

# Who will care?

## Nurses in the later stages of their careers

Results from the first RCN Panel Survey 2010

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This project was commissioned by the Royal College of Nursing as part of a new programme of research to monitor the career decision making and attitudes of experienced nurses in the later stages of their careers. The project is also acting as a pilot study to test longitudinal approaches to exploring movement and changing views in the nursing workforce.

The project has been managed by Geoff Pike at Employment Research and written in collaboration with Rachael McIlroy from the Employment Relations Department at the RCN.

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### **Employment Research Ltd**

Employment Research Ltd, an independent research consultancy, was formed in 1994. The company conducts a range of research and evaluation, and since 2001 has undertaken the RCN employment surveys, the RCN working well surveys, and several surveys of selected sub groups of the membership.

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## 1. Introduction

The UK has both an ageing population and an increasing proportion of older workers in the workforce. These circumstances will place mounting challenges on the NHS and other health and social care providers, both in terms of the amount and type of services provided and the workforce supply. Indeed, retirement is one of the major issues facing workforce planners in health services, with a high and increasing proportion of nurses aged 50 plus and approaching retirement. In 2008, around one in three nurses were aged 50 plus compared to just one in five in 1997. In addition, nurses aged 50 plus are concentrated in key and growing sectors of the health workforce such as primary and community care and independent care homes.

Greater reliance on older nurses to deliver nursing care means that it will be increasingly important to pay attention to the needs of older nurses. Over the next decade, key policy considerations will need to address such issues as the retention and motivation of older nurses and the extent to which nurses work beyond their retirement age.

This document is published in tandem with *Who will care? Protecting the employment of older nurses (RCN, 2011)* which provides information and advice around good practice management of the older nursing workforce. Both RCN documents underline the importance of developing policy responses tailored to the needs and expectations of older nurses who work in a profession which can be highly stressful and demanding.

The RCN explains that that certain misconceptions exist about age and older workers and that where these influence employment decisions, they can significantly undermine job satisfaction and willingness to stay with an employer or even in the nursing workforce at all. While it is true that some nurses will seek to downshift as they get older, such as through reduced or more flexible hours or reduced levels of responsibility, others may seek further development in their careers and even wish to work beyond their retirement.

Many members of the older nursing workforce therefore share many of the characteristics and employment requirements of their younger colleagues, yet they also have specific needs. This means an emphasis on support for continuing professional development, policies that enable work-life balance, involvement and engagement in decision-making, as well as specific policies which positively acknowledge and value older nurses' experience. Specific attention should also be paid to facilitating the transition to retirement through advice and guidance on employment options and pension arrangements.

Building on the advice and key messages in the guidance, this research provides vital information about the employment patterns and preferences and retirement decisions of nurses approaching retirement age. It finds that even as retirement draws near, many older nurses have not made firm decisions about when to retire and that many factors will influence their decision. These include the state of their own health and wellbeing, their finances, whether they derive job satisfaction and manageable levels of stress and feeling that their experience is valued.

Understanding the employment needs of older nurses is clearly an important challenge for the future. The RCN urges employers and trade unions to work together to develop positive strategies based on the following areas:

- valuing and using skills and experience
- continued opportunities for learning and career progression
- opportunities for flexible working
- developing and maintaining wellbeing including the provision of well resourced occupational health systems

- flexible approaches to retirement
- nurse involvement and engagement – in service delivery and improving their own employment experience

### **1.1 Background information about older nurses**

Using figures from the RCN Employment Survey 2009, 26 per cent of the RCN membership is over 50 and 12 per cent is over 55. The average age of RCN members is 42, an increase of 9 years since 1987. This reflects the age profile of the NHS as a whole in the UK, with 25 per cent of all nurses, midwives and health visitors over 50 years of age.

A higher proportion of nurses aged 50 plus work in the community compared with younger nurses; for example 44 per cent of NHS health visitors and 37 per cent of district nurses in England are over 50 years old. This labour market situation will present specific pressures and challenges, particularly with regard to current efforts to transfer health care from acute to community settings.

Midwifery is also characterised by an ageing workforce. Over 65 per cent of the English workforce is over 40 and 26 per cent over 50. In Scotland, the figures are comparable with 69 per cent over 40 and 25 per cent over 50. Challenges caused by the ageing workforce are allied to other concerns about an overall shortfall between the number of midwives and rising birth rates.

A major concern for both the RCN and workforce planners is therefore the impact of nurses leaving the profession through retirement. The RCN's Labour Market Review 2010 predicted that 200,000 nurses are set to retire in the next ten years.

However, this situation may be offset somewhat by the impact of the recession which may delay the retirement of some nurses, and attract others back into the labour market, adding to the already ageing profile.

Those older nurses who continue to participate in employment are less likely to work full-time, meaning a reduction in nursing hours available from those who do delay retirement.

The combination of all these trends requires the development of effective workforce planning strategies in order to build a clear picture of the future nursing workforce and develop a clear understanding of nurses' attitudes to and plans around retirement. Also required are innovative ways to retain and motivate the older workforce, supporting their specific employment needs and valuing their expertise and experience.

This rest of this report is structured as follows:

**Section 2** sets out a summary of the key research findings, outlining what older nurses told us about their employment experiences and needs. A fuller discussion of these findings is set out in sections 5, 6 and 7.

**Section 3** discusses the aims and objectives of the report and the research methodology.

**Section 4** provides a summary of respondents' demographic and employment details and other key data. A more detailed description of the data is set out in section 8.

**Section 5** provides a more detailed discussion of the main research findings, and examines the employment needs of older nurses.

**Section 6** covers the main research findings in relation to the extent and kinds of professional support received by older nurses.

**Section 7** discusses the research findings around working beyond retirement and what would encourage nurses to work post-retirement.

**Section 8** provides more extensive data from the employment survey, setting out the demographic and employment profiles of our survey respondents and other statistical information.

## **2. Summary of research findings**

### **2.1 Understanding the employment needs of older nurses**

- While many say their jobs are physically demanding and that the workload is too heavy, most survey respondents are positive about nursing as a career and derive many benefits from working in the profession. Above all other aspects of working life – older nurses value patient contact, teamworking and delivering quality care.
- When these aspects of working life are challenged – by concerns such as around understaffing, workload and the ability to deliver high quality patient care, this leads to reduced job satisfaction, increased stress and prompt some to consider leaving nursing altogether.
- Our survey found that when such aspects of job satisfaction are unmet, unhappiness with pay becomes more acute. Older and particularly more experienced nurses feel disadvantaged by Agenda for Change as it is seen as rewarding qualifications rather than experience and expertise.
- Such perceptions of pay rates and structures play a part in forming wider views about how older nurses feel they are valued, with survey respondents underlining the importance of feeling valued – by patients, managers and colleagues. Ensuring that older nurses' expertise and experience are acknowledged and appreciated is key to securing job satisfaction and therefore retention.
- Valuing expertise and experience may involve a range of different policies such as developing new ways of using nurses' skills, ensuring access to flexible working and to flexible approaches to retirement. In turn, this requires a need for management support and nurses' active involvement in decision making.
- Disabilities or physical problems which affect older nurses' ability to work impact on career longevity and likelihood of leaving the profession. Solutions to help nurses with health problems may include flexible working arrangements, innovative job design and good occupational health provision.
- Overall, most nurses report feeling that their work is valued, but job satisfaction is markedly higher outside the NHS than within it. This may well be related to the way in which nurses progress in their careers, with many choosing to work outside the NHS later in life, such as in independent care homes. While pay levels are lower outside the NHS, there is evidence that satisfaction with working hours is higher and stress levels are lower.

## 2.2 Professional support and development for older nurses

- Career advice and development remain important to nurses approaching retirement age, with many stating that they would like more opportunities to undertake training and development to build on their prior learning and experience. This should involve regular contact with managers, as well as more formal development reviews and training plans.
- While some nurses approach their remaining years at work looking for ways to develop their career and take on new challenges, others are looking for ways to wind down - perhaps by changing jobs or their hours of work. This highlights the need for a flexible approach to the employment of older nurses, taking into account different needs and expectations and avoiding stereotypical assumptions about older workers.
- This also highlights the need for older nurses to be offered advice about employment and retirement options, reflecting older nurses' differing needs. For some groups, this may mean innovative development opportunities such as the chance to mentor younger colleagues, while for others, it will mean a discussion about downshifting options or wellbeing and lifestyle changes. Retirement advice may look at pensions and financial advice, estate planning, or the implications of working beyond retirement.
- Effective occupational health services reduce the risk of older nurses leaving the workforce due to poor health. It is therefore important that nurses should be able to self-refer for OH support and services.

## 2.3 Working beyond retirement

- As well as the economic case behind the retention of the existing nursing workforce in terms of the cost of training and replacement, the intrinsic benefits derived from older nurses' experience, knowledge and skills are invaluable. It is therefore vital to understand their working lives; what makes nurses leave nursing and what encourages them to stay even beyond retirement.
- The reasons given by survey respondents for choosing to work beyond retirement age are varied, including job satisfaction derived from nursing as well as bolstering income levels.
- While many older nurses are open and vocal about their wish to work past normal retirement age, others may be more reticent - fearing they may not be taken seriously or not feeling able to request altered working arrangements. Others may simply not have considered that such a request was possible.
- Key factors which affect older nurses' decisions to work beyond retirement age include the state of their own health and wellbeing, whether they feel valued in the workplace, the availability of flexible or reduced hours and the opportunity to work less intensively.
- Other practical issues which would encourage working beyond retirement age focus around pension arrangements, such as allowing nurses to 'retire and return.'

## 3. Research aims and objectives

The RCN undertakes an employment survey among a representative sample of its members every two years. This allows the RCN to evaluate key data about the working lives of its members and provides an essential barometer of opinion and working life experience for different groups of nurses that can be analysed and followed over time.

In recognition of the demographic pressures in health and social care, the RCN is interested in addressing a number of key workforce issues among its older members. At present, the biennial employment survey (ES) provides useful data on the intentions of nurses when approaching retirement age but does not look at what they do at the point when these changes take place, for how long and the factors that influence their decision making at this key stage of their careers.



In order to fill this information gap, it was decided to undertake a longitudinal survey project among the RCN membership to address a number of employment questions with a cohort of members aged 50 and over. The survey was designed to provide insight into when and how individual nurses change direction in their careers i.e. move into part-time work or semi/full retirement or move into and out of the NHS, their reasons for doing so and factors influencing their decision making.

This longitudinal research project on nurses approaching retirement age is designed to build on and supplement the biennial RCN employment survey (RCNES) which is undertaken among a representative sample of RCN members of all ages. The results of the most recent survey are set out in *Nurses' employment and morale in 2009* which analyses responses from a total 4,845 survey respondents.

### **3.1 The panel survey**

The report is based on an analysis of results from ES 2009, using findings from the 1,485 respondents aged 50 or over who took part in the survey. This allows us to concentrate on the findings for this specific group of nurses, to compare results to the younger age group and look at any differences within the 50 plus group according to different factors such as age, place of work, ethnicity or length of service.

An additional survey was sent out to all those nurses aged 50 or over who took part in the 2009 employment survey. This panel survey allows us to build on the results from the main employment survey and dig deeper into the key aspects of working life for older nurses. In total, we have results from 985 respondents, who participated in both surveys.

Longitudinal or panel surveys are distinguished from cross-sectional surveys through their focus on providing data over a period of time on a group of individuals. They are of particular interest when exploring the dynamics of change as they focus on change in individual behaviour as opposed to the population as measured through the RCNES series. However, there are a number of issues that needed to be considered in designing a research programme along these lines. These issues are set out in Appendix B.

### **3.2 Research approach**

The 2009 employment survey provided ERL with a database and benchmark from which to set up and develop the panel survey. All respondents to the 2009 ES aged 50 and over were invited to take part in the panel survey. Of these 1,485 nurses, 985 respondents can be analysed longitudinally using the 2009 employment survey data.

Age was used as the deciding variable in choosing the sample rather than time since qualification. This takes into account the variability in ages when nurses first qualify, but also allows for the exploration of views and experiences according to whether nurses had worked in nursing most of their working lives or if they had entered nursing at a later stage in their lives.

The 2009 employment survey provides demographic information as well as benchmark data on working life attitudes, employment details, including pay bands, job titles, specialty and sector, training, recent job change and second jobs. In addition, some longitudinal analysis is possible at the outset of the project by exploring any changes in views and experiences between 2009 and 2010.

## 4. Respondent profile and key data

A summary of respondents demographic and employment characteristics and key findings are set out below. More detailed survey findings are set out in chapters 7 to 11 of this report.

### Age and background

- Just under half (46 per cent) are aged 50-54. 36 per cent aged 55-59, 15 per cent aged 60-64, and 3 per cent aged 65 or over.
- 93 per cent of respondents are white and 7 per cent are from BME groups.

### Personal lives

- One in five nurses over 50 (18 per cent) have caring responsibilities for dependent children and 13 per cent have caring responsibilities for grandchildren. One in four (27 per cent) have caring responsibilities for a dependent adult.
- There is evidence of older nurses being squeezed by multiple caring responsibilities, with around one in ten nurses aged over 50 having caring responsibilities for *both* children and/or grandchildren and dependent adults.
- More nurses aged under 50 have childcare responsibilities (61 per cent) than older nurses, but fewer have responsibilities for dependent relatives (15 per cent).

### Disability and health

- Around half say that their job is physically demanding and 48 per cent are limited in some way physically in the work that can be undertaken.
- 33 per cent have a back injury or back pain.

### Professional history

- 59 per cent of all nurses aged 50 or over have been qualified as a registered nurse for 31 years or more.
- 25 per cent have been qualified for 21-30 years and 7 per cent for less than 10 years.
- Older nurses are much less likely than younger colleagues to have academic qualifications. 45 per cent of nurses over 50 have no academic qualification – compared to just 24 per cent of nurses aged under 50.

### Where nurses work

- On the whole, older nurses are more likely than younger nurses to work in the community and less likely to work in NHS hospitals. 40 per cent of nurses over 50 work in NHS hospital settings compared to 57 per cent of nurses under 50. A higher proportion of older nurses work in the NHS community, GP practice independent care home, hospice and bank and agency settings.

### Pay and household income

- Two-thirds (68 per cent) of all nurses over 50 are employed on Agenda for Change pay bands, 16 per cent on clinical grades and 16 per cent on other pay scales. This reflects the high proportion of respondents working outside the NHS.

- Nurses' earnings represent at least 50 per cent of all household income for around 72 per cent of all survey participants. In this respect, older nurses' earning patterns are similar to those of younger nurses, suggesting that a high number of nurses are heads of households or primary earners.
- Older nurses are also just as likely as younger nurses to have additional jobs. One in four nurses have additional jobs to their main jobs, and BME nurses are more likely than white nurses to have other jobs (37 per cent compared to 18 per cent).
- Of those nurses with additional jobs, the most prevalent choices are working for a nursing bank (47 per cent) or nursing agency (10 per cent).

### **Working hours**

- The majority of nurses (91 per cent) aged over 50 work regular, contracted hours. 56 per cent work full-time and 44 per cent work part-time. Part-time working is more common among older nurses, with more nurses of all ages (63 per cent) reporting they worked full-time hours and fewer working part-time hours (34 per cent).
- Four times as many white nurses (47 per cent) work part-time than BME nurses (12 per cent) – a similar pattern exists among younger nurses.
- Around one in eight (12 per cent) have to work in excess of contracted shift every shift. A third (33 per cent) do so several times a week and a fifth (21 per cent) once a week.
- Full-time nurses and those in higher AfC bands are most likely to work additional hours.

### **Changes in employment and career plans**

- Turnover among older nurses is lower than that for younger nurses, with 31 per cent of nurses under 30 having changed jobs in the previous 12 months, compared to 14 per cent of nurses over 50.
- The highest turnover rates among nurses of all ages are for those working in independent care homes (19 per cent changing jobs in the previous 12 months), independent hospitals (20 per cent) and NHS community settings (18 per cent). Just 9 per cent had changed jobs in NHS hospitals.
- Nurses working in GP practices, banks/agencies and hospices are the most likely to say their work situation is ideal, meeting all their needs - around 40 per cent compared to 23 per cent in NHS hospitals.

### **Professional support and development**

- On average, nurses over 50 take 6 CPD days, compared to 6.6 days by nurses under 50. Nurses in GP practices and independent care homes take the most CPD (around 8 days per year, compared to 5.8 days by bank and agency nurses). Three quarters (77 per cent) of nurses over 50 said they receive access to appropriate training and development opportunities.
- In the panel survey, respondents over 50 years old were asked specific questions about support provided for their professional lives and their own health and wellbeing.

- Around one in six (16 per cent) have received career development support or counselling over the last few years, while a third (34 per cent) had not received any but would like to. The rest have not received any support but said they have no need for it.
- Occupational health advice had been accessed by just over a third (35 per cent) of nurses aged over 50 in the few years prior to the survey, while 12 per cent had not received any but would like to. A half (53 per cent) had not received any support but did not need it.
- Where occupational health advice had been received, it was usually provided by the employer (77 per cent) or an external organisation but funded by the employer (17 per cent).
- Around six in ten (59 per cent) nurses of all ages and 62 per cent of older nurses have had an appraisal/development review with their manager in the previous 12 months.

### **Planning for retirement**

- For most NHS nurses over 50, their normal retirement age is 60 (47 per cent). For around a third (29 per cent) it is 65 and for 18 per cent it is 55.
- On retirement, around a third (36 per cent) expect their future household income to come mainly from their own income, with a similar number (34 per cent) expecting it to come equally from themselves and their partner.
- Full-time nurses over 50 and those over 60 are most likely to be reliant on their own income on retirement, pointing to the reliance of many nurses on their own salary and pension rather than a partner or spouse.
- The majority of older nurses (79 per cent) have an NHS pension and those without tend to work in the independent sector.
- Only around half (45 per cent) expect a decent standard of living on retirement, and 40 per cent are either not very or at all confident of doing so.
- Around two-thirds (63 per cent) say they are fairly or very concerned about the state of their financial preparations, with just 22 per cent either not concerned or fairly unconcerned. These findings are similar to the general public with research by the Department of Work and Pensions revealing low levels of pension preparation among people approaching retirement.<sup>1</sup>
- Just less than a third (31 per cent) intend to work in nursing in the same or a similar job after retirement and 13 per cent intend to work outside of nursing. A fifth (20 per cent) said they would not work and 25 per cent were not decided. One in ten respondents (11 per cent) was already working past their retirement age.
- Considering the factors that would encourage nurses to work beyond retirement age, three-quarters stated that their overall health and wellbeing was extremely important. Other factors include feeling that experience is valued (49 per cent) and less stress at work (47 per cent), availability of reduced hours (36 per cent) and the opportunity to do less intensive work (27 per cent).
- One in five (20 per cent) have received support from their employer in preparing for retirement. These include study days, seminars and workshops, pre-retirement classes and courses.

### **Views of working life**

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<sup>1</sup> Green, E and White, C (2005) *Effective means of conveying messages about pensions and saving for retirement*, Department of Work and Pensions

- Analysis of attitude statements, used to assess nurses' views of their working lives, shows that while nurses over 50 do not generally feel discriminated against because of their age, over half feel that their jobs are physically demanding. The majority feel that their knowledge and experience are fully utilised at work and valued by younger colleagues and employers.

	<b>NHS</b>	<b>Non-NHS</b>
<b>Job is physically demanding</b>	56%	46%
<b>Feel discriminated at work because of age</b>	11%	6%
<b>Experience is valued by younger colleagues</b>	75%	76%
<b>Skills and experience are fully utilised at work</b>	67%	70%
<b>Good opportunities to progress career</b>	28%	40%
<b>Sufficient opportunities to continue professional development</b>	49%	64%
<b>Knowledge and experience is valued by employer</b>	69%	52%
<b>Satisfied with quality of care where I work</b>	63%	74%
<b>Able to provide level of care I would like</b>	66%	46%

## 5. Research findings - Understanding the employment needs of older nurses

### 5.1 Myths and misconceptions about 'old age'

It is often assumed that talent, skill, capability and motivation diminish in older workers. But in fact, the evidence does not bear this out.

A study by the Robert Wood Johnson Foundation in the USA reports that less than 5 per cent of people 65-69 years old have moderate to severe memory impairment.<sup>2</sup> Two studies in the NHS found that while older nurses are more likely to suffer from ill-health and disability, they have less sickness absence than younger nurses and have more employer loyalty<sup>3,4</sup>. Furthermore, previous research conducted by Employment Research for the RCN found higher levels of sickness absence among younger nurses compared to older colleagues, despite having fewer long-term health problems<sup>5</sup>. In general, experience at work and vocational proficiency more than compensate for any age-related decline.<sup>6</sup>

Poor life style choices and experience of ill health in earlier/mid life are the key predictors of ill health that impact on employability. This applies equally to nurses of all ages. Physical capability is seen to decline as workers age; but there is no set pattern of deterioration that is true for all.

Older nurses can be disadvantaged when stereotypical assumptions are made about their physical performance. Rather than being supported to use their skills and experience most effectively, they often feel the emphasis is on what they might *not* be able to do. Indeed, one respondent to this survey told us:

*"Although my age may well indicate otherwise, I qualified in May 2009 and do not by any stretch of the imagination consider myself an experienced nurse! I feel I am at the start of my career as a nurse and not on the countdown to retirement."*

Nurses' ongoing commitment to both nursing and their own career development is certainly reflected in this survey. The majority of older nurses (65 per cent) stated that they are positive about nursing as a career and a significant proportion (43 per cent) reported that they would like more opportunities to undertake training and development.

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<sup>2</sup> Robert Wood Johnson Foundation (2006) *Wisdom at Work: the Importance of the Older and Experienced Nurse in the Workplace*. Available at: [www.rwjf.org/files/publications/other/wisdomatwork.pdf](http://www.rwjf.org/files/publications/other/wisdomatwork.pdf)

<sup>3</sup> Wray J, Watson R, Stimpson A, Gibson H & Aspland J (2006) "A wealth of knowledge": *The employment experiences of older nurses and midwives in the NHS*. *International Journal of Nursing Studies*, 46 (7), 875-1034.

<sup>4</sup> Storey C, Cheater F, Ford J and Leese B (2009) *Retention of nurses in the primary and community care workforce after the age of 50 years: database analysis and literature reviews*. *Journal of Advanced Nursing*, 65(8): 1596-1605.

<sup>5</sup> Ball J and Pike G (2006) *At breaking point? A survey of the wellbeing and working lives of nurses in 2005*. Royal College of Nursing.

<sup>6</sup> Yeomans L (2010) *An update of the literature on age and employment*, Health and Safety Laboratory. Available at: [www.hse.gov.uk/research/rrpdf/rr832.pdf](http://www.hse.gov.uk/research/rrpdf/rr832.pdf)

This research also found that the nurses who took part in this survey generally spoke positively about their experiences at work. In particular, they value intrinsic aspects of the role above all other aspects of their working life – including relationships with other staff, team working, having clinical and managerial responsibility, the feeling of doing a worthwhile job and working with autonomy. Where nurses feel that their work and role are valued by their employer, colleagues and society more generally they are significantly more likely to feel satisfied in their work and employment situation, and consequently more inclined to remain in their current employment and in nursing, all other things being equal.

*“Working closely with people. Nursing still gets respect from the general public. Job satisfaction, using skills and experience.”*

Patient contact also featured highly – with nurses appreciating being able to build relationships with patients, seeing improvements to conditions, delivering quality care (often against the odds), receiving respect and appreciation from patients and dealing with a range of different patients.

#### **Which aspects of working life do you value most?...**

*“Patient contact. Opportunity to lead/develop projects (patient centred) and strategies within my speciality. Working with good hardworking staff who have a sense of humour.”*

*“Having retired on 19 June 2010 at 62 years I have to say the one thing I valued above everything else in my nursing career was the privilege I felt in being allowed to CARE for people, especially in times of need. I also valued the company of colleagues and patients.”*

*“Working closely with patients 1:1 in primary care enables me to deliver high quality care. Working as part of a small close knit team working autonomously with a wide range of specialist skills. Continuity, history and trust.”*

However, many were dissatisfied with various specific aspects of their working lives. Around half said that their job was physically demanding (53 per cent), that the workload is too heavy (49 per cent) and that they felt under too much pressure at work (56 per cent). Many pointed to staff shortages, heavy workloads and administrative burdens contributing to stress. Others pointed to the need for improved management support, increased involvement in decision making and more flexible working.

#### **What would improve your working life?...**

*“More say in developing services to patients. To be kept in the “know” about what is going on in the department and trust. To acknowledge and value the degree of knowledge, experience and education within the team.”*

*“Leadership should extend to other professions and not just the doctors/consultants. More recognition, more career development and more pay. More flexible working arrangement to reflect individual needs.”*

*“I feel that it is important that staffing levels are adequate as you slow down as you get older. Inadequate staffing levels increase stress and fatigue.”*

*“I have been relieved to leave my work as nurse manager in community services as I felt very constrained by the monitoring and “ticking boxes” that I was forced to do as a result of the bureaucracy handed down from central government.”*

## 5.2 Disability and ill health

Disability and health problems should not deter employment. Many older people do continue to work with changed capacity, assisted by flexible working opportunities and good communication with employers and line managers.

Disability, poorer health and workplace injuries are important issues in the NHS. In 2000 the NHS spent £73.5m per year on sickness payments related to back injuries and £52.5m in staff replacement costs for the same<sup>7</sup>.

Workplace injury and ill-health have a huge influence on nurses' career longevity and the likelihood of them having to leave the profession. A national study conducted among the NHS workforce looked at 2,000 granted applications for retirement due to ill-health in 1998-9. The mean age of all applicants was 51.6 with the most common reason cited being musculoskeletal problems. Four in ten applicants declared that their health problems were caused by work and 24 per cent of managers agreed<sup>8</sup>.

The panel survey found that 11 per cent of nurses over the age of 50 reported having a disability, rising only very slightly to 13 per cent among nurses aged 60 plus. These figures are similar to those reported in 2006 in the RCN *Working Well* survey which found that 19 per cent of respondents reported having a long term (lasting a year or more) health problem or disability. In half of these cases it affects the type or amount of work they can do<sup>9</sup>.

A third of these nurses reported having back issues or injuries (33 per cent), a fifth (21 per cent) indicated osteoarthritis, rheumatism or repetitive strain injuries and 10 per cent indicated stress related issues. Nearly a half (48 per cent) of all those with a disability indicate that they are limited physically in the work they can undertake. More detail is given in Table 2 later in this document.

Poor health is one of the major factors contributing to premature labour market exit. Finding solutions to help nurses with health problems to remain in work is a priority, which should be supported with flexible working arrangements, job design (which takes into account physical ability), effective occupational health provision and strong communication between nurses, their managers, line managers and colleagues.

We asked all nurses about levels of satisfaction with their working hours. It is of concern that nurses who reported having a disability that affects their work appear to be less satisfied with working hours than those with no disability. Forty four per cent of nurses with a disability said they have sufficient flexibility all or most of the time compared to 54 per cent of nurses with no disability. This suggests that there is room for improvement in terms of flexible working for nurses with a disability.

## 5.3 Achievement and progress

Research undertaken in 2007 by Kings College showed that older and particularly more experienced nurses often report feeling disadvantaged by Agenda for Change as it is seen as rewarding qualifications rather than experience. This possibly pushes some nurses towards retirement earlier than might otherwise be the case<sup>10</sup>. The research suggested that these nurses felt that their experience was not sufficiently rewarded, that they were undervalued by management and that this was reflected in their pay (which did not reflect their level of skills and responsibility).

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<sup>7</sup> Wray J, Watson R, Stimpson A, Gibson H and Aspland J (2006) "A wealth of knowledge": *The employment experiences of older nurses, midwives in the NHS*. International Journal of Nursing Studies, 46 (7), 875-1034

<sup>8</sup> Pattani S, Constantinovici N and Williams S (2001) *Who retires early from the NHS because of ill-health and what does it cost? A national cross sectional study*, British Medical Journal, 322(January): 208-209.

<sup>9</sup> Ball J and Pike G (2006) *At breaking point? A survey of the wellbeing and working lives of nurses in 2005*. Royal College of Nursing.

<sup>10</sup> Bennett J and Maben J (2007) *Carry on nursing*. Nursing Standard, 50: 62-63.



It is unclear how much pay affects decisions to leave at later stages of nurses' careers but it is likely to be important if other reasons are causing dissatisfaction, for example if staff feel undervalued or are unhappy with their physical working conditions<sup>11</sup>.

A study from the University of Sheffield found that one of the more common reasons for wishing to leave the profession at around retirement age were the lack of career prospects and financial reward.<sup>12</sup> Furthermore, a study undertaken by the University of Leeds among primary and community care nurses in the NHS in England found that one of the three most frequent reasons given for staying in nursing as retirement approached was the level of pay<sup>13</sup>.

The literature on nurses approaching retirement suggests that many accept positions and roles on lower pay bands/grades in order to have more flexibility in working hours, less responsibility in the role and a change in working environment.

The RCN survey found that among nurses aged 50 or over, two thirds (68 per cent) are employed on AfC pay bands, 16 per cent on clinical grades and 16 per cent on other pay scales. In the NHS, the majority (90 per cent) of older nurses are on Agenda for Change pay bands, compared to just 25 per cent of GP practice nurses and around half of bank/agency and hospice nurses. Nurses employed outside the NHS are more likely to be employed on clinical or other grades, with around half of independent hospital and GP practice nurses employed on clinical grades.

Indicating a measure of the level of underemployment among older, more experienced nurses, this survey found that a quarter (26 per cent) of all respondents over 50 and 40 per cent of nurses over 60 reported they were currently working in a lower banded/graded job than earlier in their career.

It appears that those nurses working in lower bands or grades than earlier in their career are most likely to do so outside the NHS, with a significant number of those in bank and agency settings (52 per cent), independent hospitals (49 per cent), hospice/charity settings (41 per cent) and independent care homes (33 per cent) reporting this trend. Just one in five (21 per cent) nurses in the NHS are employed on pay bands/grades lower than earlier in their careers.

This suggests that more experienced nurses leave the NHS to take up positions on lower pay bands/grades, perhaps in order to achieve other more beneficial elements to their working lives, for example more flexible working hours, less responsibility and lower workload and/or pressure. Indeed, those nurses aged 50 or over working in GP practices, for banks or agencies and hospices are more likely than those working in NHS settings to say that their current work situation was ideal and met all their needs. Also, nurses working in community settings and GP practices are more likely to work part-time (51 per cent) than nurses in NHS hospitals (35 per cent) again suggesting a link between place of work and the mode of working.

The reasons given for being in a lower banded or graded job than earlier in careers are set out in table 7 on page 39. Beyond the typical, yet varied reasons expected to lie behind most people's decisions to change jobs, our survey respondents cited the need to wind down and plan for retirement or assume less responsibility.

#### ***Why are you working in a lower band/grade than earlier in your career?...***

*"Did not want hassle/ responsibility of higher grade."*

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<sup>11</sup> Storey C, Cheater F, Ford J and Leese B (2009) *Retention of nurses in the primary and community care workforce after the age of 50 years: database analysis and literature reviews*. Journal of Advanced Nursing, 65(8): 1596-1605.

<sup>12</sup> Collins K, Jones ML, McDonnell A, Read S, Jones R and Cameron A (2000) *Do new roles contribute to job satisfaction and retention of staff in nursing and professions allied to medicine?* Journal of Nursing Management, 8(1): 3-12.

<sup>13</sup> Storey C, Cheater F, Ford J and Leese B (2009) *Retention of nurses in the primary and community care workforce after the age of 50 years: database analysis and literature reviews*. Journal of Advanced Nursing, 65(8): 1596-1605.

*“Downgraded as wanted contact with patients not management role.”*

*“I no longer wish to be in a band 6 role. I feel I just want to be a 'good staff nurse' until I retire.”*

Other reasons include seeking reduced hours or more flexibility in working times, a forced change of job due to organisational restructuring and illness or injury.

Overall, most older nurses - both the more recently qualified and more experienced respondents - reported that they feel their work is valued. However, job satisfaction is markedly higher outside the NHS than in the NHS. As shown in Table 19 in section 10, three-quarters of respondents working outside the NHS said they felt their work is valued and that they are satisfied with their present job, compared to around 60 per cent of older nurses working in the NHS. Among other factors, this may be linked to other findings – for example more non-NHS nurses said their employers provided opportunities to keep up with up with job-related developments. Also, older nurses working in the NHS were more likely than those in non-NHS settings to say their workload was too heavy and that they were under too much pressure. More non-NHS nurses also said they were able to provide the level of care they would like than NHS-based nurses. This suggests that job satisfaction - as driven by a feeling of being able to get on with the job, a sense of autonomy and the ability to develop within the role – is higher outside the NHS than within it.

#### **5.4 The working lives of more experienced nurses**

This section looks at the particular experiences of nurses who have worked in the health sector for a significant part of their careers.

Of all survey respondents, six in ten (59 per cent) have been qualified as a registered nurse for 31 years or more, a further one in four (25 per cent) have been qualified for 21-30 years and 9 per cent were qualified for between 11-20 years. Just seven per cent qualified relatively late in life, within 10 years of the time of the survey.

A recurring theme throughout this research was the wish for older workers' experience and expertise to be acknowledged and valued. This is also borne out in RCN Scotland's *Older...but wiser* project, which reported on the challenges of an ageing nursing workforce in Scotland and campaigned for action from the Scottish Government to address the issue. The project found that older nurses regularly reported that they did not feel that their skills and experience were valued and that, as a consequence, they did not feel respected. They felt that others considered their training less robust than current training which emphasises the scientific aspects of nursing.<sup>14</sup> Research with Canadian nurses supports this view and shows that two out of the top five human resource practices effective in retaining older nurses relate to respect and appreciation.<sup>15</sup>

Respondents to this survey were asked which features of working life are valued most and many nurses mentioned the concept of respect - from both employers and colleagues, and particularly respect for nurses' knowledge and experience. They also voiced their wish to have an increased say in service delivery and management decisions as well as better communication within the organisation, between wards and between roles.

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<sup>14</sup> RCN Scotland (2009) *Older and wiser*. Available at: [www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0004/199003/Summary\\_FINAL.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0004/199003/Summary_FINAL.pdf)

<sup>15</sup> Wortsman A (2006) *Taking Steps Forward: Retaining and Valuing Experienced Nurses*. Canadian Federation of Nurses Unions.

Nurses also pointed to better recognition of qualifications and experience as a way of improving their working lives. This appears to relate to a key difference between nurses under 50 and those aged 50 plus in that that older nurses are more likely to have no academic qualifications (45 per cent compared to 24 per cent). Fewer have either degree level qualifications (20 per cent compared to 31 per cent of nurses aged under 50) or diploma qualifications (22 per cent compared to 36 per cent of their younger colleagues).

Some nurses aged 50 plus report feeling their experience is less valued than it should be and their lack of qualifications is an obstacle in their careers, relative to younger nurses. However, nurses' feelings about their experience being valued goes further than perceptions about lack of qualifications. Nurses' job satisfaction and decisions to work after their retirement age is strongly linked to a more general feeling of being valued – among newer joiners as well as more experienced nurses. Around half (49 per cent) said that feeling valued was extremely important and a further 36 per cent said it was a very important factor in deciding whether or not to work beyond retirement age.

#### ***What would encourage you to work beyond retirement age?...***

*"I would need to feel valued and my experience and knowledge recognised that I am not past my sell by date and I don't encounter ageist attitudes".*

*"I have become a victim of my own success in that I have extended my skills with an MSc, advanced assessment and prescribing so that I can provide efficient holistic care and reduce patient admission but have not lost any of the more menial tasks. So find myself greatly pressurised".*

#### **5.4.1 Valuing expertise – encouraging nurses to work beyond retirement**

When asked which factors would encourage nurses to work beyond retirement, being valued was the second most frequently cited area:

- making use of expertise and ask opinions (e.g. focus groups, re-planning, etc.)
- valuing and using nurses' skills to mentor other staff
- being valued and respected for long experience
- being positively regarded by the organisation, management and co-workers (creating a culture of respect for older workers)
- positive support at Government/RCN level (policy level)

#### ***What would encourage you to work beyond retirement age?...***

*"More understanding of what more mature nurses have to offer the NHS. Also better understanding with young nurses what we have to offer to nursing in patient care, etc."*

*"Given more respect for experience and knowledge you can pass on to younger staff. Not just doing the job you have done for years and suddenly being treated as you are just helping out".*

*"It would be nice to think that experience counted for something, however sadly I don't feel that this is so in my final few years in nursing, I feel treated quite badly".*

*“Valuing experience. At times it seems that questioning and discussion of service developments is perceived as being obstructive rather than as using past experience to make better more sustainable improvements”.*

*“Made to feel an important member of the team. Recognition of experience and maturity. Recognition of high standards of nursing care which are now so lacking in junior staff”.*

*“Treat experienced nurses as valued members of team instead of tolerating them merely as bodies to fill a slot, ignoring their opinions, reasoning and experience. The art of nursing doesn't seem to be valued anymore”.*

## **5.5 Where nurses work – stepping stones**

The RCN employment survey carried out in 2003 explored the so-called ‘stepping stones’ in nurses’ careers showing how, in later stages, nurses were more likely to be employed in certain settings and roles than earlier in their careers. They are more likely to work in NHS community settings, GP practices, independent care homes, hospices and bank and agency settings as opposed to NHS hospital settings than younger nurses.

The deciding factor appears to be time since qualification, rather than age. As discussed in section 6.3, the survey found that recently qualified nurses approaching retirement age are more likely to be working in NHS hospital settings than those who have been working in nursing longer.

Among nurses from their mid 50s, it appears an increasing number have felt the need to change jobs due to perceived high levels of stress and workload in previous jobs. Job changes and downshifting may however, also reflect an age-related preference for a more relaxed pace of working life. It is also possible that for a sizeable proportion the intensity of working life is unsustainable in later stages of careers leading to potential ‘burn-out’.

*“Having had to fight for over a year to get my thirty years experience recognised in my grading and pay and having found my workplace - not my work - so stressful that I left and got a job miles away two grades below my previous role I cannot say that being an experienced nurse has any real thrill for me any longer. This is really disappointing as I loved my job and was good at it.”*

The survey asked nurses aged 50 plus whether their pay band or grade is commensurate with their role and responsibilities. Nurses employed in the independent sector, hospitals and care homes are the least likely to respond positively (36 per cent and 40 per cent respectively compared to 58 per cent among all 50+ nurses). Nurses in NHS hospitals (58 per cent) and NHS community settings (62 per cent) are most likely to state they are happy with their band or grade.

This finding may be related to our sample, with nurses working in the NHS more likely to be employed on higher pay bands. However, it may also point to a wider dissatisfaction, particularly in the independent sector, either linked to a feeling among these nurses that their experience is not valued or a more general unease with the way jobs are graded. The survey seems to indicate that a move to a different area of the health and social care sector or a different role coincides with a frustration over pay and grading.

This suggests a trade-off between pay and other aspects of the employment relationship such as career progression and work-life balance, with nurses in the independent sector most likely to report dissatisfaction with pay band but greater satisfaction with opportunities for professional development and to a lesser extent, working hours.

Respondents were also asked about their pay and whether they agreed with the statement: 'My pay is appropriate given my skills and experience'. Nearly half (48 per cent) agreed while 38 per cent disagreed.

*"Compared to other professions I think my pay and recognition of my knowledge/experience, is poor."*

*"Often as a more experienced nurse it is expected that you take care of a busy ward but not with the appropriate pay and band, supervising junior staff and undertake training and development of students."*

Echoing the previous findings and supporting the suggestion of a trade-off between pay and other aspects of the employment relations, levels of satisfaction regarding terms and conditions are lower outside the NHS. Nurses in the independent sector (hospitals and care homes) are least likely to feel their pay is appropriate to their skills and experiences (33 per cent compared to 67 per cent of NHS nurses).

## **5.6 Taking on additional jobs**

We know from previous surveys that there is a high prevalence among nurses of taking additional jobs to their main employment. This research shows that older nurses are no less likely to do so than younger nurses. In fact, a similar proportion of over 50s (23 per cent) as under 50s (21 per cent) reported having additional jobs to their main job. However, additional jobs are more prevalent among BME nurses than white nurses (37 per cent compared to 18 per cent) and among nurses with children at home.

Nurses taking additional jobs are most likely to work for a nursing bank (47 per cent). Other popular areas are nursing agencies, or working for other practices, surgeries, clinics, hospices or care homes.

The likelihood of nurses, of all ages, taking on extra jobs appears to be linked in most part to the size of contribution of their earnings to total household income. For around 70 per cent of all nurses, their earnings represent at least 50 per cent of household income. For a half, it makes up more than 50 per cent. Nurses' income makes a major contribution to family livelihood and the need to supplement their earnings does not appear to abate as nurses get older.

*"After over 30 years working as a nurse in the NHS it concerns me how many nurses now need second jobs, in the past it was unheard of. Also agency working now non-existent and I for one was hoping to do this once I retired for additional income. Restrictions on bank also increasing with opportunities to move now almost non-existent, temporary jobs or nothing over a band 6."*

*"I am happy with my working hours as I have some degree of control over my choice of shifts, however, I am unhappy that I feel the need to undertake bank shifts regularly to supplement my income and currently my employers have proposed changes in the workplace hours for nursing staff which are extremely unfriendly for anyone with family/living a distance from the workplace."*

## **5.7 Pay and financial issues**

As part of the 2009 employment survey, we asked nurses about their financial health and found that while quarter (24 per cent) say they are 'living comfortably', another quarter (23 per cent) say they are 'finding it difficult' and just over a half (53 per cent) say they are just 'getting by'. For those nurses whose earnings represent all or most of the household earnings, a third (32 per cent) say they are finding it difficult and around half (51 per cent) say they are getting by.

*“Like many nurses of my age, a career change is not an option, but I am counting the days until I can retire. However, poor pay and a rising cost of living means that this will be for me, a long time yet.”*

The employment survey consistently finds that nurses of all ages are more dissatisfied with their pay and remuneration than any other aspect of their working lives. Nurses over 50 are no different in their views, with only half of the nurses we surveyed agreeing that their level of pay is appropriate given their skills and experience (45 per cent of non-NHS nurses and 50 per cent of NHS nurses).

### **5.8 Working hours and flexibility**

Many older workers wish to work at the same or higher levels, both physically and mentally, as younger colleagues. However, the ability to downshift at older ages, either by means of reduced hours or reduced levels of responsibility, is also recognised as an important factor both in pre-retirement working and encouraging workers to work beyond retirement.

The continued ageing of the nursing workforce means there has been a gradual increase in the number of older respondents approaching retirement, who are more likely to seek part-time or flexible hours than younger staff. Meanwhile the tendency for nurses to enter the profession later in life means that the potential total career length of newly qualified nurses is shorter today than it was in the past.

Other research has shown that obtaining preferred working hours is a key factor in encouraging nurses to remain working for longer. The National Nursing Research Unit at King’s College London highlights access to flexible working as a key issue for policy makers in supporting an ageing workforce<sup>16</sup>. A study by the Centre for Research in Primary Care at the University of Leeds which investigated employment policies encouraging the retention of primary and community nurses over the age of 50 years highlights a reduction in working hours as being one of the three most important factors in encouraging nurses to remain in the profession for longer<sup>17</sup>.

Among our survey respondents, 56 per cent of nurses aged 50 plus work full-time and 44 per cent part-time. Part-time working is much more common among nurses working in the community and GP practices (51 per cent), than NHS hospital nurses (35 per cent). It is also more common among nurses on lower pay bands (around a half of those on AfC band 5 or equivalent compared to a quarter on bands 7/8).

When asked about flexibility in their working hours (in their main nursing job), around half said they have sufficient flexibility most or all of the time. A third said some of the time and the rest said not at all.

While more than two thirds (69 per cent) of nurses aged 50 or over said they were happy with their working hours, most suggested ways in which their working lives could be improved, citing choice or flexibility in hours and more family friendly options, including shorter shifts. (Table 12).

*“Nurses should be allowed to gradually cut down their working hours before retiring. If we want to reduce our hours we have to leave our post and look for another post with suitable hours.”*

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<sup>16</sup> National Nursing Research Unit (2007) *Will an ageing nursing workforce work?* Policy+ Issue 2. Available at: [www.kcl.ac.uk/content/1/c6/02/90/62/PolicyIssue2.pdf](http://www.kcl.ac.uk/content/1/c6/02/90/62/PolicyIssue2.pdf)

<sup>17</sup> Storey, C, Cheater, F, Ford, J. & Leese, B (2009) *Retaining older nurses in primary care and the community*. *Journal of Advanced Nursing*, 65(7): 1400-1411.

Our survey asked members if they had worked excess hours in the week prior to the survey and whether working extra hours was a regular occurrence. A fifth (22 per cent) said they had worked excess hours and one in eight (12 per cent) said they worked in excess of contracted hours on every shift.

Just 46 per cent of nurses who work excess hours several times a week or more say they are happy with their working hours compared to 70 per cent of those who work excess hours less frequently.

*“I have recently reduced my working hours from full-time to part-time in preparation for retirement. Although part-time I constantly change hours to accommodate staff shortages.”*

*“I feel working hours and shift patterns are all biased towards nurses with young children. Older and more experienced nurses will very often have to work around their hours. We very often have to work the days and shifts they do not want to work. Work/life balance is not for older nurses.”*

*“As part of my role I visit patients on acute wards, I can see why the more mature nurse would not want to continue nursing in an environment as the physical/emotional demands on ward staff appear to be very high, with staff not always having meal breaks and regularly working in excess of their contracted hours.”*

Of all the demographic, employment and working life variables that are collected in this survey, flexibility in working hours has one of the strongest correlations with overall job satisfaction. At later stages of their careers, nurses' caring responsibilities and health-related problems become more prevalent. Flexible and reduced hours opportunities are therefore vital for their health and wellbeing. Extending awareness of and eligibility for the right to request flexible and reduced hours will not only benefit individual nurses but lead to wider organisational advantages.

It is of concern to the RCN that less than half of the nurses we surveyed said they felt they had sufficient support for domestic caring responsibilities (40 per cent of non-NHS nurses and 31 per cent of NHS nurses). This is despite a significant number reporting having caring responsibilities, with one in five (18 per cent) having reported caring for dependent children and 13 per cent caring for grandchildren. One in four (27 per cent) have caring responsibilities for a dependent adult. One in 10 have multiple caring responsibilities.

### **5.8.1 Working hours – encouraging nurses to work beyond retirement**

When asked which factors would encourage them to work beyond retirement age – working hours was the most mentioned factor. Suggestions included:

- annualised hours
- ability to reduce hours and stay on the same grade or same job
- improving possibilities for graduated retirement
- more flexible working hours
- opportunities for job share
- favourable shift patterns
- working contracted hours only
- improving breaks
- improving work/life balance.

### **What would encourage you to work beyond retirement age?...**

*"I feel I do a good job, but it is hard as you get older to have the stamina to work full-time, sometimes 10 days in a row, and then have your days off "stolen" for training. I am at a point in my life when I would love to cut my hours and stop doing nights."*

*"I think that the ability to reduce the number of hours worked is vital. I am very fortunate to be in a very successful job share role. Job share may not be the option for all posts but perhaps should be considered more frequently than it is currently."*

*"Perhaps more flexible working and remembering that if you do accept part-time you may suddenly be seen as the 'nurse who will do the work when she comes on shift'. In some cases you work harder as a part timer than as a full-timer, though for less money. It really is a case of developing good communication between both full and part-time staff, so that both respect each other's experiences and knowledge."*

*"More flexibility in working hours. Employers accepting that older nurses still have family commitments, be that looking after grandchildren or elderly relatives as much as younger colleagues."*

*"Recognition of age - need to work to live - unable to work normal shift patterns and need more shifts to reflect age, health and disability."*

### **5.9 Understanding the employment needs of older nurses – key findings**

- While many respondents say that their jobs are physically demanding and that their workload is too heavy, most nurses are positive about nursing as a career and derive many benefits for working in the profession. Above all other aspects of working life older nurses value patient contact, teamworking and delivering quality care.
- Reduced job satisfaction and increased stress contribute to decisions to leave nursing, prompted overwhelmingly by concerns about understaffing, workload and the ability to deliver high quality patient care.
- When such aspects of job satisfaction are not met, unhappiness with pay becomes more acute. Older and particularly more experienced nurses feel disadvantaged by Agenda for Change as it is seen as rewarding qualifications rather than experience and expertise.
- Such perceptions of pay rates and structures form part of wider views around the way older nurses are valued. Ensuring that older nurses' expertise and experience are acknowledged and appreciated is key to securing job satisfaction and encouraging nurses to work post-retirement age.
- This may involve developing new ways of using nurses' skills, access to flexible working and flexible approaches to retirement. In turn, this requires a need for management support and nurses' involvement in decision making.
- Disabilities or physical problems which affect older nurses' ability to work impact on career longevity and likelihood of leaving the profession. Solutions to help nurses with health problems may include flexible working arrangements, innovative job design and good occupational health provision.



## 6. Research findings - professional support and development

This section explores individual access to training and development, looking at whether nurses get appropriate access to training and development opportunities, the reasons why they feel they do not get appropriate access and how this might be improved. Also covered here is take-up of career development and support counselling and occupational health advice. The section also explores the incidence of appraisals and reviews and management involvement in the process.

There has been much research elsewhere that has found that older nurses experience difficulties accessing CPD opportunities, in particular in comparison with younger nurses, for example in Watson et al (2003)<sup>18</sup>, Meadows (2002)<sup>19</sup>, Bennett and Maben (2007)<sup>20</sup> and Wray et al (2008)<sup>21</sup>.

Nurses over 50 reported they get an average of 6.6 CPD days per year – a similar number to under 50s. Nurses working in NHS community settings, independent care homes and GP practices receive the most CPD days and bank/agency nurses the least. Three quarters of all panel participants (77 per cent) said they receive access to appropriate training and development opportunities in their jobs, with a fifth (21 per cent) disagreeing.

The main reasons cited for not receiving appropriate training were lack of funding or time and lack of support from managers. One nurse told us *“the practice manager is not interested in personal nurse development and most courses are at degree level, no longer at diploma so take too much time”*.

Also mentioned was the personal cost, *“as an agency nurse I have to pay for my own training and I cannot afford it”*. Some bank and agency nurses pointed out that training opportunities are not provided to part-time, bank or agency nurses.

### 6.1 Career development support and counselling

When asked whether they had received career development support/career counselling in the last few years, 16 per cent of respondents said they had; a further 34 per cent had not received any support but would like to and nearly a half (48 per cent) have not received any and said they have no need for it.

It appears that those nurses recently accessing career development services have done so to support a change in job. Meanwhile, there also appears to be a certain level of frustration with the ability to access those services among those nurses looking for a change of job. Well over half (57 per cent) of those nurses who had not received any support but would like to were also seeking a change of job.

*“I am at the stage where I would like a service that provided objective advice about future work options.”*

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<sup>18</sup> Watson R, Manthorpe J & Andrews J (2003) *Nurses over 50: options, decisions and outcomes*. The Policy Press. Available at: [www.jrf.org.uk/sites/files/jrf/jr150-nurses-fifty-options.pdf](http://www.jrf.org.uk/sites/files/jrf/jr150-nurses-fifty-options.pdf)

<sup>19</sup> Meadows S (2002) *Great to be grey: how can the NHS recruit and retain more older staff?* The King's Fund.

<sup>20</sup> Bennett, J & Maben, J (2007) *Carry on Nursing*. *Nursing Standard*, 21(5): 62-63.

<sup>21</sup> Wray, J, Aspland, J, Gibson, H, Stimpson, A & Watson, R (2008) *“A wealth of knowledge”: a survey of the employment experiences of older nurses and midwives in the UK*. *International Journal of Nursing Studies*, 46 (7), 875-1034.

## 6.2 Occupational health advice

The RCN guidance advises that older nurses want to be able to self refer to good occupational health (OH) services that can offer appropriate services and support. The Black Review of the health of Britain's working age population also emphasised the importance of occupational health services to prevent job loss and facilitate the re-engagement of people in poor health<sup>22</sup>.

Just over a third (35 per cent) of nurses aged 50 plus reported they had received occupational health advice in the few years prior to the survey, a further 12 per cent had not received any advice but would like to and a half (53 per cent) have not received any and have no need of it.

Some older nurses need particular support in arranging their work differently to take into account their changing physical capabilities. They therefore benefit when OH staff demonstrate an understanding of their situation and seek to support their ongoing employment without recourse to damaging stereotypical views on age.

## 6.3 Development reviews and training plans

Regular contact between staff and their line manager is an important factor in recognising and valuing achievement and progress, including one-to-one discussions, annual appraisals and personal development plans (PDPs).

Respondents to the survey told us that they needed better manager support in terms of regular communication and being kept informed. Others pointed to the need for a better focus on objectives, more regular appraisals and more one-to-one meetings. It was apparent that nurses feel there is insufficient time and commitment to appraisals and reviews and that this needs to be seen as a priority if it is not going to be merely a 'tick box' exercise.

### ***How could your employer improve the support offered?...***

*"More one to one meetings rather than emails."*

*"Verbal feedback encouragement – job well done or otherwise."*

Nearly two-thirds (62 per cent) of nurses aged 50 or over reported having received an appraisal or development review in the previous 12 months. While this is slightly more than nurses under 50 (56 per cent), this is clearly a matter for attention.

Respondents also pointed to the need for more time and funding for training and study.

*"By allocating more funding for training and development or increasing staffing levels so at least some staff could take advantage of sponsored places on courses."*

*"If staffing levels were better, I would feel more at ease to take time off for study leave."*

## 6.4 Planning for retirement

Retirement planning covers a range of issues and can be seen as the process of smoothing the transition from full-time working to retirement. This section explores nurses' retirement intentions and decision making, financial planning, sources of retirement income and concerns about retirement plans.

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<sup>22</sup> Department for Work and Pensions (2008) *Working for a healthier tomorrow. Dame Carol Black's review of the health of Britain's working age population*. Available at: [www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf](http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf)

Planning for retirement often includes changing jobs or working hours as nurses seek less stress or improved work-life balance. Indeed, one in five (18 per cent) of our survey respondents who had recently changed jobs cited the need to wind down, work more flexible hours, give up managerial responsibilities or travel less as the main reason for the change. A similar proportion (19 per cent) of nurses seeking a change of job in the near future also mentioned these reasons as their main motivation.

However, there are just as many nurses who seek a new direction in their career and are anything but winding down in the run-up to their retirement. Of those nurses who stated they had changed jobs in recent years, one in six (16 per cent) said they had done so in search of a new challenge or to better utilise their skills. This also appears to be the motivation for nurses looking to change jobs in the future, with a quarter of all those who stated they would like to leave their current job would do so in order to find greater job satisfaction or fulfilment.

Indeed, other findings also show that nurses' intentions to continue in their current job is strongly linked to whether they feel valued in their work. Those who say they feel their work is valued intend to remain in their current job for 5.5 years while those that do not feel their work is valued intend to stay for 4 years. However, there is no correlation between the time nurses intend to remain in nursing and whether or not they feel their work is valued, suggesting that career plans are more driven by feelings about their current employer than nursing in general.

#### ***How could employers improve the support offered?...***

*"My employer should look at the investment of training and clinical skills I have received over the years and allow us to use these skills appropriately in our roles (experience is valued)."*

*"Acceptance of me as an individual with years of experience. Knowing me better."*

A major motivation for continuing to work in nursing is financial, particularly for nurses in full-time roles. Nurses working full-time are more likely to report that they will be reliant on their own income when they retire than those who work part-time. Also, nurses over the age of 60 are more likely to be reliant on their own income when they retire than nurses in their 50s, regardless of whether they are working full-time or part-time. This suggests that a major reason why nurses are still working in their 60s is in order to provide additional income.

Participants were also asked if their employer had provided any support in preparing them for retirement. Overall, one in five (20 per cent) respondents had received such support, with nurses in the NHS being more likely to have received retirement preparation support (23 per cent) than nurses in the independent and non-NHS sectors (14 per cent).

Generally, the kind of support offered includes study days, seminars, workshops, pre-retirement classes and courses etc, varying from an hour or two to interviews, small group sessions to 3-4 day courses. Courses include statutory information and general retirement information, pension and financial advice, estate planning and sometimes options in terms of reducing working hours/flexibility and health, wellbeing and lifestyle change lectures. A few respondents were critical of the courses/seminars as they were run by financial 'experts' who were perceived as being there solely to attract clients or sell financial packages or that they were not relevant to their individual needs.

### **6.5 Professional support and development - key points**

- Career advice and development remain important to nurses approaching retirement age, with many stating that they would like more opportunities to undertake training and development and build on their prior learning and experience. This should involve regular contact with managers, as well as more formal development reviews and training plans.

- While some nurses approach their remaining years at work looking for ways to develop their career and take on new challenges, others are looking for ways to wind down - perhaps by changing jobs or their hours of work. This highlights the need for a flexible approach to the employment of older nurses, taking into account different needs and expectations and avoiding stereotypical assumptions about older workers.
- This also highlights the need for older nurses to be offered advice about employment and retirement options, reflecting older nurses' differing needs. For some groups, this may mean innovative development opportunities including the chance to mentor younger colleagues, while for others, a discussion about downshifting options or wellbeing and lifestyle changes. Retirement advice may look at pensions and financial advice, estate planning, or the implications of working beyond retirement.
- Effective occupational health services reduce the risk of older nurses leaving the workforce due to poor health. It is therefore important that nurses should be able to self-refer for OH support and services.

## 7. Research findings - working beyond retirement

There is an irrefutable economic case concerning the retention of the existing nursing workforce in terms of the costs of training and replacement. Harder to calculate, but no less valuable are the intrinsic benefits derived from older nurses' experience, knowledge and skills. It is therefore vital to understand their working lives; what makes nurses leave nursing and what encourages them to stay even beyond retirement.

When survey participants were asked whether they intend to continue working beyond retirement age, a fifth (20 per cent) said they would not, while one in four (25 per cent) said they may do but did not know where they would work. One in three (31 per cent) indicated they intend to work in nursing in the same or similar sort of job, 13 per cent said they would work but not in nursing and 11 per cent reported already being at retirement age .

Nurses over 60 are much more likely than younger nurses to know what they will do post retirement age. As shown in previous employment surveys, as nurses approach retirement age their decisions regarding post retirement age intentions are more likely to include working in nursing.

Financial considerations are the driving factor for nurses in deciding whether to work beyond retirement age. The survey found that those most likely to consider carrying on working tend to be most concerned about their retirement preparations, have less confidence that they will have a decent standard of living when they retire or see their financial preparations as poor.

For those struggling financially, access to pension drawdown may provide a solution. This is only open to members of the 2008 section of the NHS Pension Scheme, allowing them to take part of their pension benefits whilst continuing in NHS employment.<sup>23</sup>

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<sup>23</sup> NHS Employers (2010) *NHS Pension Scheme retirement flexibilities*. Available at: [www.nhsemployers.org/Aboutus/Publications/Documents/NHS%20Pension%20Scheme%20retirement%20flexibilities.pdf](http://www.nhsemployers.org/Aboutus/Publications/Documents/NHS%20Pension%20Scheme%20retirement%20flexibilities.pdf)

## 7.1 Encouraging nurses to work beyond retirement

The RCN guidance states that while many older nurses are open and vocal about their wish to work past normal retirement age, others may feel reluctant to express such a view for fear of not being taken seriously or not feeling able to request altered working arrangements that would enable their ongoing employment and job satisfaction. Equally, others may not have considered that such a request was even possible and presumed that they were required to leave their job at a default retirement age.

In considering the factors that would encourage nurses to continue working beyond retirement age, their overall health and well being was the most important. Other key factors include feeling that experience is valued, feeling under less stress at work, the availability of reduced hours and the opportunity to do less intensive work.

Nurses also mentioned flexibility in working hours as opposed to just reduced hours, and in particular having flexibility to manage other commitments, family friendly hours and allowing more control over working hours. As one respondent put it: *“Freedom to manage own time regarding holidays/family commitments, etc”*.

The feeling that experience is valued is also of key importance to older nurses. An NHS nurse working in a hospital ward told us: *“I would need to feel valued and my experience and knowledge recognised that I am not past my sell by date and I don't encounter ageist attitudes”*.

Role-related issues are also important, including:

- increased opportunities for part-time working
- tailoring roles to older workers' needs
- more information on options and opportunities in the workplace
- more focus on CPD to keep skills fresh or updated
- slower pace of work
- step down opportunities
- less admin, paperwork and targets.

### **What would encourage you to work beyond retirement age?**

*“Need to be able to tailor job to suit what they feel they could manage and enjoy”*

*“Supporting senior nurses cope with change, especially IT. Reduce the ever increasing stress especially in the higher pay bands and the expectation to work over contracted hours.”*

*“Less paperwork and more emphasis on basic nursing care that in my opinion is sadly lacking, better safer levels of staffing so one is able to do ones job with less stress.”*

## 7.2 Finances and pensions – encouraging nurses to work beyond retirement

Pension arrangements were mentioned by some respondents as a key factor that would encourage nurses to continue working beyond retirement age, particularly by those concerned at losing out financially. For example, one nurse told us: *“I would like the option to retire and draw my pension yet continue to work part-time in my present role”*. Others also mentioned financial considerations: *“The most important aspect is whether financially I need to carry on working. If we can manage financially I would definitely retire as I would have many other stimulating things to do”*.

Key issues raised include:

- financial recognition for knowledge and experience
- flexible pension arrangements, e.g. 'retire and return'

- reduced hours with no impact on pension
- higher banding/enhanced opportunities for part-time staff
- effective career/retirement planning at an appropriate age (e.g. 50)
- accessible, quality information about pensions.

***What would encourage you to work beyond retirement age?***

*“Being allowed to take my pension, then return to work.”*

*“The change in pensions for those starting out in the NHS is a good idea allowing more flexibility. It's different for those nearing the end of their career in that they need to work full time at the highest level to secure a decent pension. You may get these to return if part time work is available or short term projects where their expertise can be called upon as long as they're still up to date.”*

*“Allow nurses to 'retire and return', but reduce their working hours, maintaining their current AfC band and continuing their present role.”*

*“Better pay would keep me in nursing longer. I have nursed for 35 years, manage an acute ward which is always being showcased to the rest of the trust but don't believe I am paid well enough for the level of responsibility. I love nursing but feel undervalued.”*

**7.3 Working beyond retirement – key points**

- The reasons for nurses choosing to work beyond retirement age are varied, and include job satisfaction as well as bolstering income levels. In turn, there is a strong economic case for employers to retain the existing nursing workforce in terms of the cost of training and replacement, as well benefiting from older nurses experience, knowledge and skills.
- While many older nurses are open and vocal about their wish to work past normal retirement age, others may be more reticent - fearing they may not be taken seriously or not feeling able to request altered working arrangements. Others may simply not have considered that such a request was possible.
- Key factors in encouraging older nurses to work beyond retirement age include their own health and wellbeing, feeling valued in the workplace, the availability of flexible or reduced hours and the opportunity to work less intensively.
- Other practical issues which would encourage working beyond retirement age focus on pension arrangements, such as allowing nurses to ‘retire and return.’

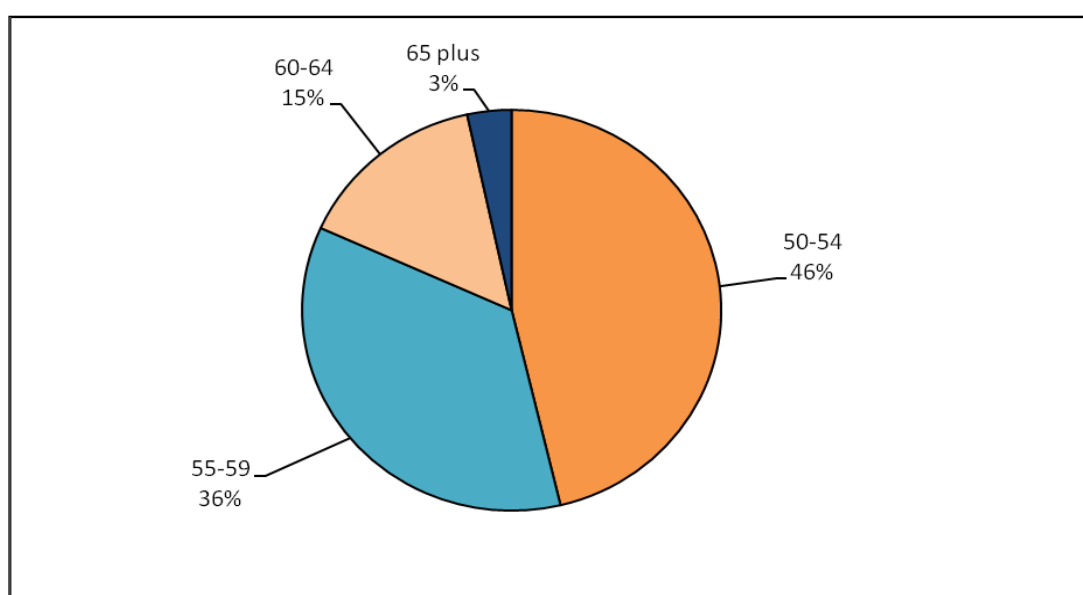
## 8. Key data - biographical and employment profile

This section provides more detailed data on the biographical and employment characteristics of experienced nurses working in the UK responding to panel survey, giving an overview of the main characteristics of this group of nurses and contrasting them with nurses in the 2009 employment survey in both under and 50 plus age groups.

### 8.1 Demographic profile

Just under half (46 per cent) of respondents were aged 50-54, 36 per cent aged 55-59, 15 per cent aged 60-64 and 3 per cent aged 65 plus. Those aged 60 plus have been banded together for subsequent analysis.

**Figure 1: Age distribution of nurses responding the panel survey**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Across all panel respondents, approximately six per cent are men, around the same figure as reported for all nurses aged 50 plus in the 2009 Employment Survey (ES 2009). However, in the 60 plus age group just three per cent are men compared to seven per cent of the 50-54 age group. This reflects the age breakdown among all nurses aged 50 plus from the 2009 ES. Table 1 provides a demographic summary of the experienced nurse panel respondents.

Eight per cent of nurses responding to the panel survey are from Black and Minority Ethnic (BME) origins. This figure is slightly lower than the proportion reported for this age group in the ES 2009 (11 per cent). Across all respondents to ES 2009 the ethnic composition of the 50 plus age group of nurses is fairly similar to that of the under 50 age group with 11 per cent from minority ethnic origins compared to 14 per cent of those aged under 50.

Table 1: Demographic profile of respondents by age group (percentages)

	<b>50-54</b>	<b>55-59</b>	<b>60 plus</b>	<b>Total</b>
Women	93	94	97	<b>94</b>
Men	7	6	3	<b>6</b>
White	93	93	92	<b>93</b>
BME	7	7	9	<b>7</b>
Overseas qualified	6	4	3	<b>4</b>
UK qualified	94	96	97	<b>96</b>
Have a disability	11	11	13	<b>11</b>
No disability	89	89	87	<b>89</b>
Regular adult caring responsibility	29	27	22	<b>27</b>
No adult caring responsibility	71	73	78	<b>73</b>
Dependent children	29	12	4	<b>18</b>
Dependent grandchildren	6	16	22	<b>13</b>
No childcare responsibility	66	73	74	<b>70</b>
Partner/spouse	82	81	70	<b>79</b>
No partner/spouse	18	19	30	<b>21</b>
<i>Weighted cases</i>	<i>659</i>	<i>507</i>	<i>262</i>	<b><i>1428</i></b>

Source: Employment Research/RCN Experienced Nurse Panel, 2010

Just four per cent of nurses aged 50 plus first qualified as a nurse overseas with Nigeria (9), Philippines (8), Ireland (8), South Africa (7), Australia/New Zealand (6) and Zimbabwe (4) being the main countries in which overseas qualified nurses first registered.

## 8.2 Disability and workplace ill-health

The nature of the disability reported by nurses aged 50 plus is summarised in Table 2. A third reported having back issues or injuries (33 per cent), a fifth (21 per cent) indicated osteoarthritis, rheumatism or repetitive strain injuries and 10 per cent indicated stress related issues. Nearly half (48 per cent) of all those with a disability indicate that they are limited physically in the work they can undertake.

There was some difference in these figures by age band, with more nurses aged 60 plus indicating they have sight or hearing issues that they find affects the work they can do (15 per cent compared to four per cent of nurses aged under 60) but slightly fewer had back issues (27 per cent compared to 35 per cent of the under 60 age group).



Table 2: Nature of disability and how it impacts on work can undertake (percentages)

	per cent
Limited physically in work can undertake	48
Back injury/back pain/ Injury due to accident	33
Osteoarthritis/arthritis/rheumatism/RSI/carpal tunnel	21
Stress/depression/mental health issues/ alcoholism/ addiction issues/problems	10
Heart problems	8
Sight issues/problems/ Hearing issues/problems	7
Allergies/asthma/diabetes	6
Long term medical condition/disability – not affecting ability to work	8
<i>Weighted cases</i>	<i>200</i>

Source: Employment Research/RCN Experienced Nurse Panel, 2010

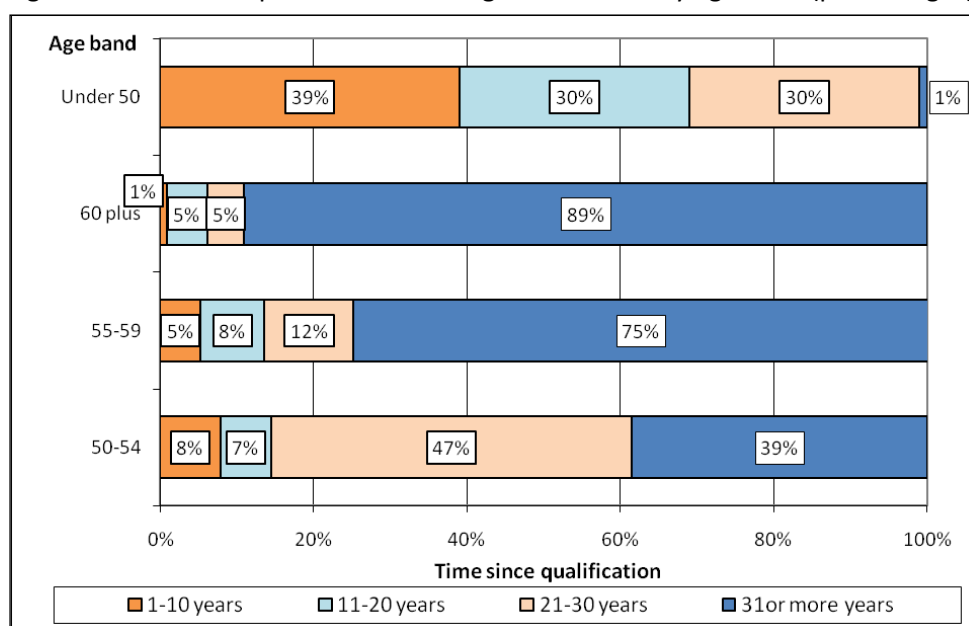
### 8.3 Dependents and caring responsibilities

One in five respondents to the panel has caring responsibilities for dependent children and 13 per cent have caring responsibilities for grandchildren. One in four nurses aged 50 plus have caring responsibilities for a dependent adult (27 per cent, compared to 13 per cent of nurses under 50 years of age). Considering all caring responsibilities, 47 per cent of nurses over the age of 50 have regular caring responsibilities for someone.

### 8.4 Time since qualification

Of all nurses aged 50 plus, six in ten (59 per cent) have been qualified as a registered nurse for 31 years or more, a further one in four (25 per cent) have been qualified for 21-30 years and seven per cent qualified relatively late in life within 10 years of the time of the survey.

Figure 2: Time since qualification as a registered nurse by age band (percentages)



Source: Employment Research/RCN Experienced Nurse Panel, 2010

On average, nurses aged 50 plus have been qualified for approximately 30 years compared to 14 years among nurses under 50 years of age. They have also been with their current employer for longer 13 years on average (eight years among the under 50 age group) and in their current position eight years longer (four years for the under 50 age group).

Across the whole panel 15 per cent of participants first qualified as a registered nurse over the age of 30 and 14 per cent of nurses aged over 60 qualified at the same age. In recent years there has been a gradual increase in the number of older nurses who first qualified as mature entrants to the profession, over the age of 30.

### 8.5 Qualifications held by panel respondents

Table 3 illustrates a key difference between nurses under 50 and those aged 50 plus in that older nurses are more likely not to have any academic qualifications (45 per cent compared to 24 per cent). Fewer have either degree level qualifications (20 per cent compared to 31 per cent of nurses aged under 50) or diploma qualifications (22 per cent to 36 per cent of their younger colleagues).

Table 3: Qualifications of nurses by age group (percentages) ES 2009

#### *Older nurses are less likely to have academic qualifications than younger nurses*

	Under 30	30-39	40-49	50-54	55-59	60 plus	Under 50	50 plus	Total
No academic qualification	4	12	36	41	45	55	24	45	30
NVQ/SVQ level 2-4	1	1	2	5	4	6	2	5	3
Other qualification	2	1	5	6	8	6	4	7	5
Diploma	50	45	27	23	22	21	36	22	31
Degree	42	36	24	23	19	12	31	20	26
Higher degree	1	4	5	7	7	6	4	7	5
<i>Base N=</i>	<i>410</i>	<i>991</i>	<i>1512</i>	<i>641</i>	<i>492</i>	<i>244</i>	<i>2911</i>	<i>1377</i>	<i>4276</i>

Source: Employment Research/RCN Employment Survey, 2009

As would be expected, given changes to entrance requirements, nurses who qualified relatively recently are more likely to have qualifications than those qualifying a longer time ago. The survey found that among those nurses in their 50s or older who qualified as registered nurses in the 10 years prior to the survey, 94 per cent hold a degree or diploma compared to just 41 per cent of those who qualified more than 30 years prior to the survey.

### 8.6 Employment situation

Table 4 shows higher proportions of nurses in their 50s and especially 60s employed in NHS community settings (20 per cent) and GP practice (10 per cent) as opposed to NHS hospital settings (40 per cent compared to 57 per cent of nurses aged under 50).

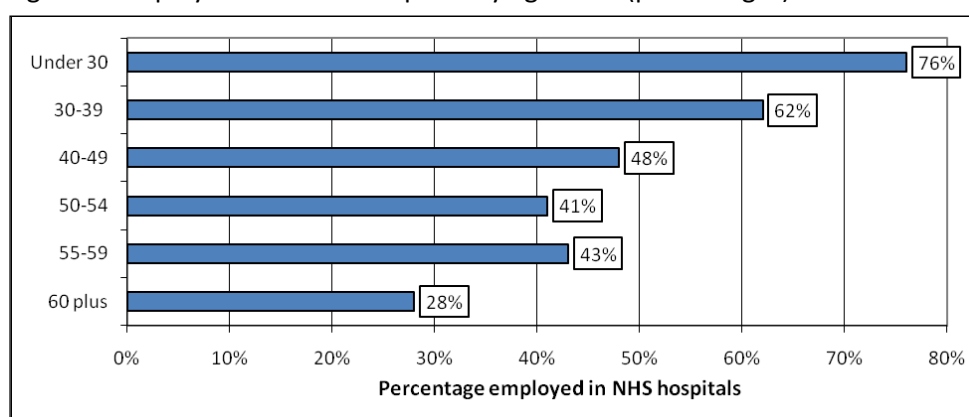
Table 4: Main employer groups by age group (percentages) 2009 Employment Survey  
***Younger nurses are more likely to work in NHS hospitals than older colleagues***

	Under 50	50-54	55-59	50 plus	60 plus	Total
NHS hospital	57	41	43	40	28	52
NHS community	15	23	17	20	14	15
NHS other	5	6	5	6	6	5
<b>All NHS</b>	<b>79</b>	<b>70</b>	<b>64</b>	<b>63</b>	<b>47</b>	<b>75</b>
GP practice	6	9	11	10	8	6
Independent hospital	3	4	4	4	2	3
Independent care home	4	5	6	7	14	6
Other independent	2	2	3	3	4	2
Bank/agency	3	2	3	3	9	3
Hospice/charity	3	3	3	4	7	3
Other	3	5	5	5	8	3
<i>Base N=</i>	<i>2930</i>	<i>621</i>	<i>480</i>	<i>1351</i>	<i>250</i>	<i>4311</i>

Source: Employment Research/RCN Employment Survey, 2009

Looking at the time since qualification in conjunction with age bands, 54 per cent of nurses aged 50 plus who have been qualified for less than 10 years are employed in NHS hospital settings, compared to 37 per cent of those who have been qualified for more than 30 years. Nurses who are approaching retirement age but more recently qualified are more likely to be working in NHS hospital settings than those who have been working in nursing longer.

Figure 3: Employment in NHS hospitals by age band (percentages)



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Table 5 presents summary data of the job titles of nurses by age group. Again, it is noticeable the reduction of nurses employed as staff nurses in each age decade, reducing from 45 per cent of nurses under 50 to 35 per cent of all nurses aged 50 plus. Staff nurses account for 75 per cent of respondents aged under 30 and 62 per cent of those aged 30-39.

Table 5: Job categories by age group<sup>24</sup> (percentages) ES 2009

***Younger nurses are more likely to be employed as staff nurses than older colleagues***

	Under					Total
	50	50-54	55-59	50 plus	60 plus	
Staff nurse	45	30	36	35	47	42
Community nurse	6	7	6	7	5	5
Ward manager	12	13	12	12	7	11
Senior nurse	5	10	11	10	9	6
CNS	7	19	17	18	14	7
District nurse/ SPCHN	3	7	3	4	1	2
Practice nurse	5	8	8	8	7	6
Other	3	7	7	7	9	4
<i>Base N=</i>	<i>2929</i>	<i>617</i>	<i>459</i>	<i>1291</i>	<i>215</i>	<i>4309</i>

Source: Employment Research/RCN Employment Survey, 2009

### 8.7 Pay bands and grading

The Employment Survey 2009 was the first of the series with almost all NHS nurses across the UK employed on AfC pay bands. It provided an opportunity to assess the transition process from clinical grading to AfC on a UK-wide basis. To explore differences in views and experiences of nurses (pre- and post-AfC, comparisons are made between the 2003 survey (the last where the majority of nurses were employed on clinical grades) and this survey (the first where almost all are employed on AfC pay bands).

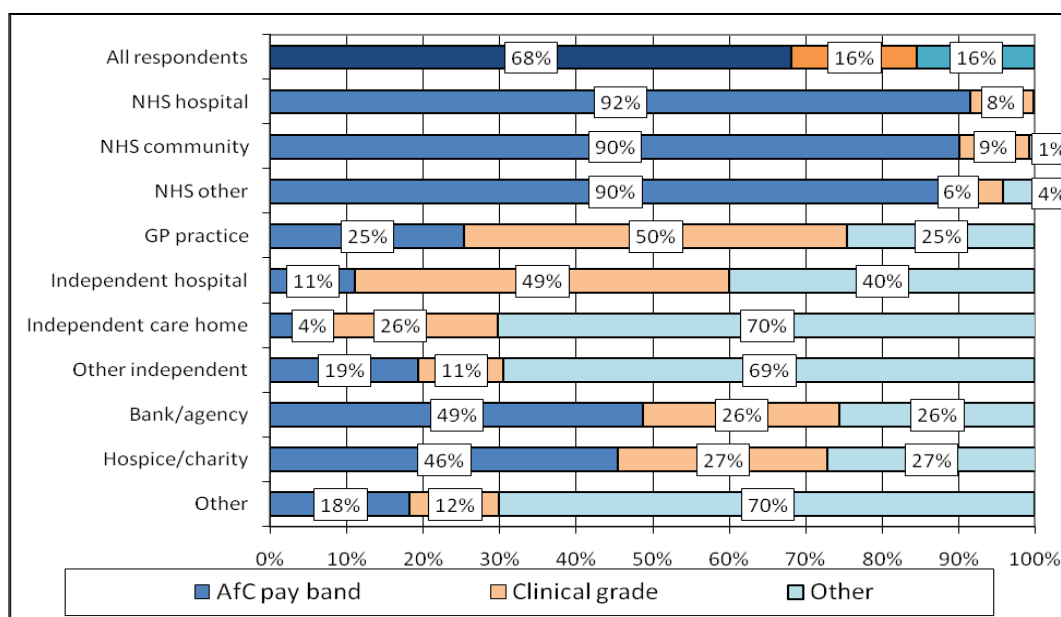
This research panel contains a higher proportion of nurses employed on non-AfC pay scales as proportionally more are employed in non-NHS settings. Figure 4 shows nurses' pay systems and scales demonstrating that more than 90 per cent of nurses aged 50 and over employed in the NHS are on AfC pay bands, while only 25 per cent of GP practice nurses are employed on AfC. Just under half of bank/agency and hospice nurses are employed on AfC. Around half of independent hospital and GP practice nurses are employed on clinical grades. Across all nurses aged 50 plus, two thirds (68 per cent) are employed on AfC pay bands, 16 per cent on clinical grades and 16 per cent on other pay scales.

*"In my area no GP practice has adopted AfC. This will have serious implications for recruiting and retaining good practice nurses as the gap in pay and conditions widens."*

Looking only at those nurses who completed the 2009 Employment Survey and the 2010 Panel Survey, approximately one in four nurses aged 50 plus, who were employed on clinical grades in 2009 are now employed on AfC pay bands. Nine per cent of those on other pay systems are now employed on AfC pay bands. Conversely 11 per cent of those on AfC pay bands in 2009 have moved to jobs using clinical grading or other pay systems/scales.

<sup>24</sup> Comparisons between the under 50 and over 50 age groups are not reliable as a different question was used in the Panel Survey.

Figure 4: Pay system / scale by employer group (percentage nurses aged 50 plus)  
**Most NHS nurses are employed on Agenda for Change pay bands**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Although a third of respondents are not employed on AfC pay bands many provided an AfC pay band equivalent. Table 6 summarises the pay bands and clinical grades of nurses aged 50 plus employed in different job categories. Most of the respondents employed as staff nurses on AfC pay bands are on band 5 (83 per cent) while a lower proportion (56 per cent) on clinical grades are on the equivalent band. These nurses mainly work in care homes. Ward managers are mostly split between band 6 and band 7 with the same proportion employed on these bands (48 per cent). Half (52 per cent) of district nurses and health visitors are on band 6.

**Table 6: AfC pay band and clinical grade by job title (percentages)**

	AfC / Clinical							Base N=
	grade	<= 4 / D	5 / E	6 / F	7 / G	8 / H	1 / 9	
Staff nurse	AfC	1	83	14	1	0	0	349
	Grade	39	56	4	1	0	0	90
Community nurse	AfC	0	57	32	11	0	0	76
	Grade	-	-	-	-	-	-	-
Ward manager	AfC	0	2	48	48	2	0	121
	Grade	3	8	37	47	3	3	38
Senior nurse	AfC	0	5	9	31	49	6	86
	Grade	8	19	6	39	11	17	36
CNS	AfC	0	1	31	53	14	1	195
	Grade	20	4	18	18	33	7	45
District nurse/HV/ SPCHN	AfC	0	7	52	39	2	0	56
	Grade	-	-	-	-	-	-	-
Practice nurse	AfC	0	9	63	25	3	0	32
	Grade	3	6	31	57	2	2	67
Other	AfC	23	10	27	38	8	4	52
	Grade	-	-	-	-	-	-	-
All respondents	AfC	1	36	27	26	8	1	967
	Grade	17	25	18	29	7	4	306

Source: Employment Research/RCN Experienced Nurse Panel, 2010

Table 7 shows that across all nurses aged 50 plus, a quarter (26 per cent) report that they are working in a lower banded or graded role than earlier in their career, with the proportion rising to 51 per cent of over 65 year olds. Table 8 explores the reasons why nurses find themselves in lower banded roles, including winding down and looking for reduced or more flexible hours.

Table 7: Working in a lower banded/graded job than earlier in career (percentages, nurses in panel survey 2010)

***A quarter work in lower banded roles than earlier in careers***

Lower banded job	50-54	55-59	60-64 plus	65 plus	Total
Yes	22	24	37	51	<b>26</b>
No	78	76	63	49	<b>74</b>
<i>Weighted cases</i>	<i>608</i>	<i>457</i>	<i>169</i>	<i>41</i>	<b><i>1275</i></b>

Source: Employment Research/RCN p2010

Table 8: Why in job that is lower banded/graded than earlier in career (responses and percentages)

Reason in lower banded role/job than earlier in career (N=408):		per cent
Theme	Examples	
<b>New job/employer/ career/direction</b>	NHS to private and vice versa/coming to UK/unable to find appropriate position/changing to a new speciality. Changing jobs to have a more fulfilling or interesting role even though lower band/pay.	28%
<b>Winding down/retirement/ less responsibility/less of management role</b>	Choosing to take a lower banded position to lessen stress/ workload.	22%
<b>Reduced working hours/part-time/flexibility/9-5</b>	Family friendly/commitments/a better work/life balance. <i>“Work pressure encroached on home life too much”</i>	18%
<b>Internal change/ AFC/ banding/pay scale/job structure</b>	Demotion due to band change/no pay increase/policy changes/AFC resulting in downgrading	15%
<b>Bank/Agency rates/flat rates/ GP rates/private sector rates</b>	<i>“I was a practice nurse but cannot find a part time job so have had to resort to a bank job with lower pay”</i>	14%
<b>Returning to work after career break</b>	Personal reasons/having and raising children/family	9%
<b>Dissatisfaction/bullying/stress</b>	Poor management/leadership. Anxiety. <i>“Moved department due to a consultant surgeon's violence and had to drop grade to do this” “Nervous breakdown due to work related stress. Had to be redeployed”</i>	6%
<b>Illness/Injury</b>	<i>“In order to change to an indoor job for medical reasons I had to accept a lesser pay scale” “Diagnosed with cancer wanted less stress so dropped to band 5”</i>	4%
<b>Relocation/working closer to home</b>	Limited jobs in more rural areas. Husband's job forced move	4%
<b>Experience/skills not recognised</b>		2%

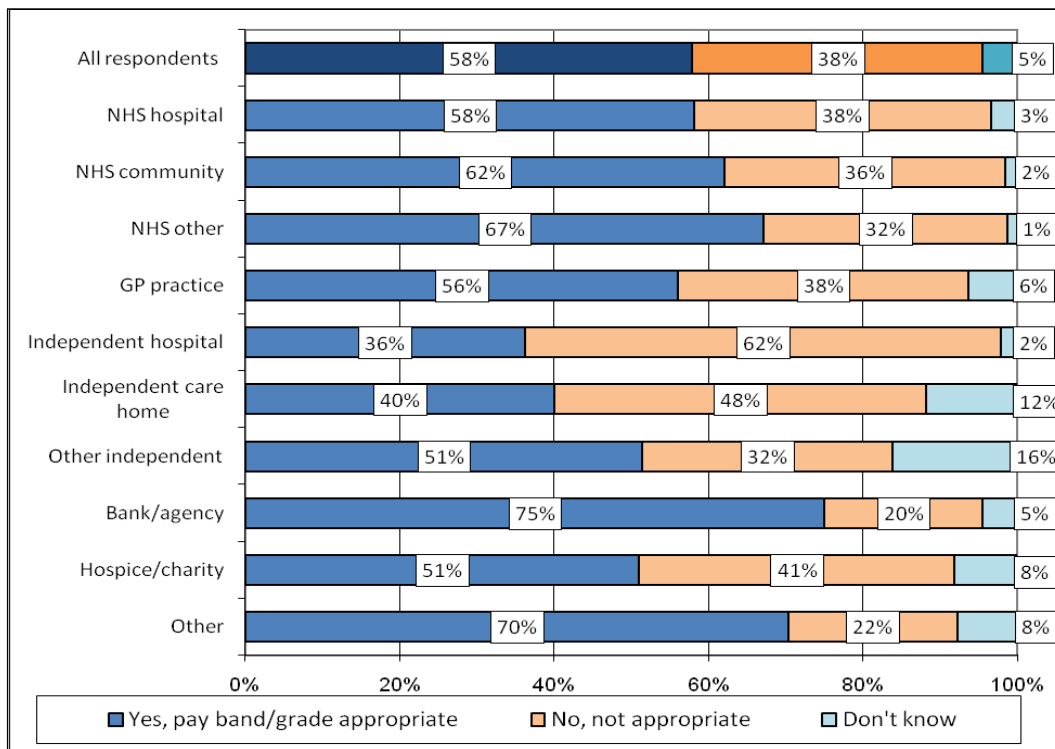
Source: Employment Research/RCN Experienced Nurse Panel, 2010

## 8.8 Pay band/grade is appropriate to role and responsibilities

Since 2003, the RCN employment surveys have explored whether or not nurses feel their pay band or grade is appropriate given their role and responsibilities.

Across all nurses aged 50 plus, over half (58 per cent)<sup>25</sup> report that their pay band or grade is appropriate given their role and responsibilities, 38 per cent think it is not and the rest did not know. Responses to this question vary significantly by employer group and pay band/grade. Nurses employed in the independent sector, hospitals and care homes are least likely to report that their pay band or grade is commensurate with their role and responsibilities (36 per cent and 40 per cent respectively). Those on higher pay bands and grades are also most likely to report being employed on an appropriate pay band or grade. Just over half (52 per cent) of all nurses aged 50 plus employed on band 5 say their band is appropriate compared to 54 per cent of those on band 6, 73 per cent of those on band 7, and 87 per cent of those on band 8.

Figure 5: Pay band/grade appropriate or not by employer group (percentage nurses aged 50 plus)  
**Over a third do not think their pay band is appropriate**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Nurses aged 50 plus in the independent sector (hospitals and care homes) are least likely to feel their pay is appropriate to their skills and experiences (33 per cent compared to 67 per cent of NHS nurses).

## 8.9 Household income and financial circumstances

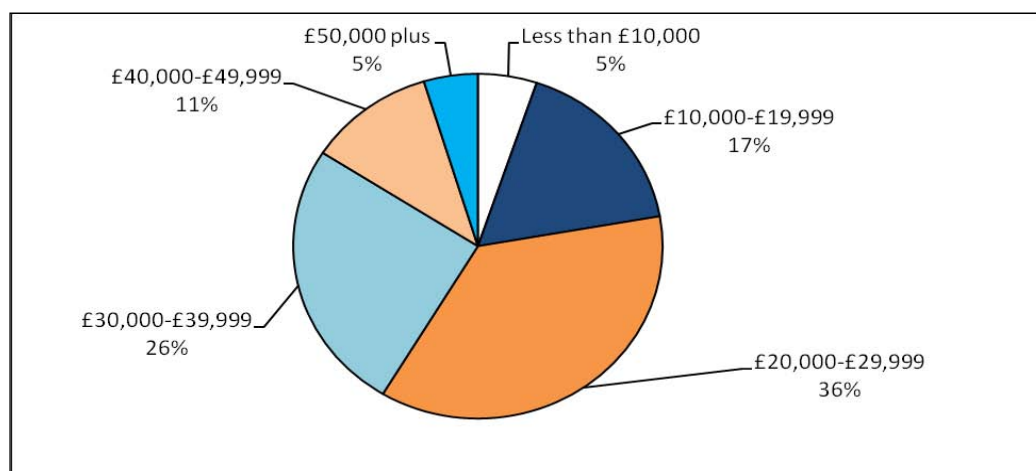
A fifth (22 per cent) of nurses aged 50 plus earn less than £20,000 per annum (before tax and deductions), a third (36 per cent) earn between £20,000 and £29,999 a quarter (26 per cent) earn £30-39,999 and 15 per cent £40,000 or more (Figure 6).

<sup>25</sup> This figure is significantly higher than reported in the 2009 ES. It is likely that this is because the nurses who volunteered to take part in the Panel Survey from the ES2009 respondents were more positive about nursing and their roles.



Figure 6: Household income (percentage nurses aged 50 plus)

Nursing earnings represent at least a half of all household income for almost three quarters of all panel members



Source:

Employment Research/RCN Experienced Nurse Panel, 2010

Table 9: Nurses' earnings as proportion of household income and current financial situation by age group (percentages 2009 Employment Survey)

Earnings as a proportion of household income	Age Group			Total
	Under 50	50 plus	60 plus	
Less than half	27	<b>28</b>	39	<b>29</b>
About half	25	<b>23</b>	22	<b>24</b>
More than half	<b>27</b>	<b>31</b>	24	<b>27</b>
All	20	<b>19</b>	15	<b>21</b>
<i>Weighted cases</i>	2872	<b>1336</b>	230	<b>4213</b>
Living comfortably	21	<b>31</b>	37	<b>24</b>
Getting by	54	<b>51</b>	53	<b>53</b>
Finding it difficult	25	<b>19</b>	10	<b>23</b>
<i>Weighted cases</i>	2870	<b>1335</b>	227	<b>4208</b>

Source: Employment Research/RCN Employment Survey, 2009

For a third (32 per cent) of nurses aged 50 that work full-time, their earnings represent all their household income compared to just 14 per cent of part-time nurses. Conversely for 48 per cent of nurses working part-time, their earnings represent less than half their household income. This relationship is similar among nurses aged under or over 50.

The 2009 study asked nurses of all ages how they view their financial circumstances. One in four (24 per cent) say they are 'living comfortably', just over half (53 per cent) say they are 'getting by' and one in four (23 per cent) say they are 'finding it difficult'. Among the 50 plus age group there is a higher proportion of nurses who say they are 'living comfortably'.

As might be expected, nurses whose earnings represent all or most of their household income are much more likely to report that they are 'finding it difficult' to manage financially. Around a third (32 per cent) of these nurses aged over 50 say that they are 'finding it difficult' compared to 10 per cent (all 15 per cent) of those where earnings represent less than half of their household income.

In addition, nurses aged 50 plus with children living at home say they are more likely to report that they are ‘finding it difficult’ financially than those without children at home (32 per cent compared to 14 per cent).

### 8.10 Additional jobs

Over the last ten years, since this question was first asked in the RCN employment surveys, around one in four nurses have reported having additional jobs. In 2009 the figure was 23 per cent among nurses aged 50 plus and 21 per cent among the under 50 age group. In the 2010 panel survey 19 per cent of older nurses reported having a second job, with little difference between nurses in their 50s and 60s.

Among those nurses over 50, BME nurses are more likely than white nurses to have additional jobs (37 per cent compared to 18 per cent). Also, more of those nurses in their 50s who have children at home are found to have second jobs.

Looking at where nurses over 50 are employed, nearly half of those with additional jobs (47 per cent) work for a nursing bank and one in ten (10 per cent) work for a nursing agency. The rest detail various other kinds of work including:

- working directly for other practices/surgeries/clinics/hospices/care homes
- self employed as a consultant/trainer/educator/mentor/lecturer/researcher
- caring in paid (self employed) capacity
- non-nursing work (own business/admin/retail/seamstress/gardener/fitness, etc).

Table 10: Nature of second jobs by age group (percentages)

***Most additional jobs are in bank nursing***

	<b>50-54</b>	<b>55-59</b>	<b>60 plus</b>	<b>Total</b>
Bank nursing	51	49	33	<b>47</b>
Agency nursing	10	7	15	<b>10</b>
Other type of second job	46	49	55	<b>49</b>
<i>Weighted cases</i>	<i>118</i>	<i>81</i>	<i>40</i>	<b><i>239</i></b>

Source: Employment Research/RCN Experienced Nurse Panel, 2010

The average number of hours worked in second jobs by nurses aged 50 plus is eight hours per week. There is little difference by age, but BME nurses work longer in their second jobs (10 hours)

Not all extra work however is paid, with one in eight (12 per cent) of nurses aged 50 plus undertaking regular voluntary work, spending on average five hours per week.

### 8.11 Mode of working

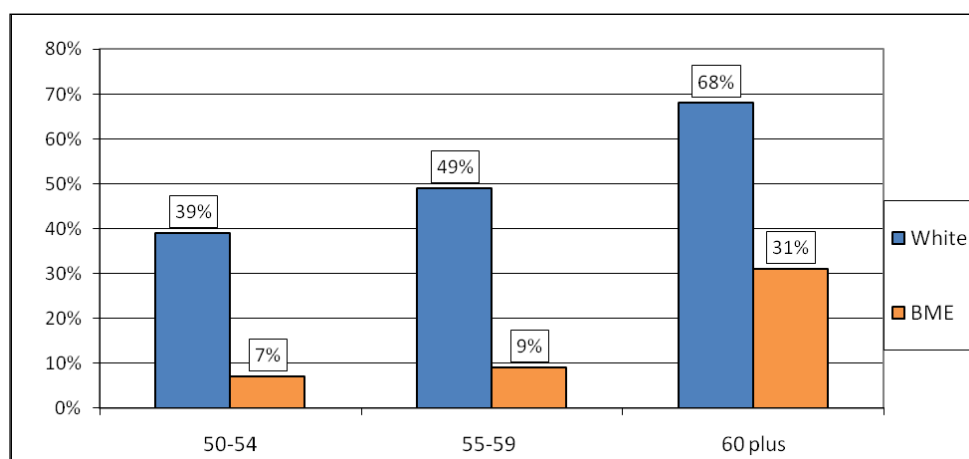
The majority of nurses (91 per cent) aged 50 plus participating in the panel and working at the time of the survey work regular, contracted hours. The number working varied hours is higher among 60 plus nurses (21 per cent) than those aged 50-59 (six per cent)<sup>26</sup>.

<sup>26</sup> Respondents were asked to indicate how many hours they are contracted to work. The hours worked have then been banded with part-time work split into up to 32 hours and more than 32 hours is considered full-time.

Across all respondents, 56 per cent work full-time and 44 per cent part-time. There is strong correlation between mode of working and both age and ethnicity. Nurses aged 60 plus are much more likely to be working part-time than those in their 50s but most variation in working hours is between white and BME nurses. Across all nurses aged 50 plus, more than four times as many white nurses work part-time (47 per cent) than BME nurses (12 per cent). The difference between white and BME nurses is wider than is the case among nurses aged under and over 50.

Figure 7: Part-time working by age group and ethnic origin (percentages)

**BME nurses are much more likely to work full-time than white nurses**



Source: Employment

Research/RCN Experienced Nurse Panel, 2010

The proportion of nurses working part-time varies by health sector, explaining some of the variation in working patterns by age group. More nurses in the community and GP practices work part-time (51 per cent), than NHS hospital nurses (35 per cent). In the NHS, more nurses across all age groups work full-time.

Table 11: Mode of working by age group and sector (percentages ES 2009)

**Part-time working becomes more common later in nurses' careers**

	Under 30						Under 50		Total
	30	30-39	40-49	50-54	55-59	60 plus	50	50 plus	
Full-time	86	65	58	63	52	33	64	54	61
Part-time	12	32	41	34	43	51	34	40	36
Occasional/variable hours	1	2	2	3	5	16	2	6	3
<b>Weighted cases</b>	<b>596</b>	<b>1026</b>	<b>1605</b>	<b>753</b>	<b>492</b>	<b>254</b>	<b>3229</b>	<b>1500</b>	<b>4729</b>

Source: Employment Research/RCN Employment Survey, 2009

As shown in past employment surveys, AfC pay band or clinical grade is strongly correlated with mode of working. The panel survey also shows that almost half of those aged 50 plus on pay band 5 (48 per cent) work full-time compared to more than three quarters of nurses employed on pay band 7/8.

It has also been reported previously in employment survey results that BME nurses are more likely to work full-time. This is no less likely among those aged 50 plus, with 89 per cent of BME nurses working full-time compared to 53 per cent of white nurses. It should also be remembered that the earnings of BME nurses are more likely to represent more than half their household income and this in itself is also correlated with mode of working.

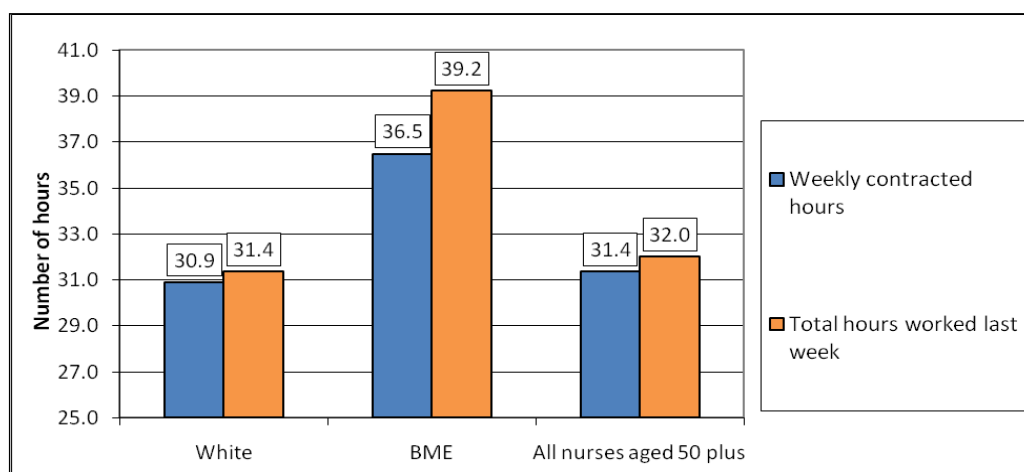
## 8.12 Working hours

Across all respondents the mean number of hours nurses are contracted to work (or work regularly) was 31.3 and the mean number of hours actually worked in the week prior to the survey was 32.0 hours. Although there is some variation in working hours by sector (e.g. nurses in the NHS working on average 33 hours compared to nurses in GP practices working 24 hours), the biggest differences are again by ethnicity and age band.

Nurses aged 50-54 worked on average 34 hours, 55-59 year olds 32 hours and nurses aged 60 plus on average 27 hours. Figure 8 shows that BME nurses are contracted to work longer hours than white nurses and also were much more likely to have worked more hours in the previous week than was the case among white nurses over the age of 50. White nurses were contracted to work approximately 31 hours and actually did work this amount (more or less) while BME nurses were contracted to work 36 hours but actually worked 39 hours in the week prior to the survey.

Figure 8: Working hours by ethnicity (number of working hours)

***BME nurses work longer contracted and non-contracted hours than white nurses***



Source:

Employment Research/RCN Experienced Nurse Panel, 2010

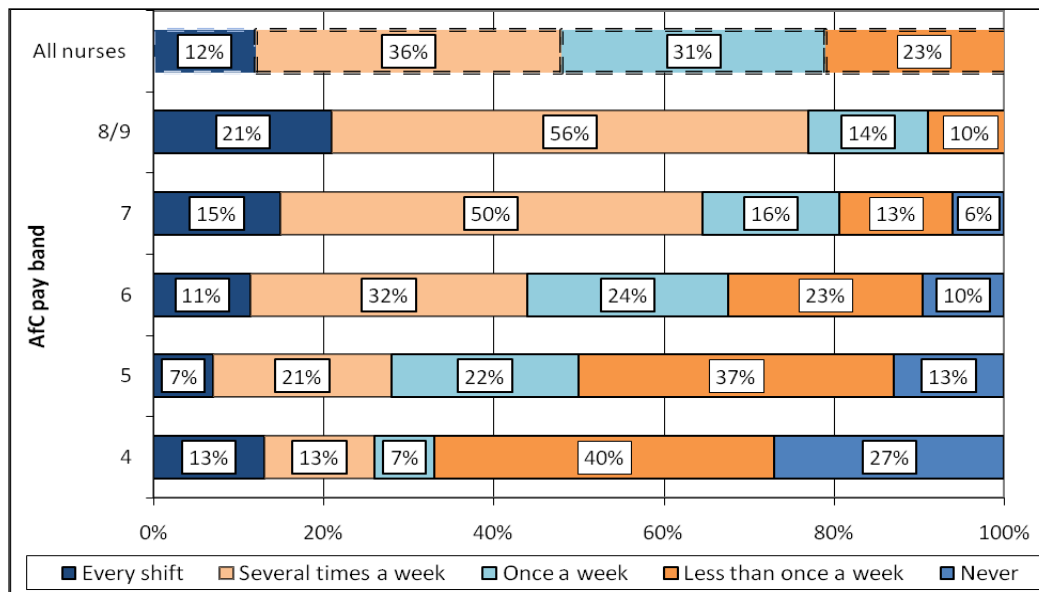
*“A lot of those of us from ethnic minority groups are suffering in silence from the hands of the white managers in our places of work. It is true that there is a campaign against racial discrimination but still there are big differences in how we are treated.”*

## 8.13 Working excess hours

We asked respondents to compare their usual hours with hours worked in the week prior to the survey; a fifth (22 per cent) said they worked more hours than normal during the previous week, eight per cent said they worked fewer hours, and 71 per cent said they worked roughly the same hours as usual. A higher proportion of nurses aged 60 plus said they worked more hours than normal (29 per cent) and, more BME nurses aged over 50 worked more hours than normal (37 per cent).

Around one in eight (12 per cent) nurses over the age of 50 reported having to work in excess of contracted hours every shift. A further third (33 per cent) have to do so several times a week and a fifth (21 per cent) once a week. Full-time nurses and nurses in higher bands are most likely to have worked extra hours in their last working week as demonstrated in figure 3.3.

Figure 9: Frequency of having to work in excess of contracted hours by AfC pay band (percentages)  
**Nurses on higher pay bands are most likely to work in excess of contracted hours**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Nurses on higher pay bands are more likely to work in excess of their contracted hours several times a week or more. However, they are no more or less likely to have worked more than their normal hours in their last full working week. This suggests that working excess hours is commonplace, and not seen as part of their normal hours.

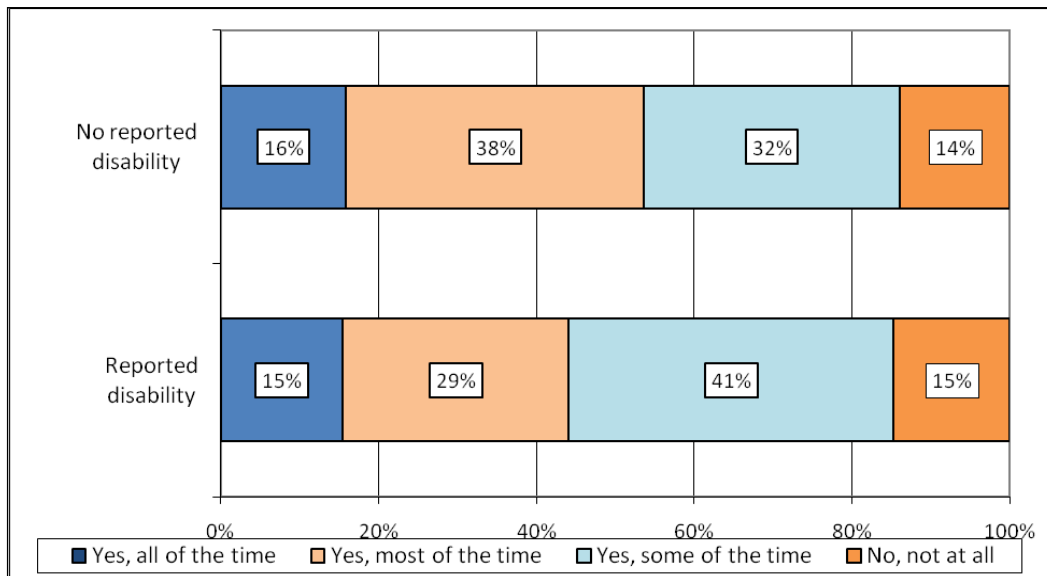
### 8.14 Flexibility

We asked participants to indicate the degree to which they felt they had sufficient flexibility in their working hours (in their main nursing job). Just one in eight (13 per cent) said they have sufficient flexibility 'all the time', 38 per cent responded 'most of the time', 35 per cent 'some of the time' and 16 per cent said 'not at all'. It is interesting that there was no correlation in response to this question and whether or not respondents worked part-time or full-time or whether they worked more or fewer hours than normal in their last working week.

Nurses who reported having a disability that affects the work they can do appear to be less satisfied with working hours than those without. Forty four per cent of nurses with a disability said they have sufficient flexibility all or most of the time compared to 54 per cent of nurses with no disability. And as might be expected, bank and agency nurses responded more positively with 51 per cent saying they have sufficient flexibility all the time and 31 per cent most of the time, while only nine per cent of NHS hospital nurses said they have sufficient flexibility all the time.

**Figure 10: Having sufficient flexibility in working hours (percentages)**

***Nurses with a reported disability are less likely to be satisfied with working hours than those with no disability***



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Nurses were asked to suggest ways in which flexibility could be improved. The main requirement reported was to have more choice or flexibility in hours and more family friendly options, including shorter shifts. Table 12 shows that around 41 per cent of the 204 nurses reporting insufficient flexibility in their working hours wanted to see more choice and 11 per cent would be happy with their working hours if they were not expected to work beyond their contracted hours.

Table 12: Ways would like to change working hours (responses and percentages)

<b>Changing working hours (N=204):</b>		<b>per cent</b>
<b>Theme</b>	<b>Examples</b>	41%
<b>More flexibility/choice/bank work/family friendly/ shorter shifts/change shifts</b>	Choosing hours and shift patterns. Working 'as and when' want to. Time to complete tasks i.e. paperwork, training, updating protocols without having to overrun <i>"12 hr shifts unreasonable. Working day/night in one week"</i> <i>"Annualised hours would work well in school health allowing for more staff to be available for immunisation and teaching sessions at key times of the year but giving flexibility in the less busier times of the school year"</i>	
<b>Change of days/change to days from nights/from nights to days/work fewer, longer days</b>	Change/increase shift length to get day off. Not as many weekends	22%
<b>Work less hours/wind down for retirement/part time</b>		17%
<b>Stick to contracted hours</b>	Work just paid contracted hours only. Not be expected to always work longer for no pay	11%
<b>Address staff shortages/cover for holidays/sickness</b>	<i>"Booking holidays is always difficult. At Christmas if we take annual leave we are still expected to be on standby"</i> <i>"Have to change my shifts constantly to cover sickness"</i>	7%
<b>Time off in lieu/paid overtime</b>		6%
<b>Retirement</b>		3%
<b>Increase hours worked</b>		2%

Source: Employment Research/RCN Experienced Nurse Panel, 2010

### 8.15 Satisfaction with working hours

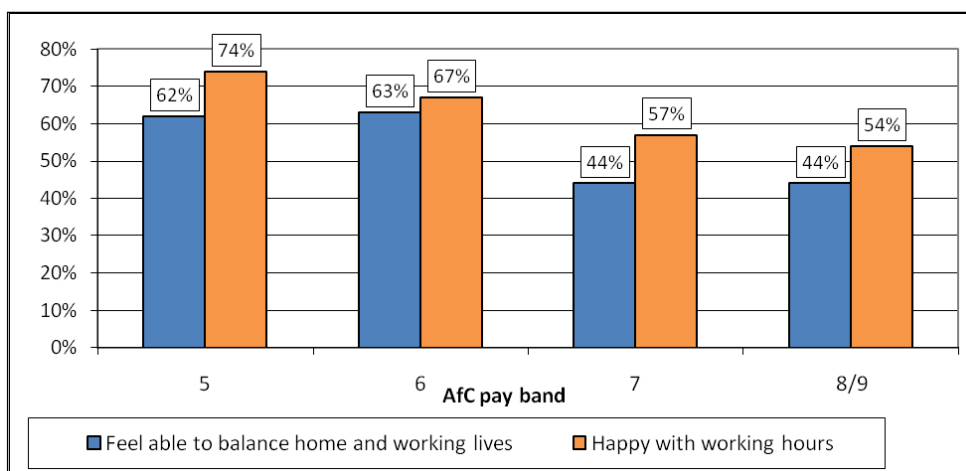
Despite the long hours many nurses work, most are positive about their working hours and these views have changed little in recent employment surveys and are fairly consistent across different age bands. The 2009 employment survey showed that more than two thirds (69 per cent) of nurses aged 50 plus were happy with their working hours<sup>27</sup>, 59 per cent were satisfied with their input into planning off duty/times of work, 63 per cent feel able to balance their home and working lives and 63 per cent feel satisfied with the choice they have over the length of shifts they work.

In both the 2009 employment survey and 2010 panel survey, nurses were asked to respond to the following statements: 'I am happy with my working hours' and 'I feel able to balance my home and working lives'.

<sup>27</sup> This statement was new to the 2009 survey used as it provides an overall indicator of working hours' satisfaction while the others focus on specific aspects of working hours.

In the 2010 panel survey two thirds (68 per cent) of all nurses, aged 50 plus, agree with the statement *'I am happy with my working hours'* and 60 per cent agree that they feel able to balance their home and working lives. As might be expected, there is a strong link between mode of working and working excess hours and satisfaction with working hours. For example, 80 per cent of nurses aged 50 plus who work part-time agree that they are happy with their working hours compared to just 59 per cent of those who work full-time and 46 per cent of nurses who work excess hours several times a week or more say they are happy with their working hours compared to 70 per cent of those who work excess hours less frequently.

Figure 11: Satisfaction with working hours by AfC pay band (percentages)  
***Nurses on pay band 5 are more likely to report being able to balance home and working lives and being happy with working hours than those on higher bands.***



Source: Employment Research/RCN Experienced Nurse Panel, 2010

### 8.16 Changing jobs/employers

Among the 50 plus age group, turnover is lower than for younger nurses, especially those in the first ten years of their careers (31 per cent of nurses aged under 30 had changed jobs in the previous 12 months compared to 14 per cent of those aged 50 plus and seven per cent of those aged 60 plus). The highest turnover rates among these groups of nurses are in independent care homes (19 per cent changing jobs in the previous 12 months), independent hospitals (20 per cent) and NHS community settings (18 per cent). In NHS hospitals, just nine per cent had changed jobs.

The aggregate figures from the 2009 employment survey are similar to results from the 2010 Panel Survey with 14 per cent of nurses aged 50 plus having changed jobs in the preceding 12 months (16 per cent of 50-54 years olds, 14 per cent of 55-59 year olds and 11 per cent of those aged 60 plus).



Table 13: Changing jobs and changing employers in 12 months prior to the 2009 Employment Survey by age group (percentages)

**Turnover is lower among older than younger nurses**

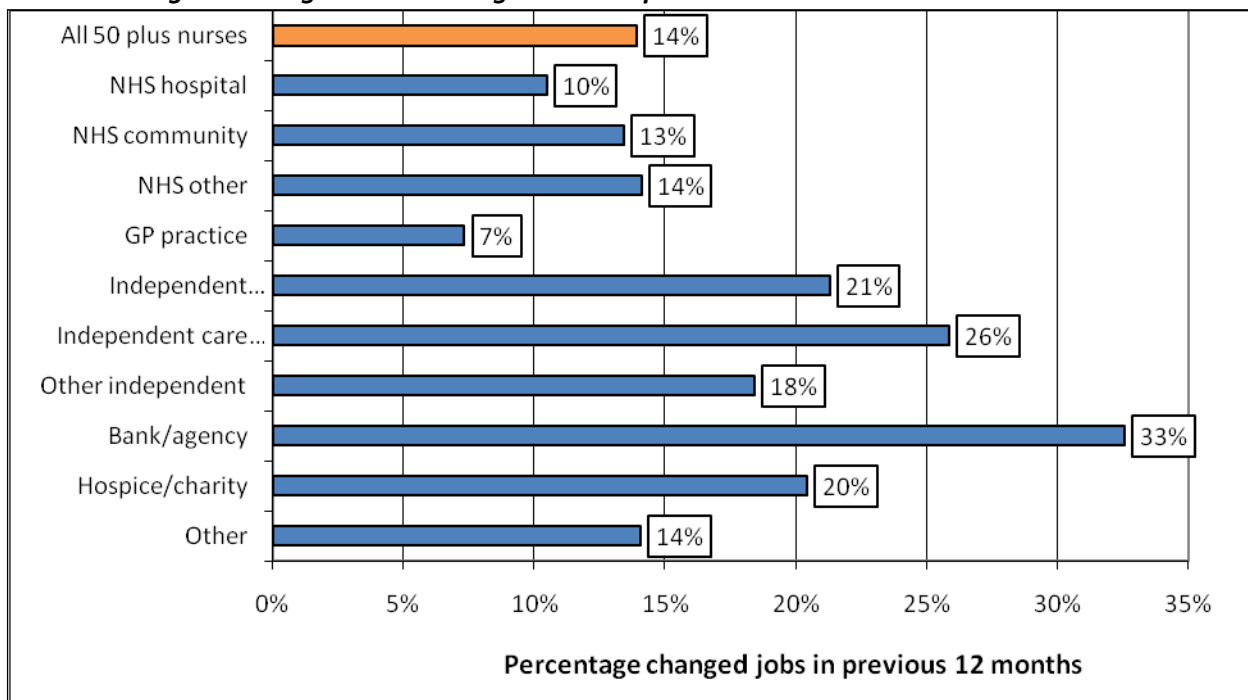
Changed jobs in last 12 months	Under						Under		Total
	30	30-39	40-49	50-54	55-59	60 plus	50	50 plus	
Yes	31	20	17	17	12	7	20	14	18
No	69	80	83	83	88	93	80	86	82
<i>Weighted cases</i>	404	986	1495	676	451	230	2885	1358	4243
<b>Changed employer in last 12 months</b>									
Yes	18	11	9	7	6	4	11	6	9
No	82	89	91	93	94	96	89	94	91
<i>Weighted cases</i>	402	988	1486	668	447	226	2876	1340	4216

Source: Employment Research/RCN Employment Survey 2009

A slightly higher number of nurses who qualified in the last 10 years (22 per cent) reported having changed their jobs in the previous 12 months than those who qualified more than 10 years ago (14 per cent).

Figure 12: Changing jobs in previous 12 months (percentages)

**Turnover is higher among nurses working in the independent sector**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Table 14 looks at the main reasons for changing jobs and finds that these include ‘push’ factors such as dissatisfaction with the role or employer or being forced by organisational change and ‘pull’ factors such as a wish to change work patterns, improved terms and conditions or seeking a new challenge.

Table 14: Main reason for change in employment situation (responses/percentages)

<b>Why changed employment situation (N=282):</b>		<b>per cent</b>
<b>Themes</b>	<b>Examples</b>	
<b>Dissatisfaction in previous job</b>	Lack of support/bureaucracy/not feeling appreciated/skills and experience not recognised/verbal & physical abuse. <i>“Being willing to please and do a better job than allotted time allowed opened myself up for abuse. I was placed in such a position that left me feeling vulnerable and at risk of making mistakes”</i>	19%
<b>Changing work patterns</b>	Winding down/better work-life balance/part time work/bank/flexible hours/less responsibility/less travelling <i>“Just want to be a nurse without admin/management role”</i>	18%
<b>Employer or organisational changes</b>	Relocation/threat of changes/uncertainty <i>“Due to restructuring to save money my job will go by the end of the summer”</i> <i>“Workplace sold to other care company”</i>	17%
<b>New challenge</b>	Change of direction/new career choice/trying something new/personal development/utilising skills	16%
<b>Development</b>	Better pay & conditions/promotion/managerial role/ more demanding role/more responsibility/upgrade. <i>“I already take the responsibility now I need the money that goes with the senior post”</i>	14%
<b>Retirement</b>		10%
<b>Termination of employment</b>	End of contract/redundancy/unemployed/project funding stopped	9%
<b>Personal reasons</b>	Relocation/move abroad/career break/caring responsibilities	5%
<b>Health</b>	Illness/injury/physical demands	5%

Source: Employment Research/RCN Experienced Nurse Panel, 2010

### 8.17 Seeking a change of job

A small number (17 per cent) of all nurses aged 50 plus reported they are seeking a change of job and were asked to indicate their main reasons for doing so. In a third (30 per cent) of cases it is dissatisfaction with their current employment that is pushing them towards seeking a change of employment. A quarter (23 per cent) want a change of direction and more fulfilment in their work and one in five (19 per cent) want to start winding down and better work-life balance. Table 15 summarises the responses to this question again highlighting the balance between ‘push’ and ‘pull’ factors in nurses’ thinking.

Table 15: Main reason for seeking a change of job (responses/percentages)

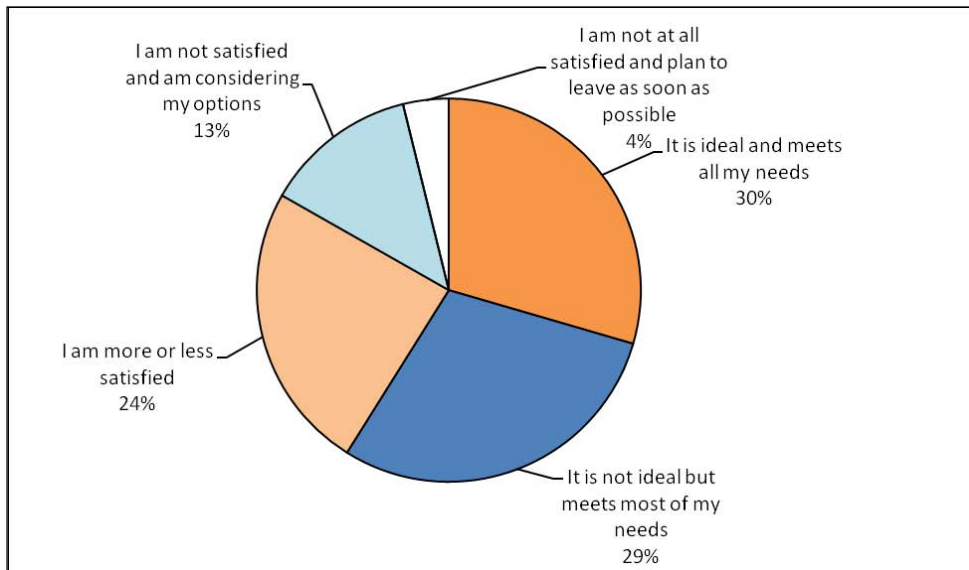
<b>Why changed employment situation (N=272):</b>		<b>per cent</b>
<b>Themes</b>	<b>Examples</b>	30%
<b>Dissatisfaction in job</b>	Lack of support/bureaucracy. Feeling burned out/emotionally demanding job. Want less pressured role. Discrimination <i>"Bullying culture. General management structure, lack of leadership"</i>	
<b>Change of direction</b>	New challenge/something outside nursing/ greater job satisfaction/more fulfilment.	23%
<b>Changing work patterns</b>	No weekends/bank holidays. Retire and then work part time.	19%
<b>Development</b>	More hours/higher grade.	17%
<b>Employer/organisational changes</b>	Lack of job security. Threat of unit/ward closures. <i>"We have been informed that the unit we work in is to close" "My job has gone due to restructuring and I have to apply for a new post or early retirement"</i>	10%
<b>Health</b>		7%
<b>Feeling undervalued</b>	Skills and experience not recognised/lack of appreciation. <i>"I feel undervalued. My opinions not always taken into consideration. Feel discriminated against"</i>	5%
<b>Personal reasons</b>	Husband moving/Going to university	4%
<b>Termination of employment</b>		4%
<b>Retirement</b>		4%

Source: Employment Research/RCN Experienced Nurse Panel, 2010

### 8.18 Job satisfaction

When asked about their current work situation and the extent to which it meets their needs, most participants are broadly satisfied; 30 per cent said that their current work situation *'is ideal and meets all my needs'*, 29 per cent said it *'is not ideal but meets most of my needs'*, and 24 per cent said they were more or less satisfied with their current work situation. Only 13 per cent said they were not satisfied and were considering their options and four per cent said they were not at all satisfied and plan to leave as soon as possible.

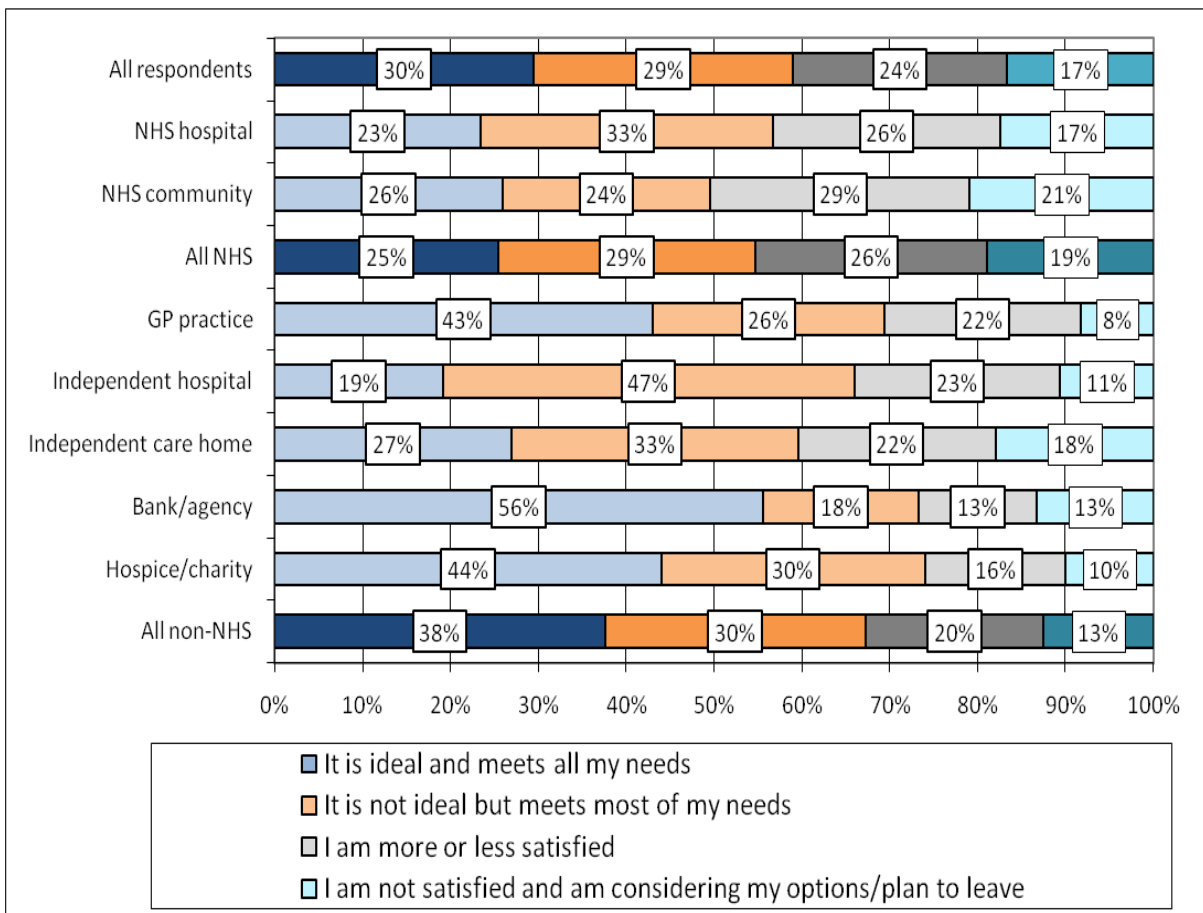
Figure 13: Nurses' description of their current work situation (percentages)  
**The majority of respondents are broadly satisfied with their work situation**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

It can be seen from Figure 14 that nurses aged 50 plus working in GP practices, for banks/agencies and hospices are most likely to say that their current work situation is ideal and meets all their needs; more than 40 per cent of nurses in each of these sectors responded in this way, compared to just 23 per cent of nurses in NHS hospitals and 19 per cent of those in independent hospitals.

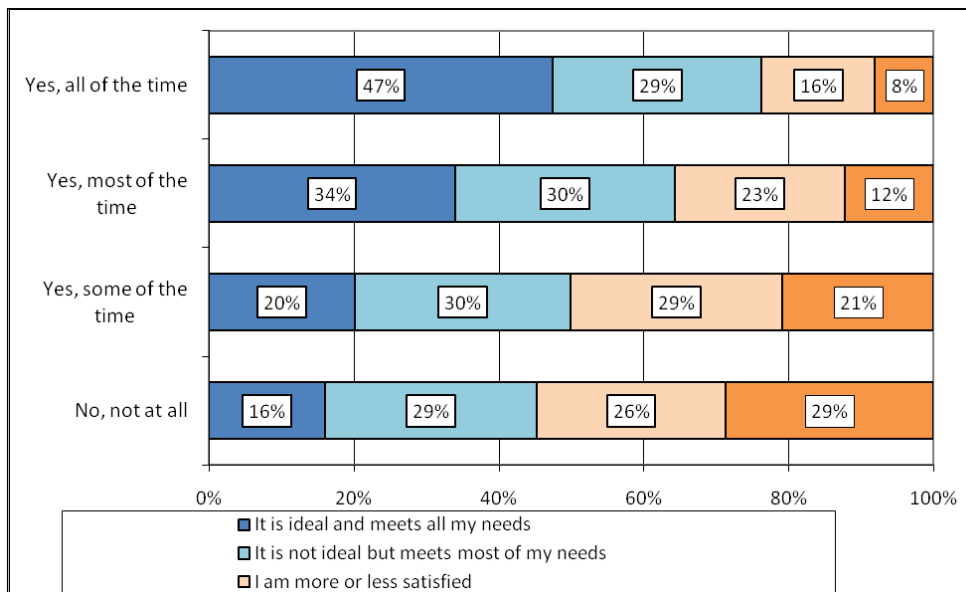
Figure 14: Nurses' description of their current work situation by employer group (percentages)  
**Nurses working for banks/agencies and hospices are most likely to be satisfied with their work situation**



The main variables affecting job satisfaction appears to be views of working hours and flexibility. For example, as Figure 15 shows, where nurses feel that they have sufficient flexibility in their working hours 'all the time' 47 per cent say that their job is ideal and 'meets all their needs' while in cases where nurses do not get sufficient flexibility in their work at all 29 per cent report that they are not satisfied with their current work situation and are considering their options or plan to leave.

Figure 15: Nurses' description of their current work situation by satisfaction with flexibility in working hours (percentages)

**Job satisfaction appears to be connected to flexibility in working hours**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

**8.19 Training and development opportunities**

Data from the 2009 employment survey in Table 16 shows the average amount of CPD undertaken by employer group by age band. In NHS hospitals, GP practice (markedly) and independent care homes the amount of training undertaken in 2009 was lower among nurses aged 50 plus than among younger nurses by approximately 10 per cent.

Table 16: No. days training in 2009 by age group and employer groups  
**CPD allocation is higher outside the NHS**

Mean no. of days CPD	Under 50	50 plus	60 plus	Total
NHS hospital	6.0	5.1	4.4	5.8
NHS community	7.3	7.5	7.6	7.4
GP practice	8.2	6.2	4.8	7.4
Independent hospital	6.8	6.9	3.5	6.9
Independent care home	8.4	7.2	6.3	7.8
Bank/agency	5.8	5.2	5.2	5.5
<b>All respondents</b>	<b>6.6</b>	<b>6.0</b>	<b>5.3</b>	<b>6.4</b>

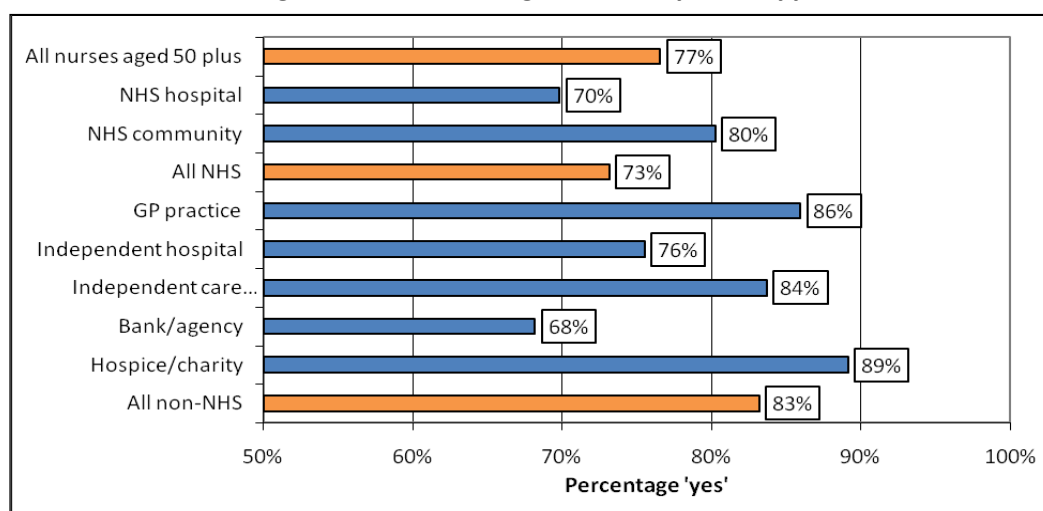
Source: Employment Research/RCN Employment Survey 2009

The 2009 employment survey asked respondents whether or not the amount of CPD undertaken in the last year had changed compared to the previous 12 months. Approximately half (48 per cent) of all nurses think the amount is more or less the same as it was in the preceding 12 months. One in four (28 per cent) think it has increased and 23 per cent think it has decreased.

When asked if they receive access to appropriate training and development opportunities in their jobs, more than three quarters of all participants in the panel (77 per cent) say they do, a fifth (21 per cent) say they do not and 2 per cent do not know. There is some variation by employer, with NHS nurses less likely to say they get access to appropriate training and development opportunities (73 per cent) compared to nurses working in other settings (83 per cent). Bank and agency nurses were least likely to receive access to appropriate opportunities (68 per cent). More nurses on higher AfC pay bands say that they have good access to training (81 per cent of nurses on pay bands 7-9 compared to 68 per cent of those on pay band 5 and 74 per cent on pay band 6).

Figure 16: Access to appropriate training and development opportunities by employer group (percentages)

**More non-NHS nurses get access to training and development opportunities than NHS nurses**

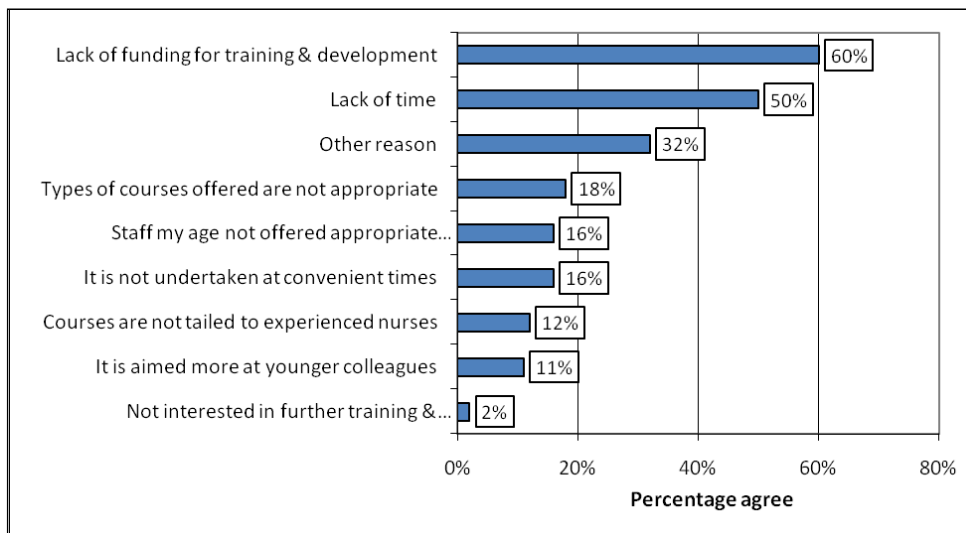


Source: Employment Research/RCN Experienced Nurse Panel, 2010

Those nurses who are less satisfied with their current jobs are most likely to say that they do not receive access to appropriate training and development opportunities. For example, nine out of ten nurses (88 per cent) who say their job is ideal and meets all their needs say that they get access to appropriate training and development opportunities compared to just 42 per cent of those who are not at all satisfied and plan to leave. Fifty seven per cent of those who are not satisfied are considering their options regarding future employment.

The main reasons identified by nurses as to why they do not receive access to appropriate opportunities are presented in Figure 17 below. The most frequently cited comment, identified by 60 per cent of these nurses was ‘a lack of funding for training and development’ and the second reason was ‘lack of time’ (50 per cent). Age related factors e.g. ‘older staff not offered appropriate opportunities’ and ‘courses not being tailored to experienced nurses’ were only mentioned by 18 per cent and 16 per cent of respondents respectively. Just one in nine said courses are aimed more at younger colleagues and two per cent said they were ‘not interested in further training and development’.

Figure 17: Reasons for not getting appropriate training and development opportunities  
***Time and funding are the biggest obstacles to training and development***



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Other reasons included a lack of support from employer or management while others mentioned lack of staff cover and cancellations of courses due to staff levels. Also highlighted was the personal cost: *“as an agency nurse I have to pay for my own training and I cannot afford it”*. Some bank and agency nurses pointed out that training opportunities are not provided to part-time, bank or agency nurses. The data here would suggest that age is not a major cause of any differential access to training and development opportunities.

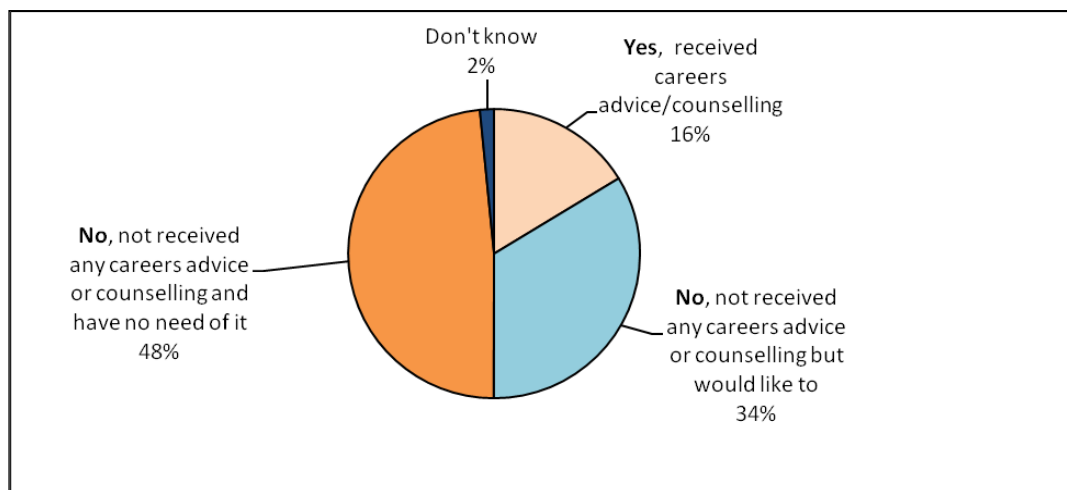
Nurses participating in the panel were asked to suggest changes which would improve the training and development opportunities open to them. The most suggested change was ring fenced time for training, study leave and budgets to cover staff absences while training so that staff shortages do not impact upon training. As one nurse put it *“being given the time to study – recently it took me four attempts to do my mandatory training due to staff shortages”*. Also mentioned was the need for more choice and options tailored to the needs of the workplace and specialty rather than generic courses.



## 8.20 Career development support and counselling

Respondents were asked to indicate if they have needed or received career development support/career counselling in the last few years. Figure 18 shows that 16 per cent have received career development support/career counselling in the last few years. A further 34 per cent had not received any support but would like to and nearly half (48 per cent) have not received any support of this kind and said they have no need for it.

Figure 18: Demand for development support/career counselling in last few years (percentages)  
**One third would like careers advice or counselling**



Source:

Employment Research/RCN Experienced Nurse Panel, 2010

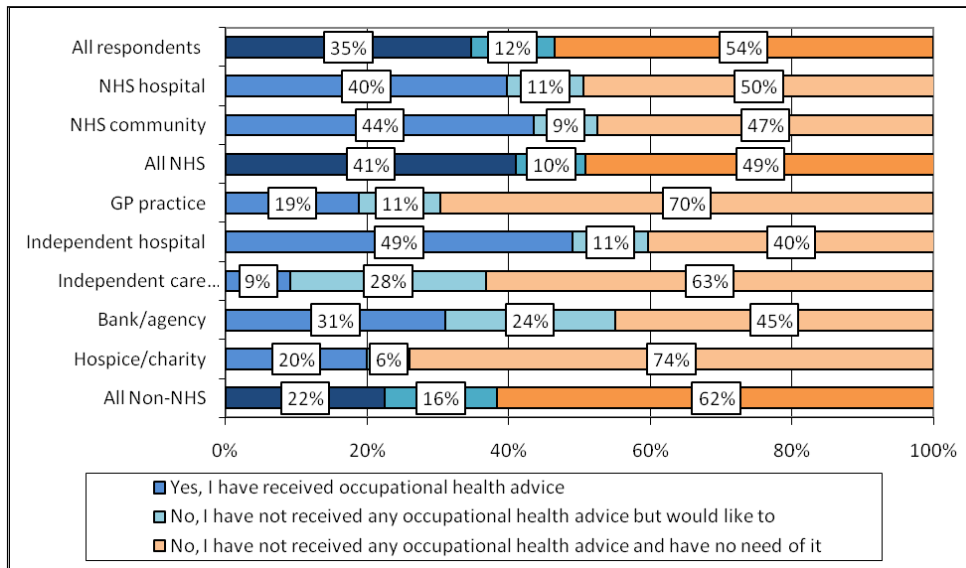
Career development support/career counselling was mainly provided by nurses' employers (76 per cent of cases), in 11 per cent of cases it was provided by an external supplier but funded by their employer, in four per cent of cases it was provided externally and funded by the individual and in nine per cent of cases there was some other arrangement; in the main by a combination of self and employer or via the RCN or another organisation such as a university. Of those that had received career development support/career counselling 41 per cent said it was 'very useful', 46 per cent said it was 'useful', 12 per cent said it was 'not very useful' and two per cent said it was 'not useful at all'.

## 8.21 Occupational health advice

Respondents were also asked if they have received any occupational health advice in the previous few years. Just over a third (35 per cent) of nurses aged 50 plus had received occupational health advice in the few years prior to the survey, a further 12 per cent had not received any advice but would like to and a half (53 per cent) have not received any and have no need of it. NHS nurses are much more likely to have received occupational health advice than non-NHS nurses (41 per cent compared to 22 per cent of non-NHS nurses).

Figure 19: Demand for occupational health advice in last few years by employer group (percentages)

**NHS nurses are more likely to have received occupational health advice than non-NHS nurses**



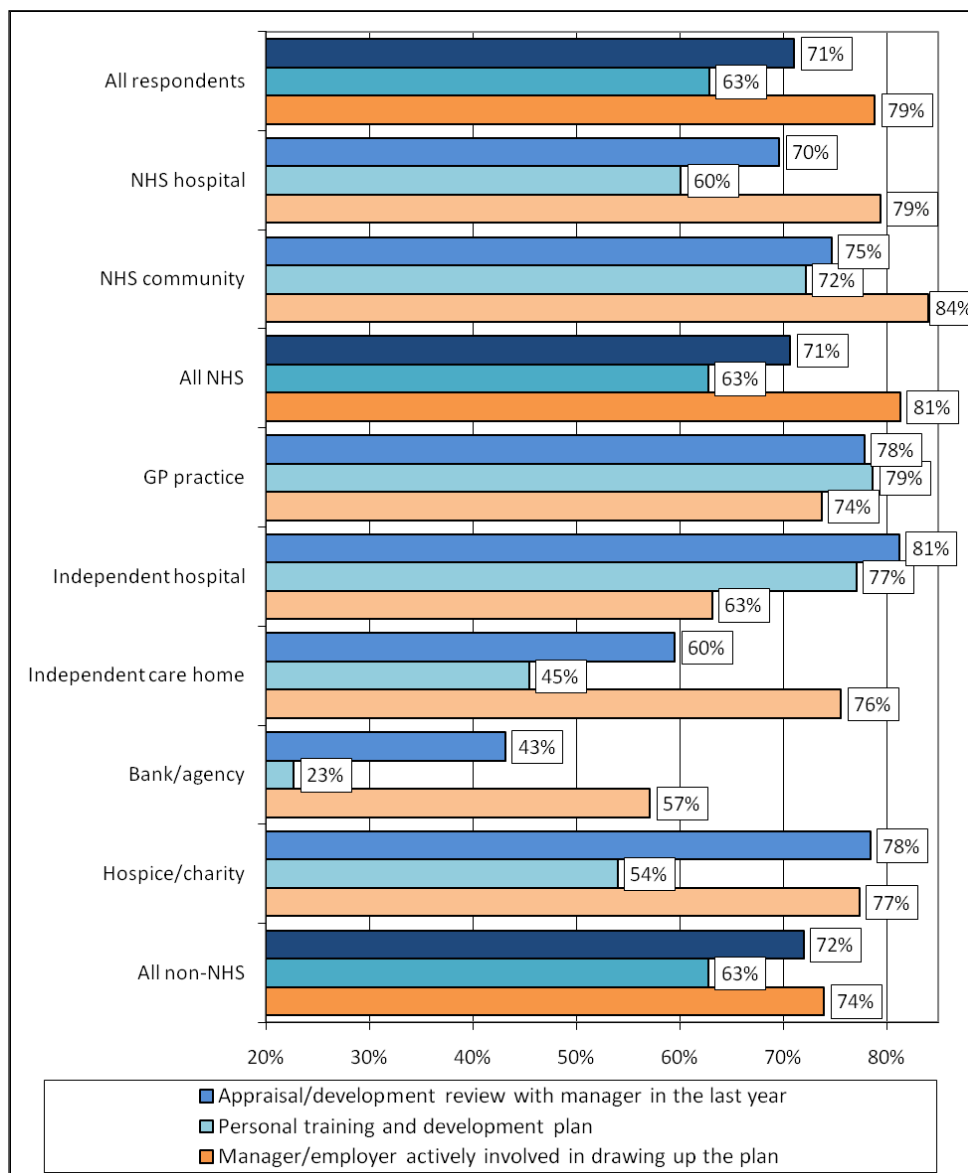
Source: Employment Research/RCN Experienced Nurse Panel, 2010

## 8.22 Development reviews and training plans

The 2009 employment survey found that around six in ten of all nurses (59 per cent) had an appraisal/development review with their manager in the 12 months prior to the survey. This figure was slightly higher among nurses aged 50 plus (62 per cent) than nurses aged under 50 (56 per cent). The 2010 Panel Survey found that nurses working in independent care homes and bank/agency settings were significantly less likely to have received an appraisal/review (60 per cent and 43 per cent respectively) than nurses in general.

Figure 20: Appraisals/reviews, personal development and training plans and manager involvement by employer group (percentages)

**NHS nurses are more likely than non-NHS nurses to have received an appraisal**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Seventy one per cent of respondents working in the NHS had received an appraisal in the previous 12 months, 63 per cent have a personal training and development plan and of these, the respondents' manager was involved in drawing up the plan in 81 per cent of cases, more or less the same figures as for non-NHS nurses. Looking at both the 2009 and 2010 surveys it is noticeable that of the nurses responding to this question in both surveys 18 per cent had not had a review or appraisal at all in the previous two and a half years.

In an open section, respondents were asked to suggest ways in which their employer could improve the support offered. Table 17 summarises the responses to this question.

Table 17: Appraisals/reviews, personal development and training plans and manager involvement by employer group

Type of support	N=	Examples and quotes
<b>Themes</b> <b>Better manager support, communication, listening and being kept informed and updated</b>	156	Understanding of how staff are feeling – low morale/stressed/tired. A manager who listens. <i>“My line manager is not interested in developing us. He’s more target driven and concentrating on unit/trust objectives. He could listen more to my needs and be more personable and supportive”</i>
<b>More/regular appraisals and reviews/following up on action plans/put plans in place</b>	105	Action from manager to carry things through. Not just a box ticking exercise. <i>“Previous appraisal was a paper exercise, not allocated protected time and numerous interruptions. Time and resources needed to cover clinical area during appraisals”</i>
<b>More 1:1/personal and career development plan/time management to implement plans</b>	96	Time to develop and implement plans. Encouragement to develop more <i>“To have a little more time to spend looking at my strengths and weaknesses and then developing in the areas I need to”</i>
<b>Training time and study time/funding</b>	93	<i>“More TIME access to training I consider appropriate to my role in addition to that which is mandatory”</i> <i>“By allocating more funding for training and development or increasing staffing levels so at least some staff could take advantage of sponsored places on courses”</i>
<b>Management priorities, target driven culture staff shortages</b>	89	<i>“If staffing levels were better, I would feel more at ease to take time off for study leave”</i> <i>“Looking toward no interruption in contracted hours. So often opt for distance learning. Current problem is funding - don't know what's available”</i> <i>“My ward manager needs to be non clinical and be given time to do her job properly, not rushing from pillar to post”</i> <i>“A management team who know the value of training or are capable of giving that training”</i>
<b>More time for nurses and managers</b>	70	<i>“More one to one meetings rather than emails. Workload of manager means he is often unable to achieve this and email is often the mode of communication. He is accessible by mobile and does try to be available to speak if urgent”</i>
<b>Valued/appreciated by employer/important team member/ experience and skills acknowledged/ understanding of what</b>	69	<i>“Verbal feedback encouragement – job well done or otherwise”</i> <i>“A greater understanding of my specialised area of work and a more realistic view of nursing today and its problems”</i> <i>“More time for me as an individual. More</i>

<b>staff do.</b>		<i>positive/praise for the effort I put into my work. I feel undervalued"</i>
<b>Age related advice/attitudes towards age</b>	18	Pension/retirement/plans. Physical ability <i>"As an older nurse it would assist me if my manager explored flexible working options with me. I have also felt dismissed on occasions, which I think mirrors the attitude society exhibits towards older people"</i> <i>"To help me find a less demanding role - physically and mentally - to consider in my twilight years of working"</i>

Source: Employment Research/RCN Experienced Nurse Panel, 2010

## Planning for retirement

### 8.23 Current work and retirement plans

Most NHS nurses aged 50 plus say that their normal retirement age is 60 (47 per cent), 29 per cent say it is 65 and 18 per cent indicated it was 55. Outside the NHS 43 per cent reported that their normal retirement age is 65, 37 per cent said 60 and five per cent said 55. Approximately nine per cent (six per cent NHS and 14 per cent non-NHS) gave other ages of retirement ranging between 55 and 67 or were not sure of the exact normal retirement age.

Among nurses aged 50 plus 18 per cent have decided definitely when they intend to retire from paid nursing employment, 55 per cent have decided approximately and one in four (27 per cent) have not yet decided when they will retire. More nurses aged 60 plus (26 per cent) have yet to decide than nurses aged 55-59 (22 per cent) with 31 per cent of 50-54 year olds yet to decide, even approximately, when they will retire. Nurses in the NHS were more likely to report that they have 'definitely' decided on when they will retire (21 per cent compared to 12 per cent among non-NHS nurses – just six per cent of nurses working in independent care homes have 'definitely' decided when they will retire and 39 per cent have not yet made a decision.

Across all participants in the panel survey, nurses aged 50 plus intend to continue working in their current job for another five years and in nursing for about six years. However, not included in this analysis, one in five (20 per cent) nurses did not know how long they intended to stay with their current job and one in four (24 per cent) did not know how long they intended to stay in nursing more generally.

Table 18: Intention to continue in current job and in nursing (years)

	50-54	55-59	60 plus	Total
Intend to continue in current job for (years):	6.2	4.3	2.8	<b>5.0</b>
Intend to continue in nursing for (years):	8.3	5.0	3.0	<b>6.4</b>
<i>Weighted cases</i>	<i>470</i>	<i>371</i>	<i>136</i>	<i>977</i>

Source: Employment Research/RCN Experienced Nurse Panel, 2010

Figure 21 presents this data by age showing nurses intentions as they approach retirement. On average nurses in their early 50s intend to remain in nursing until they are 60-62. But as they approach age 60 more nurses start to see themselves working in nursing until they are 63-64. Nurses in their early 60s see themselves working until they are 64-65.

Figure 21: Intention to continue working in current job and in nursing by age (years)



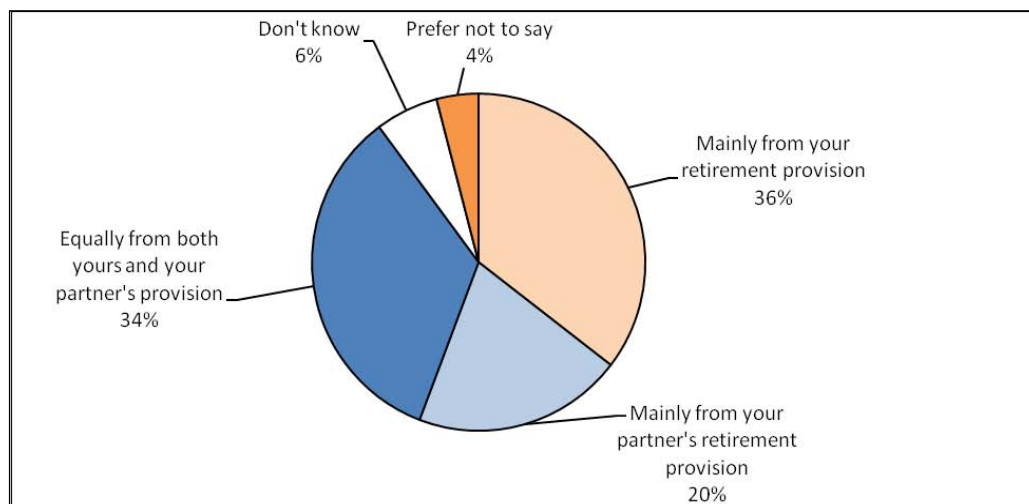
Source: Employment Research/RCN Experienced Nurse Panel, 2010

### 8.24 Household income

Nurses were asked to indicate where they expect their household income to come from when they retire. Aggregate responses are shown in Figure 22. Across all respondents approximately a third (36 per cent) said it would come mainly from their own income and a third (34 per cent) said it would come equally from their own and their partner's income – just a fifth (20 per cent) said it would come mainly from their partner's income with six per cent reporting that they do not know and four per cent preferring not to say.

Figure 22: Household income after retirement (percentages)

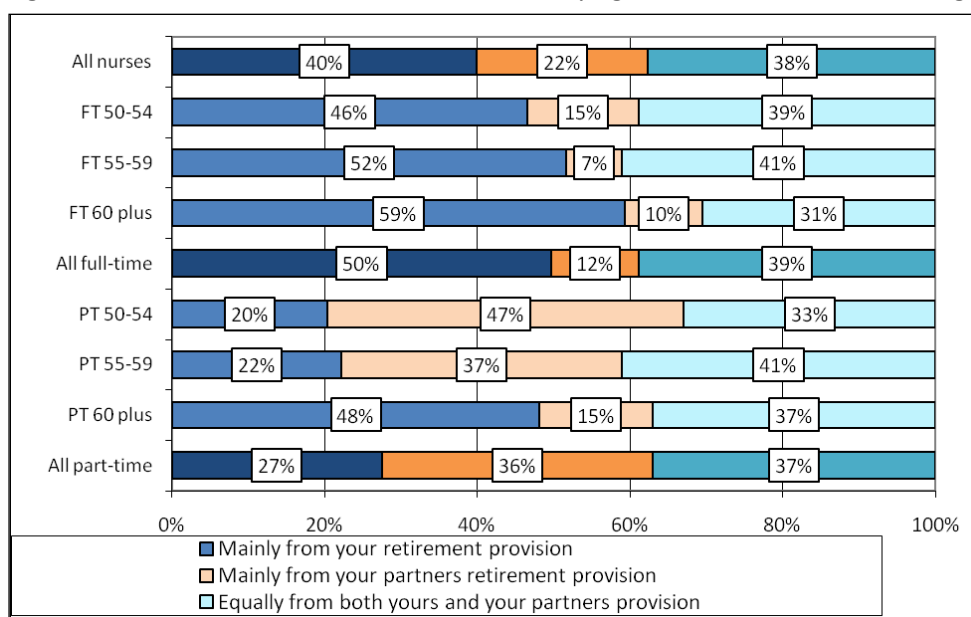
**A third will rely on their own incomes after retirement**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Figure 23 demonstrates the relationship between age (or proximity to retirement) and mode of working with sources of household retirement income. It is notable that there is a strong correlation between sources of income and mode of working and age of respondents. As one might expect nurses over the age of 50 who are working full-time are more likely to report that they will be reliant on their own income when they retire. However, in addition, nurses over the age of 60 are more likely to be reliant on their own income when they retire than is the case among nurses in their 50s, regardless of whether they are working full-time or part time. So among nurses aged 50 plus working part-time 18 per cent of 50-54 year olds say their income will be mainly from their own sources, 21 per cent of 55-59 year olds but 47 per cent of 60-65 year olds say their retirement income will be from their own sources. Among full-time nurses 58 per cent of those aged 60 plus say their retirement income will be mainly from their own income. This suggests that a major reason why nurses are working in their 60s is in order to provide additional income.

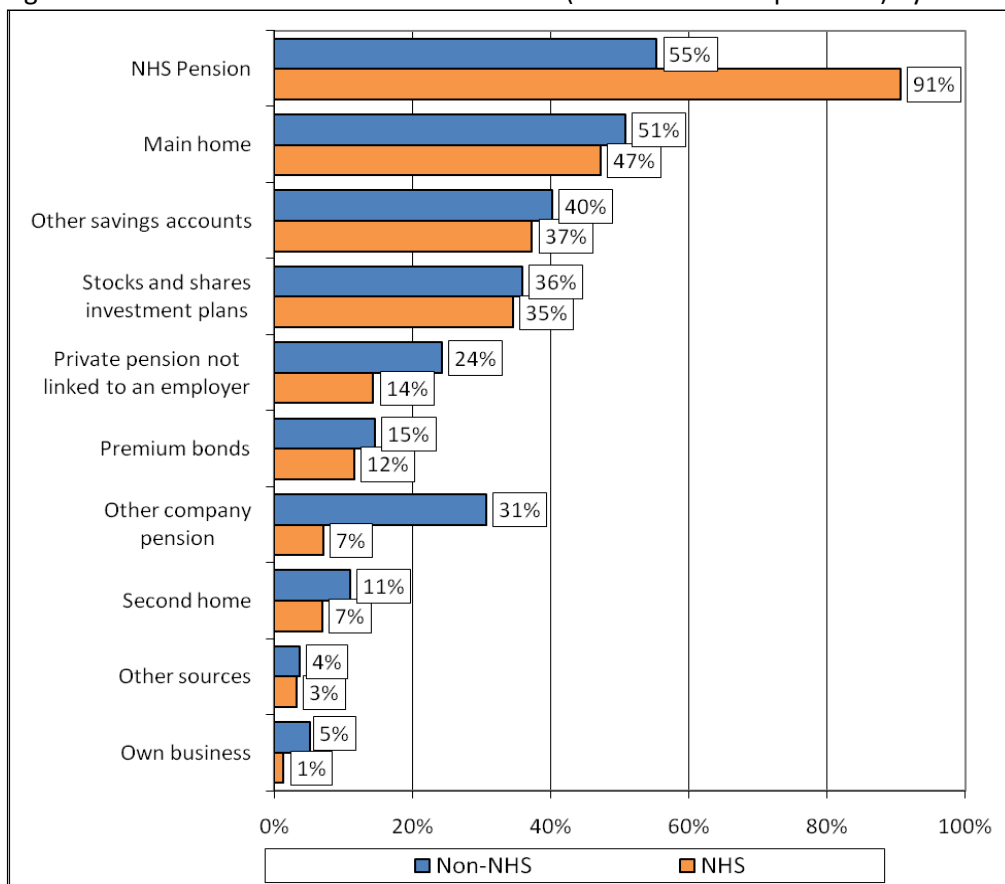
Figure 23: Household income after retirement by age band and mode of working



Source: Employment Research/RCN Experienced Nurse Panel, 2010

The majority of nurses aged over 50 (79 per cent) have a NHS pension. Those that do not are predominantly employed in independent hospitals (just 28 per cent have a NHS pension), independent care homes (25 per cent) and other non-NHS settings (45 per cent).

Figure 29: Other sources of retirement income (other than state pensions) by sector (percentages)



Source: Employment Research/RCN Experienced Nurse Panel, 2010

It is worth noting that fewer BME nurses report having each of the sources of income listed. In the case of the main home being a source of income just 23 per cent of BME nurses compared to 36 per cent of white nurses have this form of investment, stocks and shares (23 per cent compared to 36 per cent of white nurses), other savings accounts (22 per cent compared to 40 per cent of white nurses).

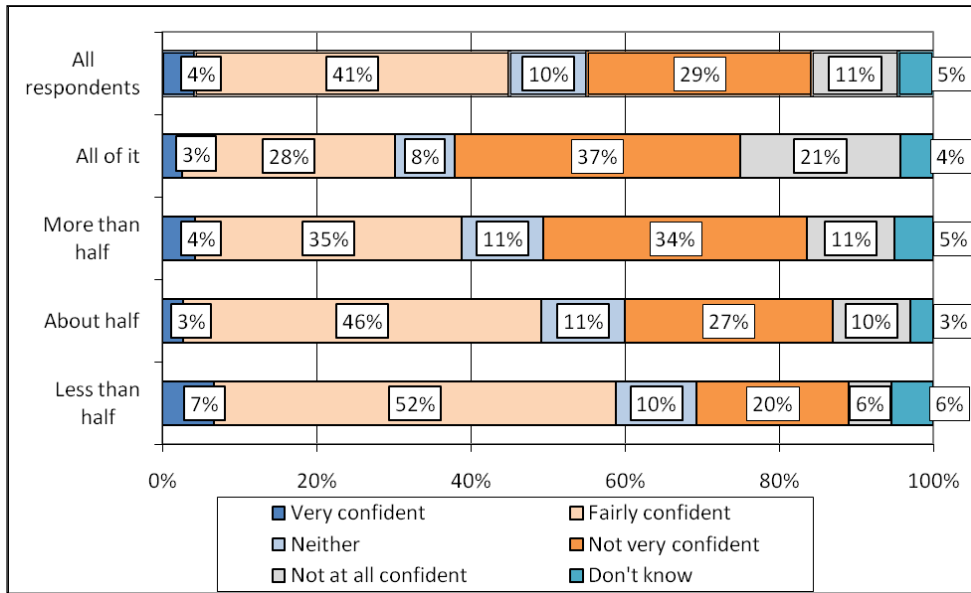
*“Disappointed that my pension forecast is not as I had expected. Came into practice nursing in 1994 but not able to pay into pension fund until some years later (1998). So find a younger nursing colleague than I with less nursing years experience could retire 5 years earlier.”*

Nearly half (45 per cent) of all participants in the panel are at least fairly confident of having a decent standard of living when they retire. But this is balanced by the finding that 40 per cent of respondents are either ‘not very confident’ (29 per cent) or ‘not at all confident’ (11 per cent). Interestingly there is only weak correlation with current income levels. This said, those nurses who have to rely on their own income are less likely to be confident that they will have a good standard of living in their retirement than those where their income accounts for less than 50 per cent of total household income (59 per cent are confident and 25 per cent are not).

*“Transitional points were unfair. I will not achieve top pay scale at my band until I am 59 yrs and two months old and will need to work for one year further to maximise my pension. It is not fair that I cannot retire earlier at ‘best salary’ because of transitional points - that will not affect new starters.”*



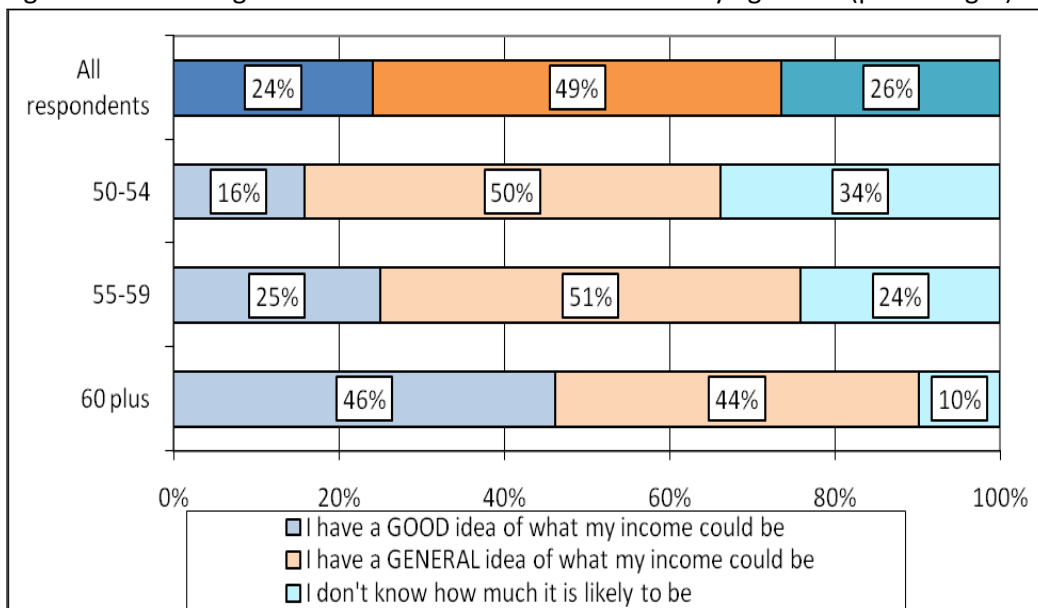
Figure 30: Confidence in having a decent standard of living after retirement by proportion of household income accounted for by earnings (percentages)



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Among nurses whose income represents all their household income three quarters (76 per cent) are either very concerned (24 per cent) or fairly concerned (52 per cent) about the state of their financial preparations compared to just 50 per cent of nurses whose income accounts for less than half their total household earnings.

Figure 31: Knowledge about level of income in retirement by age band (percentages)



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Just one in four (24 per cent) of all nurses aged 50 plus say they have a 'good idea of what their income might be on retirement', half (49 per cent) say they have a 'general idea of what their income might be' and one in four (27 per cent) say they 'don't know how much it is likely to be. The number indicating that they have a good idea increases sharply with age as nurses approach retirement, or go past retirement age. Among nurses aged 50-54, just 16 per cent say they have a 'good idea of what their income might be', compared to 46 per cent of nurses aged 60 plus.

Those nurses most concerned about their retirement income or least confident that they will have a decent standard of living when they retire are more likely to not know how much their income will be. Again the more nurses are reliant on their own income; the less likely they are to say they have a good idea about the level of their retirement income. Also, those on lower incomes are more likely to say they don't know how much their retirement income is likely to be.

BME nurses are also much more likely to report that they do not know how much their income is likely to be (this is partly correlated with cases where income accounts for all household income); 45 per cent say they do not know how much their income is likely to be compared to 25 per cent of white nurses.

### 8.25 Pension schemes and delaying retirement

For NHS pensions there are currently a number of different approaches to retirement planning. A new flexible retirement package includes a number of different strategies to help nurses move towards retirement<sup>28</sup>:

- **wind-down:** as an alternative to retiring, staff can opt to wind down by working fewer days or hours in their current post
- **step-down:** staff who would like to give up the pressure and responsibilities of their current role can opt to step down into a less demanding and lower graded (paid) post, which still makes use of their skills and experience
- **retire and return** staff who have reached the normal retirement age can opt to retire, take all their pension benefits and return to NHS employment. Options available include registering for the staff bank by taking retirement, then opting to work on an 'as and when' basis, giving an opportunity to pick and choose the hours worked
- **draw-down:** this is only open to members of the 2008 section of the NHS Pension Scheme and allows members to take part of their pension benefits while continuing in NHS employment
- **late retirement enhancement in 2008 section:** if the member chooses to retire later than their 65th birthday, the pension benefits earned up to their 65th birthday will be increased by the application of late retirement factors.

Participants in the panel, who are active members of the NHS pension scheme and eligible are currently being offered a choice between whether they stay in the 1995 pension scheme or move across to the 2008 section. The survey looked to assess responses among nurses who are being offered the choice.

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<sup>28</sup> NHS Employers (2010) *NHS Pension Scheme retirement flexibilities*. Available at: [www.nhsemployers.org/Aboutus/Publications/Documents/NHS%20Pension%20Scheme%20retirement%20flexibilities.pdf](http://www.nhsemployers.org/Aboutus/Publications/Documents/NHS%20Pension%20Scheme%20retirement%20flexibilities.pdf)

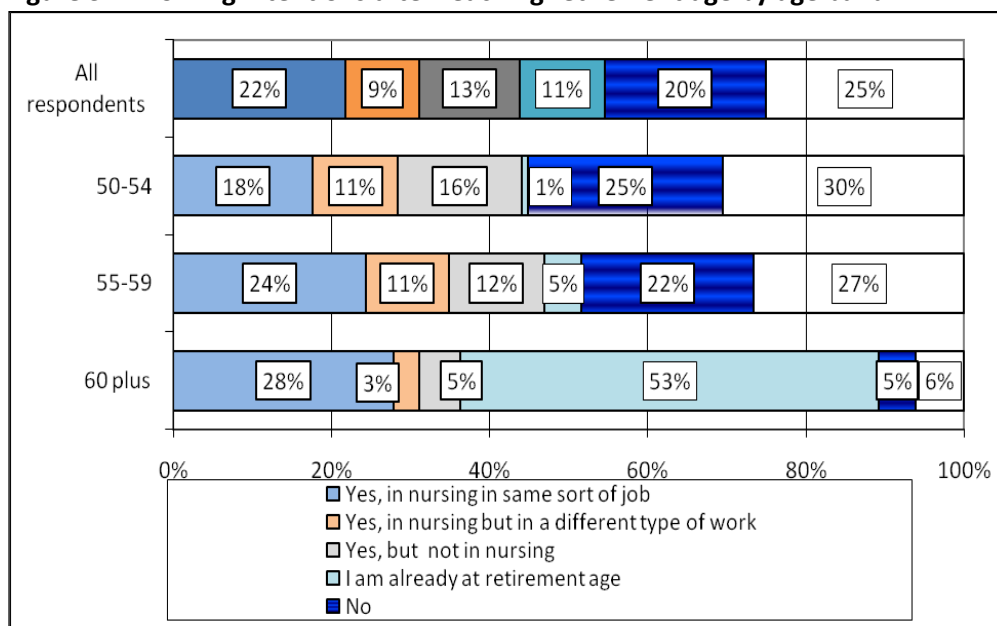
Approximately equal numbers of respondents had been offered the choice (46 per cent) as had not (46 per cent), with a small number (eight per cent) stating they did not know if they had been offered it or not. Of those respondents who had been offered the choice just 4 per cent had decided to move to the 2008 Section, 96 per cent decided to remain in the 1995 pension scheme. However, there are differences by region as at the time of the survey the letter had not been mailed in all regions. More nurses in Scotland (78 per cent) and Northern Ireland (82 per cent) had received the letter than was the case in England (42 per cent) and Wales (25 per cent).

### 8.26 Working beyond retirement

Nurses participating in the survey were asked about whether they intend to continue working beyond retirement age. A fifth (20 per cent) said they would not work beyond retirement age and one in four (25 per cent) said they may do but did know where they would work. One in three (31 per cent) indicated they intend to work in nursing in the same or similar sort of job, 13 per cent said they would work but not in nursing and 11 per cent reported already being at retirement age.

Nurses over 60 are much more likely than younger nurses to know what they will do post retirement age. As shown in previous employment surveys, as nurses approach retirement age their decisions regarding post retirement age intentions are more likely to include working in nursing.

**Figure 32: Working intentions after reaching retirement age by age band**



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Around two thirds of nurses who say they are concerned about the state of their financial preparations (63 per cent) expect to continue working beyond retirement age compared to less than a half of those who are not concerned or fairly unconcerned.

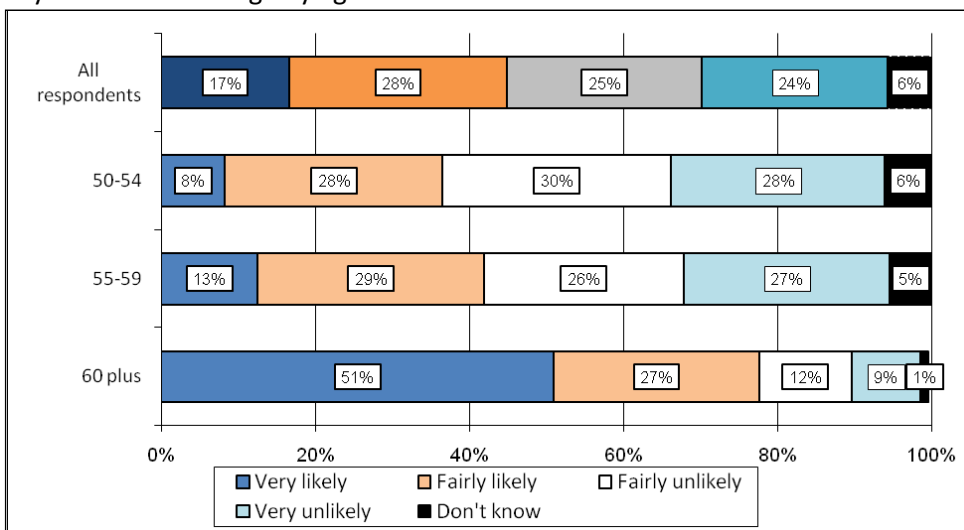
As well as examining the financial considerations in retirement planning, we also asked about working beyond retirement age, leaving aside financial reasons.

In terms of work generally and including financial considerations, more than half (55 per cent) of all nurses think it is 'very likely' (19 per cent) or 'fairly likely' (36 per cent) that they will continue to work in paid employment or self employment beyond retirement age in some capacity or other. Four in ten nurses think it is 'fairly unlikely' (23 per cent) or 'very unlikely' (17 per cent) that they would continue working in any paid employment/self employment beyond retirement age.

When asked to indicate, leaving financial considerations aside, whether they would consider working in nursing beyond retirement age findings were only slightly different. Under half (45 per cent) of all respondents say it was 'very likely' (17 per cent) or 'fairly likely' (28 per cent) compared with 55 per cent of respondents taking into account all considerations – including financial. Almost half (49 per cent) said it was 'fairly unlikely' (25 per cent) or 'very unlikely' (24 per cent) compared with 39 per cent.

Again, the age group of respondents is an important factor decisions about working beyond retirement. It appears that the further away retirement seems, nurses are less likely to plan to work beyond retirement. Nurses aged 50-54 are much less likely to say that they are likely to work beyond retirement age than nurses in their late 50s or those in their 60s. This relationship is stronger still when nurses consider, leaving aside financial considerations, working in nursing beyond retirement age.

Figure 33: Leaving aside financial considerations - likelihood of working in nursing related employment beyond retirement age by age band

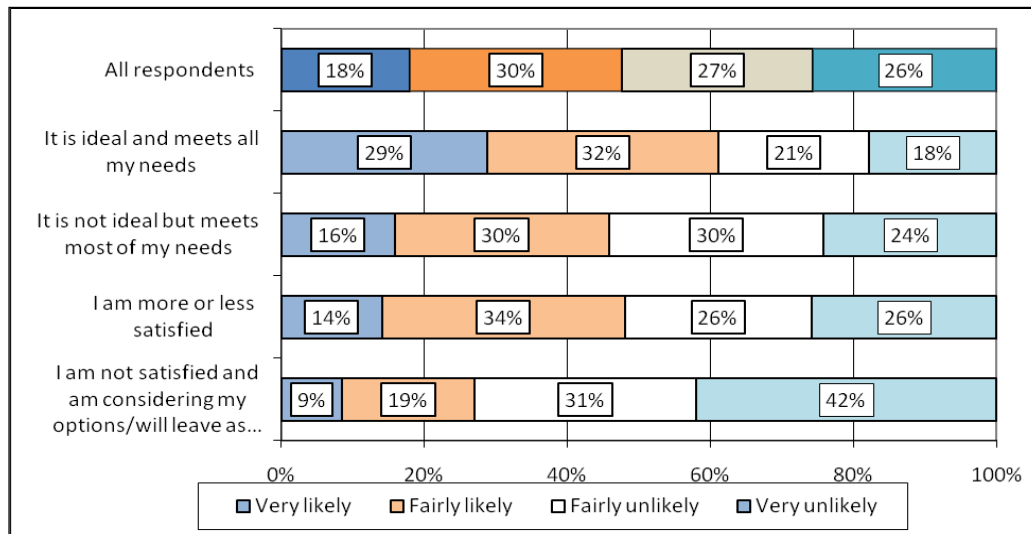


Source: Employment Research/RCN Experienced Nurse Panel, 2010

A further, important variable is how nurses feel about their current job. Nurses stating that that their current job is 'ideal and meets all their needs' are more likely to indicate they may continue working in nursing (and in employment/self-employment generally) after retirement age. This demonstrates the importance of ensuring that nurses' employment experiences are positive in the later stages of their careers so that the likelihood of nurses wanting to use their skills post retirement age is increased. This factor is more important than where nurses work or their pay band or grade.

Figure 34: Leaving aside financial considerations likelihood of working in nursing related employment beyond retirement age by views of current working situation

*Nurses who are satisfied with their current work situation are most likely to work post-retirement*



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Two other variables showed significant correlation with responses to continue working in nursing, leaving aside financial considerations. The first factor is whether nurses in their current jobs have sufficient flexibility in their working hours, the second factor is race. Of those that report they have sufficient flexibility in their working hours 'all the time', 57 per cent said that it is at least 'fairly likely' they will continue working in nursing beyond retirement age. Where nurses have sufficient flexibility 'most of the time' 53 per cent are likely to continue working in nursing

As discussed above, BME nurses were twice as likely as white nurses to say that it will be 'extremely' or 'very important' for them to continue working beyond retirement age in order to have sufficient income in retirement (48 per cent compared to 24 per cent of whiter nurses). BME nurses also appear more likely to continue working in nursing after reaching retirement age, even leaving aside financial considerations with 62 per cent saying it is 'very' or 'fairly likely' that they will continue working in nursing beyond retirement age compared to 46 per cent of white nurses.

### 8.27 Encouragement to work beyond retirement age

Figure 35 summarises responses as to factors that might encourage nurses to continue working beyond retirement age. Not surprisingly, nurses' overall health and well being is of key importance with three quarters of respondents indicating that this is 'extremely important' and 95 per cent saying it is at least 'very important'. Other key factors include feeling that experience is valued, less stress at work, availability of reduced hours and opportunity to do less intensive work.

Figure 35: Important factors in working beyond retirement age

**Feeling healthy and valued are key factors in decisions about working post retirement**

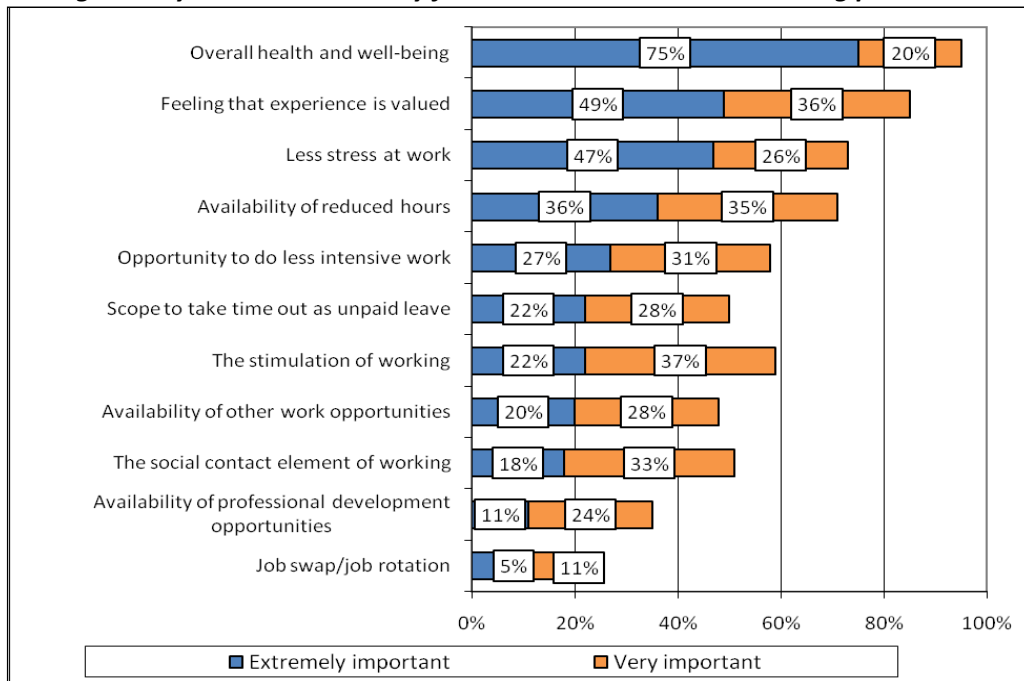
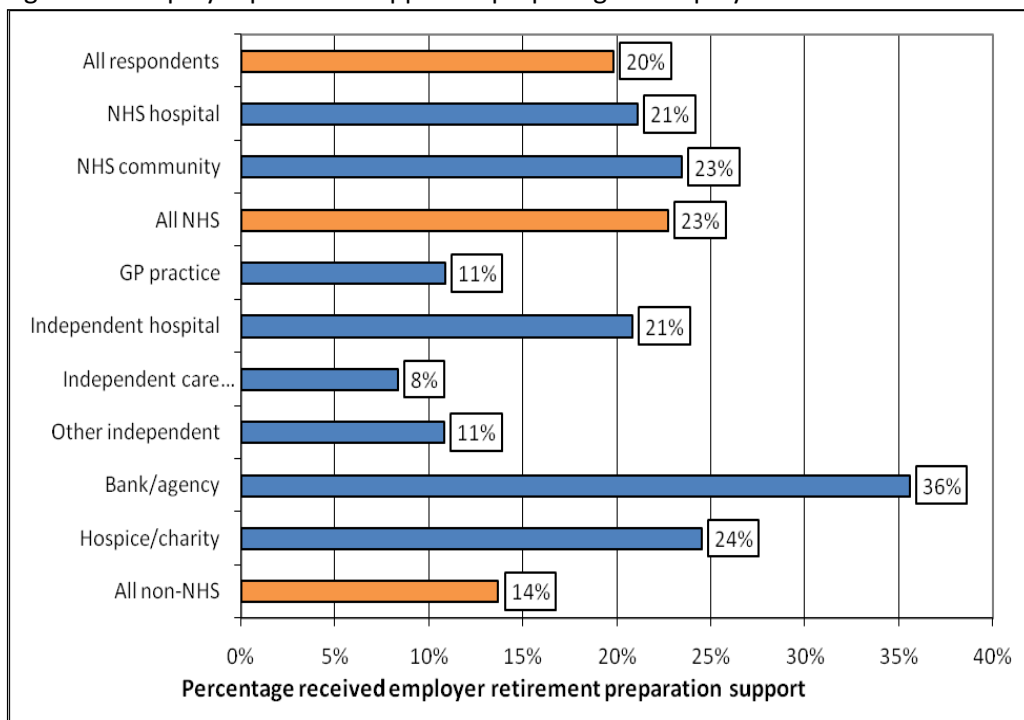


Figure 36: Employer provided support in preparing for employment



Source: Employment Research/RCN Experienced Nurse Panel, 2010

Table 18 below looks at the factors mentioned by survey respondents which could encourage them to work beyond retirement age. Key areas are the provision of flexible working hours and favourable shift patterns and feeling valued and respected by management and colleagues.

Table 18: What would encourage nurses to work beyond retirement age?

<b>Suggestions as to what might be done to encourage delayed retirement (N=718):</b>	<b>No. of cases</b>	<b>Per cent</b>
Flexible working hours/work-life balance	294	41%
Valued and respected for experience/ability to mentor staff/ make better use of expertise	251	35%
Less stress	99	14%
Improved work environment/resources/more effective patient care/reduce staff shortages	84	12%
Favourable shift patterns	63	9%
Reduced hours on same grade or same job/ lower pace of work/step-down opportunities/short term contracts/secondments	59	8%
Financial recognition for knowledge/experience/when reach milestones/more incentives	55	7%
Address physical and mental demands/practical support inc occupational health	54	7%
Older worker friendly policies/tailor roles to older workers needs	50	7%
Flexible pension arrangements, eg retire & return, reduced hours & no impact on pension/graduated retirement	49	7%
More pay & better terms and conditions	46	6%
Flexibility eg time-out opportunities, unpaid leave, sabbaticals, annualised hours, job share	36	5%
More information about pensions/options and opportunities	36	5%
More focus on CPD to keep skills fresh/updated	34	5%
Increased opportunities for part-time staff	30	2%
More support from senior management	27	4%
Less admin/paperwork/targets/bureaucracy	21	3%
Effective career/retirement planning at an appropriate age (eg 50)	20	3%
Nothing would entice me to stay/don't think it's a good idea	18	2%
Better teamwork/relationships at work	5	>1%
Positive support at Government/RCN level (policy level)	4	>1%
Wouldn't recommend nursing to anyone	4	>1%
Fewer senior managers	3	>1%
Don't want to be pandered to	2	>1%

Source: Employment Research/RCN Experienced Nurse Panel, 2010

The range of responses presented in the table were grouped into eight broad categories.

1. **Working hours**, was the most often cited factor that nurses felt could be changed by employers to encourage more nurses to work beyond retirement age. The responses included: introducing annualised hours, the ability to reduce hours and stay on same grade/in same job, improve the possibilities for graduated retirement, introduce more flexible working hours, provide opportunities for job share, set up favourable shift patterns, allow working contracted hours only, improve breaks, improve work/life balance.
2. **Being valued** was the second most frequently cited area which would encourage more nurses to remain in nursing related work – mentioned by 36 per cent of respondents. This included: make use of expertise and ask opinions (e.g. focus groups, re-planning etc.), value/use nurses skills to mentor other staff, generally being valued and respected for long experience, being positively regarded by organisation, management and co-workers (creating a culture of respect for older workers), positive support at government/RCN level (policy level).
3. **Role related** issues were the third most often mentioned aspect of which might be improved. In this broad category participants highlighted: increased opportunities for part-time staff, tailoring roles to older workers needs, providing more information on options and opportunities in the workplace, more focus on CPD to keep skills fresh/updated, slower pace of work/step-down opportunities, reduced stress, less admin/paperwork/targets, better teamwork/relationships at work. A variety of suggestions were given that broadly were defined as role related.

Other broad changes that were cited by respondents included:

4. **Organisational issues** such as reduced bureaucracy, recruiting more staff and provision of better/more resources.
5. **The physical work environment** including; promotion of physical fitness/health and opportunities, reduced physical demands and more practical support in coping, support for those who become gradually disabled through age (e.g. eyesight, back problems etc), improved work environment/resources and better occupational health care.

*“Perhaps a comprehensive health and fitness programme for nurses at all times, so they are fit to work beyond retirement if they want.”*

6. **Other benefits** included; flexibility in time-off, e.g. time-out opportunities, unpaid leave, sabbaticals, short term contracts, secondments and re-thinking older worker friendly policies.

*“Free parking for hospital nurses for instance.”*

Many of these issues are interrelated with many nurses wanting to see options to draw their pension while working reduced hours, and being valued by the organisation for their experience and knowledge, both in terms of involvement and remuneration.

It is noticeable that those nurses who feel dissatisfied with their current work situation and are considering leaving are more likely to make comments about the role and how that might be changed to encourage more nurses to remain in nursing.

### **Views of working life**

This section of the report looks at the views of nurses aged 50 plus of their work, profession and nursing more generally. It includes data from a series of attitude statements concerning different aspects of working lives and compares results in the 2010 panel survey with the views of the same nurses in the 2009 employment survey for a range of items.

Twenty eight attitude statements were used to assess nurses’ views of their working lives. In addition, respondents were asked for feedback on what they value most working as a nurse and changes they would like to see to improve their working lives.



## 8.28 Views of working life - Changes between 2009 and 2010

Looking first at how attitudes to key employment characteristics have changed between February 2009 and July/August 2010, Table 19 below summarises the key data for NHS nurses and those working outside the NHS.

Table 19: Views of nurses aged 50 plus in 2009 and 2010 by sector (percentage agreeing with each statement)<sup>29</sup>

	NHS		Outside NHS	
	2009	2010	2009	2010
<b>Support at work</b>				
Manager supports me when needed	61	57	69	71
<b>Training</b>				
Employer provides opportunities to keep up with developments related to job	54	50	70	67
<b>Working hours</b>				
Feel able to balance home and work lives	64	58	73	71
Happy with working hours	71	68	72	74
<b>Job satisfaction</b>				
Satisfied with present job	61	66	76	73
I feel my work is valued	56	57	73	76
<b>Nursing as a career</b>				
Recommend nursing as a career	59	60	70	72
Would leave nursing if could	24	28	19	21
<b>Job security</b>				
Worried may be made redundant	14	26	20	15
<b>Workload</b>				
Workload is too heavy	59	50	40	36
Under too much pressure at work	55	58	36	41

Source: Employment Research/RCN Panel Survey 2010 and Employment Survey 2009

By and large there has been a small decrease in the numbers of nurses in the NHS responding positively but little change in the views of nurses outside the NHS. In particular, nurses in their 50s working in the NHS are almost twice as likely in 2010 to be worried about being made redundant as was the case in 2009 (26 per cent compared to 14 per cent in 2009). Conversely, outside the NHS fewer nurses are concerned about being made redundant in 2010 than was the case in 2009.

Fewer nurses in the NHS responded positively about views on working hours, with a reduction in the number saying they feel able to balance their home and working hours between 2009 and 2010.

<sup>29</sup> Only nurses who have answered the items in each survey have been included in this analysis to ensure more reliable comparability between the samples. However, although the statements are the same in each of the two surveys, due to the need to include new statements specific to experienced nurses some of the items are presented in the questionnaire slightly differently in 2010 than was the case in 2009. It is likely that this will have resulted in some affect on the results but this affect is difficult to measure.

Generally, NHS nurses respond less positively to the statements than nurses working outside the NHS. The largest differences are in the following statements:

- *I am able to provide the level of care I would like* – two thirds (66 per cent) of nurses outside the NHS agree with this statement compared to 46 per cent of NHS nurses.
- *My employer takes professional development seriously* – 56 per cent of non-NHS compared to 39 per cent of NHS nurses agreeing with statement.
- *My knowledge and experience is valued by my employer* – 69 per cent compared to 52 per cent in agreement.
- *I am given sufficient opportunities to continue professional development* – 64 per cent to 49 per cent.
- *I am consulted on key decisions by my employer* – 41 per cent compared to 26 per cent.
- *My job is physically demanding* – 56 per cent of NHS nurses agree with this statement compared to 46 per cent of non-NHS nurses.

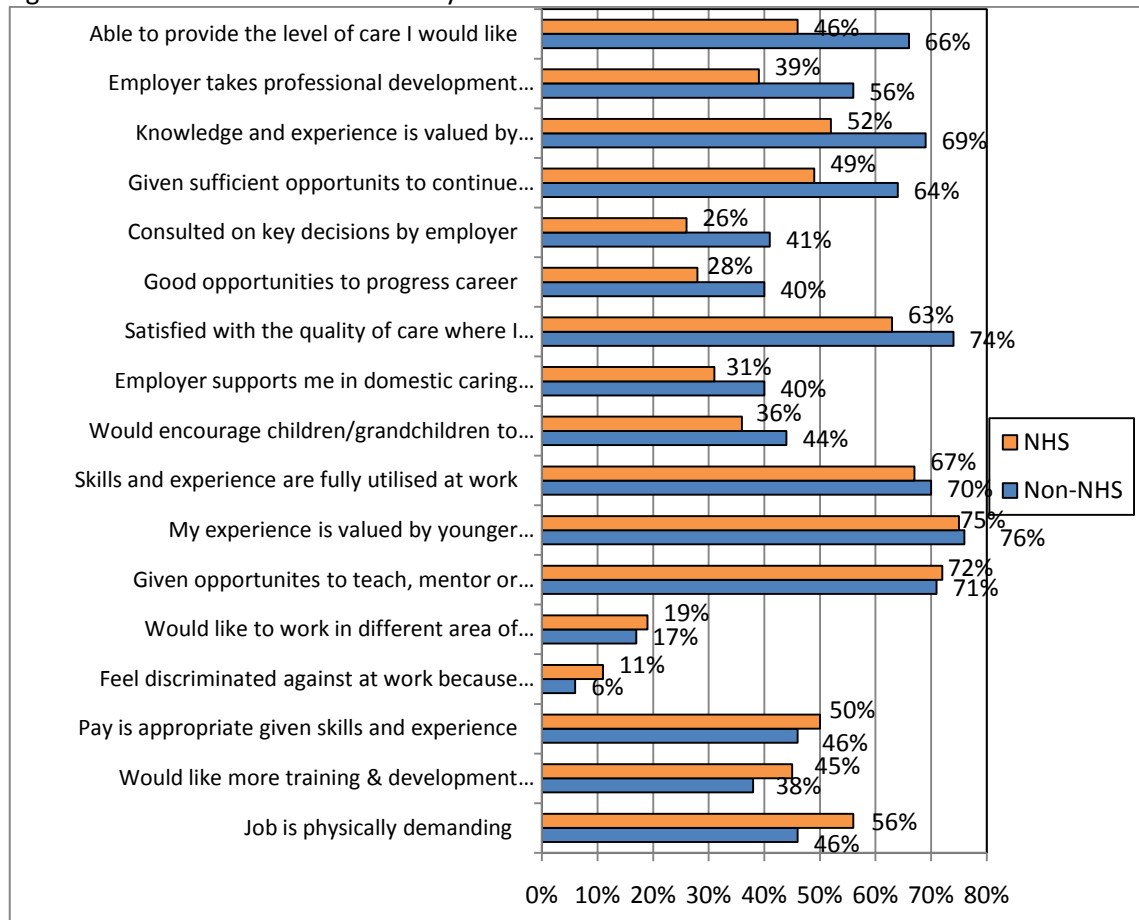
Only 10 per cent of nurses agreed that they feel discriminated against at work because of their age. In a survey of people aged 50 plus approximately 40 per cent disagreed with the statement *I have never experienced discrimination in the workplace*, suggesting that in nursing there may be less age discrimination than in other sectors<sup>30</sup>.

Appendix A summarises responses to all attitude statements by main employer group showing that nurses in NHS hospitals are significantly less likely to respond positively than all other groups of nurses, and especially GP practice nurses.

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<sup>30</sup> TAEN (2009) *Survey of job seekers aged 50 plus*, The Age and Employment Network. Available at: [www.taen.org.uk/uploads/resources/24104\\_Taen\\_50\\_plus\\_survey.pdf](http://www.taen.org.uk/uploads/resources/24104_Taen_50_plus_survey.pdf)

Figure 37: Views of work-life issues by sector



Source: Employment Research/RCN Experienced Nurse Panel, 2010

### 8.29 Valued aspects of life as an experienced nurse

When asked what they value most about their working lives (84 per cent) of nurses provided details and comments. These responses are summarised in Table 20.

Almost all respondents who answered the question mentioned aspects of their role. This included a variety of themes including: the relationships with other staff/camaraderie, working as a team, responsibility – clinical and management, having a challenging/rewarding role, general job satisfaction and feeling of doing a worthwhile job, being able to pass on experience, skills and knowledge, having autonomy, a varied and interesting workload.

In addition, eight in ten (84 per cent) of respondents mentioned various aspects of patient contact as a one of the aspects of their jobs they most value. A third (32 per cent) of nurses aged 50 plus report building relationships and rapport with patients; others cited helping and caring for patients and seeing improvements in patient conditions, delivering quality care (although often against odds), receiving respect/appreciation from patients, contact with patients' relatives and dealing with a full and varied range of patients.

Also, a third (36 per cent) of respondents cited the salary and pension benefits and working conditions of their job as an important feature they value in their work. This included having a good salary and pension, job security, good benefits, flexible working hours and a good work life balance and the location of their place of work being well suited.

Sixteen per cent of respondents mentioned feeling valued at work as of the things they most value about their work including: employers having respect, respect from colleagues, a sense of feeling valued and generally a respect for nurses' knowledge and experience.

Table 20: Features of working life most valued by nurses aged 50 plus (responses and percentages)

<b>Most valued features of working life (N=1,168):</b>	<b>N=</b>	<b>per cent</b>
Building relationships and rapport with patients	373	32%
Helping and caring/seeing improvements in patients' conditions	313	27%
Relationships with other staff/camaraderie/respect from colleagues	312	27%
Job satisfaction/challenging/rewarding role/feeling valued and respected	306	26%
Working as a team	269	23%
Flexible working hours/work-life balance	234	20%
Worthwhile job/status/authority/varied and interesting workload	232	20%
Passing on skills/knowledge/experience	207	18%
Delivering quality care (against odds)/maintaining standards	189	16%
CPD and learning new skills/using learning, skills and experience	188	16%
Autonomy in role/not being deskbound	135	12%
Good salary/benefits/pension	126	11%
Contact with patients and relatives/respect and appreciation from patients	123	11%
Fair and reasonable organisational environment	43	4%
Influencing change/strategy/developing new ways of working	58	5%
Job security	36	3%
Responsibility – management	32	3%
Location of place of work	24	2%
Responsibility - clinical	20	2%
No pressure/stress	17	1%
Good/strong management team	12	1%
Seeing developments in medicine	7	1%
Opportunity to work post retirement	4	>1%

Source: Employment Research/RCN Experienced Nurse Panel, 2010

### 8.30 What would improve working lives?

Looking at the features of working life that nurses would like to see improved, Table 21 summarises responses with 80 per cent of respondents providing comments and views regarding what would improve their working lives.

Almost all respondents cited aspects of their role that they would like to improve. Included in this broad theme are the following issues:

- the need for more flexibility (hours, rostering, shifts)
- reduced hours or working contracted hours (no overtime or unpaid leave) and regular breaks
- reduced stress/workload and physical demands, having more autonomy within the role
- improved management or clinical support
- improved teamwork and accountability
- more job security
- more patient care/focus, less paperwork/admin,
- regular/effective appraisals.

More than half (58 per cent) of nurses aged 50 plus cited organisational changes they would like to see:

- having a say in service delivery/management decisions
- less bureaucracy
- improved working environment/physical resources in the workplace
- improved resources for patients/medical care
- better management/accountability
- more jobs opportunities and promotion
- better communication within the organisation, between wards and roles
- less/more effective change
- reduce number of senior management.

Half of respondents (48 per cent) cited staffing related issues which although overlap with the above role related aspects of the job, included:

- increased staffing
- more time to do the job properly
- protected time
- more effective staff planning to cover for absence and leavers
- better quality staffing and skill mix
- more/improved admin support
- improved morale generally and allowing a better work/life balance.

Salary and benefits issues were mentioned by one in four (24 per cent) of nurses commenting with frequent mention of retirement issues concerned with pay and the need for flexible retirement packages.

This broad theme included the following issues:

- improved pay, fair pay/AfC banding
- better pension advice/knowing my pension is adequate
- access to/improved sick pay/other leave pay/more leave
- rewards for performing beyond grade
- the opportunity to retire and return/flexible retirement.

Training and professional development issues were mentioned by approximately one in five (18 per cent) of nurses with the following themes mentioned:

- the need for better preparation of new staff (including being trained on the job in practical skills, not just academic)
- opportunities/time offered to train/protected time allocated for training
- more funding for training
- more time available to train students
- better career structure/development
- reduced pressure to have to do training/study.

Finally, 15 per cent of nurses mentioned issues concerned with feeling valued in their roles. These incorporated:

- feeling valued (generally/by colleagues etc)
- recognition for a job well done, being valued/appreciated by management
- recognition of qualifications and/or experience
- employer loyalty/being appreciated by management.

Table 21: Changes nurses aged 50 plus would like to see made to improve their working lives (responses and percentages)

<b>Changes to improve working life (N=1142):</b>	<b>N=</b>	<b>per cent</b>
Increased staffing/more effective staffing planning/better skill mix	295	26%
More flexibility (hours, rostering, shifts)	235	21%
Less stress/workload reduction/less physically demanding work/working contracted hours and regular breaks	215	19%
Improved working environment/physical resources in the workplace	198	17%
Being valued/appreciated by management/recognition of experience	165	15%
Fewer hours/better work-life balance	158	14%
More management/admin support	150	13%
Less paperwork/admin/emails/duplication of work	149	13%
More pay	143	13%
More time to do the job properly, protected admin & thinking time	137	12%
Less bureaucracy/audits/targets	132	12%
Better management/accountability/less or more effective change	122	11%
More patient care/focus	112	10%
More/improved training	84	7%
Fair pay/banding/AfC grading	78	7%
Better communication within the organisation, between wards and between roles and with outside agencies/departments	84	7%
A say in service delivery/management decisions	73	6%
Training opportunities/time to train/protected time allocated	69	6%
Improved teamwork and accountability	66	6%
Better job location	46	4%
More autonomy within role	43	4%
More opportunities re jobs and promotion	38	3%
Access to/improved sick pay/other leave pay/more leave	36	3%
Job security	34	3%
Reduce senior management	29	3%
More available time to train students	23	2%
Attention to staff health & safety needs/no discrimination based on age	19	2%
Better pension advice/knowing my pension is adequate	16	1%
Free car parking/access to parking on site	15	1%
Giving up work/retiring	12	1%
Better preparation of new staff (trained on the job in practical skills, not just academic)	11	1%

Source: Employment Research/RCN Experienced Nurse Panel, 2010

## **Appendix A: Method, sampling and response**

### **A.1 Method**

The RCN 2010 Panel Survey consisted of a number of stages in order to set up a longitudinal project that might be continued in subsequent years. The survey in 2010 was undertaken using postal and email methods.

#### **Sample**

To generate the sample aged 50 plus for the survey the following stages were adopted:

- 1) Inviting all respondents to the 2009 employment survey aged 49 plus to participate. This allowed the survey the possibility of some continuity from the 2009 ES. This included 1,422 nurses from which 958 completed the survey. This involved sending the sample a letter explaining the nature of the project, a postcard to complete with contact details and an information sheet explaining the scope of the project.
- 2) To top the sample up to approximately 2,000 anticipating approximately 1,500 responses a second wave of invitation was sent out using RCN membership records; a sample 1,500 were sent a postcard invitation and from this we received 497 responses.
- 3) A total of 1,983 nurses were included in the sample.

#### **Questionnaire design**

To ensure some continuity from the 2009 employment survey as far as possible some questions were adopted that have been used in previous employment surveys. This allowed some comparison between the 2009 employment survey results and the 2010 panel survey.

The questionnaire covers core employment and biographical questions including: demographic details; pay and grading; working hours; job change; professional support and development; financial planning for retirement; working beyond retirement age and various attitude items relating to nurses' experiences of working life. Respondents were also provided with opportunities to give their views in their own words on any issues that concerned them.

The questionnaire design reflects input from the RCN Employment Relations Department, and builds on previous employment surveys as well as addressing issues relating to nurses approaching retirement age.

A draft questionnaire was designed following discussions between Employment Research and the RCN and piloted, both in paper and online formats during March and April 2010 among 100 members.

#### **A.2 Survey process and response**

The form was mailed to the home addresses of the 1,983 RCN members in late June 2010, and remained open until mid September. An online version of the survey was also made available to survey participants both as an alternative to paper completion and emailed directly to sample that had provided email contact information.

Reminders were sent to non-respondents at two weekly intervals one in mid July and one in early September. When the survey closed at the end of September, 1,498 forms had been returned representing an overall response rate of 75 per cent.

#### **Country factors**

As three quarters of the sample was taken from the 2009 employment survey it means that there is a disproportionate number of nurses from Scotland, Wales and Northern Ireland in the sample.



## Response weighting

In order to ensure that the findings presented in the report are as far as possible based on a cross section of members aged 50 plus as opposed to a cross section of respondents the data need to be weighted and all data presented in the report is based on weighted data. Table A1 below shows the distribution of respondents before and after the weighting process.

Table A1: Country worked in<sup>31</sup> – cases before and after weighting

	Before weighting		After weighting	
	Cases	Percentage	Cases	Percentage
England	1017	69.5	1196	81.7
Northern Ireland	81	5.6	46	3.2
Scotland	200	13.9	135	9.2
Wales	141	9.8	63	4.3
All cases	1439	98.4	1439	98.4
Missing	24	1.6	24	1.6

Source: Employment Research/RCN 2009

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

### A.3 Sample statistics and confidence for small sub samples

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

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

Table A7: margin of error for estimating the population proportion to be 50/50 or 10/90 for different sample sizes and for a 95 per cent confidence interval

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

To give an example, if we were estimating that 10 per cent of ethnic minority nurses hold a particular view and 500 responded to the question, the following applies:

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

<sup>31</sup> Membership population uses country of residence as opposed to country of employment as in the survey.

However, when we are looking at larger sub samples, for example all NHS nurses, a more precise estimate can be provided, say 10 per cent  $\pm$ 1.5 per cent.

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

Clearly, with smaller sub samples, variation in the response increases and the level of precision of the data declines. As a result, reporting differences between groups of sub samples becomes more problematic and prone to error. However, we should also note that the main concern of most surveys is to estimate the magnitude of effects. This means that determining strength of opinion about key issues is as important as whether the results show statistically significant differences.

**Appendix B.1: Views of work by employer type (percentage agreeing)**

	NHS hospital	NHS community	All NHS	GP practice	Independent hospital	Independent care home	Hospice /charity	All non- NHS	All nurses
Recommend nursing as a career	57	67	<b>61</b>	72	58	74	76	<b>76</b>	<b>65</b>
Do feel under too much pressure at work	62	65	<b>62</b>	42	52	60	45	<b>46</b>	<b>56</b>
Would leave nursing if could	31	24	<b>29</b>	14	27	24	26	<b>21</b>	<b>26</b>
Good opportunities to progress career	27	30	<b>28</b>	43	33	41	48	<b>40</b>	<b>32</b>
Happy with working hours	67	60	<b>65</b>	80	73	71	76	<b>74</b>	<b>69</b>
Feel work is valued	55	56	<b>56</b>	75	71	69	76	<b>72</b>	<b>62</b>
Satisfied with present job	63	61	<b>63</b>	79	72	71	69	<b>72</b>	<b>67</b>
Knowledge and experience is valued by employer	51	52	<b>52</b>	77	61	64	69	<b>69</b>	<b>58</b>
Workload is too heavy	54	55	<b>53</b>	38	44	58	27	<b>40</b>	<b>49</b>
Feel able to balance home and working lives	57	50	<b>55</b>	72	67	64	67	<b>68</b>	<b>60</b>
Manager supports me when I need it	57	64	<b>60</b>	73	65	70	69	<b>69</b>	<b>63</b>
Employer provides opportunities to keep up with new development related to my job	48	59	<b>52</b>	69	55	64	71	<b>65</b>	<b>57</b>
Do find job physically demanding	66	42	<b>56</b>	39	56	67	44	<b>46</b>	<b>53</b>
Would encourage children/grandchildren to go into nursing	32	40	<b>37</b>	48	38	42	49	<b>44</b>	<b>39</b>
Able to provide the level of care I would like	45	46	<b>41</b>	77	65	53	81	<b>66</b>	<b>53</b>
Given sufficient opportunities to continue professional development	46	53	<b>49</b>	73	53	64	75	<b>64</b>	<b>54</b>

Am consulted on key decisions by employer	23	29	<b>26</b>	45	31	48	27	<b>41</b>	<b>31</b>
Employer takes professional development seriously	36	43	<b>39</b>	55	54	55	61	<b>56</b>	<b>45</b>
Am satisfied with quality of care where work	62	66	<b>63</b>	84	71	72	87	<b>74</b>	<b>67</b>
Am worried will be made redundant	26	28	<b>26</b>	10	10	10	16	<b>16</b>	<b>22</b>
Do feel discriminated against because of age	12	7	<b>11</b>	2	4	9	13	<b>6</b>	<b>9</b>
Employer supports me in domestic caring responsibilities	30	34	<b>31</b>	50	31	35	49	<b>40</b>	<b>34</b>

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Source: Employment Research/RCN Panel Survey 2010

### **Panel/longitudinal surveys**

In order to address some of the issues affecting the 50+ workforce, such as disability or to examine in greater depth the movement of nurses out of the NHS, relatively large sample sizes are required. However, drop out of survey participants is an issue as panel numbers are affected by death, migration and survey fatigue during the course of the research. Any further surveys will need to ensure a representative sample, covering key demographic variables.

As we know from previous employment surveys, certain groups of nurses are more likely to respond to surveys. These include: older nurses, those working part-time, those not working in hospital settings, white nurses, those on higher pay bands<sup>32</sup> and those who tend to have a more positive view of nursing generally. Over time, other things being equal, these differences will increase and the panel sample is in danger of becoming insufficiently representative of the nursing population.

The variable attrition rates among nurses further reinforce the benefits of undertaking a retirement panel survey in the first instance. The panel survey represents the best chance of maintaining good response rates, high quality data and evidence. Moreover, variable response rates do not need to be taken into account in weighting the data.

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<sup>32</sup> At the time this analysis was undertaken it was clinical grade.