS during 1996–97



Source: IES, 1997 RCN membership survey

Around one-third of the NHS nurses who moved to new posts within the NHS, changed employer. This is lower than in 1995-96, when nearly two-fifths of NHS nurses changing posts within the NHS also changed employer. In 1994-95 only a quarter of NHS nurses who had moved to new NHS posts had changed employer.

Nurses moving between posts in the NHS were asked to indicate which factors, from a list of 15, were relevant in their job change. Four factors were identified as relevant by over half the respondents. These were:

- to gain experience in a new specialty (61 per cent)
- to get more suitable working hours (58 per cent)
- dissatisfaction with the job (57 per cent)
- wanted a job with less stress (52 per cent).

Nurses were also asked to indicate which of these factors was the most important in their job change. The same four factors account for 60 per cent of the respondents, with 'to get more suitable working hours' as the most frequently cited reason for job change (18 per cent). Figure 5.4 above presents the responses to these two questions.

There are many reasons why nurses leave their jobs but research (see *eg* Seccombe and Smith, 1996; Lader, 1995) consistently shows that most leave because they are dissatisfied with aspects of the post they are leaving rather than because they are attracted by the new post. The 1997 survey data confirm this pattern, with dissatisfaction, working hours and stress cited as the single most important factor in job change by more than two-fifths (44 per cent) of respondents.

Almost half of the NHS nurses who cited getting 'more suitable working hours' as the most important factor in their job change, were working days (9 to 5 or equivalent) in their new job while one-fifth (22 per cent) were working full rotations.

Clearly, not all turnover within the NHS is a result of dissatisfaction. Dixon *et al.* (1994) found that for some senior staff 'career motivators' were a significant factor in their decisions to move. This is certainly the case for the significant minority (26 per cent) of respondents in the 1997 survey who gave 'to gain experience in a new specialty' (16 per cent) or 'to gain promotion' (ten per cent) as the most important reason for their job change.

5.2.3 Leaving NHS nursing

Four per cent of those who were in NHS nursing one year ago had left by the time of the 1997 survey. This is lower than the figures recorded in the previous two year's surveys (five per cent and six per cent respectively). Again, this should be regarded as a minimum figure since the sample is biased against such leavers. Data from the IES/RCN panel survey, which are likely to be more reliable in this instance, show a higher proportion (nine per cent) leaving NHS nursing during 1996-97.

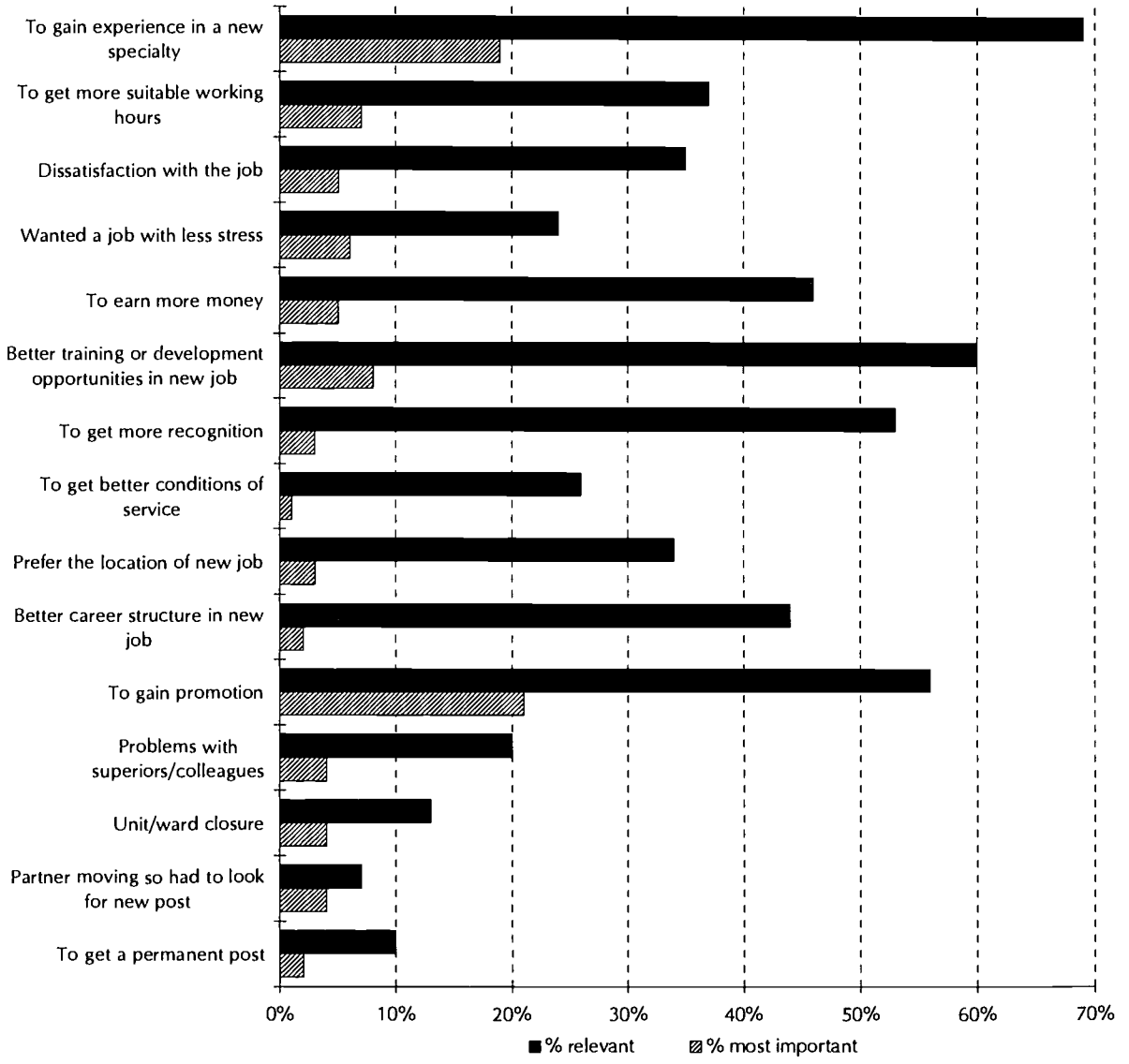
Over half of those who left NHS nursing remained in direct care nursing jobs, including bank and agency nursing (19 per cent), GP practice nursing (four per cent) and independent sector nursing (29 per cent). The three other main destinations were non-nursing work, including nurse education (11 per cent), retirement (ten per cent) and career breaks (seven per cent). These data continue two of the trends noted in the 1996 survey. Firstly, that an increasing proportion of those leaving the NHS are going to nursing jobs within the independent sector (the comparable figure for 1995-96 was 25 per cent). Secondly, that a falling proportion of NHS leavers are going to GP practice nursing (ten per cent in 1994-95 and six per cent in 1995-96). These trends are based on small sample sizes and should therefore be interpreted cautiously.

Nurses who had left NHS nursing in the previous twelve months were asked to indicate which factors, from a list of 15, were relevant in their job change. Four factors were identified as relevant by over half the respondents. These were:

- to gain experience in a new specialty (69 per cent)
- better training and development opportunities in new job (60 per cent)
- to gain promotion (56 per cent)
- to get more recognition (53 per cent).

With the notable exception of 'gaining experience in a new specialty', the most frequently occurring reasons identified by these nurses for their job change are different to those given by nurses who changed jobs within the NHS. Figure 5.5 summaries these data.

Figure 5.5 Former NHS nurses: reasons for leaving the NHS during 1996-97



Source: IES, 1997 RCN membership survey

Among these nurses, the reasons cited most frequently as most important were:

- to gain promotion (21 per cent)
- to gain experience in a new specialty (19 per cent)
- to get better training and development opportunities (eight per cent).

These findings are striking in that the emphasis is not on external labour market factors which managers might legitimately feel that they have little control over. Rather, they focus on issues of professional development and career progression, features which are at the heart of good human resource management.

5.2.4 Turnover in non-NHS nursing

In the non-NHS sector, one in six (17 per cent) respondents changed jobs or stopped working. Two-fifths of this turnover was accounted for by moves between non-NHS jobs, and most of these moves involved changes of employer. More than one-fifth of job changes were nurses moving from non-NHS to NHS nursing jobs and the NHS was the main destination for those leaving non-NHS nursing. That is, just under four per cent of those who were in non-NHS nursing a year ago moved to NHS nursing jobs.

Data from the IES/RCN panel survey show a higher turnover figure (37 per cent) for the non-NHS sector. One-third of these leavers changed jobs within the non-NHS sector. One in six of these nurses went to NHS nursing jobs. That is, six per cent of those who were in non-NHS nursing a year ago went to NHS nursing jobs.

Despite this inflow, the NHS was a net loser. The number of nurses moving from NHS to non-NHS nursing employment was more than double the number moving in the opposite direction. The other main destinations of those who remained in nursing employment were bank nursing (which may well be in the NHS) and GP practice nursing.

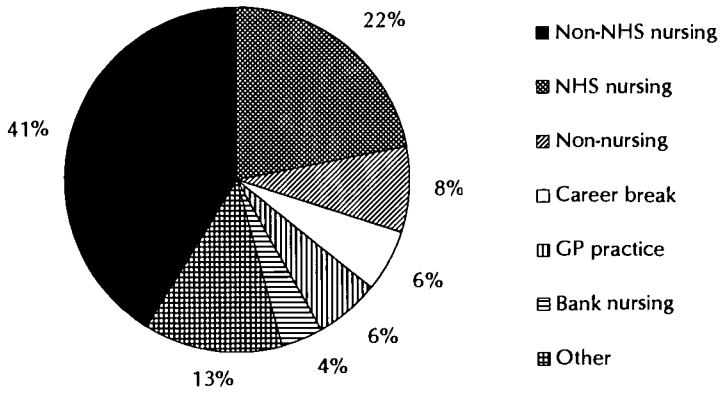
Figure 5.6 shows the employment status of those who were in non-NHS nursing one year ago and who changed jobs or stopped working during 1996 to 1997.

5.2.5 Future job change

Nurses were asked to indicate which of four statements most clearly reflected their future career intentions. These were:

- *'I plan to leave nursing this year'*
- *'I plan to leave nursing next year'*

Figure 5.6 Employment status of non-NHS nurses who changed jobs, or stopped working, during 1996-97



Source: IES, 1997 RCN membership survey

- *'I plan to stay in nursing for at least two years'*
- *'I plan to stay in nursing for more than two years'.*

More than three-quarters (79 per cent) of NHS nurses reported that they planned to stay in nursing for more than two years; four per cent planned to leave nursing this year and a further four per cent planned to leave next year. Thirteen per cent said that they planned to stay in nursing for at least two years. The responses of non-NHS nurses show a similar distribution.

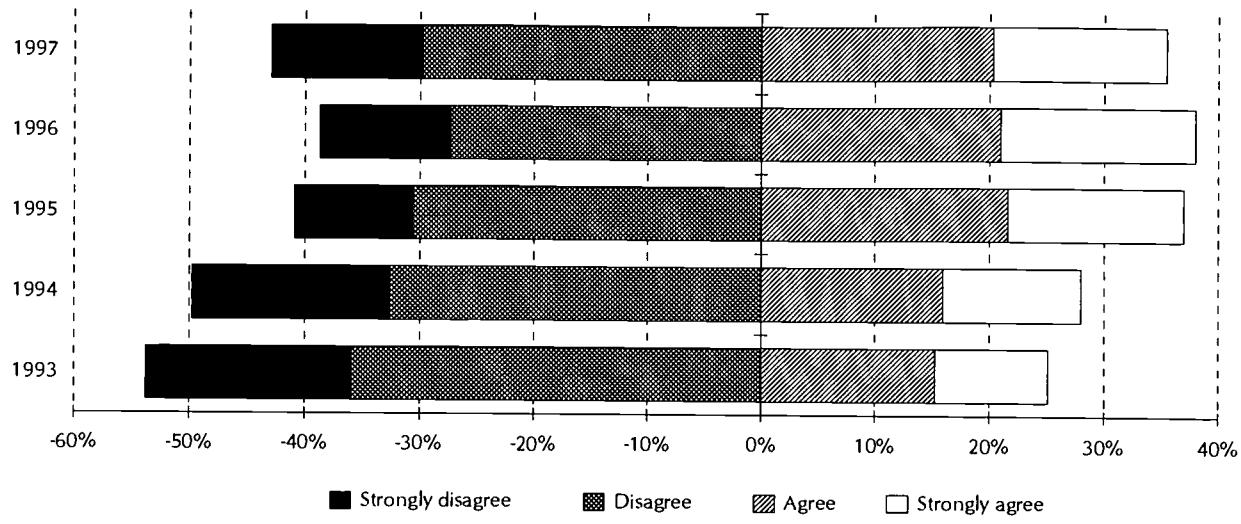
Further analysis shows considerable variation by grade, with higher proportions indicating that they intended to leave within the next two years among those in F and I grade posts (11 per cent and 16 per cent respectively).

UKCC registration is renewable every three years. Respondents were asked to indicate if they intended to renew their registration. The majority (95 per cent) reported that they did intend to renew it. Four per cent, however, did not intend to renew and one per cent were undecided. Those respondents, who did not intend to renew their registration, were asked their reasons for non-renewal. The most frequently cited reasons, in descending order, include:

- retirement
- pursuing non-nursing employment
- disillusioned with nursing
- ill health
- PREP requirements.

One-fifth of respondents, who did not intend to renew their registration, cited other reasons. These include: personal reasons, stress, undervalued as a nurse and registration not required as no longer practising as a registered nurse.

Figure 5.7: 'I would leave nursing if I could': NHS nurses (1993 to 1997)



Source: IES/RCN membership surveys

Even amongst those who plan to leave nursing this year, more than three-quarters intended to renew their registration, as did nearly all of those planning to leave nursing next year.

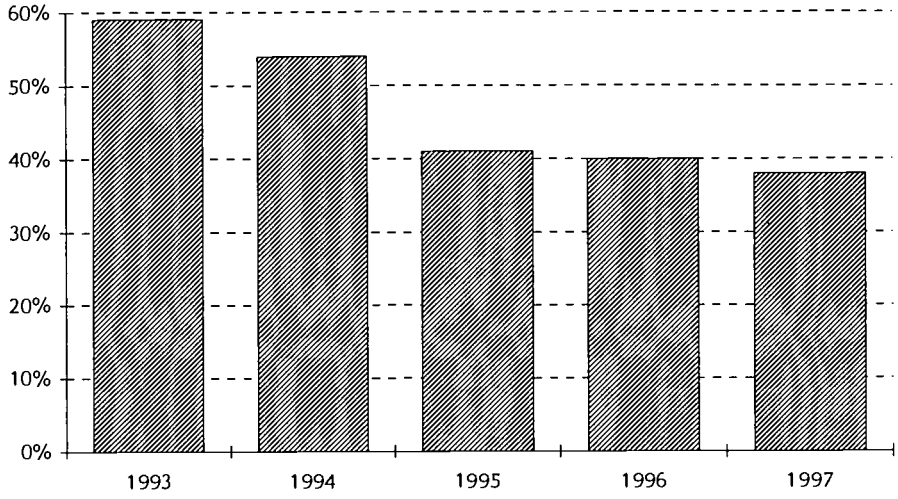
Almost one-third of those who plan to leave within the next two years were aged 50 or over so it is not surprising to find that retirement was the single most frequently cited reason for leaving. The three other most frequently cited reasons for leaving were: 'pay', 'stress' and 'lack of recognition'.

As in the previous four IES surveys, nurses were asked to indicate the extent to which they agreed or disagreed with the statement: *'I would leave nursing if I could'*. Between 1993 and 1996, the proportion of NHS respondents who agreed or agreed strongly with the statement rose from 25 per cent to 38 per cent. The 1997 figure shows a slight downturn from 1996, with 36 per cent agreeing or agreeing strongly (Figure 5.7). A higher proportion (37 per cent) of hospital based nurses agreed with the statement than those working in the community (31 per cent).

As in previous year's, NHS nurses were more likely to agree with the statement than were non-NHS nurses (30 per cent) and practice nurses (21 per cent). However, in both these sectors the proportion who agreed has risen, compared with the 1996 survey.

A similar proportion (38 per cent) of NHS nurses agreed with the counter-statement: *'I would not want to work outside nursing'* with 39 per cent of non-NHS nurses and 43 per cent of GP practice nurses agreeing. Figure 5.8 shows the trend in responses for NHS nurses since 1993. The proportion agreeing with the statement has fallen sharply, from 59 per cent in 1993. The same trend is apparent for non-NHS nurses.

Figure 5.8 Proportion of NHS nurses agreeing with the statement: 'I would not want to work outside nursing', (1993 to 1997)



Source: IES/RCN membership surveys

5.3 Summary

The key survey findings presented in this chapter include the following:

- Two-fifths of those not in nursing work intend to work as nurses in the future. This proportion is strongly related to age and current employment status; a quarter do not know if they will work in nursing in the future.
- The proportion of newly registered nurses in NHS employment in the year they first register has fallen over time.
- Turnover remains high; at least one in five NHS nurses changed jobs or stopped working in 1996-97.
- More than two-thirds of those who changed jobs moved within the NHS, nevertheless, a rising proportion of job changes involve moves to non-NHS or bank nursing jobs.
- *'Getting more suitable working hours'* was the most frequently cited reason for job change among NHS nurses.
- Over half of those who left NHS nursing remained in nursing employment.
- Turnover was slightly lower (one in six) among those in non-NHS nursing jobs.
- Eight per cent of NHS nurses planned to leave nursing in 1997 or 1998, about one-third of these were aged 50 or over.
- One-third of NHS nurses agreed that they would leave nursing if they could, while 38 per cent said they would not want to work outside nursing.

6. Conclusion

Met demand for nursing care continues to rise. Crude contact data shows that the number of patients being seen in the community rose by 4.3 per cent between 1990/91 and 1995/96. Comparable data for nurses in the acute sector are not available. Nevertheless, hospital activity data also points to sustained growth in nursing inputs. For example, the total number of ordinary admission episodes rose by 11.4 per cent between 1990/91 and 1995/96.

Indeed, expressed demand for nursing care is unlikely to abate. The main demographic trend projected is an increase in the numbers of elderly people, particularly those aged 85 and over. Evidence suggests that the very elderly receive the largest expenditure per capita in the health service. Further technological change is also likely to impact on demand for staffing by extending the range of treatments or quality of outcomes. Changes in technology may contribute to rising expectations from healthcare and an increase in expressed demand.

At the same time, the supply of registered nurses to meet this growing demand is constrained. The numbers on the Register are growing more slowly than at any time in the past. This reflects smaller intakes to nurse education in the early 1990s with a consequent reduction in the number of new entries to the Register. New entries to the Register from nurse education in the UK fell by 11.1 per cent between 1990/91 and 1995/96. Reductions in nurse student numbers means that the falling intakes to the Register will continue for a number of years.

Additionally, the number of nurses not renewing their registration has more than doubled. Furthermore, the population of registered nurses is ageing and the number of non-renewals is likely to increase as these nurses retire from the workforce. More than one in ten registrants are aged 55 or over and in the next five years this number will nearly double.

Employment of registered nurses in the NHS has been static since the late 1980s. Despite this, evidence suggests that participation in nursing employment has risen. This is explained by the rapid growth in nurse employment outside the NHS. Increasingly, the NHS has had to compete with other employers to recruit registered nurses and is no longer the automatic destination of the newly qualified. The survey shows that 99 per cent of those who first registered in 1991 had gone into NHS

employment; the comparable figure for those who registered in 1995 was 90 per cent.

Analysis of data for successive cohorts of registered nurses in the NHS shows a slowing down of grade progression five years after first registering. For example, four-fifths of those registering in 1989 reached grade E or above within five years; just over half of the 1993 achieved the same progression over five years.

One of the ways in which employers have tried to match rising demand has been by asking nurses to work additional hours. In contrast to other sectors, the proportion of NHS nurses working full time rose slightly. Overall, the proportion of nurses working in excess of their contracted hours has increased. Excess hours working appears to be the norm for two-thirds of nurses. In addition to this, an increasing number report undertaking bank nursing work on top of their main job.

These trends would seem to run counter to efforts to provide more flexible hours and family friendly employment practices, the traditional solutions to promote retention and return to nursing. Linked to this, we find that the most frequently cited reason for changing jobs within the NHS was to get more suitable working hours.

Turnover of NHS nursing staff continues to be very high. However, an increasing proportion of turnover is accounted for by nurses moving from NHS to non-NHS employment. The reasons cited by nurses leaving the NHS focus on issues of professional development and career progression, factors which should be within the control of management. The NHS can ill afford to lose staff. Of those working in the NHS, eight per cent planned to leave nursing in 1997 or 1998. Turnover costs can be considerable. With a comparatively small pool from which to recruit returners, employers may find vacancies increasingly difficult to fill.

Previous estimates may have inflated the registered nurse pool. The new evidence presented in this report suggests that the pool is between 77,500 and 85,000 or, if we include those in non-nursing work, 92,300. However, the survey suggests that health sector employers had limited success in recruiting registered nurses from non-nursing work. Furthermore, one-third of those outside of nursing at the time of the survey did not intend to take up nursing employment in the future. A quarter were undecided.

The history of the nursing labour market is one of a cycle of shortages. Each shortage tends to bring with it a familiar set of proposed solutions; the introduction of family friendly working; support for clinical and professional development; career break schemes, *etc.* Sustained attempts at implementing these solutions, however, have often been lacking.

References

Atkin K, Lunt N, Parker G, Hirst M (1993), *Nurses Count: A National Census of Practice Nurses*, Social Policy Research Unit, University of York

Briggs A (1972), *Report of the Committee on Nursing*, HMSO

Buchan J, Seccombe I (1991), *Nurse turnover costs*, IES Report 212

Department of Health (1995), *NHS Workforce in England 1982-1992*, HMSO

Dixon M, Wyatt S, Disken S (1994), *Creative Career paths in the NHS. Report No. 2: managers who have left the NHS*, NHS Women's Unit. NHS Executive

Elias P (1985), *The Distribution of Persons with Nursing Qualifications in England and Wales*, Institute for Employment Research, University of Warwick

English National Board for Nursing, Midwifery and Health Visiting (1997), *Annual Report 1996-1997*, ENB, London

Hemsley-Brown J, Humphreys J (1997), 'Countdown to conversion'. *Nursing Times*, 93;11:41

ISD (1996), *Scottish Health Statistics*, Common Service Agency: Edinburgh

Lader D (1995), *Qualified Nurses, Midwives and Health Visitors*, HMSO

Lancet (1932), *The Lancet Commission on Nursing*, London

Local Government Management Board (1997), *Independent Sector Workforce Survey: Residential homes and nursing homes in Great Britain, 1996*, LGMB

Moores B, Singh B, Tun A (1983), 'An analysis of the factors which impinge on a nurse's decision to enter, stay in, leave or re-enter the nursing profession', *Journal of Advanced Nursing*, 8:227-35

NHS hospital activity statistics: England 1985 to 1995-96

Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine (1997), *Fourteenth Report on Nursing Staff, Midwives and Health Visitors 1997*, Stationery Office, London

Sadler J, Whitworth T (1975), *Reserves of Nurses*, HMSO

Seccombe I, Smith G, Buchan J, Ball J (1997), *Enrolled Nurses: a Study for the UKCC*, confidential report to the UKCC

Seccombe I, Smith G (1996), *In the Balance: Registered Nurse Supply and Demand*, IES Report 315

Seccombe I, Jackson C, Patch A (1995), *Nursing: the Next Generation*, IES Report 274

Scottish Office (1997), *Student Nurse Numbers: Report of the Steering Group on Student Nurse Intake Assessment*, Scottish Office Department of Health, Management Executive

Waite R, Buchan J, Thomas J (1990), *Career Patterns of Scotland's Qualified Nurses*, IMS/Scottish Office

Wilson R, Stilwell J (1992), *The National Health Service and the Labour Market*, Avebury

Appendix A: The 1997 RCN Membership Survey

A.1 Aims and objectives

The main aim of the IES/RCN surveys is to:

- collect independent quantitative data from a representative sample of registered nurses, which describes their labour market and employment characteristics.

Specific objectives of the 1997 RCN membership survey were:

- to collect and analyse biographical, employment and career data from a sample of qualified nurses, to contribute to the debate on recruitment and retention
- to collect and analyse data on nurses' pay satisfaction
- to examine the level and characteristics of nurse turnover and wastage
- to consider aspects of nurses' motivation and morale
- to collect and analyse data on nurses' shift patterns, excess hours working, workloads and multiple job holding
- to describe the activities undertaken to meet PREP requirements.

A.2 IES surveys of registered nurses

This is the twelfth national survey of registered nurses of the RCN membership to be conducted by the Institute since the mid-1980s.

These surveys constitute a unique national database of information on the changing employment patterns, careers and attitudes of registered nurses. As such they chart changes in the nursing labour market, and give an insight into the attitudes and responses of nurses to these changes.

A.3 Questionnaire design and piloting

Questionnaire design for the 1997 RCN membership and panel surveys followed preliminary discussions with staff in the RCN Labour Relations Department and drew on the Institute's experience of conducting previous national surveys of registered nurses.

The content of the questionnaire for the membership survey remained broadly similar to that used in the 1996 IES/RCN survey. Several new questions were introduced, and these were tested in a postal pilot survey (n=500) conducted in January 1997. Two-fifths (42 percent) of the questionnaires were returned within two weeks. Analysis of the pilot survey enabled us to refine the questions and develop response categories for the final version.

A.4 Sample size and structure

A random sample of 5,984 registered nurses was selected from the RCN's membership records. Like previous samples, only those paying the full membership fee were eligible for selection. The membership categories excluded were: Students; Overseas; Associates; Life and Founder members.

A.5 Response rates

The final version of the questionnaire was sent to the home addresses of those selected at the beginning of March, with a covering letter from the General Secretary and a reply-paid envelope addressed to IES.

A reminder letter, a second copy of the questionnaire and a reply-paid envelope were sent to non-respondents after three weeks. By the close of the survey at the end of April, 4,288 completed questionnaires had been returned. A further 123 were returned after the closing date. This represents a crude response rate of 74 per cent.

The last six weeks of the survey period coincided with campaigning in the UK General Election. While public opinion polls confirmed that the health service was a key priority among the electorate, it was largely notable in the campaign by its absence. We do not believe therefore that the election campaign had any undue influence on the responses of individuals to the attitude statements used in the questionnaire. These responses largely continue the trends highlighted in previous years.

Details of the mailing and response are given in Table A.1. The high useable response rate of 72 per cent is very satisfactory and means that we can be confident in drawing inferences from this survey population.

A.6 Panel survey

A random sample of the panel was selected (n=100) and the pilot questionnaire was sent to the panel members at the beginning of February 1997. Within two weeks over half the questionnaires had been returned. Once more analysis of the pilot survey

Table A.1 Survey mailing and response for the 1997 RCN membership survey

Questionnaires mailed out	5,984
Returned by Post Office	94
Returned as inappropriate	5
Total sample	5,885
Questionnaires returned	4,357
Non-participants	3
Late responses	123
Questionnaires available for analysis	4,231
Overall response rate	4,357/5,885 = 74%
Useable response rate	4,231/5,885 = 72%

Source: IES

enabled us to refine the questions and develop response categories for the final version.

The final version of the panel questionnaire was sent to the home addresses of all panel members (n=1,904) in the middle of March with a covering letter from the General Secretary and a reply-paid envelope addressed to IES.

A reminder letter, a second copy of the questionnaire and a reply-paid envelope were sent to non-respondents after three weeks. A second reminder was sent after a further three weeks had elapsed. By the close of the survey in the middle of May 1,652 completed questionnaires had been returned. This represents a crude response rate of 87 per cent.

Appendix B: Participation in Nursing and Estimated Pool Size

This Appendix details how estimates were derived for participation rates and the size of the potential pool.

B.1 Participation

Most workforce data is presented as wte numbers which have to be converted to a headcount figure. Wherever possible headcount data has been used. Where it is unavailable we have used official data sources for England to estimate the headcount. The sources used include: the Non-medical Workforce Census (NHS nurses), the GMS bi-annual return (GP practice nurses) and the KO36 annual returns (non-NHS nurses in hospitals, clinics, residential homes and nursing homes). These data suggest that the wte is 0.8 for nurses in the NHS, 0.55 for GP practice nurses and 0.77 for nurses in the non-NHS sector. The wte figures were applied to data for the rest of the UK. Estimates of the number of registered nurses in each sector is shown in Table B.1. Note that data for Northern Ireland on the number of practice nurses and nurses in the non-NHS sector is a minimum figure. The data are not held centrally, but are held by the four health and social service boards, and the Registration and Inspection Units at each area board respectively.

Table B.1 Estimated numbers (wte and headcount) of registered nurses employed in the UK, by employment sector

	NHS nursing	GP practice nursing	Non-NHS nursing	Total
GB	292,300 (wte)			
England		17,898 (n)	66,300 (n)	
Scotland		1,349 (n)	8,246 (n)	
Wales		621 (wte)	2,679 (wte)	
Northern Ireland	11,480 (wte)	100 (n)	1,853 (n)	
Headcount total	**379,725**	**20,476**	**79,878**	**480,079**

Source: IES/ Annual Abstract of Statistics/ KO36 return/ GMS return/ Scottish Health Statistics/ Health and Personal Social Services Statistics for Wales/ Welsh Office data/ unpublished data from the Department of Health Northern Ireland and Health and Social Services Boards

Evidence from the IES/RCN survey suggests that as many as four per cent of nurses work in other sectors such as armed forces, hospice care, occupational health, *etc.*:

- 480,079 × 0.04 = 19,203.

Using this approach the sum total of nurses employed in the UK is estimated to be 499,282.

Using the number of practitioners on the UKCC Register (living in the UK) as the denominator gives a participation rate in nursing employment of 81 per cent.

B.2 Estimated pool size

The population of registered nurses in the UK is 618,811.

- 4.4 per cent (n = 27,228) of this population are aged over 60 and potentially unavailable for nursing work; thus potential population, from which employers can recruit, is 591,583.

If there are an estimated 499,282 registered nurses employed in nursing then the potential pool is 92,301;

- survey evidence suggests that between eight and 16 per cent of nurses in this pool are employed in non-nursing work, *ie* 7,304 to 14,768
- survey evidence suggests that historically, few of these individuals have returned to nursing work; the future career intentions of those in non-nursing work confirms this pattern.

Thus the size of the potential pool of registered nurses, available for nursing work, is likely to lie between 77,533 and 84,997.

Appendix C: Shift Patterns by Employment Sector and Specialty

Nearly one in three (29 per cent) NHS nurses reported that they worked internal rotation, compared with one in seven (14 per cent) non-NHS nurses (Table C.1). A larger proportion (35 per cent) of non-NHS nurses worked early and/or late shifts, compared with NHS nurses (14 per cent). Not surprisingly the majority (60 per cent) of GP practice nurses worked daytime shifts, although a quarter (24 per cent) worked a two shift system.

Analysis by main workplace shows that the vast majority (85 per cent) of NHS community nurses worked daytime shifts, compared with one-fifth (19 per cent) of those employed in hospitals. Nearly two-fifths (37 per cent) of NHS hospital nurses worked internal rotation.

Analysis by broad specialty shows variation in shift patterns. Not surprisingly the vast majority (87 per cent) of NHS nurses deployed in primary care worked daytime shifts, compared with less than half (46 per cent) of those in mental health. Internal rotation was most prevalent amongst NHS nurses working in acute adult specialties (40 per cent) and paediatrics (41 per cent). A higher proportion (24 per cent) of nurses in elderly care worked night shifts only, compared with those in acute adult specialties (12 per cent). One in eight (12 per cent) paediatric nurses worked 12 hour shifts, compared to one in twenty (five per cent) nurses in acute adult specialties.

Table C.1 Shift patterns, by employment sector

	NHS nursing %	Non-NHS nursing %	GP practice nursing %	Agency/bank nursing %
Internal rotation	29	14	<1	22
Earlies and/or late shifts	18	35	24	32
Nights only	10	18	<1	13
Daytime (office hours)	33	24	60	20
12 hours shifts	4	4	—	3
Other	6	5	15	10
Base number	*2,844*	*497*	*253*	*151*

Source: IES, 1997 RCN membership survey

Can the NHS safely rely on recruiting from the pool of non-working nurses to fill vacancies and cover a shortfall in the supply of new qualifiers? Using data from a national survey of 6,000 registered nurses, this report provides an up-to-date independent assessment of the UK nursing labour market. It contends that the pool is smaller than previous estimates suggested and that the NHS will have to work harder to recruit returners. The survey highlights an increased prevalence of excess hours working, further growth in the proportion of nurses undertaking additional bank nursing work, and a slowdown in career progression.

The Institute for Employment Studies
Mantell Building
University of Sussex
Brighton
BN1 9RF

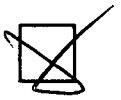
Telephone +44 (0) 1273 686751
Facsimile +44 (0) 1273 690430

ISBN 1-85184-266-7
9 781851 842667

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement (OERI)
Educational Resources Information Center (ERIC)

NOTICE

REPRODUCTION BASIS



This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

☐

This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").