

## *National Survey*

# *Working Conditions and Job Satisfaction of Registered Nurses*

**October 2007**

**If you have any queries please contact**

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**Please return completed questionnaire in the reply-paid envelope enclosed**

**For Office Use Only**

<b>Date Returned</b>	
<b>Date Entered</b>	
<b>Date Entered</b>	
<b>Date Checked</b>	

<b>NN</b>	<b>V1</b>	<b>1</b>			
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## INSTRUCTIONS FOR COMPLETION

Please put a **TICK** in the boxes provided and use the space provided for additional comments.  
If you wish to write more than the given space allows, please use additional paper.

This survey covers NMC registered nurses.

Please confirm that you are currently registered with the NMC Yes ☐<sub>1</sub> No ☐<sub>2</sub>

### EMPLOYMENT DETAILS- NURSING

1. Just to confirm what you are **currently** doing, please state your employment status.

- a) Employed as a nurse ☐<sub>1</sub> Employed as a midwife ☐<sub>2</sub>  
Employed, but not in nursing ☐<sub>3</sub> Not in paid employment ☐<sub>4</sub>

b) Are you currently on:

Maternity leave ☐<sub>1</sub> Long- term Sickness ☐<sub>2</sub> Neither ☐<sub>3</sub>

2a) In total, for how long, approximately, have you worked in the nursing profession?  
Please include **all** jobs in nursing ever held.

Years  Months

b) Have you ever worked through a nursing agency?

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

3a) Which of the following fields of practice best describes your **current** nursing job?

Adult/General Nursing <input type="checkbox"/> <sub>1</sub>	Mental Health <input type="checkbox"/> <sub>2</sub>	Learning Disabilities <input type="checkbox"/> <sub>3</sub>
Children <input type="checkbox"/> <sub>4</sub>	Primary Care <input type="checkbox"/> <sub>5</sub>	Health Visiting <input type="checkbox"/> <sub>6</sub>
Nurse Education <input type="checkbox"/> <sub>7</sub>	Research Nurse <input type="checkbox"/> <sub>8</sub>	Midwifery <input type="checkbox"/> <sub>9</sub>
Other (please specify) <input type="checkbox"/> <sub>10</sub>		

b) Please specify your place of employment in nursing.

General District Hospital <input type="checkbox"/> <sub>1</sub>	Acute Hospital <input type="checkbox"/> <sub>2</sub>	Maternity Hospital <input type="checkbox"/> <sub>3</sub>
Children's Hospital <input type="checkbox"/> <sub>4</sub>	Mental Health Hospital <input type="checkbox"/> <sub>5</sub>	Care home <input type="checkbox"/> <sub>6</sub>
Health/Medical Centre <input type="checkbox"/> <sub>7</sub>	Charity/Hospice <input type="checkbox"/> <sub>8</sub>	General Practice <input type="checkbox"/> <sub>9</sub>
NHS Direct <input type="checkbox"/> <sub>10</sub>	School <input type="checkbox"/> <sub>11</sub>	Clinic <input type="checkbox"/> <sub>12</sub>
Other (please specify) <input type="checkbox"/> <sub>13</sub>		

c) Which of the following best describes your clinical work environment?

- |                |                              |                        |                              |                        |                             |
|----------------|------------------------------|------------------------|------------------------------|------------------------|-----------------------------|
| Outpatient     | <input type="checkbox"/> _1  | Accident & Emergency   | <input type="checkbox"/> _2  | Acute or Critical Care | <input type="checkbox"/> _3 |
| Intensive Care | <input type="checkbox"/> _4  | Day Care               | <input type="checkbox"/> _5  | Surgical               | <input type="checkbox"/> _6 |
| Paediatrics    | <input type="checkbox"/> _7  | Geriatrics             | <input type="checkbox"/> _8  | Palliative Care        | <input type="checkbox"/> _9 |
| Not applicable | <input type="checkbox"/> _10 | Other (please specify) | <input type="checkbox"/> _11 |                        |                             |

d) Are you working in a teaching hospital?

Yes ☐\_1                      No ☐\_2

e) What is your highest nursing qualification?

Diploma ☐\_1                      Degree ☐\_2                      Higher Degree ☐\_3

f) Please tick all additional (recordable) nursing qualifications that you have.

Specialist Practice ☐\_1                      Teaching ☐\_2                      Nurse Prescribing ☐\_3  
Other additional nursing qualifications ☐\_4                      Not applicable ☐\_5  
(please specify below)

## ABOUT YOUR JOB

Now we would like to ask some more detailed questions about your current nursing job.

4. Which of the following aspects apply to your nursing job? Please tick the relevant boxes.

- |    |                    |                             |                     |                             |  |
|----|--------------------|-----------------------------|---------------------|-----------------------------|--|
| a) | Public sector      | <input type="checkbox"/> _1 | Independent sector  | <input type="checkbox"/> _2 |  |
| b) | Full time          | <input type="checkbox"/> _1 | Part time           | <input type="checkbox"/> _2 |  |
| c) | Permanent contract | <input type="checkbox"/> _1 | Fixed-term contract | <input type="checkbox"/> _2 | Temporary contract <input type="checkbox"/> _3 |
| d) | Agency Work        | <input type="checkbox"/> _1 | Flexible Contract   | <input type="checkbox"/> _2 | Job Sharing <input type="checkbox"/> _3        |
|    | Others             | <input type="checkbox"/> _4 | Not applicable      | <input type="checkbox"/> _5 |  |

5. How many hours per week are you **contracted** to work in nursing (**excluding overtime**)?

hours

6. Please give reasons why you are working either part time or full time.  
(Please select the most important reason and if applicable a second reason)

Reasons for part time work	Main Reason	Second Reason	Reasons for full time work	Main Reason	Second Reason
Childcare responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 1	To earn more money	<input type="checkbox"/> 1	<input type="checkbox"/> 1
To spend time with family/friends	<input type="checkbox"/> 2	<input type="checkbox"/> 2	To progress career	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Ill-health	<input type="checkbox"/> 3	<input type="checkbox"/> 3	To meet service commitments	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Full time work would be too stressful	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Staff shortage	<input type="checkbox"/> 4	<input type="checkbox"/> 4
No suitable full time job available	<input type="checkbox"/> 5	<input type="checkbox"/> 5	No suitable part time job available	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other (please specify below)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Other (please specify below)	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

- 7a) Do you undertake managerial or supervisory duties?

Yes ☐ 1      No ☐ 2 (please go to question 8a)

- b) If you undertake managerial/supervisory duties, how many people do you manage?

Up to 2 ☐ 1      3-5 ☐ 2      6-10 ☐ 3      11-20 ☐ 4      More than 20 ☐ 5

## PAY AND BENEFITS SECTION

- 8a) Please state your current band and point on the National Salary Scale.  
Alternatively you can also state your nursing grade.

Band:       Point:       Range:       and/or Grade:

- b) In terms of your pay band and/or grade are you:

in the lower section ☐ 1      in the middle section ☐ 2      in the upper section? ☐ 3

- c) If you are paid an hourly rate, it is: £  :  pence per hour.

- d) Which of the following schemes is currently applied for unsocial hours' payment at your place of work?

Agenda for Change ☐ 1      Whitley Scale ☐ 2      Local Arrangement ☐ 3      Not applicable ☐ 4

- e) Are you being paid a High Cost Area Supplement?

Yes (Inner London:20%) ☐ 1      Yes (Outer London:15%) ☐ 2      Yes (Fringe:5%) ☐ 3      No ☐ 4

## WORK ARRANGEMENTS/SHIFT PATTERN

We are interested in **when** you work the hours you are contracted to do and **how** this is decided.

9a) Please tick the shift/ work pattern that best describes your current nursing job.

- |                                   |                                       |                  |  |
|-----------------------------------|---------------------------------------|------------------|--|
| Shift – mix early, late and night | <input type="checkbox"/> <sub>1</sub> | Days only        | <input type="checkbox"/> <sub>6</sub>  |
| Shift – mix long days/nights      | <input type="checkbox"/> <sub>2</sub> | School hour days | <input type="checkbox"/> <sub>7</sub>  |
| Shift – mix early and/or late     | <input type="checkbox"/> <sub>3</sub> | Flexi time       | <input type="checkbox"/> <sub>8</sub>  |
| Long days                         | <input type="checkbox"/> <sub>4</sub> | Split shifts     | <input type="checkbox"/> <sub>9</sub>  |
| Permanent nights                  | <input type="checkbox"/> <sub>5</sub> | Other            | <input type="checkbox"/> <sub>10</sub> |

b) Do you usually work on:

Weekdays ☐ <sub>1</sub>      Weekends ☐ <sub>2</sub>      Both ☐ <sub>3</sub>

c) Does your work require you to work on Bank or Public Holidays?

Yes ☐ <sub>1</sub>      No ☐ <sub>2</sub>

d) Please state whether you are required to work any of the following.

On Call ☐ <sub>1</sub>      Stand by ☐ <sub>2</sub>      Sleep In ☐ <sub>3</sub>      Not applicable ☐ <sub>4</sub>

e) Does your rota/shift/work pattern:

change a lot from one month to another ☐ <sub>1</sub>      change a little from one month to another ☐ <sub>2</sub>  
remain the same over a number of months ☐ <sub>3</sub>

f) How much influence do you usually have over your rota/shift/work pattern?

No influence ☐ <sub>1</sub>      Some influence ☐ <sub>2</sub>      Large Influence ☐ <sub>3</sub>

g) If there is **any** change to your rota/shift/work pattern, do you feel you get sufficient notice from your manager?

Always	<input type="checkbox"/> <sub>1</sub>	Most of the time	<input type="checkbox"/> <sub>2</sub>	Sometimes	<input type="checkbox"/> <sub>3</sub>
Usually not	<input type="checkbox"/> <sub>4</sub>	Never	<input type="checkbox"/> <sub>5</sub>	Not applicable	<input type="checkbox"/> <sub>6</sub>

## ADDITIONAL HOURS

We are interested in how many **additional hours** you work in nursing **over and above your contracted hours**. This may include: **additional full shifts/sessions, additional part shifts/sessions, working through breaks or working added hours beyond normal end of shift/session.**

We would like to distinguish between:

**Previously agreed overtime** (agreed at least one day before it is worked)

**Unexpected overtime** (additional time worked on the day)

We will first ask you about what we might call **previously agreed overtime** (extra shifts/sessions/hours)

10a) Do you work previously agreed overtime (extra shifts/sessions/hours):

very rarely	<input type="checkbox"/> 1	every few months	<input type="checkbox"/> 2	once a month	<input type="checkbox"/> 3	twice a month	<input type="checkbox"/> 4
3 times a month	<input type="checkbox"/> 5	once a week	<input type="checkbox"/> 6	twice a week	<input type="checkbox"/> 7	more than twice a week	<input type="checkbox"/> 8
never	<input type="checkbox"/> 9						

b) Do you arrange previously agreed overtime (extra shifts/sessions/ hours) through:

Bank	<input type="checkbox"/> 1	Mix bank/agency	<input type="checkbox"/> 2	Mix bank/agency and line manager	<input type="checkbox"/> 3
Agency	<input type="checkbox"/> 4	Mix bank/line manager	<input type="checkbox"/> 5	Not applicable	<input type="checkbox"/> 6
Line manager	<input type="checkbox"/> 7	Mix agency/line manager	<input type="checkbox"/> 8		

c) How far in advance is your previously agreed overtime **usually** arranged?

A day in advance	<input type="checkbox"/> 1	2 days in advance	<input type="checkbox"/> 2	3 days-1 week	<input type="checkbox"/> 3
1-2 weeks	<input type="checkbox"/> 4	2-4 weeks	<input type="checkbox"/> 5	Not applicable	<input type="checkbox"/> 6

d) Thinking back to **the last week**, how many hours of previously agreed overtime did you work? (Please include all **previously arranged** extra shifts/sessions/hours)

hours

e) If you did previously agreed overtime in the last week, at what rate was it paid?

Normal rate	<input type="checkbox"/> 1	Time and a half	<input type="checkbox"/> 2	Double rate	<input type="checkbox"/> 3
Agency rate	<input type="checkbox"/> 4	Other rate	<input type="checkbox"/> 5		

f) What do you consider is your main reason for working previously agreed overtime?

Permanent staff shortages	<input type="checkbox"/> 1
Unexpected staff shortages (Covering for sick leave etc)	<input type="checkbox"/> 2
Additional income	<input type="checkbox"/> 3

g) If **asked in advance** by my line manager to work overtime (please tick one box):

I am always happy to take on previously agreed overtime	<input type="checkbox"/> 1
I sometimes feel obliged to take on previously agreed overtime	<input type="checkbox"/> 2
I always feel obliged to take on previously agreed overtime	<input type="checkbox"/> 3
I am never asked	<input type="checkbox"/> 4

- h) What is the usual practice at your place of work regarding previously agreed overtime payment/ compensation?

I always get paid for additional hours ☐<sub>1</sub>  
Mix of payment and time off ☐<sub>3</sub>  
I don't get any compensation ☐<sub>5</sub>

I always get time off in lieu ☐<sub>2</sub>  
Mix of paid and unpaid ☐<sub>4</sub>  
Not applicable ☐<sub>6</sub>

**We now want you to think about unexpected overtime hours you work as a nurse. We are interested in additional hours on the day that were not previously agreed.**

**This may include working through breaks or staying on after your shift/session should have ended.**

- 11a) Do you tend to work unexpected/ not previously agreed overtime:

very rarely ☐<sub>1</sub>    every few months ☐<sub>2</sub>    once a month ☐<sub>3</sub>    twice a month ☐<sub>4</sub>  
3 times a month ☐<sub>5</sub>    once a week ☐<sub>6</sub>    twice a week ☐<sub>7</sub>    more than twice a week ☐<sub>8</sub>  
never ☐<sub>9</sub>

- b) Unexpected/ not previously agreed overtime is:

Always acknowledged as overtime work and compensated accordingly ☐<sub>1</sub>  
Sometimes acknowledged as overtime work ☐<sub>2</sub>  
Never acknowledged as overtime work ☐<sub>3</sub>  
Not applicable ☐<sub>4</sub>

- c) Thinking back to the last week, how many unexpected hours overtime did you actually work?

0 hours ☐<sub>1</sub>    1-2 ☐<sub>2</sub>    3-4 ☐<sub>3</sub>    5-6 ☐<sub>4</sub>  
7-8 ☐<sub>5</sub>    9-10 ☐<sub>6</sub>    More than 10 ☐<sub>7</sub>

## SECOND JOB

- 12a) Do you have a second job?

Yes ☐<sub>1</sub>    No ☐<sub>2</sub> (please go to question 13)

- b) Please state how many hours per week you usually work in your second job.

1-5 ☐<sub>1</sub>    6-10 ☐<sub>2</sub>    11-15 ☐<sub>3</sub>    16-20 ☐<sub>4</sub>    21-25 ☐<sub>5</sub>  
More than 25 ☐<sub>6</sub>    Not applicable ☐<sub>7</sub>

- c) Please state your occupation in your second job.

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## WORK VALUE

We are interested in what you think is important about a job. We are asking you to think generally about what you feel is important about any job whether in nursing or not in nursing.

13. When considering **any job in general**, how important are the following factors for you? Please answer all questions you believe apply.

	Extremely Important	Very important	Quite important	Not really important	Unimportant
a) Opportunity to work part time	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) Job Security	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) Satisfying work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) Relationship with colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) Variety of work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) Pay	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g) Availability of paid overtime work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h) When work hours are (time of day)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i) When work hours are (time of week)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j) Predictability of hours of work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k) Flexibility of working hours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l) Travel time to/from work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m) Suitable childcare facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n) Promotion prospects	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
o) A job that helps others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## NURSING JOB SECTION

We would now like you to think more about the **nursing job** that you are currently in. If you do more than one nursing job please think about what you regard as your **main nursing job**.

14. Please think about your experience with the following aspects in your nursing job.

Please circle a response on the scale	1 – little experience										10 – a lot of experience									
a) Verbal abuse directed at yourself	1	2	3	4	5	6	7	8	9	10										
b) Verbal abuse directed at colleagues	1	2	3	4	5	6	7	8	9	10										
c) Physical assault directed at yourself	1	2	3	4	5	6	7	8	9	10										
d) Physical assault directed at colleagues	1	2	3	4	5	6	7	8	9	10										



15. To what extent do you agree/disagree with the following statements about your **current nursing job**?

		Strongly Agree	Agree	Disagree	Strongly Disagree
a)	I feel my band/grade is a fair reflection of my duties	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b)	I undertake some tasks that somebody less qualified could do	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c)	I am happy to undertake tasks somebody less qualified could do	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d)	I sometimes undertake tasks I feel I am not sufficiently qualified for	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
-----					
e)	I can usually take all the breaks I am entitled to	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f)	I am happy with the shift/rota/pattern of hours that I work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g)	It is quite easy to get time off at short notice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h)	The demands/pressure I get from other staff is sometimes unreasonable	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
-----					
i)	Working shifts limits the choice of modes of transport I have	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j)	I sometimes feel unsafe travelling to or leaving my work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k)	Agency work allows people to stay in nursing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l)	Agency nurses are given less responsibility	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
m)	Agency work is an easy way to work overtime	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
-----					
n)	The use of agency staff can have an adverse effect on patient care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
o)	The use of agency staff can have an adverse effect on non-agency staff	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
p)	I always get adequate support for my formal training needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

- q) I always get adequate support from my colleagues ☐<sub>1</sub> ☐<sub>2</sub> ☐<sub>3</sub>  
☐<sub>4</sub>  
 for my informal training needs

## Comparing Jobs

This section invites you to compare jobs and state which of them you would prefer.

Imagine you have been looking for a new nursing post and have been offered two jobs, A and B. In each of the eight questions below, you are asked to choose which job you prefer. The two jobs differ according to the characteristics outlined below. Please take a moment to read through these before answering the questions.

You may not like either job but we would like you state which you think is better!

### Attributes:

### Description of Attributes:

### Possible Levels:

<b>Control over working pattern</b>	This is not how much you work but the control over when you work. For instance how much input you would have in the setting of your rota/on duty time	Not much control Some control Good control
<b>The unsocial hours the job involves</b>	This may be evening work or weekend work	None Occasional Often
<b>Pay</b>	The annual change in your income before tax that the job provides	+2.5% +5% +10%
<b>Verbal abuse</b>	The chance of being subjected to verbal abuse from patients or their family or friends	Very small chance Some chance High chance
<b>Number of staff</b>	Sufficiency of staff working given the workload	Always enough Sometimes shortage
<b>Support from colleagues</b>	How adequate the support from your colleagues would be to carry out your day-to-day duties	Adequate support Good support
<b>Physical assault/intimidation</b>	Chance of physical assault/intimidation from patients or their family or friends	Very small chance Some chance

### When answering the eight questions:

- assume all other characteristics are the same between jobs
- answer all choices – assume that these are the only options available to you
- there are no right or wrong answers

**Please tick one box for every choice**

### DCE a) Which job would you prefer?

Control over working pattern
The unsocial hours the job involves
Pay
Verbal abuse
Number of staff
Support from colleagues

### Job A

Good control
none
+10%
Some chance
Sometimes shortage
Good support

### Job B

Not much control
occasional
+2.5%
High chance
Always enough
Adequate support

Physical assault/intimidation	Very small chance	Some chance
	Prefer job A	Prefer job B
	<input type="checkbox"/>	<input type="checkbox"/>
	(tick one box)	

**DCE b) Which job would you prefer?**

	Job A	Job B
Control over working pattern	Not much control	Some control
The unsocial hours the job involves	None	Occasional
Pay	+2.5%	+5%
Verbal abuse	Very small chance	Some chance
Number of staff	Always enough	Sometimes shortage
Support from colleagues	Adequate support	Good support
Physical assault/intimidation	Very small chance	Some chance
	Prefer job A	Prefer job B
	<input type="checkbox"/>	<input type="checkbox"/>
	(tick one box)	

**DCE c) Which job would you prefer?**

	Job A	Job B
Control over working pattern	Not much control	Some control
The unsocial hours the job involves	Occasional	Often
Pay	+5%	+10%
Verbal abuse	Some chance	High chance
Number of staff	Always enough	Sometimes shortage
Support from colleagues	Good support	Adequate support
Physical assault/intimidation	Some chance	Very small chance
	Prefer job A	Prefer job B
	<input type="checkbox"/>	<input type="checkbox"/>
	(tick one box)	

**DCE d) Which job would you prefer?**

	Job A	Job B
Control over working pattern	Some control	Good control
The unsocial hours the job involves	Occasional	Often
Pay	+10%	+2.5%
Verbal abuse	Very small chance	Some chance
Number of staff	Always enough	Sometimes shortage
Support from colleagues	Good support	Adequate support
Physical assault/intimidation	Some chance	Very small chance
	Prefer job A	Prefer job B
	<input type="checkbox"/>	<input type="checkbox"/>
	(tick one box)	

**DCE e) Which job would you prefer?**

	Job A	Job B
Control over working pattern	Some control	Good control
The unsocial hours the job involves	Often	None
Pay	+5%	+10%
Verbal abuse	Some chance	High chance
Number of staff	Always enough	Sometimes shortage

Support from colleagues	Adequate support	Good support
Physical assault/intimidation	Very small chance	Some chance

Prefer job A ☐ (tick one box) Prefer job B ☐

**DCE f) Which job would you prefer**

Control over working pattern	Not much control	Some control
The unsocial hours the job involves	Often	None
Pay	+10%	+2.5%
Verbal abuse	High chance	Very small chance
Number of staff	Sometimes shortage	Always enough
Support from colleagues	Adequate support	Good support
Physical assault/intimidation	Some chance	Very small chance

Prefer job A ☐ (tick one box) Prefer job B ☐

**DCE g) Which job would you prefer?**

Control over working pattern	Not much control	Some control
The unsocial hours the job involves	Occasional	Often
Pay	+5%	+10%
Verbal abuse	Some chance	High chance
Number of staff	Sometimes shortage	Always enough
Support from colleagues	Good support	Adequate support
Physical assault/intimidation	Very small chance	Some chance

Prefer job A ☐ (tick one box) Prefer job B ☐

**DCE h) Which job would you prefer?**

Control over working pattern	Some control	Good control
The unsocial hours the job involves	None	Occasional
Pay	+5%	+10%
Verbal abuse	High chance	Very small chance
Number of staff	Always enough	Sometimes shortage
Support from colleagues	Good support	Adequate support
Physical assault/intimidation	Some chance	Very small chance

Prefer job A ☐ (tick one box) Prefer job B ☐

**Now, we would like you to continue and answer some questions about the satisfaction you gain from working as a nurse.**

16. Please state how satisfied you are with the following.

Please circle a response on the scale		1 - extreme dissatisfaction					7 – extreme satisfaction	
a)	Physical working conditions	1	2	3	4	5	6	7
b)	Freedom to choose my own method of working	1	2	3	4	5	6	7
c)	My colleagues and fellow workers	1	2	3	4	5	6	7
d)	Recognition I get for good work	1	2	3	4	5	6	7
e)	Amount of responsibility I am given	1	2	3	4	5	6	7
f)	My pay	1	2	3	4	5	6	7
g)	Opportunity to use my abilities	1	2	3	4	5	6	7
h)	My hours of work	1	2	3	4	5	6	7
i)	Amount of variety in my job	1	2	3	4	5	6	7

j) Taking everything into account, please state how satisfied you are with your job overall, using the same scale.

**1- extreme dissatisfaction      7- extreme satisfaction**

1      2      3      4      5      6      7

17. **We would now like you to think about how satisfied you are with some aspects of your nursing job in more detail. If a point is not applicable to you, please tick the “Not applicable” box.**

Please circle a response on the scale		1 - extreme dissatisfaction					7 – extreme satisfaction		Not applicable
a)	Security of my employment	1	2	3	4	5	6	7	<input type="checkbox"/>
b)	Training Opportunities	1	2	3	4	5	6	7	<input type="checkbox"/>
c)	Sufficient number of staff	1	2	3	4	5	6	7	<input type="checkbox"/>
d)	Promotion prospects	1	2	3	4	5	6	7	<input type="checkbox"/>
e)	Amount of administration	1	2	3	4	5	6	7	<input type="checkbox"/>
f)	Ease of approaching supervisor	1	2	3	4	5	6	7	<input type="checkbox"/>
g)	Relationship with fellow nurses	1	2	3	4	5	6	7	<input type="checkbox"/>
h)	Relationship with medical staff	1	2	3	4	5	6	7	<input type="checkbox"/>

18. **In terms of your patients, how happy are you with:**

Please circle a response on the scale		1 - extreme dissatisfaction					7 – extreme satisfaction	
a)	The influence I have on their care	1	2	3	4	5	6	7
b)	The holistic nature of care I provide	1	2	3	4	5	6	7
c)	The time I can spend with patients	1	2	3	4	5	6	7

**AND:**

d) The overall standard of care I am able to provide 1 2 3 4 5 6 7

e) In your opinion, what would be the best way to improve patient care?

**LOOKING FOR A DIFFERENT JOB?**

19a) Within the next year, do you intend to:

Remain in your current nursing job	<input type="checkbox"/> _1	Change jobs within nursing	<input type="checkbox"/> _2
Leave nursing for non-nursing employment	<input type="checkbox"/> _3	Leave employment completely	<input type="checkbox"/> _4

b) How certain are those plans?

Certain ☐\_1      Very likely ☐\_2      Likely ☐\_3      Unlikely ☐\_4      Highly unlikely ☐\_5

c) Please give the most important reason for your intentions stated above.

**ABOUT YOURSELF**

20. What is your age?

< 25 years	<input type="checkbox"/> _1	25-29 years	<input type="checkbox"/> _2	30-34 years	<input type="checkbox"/> _3	35-39 years	<input type="checkbox"/> _4
40-44 years	<input type="checkbox"/> _5	45-49 years	<input type="checkbox"/> _6	50-54 years	<input type="checkbox"/> _7	55 -59 years	<input type="checkbox"/> _8
60 years and over	<input type="checkbox"/> _9						

21. What is your gender?

Female ☐\_1      Male ☐\_2

22. Where did you train as a nurse?

UK ☐<sub>1</sub> Other Country ☐<sub>2</sub>

23. To which of these ethnic groups do you consider you belong?

White ☐<sub>1</sub> Asian/Asian British ☐<sub>2</sub> Chinese ☐<sub>3</sub>  
Black/Black British ☐<sub>4</sub> Mixed background ☐<sub>5</sub> Other ethnic background ☐<sub>6</sub>

24a) Please state the number of dependant children in each of the following categories, who are currently living with you.

Age Group	< 5 years	5 – 11 years	12 – 16 years	17-18 years
No of Children				

b) Do you provide support (financial/time commitment) to other people/family members (please **do not** include any dependent children mentioned above)? Please state the number of those people below.

0 ☐<sub>1</sub> 1 ☐<sub>2</sub> 2 ☐<sub>3</sub> 3 ☐<sub>4</sub> More than 3 ☐<sub>5</sub>

c) Do people within your family provide support to you, for example childcare?

Yes, on a regular basis ☐<sub>1</sub> Yes, sometimes ☐<sub>2</sub> No ☐<sub>3</sub>

25. Please select your type of housing/accommodation from the following list.

Owned/mortgaged Property ☐<sub>1</sub> Rented Property ☐<sub>2</sub>  
NHS -provided Accommodation ☐<sub>3</sub> Others (please specify) ☐<sub>4</sub>

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26. Taking **everything** into account, how happy do you feel about your life?

Please circle a response on the scale

**1 - extreme  
dissatisfaction**

**7 – extreme  
satisfaction**

1 2 3 4 5 6 7

27. How would you describe your current health status?

Excellent ☐<sub>1</sub> Very good ☐<sub>2</sub> Good ☐<sub>3</sub> Fair ☐<sub>4</sub> Poor ☐<sub>5</sub>

## ABOUT YOUR HOUSEHOLD

**In this section we would like to ask you to give us some information about your household.**

28a) Do you have a partner: are you married, co-habiting and/or living in a civil partnership?

Yes ☐<sub>1</sub>      No ☐<sub>2</sub> (if no, please go to question 30)

b) What is your partner's employment status?

Unemployed	<input type="checkbox"/> <sub>1</sub>	<b>please go to question 30</b>
Homemaker and/or carer	<input type="checkbox"/> <sub>2</sub>	<b>please go to question 30</b>
Retired	<input type="checkbox"/> <sub>3</sub>	<b>please go to question 30</b>
NHS	<input type="checkbox"/> <sub>4</sub>	
Public sector, Non-NHS	<input type="checkbox"/> <sub>5</sub>	
Private sector	<input type="checkbox"/> <sub>6</sub>	

c) If your partner is in paid employment please state his/her occupation.

29a) How many hours per week does your partner work on average (including paid and unpaid overtime)?

<10	<input type="checkbox"/> <sub>1</sub>	10-15	<input type="checkbox"/> <sub>2</sub>	16-20	<input type="checkbox"/> <sub>3</sub>	21-25	<input type="checkbox"/> <sub>4</sub>	26-30	<input type="checkbox"/> <sub>5</sub>
31-35	<input type="checkbox"/> <sub>6</sub>	35-40	<input type="checkbox"/> <sub>7</sub>	40-45	<input type="checkbox"/> <sub>8</sub>	More than 45	<input type="checkbox"/> <sub>9</sub>		

b) Does your partner usually work any of the following?

Weekdays ☐<sub>1</sub>      Weekends ☐<sub>2</sub>      Both ☐<sub>3</sub>

c) Do the hours or days your partner works vary from week to week?

Not at all ☐<sub>1</sub>      To some degree ☐<sub>2</sub>      Considerably ☐<sub>3</sub>

d) If your partner's hours/ days vary, do you feel there is sufficient notice?

Yes ☐<sub>1</sub>      No ☐<sub>2</sub>      Not applicable ☐<sub>3</sub>

30. Please state whether you or your household are in receipt of any of the following.

Unemployment related benefits (NI credits)	<input type="checkbox"/> <sub>1</sub>	Income support	<input type="checkbox"/> <sub>2</sub>
State pension	<input type="checkbox"/> <sub>3</sub>	Child benefit	<input type="checkbox"/> <sub>4</sub>
Child tax credit	<input type="checkbox"/> <sub>5</sub>	Housing/Council tax benefit	<input type="checkbox"/> <sub>6</sub>
Working Tax credit	<input type="checkbox"/> <sub>7</sub>	Disabled Person's Tax credit	<input type="checkbox"/> <sub>8</sub>



Job Seekers Allowance

☐<sub>9</sub>

Incapacity benefits

☐<sub>10</sub>

Statutory Sick Pay

☐<sub>11</sub>

Other state benefits

☐<sub>12</sub>

Maternity Allowance/Statutory Maternity Pay

☐<sub>13</sub>

31. How much is your and your household's **annual gross** income (**before** any deductions, for example for income tax, national insurance are made)?

**Include all types of income including any overtime payments you may have received**

**Please estimate if you are not sure and use the grid provided below to tick the relevant boxes.**

	<b>Your own income</b> (please include all jobs you do)	<b>Your partner's income</b> (if applicable)	<b>Your household income</b> (please include your own income, your partner's income and any other money coming into your household)
< £4,999	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
£5,000- 9,999	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
£10,000-14,999	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
£15,000-19,999	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
£20,000-24,999	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
£25,000-29,999	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
£30,000-34,999	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>
£35,000-39,999	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>
£40,000-44,999	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>
£45,000-49,999	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>
£50,000-54,999	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>
£55,000-59,999	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>
£60,000-64,999	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>
£65,000-69,999	<input type="checkbox"/> <sub>14</sub>	<input type="checkbox"/> <sub>14</sub>	<input type="checkbox"/> <sub>14</sub>
£70,000-74,999	<input type="checkbox"/> <sub>15</sub>	<input type="checkbox"/> <sub>15</sub>	<input type="checkbox"/> <sub>15</sub>
£75,000-79,999	<input type="checkbox"/> <sub>16</sub>	<input type="checkbox"/> <sub>16</sub>	<input type="checkbox"/> <sub>16</sub>
£80,000-84,999	<input type="checkbox"/> <sub>17</sub>	<input type="checkbox"/> <sub>17</sub>	<input type="checkbox"/> <sub>17</sub>
£85,000-89,999	<input type="checkbox"/> <sub>18</sub>	<input type="checkbox"/> <sub>18</sub>	<input type="checkbox"/> <sub>18</sub>
£90,000-94,999	<input type="checkbox"/> <sub>19</sub>	<input type="checkbox"/> <sub>19</sub>	<input type="checkbox"/> <sub>19</sub>
£95,000-99,000	<input type="checkbox"/> <sub>20</sub>	<input type="checkbox"/> <sub>20</sub>	<input type="checkbox"/> <sub>20</sub>
£100,000-120,000	<input type="checkbox"/> <sub>21</sub>	<input type="checkbox"/> <sub>21</sub>	<input type="checkbox"/> <sub>21</sub>
£120,000-140,000	<input type="checkbox"/> <sub>22</sub>	<input type="checkbox"/> <sub>22</sub>	<input type="checkbox"/> <sub>22</sub>
£140,000-160,000	<input type="checkbox"/> <sub>23</sub>	<input type="checkbox"/> <sub>23</sub>	<input type="checkbox"/> <sub>23</sub>
> £160,000	<input type="checkbox"/> <sub>24</sub>	<input type="checkbox"/> <sub>24</sub>	<input type="checkbox"/> <sub>24</sub>

**We would like to be able to contact some respondents to ask some follow-up questions. Can we contact you again**

- 32a) In the next few months      Yes ☐<sub>1</sub>      No ☐<sub>2</sub>
- b) In one years time      Yes ☐<sub>1</sub>      No ☐<sub>2</sub>

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!  
(Please return in the pre-paid envelope enclosed)