Executive summary

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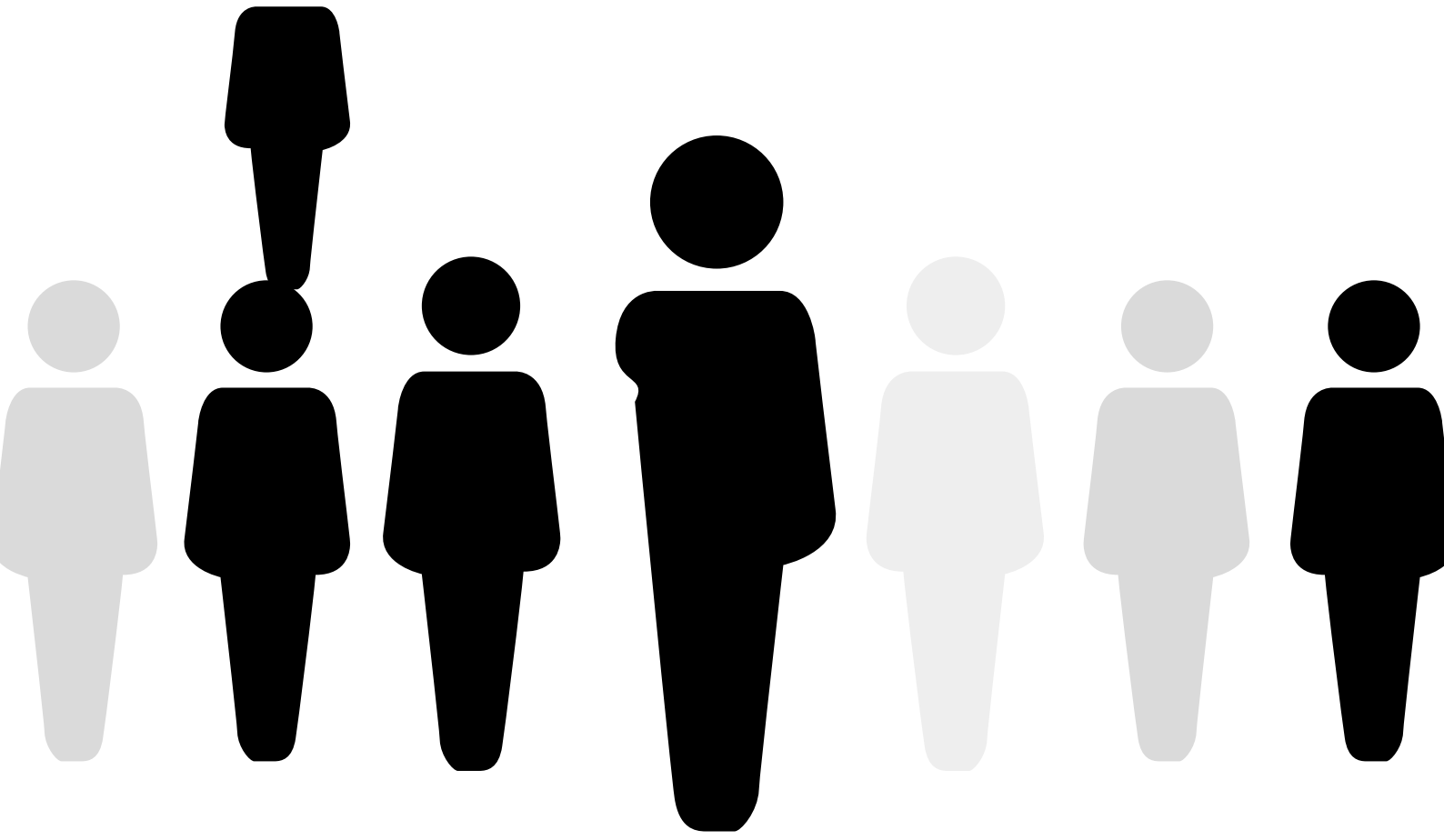
Valuing nurses and paying them their worth

CORPORATE



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Literature review
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Statistical analysis
The statistical analysis is a joint collaboration between Anne Laure Humbert and Rachael McIlroy.

Stakeholder interviews
Interviews with key stakeholders were led and conducted by Kate Clayton-Hathway, with analytical contributions from Heather Gri□ths, Yasmin Marshall, Sue Schutz and Tracy Walsh. Key insights were received from Sue Ledwith, Jo Morris and Tracy Walsh.

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Nursing, a profession in crisis?

In recent years, the combination of staf

Examining concepts of professionalisation in relation to nursing and its status, the report reflects on why – in the face of a serious staffing crisis – nurses remain undervalued and underpaid when it might be expected that market forces would prevail in the present situation of high levels of vacancies, and force an increase in wages.

Going beyond orthodox market theories, we evaluate:

- wages as a social practice that informs and reflects deeply embedded views of a nurse's place in the hierarchy of jobs, revealing how wages are not only based on productivity or an assessment of job demands, but also shaped by gender or ethnicity
- how the NHS, as the largest employer of nurses in the labour market, exerts significant control over wage setting and acts as a trend setter for all health sectors
- how austerity has suppressed wages and weakened trade union bargaining power
- how nurses are positioned within the NHS Agenda for Change (AfC) pay structure and the implications this has in relation to equity with other occupational groups.

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Gender and diversity in relation to pay and working conditions: quantitative evidence

Analysis of data sets from the Office for National Statistics *(ONS Quarterly Labour Force Survey 2018; ONS Annual Survey of Hours and Earnings 2018)* and the RCN *(RCN Employment Survey 2017)* reveals:

- a substantial gender pay gap exists among all health care professionals (nurses, doctors, managers and allied health professionals – with women receiving an average of 30% less than men per week, or 16% less per hour as a result of two factors: men working on average more hours than women and sex discrimination

30%
less pay
on average for women across all health professions

pay for registered nurses is
81%
of the health sector average

- the pay of registered nurses is 81% of the sector average (which includes health professionals; allied health professionals); health managers and directors; and therapeutic and technical staff)
- the pay of registered nurses is also characterised by little variation in earnings across the nursing workforce, despite the wide range of roles and responsibility and levels of seniority; this suggests there is low scope for progression and higher earnings across nursing careers

- among nurses, the gender pay gap amounts to 17% on a weekly basis, however, when other factors are considered (age, number of dependents or having management responsibilities) this gap almost disappears due to differences in working hours (women in nursing are more likely to work on a part-time basis than men)

- among those nurses who work paid overtime to boost their pay, men work on average more hours than women.

A decomposition of the nursing gender pay gap shows that if women and men worked the same hours, the pay gap would be reduced by £102.60 per week, accounting for the majority (95%) of it. In other words, it is the gendered construction of nursing that is suppressing wages rather than gender inequality in the workforce.

Exploring other differences among nurses:

- nurses from a Black, Asian and minority ethinic (BAME) background appear to earn more on a weekly basis than white nurses; typically this cohort of nurses is less likely to work part-time and more likely to use overtime to increase their pay than white nurses

- paradoxically, when structural factors such as working hours are considered, BAME nurses earn 10% less (weekly and hourly) than their white counterparts

- as many as one in three men, and the same proportion of those from a BAME background, are thinking about leaving their jobs because of financial worries.

The voice of senior stakeholders in the nursing profession

Interviews with senior stakeholders provided further confirmation that the unrealistic and outdated perceptions of nursing that persist within wider society and nurses' own self-concepts undermine professional identity.

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in pay gap if women and men worked the same number of hours

10% less

BAME nurses earn 10% less than white colleagues, when other factors such as working hours are considered

Stakeholders also identified the continuing failure to recognise the profession as a safety-critical role is linked to the fact that the majority of nurses are women.

Senior stakeholders identified a number of other complex challenges that are impacting the nursing profession:

- interviewees described how the registered nursing role is being diluted and overwhelmed by the increasingly diverse range of tasks being carried out by nurses – contributing to confusion about what nurses do and further devaluing the role

- growth in the number of unregistered health care workers/nurses, and the development of their scope of practice, was both viewed as a significant opportunity to address undersupply but one that further undermines the profession by hollowing-out the registered nursing role

- an increasing number of nurses are choosing flexibility over career development (either by remaining in lower AfC band roles or moving to bank contracts) in reaction to a lack of choice/control over working patterns or working hours, a paucity of care provision, and the lack of support for training and development.

Asked for their views on potential solutions, several interviewees cited the need for greater:

- engagement from leaders and managers in enabling more inclusive and adaptive working environments which suit the needs of an increasingly diverse workforce

- nursing leader input and influence in national policy development and in the workplace itself.

In terms of the RCN's position and potential, interviewees stated it has an important role to play in protecting and enhancing the profession's knowledge and skills. This should be supported and prompted by the increased engagement of nurses, with better support from nursing leaders, to articulate their own value and use their own voice.

Final observations and recommendations

A range of factors have contributed to continuing low pay and poor working conditions within the

Campaigns, engagement and bargaining activities need to articulate the value of nursing on multiple levels

A key part of this work should include a new understanding of transformations in the economy, in society, and the world of work.

Key areas for exploration should include changing views of:

- the psychological contract in terms of the relationship between workers and employers and the mutual expectations for each side (including opportunities for growth, pay and reward, recognition, progression, managerial and peer support, flexibility, and job security)
- what members want from their union, in relation to professional leadership, workplace representation and agents for social change
- how members wish to be their own advocates for change on professional and workforce issues.

Recommendations

1

Research and engagement with RCN members should be undertaken to better understand the meaning of work for nursing as a profession against a changing world of work; and how the profession responds to future developments and changes.

Not only is the RCN uniquely placed to lead research and engagement to understand these changes and trends, but it is imperative that it does so in order for it to continue representing its members and nursing.

2

RCN to create a platform for the nursing profession to articulate the full scope of nursing as caring, compassionate, evidence based and safety critical.

The RCN is also uniquely placed to provide a platform to enable the profession, and particularly its members, to express and assert the full value of nursing. This will enable nurses to present clear descriptions of what nursing actually is and what it does, the value it brings, and the need for nurses' voices at key points of all decision-making a f ecting the nursing profession.

3

RCN to conduct further research (quantitative and qualitative) into the intersections of sex and gender with other variables such as ethnic background, disability, age and social class.

Further research is needed to understand the nature of work and outcomes for nursing sta f from an intersectional perspective, evaluating how factors such as ethnic background, disability, age or social class can shape the experience of nursing as a profession and outcomes, particularly career progression and pay levels.

RCN to lead on the development of a clear and in-depth assessment of the mix of knowledge and skills in nursing – both on its own terms and in relation to other staff in the health sector – in current job descriptions and evaluation frameworks.

RCN to lead on the development of fairer and more realistic job evaluation frameworks for use in all settings and for the benefit of all of its members, followed by steps to ensure that nursing staff are employed on the correct banding to match their level of responsibility, skills and autonomy.

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