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RCN research consistently shows members  
feel undervalued

Pay does not match:

- level of responsibility, autonomy,  
accountability

- stress, pressure and demands

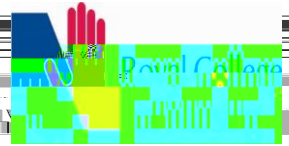
- skills and levels of education and training

- increasing scope of practice

Alarm at lack of voice in responses to staffing  
shortages and 'failures' in care







How is pay shaped and constrained by the impact of nursing history and status as female-dominated and defined profession?

Through two lenses – gender and professional status

Definitions of professions eg Witz (1990), Evetts (2003), Kelan (2008)

1. Occupational boundaries/closure
  - NMC registration
  - Tensions – definition v medicine
  - New roles
2. Controlling knowledge claims
  - Nursing led research

There are 40,000+ vacancies in NHS in England alone

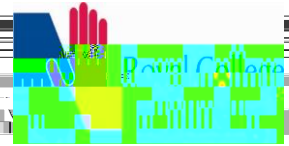
Why has this not translated into higher wages?

Pay is not just a price –



# Analysis of LFS and ASHE data on earnings across all nursing staff, alongside other health

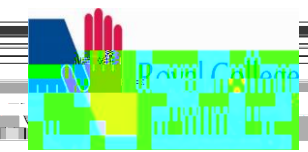
Decomposition: If women worked the same hours as men they would earn £102.60 a week more



Confirmed outdated perceptions of nursing, in wider society and in nurses' own self-concept - this undermines professional identity

Failure to recognise the profession as safety-critical

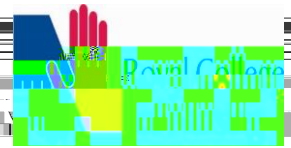
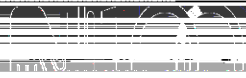
Registered nursing role diluted and overwhelmed



Is nursing an attractive graduate career – do pay and conditions, working conditions, working environments and advancement opportunities match what people from work?

Health and social care organisations need to recognise they employ a female-dominated workforce and use resources to help individuals work in the most productive way possible - at all life stages.

Do job descriptions fully and accurately and fully measure the productive value of all aspects of nursing – emotional, productive, technical, cognitive skills?



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