Employment experiences of older nurses and midwives in the NHS


Abstract
Aim To examine the employment experiences of older nurses and midwives working in the NHS.

Method A total of 27 semi-structured telephone interviews were conducted with nurses and midwives to identify positive and negative aspects of their working lives in the NHS. The interviewees were selected from a potential pool of 87 nurses and midwives who had consented to be involved in an earlier part of the study. Data were analysed using QSR NVivo 7.0.

Findings Positive and negative issues were identified as having an impact on the quality of working life. These included: access to training, change and Agenda for Change (AfC), quality of management, work demands, patient/colleague contact and nursing and midwifery as a career.

Conclusion This study highlighted a number of issues relevant to older nurses and midwives that warrant further study and attention. These include access to training and continuing professional development, issues relating to change and AfC, and general work demands including workload, resources and morale. The ability of staff to remain healthy, committed and able to deliver quality care can be compromised in cases where the staff experience is negative.

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Keywords
Agenda for Change; Continuing professional development; Employment issues; Midwives; NHS; Older nurses

The NHS is currently experiencing a period of deficits, reform and considerable change. The impact of this on the working conditions of NHS staff and the resulting quality of working lives is only just being realised. More than 40% of trusts have overspent six months into the financial year and more than 20,000 nursing jobs have been frozen or cut (Laurance 2006). The government puts the figure at 900 redundancies, with other job cuts resulting from retirement, wastage and voluntary redundancies (Tempest 2006). Consequently, job losses are inevitable and these working conditions will affect NHS staff and the quality of their working lives.

Agenda for Change (AfC) (Department of Health 1999) represented the biggest shake-up in pay and conditions in the history of the NHS, and was the culmination of years of negotiations between the government and health unions. AfC was trailed as a system offering rewards linked to the competence of the individual, bringing equity to those working in health systems and supporting lifelong learning and career progression (Benton 2003). However, pay increases of 16% promised by union leaders have failed to materialise, with the average increase at 12.3% (Parish 2005). AfC has also been challenged as being unable to reward certain roles properly (Parish 2005).

The pace and amount of reform and change have been identified as a major negative aspect of working in the NHS according to a survey of health service management trainees (The Times 2006). In a letter to The Guardian, NHS Together – an alliance of health service unions and the Trades Union Congress – wrote: ‘The NHS is changing too quickly, with far too little involvement of staff and with no chance to assess the impact of the changes... we are concerned about the pace of NHS reform. We are not opposed to change... but reforms

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A qualitative method was chosen to access information-rich data – this was appropriate for the investigative, small-scale nature of this section of the study. A semi-structured interview was chosen to facilitate a ‘conversation with a purpose’ and encourage respondents to talk about their experiences through open-ended questions. Telephone interviews were chosen as they were easier to arrange and more cost-effective to perform than face-to-face interviews (Thomas and Purdon 1994). Telephone interviewing allowed the researcher a relatively high degree of control over the research process and any queries the respondents had were clarified immediately (Cockburn 2006).

The interview questions were developed from a preliminary analysis of the questionnaire data (from the survey part of the study conducted earlier) and existing literature. The interview schedule was piloted by telephone with six respondents to ensure clarity and appropriateness of responses, with appropriate changes being made. The pilot interviews were not used in the final analysis.

A purposive sample was selected to explore key issues around age, ethnicity, ill-health and disability. This involves the conscious selection of the researcher of certain subjects or elements to include in the study (Crookes and Davies 1998) and reflected the time and resource restraints of the study. A non-probability sampling technique was used as the intention was to investigate fully the chosen topic and provide information-rich data (Grbich 1999). Twenty seven interviewees were selected from a potential sample of 87 nurses and midwives who had consented to be involved in the earlier survey part of the study. The sample was pre-selected to ensure that a range of people with different work and demographic backgrounds was included, for example, nurses under and over the age of 50 years, nurses from a minority ethnic background, community nurses, male nurses, nurses with a disability and nurses citing a work-related illness or experience of discrimination. For the purposes of this study, ‘older’ was defined as 50 years or more as this had been used in previous studies of this population (Watson et al 2003). In the main part of the study (survey), 20% of the sample was under 50 years for the purposes of comparison. A similar approach was used when selecting participants for interview – of 27 staff interviewed, five were aged under 50 years.

The respondents had the following demographic identity in relation to role: nurses (21), midwives (2), health visitors (2), school nurse (1) and matron (1). The respondents had the following personal characteristics: nurses of minority ethnic background (2), male nurses (4), disabled nurses (4), nurses with a work-related illness (9) and those citing some form of discrimination (8). The interviews were

### Aim

To examine the employment experiences of older nurses and midwives working in the NHS.

### Method

A qualitative method was chosen to access information-rich data – this was appropriate for
conducted between March and May 2006.

**Data analysis** Content analysis was undertaken on the qualitative data. Qualitative content analysis examines the development of emergent themes from text and then assesses the importance of these themes through repetition of coding (Priest et al. 2002). Qualitative content analysis requires sensitivity to detail and context, accurate access to information and ways of rigorously and carefully exploring themes and discovering patterns (Richards 1999).

Analysis was undertaken using QSR NVivo 7.0, a qualitative software package designed to manage large amounts of qualitative data and to facilitate content analysis. Some of the main analytical categories were already known as they formed the key concepts in the interview questions. Second level coding was used to ascertain core themes within each key category. Irrelevant or random data were removed, for example, where data or text identified was that of the interviewer’s question or comments. All non-coded data were examined as an additional check to the validity of the analysis.

**Ethical considerations**

All interviews were recorded with the interviewee’s permission. One researcher, experienced in designing and conducting qualitative research, performed all the interviews, ensuring consistency of approach. Multi-regional ethical approval for the research project was sought from the Leeds (West) Research Ethics Committee and approval was received in January 2005.

**Findings**

Following analysis of the data using NVivo, patterns in the responses emerged – these are shown in Table 1. The most frequent responses only are shown here: a full listing of all the categories can be found in Wray *et al.* (2006). The main categories reflect the key questions asked during the interview process, with sub-categories illustrating the most popular responses within each area. For example, within the main category of ‘Patient/client contact’, 18 respondents made reference to the positive aspect of patient/client contact.

The key issues most frequently highlighted by staff are now explored in greater detail.

**Training** Ten respondents identified difficulties in accessing training: one respondent, when asked if training was available, said: ‘supposedly, yes. When I broached it [they said] “We have no money, we can’t spare you”’ (male nurse, 50

**TABLE 1**

<table>
<thead>
<tr>
<th>Theme and category</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>‣ Lack of availability or ‘real’ opportunity</td>
<td>10</td>
</tr>
<tr>
<td>‣ Positive experience of training</td>
<td>7</td>
</tr>
<tr>
<td>Change and Agenda for Change (AfC)</td>
<td></td>
</tr>
<tr>
<td>‣ AfC positive (general comments)</td>
<td>11</td>
</tr>
<tr>
<td>‣ AfC negative (does not recognise experience/specialism)</td>
<td>10</td>
</tr>
<tr>
<td>‣ AfC negative (general comments)</td>
<td>8</td>
</tr>
<tr>
<td>‣ Too much change in the NHS</td>
<td>8</td>
</tr>
<tr>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>‣ Have supportive management</td>
<td>14</td>
</tr>
<tr>
<td>Work demands</td>
<td></td>
</tr>
<tr>
<td>‣ Workload issues</td>
<td>13</td>
</tr>
<tr>
<td>‣ Stress, low morale issues</td>
<td>12</td>
</tr>
<tr>
<td>‣ Lack of resources – finances/human/other support services</td>
<td>10</td>
</tr>
<tr>
<td>Patient/client contact</td>
<td></td>
</tr>
<tr>
<td>‣ Positive comments on patient/client contact</td>
<td>18</td>
</tr>
<tr>
<td>‣ Positive comments on working with colleagues/team</td>
<td>8</td>
</tr>
<tr>
<td>Nursing and midwifery as a career</td>
<td></td>
</tr>
<tr>
<td>‣ Stable, long, varied career</td>
<td>7</td>
</tr>
<tr>
<td>‣ Opportunity to learn, develop, experience new challenges</td>
<td>6</td>
</tr>
</tbody>
</table>
Many respondents did acknowledge the financial constraints facing their employer. Three respondents reported that training was only available if they completed it in their own time and/or with their own funds. Seven respondents spoke positively about their training opportunities. One nurse (62 years) said: ‘I’ve had huge opportunities... when I look at my CV I can’t believe it’s mine.’

**Change and AF/C** Eight respondents commented on the amount of change in the NHS. One referred to ‘constant change’ (nurse, 56 years), while another commented: ‘It’s scary out here at the moment because of the changes’ (nurse, 57 years). Many spoke of associated anxiety: ‘It’s quite stressful with all the changes going on... and not knowing where the future’s going to take us’ (nurse, 53 years). A retired nurse (59 years) felt the constant change affected her decision to retire early: ‘I didn’t like the “hurry up, hurry up” and changing everything every five minutes.’

Regarding AF, three respondents admitted to a lack of awareness. Eleven respondents reported positive views, many of these having benefited financially from the changes: ‘I have got a little bit more money so that’s quite nice’ (school nurse, 50 years). Others spoke of feeling properly valued by the process of assimilation. However, eight respondents gave negative feedback on the process. One nurse, 54 years, described AF as the reason why ‘the NHS is in crisis... we’re not even treading water; we’re going backwards’. Several respondents commented on how AF has failed to reward appropriately: ‘I think it’s caused unrest in the workplace... people thought they were going to be paid and rewarded for the work they do... when it came out people felt they hadn’t been’ (nurse, 56 years). One respondent spoke of being disillusioned and undervalued (male nurse, 53 years).

In addition, many felt AF did not recognise experience and specialism: ‘They’ve got a lot of people in the NHS who’ve got a lot of experience but now they’re putting it all down to paper qualifications. Their salary has been drastically cut’ (nurse, 54 years). Another nurse added: ‘I think they’ve had particular difficulty with the specialist nurses because the work we do doesn’t fit into a common category – because we’re child and adolescent it becomes even more difficult to categorise us’ (nurse, 59 years). One respondent spoke of the process causing ‘unrest between community nurses and counsellors’ (nurse, 56 years). Ten respondents spoke of ongoing appeals about grading (either for themselves or colleagues). Perhaps unsurprisingly, several people mentioned a resulting fall in morale: ‘I feel we were bullied into it [AF/C] and that the NHS got us down and they’re continually kicking us to keep us down... I think the AF/C started the whole business of lowering morale in the NHS’ (nurse, 52 years).

**Management** Of the 27 respondents interviewed, just over half felt they had supportive management. Eleven others spoke in negative terms about their management. However, many respondents also acknowledged that management faced their own problems: ‘I think they are in a difficult position themselves where the pressure is on them to get results and to keep our services going’ (nurse, 47 years). Four respondents mentioned flawed communication channels with their management, with one nurse, 58 years, commenting: ‘It’s difficult for them... the further removed you are from the base the more difficult it gets’. Two respondents expressed concern that policy is not always supportive of the service they are trying to provide, or ‘the gap between views as therapists and the views of the manager’ (male nurse, 59 years). Two respondents felt that management lacked training: ‘I think the NHS is trying to run itself like a business and it hasn’t got people who can run businesses in charge. Some managers have not got either the clinical, life or the people experience and they’re expected to manage departments and services... it doesn’t bode well’ (nurse, 55 years).

**Work demands** Thirteen respondents mentioned workload as being an important aspect of their daily working lives. Some found their workload manageable, others spoke of variable workload, but many spoke of a constantly heavy workload. One male nurse (53 years) said: ‘[Workload] tends to be constantly high... we just get used to running at that level of dealing with the pressure. Years ago it used to ebb and flow, now I think we realise this is how it’s going to be’. Twelve respondents spoke about stress and low morale in the NHS. A midwife (45 years) spoke of her working life: ‘[It’s] stressful. It’s workload, the politics of the NHS... the general consensus is if we were left alone to do our jobs it would be wonderful’. One 54-year-old nurse made direct reference to falling morale and retention: ‘I’ve been in the NHS for quite a few years and have never known that many want to leave, especially of a certain age. I think we had the same ideology when we started and now that ideology’s just gone’.

Ten respondents made reference to the lack of resources in their profession, eight of these referring to staffing levels. A school nurse, 50 years, said: ‘Often we’re short staffed and people still expect you to do the same amount of work’. ‘It’s the national shortage of midwives, you know the jobs are there, the people aren’t,’ added a midwife, 45 years. Other respondents mentioned a lack of financial resources in the NHS.

**Patient/client contact** Eighteen respondents felt...
that patient contact was a positive aspect of their work. One nurse (52 years) commented that she loved: ‘the contact with patients’. Another nurse appreciated the diversity of patients he dealt with: ‘I’ve met thousands of patients in all different spheres’ (nurse, 51 years) and a 47-year-old nurse spoke of enjoying dealing with ‘patients from every walk of life’. The ability to ‘make a difference’ to patients’ lives was identified as a positive aspect by many respondents, with one male nurse speaking of enjoying his work with people with depression: ‘Seeing them change, seeing the improvement’.

A health visitor (62 years) added: ‘[I enjoy] helping clients, assessing the clients, working with the clients, supporting them... moving forward in tune with clients’.

Many respondents spoke of enjoying the appreciation and feedback from patients: ‘I work in the community, we get lots of thanks... and patients actually saying “I couldn’t have done it without you”’ (nurse, 58 years). However, a few of the respondents also mentioned patient contact with some negativity: ‘Relatives do come back to you, they are both the bad side and the good side’ (nurse, 58 years) and: ‘If you’d asked me a year ago I would have said the patient contact [was what I most enjoyed] but the patients are becoming more verbally abusive and frustrated’ (nurse, 54 years).

Eight respondents also reported enjoying working with colleagues and as part of a team. ‘I love working with my staff... I have great confidence and great faith in them and I like being part of a team. I know that they come to me with all sorts of things, not just about work and I think that’s really rewarding’ (matron, 58 years). Having a positive influence on colleagues was also felt to be rewarding: ‘Like developing the staff in my team’ (nurse, 51 years) and: ‘working with the team. I do enjoy the A/C and feeling that I’m helping my colleagues’ (nurse, 54 years).

### Nursing and midwifery as a career

Many of the respondents felt positive about nursing as a career: ‘I have had a fantastic career. I’ve had a huge experience and I think I’ve had the best years of health visiting’ (health visitor, 62 years). ‘I’ve had full employment for 30 odd years, I’ve managed to move around the country and overseas and back and gained employment and it has given me a steady income’ (male nurse, 50 years). Another nurse (58 years) added: ‘I have to say everything I’ve done I have enjoyed. I wouldn’t have stayed if I hadn’t’.

An opportunity to learn and develop was identified by some respondents as the aspect of work they most enjoyed. One nurse (36 years) said: ‘I think it’s a great learning environment, I feel I’ve got access to lots of opportunities to develop’. An older nurse (59 years) added: ‘I’ve been qualified since 1967... nursing was so different... it’s just the whole learning thing, lifelong learning. I’m still learning in my new project’. The challenges of the work were also reported to be important – opportunities to teach and travel were also mentioned as enjoyable aspects of working in the NHS.

### Discussion

The interview schedule was used as an investigative tool only, to examine in greater depth some of the issues identified earlier in the survey section of the study. A sample of 27 was pre-selected for interview so that specific discussion could be undertaken on the key variables of age, ethnicity, disability and/or work-related illness and experiences of discrimination. There are therefore limitations to the study in terms of sample selection and size. Similar to the main study, 20% of the sample selected was under 50 years to allow comparison with those in the over 50 age group. However, because of the small numbers involved (n=5) a meaningful comparison was not possible. It should be noted, however, that this comparison was not a primary aim of the study. Using a single researcher heightened the consistency of interviewing style, and also the interpretation of the data. However, telephone interviewing limited the researcher to aural communication only making it more difficult to pick up any non-verbal cues. No significant differences were found in the responses of the nurses and midwives interviewed in relation to their age. From these interviews it was evident that nurses and midwives had a positive attitude to their profession. Patient contact was the most commonly mentioned aspect of work in the NHS (Table 1). This contact was perceived as the most rewarding aspect of the work, namely the ability to ‘make a difference’ to patients’ lives. Comments about having a supportive management team formed the second most common response, with many respondents acknowledging that management had their own difficulties and restrictions. Positive comments about A/C also ranked highly, with over half of those interviewed speaking favourably. Respondents also enjoyed working with their colleagues and in a team and spoke positively of the longevity of their NHS career, and the associated reliable income.

There were also some negative issues arising from the data. The key concerns centred on workload, stress, paperwork and bureaucracy; all identified as having a negative impact on the working lives of respondents. It is known that job dissatisfaction is a crucial factor for the retirement decision by many (Robinson and...
Perryman (2004). There is a recognition that poor staff management contributes to staff turnover, increased stress and low morale; nurses who feel their work is valued are much less likely to want to leave the workforce (Ball and Pike 2004). A higher number of respondents felt there was a lack of ‘real’ opportunity to access training and continuing professional development (CPD) than those who had had a positive experience. This is supported by one of the findings in the survey part of the study (Wray et al. 2006) as well as by other literature (Watson et al. 2003). AfC also received criticism, in particular with regards to re-grading and the inability of AfC to recognise experience and specialism – many of those interviewed spoke of themselves or others who had taken grading decisions to appeal. A similar number of respondents also felt there was too much change and uncertainty in the NHS. These comments are similar to those reported elsewhere (NHS Together 2006).

**Conclusion**

This study highlighted a number of issues relevant to older nurses and midwives which warrant further study and attention. These include access to training and CPD, issues relating to change and AfC, and general work demands including workload, resources, stress and morale. The ability of staff to remain healthy, committed and able to deliver quality care can be compromised in cases where the staff experience is negative. Such experiences affect the overall quality of working life and decisions as to whether to remain part of the NHS workforce. As evidence continues to accumulate on the growing number of older nurses and midwives in the workforce, the age legislation will have a significant effect on policy and practice within the NHS. A sector of the workforce is now facing retirement decisions, and such workers may be vulnerable in a climate of job cuts and losses. The age legislation may prevent the premature exit of older nurses and midwives from the workforce as viable alternatives to taking early retirement become available.

**IMPLICATIONS FOR PRACTICE**

- There should be regular opportunities for staff training and continuing professional development, with proper resources and time allowed to encourage this.
- For Agenda for Change to be delivered successfully, staff should have a supportive management team in which they have confidence.
- Staff contact with patients should form a significant proportion of the working day.

**References**


