

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

Date Returned	
Date Entered	
Date Entered	
Date Checked	

NO	V2	2			
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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 ☐₁ No ☐₂

EMPLOYMENT DETAILS- PREVIOUS NURSING JOB

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

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

b) Are you currently on:

Maternity leave ☐₁ Long- term Sickness ☐₂ Neither ☐₃

c) When did you last work as a nurse?

Less than 3 months ago ☐₁ 3-6 months ago ☐₂ 7-12 months ago ☐₃
1- 2 years ago ☐₄ 2-3 years ago ☐₅

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 ☐₁ No ☐₂

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

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

b) Was this job within the:

NHS ☐₁ **or:** Independent Sector ☐₂

c) Please specify your **most recent** place of employment in nursing.

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

d) Which of the following best describes your **most recent** 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		

e) Were you working in a teaching hospital?

Yes ☐1 No ☐2

f) What is your highest nursing qualification?

Diploma ☐1 Degree ☐2 Higher Degree ☐3

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

Specialist Practice	<input type="checkbox"/> 1	Teaching	<input type="checkbox"/> 2	Nurse Prescribing	<input type="checkbox"/> 3
Other additional nursing qualifications	<input type="checkbox"/> 4	Not applicable	<input type="checkbox"/> 5		

(please specify below)

4a) Please state your **most recent** 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 were you:

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

c) If you were paid an hourly rate, it was: £ : pence per hour.

- d) Which of the following schemes was applied for unsocial hours' payment at your most recent place of work as a nurse?
- Agenda for Change ☐₁ Whitley Scale ☐₂ Local Arrangement ☐₃ Not applicable ☐₄
- e) Were you paid a High Cost Area Supplement?
- Yes (Inner London:20%) ☐₁ Yes (Outer London:15%) ☐₂ Yes (Fringe:5%) ☐₃ No ☐₄

If you are currently not in paid employment please continue with question 13 (page 8)

ABOUT YOUR CURRENT JOB.

Now we would like to ask some questions about your current employment situation. We would like you to answer the following questions thinking about your current non-nursing job.

5. Which of the following aspects apply to your **current non-nursing** job? Please tick the relevant boxes.

- a) Public sector ☐₁ Independent sector ☐₂
- b) Full time ☐₁ Part time ☐₂
- c) Permanent contract ☐₁ Fixed-term contract ☐₂ Temporary contract ☐₃
- d) Agency Work ☐₁ Flexible Contract ☐₂ Job Sharing ☐₃
Others ☐₄ Not applicable ☐₅

6a) How many hours are you **contracted** to work (**excluding overtime**)?

 Hours

b) Please state your current occupation.

7. 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

8a) Do you undertake managerial or supervisory duties?

Yes ☐₁ No ☐₂ (please go to question 9)

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

WORK ARRANGEMENTS/SHIFT PATTERN

We are interested in **when** you work the hours you are contracted to do and **how** this is decided. Again, please think about your current **non-nursing job**.

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

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

b) Do you usually work on:

Weekdays ☐₁ Weekends ☐₂ Both ☐₃

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

Yes ☐₁ No ☐₂

d) Please state whether you are required in your **non-nursing job** to work any of the following.

On Call ☐₁ Stand by ☐₂ Sleep In ☐₃ Not applicable ☐₄

e) Does your rota/shift/work pattern in your current **non-nursing** job

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

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

No influence ☐₁ Some influence ☐₂ Large Influence ☐₃ Not applicable ☐₄

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

Always ☐₁ Most of the time ☐₂ Sometimes ☐₃
Usually not ☐₄ Never ☐₅ Not applicable ☐₆

ADDITIONAL HOURS

We are interested in how many **additional hours** you work in your non-nursing job **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) 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

c) 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

d) 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		

e) 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

f) 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

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

I always get paid for additional hours	<input type="checkbox"/> _1	I always get time off in lieu	<input type="checkbox"/> _2
Mix of payment and time off	<input type="checkbox"/> _3	Mix of paid and unpaid	<input type="checkbox"/> _4
I don't get any compensation	<input type="checkbox"/> _5	Not applicable	<input type="checkbox"/> _6

We now want you to think about the unexpected overtime hours you work in your non-nursing job. 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	<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) Unexpected/ not previously agreed overtime is:

Always acknowledged as overtime work and compensated accordingly	<input type="checkbox"/> _1
Sometimes acknowledged as overtime work	<input type="checkbox"/> _2
Never acknowledged as overtime work	<input type="checkbox"/> _3
Not applicable	<input type="checkbox"/> _4

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

0 hours	<input type="checkbox"/> _1	1-2	<input type="checkbox"/> _2	3-4	<input type="checkbox"/> _3	5-6	<input type="checkbox"/> _4
7-8	<input type="checkbox"/> _5	9-10	<input type="checkbox"/> _6	More than 10	<input type="checkbox"/> _7		

SECOND JOB

12a) Do you have a second job?

Yes ☐_1 No ☐_2 (please go to question 13)

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

1-5	<input type="checkbox"/> _1	6-10	<input type="checkbox"/> _2	11-15	<input type="checkbox"/> _3	16-20	<input type="checkbox"/> _4	21-25	<input type="checkbox"/> _5
More than 25	<input type="checkbox"/> _6	Not applicable	<input type="checkbox"/> _7						

c) Please state your occupation in your second job.

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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Job Security	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Satisfying work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) Relationship with colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) Variety of work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) Pay	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) Availability of paid overtime work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) When work hours are (time of day)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) When work hours are (time of week)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j) Predictability of hours of work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k) Flexibility of working hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l) Travel time to/from work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m) Suitable childcare facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n) Promotion prospects	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o) A job that helps others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

NURSING JOB SECTION- PREVIOUS NURSING JOB

Now we would like you to think back to your last job as a nurse and please answer the following.

14. Please think about your experience with the following aspects in your most recent 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 **last nursing job**?

		Strongly Agree	Agree	Disagree	Strongly Disagree
a)	I feel my band/grade was a fair reflection of my duties	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b)	I undertook some tasks, somebody less qualified could have done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c)	I was happy to undertake tasks somebody less qualified could do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d)	I sometimes undertook tasks I felt I was not sufficiently qualified for	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

e)	I could usually take all the breaks I was entitled to	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f)	I was happy with the shift/rota/pattern of hours that I worked	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g)	It was quite easy to get time off at short notice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h)	The demands/pressure I got from other staff was sometimes unreasonable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

i)	Working shifts limited the choice of modes of transport I had	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j)	I sometimes felt unsafe travelling to or leaving my work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k)	Agency work allows people to stay in nursing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l)	Agency nurses are given less responsibility	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m)	Agency work is an easy way to work overtime	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

n)	The use of agency staff can have an adverse effect on patient care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o)	The use of agency staff can have an adverse effect on non-agency staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p)	I always got adequate support for my formal training needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

- q) I always got adequate support from my colleagues ☐₁ ☐₂ ☐₃
☐₄
 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:

Control over working pattern	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
The unsocial hours the job involves	This may be evening work or weekend work	None Occasional Often
Pay	The annual change in your income before tax that the job provides	+2.5% +5% +10%
Verbal abuse	The chance of being subjected to verbal abuse from patients or their family or friends	Very small chance Some chance High chance
Number of staff	Sufficiency of staff working given the workload	Always enough Sometimes shortage
Support from colleagues	How adequate the support from your colleagues would be to carry out your day-to-day duties	Adequate support Good support
Physical assault/intimidation	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

	Job A	Job B
DCE a) Which job would you prefer?		
Control over working pattern	Some control	Good control
The unsocial hours the job involves	Occasional	Often
Pay	+10%	+2.5%

Verbal abuse
Number of staff
Support from colleagues
Physical assault/intimidation

Some chance
Always enough
Adequate support
Very small chance

High chance
Sometimes shortage
Good support
Some chance

Prefer job A

☐

(tick one box)

Prefer job B

☐

DCE b) Which job would you prefer?

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

Job A

Good control
Often
+2.5%
Some chance
Always enough
Good support
Some chance

Job B

Not much control
None
+5%
High chance
Sometimes shortage
Adequate support
Very small chance

Prefer job A

☐

(tick one box)

Prefer job B

☐

DCE c) Which job would you prefer?

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

Job A

Some control
Often
+5%
Very small chance
Sometimes shortage
Good support
Very small chance

Job B

Good control
None
+10%
Some chance
Always enough
Adequate support
Some chance

Prefer job A

☐

(tick one box)

Prefer job B

☐

DCE d) Which job would you prefer?

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

Job A

Some control
Occasional
2.5%
High chance
Sometimes shortage
Good support
Very small chance

Job B

Good control
Often
5%
Very small chance
Always enough
Adequate support
Some chance

Prefer job A

☐

(tick one box)

Prefer job B

☐

DCE e) Which job would you prefer?

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

Job A

Some control
None
+5%
Some chance
Sometimes shortage

Job B

Good control
Occasional
+10%
High chance
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 f) Which job would you prefer

Control over working pattern	Some control	Good control
The unsocial hours the job involves	Occasional	Often
Pay	+2.5%	+5%
Verbal abuse	Some chance	High 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	Good control	Not much control
The unsocial hours the job involves	Occasional	Often
Pay	+5%	+10%
Verbal abuse	Very small chance	Some 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 h) Which job would you prefer?

Control over working pattern	Good control	Not much control
The unsocial hours the job involves	Occasional	often
Pay	+5%	+10%
Verbal abuse	High chance	Very small 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

Now, we would like you to continue and answer some questions about the satisfaction you gained from working as a nurse in your last nursing job.

16. Please state how satisfied you were 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 got for good work	1	2	3	4	5	6	7
e)	Amount of responsibility I was 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 were with your last nursing 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 were with some aspects of your last 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 were you with:**

Please circle a response on the scale		1 - extreme dissatisfaction					7 – extreme satisfaction	
a)	The influence I had on their care	1	2	3	4	5	6	7

- b) The holistic nature of care I provided 1 2 3 4 5 6 7
 c) The time I could spend with patients 1 2 3 4 5 6 7

AND:

- d) The overall standard of care I was able to provide 1 2 3 4 5 6 7
 e) In your opinion, what would have been the best way to improve patient care?

LOOKING FOR A DIFFERENT JOB?

- 19a) If you are currently in paid employment, within the next year, do you intend to:

Remain in your current job ☐₁ Change jobs but stay out of nursing ☐₂
 Re-join nursing ☐₃ Leave employment completely ☐₄

- 19b) If you are currently not in paid employment, within the next year, do you intend to:

Re-join nursing ☐₁ Begin employment, but not in nursing ☐₂
 Remain not in paid employment ☐₃

- 19c) How certain are those plans?

Certain ☐₁ Very likely ☐₂ Likely ☐₃ Unlikely ☐₄ Highly unlikely ☐₅

- 19d) Please give the most important reason for your intentions stated above.

ABOUT YOURSELF

20. What is your age?

< 25 years ☐₁ 25-29 years ☐₂ 30-34 years ☐₃ 35-39 years ☐₄
 40-44 years ☐₅ 45-49 years ☐₆ 50-54 years ☐₇ 55 -59 years ☐₈
 60 years and over ☐₉

21. What is your gender?

Female ☐_1 Male ☐_2

22. Where did you train as a nurse?

UK ☐_1 Other Country ☐_2

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

White ☐_1 Asian/Asian British ☐_2 Chinese ☐_3
Black/Black British ☐_4 Mixed background ☐_5 Other ethnic background ☐_6

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 ☐_1 1 ☐_2 2 ☐_3 3 ☐_4 More than 3 ☐_5

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

Yes, on a regular basis ☐_1 Yes, sometimes ☐_2 No ☐_3

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

Owned/mortgaged Property ☐_1 Rented Property ☐_2
NHS -provided Accommodation ☐_3 Others (please specify) ☐_4

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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 ☐₁ Very good ☐₂ Good ☐₃ Fair ☐₄ Poor ☐₅

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 ☐₁ No ☐₂ (if no, please go to question 30)

b) What is your partner's employment status?

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

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

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

Weekdays ☐₁ Weekends ☐₂ Both ☐₃

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

Not at all ☐₁ To some degree ☐₂ Considerably ☐₃

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

Yes ☐₁ No ☐₂ Not applicable ☐₃

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

Unemployment related benefits (NI credits)	<input type="checkbox"/> 1	Income support	<input type="checkbox"/> 2
State pension	<input type="checkbox"/> 3	Child benefit	<input type="checkbox"/> 4
Child tax credit	<input type="checkbox"/> 5	Housing/Council tax benefit	<input type="checkbox"/> 6
Working Tax credit	<input type="checkbox"/> 7	Disabled Person's Tax credit	<input type="checkbox"/> 8
Job Seekers Allowance	<input type="checkbox"/> 9	Incapacity benefits	<input type="checkbox"/> 10
Statutory Sick Pay	<input type="checkbox"/> 11	Other state benefits	<input type="checkbox"/> 12
Maternity Allowance/Statutory Maternity Pay	<input type="checkbox"/> 13		

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.

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

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 ☐ 1 No ☐ 2

b) In one years time

Yes ☐₁

No ☐₂

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