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Business School

Looking Good?

The Attractiveness of the NHS as an Employer
to Potential Nursing and Allied Health Profession Staff

Final Report

A Report Prepared for the Department of Health based on research conducted as part of the Human Resources Research Initiative

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Disclaimer

The views expressed in this report are not necessarily those of the Department of Health or any other government department.

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Executive Summary

Final Report

May 2003

- **What encourages potential recruits and returners to work for the NHS and what turns them off?**
- **What encourages potential recruits and returners to work as a nurse, physiotherapist or radiographer?**
- **How can current NHS recruitment strategies be improved?**

The research investigated perceptions of the NHS as an employer for the nursing and allied health professions (represented by physiotherapy and radiography). A total of 1356 people provided data.

Findings from this work include:

- The best thing about working in the NHS was working with patients. Job security and availability, a good pension, task variety, team working and learning were also mentioned.
- Understaffing and associated pressures at work were the strongest barriers to working for the NHS. Issues to do with the convenience, flexibility, length of work hours and low pay were also mentioned.
- Working for the NHS as a nurse or AHP was thought to be a rewarding career.
- The starting pay levels for nursing, physiotherapy and radiography are often underestimated.
- Qualified staff currently working outside the NHS were unlikely to return. Agency staff are slightly more likely to do so, but are still not enthusiastic.
- Unqualified people (students, school pupils, general public) were positive about the NHS.

Conclusions include:

- Use realistic job previews.
- Emphasise job security and availability, pension provision and career progression prospects in recruitment publicity.
- Further publicise the starting pay levels for qualified staff.
- Further opportunities for senior staff to retain direct patient contact should be made available and publicised.
- Offer all staff (not just those with children) some control over their work hours.
- Effort should be concentrated on attracting new recruits, more than existing qualified staff working outside the NHS.

Specific Policy – Related Conclusions

Recruitment publicity

Realistic Job Previews

NHS publicity should clearly reflect the experiences, both positive and negative, of those who do the work, preferably in their own words. It might even include the perspectives of people who have subsequently left the NHS. The impression would be one of a challenging work environment that will require people to use all their potential while making an important social contribution.

The main negative points conveyed by realistic job previews should be (i) there is not always as much time as one might like to help patients and establish relationships with them and colleagues; and (ii) some staff find that pressure and unsociable hours eventually wear them down.

Promote the NHS's Reputation

It is worth investing in the protection and promotion of the NHS's reputation as an employer even to people who never intend to work for it, because those people's opinions about working for the NHS appear to influence those for whom it is an option.

Publicity for the NHS as an employer should emphasise the socially responsible nature of the NHS mission, and the contribution to the public good made by those who work for it. This emphasis is likely to encourage people to feel a sense of responsibility for contributing to the NHS, even if they do not personally identify with it.

Male Role Models

Recruitment publicity for nursing and allied health professions in the NHS

should present role models that potential applicants can relate to as ordinary (not super-human) people. A good proportion of the role models should be male.

Security and Availability of Jobs

Recruitment publicity should also emphasise (as long as it remains true!) the relatively ready availability of NHS jobs as qualified nurses and allied health professionals, including the wide variety of NHS settings and locations potentially available.

The NHS should emphasise job security and availability, pension provision and career progression prospects in its recruitment publicity. This may help to attract people (especially men) with slightly different values who would not previously have considered nursing, physiotherapy or radiography work in the NHS.

Attempts to persuade people that their values and identity are in line with the NHS should **not** be a focus of recruitment publicity. This is because identifying with the NHS appears not to affect intention to work for it.

Publicise Staffing Increases

Improvements in NHS operation and service delivery, particularly increases in staffing levels, should be publicised and specifically portrayed as representing more opportunity for staff to enjoy job satisfaction through opportunities to thoroughly care for and get to know patients.

NHS Work and Careers

Increase Staffing Levels

Wherever possible, increase staffing levels or reorganise work in order to increase opportunities for staff to give patients more personalised care.

Publicise Starting Pay Levels

The starting pay levels for qualified staff (especially nurses) need to be publicised yet more, because they are higher than many people think.

Although pay was not the most salient issue, to some extent it was seen as a barrier to entering nursing and the allied health professions. Therefore increasing pay levels is likely to have a significant, albeit small, positive impact on recruitment and retention.

Career Development Opportunities

Opportunities for career development, especially in the form of promotion and salary increases, should be maintained, publicised, and where possible expanded.

Further opportunities for more senior staff to retain direct patient contact should be made available wherever possible, and publicised.

Flexible Working for all Staff

To the extent that it is possible, it is important to offer all staff (not just those with children) some control over their work hours, and publicise the fact. This is likely to be valuable even if the control is partial (for example, choice between alternative shift patterns, or between staying on the same pattern long-term vs changing frequently). The NHS's existing initiatives to accommodate flexible working (including childcare support) could be publicised more and perhaps further innovations encouraged at local level.

Specific Subgroups of Potential Staff

Qualified Staff

Pursuing qualified nursing and AHP staff currently working outside the NHS is likely to lead to diminishing

returns. Therefore effort should be concentrated at least as much on attracting new recruits, whilst recognising that the benefits will be less immediate.

AHPs

The allied health professions should pay particular attention to raising their public profile, in terms of both name recognition and understanding of their roles in healthcare.

Unqualified People

Even though they may be quite ill-informed about the NHS, unqualified people who make enquiries (e.g. to NHS careers line) may well be very positively disposed, and are well worth following up.

Minority Ethnic Groups

As a general rule (acknowledging different cultural traditions and expectations) the NHS should use the same strategies in trying to persuade ethnic minority and ethnic majority people to work for the NHS as a nurse or AHP, once they have expressed an initial interest.

Males

As a general rule, the NHS should use the same strategies in trying to persuade men and women to work for the NHS as a nurse or AHP, once they have expressed an initial interest.

Young People

NHS recruitment efforts are more effectively targeted at younger people (under about 30) rather than older ones. This is because younger people are more inclined to intend to work for the NHS.

Qualification and Training

Financial Support

Consideration should be given to either further publicising the financial and other support already available for getting qualified, or to increasing that support. This is particularly important for nursing.

Refresher Training

Refresher training, possibly somewhat tailored to individuals, must be conspicuously and readily available to potential qualified returners.

Flexible Routes to Qualification

Yet more consideration should be given to flexible and financially supported routes to qualification, particularly for healthcare assistants. Flexibility could include the opportunity to train part-time whilst still working in a different job.

Access courses should be provided wherever there is the demand, because they seem to attract and/or nurture people with positive attitudes and intentions towards working for the NHS as a qualified member of staff.

Findings of the Study

Images of the NHS

Operational Difficulties

The most frequently mentioned images of the NHS concerned its operational difficulties (for example, staff shortages) rather than its purpose of helping and curing people. Nevertheless, the image of the NHS as providing free health care to all was often cited.

The NHS was not seen solely as a caring organisation, but as one under enormous pressure and struggling to provide a good service. A probable

implication is that even people who see themselves as caring and helping will need to find additional good reasons to enter the NHS.

Working under high pressure was a frequently mentioned image associated of the NHS, but reducing pressure was rarely suggested as a way of making the NHS more attractive. Respondents had a strong expectation that working for the NHS would mean a lot of pressure but they attached relatively low importance to avoiding it. One interpretation of these findings is that respondents felt that working for the NHS as a nurse or AHP would inevitably involve pressure.

Sources of Images

Images of the NHS were derived from a variety of sources, including the media (especially television news), personal experience as a worker and/or patient and the experiences of family and friends. Those with experience of working in the NHS also said that the media influenced them.

Publicity

Overall, it was felt that the NHS needed to publicise itself better as an employer by avoiding too much focus on nurses and doctors and by steering a middle course between the extremes of over-glamorising NHS work and appearing desperate for employees.

Images of the Professions

Nursing

Nursing as a profession was viewed primarily in terms of hard work and long hours, more so than caring and helping. Nurses were nevertheless seen as caring and dedicated, but also poorly paid.

Recruitment to Nursing

Perceptions of nursing as a profession

were much more similar to those of the NHS as an organisation than were perceptions of physiotherapy and radiography. It is therefore likely that recruitment to nursing will be much more closely tied to the perceived ups and downs of the NHS than recruitment to the allied health professions.

Physiotherapy

Physiotherapy was primarily seen as associated with sport by those unfamiliar with it. Those who were familiar with it saw it as a profession that is insufficiently recognised by the public and other professions and as requiring shorter working hours than other health related professions.

Radiography

Radiography was also seen as insufficiently recognised, though more by the public than by other professions. It was viewed as harder work than physiotherapy.

Best Aspects of Working for the NHS

Working with Patients

Participants indicated that the best thing about working in the NHS was perceived to be various aspects of working with patients. Job security and availability, pension, task variety, team working and learning were also mentioned quite often.

People have very high expectations of NHS work providing various positive work features (especially satisfaction derived from positive relationships with patients and colleagues), and many become disillusioned if these are not met.

In an era of employment insecurity and new uncertainties about career, respondents saw the NHS as an employer that still offers career

progression, employment security, a pension scheme and the opportunity to find work in most parts of the country. These attributes were valued highly.

Worst Aspects of Working for the NHS

Understaffing

Working somewhere that is understaffed was a strong expectation of NHS employment, and respondents were keen to avoid working in such an environment. Understaffing got the highest rating of the eleven barriers to entering NHS employment listed in the structured questionnaire.

Working Hours

Issues to do with the convenience, flexibility and length of work hours were frequently mentioned as the worst aspects of working for the NHS. Respondents to the questionnaire expected to work unsociable and/or long hours, and not to have much choice in the matter.

Level of Pay

The findings from the interviews indicated that low pay was seen as one of the worst things about working in the NHS and improving pay was the most frequently mentioned way of making NHS employment more attractive. However, responses to the structured questionnaire indicated that respondents did not expect to work for low pay in the NHS and were not overly concerned even if they did have to work for low pay. The level of pay was a greater concern in London and the Southeast of England than elsewhere. Pay was overall the third most highly rated barrier to entering NHS employment.

The starting pay levels in nursing, physiotherapy and radiography (particularly nursing) were often underestimated by respondents, but

rarely overestimated.

Litigation

A significant concern to some study participants was negative attitudes and potential litigation from patients. As the NHS attempts to offer a more 'customer-orientated' service it will be important that staff and potential staff feel that they too have protection and support when they need it.

On the whole the negative impact of barriers (such as understaffing and awkward work hours) on attitudes and intentions to work for the NHS was more than counteracted by the positive perceptions of job satisfaction, rewarding career, teamwork, and good relationships with patients. However understaffing and work pressure tended to undermine some of the positive work features (particularly time to spend with patients) that were considered highly important by participants.

Profession Specific Issues

In general, respondents thought that working for the NHS as a nurse or allied health professional constituted a rewarding career. Nevertheless, some respondents saw career opportunities as being too restricted. In particular there was a perceived need to permit promotion to quite high levels without becoming too heavily involved in management and administration.

Qualification concerns undermined intention to work for the NHS more for those interested in nursing than physiotherapy or radiography.

Best Aspects of Working Outside the NHS

The best things about working in private hospitals were lower pressure and more attractive work surroundings. Agency work scored well on pay and autonomy.

Worst Aspects of Working Outside the NHS

The worst thing about working in private hospitals was demanding patients. There was also some concern about losing the variety of work and skill development that the NHS could potentially offer. The worst things about agency work were job insecurity and not being an integral part of the team.

Personal Values and the NHS

There was **no** strong tendency for participants to identify with the NHS. Some participants nevertheless felt personally in tune with the principles of free and universal care.

Identifying with the principles of the NHS appeared to influence peoples' attitudes towards it but not their intention to work for it.

Moral Obligation to the NHS

Generally, people did not feel a strong sense of moral obligation to work for the NHS. Nevertheless, the more that people felt such an obligation, the more positive were their attitudes/intentions to NHS work.

Perceptions Held by Family and Friends Toward Working for the NHS

Most participants felt other people who were important to them were (or would be) supportive if they decided to work for the NHS as a nurse, physiotherapist or radiographer. This is a notable finding, and perhaps surprising in the light of perceptions of the NHS as under pressure.

Furthermore, statistical analyses showed that perceived support from friends and family had an important influence on respondents' attitudes and intentions to work for the NHS.

This was especially the case for the physiotherapy and radiography professions. This finding highlights the importance of attempting to maintain respect for the NHS and the professions.

Diversity Issues and the NHS

Minority Ethnic Groups

There was little perception of systematic racial or gender discrimination in the NHS. To the extent that it was perceived, it was thought to emanate from patients more than staff.

Ethnic minority participants did not have radically different views from white participants. However, in comparison with white participants, staff shortages seemed less salient to them. The possibilities of discrimination on the basis of race, and the importance of avoiding it, were slightly more important.

Ethnic minorities did not generally perceive the NHS as discriminatory and were similar in their attitudes and intentions to white people. The questionnaire respondents from ethnic minorities were more positive toward working for the NHS than the white respondents.

Males

Deep-rooted gender roles and stereotypes and the lack of 'bread-winner' wages were suggested as the main reasons why few men work in nursing, physiotherapy or radiography in the NHS. There was some optimism that better publicity in the education system might go some way to counteracting stereotyping.

When asked for their own personal perceptions, men and women generally perceived the NHS in similar ways, although women desired positive work features, equality and

avoiding pressure/hours more than men. There was no tendency for men to be more worried than women about pay. However, this may be a sample-specific finding (see last point in the 'Background' section of this summary).

Views of Specific Groups of Potential Recruits

Independent Sector and Agency Staff

Qualified staff currently working outside the NHS were unlikely to return. Agency staff were slightly more likely to do so, but still not enthusiastic on the whole. Qualified independent sector staff were unlikely to be attracted back to the NHS by more pay. For them, pressure and lack of time to deliver quality care were key. Qualified staff currently outside the NHS felt a need for refresher training but doubted its availability.

Healthcare Assistants represent an informed and positive group for conversion to qualified status but their intention was undermined by qualification concerns.

Those on, and interested in, Access courses should be encouraged and supported as they hold positive attitudes and intentions regarding NHS work.

Unqualified people were quite positive about the NHS, particularly those in education or other forms of employment.

The older people were, the lower their intention to work in the NHS. This was the case even after adjusting for factors like confidence about completing the qualification process.

Background to Study

The research and analysis were undertaken primarily at Loughborough University Business School between September 2000 and December 2002.

The final report is presented in two parts. The first part is concerned with the interview-based first stage of the research project, and the second focuses on the survey stage. The final section provides integrated conclusions and recommendations.

The research was designed to investigate the perceptions of the NHS as an employer for the nursing and allied health professions (represented by physiotherapy and radiography) held by six different sample groups:

1. School pupils;
2. Mature students;
3. Students undertaking professional training;
4. NHS staff not qualified as nurses or AHPs;
5. Qualified staff working for agencies; and
6. Qualified staff working for the independent sector.

The second stage of the study also investigated qualified and unqualified people currently in other forms of employment, or not employed.

It is important to note that on the whole the participants in the research had expressed some initial interest in working for the NHS as a nurse or AHP, and/or already had experience of doing so.

Research Objectives

The primary objectives of the study were to:

1. Identify the influence of factors that determine the attractiveness of nursing/AHPs as professions.
2. Identify the strength of individuals' intention to enter nursing/AHPs,

relative to other realistic career options.

3. Identify the influence of factors that determine the attractiveness of the NHS as an employer.
4. Identify the strength of individuals' intention to work for the NHS, relative to other potential employment options.
5. Identify specific factors that influence the attitudes and intentions of minority and under-represented groups.
6. Recommend strategies to expand the recruitment base for nursing and AHPs.
7. Identify changes in employment practice to strengthen the positive features of working for the NHS in nursing/AHPs. This will focus on those changes that are most salient to potential recruits.
8. Recommend effective promotion and marketing strategies for the NHS as an employer, based on the findings combined with other relevant research and theory.

Methodology

A two-stage strategy was adopted combining qualitative and quantitative methods. The first stage of the study involved semi-structured individual and group interviews with 231 participants across England. The second stage of the research assessed the relative importance of the issues identified in the stage one interviews. This was achieved by a questionnaire to which 1125 usable responses were received. Respondents included all of the groups of primary interest in this research, but also some other groups, most notably adults not qualified in nursing or an AHP and currently working in a range of occupations or none. Gathering data from a substantially larger sample of respondents than the number used in stage one enhances the generalisability of the findings from the study.

1 Introduction

1.1 Background to the Research

In the last 10 years, the number of people entering the National Health Service as healthcare professionals has fallen. This has coincided with high levels of attrition, and has meant that attracting NHS staff has become an increasingly important policy goal (Department of Health, 2001a). This concern has been reflected in the high level of attention given to these issues by the media and professional research. Much of this attention has concerned the nursing profession, an area that has been suffering from a shortage of qualified staff for some time (for example: Firby, 1990; Seccombe and Smith, 1996; Buchan, 1999). However, other areas such as the allied health professions (AHPs) have also been experiencing recruitment and retention problems (NHS Executive, 1998). Although recent figures suggest that the number of nurse recruits and returners to the NHS is improving (Department of Health, 2001d) it is acknowledged by academic experts and the Department of Health, that nurse recruitment will require continual attention (Gulland, 2001). Similarly, the Department of Health is now specifically targeting increased recruitment for the AHPs (Department of Health, 2000b) and work force planning is to become more high profile (Department of Health, 2000d). Therefore, the need to study and understand the key factors that encourage or dissuade people to work for the NHS remains a major research and policy issue.

Although some survey work on recruitment, retention and return has been undertaken by professional associations (for example: Chartered Society of Physiotherapy, 1998), this work tends to be descriptive and not informed by relevant academic theory. Similarly, articles in the professional literature about career choice (for example: While and Blackman, 1998) tend to focus on the individual rather than addressing concerns at an organisational or policy level. Trusts themselves undertake various activities in respect of newly qualified recruits (Field, 1999) and qualified returners (Worby and McGouran, 1999), but these tend to be localised initiatives. Whilst these initiatives are clearly important, addressing generic problems requires more systematic and generalisable research. Some independent research has provided a

brief coverage of some relevant issues in respect of nursing (Lader, 1995) and AHPs (Alexander and Smyth, 1996). However, once again, much of this has been descriptive and has not incorporated theory to aid prediction and help inform policy.

Much is known about career choice processes in general and about how psychological and social factors, including gender and ethnicity, influence these (Arnold, 1997). Similarly, much is also known about the formation of attitudes and the extent to which people's attitudes are or are not reflected in their behaviour and choices (Pratkanis and Turner, 1994). In addition, some other literatures are less well developed, but still offer helpful insights. These include corporate reputation (Fombrun, 1996), company employment image (Highhouse et al., 1999) and applicant attraction strategies for employing organisations (for example: Rynes and Barber, 1990). These other literatures highlight some of the factors mentioned in *Working Together* (Department of Health, 1998a) such as trust and fair treatment, as important in determining the external credibility of an organisation, making it attractive to applicants, as well as enhancing its internal morale and efficiency. However, there has been little work applying this knowledge to the NHS context. Consequently, only very limited use can be made of it by NHS human resource managers.

There is therefore a need for well focused, independent research to provide insights into how the NHS can be made more attractive for potential new recruits and possible returners. To help investigate these issues this study explores the factors that influence individuals' perception of the NHS as an employer. Three broad categories of potential staff will be investigated. These are: individuals neither qualified in nursing or the AHPs nor working in the NHS; individuals who are not (yet) qualified but are working in the NHS; individuals who are qualified but not currently working in the NHS (further details of the target sample groups are provided in Table 3.2 for the first stage of this research and in Table 12.1 for the second stage).

Exploring these issues should lead to important insights into the key factors that influence the attractiveness of the NHS as an employer to potential nurse and AHP recruits and returners. In addition, we can provide advice to NHS human resource professionals in order to customise applicant attraction efforts to particular groups of

potential staff, and identify changes in employment practice that would strengthen the positive features of working in nursing and the AHPs.

1.2 Objectives of the Study

In broad terms, the study addresses three fundamental questions:

1. What are the key factors that encourage potential nursing / physiotherapy / radiography recruits and returners to work for the NHS?
2. What are the key factors that discourage potential nursing / physiotherapy / radiography recruits and returners from working for the NHS?
3. What are the key factors that encourage potential recruits and returners to enter or return to the nursing, physiotherapy or radiography professions?

More specifically, the primary objectives are to:

1. Identify the influence of factors that determine the attractiveness of nursing/AHPs as professions.
2. Identify the strength of individuals' intention to enter nursing/AHPs, relative to other realistic career options.
3. Identify the influence of factors that determine the attractiveness of the NHS as an employer.
4. Identify the strength of individuals' intention to work for the NHS, relative to other potential employment options.
5. Identify specific factors that influence the attitudes and intentions of minority and under-represented groups.
6. Recommend strategies to expand the recruitment base for nursing and AHPs.
7. Identify changes in employment practice to strengthen the positive features of working for the NHS in nursing/AHPs. This will focus on those changes that are

most salient to potential recruits.

8. Recommend effective promotion/marketing strategies for the NHS as an employer, based on the findings combined with other relevant research and theory.

To achieve these objectives, the study draws on several literatures: research in theories of human resource management (HRM); academic research in the applied social sciences; and a combination of academic papers and contemporary policy documents specific to the NHS, nursing and the AHPs.

The role of theory is to ensure rigour and relevance in the research design. This is to encourage valid and reliable analysis. In this study, this is necessary to sensibly inform NHS policy and human resources practice. Since the focus of the study is recruitment, the underlying issue concerns *predicting* behaviour; specifically, what influences someone to join the NHS as a qualified nurse or AHP. This goal restricts the range of potential analytical and methodological avenues. It also means that the study is, necessarily, one step removed from the phenomenon of interest. The study does not try to describe why people have joined, or categorise existing employees. Instead the central issue is to identify what makes the NHS an attractive potential employer. This means the research is committed to modelling participants' future behaviours on the basis of their current attitudes, perceptions and beliefs. Fortunately, there is a well established body of theory that addresses problems of this type: the *theory of planned behaviour* (Ajzen, 1991). This has been used successfully in a range of applied settings including prediction of intention to be assessed for a qualification (Norman and Bonnet, 1995), prediction of employee turnover (Price and Mueller, 1986; Steel and Ovalle, 1984) and nurses' intentions to leave their profession (Krausz, Koslowsky, Shalom and Elyakim, 1995; Lane et al., 1988).

There is some empirical research to suggest that the link between attitudes and behaviour is not always strong (Wicker, 1969). There is also research to suggest that using variables to predict intentions can be problematic (Vandenberg and Nelson, 1999). The theory of planned behaviour is designed to overcome these problems. In

light of the three main research questions, this theory is a suitable vehicle because (a) it has empirical support and (b) it simultaneously models *attitudes*, *intentions* and *behaviours*.

1.3 Significance of this Study

As indicated in the opening part of this section, the existing professional literature tends to be descriptive rather than driven by theory. In addition, there is a lack of literature (either professional or academic), relating to the sample groups of potential recruits or returners to nursing and the AHPs that are the subject of this study. The specific gaps in the existing literature include:

1. Young people's perceptions of radiography as a career choice;
2. The experiences and perceptions of mature students considering physiotherapy or radiography as a career choice;
3. The perceptions and issues influencing the career choice decisions of staff working for the NHS but not professionally qualified in the three professions;
4. The views of qualified agency staff in the three professions toward the NHS as a potential employer;
5. The views of qualified staff in the three professions working for the independent sector toward the NHS as a potential employer;
6. The factors that influence the career choice decisions of people from minority ethnic groups with regard to the NHS; and
7. The factors that influence the career choice decisions of men with regard to the NHS.

A key contribution this research project makes is to specifically address each of these gaps in the existing research by conducting empirical research that is both qualitative

(stage 1) and quantitative (stage 2).

Much of the existing research concerned with the three professions has been conducted on specific sample groups such as students in professional training, or young people still at school. This is useful in terms of understanding the particular sample group, but because these studies are conducted in isolation, comparison across different groups of potential staff is problematic. It is therefore difficult to gauge the extent to which perceptions, and factors that influence those perceptions, are common across different groups of potential staff. This study specifically addresses this weakness in the existing research by targeting six different sample groups of potential recruits and returners to nursing and the AHPs using a standardised research instrument. Consequently, this research provides a broad overview of the perceptions and influencing factors for potential staff and will allow direct comparison on specific issues such as, how the NHS could be made more attractive and what barriers prevent entry to the professions in the NHS.

The research also specifically targets two groups of qualified staff: those choosing to work for agencies and those choosing to work for the independent sector. Research on these two staff groups is particularly pertinent currently, given concerns over the effects on patient care, the rapidly rising costs of agency staff and the greater involvement of the independent sector in delivering NHS patient care.

The Audit Commission report, *Brief Encounters* suggests that NHS Trusts can reduce the cost of temporary staff by using bank rather than agency staff. However, it also warns that bank staff have traditionally had poorer access to training and development, a lack of performance reviews and different pay and benefits (Audit Commission, 2001 p.94). The introduction of NHS Professionals is seen as a key element in reducing agency staff costs. This will potentially allow staff to build lifelong careers in the NHS while retaining flexible working arrangements and membership of the NHS pension scheme (Department of Health, 2001c).

Similarly, the introduction of public-private partnerships to reduce patient waiting times has raised the profile of alternative employers for nursing and AHP staff. This

blurring of boundaries between the public and private sectors may encourage existing NHS staff to consider alternative employers.

In targeting two groups of qualified staff, this research assesses perceptions (and factors that have influenced those perceptions) of the NHS as an employer. In addition, it explores the main reasons that independent and agency sectors are more attractive employers. These findings have clear implications for practices and policies relating to staff retention.

An additional feature of this research is that it specifically attempts to investigate the perceptions of people from minority ethnic groups. Several researchers have noted the lack of literature explicitly examining these issues (for example: Ward, 1993; Gerrish et al., 1996; Darr, 1998). Because this study uses a standardised research instrument, it will be possible to compare and contrast the views of people from minority ethnic groups across the different groups of potential staff for the nursing and AHP professions.

The study also addresses the issue of gender in terms of recruitment and retention in the three professions of interest. Although some research has been conducted to study male perceptions of nursing as a career choice, it does not examine all the sample groups targeted in this investigation. In addition, there has been very little research examining male perceptions of the AHPs as a career choice for any of the sample groups.

Finally, this study explores the commonalities and differences in perceptions reported by the different sample groups with regard to the nursing, physiotherapy and radiography professions. It allows a comparison of findings between professions and will explore the extent to which Department of Health policies to improve recruitment and retention in nursing are transferable to the AHPs. It is envisaged that as the Department of Health turns its attention to increasing recruitment and retention for the AHPs, this research will be of particular value in informing and refining policy and employment practice for these groups.

1.4 Context of the Study

A two-stage strategy addresses the research objectives by combining qualitative and quantitative methods. The first stage of the study is designed to identify and explore the key issues influencing the attractiveness of the NHS identified by each of the sample groups. This stage involved semi-structured individual and group interviews with 231 participants across England. The second stage of the research assessed the relative importance of the issues identified in these interviews. This was achieved by a questionnaire to which 1125 usable responses were received. Respondents included all of the groups of primary interest in this research, but also some other groups, most notably adults not qualified in nursing or an AHP and currently working in a range of occupations or none. Gathering data from a substantially larger sample of respondents than the number used in stage one enhances the generalisability of the findings from the study. Hofstede et al. (1990) notes that adopting a mixed method research approach has a number of benefits. Firstly, an initial qualitative stage allows exploration of the topic from the participants' perspectives, as well as being informed by existing literature and theory. Secondly, it can inform any subsequent hypotheses which are generated and tested. Thirdly, the combination of methods allows triangulation of data in order to add confidence to the findings.

1.5 Organisation of this Report

The report is in 17 sections (please see Figure 1.1). Section one (the current section) provides an overview of the report, identifies the research problems, critiques existing research in the field of the study, and states the research objectives, as well as outlining the significance of the study.

Section two reviews the nursing, physiotherapy and radiography literatures in relation to each of the six sample groups. Gender and ethnicity issues are discussed and the implications for recruitment and retention assessed for each profession. This section also reviews other theory and research underpinning the study, with specific reference to the theory of planned behaviour, but also including corporate reputation, career choice, and other useful topic areas.

Section three briefly outlines the research methods used in each stage of the study. It then focuses on Stage 1, including the development of the interview schedule, and the strategies adopted to target participants. This section also reviews the execution of the Stage 1 interviews and details of how the analysis was conducted are reported. Finally the limitations and problems encountered in conducting the research are outlined.

Sections four to nine present the Stage 1 findings for each of the sample groups studied, beginning with school pupils and concluding with the views of staff working for the independent sector. Each section is divided into several subsections, reflecting the questions that were asked to each sample group. A short summary of the key issues reported by each sample group is provided at the end of each respective section.

Section ten specifically addresses the views of people from minority ethnic groups in our Stage 1 work. These findings represent an aggregation of data across all the different sample groups and provide a broad overview of the perceptions and influencing factors identified by these individuals. Section ten also details the views of all the male participants included in Stage 1 of the study.

Section eleven draws together the overall conclusions from Stage 1 and makes tentative recommendations based solely on the Stage 1 data. It also highlights the areas of interest that are to be explored in the second stage of the research.

In Section 12 we describe in some detail how we went about constructing the questionnaire for Stage 2 data collection. An account is also given of how we distributed it and how many people returned it. The section concludes with a description of the respondents' characteristics.

Section 13 reports key findings for the Stage 2 respondents as a whole. This includes (i) descriptive data about their attitudes, perceptions, beliefs and intentions (ii) analyses of which perceptions and beliefs are statistically the best predictors of respondents' attitudes and intentions concerning working for the NHS as a nurse or

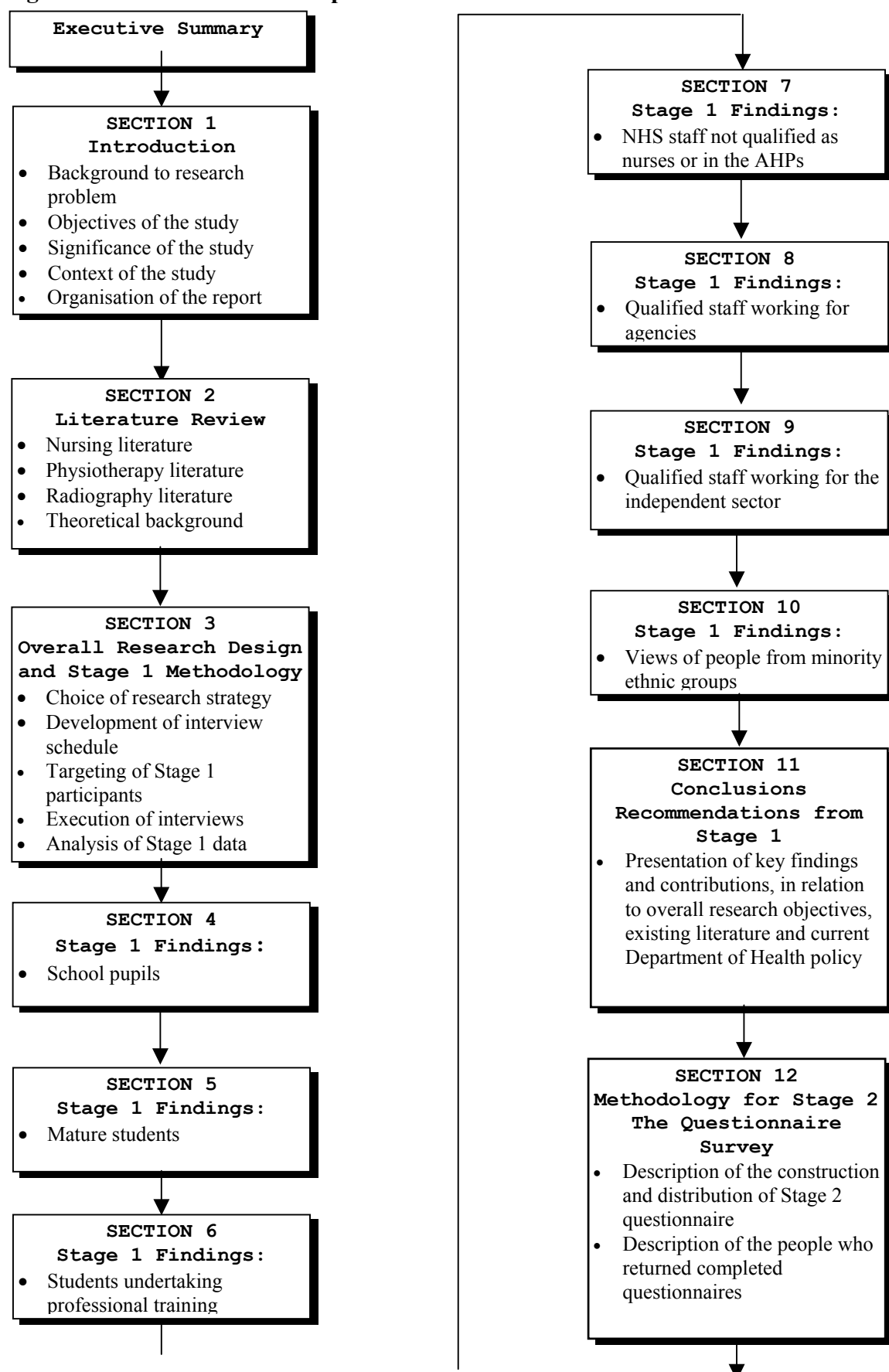
AHP; and (iii) how working for the NHS is perceived relative to any alternative career option the person may be considering.

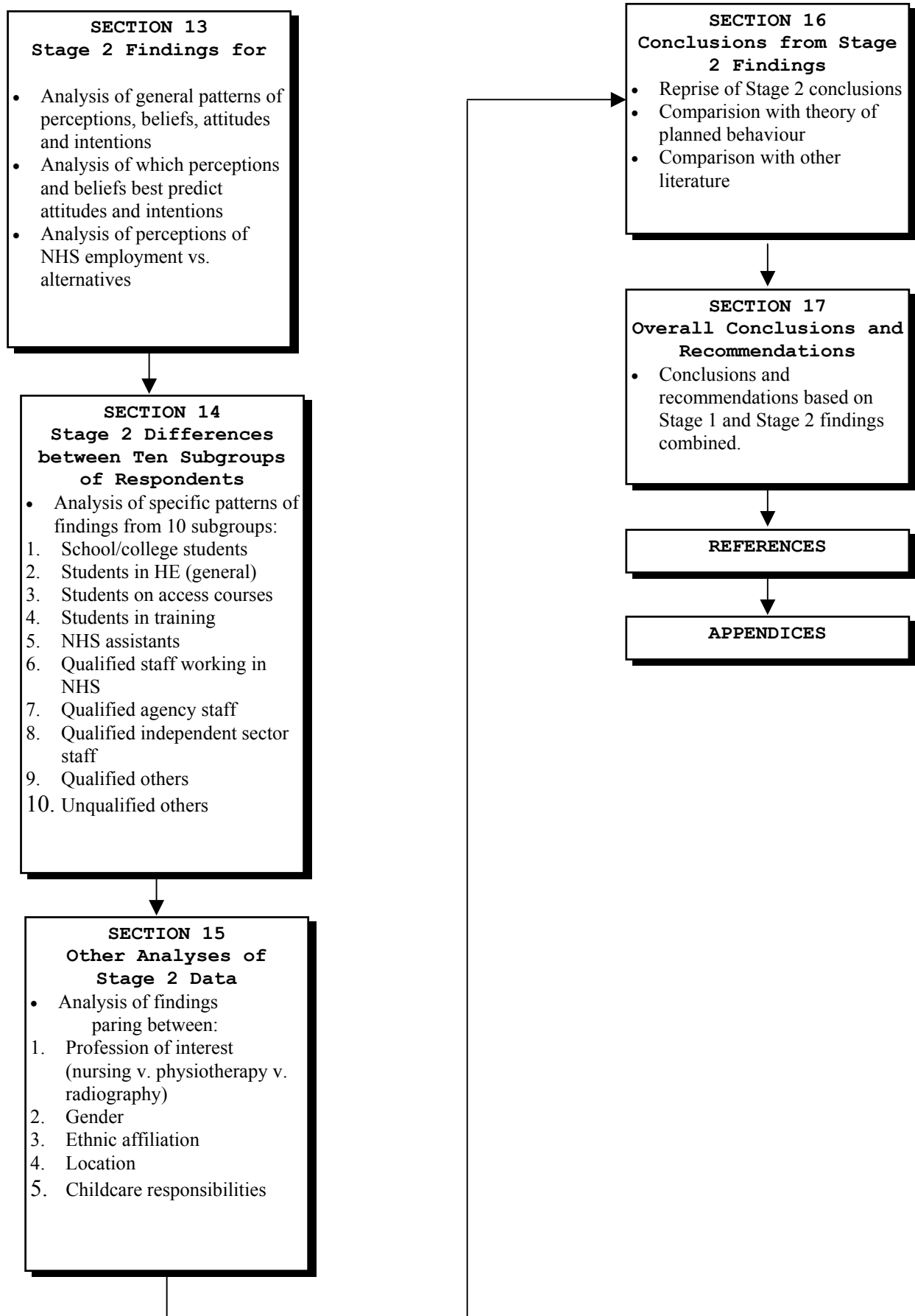
Section 14 examines the data from each of ten subgroups of respondents. The subgroups are defined in terms of their current life situations, especially regarding qualification, education and employment. In contrast to Stage 1 in which the results are structured primarily around each of six subgroups, in Stage 2 we look at subgroups in terms of the ways and extent to which they deviate from the sample as a whole.

In Section 15 we slice the data differently by checking whether there are systematic differences in Stage 2 findings between other subgroups, most notably the profession (nursing, physiotherapy or radiography) that the respondent had in mind when completing the questionnaire. Other important bases for comparison are ethnic affiliation, gender, childcare responsibilities and location.

Section 16 draws together the main conclusions that can be drawn from the findings examined in Section 13, 14 and 15. The extent to which they fit with the theory of planned behaviour is discussed. The Stage 2 findings are also briefly reviewed in comparison with other relevant literature.

Finally in Section 17 we draw conclusions and make recommendations based on both stages together. We try to keep this punchy and direct.

Figure 1-1: Overview of the Report Structure



2 Literature Review

2.1 Introduction

Over the last two decades there has been an increasing level of concern about the recruitment and retention of healthcare professionals to the UK health service. This concern has been reflected in the academic and professional literatures, which have documented the difficulties encountered by many professions. This review examines the existing literature in relation to three healthcare professions: nursing, physiotherapy and radiography. In doing so, it provides the contextual background for the study. The first part of the review addresses the three professions in turn and critically assesses the literature concerning each of our six target groups of potential recruits and returners. The theoretical basis adopted for this study is then discussed and the key aspects of Ajzen's (1991) theory of planned behaviour reviewed. The literature review concludes by summarising some of the additional theory underpinning the study and highlighting the significant gaps in existing research.

2.2 Nursing Literature

2.2.1 Introduction

Although the nursing workforce in the UK has been experiencing a resurgence in recent years, for much of the last decade it was recognized that the nursing workforce has been gradually diminishing. This reduction has been blamed on two principal factors: demographic trends of the British population and the widening labour market for women.

It was identified in the late 1980s that the decrease in the population entering the labour market in the mid 1990s would result in a shortfall in nurse recruitment (Price Waterhouse, 1988). Similarly, Firby (1990) stated that the number of girls entering nursing at the start of the nineties would need to increase by 50% by 1995 to offset the reduction in intake and maintain staffing levels. More recently, academic experts have warned that there is a demographic time bomb ticking in the health service, with

large numbers of current nurses approaching retirement, coupled with the ageing population that will increase the demand on the health service (Gulland, 2001). This situation has been further exacerbated with changes in the female labour market. Nursing has traditionally been a popular career path for female school leavers because of the positive career prospects in comparison to limited alternatives. More recently, the career options for women have increased resulting in greater vocational choice for female school leavers. Hence nursing has had a higher level of competition for new recruits (Bosanquet, 1985; Pearce, 1988).

However, despite these predictions of a nursing shortage the number of training places for student nurses fell by 28 percent between 1992 and 1994 (Department of Health, 1999) and it is only relatively recently that the nursing situation has started to improve. Nurse training places have been increased from 12,000 in 1995 to around 20,000 in 2001, the number of applications for nursing courses is increasing, greater numbers of nurses are returning to work for the NHS and the vacancy levels for nursing are starting to fall (UCAS 1994-2000; Department of Health, 2001e; Gulland, 2001). As well as increasing the number of places available to students considerable efforts have been made to attract nurses to the NHS. These efforts include national media campaigns, the establishment of NHS Careers, the provision of bursaries for Diploma Nursing Students, more flexible pathways to entering nursing and the provision of financial incentives to support the process of retraining. However, despite these improvements, nurse recruitment, return and retention will continue to be difficult challenges particularly in the light of an ageing nurse workforce and general population (Department of Health 2001 f).

Foskett and Hemsley-Brown (1998: p.9) have suggested that the existing research on nursing careers can be divided into five main categories:

1. Gender issues and the personality characteristics of males and females (for example: Leckey et al., 1995; Francis, 1996; Marsland et al., 1996; Marini et al., 1996; Whitehead, 1996; Lightbody et al., 1997);
2. Issues related to early and late career decisions and their effect on career

satisfaction (for example: Soothill and Bradbury, 1993);

3. Reasons for choosing nursing based on retrospective views of nurses who are currently working in the profession (for example: Sonahee, 1988; Murray and Chambers, 1990);
4. Issues of the status and role of nurses (for example Kohler and Edwards, 1990);
5. Research into ways of improving image and recruitment (for example: Health Services Management Unit, 1996; Naish, 1997; Rafferty, 1997).

However, the majority of these studies have tended to focus on specific issues and not attempted to provide a complete understanding of the nursing recruitment issues that the NHS is currently facing. Consequently this research study attempts to fill this gap by investigating a range of different groups that are potential recruits or returners to the nursing profession.

This section of the literature review discusses the literature associated with each of the six groups of potential recruits and returners to nursing. It begins with a discussion of young people's perceptions of nursing and then addresses the perceptions of mature students towards the profession. This section also reviews research investigating nursing students' views, and the views of people who are currently working in the NHS but not as qualified nurses. The section then explores the literature relating to qualified nurses working for agencies and the independent sector. Finally, this section considers ethnicity and gender issues in relation to the nursing literature.

2.2.2 School Age Young People

Although several studies have been conducted investigating young people's career decision-making processes (for example: Howieson and Coxford, 1996; Hemsley-Brown and Foscett, 1997; Herr, 1997), few have specifically addressed the perceptions of nursing held by young people and how these perceptions may influence their intention to join the nursing profession. However, Southampton University (Foscett and Hemsley-Brown, 1998) conducted a project on behalf of the Department

of Health. This study focused on school children's perceptions at ages 11, 15 and 17 and utilised group interviews and individual questionnaires.

The findings of the study indicated that nursing was closely associated with the concepts of '*helping people*', '*job satisfaction*', '*responsibility*' and '*saving lives*' all of which were considered to be reasons for pursuing nursing as a career. Other researchers have also identified similar themes. For example, Firby (1990) found that nursing was viewed as a good career that is interesting and useful to society (see also Moore, 2001). However, as well as these positive factors, numerous reasons were also found for not entering a nursing career. One of the most straightforward was simply that children were '*not interested*' or did not expect to '*enjoy*' being a nurse. However, Foskett and Hemsley-Brown (1998) qualify this finding by arguing that it was not unexpected as young people are usually only interested in their chosen career path. More specific reasons cited by young people included, '*squeamish*', '*not able to work with ill people*' and '*dealing with death*' and a 17 year old girl associated, '*no appreciation for the hard work*', '*dirty job*' and given '*no respect*' with nursing. Firby (1990) found that girls tend to associate nursing with unpleasant and dirty work. Service occupations that are perceived (however inaccurately) as involving a high labouring content are rarely a first choice occupation for boys or girls of any age or social class.

These negative attitudes to nursing work are further compounded by many young people perceiving the role of a nurse to be supportive rather than pro-active, acting as a helper to doctors and providing care rather than treatment. In addition, nursing is viewed as providing fewer opportunities to reach the top largely as a result of a lack of visible high status roles in the profession. It has been found that autonomy and opportunities for progression are both very important factors in career choice for many young people and recent research has identified that autonomy is an important component for nurses' job satisfaction (Finn, 2001). Pay issues and a lack of support for family commitments and in particular, childcare arrangements have also been identified as dissuading young people from a nursing career (Davis, 2001; Moore, 2001). Foskett and Hemsley-Brown (1998) conclude that although young people admire nurses, they do not envy them, and that it is a combination of admiration and

envy that encourages a young person to consider a career desirable.

2.2.1 Mature Students Undertaking Healthcare Courses

It has been noted that nursing education, like higher education, has been making greater efforts to widen access to educational provision in recent years. Consequently, there is a greater move towards recruiting older men and women for nurse education (Lauder and Cuthbertson, 1998). However, the need to recruit more mature students into nursing is not new. In the late 1980s Whyte (1988) argued that more mature entrants needed to be attracted to offset the projected shortfall of entrants to nursing.

There is some debate as to whether the introduction of Project 2000 has helped in facilitating a greater number of mature entrants to nursing. Higher education institutions have generally been viewed as sensitive to the needs of mature students (Whyte, 1988). However, there is concern that the greater academic content now required to pass nursing courses is putting off some potential mature applicants. To combat this problem several educational establishments are now providing Access courses targeted at mature people although only about two thirds allow entry to higher education (Whitmarsh, 1993).

The performance of mature students on Access and nursing programmes is encouraging. In her study, Whitmarsh (1993) reports that 55% of the mature students that completed their Access programme went on to secure a place on a professional nursing programme. Similarly, Houltram (1996) reports that the performances of most mature students on the Common Foundation Programme for a Nursing Diploma Course at Nene College, Northampton was above average.

However, many studies have also highlighted the increased difficulties that mature students face when undertaking either Access courses or specific nursing programmes. Whyte (1988: p.71) comments that *'domestic re-arrangements and the division of labour within the household presented problems for mature students in particular'* and Smithers and Griffen (1986) report that approximately 20% of prospective candidates withdrew from offers of a place in higher education because of

the potential effects on the quality of their home life. Whitmarsh (1993: p.37) confirms that mature students had to '*cope with family crises, juggle the demands of home and assignment deadlines and in some cases choose between a relationship or the course*'. She notes that '*some partners were supportive while others felt threatened by their partners' new strength and assertiveness*'. More recently, in studying mature students undertaking the Diploma in Higher Education with first level registration, Lauder and Cuthbertson (1998: p.423) reported that '*the majority of mature students who participated in the study experienced financial, domestic and family problems as a direct result of their participation in a course of basic nurse education*'. In terms of these problems they also reported some differences based on gender in that most female students encountered problems related to childcare, relationships with partners, household duties and engaging with hobbies.

2.2.2 Students Undertaking Professional Training

One of the more frequently researched areas has been nursing students' views of nursing as a career choice. Although students often cite a number of different reasons for entering nurse training, some core themes have emerged from the studies. For example, the majority of nursing students perceive nursing as a career which offers opportunities for caring for people (Stevens and Walker, 1993; Barribal and While, 1996; Fagerberg et al., 1997) and in helping them lead healthy lives (Murray and Chambers, 1990; Stevens and Walker, 1993; Vanhanen et al., 1998). Students of nursing also tend to emphasise the job security, recruitment opportunities and the opportunities to promote their own personal development (Murray and Chambers, 1990; Kersten et al., 1991; Rawlins et al., 1991; Fagerberg et al., 1997).

Similarly, the factors that influence the decision to follow a nursing career also have a number of consistent themes that are shared across existing research. Pye and White (1996: p.432) identify eight of the most common influencing factors:

1. Personality factors (for example: Lewis and Cooper, 1976; Lawrence, 1982; Hodges, 1988);
2. Age (for example: Lewis and Cooper, 1976; Murray and Chambers, 1990;

- Soothill and Bradbury, 1993);
3. Gender (for example: Lewis and Cooper, 1976; UKCC, 1986);
 4. Learning styles (for example: Laschinger and Boss, 1984; Hodges, 1988);
 5. Age of decision to become a nurse (for example: Murray and Chambers, 1990);
 6. Career prospects (for example: Lindop, 1991);
 7. Knowledge of nursing (for example: Hodges, 1988; Murray and Chambers, 1990);
 8. Image of nursing (for example: Murray and Chambers, 1990; Lindop, 1991).

One area not discussed by Pye and Whyte (1996) is the key people who influence the decision to become a nurse. Murray and Chambers reported that contact with another nurse was the most common person that would influence an individual's decision to become a nurse with younger age groups frequently identifying their parents. Similarly, Kersten et al. (1991), Soothill and Bradbury (1993) and While and Blackman (1998) found that having relatives in health care occupations and previous experience of care giving also influenced students decision to enter nursing. Murrells et al. (1995) also reported that discussions with teaching and careers staff about nursing as a career choice and access to written information had positive effects on the decision to pursue nurse education.

2.2.3 NHS Staff Not Qualified as Nurses

Staff who are working in the NHS and who may have an interest in nursing are one of the more difficult sample groups to study. One occupational group that may have staff with aspirations to become a qualified nurse is health care assistants (formerly nursing auxiliaries). Several researchers have noted that the role of health care assistants is becoming increasingly blurred. Thomas (1992) states that the work in functional wards (care delivered on the basis of task allocation) is divided into basic and technical activities with auxiliaries being allocated basic activities. By contrast, she notes that in the primary nursing wards (care delivered as a complete package to

meet patient needs) there was a lack of distinction between basic and technical activities. Consequently, patients were given care by both nurses and auxiliaries according to their needs without such clear demarcations. Thomas argues against the prevailing wisdom that nursing can only be provided by staff who hold a statutory nursing qualification.

Similarly, Shepherd (1999) argues that healthcare assistants perform all the tasks that a registered nurse does apart from dispensing drugs and arranging care plans. Workman (1996) reports that healthcare assistants believed they did everything that a qualified nurse did, and that they delivered total patient care. However, the UKCC (1992) states that qualified nurses should be accountable for the delegated activities of health care assistants and for their direction and supervision. The blurring of roles between healthcare assistants and nurses can result in hostility from some qualified staff, because the assistants are depriving them of their 'real' nursing role. From the perspective of healthcare assistants their developing role has increased job satisfaction and understanding although it has also increased levels of ambiguity over status (Workman, 1996).

The increasing significance of healthcare assistants has been reflected in the recent decision to allow those who have qualified to NVQ Level 3 to join the Royal College of Nursing as associate members. It is thought that including healthcare assistants in the Royal College of Nursing will improve the perceived status of healthcare assistants by nurses and managers and reduce the 'them and us' tribalism in some NHS Trusts (Payne, 2000). It is also worth noting that by achieving NVQ Level 3 these staff are qualified to enter Nursing Diploma programmes should they choose to. Ramprogus and O'Brien (2002) argue that universities, trusts and workforce development confederations need to work together to develop courses that will allow health care assistants to move on to pre-registration nursing programmes. However, the cost of training and loss of regular income seem to be significant barriers to this progression. To address this issue, the government's secondment route has proved a popular option as it provides health care assistants with NVQ Level 3 the opportunity to study on pre-registration courses while they work (Dunlop, 2001; Radcliffe, 2002).

Although it would appear that there is a strong motivation for health care assistants to become qualified nurses, Buswell (2000) reports that there is a growing number of qualified nurses who are choosing to take on care assistant roles. Buswell reports that some nurses feel that care assistant roles provide 'safe havens' away from the stress and the pressure of the nursing environment. Nurses may choose to work as carers after a career break to build up confidence, or see the care assistant role as an opportunity to work without having to commit to shift patterns. In addition, the comments above by Workman (1996) would appear to be supported by Buswell's (2000) findings, that some nurses prefer the real 'hands on' nursing opportunities provided in a care assistant position.

2.2.4 Qualified Nurses Working for Agencies

Department of Health figures indicate that the cost of agency staff is becoming a significant drain on NHS resources. During the period 1991-1998 the cost of agency staff to the NHS in England rose from £121m to £216m and the Audit Commission has reported that for the period 1998-1999, £273m was spent on agency nurses in England (Audit Commission, 2000; Ward, 2000a). Scottish figures also show a significant rise with a recent Accounts Commission report highlighting that Scottish Trusts spent an estimated £25m a year on bank and agency nursing with the number of whole time equivalent agency nursing staff used in 1998 (540) being more than double the number in 1994 (200) (Accounts Commission for Scotland, 2000).

Of particular concern to many Trusts is the rise in costs demanded by some agencies. This has led to some Trusts in London working together and presenting a united front against what they see as exploitative agencies. Some Trusts, for example Chesterfield and North Derbyshire Royal Hospital Trust, have signed contracts with a preferred provider. However, this has not always enabled the Trust's needs to be completely met. There are also practical problems associated with employing agency staff. For example, many Trusts feel the need to put agency staff through a brief induction process introducing them to the hospital site, the Trust procedures, who to contact and provide them with IDs and bleeps. The staff concerned may also have to travel several miles to the client site and be contacted at very short notice.

However, there are also clear benefits for the agency staff. These benefits include family friendly policies and increased flexibility allowing those staff who cannot commit to full time shift work with a Trust still to work in the NHS. Some agencies also provide education, on-going professional development programmes and free study days to improve retention (for example: Thornbury Nursing Services). The rates of pay are also usually higher for agency staff those that offered by NHS Trusts. This deficiency has led to some NHS staff using their annual leave and spare time to supplement their income through working additional hours through an agency (Ward, 2000a). Consequently, it would appear that the nursing agencies provide strong competition for recruiting qualified nursing staff.

Increasing the existing and long standing practice of using of bank staff at NHS Trusts may help to alleviate the problems surrounding the use of agency nurses. A survey by the Health Service Report (1998) found that three-quarters of trusts had already introduced bank-working arrangements. A survey in 1997 revealed that 26% of nurses had a second job and that over half of these (56%) were working through bank arrangements (Institute of Employment Studies, 1998). Bank staff provide a flexible source of labour and allow staff the extra flexibility to choose when to work additional hours. They also provide a more economical way of resourcing posts rather than employing more expensive staff from an outside agency. Bank staff can be allocated to areas of shortage at relatively short notice. However, Trusts also appear to be reluctant to pay their bank staff at higher rates than their permanent staff, so the financial incentive to work for an agency remains (Ward, 2000). For example, Kingston and District Community NHS Trust found that many of its staff within the elderly service registered with an external agency rather than the Trust's own bank because the hourly rates offered by the agency could be as much as £5 more than those offered by the Trust (Health Service Report, 1998). The Audit Commission has also noted that many Trusts have not established a centrally managed nursing bank, and even where banks do exist their inefficient operating procedures have greatly reduced their value and increased the cost of administration (Audit Commission, 2000).

The concern about the over cost and issues relating to the use of bank and agency staff

led to the announcement in November 2000, of the Government's intention to set up NHS Professionals, an in-house NHS-led 'agency' (Audit Commission, 2001). It is envisaged that NHS Professionals will build on existing bank and other temporary staffing arrangements and provide a nationwide service for trusts to access staff across a range of healthcare disciplines. It is also intended that NHS professionals will allow the Improving Working Lives Standard (Department of Health, 2000e) to be extended to the management of staff working in a temporary, locum or bank capacity. Specific benefits to staff will include flexible working practices, membership of the NHS pension scheme and support for continuing personal and professional development (Department of Health, 2001c)

2.2.5 Qualified Nurses Working for Independent Sector Organisations

Very little research has investigated the views of nursing staff working outside the NHS and McGee (1998: 255) comments that *'nursing in independent hospitals in the UK has a very poor record as far as research is concerned'*. A recent RCN report entitled 'Making up the Difference' (2000: 25) states that it is currently not possible to identify how many nurses work in the independent sector with any accuracy. However, their findings suggest that the number of registered nurses employed in independent hospitals and clinics grew by 20 percent between 1985 and 1995 and has continued to grow since. The report concludes that over the last 10 years, *'while the number of nurses and midwives employed in the NHS remained largely unchanged, the numbers working in the independent sector almost doubled'*.

Work undertaken by the United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) in 2002 found that the main reasons for choosing to work outside the NHS were that practitioners felt more able to use the full range of their practice skills. In addition, the study also highlighted the attraction of flexible working and the view that practitioners were able to provide higher quality care. Similarly, Alderman (2001) reports that flexible working hours and good working conditions are helping retain nursing staff working in the independent sector. McGee (1998) also notes that because independent sector hospitals tended to be smaller, patients are not grouped together according to their diagnosis. Nurses therefore have

to become familiar with a range of specialities at the same time and this variety is thought to be a factor that attracted staff to work in private sector. Consequently, these factors were thought to be contributing to higher levels of job satisfaction particularly for those staff working in private hospitals. However, it is interesting to note that higher levels of pay were not identified as a crucial factor attracting staff away from the NHS.

The UKCC's study also found that many staff that had worked for the NHS prior to joining the independent sector felt that staff shortages and inadequate resources had seriously compromised the quality of care they had been able to provide in the NHS. It was also suggested that the lack of time to devote to patients or the opportunity to provide the quality of care for which the nurses had been trained were having a detrimental effect on the nurses health. Aggression of patients, lack of security and poor standards of cleanliness were also cited as factors that made the NHS unattractive to work in. However, despite having worked in the NHS the majority of respondents indicated that their relationship with current NHS colleagues was not always good. The study reported that many independent sector nurses were made to feel 'second class' and that numerous accounts of difficulties when returning to the NHS after a period of employment in the independent sector were cited.

2.2.6 Ethnicity Issues in Nursing

Several researchers have noted that relatively few large-scale studies have been conducted to investigate the barriers to the recruitment of minority ethnic staff into nursing and midwifery (Beishon, et al., 1995; Gerrish et al., 1996; Darr, 1998). Of the existing research, much is based on anecdotal evidence and is unsubstantiated, serving to perpetuate cultural stereotypes (Ward, 1993). Darr (1998) also adds that several of the existing studies focus specifically on the perceptions of nursing in the Indian Sub-continent the findings of which do not transfer directly to the British situation. However, despite the existing research's limitations, Gerrish et al. (1996) identify two themes that may explain why recruitment from ethnic minorities may be low:

Perceived cultural norms that may restrict people from certain ethnic communities, particularly Asian women from pursuing a career in nursing or midwifery. These

include the requirements of nurses to provide intimate physical care to members of the opposite sex, and the 'immodest' uniform worn by nurses (Mares et al., 1985).

The impact of institutional racism within the NHS on the experiences and opportunities of people from minority ethnic communities to pursue health professional careers. For example, a number of researchers have suggested that institutional racism in both the health service and educational institutions providing nursing and midwifery programmes act as a barrier for the recruitment of staff from minority ethnic groups (Akinsanya, 1988; Baxter, 1988; Lee-Cumin, 1989; Bharji, 1995 and 1999).

Less attention has been paid to the issue of young people's ethnic origin as an influencing factor over their decision to enter nursing. However, the poor representation of most minority ethnic groups within the health service suggests that this is an issue that requires further investigation. Klem (2001: 107) suggests that one possible cause of the poor level of recruitment is that the *'majority of available recruitment materials lack ethnic sensitivity and sufficient information'*. Klem also emphasises the need to put a 'human face' to recruitment and Gulland (2000) highlights the need for role models from black or Asian backgrounds to attract potential recruits to the service. Foskett and Hemsley-Brown (1998) did not explicitly explore issues of ethnicity during their research although the limited findings they were able to provide indicated that four girls with African/Caribbean origins had considered nursing but subsequently dismissed it as a career path. It was stated by these girls that their main experience or contact with nursing was with female members of their immediate or extended family who were healthcare assistants and not qualified nurses. Furthermore, the girls also added that they wished to achieve the best qualifications they could but that financial hardship was preventing them from continuing in full time education. In her study of fifth formers Firby (1990) noted that children from Asian backgrounds were more likely to perceive nursing as highly paid (33%) as opposed to those with a European background who thought it was not (only 7% seeing it as well paid). It is worth noting that while Asian nurses represented 4% of the general working population, there are only 1.4% in nursing (Department of Health, 1998a).

A study by the English Nursing Board for Nursing, Midwifery and Health Visiting (1998) found that applicants from black and Asian minority ethnic groups to nurse education courses were less likely to be successful than white applicants. The study suggests that the recruitment and selection policies and practices adopted by nurse education and training institutions may have influenced the patterns identified and that the adoption of good equal opportunities practice was mixed in the organisations studied. Iganski et al. (2001) conclude that a national strategy is required that links the moral imperatives of service delivery to a diverse patient community with a business case for equality of opportunity and positive action.

In their study of nursing staff working in the NHS, Beishon et al. (1995) and Meadows et al. (2000) report that there is still evidence of racism in the NHS despite attempts to eradicate it. Furthermore, one piece of research reported the incidence of racial harassment at the workplace as 'staggeringly high' (Shields and Price, 2002: p.1). They state that, *'Nearly one in ten of all nurses in our sample report having suffered racial harassment from work colleagues, and more than one in five report such abuse from patients (or their families) while at work. Among ethnic minority nurses the incidence is much higher - nearly 40 per cent have been victims of racial harassment by work colleagues and over 60 per cent have suffered such abuse from patients (or their families)'* (Shields and Wheatley-Price, 2002: p.17). It is not surprising therefore that some existing staff from minority ethnic groups have actively discouraged their children from entering the nursing profession because of their own personal experience (Meadows et al. 2000).

Some progress has been made against institutional racism in the NHS since the Macpherson report (Macpherson, 1999). Meadows et al. (2000) note that the government has responded to problems of racial harassment with an NHS action plan (*Tackling Racial Harassment in the NHS*) and established national standards for tackling the issue in the *Human Resources Performance Framework of the NHS*. However, the conclusions from a study by Beishon et al., (1995) suggest that the problem of racial harassment in the NHS is not because of a lack of policies, but because NHS employers are neither implementing the policies nor making effective use of ethnic monitoring information to see if they work.

2.2.7 Gender Issues in Nursing

The NHS is the largest employer of women in Western Europe. In September 2000 79% of the non-medical NHS workforce were female. Among nurses, midwives and health visitors, 89% were female while 66% of doctors were male (Department of Health, 2001b). Walby and Greenwell et al (1994) suggest that women's occupations are normally paid less, with less training and lower status. They also argue that there is a line of tension between doctors and nurses, with nurses frequently expected to tidy up after doctors and perform the more menial work.

As well as there being gender differences between occupations it has also been noted that there are differences within occupations. Several researchers have noted that men tend to take the higher positions in each profession even when they are the minority in the profession (MacGuire, 1980; Hutt, 1985; Davies and Rosser, 1986; Finlayson and Nazroo, 1988). For example, the Equal Opportunities Commission found that on average it took women almost twice as long as men to reach the grade of nurse manager. This lag was not explained by career breaks alone (Equal Opportunities Commission, 1991). Similarly, research undertaken by the NHS Women's Unit found that top managers in the NHS were typically aged 46, white and male (NHS Women's Unit, 1994).

Walby and Greenwell et al (1994: p.69) argue that one of the major problems facing women in the workplace is the lack of attention given to the needs of women who combine full time employment with looking after a household. They state that *'women's opportunities for promotion and training are limited, inflexible work patterns prevent women from returning to work after childbirth'* and that *'part-time work is often only available at the expense of downgrading'*.

Similar issues were identified by Finlayson and Nazroo's (1998) study and they argue that the unduly negative impact of career breaks on the chances of career progression, the lack of opportunities for part-time work in senior posts, the lack of opportunities of progression from the specialities within which women are likely to be located and the inadequacy of childcare provision by NHS employers all need to be addressed in

order to deal with the existing gender inequalities in nursing.

One of the most notable differences identified between male and female nursing students was the reported age at which they took the decision to enter nursing. Several studies have noted that on average the decision to enter nursing is made at around age 16 (for example: Pye and Whyte, 1996) however, this broad statistic masks the gender differences. Research by Murray and Chambers (1990) showed that college student nurses (students training for the registered qualification at a college of nursing) had made up their minds to become a nurse at the youngest age (37% before the age of 12). This group was 97% female, 85% of whom were under the age of 20. By contrast the majority of UG registered nurses (registered nurses taking the undergraduate degree programme in nursing) did not decide until they were 17 years of age. Significantly, 19% of this group were male and were over the age of 20. Soothill and Bradbury (1993: p.38) have reported similar results. They found that *'while 14% of women had reached a decision to nurse by the age of 10, only 2% of the men had. Indeed, only another 9% of the men reached the decision between 11 and 16, compared with 29% of the women. Essentially, male nurses make their decision after reaching the basic school leaving age, while there is a much more even spread among females'*. This is consistent with Hakim's (2000) *preference theory* which identifies the relative homogeneity of male interests. This is in contrast to the more diverse interests of women, who more frequently have to choose between family and career. Skevington and Dawkes (1988), Okrainec (1994) and Marsland et al. (1996) also report that in their studies women considered a career at an earlier age than men, with the majority of men not considering a nursing career until after the age of 20.

Galbraith (1991) found a number of themes underpinning research into why men may choose a nursing career. It has been argued that men who choose nursing do so because they wish to provide a health service, work with people and earn a living (Galbraith, 1991). Other research suggests that most male nurses are interested in job security, the sciences and work in a humanistic field (Bush, 1976; Okrainec, 1986 and 1994). Winston (1992) found that more women than men entered nursing for vocational reasons whereas men were more likely to have drifted into nursing, either as a second choice or because they had become bored with a previous occupation. In

addition, Skevington and Dawkes (1988) reported that men were far more likely to express a desire for promotion compared to women. Generally men are thought to have high aspirations on entering nursing and continue in their desire to obtain promotion. In terms of parental background Okrainec (1994) found that men normally came from lower to middle class backgrounds and had been based in urban areas. He suggests that nursing may offer a more prestigious occupation than those held by their parents and has consequently encouraged the entrance of males into the profession. He also found that many men are likely to be inclined towards entering areas of service that have high levels of staff attrition such as acute care. However, Meadows et al. (2000) suggest that the views of current nursing staff in the NHS is that the profession will remain predominantly a female occupation for the foreseeable future. A report by the Policy Studies Institute in 1998 found men were significantly more likely to be found in higher grades than female nurses, and male nurses were more likely to report that they expected to be in a better job in the near future.

Other gender differences between nursing students have been identified by Murray and Chambers (1990). They report that more females wanted 'glamour' type roles whereas males focused on 'job satisfaction'. In addition, they found that males were less sympathetic to the dominant role of the doctor reflecting the desire for autonomy in the workplace identified by young people (Foskett and Hemsley-Brown, 1998). There were also interesting differences between the students following different programmes of study. For example, UG nursing students (Students taking the undergraduate degree programme in nursing inclusive of registered nurse qualification) tended to be male, made their decision to become nurses later, had a strong interest in medicine/biology and seemed to resent being used as workers on the wards. The undergraduate registered nurses category had the largest number of males, who had taken the decision to become a nurse later; were least likely to cite 'wanting to help people' as their reason for becoming a nurse, preferring job security. This group were also most strongly in favour of advanced education for nurses, were more socially confident and were the most accepting of the dominant role of the doctor.

2.3 Physiotherapy Literature

2.3.1 Introduction

The need for a significant improvement in the number of physiotherapists working for the NHS has been consistently highlighted over the past decade and more (for example: Davies, 1990; Chartered Society of Physiotherapy Report, 1998; Department of Health, 2001d). The continuing recruitment and retention problem for physiotherapy has been further emphasised by the findings of Department of Health NHS staff vacancies survey (Department of Health, 2001e). The three-month vacancy rate for physiotherapy rose to 5.2% in 2001 despite the number of members registered with the Council for Professions Supplementary to Medicine having risen to more than 31,000 (Council for Professions Supplementary to Medicine, 2001). Furthermore, staff side evidence submitted to the pay review body indicated that 82% of hospitals reported difficulty with recruitment of physiotherapists (Staff Side Evidence, 1999). Consequently, the shortfall of physiotherapists in the NHS has been described by some commentators as ‘a crisis situation’ with the vacancy situation for physiotherapy higher than all the other allied health professions (Newman, 1997). The need for more staff in these areas has been recognised by the government and has resulted in recruitment targets of 6,500 more therapists and allied health professionals by 2004 (Department of Health, 2000c).

This section of the literature review adopts a similar structure to that presented in the previous nursing section. The literature associated with each of the six groups of potential recruits and returners to physiotherapy is reviewed and the section begins with a discussion of young people’s perceptions of physiotherapy.

2.3.2 School Age Young People

Although there is a lack of applicants for many of the allied health professions, such as radiography, speech and language therapy and occupational therapy, physiotherapy is not struggling from a lack of interest from school leavers. In fact, most academic institutions offering physiotherapy courses are oversubscribed. For example, thirty higher education institutions currently offer degree courses in physiotherapy and in 1997 there were 17.3 applications per place (Chartered Society of Physiotherapy,

1999a).

Little research has been conducted with regard to the career choice decisions of young people interested in physiotherapy. However, research conducted in the USA studying the retrospective views of first year physical therapy students does provide some indication of the issues influencing career choice. For example, using the 'Allied Health Student Questionnaire' Brown-West (1991) investigated the major influences on career choice among allied health students at Connecticut University. Physical therapy students were found to be highly empathic and the need 'to help others' was an important factor in their career decision. All the allied health professionals rated prestige, autonomy and the opportunity for advancement very highly. Similarly, Rozier and Hamilton (1991: p.51) surveyed students in physical therapy education programs to determine why they had chosen that career. Their findings indicated that students want a prestigious job where they are in control, as well as a job that offers mobility and variety. They comment that *'students appear to choose a career in physical therapy because it is known as a high demand occupation and they believe they will like the profession for reasons such as helping others or working with people.'* Over 70 % of the students had either worked in a physical therapy department or in a health care facility while making their career decision.

2.3.3 Mature Students Undertaking Healthcare Courses

Similarly, little research has addressed the perspectives and views of mature students interested in pursuing a career in physiotherapy. A study by Young (1990) highlights that mature students were both committed and motivated and that many had made significant sacrifices to enter higher education. In terms of choosing to study physiotherapy the most important influencing factor was having an opportunity to help people. Disillusion with a previous way of life and a change in direction were also motivating factors.

However, Young found that mature students encounter four types of problem: lack of confidence, financial difficulties, stress and strain in family life and curtailment of social life. The biggest barrier to joining the course was considered to be loss of income. This was also important in perceptions of what would make the course more

attractive. Young (1990: p.130) states, *'Better financial support while a student and better remuneration on qualification, were suggested by many [mature students], as well as publicity and more flexible entry requirements.'* In addition, recommendations to improve marketing of the course to mature students included advertising to include mature professionals, the provision of information in local libraries, community centres and supermarkets, and the wider distribution of prospectuses.

2.3.4 Students Undertaking Professional Training

Existing research that has studied the career perceptions of physiotherapy students has tended to concentrate more on evaluating the academic course rather than career choice decisions. However, Randall and Tamkin's (1999) study does provide some relevant and interesting insights.

In their survey of 190 physiotherapy students, over half (56%) had been recruited from full time education and most (75%) found the courses academically taxing. One of the main findings from all student groups was that NHS Trust staff, who were under pressure, were insufficient in numbers to supervise students adequately with the consequence that students ended up doing more menial tasks. Anxiety about getting a job was compounded by half the physiotherapy students feeling that they would need support from experienced staff after finishing their training. This was in part because students felt that they were not gaining enough practical skills from the course. Although physiotherapy students were on the whole younger than those in nursing and midwifery courses, students who had caring responsibilities reported extra pressure due to holidays not coinciding with school holidays and difficulties finding child care.

Conclusions from the study included suggestions to improve the information available to prospective students about the demands of their course. This is consistent with other research indicating that realistic job previews can diminish the likelihood of early staff turnover (Hom and Griffeth, 1995). In addition more financial and emotional support would help students during training. In relation to subsequent employment it was felt that guarantees of employment subject to qualification, and

assistance with the transition to work were also desirable together with 'greater appreciation of the qualities of mature students'.

In a study of Canadian physiotherapy students, aspects of the career that had attracted them were job accessibility, economic advantages and having experienced a positive exposure to the profession. Other students were motivated by interest in aspects of the profession, a desire to be able to help people and an interest in sports and athletics injuries. Although the men in the study would prefer to work in private practice, women had more diverse preferences such as general hospital, rehabilitation, children's hospital, community care. More women (86%) than men (36%) believed that public health was the most realistic job opportunity (Ohman et al, 2002).

Warriner and Walker (1996) undertook a survey of final year physiotherapy students to find out the factors influencing students' career choice decisions when choosing their first post. Using a questionnaire, students were asked to rate factors which might influence job choice on a scale from 1-6. Considerable agreement between respondents identified the major factors influencing job choice as: the attitudes of potential superiors; in-service training; attitudes of potential colleagues and post-registration courses. In conclusion Warriner recommends that both recruiting organisations and applicants wish to appear attractive to one another, however realistic information is required on both sides and even when adverse factors are present recruitment remains possible.

However, a report published more recently, based on survey data from 400 graduates who were within months of starting work for the NHS, showed that 39% were deterred from staying in the NHS due to poor pay, especially while paying back student loans (Chartered Society of Physiotherapy, 1999a). Stressful working conditions were also significant in their choice of employer and 60% reported serious doubts about remaining in NHS employment. Though commitment to improving patient's quality of life was a recurrent theme, one fifth felt that they would not remain in the NHS due to being unable to provide good patient care. These findings suggest that the retention of physiotherapists in the NHS is a significant problem.

2.3.5 NHS Staff not Qualified as Physiotherapists

In a postal questionnaire to 424 physiotherapy assistants, Ellis et al (1998) found that although most (91%) were satisfied with their jobs overall, specific areas of dissatisfaction were pay and career development.

2.3.6 Qualified Physiotherapists Working for Agencies

Opportunities for physiotherapists to work outside the NHS increased in the 1990s and consequently there are now over twenty employment agencies specialising in supplying experienced physiotherapists. The increasing demand for agency physiotherapists is also due to the three months that it takes to recruit new NHS staff into existing vacancies. During this time agency physiotherapists are used to fill the gap. Agency work is financially attractive providing a physiotherapist who has 3-4 years' experience with over £100 a week more, post tax, than their NHS equivalent (Hackett, 1999) .

2.3.7 Qualified Physiotherapists Working for Independent Sector Organisations

There is little published information on the non-NHS physiotherapy workforce. However the Chartered Society of Physiotherapy (1998) surveyed non-NHS physiotherapists who worked for independent hospitals. Questionnaires from the 162 respondents (a response rate of 45%) indicated high stress levels, poor morale and poor pay as the main reasons for leaving the NHS. For those leaving before 1995 (thirty-one respondents) the inability to provide good patient care was given by 81% and poor pay by 77%. Other reasons given for leaving the NHS were better working conditions, more time for patients and support for training and professional development.

2.3.8 Ethnicity Issues in Physiotherapy

People of minority ethnic origin are under represented in the profession of physiotherapy. The 1991 census 10% database (Alexander and Smyth, 1996) showed less than 0.4% of physiotherapists were from minority ethnic groups. A recent report of the Chartered Society of Physiotherapy (Buchan and O'May, 2000) found that one in three physiotherapists entering the UK labour market came from overseas, the main

sources being Australia, South Africa and New Zealand. Most of these recruits work in the UK for short periods and take up temporary positions in the NHS.

2.3.9 Gender Issues in Physiotherapy

In this same database, 5% were men, half of whom were working in the NHS (Alexander and Smyth, 1996). Four percent of physiotherapists in the public sector were men while this figure was 6% for the private sector. However the most recent intake onto physiotherapy courses was 21% male 79% female (Prospects, 2000).

In a survey of third year male and female physiotherapy students (Davies, 1990) the reasons given for men not entering the profession were inadequate career information, poor pay and the association with a female nursing image. When non-public sector male workers (n=13) were asked about their reasons for not working in the public sector, the men were far more likely than women to mention financial reasons as opposed to personal and family considerations. A study of Swedish physiotherapists reported gender differences in relation to different specialties (Johansson, 1999). Younger female physiotherapists work more closely with their equivalent colleagues and both young males and females are less bound to physicians than their older colleagues. The younger female physiotherapists also worked more frequently with the elderly.

In a study of 273 Swedish students' career choices after graduation, the two most preferred facilities were sports medicine clinics and fitness centres. Private practice was also highly endorsed. Whereas men were more choice decided about future practice (owning a private clinic being preferred), the women were more open. Care of the elderly and hospital work was not preferred (Ohman et al, 2001).

2.4 Radiography Literature

2.4.1 Introduction

The NHS Plan (Department of Health, 2000c) announced that, by the year 2004, 6,500 more therapists and other health professionals would be employed in the NHS. This increased demand clearly requires the supply of therapists, including

radiographers, to increase dramatically even assuming there were already enough therapists to fill current vacancies. However, in a survey of UK therapy radiography schools, Johnson (2000) highlights a total shortfall of 22 therapy radiography students for the 1999 intake, rising to 46 for the 2000 intake, against the number of course places available.

Radiography as a profession has two distinct branches: diagnostic and therapeutic. While diagnostic radiographers work mainly on their own either in imaging departments or using portable equipment in the wards and operating theatres, therapeutic radiographers work primarily in a radiotherapy department and work closely with other colleagues. Diagnostic radiographers see many patients and may specialise in specific areas such as computerised tomography (CT), ultrasound, radionuclide or magnetic resonance imaging (MRI) whereas therapy radiographers spend more time with each patient.

In terms of employment vacancy levels, shortfalls in radiography are also reported. In April 1999 there was an 11% shortfall in the number of therapy radiographers. This translates into 167 whole time equivalent vacancies spread throughout the UK (Abraham et al., 1999). At the same time, only 131 therapy radiographers were expected to graduate that year which meant, even before attrition, that 22% of the vacancies would go unfilled. Similarly, in a survey conducted by the Society of Radiography, the situation for diagnostic radiography in 2000 suggested a 6% vacancy rate for diagnostic radiography and 11% vacancy rate for therapy radiography (Ransom 2000). Furthermore, in studying the 1991 Census 10% database, Alexander and Smyth (1996) found that 20% of qualified radiographers were working outside the profession and 14% were economically inactive.

In Australia Eslick (2002) did not find any difference in the levels of stress between private or public practice radiographers, although the type of stressors did differ in the two clinical settings. Although for private practice the main stressor was patients, in public practice the main stressors were on-call and overtime, the second stressor for both was workload.

Research into the process of choosing radiography as a career is relatively sparse. A survey of contemporary research literature reveals four main themes in connection with the choice of radiography as an occupation over the last decade. These themes and associated literature are summarised in Table 2.1.

Table 2-1: Summary of Existing Research on Radiography Recruitment

Theme	Literature Examples
Surveys of Radiography School entry levels	Johnson, 2000
Career patterns of qualified radiographers	Alexander and Smyth, 1996
Retrospective views of current radiography students on career choice	Akroyd and Lavin, 1992; Henwood et al., 2000; Milburn, 1992; Wharton and Green, 2000
Gender differences in radiography	Payne, 1998

This section of the literature review discusses the literature associated with each of the six groups of potential recruits and returners to radiography. It adopts the same structure used in the previous two sections and begins by reviewing the literature concerning young people's perceptions of radiography.

2.4.2 School Age Young People

No relevant literature identified.

2.4.3 Mature Students Undertaking Healthcare Courses

No relevant literature identified.

2.4.4 Students Undertaking Professional Training

The education and training of radiographers has changed over the last ten years in response to developments within the profession, the extended and expanding role and the changing environment within which radiographers practise. The College of Radiographers national diploma (the DCR) has been replaced by individual degrees and centres for radiography education and training have moved into universities or university colleges.

In a study of therapy radiography courses in UK universities, most (14 out of 18)

respondents were aware of shortages of therapy radiographers in their region (Johnson, 1999b). Ninety six percent of students graduating in 1999 secured posts in therapy. Such demand is a legacy of several years where the numbers leaving qualifying courses had been too low for demand. Demand had increased due to new departments opening and new equipment being acquired as well as retirement, radiographers moving abroad and taking up other posts outside radiography. The solution suggested was national promotion of the profession so that a profile of therapy radiography is developed in the eyes of the public and prospective students. Radiography Awareness Week is one such attempt to promote the profession.

Williams and Berry (1999) set out to establish measures of competence for newly qualified diagnostic radiographers using a Delphi survey. Nine categories emerged from the analysis and these describe the aspects of the role that might attract potential recruits to the profession. The categories are: professional, health and safety, clinical interpersonal, professional knowledge, patient care, technical, administrative, teaching and learning. In addition, a primary role statement was developed and this put more emphasis on the needs of the patient than on technology, though changes in technology were expected to have most impact on the future role of radiographers.

The majority of existing research has investigated the reasons for choosing radiography based on the retrospective views of students studying for radiography qualifications. For example, Akroyd and Lavin (1992) identify family members, a hospital visit or tour and other health professionals as crucial factors affecting career and programme choice for radiography students. Similarly, the importance of the ambassadorial role is described by Henwood et al. (2000). They report that in virtually all cases a specific incident or individual was responsible for the initial career choice. The lack of alternative information sources is highlighted by Milburn (1992) who reports that many students had difficulty in finding information on radiography and that their careers advisers seemed to know very little about the profession. However, the situation appears to have improved more recently. In a survey of all UK therapeutic radiography students, Wharton and Green (2000) report a diverse range of sources of information about radiography. These information sources included university prospectuses and open days, careers officers, and family

and friends. However, despite the increasing number of information sources, both Milburn (1992) and Wharton and Green (2000) describe radiography as still having a poor professional image.

2.4.5 NHS Staff not Qualified as Radiographers

No relevant literature identified.

2.4.6 Qualified Radiographers Working for Agencies

Of the 282 radiographers in the 1991 10% Census database all but 17 had worked at some time in the public sector (Alexander and Smyth, 1996). This was consistent across all of the groups: those not working, those working outside radiography and those in the private sector. These three groups of radiographers were more likely to be older than the public sector workers and to have dependent children. It might seem then that with better arrangements for family responsibilities these radiographers could be working in the public sector. Indeed the measures that radiographers reported as being most likely to help them return to the NHS were more part-time and flexible hours and the provision of refresher courses. Few were aware of existing schemes to attract them back to public sector radiography.

Johnson (1999a) conducted a 'Back to Therapy Radiography' survey of radiographers who were not working within therapy radiography, by asking radiographers to pass on questionnaires to colleagues of whom they were aware (snowball sampling). In all 55 responses were received, 20% of whom were not in employment. Of the employed former radiographers half were full-time and half were part-time workers. Many gave family reasons for their reason for leaving therapy radiography. Just under half said they would consider returning to radiography, although an equal number responded 'don't know' to this question.

In a survey of 81 radiographers who had a gap in their service, the four main reasons encouraging their return were time, financial incentive, suitable hours and encouragement from colleagues/manager, although a variety of other reasons were given (Johnson, 2000). Reasons hindering the return to radiography were lack of part-time or job share, childcare problems, loss of confidence, lack of formal

retraining and unhelpful attitudes from colleagues and Radiographer's Society. Although 34 said that refresher courses were available only 17% did have some formal retraining.

In Ransom's (2000) survey of UK vacancies the response rate for therapy departments was 63% and for diagnostic departments 44%. Fifty four percent of respondents indicated that use of bank and agency staff had not changed while 35% said that it had increased. Seventy one percent of the respondents believed that it was difficult or not very easy to recruit staff and 77% expected this to get harder. The reasons given for the difficulty in recruiting were headed by a lack of career progression, the pressure of work and low pay. Additionally managers commented on the understaffed departments and stated that the profession did not have a high profile.

2.4.7 Qualified Radiographers Working for Independent Sector Organisations

A study by the Audit Commission (1995) into NHS radiographers and radiography departments demonstrated that in most departments the consultant workload is well above the ceiling of 12,500 examinations per year specified by the College of Radiologists. In addition to the high workload, many departments have unwelcoming and cramped conditions for staff and patients and old equipment that is cumbersome to use as well as limited in scope. Whilst no studies have researched independent sector radiographers, the high workload figures and poor NHS working environment for staff may be encouraging radiographers to consider alternative, less pressurised positions in the independent sector.

2.4.8 Ethnicity Issues in Radiography

A similar imbalance has been found in terms of recruiting radiographers from minority ethnic groups. Alexander and Smyth (1996) report that of the qualified radiographers identified in the 1991 Census 10% database, 96% of respondents described themselves as white. Of the 25 non-whites, 15 were Indian and 22 were women. As both males and people from minority ethnic groups are relatively under-represented in what is seen as a 'white female' profession, they represent vitally important areas in terms of expanding the range of potential applicants to the

profession.

2.4.9 Gender Issues in Radiography

When studying those radiographers who are qualified, it soon becomes clear that the proportion of male radiographers in the profession is far from representative of the population as a whole. For example, in 1991 only 10% of registered radiographers were male (Alexander and Smyth, 1996) and by 1998 this number had fallen to 7% (Payne, 1998). In a pilot study of gender inequalities related to radiography education and career progression, Payne (1998) found strong gender differences related to career expectations and family and career advisor support. These differences reflected the traditional roles in society with men expecting women to be disadvantaged professionally because of childcare responsibilities. Although males had increased exposure to health care professions at school, Payne found gender determined roles and attitudes were still significant.

2.5 The Theory of Planned Behaviour

The ultimate aim of this study is to inform NHS policy and human resources practice. Since the focus of the study is recruitment, the underlying issue concerns *predicting* behaviour; specifically, what influences someone to join the NHS. This means the research is committed to modelling participants' future behaviours partly on the basis of their current *attitudes*.

Attitudes can be seen as being directed towards specific behaviour. They contain two components: the outcomes to the person and the value of those outcomes to the person. So, for example, a person might expect the outcomes of working in NHS nursing to involve: an opportunity to care for others, a secure job, a chance to learn new skills, emotionally demanding work, a relatively long training period, career opportunities, and belonging to an organisation which is ideologically attractive. Each such outcome will have a value (positive or negative) to the person, and the combination of these values will dictate his or her overall attitude towards working in nursing in the NHS.

Along with attitudes, one must also consider the person's perceptions of the opinions of other people who are significant to them, together with his or her motivation to

comply with those opinions. So in this case it would be necessary to ascertain whether respondents believe that people who matter to them would approve of them working as a nurse or AHP for the NHS, and how much the respondents care about that approval. This is consistent with some recent approaches to career choice which give emphasis to the influence of people in the individual's day to day community (Law, 1996). Particularly regarding lines of work with high visibility via personal experience and media exposure (such as nursing), the influence of relatives/friends and cultural context is likely to be strong.

However, it is important to stress that individuals often have alternative courses of action available to them, and even if the prospect of working in nursing/AHPs for the NHS is attractive, something else may be more so. Hence one needs to examine potential recruits' attitudes and intentions concerning potentially competing alternatives. These might include quite different kinds of work, or similar work with other employers.

Other theories also provide useful insights. Developments in attitude theory (e.g. Pratkanis and Turner, 1994) focus on the salience of attitudes in a person's life, their degree of certainty about what their attitudes are, and the degree to which they are a product of careful consideration as opposed to 'off the top of the head' impressions. Theories of the process of career decision-making (for example: Gati, 1986) alert us to the need to remember that for some people there may be certain 'knock out' factors which are so important that nothing can compensate. Hence for example for a single parent, childcare provision may be vital, and no amount of other attractions of nursing/AHPs in the NHS could induce entry if this were not available.

Given the goals of this research, the most appropriate theoretical perspective for guiding the data collection and maximising the value of findings is the *theory of planned behaviour* (Ajzen, 1991). The theory analyses the nature of attitudes and makes propositions concerning the circumstances in which attitudes predict behaviour. It has been used successfully in a range of applied settings (Ajzen 1991, Sheppard et al, 1988). Within the proposed study, interest centres on (i) the attitudes of potential nursing and AHP staff to working in those professions for the NHS, (ii)

whether positive attitudes, where they exist, get translated into action, and (iii) if not, how that link could be strengthened.

2.5.1 Background

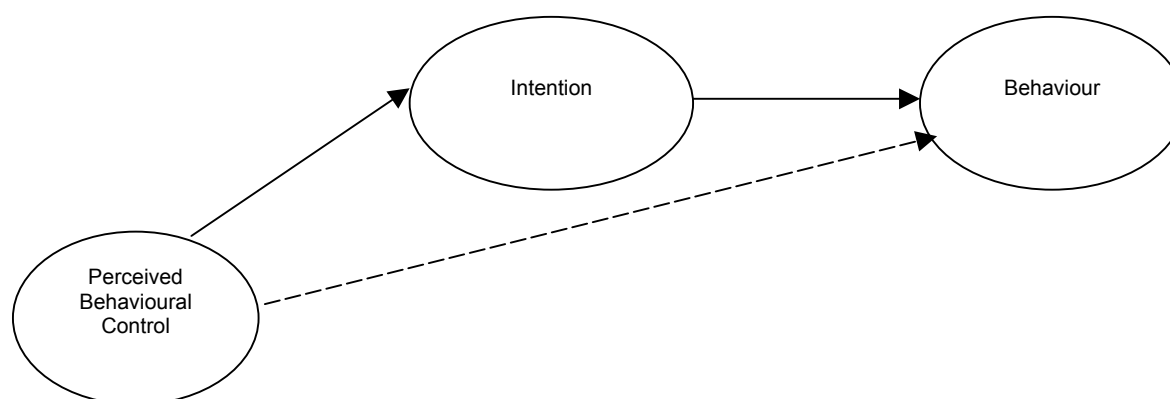
It has been argued that general attitudes have failed to adequately predict specific behaviour and as a consequence there have been calls for the attitude concept to be replaced when attempting to predict behaviour (Dalton, Johnson and Daily, 1999; Wicker, 1969). Furthermore, poor empirical relations between general personality traits and behaviour in specific situations have also suggested that the trait concept be dropped (Mischel, 1968). To address these problems, Fishbein and Ajzen (1974) suggested that aggregation of behaviours across occasions may improve predictability. Several studies have shown that general attitudes and personality traits predict aggregate behaviours better than they predict specific behaviours (Ajzen, 1988). However, the principle of aggregation does not explain behavioural variability across situations and cannot predict specific behaviours (Ajzen, 1991). The theory of planned behaviour attempts to address this problem by providing a framework in which human behaviour can be predicted and explained in specific contexts.

Intention, behaviour and behavioural control.

The key element in the theory of planned behaviour is the individual intention to perform a given behaviour. Ajzen (1991) argues that intentions capture motivational factors that influence behaviour, so the stronger the intention to engage in behaviour, the more likely its performance by the individual. However, intention will only be of value in predicting an individual behaviour if the individual can control whether to engage in the behaviour or not. Consequently, behavioural achievement depends jointly on motivation (intention) and ability (behavioural control) as shown in Figure 2.1

Perceived behavioural control.

Actual behavioural control is clearly important in determining whether an individual performs a specific behaviour: the resources and opportunities available dictate to some extent the likelihood of behavioural achievement. However, Ajzen (1991) argues that of greater interest is the perceived behavioural control an individual has

Figure 2-1: Intention, Behaviour and Behavioural Control

over performing a specific behaviour. Perceived behavioural control refers to people's perception of the ease or difficulty of performing the behaviour of interest. The theory suggests that it is possible to predict behaviour directly using perceived behavioural control and behavioural intention. There are two rationales for this contention:

Holding intention constant, the effort expended to bring a course of behaviour to a successful conclusion increases with perceived behavioural control. For example, the learner skier, confident in their own ability to learn to ski, is more likely to persevere than the less confident skier. Secondly, perceived behavioural control can be used as substitute for actual control. The extent to which perceived behavioural control is realistic can be used to predict the probability of a successful behavioural attempt.

Conditions for predicting behaviour

In order for the theory to provide accurate predictions of behaviour a number of conditions have to be satisfied:

Measures of intention and perceived behavioural control must correspond with the behaviour that is to be predicted. For example, if the behaviour to be predicted is an individual's intention to become a nurse in the NHS then it is intention to '*become a nurse in the NHS*' that must be assessed and not '*intentions to become a nurse*' in general or '*intentions to work in the NHS*'. Intentions and perceived behavioural control must remain stable in the interval between their assessment and observation of the behaviour. Prediction of behaviour from perceived behavioural control is related

to the extent to which perceptions of behavioural control realistically reflect actual control. The relative importance of both intentions and perceived behavioural control will vary across situations and different behaviours. Both elements can contribute to predicting behaviour but these may vary in importance to the extent that on occasion only one of the predictors may be needed.

Predicting intentions: attitudes, subjective norms and perceived behavioural control.

The theory of planned behaviour proposes that there are three principal determinants of intention:

Attitude towards the behaviour: The degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question.

Subjective norm: The perceived social pressure to perform or not to perform the behaviour.

Perceived behavioural control: The perceived ease or difficulty of performing the behaviour based on past experience as well as anticipated impediments and obstacles.

It is assumed that relative importance of these three influencing factors will vary across behaviours and situations and not all of the factors may be required to accurately predict behaviour. The relationship between the determinants and intention are shown in Figure 2.2.

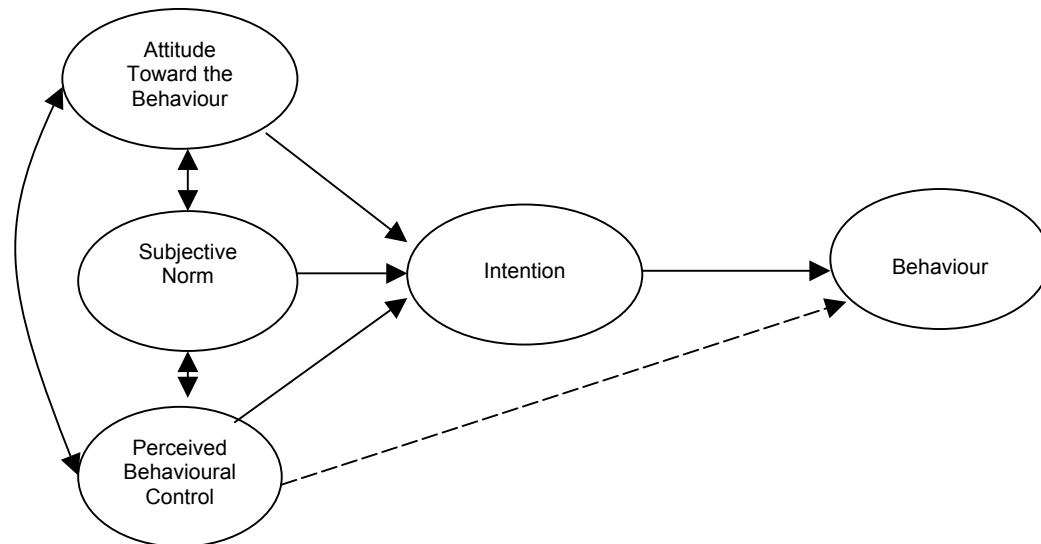
The antecedents of attitudes, subjective norms and perceived behavioural control are thought to be based on a person's salient beliefs. These beliefs are considered to be the prevailing determinants of a person's intentions and actions. Ajzen (1991) states that three types of salient beliefs can be identified:

Behavioural beliefs: assumed to influence attitudes towards the behaviour.

Normative beliefs: constitute the underlying determinants of subjective norms.

Control beliefs: provide the basis for perceptions of behavioural control.

Figure 2-2: Determinants of Intention: Attitudes, Subjective Norms and Perceived Behavioural Control



Behavioural beliefs

We form beliefs about an object by associating it with certain attributes, i.e. with other characteristics or events. In the case of attitudes toward a behaviour, each belief links the behaviour to a certain outcome, or to some other attribute such as the cost incurred by performing the behaviour. The attributes linked to the behaviour are already valued positively or negatively because the behaviour is associated with a particular outcome. We automatically therefore simultaneously acquire an attitude towards the behaviour. Hence we favour behaviours with desirable consequences and form unfavourable attitudes toward behaviours we associate with unfavourable consequences.

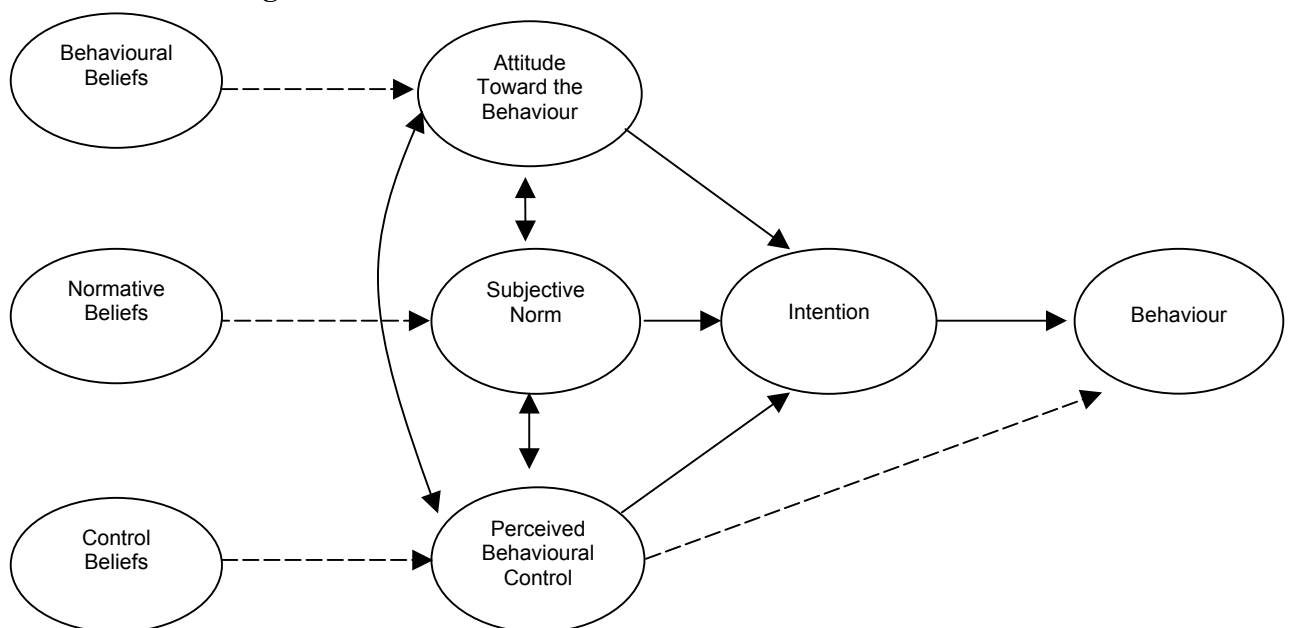
Normative beliefs and subjective norms

Normative beliefs are concerned with the likelihood that important referent individuals or groups approve or disapprove of performing a given behaviour. Ajzen (1991: p.195) suggests that a global measure of subject norms would be obtained by asking respondents to rate the extent to which 'important others' would approve or disapprove of their performing a particular behaviour.

Control beliefs and perceived behavioural control

This set of beliefs deals with the presence or absence of requisite resources and opportunities that ultimately determine an individual's intention and action. Control beliefs may be based on past experience with the behaviour, by second hand information, by the experiences of acquaintances and friends and by other factors that either increase or reduce the perceived difficulty of performing the behaviour. The more opportunities individuals believe they possess and the fewer obstacles or impediments they anticipate, the greater should be their perceived control over the behaviour. Figure 2.3 shows the integration of these three sets of beliefs and how they relate to the theory of planned behaviour.

Figure 2-3: Theory of Planned Behaviour Showing Belief Foundations for Factors Influencing Intention and Behaviour



Ajzen (1991) acknowledges that there are a number of possible criticisms of the theory of planned behaviour. It has been argued that the theory distinguishes between three types of beliefs, (behavioural, normative and control) and between the related constructs of attitude, subjective norm and perceived behavioural control. Some researchers have questioned the necessity of these distinctions (for example: Miniard and Cohen, 1981) and have argued that an integration of all the beliefs about a single behaviour to obtain a measure of overall behavioural disposition would be more

helpful. However, Ajzen (1991) counters this argument by suggesting that such an approach would blur distinctions of interest on both a practical and theoretical level.

Another criticism levelled at the theory is that it should also consider personal feelings of moral obligation or responsibility to perform a particular behaviour as well as perceived social pressures (Gorsuch and Ortberg, 1983). Ajzen (1991) concedes that this approach has been shown to improve the predictive power of the theory in certain contexts (for example: Beck and Ajzen, 1991) and advocates its inclusion. However, while there have been criticisms of the theory (Eagly and Chaiken, 1993) and arguments for further refinements Terry et al (1999), the theory of reasoned action and the theory of planned behaviour stand out as two of the most widely utilised models of behaviour prediction over the last 10 years (Conner and Armitage, 1998).

Sutton (1998: p.1333) reports that the theories of reasoned action and planned behaviour *'explain on average between 40% and 50% of the variance in intention and between 19% and 38% of the variance in behaviour.'* Although these results may on first sight appear less than impressive, it should be noted that an effect size equivalent of explaining 10% of the variance may be extremely worthwhile from a practical viewpoint. Furthermore, Sutton (1998) emphasises that due to the difficulties of accurate prediction, explaining 100% of the variance is never achievable in practice.

The theory has been successfully used in numerous studies associated with recruitment and retention. For example, the theory was used by Lane et al. (1988) to predict nurses' intentions to leave the profession and Krausz et al. (1995) to predict nurses' intentions to leave the ward, hospital and the profession. Similarly, Powell and Goulet (1996) successfully used the theory of reasoned action to predict employment decisions from campus interviews. They conclude that the theory is applicable to the recruitment process. The success of these studies provides strong support for the continuing use of the theory of reasoned action and its updated version, the theory of planned behaviour, in studying behaviour in relation to recruitment and retention.

Recent reviews of the theory of planned behaviour by Ajzen (2001) and Armitage and Conner (2001) have reinforced many of the points already made. Armitage and Conner conducted a meta-analysis of tests of the theory. Based on a total sample of nearly a million people across many research studies, they found that the combination of attitude, subjective norm and perceived behavioural control correlated .63 with behavioural intention. They also found that intention plus perceived behavioural control correlated .52 with actual behaviour. These are impressive findings. Subjective norm appeared to be a relatively weak link. Armitage and Conner considered that this was partly due to a tendency to measure it with only one question, but there may also be other reasons. For example, in Western culture we may be unwilling to admit that the opinions of other people influence us, even if they really do. Also, we may surround ourselves with people who generally agree with us, so that subjective norm isn't much different from attitude.

2.6 Identities

In trying to understand the relationships between self-identity and the perceived identity of organisations and professions, Stets and Burke (2000) suggest that the concepts of identity theory and social identity theory although distinct can be linked to establish a more integrated view of the self.

2.6.1 Identity Theory and Social Identity Theory

In both theories a key element is how people conceptualise the self. In both cases, the self is reflexive in that it can take itself as an object and can categorise, classify or name itself in relation to other social categories or classifications. This process is termed self-categorisation in social identity theory (Turner et al., 1987) and identification in identity theory (McCall and Simmons, 1978). In the former, a social identity is a person's knowledge that he or she belongs to a particular social category or group (Hogg and Abrams, 1988). Through a social comparison process, people who are similar to the self are included in the in-group with the self and those people who differ from the self are categorised as the out-group. Stets and Burke (2000: p.225) highlight two important processes involved in social identity formation leading to different consequences, namely self-categorisation and social comparison. They state that:

'The consequence of self categorisation is an accentuation of the perceived similarities between the self and other in-group members and an accentuation of the perceived differences between the self and out-group members'.

By contrast, they state that:

'The consequence of the social comparison process is the selective application of the accentuation effect, primarily to those dimensions that will result in self-enhancing outcomes for the self. Specifically, one's self esteem is enhanced by evaluating the in-group and the out-group on dimensions that lead the in-group to be judged positively and the out-group to be judged negatively'.

In identity theory, self-categorisation is equally important to the formation of one's identity in which categorisation depends on a named and classified world (Stryker, 1980). The symbols that are used to designate positions in a relatively stable social structure are referred to as roles. People acting in the context of a social structure name one another and themselves by recognising one another as occupants of certain positions or roles (Berger 1991). By designating people and oneself to certain roles, expectations with regard to behaviour are also assigned (McCall and Simmons, 1978).

As well as considering group and role identities it is also necessary to consider these identifies in relation to the person identity. In social identity theory, the person identity is the lowest level of self-categorisation (Brewer, 1991). It is the categorisation of the self as a unique entity, distinct from other individuals. The individual acts in terms of his or her own goals and desires rather than as a member of a group. Identity theorists conceptualise the person identity in a similar way. They argue that the person identity is a set of meanings that are tied to and sustain the self as an individual and that these self-meanings operate across various roles and situations (Stets, 1995).

It has been suggested that for the most part the differences between the two theories

are a matter of emphasis rather than being of great substance. In essence,

'The differences originated in a view of the group as the basis for identity (who one is) held by social identity theory and in a view of the role as a basis for identity (what one does) held by identity theory. We suggest that being and doing are both central features of one's identity'. Stets and Burke (2000: p.234)

In studying a person's attraction to the NHS as an organisation, macro level analysis may provide useful insights to examine:

1. Whether the likelihood of a person joining the NHS increases if the person identifies with the NHS;
2. Whether the person is committed to a role identity in the NHS (for example: providing nursing care);
3. Whether the person sees the NHS as being in line with the important dimensions by which they define themselves.

Similarly, at a micro level the analysis may help to explain:

1. Why people choose a particular profession;
2. What elements of the roles they perform give them particular satisfaction and confidence;
3. How important the verification of a person's identity is in terms of authenticity.

The possible linkages between the individual and organisational identity, such as between the individual and the NHS, have also been addressed in recent literature, to which we now turn. A brief summary of how this theory is being developed is provided in the next section.

2.6.2 Individual and Organisational Identity

While we have discussed the nature of individual identity we have not addressed the concept of organisational identity. In simple terms the concept of organisational identity refers to how organisational members perceive and understand 'who we are' and 'what we stand for' as an organisation (Hatch and Schultz, 2000) and most views of organisational identity are based on a version of social identity theory. A frequently cited definition has been provided by Albert and Whetten (1985: p.292) who refer to organisational identity as the organisation's 'central, distinctive and enduring aspects'.

They also raise the issue of organisations having multiple identities and develop the model of the dual identity organisation (for example, universities). They argue that the dual identity organisation is both normative (centred on cultural, educational and expressive functions) and utilitarian (orientated towards production). This is synonymous with Mintzberg's (1990) description of professionalised bureaucracies. One of the differences in recent approaches to studying organisational identity is distinguishing between researchers who are interested in 'identity of' as opposed to those concerned with 'identification with' the organisation (Whetten and Godfrey, 1998). This section concerns the latter approach.

The key issue in studying a persons' 'identification with' an organisation is the interrelationship between personal and social aspects of identity construction (Brewer and Gardener, 1996). Organisational identification has been defined as:

'The degree to which a member defines him or herself by the same attributes that he or she believes define the organisation' (Dutton et al., 1994: p.239).

Key dimensions include: perception of belonging; congruence between goals and values; positive evaluation of membership, need for affiliation; perceived benefits of membership; perceived support; perceived acknowledgement; perceived acceptance; perceived security; have pride and involvement; acknowledgement and perceived opportunities; and like-mindedness/congruence (Van Riel, 1995; Smidts et al., 1998).

The reputation of an organisation has also been identified as one of the key factors that can affect the likelihood of potential applicants choosing to apply to work for it (Fombrun, 1996; Turban et al., 1998). Similarly, general company reputation has been found to be an important influence on applicants' assessments of their fit with firms (Rynes et al., 1991). For example, Turban et al. (1998) found that applicants' general assessment of the reputation of the organisation influenced their perceptions of the specific attributes of a post, even after they had been interviewed for it. Fombrun (1996) described reputation as representing the 'net' affective or emotional reaction of customers, investors, employees and the general public to the organisation's name. It is the collection of personal judgements and evaluations of the organisation concerning, for example, its credibility, reliability, responsibility and trustworthiness. He argues that reputation is of particular concern to people seeking employment in knowledge-based institutions, such as hospitals and universities, because the services they provide are largely intangible. However, although the importance of corporate reputation to the recruitment and retention of staff to commercial firms has been well documented in the literature (for example: Gatewood et al., 1993; Cable and Graham, 2000; Turban, 2001), relatively little attention has focused on its impact for public sector organisations.

Dukerich and Carter (2000) differentiate between the reputation of the organisation and the external image. In their approach, the former represents outsiders' views of the organisation, whereas the latter represents how organisational members think outsiders view the organisation. When a mismatch occurs between how outsiders see an organisation and what organisational members believe that reputation to be, then managing the reputation of the organisation can prove difficult. Reputations are derived from stakeholder perceptions. As Dukerich and Carter (2000, p. 99) have noted, *'it is less important whether the organisation is in fact at fault when stakeholders send negative reputation signals than whether the stakeholders perceive the organisation to be at fault.'* This management of reputation is further complicated because organisations usually present many possibly conflicting images, not just one (Thompson, 1967). Multiple audiences or stakeholders therefore, will have different images of the same organisation (Riordan et al., 1997).

Many other writers depart from Dukerich and Carter's definition of image, construing it instead as simply the outsiders' perceptions of an organisation, independent of what insiders believe those perceptions to be. That is the approach adopted here. Drawing on Gray and Balmer (1998), we construe images as being what comes to mind when one sees or hears the organisation's name. Reputation is in effect the estimation of the organisation arising largely from images. Hatch and Schultz (1997) argue that images arise both from individual or group sense-making and from communication by the organisation of a desired picture of itself. Senior managers are certainly concerned that the NHS should communicate that desired picture. In 2001 the then deputy HR Director for the NHS declared that *'the NHS brand, as an employer, had to be sold much more vigorously, on an ongoing basis at all levels...we need to re-establish pride in the product'* (Barnett, 2001). There is some evidence that corporate reputation as an employer can indeed be enhanced by advertising campaigns that promote the organisation as a whole, and by ensuring that media communications are appropriate (Turban, 1996).

Additional concepts relevant to our concerns are organisational identity and identification. Again, there are alternative definitions of identity available (see for example Davies and Miles, 1998). Drawing on Albert and Whetten's (1985) influential work, we take identity to refer to what is central, enduring and distinctive about an organisation's character as perceived by its members. Dutton et al. (1994: 240) define organisation identification as when *'a person's self-concept contains the same attributes as those in the perceived organisational identity'*. So when employees identify strongly with an organisation, the attributes they use to define the organisation also define them. People therefore may feel proud to belong to an organisation that is believed to have socially valued characteristics. Conversely, if the organisation suffers from negative images, then employees may experience negative personal outcomes, such as depression and stress. Outsiders too may judge employees by the characteristics attributed to the organisation through its reputation. Newspaper articles, radio or television news, as well as other printed material such as magazines or trade journals, provide outsiders with impressions upon which images and reputations can be built. They also provide organisational members with cues as to how their stakeholders view the organisation's reputation (Dukerich and Carter,

2000). Consequently, Dutton et al. (1994: 241) have concluded that, *'as the media publicises information about an organisation, public impressions of the organisation and of the organisation's members become part of the currency through which member's self concepts and identification are built or are eroded.'*

Some of the issues mentioned above have a particular relevance to the National Health Service. The NHS is highly visible to a very large percentage of the UK population. It is the subject of huge volumes of media coverage, often to the media's agendas. It is the UK's largest employer, so many people are currently working in it and many more have done so at some point in their lives. Almost everyone uses the NHS, and some use it frequently. Health is an important personal issue, and consequently also a hot political issue. In short, the NHS is continuously exposed to a wide range of different stakeholders, either working for it or as clients for its services, many of whom may feel they have a personal interest in its quality, service provision and ultimately, reputation. All this means that image and reputation are likely to be particularly difficult to control for the NHS. People have diverse, vivid and intensely personal experiences of it. To use Gray and Balmer's (1998) term, the 'routine interactions' that outsiders have with the NHS are likely to be very important in shaping image and reputation. Corporate communications are likely to be received with scepticism when they do not match personal experience. The interdependence between image and identity will probably be particularly strong, as the large number of people who work in the NHS tell outsiders what it's like for them, whilst the outsiders tell the insiders how it seems from where they are.

When people consider whether or not to work for the NHS, they will usually also have an occupation in mind. In fact, for many public sector workers it seems that the sector in which they work is less important than the activities and mission associated with their occupation (Audit Commission, 2002). So for some people the images and reputation of the NHS may be less than crucial to their decision of whether to work for it. On the other hand, it also seems implausible that the reputation of the NHS will be irrelevant. This is for two rather paradoxical reasons. The first is that a substantial number of health professionals are employed by private sector organisations, including some who work in NHS settings. Some people therefore have a choice

about whether to work *for* (as opposed to *in*) the NHS. Their image of the NHS may well affect their choice. Second, people who train in nursing or the AHPs almost always experience work placements in the NHS and most are subsequently employed by it, at least for a time. So, for the not-yet-qualified, images of the NHS are likely to affect their career decisions because they are going to have to work in it and usually for it.

How might images of the NHS influence career decisions? Choice of organisation is sometimes seen as a neglected aspect of career theory (Osborn, 1990) but is likely to be governed by similar factors. One perspective is to view the choice in terms of expectancy theory (see Greenhaus, Callanan and Godshalk, 2000, chapter 7). This views behavioural choice as a function of (i) the extent to which a person feels confident in their ability to perform successfully the action they are considering (expectancy); (ii) the perceived probability that performing that action will lead to certain outcomes (instrumentality) and (iii) the value to that person of those outcomes (for example, rewards) (valence). Negative images of the NHS might attack all three elements. For example, perceiving the NHS to be short-staffed may lead a person to doubt his or her ability to cope. If the person values a close caring relationship with patients, an image of the NHS as short-staffed may also lead the person to doubt whether working in the NHS as a nurse or AHP will permit that - thus undermining both instrumentality and valence. More generally, if a person values the esteem and respect of others, then working for an organisation which is positively regarded will be important. In fact, there is some reason to suspect that those who work in healthcare professions in the NHS are indeed admired and respected, though (perhaps crucially) not envied, at least if they are nurses (Foskett and Hemsley-Brown, 1998). So for all these reasons, as well as the work of Turban and Gatewood and colleagues already discussed, we might expect reputation to affect people's decisions to work (or not) in the NHS as a nurse or AHP.

2.6.3 Links Between Ethnic Identity and Vocation

Vocational maturity is generally defined as the extent to which an individual succeeds in mastering the tasks appropriate to his or her stage of career development (Betz, 1988). Super (1983) argues that in the case of adolescents that the two

principal tasks of vocational development are career planning and career exploration. The former refers to the degree to which a person engages in specific activities that result in the knowledge of the kind of work that they would like to do, while the latter refers to the attitudinal stance taken with regard to the different sources of occupational information (Perron et al., 1998).

Although the vocational development of ethnic minorities has only started to receive substantial attention over the last few years (for example: Tinsley, 1994; Leong, 1995; Osipow and Fitzgerald, 1996), criticism of applying traditional career development theory to these groups has been offered for some time. Osipow and Fitzgerald (1996) argued that career theory is inappropriate for some ethnic minorities and that studies dealing with ethnic minorities are difficult to interpret because they often confound social class and ethnic minority status (for example: Arbona, 1990; Luzzo, 1992). Also, some studies that use aggregate groupings that obscure the differences among ethnic minorities (for example: Arbona, 1990; Fukuyama, 1991). Phinney (1996) has demonstrated that ethnic identity increases with age and is lower for white majority students than ethnic minority students.

Persons with a strong sense of ethnic identity, particularly when they belong to a minority group, may see barriers to career development (Leong and Chou, 1994). Minority group members score well in early vocational development. However, this group then falls behind the majority group by the time career decisions and the beginning of work are imminent. Perron et al. (1998) suggest that these findings may be related to the educational aspirations of the respondents and their parents. They also suggest that the higher level of information seeking behaviour in the minority group can be interpreted as a preventive strategy against discrimination (Leong and Chou, 1994).

2.7 Career Choices

There is a large and diverse literature on career choice in which 'career' is usually construed as being an occupation or line of work. Theories and practical approaches can roughly be divided into three types: (i) person-occupation matching models; (ii) human developmental models; (iii) decision-making and decision-implementation

process models (see Arnold, 1997; Greenhaus et al, 2000). Each of these offers some insights that can help to inform the present project, which can be thought of as belonging to the third group just mentioned. However, little other work of this genre has used the theory of planned behaviour, even though that theory has been shown to be an effective tool for linking internal psychological processes with subsequent behaviour.

The dominant *person-occupation matching model* is that of John Holland, though Holland has always insisted that matching isn't all that his theory is about (see Holland, 1997, for its latest version). Briefly, Holland specifies six 'pure types' of person, and also six corresponding pure types of occupational environment. This is legitimised by the argument that occupational environments are effectively determined by the people who populate them. He acknowledges that no individual person or occupation exactly fits any single type, but asserts that they resemble the types to differing degrees. He therefore proposes that each person and each occupation can helpfully be described in terms of a 'three-letter code' which reflects, in descending order, the three types they resemble most strongly. Holland and colleagues have developed a massive database and three-letter coding guide to a very large number of occupations (Gottfredson and Holland, 1996). The basis of effective occupational choice is a good match between a person's three letter code and that of the occupation they are in, although Holland is very clear that there is room for manoeuvre and he encourages people to consider occupations that are similar to but not identical to their personal three-letter code

In very brief terms, the six types are:

Realistic [R] – prefers physical activity

Investigative [I] – likes abstract thinking and reasoning

Artistic [A] – focuses on self-expression and creative activity

Social [S] – likes helping and developing others

Enterprising [E] – enjoys persuading and influencing others

Conventional [C] – likes rules, systems and order.

Clearly, nursing and AHP occupations fall into the Social type, and so do many

individual nurses and allied health professionals. For example, Holland lists general nursing as SIA, physiotherapy as SIE, and radiography as SRI. However, there are many other occupations with similar codes. These include, for examples, many other health and social care occupations such as teaching, nursery nursing, probation, optometry, dentistry and dental hygiene, social and community work, religious ministry, employee welfare, and counselling. But similarly coded occupations also include other kinds of work such as hairdressing, police and security work, librarianship, personnel recruitment, and (more esoterically) professional athlete/coach, border guard and television director! This emphasises the abundance of possibly attractive alternatives open to people who might be interested in nursing or an AHP. There are plenty of other occupations with which they would probably fit in terms of personality. This means that the NHS faces stiff competition in attracting people not only into the NHS as an organisation, but also into nursing and AHPs as occupations.

Developmental approaches to career choice emphasise how people's sense of self and the developmental issues they face evolve throughout the lifespan. Early models linked stages or phases of development closely to age (e.g. Super, 1957), but subsequently many theorists in this area modified their approaches to reflect the reality that people's lives follow quite diverse and unpredictable courses (e.g. Arthur et al, 1999) and phases cannot be tied closely to age. So for example whereas early theories saw the late teens and early twenties as the only time when people clarify their sense of self and choose and get established in an occupation, later formulations recognise that self-concepts change during adulthood too. Occupational and other life choices are often re-made in later life, frequently under conditions of considerable constraint. Hence it is realistic to expect that people of all ages may be interested in nursing or AHP work in the NHS, even if their earlier occupational history was in quite different areas. However, they may be at a time of life when family and other concerns loom larger in their life-space than careers (Super, 1990). Hence it is likely to be important to make it possible to enter the NHS without sacrificing other valued elements of their lives.

To the extent that age-specific phenomena do apply, it seems that these too may

favour the entry of older people into nursing and AHPs. There is a lot of theory, and some data, to suggest that whilst the notion of mid-life crisis is a little exaggerated, a lot of people do re-appraise their lives around their late 30s or early 40s. For men especially, this may reveal a more nurturing and less achievement and status-orientated view of life (Fondas, 1996). This is sometimes linked with a need for generativity, which in a self-centred form reflects a concern to be remembered for doing something worthwhile, and in a more altruistic form means caring for and developing the next generation. Again, this is consistent with nursing and AHP work, though also some others. People keen to move into caring type work at midlife may well be more realistic than younger ones about what to expect from the world of work, though also possibly more clear-minded about what they will and will not put up with. This might mean that such individuals will tend to have a clear sense of what nursing/AHP work in the NHS is like, and also a clear sense of how they evaluate that information.

Finally in this brief review of relevant career theories, we come to process models of decision-making and decision-implementation. Many of these focus on college students and the decision difficulties they face (e.g. Gordon, 1998). These include lack of clarity of self-concept, decision-making anxiety, a lack of knowledge of what people in different occupations actually do, difficulty in choosing between two or more attractive options, and a lack of self-confidence. It is clear that self-belief in abilities to tackle career-related tasks and to undertake the activities required in any given occupation (in the academic jargon this is often called self-efficacy) is a key to effective occupational decision-making (Lent et al, 1996). There is a recognition that some people make career decisions in a systematic rational way whereas others are more intuitive, though not necessarily less well-informed. Some models of career decision-making (e.g. Gati, 1986) suggest that some factors (e.g. pay) can be knock-out factors that prevent an occupation being considered further even if it has many other positive features. Possible implications for the current project are that for some people, even if they see attractive aspects of working as a nurse or AHP in the NHS, may be irretrievably put off by some other highly unattractive feature. Others may like most things they see, but have problems making decisions and therefore not translate positive impressions into positive intentions.

Foskett and Hemsley-Brown (2001) note that choices form over many years and are often based on ideas developed early in childhood, while career guidance tends to be targeted at 14/15 years old. But at this stage students are seeking information to bolster choices already implicitly made.

There is good evidence that when people enter a new job or occupation, they often experience some ‘reality shock’ when they see what things are really like as opposed to the image they have been sold (Phillips, 1998). This is not confined to young people entering the labour market for the first time. In most cases, people who believe they have made a positive choice to enter an occupation (as opposed to entering it because there was nothing much else available) tend to be more committed, if only because they say to themselves ‘I could have done other things but I chose this so I must like it’. However, finding that one had unrealistic expectations, and particularly a belief that one has been misled, can very rapidly turn people off that occupation or organisation and lead to their quick departure (Morrison and Robinson, 1997). For the NHS, keen to recruit and retain staff, it is tempting to paint a very attractive picture of what NHS working life is like. But this may well be counter-productive if the picture is perceived to be inaccurate either through personal experience or through the experience of others. So telling like it is (a so-called realistic job preview, Wanous, 1989), is important for retention, even if it does lead a few people to withdraw from the application process because they no longer like the sound of NHS work.

2.8 Perceptions and Experiences of the NHS and the Professions in Terms of Ethnicity and Gender

2.8.1 Ethnic Issues in Career Choice and Development

Basit (1996) argues that migrants in general are more ambitious than their counterparts from similar social and cultural backgrounds in their country of origin. Once settled in their adopted country, they strive for upward social mobility although many encounter disappointment because of lack of appropriate qualifications and

training. This may translate into their adopting high educational and career aspirations for their children. Despite this, research has shown that young ethnic minority people in Britain have only a slightly improved position from that of their parents. There is extensive discrimination against them and their search for jobs is less successful, even when they have equivalent or better qualifications than their indigenous counterparts (Troyna and Smith, 1983; Drew et al., 1991). In the case of young women, discrimination is compounded by the dual effect of race and gender inequality (Brah and Shaw, 1992). However, despite this depressing situation, ethnic-minority women have particularly high expectations of the labour market (Mirza, 1992) and tend to be unaware of the racism they will encounter in the workplace (Ullah, 1985; Basit, 1996). Similarly, ethnic minorities appear to have a firm belief in upward social mobility through education and careers. Many parents encourage their children to achieve a good standard of education in the belief that they will evade or overcome discrimination as a result (Basit, 1996).

Many vocational researchers interested in the career development of women and people of colour have noted the potentially strong influence of perceived barriers in the formulation and pursuit of educational and career goals (McWhirter, 1997). Arbona (1990) and Leong (1985) argue that perceived barriers to educational and career goals are especially important in understanding the gap between ability and occupational attainment among ethnic minority groups. However, it has also been noted that while gender or ethnicity have been considered in prior studies few studies have actually studied both factors together (McWhirter, 1997).

2.8.2 Gender Issues In Career Choice and Development

Study of gender segregation has encouraged research into the circumstances in which women move into jobs previously designated as male. In the last two decades there has been a significant movement of women into traditionally male areas (Reskin and Roos, 1990). However, much less attention has been given to the movement of men into women's jobs (Bradley, 1993). Bradley (1989) argues that it is easier for women to push into men's jobs than for men into women's. She argues that the threat to masculinity in entering a women's area is much greater because of the greater visibility and stigmatisation of male homosexuality. Donnison (1988: p.60) states that

men who entered midwifery in the 1830s were denounced in a series of populist pamphlets that portrayed the man-midwife ‘both as a homosexual and as a full time lecher’. Bradley (1993: p.15) also reports that the same derogation has been aimed at male nurses, seen stereotypically according to an officer of one of the British nursing unions as either ‘raving gay or a complete Don Juan.’

Bradley argues that nursing retains its female image. When Nightingale and others reformed the profession, the women who ran the profession worked hard to keep the men out of most areas of nursing. Indeed, the Royal Collage of Nursing refused to admit men until after the post war period and even then, their chances of advancement were limited by the 1919 Nurses Act (Bellaby and Oribabor, 1980). The reforms of the NHS in the 1960s opened up the route for men to enter nursing. However, they were frequently seen to possess managerial aptitudes and ended up in higher grades away from front line nursing.

Bradley (1993) notes that there are three main factors influencing male decisions to enter female dominated occupations. The first is the presence or absence of an economic incentive, which can be a function of career prospects, or labour market opportunity. The second key issue is that of damaged masculinity, which may result from entering a woman’s job. The third issue is that of technological change. Bradley argues that technological change is not critical, but it is an important influence on gender in employment.

2.9 Employment Issues

Employment issues such as promotion, workload and pay will also determine the relative attractiveness of an organisation. Attempting to provide an equal if not greater attractiveness in these respects is clearly desirable if an organisation is to be successful in recruitment and retention (March and Simon 1958).

2.9.1 Promotion

In Seccombe et al.’s (1997) survey of nurses, 56% of those who had left the NHS did so in order to gain promotion. Promotion together with gaining experience in a new speciality (69%), better training and development opportunities (60%) and to get

more recognition (53%) were the main reasons given for leaving the NHS.

Men are more concentrated in higher grade nursing posts relative to their numbers. This gender difference was studied by Lane (1999) who found, far from a promotional career structure, that women returning to nursing experienced downward occupational mobility. Her interviews with managers revealed a range of views varying from some managers who considered that the fact that part-timers were in low grades required action, to managers who claimed that part-timers were not committed to their work and thereby justified a low status.

Wilson (1998) compared employment opportunities in relation to gender in four organisations, one of which was an NHS Trust. Although the Trust was perceived as exceptional within the NHS, the management style actively promoted by the chief executive, a woman, seemed to value people. Staff were trusted, expected to learn from mistakes rather than be blamed, innovation was welcome and staff were acknowledged and rewarded. Consequently no 'glass ceiling' to promotion was evident for either gender.

2.9.2 Pay

Over the 1990s nurses appear to have become increasingly dissatisfied with their pay (Smith and Seccombe, 1997). This was expressed by 45% of all nurses but by even more (84%) newly qualified nurses. In addition a high proportion of nurses are on the top increment of their pay scale and do not receive annual increments - the number of posts in the top grades has also decreased. Both of these affect promotion prospects. In a survey of nurses who had left their jobs, Smith and Seccombe (1998) reported that pay was rated as the second most important factor (after better resources to do the job) to reduce likelihood of leaving. If the image and reality of the NHS are poor in relation to pay it will not be seen as an attractive organisation to work in. The key findings on pay were a) opportunities for progression by NHS nurses have deteriorated b) newly qualified nurses were making slower progress through the clinical grades. These resulted in a lack of increase in pay. In addition two thirds of NHS nurses are on the top increment point of their pay scale. Hospital based nurses, those on full-time work and those on rotating shifts were least satisfied with their pay.

Snell argues for an examination of career ladders, pay systems and ways of rewarding older nurses who have continued to acquire skills after reaching the top increment of their salary scale. *'Employers facing skills shortages and recruitment problems cannot afford to squander the experience of older staff by pensioning so many of them off early'* (Snell, 2000: p.28). If there were more scope for employing older workers flexibly and paying adequate rewards for valuable skills and knowledge perhaps less of these staff would be inclined to retire as early as they do.

Ward's (2000b) study of MLSOs suggested that job satisfaction has fallen dramatically. Though he sees job satisfaction as more important than salary because most people come into the health service for reasons other than money, money is always mentioned in exit interviews.

2.9.3 Workload

Secombe et al. (1997) studied the perceptions of nurses on workload stress, by analysing responses to the following three statements: 'My workload is too heavy', 'I have to work very hard in my job' and 'I feel I am under too much pressure at work'. Over half of all nurses in the survey agreed with 'My workload is too heavy' with a higher proportion of nurses in the NHS agreeing than nurses from other sectors. Two thirds of nurses working excess hours agreed with this statement compared to two fifths of those not working excess hours. For these same two groups one third of those not working excess hours and half of those working excess hours felt 'under too much pressure at work'. Similar themes were identified in the recent RCN membership surveys in 2001 and 2002 both of which reported that around 15 percent of RCN members thought their workload was **not** too heavy (RCN Employment Survey, 2001 and 2002). These findings suggest that nurses' perception of overwork is related to the amount of excess hours they are required, or choose, to work. If the supply of nurses were greater, this would reduce the necessity for extra hours working and alleviate the additional pressure this brings. One message coming from staff (and which is probably transmitted to the patients they treat), is that nurses are overworked. This is clearly a negative message for potential recruits to the profession.

Three fifths of nurses in the Smith and Secombe (1997) survey reported working

excess hours in their previous working week and 63 percent of RCN members reported that they had worked more than their contracted hours in the previous week (RCN Employment Survey, 2002). This was both to cover for unplanned peaks in workload and a result of staff shortages. The number of nurses holding second jobs also doubled to one in three between 1991 and 1997 (Smith and Seccombe, 1997) with 29 percent reporting that they held an additional job in 2002 (RCN Employment Survey, 2002). The proportion of nurses undertaking additional 'bank' work is also rising. This reflects the difficulty employers have in recruitment, but also indicates that nurses want to be paid for any additional hours they work.

As with AHPs, workloads and stress levels are seen as increasing but with little or no extra reward or acknowledgement (Staff Side Evidence, 2001). Seventy percent of respondents felt that their department was inadequately staffed and even more said that they believed that their workload had increased over the last year. Fifty four percent regularly worked overtime and few took a full lunch. The workload in radiography had increased by 18% over five years (Royal College of Radiologists, 1998) although the treatment machine capacity had only increased by 3.6%. The workload increase has been due not only to advances in treatment regimes and equipment sophistication but also in the increasing incidence of cancer. This increase requires more staff hours and a 5% increase in future workload planning.

Workload is also related to decisions about whether to remain in employment. In Seccombe et al.'s (1997) survey of nurses two thirds of respondents indicated that they could find employment that involved less work for the same amount of pay.

All this suggests that where employees communicate to potential applicants, they are likely to describe a situation where pay is not good and workloads are high. These negative images will not portray the NHS as a desirable place to work and so recruitment will continue to be a problem.

2.10 Policies Supporting Equal Opportunities,

Employment Flexibility and Diversity

2.10.1 Equal Opportunities

Equality of opportunity can be looked at in terms of race, gender, disability and age. If policies (and more importantly *practices*) supporting equal opportunity are not seen as effective, perceived available opportunity for disadvantaged groups will be low. Where employees are in demand, it is important to ensure that there is equality of opportunity in practice.

Equality of opportunity for all races is a recurrent theme. Foolchand (2000) reviews the Circulars and Policies released by the Department of Health, United Kingdom Central Council for Nursing Midwifery and Health Visiting and English National Board for Nursing, Midwifery and Health Visiting in terms of their contribution to the development, implementation and evaluation of equal opportunities, multi-cultural and anti-racist issues in nurse education. The review concludes that the major policies have marginalized or neglected equal opportunities and multicultural issues. However some institutions have made inroads towards implementing equal opportunities and anti-racism in their curriculum. Although direct discrimination against ethnic minorities is hard to establish, equally well or better qualified ethnic minority graduates are only half as likely to receive job offers as white graduates. Once employed, ethnic minority employees find progress, as with the 'glass ceiling' for female employees, impeded by a 'cement roof' (Equal Opportunities Review, 1999).

'Nearly one in ten of all nurses in our sample report having suffered racial harassment from work colleagues, and more than one in five report such abuse from patients (or their families) while at work. Among ethnic minority nurses the incidence is much higher - nearly 40 per cent have been victims of racial harassment by work colleagues and over 60 per cent have suffered such abuse from patients (or their families).'

Gender equality is more a frequent theme than race equality in studies of the NHS. Blakemore and Drake (1996) discuss equality of opportunity in the NHS where

women predominate and finds little evidence of direct or overt discrimination. However women do find themselves in lower status career paths. He cites three reasons for this. The first is that full-time working is valued in relation to part-time. Second is the assumption that pregnancy is a major cause of wastage of women scientific workers (which Blakemore and Drake report as false). Third there is a lack of specific policies to challenge existing recruitment and promotion practices.

For many female NHS workers, a crucial aspect of equal opportunity is the opportunity to combine work with caring for dependant family. This means having the flexibility to manage both childcare and work. Job share, part-time working and flexible scheduling are all ways in which organisations can be more attractive for employees with and without family commitments. *Improving Working Lives*, a set of guidelines to introduce and implement flexible working in NHS organisations, was launched in 1999. Davies (2000) reports that many Trusts are already enthusiastically pursuing a flexible working philosophy.

2.10.2 Employment Flexibility

In a survey of nurses and midwives Corby (1991a) showed that job share or working part-time was concentrated in the lower grades (49% in the lower six clinical grades and 16% in the top three nursing grades). Van Someren (1992) also reported that one third of nurses worked part-time but usually at the grade of staff nurse or below. When returning to work after maternity leave ward sisters wishing to work part-time were often offered lower grade posts although if job sharing were available this could be at their former grade.

Branine and Glover (1998) investigated the reasons for the limited number of job shares and increasing number of part timers in 25 NHS trusts. While job sharing seemed to be more attractive to both the employees and employers than part-time work, there was a general reluctance to establish employment policies in favour of job sharing. They concluded that the NHS should accept the diversity that exists within the workforce and promote job sharing as one of the family friendly flexible working practices available. In a comparison of the public health services of the UK, France and Denmark, Branine (1999) concludes that the increase in part-time work has

satisfied the desire of the NHS managers for cost reduction and for flexibility of working practices. However the full-time working traditions and male dominated cultures of the health service have often undermined the importance and benefits of part-time employment.

Ratcliffe (1999) examined the career histories of a national sample of nurses and showed that children have a negative effect on the career progress of both men and women, but that women's career progress is affected the most. This effect is not due to career breaks or part-time working. Ratcliffe attributes this to the perception that men are more committed to work, a perception common to the dominant male hierarchy.

One attempt to provide equality of opportunity in the NHS was Opportunity 2000 (Corby, 1995). This was a nationwide initiative aimed at increasing the quantity and quality of women's participation in the workforce by 2000. In 1993/4 only 10% of nurses were male although they filled 40% of the senior nurse posts. As part of Opportunity 2000 one goal was an initiative on recruitment and retention. The aim of this was to aim to reduce the number of nurses and midwives leaving the profession. Although over 40% of NHS women's units had crèches in 1993, all closed at around 6pm and at weekends. (NHS Management Executive, 1993).

2.10.3 Diversity

In the last few years diversity has gained currency as a topic in the study of organisations (Nkomo and Cox, 1996). Cross et al. (1994: p.22) view diversity as:

'Focusing on issues of racism, sexism, heterosexism, classism, ableism and other forms of discrimination at the individual, identity group and system levels'

More attention has been drawn to equal opportunity issues since the passage of US anti-discrimination legislation in the late 1960s and early 1970s (Cox and Nkomo, 1990). The resultant literature focuses on the categories covered by the legislation (sex, race, national origin, religion and age). Two major strands of research can be

identified. The first focuses on uncovering objective quantifiable evidence of race and gender discrimination in organisational practices (for example: Kraiger and Ford, 1985; Collins, 1989; Greenhaus et al., 1990). The second focuses on race and gender differences in a host of traditional organisational behaviour topics (for example: Brenner and Tomkiewicz, 1982; Eagly and Johnson, 1990; Rosener, 1990). Nkomo and Cox (1996: p.345) note that there is a strong influence of assimilation theory in many of these studies. This is indicated by the types of questions asked and by the corresponding proposed solutions. They state:

'Much of the work suggests that that the solution to the negative effects of diversity lies in the successful integration of racial minorities and white women into organisations. Implicitly, for the minority group, successful assimilation means a loss of identity – adapting to the norms and the behaviours of the dominant group'.

It would appear that there is some evidence that the need to assimilate has been identified as dissuading some ethnic groups from considering a healthcare career (Darr, 1998) . However, in the light of recruitment problems, some NHS Trusts are allowing staff to retain elements of their ethnic identity to encourage their entry to certain professions. For example, several Trusts have introduced new uniforms to specifically cater for women Muslim nurses (Darr, 1998; Davies, 2000).

Diversity can be viewed both as the opportunity for a diverse group to be employed in an organisation and also as the diversity of opportunity given to people once employed, for example access to job-share, part-time working and other flexible practices. Although the implementation of equal opportunities policies has been at the forefront in the public sector, the aim to build upon these policies towards the wider perspective of managing diversity is perhaps not so well developed. Managing diversity means focusing on all employees, treating people as individuals, recognising that each employee is different both in their contributions and their needs, thereby fostering a situation in which individuals have high expectations and access to opportunities for development (McDougall, 1996).

Diversity in patients' requirements are being addressed by some NHS groups. The

evidence from AHPs (Staff Side Evidence, 2000) reports that where services demand seven day working, AHPs have responded. However this increased flexibility puts further demand on the workforce and there is not the capacity to cover these expanding hours of work.

The implementation of equal opportunities policies has been at the forefront in the public sector. The range of policies and practices supporting equal opportunities (and more broadly diversity) in turn affect the scope and therefore size of the applicant pool willing to consider working in an organisation, or returning to work there.

2.11 Strategies to Attract Applicants

The reputation and projected image of an organisation will determine the view people have of the organisation but will become even more salient when a person is searching for work or the organisation requires more employees.

Increasing the numbers of applicants for posts is in part dependent on the attraction of the organisation and also of the particular post. Research into increasing employee numbers has focused on the applicants' rather than the organisations' perspectives (Rynes and Barber, 1990). Rynes and Barber address this balance by outlining an interdisciplinary model of strategies that could be used in applicant attraction. These strategies are designed to either increase the number of applicants or to change the characteristics of individuals who are willing to consider applying for or accepting a job. The model covers three areas: altering recruitment practices, modifying employment inducements and targeting non-traditional applicants.

Four means are used in recruitment to influence the attraction of potential applicants to an organisation. Firstly organisational representatives are seen as potential influences. Most research has concentrated on campus recruiters even though potential co-workers are viewed as more credible sources of information than these professional job sellers (Fisher, 1979). The potential for generalising this work to other organisations is also questionable, as it has focused on attitudes rather than on behaviour. The three other means that Rynes considers important in applicant attraction are recruitment messages, the timing of events and recruitment sources.

Recruitment messages are the degree to which good and bad aspects of the job are conveyed to applicants by the advertising material. One of the few consistent themes to emerge from the research is that minimising delays encourages job acceptance. Rynes and Barber point out that research has largely studied *successful* applicants, hence there is little information in relation to others.

They consider that employment inducements are a second major determinant of applicants' attitudes and behaviours. Thus salaries, recruitment and retention bonuses and educational incentives (extrinsic as opposed to intrinsic inducements) affected both the quantity and quality of Army recruits (Lakhani, 1988). However no firm conclusions as to which inducements are most strongly related to applicant increases have been established.

Perhaps more significant for the NHS is the third area they consider, namely the targeting of non-traditional applicants to increase the size of the applicant pool. Low marketability of certain groups may be a result of discrimination rather than whether the people are suitable for particular employment. Although changes in recruitment practices are low-cost and low-risk, their impact may also be limited whereas changes in applicant pools are likely to yield greater improvements.

Clearly there is interaction between the inducements used and the applicant pool. So for example, if employer-subsidised child care is offered as an inducement then the applicant pool will extend to parents of young children. Similarly applicant pools and recruitment sources are closely connected. Recruitment representatives should also be carefully chosen and if possible should be representatives of the target applicant pool. Focusing on messages of salience to applicants should also improve attraction to the professions.

Shortages of applicants may occur at various stages of the application process (submitting applications, undergoing perhaps multiple interviews, other screening and foregoing alternative offers). The general view is that the applicant attraction strategy should be appropriate to the stage at which the shortage occurs. Thus recruitment practices are relevant to the early stages of job application and inducements to a later

stage. However in a review of recruitment research Breauh and Starke (2000) note 'inconsistent results'. Reviewers have criticised the poor design, narrow focus and lack of grounding in theory of recruitment studies and suggest that studies need to be designed with the complexity of the recruitment process in mind.

Bearing in mind these criticisms, themes that emerge from Breauh's research echo those resulting from Rynes and Barber's organisational perspective. One is the critical role of recruiters both as informers and in treating applicants personably. The quantity and quality of information, and personable treatment are also reflected in other areas of recruitment research such as the timing of the experiences and the site visit. The provision of realistic job information and the importance of 'signals' that employers may unintentionally send to applicants also emerge as recurrent themes. For example applicants use this information to indicate how an organisation might treat them as an employee.

Signalling theory suggests that applicants will take recruiter behaviour to indicate working conditions at an organisation Rynes et al. (1991). A conclusion from work with students is that training of recruiters is essential to communicate appropriate information about jobs to applicants. Recruitment need to be credible, using an appropriate level of expression and language. For example, a written message is seen to improve understanding (Stiff, 1994) although in person communication can be regarded as a richer medium (Lengel and Daft, 1988).

The fit between a person's personality characteristics and an organisation's characteristics has implications for job choice decisions. In Turban and Keon's (1993) research low self esteem individuals were more attracted to large organisations than were high self esteem individuals. This, he surmises, is due to large organisations perhaps providing fewer opportunities for sole responsibility decisions. Bretz and Judge's (1994) study of nursing recruits in a hospital in Belgium also suggests that employees adapt better to their work environment (and are consequently less likely to leave) if their organisations' characteristics match their personal orientations. Thus the match between personal identity and organisational identity influences the success of applicant attraction strategies and recruitment to

organisations (see also Sections 2.5.3 and 2.5.4).

2.12 Summary

The literature review has contextualised the research concerning the attractiveness of the NHS as an employer. The first part of the review addressed the three professions and the respective sample groups.

From this review it was clear that many young people do not desire a nursing career, viewing it as being a supportive rather than pro-active role. By contrast, young people seem very keen to enter the physiotherapy profession. Little is known about their perspectives on radiography, but it is likely that their knowledge is very limited.

Mature students appear to perform well on their courses of study but high levels of academic content in the course, financial issues and domestic problems often appear to hinder many mature students in completing their courses.

It is suggested that nursing students enter the profession because they wish to pursue a caring occupation, that provides job security and personal development. The physiotherapy students appear to be dissatisfied with the NHS with poor pay, a stressful work environment and not being able to provide good quality patient care, all of which encourages them to consider alternative employers. Radiography degree courses appear to be under-subscribed and insufficient career and course information is a common complaint.

The literature concerning agency staff across the three professions highlights the improved family friendly policies and increased flexibility that agency work provides for qualified staff. In addition, the literature concerning the independent sector supports the findings of the physiotherapy student literature indicating that high stress levels, poor pay and low morale were all reasons qualified staff had given for leaving the NHS.

Little research has been conducted concerning ethnicity and gender issues in relation to recruitment for the three professions. The existing research suggests that cultural barriers and institutional racism in the NHS have both been significant in the under

representation of minority ethnic groups in the NHS. Similarly, a lack of information about careers, poor pay levels and gender stereotypes are suggested as reasons for the low numbers of men. This study attempts to explore ethnicity and gender issues in stage one and the influence of ethnicity, gender and age in stage two in relation to recruitment for the three professions.

The second section of the literature review addressed the theory underpinning the study. The theory of planned behaviour was discussed and its value in predicting individual behaviour justified. The theory and recent proposed extensions point us towards considering the following in understanding people's intentions (or not) to work for the NHS as a nurse or AHP: (i) their beliefs about the consequences of so doing; (ii) the personal importance of those consequences; (iii) their beliefs about other people's opinions on this matter; (iv) how much they care about those opinions; (v) whether they believe the behaviour is under their personal control; (vi) whether they feel a sense of moral obligation to work for the NHS, and (vii) whether they identify with the NHS.

The literature in careers indicates that people who are the right personality 'type' for nursing or allied health professions are also suited to some other occupations, which suggests that the NHS will need to work hard to attract them. More optimistically, it also seems that people frequently re-make career choices later than early adulthood and the NHS should be able to benefit from that. There seems good reason to think that people of ethnic minority affiliation will fear some discrimination against them, and that there will be some difficulty in attracting men to nursing and the allied health professions even though they might have better promotion prospects once in. Realistic recruitment information and the use of skilled recruiters should be important aids in increasing numbers working for the NHS in nursing and the AHPs.

3 The Overall Research Design and the Stage 1 Methodology

3.1 Introduction

This section provides a methodological overview of the investigation. It documents the research strategy chosen for the project and provides an overview of the methods chosen to achieve the research objectives and ensure valid and reliable findings. This chapter will concentrate in detail on the research process employed, and sample obtained, for the first (qualitative) stage of the project. Section 12 will cover the detailed research process and sample obtained for the second (quantitative) stage of the project.

3.2 Choice of Research Strategy

This research project adopted a mixed method strategy that combined qualitative and quantitative research methods. It has been argued this combination can prove useful in building a wider picture of the phenomenon studied (Reichardt and Cook, 1989), can enable the validation of findings (Jick, 1979) and can help in explaining diverging results (Trend, 1989).

One of the major strengths of this research project is the explicit link between relevant theory (e.g. behavioural beliefs, self-identity, etc.) and the issues explored in relation to the attractiveness of the NHS as an employer. However, it should be noted that the exploratory research utilised in the first stage of the project was not intended to ‘test’ theory. The second quantitative stage was used for this purpose.

3.2.1 Stage 1 - Exploratory Research

The first stage of the study was intended to explore and understand participants’ perceptions relating to the central theme of the research i.e. the attractiveness of the NHS as an employer to potential nursing and AHP staff. Consequently, a qualitative approach was adopted for this stage of the study. This was chosen to allow the broad

focus of the investigation to be maintained but also to provide the opportunity for the capture of wider issues that may help the research team form a fuller understanding of the phenomena under investigation.

The study utilised a clear theoretical framework. However, the lack of existing empirical research concerning the attractiveness of the NHS as an employer meant the first stage of the research was primarily exploratory, rather than confirmatory, in nature. Although the relevant theories described in the literature review, particularly the theory of planned behaviour (Ajzen, 1991) were used to develop the topic guide adopted in stage 1, the prime objective was to explore the relevance of these issues and identify participants' perceptions relating to the research theme, rather than testing a particular theory. More specifically, the Stage 1 research was designed to address four main aims:

1. To explore the influence of factors that determine the attractiveness of nursing/AHPs as a profession;
2. To explore the influence of factors that determine the attractiveness of the NHS as an employer;
3. To explore specific factors that influence the attitudes and intentions of ethnic and other groups currently under-represented in NHS nursing and AHPs;
4. To explore possible changes in employment practice which would strengthen the positive features of working in nursing/AHPs in the NHS that matter most to potential staff, and weaken the negative features which matter most.

The most appropriate method for the exploratory research was individual and group interviews. Group interviews of approximately eight interviewees were adopted whenever practical for sample groups 1-4 (see Table 3.2 in Section 3.4) although some individual and small group sessions were required for practical reasons. Group interviews were chosen as the primary method for these groups because they were quicker and cheaper to conduct than individual interviews with the same number of

respondents. In addition, it was anticipated that a group setting would encourage people with limited or no experience of the professions/NHS to develop and articulate their views. By contrast, individual or small group interviews were the main approach for groups 5 and 6 (agency and independent sector workers) because they had more experience to draw upon and it would have been difficult to arrange larger group sessions for these individuals.

3.2.2 Stage 2 - Questionnaire Survey

Following the completion of the exploratory research, the results were used to develop and refine the research objectives for the second stage of the study. Consequently, a questionnaire was developed that was designed to confirm that the variables identified in the first stage of the research were of importance to other potential recruits and possible returners. More specifically, the questionnaire survey had five aims:

1. To assess the importance of the factors identified in the exploratory research associated with the attractiveness of nursing/AHPs as a profession, and the NHS as an employer, to other potential recruits and returners;
2. To assess the strength of individuals' intention to enter nursing/AHPs in the NHS, both in absolute terms and relative to other realistic career options;
3. To assess the importance of specific factors identified in the exploratory research that influence the attitudes and intentions of ethnic and other groups currently under-represented in NHS nursing and AHPs;
4. To utilise the theory of planned behaviour (Ajzen 1991) in order to provide a solid foundation for predicting behavioural intentions;
5. To identify what features of the NHS enhance or undermine potential 'employees' attitudes towards it, and intention to work for it.

Survey based research strategies have been recognised as having a number of positive

attributes that are of particular value for this stage of the research. The results of survey research can be generalised with confidence because they involve a large number of respondents, drawn from a variety of groups of people of interest to the NHS recruiters (Galliers, 1992). In addition, if a mail survey approach is used, a large number of respondents can be reached economically; standardised and precise information can be collected and time can be saved in subsequent data analysis (Dillman, 1978; Wiersma, 1991; Bell, 1993). Consequently, a survey was considered the most appropriate research strategy for this stage of the research.

Contact with Educational Institutions, Agencies, Professional Associations and the database of NHS Careers Help Line were utilised to construct a sampling frame for each of the six sample groups. The questionnaires were returned to the research team at Loughborough University Business School and participants were assured of confidentiality.

The remainder of this section will detail the research process and sample utilised for the Stage 1 exploratory research. Section 12 will detail the research process and sample obtained for the second stage of the project.

3.3 How the Stage 1 Research was Conducted

3.3.1 Development of Semi-Structured Topic Guide

All the interviews conducted for the first stage of the study followed a common semi-structured topic guide. Adopting a semi-structured approach allows the interviewer to ask certain major questions the same way each time, but remain free to alter his or her sequence and probe for more information. The interviewer is therefore able to exert some flexibility over the interview style, tailoring it to the level of comprehension and the ability of the respondents to articulate. It also facilitates flexibility for the interviewer to respond to the issues raised by informants (Fielding, 1993). A small number of pilot interviews were carried out in order to ensure the usefulness of the topic guide and format.

The questions in the topic guide were developed directly from the theories discussed

in the literature review section. Almost all questions were asked to all groups of participants. However, there were slight variations between some groups. For example, 'Where have you got your ideas about the NHS from?' was only asked to groups not already working in the health sector as a qualified member of staff i.e. school pupils, mature students and students in professional training. These variations are indicated after each question below.

3.3.2 Design of Semi-Structured Topic Guide

The following sections detail the aims of the questions that were used in the interviews and the associated links to supporting literature. The full list of questions and to whom they were asked is provided in Table 3.1.

Questions 1 and 2

The aim of the first two questions was to explore the participants' views of the NHS' reputation. These questions coincide with Fombrun's measures of corporate reputation (Sobol and Farrelly, 1988: p.46). Fombrun (1996: p.37) defines reputation as representing the 'net' affective or emotional reaction of customers, investors, employees and the general public to the organisation's name. That is to say it is the outsiders' view of an organisation.

Question 3

This question seeks to find the sources of people's image of the NHS. Corporate image is based on an individual's evaluation of information obtained from sources such as personal experience, advertisements, the media and friends. These may include GPs, hospital visits, television, news, advertisements, novels/magazines etc, friends, close family and/or relatives.

Questions 4, 5, 6 and 7

The aim of these questions was to understand the recruitment image presented by the NHS. The recruitment image which is affected by recruitment messages (i.e. recruitment publicity) will also contribute to Ajzen's control beliefs as they will set out some of the limitations to the behaviour of those intending to apply to work for the NHS. In addition, control beliefs may be based on past experience with the

behaviour,

Table 3-1: Details of the Topic Guide

Topic Guide
<p>1) What comes into your mind when we say NHS? (asked to all)</p> <p>2) What comes into your mind when we say nurse/physio/radiog? (asked to school pupils, mature students, students and NHS assistants)</p> <p>3) Where have you got your ideas about the NHS from? (asked to school pupils, mature students and students)</p> <p>4) Which people have influenced your views about working for an independent organisation as a nurse/physio/radiog? How has this influenced you? (asked to independent sector staff and agency staff)</p> <p>5) Have you seen any publicity material related to working for the NHS? (asked to school pupils, mature students and students)</p> <p>6) What do you think about the way the NHS tries to promote itself as an employer? (asked to NHS assistants, independent sector staff and agency staff)</p> <p>7) Which people have influenced your views about working for the NHS as a nurse/physio/radiog? How has this influenced you? (asked to NHS assistants)</p> <p>8) What would be the best things and worst things for you of working for the NHS/independent sector/agency as a nurse/physio/radiog? (asked to all)</p> <p>9) Do you think that would be different working outside the NHS as a nurse/physio/radiog? (asked to NHS assistants)</p> <p>10) Would you say there is/Is there anything about the NHS you particularly identify with? (asked to all)</p> <p>11) Would you say there is anything/What is it about nursing/physio/radiog you particularly identify with? (asked to all)</p> <p>12) What would the people who are important to you think if you worked for the NHS as a nurse/physio/radiog? (asked to all)</p> <p>13) To what extent do you feel as if you have a sense of duty to enter the NHS? (asked to mature students, students, independent sector staff and agency staff)</p> <p>14) How could working for the NHS as a nurse/physio/radiog be made more attractive to you? (asked to all)</p> <p>15) Let's imagine you would like to work for the NHS as a nurse/physio/radiog. Are there any factors that might make that difficult for you to achieve? (asked to all)</p> <p>16) Do you think that the NHS treats all employees equally whatever their gender or ethnic origin? (asked to all)</p> <p>17) Why do you think there are considerably fewer men than women in nursing/physio/radiog? (asked to all)</p> <p>18) Overall how likely is it that at some time in the future you will work for the NHS as a nurse/physio/radiog? (asked to all)</p> <p>19) Is there anything that anyone/you would like to add to our discussion that hasn't already been covered? (asked to all)</p>

by second hand information, by the experiences of acquaintances and friends and by other factors that either increase or reduce the perceived difficulty of performing the behaviour.

Questions 8 and 9

The aims of these questions were:

- To find out the attributes associated with working for the NHS as a nurse, physiotherapist or radiographer.
- To find out which employment issues are seen as most significant by the different groups.

To explore the control beliefs participants have towards working for the NHS as a nurse, physiotherapist or radiographer.

The way in which individuals perceive the different employment issues such as pay, workload and promotion prospects will affect their behavioural beliefs in Ajzen's model. This will therefore affect their intention to carry out behaviour such as applying or returning to the NHS, staying in the NHS or moving to alternative employment.

Questions 10, 11 and 12

The aim of these questions was to explore the extent to which working in the NHS, returning to the NHS or entering the nursing/physiotherapy/radiography profession was an important component of the person's self-concept (Charng et al., 1988; Sparks and Shepherd, 1992) and to explore the influence of the group norm on individual's decisions.

Question 13

The aim of this question was to explore the level of moral obligation individuals feel toward working for the NHS. Several researchers (e.g. Triandis, 1975) have suggested that a personal normative component, such as moral obligation, should be added to the theory of reasoned action. (The theory of reasoned action is the precursor to the theory of planned behaviour). Previous research, for example Presholdt et al.

(1987), has demonstrated that moral obligation is a significant predictor of the nurse's decision to resign from her hospital. Hence Lane et al. (1988) suggest that moral obligation should also be included as a potential predictor of intention.

Question 14

This question had two aims:

- To find out the features of the NHS that encourage or discourage people from working within it.
- To find out which employment issues are seen as most significant by members of the different groups.

Ajzen's (1991) theory suggests that the attitude that a person has towards behaviour, will be affected by the degree to which the person has an unfavourable or favourable view of the outcome of the behaviour. This question seeks to find out the things about working in the NHS that 'turn them on' or 'put them off'. One example is employment inducements (Rynes and Barber, 1990: p.294).

Questions 15, 16 and 17

The aim of these questions was to find out whether individuals think there is equality or inequality of opportunity in relation to gender, ethnicity, (disability and age) within the NHS. If inequality exists then a person's expectations of the consequences of behaviour will to some extent be dependent on the source of that inequality. This expectation will in turn affect the attitude of the person towards the behaviour and the likelihood of them intending to carry out the behaviour.

Social pressure to comply with the norm, for example men not working in 'women's work', may also affect the normative beliefs in Ajzen's model; these represent the social pressure to comply. Inequality may come both from the employee's background and their beliefs about the employer's perspective.

A person's confidence to be part of a minority group will also affect their intention to work in the NHS. Blakemore and Drake (1996) found little evidence of overt discrimination in the NHS. The Chartered Society of Physiotherapy survey (1996) did

find evidence of discrimination amongst its physiotherapy members. Skinner (1999) looked at the reality of equal opportunity for part time staff within the NHS and found difficulties in meeting the diverse needs of the workforce. Men are concentrated in the higher grade nursing posts. This could be a result of gender differences or the downward occupational mobility of women returning to nursing after a break, or for less than full time work (Corby, 1995: p.35). Coker (1999) maintains that despite years of equal opportunities policies they are not promoted effectively. Diversity, including employment flexibility and family friendly policies, should encourage people to return to the NHS. The perception or reality of there being environmental obstacles to employment within the NHS would contribute to Ajzen's control beliefs and perceived behavioural control as to whether someone is able to carry out an intention.

Question 18

The aim of this question was to gauge the intention of individuals to enter or return to work for the NHS in the near future. The key element in the theory of planned behaviour is the individual's intention to perform a given behaviour. Ajzen (1991) argues that intentions capture motivational factors that influence behaviour, so the stronger the intention to engage in a behaviour, the more likely its performance by the individual. However, intention will only be of value in predicting an individual's behaviour if the individual can control whether to engage in the behaviour. Consequently, behavioural achievement depends jointly on motivation (intention) and ability (behavioural control).

Question 19

The final question of the topic guide allowed participants the freedom to revisit or raise any other issues, that they felt were important, associated with the attractiveness of the NHS as an employer to potential nursing and AHP recruits.

3.4 Targeting of Participants

The study reflects an increasingly urgent need to recruit, retain and encourage return to the NHS, of more people in nursing (Department of Health, 1998b) and the AHPs (NHS Executive, 1998). Given the limitations on time, funding and the relatively

small size of some AHPs, the study focused on nursing plus two AHPs. The two AHPs chosen to be investigated were physiotherapy and radiography because of their size, visibility, and contrast to each other and nursing. In general terms, nursing could be seen to be about caring, physiotherapy about treatment/physical manipulation (with the capacity for direct referral), and radiography at least partly about 'technical' issues and the use of equipment. Six groups of potential employees were identified for inclusion in the study and Table 3.2 describes these along with the target numbers in each group. Table 3.2 also shows the actual number of participants interviewed within each sample group.

For each of the six groups, organisations based in the East Midlands were initially targeted between November 2000 and January 2001. A letter of invitation was sent to each organisation outlining the aims of the research project and detailing the extent of participation that was desired. Each letter was sent to a named addressee whenever possible and a reply slip and freepost envelope were enclosed for the individual to confirm if they wished to participate. The response levels varied considerably between the different groups and where particularly low levels of response occurred organisations outside the East Midlands were approached. Twenty two interviews were conducted outside the East Midlands including London, the South West, the North West and the West Midlands. The distribution of targeted organisations and response levels are shown in Table 3.3. In addition, some organisations and individuals were targeted specifically because of previous personal contacts with the project team, which helped accessibility on some occasions.

An in-depth analysis of non-response was not conducted when attempting to arrange the interviews however the reasons for declining to participate in the study included not have sufficient time to spare, already participating in another research study and workload currently too high. It should also be noted that these non or negative responses were at an organisational rather than individual level. As this study is concerned with the views of individuals and not organisations the non-response levels are less important than they would be in a questionnaire survey. It is possible that the individuals in the organisations that declined to participate would have been happy to contribute to the research and so it is difficult to draw any conclusions at the

Table 3-2: Desired and Actual Numbers of Participants by Sample Group

Group	Desired Number of Participants	Actual Number of Participants
A) Those neither professionally qualified nor in the NHS		
1. Those young people undertaking relevant courses of education which either clearly indicate their interest in nursing or AHP work, or are consistent with that kind of work. In line with career theory, these people have an interest in the broad occupational domain, which encompasses health and caring work.	3 professions x 2 groups of 8 = 6 groups, 48 people	51 people
2. In a different age range, more mature people who are returning to work or seeking career change. This group of potential applicants are likely to have expressed an interest in health/care work and for example, may be undertaking Open University courses in health and social care.	3 professions x 2 groups of 8 = 6 groups, 48 people	43 people
A) Those not yet qualified but working in the NHS		
3. Those who have the educational qualifications and have made the choice to enter training for nursing or AHPs. Students currently in training were investigated in order to ascertain their perceptions of the NHS as an employer, their profession as a field of work, and factors likely to influence whether they complete training or not.	3 professions x 2 groups of 8 = 6 groups, 48 people	59 people
4. Those who are working in the NHS but not in nursing/AHPs. There are some NHS employees for whom nursing or AHPs may be an aspiration, or could become so if the right opportunities were available. Healthcare assistants, physiotherapy assistants and radiography assistants are in this position.	3 professions x 2 groups of 8 = 6 groups, 48 people	42 people
B) Those qualified but not working for the NHS		
5. Those working through nursing or AHP agencies. Many already qualified professionals work through agencies rather than for the NHS as an employer. Given that these people are already trained, and therefore would not incur training costs, they are a speedy source of potential staff. Questions, which address their specific situation i.e. their choice of agency work rather than organisational employment, were developed.	3 professions x 10 individual interviews = 30 people	16 ¹ people
6. Those working for 'competitor' employers such as independent sector organisations e.g. private sector healthcare. The same issues relating to those in agencies were explored. In addition, the factors, which influence their movement into and choice to remain in the independent sector, were also explored.	3 professions x 10 individual interviews = 30 people	20 ² people
Total:	252	231

¹ The majority of these participants worked exclusively for an agency (11). Four participants worked for an agency and also held an NHS job and one participant worked for an agency and held a job in the independent sector.

² These participants were working for acute independent hospitals (5 nurses and 3 radiographers) or were physiotherapists working in private practice (7).

individual level regarding non-response.

Table 3.3 shows that the most difficult groups to gain accessibility to were the agency and independent hospital sectors. It is also worth noting that in the case of the agencies, once contact had been made a letter of invitation was sent round to all appropriate individuals registered with the agency. Unfortunately, this approach also yielded a very low response to participate in the research. Considerable effort was expended in exploring further contacts in order to increase the participation levels of these two groups in the study. Staff in the Department of Health identified further contacts. However, when these contacts were pursued it emerged that the organisation in question, although independent, was funded by the NHS and consequently did not fit the criteria required for the study.

Table 3-3: Details of Organisations Approached and Associated Responses

Group	Organisation	Number approached	Positive responses	Negative Responses	Non Response
Group 1	Schools	7	2	2	3
Group 2	FE Colleges	7	7	0	0
Group 3	Universities	12	9	1	2
Group 4	NHS Trusts	17	5	1	11
Group 5	Agencies	24	4	1	19
Group 6*	Independent Hospitals	11	2	4	5
	Independent Physiotherapists	32	17	3	12
	Total:	109	45	12	52

* It should be noted that independent physiotherapists were targeted after the low response rate from independent hospitals.

Once an organisation had given a positive response via the reply slip they were contacted by telephone and the details of the project were discussed. At this point some organisations declined to continue involvement, or were deemed not appropriate by the research team. However, when the organisation was considered appropriate, interview sessions were arranged accordingly. For group interviews, the organisations were specifically requested to invite eight participants with numbers distributed equally the genders and between white and non-white ethnic minority

participants. In addition, when conducting individual interviews specific requests were made for male and non-white ethnic minority participants in order to gather perspectives from these groups. Inevitably however, some organisations had greater difficulty than others in supplying the desired distribution of participants. Full details of the participants' characteristics in terms of gender and ethnicity are provided in Tables 3.6, 3.7, 3.8 and 3.9. At least two organisations were used from which to draw participants so as to reduce the possibility of collecting views from a single organisational perspective. The interviews were conducted between February and August 2001 and once the sessions had been conducted, thank you letters were sent to individual participants and the co-ordinating member of staff at each organisation. In addition, it was agreed with participating organisations and interviewees that feedback would be provided in the form of summary reports based on the findings once they had been presented to the Department of Health.

3.5 Execution of Interviews

The majority of sessions were conducted in-situ at the host organisation, although a small number of interviews were conducted at the interviewees' homes or by telephone. All members of the project team were involved in conducting the interviews, ensuring that they had experience of interviewing at least three different sample groups. The interviews lasted approximately one hour and prior to the start of each session the facilitator explained the aims of the interview: that it was intended to gain an understanding of the participants' perceptions of the attractiveness of the NHS as an employer. It was also indicated to the participants which other groups of people were going to be interviewed and that the intention of the research was to gather views reflecting different perspectives on the NHS. This emphasis was made to reassure informants that the research would record an accurate and balanced impression of the NHS and not be polarised towards particular individuals' or groups' views. Ethical approval for the interviews was provided by the Loughborough University Ethical Advisory Committee, local ethics committees, organisational gatekeepers and drafts of the interview schedule were approved by the Department of Health, Policy Research Team.

An effort was also made to indicate to informants that although the interview had a

clear structure in terms of its content, with questions about specific aspects of the NHS and the professions, that it was for the informants to indicate whether they felt that these issues were relevant to the attractiveness of the NHS as an employer (Marginson, 1996). Equally, informants were encouraged to volunteer additional information should they feel it was relevant to the overall aims of the session.

Whenever there were more than five people in a group interview, two members of the research team were present, one asking the questions and the other taking comprehensive notes to accompany the recording (Fielding, 1993). All participants were given badges showing their first name both to break the ice and to aid facilitation of the discussion. Less voluble members of each group were encouraged directly to participate. In addition, at the end of the interview each participant was asked to complete a one-page profile form to record background information including age, gender and ethnic background and to measure their intention to enter or return to the NHS as a nurse, physiotherapist or radiographer. A generic example of the profile form is provided in Appendix A.

Finally, it was emphasised to informants that the interviews would be confidential and no quotes would be directly attributable. It was also explained that a report would be produced from the interviews for the Department of Health and the organisations that participated. All the participants agreed to have the sessions tape-recorded and the tapes were transcribed verbatim. To ensure the validity of responses, participants were encouraged to provide specific examples to support their statements.

Table 3.4 gives details of the number of participants by sample group and profession. The school pupils interviewed were not considered to be knowledgeable enough about physiotherapy or radiography to warrant being interviewed about the specific professions. Therefore, they were asked about both professions. Where they were able to make comments about other allied health professions this was also encouraged. Table 3.5 provides details of how recently the qualified agency and independent sector staff had worked for the NHS and shows that a full range of current to old experiences of the NHS were captured.

Tables 3.6 and 3.7 show the gender details of participants interviewed by sample

group and profession. Tables 3.8 and 3.9 show the ethnic background of participants by sample group and profession. Unfortunately, because of the very small numbers of people from any single ethnic category we had to classify together all people from a non-white background. Table 3.10 shows the number of participants by sample group as classified by one of six age ranges. Table 3.11 shows the age classification by the profession the participants were interviewed about.

Despite our requests and the strenuous efforts of our collaborators, it proved impossible to get equal numbers of participants for both genders, or for white/non-white ethnic backgrounds. As discussed in Section 12, particularly for subgroups 3-6, this reflects the existing composition of students in training, existing NHS staff, existing and qualified staff working for other employers.

Table 3-4: Number of Participants by Sample Group and Profession

	Nursing	Physiotherapy	Allied Health Professions	Radiography	Actual Total	Expected Total
School pupils	21	n/a	30	n/a	51	54
Mature (OU & Access) students	16	9	n/a	18	43	48
Students undertaking professional training	17	24	n/a	18	59	48
NHS staff not qualified as nurses or in the AHPs	9	16	n/a	17	42	48
Qualified agency staff	8	6	n/a	2	16	30
Qualified independent sector staff	10	7	n/a	3	20	30
Actual Total	81	62	30	58	231	
Expected Total	84	68	32	68		252

Table 3-5: Number of Independent Sector and Agency Participants that have worked for the NHS

Time when last worked for NHS	Qualified agency staff	Qualified independent sector staff
Currently also working for NHS	2	2
0-5 years ago	3	6
6-10 years ago	4	1
11-15 years ago	0	3
16-20 years ago	1	5
Over 21 years ago	1	1
Not reported	5	2
Totals	16	20

Table 3-6: Number of Female Participants by Sample Group and Profession

	Nursing	Physiotherapy	Allied Health Professions	Radiography	Actual Total
School pupils	11	n/a	16	n/a	27
Mature (OU & Access) students	13	9	n/a	15	37
Students undertaking professional training	11	20	n/a	14	45
NHS staff not qualified as nurses or in the AHPs	7	13	n/a	14	34
Qualified agency staff	8	6	n/a	0	14
Qualified independent sector staff	8	4	n/a	3	15
Actual total	58	52	16	46	172

Table 3-7: Number of Male Participants by Sample Group and Profession

	Nursing	Physiotherapy	Allied Health Professions	Radiography	Actual Total
School pupils	10	n/a	14	n/a	24
Mature (OU & Access) students	3	0	n/a	3	6
Students undertaking professional training	6	4	n/a	4	14
NHS staff not qualified as nurses or in the AHPs	2	3	n/a	3	8
Qualified agency staff	0	0	n/a	2	2
Qualified independent sector staff	2	3	n/a	0	5
Actual total	23	10	14	12	59

Table 3-8: Number of White Participants by Sample Group and Profession

	Nursing	Physiotherapy	Allied Health Professions	Radiography	Actual Total
School pupils	13	n/a	24	n/a	37
Mature (OU & Access) students	9	9	n/a	7	25
Students undertaking professional training	14	24	n/a	15	53
NHS staff not qualified as nurses or in the AHPs	5	16	n/a	15	36
Qualified agency staff	8	6	n/a	2	16
Qualified independent sector staff	10	7	n/a	3	20
Actual total	59	62	24	42	187

Table 3-9: Number of Participants from Minority Ethnic Backgrounds by Sample Group and Profession

	Nursing	Physiotherapy	Allied Health Professions	Radiography	Actual Total
School pupils	8	n/a	6	n/a	14
Mature (OU & Access) students	7	0	n/a	11	18
Students undertaking professional training	3	0	n/a	3	6
NHS staff not qualified as nurses or in the AHPs	4	0	n/a	2	6
Qualified agency staff	0	0	n/a	0	0
Qualified independent sector staff	0	0	n/a	0	0
Actual total	22	0	6	16	44

Table 3-10: Number of Participants by Sample Group and Age Ranges

	Age Range						Actual Total
	10 – 19	20 - 29	30 – 39	40 - 49	50 - 59	60 – 69	
School pupils	51	0	0	0	0	0	51
Mature (OU & Access) students	0	16	20	5	2	0	43
Students undertaking professional training	15	30	10	4	0	0	59
NHS staff not qualified as nurses or in the AHPs	1	14	8	10	9	0	42
Qualified agency staff	0	4	3	4	3	2	16
Qualified independent sector staff	0	0	8	10	2	0	20
Actual total	67	64	49	33	16	2	231

Table 3-11: Number of Participants by Profession and Age Range

Age Range in years	Nursing	Physiotherapy	Allied Health Professions	Radiography	Actual Total
10 – 19	22	12	30	3	67
20 – 29	15	30	0	19	64
30 – 39	22	8	0	19	49
40 – 49	15	8	0	10	33
50 – 59	6	4	0	6	16
60 – 69	1	0	0	1	2
Actual total	81	62	30	58	231

3.6 Data Analysis

Analysis of the transcripts involved the three concurrent activities of data reduction, data display and conclusion drawing/verification (Miles and Huberman, 1994). Data reduction was utilised to analyse each interview transcript using a structured coding framework. Data display was facilitated through the use of the qualitative software package QSR NVivo.

Initially, using a sample of nine transcripts (12%), four of the project team independently identified themes contained within these transcripts that were subsequently discussed and reviewed at a series of project team meetings. These themes were combined to develop a detailed framework of hierarchic codes. The coding structure then went through a number of iterations with the whole project team reviewing its applicability and testing its validity on new transcripts. The codes were subsequently applied to all transcript data using NVivo. The coding structure was sufficiently broad to allow the majority of the issues raised by the transcripts to be adequately coded. Any new issues were dealt with by allocating them to a higher level code and these were revisited during the course of the analysis.

The coding of the interview transcripts was a structured so that the most commonly

mentioned issues, (identified by their code), were linked directly to the overall issue associated with the question, (for example, NHS images). Comments made by participants outside the immediate context of a particular question, but referring to the same overall issue, were also coded under the original appropriate question. For example, if a participant clearly identified an image of the NHS, but referred to it when asked about professional images, then the comment would still be coded under NHS images.

The analysis of the transcripts indicated the most common codes (themes), identified by participants when asked about a particular issue, for example images of the NHS. The importance associated with these themes was judged by the research team in terms of the number of times a particular theme was mentioned, the significance of the theme in relation to existing literature and the nature of the discussion that the theme was raised in (through reference to the original transcript). The themes discussed in the findings section of the report are therefore presented in a considered order of importance. However, it is important to note that the specific number of participants making particular comments have deliberately not been reported for a number of reasons which are discussed below.

When analysing group interviews it is only possible to code what is said by the participants. If two participants comment that they are in favour of more pay for healthcare professionals, but the remaining six participants do not comment, it appears that this may have been a minority view. However, this interpretation assumes that people do not speak because they do not agree with what is being said. It is possible that these participants have chosen not to speak because the point they were going to make has already been made and they do not feel the need to repeat it. Consequently, it is clear that little can be accurately inferred about participants' views when they offer no comment and no physical reactions (for example, nodding of head) are recorded.

In addition, although this stage of the investigation has involved over 230 participants, these individuals are spread over six groups and by three professions. Consequently, they constitute relatively small sub-sample sizes. When this is

considered in association with the number of participants that actually speak during group interviews and therefore can be coded for analysis, the numbers involved are relatively small and cannot sensibly be generalised. However, it should be noted that because the aim of this stage of the study was to identify and explore the key factors associated with the attractiveness of the NHS as an employer, the use of relatively small numbers is not an inherent problem.

A further reason for not placing great emphasis on the number of participants that make particular comments is the fact that both individual and group interviews (of varying sizes) have been adopted during the study. When group and individual interviews have been adopted for the same sub-sample, (for example non-professionally qualified staff working in the NHS), responses were combined without differentiating on the basis of interview style. This is despite the two styles being significantly different in the way data are recorded. Individual interviews provide more complete data, because each question is specifically posed to the interviewee. Greater weight could be assigned to the comments made in individual interviews than in group interviews, however, this would make within and cross-group analysis problematic and the presentation of numbers potentially misleading.

As a result of the issues outlined above it was considered appropriate not to include specific numbers of participants in the findings section of this report. The second stage of the study is designed to specifically address these issues and thereby complement the qualitative stage of the research. The questionnaire survey, being a quantitative research instrument specifically designed for statistical analysis will provide a more reliable tool from which to explore the issues highlighted by the exploratory research. The following section outlines the key issues reported from the interviews.

3.7 Limitations and Problems Encountered

Frequent problems encountered when conducting the interview sessions were that participants would either not be forewarned of the session by the host organisation, or not all invited interviewees would attend, or in some cases non-invited people would attend. As Fielding (1993) notes, even if numbers are low it is still necessary to run

the session and where larger numbers arrived than were expected, the note taking facilitator was used to run a parallel session. The organisations with which the project team were in contact were happy to co-operate and provided help in setting up the sessions and arranging participants. However, it was clear they could not guarantee the number of participants they had expected or would always inform participants that they were in fact participating! These problems account for the slight shortfall in numbers, between the planned number of participants (252) and the actual number of participants (231, 92%) as shown in Table 3.2.

The findings from the group interviews may also have some limitations because of the nature of group discussions. In these circumstances interviewees may be reluctant to discuss sensitive issues or express opinions that go against the group view. However, the group interviews did allow the less knowledgeable groups, such as the school pupils, to discuss a greater range of issues than would have been forthcoming if only individual interviews had been conducted.

It is also acknowledged that for some of the sample groups, minority ethnic views may not have been fully explored because of the predominantly white composition of the groups and because the group facilitators were white. Similarly, the low number of participants with a minority ethnic background further limits the extent to which issues specific to these individuals could be explored. This was in spite of trying to get equal members of white and non-white members within groups. Consequently, the findings related to minority ethnic views should be considered with a degree of caution.

A further limitation of this stage of the investigation is that the majority of the interviews were conducted in the East Midlands. Twenty two interviews were conducted outside this area in localities ranging from London to Manchester. However, the second survey stage of the study was designed to ensure the generalisability of the findings across England and Wales.

4 Stage One Findings: School Pupils

4.1 Introduction

This section examines the comments made by state secondary school pupils in year eleven (ages 15-16 years) in the term prior to taking GCSE's. In total there were six group interviews (with between five and nine participants in each of the groups). The composition of the different group interviews in terms of gender and ethnicity is shown in Table 4.1.

Table 4-1: Characteristics of School Pupil Participants

Nursing (Total = 21)			AHPs (Total = 30)		Total =51
Gender	Male	10	Male	14	24
	Female	11	Female	16	27
Ethnicity	White	13	White	24	37
	Asian:Bangladeshi	1	Asian:Bangladeshi	0	1
	Asian:Chinese	0	Asian:Chinese	0	0
	Asian:Indian	6	Asian:Indian	5	11
	Asian:Pakistani	0	Asian:Pakistani	0	0
	Asian:Other	0	Asian:Other	0	0
	Black:African	0	Black:African	0	0
	Black:Caribbean	1	Black:Caribbean	0	1
	Black::Other	0	Black:Other	1	1
	Other Ethnic Group	0	Other Ethnic Group	0	0
Age	10-19	21	10-19	30	51

Of the 51 school pupils who took part there was a relatively even split on gender, and nearly a third were of non-white ethnic origin. Of the non-white participants, six were male. There were between two and five males in each group interview and at least two pupils from a minority ethnic group in all but two of the school group interviews.

In three of the group interviews, nursing was the focus of discussion while in the remaining three groups, the concentration was on the allied health professions (AHP), specifically physiotherapy and radiography.

4.2 NHS Images

The most common images mentioned by pupils related to organisational characteristics of the NHS. Issues relating to the quality of care provided, the working environment and resources, were also raised.

In relation to organisation characteristics, these tended to focus on hospitals, waiting lists, and overcrowding. They also related to helping and being nice to people or as one pupil stated *'People looking after other people.'* Other images related to its association with doctors, being free and well run (although the latter point had those arguing the opposite).

'The thing that struck me when I went into casualty, on a Saturday night and noticed all these people lying on trolleys - like virtually along corridors and things - I didn't realise that actually happened. ... To see it on TV in hospital programmes but it was quite bad. ... The staff were obviously under a lot of pressure in casualty but they were very nice to people and took an interest in the different families.'

Quality of the care provided was a key theme. Several pupils reflected on issues of malpractice and errors prominent in the media— Shipman, removing babies' organs and *'chucking them in the bin'*, injecting wrong fluids into the spine. Others observed

'The first thing that comes into my mind is probably unreliable'

'... people who have had routine tests have had to wait two weeks for their results which I think is a bit too long, especially if they're quite ill.'

A third theme related to the resources available to the NHS including low wages, staff shortages and run down hospitals, and also about the NHS being used as a political football. There were also comments about the working environment in particular staff being under pressure, overworked and low paid.

4.3 Profession Images

4.3.1 Nursing

When discussing images of nursing, the pupils responded with characteristics such as helping, uniforms, *'the blue uniforms'*, females, *'a lady rather than a man'*, quite clever, *'helping people get better'*.

'When I was little I always wanted to be a nurse I think every girl wants to be one and they get a nurses outfit and the dress up when they're young and go and bandage up their dolls or their cats or whatever. I don't know it just doesn't appeal to me anymore.'

A second set of images related to the working environment of nurses. These were less idyllic with long hours, hard work, and low pay being common themes:

'One of my friends works as a nurse. ... She is very often working but when she is not working, she's sleeping. She doesn't seem to have very long breaks at all.'

'I don't think I could cope with the hours and the nightshifts and being away from my family all the time. You know having to be permanently in work at least that's the impression I get. I mean its very hard working and I am not afraid of hard work but I don't think I could cope with all the different shifts that the nurses have to accept that they work from this hour to this hour and that's it, it won't change.'

4.3.2 Physiotherapy

Images that pupils had related primarily to sport and sporting injuries. Very few pupils thought about physiotherapy in relation to other forms of healthcare unless they had personal experience of the profession.

'If you've had a sporting injury or perhaps some other sort of accident, you can need physiotherapy to get you back to full health and get your muscles

up to strength again and so on otherwise you could be in hospital for a long time.'

Some saw it more relating to GP practices.

'I wouldn't associate a physiotherapist with a hospital, I would associate it with a doctors' practice. That's where I would go for physiotherapy, to a doctors' practice.'

4.3.3 Radiography

Radiography for the school pupils meant X-rays *'Positioning for the X-ray machine and standing behind a screen'*. Beyond this pupils were uncertain and even wary about the profession. Thus words such as 'button-pushers', 'photographers', 'scans', 'cancer' and 'danger', were common. The job was viewed by some as 'boring' and just 'taking pictures'.

'There are those posters they have outside as well advising that if you are pregnant you have got to tell them because otherwise it can damage the baby and that always made me feel worried when I was a kid having to have all these X-rays.'

4.4 Source of NHS Images

The primary source of school pupils' images of the NHS was the media. This included television, radio and the newspapers.

'People's views of the NHS are formed a lot by the media and if they actually went, a lot of those doctors and people are really good and they wouldn't think any worse of them because they work in the NHS. The NHS needs good people and I think it gets a lot of bad publicity.'

'... the Media influences your thoughts. For example, if I was struck ill, badly ill tomorrow and had to go into Hospital, following the recent things that have gone on, I wouldn't feel too confident.'

'Tabloids seem to always have a field day if anything goes wrong, like wrong medication or whatever. You get a lot of the scandals as well. About Doctors who have abused privilege and stuff like that.'

Television images weren't just formed via the news but also came from advertisements, documentaries and 'soaps' although the latter mainly portray accident and emergency departments.

'We know about nurses in that we know 'Casualty' nurses because that's all we see. They should give information out about this is what nurses do. ... We know there are nurses for elderly people and children, but we don't actually know what work is involved. ... Whereas we have got programmes like 'ER' which shows exactly what nurses get up to and what they do.'

To a much lesser extent pupils talked about their own experiences of the NHS being a patient or a visitor to hospitals.

'...when I broke my right arm roller skating, I wasn't very old and there was a lot of young children there and yet they still had to make them wait for a ridiculous amount of time and all the while the little kids were getting a lot more anxious.'

'My brother had to wait ages for his operation which was pretty crucial and he has improved a lot since he has had it done but it was the waiting that was awful and my Grandma, they were a bit slow in finding cancer with her. It gave me a bad impression because whilst she did recover from it, there was a much greater chance that she wasn't because it had been discovered a lot later.'

As well as their own experiences of the NHS those of their friends and families were also mentioned.

*'My brothers ... they are both Nurses.' ... 'What do they say about it?' ...
'Not much. ... There are not normally enough staff around because they are
left to do lots of things. ... They don't have enough staff at nights so its pretty
bad.'*

School staff, including teachers and careers officers, and politicians were also reported as influencing their views but publicity campaigns were only mentioned once unprompted.

4.5 Publicity

The main source of publicity that most pupils recalled were television advertisements. In particular a number of pupils described an advert which required several NHS staff to help one small boy.

*'Like this advert comes on TV and it says 'We need more Nurses', ... shows
this lad like he's been hurt in an accident and they need more people to help
people like him.'*

One response to that particular advert was:

*'Kind of makes you think that maybe you want to have career in nursing or
something or you know, something like that. ... You need so many people to
help one person.'*

Pupils mentioned a variety of sources and types of NHS publicity including posters, bill boards, newspaper adverts, promotional materials in school, on buses and at their GP's. Other pupils regarded the adverts as easily missed or forgotten and there was a view that they focused on nurses rather than the other professions. Recent publicity such as the 'return to the NHS' campaign, the increase in coverage due to the election as well as information from a GCSE course were also mentioned as sources of publicity for the NHS.

Pupils made various comments in relation to the negative image of the NHS portrayed

by the media.

'There is always a lot about how mistreated nurses are. ... Sort of badly paid and stuff like that. They have got to get rid of it. It's turning people away.'

'Its like with everything, you never hear if there is a success in the NHS, its not on the front page whereas they pick up every downside'

Other pupils commented on how little they knew about the NHS and its range of jobs.

4.6 Best Things About the NHS

All groups focused on the prospect of helping people. 'Helping people' or 'making people better' was seen as a rewarding career that would provide job satisfaction.

'It was just like when you help people and you see them not necessarily completely better but you see improvement, although they may be difficult patients, there are bound to be people who really try hard and so they are a pleasure to help to get better. ... It can just be rewarding to see how you have helped them.'

For some the best thing about working in the NHS would be the variety of people that they would meet and the rewards of working with colleagues.

Some pupils were unsure how well the NHS paid while one mentioned the pension scheme as a best aspect of working for the NHS.

'Money. I don't know how much you get. It might pay well.'

'The money I think.'

'I would imagine that the pay would be quite good as well'

'The pay is fairly quite good when you get into specifics.'

Several pupils talked about aspects of careers within the NHS. They saw the possibility of taking courses and progression as a good thing about the NHS.

'Maybe the career opportunity that you can work your way up - like from the general - and it would give you a sense of I'm going to earn more if I work my way up to that.'

Other aspects of the NHS that the school pupils mentioned positively were teamwork, work variety and job security – *'...you're never going to stop needing these people.'*

4.7 Worst Things About the NHS

Two main issues were raised: stressful work situations and seeing patients who failed to get better, in relation to the worst things about the NHS.

There was concern that stressful work situations would be difficult to cope with.

'I probably wouldn't want to work in the NHS because I would end up getting too stressed, it would get on top of me. I find it emotional like, if you can help somebody and then you have to tell them you can't. ... I would find it too emotional and it would get in the way of doing the job.'

'I mean, sure I would like to help people but I think that taking on everyone else's problems as well as my own, I don't think that would benefit me. ... I think it - I think I would be ill myself.'

'You get too involved with a patient, then something happens, quite bad, then you think why am I doing this job?'

Various negative scenarios were described in relation to dealing with patients who could not be helped.

'If there is something and you have found it and he's too far gone. It's like you can't do anything about it and you have got to pass on that news knowing that its going to be given to someone. It's just kind of heart breaking in a way.'

Other negative aspects of dealing with patients included looking after awkward or abusive patients (and as a consequence being in personal danger).

Other issues which emerged included concern with long working hours and pay levels. Most pupils noted that healthcare workers are required to work long, irregular and anti-social hours.

'I would like a 9.00 - 5.00 job. Something along those lines. Something more regulated that follows a pattern everyday. You know you don't have to work weekends, or if you do work, its work at your own pace.'

' ... you do have to work shifts because people don't just get injured from 9:00 - 5:00 time of day, its got to be 24 hours.'

The level of pay was also seen as low and unappealing.

'The impression we get from friends is that they are really underpaid. Doesn't really appeal to me if you are not being paid very well.'

'I don't think they get paid enough for what they do.'

'What was the worst thing?' The first thing that came into my mind was pay ... I don't know anything about it but I just assumed from the media that it would be a badly paid job but I realised that I didn't know.'

One pupil summarised the position in relation to the NHS with:

'Every job has its good points and its bad points, it's just that the NHS has got more bad points than good points.'

4.8 Identify NHS

Pupils did not find the questions about whether they identified with the NHS or the professions easy to respond to and discussion was therefore limited. Most said they did not identify with anything in the NHS and some said they were not interested in it, and it was unappealing.

'I can't identify with it because I wouldn't enjoy it I don't think. It doesn't interest me.'

The aspects of the NHS that other pupils did identify with related to healthcare being available to all and that it is free (albeit paid through taxes). One pupil felt the ability to listen to others was a key part of working for the NHS.

'Because I can listen to people and advise. If they have got problems, I know that I can listen and advise them because people come to me because I have a friendly manner. I discussed this with my Gran and she thought I was a good listener.'

4.9 Profession Identify

Pupils mentioned the way that the professions involved helping and caring for people as a key part of professional identity. However this did not mean that it would necessarily appeal as a job.

4.10 Important People

More pupils indicated that they thought the people that were important to them would be supportive if they chose to work in their chosen profession for the NHS, than those who did not expect to have such support. In addition several pupils said that people important to them would probably support whatever decision they made.

The word most often associated with describing important people's support was 'proud'. The reasons given for support in the chosen NHS career were mostly to do with it being seen as a respectable career to go into and a worthwhile career helping people. Other pupils reflected on the differences in family and friends' reactions to working for the NHS:

'As I said like, friends and family will probably react differently. Family would be fairly supportive and be proud but I think some of my friends would barrack me a bit about it. They think nursing, traditionally, is a female job. I would probably get a bit of a barracking through it but I think they would be supportive afterwards and would be quite proud of it.'

'My Mum is a nurse and she was quite keen for me to go in for it but my Aunt is also a nurse and she is trying to push me away from it because she says its not like it used to be. You are now just like an Agony aunt ... and she says she doesn't really have time for her family ... But I don't agree with her and I want to help people and my parents are willing to do whatever will help me to push me towards it.'

A lack of support from important people was related to concerns with the financial cost of training or the low pay once qualified, and to a lesser extent working hours.

'The main [reason] would probably be the pay ... because you have to live don't you ... but my Mum, ... because she has experienced quite some bad things about the NHS... I think she would be quite wary of the fact that I wanted to go into it.'

4.11 Barriers NHS

The qualifying process was the predominant topic discussed by pupils in relation to factors making working for the NHS difficult to achieve. A key concern was the length of the qualifying process although pupils often displayed a lack of knowledge about the careers.

'Its not just a three or four years course its something like seven or eight years training and then if you go are specialise in something more on top, its ridiculous. Is it worth even trying?'

'The time. ... If I am going to spend another eight years of my life in education, I don't know whether I could cope. I think I would go mental.'

High entry grades required for training was another factor.

'Yes, much as they say they need you, they need you and I know you need decent qualifications and everything but ... there are very few people that have the qualifications so that would probably stop me.'

Some pupils thought one had to go to University while others thought one could enter the NHS straight from school. Another pupil, in an AHP group interview questioned whether places would be available:

'Well you could start off at the bottom and work your way up, or you could go into University and get your degree and get into nursing that way. It depends which way you want to go around it. It depends whether you want to start off with like bedpans and stuff and then work your way up to be Sister or whatever, or whether you just want to get in, get your degree or whatever and be a Sister straight up. It really depends what you want to do.'

The financial costs of training were of concern to several pupils. The absence of grants and the length of time required to pay off the resulting debt was also seen as a barrier.

'At one point, a few years ago, I was saying that I am going to end up working in the NHS because I didn't want to work in the private sector and being a doctor was my first choice. But because of gender discrimination and the amount of money it would take to get through training, its fallen

back into second place and I am probably going to go for something like Biochemistry and work in pharmaceuticals instead.'

'The idea of coming out of University and getting a job with debts of thousands and thousands and thousands of pounds. That would put me off.'

Some pupils regarded aspects of working for the NHS as incompatible with their present or future lifestyle for example the long hours

4.12 Duty

This question was not asked of the school pupils.

4.13 Attractive NHS

In considering how the NHS could be made more attractive, the school pupils identified three main issues. These concerned recruitment strategies, pay and to a lesser extent occupational benefits. The negative image that the NHS has was seen as damaging to recruitment.

'They have got to get rid of the image that they have been given by the media.'

Several students thought that advertisements for the NHS should take a more positive approach. There was agreement that the advert about 'the little boy' had been effective in getting a positive view of the NHS.

'That really got to me because it showed how you can make a difference working with all these people and I think more things like that, the positive side of it, would help.'

This positive approach could be geared towards attracting people with what the NHS could offer them, rather than recruiting with what potential recruits could bring to the NHS.

'At the moment they seem to be telling us what we can do for them rather than what they can do for us.'

'Should show some of the positive effects of what they do more than say they need this or they need that and need a lot of money and they need more staff. To say what they actually do.'

Pupils also commented that the NHS literature was not attractive to them.

'[NHS] Careers stuff in school is really boring and could be presented much more interestingly.'

Contact with those already working in the NHS was seen as a way of providing accurate information for pupils.

'If I talked to someone here who were actually doing the job then they could tell you the truth about it.'

The second issue raised by the pupils concerned pay levels. Many felt that an improvement in the level of pay would attract more people to work for the NHS. The topic evoked comments such as:

'If they want us they can pay more',

'There are less important jobs which aren't crucial, and are getting paid a lot more',

'Better pay. That's the main reason why I wouldn't want to do it.'

In addition, there was some discussion concerning the topic of accommodation and the suggestion that more staff houses should be provided close to the workplace.

'Especially the tiring jobs that have long hours. If people don't get paid very much and they cannot afford transport as well to go to these areas'

Other issues mentioned by pupils in relation to increasing the attractiveness of the NHS as an employer were the need for improvements in working conditions, increasing annual leave, having lower entry requirements and having more staff in hospitals.

'To me those type of jobs are fairly attractive anyway because I am interested in them but it's not so much the pay as the conditions that they are asked to work under. I think it's very stressful and you get the brunt of all the bad feelings and everything.'

4.14 Equality

On the whole pupils felt that the NHS treated staff equally irrespective of their ethnic origin. This was seen in part as a product of necessity, given the need for more staff, but also because of the perceived concern of the media if the NHS did not comply with equal opportunities legislation.

'If they are so needed, then I don't think they are going to care whether they are green, purple or gay, you know what I mean?'

Pupils also regarded inequality as emanating more from patients rather than NHS staff.

'I don't want him looking after me because of his colour, or because he's gay or something like that, you know what I mean, it's the public.'

'It's the people, the patients who are discriminating and the TV in pushing it to that extent on male nurses again who all have Aids and the TV influences people to think that.'

Lack of equality where it did exist was seen as relating to gender stereotyping rather than being the result of NHS actions.

'Until I was about ten or eleven I didn't know there were male nurses. It's always associated with females.'

'I don't know whether its like they're treated the same way, there is a stereotype there and so it's pushed that women should be nurses and more men should be doctors.'

However it was noted that men are perhaps able to advance more than women within the professions.

'The males would get to nurse on a higher level. Its like they are in charge'.

4.15 Men

Pupils felt that the main issue explaining the relatively small numbers of men working in the three professions, related to gender stereotyping. For historical reasons – *'girls have always done it'*.

'During the wars and things all the men had gone off to fight and all the women wanted to do their bit so they would become nurses. So the men didn't really have the chance to be nurses.'

It was felt that women are more caring than men, have better social skills and are more willing to help others using their 'mothering instincts'. This stereotype was thought to *'probably put quite a few [boys/men] off'*.

Many pupils thought that boys might not enter the professions because they regarded these careers as more feminine, even effeminate, a 'woman's job' rather than one that fitted a masculine image. Several said that boys *'might think that their friends would take the Mick out of them'*. However, being a doctor was regarded as more of a masculine role.

'So you get Florence Nightingale, you don't get Fred Nightingale. It's not the kind of job that you usually associate with blokes. Some people would say it's a sort of namby pamby caring sort of job.'

The entrance of men into the caring professions has also been affected by the view that they are for 'the workers' and are the 'underdog' professions to medicine which has higher status.

'I think what really gets to me about stuff like that is that it's alright for a woman to become a doctor because she's trying to be something better than what she is, but it's not alright for the man to be a nurse - he's trying to lower his station.'

A few pupils felt it more likely that boys would not enter the health professions because they were not getting as high grades as girls, and would be less able to cope with the stress than the girls. In relation to physiotherapy while dealing with sports injuries was seen as a male occupation, one pupil described the physical caring as something that males do not do.

Suggestions for increasing the number of men in the healthcare professions included increasing the amount of information available and to use more advertisements showing men working in the professions.

4.16 Key Issues Identified by School Pupils

The most significant issues raised by the school pupils in the six group interviews were:

- Pupils associated the NHS with hospitals where people are helped and cared for, but negative images of waiting lists, errors, staff shortages and under-funding were foremost in their thinking.
- Nursing was associated with helping and caring but also with long hours and low pay. To most pupils physiotherapy went hand in hand with sport, and radiography

meant X-rays. Pupils had little knowledge of the AHPs.

- The media, in particular television news was the main source of their images of the NHS, although personal experience and that of friends and family was also evident.
- Publicity about the NHS was mainly through television and mostly negative.
- Helping people and getting them better was seen as a rewarding career and one of the best things about working in the NHS. The worst things about working for the NHS would be the stressful work situation, seeing people fail to recover, the long hours and the low pay.
- More of the pupils thought important people would be proud and supportive of them working in the NHS than would be non-supportive, though for some this would be the case irrespective of their career choice. Financial aspects related to training and subsequent pay levels were the main reasons for pupils thinking that there would be a lack of support from important people.
- The pupils perceived the length of time it took to train and the associated costs involved as the main barriers to following professions in the NHS.
- Improving recruitment strategies by using a positive approach centring on what the NHS could offer to the recruits, rather than vice versa and improving the knowledge base of pupils were seen as ways to increase the attractiveness of the NHS. Increasing pay levels and other benefits was also viewed as important.
- No significant problems were identified in relation to equality in terms of race and gender although patients were seen by some as a source of unequal treatment of staff.
- Men were thought to be dissuaded from entering the three professions because of the caring images that were associated with females.

Overall, pupils appeared to lack knowledge about the professions. Factors that were dissuading pupils from these careers were the length and cost of training. Television was the main source of school pupils' view of the NHS and most media reporting was seen to portray the NHS in a negative light. While caring was seen as a feminine role, an increase in the number of men in advertisements was seen as a way of countering this image. A positive approach to advertisements might increase the appeal of careers in the NHS to both genders.

5 Stage One Findings: Mature Students

5.1 Introduction

Nine group interviews, one individual interview and one telephone interview were conducted with mature students who were following Open University or Access courses to nursing (four groups and one interview), physiotherapy (two groups) and radiography (three groups and one telephone interview). Eight of the groups had between three and six participants and one had nine participants.

Table 5-1: Characteristics of Mature Student Participants

	Nursing (Total = 16)		Physiotherapy (Total = 9)		Radiography (Total = 18)		Total = 43
Gender	Male	3	Male	0	Male	3	6
	Female	13	Female	9	Female	15	37
Ethnicity	White	9	White	9	White	7	25
	Asian:Bangladeshi	0	Asian:Bangladeshi	0	Asian:Bangladeshi	0	0
	Asian:Chinese	0	Asian:Chinese	0	Asian:Chinese	0	0
	Asian:Indian	0	Asian:Indian	0	Asian:Indian	0	0
	Asian:Pakistani	0	Asian:Pakistani	0	Asian:Pakistani	1	1
	Asian:Other	3	Asian:Other	0	Asian:Other	0	3
	Black:African	2	Black:African	0	Black:African	3	5
	Black:Caribbean	0	Black:Caribbean	0	Black:Caribbean	4	4
	Black:Other	2	Black:Other	0	Black:Other	1	3
	Other ethnic group	0	Other ethnic group	0	Other ethnic group	2	2
Age	10-19	0	10-19	0	10-19	0	0
	20-29	7	20-29	5	20-29	4	16
	30-39	6	30-39	3	30-39	11	20
	40-49	2	40-49	1	40-49	2	5
	50-59	1	50-59	0	50-59	1	2
	60-69	0	60-69	0	60-69	0	0

Of the 43 participants most were female (86%) and 42% were of non-white ethnic origin although the physiotherapy participants were all white and female. The composition of the different group interviews in terms of profession, gender and ethnicity is shown in Table 5.1.

5.2 NHS Images

The mature student group identified three main themes: the organisational characteristics of the NHS; the NHS working environment and the resources contributing to this environment; and the availability of healthcare for all.

The word 'Hospitals' was the most common response of the mature students when asked about their image of the NHS. Other most frequently cited descriptions were about the helping/caring aspect of the work, how busy the NHS is, and of (high) waiting lists.

While some students reflected on negative aspects of the NHS, such as overcrowding and delays in operations, others considered more positive aspects such as 'business-like', free at the point of use. Other good things were the '*stability*', '*security*' and '*useful for community*.'

Aspects of the NHS working environment provided the second main theme focusing mainly on continuing staff shortages and low morale of staff. Images were of staff being overworked, experiencing high stress levels and being underpaid. More positive images focused on the teamwork that is involved in NHS care

Other resourcing issues related to a perceived lack of funding, often linked to comments made about taxes and government policies.

Some participants talked about the NHS in the context of equality of care being available to all. They also referred to the wide variety of services provided by the NHS and the high quality of care.

'Treating people equally. ... Treating anybody whereas in other countries, if you haven't got health insurance' ... I think it's a good idea, its just not working ... it's a good thing and I'm proud of that. There needs to be some changes I think.' (Radiography mature student)

Several references were also made by the students about the NHS being a good

employer which provides steady jobs.

5.3 Profession Images

In some cases mature students were still deciding which of the professions to pursue even though they were on a named profession Access or Open University course. However, all were near to making a decision and were able to comment on all the professions.

5.3.1 Nursing

The image of a nurse most frequently referred to by the mature students was someone *‘who’s very, very caring’, ‘puts the other person first’ and ‘who’s constantly caring for people’*

This caring image of a nurse was linked to that of someone who was dedicated, usually female, underpaid and overworked. Nurses were recognised as playing a key role in the care of patients within the hospital setting.

5.3.2 Physiotherapy

Most comments on the professional image of physiotherapists centred around the one-to-one nature of the work.

‘I think there is more scope for physios to concentrate on people whereas with a nurse because you’ve got so many different people and you’ve got to follow this particular routine in these orders. Whereas with physios you kind of tailor your treatments to suit that person, you can use your initiative which is really attractive.’ (Physiotherapy mature student)

It was also felt that physiotherapists had shorter working hours than other health care professionals. A few physiotherapy students also compared the perceived autonomy of the physiotherapist as opposed to the ‘menial’ nature of nursing.

‘I suppose nurses are getting directions from doctors whereas with a physio you decide what treatment you think can work more and think maybe that

doesn't work, maybe I'll try this. Whereas with a nurse I think it might be frustrating if you are getting told what to do - administer these drugs without maybe realising why.' (Physiotherapy mature student)

5.3.3 Radiography

Radiography was viewed as being under-recognised both by the public and within healthcare generally, and usually associated only with X-rays. Participants explained this lack of recognition as being due to its low visibility compared with nursing or physiotherapy. However students also commented on the scope of radiography and the wide range of techniques that are used by radiographers

Teamwork was also perceived as a characteristic of the radiography profession. The closeness of relationship that could be developed with patients (at least in diagnostic radiography), was seen to be less than in nursing.

5.4 Source of NHS Images

Personal experience of working in the NHS or as a patient or visitor was the main source of mature students' images of the NHS. Television also featured frequently, as did newspapers and magazines. The media was often seen as portraying only the negative aspects of the NHS with relatively little news focusing on the positive. Other sources of NHS images were teachers, careers advisors, family and friends.

5.5 NHS Publicity

There was only one mention of publicity campaigns being a source of NHS images. The feeling appeared to be that there was generally very little advertising for the NHS apart from job advertisements for specific posts.

When the mature students were specifically asked about NHS publicity, participants tended to respond with comments related to specific adverts. Adverts were perceived to be about nursing rather than reflecting the wide variety of careers available within the NHS.

'I thought it was quite misleading actually. ... It made out that you could make a 'phone call and you could train as a nurse but that's not ever going to happen is it. ... Its such a long process and I think the fact that it is such a long process puts a lot of people off.' (Nursing mature student)

5.6 Best Things About NHS

One of the most frequently mentioned 'best things' from the mature student group was the opportunity to work with different patients. The different aspects of the work, helping and 'curing' people, making a difference to their lives and getting to know them was thought to result in both rewarding and interesting work.

'No matter what level you are working at in the NHS, it doesn't matter what you do, you are providing a form of care, no matter whether its [a] small part and I think that the ability to give somebody the care that obviously you want to give'. (Nursing mature student)

The NHS was thought to provide job security, job availability and variety. These, in turn, can also allow geographical flexibility.

'You can be flexible. ... If you are working in this hospital and you think they are not treating you well, you can move on to another hospital and if for any reason you feel they are not treating you well, then you can go to Switzerland.' (Radiography mature student)

The variety of work was thought to be enhanced by the career structures and the training and learning opportunities.

'Apparently there are courses and there is a lot of clinical things to develop while you are doing the course and after, so there is room for improvement and expansion. ... Management if you want and teaching if you want, so long as you've got the qualifications you can develop yourself.' (Radiography mature student)

Participants compared the benefits available in the NHS to those in other healthcare sectors.

‘Working in the NHS [offers] ... job security. ... The pay compares well with other sectors; there are opportunities for you to progress.’ (Radiography mature student)

The benefits referred to included the NHS pension scheme, better pay, more support from unions and better conditions than in agency work.

5.7 Worst Things About NHS

A perceived lack of resources in terms of both staff and funding was the main topic discussed by this sample group. There appeared to be a sense of frustration that the lack of resources hindered the provision of a good service to patients.

Mature students appeared to feel that they would be underpaid when they qualified as professionals. Other diverse issues were also raised including the lack of career opportunities, the bureaucratic nature of the NHS and inter-professional relations.

Lack of work flexibility was another common theme identified by mature students, particularly the nurses. Problems had arisen for some due to a lack of family friendly policies and also having to work unsociable hours.

Several participants mentioned the physical danger from patients, while other individuals talked about the negative attitude of some patients and the fear of litigation.

5.8 Identify NHS

The mature students saw themselves as part of a team providing care to anyone.

‘I think I identify myself as part of a team of the National Health Service. If you want to deliver good care and look at the patient holistically you to have

to have a good co-ordination of all the services in the Hospitals and in the Community.’ (Radiography mature student)

That the students’ focus on caring was not driven by money was also evident in other responses to this question.

‘I know its all money, money, money but the end thing is we all want to go into an industry which we all consider to be important, so that’s primarily the reason we are going into it. ... We are not going into it for the money’ (Radiography mature student)

Other students, however, said that they did not feel any sense of identification with the NHS. Some students identified more with smaller sections (a hospital, a profession) of the organisation rather than the NHS as a whole.

5.9 Profession Identify

Responses to the question about professional identity focused mainly on a range of aspects of working with patients. Nursing students seemed to focus more on describing the caring and helping aspects of the work while other students talked in relation to patient interaction, continuity of care and the hands on nature of the work. The belief that they help people get better was anticipated to be a source of job satisfaction.

‘Having patient interaction but not to the extent that a nurse has with a patient is a big attraction for me. ... Also I find that its an asset with radiography the science aspect really interests me.’ (Radiography mature student)

Mature students on radiography courses appeared to focus more on the scientific nature of their work, identifying with both patient contact and the technology.

‘For me it is a combination of machinery and working with patients, you know therapeutic, being physically involved with the patient I find that very

rewarding and with the added bonus of using the machinery as well. ... I am fascinated.’ (Radiography mature student)

5.10 Important People

At least one person in each of the eleven groups mentioned that they had received support from important people (family, friends). ‘Proud’ was the word often used to describe how important people would feel.

‘My family will be happy for me to do whatever I want to do whether it be NHS or not. ... But they’ll be proud no matter what I do and I think they’ll be even prouder if I do work in the NHS, they’ll be really proud because I’m helping. ... Doing something for the people. ... It’s a noble job.’ (Physiotherapy mature student)

In some cases, participants had family or friends who worked for the NHS and this was the basis of their support. The reasons why participants thought people would be supportive were either general:

‘My family are just supportive really. ... They would support me in whatever I decide to do, they are not judgmental in anyway, so they would always want the best for me.’ ((Nursing mature students)

or more specific such as the respect that NHS careers are perceived to command.

‘I think many people in my family and the friends, they are giving me respect because Radiographer is someone many person give him respect in health is not someone you can push him with the pressure is someone is free to do their way’ (Radiography mature student)

Comments in relation to participants who had experienced a lack of support from important people occurred in about half of the groups. This was perceived to stem from specific concerns such as safety aspects of the work – X-rays and being near illness, the pressure involved and the low pay.

5.11 Attractive NHS

Responses to this question can be grouped into five main areas: finances, both in order to qualify and once qualified; various aspects of the jobs themselves; occupational benefits; aspects of entering their chosen careers and recognition of and within the professions.

The cost of the qualification process for mature students who had family or housing commitments was seen as an area that could be addressed in order to increase the attractiveness of the NHS to potential staff.

Being in debt or incurring a large loan to pay off and being unable to have a standard of living that they were used to, having already been wage earners, and even just the cost of childcare were all seen as deterrents to training. This was especially so because the salary on qualification was still relatively low.

'....there's no way we are going to get through three years at University without taking out some kind of loan. ... You know there is only so much beans and dry bread you can eat in a week. ... They have to make the whole package more attractive.' (Radiography mature student)

Some mature students felt that the long duration and difficulty of the courses also contributed to this burden.

'I think it would be more attractive to offer more financial support for trainees because trainees go on this long term commitment to do their training. They get a very minimal salary which you could pay your rent but could barely live, whilst you're qualifying. That's very unattractive because that would mean you'd have to have some money behind you already before you could even go into nursing.' (Nursing mature student)

The inequality between students in terms of the availability of bursaries was also raised as an issue by one individual.

'They give a non-means tested bursary to diploma nursing students, why not for all health professionals.' (Radiography mature student)

Raising the levels of pay was thought to be important in making the NHS more attractive.

'Better pay. ... Nurses are treated dreadfully. ... People in the health professions I don't think they are given ... you know you take three years out of your life to do a degree, and other people in different professions get paid a lot more with a degree.' (Radiography mature student)

Mature students also felt that more funding, particularly for staffing was an important attraction factor. In addition several comments were made pertaining to the need to have more flexible working hours for staff with families. The level of stress experienced by all staff working in health care was also a frequently mentioned topic.

Occupational benefits was the third area that mature students felt would increase attractiveness to potential recruits. This included several suggestions around helping with transport to work, with accommodation and self defence.

Aspects of travelling to work were raised as problem areas that could be considered. It was noted that public transport was not necessarily available for shift workers, car parking at hospitals is frequently very difficult and it was felt assistance with car ownership for staff willing to commit themselves to long term working with the NHS was a useful idea.

'The parking I see as a real problem, you've been at home and you're on shift and you've got to be there extra early and that sort of thing, it takes quite a while now to walk anywhere in the hospital so you need to be there half an hour because by the time you get to wherever you're walking it takes you that long, perhaps needs to be pockets of car parks or something.' (Nursing mature student)

The fourth issue discussed in relation to raising the attractiveness of the NHS was in terms of providing a more realistic picture of each profession. In relation to physiotherapy, for example:

'I think there definitely needs to be more told about it. ... About how hard it is and you are not going to qualify and go and work for Manchester United and run on the pitch with a magic sponge. ... You know I think that's where a lot of people are going wrong. ... They have got this picture in their head of what they are going to do and its so mentally frustrating and it's so difficult. ... You have to be so patient and when I did my work experience I was so mentally exhausted at the end of the day, I had to deal with people whose lives were absolutely shattered and they are trying to get them talking and walking. Don't glamorise it, give them some reality and let people see what it actually involves and then cut down on time wasters and give people who want the places..' (Physiotherapy mature student)

Some thought that the qualification process was too long and that an adequate level of knowledge for the work could be gained from shorter courses. Shorter courses would have the advantage of being less financially demanding and arriving at a salary sooner. Furthermore, courses requiring fewer qualifications were also suggested.

A few mature students described other problems such as finding the course content difficult and the tiredness experienced by having to work and study concurrently.

'Lots of people just can't give up work like myself I work nights and I'm just managing to complete the work but like this morning I would have loved to come to my lessons this morning and this afternoon but I was just so tired I fell asleep. ... I was just not physically able to get here So many people are missing out on the change, the chance to change their life because they can't see a way forward whereas they would be more willing to commit to the NHS if they were willing to commit to them. ... Maybe a signed contract.' (Radiography mature student)

Giving up work to train or study full time was an enormous financial investment.

'I was working actually in the NHS full-time but I have had to drop my salary, drop my pension in-put, drop anything that I had built up. ... It wouldn't have mattered if I'd been there for 20 years. ... I have had to lose all of that to actually train to go and work in the NHS so should they not, particularly with current employees and even older people more mature people if they were in other professions, make it an easier pathway for them. ... Its very difficult, very little choice for me.' (Radiography mature student)

The final issue discussed in relation to raising the attractiveness of working in the NHS was to increase recognition of the healthcare professions. Both internally by other health professionals and managers, and externally by the general public.

5.12 Duty

When participants were asked whether they felt a sense of duty to work for the NHS, several thought the word 'duty' to be inappropriate. For example:

'I don't know whether duty is the right word but I think because it's a two way thing really, they've invested lots of money to train myself as a radiographer and I feel that I should really give a couple of years to working there. ... Because it costs a lot of money to train someone, you know, after three years if you just swan out of the country. Not that its doing anything wrong but I feel that I feel a duty to work for two to three years and because it gives you the experience as well.' (Radiography mature student)

In the mature students group there were more comments relating to *having* a sense of duty than not. The most common response from the former group was that they should 'put something back' into the system that had trained them.

Mature students who said that they did not feel a sense of duty to work for the NHS explained that they saw it as a personal preference. Others felt that their duty was not specifically with the NHS; they were still working in healthcare and thereby making

their contribution indirectly.

'I don't feel I have now because I'm still working in the caring profession and I work in a home for the elderly. So I feel although I'm not actually employed by the NHS, I'm still using those skills in a health way and providing for the community, so I'm not actually employed by them I'm still contributing as a whole.' (Nursing mature student)

Participants recognised the quality of the training they received and its transferability:

'I think that the security of having a job that I know is going to be there but I don't feel duty bound to work in the NHS. ... In fact I have already been propositioned by the commercial sector should I qualify and that's not until three years hence.' (Radiography mature student)

5.13 Barriers NHS

Asking mature students about what they saw as factors that might make working for the NHS difficult to achieve elicited three main issues. These were financial barriers, concerns in relation to qualifying in the professions and issues related to work flexibility.

The main barrier was perceived to be financial for example, financial difficulties as being a deterrent to qualifying or finishing a course.

'I think everybody here can just about say they are as broke as they have ever been in their lives but, because you want to do it, you will continue through to do the Access and you will go on and do your three years. ... You know, here's hoping at the end of it you get a job and its like whoopee, I've got money again!' (Radiography mature student)

Some mature students described the financial sacrifices they had had to make in order to train for a profession. Others had taken part-time work whilst studying to help their financial situation but this had problems of its own.

'We just can't get by unless you've got some form of part-time work and it just causes a lot of stress which was the result of some people leaving the course because they just couldn't work around it to get a job to fit in and out of it.' (Radiography mature student)

Help with the cost of childcare was seen as an area that the NHS could improve to encourage more people into professional training.

'More facilities so we can go in for it, like crèches, more crèches and more child minding facilities. More funds available for child care as well, especially on site because some hospitals' crèches are actually like about two miles away from hospitals.' (Physiotherapy mature student)

The second theme of responses to the question about barriers to people entering the NHS related to problems with qualifying. Mature physiotherapy students tended to talk about the competition for places and the difficulty of being able to get work experience prior to applying. Radiographers were more concerned with being able to pass the requirements in physics. The length of the training process was also referred to as a deterrent to qualifying.

The third area that mature students talked about was in relation to the flexibility required for parents to undergo training and subsequent work in the healthcare professions. It was perceived that training was still orientated towards younger people who did not have family responsibilities.

'To choose to go into University with three children and I would have three weeks off a year, its just not ... I can't be bothered. ... They are not making it accessible for everybody. It seems to me an age thing. ... If you're free and single you can be there. ... That would be one of the things that would put me off going into general nursing.' (Physiotherapy mature student)

5.14 Equality

When asked whether they thought that the NHS treated all employees equally whatever their race or gender, mature students gave mostly positive answers. Participants appeared to feel that the lack of inequality was backed by legislation. One student described her belief that foreign employees attracted to the NHS actually were given a better deal than local employees and viewed this as discrimination.

The reasons for there being relatively few people from ethnic minorities in training were discussed by some of the participants. Two reasons given were, firstly, the middle class stereotype of health professionals and secondly, the amount of financial backing which is required to train.

'Oh you've got to be extremely brainy, you have come from a certain part of society and you have got to have a certain amount of money.'
(Physiotherapy mature student)

It was recognised that equality was not an issue specific to the NHS.

'I think you get it anywhere don't you? It's a business; it's an organisation at the end of the day. ... There is always going to be someone there to stamp you down if you don't look right you know, you are not the right sex'
(Physiotherapy mature student)

Some mature students expressed the view that the NHS seemed biased concerning gender.

'I think certain roles in hospitals are seen as gender specific and always will be.' (Radiography mature student)

Another countered this view by suggesting apparent inequality sometimes arose from lack of confidence not a lack of opportunity.

The view that *'the NHS tries to [implement a policy of equality] but the individual*

sections sometimes fail. ... I don't think it's a failure of the NHS I think its down to individuals' was also expressed.

5.15 Men

The most common response to why there were considerably fewer men than women in the three professions were related to gender stereotyping. Other features were the lack of status for men, pay levels and a lack of information. It was perceived that this tended to reflect the traditional role of women being the nurturers and carers.

'In flyers and things in the past, they've always had women on the front covers. It's a woman's role. [Women] are seen to be the caring one in the family so its automatic that they are the perceived to be the ones for caring out in the community and NHS and things like that.' (Nursing mature student)

Several mature students also thought that another traditional view was that all male nurses were homosexual.

'I said to my son, 'Why don't you try nursing?' and he laughed. ... He thought it was hilarious.' (Mature student)

Another factor was felt to be that the pay was just not adequate to support a family.

'A lot of guys feel that they need to earn the money. ... We need to earn money because of roles they may play later. ... At the minute they are considered to be male, being the provider, being the father so they need the money whilst the wife looks after the children.' (Radiography mature student)

A lack of status and limited career opportunities associated with radiography before it became a degree course was also thought to have deterred men from the profession.

The fourth area of comment in this area related to there being a lack of information

about healthcare professions.

5.16 Key Issues Identified by the Mature Students

Some of the most interesting issues raised by the mature students were:

- The image of the NHS is one of busy hospitals providing free care to everyone but requiring more staff in order to reduce the long waiting lists. The staff are overworked, underpaid and have low morale. Their image of the NHS had been gained through personal experience – from work, as a patient and as a visitor. They think that the media projects a negative image of the NHS.
- The image of nurses is one of dedicated females playing the key roles in providing continuous care to patients. While physiotherapy focuses on one to one care, radiography is thought to combine care and technology but is under-recognised as a profession.
- The best aspects of the NHS are working with a wide variety of patients, job security and job availability. Other advantages are the pension, careers, training and learning opportunities.
- Lack of staff, funding and resources are seen to hinder providing a good service to patients in the NHS. Other worst aspects of employment in the NHS are that mature students expect to be underpaid when they qualify and to lack work flexibility.
- The students thought they would identify with being part of a caring team or, for some, with their particular hospital and/or professional group.
- The NHS would be made more attractive primarily by financial improvements both during training and once qualified. A wide range of other suggestions including aspects of the career, occupational benefits, various aspects of the job and profession recognition, were discussed.

- Barriers to entering the NHS were financial, the process of qualifying and lack of work flexibility.
- The NHS was seen on the whole to provide equal opportunities in terms of ethnicity and gender. The lack of professionals from minority ethnic groups was suggested as being due to the middle class stereotype of health professionals and the costs incurred to train. Gender stereotyping was the main reason for men not entering the professions though a lack of information, pay and status were also put forward.

Overall the mature students thought the NHS delivered care to a wide variety of patients and provided secure and available jobs. The students were concerned with the financial aspects of training, the time this took and flexibility to facilitate training. Once qualified important issues were the staff shortages, lack of resources, low pay and work flexibility.

6 Stage One Findings: Students Undertaking Professional Training

6.1 Introduction

This section investigates the comments made by students in full time professional training for each of the three professional groups. In total eight group interviews were conducted with three groups focusing on the nursing diploma and degree courses, three groups focusing on the physiotherapy degree courses and two groups focusing on the diagnostic and therapeutic radiography degree courses respectively. The composition of the different group interviews in terms of profession, gender and ethnicity is shown in Table 6.1 below.

Table 6-1: Characteristics of Student Participants

	Nursing (Total = 17)		Physiotherapy (Total = 24)		Radiography (Total = 18)		Total =59
Course	Diploma	9			Diagnostic*	11	20
	Degree	8	Degree	24	Therapeutic*	7	39
Gender	Male	6	Male	4	Male	4	14
	Female	11	Female	20	Female	14	45
Ethnicity	White	14	White	24	White	15	53
	Asian:Bangladeshi	0	Asian:Bangladeshi	0	Asian:Bangladeshi	0	0
	Asian:Chinese	0	Asian:Chinese	0	Asian:Chinese	0	0
	Asian:Indian	0	Asian:Indian	0	Asian:Indian	2	2
	Asian:Pakistani	0	Asian:Pakistani	0	Asian:Pakistani	0	0
	Asian:Other	0	Asian:Other	0	Asian:Other	0	0
	Black:African	0	Black:African	0	Black:African	0	0
	Black:Caribbean	3	Black:Caribbean	0	Black:Caribbean	1	4
	Black:Other	0	Black:Other	0	Black:Other	0	0
	Other Ethnic Group	0	Other Ethnic Group	0	Other Ethnic Group	0	0
Age	10-19	1	10-19	11	10-19	3	15
	20-29	4	20-29	13	20-29	13	30
	30-39	9	30-39	0	30-39	1	10
	40-49	3	40-49	0	40-49	1	4
	50-59	0	50-59	0	50-59	0	0
	60-69	0	60-69	0	60-69	0	0

* Both degree level

Table 6.1 shows that it was possible to interview almost even numbers of nursing

diploma and degree students. Of these groups there were three males in the diploma group and three in the degree group allowing good coverage of different gender perspectives. However, this was not the case with the Black:Caribbean participants who were all following the diploma course. The Radiography groups were also fairly evenly split across the two specialisms of diagnostic and therapeutic with the majority of males (3) following the former course. However, all the minority ethnic group participants were studying the therapeutic radiography degree course. The most polarised of the three professions was physiotherapy with the majority of participants being white and female. The majority of participants in all the group interviews fell between an age range of 19-22 with the only groups significantly outside this range being the nursing diploma students with ages in the range 31-49.

6.2 NHS Images

The most common image of the NHS stated by students in professional training was teamwork in the working environment. Students considered team working in a positive light with comments such as, *'it's where the staff work well as a team'*. Another positive image identified by the students in relation to the working environment in the NHS was job security. However, negative images were also identified including stress, low recognition, being underpaid and a lack of time to see patients.

Similarly the student groups identified a number of negative images associated with resources. A number of students indicated that they perceived the NHS to lack funding and generally not have enough money, with two describing it as a financially bottomless pit. Students also talked about continued staff shortages and this issue was illustrated by comments from a student who stated:

'Every hospital that I've been to, there are vacancies. They are waiting for Physios to come because they are obviously under-staffed'. (Physiotherapy student)

The third area of images mentioned by the students concerned the organisational characteristics of the NHS. These comments were either descriptive, (such as 'big',

‘free at the point of use’, ‘a well known organisation’, ‘a public service’ and ‘busy’), positive, (such as, helping people and trying to improve) or negative, (such as, ‘not well run’ and ‘high waiting lists’). However, the most common organisational characteristic associated with the NHS was professionalism.

‘Full of professionals that care about what they do’ (Diagnostic Radiography student)

‘Dedicated staff who could have given up a long time ago.’ (Nursing student)

Some other images that were also associated with the NHS included providing healthcare for the whole population, that the government often made political use of the NHS and that the organisation was frequently encountering change and new initiatives.

6.3 Profession Images

6.3.1 Nursing

When discussing images of nursing in the NHS the nursing students tended to focus on elements of the working environment. The comments were mainly negative with students indicating that they thought nurses were underpaid, overloaded, had to do hard work and worked long hours. They also thought that there was a lack of recognition for nurses from both the general public and from other healthcare professions. However, the students did comment that team working was considered part of the nurse working environment.

Two images that students also associated with nursing were of a caring profession with dedicated staff. These characteristics were reflected in one student’s comment about being on the nursing course:

‘I just feel really committed to it [nursing]. I have done since I started it and I just wouldn’t give up for anything now’ (Nursing student).

6.3.2 Physiotherapy

When discussing images of physiotherapy, aspects of the working environment were also prominent. One of the strongest themes was low recognition from other healthcare disciplines and the general public.

'I think the respect for Physios is growing but I think its needs to be recognised a lot more by the other professions in the NHS like the doctors and nurses.' (Physiotherapy student)

'I think unless they have had it themselves [physiotherapy], or had a member of the family who has seen a physio, I don't think they really understand.' (Physiotherapy student)

Other images associated with physiotherapy included hard work and being underpaid. However, the students also mentioned more positive images such as teamwork, a caring profession, working shorter hours than other healthcare professionals did and working on a one-to-one basis.

A number of characteristics of physiotherapy were also mentioned by the students such as massage, sport and tracksuits. In addition, some of the students stated that they thought the profession was well respected and was transferable providing opportunities to work abroad.

6.3.3 Radiography

A strong theme identified by the radiography students was the low recognition or inaccurate recognition of their profession by the general public and other healthcare professions. The students felt that their profession suffered from inaccurate images and had lacked specific attention in recent advertising campaigns. For example, the students commented:

'Like while we were talking about this advertisement on TV, you know, the boy you get is knocked down. Twenty two nurses pick them up, a porter takes them down then an SO does the blood test, a cleaner cleans up after it

but he's not had an X-ray but we know he's got a broken tib and fib. Very clever doctors they are.' (Radiography student)

The students also perceived that radiographers were overloaded with work and underpaid. They also expressed some concerns about safety aspects of the work and possible exposure to radiation.

Other images discussed by the students focused on the characteristics of the profession. For example, terms such as 'X-rays', 'cancer', 'button pushers' and 'not sexy', were all used to describe the images associated with radiographers or radiography. The participants also perceived that the profession was respected and performed a vital role in the provision of healthcare. However, some students were concerned that the radiographers' knowledge was sometimes underused in the workplace and that they performed more than a simple technical role.

6.4 Source of NHS Images

When asked about sources of their images of the NHS, the students mainly identified their own experiences, either working in the NHS or on placements. The students mentioned discussing the state of the NHS with existing staff and seeing the condition of wards and hospitals while being on placement.

Another significant source of images for the students was from the media. When asked to identify the medium more specifically comments tended to focus on newspapers, magazines and the television news. However, media such as soaps, documentaries, the radio or internet were not mentioned at all.

A range of other sources was also mentioned by the students and these varied from first hand experiences either as a patient or visitor to the NHS to second hand images from friends and relatives' experiences. Other sources included general views from friends and family towards the NHS and also teacher and lecturer comments.

6.5 NHS Publicity

When discussing the publicity material that the students had seen about the NHS, the most common example cited was television adverts usually in relation to nursing. Other media that were also identified as being used for publicising the NHS included radio, newspapers/magazines, leaflets and posters and billboards. Some students also mentioned the internet, open days and job adverts. However, these comments were less frequent.

6.6 Promotion of the NHS

Comments about how the NHS is promoted in the media frequently focused on negative images and how these are portrayed. Several students mentioned that the media only seemed to focus on the negative aspects of the NHS and paid little attention to the 'positive' issues. The students indicated that the NHS would struggle to counter these negative images because they appeared to be so common and were constantly reinforcing a negative view of British healthcare.

'I think it's easier to be negative about it because everything you hear on the News is negative. You don't generally hear like there is a lot of good stuff that goes on as well and you don't generally hear about that. Its always the negative like this went wrong and that went wrong and this could have been better, so you they don't really ever tell you the good side.' (Physiotherapy student)

However, the specific promotional activities that were identified by students were generally met with praise. The students thought the television adverts had been effective in raising public awareness about the diversity of occupations in the NHS and that traditional patient contact roles were not the only careers available. In addition, the students felt that some of the profession specific adverts were effective and provided useful information about career opportunities.

'Which I think is good because if there is someone who doesn't like the actual patient contact as such like dealing with blood or dealing with the

actual patients, they highlighted jobs where you wouldn't have to do that but you would still be of benefit if you joined the NHS. It did kind of focus on everything not just the medical side of things.' (Physiotherapy student)

However, the students also highlighted the importance of promotional material about the NHS being honest and accurate. They felt that some of the adverts tended to show an idealised view of the NHS that was misleading commenting:

'You see the images of hospitals, you know you see these lovely well equipped, clean Wards and everybody is there you know tucked up and all the patients are smiling and creates this euphoria that you know walking in it looks just really nice and you walk into a real Ward and its noisy, smelly often dirty and they haven't got the equipment that you need and the patients are moaning and the staff are moaning, you know. So there is a big gap between what you see when you get out there and what you see on TV.' (Nursing student)

Consequently, when discussing how the promotional could be improved one student stated:

'I think they should be more realistic when they are advertising and say how hard it is. That there are benefits and there is job satisfaction. Because they are just painting a pretty picture and everybody knows that's not really how it is. It's hard work.' (Nursing student)

An interesting issue raised by some of the students was that by increasing the level of advertising for recruitment into the health professions it was possible that a 'desperate' image was becoming associated with the NHS. The students felt that should advertising become too prevalent it could actually act as a deterrent to potential new recruits that would start to question why the NHS was having to go to such lengths to attract new staff. One student commented:

'I think it made the NHS look pretty desperate. If you actually resort to advertising to get [recruits]- you know advertising on television is quite a desperate measure.' (Physiotherapy student).

Other comments made by the students related to school and careers advice. Generally, the students presented a poor image of these potential information sources indicating they had little career information provided about the NHS. Physiotherapy and radiography students seemed the most concerned about the poor level of information that had been available to them commenting:

'My Biology teacher told me that it would be a repetitive job and I should do something more challenging.' (Physiotherapy student)

'It may seem stupid but I knew nothing about Therapy Radiography and it was the Careers Adviser gave me a list of careers, said go and look them up and it was so restricted what I could find. It took a long time but I've never seen anything about Radiotherapy and I didn't have a clue what it was, how to do it and I think in the end I got in contact with the Society through something in a UCAS book and they sent me a booklet on Universities that I could contact and that's how I found out about it.' (Radiography student)

Both these groups of students also expressed concern that the majority of promotional material that they had seen focused on doctors and nurses. They felt that there had been an over emphasis on these professions and that not enough attention had been devoted to other healthcare professions with one radiography student commenting, *'recruitment and retention isn't just about nurses and doctors.'*

6.7 People Influence

The students indicated that their colleagues were the most common people to influence the students' views about working for the NHS in their chosen profession. The only other people that influenced the students' views were reported to be their family.

6.8 Best Things About NHS

When discussing what the students perceived to be the best things about working in the NHS a number of themes were identified. One of the strongest themes concerned working with patients. The students felt that working with patients would be extremely rewarding and interesting work allowing students to feel that they were making a difference to patient well-being. Some students placed particular emphasis on establishing relationships and generally getting to know the patients and being in a position to help, all of which were thought to contribute to high levels of job satisfaction.

Another strong theme discussed by the students were the job and career aspects of working in their chosen profession. Foremost among these issues was the high level of perceived job security and job availability for new staff. The students liked the fact that they felt they were more or less guaranteed a job in the NHS once they qualified and that there were job opportunities throughout the UK providing choice of working location. They also indicated that they felt, once having secured employment, the NHS would provide a steady job, the chances of redundancy being considerably smaller than in alternative occupations.

Another positive aspect of their career in the NHS was considered to be the high levels of job variety and breadth of experience that would be available to new staff. The students thought this was valuable and would enhance both their career prospects and the level of enjoyment they expected from their roles. Some students added that they thought the NHS provided greater opportunities in these respects than alternative healthcare employers such as the independent sector.

'I think the variety of patients as well. You don't just get, I mean in private you are more likely to get more affluent patients whereas in the NHS you get the whole spectrum of the population so I think its harder in that aspect but more rewarding because you don't just see one type of patient.'
(Physiotherapy student)

Further positive aspects that the students discussed were the perceived occupational

benefits of working for the NHS. The students liked the fact that they would be entering a working environment very much geared to effective team working and that they would have close support from other staff while carrying out their roles.

The students placed significant value on the pension that they would receive from working for the NHS as well as the provision of nursing accommodation and full holiday entitlements.

6.9 Worst Things About NHS

When discussing the more negative aspects of the NHS three main themes became apparent. These were pay, resource issues and concerns about the working environment. It was clear that many of the students across all three professions felt that levels of pay in the NHS were not sufficient reward for the level of work conducted. Generally students thought staff were underpaid and their level of skill, the nature of tasks performed or the levels of responsibility held were not adequately reflected in salary levels.

'I think there is an imbalance there in that you know that you've trained for three years and get a degree and you end up with a salary that you could get in a factory. It's not so good is it?' (Radiography student)

One of the most common resource issues that the students had concerns about were continued staff shortages within the NHS. The students were worried about the levels of stress and extra workload that the lack of qualified staff would create. They were also concerned that they would have to cover for a lack of qualified staff and that this would lead to a very stressful working environment. Other resource issues that were mentioned included frustration over not being able to provide a good patient service because of a lack of funding, having to make do with old and poor quality equipment and generally having to work in a poor environment.

The third main theme discussed by the students centred on the working environment that they expected to enter. Of particular concern was the prospect of entering very stressful working environments and how this would effect them. The students

indicated that they had heard of staff who had to take time away from work to recover from the high stress levels. It was also suggested that it would be stressful for the students if they were not able to provide the level of care they felt they should be delivering because of factors outside their control.

Two factors that were thought to contribute to the generally high stress levels of the healthcare working environment were an increased fear of litigation and a lack of time to see patients and to carry out work activities. The lack of time to see patients was particularly emphasised by the physiotherapy students who perceived that the quality of care they would be able to deliver would be severely reduced because of a pressure on appointment times and the need to push through patients.

Other issues that were raised by the students included a lack of respect from other professions and negative attitudes from patients. Some students also emphasised concerns about possible physical danger from patients with one student commenting:

'No disrespect but specially being a male, the fear of being attacked is quite strong. I've been in Mental Health now for three years, and I've known about four or five people who have all been male, that have been attacked quite viciously. In some cases it's premeditated and they think they can use us as battering rams. That's one I absolutely hate and there's one that as soon as I qualify is to stay out of the Acute side, that's definitely one thing I want to get out of.' (Nursing student)

In addition, it was perceived that working for the NHS would involve long hours and that there were generally a lack of family friendly policies in the health service. Low staff morale and a lack of annual leave flexibility were also considered as some of the more negative aspects of working for the NHS.

6.10 Identify NHS

Generally the students had some difficulty in responding to the identity question, however some interesting issues were raised. The two principal themes discussed by students involved the free access to healthcare provided by the NHS without

restriction and individual characteristics associated with the healthcare professions.

The main aspect of the NHS that the students felt they most strongly identified with was the provision of healthcare for the whole population without discrimination. Some students indicated that they thought it was very important that healthcare was not dictated by people's social status and that personal prejudices and feelings must be excluded from influencing the quality of care.

'It doesn't matter what walk of life you come from, it doesn't matter what you've done in the past. Whether you're a prisoner, whether you are just a vagrant off the street, or even if you've got thousands and thousands of pounds in the Bank, everyone gets the same treatment. No one is discriminated against.' (Nursing student)

The students also discussed the characteristics of people that wished to work for the NHS, indicating that they thought people had to be very caring and tolerant with a great deal of patience. They also thought that staff couldn't be 'money orientated' and had to have the desire to work as a team towards a common aim.

6.11 Profession Identify

The students also had some difficulty in answering the question concerning whether they felt that they identified with any particular aspect of their chosen profession. The strongest theme that emerged from the discussions about professional identity concerned working with patients.

The students stated that they identified with the patient interaction that would be part of their chosen profession and the ability to care and help people in need. They felt that they had deliberately chosen these professions to provide them with roles that would be 'hands on' in terms of healthcare delivery and that would allow the students to be involved with a continuity of care beyond a single intervention. For example, a student stated:

'I love being with people and to me as a nurse, you really do get close to a person like a work relationship and you care for them and you have your relationship and the patient come on to the Ward, he or she may be really ill, sick, and with medication and support and help, that person usually gets better and when a person says 'Thank you' to you, its only a word but thank-you, it really does move me. So that's why I feel its really worthwhile doing it, so that's why I want to be a nurse.' (Nursing student)

The radiography students also discussed the personal characteristics required for their profession, indicating that staff had to be quick thinking, pro-active and to have a problem solving attitude.

Finally, the students also mentioned the job satisfaction that they identified with their occupations as they get patients better from their healthcare delivery. A number of students placed value on the ability to form relationships with patients rather than just delivering care and that they were performing a worthwhile role.

6.12 Important People

The majority of students indicated that they thought the people who were important to them would be supportive if they chose to work in their chosen profession for the NHS. Many students said that their family and friends would be proud, viewing the occupations as providing a service to the public, which was well respected as a career choice. Other students indicated that they thought working for the NHS was considered a good career and would represent an achievement. Some students also indicated that their family would prefer it if they pursued their profession in the NHS rather than under other employers.

Other students indicated that their family and friends had mixed views about their choice of career and employer. For example, a student commented:

'My husband is very supportive but the rest of my family just think I'm completely crackers.' (Nursing student)

Similarly, students also indicated that although family and friends would be pleased they often had some concerns or reservations about the student's future roles.

'My wife would be very chuffed but at the same time she would be very worried mainly because of what we have highlighted earlier, which is the aggressive side. The potential of that is what would upset her.' (Nursing student)

No students indicated that they had encountered opposition for their choice of profession or employer. However, several did indicate that family and friends had highlighted the poor pay and potentially dangerous working environment that they would be entering. Some students thought that their parents and friends would prefer it if they worked privately or couldn't understand the student's motivation to pursue their particular career.

'They think I'm mad! But they think you must do it because you like people, there can't be any other reason for working in the NHS.' (Radiography student)

6.13 Duty

When asked whether they felt any sense of duty to work for the NHS in their chosen profession the students were split in their views. Several felt quite a strong duty and desire to work for the NHS in order to 'give something back' for the training, experience and financial support they had received.

'I think as well we owe to the NHS to work for them. At the end of the day they have paid for most of us to be here, whether by paying our tuition fees or supporting us, or however they've done it, they have given us financial help to make life easier and I think because of that the least we can do is to give them a few years, some length of time when we can say, thanks a lot, I've come back to pay my dues. That's one thing that we do owe to them at the end of the day.' (Radiography student)

However, a significant number of other students indicated that they felt no sense of duty at all to work for the NHS. Some students indicated that they felt that they had already made a contribution back to the NHS and others indicated that they would only stay so long as they liked the working environment, but would have no compunction about leaving.

Some students also took the view that if they wanted to improve their incomes they would have to consider working outside the NHS. They indicated that they would be concerned about income levels when they wished to raise and support a family and questioned whether the NHS would be able to provide the salary levels they would want at that time. In addition, it was clear from some of the nursing students following a degree programme that they felt bitterness towards the NHS because of not automatically having the same bursary available to diploma nursing students. This exclusion was in some cases clearly having a negative impact on the desire to work for the NHS once qualified. For example, a student stated:

'I have no loyalty to the NHS whatsoever because I think what have they paid for in training, like it costs 'X' amount of pounds to train a nurse, but for six months of the year you are doing unpaid work. Cheap labour and that's why I think if we were all given the same Bursary, I would have a lot more loyalty but I feel like, I feel like a victim really. I know that I would rather do the degree rather than the diploma but I feel that short changed by them really.' (Nursing student)

6.14 Barriers NHS

The majority of students indicated that they did not perceive any barriers for them if they wished to work in the NHS for their chosen profession. For those students who did identify barriers the strongest theme appeared to be family issues.

Concerns were voiced about a perceived lack of family friendly policies and the difficulties of completing the courses because of the high cost of making alternative childcare arrangements. Several students stated that they had already experienced problems in these respects and other students were clearly aware that juggling shift

work and family commitments would prove difficult in the NHS.

'The only downer for me really is I keep thinking about when qualifying I've got a daughter and its not being able to have set hours each week or for a month or seven, it sorts of messes my family about if I can do a late or a night shift of if my Mum ... and really interfering with her life as she has just retired, for picking up my daughter or taking my daughter to school and I don't think it's fair on her. So that's what worries me to be honest.'
(Nursing student)

The students also mentioned some other potential barriers such as the ability to pass exams and the irregular hours that they would have to work. In addition, one group of physiotherapy students focused very much on the barriers to entering their course. Most significant amongst these was the difficulty encountered in getting work experience prior to starting the course. The students indicated that getting sufficient work experience had been extremely difficult to arrange and in some cases had already helped to contribute to a negative image of the NHS because of a lack of response from the local NHS Trusts.

6.15 Attractive NHS

In considering how the NHS could be made more attractive the students identified a range of issues. These issues concerned pay and benefits, enhanced career prospects, resource issues, greater recognition and understanding and the qualifying process.

One of the most common issues raised by the students concerned pay levels in the NHS. Many students felt that an improvement in the level of pay would attract more people to work for the NHS, along with improvements in pay structure and grading. In addition, many students spoke of possible occupational benefits and perks that they felt could be introduced to make the health service more attractive as an employer. These suggestions ranged from providing gyms, to child care facilities, free prescriptions and dental care and travel cards. In addition, providing more flexible working arrangements and reductions in the level of paper work and bureaucracy were also considered important.

Closely related to the pay and benefits issues highlighted were concerns about promotion opportunities and career progression. The students suggested that there needed to be a better career structure in order to retain and motivate staff.

'I think if you talked to anybody, probably seven out of ten people will say that they don't see themselves in radiography in 15 years time. Because I think there's not the progression that there should be for people going up the ladder and like role extension, you don't get any financial benefits for that at the moment really or recognition for it. If you are not getting recognition and financial benefits, then of course you are going to go elsewhere.'
(Radiography student)

A number of resource issues were highlighted by the students. The most common was a need to recruit more staff to reduce the pressure on existing employees. One student gave an example of being on placement and noting that the staff had to do double shifts on occasion because of a lack of staff numbers. In addition, other areas identified that were considered to require improvement included equipment, more training opportunities and more research.

A number of students also highlighted that an increased level of recognition for their professional roles from other healthcare disciplines, management and the general public would add to the appeal of working in their chosen professions. The students thought that if greater value was associated with working as a nurse, physiotherapist or radiographer in the workplace and by society as a whole then the positions would appear more attractive both to existing staff and potential recruits.

Another area that the nursing students also thought demanded improvement to make the NHS more attractive was greater levels of financial support for the qualifying process. The main improvements were considered to be an increase in the bursary provided for the students following the diploma nursing programme and not using a means tested approach to provide bursaries for the degree nursing students. The nursing diploma students stated that they felt the bursary was insufficient to cover

child care costs and provide for books, transport costs and an acceptable standard of living.

Similarly, the degree nursing students indicated that using a means tested approach to decide whether they should be entitled to bursaries seemed unfair, as it reflected the partner's salary level rather than the commitment of the individual to training to be a nurse. The degree students were also concerned that politicians were not aware of the financial reality facing students following the degree programme. For example:

'I e-mailed our local MP of the three major parties, to ask them what the Government's views were for student nurses' pay for the election and the Labour Candidate, he was actually our MP, was under the opinion that student nurses earned £8,700 in their First Year rising to over £10,000 in their Third Year. That says it all! The only person who got it correct was the Liberal Democrat Candidate.' (Degree Nursing student)

It was noticeable however, that the finance issues were not highlighted to the same extent by either the physiotherapy or radiography students.

6.16 Equality

When asked about equality in the NHS the students reported mixed views. However, there appeared to be a strong consensus that they felt there was little discrimination in the NHS on the basis of race and rarely in terms of gender.

Several students indicated that they perceived no significant issues of equality to affect the NHS while other students felt that they didn't possess enough knowledge to generalise across all areas of the NHS. However, the majority of students indicated that in their experience there had been few problems on the basis of race or gender from other staff. By contrast, some students suggested that race issues were more common when dealing with patients. For example, a student commented:

'I've never found that from where I've actually worked. You normally get it from patients more than staff.' (Black:Caribbean, Nursing student)

In addition, there were some general comments made that there would always be some individuals in either the work or patient environment that would have personal prejudices on the basis of race, but the students considered this an inevitability of a large organisation rather than a specific problem.

Of more concern to the students appeared to be differences between different professions and the perceived status that they enjoyed. Key amongst these concerns were the way doctors and consultants were 'revered' and 'worshipped' in the NHS. The students perceived doctors to look down at the other professions and see them performing less important roles. In addition, some students went on to say that the NHS suffered from being very hierarchical and that staff in the higher ranks tended to be more dismissive of staff in subordinate positions. Consequently, it was thought that these attitudes were detrimental to team working and morale, with staff not receiving the levels of recognition from their peers and managers that they deserved.

6.17 Men

The students identified a number of issues that they considered influential in explaining the relative small numbers of men working in the three professions. Some of the most frequently discussed themes addressed gender stereotypes and the 'caring' image of the professions. Other issues that were considered important were pay and insufficient information about career opportunities in the NHS.

Several gender stereotypes were mentioned by the students, the most common being that females are more caring and therefore are more suited and inclined to follow caring occupations. The three professions were all considered by the students to be viewed in society as caring roles and consequently, traditionally performed by women. In addition, some students thought that women were naturally better at performing these roles. Consequently, the students suggested that men were either not suited to working in these positions or were put off by the effeminate image associated with the professions. In addition, some students commented that the gender stereotype was further reinforced by existing NHS staff on the wards. For example a student stated:

'I know there is a lot of stigma and expectations around the male nurse, not so much in like psychiatry, but certainly in places like general nursing and paediatrics nursing. I think there is a lot of stigma even from the Ward Staff themselves, you know it shouldn't be a man's job. The mentor that I've got at the moment, you know some of the comments she makes and she's within the profession herself. Things like going into a male patient and asking if he minds if I'm there, so the next curtain I went to I went to the female and said 'Do you mind if she's here?' and her face! I mean I give as good as I get but it is quite intimidating.' (Male Nursing student).

Related to this gender image, one physiotherapy student indicated that there were concerns about the entry process onto the course and how men were viewed by female interviewers. He stated that while applying for physiotherapy courses and attending open days he detected a female bias by some of the teaching staff, with the expectation that the majority of the new students would be female. He stated:

'It just made me feel that if I was female I would get in.' (Male physiotherapy student)

The comment was also supported by a fellow student who stated:

'I do think they are more harsh with boys. Not consciously but unconsciously they are more hard on the men.' (Female Physiotherapy student)

Another issue that the students thought would put a lot of men off working in the NHS as either a nurse, physiotherapist or radiographer was the relatively low pay levels. The students thought that men had greater expectation levels in terms of income than women and would be less willing to settle for a lower income. In addition, comments were also made about the salary not being a 'bread winning' wage indicating that the students thought the occupations provided an adequate second income to a household but would not be sufficient as the main source of

income. This factor would again encourage men to seek employment in more lucrative sectors away from the caring professions. Other concerns were raised about the lack of career progression in the professions and a student suggested that this also might be dissuading men from entering.

The students also thought that the professions had not advertised themselves adequately and this may also be contributing to the low numbers of male applicants. They felt that both radiography and physiotherapy had relatively low profiles and that, in terms of attracting men, physiotherapy only benefited when a male trainer ran onto a football pitch. This example was considered to be the main driving source of male images of physiotherapy and an attraction factor. However, somewhat ironically, the students indicated that during their interviews for the course they were aware that it was very unwise to mention the sport aspects of physiotherapy for fear of the interviewer thinking they had no knowledge of the other aspects of the profession.

Other factors that were thought to explain the low number of men in physiotherapy were the need to get high A-level grades and to take time to get work experience in the health service. The students acknowledged that competition for places to study physiotherapy was particularly fierce and some students suggested that men may not be willing to put in the level of effort in terms of study and work experience required to get on the course.

6.18 Key Issues Identified by Students in Professional Training

Over the eight group interviews the students made some interesting comments and observations. Some of the most significant issues were:

- Students perceived the NHS to be under funded and short staffed but thought the working environment was very professional, emphasised teamwork and enjoyed high job security.
- Nursing was closely associated with caring and helping images, with concerns

about the level of pay and volume of work. Physiotherapy and radiography involved similar concerns as well as low recognition from other healthcare professionals and the public.

- Negative media coverage was highlighted as a problem for the NHS, particularly through the television news and newspapers. However, the promotional material and activities that the NHS had provided, that had been seen by students was praised. It was noted that the material had to be accurate and honest and that the NHS needed to avoid looking desperate.
- Job satisfaction, job security and variety of work were all considered particularly positive aspects of following a career in the NHS. By contrast, insufficient pay levels to reflect responsibility, continued staff shortages and very stressful working environments were considered to be the worst aspects of a career in the NHS.
- The majority of student's family and friends were positive about their choice of career in the NHS, but students were split as to whether they felt a sense of duty to enter the NHS.
- The students perceived few barriers existing if they wished to follow their chosen profession in the NHS.
- Increased pay and benefits, enhanced career prospects, increased resourcing levels and greater recognition for all three professions by fellow healthcare professionals and the public were all identified as methods to make the NHS more attractive as an employer to students.
- No significant problems were identified in terms of race and gender equality, although professional rivalry and status issues were identified. However, few participants in the group interviews were from minority ethnic groups.
- Men were thought to be dissuaded from entering the three professions because of

the caring images that were associated with them, relatively low levels of pay and the low profiles of physiotherapy and radiography in society.

Overall, despite mentioning numerous negative aspects concerning the NHS, the students remained broadly positive about the health service and many could not envisage working for any other employer in the near future. However, the student awareness of the difficulties facing the NHS and alternative employers is clearly high. This warns against complacency for ensuring retention in the longer term.

7 Stage One Findings: NHS Staff Not Qualified as Nurses or AHPs

7.1 Introduction

This section investigates the comments made by staff working in the NHS but not qualified as a nurse, physiotherapist or radiographer. For practical reasons, discussed in the methodology section, the groups targeted were healthcare assistants, physiotherapy assistants and radiography assistants. Group interviews and a number of individual interviews were conducted with assistants in the three professional groups. The composition of the interviewees in terms of profession, gender, ethnicity and age is shown in Table 7.1 below.

Table 7-1: Characteristics of NHS Staff Not Qualified as Nurses or in the AHPs who Participated in the Study

	Nursing (Total = 9)		Physiotherapy (Total = 16)		Radiography (Total = 17)		Total = 42
Gender	Male	2	Male	3	Male	3	8
	Female	7	Female	13	Female	14	34
Ethnicity	White	5	White	16	White	15	36
	Asian:Bangladeshi	0	Asian:Bangladeshi	0	Asian:Bangladeshi	0	0
	Asian:Chinese	0	Asian:Chinese	0	Asian:Chinese	1	1
	Asian:Indian	2	Asian:Indian	0	Asian:Indian	1	3
	Asian:Pakistani	0	Asian:Pakistani	0	Asian:Pakistani	0	0
	Asian:Other	0	Asian:Other	0	Asian:Other	0	0
	Black:African	1	Black:African	0	Black:African	0	1
	Black:Caribbean	1	Black:Caribbean	0	Black:Caribbean	0	1
	Black:Other	0	Black:Other	0	Black:Other	0	0
	Other Ethnic Group	0	Other Ethnic Group	0	Other Ethnic Group	0	0
Age	10-19	0	10-19	1	10-19	0	1
	20-29	4	20-29	8	20-29	2	14
	30-39	1	30-39	1	30-39	6	8
	40-49	3	40-49	3	40-49	4	10
	50-59	1	50-59	3	50-59	5	9
	60-69	0	60-69	0	60-69	0	0

Table 7.1 shows that the interviewees reflected the low numbers of men and people

from minority ethnic groups currently working in the NHS. Although the majority of the interviews were group based, three of the healthcare assistants from minority ethnic groups were interviewed on a one-to-one basis providing particular attention for exploring minority issues for the nursing group. Unfortunately this was not possible for the other two professions. The participants in these sessions came from a large age range of 19-58. All the professions have representatives from each of the age bands with the exception of the 10-19 age group. The physiotherapy assistants were more weighted towards the 20-29 age band whereas the radiography assistants tended to be over the age of 30. The healthcare assistants were predominantly either in their 20s or in the 40-49 age band.

7.2 NHS Images

The most common of the NHS images identified by the participants related to organisational characteristics, resource issues and the working environment.

One of the most common images mentioned by participants related to organisational characteristics of the NHS. These comments were either descriptive, (such as 'big', 'free at the point of use', 'hospitals', 'doctors', 'nurses', 'busy' and 'a public service'), positive, (such as 'helping people' and 'curing people') or negative, (such as, 'bureaucratic' and 'high waiting lists'). However, the most common organisational characteristic associated with the NHS was health provision for all.

'For me it conjures up just a service to everybody for their health. A 'free service' in inverted commas basically. Basically for the public.'
(Radiography Assistant)

An area of concern raised frequently by the assistants were specific resourcing issues within the NHS and in particular continued staff shortages.

'The National Health Service themselves I don't think are always behind their staff because of the overheads. I think they just cut the staff because everything else costs so much money to do the job with. The equipment and

that sort of things, so they cut the corners on the staff side. That would be my main view of the NHS.’ (Radiography Assistant)

Lack of funding and staff not being able to provide a good patient service because of resource constraints were also mentioned.

The working environment was the third main theme to be mentioned. Some positive aspects of the working environment were highlighted such as job security and having a steady job.

‘I think it’s the security because there’ll always be jobs. There is always going to be a mass of jobs compared to any other kind of employment. There is always going to be security, you work for the NHS and you’ve got a job for life. They are always going to need nurses, doctors, so I think it’s more the security. I think my family have known that, you’ve always got the security of that job and also the scope to go and do other things at the time when you need to. So my main thing would be security.’ (Physiotherapy Assistant)

However, concerns were raised about staff being overloaded with work.

‘While your Physio is only seeing one set of patients, we are actually seeing three Physios’ sets of patients. All the heavy patients because that’s why they want a second person with them. So we are seeing treble the amount of heavy patients that one physio is seeing and at the end of the day we are bushed. We are the ones that end up with the back problems, the neck problems, the arm problems and everything else.’ (Physiotherapy Assistant)

Furthermore, the assistants felt that their working environment frequently required them to endure considerable pressure and having to cope with high levels of administration.

7.3 Profession Images

Two themes emerged when the assistants were asked to describe the images they associated with their respective professions: the working environment and profession characteristics.

7.3.1 Nursing

When discussing the working environment, the assistants only highlighted negative aspects. The assistants thought that nursing was very hard work and was underpaid given the pressure of work they had to contend with. In addition, the assistants also thought that there was an expectation on nurses to:

‘ ... support and be very nice to everybody but then is expected to take abuse from people.’ (Healthcare Assistant)

The assistants also commented that they felt the nurses were often overloaded with work because of a lack of qualified staff, in turn leading to a stressful environment.

‘There’s a lot on our plates. There’s a lot on the trained nurses’ plate as well because they have to cover our mistakes if we do make any mistakes it goes on their head, so we are there to assist them. Where it’s forgotten sometimes that I’m a Health Care Assistant, whereas I wouldn’t class myself as a nurse but just the Assistant to the Senior Nurses. They give us the orders and we run round and do everything that we have to, sometimes more than we should. Because there is not enough nurses.’ (Healthcare Assistant).

Other characteristics of nursing image mentioned less frequently included caring, a friendly helpful manner, being dedicated and having an angelic image.

7.3.2 Physiotherapy

In terms of the working environment, the assistants were most concerned about the low recognition that they felt their profession had from other healthcare professions and patients.

'I don't think many people understand the term physiotherapist. We can have consultants through and they say I really didn't know this is what you did and until you actually come into contact i.e. as a patient or as an assistant, you have no idea what a physio does. And people mix physios up with OTs. If you speak to a patient on the Ward they'll say, 'I've just seen you and we'll say - No, we're physios' and they will say 'Yes that's right'. Until you actually come into contact with physiotherapy, you don't know what it's about.' (Physiotherapy Assistant)

However, the assistants also highlighted positive aspects of the working environment including teamwork and support from other staff and having control over how the working day is planned. They did indicate that they thought support from other staff was not the case for the healthcare assistants.

A number of characteristics of physiotherapy were mentioned by the assistants such as massage and sports injuries. In addition, some of the assistants stated that they thought the profession was transferable providing opportunities to work in other hospitals and for other employers.

7.3.3 Radiography

A key issue identified by the radiography assistants was the low recognition (or inaccurate recognition) of their profession by the general public. The assistants felt that their profession suffered from inaccurate images and had lacked specific attention in recent advertising campaigns.

'Don't you find it's an area in the hospital that gets left out as well. I mean it's not publicised is it? You hear of the nurses and you hear of the doctors and the A & E and the Children's Hospital and all the rest of it but radiography tends to get left out.' (Radiography Assistant)

They also perceived that radiographers were overloaded with work, always busy and had to work long hours. However, the assistants also indicated that they thought the work involved a lot of teamwork and was rewarding.

Other images discussed by the assistants focused on the perceived characteristics of the profession. Terms such as ‘X-rays’, ‘photographer’, ‘button pushers’ and ‘not interesting’, were used to describe the images associated with radiographers. The participants also perceived that the profession was respected and performed a vital role in the provision of healthcare and to have a friendly helpful manner and a caring image.

7.4 Source of NHS Images

The assistants were not specifically asked about the source of their images of the NHS given they were working in the health service. However, during the discussion it became clear that a few of the participants had developed their views based on experiences other than their working environments. The media was cited as a key source of NHS images for some assistants (specifically television news and newspapers). Other sources included, family members working for the NHS and personal experiences as a patient/visitor.

7.5 NHS Publicity

When discussing the publicity material that the assistants had seen about the NHS, the most common cited was television adverts (usually in relation to nursing). Other mediums that were identified as being used for publicising the NHS included open days, job adverts, newspapers/magazines, leaflets and posters and national promotions.

7.6 Promotion of the NHS

When asked what the assistants thought of the way the NHS tried to promote itself as an employer, almost all the participants’ comments were negative both in terms of the publicity the NHS gets in the media and through its own promotional activities.

Several assistants mentioned that the media only seemed to focus on the negative aspects of the NHS and paid little attention to ‘positive’ issues. The assistants thought that the NHS would struggle to counter these negative images because they appeared to be so common and were constantly reinforcing a negative view of British

healthcare.

'The media always promote the bad side, never the good. In the newspaper, it always has a front page article on how bad things are and the 'good' article is on page 15 at the bottom.' (Radiography Assistant)

They suggested that positive stories about the NHS were more likely to be found in local rather than national newspapers and on regional rather than national television news programmes.

There was also a view that the NHS did not promote itself effectively and improving this would encourage recruitment. A number of assistants remarked that they felt the NHS was not selling itself as an employer and could do a lot more to raise interest from potential recruits and also from unqualified staff working in the health service. Some participants suggested that greater use of open days for young people would help raise awareness. It appeared that some Trusts had held open days to encourage people to return to the NHS, but the assistants had been unclear whether such events were also useful for them to attend to explore possible routes to become professionally qualified.

Assistants also raised a concern that the promotional material was only targeted at doctors and nurses (as were advertisements and media reports) with little attention given to the other allied health professions.

'Well there's an advert on the television at the moment, which is really biased towards nursing although at the end of the advert it does go through the professions that work in the NHS. It's always geared towards nursing and whenever you hear anything about the NHS, it's always nursing. You don't hear much in the media or whatever about the professions within the NHS it's always about the medics or the nurses.' (Physiotherapy Assistant)

‘ ... you would never see a spreadsheet say in the newspaper advertising for radiographer. ‘Would you like to train as a radiographer for the National Health Service?’ You don’t ever see that.’ (Radiography Assistant)

Promotional material were seen as not inspiring and the image of the NHS often appeared too glamorised. It was felt that the adverts needed to be honest and accurate but also that the NHS needed to avoid appearing desperate and willing to employ anyone.

‘The first thing that sprung to my mind was that had I not been working for the NHS, why are they asking them to come back to Nursing? Why are they leaving?’ (Healthcare Assistant)

In addition, some of the assistants thought there was insufficient information about the professions available at schools and that in their experience career advice had also been poor.

‘Its like experience as well, you never have many people from the NHS coming in for, you know, careers education. We never had any Physios or Occupational Therapists or Radiographers or anything like that coming in and chat to us about the professions its like only the private sector that come in. Like businesses and stuff like that to try and recruit you into IT and things like that, whereas you don’t get much from the NHS.’ (Physiotherapy Assistant)

Although the majority of comments about the NHS’s promotional efforts were negative, some of the assistants felt that the television adverts for the NHS had been effective. They felt that the advert had been helpful for raising public awareness of the number and range of different staff working in the health service.

7.7 People Influence

When discussing the people who had influenced the assistants’ views about working for the NHS as a qualified member of staff, most comments mentioned either

colleagues at work or family. Other people who influenced the assistants' views included friends and patients.

7.8 Best Things About NHS

When discussing what the assistants perceived to be the best things about working in the NHS, a number of issues were identified including career and job aspects, working with patients and occupational benefits.

One of the most common themes to emerge was the high level of support and teamwork from other staff. The assistants indicated that they had experienced high levels of encouragement both from qualified staff and from their immediate colleagues, which lead to a positive working environment and increased job satisfaction.

' ... if there are any problems, anything that comes up, everybody is supportive to each other. If something crops up like there's two images going on the screen, somebody will take over immediately without having to hesitate and say it's not my X-ray. I'm not doing it. There's no such thing as that.' (Radiography Assistant)

One assistant also questioned whether the same level of support would be available working for other employers.

'I think the supportive environment that I think you don't get so much in the private sector, especially when its your job basically to make money for somebody else. You've got somebody there behind you saying 'What have you done today?'' But with this it's more a nicer environment.' (Physiotherapy Assistant)

The assistants also thought that the NHS provided a lot of opportunities for staff to engage in training and they were encouraged to develop their career opportunities as a result. Some of the assistants spoke of being encouraged to pursue training courses that would lead to nursing qualifications and other appropriate courses if there were

areas of work that staff were interested in.

'Well here my bosses would like me to go into nursing and gave me the sponsorship next September for to go for something that has come up now. They have got a spare place at University ... they are really encouraging here in this particular hospital, they are all for you going in to get training.'
(Healthcare Assistant)

By contrast, some assistants were concerned that similar training opportunities would not be available in the private sector.

'There are lots of courses available, and I suppose if you were working in the private, there wouldn't be that.' (Physiotherapy Assistant)

'I've seen a huge difference working in the private sector. Basically you don't get anything. You don't get any support, you don't get any training, you don't get anything.' (Physiotherapy Assistant)

The high levels of job security and the perceived geographical flexibility that the NHS provided in terms of career progression and job availability were also mentioned. It was also highlighted that the NHS provided staff with high levels of job variety and a good breadth of experience that added to job satisfaction. Again, there was a concern that the private sector would not provide the variety and diversity in terms of the patients treated.

'That's what I like about the NHS its everyday people basically. They just come in and you get the elderly people and you hear their life time stories bless them but I enjoy that and I think perhaps if you worked in the private you wouldn't perhaps have that type of patients' (Radiography Assistant)

The assistants also felt that working with patients would be extremely rewarding and interesting work allowing assistants to feel that they were making a difference to patient well-being. Some assistants placed particular emphasis on establishing

relationships and getting to know the patients and being in a position to help, all of which were thought to contribute to high levels of job satisfaction. Although the assistants were also clear that the patients could make their jobs difficult and could be abusive, they felt that on the whole, working with patients was one of the most positive aspects of their occupations.

'It is a hard ... its hard work. You don't always get thanks for what you are doing. You get patients – it's like anything you can get people being rude to you. You can be abused, you can be hit, you know, so it's all those things but it can also be pleasurable as well. Because at the end of the day you are there to help people and you know you do get your thanks and that makes it really nice that you can go home and feel that you have done something positive.' (Healthcare Assistant)

In some cases the positive working relationship developed with patients was also providing the encouragement for staff to consider becoming qualified and thereby progress the level of care they could deliver personally.

'I find it ever so frustrating sometimes, if I'm in a Department on my own at the weekend, I feel I can do everything bar pressing that button and it would be so nice to be able to press that button. You feel helpless sometimes. So it would be lovely to actually see the patient in and do everything rather than relying on that other person. I'd like to be that person.' (Radiography Assistant)

Further positive aspects that the assistants discussed were the perceived occupational benefits of working for the NHS. The assistants placed significant value on the pension that they would receive from working for the NHS, thought that the NHS 'looked after' its employees and considered the pay to be reasonable.

7.9 Worst Things About NHS

When discussing the negative aspects of working for NHS, a broad range of issues were identified. The most common issues highlighted by all the professions were the

stressful work environment, a lack of career opportunities, continued staff shortages and having to work irregular and unsociable hours.

The assistants felt that there was a lot of pressure to see patients and to get them through the system as quickly as possible. Consequently, the assistants felt there was less opportunity to develop rapport with the patients and this in turn was reducing both the quality of care delivered and the job satisfaction of the staff.

Another area of concern highlighted by staff in all three professions were the limited promotion opportunities available to the assistants. There were concerns that, although the assistants were being encouraged to study for NVQs, which would allow them to carry out more responsible tasks, there was little monetary reward for achieving these qualifications. In addition, there were concerns that once the assistants reached the top of their grading structure, there was no further progression available to them in terms of either income or responsibility. Some assistants indicated that they found the lack of career progression extremely frustrating and that they would be interested in progressing their careers to a qualified status if the opportunities were made available.

'I'm doing my NVQ and I don't know why I'm bothering because there is no incentive at all. There is no extra money at the end of it which is one thing and I'm doing it all in my own spare time and I have put a lot of hours into it. I've got the back up from the Department, I will say that much and they offer good study days, but there is no point in doing it within the Radiography Department. It doesn't extend your role; there is no career prospect at all and apparently that's not going to happen because the College of Radiology don't recognise it.' (Radiography Assistant).

The physiotherapy assistants were particularly concerned about the shortage of qualified physiotherapists and thought that working as a qualified member of staff would be very hard as a result. Similarly, the radiography and healthcare assistants observed that constantly having to cover for a lack of qualified staff was causing morale to fall and that the staff thought that work had intensified and they were not

appreciated.

The radiography assistants thought that one of the worst aspects of working as a qualified radiographer would be having to work in the evenings and on night shifts. Currently, the assistants did not have to perform any shift work but this prospect should they become qualified, was seen in negative terms. There were also some concerns about the responsibility of staff for the whole department and their security when working unsociable hours. Similarly, the healthcare assistants thought having to do shifts was one of the worst parts of the job and the physiotherapy assistants also indicated that they would not like having to work weekends and be on-call.

Both radiography and physiotherapy assistants felt they were underpaid for the tasks that they carried out. However, the assistants thought that this was reflected across the NHS in other professions as well.

'I think the NHS pays poorly anyway. Personally speaking I have a husband who's a Paramedic and who has [worked for the NHS for] 25 or 26 years, and I've also got a nephew who is 18 and who can earn, as a Shop Assistant, only £3,000 less than my husband who is a trained paramedic.'
(Radiography Assistant)

'... when I told my mates how much I actually earn, they were amazed. They can't believe how little I actually earn and if you are not going to pay top wages, then you are not going to attract people to the jobs.'
(Radiography Assistant)

Other areas of concern that were highlighted included the negative attitudes that they sometimes experienced from patients and a lack of positive feedback from management.

When asked whether they thought the situation would be different if they worked for another employer the assistants focused on pay and pace of work. The assistants perceived that pay levels would be better if they worked for either an agency or a private hospital. Indeed some of the assistants had already considered working for an

agency in order to increase their incomes. However they also indicated that the only significant advantage of working for an agency was the increase in pay and that they would have to sacrifice building relationships with patients.

'Well obviously the pay would be a lot different. I have thought about going into an agency myself and it is very tempting for the salary but they don't get ... the continuum of care, you would just be sort of in and out and not really getting to know the patients' (Healthcare Assistant)

The assistants also perceived the pace that staff would have to work at to be a lot slower in a private hospital than in the NHS, with less pressure to push patients through. It was perceived that there would be more time to chat to the patients, and work in more pleasant surroundings.

7.10 Identify NHS

Generally while the assistants had difficulty in responding to the identity question, some interesting issues were raised.

The main aspect of the NHS that the assistants felt they most strongly identified with was the provision of healthcare for the whole population without discrimination. Some assistants indicated that they thought it was very important that healthcare was not dictated by people's social status and that personal prejudices and feelings must be excluded from influencing the quality of care.

'Well yes I suppose the people who are here, do genuinely need your care and your help and that's why I would never like going into private.'
(Healthcare Assistant)

The assistants also discussed the desired characteristics of people who wished to work for the NHS, indicating that they thought people had to be very caring and tolerant with a great deal of patience. They also thought that staff had to have the desire to work as a team towards a common aim. It was interesting to note that several assistants felt that they identified more with their professional department (and group)

or hospital rather than the NHS as a whole. They stated that from their point of view they tended to think of local NHS Trusts as their employer and not the NHS. Indeed, several assistants indicated that they didn't identify with the NHS at all.

7.11 Profession Identify

The assistants also had some difficulty in explaining whether they felt that they identified with any particular aspect of their profession. The main theme that emerged from discussions about professional identity concerned working with patients. The assistants stated that patient interaction and the ability to care and help people in need was part of their profession. They liked having a more 'hands on' role that would allow the assistants to be involved with a continuity of care beyond a single intervention. The assistants also felt they identified with being part of a team and in this respect they enjoyed playing an important role and derived high job satisfaction from this.

7.12 Important People

The majority of assistants' comments indicated that they thought the people who were important to them would be supportive if they chose to become fully qualified in their profession and work for the NHS. Many assistants said that their family and friends would be proud, viewing the occupations as providing a service to the public, which was well respected as a career choice. Other assistants indicated that they thought working for the NHS was considered a good career and would represent an achievement.

'My husband would be delighted. He's been saying it for years. Yes he would be thrilled to bits I'm sure. I wouldn't get any negative feedback at all. I think some of them think that's what you do anyway, even though you always say to them 'I'm an Assistant, not a Radiographer'. I am trying to get out of the way of saying 'only' an Assistant. I am an Assistant. No he would be delighted.' (Radiography Assistant)

No assistants thought they would encounter opposition if they chose to become a

professionally qualified member of staff and work for the NHS however, several did indicate that family and friends would be concerned about stress levels and low pay.

7.13 Duty

This question was not asked to the assistants given they already worked in the NHS.

7.14 Barriers NHS

The assistants identified a number of barriers that they faced should they wish to become fully qualified nurses, physiotherapists or radiographers in the NHS. The most common concerned financial matters and gaining the appropriate qualifications.

A major barrier highlighted were the financial implications of undertaking the training required. Many staff felt that they would be unable to give up their current positions in order to pursue a course of study without a reasonable level of financial support to offset their loss of income.

‘And I said because of the money factor as well because unless you can get somebody to sponsor you or whatever, you’d have to drop your salary and if you’ve got a mortgage you can’t always afford to do something like that.’
(Healthcare Assistant)

The associated costs of undertaking training were also highlighted such as child care, having to pay mortgages, the cost of travel to training centres and the resources needed such as books.

Participants were also concerned about the length of many of the professional training courses indicating that they thought they would be unable to complete a three year course without some form of supplemental income having lost their normal salary. They were worried that if they did attempt to combine working and training that their academic performance, (already perceived by some to be fragile), would suffer. Furthermore, concerns were raised about the travelling that would be required to get to the different teaching establishments and while on placement and the associated

costs including implications for childcare arrangements.

Problems were also highlighted about having to gain initial qualifications in order to apply for professional training. For example, the healthcare assistants pointed out that in some NHS Trusts, NVQs were available but not at level 3, the level that was required to enter diploma nurse training.

'I've been in the NHS for around 10 years now. Started off on the Bank to get the feel of the place to see if I enjoyed the job, which I do. Then I got a permanent job because you need to be permanent to do NVQ. So I've got up to Level 2 but they won't fund Level 3 ... So I have had to do in my own time College 'Access to Nursing' and I am doing it over two years because I can't afford to go full-time one year, so it's going to take even longer.'
(Healthcare Assistant)

The physiotherapy assistants were equally concerned about the accessibility of joining physiotherapy courses in order to progress their careers.

'Everyone tries to encourage you to go on to be a Physio, like the Society but then the hospital doesn't give you any opportunity to help yourself, like academically progress. Whereas if you were a Physio, you would get study days and things like that, whereas as an Assistant you don't get anything. There is no funding to help you get there. Once you get on the course, its fine but actually getting there is really, really difficult.' (Physiotherapy Assistant).

One of the radiography assistants also pointed out that they would have to study for A-Levels before they could apply for a radiography course because the Access to Radiography course provided locally was only available on a full time basis.

Other concerns centred around the sacrifices that some assistants felt they would have to make in order to follow a training course. Many thought that having to study in the evenings would be very hard on young married couples especially if they had

children. They also highlighted the difficulties of arranging childcare and the pressure that these commitments could put on their partners. Some assistants suggested that the problem of family commitments would remain significant once staff were fully qualified because of the requirement to work shifts and long hours for the NHS.

Other barriers mentioned by some of the assistants included being too old to consider retraining and the prospect of having to continually keep up to date with professional developments.

7.15 Attractive NHS

In considering how the NHS could be made more attractive the assistants identified a range of factors. These concerned pay, benefits and the working environment in general, enhanced career prospects and the qualifying process.

One of the most common issues raised by the assistants concerned pay levels in the NHS. Many assistants felt that an improvement in the level of pay would attract more people to work for the NHS, along with improvements in pay structure and grading. In addition, several assistants spoke of possible occupational benefits and perks that they felt could be introduced to make the health service more attractive as an employer. These suggestions included improved car parking, discounts on clothes, mortgages and travel costs and specific healthcare support such as chiropody.

Other areas that could be improved included providing more flexible working arrangements, an increase in training opportunities paid for by the NHS and reductions in the level of paper work and bureaucracy. The assistants also thought that the NHS would appear more attractive if more staff could be employed, reducing the strain and stress experienced by existing staff and thereby allowing a better service to be provided.

Closely related to the pay and benefit issues were concerns about promotion opportunities and career progression. The assistants suggested that there needed to be a better career structure in order to retain and motivate staff. Many of the assistants

felt that there were insufficient opportunities for them to progress and become qualified staff.

'Well for support if somebody goes in to be a Radiographic Assistant and then they decide, yes I want to pursue that career, then perhaps there would be some structure in place where training could be given. I think that's one of the things about jobs in the NHS, there is no career structure particularly in certain jobs. So you are what you are and there is no further chance of moving up.' (Radiography Assistant)

It was also noted that there were discrepancies between the professions. For example, physiotherapy assistants commented:

Assistant 1: 'At the moment I'm in the process of doing an NVQ but the thing is, the fact of the matter is that they basically turned round and say its not going to count if I want to go to do Physio, its got nothing to do with that. It doesn't count for anything at all.'

Assistant 2: 'Whereas with nursing it does. If you've got Level 2 or Level 3, you can get into nursing with that.'

Some of the physiotherapy and radiography assistants also suggested that their career structure would be enhanced if some form of practitioner role could be introduced that was above the assistant grade but below the qualified grade. They suggested that if this career ladder was made available it could be a source of future recruits to these professions easing the pressure on qualified staff and providing a stepping stone for the assistants to professional status.

'On the job training and maybe going for day release for some kind of course that could be done. Even to do simple radiography that would maybe relieve the radiographers.' (Radiography Assistant)

The assistants felt it would help if the qualifying process could be made shorter so

that it was less demanding on staff in terms of financial commitments. It was also suggested that more financial support in the form of bursaries would attract staff to pursuing professional training. Furthermore, there were concerns raised that some staff would be turned away because they would not have the appropriate qualifications for starting the courses but would be very suited to a professionally qualified role. They suggested that accessibility to the courses needed to be reviewed to ensure that such people could be accommodated.

7.16 Equality

When asked about equality in the NHS, the majority of comments made by assistants indicated that they thought there was little discrimination in the NHS on the basis of race or gender.

Several assistants perceived no significant issues of equality to affect the NHS and said that in their experience there had been few problems on the basis of race or gender from other staff.

'I've been here 12 years and I've never had any hassle here.'
(Black:Caribbean, Healthcare Assistant)

'No problems whatsoever and we've had gay nurses and everything and no problems. In fact we've quite a lot of [multi-]cultural staff on our Ward. We've got oriental, we've got Jamaican, I'm Asian and you know no problem and the patients are all multi-cultural as well and treated fairly. No not on the shop floor.' (Asian:Indian, Healthcare Assistant)

Some of the assistants indicated that they thought the NHS was under pressure to ensure that it did treat all its employees fairly.

'The NHS is in the spotlight all the time, if they treat one person differently its Front Page isn't it.' (Physiotherapy Assistant)

Consequently, the assistants were aware that there were many formal policies and

procedures that had been put in place to ensure that equality issues were addressed and monitored.

However, a few suggested that equality had been less common in the past largely due to the traditional image of the healthcare professions as being white and female. In addition, it was also suggested that some minority ethnic staff were now more likely to be favoured for career progression because of the perceived change of emphasis towards positive discrimination.

Some assistants suggested that gender issues were more common when dealing with patients and that it was important to be aware of patient preferences and accommodate them when possible.

'But I do think the older generation - it was across the board - I had a gentleman once who would never take his clothes off in front of his wife and he refused to go with me to the toilet and we found out he just wouldn't do that in front of a female. Fortunately there was a male nurse, so I said do you realise that this gentleman has a problem and they hadn't picked it up.'
(Physiotherapy Assistant)

Other equality issues related to differences between professions and the perceived status that they enjoyed, the fact in some cases they felt there was evidence of preferential treatment of some staff, *'if your face fits then you can get on'*.

7.17 Men

The assistants identified a number of issues that they considered influential in explaining the relative small numbers of men working in the three professions. These mostly concerned gender stereotypes and the 'caring' image of the professions. Other factors that were considered important were pay and insufficient information about career opportunities in the NHS.

The three professions were all considered by the assistants to be viewed in society as caring roles and consequently, traditionally performed by women. In addition, some

assistants thought that women were naturally better at performing these roles. Consequently, the assistants suggested that men were either not suited to working in these positions or were put off by the effeminate image associated with the professions.

'... for years the nursing profession was labelled that basically if you were male and if you were going into nursing, then you were 'gay' and that was it.' (Female Physiotherapy Assistant)

In addition, it was felt that the gender stereotype was reinforced by female patients.

'... its always been thought of as a woman's role hasn't it. We've got a few blokes here now, but even now when they first started it was very hard for some of them because the women wouldn't accept them. They don't like them doing things to them which they have to do.' (Female Healthcare Assistant)

An Asian healthcare assistant indicated that there were religious issues that discouraged Muslim men and women from entering the profession, with a significant problem being intimate contact between different genders.

'The Muslims are a bit taboo like female nurses dealing with males. Its not their, its sort of a taboo. So you know a lot of the Muslims are in clean jobs like pharmacy or doctors' (Asian:Indian Healthcare Assistant)

Another factor related to pay levels was that assistants thought that men had greater expectations in terms of income than women and would be less willing to settle for a lower wage. In addition, comments were also made about the salary not being a 'bread winning' wage indicating the view that the occupations provided an adequate second income to a household but would not be sufficient as the main source of income. This factor would again encourage men to seek employment in more lucrative sectors away from the caring professions.

'It's just not attractive. For a man to have this wage, it's not that brilliant. If they are supposed to be the bread winners. I know its equality now but they do still feel that they should be making more money and this is not a job to be making more money in. The very few that we do have, it's the love of the job of the patients and stuff its not because its going to be a good wage because its not going to run the household and the mortgage. They would probably get more money in the factory or somewhere than they would here.'
(Female Healthcare Assistant)

Other concerns were raised about the lack of career progression in the professions and an assistant suggested that this also might be dissuading men from entering.

Another factor identified was the lack of information available to potential recruits at school and to the general public. The assistants thought that recruitment would benefit from the general public having a greater understanding of the full and varied roles in each of the professions, thereby removing the traditional stereotypical images. In addition, a radiography assistant was concerned that the limited advertising that did exist for her profession tended to focus more on women than on men.

'It probably goes back to when you leave school actually and you think about it, I don't know how much it has changed now but I remember careers evenings, you get a careers evening when you are leaving school and - I never seen anything about the NHS to be honest. I can't remember that. Like you say I don't know how much it has changed and I suppose its probably all to do with promoting it in men and women. If you look at most pictures of radiographers on the posters, they are women.' (Female Radiography Assistant)

The assistants suggested that in order to attract more men to the NHS the promotion material associated with the professions needed to show the occupations as more masculine.

'I think you've got to - its a bit like the Cat's Protection League - they did a 'Big but Gentle' campaign where they had someone that was macho that was showing that there is a gentle side to people. A side that men can help and because of the strengths that they have got, they can help people that are a lot less able.' (Female Physiotherapy Assistant)

Other suggestions including improving the career information available especially for school leavers, ensuring that careers officers were promoting the professions to both boys and girls and specifically emphasising men in advertising campaigns.

7.18 Key Issues Identified by NHS Staff Not Qualified as Nurses or in the AHPs

The most significant issues raised were:

- Assistants perceived the NHS to be under funded and short staffed with high workloads for all staff. However, they thought the NHS provided good job security.
- Nursing was considered hard work and underpaid but positive images such as caring and helping were also associated with the profession. Both physiotherapy and radiography were seen as suffering from low recognition from other healthcare professionals and the public.
- Negative media coverage particularly television news and newspapers was highlighted as a problem for the NHS. The promotional material and activities that the NHS had provided were considered inadequate, ineffective and focused too much on doctors and nurses. However, it was noted that the material had to be accurate and honest and that the NHS needed to avoid looking desperate.
- Teamwork, training opportunities, job security and working with patients were all considered particularly positive aspects of following a career in the NHS. By contrast, a stressful work environment, lack of career progression, continued staff

shortages and working irregular and unsociable hours were considered to be the worst aspects of a career in the NHS.

- The majority of assistants' family and friends would be supportive and positive if the assistants became professionally qualified in their respective professions.
- The assistants perceived several barriers existing if they wished to follow their chosen profession in the NHS. These included the costs of undertaking professional training and gaining the appropriate qualifications.
- Increased pay and benefits, improved working environment, enhanced career and promotion prospects and easier qualifying processes were all identified as ways to make the NHS more attractive as an employer to assistants.
- No significant problems in relation to equality in terms of race and gender were raised although professional rivalry and preferential treatment of some staff were identified. However, few participants were from minority ethnic groups.
- Men were thought to be dissuaded from entering the three professions because of the caring images that were associated with them, relatively low levels of pay and the low profiles of physiotherapy and radiography in society.

Overall, the assistants felt there were several areas needing considerable improvement in the NHS but acknowledged that there were limited resources available to address these issues. Consequently, the assistants remained committed to the NHS and did not appear to be considering alternative employers. Many expressed an interest in developing their skills in their respective professions and would like to contribute more in the working environment, in some cases to the level of professionally qualified staff. However, a lack of career structure and financial support for training is preventing many assistants progressing down this route and may be stifling a source of potential recruits.

8 Stage One Findings: Qualified Staff Working for Agencies

8.1 Introduction

This section investigates the comments made by qualified staff within each of the three professional groups who were working for agencies. In total sixteen individual interviews were conducted with agency staff. Of these interviews, eight were with nurses, six with physiotherapists and two with radiographers. All the participants were white. The composition of the groups in terms of profession, gender and age are shown in Table 8.1 below.

Table 8-1: Characteristics of Agency Staff Participants

	Nursing		Physiotherapy		Radiography		Total
	(Total =8)		(Total =6)		(Total = 2)		= 16
Gender	Male	0	Male	0	Male	2	2
	Female	8	Female	6	Female	0	14
Ethnicity	White	8	White	6	White	2	16
	Asian:Bangladeshi	0	Asian:Bangladeshi	0	Asian:Bangladeshi	0	0
	Asian:Chinese	0	Asian:Chinese	0	Asian:Chinese	0	0
	Asian:Indian	0	Asian:Indian	0	Asian:Indian	0	0
	Asian:Pakistani	0	Asian:Pakistani	0	Asian:Pakistani	0	0
	Asian:Other	0	Asian:Other	0	Asian:Other	0	0
	Black:African	0	Black:African	0	Black:African	0	0
	Black:Caribbean	0	Black:Caribbean	0	Black:Caribbean	0	0
	Black:Other	0	Black:Other	0	Black:Other	0	0
	Other Ethnic Group	0	Other Ethnic Group	0	Other Ethnic Group	0	0
Age	10-19	0	10-19	0	10-19	0	0
	20-29	0	20-29	4	20-29	0	4
	30-39	1	30-39	2	30-39	0	3
	40-49	3	40-49	0	40-49	1	4
	50-59	3	50-59	0	50-59	0	3
	60-69	1	60-69	0	60-69	1	2

Individual interviews were conducted with all participants apart from two physiotherapists who were interviewed together. One interview with a radiographer was by telephone. Interviews were conducted either at the interviewees' place of

work or in their own home.

8.2 NHS Images

When agency staff were asked about their image of the NHS most comments centred around three issues – resources, the provision of healthcare for all and descriptions of the characteristics of the organisation. Within the theme of resources the main issue was staff shortages, although lack of funding was also discussed. The staffing problems were described from their personal experiences in emotive language:

'It was just so busy the work load was just too much for how many staff they'd got on and the ratio of staff to patients was not ... must have been awful to work there to be honest.' (Agency Nurse)

'Staff levels were getting terrible. I was going to work at 7 in the morning and not getting home until 9 at night. Couldn't keep the staff. I'd been there 17 years. Senior staff were leaving and being replaced with auxiliaries. I put down that staff levels were unsafe. I took a drop in salary to get out.' (Agency Nurse)

The feeling was that the NHS was a good service with everybody giving the best they could despite working within the constraints of a serious lack of both staff and funding. The NHS was described as *'a moralistic service attempting to provide care for patients and not succeeding'*.

One interviewee described an exception in relation to funding: this was a central London hospital where you could *'get anything that was required'* and contrasted this to other hospitals, in her experience, which had problems with obtaining funding. However other participants recognised that would always be a problem because there is an infinite demand for services.

A few of the agency staff commented that the pay is low and insufficient to live well in London.

The second main theme related to the provision of a wide variety of healthcare which

is accessible irrespective of income.

Descriptions of the NHS as an organisation formed the third category of responses by agency staff to their image of the NHS. The descriptions encompassed its size, and that it is over stretched with long waiting times. The system was considered inflexible and bureaucratic, not well run, but trying to improve.

'... they have closed two relatively large hospitals, one smaller ... and you do not have to be a bloody rocket scientist to work it out it ain't big enough! ... People are regularly, regularly waiting between 10 and 12 hours. They are not benefiting, you are not bloody benefiting because there is double the numbers than there used to be when there was three hospitals when you've only got one.' (Agency Radiographer).

'There are huge numbers of people that are actually caring but the pressures that are put on them, the demands of the patients, eventually you can't. You can't care too much because it will destroy you.' (Agency Radiographer)

8.3 Professional Images

The agency staff were not specifically asked about the images they had of their own professions but descriptions of the professions arose in response to other questions.

8.3.1 Nursing

Agency staff gave a wide range of comments describing different aspects of the nursing profession. They described the long hours and responsibility involved in being a nurse together with the teamwork that is engendered in working together on a ward and coping with the fact that *'Every patient we go to is different and needs a different level of care'*.

Several nurses talked about the career structure and accessible worthwhile training that is available.

'Some people prefer to stay at Ward level and do nursing, but there is quite a good career structure if you want. You can go right through, you can go into

the teaching side. Once you've qualified, you know there are various channels you can take.' (Agency Nurse)

The more senior nurses compared nursing today with when they trained. They saw the evolution of specialisms, increased technology and paper work as some of the main differences. Together with the high expectation from the public this extra responsibility means that nursing is seen to be a more stressful career now.

'I retired early because really it was just I can't do another two years fulltime with all that involves. Because the pressures on your are horrendous really and the workload - they keep changing all the paperwork and the paperwork and they have got computers, etc. which makes it worse. You have to double up everything. Its not just doing the paperwork its that you are just working all hours. You come home with it. You are doing it from home. My husband gets fed up. I must admit I felt well I can't just cut off that's why I went to the Agency and left the responsibility behind.' (Agency Nurse)

8.3.2 Physiotherapy

The agency physiotherapists talked about the teamwork involved in working with patients. They also identified various pressures.

'I know a lot of friends who are physios who I trained with, and who I've worked with previously who have moved out and its the frustration because again not only what they are paid but the staff shortages and what they have to do. The amount of work they have to take on and the amount of extra hours they work and there is no extra pay for extra hours.' (Agency Physiotherapist)

8.3.3 Radiography

Radiography for one interviewee was a technical profession which also gives patient contact. However the main issue for the other radiographer was the change of radiography to a degree based profession.

'The basic requirements [have increased] so that people who would previously have entered the profession that perhaps weren't so academically able but really wanted to do it and worked hard to get the entry requirements and then ended up as being very, very good Radiographers because they were motivated to do it.' (Agency Radiographer)

These people are not now able to enter the profession. The radiographer also reported that staff are demoralised and there is *'constant, constant pressure from all sides'*.

8.4 NHS Publicity

Although the agency staff were not directly asked about NHS publicity the topic was referred to during the course of other discussions. The most common example of NHS publicity cited was television adverts usually in relation to nursing, although newspapers/magazines were also referred to as sources of publicity.

8.5 Promotion of the NHS

Comments about how the NHS is promoted focused on three areas: the image of the NHS being needy, the scarcity of promotion, and the fact that promotion focuses on nurses in particular. Several of the staff made suggestions to improve NHS promotion.

The image of the NHS being desperately needy - *'they will employ anyone'*, was identified. It was considered *'sad, that there aren't that number of people out there wanting to do it'*. Participants thought that if a lot of adverts are seen then presumably the work is not very attractive and people will be less inclined to work for the NHS. However several nurses thought that the recent promotion of the NHS was much improved and would get people's attention.

'They are looking at things a bit more with more modern ideas and forward thinking. Certainly a lot better than it was.' (Agency Nurse)

Despite describing some promotion of the NHS as an employer, the general feeling from the agency staff was that there was not very much of it. Promotion by the NHS was seen to be predominantly for nurses although *'they are a very small cog in a huge wheel'*. This focus on nurses builds on the relatively clear idea that school children have about nurses and doctors but does not cover the wide range of jobs available which can probably fit with anyone's interests.

Several of the agency staff talked about the return to nursing campaign and the encouragement that younger women with families are given to return. Greater flexibility around hours, provision of crèches and further training were identified as needed. However, some were unsure as to whether the NHS could fulfil these ideals and spoke of variation in provision around the country.

'You hear these 'Come back to nursing and we will help you in every way' and everyone that I have spoken to that has tried to get back in has just met brick walls.' (Agency Nurse)

Suggestions were made to improve the promotion of the NHS and these included promotion of a realistic view of the professions.

'I think too there is a certain, maybe a historical idealisation of nursing attending the sick ... Those sort of emotional messages that are purveyed around nursing and the reality is that yes we are out there tending the sick but not to romanticise it or idealise it.... Because the nitty gritty are out there just getting on with the job.' (Agency Nurse)

Another suggestion was *'Portraying a good message about nursing, that it is a good career'* though the nurse added:

' ... that's a very cynical comment because I am not so sure that I would recommend a young person going into nursing.' (Agency Nurse)

8.6 Best Things About Working for an Agency

When discussing what the agency staff perceived to be the best things about working for an agency a number of themes were identified. The most comments related to job flexibility although reduced responsibility, and pay levels associated with agency work were also identified.

The main advantage of working for an agency for all the professions was that they could choose when they wanted to work – ‘*total flexibility in terms of hours*’. The flexibility of agency working allowed staff to say 'no' when it was not convenient to work. They can also take more annual leave, and only need to give one week's notice. Bank work allows staff to be employed on short term contracts.

‘[Within the NHS] It’s difficult to work let’s say one or two days a week here and there and if you want an off break, its very difficult to do that in the system and its not fair I wouldn’t have expected to have the freedom and flexibility within the system that I have now.’ (Agency Nurse)

The ability to work flexibly within an agency meant, for one nurse, that she increasingly enjoyed the nursing that she now did but she did not see this as being obviously available within the NHS.

‘I don’t want to leave patient care and its not a matter of which agency would you go to, its how do you get back in to do what you want to do and use the nursing qualifications. The day or two here and there I really enjoy much more than I did when I was in the job in the profession in the National Health Service.’ (Agency Nurse)

As well as being able to choose when you work, where you work can also be chosen. One nurse would choose community rather than hospital work and agency physiotherapists in particular talked about the ability to choose where they worked around the country.

For one agency radiographer this job variety meant that ‘... *you don’t get bored*’.

Different department, different place of working.’ The variety and availability of work together with flexibility combined to make employment by an agency a good proposition for each of the professions that were interviewed.

The second theme was the reduced amount of responsibility that they have as agency workers. This lack of responsibility included not having to attend meetings, have extra curricular things to do or getting involved in the politics of the department. One quote sums up the views of many:

‘You have to weigh it all up, but I still feel I’m better off working for the Agency. I don’t have anywhere near as much stress because I can literally go in and do my clinical work that I’m trained to do and I go home and my own professional development, I can take care of that. I can go on courses or whatever, what I don’t have to do is attend Health and Safety Meetings, Quality Assurance Meetings, this and that and the other, so I actually do clinical work, 90% plus of the time. Whereas on Senior 1 grade which I was, I was doing clinical work 30%-40% of my time and taking a lot of red tape work and I don’t have that anymore. So its much better.’ (Agency Physiotherapist)

The third main issue for agency staff was the increase in the amount of money that they were paid in comparison to NHS pay. Even if the pension and sickness benefits were taken into account they were still better off. Several of the physiotherapists were using agency work as a fast method of *‘earning a bulk amount of money’* to allow them to travel abroad. One said that for her the money was the only good thing to come out of agency working. Other agency nurses did not think that the pay was any better than the NHS.

Several participants talked about the way the agencies encouraged them to join when they showed some interest in agency work.

'All offering competitive salaries and flexible packages and they are all on that band wagon now because I have had agencies writing to me asking me to sign up with them and I'm happy as I am.' (Agency Radiographer)

Other agency staff talked about the reduced pressure working for the agency both in terms of reduced responsibilities and also less work pressure.

'Where I worked before at the hospital, you finished at 7.30 a.m. so you are half an hour late and that can vary, so I was struggling really to get back home to get my daughter to school and it was all a bit stressed.' (Agency Nurse)

The ability to spend more time with each patient was mentioned by both an agency nurse and a physiotherapist.

8.7 Worst Things About Working for an Agency

When discussing the more negative aspects of working for an agency four main themes became apparent. These were the lack of job security, the need for adapting to new environments, not feeling a part of the team, and some negative financial aspects of agency work.

First the lack of job security was a common theme in relation to the worst things about working for an agency.

'You have a vague idea that you've got a couple of months and a lot of my friends have locumed for years in the same Trust so you take a gamble but having a daughter I can't really afford to take that gamble' (Agency Physiotherapist)

Alongside the insecurity of the job comes the unpredictability of not knowing when and where you might work next and having to be prepared to move around.

'I guess you are in the hands of somebody else to find you a job really. ... You know you just have to take their word for it. ... Its not like going for an interview and choosing your own job, although like I said it is an advantage that you do get to choose, you might just be told on the 'phone 'Oh its a health care for the elderly job based at this hospital your senior will be'. you can't sort of say 'Oh I'll go and have a look round and see if I like it' and I like the people' (Agency Physiotherapist)

As a consequence of moving between jobs there are fewer opportunities for career advancement, this was significant for the younger agency staff, as they are not encouraged to do *'on the job training'*.

The second theme was the feeling for some that the agency worker is not a part of the main team and perhaps as a consequence is rather isolated. Others dislike the lack of continuity that results from agency work.

'I think the role of the agency nurse generally is not considered to be the best way to nurse in a sense, although I'm doing it. But when I was actually in the profession and working, if you had it was 'Oh its an Agency Nurse'. ... I think the agency nurses don't have a very good press, its almost I think like Agency is something that the National Health Service is OK, and then the Agency is something less than that or its not considered on a par. You've almost like opted out or copped out or you can't quite make the grade, so I think there is, certainly for me anyway, a certain denigration about Agency Nursing as a way of working.' (Agency Nurse)

'When I first did the Agency, it was horrible. You did one day here and another day there and you'd find yourself wondering what happened to that little lady and it just didn't gel really. That was very much the downside, not the continuity. Now I've got back again and I've been in this one particular Health Centre now for nearly 18 months and I've been lucky really.' (Agency Nurse)

However although not being a part of the team was considered a bad thing, it had the advantage of not requiring the agency worker to be responsible, which was one of the best things about agency employment.

'The same thing really two sides to it, you never feel part of anywhere because you don't take on those problems, you don't actually be involved with those problems and solving them, it's been a refreshing change not to, to walk away from them and say it's not my problem. I just come here and work and help and that's it.' (Agency Physiotherapist)

Although agency workers, on the whole, thought they were better paid than if they were working in the NHS, a range of problems were mentioned. Perhaps the most common was the lack of a pension, sick pay and annual leave. In addition problems can occur with receiving payments, and travelling to a range of workplaces can also incur increase costs to the agency worker.

8.8 Best and Worst Things About Working for the NHS

Agency workers thought the best things about the NHS were the career and training opportunities. In addition steady jobs covering a wide range of specialisms and the pension scheme provided by the NHS, gave a greater sense of security than agency work.

The good things about the NHS are not however, sufficient to outweigh the worst things, as one nurse explained:

'I really wanted to stay in the National Health Service. I really wanted to stay in. There was a huge part of me that wanted to stay in there, be with it, maintain it and there was a lot about the National Health Service and the work I did that I truly enjoyed but I wouldn't, I can't, I won't go back in, I've left.' (Agency Nurse)

The main theme that agency staff talked about in relation to the worst aspects of working for the NHS were the staff shortages which created a stressful work situation. Other agency staff talked about the lack of good management in terms of when they required support or a recognition for example a thank you, from senior staff.

'Its very rare for you to actually get any positive feedback. We do have continued professional development and we do have appraisal quite frequently, but generally you just don't get a pat on the back and well done you are doing a really good job - you know we've had this compliment about you, we've had this letter of thanks.' (Agency Physiotherapist)

Although a career structure and training opportunities are available within the NHS one agency worker thought this was limited and felt 'let down'.

'I could get more hours, move base, take time out, that's not what I wanted. I wanted an advancement professionally within the organisation that would make my life more fulfilling, more interesting within the system. I felt that surely there was a niche somewhere. I wanted a niche. I wanted something different and nothing came of that and I was really, really disappointed. A year later I decided to leave.' (Agency Nurse)

The pressures in the NHS were also expressed not in terms of staff shortages but in terms of the lack of time to give adequate care to the patients. This was seen as a result of systemic pressures.

'I've always felt very frustrated because I've not had the time to spend with the people and I've always thought that my training has been a waste in that respect because I've got a lot to offer in skills that I think are wasted on a hospital ward because there's just not enough time.' (Agency Nurse)

'Another thing I think is enormity of patient expectation. They come at us with this bloody Patients' Charter and telling people that they are going to be seen in five minutes and they come up to you after seven minutes, they can

*see the Waiting Room is bloody jammed packed with people, so their expectations are 'I want it - this is what I've been told - this is the Patients' Charter'. **It can't be delivered.**' (Agency Radiographer)*

Agency workers referred to other aspects of the NHS that they did not like such as the lack of funding, lack of part-time options, low staff morale, lack of flexibility- annual leave and the hours, low pay and the high levels of administration.

8.9 Identify NHS

The equality of care and striving to give a good service to patients were themes identified in respect of agency staff identifying with the NHS. This included doing the best that was possible with the available resources and wanting to maintain standards.

Most of the agency physiotherapists had been happy in the NHS and would return, though one nurse who had been out of the NHS for 15 years felt it would be too difficult to go back and said that she had not felt comfortable in the NHS. Two agency staff liked the teamwork involved in working for the NHS.

'I just like being part of the team in the NHS rather than the agency as such, its the 'belongingness'. I know that it has its problems but everyone sort of seems to pull together to do their best. That's what I like about the NHS.'
(Agency Physiotherapist)

8.10 Profession Identify

The main focus of the agency staff when asked about what they identified with about their profession was the caring, helping and hands on aspects of the work. Physiotherapists saw themselves as in a profession similar to nursing but emphasised the social aspect of meeting a variety of people. This, for one physiotherapist, had not been anticipated when she embarked on the career.

'I think we are being seen as being able to give patients more time and to actually get to know and understand the patient. They often say, you are the

first one that has really listened or tried to help, I think I do identify quite positively with all of that aspect of the job.’ (Agency Physiotherapist)

For nursing, one interviewee thought that *‘if you ever meet nurses they think like nurses and you can pick them out’*.

Radiography was described as a technological profession which retained patient contact and this the agency radiographers identified with.

8.11 Important People

Almost as many of the agency staff talked about important people being non-supportive if they returned to the NHS as talked about important people being supportive. A similar number of comments were non-committal in relation to returning to work within the NHS.

The supportive comments ranged from the expectation of chastisement for having left the NHS because of the onus to ‘pay back’ for the training they had received, that they ought to be getting *‘a proper job again’*. Others said people would help, be pleased and/or that they would not be surprised.

‘There is also the other side, my family who think the NHS is fantastic and I should be getting back in there and be a Senior and taking myself up the ladder, that’s their opinion and they think the agency is where I am wasting my time on because I am not involved in my career.’ (Agency Physiotherapist)

Some demonstrated variety in the views of the different people who were important to them for example:

‘Mum, I think she was quite surprised when I left and went to work for an agency, she thought it was a good, secure job. My other friends think, great, go for it, you work for yourself.’ (Agency Physiotherapist)

The reasons for expecting that important people would not be supportive of the agency staff returning to the NHS included comments about returning to the extra stress and/or hassle involved or being responsible for a ward.

'My husband would think I was mad!' and 'I've got a sister whose a nurse and I would talk a lot to her about what happens in the National Health Service and she's worked in it and she would say leave it, leave it, go.'
(Agency Nurse)

The financial loss in returning to the NHS from agency employment was referred to by several of the agency staff as an issue that important people would consider.

'My boyfriend would say how could you do that because comparatively my pay is so much less than theirs and I guess they just think its quite dedicated to do a job where you don't earn much money'. (Agency Physiotherapist)

Where support was noncommittal this tended to take the view that it was up to the agency worker to decide and as long as they were happy with the choice important people would not mind where they worked.

8.12 Attractive NHS

In considering how the NHS could be made more attractive to them the agency staff had a wide range of suggestions. The areas highlighted most frequently were flexibility in working hours, career opportunities, pay, together with other occupational benefits, better resources, in particular staffing levels, and suggestions for recruitment strategies.

More flexibility around working times particularly for people with children and young families was the most common request to make the NHS more attractive. Other suggestions in relation to work times were less compulsory overtime, less double shifts, more days off and perhaps an option to do 'after hours' working.

'I know of someone who worked in the private sector and would see patients after their working hours at 5.30 p.m. and things and then they have a day off in the week or something. I think that would be something that would really attract people to it. Because at the moment they are very inflexible with 8.30 a.m. - 4.30 p.m. Monday to Friday.' (Agency Physiotherapist)

For the older nurses the availability of part-time work with less responsibility encouraged them to work for an agency however if similar positions had been available within the NHS then maybe they would still be working there.

The second theme to attract staff into the NHS was related to careers. Younger staff felt that they would be attracted back to the NHS if there were more training available both as updating and the ability to extend training into different areas.

However one nurse reflected on the support other than updating that she would need to return to the NHS:

'I would need a lot of support, perhaps updating some of my training ... Perhaps having a mentor for a couple of months so that I know what I'm doing - getting used to doing doctors rounds again and how things are done on the ward that I've been out of for so long, I would need that support from someone who is doing it all the time.' (Agency Nurse)

In physiotherapy it was felt that people are not extended throughout their career and in radiography staff were thought to be 'kept at the lower grades', which encourages radiographers to leave as they are not being adequately promoted.

'Once you get to that senior grade its like right, we just want to keep you, we don't really want you to learn more skills, we want you to pass your skills on but they don't really think about keeping you there.' (Agency Physiotherapist)

The third issue raised by all the professional groups of agency staff concerned pay

levels in the NHS. Many felt that an improvement in the level of pay would attract more people to the NHS.

The pay differential concerned one physiotherapist:

'Its not the salaries that's the problem, its the fact that as a Senior I you have a lot of responsibility I earn very little more than a starting grade. You know just a matter of maybe £4000/£5000 a year which is not a good enough differential to keep me' (Agency Physiotherapist)

Occupational benefits are not obvious in the NHS as one interviewee put it *'There aren't that many carrots'*. Several of the agency staff listed occupational benefits that could be in place and thereby improve the NHS's attractiveness. These included: financial bonuses such as a bonus scheme, car allowances, and *'perhaps widening the extra payments that are available to make allowances for local cost of living'*. Other benefits related to healthcare such as *'priority if you have to have an appointment in the hospital'*, a private gym or health centre were also suggested.

Some saw the benefit of a more widespread provision of crèches that would improve attractiveness especially if they were available during school holidays.

'We didn't have people taking jobs because there wasn't a crèche, yet we could have recruited if there was. So you have got to look at the whole thing of people's social lives, can they carry on, can they have a house and what can we do with the children.' (Agency Physiotherapist)

Better resourcing in terms of staff numbers was the fourth main issue for these agency workers. Increasing the staffing levels would reduce the stress levels and improve the ratio of nurses to patients therefore giving more time for each patient. It was felt this could be done in some wards by rearranging the catering system so that it did not rely on nurses, - perhaps employing more nursing assistants would help.

'If I got less patients to see and I had more time for clinical supervision and that sort of training, that would be more worthwhile to me sometimes than getting more money.' (Agency Physiotherapist)

Some of the older agency staff talked of retaining patient contact as they advanced through the organisational hierarchy, while the introduction of multidisciplinary notes to reduce paperwork was another suggestion.

'More flexibility around the senior structure but not be actually taken away from the job that you were trained to do so that you still could combine your management role with your nursing role.' (Agency Nurse)

Improving the recruitment into the NHS for several agency workers would be to *'get your nurses in the system to a pitch where they are really enjoying the job and it is fulfilling and satisfying'*. By improving the system for current staff the messages going out through friends and relatives would then be that the NHS is a good place to work rather than the current message that it is needy, run down and that it is not a good idea to work there.

'If you are thinking about recruitment really, if you think about it younger people are quite influenced by people they know who are in a profession. Father is a doctor or your Aunt is a nurse or whatever, and its almost about how you would view their experiences of the system or the National Health Service, so the better those people are treated, the more able they are to be fulfilled within the profession, that in itself would help recruitment.' (Agency Nurse)

They thought that peers who had been qualified perhaps 2-3 years and actually working within the hospital environment were the best people to use for recruitment in schools and that personal communication was the best advertisement.

'You want somebody who is very positive who has actually been through and come out the other end and made it their career and decided that's right and

that's what the good factors are. And also they are there to tell people the downside.' (Agency Nurse)

In relation to being attracted to a particular agency a physiotherapist described the personal touch that had encouraged her to one rather than another.

'They made you feel like part of their team. So you chose the ones that were perhaps the most personal so they remembered you and they remembered what you wanted and then you felt that they were actually looking for you which is obviously something attractive.' (Agency Physiotherapist)

8.13 Duty

When asked whether they felt any sense of duty to work for the NHS in their chosen profession the agency staff were split three ways in their views. Several had quite a strong sense of duty and desire to work for the NHS, others did not, while a third group felt they had already 'done their duty' in the time they had already worked for the NHS

Agency staff who did not express a sense of duty to work for the NHS followed this up with comments about it being care for patients that was important to them. Reasons behind having no sense of duty tended to reflect comments put forward when describing the worst things about the NHS.

'If they don't recognise your level of training, your skill, and they expect you to work ridiculous, not hours but expectations you can never ever reach, your morale becomes lower and lower, you feel like you're getting nowhere and wonder why you ever trained in the first place and that's what happens with a lot of people. ... I think there is a lot of choice for Physios luckily and there's the demand and we are actually quite good.' (Agency Physiotherapist)

The younger interviewees thought that there wasn't as much a sense of duty any more because *'a lot of people are out there very much for themselves.'*

Others felt less sure about having a sense of duty because they had already paid the NHS back by working for them – this was put at two, five, seven and ‘a good number’ of years.

‘Well I’ve put in a good number of years so I think I’ve repaid my training over and over again and the first few years of qualification and working I did large amounts of on call and overtime so purely worked hours in the NHS I think I’ve paid my due, so sense of duty doesn’t come into it, I have a sense of loyalty perhaps.’ (Agency Radiographer)

Others commented that, in a way, they still were working for the NHS albeit employed by an agency.

Despite not being employed by the NHS others of the agency staff did have a sense of duty to the NHS as one commented *‘I feel a little bit guilty - but not that guilty’*.

‘I have a strong sense that I ought to be in it. I have always, always had a strong sense of duty towards the National Health Service. I have that strong sense within me and it was with a deal of difficulty that I left.’ (Agency Nurse)

For one senior physiotherapist the guilt was because she was not now training students and helping Basic Grade physiotherapists herself.

‘I feel guilty that I’m not now taking students or helping basic grades the way I was helped but if it was more attractive to work as a Senior 1, if the pay differentials were better, I would perhaps still be there helping’ (Agency Physiotherapist)

There was a view that it was up to the NHS to keep the staff rather than expect staff to remain just because of their sense of duty to do so.

8.14 Barriers

Although a small number of agency staff saw no barriers to returning to the NHS others described three main topics of concern when considering a return. These topics were the financial barriers, lack of sufficient flexibility, and not being up to date which acted as deterrents to returning to the NHS.

The financial barrier to agency staff returning to the NHS was that they would end up with less pay. Having to pay for returnee courses themselves was an added handicap.

'Mine wasn't a conscious decision to work for the agency, ... more of a case of necessity working for the agency to keep the money coming to support myself and my family in the meantime.' (Agency Radiographer)

Flexibility in hours both in the shift times and the ability to work a preferred number of hours per week e.g. 10-15 hours, would encourage some to return to the NHS. A few interviewees saw themselves as too old, not in good enough health or simply not wanting the stressful life involved in a return to the NHS.

'I've thought do I want to go back to all that again, do I want all that hassle? Do I want to be coming home and thinking 'Oh God why haven't I done this' or 'Why can't that be done' do I really want to be in that position again? Do I want to go back to long shifts and having to work your days off because they've got no staff? No.' (Agency Nurse)

The issue about having been out of the system, being out of touch, with for example paperwork changes, or that they had not had the in-service training or other professional development were seen as possible reason for being at a disadvantage in an interview situation.

8.15 Equality

Most interviewees thought there was equality of treatment within the NHS. They elaborated with comments such as *'I have no experience that they don't [treat people*

equally]’, ‘Lots of attention to equal opportunities. I think it’s pretty fair’ and there’s been a ‘big push in that way definitely’.

‘Yes there’s a real equality. I haven’t personally in the National Health Service, had any sense of discrimination or bias towards a particular person or group of people. I haven’t felt that. I haven’t known that in the National Health Service. I’ve seen it out of it but I haven’t seen it in it.’ (Agency Nurse)

Those that mentioned discrimination described the treatment of staff by certain patients rather than this being from the NHS, privileges for senior management such as having *‘time off, fancy lunches and fancy offices’* and that doctors *‘still rule the roost’*.

8.16 Men

The agency staff identified a number of issues that they considered influential in explaining the relatively small numbers of men working in the three professions. The most frequently discussed theme addressed gender stereotypes, which they saw as historical. The ‘caring’ image of the professions was not seen to be a masculine role for men to take on because of the risk of being stigmatised. It was also thought that perhaps *‘women are the mothers and have perhaps got the stomach for it more than men’*.

‘I can’t imagine a male physio being attracted to doing health care of the elderly or even paediatrics, because Ward work is difficult. I can’t even think why but I can’t imagine a male physio wanting to do any of the more mundane things like walking patients with zimmer frames and things, rather than being in a gym and doing quite a lot of dynamic things with young people. Whereas I guess women are more happy to do that and maybe its them taking on their caring role. Perhaps women are attracted to physio for a different reason, that they want to do the caring side whereas men are doing it because they are interested in the sports and the Outpatients side of it.’ (Agency Physiotherapist)

There are however benefits for men in the professions such as accelerated career progression, and being favoured by some patients:

'I suppose a man has got to make a career out of it for life, whereas women can nip in and out as we need to so, I suppose they would have to promote that they could become managers and the promotion is there for them after the initial training and then they don't have to get their hands dirty so much because they can have a nice little office.' (Agency Nurse)

Other issues that were considered important were the pay and the status of the professions. The pay is not seen to be sufficient for a lot of men especially if they are expecting to raise a family and therefore they are inclined to leave even if they have initially been attracted by gaining a degree in order to qualify.

'They know there's not scope for a very large salary at the end of the day'
(Agency Physiotherapist)

Suggestions for improving the number of men in the NHS included portraying the professions as suitable for men by advertising it as such and perhaps having more courses that did not require 'A' levels so as to widen access. However over time the gender stereotype of the caring professions needs to be gradually eroded in order to redress the gender balance.

'Well at the end of the day its breaking down the stereotypes ... which is the main thing, one of the main reasons. ... I think that programmes or documentaries which would advertise the fact that it is a good career for men. ... The men that I have worked with in the profession have brought a lot to it. In many different ways, I think it would be as good a job for men as for women.' (Agency Nurse)

8.17 Key Issues Identified by Qualified Staff

Working for Agencies

The most important issues for the agency staff are given below.

- Staff identified the NHS as comprising teams striving for good patient care within the constraints of the system. They emphasised the free equality of care for everyone.
- That staffing levels are too low in the NHS was a recurrent theme for agency staff. Low staffing led to high levels of stress as staff struggled to manage their patient workload. As a result they do not feel that there is enough time for each patient and consequently the ability to perform as a professional is undermined and morale is reduced. 'Management' does not encourage the staff sufficiently with positive reinforcement for the work they do, for example by saying 'well done'.
- The best things about the NHS are that it provides a steady job with security, a good pension scheme and a career progression. However the more senior staff especially AHPs, did not think that they necessarily had scope for advancement and career development.
- The foremost reason for staff working for an agency is the flexibility that such work provides. The fact that the pay is higher despite not having pension and sickness benefits, that responsibility is less, and there is an increased variety of work are also seen as advantages.
- However agency work is insecure, the staff miss being part of the NHS team, career and training opportunities are not so readily available and there is a need to continually adapt to each new job. These were seen as the downsides of agency work.
- Promotion of the NHS was not seen to be very visible by the agency staff. In the promotional material the NHS is portrayed as needy and mostly focused on nursing. Agency staff thought that focusing on the positive and what the NHS has to offer to employees rather than what the employees could bring to the NHS

could improve recruitment.

- To attract more staff the NHS needs to address: flexibility, the staffing levels, low pay, perhaps to introduce 'additional' perks, and career progression throughout the working life. Improving the system for current staff would in turn lead to an increase in recruitment as the NHS would be 'advertised' by its own staff as a good place to work.
- Barriers to returning to the NHS were the pay levels, flexibility and that staff who had been away for too long might be out of touch.
- The NHS provides equal opportunities in respect of ethnicity and gender. The main reason for there being so few men in the professions was the historical gender stereotyping of women in the caring role. In addition pay and status levels were seen as not necessarily sufficient for men in their family role.

Although agency staff felt that the NHS provides steady, secure jobs and a good pension scheme, career progression was not necessarily available for senior staff. Flexible working was the main attraction of agency work, however it is also considered insecure, lacking in teamwork and does not provide the career and training opportunities of the NHS. Agency staff felt that the NHS would be more attractive if staff shortages, work flexibility, the low pay and training opportunities throughout their careers were addressed.

9 Stage One Findings: Qualified Staff Working for the Independent Sector

9.1 Introduction

This section investigates the comments made by qualified staff working for the independent sector for each of the three professional groups. In total 15 interviews were conducted: ten on a one-to-one basis and five with two interviewees. The characteristics of the participants in terms of profession, gender, ethnicity and age are shown in Table 9.1 below.

Table 9-1: Characteristics of Independent Sector Participants

	Nursing (Total = 10)		Physiotherapy (Total = 7)		Radiography (Total = 3)		Total = 20
Gender	Male	2	Male	3	Male	0	5
	Female	8	Female	4	Female	3	15
Ethnicity	White	10	White	7	White	3	20
	Asian:Bangladeshi	0	Asian:Bangladeshi	0	Asian:Bangladeshi	0	0
	Asian:Chinese	0	Asian:Chinese	0	Asian:Chinese	0	0
	Asian:Indian	0	Asian:Indian	0	Asian:Indian	0	0
	Asian:Pakistani	0	Asian:Pakistani	0	Asian:Pakistani	0	0
	Asian:Other	0	Asian:Other	0	Asian:Other	0	0
	Black:African	0	Black:African	0	Black:African	0	0
	Black:Caribbean	0	Black:Caribbean	0	Black:Caribbean	0	0
	Black:Other	0	Black:Other	0	Black:Other	0	0
	Other Ethnic Group	0	Other Ethnic Group	0	Other Ethnic Group	0	0
Age	10-19	0	10-19	0	10-19	0	0
	20-29	0	20-29	0	20-29	0	0
	30-39	5	30-39	2	30-39	1	8
	40-49	4	40-49	4	40-49	2	10
	50-59	1	50-59	1	50-59	0	2
	60-69	0	60-69	0	60-69	0	0

Gaining access to informants in the independent sector proved to be particularly difficult largely due to a lack of interest in the research from potential interviewees. Numerous attempts were made over an eight month period to involve independent healthcare organisations through letters of invitation, personal contacts and additional

contacts through interview participants (further details of how potential participants were targeted is provided in section 3.4 of the methodology). Unfortunately, in the majority of cases, these attempts were unsuccessful. Consequently, the number participants from the independent sector is relatively low although Table 9.1 shows that it was possible to gather both male and female perspectives from the nursing and physiotherapy professions. However, it was not possible to interview any independent sector staff from minority ethnic groups for any of the three professions. The majority of participants fell between an age range of 30-49. The characteristics of the interviewees reflect the fact that staff working in the professions of interest in the independent sector are typically white and middle aged.

It is interesting to note that the majority of independent staff interviewed had worked in the NHS, some of them quite recently and the participants frequently drew on these experiences when responding to questions from the interviewer. In addition, it should also be noted that the nurses and radiographers who were interviewed all worked in private hospitals as opposed to the physiotherapists, the majority of whom (7 out of 8) had their own independent practice.

9.2 NHS Images

A number of images of the NHS were identified by the independent sector staff. The main themes were the working environment, resource issues, organisational characteristics and health provision.

When discussing the working environment some of the most frequent comments made by participants concerned overwork and high amounts of pressure. The independent sector staff indicated that they had often felt that they were '*swimming against the tide*' while working for the NHS and that there had been an emphasis on getting as many patients seen as quickly as possible. In many cases, this high throughput was considered to be frustrating staff because it reduced the quality of care that they were able to deliver.

'[It has] gone away from the 'caring' profession ... and unfortunately has gone to pressure, pressure, pressure, on a conveyor belt system where we

have got to get people through as fast as we can and out the other side without the caring aspect of it.’ (Independent Sector Radiographer)

Other issues that were mentioned by the independent sector staff in relation to working environment included low morale, low pay levels and underpaid for the responsibility and skills held by staff.

‘The flavour of what you get from the Press and what you hear about from your bosses is all negative. Waiting Lists are going up; Nurses are leaving by the thousands. The whole emphasis then for somebody who is on the ground doing the actual core job, is thinking, well, hang on a minute, I’m doing this day in and day out, are we actually achieving anything? And the feeling probably is, no we’re not and I’ve got to get out of this I can’t bear this any longer.’ (Independent Sector Nurse)

Closely related to these issues were concerns about a lack of resources and continued staff shortages associated with the NHS. There were concerns that there were not enough frontline clinical staff employed in the NHS to cope with the current demand and that too many managers were in place. Similarly, independent sector staff thought that the health service was generally under funded and did not have enough money to deliver a good standard of care and provide a good working environment for staff.

A third strong theme to emerge from the interviews was the organisational characteristics of the NHS. These comments were either descriptive, (such as ‘big’, ‘free at the point of use’, ‘doctors’, ‘hospitals’ and ‘busy’), positive, (such as, ‘curing people’) or negative, (such as, ‘not well run’, ‘high waiting lists’, ‘slow decision making’ and ‘bureaucratic’).

Some other images that were also associated with the NHS included providing healthcare for the whole population and providing a wide variety of services but also that the quality of care delivered was generally low.

9.3 Profession Images

Not asked to the independent sector staff.

9.4 Source of NHS Images

Not asked to the independent sector staff.

9.5 NHS Publicity

The independent sector staff were not asked this question directly and made little reference to publicity in their overall responses. The few comments that were made identified a recent television advert for nursing and adverts in newspapers and magazines.

9.6 Promotion of the NHS

When asked about how the NHS attempts to promote itself as an employer, the majority of participants' comments indicated a concern about promotional material not being accurate or honest. The independent staff suggested that many of the adverts that they had seen painted an overly rosy image of the NHS and what it is like to work for the NHS. Some participants suggested that the adverts led to new recruits entering the NHS with an inaccurate view and would soon become disheartened and disillusioned when their expectations were not met.

'I think certainly the recent advertisements that have been on the television make it sound really appealing ... quite simply, it is just not like that everywhere. I can't speak for every, you know, general hospitals, but certainly its not as colourful as they make it sound.' (Independent Sector Nurse)

'Yes well last year they advertised on the television [that nurses] were earning about £19,000 to start, there was - I'm on an E Grade and I don't even have that now! There are a lot of lies to try get people coming back but it's not true.' (Independent Sector Nurse)

Other comments indicated that several staff thought that the NHS did not promote itself at all as an employer or was not effective in this respect.

'I don't think it [NHS] tries hard enough to be honest, I mean there was a big push for nursing over the last couple of years, but you only ever see or hear about the NHS on the hospital programmes like 'Children's Hospital' which is very indirect. There's nothing like 'come and work in the NHS it's a great experience'... all you get is bad news about the NHS, the only good news that comes out is what the Government says in which you only half believe anyway' (Independent Sector Physiotherapist)

In addition, a participant remarked that there had been very little career information about the NHS when they had been at school and what information was available concentrated on nursing. Another participant made the point that it was difficult for the NHS to advertise in the same way as other commercial companies *'because you're providing a service, you can't be seen to be selling a product'*.

9.7 People Influence

The participants indicated that their family and their own experiences were the most common sources that had influenced their views about working for the independent sector in their chosen profession. The only other people that influenced the participants' views were reported to be friends and colleagues.

9.8 Best Things About Working for the Independent Sector

When discussing what the participants perceived to be the best things about working in the independent sector a number of themes were identified. For those staff working in a private hospital environment, the most frequently mentioned themes concerned occupational benefits and working with patients at a slower pace. Those staff working for their own independent practice (physiotherapists) also added pay as one of the best things of working outside the NHS.

The staff working in a private hospital environment highlighted several occupational

benefits such as increased flexibility over the hours they worked and perks such as private health insurance, a good pension, the possibility of end of year bonus payments and free coffee, tea and sandwiches. The participants commented that these benefits were complemented by working at a slower pace with less pressure to see large numbers of patients.

'In the NHS because I would have three or four patients often overlapping, I felt like I was charging from one cubicle to another and trying to see Mrs Bloggs at the same time as Mr Taylor and I just didn't achieve and those people would end up having probably twelve treatments to get them better whereas in the independent sector I could get people better within three or four sessions because I had the time to do it. So time is a very important thing.' (Independent Sector Physiotherapist)

In addition, some participants thought that the working atmosphere was considerably better in private hospitals with fewer communication barriers on the basis of status and staff generally feeling more valued.

'I think being treated more as an individual is the greatest advantage. My General Manager knows my name, knows my circumstances, asks me this, that or the other is right, she makes a tremendous effort.' (Independent Sector Radiographer)

Another factor that the participants liked about working in a private hospital was the ability to provide a better standard of care when working with patients. The staff indicated that they had more time to treat their patients and would be able to initiate procedures more quickly and efficiently than in the NHS. The nursing staff also commented that there was a greater ratio of nurse to patients in the hospital where they worked. Consequently, some staff felt a greater sense of job satisfaction associated with their daily work.

Other positive aspects of working in a private hospital that were mentioned included, feeling appreciated, team working, job variety, part time working opportunities and

training opportunities.

Many of the issues highlighted by the nurses and radiographers interviewed were also supported by the comments of physiotherapists that worked for, or owned independent practices. For example, several physiotherapists indicated that they felt more satisfied with the level of care they were able to give to their patients, having more time and ensuring that patients had the appropriate number of treatments.

Further benefits of working independently were the greater level of income that the physiotherapists enjoyed as well as reduced levels of administration, greater freedom in organising working schedules and having control over the hours worked ensuring that family commitments and childcare could be accommodated.

9.9 Worst Things About Working for the Independent Sector

When discussing the more negative aspects of the independent sector several themes were apparent. Staff working in private hospitals and for their own practice both identified that work flexibility could be a problem. Staff working in private hospitals also highlighted inter-professional relations and pay issues while staff working independently also highlighted not working as a team and concerns over job security.

Several independent sector staff indicated that in some cases they would have to be prepared to be flexible in their working arrangements. For example, a nurse commented that clinics could be cancelled the day before if there was insufficient demand on the service and that at busier times, staff could be called in at short notice. In addition, a radiographer commented that evening operations were now common resulting in a need to work unsociable hours more often and another radiographer commented that it was difficult at times to arrange illness and holiday cover because of the low number of specialist staff employed in the private sector.

Similar comments were made by physiotherapists working independently indicating that they found it difficult to ‘slacken off’, had to be flexible to meet client needs by

working unsociable hours and found it difficult to arrange locums when they wished to take holidays.

Some participants who worked in private hospitals remarked that there were some occasions where inter-professional status could be a problem. A nurse commented that she felt that private healthcare was very *'consultant led'* which could *'take away your autonomy to a certain degree as a nurse'*. Another nurse suggested that *'surgeons can throw their weight about if they want to'*, which led to frustration for other professional staff. In addition, some staff commented that the pay in the independent sector was not as structured as the NHS.

'Whereas in the NHS you get an incremental up to a point every year, here you get a pay rise depending on how well the system works' (Independent Sector Radiographer)

In addition, the physiotherapists highlighted the lack of peer contact and not working in a team environment as a downside of working independently. This team environment was considered one of the positive aspects of working for the NHS, providing the opportunity to share experiences and knowledge. By working for an independent practice some of the physiotherapists indicated that this contact was less accessible to them. Another concern was the insecurity associated with working independently and that if client demand dried up or they became ill, their income would drop. Again, the participants commented that some people would not be comfortable with such insecurity and would find working for the NHS more attractive.

Other negative aspects of working in the independent sector mentioned by individuals concerned a lack of effective union representation, billing patients and having to deal with difficult patients.

9.10 Identify NHS

Generally the independent sector staff had some difficulty in responding to the identity question. The main theme discussed concerned free access to healthcare

provided by the NHS. Several participants indicated that they identified strongly with the provision of healthcare for the whole population without discrimination. Some independent sector staff indicated that they thought it was very important that healthcare was not dictated by people's social status and that private patients should not come before NHS patients in NHS hospitals. Some participants also indicated that they felt proud to have worked for the NHS but were now glad that they were not part of a *'failing service'*.

9.11 Profession Identify

The independent sector staff also had some difficulty in answering the question concerning whether they felt that they identified with any particular aspect of their profession. Strong themes that emerged from the discussions about professional identity concerned job satisfaction and working with patients. In addition, the physiotherapists spoke about the personal characteristics needed for their profession.

A number of participants indicated that they enjoyed *'giving to people'* and that increasing people's well being gave them job satisfaction. One radiographer indicated that they had rediscovered their love of their profession since working in the independent sector:

'I've always enjoyed radiography and I've always enjoyed my job but with low morale and everything else, enthusiasm often dwindled and you think why am I doing this? What else can I do? But I must admit that since coming here it has brought the level right back up which is really good. I've got new zest for it. I actually enjoy coming to work again which is nice.'
(Independent Sector Radiographer)

Closely related to job satisfaction, several independent staff also indicated that they identified with working with patients as part of their professional roles. Some staff had deliberately chosen their professions because of the high levels of patient contact.

The physiotherapy independent sector staff also discussed the personal characteristics required for their profession, indicating that staff had to be very outgoing, with quite a

forceful character, caring and interested in people. They also commented that physiotherapists were also usually quite sporty and several participants stated that this was one of the reasons they had chosen the profession.

9.12 Important People

Several independent sector staff indicated that they thought the people who were important to them would be either supportive or non-committal if they chose to work for the NHS. They indicated that many family and friends would view it as a personal choice and so long as the person was happy then they would be supportive, whichever employer they chose to work for. However, several staff indicated that their family and friends would be very surprised if they decided to return to the NHS and that they would highlight the low pay and the pressure that the individual would be returning to.

9.13 Duty

When asked whether they felt any sense of duty to work for the NHS the independent sector staff were split in their views. Several participants felt no sense of duty at all to work for the NHS and some indicated that they felt that they had already made a contribution back to the NHS and had *'paid their due'*. Other participants indicated that they felt they were still helping and treating people that was in turn helping reduce some of the pressure on the NHS.

'Absolutely no. I feel that I have given every inch of blood that I possibly could do and I would - I have no feelings whatsoever about going back in. I think they have had their pound of flesh several times over.' (Independent Sector Physiotherapist)

By contrast, some participants felt that they did have some sense of duty to work for the NHS after their training period and *'give something back'*. Several staff felt that they were providing some return by lecturing to NHS staff and sitting on local committees. However, even these participants did not indicate that they felt a strong desire to return to the NHS in the near future.

'I've done quite a bit for the NHS so I don't particularly feel an obligation to go back and do it again, not to say I don't completely support that people that do work and choose to work in the NHS and take an interest in what they're doing and keep myself up to date, and obviously it does offer securities that aren't in private practice so it might be useful for me to go and work, but it wouldn't be out of obligation but because it's the right move for me.' (Independent Sector Physiotherapist)

9.14 Barriers NHS

The independent sector staff identified a number of barriers that they perceived they would face should they wish to return to work for the NHS. The most common themes concerned losing touch with healthcare developments and flexibility of working arrangements.

Some participants indicated that they thought they may be out of touch with new equipment and developments and so would not be considered for more senior positions. However, it was suggested that if adequate refresher courses were made available to staff then the lack of up-to-date knowledge would become a less significant barrier. It was also mentioned that the refresher courses should help staff feel more comfortable and confident about returning to work for their profession in the NHS.

Another barrier that several independent sector staff cited was a perceived lack of flexibility in the NHS with regard to working arrangements. Several participants indicated that they would not wish to return to the NHS if they had to work night shifts or were required to be on-call and there were mixed views about whether sufficient part-time options would be available. In addition, some participants thought that they would encounter difficulties in arranging childcare if they worked in the NHS and would not wish to be constrained by set hours.

Some of the physiotherapists working independently also perceived that they would not have the same freedom to reorganise their working day at short notice in the NHS

if, for example, their child became ill. They also enjoyed the ability to take holiday when they chose and not having to compete with other people in the same department also wishing to take holiday at the same time.

Other barriers mentioned by independent sector staff included being too old, a lack of flexibility over pension arrangements when changing employer and the prospect of having to take a pay cut or taking a managerial position rather than clinical position to maintain their level of income.

9.15 Attractive NHS

In considering how the NHS could be made more attractive the independent sector staff identified a range of issues. The most frequently mentioned issues concerned more pay, increased resources, improved benefits and working environment and a reduction in bureaucracy.

One of the most common issues concerned pay levels in the NHS. Many independent sector staff felt that an improvement in the level of pay would attract more people to work for the NHS, along with improvements in pay structure and grading. For example a radiographer commented that he thought the pay levels were very low compared to other occupations that also required a degree qualification. In addition, a physiotherapist suggested that greater pay levels for the more senior clinical grades would allow existing staff to avoid taking managerial positions in order to progress their career.

The independent sector staff highlighted a number of resource issues. The most common was a need to recruit more staff to reduce the pressure on existing employees. The participants thought greater staffing levels would increase job satisfaction because staff would be in a position to provide a better standard of care and staff would feel less stressed and pressurised. Other resource issues that were mentioned included the provision of more training opportunities paid for by the NHS and more equipment.

Some participants also suggested that improvements in occupational benefits would

improve the attractiveness of working for the NHS. For example, a physiotherapist commented that free parking and the provision of leisure facilities would help and had been provided by some NHS organisations in the past.

Other issues included preserving the holiday entitlements that staff had earned if they returned to the NHS and providing more flexible working arrangements.

In terms of the working environment, the independent sector staff indicated that they would be more inclined to consider returning to the NHS if they knew *'you wouldn't be so hard pushed the whole time'*. Reductions in the pressure and stress that many staff had experienced while working for the NHS was considered important as were more flexible working patterns. Participants indicated that many staff wanted to work specific days or hours and they perceived the private sector to be better geared to accommodating these requirements than the NHS. Finally, it was also mentioned that more promotion opportunities would also improve the attractiveness of the NHS.

The participants also commented that they thought the NHS could be improved through reductions in bureaucracy and administration. It was observed that the NHS needed to become more business-like and efficient in how it processed patients in order to attract back staff working in the independent sector. Reductions in paperwork were considered important and an avoidance of unnecessary committees and perceived managerial inertia. In addition, more time to spend with patients was also considered important as well as the opportunity to see patients quickly. Several physiotherapists indicated that they believed patients could be rehabilitated more quickly in the independent sector, simply because they were able to assess and treat the conditions soon after they occurred.

9.16 Equality

When asked about equality in the NHS the independent sector staff reported mixed views. However, there appeared to be a strong consensus that they felt there was little discrimination in the NHS on the basis of race and rarely in terms of gender.

Several participants indicated that they perceived no significant issues of equality to

affect the NHS while other independent sector staff felt that they did not possess enough knowledge to generalise across all areas of the NHS. The majority of comments from independent sector staff indicated that in their experience there had been few problems on the basis of race or gender from other staff. One nurse remarked that they thought the NHS was so desperate for staff, it could not afford to allow discrimination of any form as it could not afford to turn any potential recruits away.

The equality issues that were identified by participants mainly concerned inter-professional status and the preferential treatment some grades or professions were perceived to receive. For example, doctors and consultants were thought to be always given priority and appeared to benefit from greater levels of status. In addition, some staff felt that there were some managers who *'had their favourites'*, or preferred staff to work full-time rather than part-time, or would be biased towards certain genders. However, other general comments suggested that participants believed there would always be some individual prejudices in both the work and patient context but that this was an inevitable part of a large organisation.

9.17 Men

The independent sector staff identified a number of issues that they considered influential in explaining the relatively small number of men working in the three professions. Some of the most frequently discussed themes concerned pay levels, gender stereotypes, promotion opportunities and insufficient information about career opportunities in the NHS.

The majority of staff commented that they thought current pay levels were not high enough to attract men into the professions. Many comments highlighted the pay as not being a *'bread winning wage'* and that if the man was intending to be the principal earner for his family then he would have to look at other occupations. Participants commented that as a second income, the salary was acceptable, but several men stated that they had deliberately left the NHS because they did not perceive the pay to be enough to support their family.

Several gender stereotypes were mentioned by the independent sector staff, the most common being that females are more caring and therefore are more suited and inclined to follow caring occupations. The three professions were all considered by the independent sector staff to be viewed in society as caring roles and consequently, traditionally performed by women. They suggested that these images were also reinforced because the professions were portrayed as female dominated on the television. In addition, some independent sector staff thought that women were naturally better at performing these roles. Consequently, the independent sector staff suggested that men were either not suited to working in these positions or were put off by the effeminate image associated with the professions.

An interesting observation that was highlighted by several participants was that they thought one of the reasons there were so few men working directly in the professions was because they tended to be promoted quicker. It was stated that the majority of managers in the professions tended to be men and that this was explained through men being more focused, more ambitious and in some cases receiving preferential treatment over women. The participants also suggested that the desire for higher pay was a driving force behind many men wishing to progress up the career ladder.

The independent sector staff also thought that one of the reasons relatively few men were considering these professions was the lack of information available to potential recruits at school and to the general public. It was thought that recruitment would benefit from the general public having a greater understanding of the full and varied roles in each of the professions, thereby removing the traditional stereotypical images. In addition, a physiotherapist who had formerly worked at a university commented that although male applications to physiotherapy training courses were rising, the quality of application was usually not as good as the female applications. The physiotherapist also stated that males were generally not as successful as females in getting the high A-level grades needed to be accepted for the course.

9.18 Key Issues Identified by Qualified Staff Working in the Independent Sector

Some of the most significant issues raised by independent sector staff were:

- The NHS was perceived to be under-funded and short staffed providing a low standard of care within an extremely pressurised working environment.
- There were concerns that the NHS did not promote itself sufficiently and that the adverts and promotional material that participants had seen were misleading and inaccurate, providing an overly positive picture of the working environment.
- Flexibility of working arrangements, working at a slower pace in a nice environment, providing a better standard of care and higher levels of income were all considered particularly positive aspects of following a career in the independent sector. By contrast, having to be flexible to meet demand, uncertain pay levels and a lack of peer contact were considered to be the worst aspects of a career in the independent sector.
- It was considered that family and friends would be generally supportive if they chose to return to work for the NHS. However, they also thought their family and friends would be very surprised if they took this decision.
- It was suggested that returners to the NHS would require refresher courses to ensure their knowledge was up-to-date. They also indicated that they would expect a lack of flexible working arrangements to be a barrier if they wished to work for the health service.
- Increased pay and staffing levels, improved occupational benefits, less pressurised and flexible working patterns and reductions in administration and bureaucracy were all identified as methods to make the NHS more attractive as an employer to independent sector staff.

- No equality problems were identified in terms of race and gender in the NHS although professional rivalry and status issues were mentioned. However, it should be noted that no participants came from minority ethnic groups.
- Men were thought to be dissuaded from entering the three professions because of the low pay levels, the caring images that were associated with the professions and the lack of career information available at school.

Overall, the independent sector staff showed little inclination to return to the NHS perceiving the daily working environment to be too stressful and pressurised and not allowing them the freedom to work at a slow enough pace to treat patients as they would wish. It appeared that the improved working environment in the independent sector was the most significant attraction for staff, rather than increased pay levels, with many staff indicating that they earned '*about the same*' in the independent sector as in the NHS. Consequently, these comments suggest that the NHS would have to radically improve before becoming attractive as an employer for this group of qualified staff.

10 Stage One Findings: Minority Ethnic Groups and Male Participants

10.1 Introduction

This subsection specifically investigates the comments made by participants from minority ethnic groups in the group and individual interviews. These individuals were found in one of four groups: school pupils, mature students, students in professional training and staff working in the NHS but not qualified as a nurse, physiotherapist or

Table 10-1: Characteristics of People from a Minority Ethnic Group who Participated in the Study

		Nursing (Total =22)	Physiotherapy (Total = 2)	Radiography (Total = 16)	AHPs* (Total = 6)	Total = 44
Gender	Male	5	0	4	3	12
	Female	17	2	12	3	32
Ethnicity	Asian:Bangladeshi	1	0	0	0	1
	Asian:Chinese	0	0	1	0	1
	Asian:Indian	8	0	3	5	16
	Asian:Pakistani	0	0	1	0	1
	Asian:Other	3	0	0	0	3
	Black:African	1	0	3	0	4
	Black:Caribbean	5	0	5	0	10
	Black:Other	3	0	1	1	5
	Other Ethnic Group	1	0	2	0	3
Age	10-19	8	0	1	6	15
	20-29	5	0	2	0	7
	30-39	8	0	11	0	19
	40-49	1	0	1	0	2
	50-59	0	0	1	0	1
	60-69	0	0	0	0	0

* The school group interviews were separated by nursing and AHP rather than by nursing, physiotherapy and radiography

radiographer. No one from a minority ethnic group working for the independent sector or an agency was available to be interviewed despite considerable efforts by the research team. Similarly, no participants in any of these four groups were

specifically associated with the physiotherapy profession. The characteristics of the participants from minority ethnic groups are shown in Table 10.1.

Table 10.1 shows that the majority of participants either came from a Asian:Indian or Black:Caribbean background. Approximately a quarter of the participants were male and the vast majority of participants were under the age of 40. The findings below should be interpreted with some caution. It is not possible to separate the views of these respondents from the context in which these views were expressed. As mentioned previously, in each group interview, people from minority ethnic groups were in the minority. Also, all the facilitators were white. Accordingly, although this collects the views of ethnic minority participants, it does not necessarily capture a collective view. It is possible that additional themes would have been identified, or that current ones would have emerged more strongly if sessions had been run by non-white facilitators, and where participants were all drawn from a minority ethnic group.

10.2 Findings from Ethnic Minority Respondents

When discussing images that they associated with the NHS, the most common theme identified by participants from a minority ethnic group were organisational characteristics. It was noted that the NHS focused on helping people in hospitals, was associated with high waiting lists and was perceived to be busy. Other images associated with the service included health provision for the whole population, not enough financial resources, high stress levels and low morale in the working environment.

Participants made specific comments about the daily working environment of nurses when discussing profession images. The participants thought nursing was hard work and that many nurses were overloaded with work. Other images associated with nursing included a 'caring' profession and being underpaid for their responsibilities and skill levels. The most common images associated with radiography included X-rays, a low recognition from the general public, teamwork and hard work. Physiotherapy was associated with sports injuries and sport in general.

Participants indicated that the main source of their images of the NHS was from the media. Specific examples included newspapers and magazines, the television news, soaps and television adverts. Similar areas were identified in terms of the publicity material participants had seen about the NHS citing newspapers, magazines, posters or leaflets. When evaluating how well the NHS promoted itself as an employer the participants responded that they thought there was an emphasis towards nursing and that the material was either easily missed or uninspiring and therefore needed to be improved. Participants also indicated that their colleagues at work were the most significant people to help shape their views of the NHS.

Participants identified two main themes when discussing the best things they associated with the NHS, working with patients and aspects of the work role. When working with patients, participants remarked that they felt they were making a difference by helping and curing patients. They enjoyed getting to know the patients and this was considered a particularly rewarding aspect of the job. In addition, the participants also thought that the NHS offered good job security, availability and geographical mobility. They enjoyed working in an environment where staff were supportive and having the opportunity to develop their careers through training courses.

By contrast, the worst things associated with the NHS concerned a stressful working environment with few career progression opportunities. Participants thought that staff were generally underpaid with their skills and responsibilities not rewarded. In addition, seeing patients fail to get better and having to deal with negative attitudes from patients were also considered the downside to working in the NHS. However, it should be noted that participants did not indicate that the negative attitudes from patients were motivated on the basis of the race of the healthcare professional concerned.

Participants did not on the whole identify with the NHS although they saw the NHS as treating and caring for a wide variety of different people. In identifying with the professions these participants primarily focused on working with and interacting with patients. For radiography, the participants identified with the specialised

technological aspects of the profession.

People who were important to the participants were perceived to be predominantly supportive should they choose to enter the professions, perceiving them to be well-respected careers providing a service to the public. Any lack of support was attributed to the low pay levels in the NHS. In addition, several participants talked about having a sense of duty to work for the NHS. This sense of duty was mainly driven by a desire to compensate the NHS for the cost of their training.

The main way that the participants thought the NHS could be made more attractive was by increasing pay levels. In terms of the jobs themselves, more flexible working hours and increasing occupational benefits were the main suggestions. Advertising more widely, for example in areas where minority ethnic groups live would give more comprehensive knowledge of the range of jobs available and may increase recruitment. In addition, less academic routes into the professions, shorter training courses and more financial aid were also identified as ways of facilitating wider access to professional training courses. Lack of sufficient flexibility in terms of working hours was also seen as a barrier. When discussing equality issues, the general view from participants was that the NHS provides equal opportunities for all staff and there was little discrimination on the basis of race or gender. Additional comments indicated that some minority ethnic group participants perceived they were at an advantage working in the NHS because they could relate to patients from minority ethnic groups in terms of culture and language. By contrast, other participants suggested that the professions had been viewed as 'out of reach' and middle class, and consequently were not accessible for people from minority ethnic groups.

Gender stereotyping was seen as the main reason for considerably less men than women in the professions. Caring was viewed as mainly a woman's role and consequently, there was a concern that men in the professions could be viewed as being effeminate or gay. To address this problem it was suggested that men needed to be more prominent in advertising campaigns and these should also target children at a young age.

In summary, it is interesting to note that the participants from a minority ethnic group identified similar themes to those reported for the overall sample. Participants indicated that they perceived very few problems in terms of race or gender working for the NHS. Working with patients and high levels of support from other staff were considered to be the most enjoyable aspect of working in the NHS. However, working for the NHS was thought to be stressful with high workloads and poorly paid in comparison to other occupations. In order to improve the attractiveness of the NHS improvements in accessibility to training courses were suggested along with increased pay levels. Consequently, these findings suggest that the measures that the NHS adopts in order to improve the attractiveness of the NHS to the whole sample will also help in making the NHS attractive to people from minority ethnic groups. However, it should be noted that these findings should be treated with caution because of the low number of such participants in this study. Also, the nature of group interviews may have inhibited some participants from raising sensitive issues.

10.3 Views of the Male Participants

This subsection specifically investigates the comments made by the fifty-nine male participants in the interviews. Although men were interviewed in all of the sample groups, most of the male participants were in the school pupil and student groups.

Table 10-2: Number of Male Participants by Sample Group, Age and Profession

		Nursing	Physiotherapy	Allied Health Professions	Radiography	Actual Total
School pupils		10	n/a	14	n/a	24
Mature (OU & Access) students		3	0	n/a	3	6
Students undertaking professional training		6	4	n/a	4	14
NHS staff not qualified as nurses or in the AHPs		2	3	n/a	3	8
Qualified agency staff		0	0	n/a	2	2
Qualified independent sector staff		2	3	n/a	0	5
Age	10-19	10	3	9	0	22
	20-29	3	4	n/a	3	10
	30-39	7	1	n/a	7	15

40-49	1	1	n/a	0	2
50-59	1	1	n/a	2	4
60-69	0	0	n/a	0	0

Note: The ages of six of the male participants was not known.

Participants included male representatives from each of the professions but only two of the agency staff were male. The age of the men ranged from 15 – 49 although most of the male participants were aged 15 – 39 years. Table 1 shows the distribution of men between the professions, sample groups and age. These findings should be interpreted with some caution. No all-male group sessions were run and it is not possible to separate the views of these respondents from the context in which they were expressed.

10.4 Findings from Male Respondents

When discussing the images that the men associated with the NHS, the most common theme identified by participants was the organisation's characteristics. For example, that the hospitals are large and have significant waiting lists. The men also talked about the government's involvement in the NHS and about a lack of funding. Other images mentioned were that health provision by the NHS is free at the point of use, staff are overworked and that clinical errors occur.

When talking about images of the nursing profession, the men saw nurses as being caring and dedicated but overloaded with work, underpaid and having low recognition from the public. The image of physiotherapy for the men was linked to sport, sporting injuries and massage, while patient care was described as being on a one to one basis. Radiography was viewed as being concerned with diagnosis, in particular cancer, using X-rays and button pushing. As with nurses, radiographers were described as being overloaded with work, however the work in radiography was thought to involve teamwork and be rewarding.

The main source of these images of the NHS for the men was from the media. This included newspapers and magazines and the television. Particular emphasis was placed on the television news and soap operas. Other sources of NHS images were from their own personal experiences such as being a patient, working for the NHS and

from their families. NHS publicity was mainly talked about in terms of television advertising. However, they also mentioned newspapers and magazines and posters/notices /leaflets as sources of publicity. Promotion of the NHS as an employer was described as being easily missed and needing improvement. It was suggested that better use could be made of positive adverts to encourage people to work for the NHS. It was thought that this approach might help counter the negative image that is frequently associated with the NHS. However, family and colleagues were reported to be the most influential factors on the men's views about working for the NHS.

When discussing the best things the men associated with the NHS two main themes emerged, job security and working with patients. The men thought that helping and getting to know patients would be rewarding work. Pay issues were also mentioned and it was generally perceived that pay levels were higher in the agency and independent sectors than in the NHS. However, some participants did feel that the breadth of experience and training opportunities available in the NHS would enhance their careers.

Other aspects of working with patients were seen as some of the worst things about working for the NHS. For example, seeing patients fail to get better, physical danger from patients, the fear of litigation and a lack of time to see patients were all thought to contribute to stress at work. Some men also talked about the low level of pay and that this did not provide adequate reward for the skills of NHS staff. Other themes when talking about the worst things about the NHS were the lack of career opportunities to allow progression, the lack of funding and that work in the NHS meant long and irregular working hours.

The male participants did not on the whole identify with the NHS although they did identify with caring people and with the equality of providing free care. In identifying with the professions the men focussed again on aspects of patient care. This was seen as caring, hands-on work that gave interaction with patients and so provided job satisfaction from seeing patients getting better.

People who were important to the male participants were perceived to be predominantly supportive and proud, should they choose to enter the professions. These positive feelings were thought to be because the nursing and allied health profession careers are considered to be good careers and of service to the public. A few men said that people who were important to them would either be non-committal or not supportive and this was frequently because of the perceived low levels of pay.

Some men said they felt no sense of duty to enter the NHS, others thought that entering the NHS was compulsory after training, while others felt they should give something back after being trained.

Increasing the levels of pay was the main way that the men thought the NHS could be made more attractive as an employer. Two more themes concerned improving the recruitment strategies and providing work occupational benefits. Other suggestions related to careers and these were to improve the qualifying process, perhaps by making it easier and to provide more promotion opportunities for qualified staff. Other suggestions were: increasing available resources available, which would result in less stress for staff, and afford greater time for patient care; providing more flexible working hours. Financial barriers were perceived as most significant. This influenced how male participants thought of qualifying and entering the NHS. These included the cost of training, needing to pay a mortgage and bills while training and taking out a student loan. Some were also concerned about the time it took to train and the lack of family friendly policies in the NHS.

There was a range of views on gender equality. Some men thought the NHS treated all employees equally whatever their race or gender, others said it was hard to know, while some said that it did not treat employees equally. The reasons given for a lack of equality included gender stereotyping, not being able to overcome personal prejudices and doctors being given priority. Participants also referred to patient preferences and individual sectors of the NHS failing in equal opportunities, despite the widespread presence of equal opportunity policies and procedures.

Gender stereotyping and the level of pay were seen as the main reasons for

considerably fewer men than women in the professions. Females are seen as more caring and this is more traditionally a woman's rather than a man's role. In addition, men that work in the nursing, physiotherapy or radiography professions were thought to have an effeminate image, which deters men from entering these professions. It was frequently mentioned that the level of pay was too low to be considered to be a 'bread winner's' wage. However, the participants did think that there was not enough information available about the professions, which, if increased together with more advertising, could help to attract more men.

Overall, the men wanted a rewarding career with opportunities to progress, but their main concern was with the financial aspects of working in the NHS. Both the costs of training and the subsequent low level of pay were thought to put men off choosing these careers. However, the men did value job security, delivery of free healthcare for all and they wanted to be involved with working with and caring for patients. Increasing both the information available and advertising were thought to be ways of encouraging more men to consider a career in the NHS.

11 Conclusions from Stage One of the Study

11.1 Introduction

In this section the findings reported in sections 4 to 10, from stage one of the study, are brought together. The most notable trends in the data are examined and any substantial differences between sub-groups of participants are identified. The main aims of this section are to summarise the voluminous findings so that the key themes can be discussed and to suggest some conclusions that can be drawn from them. These conclusions, whilst valid in their own right given they reflect the views of the participants from Stage one, will have greater weight if they are corroborated by the findings from Stage Two of the study. The combined conclusion and recommendations from both stages of the study are reported on Section 17.

11.2 Images of the NHS

The open-ended interview question about what came into people's minds when they heard the term 'NHS' produced a predictably wide range of responses. However, certain themes did appear with considerable frequency. The four most common (and about equally so) were:

- Continuing staff shortages and work pressure;
- Lack of funds and /or resources;
- Health provision for all, free at the point of use;
- Waiting lists (often described as high or long).

Other quite frequently occurring themes, though less so than those above were:

- Hospitals;
- Helping and curing people;
- Poor pay;
- Big.

Further themes identified on a number of occasions (but fewer than those already

mentioned) were teamwork, political football, badly run, bureaucratic, high job security, high job availability, nurses, doctors and clinical errors/malpractice.

The relatively small sub-sample sizes make it difficult to be confident about differences between subgroups. The overall picture described above seemed to be fairly universal. Not surprisingly, though, school pupils seemed less aware than other groups of the pressures on staff and were less likely to mention low pay. Those working in (or planning to work in) the NHS were more likely than others to mention teamwork and job security.

Some general conclusions can be drawn from this. First, the participants interviewed (about half of whom had experience of working in the NHS) saw the NHS as in crisis, in the senses that it was under-resourced, demand for its services were high and staff consequently suffered. Second, those pressurised staff were not seen as well-paid. Third, there is still a sense that the NHS is available for everyone, whatever their means. Fourth, the image of the NHS helping and curing people seemed to spring to people's minds less spontaneously than the perceptions of crisis. Fifth, people do not readily associate the NHS with its services beyond hospitals.

The overall conclusion in the context of this study is that NHS operational difficulties are at least as salient to people as its core goals and activities. These difficulties, in some important ways, make the NHS an unattractive organisation in which to be employed. However, these data leave open the possibility that good aspects of NHS work, most notably caring for people but also teamwork and job security, may override the negative ones.

11.3 Images of the Professions

The most dominant image of **nursing** concerned the high workload, which was expressed in themes like hard work, overloaded and long hours. The second most common concerned the positive characteristics of nurses, particularly caring and dedicated. Next came a perception that nursing was poorly paid. Other themes mentioned a few times concerned nursing as a woman's job, nursing as a poorly recognised profession and a rewarding line of work.

Images of **physiotherapy** were rather different from those of nursing. The most common perception concerned the low recognition accorded to physiotherapy by the public and other professions. The second most common theme concerned the role of physiotherapy in sport. Other subsidiary themes were the opportunity to work with patients one-to-one, massage, teamwork, relatively short working hours and the portability of physiotherapy skills. Conspicuous by their near-absence were work overload, caring image and pay issues. Participants who were already trying to enter physiotherapy emphasised the professional and individualised care.

The picture for **radiography** was similar to physiotherapy in so far as the lack of recognition and understanding of the profession was the most common theme in responses. This was especially the case amongst students intending to enter radiography. More so than physiotherapy, however, the lack of recognition was perceived to be more from the public than from other professions. Another very common image of radiography was quite simply expressed as ‘X-rays’.

The high workload of radiographers was a more prominent theme than for physiotherapists. Other images mentioned moderately frequently were ‘button-pushers’, teamwork, and the high importance of radiography in effective treatment of patients. Safety issues (concerning radiation) were mentioned a few times but not often. Pay issues and a caring image scarcely figured at all.

Here even more than in most other parts of the interview, sub-sample sizes are very small for systematic comparison. However, it was clear that school pupils had very little knowledge of physiotherapy and radiography. Issues of pay and work pressure were more salient to those with experience of working in the NHS than to others.

Several conclusions can be drawn here. It would appear that nursing is seen more in terms of high work pressure and poor rewards than in terms of caring for and helping others (though that is nevertheless still quite a prevalent image). This is rather similar to the overall image of the NHS described in the previous section. The second conclusion is that images of physiotherapy and radiography are quite different from those of nursing. There was much less emphasis on the caring role, low pay and

(especially for physiotherapy) high work pressure. Instead, there were perceptions of low recognition and simplistic or partial images - sport in the case of physiotherapy and X-rays in the case of radiography. So it would appear that images of physiotherapy and radiography are much less defined than those of nursing, and that they are not especially seen as caring professions. A final conclusion is that these allied health professions could benefit from a lot more recruitment publicity.

11.4 Source of NHS Images

This question was posed only to those sub-samples without extensive experience of working in the NHS, but nevertheless some individuals had some experience. The media, particularly television was the most frequently mentioned source of NHS images. Television news seemed more influential than 'soaps' such as *Casualty*. Newspapers and magazines were also specifically mentioned frequently. Only slightly less often mentioned than the media were various forms of personal experience. For many participants, this was experience of working in the NHS, but for others it was from being a patient or visitor. Also mentioned, but less frequently than personal experience, was the influence of family and friends as employees or patients in the NHS. Indeed, some sub-groups were specifically asked who had influenced their views about working in the NHS or independent sector as a nurse, physiotherapist or radiographer and, in spite of their own close contact with people in the these roles, they still frequently mentioned family and friends as well as colleagues and self.

The first conclusion to be drawn here is that the media, particularly the news media, do have a substantial impact on individuals' images of the NHS. This is especially true for those who have relatively limited contact with the NHS, but also includes those who have some personal experience to go on. People often acknowledge that media coverage tends to accentuate the negative, but they are nevertheless influenced by it. The second conclusion is that the high visibility of the NHS to the general population means that the experiences of family and friends can also have impact on a person's image of the NHS.

11.5 *Publicity and Promotion of the NHS*

The television advert illustrating how many different professions were involved in caring for an accident victim was easily the most often mentioned NHS publicity device. However, significant numbers had also noticed advertisements in newspapers and magazines. Radio, job adverts, open days and national promotions (for example radiography awareness week) also received some mentions.

Perceptions of NHS publicity were predominantly negative, though on occasions it was unclear whether participants were referring to deliberate NHS publicity drives or to media coverage of NHS issues. Some comments were positive, and these particularly concerned the television advert. Negative comments tended to fall most often into one of the following themes:

- Focus too much on nurses (and to a lesser extent doctors);
- The necessity (and sometimes failure) to be honest about the reality of working in the NHS, without over-glamorising;
- The need to avoid giving the impression of desperation, neediness, and a willingness to employ almost anyone;
- The lack of information, and sometimes active discouragement, experienced from school or careers advice;
- Publicity was not sufficiently prominent.

One conclusion to be drawn here is how difficult it is for the NHS, with so many different interest groups inside and out, to present itself in ways which satisfy everyone. A second conclusion is that a tightrope needs to be walked between on the one hand making working in the NHS sound better than many people perceive it to be, and on the other hand virtually pleading with people to join on the basis that 'Your NHS needs you'. The third conclusion is that this research (see also later sections) offers some suggestions about how to walk the tightrope. This means acknowledging the pressure and resource limitations, but also stressing the opportunities for teamwork and job security as well as the chance to contribute to patients' well being. The fourth conclusion is that NHS publicity must, as the television advert did, continue to avoid an exclusive focus on doctors and nurses.

However, probably any advert that is sufficiently focused and short to keep audience attention will cause offence to one group or another that feels left out.

11.6 Best Things about Working in the NHS as a Nurse, Physiotherapist or Radiographer

By far the most prevalent theme here concerned various aspects of working with patients. ‘Helping’ ‘rewarding work’ and ‘getting to know them’ were the three most prominent aspects of working with patients. Others included making a difference to patients' lives, interesting work and seeing patients get better. These themes are hardly a surprise in a general sense, but two points are specifically worthy of note. First, in spite of the perceived resource limitations and pressure of the NHS, people still see working with patients as a prominent and significant plus. Second, it might be argued that this ‘plus’ can focus either on the patient (helping, making a difference, curing) or on the staff member's response to the work (rewarding, interesting, getting to know the patient). Both are worth emphasising in recruitment publicity.

Other best things that cropped up fairly frequently were:

- Job security and the reliable availability of work, including in different locations;
- The variety of work and breadth of experience associated with it;
- The pension and other non-pay occupational benefits;
- The opportunities for training and learning;
- Team working and support from colleagues.

The patient-related factors were most dominant in the responses of school pupils and mature students. Those in professional training and the other groups with experience of working in the NHS appeared to be more conscious of the employment and career related benefits of working for the NHS. They also appreciated the variety of patients, sometimes contrasting this with the private sector. Healthcare assistants' were more likely than other groups to mention team working and support.

The main conclusion here is that several alternative positive themes are available for

emphasis in recruitment publicity.

To some extent the ‘helping patients’ angle might be taken as read, and the following given prominence:

- The secure availability of a job and income to those who prove themselves competent;
- The chance to gain varied experience and learning;
- The chance to be part of a team of professionals.

11.7 Best Things about Working for Competitors to the NHS as a Nurse, Physiotherapist or Radiographer

Questions about this subject were asked of sub-groups who had direct experience of working in nursing, physiotherapy or radiography outside the NHS.

Regarding **private hospitals**, the most frequently mentioned best things were the lower pressure and/or slower pace of work and greater opportunity and time to deliver high quality care to patients. Occupational benefits were also cited quite frequently - specific features included a plusher working environment and better pay than in the NHS. Also mentioned, but not quite so often, were factors to do with patient care.

The most common theme concerning **agency** work was the pay, and in particular how it was perceived to be better than on an NHS contract. Another common theme was the freedom to choose when to work and also the high availability of agency work.

Only a small number of participants were in **independent practice**, so there were few responses available concerning the best things about it. However, lower pressure, good training and learning opportunities, working with patients and better earnings were all cited several times.

In conclusion, it can be said that most perceptions concerning what was best about

working for competitors to the NHS contained an explicit or implicit comparison with life within the NHS. Working in a private hospital was seen as ‘scoring’ over the NHS in key areas where the NHS is perceived to be weak - pressure of work, lack of time to deliver quality care to patients and to a lesser extent pay. Agency work was seen primarily in terms of better pay and also freedom of choice. The implications of this for attracting staff back to the NHS seem obvious but, with the possible exception of work flexibility, not easy to act upon without major political initiatives.

11.8 Worst Things about Working in the NHS as a Nurse, Physiotherapist or Radiographer

All subgroups were asked to comment on what they saw as the worst things about working in the NHS as a nurse, physiotherapist or radiographer. Given the large differences in background and experience of the various subgroups, there was predictably a large variety and range of responses. One of the most common was reference to the stressful work situation. This is a notable finding in itself, but does not indicate what was the source of the stress.

Other responses shed some light on the possible sources of stress perceived by participants. The most dominant themes were as follows:

- Continued staff shortages;
- Underpaid (Some put this in the context of pay relative to skills and responsibilities);
- Unattractive work patterns (a broad set of concerns including most commonly having to work evenings, long hours, irregular hours and lack of family friendly employment policies).

Further themes which cropped up quite frequently but slightly less so than those listed above were as follows:

- Poor management and high bureaucracy;
- Inability to provide a good service to patients because of lack of resources;
- Lack of time (especially to see patients);
- Negative attitudes or physical danger from patients;

- Lack of opportunities for career progression.

Finally, some additional themes which were mentioned were:

- Fear of litigation by patients;
- Lack of funding;
- Using old equipment and having to 'make do';
- Seeing patients fail to get better;
- Bad working environment (nature unspecified).

Anxieties about seeing patients fail to recover were more evident amongst school pupils than other sub-groups and problems concerning flexibility of work arrangements were less evident. The stressful work environment was nominated more often by those currently working in the NHS (students in training and health assistants) than other sub-groups and the students in training tended to be the most conscious of pay relative to levels of skill and responsibility. Mature students were most likely to mention specific worries about providing a good service for patients and inflexible work patterns. Agency staff tended to stress that low NHS staffing levels made it difficult to deliver high quality care to patients.

Several conclusions can be drawn here. First, it is notable, if not surprising, that some of the most salient worst things about working in the NHS are similar to some of the most common images of the NHS and of nursing, physiotherapy and radiography (especially nursing) reported in sections 11.2 and 11.3. In other words, general images of the NHS and the experience of working in it are closely connected. Second, it is not only pay that matters. Staffing levels and patterns of working time matter a lot too and of course may be connected, since higher overall staffing levels might allow more flexibility in the work hours of individual staff members. Local innovations in flexible working are of course already happening and there may be considerable benefits in encouraging more. Third, participants' major concerns focus more on NHS employment policies than clinical ones. One sign of this is that explicit references to patients are lacking in the most dominant themes mentioned by participants. Fourth, and related to the last point, participants appeared to be as conscious of dangers from patients as they were of obligations to them.

11.9 Worst Things about Working for Competitors to the NHS as a Nurse, Physiotherapist or Radiographer

As noted in section 11.7, there were relatively few participants from the total Stage One sample who could comment from personal experience. Furthermore, some of them had relatively little to say concerning the worst things about working outside the NHS - which is of course a finding in itself, because it suggests that they could think of few 'worst things'.

Regarding **private hospitals** by far the most frequently mentioned worst thing was patients who were demanding or had a negative attitude. The next was problems caused by powerful doctors. For **agency** work, doubts about job security and the lack of teamwork were the most prominent responses. Some healthcare assistants saw loss of continuing relationships with patients as a disadvantage of agency work. Physiotherapists in private practice reported a lack of teamwork.

It is notable that these 'worst things' are significantly different in nature from those most often reported regarding the NHS. This suggests that nursing and AHP work is viewed in a different light when it is not on an NHS employment contract.

11.10 Identification with the NHS

As noted in earlier sections, many interviewees found it difficult to respond to this question, so there were comparatively few codeable responses. However, the dominant theme concerned the equality of provision and/or free care provided by the NHS. People who gave this response were saying, in effect, that they felt personally in tune with these core values of the NHS. It is perhaps significant that the next most common response was to the effect of 'No, I don't identify with the NHS'.

In addition rather smaller numbers of people indicated that they identified with:

- The image of tolerant, caring people in the NHS;

- The teamwork inherent in NHS work.

It is understandable that some people have difficulty responding to a relatively abstract issue like identification. However, we also offered prompts in a slightly more everyday way, such as ‘Is there anything about what the NHS stands for that you feel is something you stand for too?’. The overall conclusion here is that although the core NHS value of free care for all is something some people sign up to, for most it appears not to be a compelling reason to work for the NHS.

11.11 Identification with Nursing, Physiotherapy or Radiography

Again, some interviewees found this a difficult question to answer. However, the overall response was a little more voluminous and varied than it was for identification with the NHS. People identified with various aspects of working with patients, most notably caring/helping them and interacting with them and to a lesser extent helping cure them and working ‘hands on’. Other responses identified a variety of personal characteristics required for the work and (especially for radiography) the chance to combine an interest in technology with helping people.

It is clear from these responses that reasons to identify with nursing, physiotherapy and radiography are somewhat different from, and a little stronger than, reasons to identify with the NHS. They revolve mostly around the activities and rewards associated with caring for patients, as one would expect. In contrast, this was only a subsidiary reason for identifying with the NHS.

11.12 The Opinions of People Important to the Participant

Participants were asked how they thought people who were important to them would (or did) react if (or when) they decided to work in the NHS as a nurse, physiotherapist or radiographer.

The general tone of responses was clear and pretty consistent across the sub-samples;

most interviewees who commented felt that people who were significant to them would be (or were) supportive of their decision. The word 'proud' cropped up a lot. When specific features of the NHS or types of work were given as reasons for the pride/support, these most often concerned good career prospects available in the NHS, the principle of serving the public, or the respect in which the professions were held. However, some participants said that the supportiveness was based on the more general principle of a person's right to make their own choices.

Where other people were expected to be unsupportive, this was most often because of the low pay. Subsidiary reasons were a preference that the individual should work privately and worries about the pressure or even danger involved in NHS work. Some participants indicated that they thought others would be non-committal, but this was a less common response than either supportive or non-supportive. Agency staff reported less support for them working in the NHS than other sub-groups.

Conclusions to be drawn here are as follows. First, participants on the whole expected other people to have opinions about them working in the NHS. Second, those opinions were expected to be positive more often than negative. Third, the support of others seems to be seen as resting more on the overall legitimacy of the NHS and the relevant professions as important institutions in British life than on the perceived suitability or otherwise of the individual for the kind of work involved. Fourth, the expected approval of others contrasts somewhat with the predominantly negative images of the NHS described earlier. This might be because people feel supportive of someone who is brave enough to take on the challenge of working in the NHS even if (perhaps especially if) they would not do it themselves. The finding that independent sector staff thought important people would be supportive *but surprised* is consistent with this line of argument. Alternatively, it might be because the decision is evaluated more in terms of the profession than the organisation.

11.13 Sense of Duty to Work in the NHS

All sub-groups except the school pupils and healthcare assistants were asked whether they felt a sense of duty to enter or re-enter the NHS. Responses were very evenly split between yes and no.

Those who said yes most often alluded to a sense that they should give something back to the organisation that had offered them training and employment. Some also said that they felt they should offer their training and experience. Many of those who indicated they felt no sense of duty did not cite a reason for this. Where they did do so, the most common reasons were a sense of having already given back to the NHS at least as much as it had given them and that working outside the NHS still involved helping people. There appeared to be a tendency for mature students and independent sector staff to feel less sense of duty than the students in training and agency staff.

The conclusion here is that the NHS does evoke a significant sense of duty, particularly from those who have trained within it. However, people have quite an acute sense of when they have 'paid their dues', and they do not necessarily see the NHS as the only way of contributing to public health.

11.14 How could Working in the NHS as a Nurse, Physiotherapist or Radiographer be made more Attractive?

The overwhelming answer here was simple - **more pay**. Pay was mentioned more than twice as often than any other theme. Other responses that cropped up frequently were:

- Changes in qualifying process (for example, easier access to it, more financial support);
- Better career / promotion opportunities;
- Better occupational benefits (for example, annual leave, pension, working environment);
- Better recruitment practices (for example, more prominent publicity, being realistic about NHS work);
- More staff;
- More flexible hours (especially nursing).

Other responses that cropped up quite frequently (but less so than above) include reductions in work pressure, more training opportunities, better equipment (especially radiography), less bureaucracy, more recognition (physiotherapy and radiography more than nursing) and more time with patients.

It is interesting that pay features even more prominently as a way of making working in the NHS more attractive than it does as a negative feature of the NHS and the relevant professions. This may suggest that people see the pressure and lack of resources as inevitable and expect better pay and working conditions as compensation for it. They also expect more encouragement and incentives to qualify if they are to be required to handle the stressful working conditions. Admittedly, these conclusions extrapolate somewhat from the data. If correct, they may indicate that the most desired solutions to problems reflect a pragmatic view of what can realistically be changed.

11.15 Barriers to Working in the NHS as a Nurse, Physiotherapist or Radiographer

This question invited interviewees to start from the proposition that they had decided they would like to be a nurse, physiotherapist or radiographer in the NHS and consider what barriers, if any, might prevent them doing that. Some comments were made to the effect that no particular barriers were envisaged. However, it was more common for interviewees to perceive barriers. The most common of these was the cost of obtaining the necessary qualifications and training. Many aspects to this were mentioned: child-care costs, taking out loans, getting into debt, losing an existing wage, being unable to pay mortgage and bills, and costs of travelling for a course. The financial aspects of training were more salient to nursing students than to physiotherapy and radiography students.

The next most prevalent theme concerned the effort and commitment required to complete the training successfully. In some cases the participants expressed concern about their ability to pass exams associated with training and others indicated that they would have to gain additional qualifications even before they could embark on

training. Two related and also quite frequently mentioned issues were the time it would take to complete training and the difficulty of balancing successful completion with family commitments. Some explicitly indicated that the perceived absence of family-friendly policies would also be a problem after training.

Other barriers were also mentioned. One was the difficulty of obtaining appropriate work experience that would improve one's chances of being selected onto a training programme. Another raised by staff working for agencies and the independent sector was worry that they had lost touch with developments in the NHS procedures, equipment and clinical practices, and that they would consequently need substantial refresher training.

The time required for the training process was more salient to school pupils than to other groups. Not surprisingly, the students in training perceived the fewest barriers. As noted above, those qualified but working outside the NHS tended to be conscious of the need for refresher training.

Bearing in mind that participants were asked to start from the assumption that they wanted to work in the NHS (i.e. that objections like high pressure, low pay etc were set aside), the volume and variety of comments about barriers is striking. The first conclusion, then, is that in spite of creative and substantial innovations in training schemes and support, significantly more might be needed to encourage people to make what some clearly saw as a daunting step into training. The second conclusion is that individuals need to perceive greater financial support through the training process than they do at present. The third conclusion is that flexible forms of delivery of training which take into account people's home responsibilities would be welcomed. The fourth is that structured refresher training may encourage some qualified staff back into the NHS from other employers. A fifth conclusion is that even when asked to imagine that they had already decided to enter the NHS, some participants identified barriers to do with the work once trained, not the training process. These were more often to do with working hours (inflexible, long, irregular) than with pay.

11.16 Gender and Race Equality in NHS

Employment

In general there was very little perception of racial discrimination in NHS employment and not much more of gender discrimination. Some participants said it did not happen because the NHS simply could not afford to let it. It seemed to be a complete non-issue for most participants. Where discrimination was perceived, it was far more often based on gender than race or ethnicity and (although not the subject of the question) status differentials between professions. This is a notable contrast to some other work (for example: Meadows et al., 2000; Coker 2001) and suggests that institutionalised sexism or racism (whether it is perceived to occur or not) is not a deterrent to people who might consider employment in the NHS. This conclusion is reinforced by the content of the previous sections - for example discrimination was not mentioned as a barrier, nor as a 'worst thing' about working in the NHS. That said, some interviewees (especially those who had no experience of working in the NHS) indicated that it was hard to generalise and/or know for sure. Others said that whilst the NHS as a whole treated people equally, there were inevitably some individuals within it who would let their prejudices show. But participants more frequently identified patients than other staff as the source of unequal treatment or prejudice.

11.17 Attracting More Men into Working as a Nurse, Physiotherapist or Radiographer in the NHS

Participants overwhelmingly felt that the low representation of men in the three professions in the NHS was due to gender stereotypes and characteristics of traditional roles. The school pupils gave particularly strong emphasis to this issue. Females were seen as more caring and socially-oriented and the professions under consideration here (especially nursing) were not thought to present a masculine image. To some extent the participants appeared to share these perceptions, though often they presented them in the form of what people in general think. A few thought that the very scarcity of men scared others away and that if that could be redressed a little, more men would be attracted. A strong secondary theme in responses was that

the pay was insufficient to attract men in any great numbers, particularly as it was often thought to fall short of a 'bread-winner's wage'.

A subsidiary theme in the data was that men might be considered effeminate or gay if they worked in caring professions (again, especially nursing). Another was that nursing, physiotherapy and radiography simply were not publicised enough to males in the education system. To some extent the implication here was that publicity might overcome prejudices and show some masculine elements of caring roles. But in the cases of physiotherapy and radiography, the message was more that these professions were more or less invisible to everyone, male or female. A few comments, but not many, were made to the effect that career structures and progression prospects were insufficiently attractive for men. However, these were contrasted by others who observed that men tended to be promoted more quickly than women.

11.18 Views of Participants from a Minority Ethnic Background

Section 10 summarised the themes evident in comments of participants from a minority ethnic background. They formed about 18% of the sample. In most respects the expressed views of these participants were very similar to those of the sample as a whole. There were however, a few differences in emphasis and these are described below. It should be noted however, that the differences are based on relatively **small numbers of coded comments**. There is, therefore, a danger that they are a quirk of the data.

First regarding images of the NHS, participants from a minority ethnic background appeared to put greater emphasis on helping people and hospitals than did the sample as a whole. They were also less likely to mention staff shortages. This last point was again evident in opinions about what would be the worst thing about working in the NHS as a nurse, physiotherapist or radiographer.

Participants from a minority ethnic background were less likely than others to mention the television advert as a form of NHS publicity that they had noticed. They

were more likely to say that they did not identify with the NHS and in particular they did not mention a sense of identifying with the NHS on the basis of the principle of equality of provision.

Participants from a minority ethnic background on the whole thought that people who were important to them would be supportive if they chose to work in the NHS, but this trend was somewhat less marked than for white interviewees. The supportiveness was usually based on respect and standing in society rather than pride in personal achievement or support for the principle of personal choice.

Participants from a minority ethnic background were also less likely than whites to make comments indicating that they felt the NHS treated all employees equally. However, in line with the responses for the whole sample, inequalities were seen as related to gender and inter-professional issues more than racial or ethnic ones. It was also seen as emanating from patients' prejudices at least as much as those of staff. The low volume of responses to this question appears to suggest that on the whole discrimination was not a major issue for these participants. However, it is possible that the participants from a minority ethnic background felt inhibited in the group interview situation.

Responses of ethnic minority and majority participants were very similar in other areas. These included images of the professions, sources of NHS images, best things about working in the NHS, how the NHS could be made a more attractive place to work and barriers to working in the NHS.

11.19 Likelihood of Working for the NHS

Participants were asked to complete a short end-of-interview questionnaire. This asked some biographical questions and also how likely they thought it was that at some time they would work in the NHS as a nurse, physiotherapist or radiographer. A summary of the findings is shown in Table 11.1. It can be seen that school pupils in general felt they were unlikely to do so, which reflects the fact that they were a heterogeneous group, few of whom had made decisions about their employment futures. Conversely, and reassuringly, the students in training said they were highly

likely to work in the NHS. The contrast with recent figures suggesting that 30% of those completing teacher training do not work as teachers is striking. Mature students, many but not all of whom were on Access courses, were also highly likely to work in the NHS.

Interestingly, most of the healthcare assistants also felt it likely they would work in the NHS as a nurse, physiotherapist or radiographer. On the whole those working in the independent sector did not expect to work in the NHS, whereas agency staff did (many of them already working *in* the NHS, the question for them was whether they would work *for* it).

Table 11-1: Likelihood of Working for the NHS

		Extremely or Quite Unlikely	Not Sure*	Extremely or Quite Likely
School Pupils	Nursing	15	5	2
	Physiotherapy	18	3	2
	Radiography	23	1	0
	Total	56	9	4
Mature Students	Nursing**	3	0	4
	Physiotherapy	0	0	8
	Radiography	0	1	11
	Total	3	1	23
Students	Nursing	0	2	15
	Physiotherapy	1	0	23
	Radiography	0	1	17
	Total	1	3	55
NHS Assistants	Nursing	1	1	6
	Physiotherapy	0	2	14
	Radiography	1	2	12
	Total	2	5	32
Agency	Nursing	4	2	2
	Physiotherapy	0	1	5
	Radiography	0	0	1
	Total	4	3	8
Independent Sector	Nursing	3	4	3
	Physiotherapy	5	1	0
	Radiography	2	1	0
	Total	10	6	3
Total		76	27	125

* Combination of slightly unlikely, neither likely nor unlikely and slightly likely.

** One group of nursing students did not fully complete the end of interview questionnaire due to the time constraints.

11.20 Relating Findings to Existing Literature

The following section briefly considers the most salient findings of the study in the light of existing literature.

11.20.1 Nursing

Compared with Foskett and Hemsley Brown's (1998) work, the school pupils in this study seemed to be more aware of the high workload as opposed to the caring role. The view of nurses as subservient to doctors was less marked in the present work. 'Squeamishness' was a factor common to both studies. Issues raised by mature students in this study were similar to those reported in other studies, but here the emphasis seemed more strongly towards the financial problems associated with gaining a qualification. These financial issues have also been evident in other work (for example: Whitmarsh, 1993) but so have juggling family and home responsibilities. The family and home themes were certainly present in the data, but seemed to be subsidiary to financial problems.

This study's findings concerning the perceptions of student nurses are, on the whole, in line with other work (for example: Fagerberg et al., 1997). Nevertheless, the attractiveness of an NHS pension and the possibility of team working with other health professionals seem more prominent in this research than in other studies. Regarding healthcare assistants, some existing research (for example: Buswell, 2000) might suggest that they would fear the extra responsibility of working as a fully qualified nurse, but this did not emerge as a significant issue in the data.

The advantages of agency work in terms of flexibility and pay identified by existing literature is supported in this study. However, agency workers' feelings of a lack of work security and partial exclusion from the healthcare team show a downside that is less often discussed. This study also fills a vacuum regarding staff in the independent sector. They seem to be there more because of lower pressure and better resources than because of pay. Like staff in the NHS, they experience some stress arising from the attitudes of patients.

Regarding ethnic minority recruitment to nursing, this study found little evidence of the two barriers identified by Gerrish et al. (1996), namely cultural norms regarding appropriate roles and institutional racism. It must be acknowledged, however, that it is possible that minority ethnic interviewees were wary about speaking up in group

interviews where at least half of the group was white. Also, it has been noted that although minority ethnic participants did not appear to perceive institutional racism en masse, they were somewhat more equivocal than white participants.

Press reports in June 2001 of a study by consultants Lemos and Crane indicate that NHS ethnic minority staff do frequently feel harassed by other staff or patients, that these problems are worse than previously thought and that little is done about them by NHS managers. This study's participants (most of whom do not work in the NHS 'frontline' even though some have experience of NHS work) are not aware of this scale of difficulty. The data suggests, then, that racial discrimination may be more of a problem for retention than recruitment.

Perceptions of nursing work found in this project seem quite closely in line with recent reports based on the experiences of those who are currently working for in the NHS. For example, the Policy Studies Institute (2001) report *Stress Among Ward Sisters and Charge Nurses* highlights the difficulties induced by staff shortages. On the other hand, the participants in this study seemed slightly more optimistic about the possibilities for teamwork than the participants in that report.

The King's Fund report (Meadows et al., 2000) into reasons for nurse dissatisfaction identifies some similar factors to those found here in response to questions about 'worst things' and 'barriers'. However in certain respects the data are different - for example, staff shortages and inability to provide a good service for patients are more prominent in this study's data, and racism is less prominent. There is also an interesting contrast in that the practising nurses in Meadows et al.'s survey were inclined to be positive about the NHS but pessimistic concerning the views of other people whereas the findings in this study were the other way round. This suggests a significant difference in perspective between those currently employed by the NHS and those not. A survey of nurse returnees by the NHS Executive (1999) found that flexible working, refresher courses and help with childcare were key to their decision to rejoin the NHS. However, these were people who had rejoined, many from other kinds of paid work or none at all. The participants in this study are different in that they *might* join or rejoin and in that they are in different current employment

circumstances. Participants placed more emphasis on money, in the form of pay and financial support for training.

11.20.2 Physiotherapy

This study's data give less emphasis to the caring/helping image of physiotherapy than some other work (for example: Brown-West, 1991). The perception of physiotherapy as prestigious identified by Brown-West was not mirrored here. However, to some extent prestige seemed important to participants because they were concerned about the lack of recognition enjoyed by physiotherapy. There were also more reports in this study than others of the somewhat nine to five nature of physiotherapy relative to many other health professions.

The concerns of students who are training for physiotherapy (or might choose to do so) found here were similar to those identified in other work (for example: Chartered Society of Physiotherapists, 1999a; Randall and Tamkin, 1999), particularly concerning financial support whilst training and the longer term pay prospects. Furthermore, in this work many physiotherapy students were conscious of their high levels of academic achievement that had helped them be selected for training and some appeared to feel that this entitled them to make more demands on the NHS than they might otherwise have done.

As noted in section two of this report, the relevant literature concerning physiotherapy is much sparser than that for nursing. Therefore, the data obtained here significantly extends prior knowledge.

11.20.3 Radiography

The same comment made in the last paragraph applies to radiography, but even more so. There is a particular lack of literature concerning the perceptions of radiography held by school and mature students. Given this study's findings, this is perhaps not surprising: school pupils knew almost nothing about radiography and other more mature groups could recall no exposure to radiography or information about it from their own years in full-time education. This apparent absence of information is also reported by Milburn (1992).

Concerns about how up-to-date the equipment is surfaced in this project more than has been apparent in other studies. Past work has flagged up the need for refresher training (for example: Johnson, 2000), though again this study extends that by emphasising that this applies to staff currently working in the independent sector as well as those who have taken career breaks.

11.21 Concluding Remarks on Stage One Findings

The NHS is not seen primarily as a caring organisation, but as one under enormous pressure and struggling to provide a good service. A probable implication is that even people who see themselves as caring and helping will need to find additional good reasons to enter the NHS. However, there also seems to be tacit acceptance that the NHS will always be under pressure and stretched for resources. There is a sense that this has gone too far, but also a feeling that the most pragmatic response is not to try to remove the pressure, but to pay staff more for putting up with it. This is expressed in the high frequency with which more pay is nominated as the best way of attracting more staff, whereas staff shortages and resource limitations are the most commonly nominated 'worst things' about working in the NHS. However, qualified staff working in the independent sector are unlikely to be attracted back to the NHS by more pay. For them, the pressure and lack of time to deliver quality care to patients is key.

The argument articulated above also applies to financial support for the process of training and qualification. It is as if people are saying 'if you want me to work under that pressure, please don't insult me by expecting me to pay for the privilege'. There may also be a case for considering flexible forms of training delivery that allow people to undertake at least part of their training whilst still working in another job.

In an era of employment insecurity and disappearing career ladders, the NHS is an employer that still offers old style career progression, employment security, a pension scheme and the opportunity to find work in most parts of the country. Nevertheless, career opportunities are seen by some as being too restricted. In particular, there is a perceived need to permit promotion to quite high levels without becoming embroiled

in management and administration. The positive aspects of career stability and promotion opportunities could be highlighted more in recruitment publicity for the NHS. In addition, team working and variety could also receive greater emphasis. These factors are salient to some people but perhaps not as many as they might be. The former in particular could be used as part of a message that says 'yes, it's high pressure but we're in this together'.

Flexibility and limited length of working hours to fit with other commitments is another very important factor for people who might consider working in the NHS, especially as a nurse. Clearly, a round-the-clock service necessarily requires some people to work at unsociable times. The NHS's existing initiatives to accommodate flexible working (including childcare support) could be publicised more and perhaps further innovations encouraged at local level.

Further attempts are needed to publicise nursing and (especially) the allied health professions in schools. School pupils' understanding of what they involve is extremely limited. Publicity which portrays male role-models might be particularly helpful.

Structured (and perhaps individualised) refresher training programmes should be available to qualified staff returning to the NHS from other health employers, in addition to the existing return to practice programmes for those who have not been working as nurses, physiotherapists and radiographers in the recent past.

A significant concern to participants was negative attitudes and potential litigation from patients. As the NHS attempts to offer a more 'customer-orientated' service it will be important that staff and potential staff feel that they too have protection and support when they need it.

Perceptions of nursing as a profession are much more similar to those of the NHS as an organisation than are perceptions of physiotherapy and radiography. It is therefore likely that recruitment to nursing will be much more closely tied to the perceived ups and downs of the NHS than will recruitment to the allied health professions.

On the whole, individuals feel that other people in their lives are supportive of the idea of them working as a nurse, physiotherapist or radiographer in the NHS. This is a notable finding, and perhaps surprising in the light of perceptions of the NHS as under pressure. It means that attempts to attract new staff are not having to fight against the tide of opinion in the social worlds of potential recruits.

The findings of this study have emphasised the need for NHS managers to focus on a number of areas in order to improve recruitment and retention of nurses and AHPs in the NHS. Improved pay awards, reductions in pressure, financial support for training, flexible working arrangements and more refresher training programs were all considered important. Similarly, the NHS needs to promote the positive aspects of working for the health service, focusing on job security, promotion opportunities, a good pension scheme and the availability of work across the UK, while also specifically targeting groups lacking in information, such as school pupils.

In recent years, many of the issues mentioned have started to be addressed on either a local or national level. These efforts have met with some success and the improvements in recruitment, return and retention are starting to become evident particularly with regard to the nursing profession. However, the demand for physiotherapists and radiographers, along with the other AHPs, to work for the NHS remains high. Similarly, a significant proportion of the existing nursing workforce is nearing retirement age. These demands, coupled with the ageing population as a whole, warn that the current improvements in recruitment, retention and return for nursing need to be transferred to the AHPs and that both will require continual monitoring and attention to ensure that the shortages of the early to mid 1990's are not repeated.

12 Methodology for Stage Two:

Questionnaire Survey

12.1 Introduction

Section 3 gave an overview of the research strategy for the total project and then concentrated on describing the research process and sample obtained during Stage 1 of the project. The purposes of this section are to: describe the rationale of the research approach adopted in Stage 2; explain the design and content of the questionnaire; describe the targeting of participants and distribution of the questionnaire; detail the sample obtained and adaptations made to the originally intended sample groups in response to the sample obtained. This will help provide a context for understanding for the reporting of the findings from Stage 2 which comprise Sections 13, 14 and 15 of this report.

12.2 Stage 2 Research Objectives

Following the completion of the exploratory research the results were used to develop and refine the research objectives for the second stage of the study. Consequently, a questionnaire was developed that was designed to test whether the variables identified in the first stage of the research were of importance to other potential recruits and possible returners. More specifically, the questionnaire survey had five aims:

1. To assess the importance of the factors identified in the exploratory research associated with the attractiveness of nursing/AHPs as a profession, and the NHS as an employer, to other potential recruits and returners;
2. To assess the strength of individuals' intention to enter nursing/AHPs in the NHS, both in absolute terms and relative to other realistic career options;
3. To assess the importance of specific factors identified in the exploratory research that influence the attitudes and intentions of ethnic and other groups

currently under-represented in NHS nursing and AHPs;

4. To utilise the theory of planned behaviour (Ajzen 1991) in order to provide a solid foundation for predicting behavioural intentions;
5. To identify what features of the NHS enhance or undermine potential 'employees' attitudes towards it, and intention to work for it.

12.3 Questionnaire Survey

The main advantage of self-completion questionnaires is that a large population can be surveyed, relatively cheaply. Costs are reduced because interviewers are not required and pre-coding and computerisation can speed up analysis. Respondents are also free to complete questionnaires at a time convenient to them. However, postal questionnaires do have a number of disadvantages. Generally the response rate is low and even when questionnaires are completed, respondents' answers may be incomplete, illegible or incomprehensible (Newell, 1993).

12.4 Structure and Content of Questionnaire

When developing the questionnaire the possibility of tailoring different versions of the questionnaire to the different sample groups was considered. However, because of the number of different organisations involved in the distribution of the questionnaire and the potential loss of direct comparability between the different groups, a single generic questionnaire design was adopted. The questionnaire was divided into five sections each of which is briefly summarised below. In each section, the specific questions' relationships with the theory of planned behaviour have been highlighted by indicating the element of the theory in brackets.

12.4.1 Information About Respondents

The first section categorised respondents' backgrounds in terms of sample groups and their areas of interest within healthcare. It also collected background information on whether either the respondents' friends and/or members of their family worked in the respondents' profession of interest and whether the respondents had experience of

working in the NHS in a previous position (past behaviour).

12.4.2 Perceptions of the NHS

This section addressed a number of different aspects of respondents' perceptions of the NHS. Firstly, questions were asked to ascertain the meaning of the NHS to respondents. For example, respondents were asked whether they agreed or disagreed on a scale from 1 to 7 with statements such as 'I am a strong believer in the principles of the NHS' (attitude towards the behaviour/identity), 'I am confident that I could work for the NHS as a qualified member of staff' (perceived behavioural control) and 'I would feel guilty if I did not work for the NHS as a qualified member of staff' (moral obligation).

Secondly, respondents' attitudes to the NHS were measured by asking respondents to indicate to what extent they thought working for the NHS as a qualified member of staff would be enjoyable, wise or good. In addition, respondents were specifically asked to indicate the extent to which they held a positive or negative attitude toward working for the NHS as a qualified member of staff (attitude towards the behaviour).

Thirdly, respondents were asked to indicate what they thought working for the NHS would mean to them (behavioural beliefs). For example, respondents were asked to indicate whether they thought working for the NHS would mean working as part of a team, working under a lot of pressure and having variety in their work. This sub-section was complemented by a later sub-section which addressed the same features of the working environment but asked respondents to indicate how important they considered these features when thinking about working for the NHS (factors influencing attitude towards the behaviour/outcome evaluations).

Fourthly, respondents were asked to indicate the extent to which they would be dissuaded from working for the NHS by certain barriers. The list of barriers presented was developed from the most commonly identified barriers in the exploratory stage of the study and included items such as, a lack of promotion prospects, a lack of flexible working hours and the level of pay (factors influencing perceived behavioural control).

The fifth subsection asked respondents to indicate what they perceived would be the reactions of their family and friends should they decide to work for the NHS as a qualified member of staff (subjective norm). For example, whether they thought their family and friends would be proud.

Finally, respondents were also requested to complete three questions to measure their level of intention to work for the NHS as a qualified member of staff. These questions, following Azjen's (1991) suggestions, asked about the likelihood, plans to, and intention to work for the NHS. These three questions were used to assess overall intention, so that this key variable was not assessed by just one question. As described later, factor analysis showed that respondents were generally consistent in their responses.

12.4.3 Perceptions Toward Alternative Careers

The third section focused on whether respondents had alternative careers in mind and if so what these were. Five questions were utilised in this section. Each addressed a particular aspect of the theory of planned behaviour and adopted the same format as utilised earlier in the questionnaire with regard to the NHS. Respondents were asked to indicate: their intention to work in their alternative career (intention); what they perceived would be their family/friends' response to their decision to work in their alternative career (subjective norm); whether they perceived that it would be difficult to obtain such a job (perceived behavioural control); whether they thought they would feel at home in their career (identity/attitude towards the behaviour); and whether their attitude toward working in their alternative career was positive (attitude towards the behaviour).

The final two sections requested that respondents provided some more detailed information about their background such as their gender, marital status, age and ethnic background, and provided the opportunity for respondents to make any additional comments about the research.

12.5 Incentive for Questionnaire Completion and

Return

When developing the questionnaire it was considered important to provide an incentive, particularly for those respondents who were less likely to be interested in the research study, such as school pupils, and so could not be relied on for their 'goodwill' towards the aims of the research. The value of including an incentive to encourage respondents to complete and return questionnaires has been demonstrated by several studies (for example: Shaw et al., 2001; Roth and BeVier, 1998; Kalafatis and Madden, 1995). The inclusion of a small monetary incentive can make a significant positive difference to the overall response rate of a questionnaire survey (Shaw et al., 2001; Martinson et al., 2000; Gendall et al., 1998; James and Bolstein, 1992). Incentives have also been shown to improve the response time for the return of completed questionnaires (Parkes et al., 2000). A variety of incentives have been considered ranging from a charitable donation (Dickinson and Faria, 1995) to a lottery ticket (Kalantar and Talley, 1999), prize draw (Martinson et al., 2000) or even teabags (Gendall et al., 1998). Research by Martinson et al. (2000) suggests that token amounts of cash are the most effective incentives but that the use of prize draws are also likely to help improve response rates. Cost and logistical mailing issues were specific concerns that were taken into account when deciding on the type of incentive to be adopted, and a prize draw for three cash prizes was considered to be the most effective compromise. It was also emphasised in the wording of the prize draw on the questionnaire that the cash prizes were being funded by Loughborough University Business School and not the Department of Health. If respondents wished to be entered for the prize draw they were asked to provide some contact details.

12.6 Pretesting of Questionnaire

Adequate pretesting of a questionnaire is particularly important as it is the stage in the development of the questionnaire that determines how effective the survey instrument will be (Reynolds et al., 1993). It is the process by which the questionnaire design is refined and errors identified and is a vital step in questionnaire development in order to avoid mistakes in the final document (Hague, 1987).

The questionnaire was extensively pretested by lecturers, tutors and students of access and undergraduate courses, school pupils, senior managers from private and NHS

hospitals, and individuals from the independent and agency sectors across the disciplines of nursing, physiotherapy and radiography. In addition, contacts in the Department of Health were also asked to comment on the structure, design and content of the questionnaire. The pretesting proved extremely useful in the development and efficacy of the questionnaire and various suggestions were incorporated into the final draft. Although desirable, it was unfortunately not possible to pilot the questionnaire because of the diverse number of sources for distribution and the need to retain the confidentiality of potential respondents. However, an extended pre-test was administered by sending the questionnaire to individuals and organisations that had participated in the first stage of the study. This exercise also proved useful and confirmed that the questionnaire functioned well. The final version of the questionnaire appears as **Appendix B**.

12.7 Distribution of Questionnaire

The original target numbers for the distribution of the questionnaire were derived from a number of criteria including the minimum numbers required for statistical inference, specific areas of policy interest and the prevalence and ease of targeting particular sample groups. In order to ensure that sufficient numbers of potential respondents in each of the desired sample groups were targeted, several sources were used to distribute the questionnaire survey. The majority of questionnaires were distributed to people who had contacted the NHS Careers Help Line and had agreed to be contacted again. Further quantities of questionnaires were distributed from university training schools, professional associations and from agency employers.

Ethical approval for the survey was provided by the Loughborough University Ethical Advisory Committee, local ethics committees, organisational gatekeepers and drafts of the questionnaire were approved by the Department of Health, Policy Research Team.

12.7.1 NHS Careers Help Line

It was envisaged that the NHS Careers Help Line database would be useful for contacting young people who were considering their career options and mature students on access courses and staff working for the NHS but not qualified. In

addition, it was expected that the database would also provide access to the other sample groups but to a lesser extent.

An initial sample of 3253 callers to the Help Line over the period March 2001 to March 2002 was extracted from the NHS careers database using the parameters of their profession of interest (i.e. nursing, physiotherapy or radiography) and age. The sample was further stratified by including all callers to NHS careers during the time period who were from non-white ethnic minority backgrounds and/or male. The sample extract was provided by Consignia acting on behalf of the Department of Health and the questionnaires were distributed from ECL in London, ensuring that the confidentiality of callers was maintained throughout. Following the initial mailing, the project team was notified that the desired number of questionnaires to be distributed to potential respondents had not been met because of insufficient numbers in the 16-18 year category. Consequently, a further mailing of 410 questionnaires was subsequently arranged by extracting a new sample of potential respondents from callers to the Help Line between March 2000 and March 2001. In total 3650 questionnaires were distributed by ECL and a cover letter from NHS Careers was enclosed with each questionnaire. In total, 715 questionnaires were returned giving an overall response rate of 20 percent from the NHS Careers database.

Both the initial and subsequent sample from the NHS careers database were strongly biased towards nursing because it was by far the most popular profession of interest from callers and those callers who were interested in the allied health professions were not recorded until November 2000. To address the possibility of the AHPs being under represented, the NHS careers sample was supplemented by targeting specific AHP professional associations, agencies and students in professional training.

12.7.2 Professional Associations

In order to target certain professional groups such as assistants working in the NHS and qualified staff working outside the public sector, the relevant professional associations were contacted. The Chartered Society of Physiotherapists forwarded questionnaires to all members who were either working as physiotherapy assistants or who were qualified and worked for independent hospitals (512 in total). The Society of Radiography forwarded questionnaires to all members who were either

radiography assistants or who worked in the independent sector (212 in total). The overall response rate for the professional associations was 29 percent (SOR 26 percent, CSP 30 percent).

12.7.3 Qualified Staff Working for Agencies

Two hundred professionally qualified physiotherapists and radiographers who were registered with agencies that had participated in the first stage of the research were also targeted. The response rate for the agency professionals was 41 percent.

12.7.4 Students in Professional Training

While monitoring the response rate from the different sample groups it became obvious that the NHS careers database was not producing the desired response from the student categories in all of the professions of interest. To address this issue a number of supplementary mailings were instigated using pre-existing contacts with university nursing, physiotherapy and radiography schools. In total 395 questionnaires were sent out and 170 were received back giving a response rate of 43 percent.

The overall response was rate 24 percent, with 1185 questionnaires returned in total. Of these 1185 questionnaires, 700 were from respondents from the sample groups defined at the start of the project. The majority of the remaining 485 respondents could be classified into further groups (see next section) and offered an unintended but welcome opportunity to extend the scope of the study.

12.8 The Sample

12.8.1 Categorisation

Although the desired total number of respondents (1100) was exceeded (1185) only 700 questionnaire responses were received from people who could be allocated to one of the six sub-groups specified by the original research design. This meant that a further 485 respondents did not appear to meet these sub-group criteria. However, analysis of the questionnaires completed by those respondents showed that one of two explanations accounted for this. The first explanation was that respondents did not belong to any of the six groups and had classified themselves as 'other'. These were

people currently working in occupations other than nursing or an AHP, or who were not currently economically active. The majority of these types of respondents were not qualified in nursing, physiotherapy or radiography. However, some were but they were not currently working in that professional role.

The second explanation was the fact that just over 100 respondents had classified themselves into more than one of our six sub-groups. These respondents could have been 'double-counted' in intra-group analyses e.g. belonging to both the Access Course and working in the NHS groups. However, this would not have been appropriate for analyses comparing the sub-groups. Therefore, the decision was taken that dual-category respondents should be reclassified to one group only. Careful reading of questionnaire responses, particularly 'open' responses, allowed clear reallocation decisions in most cases. Three key criteria were used in reallocation decisions. Firstly, the amount of time the respondent spent on their different roles, with the most time intensive role normally considered most important. Secondly, where one of the roles positioned someone closer to (potentially) becoming a qualified healthcare professional, that role was preferred. For example, a number of non-qualified NHS staff were currently undertaking Access courses, and they were reallocated to the Access course group as this indicated some intention to achieve qualified status. Thirdly, where respondents had categorised themselves as in the Higher Education Group but were clearly studying nursing, physiotherapy or radiography, they were reclassified into the group Students in Training.

Once initial exploratory data analyses were conducted, it became apparent that some of the groups were not necessarily homogenous in their views regarding the questionnaire items. For example, the group agency staff comprised mainly qualified professionals (74) but also included some (18) unqualified staff. The responses of qualified and unqualified agency staff differed in various ways, and reporting them as a single group was considered inappropriate. The decision to split the working in the NHS; independent sector and 'others' groups was made and these groups were also reclassified into qualified and unqualified groups for their respective sectors as shown in Table 12.1.

The final group reclassification decision related to the unqualified working in the NHS group. Eighty one percent of this group comprised nursing, physiotherapy or radiography assistants, with the others being a mixture of employees. Given the closer knowledge of clinical work in the relevant professions held by assistants, and their (potentially) easier/more likely conversion to fully qualified status, they were reclassified as a separate group. This was also consistent with the concern for their responses not to be 'diluted' by those of other staff with no/less relevant clinical experience.

One further issue was addressed in finalising the sample. Item 8 on the questionnaire asked respondents to specify one healthcare profession of interest. Ninety five respondents did not specify one of the three professions which were the focus of the study. Most of these did specify an occupation of interest, and these generally related to health or social care occupations. It was decided to create a new sub-group for profession of interest for 19 respondents interested in midwifery, rather than incorporate them into nursing. Similarly, 16 people interested in allied health professions other than physiotherapy and radiography were classed as an assorted allied health professions group. These 35 people were included in the whole sample analyses reported in Sections 13, 14 and 15. This meant that 60 respondents had not completed the questionnaire in relation to one of five professions of interest which could be considered to fall within the remit of the study. Given the disparate nature of these other occupations (where specified) it was decided to exclude these respondents from subsequent analyses. This reduced the final sample size from 1185 to 1125.

Table 12.1 shows the allocation of respondents to the final classification of 10 groups. Although this number of sub-groups almost doubles the original six, we felt this form of sub-group categorisation was necessary to understand the potential differences between respondents of different status. These differences would have been lost, as

Table 12-1: Original Target Desired and Actual Numbers of Respondents

Group	Desired Number of Respondents	Qualified	Unqualified	Actual Number of Respondents
A) Those neither professionally qualified nor in the NHS				
1. Young people undertaking relevant courses of education consistent with nursing or AHP work.	250	n/a	n/a	47
2. More mature people who are returning to work or seeking career change (e.g. undertaking Open University courses in health and social care.).	150	n/a	n/a	54
Sub-totals for A	400			101
B) Those not yet qualified but working in the NHS				
3. Those who have the educational qualifications and have made the choice to enter training for nursing or AHPs.	250	n/a	n/a	203
4. Those who are in Higher Education	0	n/a	n/a	70
5. Those who are working in the NHS but not in nursing/AHPs	200	0	25	25
6. NHS Assistants	0	0	111	111
Sub-totals for B	450	43	136	452
C) Those qualified but not working for the NHS				
7. Those working through nursing or AHP agencies.	100	74	18	92 ³
8. Those working for 'competitor' employers such as independent sector organisations e.g. private sector healthcare.	150	137	31	168 ⁴
Sub-totals for C	250	211	49	260
D) Other				
9. Individuals working in professions other than nursing or the AHPs, or not currently economically active.	0	40	261	312
10. Individuals working in the NHS and qualified	0	43	0	43
Sub-totals for D	0	83	261	355
Total	1100			1125

the initial analyses of within, and between, sub-group responses showed. Consistent with the original project proposal, understanding the perceptions of various sub-group differences as accurately as possible should facilitate targeted promotional activity,

³ The majority of these participants worked exclusively for an agency (77). Eight participants worked for an agency and also held an NHS job and seven participants worked for an agency and held a job in the independent sector.

⁴ It was not possible to determine which independent sector organisations (e.g. nursing homes or independent acute hospitals) these respondents were working for from the questionnaire responses.

where appropriate.

12.8.2 Profession of Interest

Table 12.2 shows that 54% of the sample identified nursing as their profession of interest with 30% interested in physiotherapy and 13% in radiography. The relatively high interest in physiotherapy reflected the high response rates from physiotherapy students (33.5%), and physiotherapy assistants (19.6%). Together these two groups accounted for just over 53% of the respondents interested in physiotherapy, 20.8% were qualified independent sector physiotherapists. The other relatively high percentage groups within radiography were 30.6% from qualified agency staff and 34% from qualified independent sector staff. Within nursing as the profession of interest, 35.3% of respondents were in the unqualified others group. These were members of the public expressing enough interest in nursing to contact the NHS Careers Help Line.

Table 12-2: Profession of Interest

	Frequency	Percent
Nursing	609	54.1
Physiotherapy	337	30.0
Radiography	144	12.8
Assorted AHPs	16	1.4
Midwifery	19	1.7
Total	1125	100.0

12.8.3 Familiarity with Healthcare Professions/The NHS

A number of questionnaire items sought to identify whether respondents had any familiarity with the profession in which they had expressed an interest, and with the NHS.

Of the total sample, 27.5% were already qualified in their stated profession of interest. Thus just over a quarter of the sample had personal experience of working as a qualified professional. However, only 12.3% of those completing the questionnaire in respect of nursing were qualified, whereas 38.6% of physiotherapy respondents were qualified and 70.6% of radiography respondents were qualified. This indicates that the responses in respect of radiography particularly, are based more on direct

experience of working within the profession.

61.8% of respondents in total had friends in their profession of interest, and for all the professions, other than the assorted allied health professions category, more than 50% of respondents had some contact, and possibly knowledge, via this route. However, familiarity with healthcare professions gained via family members was much lower with only nursing respondents (32.6%) having significant family involvement as shown in Table 12.3.

36.1% of respondents had previously held some sort of job within the NHS. Of these people 36% cited nursing as their profession of interest, 38% were interested in physiotherapy, and 23% in radiography. The numbers interested in midwifery or assorted AHPs were very small, reflecting the fact that these professions had not been asked about in the questionnaire.

Of the individuals who had previously worked in a job within their profession of interest, 33% had worked in nursing, 38% in physiotherapy, 28% in radiography and very small numbers in the other two professions not explicitly asked about on the questionnaire.

In summary, a considerable number of respondents had some degree of familiarity with their profession of interest, either by virtue of having worked in it previously, or via indirect contact through friends or family. The familiarity with radiography was particularly noticeable. Over a third of the sample had worked in the NHS in some way previously, and this NHS experience was concentrated amongst radiography, physiotherapy and assorted AHPs respondents.

These data suggest that the sample can generally be considered to have some familiarity with the healthcare professions/NHS and thus are making responses which are relatively well informed. Even respondents with no familiarity via personal or indirect experience, (e.g. some of the 'unqualified others' category) have been interested enough in the professions/NHS to contact the NHS Careers Help Line. Even in the groups with least obvious familiarity e.g. school, HE and unqualified

others, at least one in five respondents had some sort of indirect familiarity (via other people as opposed to media) as a minimum.

Therefore, this sample comprises people who are potential recruits/returners to the NHS by virtue of their qualifications, experience, indirect familiarity or interest in responding to the questionnaire. In that sense their views are important because they reflect the type of people the NHS has a realistic chance of attracting as employees.

Table 12-3: Familiarity with Healthcare Professions

Profession of interest	Friends in profession	Family in Profession	Worked for NHS in a previous job	Previous Job in profession of interest
Nursing	59%	32%	36%	33%
Physiotherapy	69%	10%	38%	38%
Radiography	64%	6%	23%	28%
assorted AHPs	25.0%	6.0%	2%	5%
midwifery	53%	16.0%	1%	5%
Total	62%	22%	100%	100%

12.8.4 Gender

Despite efforts to achieve responses from males, 87% of the respondents were female, with the remaining 13% male. This is not surprising in that nearly 60% of the sample were either already qualified, engaged in training, or working in healthcare. Given the predominantly female bias of the existing healthcare workforce it was disappointing, but not unexpected, that the vast majority of respondents were female. Within the 13 subgroups the only partial exception to this was amongst qualified agency staff where 27% were male. Given the comments made in the first stage of this study that flexible working hours/patterns were an attraction of agency work, this may indicate that (some) men are also concerned about this facet of their employment package.

Amongst the professions of interest, males were most interested in nursing (45.5%), followed by physiotherapy (33.6%) and radiography (21%). No males were interested in midwifery or assorted AHPs, but as these were not official categories on the questionnaire, and the numbers of people voluntarily expressing interest in these

professions was very small, this is not surprising.

In seeking to establish different stages in the progression towards becoming a qualified healthcare professional we created a new variable which gave a more subtle distinction than whether people were qualified or not. This variable collapsed the 13 sub-groups into 4 as follows:

Not Qualified	-	School/H.E groups, the other non-qualified healthcare workers
Access	-	Those on access courses.
In Training	-	Those currently undertaking professional qualifying courses.
Qualified	-	Those fully qualified, working in the NHS, elsewhere or not at all.

The percentage of males in each of the above groups was consistently 13%, other than those on access courses where it dropped to 7.4%. Thus the structure of the sample does not indicate any likely increase in males entering healthcare professions.

12.8.5 Marital Status

The sample was split quite evenly between those who were single/not living with a partner (51.4%) and those married/living with a partner (48.6%). Nursing and physiotherapy attracted approximately equal levels of interest from single (53%) or cohabiting (47%) respondents. Radiography and the assorted AHPs also attracted broadly similar levels of interest from single (43%) and cohabiting (57%) respondents. Midwifery attracted two thirds of its interest from respondents who were cohabiting.

Not surprisingly, the majority (75+%) of those in education (school, HE, Students) were single while the other groups either reflected the split in the sample as a whole or were biased towards cohabiting status.

12.8.6 Age

The age of respondents ranged from 16 to 64. In order to create a clearer picture of

the age profile of respondents they were classified into one of six age-groups. These are shown in Table 12.4 which indicates that 74.8% of the sample were under 40 years of age. There were certain notable features of the age spread within the sub-groups. 59% of those on access courses were between 30 and 49 years old. This suggests some potential for 'mature' individuals to make substantial life changes in order to undertake study geared towards healthcare work. 61% of qualified agency staff were in the 20 - 29 age category. Interview data from the first stage of our study suggested that some agency staff prefer the flexibility of agency work in preparation for, or as part of, working while travelling. 55% of the unqualified others were under 30 years of age, with a further 31% aged between 30 and 39 years. Thus if this category of person could be 'converted' to qualified healthcare professional status and retained in the NHS, there would be considerable scope for return on investment in training.

Table 12-4: Age Groups

	Percentage of the sample
10 - 19 yrs old	19.5
20 - 29 yrs old	30.8
30 - 39 yrs old	24.5
40 - 49 yrs old	13.4
50 - 59 yrs old	6.3
60 - 69 yrs old	0.8
Missing	4.7
Total	100.0

12.8.7 Responsibility for Children

Table 12.5 shows the percentages of the sample with responsibility for children of different ages. The total percentage does not equal 100% because some people had responsibility for children in more than one of the age groups. Nearly 60% of the sample did not have a day to day responsibility for any children at all.

Table 12-5: Responsibility for Children - By Age Group

	Percent
No children	59.2
Age 0-4 years	18.0

Age 5 - 10 years	17.3
Age 11 - 15 years	13.0
Age 16 - 18 years	6.8

As expected, childcare responsibility was lowest amongst respondents in the school/FE; HE and students in training groups. Approximately 80% of respondents in each of these groups had no day to day childcare responsibility. Within the other groups there was generally an even balance (with a 10% margin either side) between those with some sort of childcare responsibility and those without. The exception to this was the qualified agency staff group where 85% of respondents did not have any childcare responsibilities. This was surprising given the comments from agency interviewees in the first stage of the study who stressed the importance of flexible working patterns/hours in order to fit in with family commitments. However, it probably reflects, in this sample, the fact 61% of agency staff were aged 20-29.

12.8.8 Region

Table 12.6 shows the percentages of the sample in respect of where they live. A reasonably good balance was achieved for those living in the different regions of England although there were fewer respondents from the northeast and eastern regions of England, and from Wales. This good spread of responses from around England particularly, was important given the concentration of the first stage of the study in the

Table 12-6: Distribution of Sample Across England and Wales

		Percent
Valid	SE England	16.3
	NW England	14.3
	W Midlands	14.2
	Yorks & Humberside	13.1
	London	10.8
	E Midlands	9.4
	SW England	8.6
	NE England	5.3
	E England	3.9
	Wales	2.6
	Scotland	0.6

Total	99.2
Missing	0.8
Total	100.0

Midlands. Given the heavy media coverage regarding the importance of pay for (potential) healthcare professionals, we were interested to see whether this issue was perceived differently across the country.

12.8.9 Ethnic Background

Table 12.7 shows the percentage of the sample for each of the categories of ethnic background included on the questionnaire. The numbers of respondents for all categories other than British are disappointingly low. Unfortunately, as with the gender split within the sample described above, this reflects two things. Firstly, it reflects the existing composition of healthcare employees which is predominantly

Table 12-7: Ethnic Background

Ethnicity	Frequency	Percentage
White: British	999	88.8
White: Irish	9	0.8
White: Other	21	1.9
Asian: Bangladeshi	4	0.4
Asian: Chinese	2	0.2
Asian: Indian	5	0.4
Asian: Pakistani	6	0.5
Asian: Other	8	0.7
Black: African	34	3.0
Black: Caribbean	11	1.0
Black: Other	7	0.6
Other Ethnic Group	2	0.2
White and Asian	3	0.3
White and Black Caribbean	0	0.0
White and Black African	1	0.1
Any other Mixed Background	7	0.6
Total	1119	99.5
Missing	6	0.5
Total	1125	100.0

white British (and female). Secondly, given that a number of our sub-groups, e.g. school/FE, HE, unqualified others were more representative of the ethnic mix of the general population, it would seem that people from ethnic backgrounds in those groups were not interested enough in becoming healthcare professionals to respond to the questionnaire.

We did consider collapsing the varied ethnic sub-categories into larger ones, e.g. 'Asian', but the numbers were still so small that meaningful conclusions from subsequent analyses would have been impossible. Therefore, in order to allow any form of analyses by ethnicity we regrettably created two sub-categories, white, and any other ethnic affiliation. Table 12.8 shows the final numbers and percentage of the sample falling into these two categories.

Table 12-8: Recategorisation of Ethnic Background

Valid	Freq	Percentage
White	1029	91.5
Any Other Ethnic Affiliation	90	8.0
Total	1119	99.5
Missing	6	0.5
Total	1125	100.0

12.8.10 Data Analysis

Analysis of the questionnaire data was undertaken using SPSS. The specific statistical techniques and tests used are identified in Sections 13, 14 and 15. The purpose of this short account is to detail the creation of new or composite variables that were developed during exploratory data analyses and were considered potentially useful for subsequent analyses.

Some of these composite variables have been described already. Section 12.8.4 has described the logic of creating a 'progression towards qualification' variable in order to explore possible different perceptions between those at different stages towards, and including, qualified healthcare professional status. However, comparison of this variable, with a dichotomous variable of 'qualified not qualified' showed that the

'progression towards qualification' variable did not afford any greater explanatory power.

Section 12.8.6 described the creation of six categories of age group, each of which comprised 10 year age bands. This was done to aid understanding of the age profile of the sample but respondents' exact age was used in subsequent analyses. Section 12.8.9 describes the creation of two categories of ethnic background.

Some of the components of Azjen's Theory of Planned Behaviour had been included as individual questions in the questionnaire, but were conceptually 'grouped' together. We tested whether these items did group together statistically, and therefore could be used as scales, rather than individual items.

The 'intention' component of Azjen's model was represented by items 75, 76 and 77 in the questionnaire. Factor analysis of responses to these 3 items indicated a single factor, and reliability analysis, using the alpha coefficient, showed very strong reliability at .96. Therefore these 3 items were combined to form a single intention measure. This very strong reliability was very helpful given the importance of respondents' reported intention to work in the NHS.

The 'attitude' components of Azjen's model were represented by questions 20, 21, 22 and 23. Question 21 (wise-unwise) had deliberately been negatively scaled in the questionnaire and was reverse scored in this analysis, so as to be consistent with the other questions. Factor analysis indicated a single factor and reliability analysis produced a good alpha of .78. Therefore these 4 questions were combined to form a single attitude measure.

The concept of identification with the NHS was reflected in questions 15 and 19. The concept of 'significant other' i.e. the influence of family/friends and their views regarding becoming a healthcare professional in the NHS was reflected in items 70 and 71. These scales were used in subsequent analyses utilising these concepts. Other scales were constructed after exploratory factor analyses.

12.8.11 Limitations and Problems Encountered

Overall few problems were encountered in the administration of the questionnaire. The main problem was that although an adequate response in terms of target numbers was received⁵, the distribution of these respondents across target groups was not in the originally desired proportions. The number of completed questionnaires for category A, neither professionally qualified nor in the NHS, was particularly disappointing and consequently, the conclusions drawn regarding this category should be treated more cautiously. Similarly, the number of male respondents and respondents from a minority ethnic background were considerably lower than desired despite specific attempts to stratify the sample to counter this problem. The findings relating to these factors should also therefore be considered carefully. However, questionnaires were received from some qualified staff working in the NHS, staff working outside the NHS (rather than agencies or the independent sector) and others who did not have a target profession of interest as nursing, physiotherapy or radiography. These extra categories of respondent are useful groups for the NHS to be aware of, as they consist in the most part of people who have shown an interest in the NHS by phoning the NHS Careers Line.

⁵ Dillman (1978) states that the average response to a mail based questionnaire is usually 24 percent, rising to 42 percent if a follow up is conducted.

13 Stage Two Findings for the Total Sample

13.1 Introduction

The best starting point in analysing up this large volume of data was considered to be an overview of the whole sample. Clearly there are some diverse subgroups within it, and differences in the data they provided will be discussed in some subsequent sections. In this section we examine the overall picture. Specifically, we focus on the overall pattern of scores on key variables and also the extent to which these scores correlate with people's attitudes and intentions concerning working for the NHS as a nurse, physiotherapist or radiographer. The focus on attitude and intention is due to their likely connections with each other and with subsequent behaviour. In the theory of planned behaviour (which underpins this research) attitude is seen as being largely the product of people's perceptions of the consequences for them (both good and bad) of carrying out a given behaviour or plan of action, and the importance to the person of each of those consequences. In this case, working for the NHS as a nurse, physiotherapist or radiographer is the behaviour of interest. Conclusions are drawn at the end of each subsection of this chapter instead of at the end. They will be reviewed as a whole in Chapter 16.

13.2 Intention and Attitude

The mean score across the three questions that made up the intention scale (see section 12) was 5.01, with a standard deviation of 1.93. Here, as elsewhere, the minimum possible score was 1, the maximum 7, and the mid point 4. This means that on average respondents showed a moderately strong intention to work for the NHS as a nurse, physiotherapist or radiographer. But the spread of scores is quite large, which signals that some people had a very strong intention to work in the NHS in these roles whilst some others felt quite the opposite. The variation in intention scores is helpful in the sense that it allows scope for investigating what factors strengthen or undermine intention.

The mean score across the four questions that assessed attitude (see section 12) was 5.14, with a standard deviation of 1.23. Again, this suggests a moderately positive attitude on average towards working for the NHS as a nurse, physiotherapist or radiographer. The spread of scores is again quite large, but less so than for intention. It may well be the case that a wider range of factors influences intention than attitude. The correlation between attitude and intention for the whole sample is 0.48. This is quite large and highly statistically significant. It means that, not surprisingly, the more positive a person's attitude, the more likely they are to intend to work in the NHS. However, this correlation leaves plenty of room for other influences on intention. Attitude certainly is not the only important predictor of intention. This is in itself an important finding. Positive attitude towards working for the NHS do not necessarily translate into intention to do so.

13.2.1 Key Conclusions

1. Both attitude and intention concerning working for the NHS as a nurse, physiotherapist or radiographer are fairly positive in the sample as a whole.
2. Attitude appears to be one influence on intention (as one would expect), but a positive attitude by no means guarantees a positive intention. This is as predicted by the theory of planned behaviour.

13.3 Perceptions of Working for the NHS as a Qualified Member of Staff

The means and standard deviations for respondents' perceptions of working for the NHS as reflected in each of 17 questions are shown in Table 13.1. The items are arranged in descending order of endorsement. It is immediately evident that some perceptions of working for the NHS as a qualified nurse, physiotherapist or radiographer were strongly and almost universally held. One of these was 'Helping people get better', which is probably not very surprising. However, the highest scorer was 'Working as part of a team', and (less positively) not far behind was 'Working under a lot of pressure'.

Other strong perceptions included working somewhere with job security and clear policies on equality, and having a rewarding career. Not very far behind were some more negative perceptions, including understaffing and dealing with abusive patients, but also some positive ones such as having variety in the work, getting to know patients, and job satisfaction. It is nevertheless perhaps a little disappointing for the NHS that job satisfaction was not one of the highest items. On the whole, respondents did not expect much freedom to choose work hours, but on the other hand nor did they expect a lack of promotion opportunities. Their expectations of working for low pay were moderate, and perhaps less strong than might be expected given the prominence of pay as an issue in the political, employment relations and media arenas.

Table 13-1: Means, Standard Deviations, and Correlations with Attitude and Intention of Perceptions of Working for the NHS

	Mean (Min = 1; Max = 7)	SD	Correlation with Attitude	Correlation with Intention
Working as part of a team	6.39	(0.96)	0.40	0.23
Helping people get better	6.26	(0.97)	0.41	0.27
Working under a lot of pressure	6.11	(1.11)	0.08	-0.05
Working where there are clear policies on race equality	5.99	(1.19)	0.22	0.11
A rewarding career	5.91	(1.34)	0.62	0.41
Having a secure job	5.87	(1.20)	0.15	0.13
Working where there are clear policies on gender equality	5.85	(1.25)	0.29	0.14
Having variety in my work	5.76	(1.24)	0.31	0.17
Working somewhere that is understaffed	5.71	(1.49)	-0.23	-0.13
Getting to know patients	5.60	(1.41)	0.39	0.28
Having job satisfaction	5.50	(1.40)	0.63	0.41
Having to deal with abusive patients	5.45	(1.32)	0.06	0.01
Having to work unsociable hours (e.g. nights)	5.23	(1.88)	0.14	0.14
Having to work long hours (e.g. well over 37 hours per week)	5.13	(1.72)	0.06	0.03
Working for low pay	4.93	(1.68)	-0.27	-0.07
A lack of promotion opportunities	3.88	(1.61)	-0.26	-0.15
Having the freedom to choose the hours I work	3.13	(1.70)	0.20	0.13

Regarding the correlations (Table 13.1) it can be seen that a range of perceptions of work in the NHS are associated with attitude and intention concerning working for it

as a nurse, physiotherapist or radiographer. Correlations were higher with attitude than with intention. This is to be expected: usually in social science perceptual measures are more connected with attitudes than with behaviours. So in this case, it looks as if people's perceptions (of what working for the NHS is like) influence their attitudes towards doing so more than their intention to do so.

The perceptions of working in the NHS that were most strongly connected to attitude tended also to be those most strongly connected to intention. The highest correlations by a considerable margin were with 'Having job satisfaction' and 'A rewarding career'. This indicates that people are first and foremost looking holistically at the experience of working for the NHS in terms both of the job and of longer-term career. This is an important finding. However, in order to gain further insights, we need to examine other individual items. This indicates that 'Helping people', 'Getting to know patients', and 'Working as part of a team' are also important correlates of attitude and intention. The more that people think that working for the NHS offers these things, the more positive their overall attitude and the more likely they are to say that they intend to work for the NHS as a nurse, physiotherapist or radiographer. It therefore looks as if the prospect of working closely and supportively with patients and staff is the major 'turn on' for potential applicants for NHS as a nursing, physiotherapy or radiography.

Table 13.1 shows that the five perceptions with the strongest correlations with attitude and intention were first, second, fifth tenth and eleventh in terms of the extent to which respondents considered them to be endorsed them as characteristic of working for the NHS. In other words, it appears that some perceptions that matter considerably for attitude and intention are quite commonly held - especially teamwork and helping people get better. This is good news for the NHS because it means that in these respects NHS work is highly attractive to potential applicants. On the other hand 'Having job satisfaction' and 'Getting to know patients', which also matter a lot for attitude and intention, are slightly less strongly perceived as characteristic of working in the NHS (though still quite strongly). Strengthening these perceptions should also strengthen people's intention to work for the NHS.

Most of the remaining perception items also showed statistically significant correlations with attitude and intention. These were however mostly small in magnitude. It is important to note that commonly cited ‘downsides’ of working for the NHS appeared only weakly to undermine intention. These included dealing with abusive patients, working for low pay and working under a lot of pressure. Note that the last of these was a widely-held perception of what working for the NHS is like, yet it appeared to put people off only a little. Interestingly, the prospects of working long and/or unsociable hours were *positively* correlated with attitude and intention, albeit very slightly. This may suggest that some people are interested in working for the NHS *because* of the working hours.

Further analyses of these 17 perception items were undertaken in order to identify broader themes. The item scores were subjected to exploratory factor analysis using principal components analysis with varimax rotation. So were the 17 ‘importance’ items (see next section). Three groups (which incorporated 13 of the 17 items) were identified each of which appeared to be coherent. These were as follows:

1. *Positive Work Features* Five items: ‘Helping people get better’, ‘A rewarding career’, ‘Getting to know patients’, ‘Working as part of a team’, and ‘Having job satisfaction’. The alpha internal reliability for this scale was 0.81, which indicates that the items tended to be responded to in similar ways and can therefore legitimately be grouped together. The overall mean score across these 5 items was 5.95. Its correlation with attitude was 0.65 and with intention was 0.43. As might be expected from the findings previously described, on the whole people saw these positive work features as being characteristic of NHS work, and the extent to which they did so was strongly connected with their attitude and intention.
2. *Equality* Two items: ‘Working where there are clear policies on gender equality’, and ‘Working where there are clear policies on race equality’. The alpha coefficient was 0.85. The overall mean score across these two items was 5.93. This indicates that for the most part the respondents see the NHS as being an equal opportunities employer. This runs somewhat contrary to some

other research and media reports, and is an encouraging finding from the NHS point of view. The correlation of 'Equality' with attitude was 0.28 and with intention 0.14. This suggests that perceptions of gender and race equality are encouragers, albeit relatively weak ones, of positive attitude and intention.

3. *Pressure/Hours* Six items: 'Working for low pay', 'Working somewhere that is understaffed', 'Working under a lot of pressure', 'Having to work long hours', 'Having to deal with abusive patients', and 'Having to work unsociable hours'. The alpha coefficient for this group of items was 0.65, which indicates that this is a slightly looser collection than the others. The mean across these six items was 4.79. All items were negatively worded, so that a high score indicates negative perceptions. So this mean score is high enough to suggest that many people see a significant downside to working in the NHS. On the other hand, scores on this group of items were only very slightly negatively correlated with attitude (-0.08) and scarcely at all with intention (-0.01). This reinforces the point made earlier that this 'downside' of working for the NHS tended to put respondents off only slightly, and this was more than counteracted by the extent to which the Positive Work Features encouraged them to consider working for the NHS.

13.3.1 Key Conclusions

3. The strongest expectations of what it would be like working for the NHS (and they are *very* strong) are working as part of a team, helping people get better, and working under a lot of pressure.
4. People tend *not* to expect freedom to choose the hours they work, or a *lack* of promotion opportunities.
5. Perceptions of NHS work as involving working as part of a team, helping people get better, getting to know patients, a rewarding career and job satisfaction are strongly connected with positive attitudes and intentions concerning working for the NHS.

6. Even though many people see downsides of working for the NHS (such as working under a lot of pressure and understaffing) these appear *not* to undermine attitude and intention very much for the respondents as a whole.
7. Working for the NHS is mildly but not strongly perceived as being low paid, and this perception also seems *not* to undermine attitude and intention very much.

13.4 Personal Importance of Job Features

As well as asking respondents 17 questions about what they thought working in the NHS is like (see previous section) we also asked them 17 questions about what was important to them when they thought about whether to work for the NHS as a qualified nurse, physiotherapist or radiographer. These 17 questions closely paralleled the earlier set, but in some cases the wording was changed so that they were expressed positively.

Table 13.2 shows the overall means and standard deviations of the importance scores for each of the 17 questions, and also their correlations with the attitude and intention measures. The first point to note is that all the mean scores were above 4, i.e. quite important, so nothing on this list can be safely disregarded. It can be seen that job satisfaction, helping people get better, having a rewarding career and job security were all rated extremely important, with means well over 6 on the 1-7 scale. Also highly important to respondents (though slightly less so) were working as part of a team, getting to know patients, having variety in work and good promotion opportunities. Least important (though still quite important on average) were not having to work unsociable hours, not having to work under a lot of pressure, not having to deal with abusive patients and having freedom to choose hours of work.

In some respects there is quite a good correspondence between what people perceive to be features of NHS employment (see previous section) and what is important to them. So, for example, helping people get better, working as part of a team, and having a rewarding career are perceived to be both on offer and important. Working under a lot of pressure is considered highly characteristic of NHS work, but avoiding

pressure is one of the respondents' lowest priorities (though still of some importance). Also, respondents do not generally expect the freedom to choose their hours of work, and that freedom appears to be of relatively moderate importance compared with some other things.

Interestingly, not working for low pay is one of the less pressing importance items, though still of some importance. Combined with the moderate expectation of working for low pay evident in Table 13.1, this suggests that pay is not the most salient issue for most of these respondents.

The main danger signal, to the extent that there are any, concerns job satisfaction. It is of supreme importance to people, but this is not quite matched by the extent to which they believe working for the NHS provides it.

Table 13-2: Means, Standard Deviations, and Correlations with Attitude and Intention, of Importance Items

	Mean Importance (Min = 1; Max = 7)	SD	Correlation with Attitude	Correlation with Intention
Having job satisfaction	6.66	(0.67)	0.06	0.09
Helping people get better	6.54	(0.83)	0.23	0.12
A rewarding career	6.45	(0.87)	0.15	0.12
Having a secure job	6.24	(1.05)	0.16	0.13
Working as part of a team	5.99	(1.22)	0.15	0.12
Getting to know patients	5.83	(1.23)	0.12	0.09
Having variety in my work	5.68	(1.25)	0.00	0.09
Good promotion opportunities	5.55	(1.42)	-0.03	-0.09
Working where there are clear policies on gender equality	5.35	(1.65)	0.23	0.17
Working where there are clear policies on race equality	5.35	(1.69)	0.19	0.16
Not working for low pay	5.25	(1.56)	-0.29	-0.13
Working somewhere that is not understaffed	5.25	(1.56)	-0.31	-0.12
Not having to work long hours (e.g. well over 37 hours per week)	4.77	(1.87)	-0.28	-0.15
Having the freedom to choose the hours I work	4.71	(1.82)	-0.31	-0.21
Not having to deal with abusive patients	4.65	(1.79)	-0.30	-0.12
Not having to work under a lot of pressure	4.41	(1.78)	-0.29	-0.11
Not having to work unsociable hours (e.g. nights)	4.41	(1.95)	-0.36	-0.25

Comparison of Tables 13.1 and 13.2 shows that the importance items tend to correlate less strongly than the equivalent perception items with attitude and intention to work for the NHS as a nurse, physiotherapist or radiographer. Nevertheless, there are some noteworthy findings in Table 13.2. They tell us something about the values of people who are attracted to working for the NHS as a nurse, physiotherapist or radiographer. Those who attach high importance to the opportunity to choose their work hours and the avoidance of long or unsociable work hours are less likely to have positive attitudes and intentions toward working for the NHS. This helps to explain the finding noted in the previous section, that people's perceptions of NHS work hours and pressure are less of a put-off than might have been expected, at least amongst people who have already expressed some kind of interest in working for the NHS as a nurse or allied health professional. People interested in working for the NHS tend not to mind hugely about having these things in their work. Conversely people for whom gender and race equality policies are important tend to report more positive attitudes and stronger intention than those for whom equality issues are less important. There is also a slight tendency for people who value job security more, and pay less, to be more attracted than other people to working for the NHS.

It could be argued that these findings suggest that the NHS tends to attract people who aren't too concerned about hours or pay, but who do care about equality in the workplace and job security. Most of the other importance items correlate with attitude and intention in the ways one might expect, but often surprisingly weakly. So, for example, the importance of helping people, having a rewarding career and being part of a team are all loosely positively correlated with attitude and intention, whilst the importance of not working somewhere that is understaffed and of avoiding abusive patients are loosely negatively correlated.

Thirteen of the 17 importance items were grouped into three scales in the same way as the perception of NHS work items analysed in the previous section.

1. *Positive Work Features* The alpha internal reliability coefficient for these 5 items was 0.70. The overall mean score was 6.30. This signifies that most respondents attached very high importance to having job satisfaction, a

rewarding career, working in a team, and the opportunity to help people and get to know them. This correlated 0.21 with attitude and 0.16 with intention, which means that to a significant but not dramatic extent, the more people valued these positive work features, the more attracted they were to working for the NHS.

2. *Equality* (alpha coefficient 0.90). The overall mean score for these two items was 5.35. The correlation with attitude was 0.22 and with intention was 0.18. This means that on the whole respondents attached quite high importance to gender and race equality issues, and the higher the importance a person attached to equality, the more likely they were to have positive attitudes and intentions towards the NHS. However, again this association was quite weak.
3. *Pressure/Hours* (alpha coefficient 0.86). The mean score on these six items was 4.79. This means that respondents on the whole attached moderate importance to avoiding an understaffed, pressurised and low paid workplace, where long and unsociable hours are worked. The correlation with attitude was -0.42 and with intention -0.21. This means that people for whom avoidance of these work features was important, were considerably less likely than others to have a positive attitude towards working for the NHS as a nurse, physiotherapist or radiographer, and somewhat less likely to intend to do so.

Comparison between these findings and those in the last section is instructive. The *perception* of Positive Work Features in NHS work is a better predictor of attitude and intention than is the *importance* attached to Positive Work Features. The reverse is true for Pressure/Hours. One interpretation of this disparity is that nearly everyone regards Positive Work Features as important, so the extent to which they think the NHS offers them is a key determinant of their attitude and intention. For Pressure/Hours, although people vary somewhat in terms of how much of it they think NHS jobs have, they know (or believe) some of it is present. Those for whom it is important to avoid pressure and long hours are put off somewhat, whereas those for whom it is less important are not. Although this is too general a statement to be strictly accurate, to some extent it can be said that the NHS is only attracting people

who are willing to handle what they see as high pressure and long or inconvenient hours.

13.4.1 Key Conclusions

8. Job satisfaction, rewarding career, job security and helping people get better are of the very highest importance to the respondents.
9. Avoidance of high pressure, or unsociable or long hours and of abusive patients are of least importance, though still of some importance.
10. Those with stronger intention to work for the NHS tend to assign more importance than other people to positive work features and equality at work, and less importance than other people to avoiding high pressure and inconvenient hours.
11. People attached moderate importance to not working for low pay, but it was not one of the highest priorities for most of them.

13.5 Barriers

Respondents were asked about whether they saw each of 11 factors as barriers to working for the NHS as a qualified nurse, physiotherapist or radiographer. The wording that preceded the specific questions was ‘some people, but not all, feel that the following issues have put them off working for the NHS as a qualified member of staff. Please tell us your views,’ then the eleven questions were prefaced with ‘I would be put off working for the NHS as a qualified member of staff by’. The eleven items were selected on the basis of our work in phase 1 of the project. The wording of this section of the questionnaire was designed to avoid implying either that any of the eleven factors was necessarily true, nor that it was necessarily a barrier. This means that responses may be slightly hypothetical in the sense that people could be saying the item (e.g. Lack of refresher courses) would be a barrier if it was true, whilst not necessarily thinking that there actually was a lack of refresher courses.

With that caveat in mind, Table 13.3 shows the extent to which each of the eleven factors was rated as a barrier. The first point to note is that the mean scores (highest 4.70 and lowest 2.81) suggest that none of the factors is consistently perceived as a major barrier. On the other hand, the spread of scores is greater than observed in the previous two sections of this report. This means that each of the eleven potential barriers was perceived as important by some people. The variation in scores is not surprising, especially for the questions concerning qualification, some of which might have very limited relevance to those who were already qualified. Differences between subgroups of our respondents will be examined in a subsequent section.

Table 13-3: Means, Standard Deviations, and Correlations with Attitude and Intention of Eleven Potential Barriers

Potential Barriers	Mean	SD	Correlation with Attitude	Correlation with Intention
Working somewhere that is understaffed	4.70	(1.84)	-0.45	-0.22
A lack of consideration for family commitments	4.64	(1.74)	-0.25	-0.15
The level of pay I would earn	4.60	(1.86)	-0.36	-0.10
A lack of flexible working hours	4.50	(1.83)	-0.38	-0.19
A lack of promotion prospects	4.16	(1.73)	-0.15	0.03
The financial cost of training to become a qualified healthcare professional	4.15	(2.21)	0.05	-0.09
A lack of occupational benefits for NHS staff	4.08	(1.67)	-0.25	-0.05
A lack of access to refresher training courses	3.72	(1.79)	-0.06	-0.06
Not currently having the qualifications required to be accepted for training	3.39	(2.22)	-0.10	-0.11
The negative image of the NHS that the media presents	3.16	(1.95)	-0.24	-0.14
The length of time it takes to train to become a qualified healthcare professional	2.81	(2.09)	-0.02	-0.21

Note: 7 = Puts me off a lot, 1 = Wouldn't put me off

The mean scores indicate that four of the barriers were perceived as significant to a greater extent than the others. These were understaffing, a lack of consideration for family commitments, pay levels, and lack of flexible working hours. These are quite consistent with other available data, both from phase 1 of this project and elsewhere. The understaffing and lack of flexible hours barriers were also quite strongly correlated with attitude, and moderately correlated with intention. Perceptions of understaffing and lack of flexible hours not surprisingly tended to undermine both

attitude and intention regarding working for the NHS as a qualified member of staff.

Lack of occupational benefits and the financial cost of training were also seen as fairly significant barriers. Together with pay this suggests that perceived lack of material rewards and support is an issue of some importance. Certainly it seemed more important than the time required for training, which at a mean score of 2.81 was least likely to be perceived as a barrier.

In some ways these findings present a contrast with the previous two sections, insofar as the items that scored highest as barriers were amongst the less important considerations in Table 13.2. This means that even if something is not of primary importance to a person, it can still be a significant barrier. On the other hand, none of the barrier questions scored especially highly, which is consistent with the earlier observations that positive perceptions of the NHS are a stronger ‘turn on’ for potential nurses, physiotherapists and radiographers than negative perceptions are ‘turn off’.

The eleven barrier items were factor-analysed, again using principal components analysis with varimax rotation. They fell very neatly into two groups:

1. *Job Characteristics* This consists of the first seven barriers, namely lack of promotion prospects, pay levels, understaffing, lack of flexible working hours, lack of consideration for family commitments, lack of occupational benefits, and the negative image of the NHS presented by the media. The alpha coefficient for these seven items was 0.84, indicating quite a coherent scale. The mean score across the seven items was 4.26, i.e. just above the ‘puts me off somewhat’ anchor-point on the response scale. This correlated -0.42 with attitude and -0.17 with intention. In other words, there was a strong tendency for people who saw these factors as barriers to have a negative attitude toward working for the NHS, and a weaker tendency not to intend to work for the NHS.
2. *Qualification and Training* This cluster consists of the other four barriers, namely not currently having the qualifications to be accepted for training, the

length of time and the financial costs of training, and lack of access to refresher courses. The mean score across these four was 3.52, i.e. on average they were seen as less of a barrier than the job characteristics. The extent to which they were seen as barriers correlated 0.04 with attitude and -0.15 with intention. This suggests that attitude towards working for the NHS was unaffected by perceptions of difficulties in the training process, but intention to work for the NHS was somewhat affected.

13.5.1 Key Conclusions

12. Understaffing, family-unfriendly and inflexible working hours, and pay levels were seen as the biggest barriers to working for the NHS as a nurse, physiotherapist or radiographer. However, even these barriers were by no means universally important.
13. The understaffing and lack of flexible work hours barriers appeared to undermine attitude and intention more than most others. Perceived difficulties of the length of time required for training was negatively correlated with intention but not attitude.
14. Perceptions of lack of pay and benefits as barriers appears to undermine positive attitudes, but have much less impact on people's intentions.

13.6 Perceptions of Starting Pay

All respondents were asked what they thought the starting pay (excluding allowances such as London weighting) was for newly qualified staff working for the NHS in the profession they were considering. Table 13.4 shows a summary of the responses for nursing, physiotherapy and radiography.

The correct answer in most cases was £15,000 to £16,999. Because of pay awards and other factors, it is also possible that the technically correct answer for some of the later respondents was £17,000 to £18,999. If we take responses in either of those categories as 'correct', it can be said that perceptions of nursing pay were less accurate (43% correct) than those of physiotherapy (66%) or radiography (62%).

Furthermore, more people underestimated starting pay than overestimated it, especially in nursing (53%) as opposed to physiotherapy (29%) or radiography (32%).

Table 13-4: Perceptions of Starting Pay

	Nursing		Physiotherapy		Radiography	
	No.	%	No.	%	No.	%
Less than £11,000	47	8	10	3	3	2
£11,000 to £12,999	130	22	33	10	17	12
£13,000 to £14,999	136	23	53	16	25	18
£15,000 to £16,999	216	36	129	38	63	44
£17,000 to £18,999	41	7	94	28	25	18
£19,000 to £20,999	13	2	15	4	4	3
£21,000 to £22,999	8	1	2	1	1	1
£23,000 or more	5	1	1	0	3	2
Total	596	100	337	100	141	100

The main conclusion here is that there was a tendency to underestimate starting pay. This was especially the case for nursing. We noted earlier that a lower proportion of people who answered the questionnaire with nursing in mind were already qualified in it. Hence their knowledge of pay might be more limited than that of the respondents who answered the questionnaire with physiotherapy or radiography in mind. However, this is not the reason why nursing starting pay was so underestimated, because further analyses solely on respondents not qualified produced the same findings as those shown in Table 13.4. So, the data do clearly indicate that potential nursing recruits in particular may have unrealistically negative views of what they would earn as a nurse in the NHS. Even though pay appeared not to be the top consideration for most respondents (see Tables 13.1, 13.2 and 13.3), this pessimistic inaccuracy about pay is highly likely to be putting some people off.

13.6.1 Key Conclusion

15. Respondents tended to underestimate the starting pay for qualified nurses, physiotherapists and radiographers - especially nurses.

13.7 Identification with the NHS

Two questions were used to assess the extent to which respondents personally identified with the NHS. These were 'I am a strong believer in the principles of the NHS' and 'I am the type of person who would feel at home working for the NHS'. Responses to these two questions tended to be reasonably closely aligned with each other, so they were combined as a two-item scale. The alpha internal reliability coefficient was 0.61, which is a little on the low side but just high enough to justify taking the two questions as one.

The mean score across the two questions was 5.39. The standard deviation was 1.26. This means that on the whole the respondents did feel a reasonably strong sense of identification with the NHS. Some identified very strongly, whilst some were more agnostic. Relatively few were clear that they did *not* identify with the NHS.

The extent to which a person identified with the NHS was fairly strongly correlated with their attitude towards working for it (0.37) and moderately but nevertheless still significantly correlated with intention to work for it (0.20). So on the whole, as one might expect, the more people identified with the NHS, the more positive they felt about working for it.

13.7.1 Key Conclusion

16. People on the whole identified with the NHS, and the more they did so, the more positive their attitude and intention tended to be.

13.8 Opinions of Other People

Two questions were also used to assess the extent to which people close to the respondent appeared to support the idea that the respondent should work for the NHS as a qualified member of staff. The questions were: 'Most of my family and/or friends probably think that I should work for the NHS as a qualified member of staff' and 'If I worked for the NHS as a qualified member of staff, most of my family and/or friends would be proud'. Responses to these two questions tended to go together quite closely, so they were combined into a two-item scale. The alpha internal

reliability coefficient was 0.79, which indicates quite high coherence.

The mean score was 5.18 with a standard deviation of 1.43. This indicates that on the whole there was fairly strong social approval for the idea of working for the NHS. For some respondents this approval was perceived to be very strong, for others much more lukewarm, and for a minority there was disapproval.

The extent to which respondents believed there was social approval for them working for the NHS was highly correlated with both their attitude (0.49) and intention (0.38) towards doing so. These correlations are notably high, and suggest (but do not directly prove) that the opinions of family and friends have considerable impact on the probability that a person will seek to work for the NHS as a qualified nurse, physiotherapist or radiographer.

These findings are particularly notable in the light of responses to two other questions. We asked people how much they agreed or disagreed with the statements 'I want to do what most members of my family and/or friends think I should do', and 'I am only concerned with what I think I should do.' The mean scores for these questions were 2.54 and 5.48 respectively. In other words, respondents were, not surprisingly, more likely to report that they paid attention to their own wishes rather than those of their friends and family. Yet as we saw in the previous paragraph, the opinions of others are good statistical predictors of attitudes and intentions concerning working for the NHS. It may be that respondents are unaware of the influence of others upon them.

13.8.1 Key Conclusion

17. Support from friends and family for working for the NHS was perceived to be quite strong. The amount of perceived support was also quite strongly connected to respondents' attitude and intention concerning working for the NHS.

13.9 Beliefs about Personal Control

Two questions were also asked about this. Responses to them were not sufficiently similar to justify combining the two questions into one scale, so they will be treated separately. The two questions were ‘I am confident that I could work for the NHS as a qualified member of staff if I wanted to’, and ‘It would be difficult for me to get a job in the NHS as a qualified member of staff’.

The mean score for the ‘confident’ question was 5.89, with a standard deviation of 1.52. Corresponding scores for the ‘difficult’ question were 2.62 and 1.85. So on average the respondents felt quite a high sense of personal control over working for the NHS - they were quite confident they could do so, and anticipated few difficulties. However, the spread of scores here was quite large, so there were quite a number of respondents who felt less than confident and/or saw considerable difficulties. These questions more than most are likely to be susceptible to differences between subgroups of respondents, particularly between those who are already qualified and those who are not. These differences will be examined shortly.

Responses to the ‘confident’ question correlated 0.18 with attitude and 0.23 with intention. Corresponding figures for the ‘difficult’ question were 0.13 and -0.09. These correlations indicate a relatively weak connection between personal control and attitude and intention. The ‘confident’ question is unusual in correlating slightly higher with intention than with attitude. This may be because when considering whether or not to do something we need to take into account our confidence that we can accomplish it, whereas our attitude to something is more exclusively based on the rather more abstract issue of whether we are comfortable with the idea of it.

13.9.1 Key Conclusion

18. On the whole, respondents believed they would be able to work for the NHS if they wanted to. The extent to which individuals felt confident about this was connected with their intention to do so.

13.10 Moral Obligation

One question reflected moral obligation. As with the other questions, it was included because of its relevance to the theory of planned behaviour and to the NHS. Because of its highly esteemed role in British life, and because those who have trained in it might feel they owe the NHS something, there is some reason to suppose some respondents might feel a sense of moral obligation, and that this might affect their attitude and intention.

The item read 'I would feel guilty if I did not work for the NHS as a qualified member of staff'. The mean score was 3.36, with a standard deviation of 1.87. This signifies that on the whole respondents did not feel a sense of moral obligation. This fits well with our first stage interview findings. Responses correlated 0.33 with attitude and 0.31 with intention. This suggests that even though most people felt relatively little moral obligation to work for the NHS, a sense of moral obligation does indeed tend to encourage people to consider working for the NHS.

13.10.1 Key Conclusion

19. Most respondents did *not* feel a strong sense of moral guilt or obligation to work for the NHS. However, those who did feel a moral obligation also tended to have more positive attitude and intention.

13.11 What Factor Best Predicts Attitude and Intention for the Respondents as a Whole?

We have seen in the last few sections that a number of perceptions and personal values are correlated with people's attitude and intention regarding working for the NHS as a nurse, physiotherapist or radiographer. It is likely that there is some redundancy, in the sense that when pitted against each other, only some of the perceptions and values truly affect attitude and intention. Identifying which perceptions and values are really the key influential factors allows us to make more confident statements about what really matters, and about what facets of NHS employment and publicity campaigns might be well-advised to focus on.

We therefore conducted two multiple regression analyses, one with attitude as the

dependent variable, and one with intention. All potential predictor variables were entered into the regression equation at the same time in order to test the unique association of each one with attitude and intention. There were 13 predictor variables in all: the three perceptions of NHS work scales (Positive Work Features, Equality, and Pressure/Hours), the three corresponding 'importance to me' scales, the two barrier scales (Job Characteristics and Qualifications and Training), Identification with NHS, Opinions of Others, the two Behavioural Control questions and the Moral Obligation question.

The results of the regression analyses are summarised in Table 13.5. The beta weights arising from the multiple regression analyses are roughly equivalent to correlations, but unlike raw correlations they reflect the unique predictive impact of each variable after all the others have been allowed for. Hence beta weights tend to be lower than raw correlations. The further they are from zero, the stronger the association between predictor variable and dependent variable. Beta weights greater than zero indicate that high scores on the predictor variable tend to go with high scores on attitude and intention. Beta weights less than zero indicate a reverse association - that is, the higher the score on the predictor variable, the lower the score on attitude or intention.

Table 13.5 shows that the strongest predictor of both attitude and intention to work for the NHS was the extent to which people perceived that NHS work as a qualified nurse, physiotherapist or radiographer offered positive features i.e. job satisfaction, rewarding career, teamwork, and a chance to help people and to get to know them. The very high impact of Positive Work Features relative to the other predictors was even clearer in the regression analyses than in the raw correlations reported earlier. In contrast, perceptions of pressure/hours had only a minor unique association with attitude, and even less with intention. This is consistent with the correlational findings presented earlier. It is optimistic for the NHS because it again suggests that when push comes to shove, the positive aspects of NHS work are more powerful encouragers than negative aspects are discouragers, at least amongst people who have already shown an initial interest in working for the NHS. Some other predictors also have similar associations with both attitude and intention to work for the NHS. For

example, belief in the importance of equality was a weak but significant predictor of both attitude and intention in the regression analyses. This reinforces the suggestion that the NHS tends to be attractive to people for whom egalitarianism is important. The opinions of others also seem to matter for both attitude and intention to work for the NHS. The more positive others' opinions, the more positive the person tends to be about working for the NHS. This is very much in line with the correlations reported earlier, and is in spite of the fact that most respondents claimed they were not heavily influenced by the opinions of friends and family.

Table 13-5: Results of Multiple Regression Analyses and Comparison with Raw Correlations

	Multiple Regression (Beta Weights)		Raw Correlations (as reported earlier)	
	Attitude (N=854)	Intention (N=916)	Attitude	Intention
Positive Work Features (perceived)	.43***	.33***	.65	.43
Equality (perceived)	-.02	-.07*	.28	.14
Pressure/Hours (perceived)	-.07**	-.04	-.08	-.01
Positive Work Features (importance)	-.01	-.04	.21	.16
Equality (importance)	.09**	.09**	.22	.18
Pressure/Hours (importance of avoiding)	-.13***	-.05	-.42	-.21
Job Characteristics barrier	-.11**	.05	-.42	-.17
Qualifications and Training barrier	.06*	-.14***	.04	-.15
Identification with NHS	.09**	.06	.37	.20
Opinions of others	.14***	.18***	.49	.38
Confident of getting NHS job	.09**	.13***	.18	.23
Difficult to get NHS job	.02	-.10**	.13	-.09
Guilty if don't work for NHS	.07**	.19***	.33	.31

Note: Figures shown for regressions are beta-weights

*** = statistically significant at $p < .001$

** = statistically significant at $p < .01$

* = statistically significant at $p < .05$

Statistical significance levels for the correlations are not shown.

Some other predictors worked quite differently for attitude and intention. People who attached high importance to avoiding long hours and high pressure tended to have more negative attitudes but their intentions were not greatly affected. This is reflected to some extent in the correlations reported earlier, where the importance of avoiding pressure and hours was much more strongly negatively correlated with attitude than with intention. This finding suggests that a wish to avoid high pressure and long hours tends to lead to feeling negative about working for the NHS, but in spite of this

it does not discourage actually intending to do so when other perceptions are taken into account.

Another notable difference between the predictors of attitude and intention concerns the perceived barrier of obtaining necessary qualifications and training. In line with the correlations reported earlier and again in Table 13.5, in the regressions this barrier had little or no association with attitude, but was a significant negative predictor of the more a person perceived qualifications and training to be a barrier, the less likely he or she was to intend to work for the NHS.

In the multiple regressions the extent to which people feel a sense of moral obligation towards the NHS and their belief in their ability to get an NHS job were stronger predictors of intentions than of attitude. The reverse was true of identification with the NHS. So intention appears to depend more than attitude upon 'can I do it?' and 'should I do it?' considerations, whereas attitude is affected slightly more than intention by the answer to the question 'would I feel at home in the NHS?'

Finally, it is noteworthy that attitude was more predictable than intention. The 13 variables together were able to account for half of the variance in people's attitudes, but only a third of the variance in intention (even so, one third is a highly significant amount). It seems that intention to work for the NHS is affected by a wider range of factors than attitude.

The multiple regression analyses show that, once people's perceptions of positive work features have been taken into account, many other factors lose their association with attitude and intention. These include perceptions of racial and gender equality, all three importance factors, the job characteristics barrier and sense of identification with the NHS. But the opinions of others continue to matter quite a bit, and at least for intention, so do perceived difficulties concerning qualification and training, belief in one's ability to land an NHS job, and a sense of guilt.

So Perceived Positive Work Features *do* still matter even when all the other predictors have been taken into account. It seems that the apparent primary importance of

perception of positive work features is not a statistical accident, but a real and important phenomenon.

Of course it is possible that some of these findings are misleading or incomplete because they fail to take into account other factors about the respondents, such as their life circumstances. It is clearly important to break the respondents into subgroups in order to glean a more complete impression of what is going on. This will be done shortly. For now, though, it is worth reporting on two more multiple regression analyses which were run to test the robustness of the findings already discussed. In these regressions, the following predictor variables were added:

- How old the respondent was (in years)
- Whether the respondent was responsible for care for children on a day-to-day basis (coded 1 = No, 2 = Yes)
- Whether the respondent was white or from another ethnic group (coded 1 = white, 2 = any other ethnic group)
- Whether the respondent was already qualified as a nurse, physiotherapist or radiographer (coded 1 = No, 2 = Yes)
- Whether the respondent had experience of working for the NHS (coded 1 = No, 2 = Yes)
- Whether the respondent had family members who worked for the NHS (coded 1 = No, 2 = Yes)
- Whether the respondent had friends who worked for the NHS (coded 1 = No, 2 = Yes)
- Whether the respondent was completing the questionnaire with nursing or with an allied health profession in mind (coded 1 = AHP, 2 = Nursing)
- Whether the respondent was male or female (coded 1 = Female, 2 = Male)
- Whether the respondent was married/cohabiting or single (coded 1 = Single, 2 = Married/Cohabiting)

Table 13-6: Results of Multiple Regression Analyses with Added Predictors

	Attitude (N=804)	Intention (N=857)
Positive work features (perceived)	.37***	.25***
Equality (perceived)	-.01	-.06
Pressure/hours (perceived)	-.07**	-.02
Positive work features (importance)	-.02	-.03
Equality (importance)	-.02	-.02
Pressure/hours (importance of avoiding)	.07	.03
Job characteristics barrier	-.11**	.01
Qualifications and training barrier	.02	-.15***
Identification with NHS	.12***	.05
Opinions of others	.12***	.12***
Confident of getting NHS job	.09**	.10**
Difficult to get NHS job	-.01	-.10**
Guilty if don't work for NHS	.05	.16***
Age	.03	-.28***
Responsibility for children	.00	-.03
Already qualified	-.17***	-.11**
Ethnic minority	.03	.05
NHS work experience	-.04	.14***
Gender	-.02	.00
Marital status	-.03	-.01
Family in profession	-.03	.02
Friends in profession	.03	.04
Interest in nursing or in AHP	.05	.08*

Note: Figures shown are beta-weights

*** = statistically significant at $p < .001$

** = statistically significant at $p < .01$

* = statistically significant at $p < .05$

The same principle follows as before - that is, the statistical power of the predictors is being investigated independent of all other predictors. So if (for example) when it boils down to it, all the perceptions of NHS work, moral obligation etc are really simply a function of a person's age, then this should become apparent. Table 13.6 shows the results of this further analysis. It can be seen that the regression results shown in Table 13.5 largely hold true in Table 13.6. The perceived Positive Work Features offered by the NHS is still the strongest of the 13 predictors of both attitude and intention. The opinions of others also still matter for both attitude and intention. Identification with the NHS and the job characteristics barrier also matter for attitude towards working in the NHS, whilst guilt, the training and qualification barrier, and to a lesser extent the perceived difficulty of getting an NHS job, are important for intention.

Some findings concerning the additional variables are also of interest. Most startling is the very strong association of age with intention. Older people tend to have *less*

intention that younger people to work for the NHS as a qualified nurse physiotherapist or radiographer. Note that this cannot be explained by (for example) any tendency for older people to feel more daunted by the qualification process, or to perceive less positive work features - because these factors have already been taken into account in analysis. Interestingly, age was *not* associated with attitude - only with intention. Table 13.7 shows the mean scores for intention by age group, illustrating the decline in intention the older people are.

Table 13-7: Intention to Work for the NHS by Age Group

Age Group	Mean
10-19 yrs	5.82
20-29 yrs	5.46
30-39 yrs	4.69
40-49 yrs	4.30
50-59 yrs	3.30

Being already qualified tended to be associated with less positive attitudes and also with less strong intention to work for the NHS, once the other factors had been taken into account. Some aspects of this finding will be explored shortly. For now, we can note that this suggests it may be easier to attract unqualified people into the NHS than qualified people currently working outside it (or not working at all). At least for intention, this finding *cannot* be explained solely by the fact that qualified people have experienced the NHS and had enough of it. The reason for this conclusion is that having had NHS work experience tends to *increase* intention, once the other factors have been allowed for (see Table 13.6).

None of the other demographic variables were significant predictors of attitude or intention to work for the NHS as a nurse, physiotherapist or radiographer once the other variables had been taken into account. Furthermore, additional analyses (not shown here) suggested that most of them were insignificant even before the attitudinal and perceptual variables were added into the regression equation. Gender, marital status, having responsibility for children, and having friends or family working for the NHS all seemed virtually unconnected with attitude and intention (though of course some of these are correlated with age, which is a highly significant predictor of

intention). The profession of interest to the respondent does however seem to be relevant to intention: respondents interested in nursing tended to have higher intention than those interested in the AHPs. Finally, it is perhaps encouraging that people who are not white seemed if anything marginally more favourably disposed towards working for the NHS than white people.

13.11.1 Key Conclusions

20. Each of the following factors is a significant predictor of positive attitude towards working for the NHS as a nurse, physiotherapist or radiographer even after all other factors have been taken into account:

- Perceived positive work features (very strong predictor)
- *Not* being already qualified as a nurse or AHP (moderate predictor)
- Perceived approval of friends and family (moderate predictor)
- A sense of identification with the NHS (moderate predictor)
- *Not* perceiving difficult working conditions as a barrier (moderate predictor)

21. Each of the following factors is a significant predictor of a strong intention to work for the NHS as a nurse, physiotherapist or radiographer, even after all other factors have been taken into account:

- Being younger as opposed to older (strong predictor)
- Perceived positive work features (strong predictor)
- A sense of guilt (moderate predictor)
- *Not* perceiving qualification/training as a barrier (moderate predictor)
- Having prior NHS work experience (moderate predictor)
- Perceived approval of friends and family (moderate predictor)
- *Not* being already qualified as a nurse or AHP (moderate predictor)
- Being confident that one can get an NHS job (moderate predictor)

13.12 A Comment on the Predictive Power of Specific Questions

As explained earlier, most of the individual questionnaire items concerning

perceptions of NHS work, importance of work features, and barriers to entering the NHS were grouped in order to make manageable (and hopefully more interpretable) the task of analysing and reporting the data. However, this runs the risk of losing a few small but potentially important details.

One area where this is particularly the case concerns Positive Work Features. As noted earlier, this was a collection of 5 items concerning job satisfaction, rewarding career, helping patients, getting to know them, and working as part of a team. This seemed to be a powerful predictor of both attitude and intention. But in a sense, job satisfaction and rewarding career are broad terms which might have different meanings to different people. This in turn could make it difficult to identify effective policy responses. The fact that statistically job satisfaction and rewarding career grouped together with the other three items clearly signals that the more specific perceptions most closely connected with job satisfaction and rewarding career are helping and getting to know patients, and teamwork. Nevertheless, it was considered worthwhile to conduct some further statistical analyses with the job satisfaction and rewarding career items removed, and other individual items ‘liberated’ from their scales.

Four comments are worth making concerning the results of those analyses. First, the key findings still stand. Second, it seems that, of the three remaining items of the Positive Work Features scale, the opportunity to get to know patients is the most powerful predictor of attitude and intention. Third, and related to the last point, the ‘barrier’ question about understaffing is a strong predictor of intention, in the direction one would expect: that is, more understaffing, less intention. So it seems that the chance to know patients well, which is presumably undermined by work pressures arising from understaffing, is a key factor underlying the impact of job satisfaction and rewarding career. Fourthly, the more the importance to the person of having variety in their work, the more they intended to work for the NHS as a nurse, physiotherapist or radiographer. In other words, people who like varied work tend to be more attracted to the NHS than other people.

13.12.1 Key Conclusion

22. Further analyses using individual questions, rather than clusters of them, showed that perceptions of NHS work as (i) allowing staff to get to know patients and (ii) *not* being understaffed, were associated with stronger intention to work for it as a nurse, physiotherapist or radiographer.

13.13 *Perceptions of Alternative Careers*

A total of 360 respondents answered yes to the question ‘Do you have a possible alternative career in mind?’ This section focuses on those people, and examines their attitudes, perceptions and intentions concerning the alternative career. This helps us gain a clear idea of how well the NHS fares relative to competitors.

We report some analyses conducted on data from the whole 360, and also from four subgroups defined on the basis of whether they are already qualified in nursing or an AHP (yes/no), and whether they already work in their alternative career (yes/no). These criteria for breaking down the sample were chosen on the basis of their likely importance for people's attitudes and intentions.

Respondents were asked to respond to five statements concerning their alternative career. Each had an exact parallel amongst the questions concerning working for the NHS as a nurse, physiotherapist or radiographer. The five statements were:

1. My attitude toward working in my alternative career is positive.
2. I intend to work in my alternative career
3. Most of my family and/or friends probably think that I should work in my alternative career.
4. It would be difficult for me to get a job in my alternative career
5. I am the type of person who would feel at home working in my alternative career.

What alternative careers were specified? We used the Registrar General's classification system to answer this. Perhaps not surprisingly, the most common (29%) were ‘Health Associated Professions’. These were ‘alternative’ careers in one or both of two respects. First, some were not in any of nursing, physiotherapy or

radiography (e.g. dietician, chiropodist, occupational hygienist). Second, some were specifically *not* being conducted in the NHS. The second most common alternative career was 'Professional Occupations', (20%) many of which were in a broad sense welfare-related, e.g. school teachers, social workers, probation officers. The third most common group (15%) was 'Personal and Protective Service Occupations', which includes, for example, care assistant, nursery nurse and police officer. The only two other types of alternative career with significant numbers of nominations were 'Managers and Administrators' (8%) and 'Clerical and Secretarial Occupations' (6%).

Inspection of Table 13.8 suggests that for the 360 people as a whole, the prospect of working for the NHS as a nurse, physiotherapist or radiographer fared moderately well relative to the alternative. Attitude and intention concerning working in the alternative career were both slightly, but only slightly, stronger than for the NHS. On average the respondents felt at least equally at home in the NHS relative to their alternative, and anticipated about the same (quite small) amount of difficulty in getting a job in the NHS or the alternative. They reported considerably higher support from family and friends for working for the NHS than for the alternative. This again reflects strong public support for the general principle of the NHS. Overall, then, it seems that perceptions of nursing or AHP work in the NHS and the alternative career are about equally positive.

- However, this overall picture disguises some big differences between the four subgroups. The clearest division is between those who are already qualified nurses or allied health professionals and those who are not. The qualified subgroups are far more negative towards the NHS and somewhat more positive about the alternative than the unqualified subgroups. The gulf in terms of intention was predictably biggest for qualified people already working in their alternative career. It seems likely that many of the qualified people have made a positive decision not to work for the NHS - a decision that for them needs to be

Table 13-8: Mean Scores on Questions Concerning Alternative Career vs NHS

	All respondents specifying an alternative career (N = 360)	Respondents qualified in nursing or AHP and working in alternative career (N = 43)	Respondents qualified in nursing or AHP and not working in alternative career (N = 55)	Respondents not qualified in nursing or AHP and working in alternative career (N = 69)	Respondents not qualified in nursing or AHP and not working in alternative career (N = 193)
1 My attitude is positive toward working in:					
The NHS	5.26	4.43	3.89	5.48	5.69
My alternative career	5.49	5.83	5.62	5.00	5.47
2 I intend to work in:					
The NHS	4.70	3.19	3.92	4.52	5.21
My alternative career	4.91	5.95	5.24	4.52	4.70
3 Family and friends think I should work in:					
The NHS	4.83	4.38	3.81	5.06	5.14
My alternative career	4.29	4.88	4.35	4.21	4.15
4 It would be difficult for me to get a job in:					
The NHS	3.06	3.08	1.92	3.67	3.22
My alternative career	3.13	2.31	3.54	2.28	3.51
5 I am the type of person who would feel at home working in: The NHS					
The NHS	5.24	4.51	4.48	5.31	5.57
My alternative career	5.08	5.51	5.46	4.62	5.04

explicit and clear because it would in some senses be more ‘natural’ for them to work in the NHS. It appears that it would be very hard for the NHS to win these people back, in spite of their attractiveness in terms of not requiring extensive or time-consuming training.

Some better news for the NHS is that there appear to be a significant number of people currently working in an alternative career who are not enamoured with it. Some of them see working for the NHS as a qualified nurse or allied health professional as at least as attractive as their alternative even though they would have to train first. They would also have the approval of family and friends, and although they see more difficulty in getting an NHS job than the other subgroups, that is still not a very high level of difficulty.

But perhaps the best news concerns the biggest subgroup i.e. those neither qualified in nursing/AHP nor currently working in their alternative career. In this sense, NHS vs alternative is a ‘level playing field’, but it looks as if the NHS comes out clearly ahead in most respects. It therefore looks as if working for the NHS as a nurse, physiotherapist or radiographer is not only a distinctly attractive prospect for these people, but also more so than an alternative they say they are considering.

Another relevant issue concerns what determines respondents' attitudes and intentions concerning their alternative career. To shed some light on this, a multiple regression analysis similar to those reported in Tables 13.5 was conducted, but using the single-item assessment of intention to work in the alternative career as the variable to be predicted. Of particular interest was the issue of whether perceptions of the NHS tend to, as it were, drive people into the arms of their alternative career.

The results of the analyses can be summarised as follows:

- The approval of family and friends for the respondent working in the alternative career was easily the strongest predictor of intention to work in that career.
- Next most important was whether the respondent was already a qualified nurse or AHP. Perhaps contrary to common-sense but in line with Table 13.8 (and 13.6),
- Those who were qualified were considerably keener on the alternative career than were those not qualified.

Then came several other questions which had a statistically significant association with intention, but weaker than those above. There were:

- Whether the respondent had a friend who was a nurse or an AHP (yes = lower intention to enter alternative career)
- The importance to the respondent of Positive Work Features (high importance = higher intention to enter alternative career)

The importance to the respondent of Equality (high importance = lower intention to enter alternative career)

The results again show that other people's opinions seem to weigh heavily in people's career intentions. They also reinforce the point already made about how the NHS may be attracting people for whom equality is an important issue. It also looks as if negative perceptions of the NHS have relatively few consequences for intention to enter the alternative career. This is in a sense encouraging news for the NHS, though it is likely that the tendency of qualified professionals to have greater intention to enter their alternative career than unqualified people is partly due to their experience in the NHS having coloured their perceptions.

13.13.1 Key Conclusions

23. About one-third of respondents were considering an alternative career and about one third of them were already working in it. Most of the alternative careers specified were in the realm of human welfare/development or the management of it.
24. People already qualified as a nurse or allied health professional tended to have a strong preference for their alternative career.
25. People *not* already qualified as a nurse or allied health professional tended to favour working for the NHS over their alternative career.

The best predictors of intention to work in an alternative career were being qualified as a nurse or AHP, and the approval of friends and family for working in the alternative career. Perceptions of NHS work seemed to have little impact over and above those two factors.

14 Stage Two Differences Between Ten Subgroups of Respondents

14.1 Introduction

Tables 14.1 and 14.2 show mean scores across the 13 variables, and their correlations with attitude and intention, for each of ten subgroups of respondents. These subgroups were defined in section 12 of this report. The three with very low numbers of respondents were excluded from these comparisons. Tables 14.1 and 14.2 form the basis for the following comments about each subgroup in turn. As always in considering these quantitative data, it is important to remember that we are focussing mainly on people who have already expressed some interest in working for the NHS, even if only through contacting NHS careers. Hence this is in the realm of converting ‘possibles’ to ‘probables’, not ‘very improbables’ to ‘possibles’.

14.2 School/College Students

This subgroup was somewhat more positive than the average in a number of respects. Their mean attitude and intention scores were slightly higher than the overall average, and so were their perceptions of positive work features of the NHS. They perceived as much high pressure and long hours as most other subgroups but avoiding it was somewhat less important to them than most others. Perceptions of barriers were average, and support from others and confidence in their ability to get an NHS job were average or better.

As was the case with the sample as a whole, the extent to which these young people perceived positive work features in NHS work was strongly correlated with their attitude towards working for the NHS. Confidence that they could get an NHS job was much more strongly associated with attitude than was the case in the sample as a whole. The reverse was true for personal importance of avoiding high pressure and long hours. Correlations with intention generally followed the pattern for the sample as a whole, except that high personal importance of positive work features tended to be associated with intention to a greater extent than in the sample as a whole. The same was true for opinions of others.

Table 14-1: Mean Scores by Sample Subgroup

	Attitude Intention		Perceptions of NHS Work:			Personal Importance of:			Barriers		Identify with NHS	Opinions of Others	Confident of getting NHS job	Difficult to get NHS job	Guilty if don't work for NHS (moral obligation)
			Positive Work Features	Equality	Pressure/ hours	Positive Work Features	Equality	Avoiding Pressure/ hours	Job Characteristics	Quals and Training					
1 School/ College (N=47)	5.46	5.44	6.22	6.07	5.49	6.13	5.65	4.48	4.30	3.34	5.15	5.41	5.89	2.66	3.38
2 On Access Course (N=54)	5.63	6.07	6.23	6.16	5.54	6.37	5.76	4.48	3.83	3.33	5.63	5.46	6.26	3.22	3.93
3 In HE general (N=70)	5.63	5.75	6.22	6.20	5.61	6.36	5.89	4.19	4.06	3.68	5.06	5.57	5.90	2.70	4.03
4 Students in Training (N=203)	5.20	6.25	5.95	5.64	5.39	6.26	5.16	4.96	4.54	3.11	5.09	5.23	5.96	2.17	3.67
5 NHS Assistants (N=111)	5.19	4.34	6.11	5.96	5.11	6.45	5.64	5.21	4.24	4.29	5.61	5.31	5.51	2.95	3.17
6 In NHS and Qualified (N=43)	4.93	6.08	5.61	5.49	5.28	6.03	4.93	5.63	4.85	3.58	5.73	4.95	6.31	1.69	3.26
7 Qualified Agency Staff (N=74)	4.17	4.50	5.28	5.78	5.42	6.17	4.97	5.36	4.71	2.67	5.34	4.16	6.61	1.49	2.31
8 Qualified Independent Sector Staff (N=137)	3.87	2.91	5.11	5.72	5.40	6.23	4.93	5.62	4.98	2.46	5.05	3.94	6.01	1.71	2.06
9 Qualified Others (N=40)	4.48	3.54	5.44	5.53	5.70	6.34	5.10	5.55	4.73	3.57	5.47	5.03	4.97	3.80	2.93
10 Unqualified Others (N=259)	5.78	4.88	6.35	6.20	5.49	6.31	5.43	4.08	3.70	4.02	5.68	5.65	5.79	3.28	3.83
*Total Sample	5.14	5.01	5.95	5.93	5.42	6.30	5.35	4.79	4.26	3.52	5.39	5.18	5.89	2.62	3.36

Note: Scores all on 1 - 7 scale

* includes a small additional number of respondents not in any of the ten subgroups (see Section 12)

Table 14-2: Correlations with Attitude and Intention by Sample Subgroup

			Perceptions of NHS Work			Personal Importance of:			Barriers		Identity with NHS	Opinions of Others	Confident of getting NHS job	Difficult to get NHS job	Guilty if don't work for NHS (moral obligation)
			Positive Work Features	Equality	Pressure/ hours	Positive Work Features	Equality	Avoiding Pressure/ hours	Job Characteristics	Quals and Training					
1	School/College (N=47)	Attitude	.50	.14	-.14	.28	.33	-.13	-.20	-.27	.35	.40	.50	-.19	.21
		Intention	.51	.25	.05	.44	.25	-.03	-.24	-.15	.21	.55	.12	-.16	.38
2	On Access Course (N=54)	Attitude	.50	.30	-.11	-.03	-.37	-.44	-.50	-.39	.51	.42	.54	-.13	-.17
		Intention	.36	.13	-.10	.15	-.16	-.33	-.26	-.27	.32	.26	.44	-.19	.16
3	In HE general (N=70)	Attitude	.60	.42	-.12	.39	.05	-.22	-.24	.09	.34	.45	.32	-.11	.32
		Intention	.30	.25	-.17	.13	.03	.01	-.13	-.21	.12	.22	.10	-.29	.24
4	Students in Training (N=203)	Attitude	.49	.30	.00	.33	.37	-.19	-.30	-.02	.45	.36	.26	-.07	.18
		Intention	.44	.20	-.02	.26	.09	-.01	-.12	-.08	.45	.24	.27	-.18	.29
5	NHS Assistants (N=111)	Attitude	.58	.31	-.10	.31	.17	-.25	-.39	-.26	.44	.24	.41	-.06	.31
		Intention	.25	.15	.15	.20	.12	-.19	-.12	-.29	.14	.34	.36	-.18	.36
6	In NHS and Qualified (N=43)	Attitude	.63	.28	-.08	.28	.17	-.06	-.16	-.10	.32	.22	.15	-.11	-.10
		Intention	.52	.13	-.19	.36	.30	.10	.26	-.39	.31	.11	.44	-.36	.12
7	Qualified Agency Staff (N=74)	Attitude	.65	.28	-.17	.37	.29	-.25	-.38	.15	.40	.48	-.06	.04	.21
		Intention	.49	.06	-.19	.25	.10	-.16	-.45	-.02	.31	.41	.12	-.17	.21
8	Qualified Indep Sector Staff (N=137)	Attitude	.54	.18	-.20	-.15	-.06	-.10	-.27	.01	.42	.43	.28	.05	.32
		Intention	.44	.18	.05	.00	.17	-.04	-.06	.35	.27	.43	.15	.09	.24
9	Qualified Others (N=40)	Attitude	.45	-.17	-.10	.02	-.07	.43	-.44	-.23	.32	.08	.26	-.20	.13
		Intention	.41	.16	.10	-.08	.00	-.15	.06	-.47	.29	.25	.50	-.27	-.02
10	Unqualified Others (N=259)	Attitude	.45	.25	-.09	.19	.21	-.37	.28	-.25	.32	.28	.21	.02	.13
		Intention	.35	.20	-.10	.28	.29	-.26	-.19	-.41	.22	.26	.27	-.16	.11
* Total		Attitude	.65	.28	-.08	.21	.22	-.42	-.42	.04	.37	.49	.18	.13	.33
Sample		Intention	.43	.14	-.01	.16	.18	-.21	-.17	-.15	.20	.38	.23	-.09	.31

Note: Scores all on 1 - 7 scale

* includes a small additional number of respondents not in any of the ten subgroups (see Section 12)

In terms of responses to individual questions, this subgroup was most likely to think working for the NHS involved helping people, and least likely to think the NHS is understaffed. They attached less importance than any other subgroup to getting to know patients and choosing work hours, but more importance to good promotion prospects.

The overall impression is that this group is quite positive towards working for the NHS. Perceptions of positive work features are quite prevalent and they matter more than perceptions of negative aspects of NHS work. There is perhaps a tinge of youthful bravado or naivety in that they rather disregard the tough elements of NHS work, yet are also more influenced than most by family and friends.

14.3 Students on Access Courses

These people have positive attitudes and intentions towards working for the NHS. Attitudes are somewhat above average, intention well above average. Race and gender equality is important to them and they are even more confident than most other subgroups that the NHS will provide it. They are also somewhat above the sample average on identification with the NHS, approval of other people, a sense of guilt if they don't work for the NHS, and confidence that they can get an NHS job. On the other hand they also anticipate slightly more difficulty in getting an NHS job than most other groups (though still not very much).

In terms of correlations with attitude and intention toward working for the NHS, this subgroup was somewhat different from the sample norm in certain respects. Most notably, whereas high personal importance of equality was associated with positive attitudes and intentions amongst the whole sample, the reverse was true for those on access courses. In other words, those on access courses who ascribed the highest importance of equality issues were somewhat less likely than others to have positive attitudes and intentions concerning working for the NHS. The perceived barriers presented by the qualification process also seemed to be more important than for most other subgroups. So was the extent to which they felt confident they could get an NHS job as a qualified nurse, physiotherapist or radiographer. In contrast, the 'guilt factor' seemed to have less impact on attitudes and intentions for this subgroup than the others.

Regarding individual items on the questionnaire, people on access courses were different

from all or nearly all the other subgroups in that they felt more at home in the NHS, more family pride in them if they entered the NHS; more planning to work for the NHS; more positive attitude to the NHS; a stronger perception of long working hours, and higher importance of gender equality and being part of a team. They were less likely to think NHS work was low paid or that lack of flexible hours was a barrier.

In summary, students on access courses to healthcare professions are a promising source of recruits to the NHS, especially if their confidence that they can get through the qualification process and then get a job is maintained during their course.

14.4 Students in Higher Education (General)

This is another subgroup for which the mean attitude and intention scores are above those for the sample as a whole. Attitude was the same as those on the Access courses, and intention was somewhat lower, but still higher than for the school/college pupils. Perceptions of both positive and negative features of NHS work were higher than average, and the importance of equality was the highest of all groups whereas importance of avoiding high pressure and long hours was almost the lowest. Opinions of others concerning working for the NHS were seen as more positive than by most other subgroups, and interestingly the sense of guilt associated with *not* working for the NHS was higher than in all other groups (but still not very high).

Most correlations with attitude and intention were fairly well in line with those for the sample as a whole. However, the personal importance of equality and of avoiding pressure/hours was less closely connected to attitude and intention than for the sample as a whole. Conversely, perceptions of whether equality is actually a characteristic of NHS work appeared to be more important in influencing attitude and intention in this subgroup than for the sample as a whole.

This subgroup was amongst the most likely to think that working for the NHS as a qualified nurse or AHP was wise and good. On the other hand they were also the most likely to have a positive attitude to working in their alternative career and least likely to say they were a strong believer in the principles of the NHS. They were also highly likely to see NHS work as involving long hours, but then again they attached lower importance than other subgroups to avoiding long or unsociable hours.

In conclusion, this group also looks a quite attractive recruitment prospect for the NHS. Like the school/college youngsters, there may be a touch of youthful naivety about how they would handle pressure, but most perceptions are fairly positive and the perceived barriers are not great.

14.5 Students in Training

This group had the highest mean score on intention to work for the NHS, higher even than the 'In NHS and qualified' group (see Section 14.6 below). However, this was not quite matched by attitude, which was quite positive, but no more so than for the sample as a whole, and less positive than the three subgroups discussed so far. They were around the average on perceptions of NHS work and the personal importance variables. Not surprisingly, though, qualifications and training were perceived as much less of a barrier than by most other subgroups. Identification with the NHS was a little below the whole sample mean, and moral obligation somewhat higher (but still less than Access and HE students). They were quite confident of getting an NHS job, though no more so than some other subgroups which were further away from qualification than they were. They anticipated little difficulty in getting an NHS job.

As was the case with most other subgroups, perceptions of positive work features in the NHS were strongly associated with attitude and intention. Personal importance of avoiding high pressure and hours was a less strong correlate of attitude and intention than for some other groups. Extent of identification with the NHS was more strongly correlated with intention than in any other group, whilst the opinions of others were slightly less so than in the sample as a whole.

Analysis of responses to individual questions indicated that career issues tended to stand out for the students in training a little more than for the other subgroups. They were more likely to say that good promotion prospects were important, and that lack of them was a barrier. On the other hand, as already implied, they also reported more than any other subgroup that they planned, intended, and were likely to work for the NHS. They were also least likely to indicate that they intended to work in an alternative career, or to feel at home in it.

Overall the students in training do not appear to be disillusioned to any great extent. Their attitudes are perhaps a little less positive than one might hope, but conversely one might argue that they show a healthy realism in comparison with some other groups already discussed, who may have been a little unrealistically positive.

14.6 NHS Assistants

This group had virtually the same mean attitude score as the students in training, i.e. quite positive. But in spite of this their intention to work for the NHS as a qualified nurse, physiotherapist or radiographer was much weaker than any of the other subgroups discussed so far, and barely above the neutral point on the response scale. Their perceptions of NHS work were also on the positive side of average - and more positive than all other subgroups which had current or recent experience of working in the NHS. Their identification with the NHS was quite strong, and they perceived family and friends to be quite supportive of the idea of them working for the NHS as a qualified member of staff. Their confidence in their ability to get an NHS job as a qualified member of staff was somewhat lower than most other subgroups (but still quite high), and they perceived a greater than average element of difficulty in getting an NHS job (but still not very much). Perhaps unsurprisingly, they perceived obtaining the necessary qualifications and training as more of a barrier than any other subgroup.

For the NHS assistants, perceptions of positive work features were the strongest correlate of attitude toward working for the NHS as a qualified nurse, physiotherapist or radiographer. However, this was not the case regarding intention. Perception of positive work features was still a significant predictor of intention but not as much as Identification with the NHS, confidence in getting an NHS job and sense of moral obligation. Also, the extent to which the qualification and training process was seen as a barrier mattered more for both attitude and intention than it did for some other subgroups.

Predictably, some of the individual questionnaire items where the NHS assistants differed from all or nearly all other subgroups concerned qualification. They tended to see their lack of present qualifications, and the time and cost of training, as barriers to a greater extent than other subgroups. The same was true of the negative media image of the NHS. On the other hand, the NHS assistants were more positive than others about the extent to which working as

a qualified member of staff involved getting to know patients (this was also important to them) and freedom to choose work hours. They also placed high importance on teamwork and saw relatively few problems regarding abusive patients.

Thus in sort NHS assistants seemed favourably disposed toward the NHS, but did not on the whole intend to get qualified in nursing, physiotherapy or radiography and work for the NHS as a qualified staff member. Perceived difficulties regarding getting qualified seem to have been the main reasons for this.

14.7 In the NHS and Qualified

The mean attitude score for this subgroup was slightly less positive than for the sample as a whole, though still moderately positive in absolute terms. The intention score (for this subgroup it meant intention to *continue* working for the NHS as a qualified member of staff) was higher than all other subgroups except students in training. The NHS and Qualified subgroup perceived less positive work features and less equality than most other groups, but *not* more pressure and long hours. This is perhaps just as well, because avoiding pressure and long hours was more important to them than to any other subgroup. On the other hand, the importance attached to having positive work features and seeing equality at work were somewhat lower than most other groups (though the former was still 6 on a 1-7 scale and therefore very important). This subgroup tended to identify fairly strongly with the NHS and were confident of their ability to get a job in it. Interestingly, although already qualified, their ratings of qualification and training issues as a barrier were greater than most other subgroups (though still not very great). Also, job characteristics were seen as a barrier to a greater extent than by most other subgroups.

Looking at individual items on the questionnaire, the profile of this subgroup on the items concerning importance is very distinctive. They were at the high or low extreme of the distribution of mean responses on no less than ten of the 17 items. It was more important to this subgroup than others to avoid unsociable and long hours and abusive patients, to be able to choose their working hours, to have variety in their work, and to avoid low pay. It was less important to this subgroup than others to get to know patients and work as part of a team, and experience gender equality - and on the whole this subgroup was also distinctive in perceiving NHS work to involve rather less teamwork and equality than did other subgroups.

They also thought working for the NHS involved less long hours than other subgroups. So although in some ways this looks a rather hard-nosed and cynical subgroup, in some respects they seem well-adapted to what they see as their work environment.

As usual, perception of positive work features were strongly positively correlated with both attitude and intention. But the tendency amongst the sample as a whole for people for whom avoiding pressure/hours was important to have less positive attitudes and intentions was not the case in this subgroup. Guilt/moral obligation was a less strong correlate of attitude and intention than in most other subgroups, whereas the reverse was true for confidence that they could get an NHS job.

14.8 Qualified Agency Staff

This group had mean attitude and intention scores that were well below those for the sample as a whole. This is probably not surprising given the fact that by and large they have chosen not to work *for* the NHS, though many work *in* it. This subgroup perceived less positive work features than most others. They placed less importance on ethnic and gender equality, and more on avoiding high pressure and long hours. They had very high confidence of getting an NHS job if they wanted it, but the nature of the work did seem to be a significant barrier, and opinions of friends and family appeared to be less positive than in all but one of the other subgroups.

Responses to some of the individual questions highlight the unique profile of agency staff. They perceived lack of qualifications, time required to train and a lack of refresher courses as less of a barrier than all or nearly all other subgroups, and also reported less difficulty and more confidence about getting an NHS job than other subgroups. All this is not especially surprising given that some agency staff are working in NHS settings day by day. It suggests that they might be prime targets for persuading into NHS employment contracts. On the other hand, it is also clear that agency staff more than other subgroups perceived working for the NHS to mean understaffing and low pay. Furthermore, they assigned high importance to not working for low pay. They thought working for the NHS offered a secure job but they perceived job security as being less important than other subgroups. They saw working for the NHS as less wise, less satisfying and less approved of by family and friends than other subgroups.

The pattern of correlates of attitude and intention quite closely matched that for the sample as a whole, except that perception of positive work features appeared to bolster attitude and intention, and the perception of poor job characteristics as a barrier tended to undermine them.

All in all, then, it looks as if winning back agency staff is likely to be a difficult task. Accomplishing it may well depend upon convincing them that NHS jobs offer opportunities to have job satisfaction, a rewarding career and substantial supportive contact with patients.

14.9 Qualified Independent Sector Staff

Not surprisingly, this subgroup reported quite high confidence that they could land a job working for the NHS as a qualified nurse, physiotherapist or radiographer if they wanted one. But they didn't want one. Both their attitude and intention mean scores were easily the lowest of all the subgroups. In both cases they were below the midpoint of the available scale, which means that they had (on balance) a negative attitude, and that they did *not* intend to work for the NHS. Reasons for their negativity probably revolve around the following five points. First, although still broadly agreeing that working for the NHS had some positive features, they were the least convinced of all the subgroups about that. Second, and following on from that, they perceived job characteristics as a greater barrier than did any other subgroup. Third, they placed relatively high importance on avoiding high pressure and long hours (though no more than qualified staff currently working in the NHS). Fourth, they reported that the opinions of other people about them working for the NHS were more negative than any other subgroup. Finally, they emphatically did *not* feel a sense of guilt about not working for the NHS.

In most respects, this subgroup's responses showed similar correlations with intention and attitude to those of other subgroups. For example, perceived positive work features in NHS work were strongly positively correlated with both attitude and intention. However, there were some exceptions to the pattern. The personal importance of avoiding pressure and long hours was virtually uncorrelated with both attitude and intention, unlike in the sample as a whole where high importance tended to go along with less positive attitude and intention. However, this does not mean that the degree of importance attached to avoiding high

pressure and long hours by the independent sector workers does not matter. Given that this factor was important to the subgroup as a whole, then it may have had a consistent impact on the attitude and intention of each subgroup member. Because of its consistency, this impact would not be detected by correlation.

Not surprisingly, responses to many individual questions highlight this subgroups consistent negativity towards working for the NHS. They scored lower than all or nearly all other subgroups on all the individual items in the attitude and intention scales. They saw working for the NHS as being less satisfying and rewarding, involving less freedom to choose hours, less team work, less helping and getting to know patients and promotion opportunities than other subgroups. Understaffing and a lack of flexible hours were seen as barriers to a greater extent than by other groups, and avoiding these things was viewed as important. The training and qualification barriers were seen as less of an issue than by other subgroups of respondents, but this fell a long way short of offsetting the other more negative perceptions.

The other difference between this subgroup and most others was the positive correlation between the qualification and training barrier and intention. In other words, the more the independent sector staff thought qualification and training was a barrier, the more they intended to work for the NHS. There is no obvious interpretation for this finding. However, it might mean that the respondents interpreted the question as whether they would find qualification a barrier if they had not already overcome it. Feeling that it was indeed a barrier might have reminded them that they themselves had invested a lot and that the NHS was ready and waiting to hear from them.

14.10 Qualified Others

These were people who were qualified in nursing or an AHP and who were currently working in any other occupation outside the health sector, or no occupation at all. Their attitude and intention were also relatively negative, though less so than the independent sector staff. The same was true for their perception of positive work features. They tended to have rather less positive views of equality issues and pressure/hours in the NHS than most other subgroups, and like several other qualified subgroups they also attached quite high importance to avoiding high pressure and long hours. Perceived job characteristics were more of a barrier for them than for most other subgroups. They anticipated moderate difficulty in getting an

NHS job - in fact more than any other group. They also had less confidence in their ability to secure an NHS job than any other subgroup.

Responses to individual items suggested strongly that those in this group who specified an alternative career (about 60%) would be hard to prise away from it. Their responses to all five questions about the alternative career were more positive (about that alternative career) than was the case for other subgroups of respondents. And although they believed in the NHS, they felt it would be difficult to get a job working for it and saw a lack of refresher courses as more of a barrier than other subgroups. Like the qualified independent sector subgroup, this one scored low on the individual intention questions. To a greater extent than other respondents, they felt that working for the NHS would mean unsociable hours and difficult patients. They were less certain than others about gender equality in the NHS. It was relatively important to them to avoid abusive patients and high pressure, to work as part of a team, and to have a say in choosing sociable working hours.

As with all other subgroups, the extent to which qualified others perceived NHS work to be characterised by Positive Work Features was a strong correlate of both attitude and intention. Intention also appeared to be strongly affected by the extent to which obtaining necessary qualifications and training was seen as a barrier. The more this was seen as a barrier, the less the intention to work for the NHS as a qualified nurse, physiotherapist or radiographer. Also, intention was more strongly affected by the degree of confidence that they could get an NHS job than was the case for most other subgroups. Clearly, then, the fact that these people are already qualified in nursing, physiotherapy or radiography does not necessarily mean that they feel they can walk into an NHS job if they want one.

14.11 Unqualified Others

This large group consists of people not qualified in nursing, physiotherapy or radiography, and engaged in a variety of types of paid work or none.

Their attitude towards working for the NHS was positive - in fact more positive than any other group. Their intention was however less clearly positive, though more so than the other subgroups who were qualified but not working for the NHS. They were very optimistic about the extent to which working for the NHS would provide Positive Work Features and

Equality. They thought that NHS work would involve quite a lot of pressure and long hours (though no more than most other subgroups), but they attached less importance to this than any other subgroup. The nature of the work was less of a barrier for them than qualification and training. They identified with the NHS and felt that friends and family would approve of them working for the NHS to a greater extent than almost any other subgroup. They felt fairly confident they could get an NHS job, though they also perceived a moderate amount of difficulty in doing so.

Responses to some of the individual questions highlight just how different this subgroup is from the qualified others. To a greater extent than all or nearly all other subgroups, they saw working for the NHS as enjoyable and good, involving job satisfaction, a rewarding career, gender and race equality. Low pay was less of an issue for this subgroup than most others. They thought working for the NHS would involve unsociable hours, but in general attached relatively low importance to issues of work hours and pressure, and saw understaffing, lack of family consideration and lack of occupational benefits as less of a barrier than did other subgroups. More than other subgroups, they felt their family and friends would be proud of them if they worked for the NHS as a qualified nurse, physiotherapist or radiographer. They also reported less family approval for any alternative career they might have in mind. More than most other subgroups, they did however see qualification and training issues as significant barriers.

Yet again, perception of the Positive Work Features of NHS work was quite highly correlated with both attitude and intention, though somewhat less so than for most other subgroups. This subgroup also differed from most others in that the extent to which qualification and training was seen as a barrier was also a strong correlate of attitude and (especially) intention. In other words, for this subgroup, if the qualification process was seen as a barrier, this significantly undermined their intention to work for the NHS.

14.12 Clustering the Ten Subgroups

A cluster analysis was performed in order to check which subgroups tended to be more and less similar to each other in terms of their scores on the perceptual and attitudinal variables discussed in section 14. Across the full set of variables shown in Table 14.1, the following 5 clusters emerged:

1. *The optimistic outsiders* - school/college; HE (general) Access courses; Unqualified others. These people on the whole had positive attitudes, intentions and perceptions regarding working for the NHS.
2. *The realistic insiders* - students in training and qualified staff in the NHS. These people were on the whole moderately positive towards the NHS, with high intention to work in it but less positive attitudes and perceptions of NHS work than the first cluster.
3. *NHS Assistants* - these people saw working for the NHS in a fairly positive light but their intention to work in it as a qualified nurse, physiotherapist or radiographer was held back by perceived difficulties in getting qualified and lack of confidence in their ability to get an NHS job as a qualified member of staff.
4. *Qualified Others* - this subgroup was quite negative about the nature of NHS work. They differed from the next cluster in that they reported more approval from family and friends for working for the NHS, and more concerns about training/qualifications and their ability to get an NHS job.
5. *Disillusioned outsiders* - the Qualified Agency staff and Qualified independent sector staff. This cluster was on the whole the most negative about the NHS especially concerning the nature of the work. They felt confident they could get an NHS job of they wanted to. But on the whole they did not want to. One important difference between the two subgroups however was that the agency staff reported considerably higher intention to work for the NHS, though still not very high.

14.13 Key Conclusions

27. Qualified staff working in the independent health sector were the *least* likely to (return to) working for the NHS as a qualified member of staff.
28. Qualified staff working in other occupations (or none) and qualified agency staff were also quite unlikely to seek to work for the NHS.

29. The students in training had the strongest intention to work for the NHS, though their attitude towards doing so was only about as positive as the sample average.
30. Qualified staff working for the NHS generally intended to continue, but their attitude was slightly less positive than most of the other groups.
31. Unqualified others had the most positive attitude towards working for the NHS as a nurse, physiotherapist or radiographer. But this did not fully translate into intention, partly because of perceived difficulties of getting qualified.
32. Students on health-related Access courses showed positive attitudes and intentions. Nurturing them should help recruitment.
33. NHS assistants have fairly positive attitudes and perceptions concerning working for the NHS, as a qualified member of staff. But their intention to do so is not particularly strong, partly due to doubting their ability to get qualified.
34. Students in higher education, and to a lesser extent school/college, have positive views, possibly rather naively so, in the sense that they may underestimate the impact on them of work pressures.
35. Doubts about ability to obtain appropriate qualifications, training and an NHS job are generally not great, but to the extent that they do exist, they are *not* confined to the unqualified subgroups of respondents.
36. In general, people who are qualified and/or have experience of NHS work are less positive about it than those who are unqualified/inexperienced.

Qualified staff working for the NHS had similar values to other qualified staff, but tended to perceive more positive work features, more approval from family and friends for working for the NHS, and more guilt if they did not.

15 Other Analyses of Stage Two Data

15.1 Introduction

It was felt important to determine whether findings differed systematically according to which profession (nursing, physiotherapy or radiography), gender, ethnicity, region or childcare responsibility respondents were referring to when they completed the questionnaire. Differences could have important implications for practical attempts to attract people into, or back into, NHS nursing, physiotherapy or radiography.

15.2 Comparisons Between Professions of Interest

Analyses of covariance were conducted in order to compare the three professions on each of the fifteen attitudinal and perceptual variables shown in Table 15.1. A key number of variables were used as controls in order to maximise the probability that any apparent between-profession differences were not really due to other factors. The control variables were ethnic affiliation, marital status, responsibility for children, prior NHS work experience, family or friends working in NHS, already qualified in nursing or an AHP, age, and gender.

Table 15.1 shows the results where there were statistically significant differences between professions. The figures shown in the table are estimated marginal means. This is a notional mean score for each profession of interest, holding constant scores on the control variables. In most cases these were very similar to the observed mean scores for each profession of interest, without statistical adjustment.

Table 15-1: Estimated Marginal Means for Each Profession of Interest Where there were Significant Differences

	Nursing	Physiotherapy	Radiography
Attitude	5.32	4.99	5.07
Intention	5.24	4.70	4.83
Other People's Opinions	5.49	4.75	4.94
Perceived Positive Work Features	6.04	5.91	5.69
Importance of Positive Work Features	6.37	6.29	5.99
Importance of Equality	5.50	5.16	5.08
Perceived Pressure/Hours	5.64	4.98	5.66
Importance of Avoiding Pressure/Hours	4.65	4.99	4.80
Difficult to get NHS job	2.75	2.37	2.22

It can be seen that the professions differed on nine of the 15 variables. Respondents who were interested in nursing had somewhat more positive attitudes and intentions than those interested in an AHP. The nursing respondents also reported considerably more support from other people for their interest than the others, and they attached somewhat more importance to equality issues. The nursing respondents also anticipated somewhat more difficulty in getting an NHS job than the others, though still not very much.

Taken as a whole, the findings shown in Table 15.1 suggest that nursing tends to be seen somewhat differently from the two AHPs, but there are nevertheless also some differences between physiotherapy and radiography. It seems that physiotherapy is seen as having considerably less pressure and long hours than either nursing or radiography. In line with that, those who completed the questionnaire with physiotherapy in mind were somewhat more concerned to avoid pressure and long hours than were other respondents. A rather similar pattern was observed for radiography concerning positive work features. The radiography respondents saw fewer positive features of the work than the nursing and physiotherapy respondents, and they also attached somewhat less importance to those features.

Regression analyses were conducted in order to see whether the predictors of attitude and intention were different for nursing vs AHPs. Physiotherapy and radiography were combined because numbers of respondents in each, especially radiography, were too low for the number of predictor variables being tested. The results are shown in Table 15.2, and are in a form directly comparable with Table 13.6, which concerns the sample as a whole. It can be seen that, with some significant nuances, the results were similar for nursing and the AHPs. The strong association of positive work features (perceived) with both attitude and intention was clear for both sub samples. The extent to which respondents reported that they would feel guilty if they did not work for the NHS was associated with attitude and intention in both sub samples. All of these findings are in line with those shown in Table 13.6 - in other words, those findings apply to both nursing and the AHPs.

The nuances suggest that the opinions of others are slightly more influential over attitude and intention for AHP respondents than for nursing ones. Also, Positive Work Features are about equally associated with attitude and intention for the nursing respondents, but much more

strongly with attitude than intention amongst the AHP respondents.

Table 15-2: Results of Regression Analyses for Predictors of Attitude and Intention

	Nursing		Allied Health Profession	
	Attitude (N=453)	Intention (N=502)	Attitude (N=336)	Intention (N=340)
Positive Work Features (perceived)	.30***	.28***	.41***	.21***
Equality (perceived)	.01	-.02	-.02	-.06
Pressure/Hours (perceived)	-.08*	-.02	-.11**	-.05
Positive Work Features (importance)	-.01	.00	.00	-.02
Equality (importance)	.10*	.07	.06	.10*
Pressure/Hours (importance of avoiding)	-.10*	.06	.01	.02
Job Characteristics barrier	-.10	.05	-.14**	-.06
Qualification and Training barrier	-.04	-.25***	.07	-.05
Identification with NHS	.15**	.07	.12*	.01
Opinions of others	.08*	.08*	.13**	.13*
Confident of getting NHS job	.06	.09	.15**	.13*
Difficult to get NHS job	-.04	-.11**	.02	-.12*
Guilty if don't work for NHS	.04	.13**	.06	.18**
Age	.02	-.22***	.06	-.29***
Responsibility for children	-.01	-.03	.03	.00
Already qualified	-.13**	-.08	-.22***	-.10
Ethnic minority	.05	.10**	-.01	-.01
NHS work experience	-.05	.13**	.02	.13*
Gender	-.01	-.04	-.01	.03
Marital status	.00	.10*	-.09	-.14*
Family in profession	-.04	.02	-.01	.08
Friends in profession	.02	.08*	.06	-.01
Interested in physiotherapy or radiography	-	-	.09*	.05

@ coded physiotherapy = 1, radiography = 2

Note: Figures shown are beta weights

*** = statistically significant at $p < .001$

** = statistically significant at $p < .01$

* = statistically significant at $p < .05$

Perhaps the most notable difference is that the qualification and training barrier appeared to undermine intention more for those interested in nursing than for those interested in the AHPs. This was of course after factors like whether the respondent was already qualified had been statistically controlled, so cannot be attributed to the fact that a lower proportion of nursing respondents than AHP ones was already qualified. People who were single as opposed to married or cohabiting tended to show stronger intention to work for the NHS as an AHP, whereas the reverse was true for nursing, and for nursing (but not in the AHPs) people from ethnic minorities showed slightly higher intention than white people to work for the NHS.

This subsection of the report has concentrated on statistically significant differences between professions of interest using statistical controls. Some additional basic data are shown in Appendix C. These show the mean scores for each of the professions of interest in respect of: (a) what respondents thought working for the NHS would be like; (b) what respondents considered important to them regarding working in the NHS; (c) what might act as barriers to working for the NHS.

15.3 Comparison between Male and Female

Respondents

Especially given the numerical dominance of women over men in the caring and helping professions, it was considered useful to see whether male and female respondents differed in their perspectives. Any differences might help to target NHS employment publicity at men more effectively. As with comparisons between professions (see previous section), a number of control variables were included in the analysis to ensure that any differences observed were indeed due to gender and not other factors that happened to be associated with gender in this sample. The control variables were the same as those used in the comparison between profession of interest, with two exceptions. The first is that, obviously, gender was taken out of the list of control variables. The second is that another variable, nursing vs AHP as profession of interest, was added.

Results for variables where male and female responses differed significantly are shown in Table 15.3

Table 15-3: Estimated Marginal Means for Females and Males where the Two Genders Differed Significantly

	Female	Male
Importance of Positive Work Features	6.32	6.11
Importance of Equality	5.40	5.02
Importance of Avoiding Pressure/Hours	4.85	4.22
Job Characteristics Barrier	4.29	3.97

Only 4 of the 15 variables showed statistically significant differences between the two sexes. None of these concerned perceptions of what working for the NHS was like. All three of the ‘importance’ factors were more important for women than for men, though for each gender the rank order was the same: positive work features most important, equality second, and

avoiding pressure and long hours third. Consistent with the higher importance they ascribed to positive work features, women were more likely than men to see job characteristics as a barrier to working for the NHS as a nurse, physiotherapist or radiographer.

Perhaps surprisingly, there seemed to be no tendency for men to see pay issues as more significant than women. In spite of the fairly frequent references by respondents in Stage 1 of this project to nursing and AHPs failing to provide an income high enough to attract a ‘bread-winning’ man, there was no discernible tendency for men to rate the importance of pay higher than women, nor to see low pay as more of a barrier.

15.4 Comparison between Ethnic Groups

As noted earlier, the proportion of ethnic minority respondents was relatively small. It was therefore necessary to combine all groups who were not white British or white Irish into one ‘any other ethnic affiliation’ group. This group accounted for 8 percent of the total respondent sample size. Again, analyses of covariance were conducted using the same range of control variables, plus another - whether or not the respondent lived in London. This was because examination of our data revealed that a much lower proportion of white respondents than others lived in London as shown in Table 15.4. So if the ‘London factor’ was ignored, there was a danger of falsely concluding that there was a difference between ethnic groups when actually it was due to location.

Table 15-4: Proportion of Respondents Living in London by Ethnic Group Compared to Total Sample

	London Sample		Whole Sample across England and Wales	
	Freq	Percent	Freq	Percent
White	85	62.1	1029	91.5
Any other ethnic affiliation	51	37.2	90	8.0
Missing	1	0.7	6	0.5
Total	137	100.0	1125	100.0

Table 15.5 shows the estimated marginal mean scores for white people vs any other ethnic affiliation on all variables where there was a statistically significant difference. It can be seen that, amongst this sample of 1100 people who had already shown some kind of interest in working for the NHS as a nurse or AHP, people from non-white ethnic groups tended to be more positive than white British or Irish. Their intention scores were much higher. They felt

a greater sense of moral obligation. They perceived less pressure and long hours than whites, though the nature of the job characteristics was more of a barrier. Perhaps not surprisingly, the non-white group was more concerned about equality issues than the whites.

Table 15-5: Estimated Marginal Means for Whites and Other Ethnic Groups Where They Differed Significantly

	White	Any other Ethnic Affiliation
Intention	4.98	5.67
Importance of Equality	5.31	5.87
Perceived Pressure/Hours	5.45	5.16
Job Characteristics Barrier	4.23	4.63
Feel Guilty if don't work for NHS	3.34	4.03

These findings rather contradict some other studies which suggest that people from ethnic minorities are not attracted to the NHS. They are however consistent with the general tendency of the statistical findings in this project to show either no difference or a slight advantage for ethnic minorities. Part of the reason for the findings in this project may be that these are people who have already shown some kind of interest in working for the NHS. If, in the population as a whole, people of ethnic minority affiliation tend to be less enthusiastic than whites, this may manifest itself in needing to see more positive features of the NHS than whites before they are prepared to consider positive steps. However, it is also acknowledged that the actual numbers of respondents from non-white groups in this study is relatively low and therefore these conclusions should be treated with some caution.

15.5 Comparisons between Regions

Another set of analyses of covariance was conducted to test for differences between respondents living in different areas of England and Wales. Again, the usual other variables were controlled for. The magnitude and nature of differences between regions on the usual 15 variables were investigated, plus some extra individual items concerning pay, which might be expected to be a particular problem in London and the south-east. Table 15.6 shows the findings.

Some statistically significant differences between regions were evident, although they were not always easy to interpret. There were only a small number of respondents (26) from Wales, but they seemed to have a considerably more positive outlook towards the NHS than all other respondents. For some reason, respondents from the East of England attached

Table 15-6: Estimated Marginal Means for People Living in Different Regions Where they Differed Significantly

	North-West England	Yorkshire and Humberside	East Midlands	London	South- East England	North- East England	West Midlands	East England	South- West England	Wales
Attitude	5.26	5.31	5.10	4.92	4.94	5.30	5.10	5.23	4.96	5.81
Identify with NHS	5.58	5.47	5.31	5.36	5.29	5.45	5.23	5.59	5.22	6.05
Importance of Positive Work Features	6.38	6.36	6.22	6.30	6.22	6.34	6.28	5.86	6.33	6.60
Perceived Equality	6.18	5.92	5.82	6.04	5.80	6.27	5.86	5.74	5.91	6.09
Job Characteristics barrier	4.13	4.14	4.36	4.38	4.42	4.17	4.37	4.00	4.37	3.48
<i>Individual items investigated in relation to location:</i>										
Perceived working for low pay	4.68	4.79	4.94	5.25	5.37	4.73	5.13	4.60	4.79	4.13
Level of pay barrier	4.53	4.48	4.67	5.03	4.96	4.52	4.68	4.07	4.69	3.66
Importance of not working for low pay	5.69	5.28	5.20	5.35	5.30	5.09	5.19	4.94	5.02	4.53

somewhat less importance than others to positive work features. There was indeed a tendency for pay issues to be somewhat more salient to respondents from London and the south-east than elsewhere, but this was not especially strong, and respondents from the north-west of England gave higher importance than any other region to not working for low pay.

15.6 Comparisons between People with Different Levels of Childcare Responsibility

Some analyses reported earlier included whether or not respondents were responsible for childcare as a predictor variable. Some further analyses were conducted here in order to get a clearer picture. Respondents were asked to indicate whether or not they were responsible for children in each of the following age groups: 0-4; 5-10; 11-16 and 16-18 as shown in Table 15.7. Instead of (as in earlier analyses) simply using children vs no children as the key distinction, in these analyses we coded childcare responsibilities as follows in order to try to reflect the likely commitment required on the part of the carer.

Table 15-7: Coding of Childcare Responsibilities

None	0	(N=648)
Either 11-16 or 16-18 (not both)	1	(N=64)
Either (0-4 or 5-11) or 11-15 and 16-18	2	(N=191)
(0-4 or 5-11) and (11-16 or 11-18)	3	(N=59)
0-4 and 5-11, or more	4	(N=71)

The analyses of covariance (again using the range of control variables) indicated a complete absence of statistically significant differences between these five groups on the ‘standard set’ of 15 variables. However, further analysis on individual questions concerning family and childcare issues told a different story. This is shown in Table 15.8. On the whole it looks as if the main difference is between having responsibility for no children and having responsibility for some: the different levels of responsibility did not seem to have much impact. But the differences in scores between those who had children and those who did not were relatively modest, even though statistically significant. What is perhaps more surprising is that childcare

responsibilities seemed to be unconnected with most variables including attitude and intention. The childcare issue is significant, but seems to be confined to concerns about sociable and flexible working hours that are under personal control, and does not have a more pervasive effect.

Table 15-8: Estimated Marginal Means for Respondents with Different Levels of Childcare Responsibility

	None	1	2	3	4
Lack of consideration for family commitments (barrier question)	4.34	5.00	5.12	5.18	5.28
Lack of flexible working hours (barrier question)	4.35	4.62	4.74	4.51	5.00
Importance of being able to choose working hours	4.43	4.89	5.27	5.08	5.04
Importance of not having to work unsociable hours	4.28	4.61	4.74	4.60	4.08

15.7 Key Conclusions

37. Respondents who completed the questionnaire with nursing as their profession of interest had more positive attitude and (especially) intention to work for the NHS than those with physiotherapy or radiography as their profession of interest. They also attached greater importance to equality and reported more approval from friends and family.
38. Respondents who completed the questionnaire with physiotherapy in mind perceived much less pressure and long hours in NHS work than those who had nursing or radiography in mind. They also attached somewhat greater importance to avoiding pressure and hours.
39. Those who completed the questionnaire with radiography as their profession of interest perceived fewer positive features of NHS work than those with nursing or physiotherapy in mind. They also attached slightly less importance to those positive work features.
40. In most respects, the predictors of attitude and intention were similar for respondents describing nursing and those describing an allied health profession. However, the opinions of others and confidence of getting an NHS job seemed slightly stronger predictors of attitude and intention for AHP

respondents than nursing ones. The qualification and training barrier appeared to undermine intention more strongly for nursing respondents than for AHP respondents.

41. There were relatively few differences between men and women respondents once other factors were controlled. But women attached more importance than men to Positive Work Features, Equality, and avoiding pressure/hours.
42. Men did not appear to be more concerned than women about NHS pay.
43. Respondents with ethnic minority affiliation reported much higher intention than whites. They also attached more importance to equality and felt more guilt about not working for the NHS.
44. Respondents from Wales, although few in number, tended to report a more positive attitude than others, and less concern about pay and other barriers associated with the nature of NHS work.
45. Respondents in London and the South-East of England tended to have more concerns than others about pay issues, but the differences between regions on this were not great.
46. Having day-to-day responsibility for childcare did not have a widespread impact on questionnaire responses. However, respondents with such responsibilities placed greater importance than others on being able to choose work hours and avoid unsociable ones. They also saw lack of flexible and family-friendly hours as more of a barrier.

The number and age of children appeared to make little difference on responses to the questions referred to in 47 above. It was the distinction between any children vs none that mattered.

16 Conclusions from Stage Two

Findings

16.1 Introduction

In this section of our report we firstly reprise the specific conclusions from Stage 2 itemised in the previous three sections. Then we examine the broader picture of how the Stage 2 findings look *vis a vis* the theory of planned behaviour. Finally we discuss our Stage 2 findings in the context of other relevant literature.

16.2 Specific Conclusions from Stage 2 Data

Listed below are all the conclusions specified in Sections 13, 14, and 15 of our report, using the same numbering.

1. Both attitude and intention concerning working for the NHS as a nurse, physiotherapist or radiographer are fairly positive in the sample as a whole.
2. Attitude appears to be one influence on intention (as one would expect), but a positive attitude by no means guarantees a positive intention. This is as predicted by the theory of planned behaviour.
3. The strongest expectations of what it would be like working for the NHS (and they are *very* strong) are working as part of a team, helping people get better, and working under a lot of pressure.
4. People tend *not* to expect freedom to choose the hours they work, or a *lack* of promotion opportunities.
5. Perceptions of NHS work as involving working as part of a team, helping people get better, getting to know patients, a rewarding career and job satisfaction are strongly connected with positive attitudes and intentions

concerning working for the NHS.

6. Even though many people see downsides of working for the NHS (such as working under a lot of pressure and understaffing) these appear *not* to undermine attitude and intention very much for the respondents as a whole.
7. Working for the NHS is mildly but not strongly perceived as being low paid, and this perception also seems *not* to undermine attitude and intention very much.
8. Job satisfaction, rewarding career, job security and helping people get better are of the very highest importance to the respondents.
9. Avoidance of high pressure, or unsociable or long hours and of abusive patients are of least importance, though still of some importance.
10. Those with stronger intention to work for the NHS tend to assign more importance than other people to positive work features and equality at work, and less importance than other people to avoiding high pressure and inconvenient hours.
11. People attached moderate importance to not working for low pay, but it was not one of the highest priorities for most of them.
12. Understaffing, family-unfriendly and inflexible working hours, and pay levels were seen as the biggest barriers to working for the NHS as a nurse, physiotherapist or radiographer. However, even these barriers were by no means universally important.
13. The understaffing and lack of flexible work hours barriers appeared to undermine attitude and intention more than most others. Perceived difficulties of the length of time required for training was negatively correlated with intention but not attitude.

14. Perceptions of lack of pay and benefits as barriers appears to undermine positive attitudes, but have much less impact on people's intentions.
15. Respondents tended to underestimate the starting pay for qualified nurses, physiotherapists and radiographers - especially nurses.
16. People on the whole identified with the NHS, and the more they did so, the more positive their attitude and intention tended to be.
17. Support from friends and family for working for the NHS was perceived to be quite strong. The amount of perceived support was also quite strongly connected to respondents' attitude and intention concerning working for the NHS.
18. On the whole, respondents believed they would be able to work for the NHS if they wanted to. The extent to which individuals felt confident about this was connected with their intention to do so.
19. Most respondents did *not* feel a strong sense of guilt or moral obligation to work for the NHS. However, those who did feel a moral obligation also tended to have more positive attitude and intention.
20. Each of the following factors is a significant predictor of positive attitude towards working for the NHS as a nurse, physiotherapist or radiographer even after all other factors have been taken into account:
 - Perceived positive work features (very strong predictor)
 - *Not* being already qualified as a nurse or AHP (moderate predictor)
 - Perceived approval of friends and family (moderate predictor)
 - A sense of identification with the NHS (moderate predictor)
 - *Not* perceiving difficult working conditions as a barrier (moderate predictor)

21. Each of the following factors is a significant predictor of a strong intention to work for the NHS as a nurse, physiotherapist or radiographer, even after all other factors have been taken into account:
 - Being younger as opposed to older (strong predictor)
 - Perceived positive work features (strong predictor)
 - A sense of guilt (moderate predictor)
 - *Not* perceiving qualification/training as a barrier (moderate predictor)
 - Having prior NHS work experience (moderate predictor)
 - Perceived approval of friends and family (moderate predictor)
 - *Not* being already qualified as a nurse or AHP (moderate predictor)
 - Being confident that one can get an NHS job (moderate predictor)
22. Further analyses using individual questions, rather than clusters of them, showed that perceptions of NHS work as (i) allowing staff to get to know patients and (ii) *not* being understaffed, were associated with stronger intention to work for it as a nurse, physiotherapist or radiographer.
23. About one-third of respondents were considering an alternative career and about one third of them were already working in it. Most of the alternative careers specified were in the realm of human welfare/development or the management of it.
24. People already qualified as a nurse or allied health professional tended to have a strong preference for their alternative career.
25. People *not* already qualified as a nurse or allied health professional tended to favour working for the NHS over their alternative career.
26. The best predictors of intention to work in an alternative career were being qualified as a nurse or AHP, and the approval of friends and family for working in the alternative career. Perceptions of NHS work seemed to have little impact over and above those two factors.

27. Qualified staff working in the independent health sector were the *least* likely to (return to) working for the NHS as a qualified member of staff.
28. Qualified staff working in other occupations (or none) and qualified agency staff were also quite unlikely to seek to work for the NHS.
29. The students in training had the strongest intention to work for the NHS, though their attitude towards doing so was only about as positive as the sample average.
30. Qualified staff working for the NHS generally intended to continue, but their attitude was slightly less positive than most of the other groups.
31. Unqualified others had the most positive attitude towards working for the NHS as a nurse, physiotherapist or radiographer. But this did not fully translate into intention, partly because of perceived difficulties of getting qualified.
32. Students on health-related Access courses showed positive attitudes and intentions. Nurturing them should help recruitment.
33. NHS assistants have fairly positive attitudes and perceptions concerning working for the NHS, as a qualified member of staff. But their intention to do so is not particularly strong, partly due to doubting their ability to get qualified.
34. Students in higher education, and to a lesser extent school/college, have positive views, possibly rather naively so, in the sense that they may underestimate the impact on them of work pressures.
35. Doubts about ability to obtain appropriate qualifications, training and an NHS job are generally not great, but to the extent that they do exist, they are *not*

- confined to the unqualified subgroups of respondents.
36. In general, people who are qualified and/or have experience of NHS work are less positive about it than those who are unqualified/inexperienced.
 37. Qualified staff working for the NHS had similar values to other qualified staff, but tended to perceive more positive work features, more approval from family and friends for working for the NHS, and more guilt if they did not.
 38. Respondents who completed the questionnaire with nursing as their profession of interest had more positive attitude and (especially) intention to work for the NHS than those with physiotherapy or radiography as their profession of interest. They also attached greater importance to equality and reported more approval from friends and family.
 39. Respondents who completed the questionnaire with physiotherapy in mind perceived much less pressure and long hours in NHS work than those who had nursing or radiography in mind. They also attached somewhat greater importance to avoiding pressure and hours.
 40. Those who completed the questionnaire with radiography as their profession of interest perceived fewer positive features of NHS work than those with nursing or physiotherapy in mind. They also attached slightly less importance to those positive work features.
 41. In most respects, the predictors of attitude and intention were similar for respondents describing nursing and those describing an allied health profession. However, the opinions of others and confidence of getting an NHS job seemed slightly stronger predictors of attitude and intention for AHP respondents than nursing ones. The qualification and training barrier appeared to undermine intention more strongly for nursing respondents than for AHP respondents.
 42. There were relatively few differences between men and women respondents

once other factors were controlled. But women attached more importance than men to Positive Work Features, Equality, and avoiding pressure/hours.

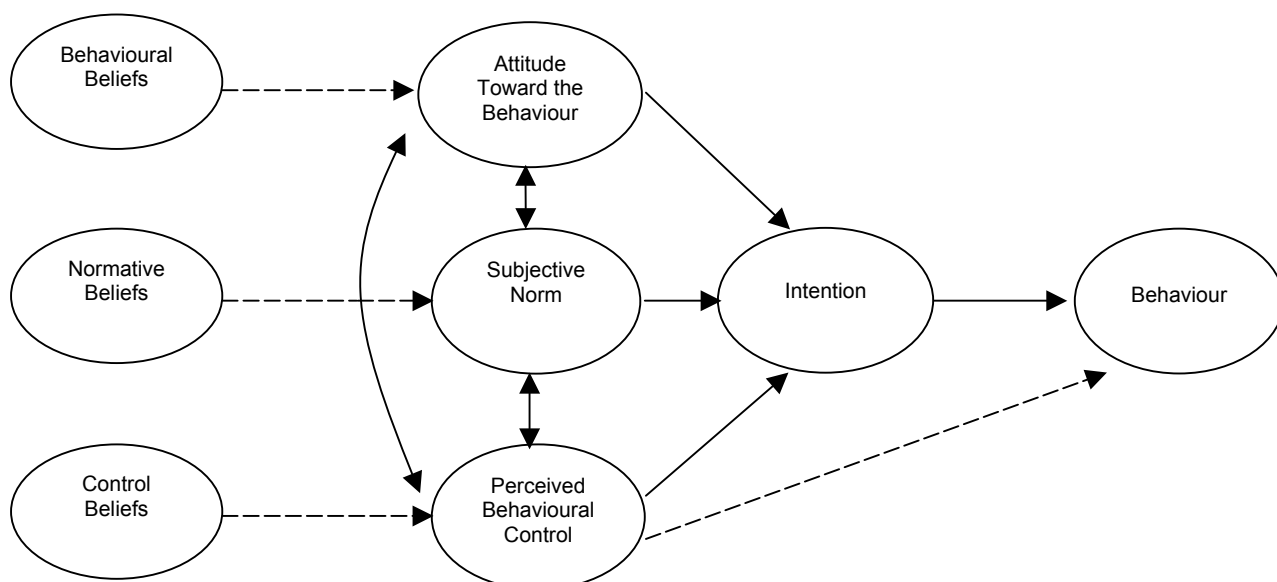
43. Men did not appear to be more concerned than women about NHS pay.
44. Respondents with ethnic minority affiliation reported much higher intention than whites. They also attached more importance to equality and felt more guilt about not working for the NHS.
45. Respondents from Wales, although few in number, tended to report a more positive attitude than others, and less concern about pay and other barriers associated with the nature of NHS work.
46. Respondents in London and the South-East of England tended to have more concerns than others about pay issues, but the differences between regions on this were not great.
47. Having day-to-day responsibility for childcare did not have a widespread impact on questionnaire responses. However, respondents with such responsibilities placed greater importance than others on being able to choose work hours and avoid unsociable ones. They also saw lack of flexible and family-friendly hours as more of a barrier.
48. The number and age of children appeared to make little difference on responses to the questions referred to in 47 above. It was the distinction between any children vs none that mattered.

16.3 The Stage 2 Findings and the Theory of Planned Behaviour

Figure 2.3 showing the theory of planned behaviour is reproduced near here as Figure 16.1 for ease of reference. It can be seen that three broad factors are hypothesised to influence intention to perform a specific behaviour. The first is attitude, which is

construed as being primarily a product of a person's beliefs about the consequences of performing the action and the importance of those consequences to him or her. The second is subjective norm, which refers to the individual's beliefs about whether or not other people who matter to them would approve of them performing the action. The impact of this is thought to depend partly on how much the person cares about what those people think. The third factor is perceived behavioural control, which refers to the extent to which a person believes it is in his or her power to perform the behaviour. Reasons why a person might not believe it is in their power could include poor self-esteem and major situational constraints.

Figure 16-1: Theory of Planned Behaviour Showing Belief Foundations for Factors Influencing Intention and Behaviour



Extensions to the theory of planned behaviour have been proposed. These include the suggestion that sense of moral obligation and personal identity consistent with the behaviour in question might also influence intention and thence behaviour (see Section 2.5.2).

Detailed testing of the theory of planned behaviour has not been the main purpose of this report. The data analyses presented in the last three sections have been designed to inform policy rather than theory. However, they (and some other analyses not shown in this report) do provide substantial support for the importance of all elements

of the theory. This has significant policy implications. The main points are:

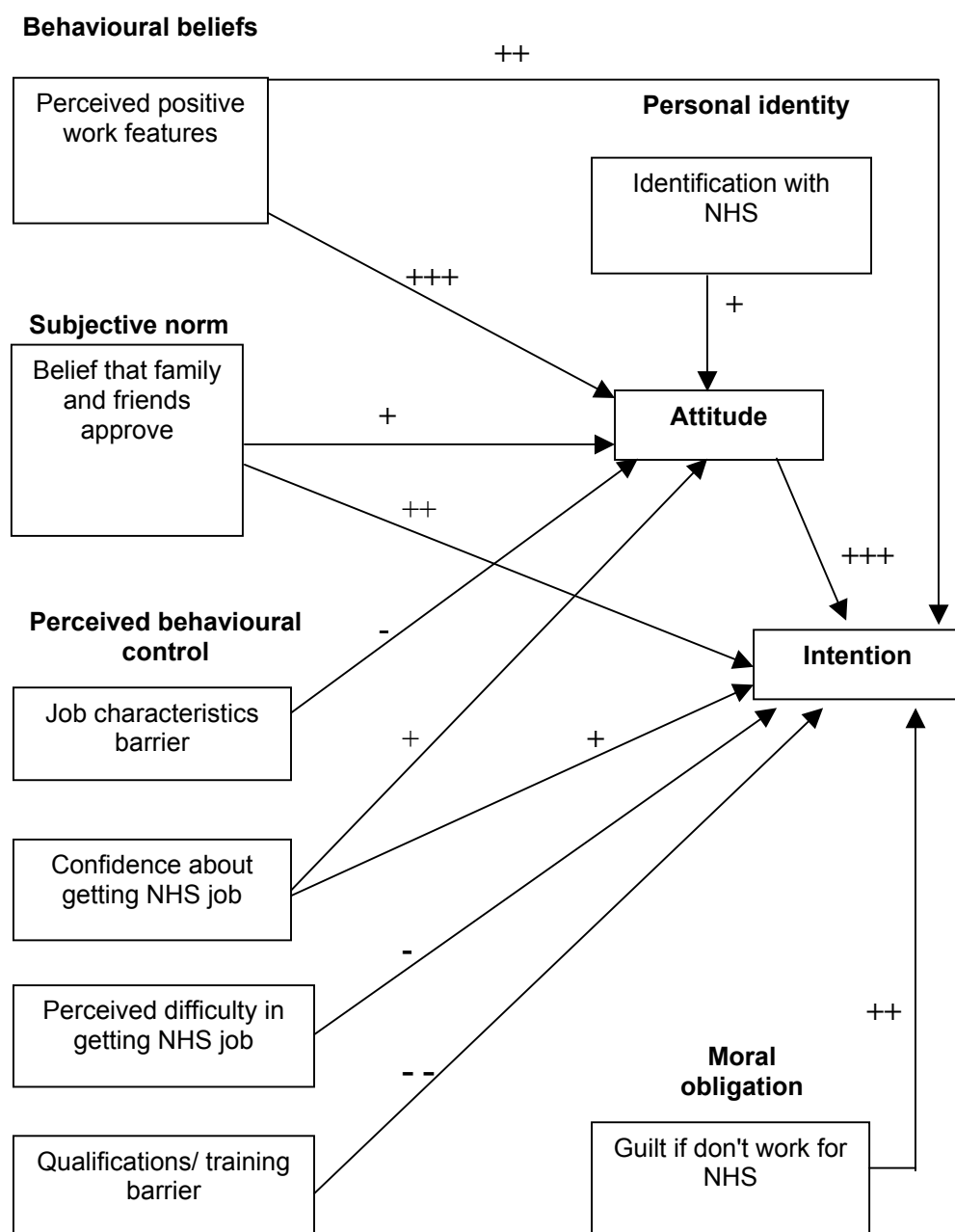
- People's attitude towards working for the NHS as a nurse, physiotherapist or radiographer is largely, though not wholly, determined by their beliefs about the consequences of doing so and the personal importance of those consequences.
- Attitude is a substantial predictor of intention, but by no means the only one.
- People's beliefs about the opinions of others seem to matter for both attitude and intention. In other words, subjective norm matters, and for intention it matters even after other factors (including attitude) have been taken into account.
- Rather counter to the theory of planned behaviour, but significantly from a practical point of view, the opinions of others appear to matter even when a person says that he or she is not influenced by them.
- Perceived behavioural control is also correlated with intention and (to a lesser extent) attitude, after other factors have been taken into account. Perceived behavioural control was assessed primarily with two questions about perceived confidence and perceived difficulty of getting an NHS job. To some extent the questions about barriers also reflect perceived behavioural control, but here personal preferences as well as real barriers were also at work. Nevertheless, it is notable that barriers concerning the job appeared to affect attitude, whilst barriers associated with the qualification and training process appeared to influence intention.
- Moral obligation, as assessed by just one question concerning the guilt a person would or would not feel if they did not work for the NHS, was quite strongly associated with intention.
- The extent to which a person identifies with the NHS is somewhat associated with attitude but not with intention once other factors are taken into account. Thus this proposed element of the extended theory of planned behaviour is not clearly supported by our data.

- Also somewhat contrary to the theory of planned behaviour, some of the perceived consequences of working for the NHS as a nurse, physiotherapist or radiographer are associated with intention over and above attitude. This conclusion is based on regression analyses predicting intention and including attitude amongst the predictors (the regressions for intention reported in Section 13 did not include attitude as a predictor because it was already clear that attitude was a powerful predictor of intention, and that identifying which specific perceptual measures best predicted intention was the key goal). Predictably given the findings reported in Section 13, perceived positive work features was most strongly associated with intention, independently of attitude.

So although further testing would be required to specify a model in detail, Figure 16.2 presents a plausible model, based on our data, of attitude and intention towards working for the NHS as a nurse, physiotherapist or radiographer.

Figure 16.2 shows that:

- The more positive a person's attitude, the stronger their intention.
- The extent to which a person believes that the behaviour of working for the NHS as a nurse, physiotherapist or radiographer will lead to them experiencing positive work features, predicts intention both indirectly (through attitude) and directly. This is overall a very strong predictor of intention.
- The extent to which a person believes that people close to them approve of them working for the NHS (i.e. subjective norm) is associated with their intention to do so. Subjective norm predicts intention less strongly than positive work features, but it too works both indirectly through attitude and directly.

Figure 16-2: Predictors of Attitude and Intention in the Context of the Theory of Planned Behaviour

Note: For the sake of clarity, potential relationships between personal identity, behavioural beliefs, subjective norm, perceived behavioural control and moral obligation are not shown.

- +++ = strong positive predictor
- ++ = moderate positive predictor
- + = weak positive predictor
- = moderate negative predictor
- = weak negative predictor

- Elements of perceived behavioural control also predict intention, and most of this prediction is direct rather than indirect through attitude. The more that people see difficulties in obtaining the necessary qualifications/training and an NHS job, the less confidence they feel about being able to get an NHS job, and the less their intention.
- A sense of moral obligation also predicts intention quite well. The more guilt people feel about the prospect of *not* working for the NHS, the more they intend to work for it.

The extent to which a person attaches his or her sense of identity to the NHS predicts a positive attitude towards working for it, but does not predict intention, once other factors have been taken into account.

16.4 Relating the Stage 2 Findings to the Existing Literature

There are two warning signals in the current findings that probably go beyond the cautions sounded by existing literature (e.g. Gulland, 2001). The first is that the ageing population profile of the UK presents even more of a problem for nurse and AHP recruitment than is sometimes thought. Not only will an older population tend to need more care, but also it seems that older people are less likely to intend to work for the NHS as a nurse or AHP, even after allowing for the possibility that older people might be more daunted by the qualification process.

The second warning signal concerns the scope available for enticing returners back to nursing and allied health professions. There has been some success in bringing qualified people back (Department of Health, 2001a). But our data suggest that those who are qualified but not working for the NHS clearly do *not* intend to return to it. This is particularly true of those working in the independent sector. The pool of qualified potential returners may therefore be smaller than it might first appear. The best hope appears to lie with agency staff, though with the advent of NHS's own 'in-house' agency it might be considered that being registered with NHS Professionals

can count as returning to the NHS.

The main reasons why qualified people not currently working for the NHS showed little intention to return seemed to revolve around their perceptions of NHS work as overly pressured, inflexible and understaffed, hence not allowing (as they saw it) appropriate standards of care for, and knowledge of their, patients. This is consistent with some other work (e.g. Alderman, 2001). However our project suggests that these factors are perceived as much more than slight irritations by qualified people not currently in the NHS. Furthermore, our data indicate that avoiding high pressure etc. is *more important* to the qualified groups than others, which presumably makes it an even greater barrier against return to the NHS. Perhaps ominously, the qualified staff currently working for the NHS also placed high importance on avoiding high pressure.

These findings also highlight the importance of simultaneous action being taken with regard to improving the retention of NHS staff. If such action is not taken to improve the expectation/reality gap, working experience and retention of qualified staff, in the long-term there is the possibility of erosion of the more positive attitudes and intentions reported by potential staff as these new recruits experience life as qualified staff. Furthermore, improved satisfaction for current staff would maximise the likelihood of them positively ‘advertising’ the NHS as an employer.

There are also some more optimistic aspects to our Stage 2 findings, from an NHS point of view. The first is that on the whole our Stage 2 respondents seemed to have positive perceptions of the extent to which working for the NHS as a nurse or AHP would offer them a rewarding career with good promotion prospects, although for some people a lack of promotion prospects did seem to be a significant barrier. On the whole, our findings about career progression seem somewhat more optimistic than the norm in the relevant literatures (e.g. Ransom, 2000), and there appear to be no major differences between the sexes in perceptions of career opportunities.

Another relatively optimistic finding from an NHS management point of view is that pay, although an issue, did not seem to be the main one. This is broadly consistent

with other research concerning nursing and the AHPs, although some of that other research (e.g. Davis, 2001) does place slightly higher emphasis on pay than our results do. Nevertheless, pay cannot be disregarded. Although pay was by no means top of people's expectations of priorities, it was nevertheless a significant barrier for some. In fact, although none of the 'barrier' questions scored especially high as general problems (see Table 13.3) the top four did stand out and collectively quite closely reflected other research.

- Working somewhere that is understaffed
- A lack of consideration for family commitments
- The level of pay I would earn
- A lack of flexible working hours

Our findings lend support to some recent reports which suggest that Access courses may be a fruitful way of attracting and nurturing enthusiastic new recruits to nursing and the AHPs in the NHS (e.g. Radcliffe, 2002). In spite of the financial and domestic problems undertaking such a course might bring (Whitmarsh, 1993), it looks as if people on Access courses have both positive attitudes and positive intentions towards working for the NHS as a nurse or allied health professional. It looks as if investment is well worthwhile to ensure that these courses are available and to support people who are taking them. It will of course also be necessary to ensure that people who successfully complete Access courses experience the pay-off of likely or certain admission to full professional training.

Our findings also add strength to the argument put forward elsewhere that healthcare assistants may be a good source of fully qualified staff (e.g. Ramprogus and O'Brien, 2002). However, although innovative routes to qualification, including NVQs and secondments, are being offered (Radcliffe, 2002), it looks from our findings as if healthcare assistants do need a lot of material and psychological encouragement to tackle the qualification process. Their attitude to working as a fully qualified professional is reasonably positive, but their intention is less so. They do not report a strong sense of moral obligation to get qualified.

Previous work has indicated that social contacts, particularly friends and family, play a significant role in a person's decision to enter health-related professions (e.g. While and Blackman, 1998). Our work has taken this general line of enquiry further by clearly demonstrating that people's perceptions of the opinions of friends and family are associated with their intention to enter (or not) the NHS as a qualified nurse or allied health professional. This is a significant finding which shows that the role of other people in the decision-making process includes normative pressure as well as information-giving.

It is of course something of a cliché to say that people enter healthcare jobs (in the NHS or elsewhere) because they want to help others - but cliché or not, people do say it (e.g. Barribal and While, 1996, Rozier and Hamilton, 1991). Our findings take this a step further in showing how very strong the expectation of helping people (and getting to know them) is amongst these potential recruits and returners. Furthermore, the opportunity to do this (and to work as part of a team) is very important. This implies that things that appear to impede staff members' opportunities to work as part of a team to help people get better (such as understaffing) are likely to have a significant dampening effect on the enthusiasm of potential recruits and returners.

The inter-related issues of flexible working and childcare options have also been frequently cited in the past literature as being important ones in determining whether individuals will wish to enter or re-enter the NHS as qualified members of nursing or AHP staff (e.g. Johnson 2000; Moore, 2001). As already noted in this section, two of the top four barriers to working for the NHS cited by respondents in the present study concerned flexibility and family commitments. This appears to support earlier work. Concern about these issues was somewhat greater amongst those with childcare responsibilities than those without, but the difference was not huge. It seems that childless people care about flexibility and family too, either for the sake of their current lifestyle or perhaps because some of them anticipate having children in the future. Then again, for the respondents as a whole the average level of concern was not colossal, so although family-friendly hours was a burning issue for some, for most it was not.

Finally, as in Stage 1 of this project, our findings are relatively optimistic concerning the perceptions and attitudes of people with ethnic minority affiliations. If anything they had rather more positive perceptions and attitudes than white respondents. This runs counter to some other work (e.g. McWhirter, 1997). To some extent it might reflect naivety on the part of our respondents, (Basit, 1996) but this seems unlikely to be a major factor given that some have NHS work experience and many other have friends or family with NHS work experience (see Section 12). We noted in Section 15 a few differences between ethnic majority and minority respondents, but these were relatively few and far between. Perhaps the statistical sophistication of our analyses (for example controlling for other factors such as whether the respondent lived in London) was partly responsible for the difference between our findings and some others. In addition, it is acknowledged that the actual number of respondents from non-white ethnic minorities was relatively low in both stages of the research (in spite of attempts to avoid this low participation) and this level of response may also have some influence over the findings. Consequently, it is suggested that these particular conclusions should be treated with appropriate care and in the context of previous studies.

17 Overall Conclusions and Recommendations

17.1 Introduction

The following observations and recommendations are derived directly from the conclusions listed in sections 11 and 16.1. It should be borne in mind that we are mainly dealing here with a population that has either shown some interest in the possibility of working for the NHS, or already has a qualification which enables them to do so. In our recommendations we are not meaning to suggest that actions relevant to what we are recommending are not currently being undertaken. Nor are we implying that doing what we suggest here will be easy to implement. However, our recommendations are based firmly on our data, and if implemented should have a positive impact on NHS recruitment and/or retention of nurses and allied health professionals. This is because they reflect the views of a large sample and are based on social science theory which has been shown to be useful in predicting future behaviour, based on stated intentions.

17.2 Qualified Staff are Unlikely to Return to the NHS

It seems that those who are already qualified are the least likely to want to work for the NHS. So although in some ways it is tempting to try to attract people who do not need extensive training, in reality these people will be hard to woo. The partial exception to this is agency staff who are somewhat more favourably disposed toward the NHS than are those working in the independent sector or in other paid employment (or none). Most of these people have taken a decision to leave NHS employment, and it appears usually to have been because working for the NHS did not permit them to offer the standards of patient care that they wished to. Their decisions probably involved some soul-searching and may have required some resolve to see through. In such situations people tend to construct a clear rationale for their action that is hard to undermine. They have decided to leave, and it will take a

lot to bring them back. These findings need to be set against the recent success in encouraging some qualified nursing staff to return to the NHS. The evidence from this study suggests that it will become increasingly hard to attract back such staff. This may be because those who have been persuaded to return were more malleable in their attitudes/intentions. The longer term implication is that the pool of qualified staff outside the NHS is limited in number and increasingly difficult to attract back. Therefore, effort has to be focused on encouraging new recruits more than returners.

Recommendation 1 *Pursuing qualified nursing/AHP staff currently working outside the NHS is likely to lead to diminishing returns. Therefore effort should be concentrated at least as much on attracting new recruits, whilst recognising that the benefits will be less immediate.*

17.3 Unqualified People are Quite Enthusiastic about the NHS

It is striking how those with more experience of working as a qualified member of NHS staff tended to be negative about it (see above), whereas those without such experience tended to be positive. In particular, young people in school, college or HE and people on relevant Access courses and in various other employment who expressed some kind of interest in the NHS all seemed to be remarkably positive on the whole.

Recommendation 2 *Even though they may be quite ill-informed about the NHS, unqualified people who make enquiries (e.g. to NHS careers line) may well be very positively disposed, and are well worth following up.*

17.4 Expectations vs Reality of NHS work

Although not an issue central to this project, our data do suggest that there is a big gap between what people expect from NHS work and what at least some of them subsequently experience. To some extent, this is probably inevitable. The remarkably high degree to which outsiders expect Positive Work Features (i.e. job satisfaction, rewarding career, helping patients, getting to know patients and teamwork) is almost

certainly a recipe for some disillusionment. Also, it looks as if people who are unfamiliar with the NHS place less importance on avoiding high pressure and difficult work hours than do more experienced campaigners. Perhaps working for the NHS takes its toll and leads people to be more concerned to limit the impact upon them of high pressure and long and/or unsociable hours. There is a danger, then, of investing in the recruitment and training of new people only to lose them as disillusionment sets in. As noted in the literature review, many people who are suited to nursing or AHP work are also suited to a number of other social welfare orientated jobs and may well exercise a choice accordingly. One way of avoiding – or at least minimising – disillusionment is to use a realistic job preview (Wanous, 1989) where the pros and cons of the work as experienced by those who do it are presented clearly to applicants. The worry of course is that it will scare some people off, but there is evidence that it increases retention amongst those who are not deterred (Phillips, 1998). This also reflects a theme in some of the Stage 1 data, that some NHS publicity tends to unrealistically claim positive features of NHS work and underplay the difficulties associated with it.

Recommendation 3 *NHS publicity should reflect clearly the experiences, both positive and negative, of those who do the work, preferably in their own words. It might even include the perspectives of people who have subsequently left the NHS. The impression would be one of a challenging work environment that will require people to use all their potential while making an important social contribution.*

Recommendation 4 *The main negative points conveyed by realistic job previews should be (i) there is not always as much time as one might like to help patients and establish relationships with them and colleagues; and (ii) some staff find that pressure and unsociable hours eventually wear them down.*

Recommendation 5 *Wherever possible, increase staffing levels or reorganise work in order to increase opportunities for staff to give patients more personalised care.*

17.5 Work Pressure, Understaffing and Patient

Care

Careful examination of the Stage 2 data leads to some conclusions about how various perceptions of NHS nursing and AHP work fit together. It appears that Positive Work Features encourage people to intend to work for the NHS much more than the prospect of high pressure and inconvenient hours puts them off. Yet issues of understaffing, unsociable work hours and pay seem to be significant barriers, and they feature prominently in our Stage 1 findings about what are perceived to be the worst things about the NHS. Those with experience of working in the NHS rate it somewhat lower than others on Positive Work Features. They also care more than others about avoiding high pressure and inconvenient hours. One theme in all this is that understaffing makes it more difficult to work as a team, to help patients and in particular to get to know them. Yet this is what most people considering NHS work expect and want to do. So the impact of understaffing makes itself felt partly by indirect means, through eroding positive work features.

17.6 Pay is Not the Main Issue, but...

The findings concerning pay are somewhat equivocal. At Stage 1 it was not the most prominent perceived downside of NHS work, but was the most frequently nominated way of making things better. We suggested that this may reflect a tacit recognition that NHS work will always be pressured, and that the way to compensate for that is to pay people for it. Our Stage 2 findings indicate that people tend to see NHS work as being relatively low paid but that this is not an especially strong perception, nor is it universal. Furthermore, it is not especially strongly associated with attitude and intention. Whilst our Stage 1 respondents often mentioned NHS pay as being too low for a breadwinner's wage, Stage 2 findings indicated that men (who might more often be the 'breadwinner') did not see pay as a consistently greater concern than did women. And although pay was a significantly greater concern to respondents from London and the southeast of England than to others, again this effect was not huge. There was also clear evidence that people tend to underestimate the starting pay of qualified nurses and other health professionals, but particularly nurses. Of course, salary progression beyond starting levels may also be an issue, but it is encouraging from an NHS management viewpoint that pay appears not to be the most salient issue

even when people tend to think it is lower than it really is.

Recommendation 6 *The starting pay levels, especially for nursing, need to be publicised yet more, because they are higher than many people think.*

Recommendation 7 *Although pay was not the most salient issue, to some extent it was seen as a barrier to entering nursing and the allied health professions. Therefore increasing pay levels is likely to have a significant, albeit small, positive impact on recruitment and retention.*

17.7 Difficulties Concerning Qualification and Training

For the sample as a whole, issues concerning qualification and training were not amongst the most salient. However, for some subgroups they were significant. It is notable that the biggest problem concerning qualification and training appears to be the financial cost (more than the length of time, or not currently meeting entry requirements). This emerged in both stages of the project. Stage 2 findings indicated that the costs of qualification were most salient to the NHS assistants and Unqualified Others subgroups. It is also notable that these subgroups were the only two whose scores on the attitude measure (positive) substantially exceeded those on the intention measure (moderate) regarding working for the NHS as a qualified member of staff (see Table 14.1). So these people were favourably disposed toward working for the NHS but felt blocked by qualification issues – chiefly the cost but also to a lesser extent by a lack of necessary prior qualifications to start the nursing/AHP qualification process. Our analyses also show that these qualification issues undermined intention for those considering nursing much more than for those considering physiotherapy or radiography (see Table 15.2). Finally on this theme, in both stages of our study some of those who were already qualified expressed some concern about their need for refresher training and also doubts about its availability. At Stage 2 this was primarily the Qualified Others subgroup.

Recommendation 8 *Consideration should be given to either further publicising the financial and other support already available for getting qualified, or to increasing*

that support. This is particularly important for nursing.

Recommendation 9 *Refresher training, possibly somewhat tailored to individuals, must be conspicuously and readily available to potential qualified returners.*

17.8 The Perceived Opinions of Other People Matter

In both stages of this study our respondents reported that on the whole other people close to them were, or would be, supportive of them working for the NHS as a nurse, or allied health professional. This was a fairly consistent finding for all subgroups except the Qualified Independent Sector and Qualified Agency staff. Amongst those not already qualified as a nurse or allied health professional, endorsement by friends and family for working for the NHS was substantially higher than for the alternative career they nominated. Furthermore, and very importantly, the extent to which respondents perceived this support from others was a significant predictor of their attitude and intention to work for the NHS as a nurse or allied health professional, even after other relevant factors had been statistically allowed for. This is in spite of the fact that most respondents said they tended to do the things that they themselves wanted to, rather than the things their family and friends thought they should do. So here we have a real divergence between what might be concluded from purely qualitative data and from quantitative data subjected to statistical analysis. It suggests that what an individual believes to be the opinion of other people (which we assume bears at least some relation to their actual opinions) influences that individual's attitudes and intentions even though he or she is not fully aware of it.

Recommendation 10 *It is worth investing in the protection and promotion of the NHS's reputation as an employer even to people who never intend to work for it, because those people's opinions about working for the NHS appear to influence those for whom it is an option.*

We have also found in Stage 2 of our project that friends and family are perceived as more supportive of the idea of respondents working for the NHS as nurses than as

physiotherapists or radiographers. This is perhaps not surprising given the greater visibility of nursing, but it sends a message to the allied health professions that more visibility could help recruitment both directly by influencing potential applicants and returnees, and also indirectly by influencing general public perceptions of their importance in health care. This theme also came out clearly in our Stage 1 data, where physiotherapy and radiography were both seen as lacking recognition and visibility.

Recommendation 11 *The allied health professions should pay particular attention to raising their public profile, in terms of both name recognition and understanding of their roles in healthcare.*

17.9 Moral Obligation and the NHS

In our Stage 1 findings we found some perception of, and irritation with, a tendency for the NHS to appear too desperate in its recruitment advertising. One aspect of this was described by respondents as ‘Your NHS needs you’, which appears to appeal to a sense of moral obligation to help out a valued national institution if you can. We also found that relatively few of our Stage 1 respondents reported feeling a sense of moral obligation, though it was something of a consideration for some of the students in training. In Stage 2 we again found that on the whole people did not feel guilty about not working for the NHS. Interestingly, those who did feel guilty were more likely to be members of subgroups with little familiarity with working for the NHS. Also, people with minority ethnic affiliations were more likely to report feeling guilt than were white respondents. In spite of the generally low levels of guilt, there was clear evidence that the more people felt it, the more positive were their attitudes and intentions to work for the NHS. It would be arguably unethical to encourage people to feel guilt, and in any case naked attempts to do so would probably provoke an angry reaction and be counterproductive. However,

Recommendation 12 *Publicity for the NHS as an employer should emphasise the socially responsible nature of the NHS mission, and the contribution to the public good made by those who work for it.*

17.10 Perceived Behavioural Control

As already noted, our Stage 2 data clearly showed that perceived behavioural control (in the form of beliefs that one could get an NHS job if one wanted to, and overcome difficulties in doing so), tended to bolster people's intention to work for the NHS as a nurse or allied health professional. This was independent of any barriers they perceived concerning qualification/training or job characteristics. Interestingly, the two beliefs did not always fit together neatly – hence their separate treatment in the statistical analyses. Some people who expressed confidence that they could get an NHS job if they wanted one also said they thought it would be difficult. These two questions probably reflect two things. Firstly a person's confidence in him or herself to possess and display the necessary credentials to obtain an NHS job, and secondly confidence that there are sufficient jobs available. Our Stage 1 data indicated that people tended to see this latter factor (including the nationwide location of jobs) as a significant plus of the NHS. This leads to the following recommendations

Recommendation 13 *Recruitment publicity for nursing and allied health professions in the NHS should present role models that potential applicants can relate to as ordinary (not super-human) people. A good proportion of the role models should be male.*

Recommendation 14 *Recruitment publicity should also emphasise (as long as it remains true!) the relatively ready availability of NHS jobs as qualified nurses and allied health professionals, including the wide variety of NHS settings and locations potentially available.*

17.11 Some Positive Perceptions of the NHS by Ethnic Minorities

Although we were unable (despite efforts) to obtain data from a substantial number of people with ethnic minority affiliations, the data we did obtain ran somewhat counter to some other research suggesting that the NHS is (or is perceived as) a tough place to work if you are not white. Although at both Stage 1 and Stage 2 ethnic minority respondents were somewhat more equivocal about the way the NHS handles equality

issues, they also on the whole reported similar (Stage 1) or slightly more positive (Stage 2) perceptions and intentions compared with white people. Of course, this may not be typical of ethnic minority populations as a whole. Perhaps they have to be that much more convinced than whites of the merits of the NHS before even expressing an interest in it. This would mean that our ethnic minority respondents were not truly comparable with the white ones. However, there were no obvious differences in the general pattern of findings between ethnic minority and majority respondents. Most respondents thought that the NHS basically would not dare to be discriminatory (Stage 1) and although equality issues appeared more important to ethnic minority respondents than to ethnic majority ones, the predictors of attitude and intentions were pretty similar for both groups.

Recommendation 15 *As a general rule (acknowledging different cultural traditions and expectations) the NHS should use the same strategies in trying to persuade ethnic minority and ethnic majority people to work for the NHS as a nurse or AHP, once they have expressed an initial interest.*

17.12 Limited Differences between Men and Women...

Regarding gender differences, these too were relatively few and far between. Although many interviewees at Stage 1 saw gender differences in the way the NHS might be perceived, male and female interviewees generally agreed about what those differences were (e.g. that men would be more concerned about effeminate stereotypes of caring roles, and more determined to earn a 'breadwinner's' wage). These differences proved remarkably elusive in the Stage 2 data. One must remember, however, that our Stage 2 respondents were people who had either expressed some interest in working for the NHS, or had experience of actually doing so. Therefore we may not have reached men who were put off in the ways anticipated by our Stage 1 respondents. However, we did find at Stage 2 that women tended to ascribe more importance than men to positive work features, equality, and avoiding pressure/hours (see Section 15.2). This might mean that men are slightly more tolerant than women of less than ideal work situations. Conversely, it might mean that women who are

attracted to working for the NHS as a nurse or AHP will have higher expectations and demands than the men who are attracted.

Recommendation 16 *As a general rule, the NHS should use the same strategies in trying to persuade men and women to work for the NHS as a nurse or AHP, once they have expressed an initial interest.*

17.13 ...but Scope for Attracting More ‘Career Men’

That said, the Stage 1 findings also made it clear that the NHS is perceived as having a lot to offer in terms of job security, pension provision and career development opportunities. The Stage 2 findings largely corroborated that. This may well be a route to attracting some people especially men, who currently would not think of the NHS as a possible employer. Indeed, whilst assuming that nobody would enter nursing or AHPs without attaching considerable importance to helping and getting to know people, it may be that an ‘employment conditions’ emphasis might attract people who attach slightly less importance to it than those in the present sample.

Recommendation 17 *The NHS should emphasise job security and availability, pension provision and career progression prospects in its recruitment publicity. This may help to attract people (especially men) with slightly different values who would not previously have considered nursing, physiotherapy or radiography work in the NHS.*

17.14 Identification with the NHS

People who felt personally in tune with the ideals of the NHS also tended to have a more positive attitude than others to the notion of working for it as a nurse, physiotherapist or radiographer. However, this did not appear to carry through to their intention, once other factors had been statistically controlled for. This is a good example of how attitudes and intentions are sometimes determined by somewhat different factors. A consequence of this is that positive attitudes do not necessarily translate into behavioural intentions. In this case, it seems that intention is based more on pragmatic considerations of whether working for the NHS as a qualified member

of staff is practically feasible, and if so whether it would have consequences that the person would value.

Recommendation 18 *Attempts to persuade people that their values and identity are in line with the NHS should **not** be a focus of recruitment publicity.*

17.15 The Operational Difficulties of the NHS

Our Stage 1 findings highlighted that although people do associate the NHS with images of helping and caring, they more spontaneously link the NHS with images of understaffing, lack of resources and long waiting lists. Our Stage 2 data present a somewhat different picture, possibly partly because we asked more specifically about perceptions of working for the NHS as a qualified member of staff rather than of the NHS **per se**. Nevertheless at Stage 2 people reported a strong expectation that working for the NHS meant working under a lot of pressure.

People also believe that working for the NHS involves helping people. We have already seen that this belief tends to bolster attitude and intention, and that perceptions of pressure tend to undermine that belief. There is no point in claiming that NHS work is not pressured and not subject to operational frustrations. However, it is clear that any good news about improvements in operational conditions is likely to help focus attention more back onto the opportunities for helping and getting to know patients. In particular any increases in staffing levels can be publicised with that consequence in mind.

Recommendation 19 *Improvements in NHS operation and service delivery, particularly increases in staffing levels, should be publicised and specifically portrayed as representing more opportunity for staff to enjoy job satisfaction through opportunities to thoroughly care for and get to know patients.*

17.16 Healthcare Assistants

As already noted, these people tended to have quite positive attitudes toward working for the NHS as a qualified nurse or allied health professional. However, their

intentions were not so positive, largely because of their concerns about the qualification process. There are probably at least three issues here (i) HCAs' beliefs (or lack of them) in their ability to achieve the standards required for qualification; (ii) the financial costs involved, and (iii) the hassle and disruption to their current lifestyle (again including financial costs) that qualification would involve. Yet here is a group of people who know the NHS, by and large like it, and have some familiarity with nursing or allied health professions. As things stand, they may represent an under-utilised potential source of qualified staff.

Recommendation 20 *Yet more consideration should be given to flexible and financially supported routes to qualification, particularly for healthcare assistants. Flexibility could include the opportunity to train part-time whilst still working in a different job.*

17.17 Access Courses

Our data from both stages indicate that students on Access courses relevant to nursing and allied health professions exhibit both positive attitudes and positive intentions regarding working for the NHS as a qualified member of staff. It is not clear whether this was because positive people are attracted to Access courses, or because the experience of being on the Access course makes them more positive. The likely answer, we suspect, is mainly the former with a bit of the latter. It looks as if, where there is demand for Access courses, it is worth investing in providing them. Although it is a long road from there to eventual qualification, most people on Access courses seem more than willing to take on the challenge. It is also likely that some of the subgroup we have labelled 'Unqualified Others' would be suitable for Access courses.

Recommendation 21 *Access courses should be provided wherever there is the demand, because they seem to attract and/or nurture people with positive attitudes and intentions towards working for the NHS as a qualified member of staff.*

17.18 Career Issues

The stage 2 data showed that our sample did generally expect working for the NHS to

constitute a rewarding career. People also expected promotion opportunities. Our stage 1 data reinforced this, and also indicated that people value promotion opportunities that allow continued contact with patients rather than an entirely managerial role. It also looks as if perceiving a rewarding career is an important factor in fostering intention to work for the NHS. So, building on the points already made concerning job security and availability, it looks as if opportunities for conventional old-style career progression are something that the NHS is generally perceived to offer, and that potential recruits and returners care about this.

Recommendation 22 *Opportunities for career development, especially in the form of promotion and salary increases, should be maintained, publicised, and where possible expanded.*

The NHS has a major advantage in being such a large employer in that it can offer career paths in a way that few organisations can these days. Recent developments such as nurse consultant roles could be used as examples of the NHS seeking to respond to the career concerns of those who wish to remain in clinical work.

Recommendation 23 *Further opportunities for more senior staff to retain direct patient contact should be made available wherever possible, and publicised.*

17.19 Flexible and Family-Friendly Work Hours

We have noted several times that perceived positive work features of the NHS appear to attract people to the NHS more than issues of pressure and work hours put them off, but that for some people the latter are an issue. This seems to be especially the case concerning a perceived lack of flexible and family-friendly hours. This was an issue that emerged in both stages of this project. Not surprisingly, people with day-to-day childcare responsibilities experienced this as a greater problem than those without such responsibilities. But there are two caveats to this. First, it seems that the number and degree of dependency of children has a surprisingly small impact on concerns about working hours – it seems to be more a case of having any childcare responsibilities vs none. Second, even people currently without childcare responsibilities expressed some wish to have work hours which fitted family and

other commitments, and over which the person could exert some control. Perhaps this was because a number of these respondents anticipated childcare commitments in the future, or perhaps it was because a societal concern with work-life balance has become generally more pronounced. Clearly there are difficulties in offering people control over their work hours in a 24 hour 365 day service, but:

Recommendation 24 *To the extent that it is possible, it is important to offer all staff (not just those with children) some control over their work hours, and publicise the fact. This is likely to be valuable even if the control is partial (for example, choice between alternative shift patterns, or between staying on the same pattern long-term vs changing frequently).*

17.20 Age

In our stage 2 data there was a strong association between age and intention to work for the NHS as a nurse or allied health professional. Older people reported less intention than younger ones even though their attitude was no less positive. Importantly, this could not be explained by older people perceiving NHS employment differently or seeking different things from it, or being more (or less) daunted by the qualification process. All these other factors were taken into account in the statistical analyses. The only obvious explanation is that older people simply have more invested (psychologically and/or financially) in other patterns of life, and therefore take more shifting than younger people do.

Recommendation 25 NHS recruitment efforts are most effectively targeted at younger people (under about 30) rather than older ones.

17.21 The Future

Overall, the key message from this study is that it will become increasingly difficult to attract back to the NHS existing qualified nursing and AHP staff working elsewhere, or not at all. Whilst there has been some success in recent years in doing this with nurses, our data indicates that these potential returners have the lowest intention amongst our sample groups, to work for the NHS. Their reasons reflect pay,

to some extent, but revolve primarily around their desire to, and belief that they will be unable to, treat patients 'professionally' within the NHS. This concern is shared amongst other groups, along with the desire to experience various positive work features. These particularly concern working as a team and helping and relating to patients. Whilst our participants were concerned about NHS issues which have received considerable media attention e.g. understaffing, pressurised work and inflexible hours, these issues have less influence on participants' intention to work in the NHS than does the desire for/attraction of positive work features.

Therefore, the broad message, for all target groups, is to enhance desired positive features of NHS work, as well as features which are seen as unattractive or sources of dissatisfaction. These things are interrelated in that, for example, reducing understaffing, not only reduces unattractiveness/dissatisfaction, but also enhances some facets of positive work features e.g. more time to spend with patients in delivering a 'professional' service. However, the 'Catch 22' for the NHS is that reducing understaffing will inevitably require greater patient throughput to reduce waiting lists etc. This is understandable in a service with increasing demands. However, existing and potential staff are indicating that some attempt at balancing this dilemma is required if they are to join the NHS, and stay in it.

Recent announcements such as 'Agenda for Change - A Modernised NHS Pay System' (Department of Health, 2002), indicating that the basis for restructuring of pay, career paths, working patterns, skills profiles etc. has been tentatively identified, suggest benefits for patients and staff will result.

This project has indicated that pay is an important issue, albeit not the main one, for most people. However we are not optimistic, from the information available about the recent announcement, that 'real' pay increases will be a solution to recruitment, retention or return. The introduction of broader pay bands and reprofiled roles facilitating career progression without needing to move into management, may be useful in responding to career concerns expressed in this study. The stated intention of encouraging existing not-qualified NHS staff to undertake training opportunities which can be building blocks for entry into professional training appears relevant,

given the views of Healthcare Assistants in this study. However, we identify a range of concerns regarding the qualification process. Given that the 'Modernised NHS Pay' proposals are subject to further consultation into 2003, it is currently unclear what its effects will be, and whether it will chime with the issues raised by this research.

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Appendix A: Background Information

Profile Form for Stage One

1) Overall how likely is it that at some time in the future you will work for the NHS as a nurse?
(Please tick one)

Likely _____ : _____ : _____ : _____ : _____ : _____ : _____ Unlikely
extremely quite slightly neither slightly quite extremely

2) Overall how likely is it that at some time in the future you will work for an agency as a nurse?

Likely _____ : _____ : _____ : _____ : _____ : _____ : _____ Unlikely
extremely quite slightly neither slightly quite extremely

3) Overall how likely is it that at sometime in the future you will work for an independent organisation (e.g. private hospital or voluntary sector) as a nurse?

Likely _____ : _____ : _____ : _____ : _____ : _____ : _____ Unlikely
extremely quite slightly neither slightly quite extremely

Background Information

Please tick the boxes or enter the appropriate information below:

4) Male _____ Female _____

5) Your age (in years).....

6) Your ethnic background:

White:

Asian: Indian _____
Pakistani _____
Bangladeshi _____
Chinese _____
Other.....

Black: Caribbean _____
African _____
Other.....

Other Ethnic Group (Please specify):.....

7) Married / living with a partner _____
Single / not living with a partner _____

8) Please indicate in each box the number of children in each age group that you have day to day responsibility for:

Age 0 - 4yrs

Age 5 – 10yrs

Age 11 - 15yrs

Age 16 – 18yrs

Working for the NHS

What do you think?

This project, funded by the Department of Health, gives you the chance to air your views on whether the NHS is attractive to you as an employer.

The questionnaire will take about 15 minutes to complete and all responses will be treated in the strictest confidence. **If you complete this questionnaire and return it to us, you have the chance to win one of three £100 cash prizes.**

Please return the completed questionnaire to:

Professor John Arnold
Business School
Loughborough University
FREEPOST LE11 3677
LOUGHBOROUGH
LE11 3TU

J.M.Arnold@lboro.ac.uk

More information about this project is at
<http://www-staff.lboro.ac.uk/~bscr/>



1. Tell us about you

Which of the following categories best describe your current circumstances?

(please tick all that apply)

At School and aged 16 or older	<input type="checkbox"/>
On an Access Course	<input type="checkbox"/>
In Higher Education	<input type="checkbox"/>
Working for the NHS as a (please specify).....	<input type="checkbox"/>
Working for a Healthcare Agency as a (please specify)	<input type="checkbox"/>
Working for the Independent Healthcare Sector as a (please specify)	<input type="checkbox"/>
Other (please specify).....	<input type="checkbox"/>

Please choose one healthcare profession that interests you most.

(please tick only one box)

Nursing	<input type="checkbox"/>	→	Please complete the rest of this questionnaire with only nursing in mind
Physiotherapy	<input type="checkbox"/>	→	Please complete the rest of this questionnaire with only physiotherapy in mind
Radiography	<input type="checkbox"/>	→	Please complete the rest of this questionnaire with only radiography in mind
Other Healthcare Profession (please specify)	<input type="checkbox"/>	→	Please complete the rest of this questionnaire with only this profession in mind

Are you already qualified in this profession? (e.g. as a registered physiotherapist)

Yes

☐

No

☐

Do any of your friends work in this profession?

Yes

☐

No

☐

Do any members of your family work in this profession?

Yes

☐

No

☐

What do you think the starting pay is for newly qualified staff working for the NHS in this profession (before allowances such as London weighting or shift allowances)?

Less than £11,000

☐☐

£11,000 – 12,999

☐☐

£13,000 – 14,999

☐☐

£15,000 – 16,999

☐

£23,000 or more

☐

Have you worked for the NHS in a previous job?

Yes

☐

No

☐

If yes, was this in the profession you chose as your main area of interest on page 1?

Yes

☐

No

☐

2. Thinking about the profession you chose on page 1, please tell us your views on the NHS

What does the NHS mean to you?

(please circle the appropriate number)

	Strongly disagree		Neither agree nor disagree			Strongly agree	
I am a strong believer in the principles of the NHS	1	2	3	4	5	6	7
I am confident that I could work for the NHS as a qualified member of staff if I wanted to	1	2	3	4	5	6	7
I would feel guilty if I did not work for the NHS as a qualified member of staff	1	2	3	4	5	6	7
It would be difficult for me to get a job in the NHS as a qualified member of staff	1	2	3	4	5	6	7
I am the type of person who would feel at home working for the NHS	1	2	3	4	5	6	7

My working for the NHS as a qualified member of staff would be...

(please circle the appropriate number)

Not enjoyable	1	2	3	4	5	6	7	Enjoyable
Wise	1	2	3	4	5	6	7	Unwise
Bad	1	2	3	4	5	6	7	Good

My attitude towards working for the NHS as a qualified member of staff is positive.

(please circle the appropriate number)

			Neither agree nor disagree					
Strongly disagree	1	2	3	4	5	6	7	Strongly agree

These questions are about the NHS.**Do you think working for the NHS as a qualified member of staff would mean...****(please circle the appropriate number)**

	Very unlikely		Neither likely nor unlikely				Very likely
	1	2	3	4	5	6	7
Helping people get better	1	2	3	4	5	6	7
A rewarding career	1	2	3	4	5	6	7
Working for low pay	1	2	3	4	5	6	7
Getting to know patients	1	2	3	4	5	6	7
Working somewhere that is understaffed	1	2	3	4	5	6	7
Having a secure job	1	2	3	4	5	6	7
Working under a lot of pressure	1	2	3	4	5	6	7
Working as part of a team	1	2	3	4	5	6	7
Working where there are clear policies on gender equality	1	2	3	4	5	6	7
Having to work long hours (e.g. well over 37 hours per week)	1	2	3	4	5	6	7
Working where there are clear policies on race equality	1	2	3	4	5	6	7
Having variety in my work	1	2	3	4	5	6	7
Having to deal with abusive patients	1	2	3	4	5	6	7
Having the freedom to choose the hours I work	1	2	3	4	5	6	7
Having to work unsociable hours (e.g. nights)	1	2	3	4	5	6	7
A lack of promotion opportunities	1	2	3	4	5	6	7
Having job satisfaction	1	2	3	4	5	6	7

Some people, but not all, feel that the following issues have put them off working for the NHS as a qualified member of staff. Please tell us your views.

I would be put off working for the NHS as a qualified member of staff by...
(please circle the appropriate number)

	Wouldn't Put me off		Puts me off somewhat		Puts me off a lot		
A lack of promotion prospects	1	2	3	4	5	6	7
The level of pay I would earn	1	2	3	4	5	6	7
Working somewhere that is understaffed	1	2	3	4	5	6	7
A lack of flexible working hours	1	2	3	4	5	6	7
A lack of consideration for family commitments	1	2	3	4	5	6	7
A lack of occupational benefits for NHS staff	1	2	3	4	5	6	7
The negative image of the NHS that the media presents.	1	2	3	4	5	6	7
Not currently having the qualifications required to be accepted for training	1	2	3	4	5	6	7
The length of time it takes to train to become a qualified healthcare professional	1	2	3	4	5	6	7
The financial cost of training to become a qualified healthcare professional	1	2	3	4	5	6	7
A lack of access to refresher training courses	1	2	3	4	5	6	7

Please specify any other reasons:.....

.....

These questions are about you.

What is important to you when thinking about whether to work for the NHS as a qualified member of staff?

(please circle the appropriate number)

	Not at all important		Quite important			Very important	
	1	2	3	4	5	6	7
For me, helping people get better is...	1	2	3	4	5	6	7
For me having a rewarding career is...	1	2	3	4	5	6	7
For me, not working for low pay is...	1	2	3	4	5	6	7
For me, getting to know patients is...	1	2	3	4	5	6	7
For me, working somewhere that is not understaffed is...	1	2	3	4	5	6	7
For me, having a secure job is...	1	2	3	4	5	6	7
For me, not having to work under a lot of pressure is...	1	2	3	4	5	6	7
For me, working as part of a team is...	1	2	3	4	5	6	7
For me, working where there are clear policies on gender equality is...	1	2	3	4	5	6	7
For me, not having to work long hours (e.g. well over 37 hours per week) is...	1	2	3	4	5	6	7
For me, working where there are clear policies on race equality is...	1	2	3	4	5	6	7
For me, having variety in my work is...	1	2	3	4	5	6	7
For me, not having to deal with abusive patients is...	1	2	3	4	5	6	7
For me, the freedom to choose the hours I work is...	1	2	3	4	5	6	7
For me, not having to work unsociable hours (e.g. nights) is...	1	2	3	4	5	6	7
For me, good promotion opportunities are...	1	2	3	4	5	6	7
For me, job satisfaction is...	1	2	3	4	5	6	7

What would other people think if you worked for the NHS?

(please circle the appropriate number)

	Strongly disagree		Neither agree nor disagree			Strongly agree	
Most of my family and/or friends probably think that I should work for the NHS as a qualified member of staff.	1	2	3	4	5	6	7
If I worked for the NHS as a qualified member of staff, most of my family and/or friends would be proud.	1	2	3	4	5	6	7
I want to do what most members of my family and/or friends think I should do.	1	2	3	4	5	6	7
I am only concerned with what I think I should do.	1	2	3	4	5	6	7
I identify very much with my family and/or friends	1	2	3	4	5	6	7

My working for the NHS as a qualified member of staff is...

(please circle the appropriate number)

Very unlikely	1	2	4	6	Very likely
---------------	---	---	---	---	-------------

I plan to work for the NHS as a qualified member of staff.

(please circle the appropriate number)

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
-------------------	---	---	---	---	---	---	---	----------------

I intend to work for the NHS as a qualified member of staff.

(please circle the appropriate number)

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
-------------------	---	---	---	---	---	---	---	----------------

If you do intend to enter the NHS (i.e. you circled 5, 6 or 7) when would this be?

In the next year <input type="checkbox"/>	In 1 to 5 years <input type="checkbox"/>	In more than 5 years <input type="checkbox"/>
---	--	---

3. Now tell us about choosing other careers

Do you have a possible alternative career in mind?

Yes ☐ Please specify:.....

No ☐ **If no**, please go to section 4 overleaf.

If yes, are you already working in this career?

Yes ☐

No ☐

Please tell us your views about your alternative career.

(please circle the appropriate number)

	Strongly disagree		Neither agree nor disagree			Strongly Agree	
I intend to work in my alternative career	1	2	3	4	5	6	7
Most of my family and/or friends probably think that I should work in my alternative career	1	2	3	4	5	6	7
It would be difficult for me to get a job in my alternative career	1	2	3	4	5		7
I am the type of person who would feel at home working in my alternative career	1	2	3	4		6	

My attitude towards working in my alternative career is positive.

(please circle the appropriate number)

			Neither agree nor disagree					
Strongly disagree	1	2	3	4	5	6	7	Strongly agree

4. Background information

Your gender: Female ☐ ☐

Your marital status: with a partner ☐ Married / living with a partner ☐

Your age? (in years).....

Do you have day to day responsibility for children in the following age groups? (please tick all that apply):

<input type="checkbox"/>		<input type="checkbox"/>
Age 0 - 4yrs	<input type="checkbox"/>	Age 5 – 10yrs <input type="checkbox"/>
	<input type="checkbox"/>	Age 16 – 18yrs <input type="checkbox"/>

In which region are you currently living?

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	East of England	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Wales	<input type="checkbox"/>

Your ethnic background?

White

British ☐

☐

Any other White background ☐

Mixed

Black and White Caribbean ☐

☐

☐

☐

Asian or Asian British

Indian ☐

☐

☐

☐

Black or Black British

☐

☐

Any other Black background ☐

Other Ethnic Groups

Chinese ☐

Any other ethnic group ☐

Not stated ☐

Do you require a work permit to work in the UK? Yes ☐ ☐ ☐

5. If you have any other comments please write them in the box below.

Contact Details for £100 Prize Draw

If you wish to be entered into the prize draw for the chance to win £100 please provide your name and some contact details in the space below (This information is only needed for us to contact you if you win and will not be used for any other purpose). The draw will be made on 30th August 2002 and a list of winners will be available from John Arnold after this date.

.....

.....

Thank you for taking time to complete this questionnaire.

Please return the completed questionnaire in the pre-paid envelope to:

Professor John Arnold, Business School, Loughborough University,
FREEPOST LE11 3677, LOUGHBOROUGH, LE11 3TU.

More information about this project is available at:

<http://www-staff.lboro.ac.uk/~bscrc/>

Appendix C: Perception by Profession of Interest

Perceptions of What Working for the NHS Would be Like, by Profession of Interest

	Nursing Mean	Physiotherapy Mean	Radiography Mean
Helping people	6.40	6.18	5.94
Rewarding career	6.27	5.56	5.11
Low pay	4.75	5.27	5.02
Know patients	5.79	5.56	4.70
Understaffed	5.52	5.87	6.10
Secure job	5.89	5.81	5.95
Lot of pressure	6.17	5.91	6.30
Part of team	6.50	6.30	6.17
Gender equ. policy	5.94	5.80	5.72
Long hours	5.55	4.22	5.51
Race equal policy	6.10	5.86	5.85
Variety in work	5.90	5.64	5.33
Abusive patients	5.67	4.98	5.67
Free to choose hours	3.28	3.11	2.46
Unsociable hours	5.84	4.00	5.65
Lack promotion opps	3.75	3.97	4.36
Job satisfaction	5.92	5.24	4.96

Perceptions of the Importance of NHS Work Features to Respondents by Profession of Interest

	Nursing Mean	Physiotherapy Mean	Radiography Mean
Imp. Helping people	6.62	6.51	6.19
Imp. Rewarding career	6.47	6.47	6.27
Imp. Low pay	5.05	5.51	5.57
Imp. Know patients	5.95	5.87	5.13
Imp. Understaffed	5.00	5.54	5.13
Imp. Secure job	6.34	6.14	5.97
Imp. Lot of pressure	4.14	4.88	4.42
Imp. Part of team	6.14	5.86	5.64
Imp. Gender equ policy	5.58	5.04	4.94
Imp. Long hours	4.40	5.30	5.00
Imp. Race equal policy	5.55	5.08	4.89
Imp. Variety in work	5.60	5.87	5.52
Imp. Abusive patients	4.32	5.07	5.06
Imp. Choose hours	4.44	4.99	5.06
Imp. Unsociable hours	3.81	5.15	5.01
Imp. Good promotion	5.40	5.69	5.49
Imp. Job satisfaction	6.68	6.69	6.51

Barriers to working for the NHS by Profession of Interest

	Nursing Mean	Physiotherapy Mean	Radiography Mean
No promotion	3.96	4.47	4.37
Level of pay	4.20	5.20	5.07
Understaffing	4.32	5.28	5.06
Lack flexible hours	4.31	4.65	4.94
Lack family consideration	4.57	4.66	4.85
Lack occupation benefits	3.86	4.38	4.20
Negative NHS image	3.01	3.42	3.19
Lack of qualifications	3.58	3.10	3.06
Time to train	3.04	2.44	2.62
Cost of training	4.38	3.71	3.94
Lack refresher course	3.71	3.71	3.79