

Untapped Potential

A survey of RCN members working in mental health

Undertaken by: Jane Ball, Employment Research Ltd

On behalf of: RCN Policy Unit & RCN Mental Health Nursing Forum

May 2007

Employment Research Ltd

Formed in 1994, Employment Research Ltd is an independent research consultancy, undertaking a range of research and evaluation, much of which is focused on health sector human resource issues.

For further information:

Employment Research Ltd: 45 Portland Road, Hove, BN3 4LR.

Telephone: 01273 299719

http: www.employmentresearch.co.uk

email: info@employmentresearch.co.uk

Table of Contents

1. Introduction	4
1.1 Aims/Scope of study	4
1.2 Approach	5
1.3 Response	5
2. Respondent profile	6
2.1 Employment setting	6
2.2 Biographical profile	8
2.3 Grade	9
2.4 Working hours	10
Key points from Chapter 2 – respondent profile	11
3. Staffing & Workload	12
3.1 Working excess hours	12
3.2 Views of workload and staffing	13
3.3 Staffing ratios	14
3.4 Changes in staffing/establishments in last 12 months	16
3.5 Staffing and patient care	17
Key points from Chapter 3 – Workload and staffing	19
4. Role, Skills & Development	21
4.1 Division of time	21
4.2 Application of skills	22
4.3 Time spent in CPD	24
Key points from Chapter 4 – Role, Skills and Development	25
5. Morale	26
5.1 Attitude statements	26
5.2 Sources of job satisfaction	31
5.3 Frustrations of working in mental health	32
Key points from Chapter 5 - Morale	34

1. Introduction

The RCN invited Employment Research to undertake research to explore staffing issues in mental health. Following preliminary discussions about the project, a plan to undertake a postal survey of members was put forward.

In September 2006 the RCN published policy guidance on setting the appropriate nurse staffing levels in acute sector hospital wards. This generated considerable interest, particularly given the context of staffing pressures that characterised 2006. A brief literature search confirmed that data on staffing in mental health is relatively sparse and is thus an area worthy of research.

This research project was jointly funded by the RCN Policy Unit and RCN Mental Health Nursing Forum.

1.1 Aims/Scope of study

The primary aim of the study has been to collect and analyse data on staffing in mental health, in order to inform discussions on setting appropriate levels of staffing in this sector. Specifically, the project aimed to ensure that sufficient data were collected from staff in acute in-patient settings to enable ward staffing to be explored, whilst also making the most of the opportunity to capture the views of staff in other settings.

To achieve this aim Employment Research (on behalf of the RCN) surveyed a sample of RCN members working in mental health. In addition to staffing issues the survey also sought data on: the profile, role/deployment, skills/training, and morale of nurses working in mental health settings.

1.2 Approach

Given the quantitative requirements of the project, a primarily postal survey was adopted. This was supported with an online option, so that a reminder letter could be sent which allowed participants to respond, even if they had mislaid their original form.

The sample was drawn from members of two RCN forums: Mental Health Nursing and Mental Health Practice. As the primary objective was to explore staffing in acute non-secure, inpatient settings, it was also suggested that the sample should be further limited to those members who indicated (on their membership update form) that they work in a NHS Hospital Trust.

Table 1.1 below shows the numbers of members as identified by RCN records. Members who had selected either the MHN or MHP forums as their first choice of forum formed the basic population (3,599), from which only those who reported their employer category as 'NHS hospital trust' were selected. A sample of 1,097 was produced.

Table 1.1: Statistics from RCN records

a) Forum members	Total number	Forum is 1st choice	
Mental Health Nursing Forum	4,610	2,083	
Mental Health Practice Forum	3,872	1,516	
Combined total	8,482	3,599	
b) Field/Employer	Total number	% of all	Valid %
Field of practice (given by 40%) = Mental health	8,308	3%	6%
Employer type (given by 41%) = NHS Hospital Trust	80,275	25%	60%

Source: RCN Records, 2006

1.3 Response

1097 questionnaires were mailed on 8th March 2007 and a reminder letter was sent on 22nd March to the 661 members who had not returned their forms. By the close of the survey on 17th April, 614 completed forms had been returned with a further 26 marked as not appropriate (because the respondent was no longer working in mental health), two forms were returned by the Post Office as being no longer at the given address. This represents an aggregate usable response rate of 57%. The total number of respondents includes 27 that completed the questionnaire online.

2. Respondent profile

This first section describes the respondents to the survey in terms of their work situation and biographical profile. One reason for profiling respondents at the outset, is to ensure that we know to whom the survey results apply, and that subsequent analyses are done in a way that is relevant to the aims of the survey. Many of the variables covered in this section are used to explore variation in responses to the main substantive sections of the questionnaire.

Where relevant, comparisons are also made with results from the RCN Employment Survey in 2005, to show how nurses working in mental health compare to other nurses.

2.1 Employment setting

The first question of the survey asked respondents to indicate their employer for their main job. Nearly all (95%) respondents are employed within the NHS. The remainder are employed in bank/agency setting (5 cases), independent sector (12 cases), university (6 cases), prisons (2 cases), local authority/partnership (2 cases) and others (including not applicable – 4 cases). Non-NHS cases have been excluded from the analysis, so that the report only covers NHS employed respondents.

Table 2.1: Work setting – percentages (NHS only)

	Percent	N=
Hospital - inpatient (ward/unit)	38	220
Hospital – outpatients	4	21
Other hospital setting	3	16
Community	40	231
Mix of community/hospital	8	44
Non-clinical setting	4	25
Other	4	22
<i>Base (all NHS respondents)</i>		579

Source: Employment Research/RCN 2007

For the purposes of subsequent analysis, the first three categories in Table 2.1 have been conflated to form ‘Hospital’ settings, ‘Community’ remains as it is and the final three categories have been grouped to form ‘Mixed/other settings’.

Table 2.2 below summarises the specialty of respondents. Most are employed in adult acute (34%), adult non-acute (14%) and older adult/elderly mental health (17%). Five per cent are employed in each of children/adolescent, substance misuse services and forensic.

Nearly one in five (18%) mentioned other specialties which included learning disabilities/autism (6 cases), mixed work across several different areas 11 cases), rehabilitation/enduring mental health issues (12 cases), crisis intervention (7 cases), primary care (9 cases) and a range of other specialties mentioned by a few respondents.

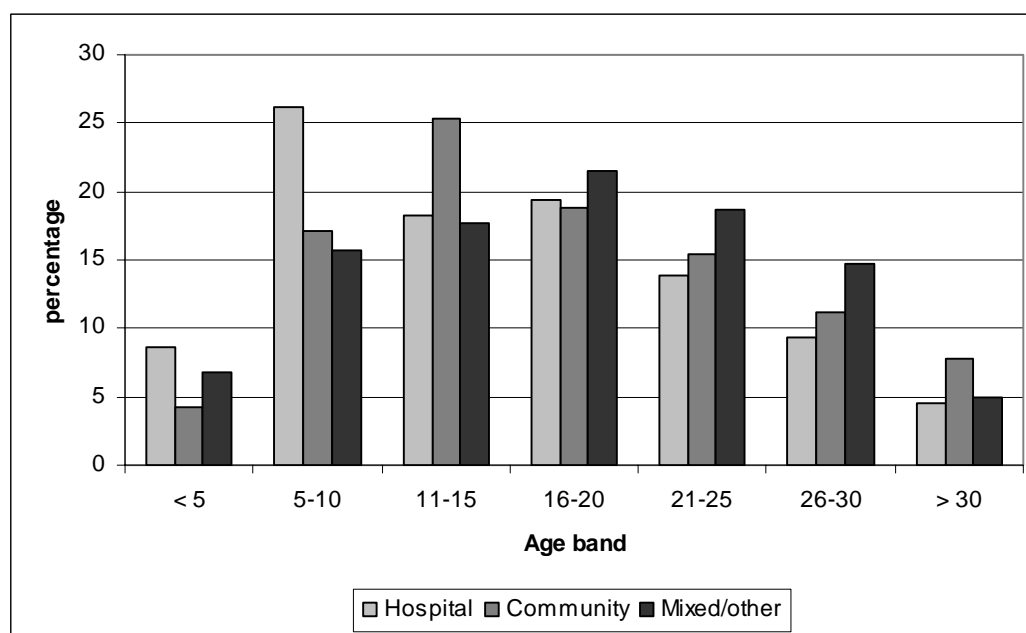
Table 2.2: Specialty – percentages (NHS only)

	Percent	N=
Older adult/elderly mental health	17	99
Adult - acute	34	196
Adult – non-acute	14	83
Children and adolescent	5	31
Substance misuse services	5	30
Forensic	5	26
Eating disorder	1	7
Other specialty	18	101
<i>Base (all NHS respondents)</i>	<i>100</i>	<i>573</i>

Source: *Employment Research/RCN 2007*

On average respondents to the survey have worked in mental health for just under 17 years. One in four have worked for less than 10 years and 37% for more than 20 years. Those with less experience in mental health are more likely to be working in hospital settings as Figure 2.1 shows. 57% of those with less than 10 years experience are based in hospitals compared with 38% of those with 20 or more years experience. Perhaps unsurprisingly given that 52% of adult acute respondents work in a hospital setting, those working in adult acute settings are also likely to have less experience than those in the other settings.

Figure 2.1: Years worked in mental health by location – percentages



Source: *Employment Research/RCN 2007*

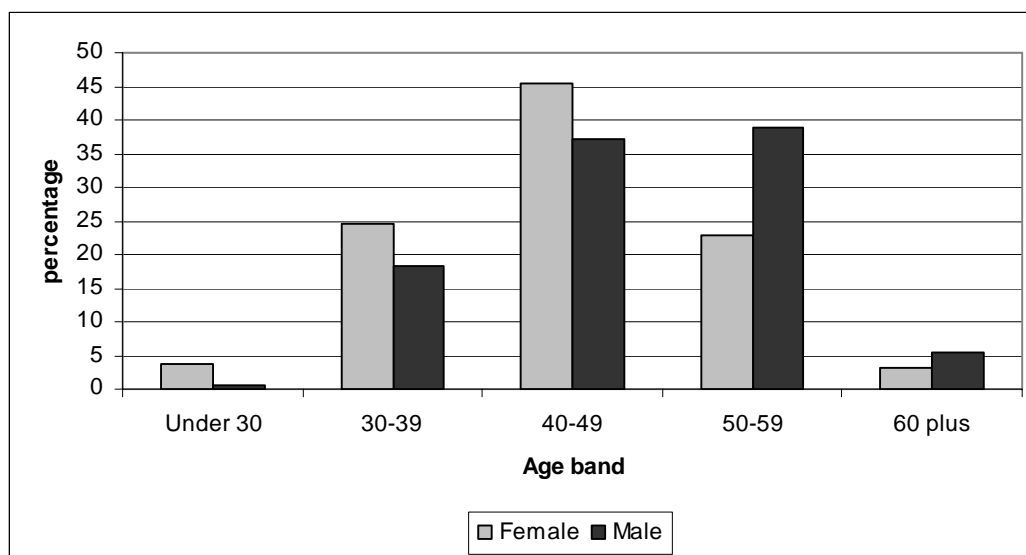
On average respondents took up their current post in 2000/2001 with no difference between locations of work. One in ten have been in their current post since 1995 or earlier.

2.2 Biographical profile

Compared with other areas of nursing, a disproportionate number of men and nurses from black and minority ethnic origins work within mental health settings. In the current survey, 30% of all respondents are men (compared to around one in ten across all members) and 10% are from minority ethnic origins (compared to five per cent across all members). Most of the respondents from minority ethnic origins are black/black Caribbean (35 out of 55 cases).

The mean age of respondents is 42 (which is the same more or less the same as the average reported across all members in the 2005 RCN Employment Survey). Figure 2.2 shows that men have an older age profile than women responding to the survey. 42% of those aged 50 plus are men, whilst only 20% of the under 40 age group are men. Older respondents are also more likely to be from minority ethnic origins (15% of the over 50 age group as opposed to seven per cent of the under 40s).

Figure 2.2: Age profile by gender – percentages

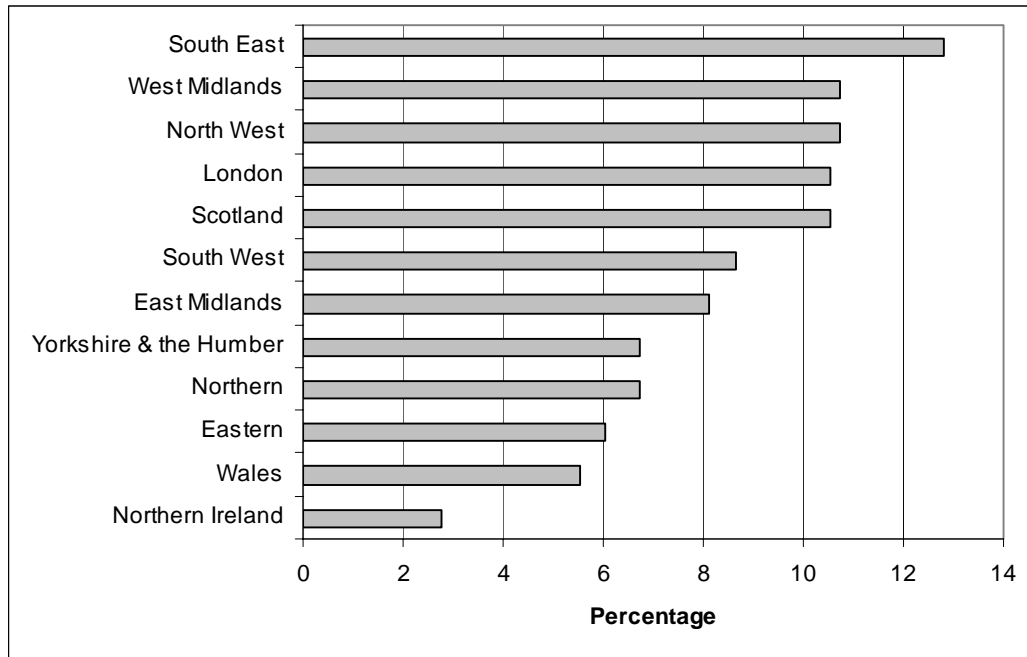


Source: Employment Research/RCN 2007

Just over a third of respondents (37%) qualified in the 1980s, 36% in the 1990s and 15% pre 1980 and 13% in the 2000s. As might be expected a similar difference between cohorts is apparent to that between age bands.

The distribution of respondents across the UK is shown in Figure 2.3, and is broadly representative of RCN membership as a whole.

Figure 2.3: Country/region – percentages



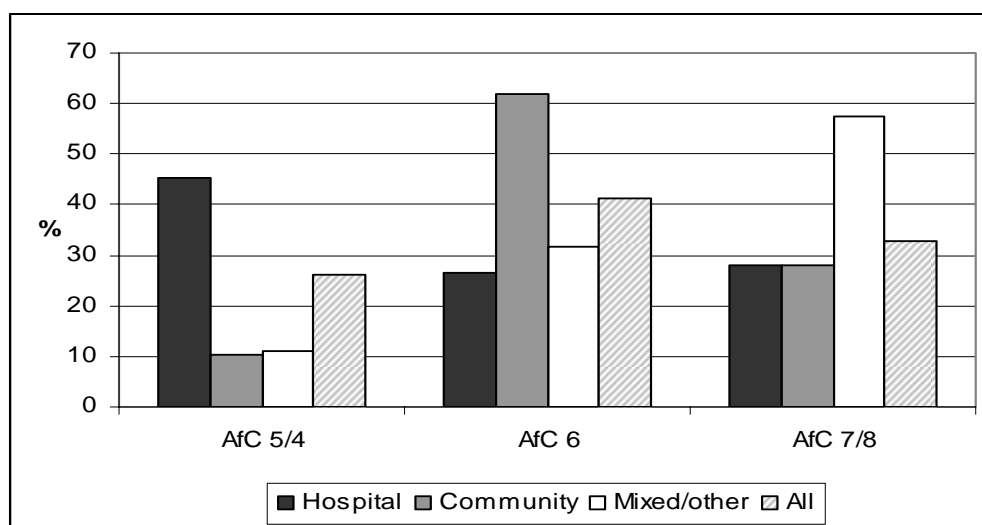
Source: Employment Research/RCN 2007

2.3 Grade

Almost all respondents gave an AfC pay band to indicate their current pay level (just three cases gave a clinical grade instead). The majority of respondents are employed on AfC band 6 (42%). A third (33%) are on the higher pay bands (7/8) with just over a quarter (26%) on AfC band 5.

The distribution between pay-bands is shown according to setting in Figure 2.4. Hospital staff are more likely than community staff to be on pay band 5, whilst community staff are more likely to be paid on band 6. There is no difference between hospital and community in the likelihood of being above level 6, although the majority (57%) of those working in a mix of setting are on the higher pay bands.

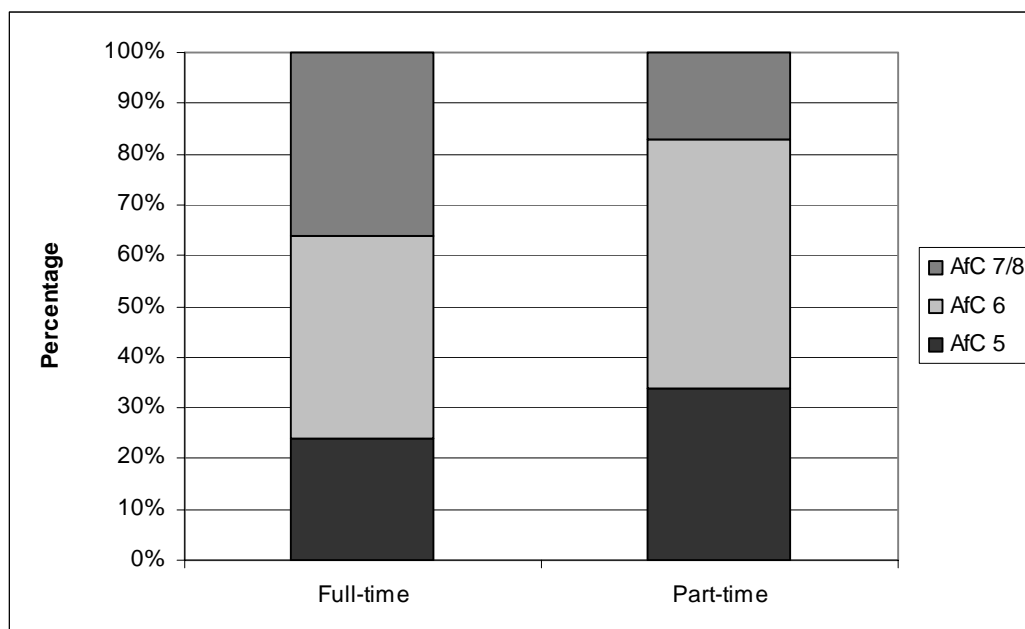
Figure 2.4: Grade distribution by setting - percentages



Source: Employment Research/RCN 2007

Figure 2.5 shows grade mix by working hours. Respondents working full-time are twice as likely to be employed on band 7 or higher - 36% compared to 17% of part-time staff.

Figure 2.5: Grade distribution by mode of working – percentages



Source: *Employment Research/RCN 2007*

Employment Research conducted the RCN Employment Survey in 2005. To place the findings from the current survey in context, the data have been reanalysed to compare the grade distribution of respondents working in mental health to the profile based on all specialties. In comparison to other specialties, mental health nurses in 2005 were less likely to be on D or E grades and more likely to be on higher grades or to have reported that they are paid on some other pay scale.

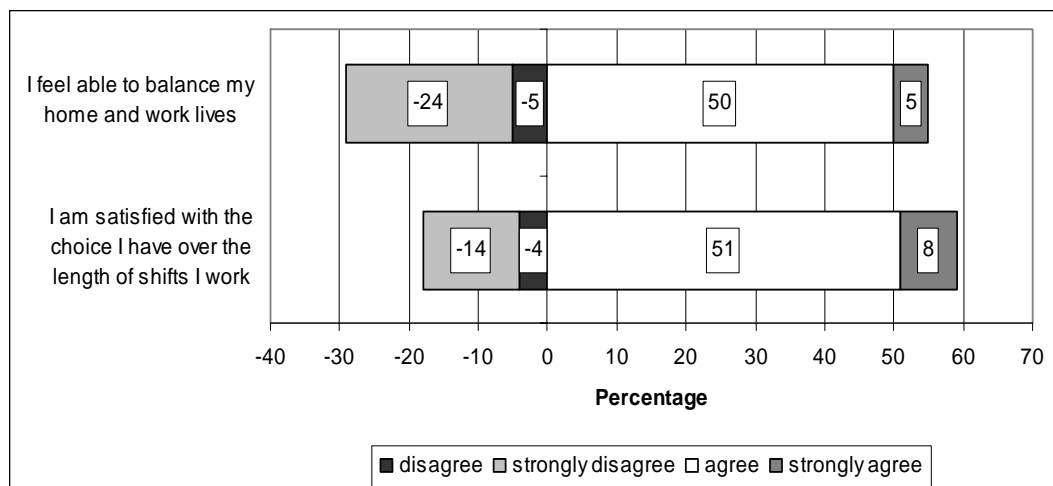
2.4 Working hours

More mental health nurses are employed full-time than is the case in other specialties (this difference was also reported in previous Employment Surveys). In this survey, 81% of respondents work full-time (across all specialties the 2005 Employment Survey reports 60% work full-time). Respondents aged 60 plus and in their thirties are more likely to work part-time 50% and 24% respectively, similarly those who took up their current post more recently are more likely to be working full-time. Almost all men work full-time (95%) compared to 76% of women. There is little difference between hospital and community settings or by specialty in the proportion working full-time or part-time.

Typically, full-time nurses in mental health in the NHS are contracted to work 37.5 hours per week while part-time nurses are contracted to work 25 hours per week.

When asked for their views of their working hours, more than half (55%) report that they feel able to balance their home and working lives, with 29% saying they are not able to balance home and working lives (see Figure 2.6).

Figure 2.6: Views of working hours among mental health nurses – percentages



Source: *Employment Research/RCN 2007*

Similarly, nearly six in ten (58%), say that they are satisfied with the choice they have over the length of shifts they work. There is little difference in views by work setting, as Table 2.3 shows.

Table 2.3: Views of *working hours* by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
32	I am satisfied with the choice I have over the length of shifts I work	58	60	55	58
35	I feel able to balance my home and work lives	53	56	57	55
	<i>Maximum base N=</i>	<i>257</i>	<i>230</i>	<i>90</i>	<i>577</i>

Source: *Employment Research/RCN 2007*

Key points from Chapter 2 – respondent profile

- Respondents are employed by the NHS, with a roughly equal mix between hospital (45%) and community (40%).
- Respondents have wealth of mental health nursing experience – on average have worked in this field for 17 years (and have average age of 42).
- Relative to other areas of nursing, mental health is characterised by larger proportions of men (30%) and black and minority ethnic respondents (10%).
- A larger proportion work full-time – 81% (compared with 60% across all specialties in 2005).
- Hospital respondents more likely to be on pay band 5, community nurses more likely to be on pay band 6, but same proportion in both settings on band 7 or higher.
- Most are satisfied with their working hours, but 29% feel unable to balance their work and home lives and 18% are dissatisfied with the choice they have over the length of shift worked.

3. Staffing & Workload

The questionnaire covered workload and staffing issues from the following five perspectives:

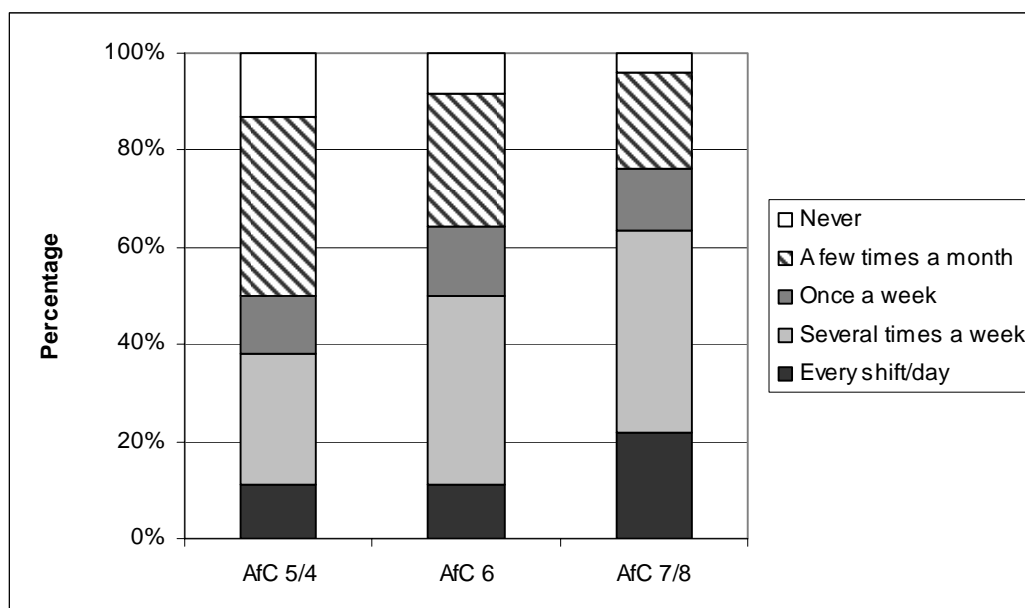
- Evidence of pressure – prevalence of working excess hours
- Views of own workload and adequacy of staffing in own place of work
- Actual staffing – as measured through a snapshot view of the number of beds, patients and staff on duty on the last shift worked (for hospital staff only)
- Changes to staffing in the previous year
- Impact of short staffing on patient care.

3.1 Working excess hours

The questionnaire sought information on how frequently respondents work in excess of their contracted hours. Across all respondents 15% report that they work in excess of their contracted hours every shift/day, 37% several times a week, 13% once a week, 28% a few times a month and 8% never work in excess of their contracted hours. Put another way, half of the respondents (52%) typically work excess hours several times a week or more. There is little difference between hospital and community respondents in the prevalence of working excess hours.

Grade and mode of working display the highest levels of correlation with working extra hours. Those working part-time are much more likely to never work extra hours - 19% compared to 7% of full-time respondents. Senior staff, regardless of specialty, report working excess hours more frequently (see Figure 3.1).

Figure 3.1: Working in excess of contracted hours by pay band – percentages

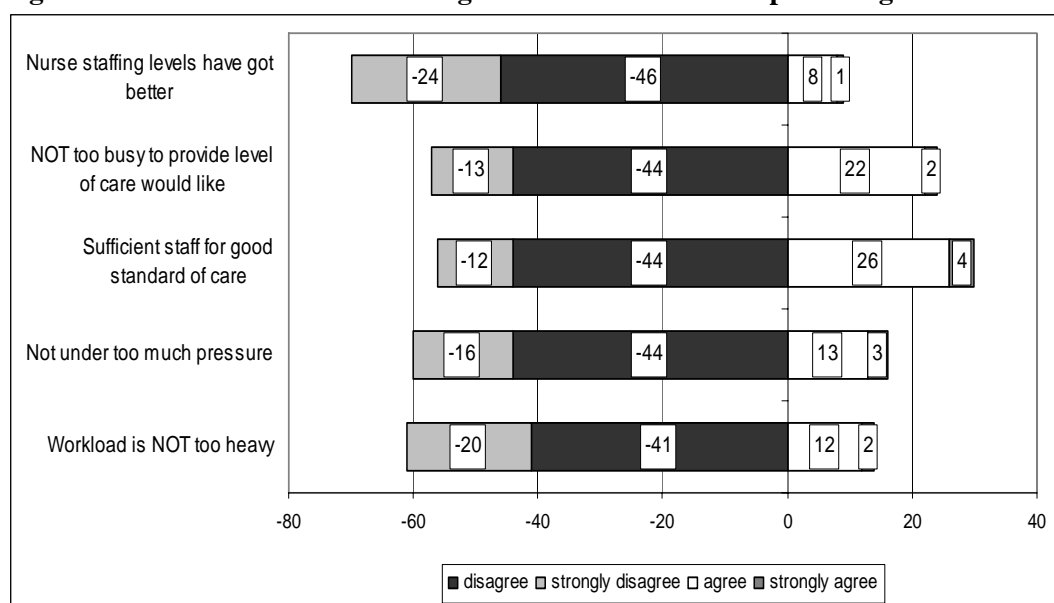


Source: *Employment Research/RCN 2007*

3.2 Views of workload and staffing

Outside of pay, workload and staffing are the issues that drew most negative responses, as Figure 3.2 shows.

Figure 3.2: Views of workload among mental health nurses – percentages



Source: *Employment Research/RCN 2007*

Sixty-one percent of all respondents agree or strongly agree that their ‘workload is too heavy’ and 60% report that they are ‘under too much pressure at work’. Clearly much of the discontent around workload relates to staffing, with just three in ten respondents (30%) saying ‘there are sufficient staff to provide a good standard of care’.

Cross-tabulation demonstrates the link – only 21% of those who consider their workload too heavy also consider that there are sufficient staff to provide a good standard of care, compared with 59% of those who report that their workload is not too heavy. The picture is exaggerated further on hospital wards, where the equivalent numbers are 17% vs 63%. Nurses in mixed settings are more likely to have responded negatively to these workload/staffing items than respondents in hospital and community settings (Table 3.1).

Table 3.1: Views of workload by setting – percentages agree/strongly agree

	Hosp.	Comm.	Mixed	All
5 My workload is too heavy	54	65	72	61
9 I feel I am under too much pressure at work	57	62	64	60
29 There are sufficient staff to provide a good standard of care	28	32	30	30
30 I am too busy to provide the level of care would like	62	56	47	57
36 Nurse staffing levels have got better in the last year	9	8	11	9
Maximum base N=	257	230	90	577

Source: *Employment Research/RCN 2007*

Although a significantly larger proportion of community nurses report that their workload is too heavy, it is hospital nurses that are most likely to feel that they are too busy to be able to provide the level of care they would like. In both groups, six out of ten respondents feel under pressure (no significant difference).

3.3 Staffing ratios

Having considered nurses views of their workload and staffing, this section examines actual staffing levels on NHS hospital wards. Respondents based in hospital wards were asked to provide staff and patient numbers for the last shift that they worked. The results are presented in Table 3.2.

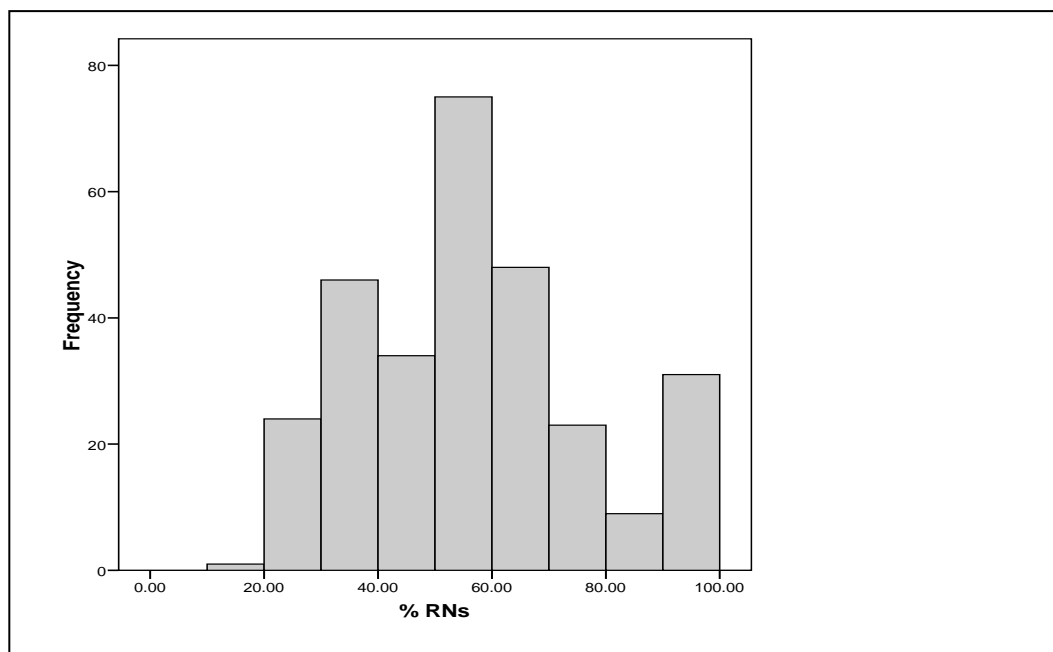
Table 3.2: Average staff/patient numbers – NHS hospital wards only

	All wards		Day shifts only	
	Day	Night	Elderly mental health	Adult - acute
Number of beds	18	21	20	21
Total number of patients	17	20	17	20
Occupancy	94%	92%	89%	97%
Number of registered nurses	2.6	1.9	1.9	3.1
Number of HCAs/auxiliaries	2.5	2.3	2.8	2.5
Total staff on duty (RNs + HCAs)	5.0	4.3	4.8	5.6
RNs as % of all nursing staff	50%	46%	41%	54%
Patients per registered nurses (mean across all RNs)	8.1	11.9	10.5	7.8
Patients per member of nursing staff (mean across total staff)	3.6	5.0	3.8	3.9
<i>Number of cases</i>	150	56	43	58

Source: *Employment Research 2007*

The results indicate that mental health wards typically have about 20 beds, and that the average number of registered nurses on a day shift is 2.6 (this includes the respondent). On average, registered nursing staff comprised half of the staff on duty although this varies. Figure 3.3 shows the variation in RNs as a percentage of nursing staff on duty, across all mental health wards (regardless of shift).

Figure 3.3: Registered Nurses as percentage of nursing staff on duty (all shifts)



Source: *Employment Research/RCN 2007*

Whilst night shifts have a slightly lower average proportion of RNs, the biggest factor explaining variation is specialty. Elderly mental health wards have an average of 41% registered nursing staff on duty, whilst adult acute have an average of 54%. The combined effect of a more dilute skill-mix plus lower average staffing levels, means that there are on average 10.5 patients per registered nurse on elderly mental health wards compared with 8.1 across all mental health wards.

The patient to RN ratio reported is correlated with respondents perceptions of their workload. For example within hospitals, of those who report that there are 6.5 patients or less per RN, 46% say that their own workload is too heavy. Whilst in cases where the patient to registered nurse ratio is over 6.5, 63% report that their workload is too heavy.

Roughly a half (48%) of NHS ward based respondents reported that some of the staff on duty (between one and two on average) were bank or agency staff. Of those wards with bank/agency staff on duty at the time of the respondents last shift, they typically constituted a third of all staff on duty.

The 2005 RCN Employment Survey also collected data on ward staffing and patient numbers, and calculated average nurse to patient ratios. To provide context for the current survey, these data were reanalysed to produce figures based solely on respondents who indicate that they work in mental health wards, so that these can be contrasted with the figures based on all specialties. The results are presented in Table 3.3, below. Note that this covers all/any mental health wards, with no distinction made between different mental health specialties/settings.

Table 3.3: NHS wards - mental health wards and all wards

	Mental Health Wards (NHS)		All NHS Wards	
	Day	Night	Day	Night
Number of beds	18	19	23.4	22.7
Total number of patients	17	17	22	21
Occupancy	91	89	96%	95%
Number of registered nurses	2.7	1.8	3.3	2.4
Number of HCAs/auxiliaries	2.6	1.7	2.1	1.3
Total staff on duty (RNs + HCAs)	5.3	3.5	5.4	3.7
RNs as % of all nursing staff	52%	52%	62%	66%
Patients per registered nurses (mean across all RNs)	8.4	12.0	7.7	10.1
Patients per member of nursing staff (mean across total staff)	3.6	5.8	4.4	6.1
<i>Number of cases</i>	<i>97</i>	<i>28</i>	<i>822</i>	<i>316</i>

Source: Employment Research/RCN 2005 – reanalysed 2007.

The 2005 survey found that in Mental Health, wards are typically smaller, by on average 5 beds and have lower average occupancy rates - 91% as opposed to 96% across all specialties. Although the total number of nursing staff on duty is very similar (eg. on day shifts 5.3 compared with 5.4 across all specialties), the skill mix in mental health is more dilute with registered nursing staff constituting 52% of the staff on duty as opposed to 62%. Hence registered nurses are stretched more thinly on mental health wards, with an average patient to RN ratio in the daytime of 8.4 (compared with 7.7 across all specialties).

As the format of the staffing questions used in this questionnaire was the same as used in the 2005 Employment Survey, the results can be compared between the two surveys. The results for NHS wards during dayshifts (where the numbers are sufficient to allow comparisons) are presented in Table 3.4. There is little difference between the two years. Average bed occupancy has increased very slightly whilst skill mix has diluted a little in the two years. The overall number of patients per member of staff is exactly the same in the current survey as in 2005, whilst the number of patients per registered nurses has gone from an average of 8.4 to 8.1.

Table 3.4: Staff/patient numbers on NHS mental health wards (day) – 2005 & 2007

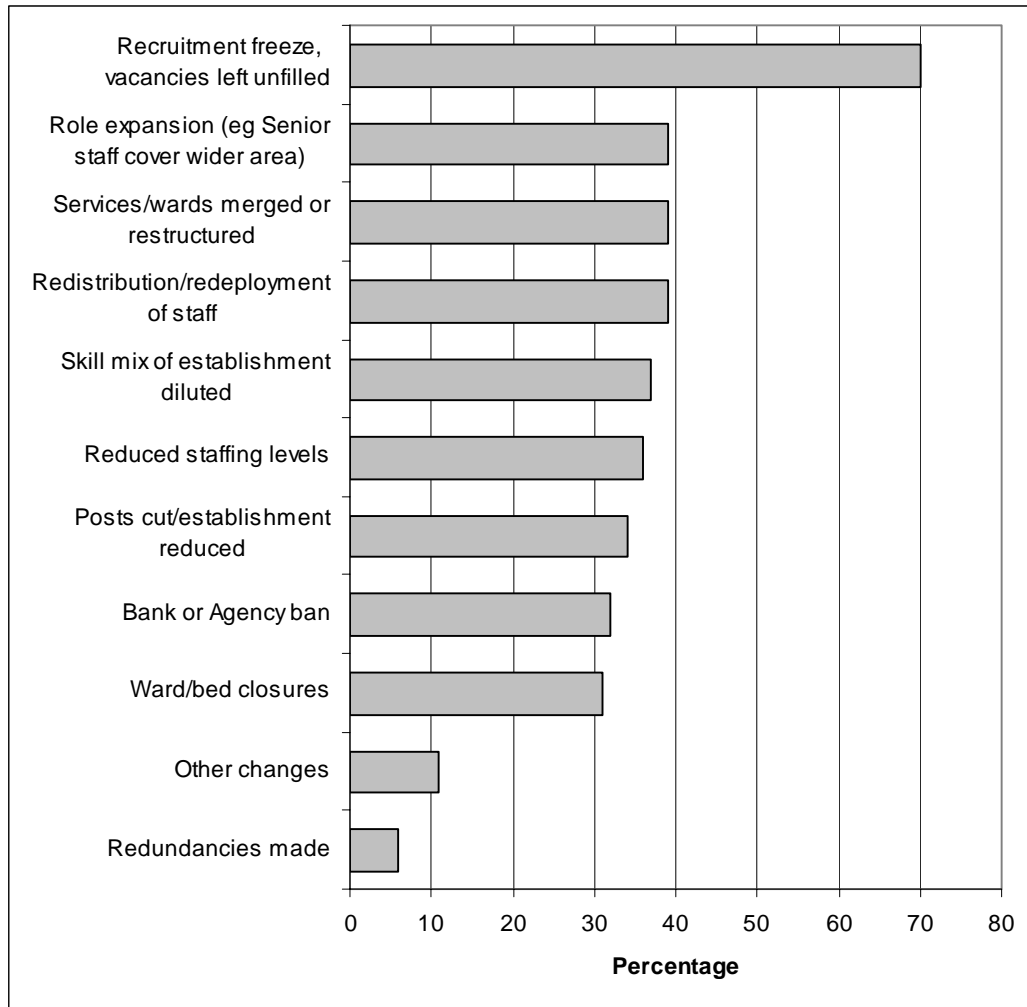
	2005	2007
Number of beds	18	18
Total number of patients	17	17
Occupancy	91%	94%
Number of registered nurses on duty	2.7	2.6
Number of HCAs/auxiliaries	2.6	2.5
Total staff on duty (RNs + HCAs)	5.3	5.0
RNs as % of all nursing staff	52%	50%
Patients per registered nurses (mean across all RNs)	8.4	8.1
Patients per member of nursing staff (mean across total staff)	3.6	3.6
<i>Number of cases</i>	97	150

Source: Employment Research/RCN 2005 & 2007

3.4 Changes in staffing/establishments in last 12 months

Respondents were asked to indicate changes to the staffing/establishment levels that had occurred in their ward/area of work over the last 12 months (Figure 3.4). In 70% of cases respondents reported that there had been a recruitment freeze or that vacancies had been left unfilled. Four in ten mentioned role expansion (e.g. senior staff covering a wider area) (39%), services/wards merging or being restructured (39%), redistribution/redeployment of staff (39%), skill mix of establishments being diluted (37%) and reduced staffing levels (36%). A third said posts had been cut/establishment reduced (34%), there had been a bank/agency ban (32%) or ward/bed closures (31%). In six per cent of cases redundancies were reported.

Figure 3.4: Changes to staffing/establishments in last 12 months – percentages



Source: *Employment Research/RCN 2007*

More respondents in community settings said that role expansion had taken place where they work (49% compared to 30% of hospital based nurses). Similarly, more community based respondents said services/wards had been merged or restructured (42% compared to 34% of those in working in hospitals).

A half of respondents working in older adult/elderly mental health (50%) reported that there had been ward/bed closures where they work.

3.5 Staffing and patient care

Just a third (33%) of respondents consider that the nursing establishment where they work to is sufficient to meet patient needs. In older adult/elderly mental health this figure falls to 26%. There was no difference in these results between respondents in hospital and community settings.

In hospitals, respondents' views of the nursing establishment where they work correspond to differences in the reported number of patients per RN. Where the nursing establishment is considered sufficient to meet patient needs, the average the ratio is 8.3 patients per RN, whilst where it is not, it is higher, with 9.4 patients per RN on duty.

Four in ten respondents (42%) say that patient care is compromised where they work at least once a week, as a result of short staffing. In hospital settings more than half (53%) think patient care is compromised at least once a week and 30% think it is compromised on most shifts. (Table 3.5).

Table 3.5: Frequency that patient care is compromised by short staffing – percentages

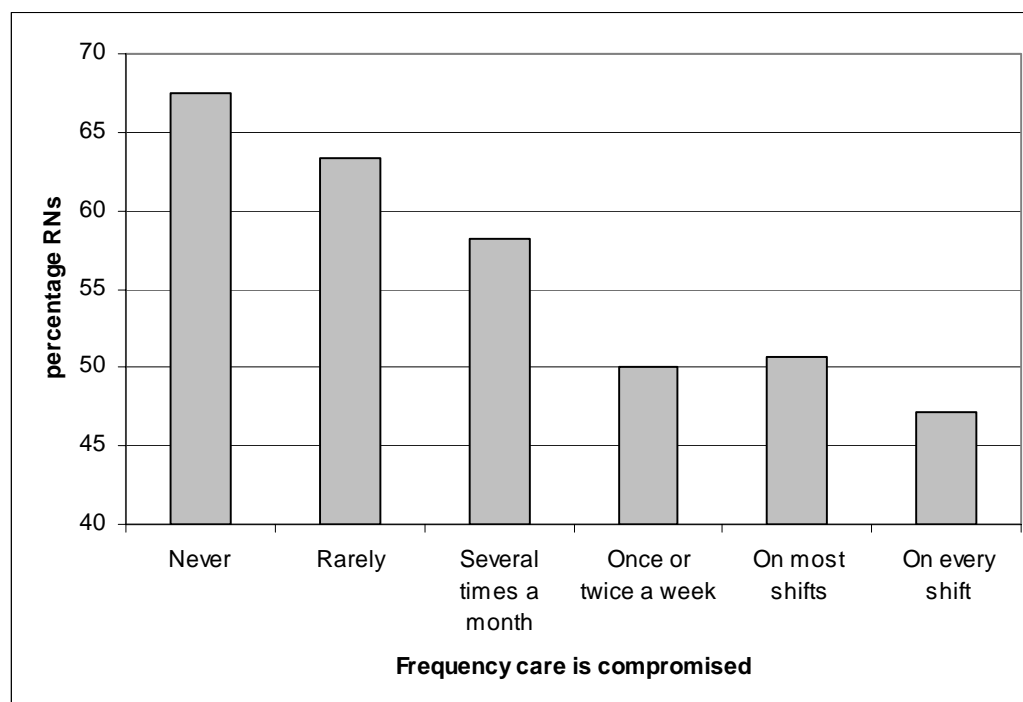
	Hospital	Community	Mixed	All
Never	4	4	7	4
Rarely	17	35	28	26
Several times a month	26	30	27	28
Once or twice a week	23	16	17	19
On most shifts	23	12	17	18
On every shift	7	3	4	5
Base N=	256	224	89	569

Source: *Employment Research/RCN 2007*

The data were analysed to explore the relationship between skill-mix/patient:nurse ratios and patient care being compromised due to short staffing. The results (Figure 3.5 & 3.6) demonstrate that where respondents report patient care to be compromised on every shift fewer than half (47%) of the staff on duty on the last shift worked are RNs. Whereas respondents who report that patient care is never compromised by short staffing, report an average of skill mix of 68% registered staff.

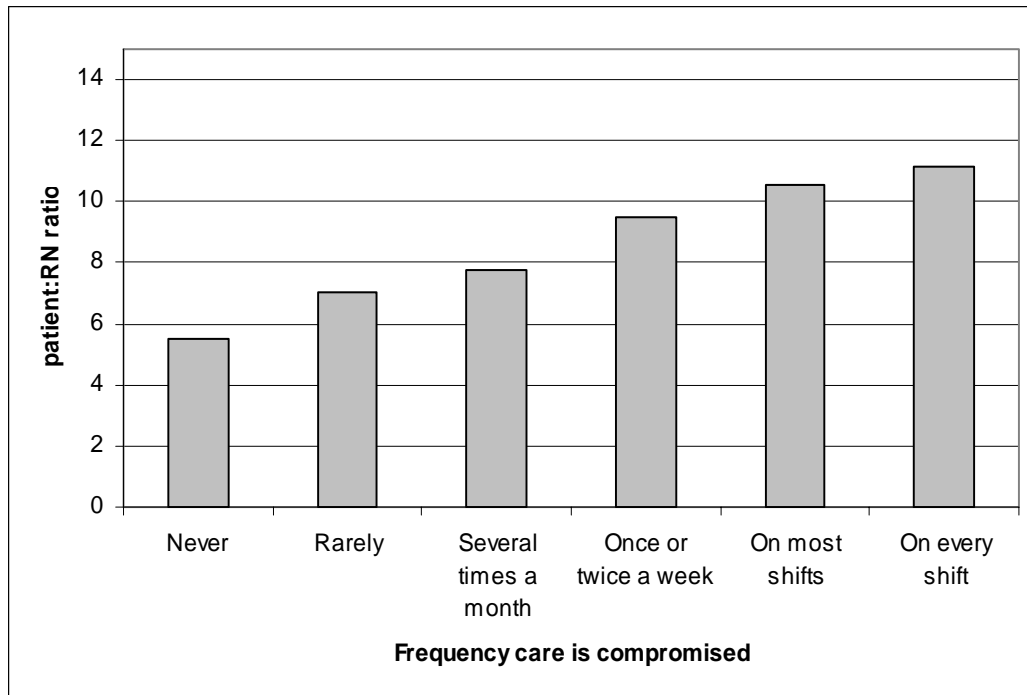
Similarly there is a clear relationship between staffing levels (as measured by patient to registered nurse ratios) and the likelihood of patient care being compromised.

Figure 3.5: Skill mix levels by frequency patient care compromised – percentages



Source: *Employment Research/RCN 2007*

Figure 3.6: Mean patient: nurse ratio by frequency patient care compromised



Source: *Employment Research/RCN 2007*

Key points from Chapter 3 – Workload and staffing

- 52% work excess hours at least several times a week.
- 61% say their workload is too heavy; 60% say they are under too much pressure.
- Only one in three say there are sufficient staff.
- 42% report that short staffing compromises patient care at least once a week
- In hospitals, 53% say short staffing compromises patient care at least once a week and 62% report that they are too busy to provide the level of care they would like.
- On day shifts, the average ratio of patients per RN on duty, is 7.8 on adult acute wards and 10.5 on elderly mental health wards.
- The skill mix of mental health wards is more dilute than across nursing in general. RNs typically make up 50% of nursing staff on duty, or just 41% on elderly wards.
- Half of hospital based staff report that bank and agency staff were being used on their last shift.
- 70% had experienced a recruitment freeze or vacancies left unfilled in their ward/work area in the last year.
- Two-thirds do not consider that the nursing establishment is sufficient to meet patient needs. (In elderly, 74% report it is insufficient).

- There is a clear relationship between respondents' views of the adequacy of the nursing establishment, and the patient to nurse ratio. Where staffing considered sufficient, the average was 8.3 patients per RN on duty, compared with an average of 9.4 where staffing was not sufficient.
- Patient care is less frequently compromised by short staffing on wards that have a richer skill mix, and more RNs relative to patients.

4. Role, Skills & Development

The first part of this section of the questionnaire sought to get some baseline data on how respondents' working time is typically divided between different activities. The amount of time present in administration has been a source of concern and this was explored in a separate question.

Another issue of concern relevant to this section, is the extent to which mental health nurses have skills that they have acquired but which are lying dormant or unused. Which skills are currently not being used, and what are the factors that prevent the skills from being used?

Finally this section looks at professional development.

4.1 Division of time

Firstly, Table 4.1 shows the proportion of time spent on clinical work, management, educating/training others, research and other activities. Across all mental health respondents, 61% of their time is spent on clinical work, a fifth is spent on management, approximately a tenth is spent on educating/training others, 2% on research and 6% on other activities.

Those working in community settings spend more time on clinical work and less on management than other nurses working in NHS mental health while more time is spent on management, on average, among those working in mixed/other settings (30%). The differences between community and hospital become more pronounced if comparisons are made between staff on the same pay band. For example, Band 6 community nurses spend 75% of their time in clinical work and 7% in management. Whereas, a Band 6 hospital nurse, spends an average of 60% of their time in clinical work and 23% on management.

Table 4.1: Distribution of working time by setting – percentages

	Hospital	Community	Mixed/other	All respondents
Clinical work	62	67	44	61
Management	24	15	30	21
Educating/training others	8	9	14	9
Research	1	2	4	2
Other activities	4	7	8	6
<i>Base N=</i>	<i>254</i>	<i>228</i>	<i>91</i>	<i>573</i>
Administration/clerical activity	34	32	33	33

Source: Employment Research/RCN 2007

Full-time nurses and those on higher AfC bands (many of whom are the same people, as shown above) spend more time on management than other respondents. Nearly four tenths of the time worked by respondents on AfC bands 7/8 (39%) is spent on management activities, compared to just 11% of the time of all other respondents. Respondents working in substance misuse and in eating disorders spend more time on management activities, while those working with children/adolescents spend more time in clinical work.

There is little variation between respondents in the amount of time spent on administrative/clerical activity with approximately a third of all time spent on this activity.

Reanalysis of the RCN Employment Survey data suggests that in 2005, mental health respondents typically spent a larger proportion of their working time on administrative work than nurses in other specialties - an average of 33% compared to 27% for other specialties (a statistically significant difference).

4.2 Application of skills

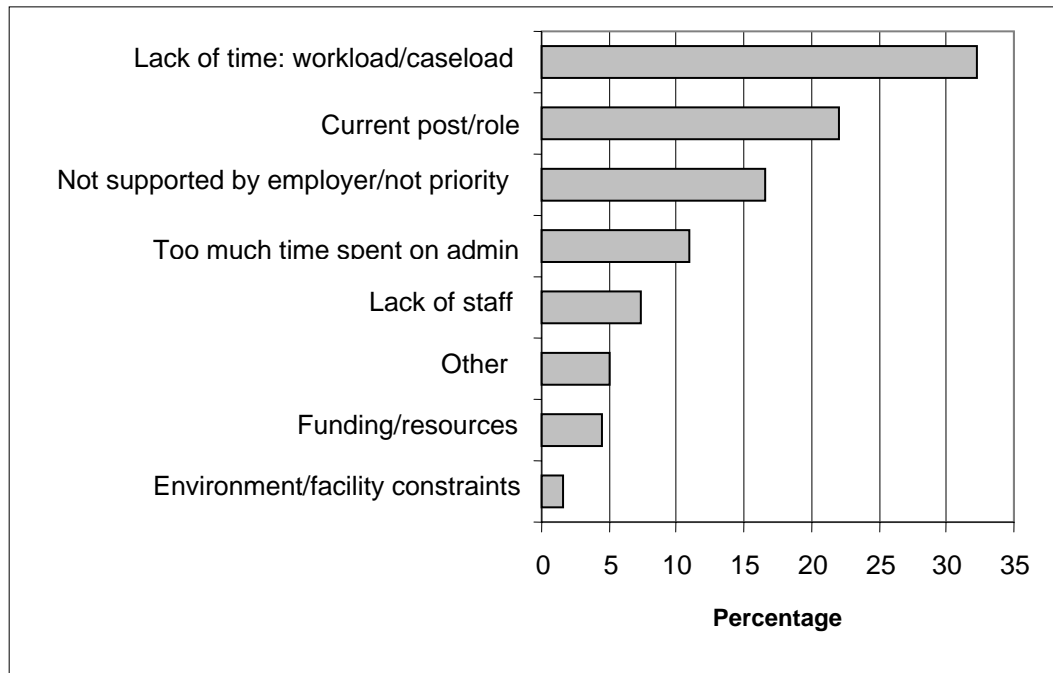
Four in ten (43%) nurses working in mental health responding to the survey report that they have skills which they are unable to make full use of in their current role. This is equally the case in different settings (hospital and community staff are equally likely to report having dormant skills) and between staff with different working hours. However there is some difference by specialty, with more respondents reporting that they have unused skills in mixed/other speciality (55%) and substance misuse services (57%), but in the latter case the numbers are relatively small (28 cases).

Respondents were asked which skills they had acquired but were no longer using to the full, and were presented with a list of three skills areas plus an 'other' category. Of those that report unused skills, nearly two thirds (64%) referred to psychological therapies/approaches, 23% to family work, 10% prescribing and 39% referred to some other skills that they are not making full use of. The other skills mentioned included:

- Educating/training/mentoring students/junior staff (21 cases)
- Academic knowledge (12 cases)
- Cognitive Behaviour Therapy (8 cases)
- Complimentary therapies (e.g. acupuncture/reflexology) (7 cases)
- Physical health skills (e.g. general nursing skills, CPR) (7 cases)
- Venepuncture/phlebotomy (6 cases)
- Management skills (5 cases)
- IT/informatics (4 cases)

Respondents were then asked to describe what prevents them from making full use of these skills (Figure 4.1). In 22% of cases respondents reported that their current role/post was the reason that these skills lay dormant, as they were no longer applicable to where they worked (eg. working in a managerial position with no clinical time).

Figure 4.1: Making full use of skills: Preventions – percentages



Source: *Employment Research/RCN 2007*

However for most respondents it was lack of time or lack of support that prevents them from making use of the skills they have. The most frequently cited reason for not using the skills (given by 32% of respondents), was lack of time and pressure of workload/caseload, or that too much time had to be spent on other tasks.

Analysis of the prevalence of dormant skills relative to respondents' views of the nursing establishment corroborates this finding. Of those respondents who felt that the nursing establishment was insufficient to meet patient needs, 46% reported that they have skills they have acquired but are not able to make full use of. In contrast, where the nursing establishment is considered sufficient, 39% report having skills they are not able to use.

17% reported that lack of support from employer was the reason for skills being untapped – either because the activity is not seen as a priority, or because there are not suitable policies or infrastructure in place to support the use of these skills. Time spent in administration or the level of bureaucracy were cited by one in nine (11%) respondents.

Is there any relationship between unused skills and the quality of care being provided? Whilst causality cannot be determined from the survey, the prevalence of dormant skills has an association with a number of patient care/quality measures. Those not using their skills are less likely to regard the quality of care where they work as being good – 72% vs 86% of those who report using their skills. Similarly, staff working in an environment where care is regularly compromised due to short staffing (on most or every shift) are more likely to report that they have dormant skills – 53% compared with 41%.

A number of the attitude items included in a later part of the questionnaire relate to the way in which respondents spend their time and the use of their skills.

Table 4.2 Views of how time spent & application of skills

		Strongly disagree	Disagree	Agree	Strongly agree
28	Too much of my time is spent on non-nursing duties	2	16	42	18
37	I am satisfied with amount of patient contact I have	8	33	37	6
38	Too much of my time is spent doing admin work	1	12	40	25
39	I am not able to use my skills to the full in my current role	4	26	35	15

Source: *Employment Research/RCN 2007*

Six out of ten (60%) mental health nurses consider that too much of their time is spent in non-nursing work (and this view is held equally in all settings), and 65% report that too much time is spent on admin. Whilst this was the view of the majority in all settings, community based respondents were significantly more likely to feel that too much of their time was spent on admin – 73% compared with 59% of hospital staff (see Table 4.3).

Whilst 43% are satisfied with the level of patient contact they have, a similar proportion (41%) are dissatisfied with level of patient contact. The groups who are least satisfied with their level of patient contact are those who cover a variety of settings – many more of these respondents are on pay bands 7 or 8, and are likely to be in more managerial positions.

Half (50%) report that they are not able to use their skills to the full in their current role. There is a slight difference between community and hospital, although it is not statistically significant.

Table 4.3: Views of skills/role by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
28	Too much of my time is spent on non-nursing duties	58	66	53	60
37	I am satisfied with amount of patient contact I have	43	48	33	43
38	Too much of my time is spent doing admin work	59	73	60	65
39	I am not able to use my skills to the full in my current role	51	46	56	50
	<i>Maximum base N=</i>	<i>257</i>	<i>230</i>	<i>90</i>	<i>577</i>

Source: *Employment Research/RCN 2007*

4.3 Time spent in CPD

Respondents were asked how many days they had spent on continuing professional development (CPD) in the previous 12 months.

Among the 553 members (90%) of respondents who answered the question the average number of days spent on CPD is nine. As one might expect full-time nurses have a higher average than part-time respondents (10 days compared to 6) but otherwise there was no difference between groups of respondents.

In the 2005 RCN Employment Survey the equivalent figure was 11 days for mental health nurses and 13 days for nurses in other specialties, suggesting that time spent on CPD has fallen in the last two years, and that mental health nurses typically have less time than others for their CPD.

Just under two thirds (64%) of all respondents indicated that they have a personal training and development plan. Again there is little or no variation between different groups of nurses working in mental health.

Views of training opportunities are presented in Table 4.4, for each of the three main settings. More than half of all respondents (56%) say they are able to take time off for training and 58% say they have a regular dialogue about their career with their manager, rising to 69% among those working in mixed settings. Just under a half (49%) say that their employer provides opportunities to keep up with job developments.

Table 4.4: Views of training by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
12	I am ABLE to take time off for training	50	61	58	56
21	My employer provides me with the opportunity to keep up with new developments related to my job	48	46	58	49
23	I have regular dialogue about my work with my manager	52	62	69	58
	<i>Maximum base N=</i>	<i>257</i>	<i>230</i>	<i>90</i>	<i>577</i>

Source: Employment Research/RCN 2007

Respondents working in hospitals are less likely to report that they can take time off for training than their community colleagues. Community based respondents are also more likely to say they have a regular dialogue about their work with their manager.

Key points from Chapter 4 – Role, Skills and Development

- Administration/clerical work accounts for a third of mental health nurses time – which is significantly more than amongst nurses in other specialties.
- 65% say that too much of their time is spent on admin (particularly an issue for those in the community 73% vs 59% of hospital respondents).
- 43% say they have skills that they have acquired that are not in use, most commonly these are psychological therapy skills (64%), but also include family work (23%) and nurse prescribing (10%).
- Lack of time is the main reason for skills lying dormant.
- Where respondents report that the nursing establishment is not sufficient, they are more likely to report having skills that are not being used (46% vs 39%).
- Lack of employer support (or not being seen as a priority) was reported as a reason for not using skills by 17%, whilst one in ten refer specifically to the time spent in admin.
- Mental health nurses spend an average of 9 days a year on CPD. The amount has fallen by 2 days since 2005, when it was reported at 11 days for mental health nurses (but 13 days for all nurses).
- Hospital nurses are less likely to be able to take time off for training (50% vs 61% community).

5. Morale

5.1 Attitude statements

Over the last 15 years RCN Employment Surveys have had a series of attitude statements to assess the views and morale of nurses on a range of dimensions related to working life. The 'core' statements were replicated in the survey of mental health nurses in 2007. Many of these items have been referred to in the relevant sections of the report. Table 5.1 presents all of the items in order to get an overview of morale across the different themes.

Table 5.1: Views of mental health nurses– percentages (NHS only, N = ~570)

Attitude statements		Strongly disagree	Disagree	Agree	Strongly agree
Career progression					
cp	6 Know what want to do in future in career	4	20	41	12
cp	7 Can determine way career develops	8	29	34	5
cp	11 NOT difficult to progress from current grade	27	43	13	3
cp	14 Have a good chance to get ahead in nursing	10	37	14	2
cp	16 NOT in a dead end job	4	10	48	15
cp	18 Do know where career in nursing is going	9	31	28	5
cp	20 Career prospects becoming MORE attractive	17	51	12	2
cp	22 Opps for nurses to advance careers have improved	11	35	23	3
Safe at work					
f	25 NOT fearful for own safety at work	6	20	39	10
f	34 Bullying and harassment is not a problem at work	8	24	41	10
Working hours					
ho	32 Satisfied with choice over length of shifts worked	4	14	51	8
ho	35 Feel able to balance home and work lives	5	24	50	5
Job satisfaction					
js	4 Most days enthusiastic about job	1	14	57	13
js	26 Satisfied with present job	7	21	44	7
js	27 Proud to work in this organisation	6	23	29	6
js	33 I feel my work is valued	10	21	44	5
Nursing as a career					
n	1 Recommend nursing as a career	9	23	40	9
n	2 Nursing is a rewarding career	4	13	57	13
n	17 Don't want to work outside nursing	10	33	25	7
n	19 Would NOT leave nursing if could	14	21	34	9
Pay					
p	3 NOT paid for less effort if left nursing	24	35	17	2
p	10 Well paid considering work	17	40	15	2
p	15 Nurses NOT poor paid in relation to other prof groups	44	38	6	2
Quality of care					
q	24 Quality of care is good	2	6	58	22
Job security					
se	8 Nursing will continue to offer secure job for years	13	34	25	5
se	13 NOT worried may be made redundant	5	20	39	10
se	31 Find it easy to get another job using my skills	5	30	24	6

(Table 5.1 continued)

			Strongly disagree	Disagree	Agree	Strongly agree
Application of skills						
Sk	28	NOT too much time is spent on non-nursing duties	18	42	16	2
Sk	37	Satisfied with amount of patient contact	8	33	37	6
Sk	38	NOT too much time spent on admin work	25	40	12	1
sk	39	ABLE to use skills to the full in current role	15	35	26	4
Training						
t	12	NOT unable to take time off for training	6	20	46	10
t	21	Employer provides opps to keep up with job devts	8	20	42	7
t	23	Regular dialogue about career with manager	10	19	46	12
Workload						
w	5	Workload is NOT too heavy	20	41	12	2
w	9	NOT under too much pressure at work	16	44	13	3
w	29	Sufficient staff to provide good standard of care	12	44	26	4
w	30	NOT too busy to provide level of care would like	13	44	22	2
w	36	Nurse staffing levels have got better in the last year	24	46	8	1

Source: *Employment Research/RCN 2007*

Respondents generally have a positive view of the quality of care where they work (80% agreeing with the statement '*the quality of care where I work is good*'). Between two thirds and three quarters of all respondents, see nursing as a rewarding career, are enthusiastic about their jobs most days, and feel that they are not in a dead end job. There is little difference in these views in relation to where respondents work.

Generally, looking across all views nurses in hospital settings are less likely to respond positively than their colleagues working in community and mixed settings. Looking at specialty, nurses working in older adult/elderly mental health display lower morale than respondents working elsewhere.

Table 5.2 presents views on career progression. Only 16% agree that '*it will NOT be difficult to progress from their current grade*', with 70% reporting that it will be difficult to progress from their current grade. Community based nurses are less likely to agree with the statement *opportunities for nurses to advance their careers have improved*.

Table 5.2 Views of career progression by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
16	NOT in a dead end job	58	69	61	63
6	Know what want to do in future in career	52	58	46	53
7	Can determine way career develops	39	38	39	39
18	Do know where career in nursing is going	31	38	30	34
22	Opps for nurses to advance careers have improved	32	17	31	26
11	NOT difficult to progress from current grade	19	15	12	16
14	Have a good chance to get ahead in nursing	19	11	22	16
20	Career prospects in nursing becoming MORE attractive	15	13	18	15
<i>Maximum base N=</i>		<i>257</i>	<i>230</i>	<i>90</i>	<i>577</i>

Source: *Employment Research/RCN 2007*

Approximately a half of nurses working in mental health responding to the survey disagreed or strongly disagreed with the statement 'I am fearful for my own personal safety at work', whilst 26% indicated that they were fearful. Nurses in hospital settings are much more likely to be fearful for their safety than those in community or mixed settings (Table 5.3). Perceptions of personal safety vary between specialties, with 33% of those working in adult acute feeling vulnerable compared with 13% of those working with children and adolescents.

There is a statistically significant relationship between perceptions of staffing and views of personal safety. Of those who feel there are sufficient staff to provide a good standard of care, 14% are fearful for their safety, whilst of those who do not consider there are sufficient staff, 34% are fearful for their safety.

Table 5.3: Views of safety by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
25	I am fearful for my own personal safety at work	33	20	19	26
34	Bullying and harassment is not a problem at work	50	54	47	51
	Maximum base N=	257	230	90	577

Source: Employment Research/RCN 2007

Seven in ten respondents working in mental health in the NHS say that they think 'nursing is a rewarding career', with little difference by setting. However, less than half (48%) would 'recommend nursing as a career', although respondents in mixed settings are more likely to than other respondents. A third (34%) would leave nursing if they could and 43% would want to work outside nursing.

Table 5.4: Views of nursing by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
1	Recommend nursing as a career	48	47	57	48
2	Nursing is a rewarding career	70	71	67	70
19	Would NOT leave nursing if could	43	45	43	43
17	Don't want to work outside nursing	34	30	34	32
	Maximum base N=	257	230	90	577

Source: Employment Research/RCN 2007

Views of pay have been consistently negative across all nursing specialties for many years and mental health is no different. Only around one in five respondents think that they are 'well paid considering the work they do' and nearly 60% say they 'could be paid more for less effort if they left nursing' (Table 5.5). There is no difference in views here between locations of work.

Table 5.5: Views of pay by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
3	Could NOT be paid more for less effort if left nursing	17	19	18	18
10	Well paid considering the work	16	16	23	17
	Maximum base N=	257	230	90	577

Source: Employment Research/RCN 2007

Despite some of the views held in relation to pay, workload and career progression, most respondents continue to display positive views of their job satisfaction. Seven in ten (69%) say that ‘*most days they are enthusiastic about their jobs*’ and a half of all respondents are satisfied with their present jobs, although one in four (26%) are not. A third report that they are proud to work for their organisation, 29% are not. Respondents in mixed hospital/community settings are more likely to report that their work is valued (Table 5.6).

Respondents in mixed settings are slightly more positive about their pay than their colleagues in hospital/community settings (this is partly a function of grade – higher grade nurses tend to be more satisfied with their pay than lower grade nurses).

Table 5.6: Views of *job satisfaction* by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
4	Most days enthusiastic about job	66	73	71	69
26	Satisfied with present job	47	56	53	51
27	Proud to work in this organisation	35	33	40	35
33	I feel my work is valued	46	49	60	49
<i>Maximum base N=</i>		<i>257</i>	<i>230</i>	<i>90</i>	<i>577</i>

Source: Employment Research/RCN 2007

Perceptions of job security in this survey are much more negative than in the RCN 2005 Employment survey. Fewer than one in three (30%) mental health nurses surveyed in 2007 think that ‘*nursing will continue to offer me a secure job for years*’ and this concern is compounded by the fact that only 29% think that they would ‘*find it easy to get another job using their skills*’. Nurses in mixed settings feel less secure about their current job but are more confident that if necessary, they would be able to find another job using their skills (Table 5.7). One in four respondents are ‘*worried they may be made redundant*’.

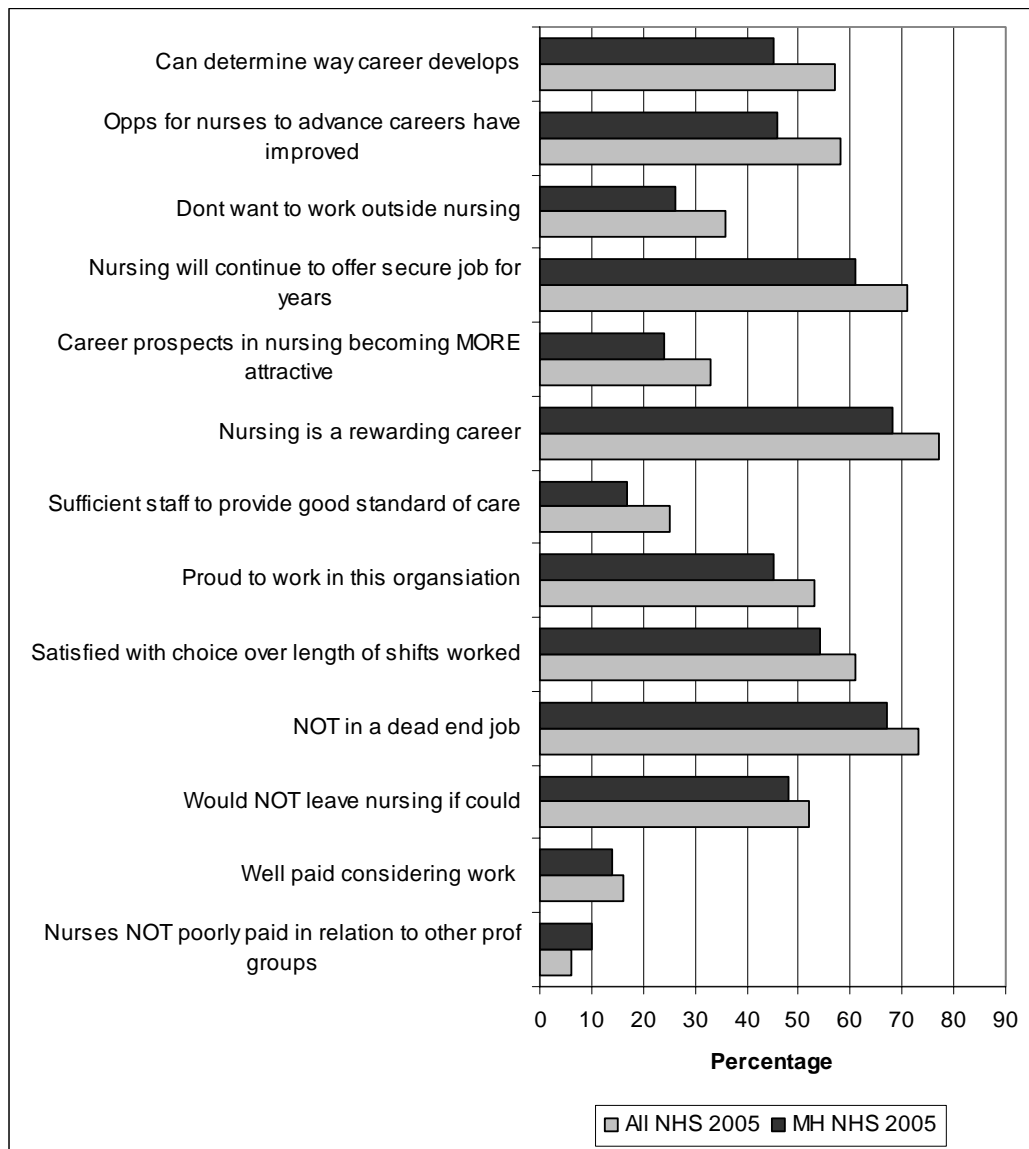
Table 5.7: Views of *job security* by setting – percentages agree/strongly agree

		Hosp.	Comm.	Mixed	All
8	Nursing will continue to offer secure job for years	32	29	26	30
13	NOT worried may be made redundant	49	51	41	49
31	Find it easy to get another job using my skills	27	29	35	29
<i>Maximum base N=</i>		<i>257</i>	<i>230</i>	<i>90</i>	<i>577</i>

Source: Employment Research/RCN 2007

In order to provide some context to the views presented above, the figure below shows those items where there was significant variation between the views of nurses working in mental health in the NHS and all other NHS nurses (from the 2005 RCN survey). The figure is sorted in relation to the biggest percentage difference. The only variable where nurses working mental health were more likely to respond positively than other NHS nurses was in relation to pay when compared to other professional groups (Figure 5.1).

Figure 5.1: Difference in views between nurses working in mental health compared to all NHS nurses (2005 survey) – percentages



Source: *Employment Research/RCN 2007*

The broad issues where nurses in mental health seem more negative than other NHS nurses are ‘career progression’ and ‘job security’. In 2005 46% of nurses in mental health thought *opportunities for nurses to advance their careers had improved* compared to 58% of nurses in other fields of practice. And, similarly, 61% of nurses in mental health say *nursing will continue to offer a secure job for years to come* compared to 71% of nurses elsewhere in the NHS.

5.2 Sources of job satisfaction

Following the attitude items, respondents were asked to describe in their own words, what they find most satisfying about their job. Common themes emerging were identified through content analysis, and the written answers were coded into categories so that the prevalence of each theme could be quantified. Table 5.8 indicates the number of times each theme was cited and expresses this as a percentage of those respondents answering the question. The total number of responses coded exceeds the number of respondents, as many respondents referred to several different sources of job satisfaction.

Table 5.8: What do you find most satisfying about your job?

	Frequency	% of respondents
Working with service users		
Client/service user/patient contact, one to one contact	218	39
Seeing clients improve/progress, improved quality of life, positive changes	115	20
Meeting client needs/providing care	60	11
Making a difference - have impact on patients/service users	57	10
Empowering/enabling service users/clients	45	8
Working with this type of client (eg. young people)	32	6
Positive reports/feedback from patients	11	2
Specific skills/aspects of role		
Staff - managing/supervising/training, inspiring other staff	78	14
Using skills/knowledge	53	9
Enhancing practice/Service development	33	6
Gaining skills & knowledge, encouraged/given opportunities to develop	10	2
Educating/informing/Mental Health Promotion	7	1
Group work	4	1
Assessing clients	3	1
Providing therapies, psychological based care	3	1
Way work		
Team working - being part of good team/work with good staff	59	11
Autonomy/Responsible for own caseload	31	6
Variety/diversity of role, mix/balance between different types of work	22	4
Challenge	12	2
Flexibility	9	2
Where work - in community	9	2
Working Hours	8	1
Other relationships		
Relationship with families/carers	29	5
Liaising with other staff/other teams (eg PCT)	17	3
Good/supportive managers	4	1
Wider community - part of community resource	4	1
Working with students	2	0
Feeling valued		
Valued by patients/carers	11	2
Valued by other staff (eg. colleagues in hospital)	8	1
Valued by trust/employer	4	1
Job satisfaction/rewarding	3	1
NOTHING	12	2
Other	8	1
Total responses	983	
Number of cases	561	

Source: *Employment Research/RCN 2007*

The most frequently cited source of job satisfaction was working with service users and having contact with clients – this was referred to specifically by 39% of respondents. Other aspects of patient/service user contact were referred to such as seeing clients progress and achieve a better quality of life (205) and being able to meet clients' needs and deliver care (11%). Some referred specifically to enjoying working with a particular client group – such as young people. Other comments referred more broadly to 'making a difference' as a source of job satisfaction.

One in five of all the answers given made reference to the use or development of particular skills, or a particular element of the role. Whilst some referred to this in a generic way ('making use of my skills') others referred to particular activities they enjoy in their job. 14% of respondents referred to some aspects of staff management/supervision or training. Thirty-three (6%) describe enhancing practice or developing the service as a source of job satisfaction. Others refer to the use of skills such as client assessment, group work, mental health promotion and therapies.

Whilst contact with clients and specific areas of activity account for the majority of responses, 15% of all responses related to the way in which respondents conduct their work. Working in teams or the quality of terms worked in was referred to by 11% of respondents, whilst the level of autonomy was valued by 6%.

Community respondents were more likely to refer to autonomy (7% vs 3% of hospital), having the opportunity to use their skills and knowledge (11% vs 8%), and to liking where they work/client group (11% vs 5%). They are also more likely than their hospital colleagues to refer to the level of contact they have with service users (43% vs 38%) as a source of satisfaction.

Meanwhile larger proportions of hospital respondents refer to seeing clients make progress (27% vs 17%) and staff development/management (14% vs 10%).

5.3 Frustrations of working in mental health

A final question asked what the biggest frustrations of working in mental health are. This question was answered by 570 respondents and 1,207 different answers were coded (many respondents gave answers covering several different themes). The results are presented in Table 5.9.

Again there are some difference between hospital and community based respondents. Community respondents are more likely to refer to the amount of time spent on admin (27% vs 17% of hospital), whilst hospital staff are more likely to refer to short staffing and workloads (39% vs 22%) in community.

Table 5.9: What are the biggest frustrations of working in mental health?

	frequency	% respondents
Funding/resources		
Lack of funding, services under funded.	124	22
Deficits/ FUNDING CUTS/ Closed beds/units	33	6
Lack of time – too little time to give good care/do things well	58	10
Short staffed/lack of experienced RMNs, High sickness-absence. Dilute skill-mix	99	17
Facilities/environment	6	1
IT – poor, lack of computers	11	2
Mental health stigma		
Cinderella service/Lack of priority given to MH	24	4
Stigma/Bad press/Public perceptions. Seen as lower status.	35	6
Nature of work		
Role expansion – expected to take on more and more	11	2
Not enough autonomy	5	1
Admin/paperwork – too much, too time consuming, not enough admin support	121	21
Too much time computer inputting	17	3
CPA – eg. takes too long/not working	3	1
Client issues – eg. increasingly acute, 'revolving door', pressure to discharge	16	3
Delays/problems accessing other services, Blocked beds	18	3
Lack of patient/client progress (despite treatment)	5	1
Increased reliance of medical model	7	1
Conditions of employment		
Length of working day/Shifts, Long working hours	11	2
Training/prof. development/skills training – lack opportunity/not funded	27	5
Career opportunities limited, no progression unless go into mgt	16	3
Short term contract, job insecurity	10	2
Poor Pay	21	4
AFC – changed shift onto physical/mental, AFC has demotivated staff	13	2
Parking	1	0
Safety/wellbeing at work		
Harassment from clients/relatives - Verbal abuse/Racist attitude	17	3
Violence/Safety issues – increase in aggressive behaviour	33	6
Drug/alcohol abuse	11	2
Stress	14	2
Internal context		
Staff morale is low	13	2
Politics	17	3
Poor management. Lack of leadership. Not valued by management	105	18
Organisational culture/structure, too many meetings. Too much BUREACRACY	71	12
Too many CHANGES imposed	44	8
Too target driven	31	5
Other staff/services		
Poor working relationships	16	3
Lack of coordination of care/MDT/areas. Systems not linked/joined up	12	2
Poor/negative attitude of nursing staff	13	2
Not valued		
Government – not value Mental Health, interfere. View that CBT is cure all	16	3
Not valued/supported by employer/Trust	28	5
Not valued – in general	32	6
Other		
Total responses/cases	1207/570	

Source: *Employment Research/RCN 2007*

The six most frequently cited frustrations experienced by respondents are:

- Lack of funding (22% refer to this, plus a further 6% refer specifically to funding cuts)
- Too much administration and paperwork (21%)
- Being badly managed or feeling unsupported and unvalued by managers (18%)
- Lack of registered nursing staff/staffing shortages (17%, plus a further 10% report that lack of time is a source of frustration)
- Too much bureaucracy or being part of a stifling organisational culture that doesn't foster progress (12%)

A number of the themes identified connect to levels of funding – most obviously the comments regarding staffing, but also comment concerning not having sufficient time to do the job well, and poor facilities or equipment. Whilst funding difficulties are a feature of NHS working life more generally, some considered that mental health had an additional burden of not being considered a priority relative to other services. It was felt by some that mental health services continue to be treated as a 'Cinderella service' suffering from low and in some cases reduced levels of funding, and be viewed as low status. This links to another issue raised, which is the stigma associated with mental health, which a number of respondents report coming up against.

A major bone of contention is the amount of time spent on administration (or correspondingly, the lack of administrative support). One fifth of respondents refer to this as a frustration of working in mental health. Amongst community respondents 27% refer to admin as a frustration of their job.

A number of respondents (33, which equates to 6% of respondents to this question) expressed concern regarding their personal safety at work. Some commented that increased alcohol/drug abuse had fuelled problems of aggressive behaviour amongst service users.

Key points from Chapter 5 - Morale

- 80% of the mental health nurses surveyed considered the quality of care where they work to be good. 70% are enthusiastic about their jobs and say that nursing is a rewarding career.
- The main source of job satisfaction is working closely with clients, seeing improvements and being able to 'make a difference'.
- The three biggest frustrations of working in mental health are lack of resources/lack of staff, too much admin, and poor or overly bureaucratic management.
- Hospital staff are generally less positive than community respondents.
- Lack of career opportunity is a bigger issue in mental health than in other areas of nursing; 70% say it will be difficult for them to progress.
- Most respondents feel safe but 26% agree that they fear for their own personal safety at work.
- Respondents who feel there is sufficient staff are less likely to feel concerned about their safety (14% vs. 34% of those who report insufficient staff).