

# Nursing Research Unit

Careers and working lives  
research programme

Combining work and family

## Nurses' experiences four to eight years after qualification

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# EXECUTIVE SUMMARY

## **1 BACKGROUND**

### **1.1 Introduction**

This report focuses on registered general nurses (RGNs) who, between four and eight years after qualification, took a break from employment for maternity leave and/or childcare. The findings are drawn from a longitudinal study of the careers of RGNs who qualified in 1990/1991. The aims of this research are to:

- 1 Ascertain the diversity within the general nursing workforce at qualification and at subsequent time-points thereafter
- 2 Describe career plans and career pathways followed from qualification onwards
- 3 Investigate subjects relevant to careers: combining work and family; continuing professional development; career guidance; quality of working life
- 4 Identify relationships between career plans, careers followed, and profile and experience variables

This report contributes to Aim 3.

### **1.2 Policy relevance**

The general nursing workforce has traditionally comprised more than 90% women and this predominance means that it is especially susceptible to the effects of its members taking breaks for childbearing and childrearing. Nevertheless, it is recognized that nursing is not a 'family friendly' occupation. Discriminatory attitudes impact on both the workforce and the individual, for example by increasing the likelihood that breaks from employment will be taken and that women who take breaks will experience downward mobility. Strategies to change the adverse impact of combining work and family on career progress and retention are central to the current human resources framework for all health professionals (Department of Health (DH) 1998, 2000), and for nurses specifically (DH 1999).

Research into nurses' experiences of combining work and family is patchy. Although some areas are well documented (e.g. the impact of breaks on grade) much less is known about aspects such as nurses' preferences about working following a break and their reasons for these preferences. The research reported here seeks to inform policy by adding to current knowledge about nurses' experiences of combining work and family.

## **2 METHODS**

### **2.1 The longitudinal study**

The cohort was recruited from RGNs qualifying in England between September 1990 and August 1991. A purposive sample was selected, comprising qualifiers from three regions whose colleges together encompassed a wide range of educational and service experiences, and a variety of student populations. Ninety-two per cent (1164) of eligible qualifiers agreed to take part. Five questionnaires were sent at intervals between qualification and four years after qualification; response rates to each were between 83% and 92% (as a proportion of those to whom the questionnaire was sent). A sixth questionnaire was sent to 783 cohort members when they had been qualified for eight years (between October 1998 and September 1999); the response rate was 79% (620). Questionnaires were developed with a pilot cohort (n=101) recruited at the outset of the project.

### **2.2 Researching experiences of maternity leave/childcare between four and eight years after qualification**

Investigating experiences of combining family life with working was one of the key objectives of data collection eight years after qualification. A series of separate questions on this topic was developed, to be mailed to respondents whose sixth questionnaire indicated that they had taken a break from paid employment in the UK for maternity leave and/or childcare between four and eight years after qualifying as an RGN. Of the 620 respondents who returned the sixth questionnaire, 210 had taken one or more such breaks. Of these, 181 (86%) responded to the additional questions. All respondents were women. Data are presented separately for 1<sup>st</sup> and 2<sup>nd</sup> breaks since it could be anticipated that experiences of these would differ.

### 3 VIEWS ABOUT LENGTH OF BREAK

- For each completed break, one-half or more of respondents returned to work sooner than they would have preferred
- Respondents who returned after four or five months were more likely to say they had returned sooner than preferred than those who returned after seven to 12 months
- The most frequently cited reason for returning sooner than preferred was financial

Regulations regarding length of maternity leave and benefit levels are subject to government directives on employment practices generally. These findings indicate, however, that in nursing at least, rationales exist for improving current entitlements. The recently announced government intention to increase the minimum period of statutory maternity leave from 18 to 26 weeks, plus an increase in maternity pay, should improve the situation for many nurses who would otherwise return after four or five months. Nurses who feel pressured to return sooner than they prefer may be particularly vulnerable in terms of morale. This in turn may be detrimental to quality of care and, in the longer term, may exacerbate attrition if their financial circumstances improve.

### 4 RETURNING TO PAID EMPLOYMENT

#### 4.1 Returning to nursing/healthcare

##### *Following each completed break*

- More than 95% returned to a nursing/healthcare job; over 70% returned to the same job they had held prior to the break

##### *Of those taking a break*

- 29% on a 1<sup>st</sup> break had resigned; 6/12 on a 2<sup>nd</sup> break had resigned
- Most who had resigned were unsure whether they would return to nursing/healthcare

The findings appear to demonstrate an 'attachment' to nursing (Dex 1990), in that very few respondents returned to an occupation other than nursing/healthcare. It is also possible, however, that the findings reflect pragmatism in that many who return to nursing/healthcare may do so because it represents the best option available. The fact that few respondents who had resigned had clear plans to return to nursing means this group may be particularly vulnerable in terms of attrition. Equally, however, their lack of clarity about the future (as opposed to having definite plans not to return) suggests that they are a group which could be usefully targeted for retention, since they may well be attracted back once their children reach school-age. There is then, no room for complacency in terms of providing conditions to actively encourage nurses to return.

## 4.2 Hours and grade

- For 1<sup>st</sup> break, the largest group (66%), worked full-time before the break and returned part-time
- For 2<sup>nd</sup> break, the largest group (80%), worked part-time before the break and returned part-time
- For all grades of jobs held before each break, 75% or more of respondents retained this grade when they returned
- 92% of those who changed from full- to part-time hours returned to the same or a higher grade
- Over two-thirds of those who returned to an F grade and all those who returned to a G grade or above did so part-time

The finding that a return to part-time work was not associated with a drop in grade is contrary to previous studies (e.g. Martin and Roberts 1984, Equal Opportunities Commission 1991). Little is known, however, about the subsequent career progression of those who work part-time compared with those who work full-time. Further information about the career progression of these two groups will be available from the main (eight year) questionnaire.

## 4.3 Preference for full- or part-time work following a break

### *After each completed break*

- The majority returned part-time and stated this to be their preference (1<sup>st</sup> break 65%; 2<sup>nd</sup> break 72%)
- The most frequently cited reasons for wanting to work part-time were to enable them to spend more time with their child(ren), and that they did not want their child(ren) to be cared for by other people full-time
- More than one-quarter were working more hours than they wanted: 27% after a 1<sup>st</sup> break and 28% after a 2<sup>nd</sup>. These respondents included those who worked full-time and would have preferred either to work part-time or not at all, and those who worked part-time and would have preferred not to work at all. The most frequently cited reasons for working more hours than preferred were financial
- Most respondents continued to work the same hours as those to which they initially returned

Overall these findings demonstrate an overwhelming preference for part-time hours, primarily to enable people to provide some care for their child(ren) themselves. The fact that one-quarter were working more hours than they would ideally like, mostly for financial reasons, renders the contribution of this section of the workforce particularly

vulnerable, since they may reduce their hours or leave paid employment completely, should their financial circumstances change.

#### **4.4 Reasons for returning to work**

- **For those whose preference was to return to work (full- or part-time), the reasons most frequently rated as important were social (e.g. for companionship and maintaining sense of identity)**
- **For those who would have preferred not to return to work, the reasons most frequently rated as important were financial**

These findings help make sense of conflicting evidence from others researchers (e.g. Ferri and Smith 1996, Khalil and Davies 2000) in that the data indicate that reasons for returning to work differ according to whether women are choosing to return, or are returning despite a preference not to work. The predominance of social reasons suggests that many nurses are not ‘career-orientated’ during their childrearing years. It is unclear, however, whether this is through choice, or because it is not considered feasible to actively pursue a career while raising a family.

## **5 OBTAINING ‘FAMILY FRIENDLY’ HOURS**

The research investigated three aspects of hours of employment: full- or part-time working, pattern of hours, and flexibility within hours

### **5.1 Full- or part-time working**

- **59% worked their preferred hours immediately after their last break and at 8 years; most commonly respondents worked and preferred part-time at both time-points (54%)**
- **18% did not work their preferred hours at either time-point**
- **31% worked more hours than they would have preferred at some stage after taking a break; the most frequently cited reasons for doing so were financial**

The findings demonstrate an unequivocal demand for part-time employment, and it is fortunate that many nurses appear able to work these hours. Nevertheless, the financial pressure for some nurses to work more hours than they prefer is once again evident. In terms of retention, therefore, it is important for employers to provide opportunity for employees to reduce their hours from full-time to part-time should their financial circumstances change. For those who would rather not be working at all, policies to facilitate combining work and family responsibilities may be especially important for maintaining a motivated workforce.

## 5.2 Pattern of hours

### *Eight years after qualification*

- **The most frequently described pattern of hours was day and night shifts (rotation) (41%)**
- **23% were not working their preferred pattern of hours; those working rotation were most likely to say this was not their preference (43%)**
- **85% had no difficulty obtaining their preferred hours; those who were working day-time hours had most frequently experienced such difficulty**
- **Overall, fixed day-time hours were preferred by the greatest proportion of respondents (37%), followed by rotation (24%)**

Findings about pattern of hours revealed a spread of preferences, probably reflecting the variety of childcare facilities available to, and adopted by, respondents. It is an attribute of nursing that the nature of the work means that a range of working patterns exists. To capitalize upon the potential workforce, and maximize morale, managers need to expend every possible effort to match individual and organizational needs.

## 5.3 Flexibility within hours

### *Eight years after qualification, of those working in, or planning to return to, nursing/healthcare*

- **42% worked set hours, but had a manager amenable to small changes; 26% worked set hours and had no flexibility; 25% worked flexible hours**
- **Of those who had no flexibility, 43% recorded that this caused them difficulties with childcare, these were most frequently associated with arranging childcare to cover unsociable working hours**
- **18% of respondents had decided against jobs because of inflexibility of hours**

Although only one-quarter of respondents worked hours which they would describe as flexible, a far greater proportion had line managers who were amenable to small changes in the hours worked. Khalil and Davies (2000) report from their study that negotiation of work times was not always easy to achieve. Such flexibility is important, in assisting nurses to make childcare arrangements, however, especially if these incorporate unsocial hours. Moreover, nearly one-fifth of respondents decided against certain jobs due to inflexibility of hours. Evidence of flexible working is therefore important in strategies to attract nurses into specific jobs.

## 6 EXPERIENCE OF PART-TIME WORKING

### *Eight years after qualification*

- **36% of those working part-time thought their manager treated them differently from full-time colleagues; most frequently they felt undervalued and that there was a lack of communication. Some felt disadvantaged in terms of their career and professional development**
- **29% of those working part-time thought tensions existed between part-time and full-time staff; contributory factors most frequently related to working hours and lack of communication**
- **Of those who had previously worked full-time in the same job, 33% felt their commitment to work was less than when they were full-time; 48% felt their commitment to their employing organization was less than when they were full-time**

Although the majority of respondents working part-time did not consider their experiences to differ from those of their full-time colleagues, over one-quarter felt that differences did exist, most of which were negative. In particular, improved communication with those working part-time, and increased attention to their career and professional development, could help to decrease the sense of being undervalued described by some part-time nurses. For each of the aspects of commitment explored with those who had worked both full- and part-time in the same job, a greater proportion of respondents felt less committed when they were part-time than felt more committed. It is possible that increased investment in part-time staff may increase their commitment to work and/or their employing organization.

## 7 CHILDCARE

### *Eight years after qualification*

- **62% used their spouse/partner and/or child(ren)'s grandparents for their main childcare**
- **39% had a crèche at their workplace, of whom 12% (4% of all respondents) used it**
- **Of the 6 who used a workplace crèche, 5 said it influenced their decision to take the job**
- **Reasons most commonly cited for not using a workplace crèche were that they did not want their child(ren) cared for at any crèche (46%), and that crèche hours were not compatible with their/their spouse/partner's working hours (43%)**

The findings support those of Morris (1995), that many nurses make complicated childcare arrangements, incorporating two or more people or facilities. A slightly greater proportion of nurses reported having childcare facilities at their workplace than was



indicated by the RCN study (Waters 1997, Watson 1998), but the proportion who used them was similar. Findings from the small number of nurses who did use workplace crèches suggest that the provision of such facilities may contribute to recruitment. The fact that nearly one-half of those who did not use such facilities said that they did not want their children to be cared for at any crèche, however, suggests that the reliance on family members may indeed be for peace of mind as Morris (1995) suggests. If this is the case, flexibility of hours may be equally, if not more important than onsite childcare. The fact that more than one-quarter of respondents reported that they did not use existing workplace crèches due to their hours of opening, their cost and/or the availability of places indicates that these aspects should be considered in the development of new facilities.

- **34% of respondents used their normal childcare arrangements when their children were ill; 30% took sick leave**

Arrangements when child(ren) are ill appeared particularly complex for many respondents, few describing one clear approach. The introduction of family crisis days would reduce the burden for two-thirds of nurses who are unable to use their normal childcare arrangements in such circumstances.

## **8 CHOOSING AN AREA OF NURSING/HEALTHCARE**

- **31% stated that the ability to combine the work with raising a family was their main reason for choosing their area of work**
- **the area most frequently cited was agency/bank (26%)**
- **Hours was the aspect of the work most frequently described as enabling it to be combined with raising a family (81%)**

## **9 CONCLUSIONS**

Overall, the findings demonstrate the continuing need for employers of nurses to be responsive to the competing demands faced by those who attempt to combine nursing with raising a family. There is no single way in which nursing and family responsibilities are combined, or in which nurses would seek to combine them. Rather, the women who comprise this section of the workforce are heterogeneous and creative in the ways in which they seek to manage their responsibilities.

The findings suggest that flexibility of hours may be more important than the provision of childcare facilities in the workplace. Given the government's emphasis on the provision of workplace crèches, it seems essential that further research is undertaken to explore the specific barriers to their use. It is possible that flexible working practices, enabling respondents to more easily use other forms of childcare provision, may be equally if not more important for recruitment and retention.

Given the rhetoric surrounding the need for family friendly practices in nursing over the last 20 years, it is laudable that the current government is not only heightening awareness of the need for such strategies in its policy documents, but defining ways in which the needs of those who seek to combine nursing and family responsibilities should be addressed, and providing financial investment. Evidence of good practice is emerging. Trusts need to be aware of such practices, but more importantly, need to devise family friendly programmes to suit their own local workforce.

# COMBINING WORK AND FAMILY: NURSES' EXPERIENCES FOUR TO EIGHT YEARS AFTER QUALIFICATION

## 1 BACKGROUND AND AIMS

The general nursing workforce has traditionally comprised more than 90% women (Committee on Nursing 1972, Robinson *et al.* 1995, UKCC 1996), and this predominance means that the workforce is especially susceptible to the effects of its members taking breaks for childbearing and childrearing. Nevertheless it has long been recognized that nursing is not a 'female friendly' or 'family friendly' occupation (Willis 1991). Indeed, Mackay (1988) comments that 'many in nursing's hierarchy appear unwilling to make allowances for the demands which fall most heavily on women - demands of children, ageing parents, or partners who have to move house for the sake of their own careers'. Such attitudes impact on both the workforce and the individual. Lack of flexible working hours and failure to understand the pressures associated with juggling multiple roles, increase the likelihood that breaks from employment will be taken (Hackett *et al.* 1991). In addition, a number of studies indicate that breaks from employment are often associated with downward mobility. This is because, whether through choice or necessity, a return to work is often to a part-time post, and these tend to be concentrated in lower grades (Hockey 1976, Martin and Roberts 1984, Corby 1991). Nursing structures continue to reflect the value system associated with a 'conventional' (i.e. full-time with no breaks) career, so that women whose employment record is 'interrupted' are penalized (Davies 1990, Mangan 1994, Halford *et al.* 1997).

In 1991, the Department of Health, on behalf of the NHS, became the first government department to join Opportunity 2000, a business-led campaign to increase the quality and quantity of women's participation in the workforce (NHSME 1992). Under the programme, employers were expected to make public their ambitions and goals for improving women's representation at all levels, and to demonstrate how these were going to be achieved. Efforts were also made at local level to encourage women employees to return after a break, largely through the provision of refresher courses (Heywood-Jones 1986), flexible hours (O'Byrne 1989), job share opportunities (Lathlean 1987; Meager and Buchan 1990) and childcare facilities (Hurst *et al.* 1990), although progress was

patchy (Willis 1991). More recently, the ambition of the current government, to create a new 'Modern and Dependable' NHS has once again brought issues of recruitment and retention to the fore. Strategies to change the adverse impact of combining work and family on career progress and retention are central to the current human resources framework for all health professionals (Department of Health (DH) 1998, 2000), and for nurses specifically (DH 1999). As part of the Improving Working Lives initiative (DH 2000), employers are expected to demonstrate their commitment to more flexible working conditions. This includes giving staff more control over their own time (team-based employee-led rostering and annual hours arrangements), childcare support, reduced hours options, flexi-time, career support, and career breaks. Emphasis has also been placed on ensuring that those who choose to work part-time and/or take a career break for family reasons are not disadvantaged in terms of career progression.

Research into nurses' experiences of combining work and family is patchy. Although the impact of breaks on grade is well documented (Hockey 1976, Martin and Roberts 1984, Corby 1991), much less is known about nurses' preferences about working following a break and their reasons for these preferences. The research reported here seeks to add to current knowledge about nurses' experiences of combining work and family, drawing comparisons with findings from other published studies (e.g. Morris 1995, Khalil and Davies 2000). The aim is to provide information to help inform the development of policy.

The findings are drawn from a longitudinal study of the careers of Registered General Nurses (RGNs) which has been in progress for eight years. Funded by the Department of Health, the study was commissioned in 1989 in response to concerns about retention in the context of a predicted decline in nursing's traditional recruitment base. The commissioning brief for subsequent phases continued to focus on retention, but also included the investigation of a wide range of aspects relevant to nurses' careers. The aims of the research are to:

- 1 Ascertain the diversity within the general nursing workforce at qualification and at subsequent time-points thereafter
- 2 Describe career plans and career pathways followed from qualification onwards
- 3 Investigate subjects relevant to careers: combining work and family; continuing professional development; career guidance; quality of working life

- 
- 4 Identify relationships between career plans, careers followed, and profile and experience variables

## **2 RESEARCH DESIGN AND METHODS**

Eight years after qualifying as an RGN, cohort members were sent their sixth questionnaire in the study, covering the period between four and eight years after qualification. Respondents who had taken one or more breaks for maternity leave/childcare during this period were sent a separate booklet(s) containing detailed questions about their experiences. A brief summary of the design of the longitudinal study is presented (Section 2.1), followed by more specific details of the research into maternity leave/childcare between four and eight years after qualification (Section 2.2).

### **2.1 The longitudinal study**

#### **2.1.1 Cohort size and composition**

The cohort was recruited from RGNs qualifying in England between September 1990 and August 1991. A purposive sample was selected, comprising qualifiers from three regions whose colleges together encompassed a wide range of educational and service experiences (teaching and non-teaching hospitals, urban and rural settings) as well as a variety of student populations. Recruitment strategies were successful and 92% (1164) of eligible qualifiers agreed to take part. (For a detailed description of sampling decisions and recruitment strategies see Robinson and Marsland 1994, Robinson *et al.* 1995).

#### **2.1.2 Data collection intervals and response rates**

The cohort has received questionnaires at qualification, and six months, one year, two years, four years and eight years after qualification. A variety of strategies was used to maximize response rates (see Robinson and Marsland 1994, Robinson *et al.* 1995). Response rates to the first five questionnaires were all between 83% and 92% (as a proportion of those to whom the questionnaire was sent; i.e. those who returned the previous questionnaire or who had been traced subsequently). The sixth questionnaire was sent to 783 cohort members when they had been qualified for eight years (between October 1998 and September 1999); the final response rate was 79% (620).

### **2.1.3 Developing questionnaires**

Questionnaires were developed with a pilot cohort recruited at the outset of the project. Six sets of qualifiers (n=101) were selected from three colleges representing the key features of the main cohort colleges. This size was considered large enough to contain sufficient numbers of each subgroup of interest (e.g. men, those with children). Each questionnaire was developed by means of a three-stage process:

- Semi-structured interviews to identify issues to be included in the questionnaire
- Further interviews to assess the comprehensiveness and relevance of draft questions, and understandings of terminology
- Testing of postal versions of the questionnaire mailed for participants to complete unassisted

## **2.2 Researching experiences of maternity leave/childcare between four and eight years after qualification**

The questionnaire sent eight years after qualification encompassed four main areas: career directions, experiences of employment, education, and combining work and family. Indeed, investigating experiences of combining family life with working was one of the key objectives of this phase. It became clear during the pilot study, however, that the range of questions required could not be incorporated in the questionnaire without making it prohibitively lengthy and off-putting, particularly for those to whom the subject was not relevant. A series of separate questions was therefore developed on this topic, to be mailed to those respondents whose questionnaire indicated that they had taken a break for maternity leave and/or childcare between four and eight years after qualifying as an RGN.

Pilot work indicated that participants' experiences varied in relation to the number of breaks they had taken, and whether all breaks had been completed (i.e. the respondent had returned to paid employment) or whether the respondent was taking a break at the time of returning the questionnaire. Whilst some information was required once only for each respondent, other information was required about each break taken, and so the potential existed for a long and heavily routed questionnaire. To avoid this, three booklets of questions were developed which could be sent in combination to meet each respondent's particular circumstances. The booklet(s) required by each respondent were determined by information they provided in the main questionnaire.

Of the 620 respondents who returned the sixth questionnaire, 210 had taken one or more breaks from paid employment in the UK for maternity leave and/or to care for children between four and eight years after qualification. Of these, 181 returned a booklet(s) about their experiences; an 86% response rate. All respondents were women. Although men were not excluded from the sample, none of the 35 men who responded to the main questionnaire indicated that they had taken a break for childcare between four and eight years after qualification. Table 2.1 details breaks taken by respondents during the four to eight year period after qualifying as an RGN. The largest group (47%, 85) had completed a first break only, while a further 15% (27) were in the process of taking their first break. A total of 22% (39) had taken/were taking a second and/or third break during this period, having completed one or more break(s) during the first four years after qualification (Groups C, D, E, H and J). Eight respondents had also taken a break for maternity leave/childcare prior to starting the course. This break is excluded from the total, however, since the focus of this report is on breaks taken since qualifying as an RGN.

**Table 2.1 Breaks taken between four and eight years after qualification**

Breaks	No.	% <sup>1</sup>
A. 1 <sup>st</sup> break (completed) only	85	47
B. 1 <sup>st</sup> break (in progress) only	27	15
C. 2 <sup>nd</sup> break (completed) only	28	15
D. 2 <sup>nd</sup> break (in progress) only	4	2
E. 3 <sup>rd</sup> break (completed) only	4	2
F. 1 <sup>st</sup> and 2 <sup>nd</sup> breaks (both completed)	21	12
G. 1 <sup>st</sup> break (completed) and 2 <sup>nd</sup> break (in progress)	8	4
H. 2 <sup>nd</sup> and 3 <sup>rd</sup> breaks (both completed)	1	1
I. 1 <sup>st</sup> and 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	1	1
J. 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	2	1
Total	181	100

Findings are presented first for completed breaks (Section 3), followed by breaks in progress (Section 4). It could be anticipated that experiences of a first break for maternity leave/childcare differ from those of subsequent breaks. Data are therefore presented

<sup>1</sup> In presenting data, percentages are rounded to whole numbers; consequently totals do not always sum to 100%.

separately for first and subsequent breaks. Sections 5 to 8 focus on hours of employment, experience of part-time working, childcare, and choosing an area of nursing/healthcare, respectively.

A series of research questions about combining work and family was generated from a review of policy developments in healthcare and nursing, other research on nurses' careers, and the views and experiences of the pilot cohort. These questions are presented at the start of each section of findings.

### **3 COMPLETED BREAKS**

During the four to eight year period, 115 respondents completed a break that was their 1<sup>st</sup> period of maternity leave/childcare since qualifying as an RGN (Appendix 3A.1a), 53 completed a break that was their 2<sup>nd</sup> such period (Appendix 3A.1b), and five completed a break that was their 3<sup>rd</sup> such period (Appendix 3A.1c). Findings are presented for 1<sup>st</sup> and 2<sup>nd</sup> breaks only<sup>2</sup> for those respondents who worked in nursing/healthcare both before and after the break (n=114 for 1<sup>st</sup> break and 52 for 2<sup>nd</sup> break<sup>3</sup>). Many of the findings about 2<sup>nd</sup> breaks replicate those for 1<sup>st</sup> breaks and therefore the main points only are summarized.

#### **3.1 Views about length of break**

Simplified and improved maternity rights feature as part of the government's programme of modernisation in employment relations, human rights and family policy (DH 1999). More recently, the aspects of working lives to which employers are required to demonstrate commitment as part of the Improving Working Lives initiative include career breaks (DH 2000). No guidelines exist, however, as to the precise focus of such commitment. Moreover, there has been little research about the length of breaks nurses take for maternity leave/childcare, and their views about this. Morris (1995) records that the 'vast majority' of the 22 nurses in her interview study wanted 'longer maternity leave' but does not provide any specific detail. Marsland *et al.* (1996) report from an earlier phase of the current study that two-thirds (66%, 210) of women at qualification who

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<sup>2</sup> Twenty-two respondents are included in both the 1<sup>st</sup> and 2<sup>nd</sup> break data.

<sup>3</sup> Of the 115 respondents who completed a 1<sup>st</sup> break, 97% (111) were employed in nursing or healthcare, and a further 3% (3) were undertaking a nursing or healthcare course. Just one respondent was employed outside nursing/healthcare. This respondent did not take up a nursing/healthcare job after the break and is therefore excluded from further analyses. Of the 53 respondents who completed a 2<sup>nd</sup> break, one did not work in nursing/healthcare either before or after her break and was therefore excluded from further analyses.



hoped to start a family in the future planned to take a break(s) longer than statutory maternity leave; the current phase sought to answer the following questions:

Between four and eight years after qualifying as an RGN

- What type of breaks were taken for maternity leave/childcare, and how long were these breaks? (Section 3.1.1)
- What views were expressed about length of breaks taken? (Section 3.1.2)
- What reasons were given for returning sooner than preferred? (Section 3.1.3)

### 3.1.1 Type and length of break taken

Respondents were asked about the type of break they had completed; for a 1<sup>st</sup> break just over one-half (54%, 62) had taken paid maternity leave followed by unpaid maternity leave (Table 3.1). Just less than one-third (29%, 33) took paid maternity leave only. Only a small minority (4%, 5) had resigned from their job. Figures for 2<sup>nd</sup> break show that a smaller proportion of respondents took paid maternity leave followed by unpaid maternity leave than for a 1<sup>st</sup> break, while slightly greater proportions took paid maternity leave only or resigned from paid employment. A greater proportion of respondents also recorded 'other' for 2<sup>nd</sup> break, indicating that these are more diverse in nature than 1<sup>st</sup> breaks.

**Table 3.1 Type of completed breaks**

Description of break	1 <sup>st</sup> break		2 <sup>nd</sup> break	
	No.	%	No.	%
Paid maternity leave and unpaid maternity leave	62	54	18	35
Paid maternity leave only	33	29	19	37
Unpaid leave only (not entitled to paid maternity leave)	6	5	1	2
Longer period than paid and unpaid maternity leave				
• and had resigned from paid employment	5	4	7	13
• and had agreement to return to job	2	2	0	-
Other	5	4	7	13
No answer	1	1	0	-
Total	114	100	52	100

Respondents whose break was longer than paid and unpaid maternity leave were asked to give reasons for taking this length of break. The most frequent response for 1<sup>st</sup> and 2<sup>nd</sup> break was wanting to care for their child(ren) full-time (Appendix 3A.2).

Since length of paid and unpaid maternity leave entitlement varies according to time in service, length of break was also recorded. For 1<sup>st</sup> break, all 33 respondents who took paid maternity leave only took a break of between three and six months; of the 62 who took paid and unpaid leave, 24% (15) took a break of three to six months and 69% (43) took a longer period (Appendix 3A.3a). The figures for 2<sup>nd</sup> break are similar (Appendix 3A.3b).

### 3.1.2 Feelings about length of break

All respondents were asked about their feelings with regard to the length of their break. For both breaks, a slightly greater proportion of respondents felt they had returned to work sooner than they would have preferred than felt that the length of their break had been about right (Table 3.2).

**Table 3.2** *Feelings about length of break*

Feelings	1st break		2nd break	
	No.	%	No.	%
I returned to work sooner than I would have preferred	57	50	27	52
It was about right	52	46	23	44
I would have preferred to return to work sooner	4	4	2	4
No answer	1	-	0	-
Total	114	100	52	100

Those who took a break of four or five months, were much more likely than those who took a break of six months or more to feel that they had returned to work sooner than they preferred (Table 3.3 for 1<sup>st</sup> break; Table 3.4 for 2<sup>nd</sup> break).

**Table 3.3 Length of 1<sup>st</sup> break by feelings about length of break**

Feelings	Length of break (months)							All No.
	3 No.	4-5 No. %		6 No.	7-12 No. %		More than 12 No.	
Returned to work sooner than preferred	4	26	81	7	12	27	4	57
It was about right	3	6	19	6	29	64	6	52
Would have preferred to return to work sooner	1	0	-	-	3	7	-	4
No answer	-	0	-	-	1	2	-	1
Total <sup>1</sup>	8	32	100	13	45	100	10	114

<sup>1</sup> Six people did not provide information about length of break

**Table 3.4 Length of 2<sup>nd</sup> break by feelings about length of break**

Feelings	Length of break (months)							All No.
	3 No.	4-5 No. %		6 No.	7-12 No. %		More than 12 No.	
Returned to work sooner than preferred	2	14	78	2	7	39	-	27
It was about right	1	4	22	3	10	56	3	23
Would have preferred to return to work sooner	-	-	-	-	1	6	1	2
Total <sup>1</sup>	3	18	100	5	18	100	4	52

<sup>1</sup> Four people did not provide information about length of break

### 3.1.3 Reasons for returning sooner than preferred

Respondents who returned to work sooner than they would have preferred were asked to give their reasons for this. The most frequently cited reason, for both breaks, was that they could not financially afford to take any more time off work (Table 3.5).

**Table 3.5** *Reasons for returning to work sooner than preferred*

Reasons	1 <sup>st</sup> break (n=57)		2 <sup>nd</sup> break (n=27)	
	No.	%	No.	%
Could not financially afford to take any more time off work	49	86	23	85
Thought a longer break may jeopardize long-term work prospects	4	7	2	7
Was under pressure from manager to return	2	4	1	4
Other	9	16	3	11

### 3.1.4 Discussion

*Together these findings suggest that approximately one-half of nurses who take a break for maternity leave/childcare return to work sooner than they would prefer, and that the pressures to return are primarily financial. Clearly, regulations regarding length of maternity leave and benefit levels are subject to government directives on employment practices generally. These findings indicate, however, that in nursing at least, rationales exist for improving current entitlements. Nurses who feel pressured to return sooner than they prefer may be particularly vulnerable in terms of morale. This in turn may be detrimental to quality of care and, in the longer term, may exacerbate attrition if their financial circumstances subsequently improve. The recently announced government intention to increase the minimum period of statutory maternity leave from 18 to 26 weeks, plus an increase in maternity pay, should improve the situation for many nurses who would otherwise return after four or five months.*

## 3.2 Returning to work

Data collected in 1980 for the Women and Employment Study suggests that women have attachments to certain occupations, which persist through disruptions and over childbirth, and that nursing is one such occupation (Dex 1990). Despite evidence of such attachments, however, it has long been recognized that breaks from nursing employment for childcare are often associated with downward mobility. This is because, whether through choice or necessity, a return to work is often to a part-time post, and these tend to be concentrated in lower grades (Hockey 1976, Martin and Roberts 1984). For example, Davies (1990) states that only 17% of nurses return to full-time working following the birth of a first child. A study by Corby (1991) of all health authorities in England, found that 48% of nurses below a G grade worked part-time or held a job-share post, whereas

this was the case for only 16% of nurses holding a G grade or above. Moreover, a 1990 survey showed that only one-third of health authorities in England, Scotland and Wales offered part-time posts to all grades of staff (Equal Opportunities Commission 1991). Morris (1995) also records that many participants in her interview study took a lower grade job in order to be able to work part-time. It appears that, historically, women have been penalized because organizations such as the NHS are structured to reward those with uninterrupted employment records. People who take breaks to look after children are not regarded as displaying, in a traditionally accepted way, 'the higher degree of career commitment and persistence that is usually a prerequisite for promotion' (Maclean 1992). One of the 'Opportunity 2000' goals identified by the DH to be achieved before the year 2000 was to ensure that, following maternity leave/a career break, all women would be able to return to a grade/status commensurate with that which they left (Ratcliffe 1996). More recently, the current government identified the need to redress inequalities associated with part-time working and career breaks (DH 1999). The current research updates that previously undertaken by providing information about the following questions:

Between four and eight years after qualifying as an RGN

- To what employment did respondents return after a break for maternity leave/childcare? (Section 3.2.1)
- To what hours did respondents return after a break for maternity leave/childcare? (Section 3.2.2)
- Was grade affected by taking a break/returning to part-time work? (Section 3.2.3)

### **3.2.1 Returning to nursing/healthcare<sup>4</sup>**

Following both a 1<sup>st</sup> and a 2<sup>nd</sup> break, over 95% of respondents returned to a nursing job. More than 70% returned to the same nursing job as that which they had held prior to the break (Table 3.6).

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<sup>4</sup> The questionnaire asked about jobs in 'nursing/healthcare' since pilot work demonstrated that to ask only about 'nursing jobs' led some respondents to exclude work for which their nursing registration was relevant. For brevity and readability, however, hereafter the term 'nursing' is used to refer to all nursing/healthcare work. Similarly the term 'nurse' is used to refer to all those undertaking work in nursing/healthcare.

**Table 3.6 Job destination following break**

Job	1 <sup>st</sup> break		2 <sup>nd</sup> break		
	No.	%	No.	%	
Nursing	Same job	89	78	37	71
	Different job	24	21	13	25
Non-nursing		1	1	2	4
Total		114	100	52	100

Respondents who returned to a different nursing job were asked their reasons for doing so. After a 1<sup>st</sup> break the most frequently stated reason related to obtaining better working hours (54%, 13), indeed four respondents explicitly stated that they changed job due to difficulty in negotiating their preferred hours with their previous employer (Appendix 3A.4). Figures for 2<sup>nd</sup> break showed that respondents were equally likely to cite reasons relating to hours and to a geographical move.

### 3.2.2 Hours to which returned

Respondents who returned to a nursing job were asked about the hours they worked both before and after their break. Prior to a 1<sup>st</sup> break, 82% (93) worked full-time. As Table 3.7 shows, however, two-thirds (66%, 75) changed from working full-time before this break, to working part-time upon return. In contrast, prior to a 2<sup>nd</sup> break, 82% (41) of respondents worked part-time, most of whom also worked part-time after the break.

**Table 3.7 Hours before and after break**

Hours	1st break		2nd break	
	No.	%	No.	%
Full-time → part-time	75	66	5	10
Full-time → full-time	18	16	4	8
Part-time → part-time	17	15	40	80
Part-time → full-time	3	3	1	2
Total	113	100	50	100

### 3.2.3 Grade to which returned

A comparison of grade shows that, for all grades of jobs held before a 1<sup>st</sup> break, 75% or more of respondents maintained this grade when they returned to work; indeed all seven

who had previously held a G grade or above continued to work at this level (Table 3.8)<sup>5</sup>. Nine per cent (9) of respondents returned to a higher grade, and just 5% (5) took a drop in grade.

**Table 3.8 Grade of jobs held immediately before and after 1<sup>st</sup> break**

Grade after break	Grade before break							
	D grade		E grade		F grade		G grade or above	Other
	No.	%	No.	%	No.	%	No.	No.
D grade	10	77	3	6	1	8	-	-
E grade	3	23	43	81	1	8	-	2
F grade	0	-	4	8	9	75	-	-
G grade or above	0	-	1	2	1	8	7	-
Other	0	-	2	4	0	-	-	8
Total <sup>1</sup>	13	100	53	100	12	100	7	10

<sup>1</sup> One person did not provide information about their grade

All five respondents who returned to work at a lower grade reduced their hours from full- to part-time (Table 3.9). However, 81% (48) of those who changed from full- to part-time hours retained their original grade, and a further 10% (6) returned to a higher grade.

**Table 3.9 Change in grade by change in hours before and after 1<sup>st</sup> break**

Grade before and after break	Hours before and after break							
	FT → PT		FT → FT		PT → PT		PT → FT	
	No.	%	No.	%	No.	%	No.	%
Retained same grade	48	81	13	87	7		1	
Returned to a higher grade	6	10	2	13	1		-	
Returned to a lower grade	5	9	0	-	-		-	
Total <sup>1</sup>	59	100	15	100	8		1	

<sup>1</sup> 13 people recorded their grade as 'other'

When the grade of job to which respondents returned was analysed by full- and part-time hours, over two-thirds (69%, 9) of those who returned to an F grade, and all those who returned to a G grade or above, did so part-time (Table 3.10).

<sup>5</sup> Seventeen respondents who worked as agency/bank nurses immediately before and/or immediately after their 1<sup>st</sup> break were not included as they may have worked at different grades during this period.

**Table 3.10 Grade of jobs held immediately after 1<sup>st</sup> break by hours**

Hours after break	Grade after break						Other No.	
	D grade		E grade		F grade			G grade or above No.
	No.	%	No.	%	No.	%		
Full-time	0	-	12	25	4	31	-	2
Part-time	14	100	37	75	9	69	9	8
Total <sup>1</sup>	14	100	49	100	13	100	9	10

<sup>1</sup> One person did not provide an answer

The nine respondents who obtained a part-time F grade worked in a variety of specialties, primarily hospital-based (secondary care). In contrast, the nine who obtained a part-time G grade or above were all based in primary care settings<sup>6</sup>.

Findings on grade for the 44 respondents who had a permanent nursing job before and after their 2<sup>nd</sup> break<sup>7</sup> showed a similar pattern to that demonstrated for 1<sup>st</sup> break (Appendix 3A.5). Thus 75% or more maintained their grade when they returned, all those who held a G grade or above before the break returned to work at this grade, and just 5% of respondents took a drop in grade. As was the case after a 1<sup>st</sup> break, the majority of those who returned to grade F (3/4) and to grade G or above (6/6) did so part-time. Whereas after a 1<sup>st</sup> break respondents with part-time F grade jobs tended to work in hospital settings and those working part-time on G grades or above were working in primary care, findings after the 2<sup>nd</sup> break revealed a more varied picture<sup>8</sup>.

### 3.2.4 Discussion

*The findings appear to support those about attachment to nursing described by Dex (1990), in that very few respondents returned to an occupation other than nursing. It is possible, however, that rather than demonstrating an ‘attachment’ to nursing, the findings reflect pragmatism on the part of many nurses who return to a nursing job either because there are few other opportunities available to them, or because it*

<sup>6</sup> Health visiting (4), district nursing (2), practice nursing (2); Macmillan nursing (1).

<sup>7</sup> Six respondents who worked as agency/bank nurses immediately before and/or immediately after their 2nd break were not included.

<sup>8</sup> Of the three part-time F grades, two were practice nurses and one worked in a hospital-based specialty. Of the six part-time G grades (or above), three were based in primary care (district nursing (2), Macmillan nursing (1)), one was a midwife and two worked in hospital-based specialties.



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*represents the best available option. There is then, no room for complacency in terms of providing conditions to actively encourage nurses to return.*

*Most frequently nurses worked full-time until their 1<sup>st</sup> break and then returned part-time. Indeed, ten years on, the proportion returning full-time following a 1<sup>st</sup> break shows only a slight increase from that reported by Davies (1990). The majority also worked part-time prior to a 2<sup>nd</sup> break, and continued with these hours upon return. Contrary to the findings of previous studies (Hockey 1976, Martin and Roberts 1984, Corby 1991, Equal Opportunities Commission 1991, Morris 1995), however, return to a part-time job was not associated with a drop in grade; most frequently, nurses who returned part-time retained the grade they held before their break. It appears, therefore, that this goal of 'Opportunity 2000' has to some extent been achieved. Little is currently known, however, about the subsequent career progression of those who work part-time compared with those who work full-time. Further information about the career progression of these two groups will be available following analysis of data from the main (eight year) questionnaire.*

### **3.3 Preference for full- or part-time work**

Whilst there is an abundance of research into the hours that nurses work and the impact of this on their grade, little is known about preferences in this respect, and reasons for changing hours. Moreover, although research exists into the reasons why women return to work following a break for maternity leave/childcare (e.g. Ferri and Smith 1996, Quimby 1994) little has focused specifically on nursing, and that which does (e.g. Khalil and Davies 2000) does not distinguish between nurses with different experiences of, and preferences for, full- or part-time working. The current research sought to extend current knowledge by answering the following questions:

Between four and eight years after qualifying as an RGN

- What preferences were expressed in terms of returning to work full- or part-time and what reasons were given for returning? (Section 3.3.1)
- What reasons were given for preferring full- or part-time work, did respondents work their preferred hours and, if not, why was this the case? (Section 3.3.2)
- Did respondents continue to work the hours to which they initially returned, and what reasons were given for changing hours? (Section 3.3.3)

### 3.3.1 Preferences for returning full-time or part-time and reasons for returning

Respondents who returned to a nursing job were asked if the hours to which they returned were their preference. After a 1<sup>st</sup> break nearly two-thirds (65%, 74) worked part-time and it was their preference to do so; this was the case for nearly three-quarters (72%, 36) after a 2<sup>nd</sup> break (Table 3.11). After each break, however, more than one-quarter of respondents were working more hours than they would have ideally liked: 27% (30) after a 1<sup>st</sup> break and 28% (14) after a 2<sup>nd</sup>.

**Table 3.11 Hours returned to and preference**

Hours and preference	1 <sup>st</sup> break			2 <sup>nd</sup> break		
	No.	%		No.	%	
Worked part-time and wanted part-time	74	65		36	72	
Worked full-time and wanted full-time	9	8	73	0	-	72
Worked full-time and ideally would have liked part-time	10	9		5	10	
Worked part-time and ideally would have liked not to work at all	18	30	27	9	18	28
Worked full-time and ideally would have liked not to work at all	2	2		0	-	
Total	113	100		50	100	

The motivations for returning to paid employment were investigated by asking all respondents who returned to a nursing job to rate 19 reasons according to a four-point scale from 'very important' to 'not at all important'. A 'not applicable' option was also provided. The 19 reasons comprised four types: career, financial, social and employment. Reasons for returning after a 1<sup>st</sup> break were compared for respondents in each of four main groups shown in Table 3.11:

- 
- 1) worked part-time and wanted part-time (n=74)
  - 2) worked full-time and wanted full-time (n=9)
  - 3) worked full-time and ideally would have liked part-time (n=10)
  - 4) worked (full- or part-time) and ideally would liked not to work at all (n=20)

Figures for respondents rating each reason as 'very important' or 'quite important' are shown in Table 3.12. Of those who wanted to work (Groups 1, 2 and 3), the three reasons most frequently rated as important were all social. In addition, of those in Group 3 (worked full-time and ideally would have liked part-time) an equal proportion rated the career reason 'to maintain long-term career prospects' as important as rated three of the social reasons as important. In contrast, for those who would have preferred not to work (Group 4), the two most frequently cited reasons for returning to work were financial. Conflict is evident in the responses provided by this latter group as, despite stating that ideally they would have liked not to work, one-half indicated that 'wanting the stimulation of a work environment' was important in their decision to return.

**Table 3.12 Reasons for returning to work after a 1<sup>st</sup> break**

Reasons	Group 1 Worked part-time and wanted part-time  (n=74) No. %		Group 2 Worked full-time and wanted full-time  (n=9) No.	Group 3 Worked full-time and ideally would have liked part-time  (n=10) No.	Group 4 Worked (part-time or full-time) and ideally would have liked not to work at all  (n=20) No.
	<b>Career</b>				
Wanted to continue pursuing my career	54	73	6	6	4
To not work would waste knowledge gained through studying	48	65	5	3	4
To maintain long-term career prospects	46	62	5	8	8
To fulfil PREP requirements	35	47	3	3	6
<b>Financial</b>					
To retain maternity benefits	49	66	5	7	11
Spouse/partner's level/lack of income meant I had to work	32	43	5	6	12
I liked the lifestyle afforded by paid employment	47	64	4	6	9
To provide me with some financial independence	44	59	5	6	8
My income was more regular than my spouse/partner's	6	8	1	3	2
Single parent – had to work for financial reasons	3	4	-	1	-
<b>Social</b>					
To maintain my sense of identity	62	84	7	6	9
Wanted the stimulation of a work environment	61	82	7	8	10
Enjoyed my job	58	78	7	8	6
Wanted the company of work colleagues	58	78	5	8	3
Did not want to be at home with the child(ren) Full-time irrespective of my financial circumstances	26	35	5	3	1
<b>Employment</b>					
My job offered greater long-term security than my spouse or partner's job offered him/her	11	15	4	3	3
Was on a permanent contract before break and did not want to lose security of contract	27	36	2	3	5
To continue my pension contributions	33	45	5	5	4
Could not negotiate an unpaid career break	2	3	-	-	4

A similar pattern of responses emerged for the reasons for returning after a 2<sup>nd</sup> break.

### 3.3.2 Working preferred hours

For each of the four groups, reasons for preferred hours, and for not working preferred hours, were investigated.

#### Group 1: worked part-time and wanted part-time

Respondents who returned part-time and stated that it was their preference to do so were asked their reasons for wanting these hours (Table 3.13). For 1<sup>st</sup> break, over 90% indicated that they wanted to work part-time because it enabled them to spend more time with their child(ren), and because they did not want their child(ren) to be cared for by other people full-time. The same two items were cited most frequently for 2<sup>nd</sup> break.

**Table 3.13** *Reasons for wanting to work part-time*

Reasons	1 <sup>st</sup> break (n=74)		2 <sup>nd</sup> break (n=36)	
	No.	%	No.	%
It enabled me to spend more time with my child(ren)	72	97	36	100
Did not want child(ren) to be cared for by other people full-time	70	95	32	89
I felt that working full-time in an emotionally demanding job would decrease my ability to care well for my child(ren)	46	62	18	50
I felt that working full-time in a job with a heavy workload would decrease my ability to care well for my child(ren)	40	54	20	56
It enabled me to have time in my life for activities other than my work and child(ren)	28	38	15	42
Did not think I would be able to combine domestic responsibilities with full-time work	25	34	14	39
It enabled my spouse/partner and I to care for the child(ren) between us which we preferred to outside care	22	30	9	25
I was suffering/had suffered from post-natal depression	1	1	0	-

### **Group 2: worked full-time and wanted full-time**

Nine respondents returned to work full-time immediately after their 1<sup>st</sup> break and stated that it was their preference to do so<sup>9</sup>. The most frequently indicated reasons for wanting to work full-time related to the attractions of a full-time salary, sense of identity, and maintaining career prospects (Table 3.14).

**Table 3.14 Reasons for wanting to work full-time**

Reasons	1 <sup>st</sup> break (n=9) No.
I liked the lifestyle afforded by a full-time salary	4
Working full-time was important to my sense of identity	4
I believed my long-term career prospects would be reduced if I worked part-time	4
Felt that unless I worked full-time I would not reap the benefits of qualifications I'd gained through studying	2
Part-time staff are not given the same responsibilities as full-time staff	1
Wanted to maximize my pension contribution	1

### **Group 3: worked full-time but ideally would have liked part-time**

Ten respondents returned full-time after their 1<sup>st</sup> break but stated that, ideally, they would have liked to work part-time; this was the case for five respondents after a 2<sup>nd</sup> break. As was the case for those who had successfully obtained part-time hours (Group 1), for both breaks the most frequently cited reason for wanting part-time was that it would enable them to spend more time with their child(ren) (Table 3.15).

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<sup>9</sup> No respondents were in Group 2 following a 2<sup>nd</sup> break.

**Table 3.15 Reasons for ideally wanting to work part-time**

Reasons	1 <sup>st</sup> break (n=10) No.	2 <sup>nd</sup> break (n=5) No.
It would enable me to spend more time with my child(ren)	9	5
It would enable me to have time in my life for activities other than my work and child(ren)	4	4
I felt that working full-time in an emotionally demanding job would decrease my ability to care well for my child(ren)	4	3
I felt that working full-time in a job with a heavy workload would decrease my ability to care well for my child(ren)	3	2
It would have enabled my spouse/partner and I to care for the child(ren) between us which we preferred to outside care	3	1
Did not want child(ren) to be cared for by other people full-time	2	2
Did not think I would be able to combine domestic responsibilities with full-time work	2	-
I was suffering/had suffered from post-natal depression	1	-

Asked why they worked full-time when they would have ideally liked part-time, following a 1<sup>st</sup> break the most frequent responses related to spouse/partner's income, and to job security (Table 3.16). Following a 2<sup>nd</sup> break, spouse/partner's level/lack of income again featured most frequently.

**Table 3.16 Reasons for working full-time when ideally would have liked to work part-time**

Reasons	1 <sup>st</sup> break (n=10) No.	2 <sup>nd</sup> break (n=5) No.
Spouse/partner's level/lack of income meant I had to work full-time	4	3
Was on a permanent contract before break and did not want to lose security by changing job	4	-
Could not obtain/negotiate part-time hours	3	2
Thought that full-time work would be more likely than part-time work to maintain my chances of promotion	2	1
Single parent – had no option but to work full-time	1	1
Thought I would be more likely to have opportunities for continuing education in a full-time job	1	-

#### **Group 4: worked full- or part-time and ideally would have liked not to work**

Twenty respondents returned to work after a 1<sup>st</sup> break and stated that they would have preferred not to work at all; of these, two returned full-time and 18 part-time. Following a 2<sup>nd</sup> break, nine respondents returned to work (all part-time) and stated that they would have preferred not to work at all. By far the most frequently stated reason given for preferring not to work was that they wanted to care for their children full-time (Table 3.17). The next most frequently cited reason, for both breaks, was that nursing work was felt to be too stressful to combine with caring for a young family. Following a 2<sup>nd</sup> break the same number of respondents cited that childcare costs meant that working was not financially worthwhile.

**Table 3.17 Reasons respondents would ideally have liked not to work**

Reasons	1 <sup>st</sup> break	2 <sup>nd</sup> break
	(n=20) No.	(n=9) No.
I wanted to care for my child(ren) full-time	18	9
Felt nursing work was too stressful to combine with caring for a young family	6	3
Childcare costs meant that working was not financially worthwhile	4	3
I was unable to obtain/negotiate hours to fit in with my preferred childcare arrangements	4	-
I am suffering/had suffered from post-natal depression	3	1
I wanted only to work if my child(ren) could be cared for at a crèche at my workplace, but one was not provided	3	1
I wanted only to work if my child(ren) could be cared for at a crèche at my workplace, but crèche hours were not compatible with my/our work hours	3	1

When asked why they had returned to work when they would have preferred not to, the greatest proportion of respondents after both breaks described financial reasons (15/20 after a 1<sup>st</sup> break and 8/9 after a 2<sup>nd</sup>). Other reasons given were professional (e.g. to maintain skills).



### 3.3.3 Changing hours

All respondents were asked whether they continued to work the same hours or whether they subsequently changed<sup>10</sup>. Following both breaks, the majority (85% or more) of those who returned part-time continued to work these hours (Table 3.18). A small minority worked part-time for a period and then worked full-time, even though none stated that they would have preferred to work full-time at the outset. Reasons for changing from part-time to full-time included not being able to manage on a part-time salary, and feeling that the job required full-time input (Appendix 3A.6).

**Table 3.18 Subsequent change in hours by those who returned part-time**

	1 <sup>st</sup> break				2 <sup>nd</sup> break			
	Wanted to work part-time		Would ideally have liked not to work at all		Wanted to work part-time		Would ideally have liked not to work at all	
	No.	%	No.	%	No.	%	No.	%
Continued part-time	68	92	17	94	31	86	8	89
Worked part-time and then full-time	6	8	1	6	5	14	1	11
Total	74	100	18	100	36	100	9	100

Turning to those who returned full-time after a 1<sup>st</sup> break, a greater proportion of those who wanted to work full-time, than of those who would have preferred to work part-time or to not work at all, subsequently changed to part-time (Table 3.19). Reasons for changing from full-time to part-time included missing being with child(ren) more than anticipated, and concern that working full-time in a job with a heavy workload was decreasing ability to care well for child(ren) (Appendix 3A.7).

<sup>10</sup> Respondents who remained in paid employment answered in relation to this entire period of work; those who subsequently took another break, answered in relation to the period between breaks.

**Table 3.19 Subsequent change in hours by those who returned full-time**

	Wanted to work full-time No.	1 <sup>st</sup> break		2 <sup>nd</sup> break
		Would ideally have liked to work part-time No.	Would ideally have liked not to work at all No.	Would ideally have liked to work part-time No.
Continued full-time	5	7	1	5
Worked full-time and then part-time	4	3	1	-
Total	9	10	2	5

### 3.3.4 Discussion

*Overall these findings demonstrate an overwhelming demand for part-time hours. After both breaks, nearly three-quarters or more of respondents stated a preference to work part-time. The primary reason for this preference was to enable people to spend more time with their children, and also that respondents did not want their child(ren) to be cared for by other people full-time. In addition, there was concern that the demands of full-time nursing work could detract from respondents' abilities to care for their children.*

*Work did, however, have an important social function for these nurses as demonstrated by their reasons for returning. The findings help make sense of the conflicting evidence from other researchers. Ferri and Smith (1996) and Khalil and Davies (2000) found that the main reasons mothers gave for returning to work were to provide mental stimulation and retain social contact. In contrast, Quimby (1994) cited financial considerations as the main reason. The current data indicate that reasons for returning to work differ according to whether women are choosing to return, or are returning despite a preference not to work.*

*The demand for part-time hours is further supported by those who returned to work full-time and who stated that, at that time, this was their preference. Four of these nine respondents subsequently reduced their hours to part-time, most commonly stating that they missed being with their children more than they anticipated, and that they felt working full-time in a job with a heavy workload was decreasing their ability to care well for their children. (Few respondents in any of the other groups changed their hours). Although the numbers are small, these respondents (returned full-time and*

*stated that this was their preference) appear less career motivated than might have been expected. Their reasons for returning to work, and for preferring full-time hours, more commonly reflected social and financial motivators than those associated with career progression.*

*After each break, more than one-quarter of all respondents were working more hours than they wanted. Most of these respondents would have preferred not to work at all and their reasons for returning to work, or for working full-time rather than part-time were most frequently financial. Nurses with children who work more hours than they would ideally like are therefore vulnerable in terms of their contribution to the workforce, since they may reduce their hours or leave paid employment completely, should their financial circumstances change.*

#### **4 CURRENT BREAKS**

At the time they completed the questionnaire, 42 respondents were in the process of taking a break from paid employment in the UK for maternity leave/childcare. For 27 respondents this break was their 1<sup>st</sup> period of maternity leave/childcare since qualifying as an RGN (Appendix 4A.1a), for 12 it was their 2<sup>nd</sup> such period (Appendix 4A.1b), and for three it was their 3<sup>rd</sup> (Appendix 4A.1c). Findings are presented for 1<sup>st</sup> and 2<sup>nd</sup> breaks only, for those respondents who were nursing immediately prior to the break (n=24 for 1<sup>st</sup> break and 12 for 2<sup>nd</sup> break). The research sought to answer the following questions:

Eight years after qualification

- What type of breaks were being taken for maternity leave/childcare? (Section 4.1)
- To what employment and hours did respondents plan to return? (Section 4.2)
- What preferences were expressed for returning full- or part-time and what reasons were given for these preferences? (Section 4.3)

##### **4.1 Type of break**

Respondents were asked about the type of break they were taking. Seventy-one per cent (17) whose current break was their 1<sup>st</sup> were taking maternity leave (paid and/or unpaid) and still had an employment contract (Table 4.1). A slightly greater proportion of those taking a 2<sup>nd</sup> break had resigned from paid employment than was the case for those taking a 1<sup>st</sup> break (although the numbers are very small).

**Table 4.1** *Type of break in progress*

Description of break	1 <sup>st</sup> break		2 <sup>nd</sup> break
	No.	%	No.
Maternity leave (paid and/or unpaid)	17	71	6
Resigned from paid employment	7	29	6
Total	24	100	12

Respondents who had resigned from paid employment were asked to give their reasons for this decision; most frequently they wanted to care for their child(ren) full-time (Appendix 4A.2). These respondents were also asked whether they planned to return to paid employment, and if so, whether this would be to nursing. Of the seven on a 1<sup>st</sup> break, just two intended to return to nursing; others were unsure. None of the six respondents on a 2<sup>nd</sup> break had plans to return to nursing; in fact, one stated that she did not intend to do so. The remaining respondents were unsure. Respondents who had resigned from paid employment were not asked any further questions about their plans.

#### 4.2 Planned employment

Most respondents taking maternity leave planned to return to the same nursing job they had held before the break (13/17 taking a 1<sup>st</sup> break; 5/6 taking a 2<sup>nd</sup>). Turning to hours, prior to a 1<sup>st</sup> break, 16/17 respondents worked full-time, but most (14) planned to change to part-time after their break (Table 4.2). Four of the five respondents taking a 2<sup>nd</sup> break were working part-time before the break, and all five planned to return part-time.

**Table 4.2** *Hours before and planned for after current break*

Change in hours	1st break		2nd break
	No.	%	No.
Full-time → part-time	14	82	1
Full-time → full-time	2	12	-
Part-time → part-time	1	6	4
Total	17	100	5

#### 4.3 Preference for planned full- and part-time work

Following a 1<sup>st</sup> break, just three respondents were planning to return to more hours than they would ideally like (Table 4.3). All five taking a 2<sup>nd</sup> break planned to return part-time and stated that it was their preference to do so.

**Table 4.3 Planned hours and preference**

Planned hours and preference	1 <sup>st</sup> break No.	2 <sup>nd</sup> break No.
Work part-time and want part-time	14	5
Work full-time and ideally would like part-time	2	-
Work part-time and ideally would like not to work at all	1	-
Total	17	5

Motivations for planning to return to paid employment were investigated using the 19 career, financial, social and employment reasons detailed in Section 3.3.1. Findings for the 14 respondents who were planning to work part-time and who stated that it was their preference to do so were consistent with those who had completed their break (i.e. the three reasons most frequently rated as important were all social). Their reasons for wanting to work these hours once again support those for respondents who had returned to work (see Table 3.13) in that the most frequently indicated reasons were that it would enable them to spend more time with their child(ren) and that they did not want their child(ren) to be cared for by other people full-time. In addition, more than three-quarters of respondents on each break were concerned that working full-time in a job with a heavy workload would decrease their ability to care well for their child(ren).

#### **4.4 Discussion of findings about current breaks**

*These findings about breaks in progress generally support those for completed break(s) (Section 3), although the greater tendency for nurses to resign following a 2<sup>nd</sup> break than following a 1<sup>st</sup> break emerged slightly more clearly. The fact that few respondents who had resigned had clear plans to return to nursing means this group may be particularly vulnerable in terms of attrition. Equally, however, their lack of clarity about the future (as opposed to having definite plans not to return) suggests that they are a group which could be usefully targeted for retention.*

## **5 OBTAINING 'FAMILY FRIENDLY' HOURS**

The importance of flexible working is a recurring theme in policy documents relating to recruitment and retention in nursing. During the 1990s the NHS Women's Unit was responsible for developing templates for a variety of working arrangements, such as self-rostering, annualized hours, job-sharing and term-time working (Nursing Standard 1999).

Then, in 1999, the Department of Health announced the launch of a major national campaign to bring together employers to promote family friendly policies and flexible working practices (DH 1999). It was recognized that although many good practices existed, there was a need for effective communication to raise awareness and promote modern, flexible employment practices right across the NHS. More specific recommendations were included in the Improving Working Lives initiative such as the need to challenge traditional working patterns, giving staff more control over their own time using such approaches as team-based employee led rostering, annual hours arrangements, reduced hours options and flexi-time (DH 1999, 2000).

Some previous research exists investigating nurses' experiences and views about their hours of work. Morris (1995), for example, records that participants in her study wanted flexible hours, more part-time posts, the possibility of regular hours and more job-shares. In their interview study with five nurses, Khalil and Davies (2000) identified re-negotiation as a central concept of the experiences of first time mothers returning to work, and recorded that two interviewees had difficulty in negotiating their off-duty, whilst others had difficulty negotiating shift times. The current study investigated three aspects of hours of employment with respondents who were either working in, or planning to return to, nursing:

- full- or part-time working
- pattern of hours
- flexibility within hours

In particular, the research sought to investigate the following questions:

After returning from a break for maternity leave/childcare between four and eight years after qualification

- Were preferred hours (full-time/part-time) obtained? (Section 5.1)
- What patterns of hours were worked, were these the preferred pattern, and were these difficult to obtain? (Section 5.2)
- Did flexibility exist within the hours worked, and did lack of flexibility create problems for combining work and family? Were decisions made not to take certain jobs because of perceived inflexibility over hours? (Section 5.3)

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Eight years after qualification, 139 respondents were in paid employment having completed one or more breaks for maternity leave/childcare (Appendix 5A.1a); of these, 135 were nursing. In addition, 42 respondents were in the process of taking a break (Appendix 5A.1b); of these, 23 still had an employment contract and planned to return to nursing.

### **5.1 Obtaining preferences for full- and part-time hours**

The 135 respondents who were in nursing employment were asked about their working hours and preferences at the time they completed the questionnaire (i.e. eight years after qualifying as an RGN). These data were compared with their hours and preferences immediately after their most recent break (Section 3.3) to indicate the proportion who had obtained their preferred hours on both occasions (Table 5.1<sup>11</sup>). Over one-half (59%, 80) worked their preferred hours both immediately after their last break and eight years after qualification, most commonly working part-time and preferring to do so at both time-points (54%, 73). Nearly one-fifth (18%, 24) did not work their preferred hours either immediately after their break or at eight years. Of this group, nearly one-half (46%, 11) worked part-time and would have preferred not to work at all at both time-points, and one-third (33%, 8) worked full-time and would have preferred to work part-time at both time-points (Appendix 5A.2). Overall, just under one-quarter (23%, 32) of respondents were working more hours than they would have preferred eight years after qualification.

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<sup>11</sup> Full details of preferences (i.e. for full-time/part-time work on each occasion) are shown in Appendix 5A.2.

**Table 5.1 Hours and preference for hours immediately after last break and eight years after qualification**

Hours and preference	No.	%
Worked preferred hours immediately after last break and at eight years	80	59
Did not work preferred hours immediately after last break and at eight years	24	18
Worked preferred hours immediately after last break but did not work preferred hours at eight years	11	8
Did not work preferred hours immediately after last break but worked preferred hours at eight years <sup>12</sup>	10	7
No answer	10	7
Total	135	100

Reasons for preferences, and for hours worked if these were not the respondent's preference, were explored for each of the main subgroups. The patterns of findings to emerge were the same as for respondents immediately after a break (Section 3.3.2); in particular, the most frequently cited reasons for working more hours than preferred were financial.

## 5.2 Pattern of hours

One hundred and seventeen respondents who had a permanent nursing job, plus 21 who planned to return to such employment were asked about the pattern of hours they were working, or planned to work<sup>13</sup>. The most frequently described pattern was day and night shifts (rotation) (41%, 56) (Table 5.2).

<sup>12</sup> Of the ten respondents who did not work their preferred hours immediately after their last break but did so at eight years, just two had changed their hours in accordance with their original preference; for eight respondents it was their preference that changed.

<sup>13</sup> Eighteen respondents who were working as agency/bank staff and a further two who planned to do so were not included.



**Table 5.2** *Pattern of work hours*

Pattern	In employment		Planning to return	All respondents	
	No.	%	No.	No.	%
Day and night shifts (rotation)	49	42	7	56	41
Fixed day-time hours	29	25	8	37	27
Fixed night-time hours	17	15	2	19	14
Day-time shifts	9	8	2	11	8
Other	5	4	2	7	5
No answer	8	7	-	8	6
Total	117	100	21	138	100

These respondents were also asked if the pattern of hours they were working or planned to work was their preference (Table 5.3); 70% (97) were working their preferred hours. However, whereas over 90% who were working or planned to work fixed day-time hours or day-time shifts recorded this to be their preference, just 57% (32) who were working or planned to work rotational hours stated this to be the case.

**Table 5.3** *Pattern of hours obtained by preference*

	Day and night shifts (rotation)		Fixed day-time hours		Fixed night-time hours		Day-time shifts	Other	All respondents	
	No.	%	No.	%	No.	%	No.	No.	No.	%
Preference	32	57	35	95	15	79	10	5	97	70
Not preference	24	43	2	5	3	16	1	2	32	23
No answer	0	-	0	-	1	5	-	-	1	1
Total <sup>1</sup>	56	100	37	100	19	100	11	7	138	100

<sup>1</sup> Eight people did not provide information about pattern of hours

Of those who had obtained their preferred pattern of hours, 85% (82) stated that they had had no difficulty in obtaining these. Respondents who were working fixed day-time hours or day-time shifts most frequently experienced difficulty in obtaining their preferred hours (Table 5.4).

**Table 5.4** *Difficulty in obtaining pattern of hours*

	Day and night shifts (rotation)		Fixed day-time hours		Fixed night-time hours		Day-time shifts	Other	All respondents	
	No.	%	No.	%	No.	%	No.	No.	No.	%
Difficulty in obtaining hours	1	3	7	20	2	13	2	1	13	13
No difficulty in obtaining hours	31	97	27	77	13	87	7	4	82	85
No answer	0	-	1	3	0	-	1	-	2	2
Total	32	100	35	100	15	100	10	5	97	100

The 32 respondents who had not obtained their preferred hours were asked what their preference would be; nearly one-half (47%, 15) would have preferred fixed day-time hours, and nearly one-third (31%, 10) would have preferred day-time shifts (Table 5.5, Column 2). No respondent would have preferred night shifts or rotation. Overall then, the pattern of hours preferred by the greatest proportion of respondents was fixed day-time hours (37%, 50), followed by day and night shifts (rotation) (24%, 32) (Table 5.5, Column 3).

**Table 5.5** *Overall preference for pattern of hours*

Pattern	Column 1 Had obtained these hours and stated they were their preference		Column 2 Had not obtained these hours but would have preferred them		Column 3 All respondents	
	No.	%	No.	%	No.	%
Day and night shifts (rotation)	32	31	0	-	32	24
Fixed day-time hours	35	34	15	47	50	37
Fixed night-time hours	15	15	0	-	15	11
Day-time shifts	10	10	10	31	20	15
Other	5	5	5	16	10	7
No answer	8	6	2	6	8	6
Total <sup>1</sup>	105	100	32	100	138	100

<sup>1</sup> One person did not provide information about their preference

### 5.3 Flexibility within hours

The 138 respondents who were working in, or planning to return to, a permanent nursing job were asked about the flexibility that existed within their pattern of working hours. For one-quarter (25%, 34) the hours were flexible (Table 5.6). A similar proportion (26%, 36), however, had no flexibility at all.

**Table 5.6 Flexibility within pattern of work hours**

Flexibility	In employment		Planning to return		All respondents	
	No.	%	No.	%	No.	%
Hours are set but line manager is amenable to small changes	52	44	6	29	58	42
Hours are set and there is no flexibility at all	28	24	8	38	36	26
Hours are flexible	28	24	6	29	34	25
Other	0	-	1	5	1	1
No answer	9	8	0	-	9	7
Total	117	100	21	100	138	100

No association existed between pattern of hours and degree of flexibility.

The 28 respondents who were in employment and whose work hours offered no flexibility were asked if this lack of flexibility caused them any difficulties with childcare arrangements; 43% (12) responded that it did, ten of whom provided details. Most frequently respondents described difficulties associated with arranging childcare to cover their unsociable working hours (i.e. after 6pm, before 7am and during nights and weekends) (Appendix 5A.3).

All 158 respondents (i.e. all those working in or planning to return to nursing including those currently working or planning to work as an agency/bank nurses) were asked if there had been any jobs which they had considered but decided against because of inflexibility over hours; 18% (29) stated that this was the case. Ten respondents provided details of the jobs they had decided against, revealing a range of specialties in both primary care and hospital settings.

#### 5.4 Discussion of findings about hours of employment

*These findings contribute to current knowledge about nurses' experiences of, and views about, their working hours by considering separately three levels at which flexibility may exist: the total number of hours nurses work, the patterns of hours they work, and flexibility within their working hours.*

*The findings demonstrate an unequivocal demand for part-time employment, and it is fortunate that many nurses appear able to work these hours. Nevertheless, nearly one-third of respondents worked more hours than they preferred at some time after taking a break for maternity leave/childcare. In many cases the reason for working these hours was financial. In terms of retention, therefore, it is important for employers to provide opportunity for employees to reduce their hours from full-time to part-time should their financial circumstances change. For those who would rather not be working at all, policies to facilitate combining work and family responsibilities may be especially important for maintaining a motivated workforce.*

*Findings about pattern of hours revealed a spread of preferences, probably reflecting the variety of childcare facilities available to, and adopted by, respondents. Overall, however, fixed day-time hours were most frequently preferred. Nearly one-quarter of respondents were not working their preferred pattern of hours, and 13% who were working their preferred pattern stated that they had had some difficulty in obtaining this preference. Fixed day-time hours and day-time shifts appear most difficult to secure.*

*Although only one-quarter of respondents worked hours which they would describe as flexible, a far greater proportion had line managers who were amenable to small changes in the hours worked. Khalil and Davies (2000) report from their study that negotiation of work times was not always easy to achieve. Such flexibility is important, however, since over one-third of those who were not able to make such arrangements described problems encountered in combining work and childcare. Moreover, nearly one-fifth of respondents decided against certain jobs due to inflexibility of hours. Evidence of flexible working is therefore important in strategies to attract nurses into specific jobs.*

## 6 EXPERIENCE OF PART-TIME WORKING

Given the proportion of nurses who return to work part-time following a break for maternity leave/childcare (Hockey 1976, Martin and Roberts 1984), the experiences of this sector of the workforce are important both in terms of ensuring the quality of their working lives and for maximizing retention. As detailed in Section 1, the Department of Health (DH 1999) acknowledges inequalities associated with part-time working. In particular, it identifies the need to ensure that education and career development opportunities accommodate family, domestic and other commitments. In their small-scale qualitative study, Khalil and Davies (2000) found that nurses who returned part-time perceived themselves to be excluded from the main running of the unit. The current research sought to answer the following questions:

Did those who were working part-time

- Feel their line manager treated them differently from those who worked full-time?
- Think tensions existed between part-time and full-time staff?
- Have different experiences and attitudes from when they worked full-time?

Of the 135 respondents who were in nursing employment eight years after qualification, nearly two-thirds (64%, 86) were holding a part-time job which was not agency/bank. Just over one-third (36%, 31) of these respondents thought that their immediate line manager treated them differently from full-time staff; most frequently they felt undervalued and that there was a lack of communication. In addition, some part-time staff perceived that they were disadvantaged in terms of their career and professional development (Table 6.1).

**Table 6.1 Ways in which part-time staff felt they were treated differently from full-time staff**

	(n=31)	
	No.	%
<b>Work experience – negative</b>		
Undervalued	14	45
Lack of communication	7	23
Less responsibility	4	13
Poor shift pattern	2	7
Expected to arrange personal life around work	2	7
<b>Professional development</b>		
Courses – less/not available	4	13
Career development not seen as important	3	10
Lack of promotion	1	3
<b>Work experience – positive</b>		
Flexibility of shifts	1	3
Extra hours appreciated	1	3

Twenty-nine per cent (25) of those who were working part-time thought tensions existed between part-time and full-time staff; contributory factors most frequently related to working hours and lack of communication (Table 6.2).

**Table 6.2 Tensions between part-time and full-time staff**

Tensions	(n=25)	
	No.	%
<b>Off duty</b>		
Full-time staff resent part-time staff's fewer hours	8	32
Full-time staff feel they fit around part-time staff	4	16
Part-time staff feel they fit around full-time staff	1	4
<b>Work experience</b>		
Communication	3	12
Undervalued	2	8
Continuity of care	2	8
Fitting full-time work into part-time hours	2	8
Less commitment	1	4
Full-time staff get priority for courses	1	4
<b>Other</b>	3	12

Of the 86 respondents who were working part-time, 60% (52) had previously worked in the same job on a full-time basis. These respondents were asked if their experiences of various aspects of work were more, equal or less than when they were full-time. For over one-half, their commitment to work, their commitment to the employing organization, and their amount of responsibility was equal to when they were full-time (Table 6.3). None felt that, when working part-time, their commitment to their employing organization was more than when they were full-time, and 48% (25) felt their commitment was less.

**Table 6.3 Experience of working part-time vs. full-time**

Experience	More than when I was full-time		Equal to when I was full-time		Less than when I was full-time	
	No.	%	No.	%	No.	%
Commitment to work	3	6	32	62	18	33
Commitment to employing organization	0	-	27	52	25	48
Amount of responsibility	8	15	33	64	11	21
Overall level of job satisfaction	13	25	21	40	18	35

*These findings show that, although the majority of respondents working part-time did not consider their experiences to be different from those of their full-time colleagues in the ways explored in the questionnaire, over one-quarter felt that differences did exist, most of which were negative. Improved communication with those working part-time, and increased attention to their career and professional development, could help to decrease the sense of being undervalued described by some part-time nurses. For each of the aspects of commitment explored with those who had worked both full- and part-time in the same job, a greater proportion of respondents felt less committed when they were part-time than felt more committed. It is possible that increased investment in part-time staff may increase their commitment to work and/or their employing organization.*

## 7 CHILDCARE

The provision of childcare forms a central plank of recent government policy for the NHS. As part of its programme of modernisation in employment relations, human rights and family policy, the Department of Health (DH 1999) included a national childcare strategy to 'improve the quality, affordability and accessibility of childcare in every neighbourhood'. The following year, an additional £30 million was committed for the development of onsite nurseries (DH 2000), the expectation being that by 2004 nurseries with subsidised places would be available at around 100 hospitals. The same document announced plans for every NHS trust to have a childcare co-ordinator. In addition to these plans for assisting childcare, the Department of Health's modernisation programme (DH 1999) included time off work for domestic crises.

A number of studies have investigated the childcare arrangements made by nurses and, more specifically, their use of on-site nurseries/crèches. Morris (1995) found that most nurses in her study made complicated childcare arrangements in order to achieve the combined goal of nursing and mothering. For peace of mind, many preferred their childcare to be provided by relatives. Nurseries/crèches were rarely used because of the logistics created by shift work, although many said they would have liked childcare to be provided at their workplace. Research carried out for the Royal College of Nursing (RCN) in 1997 revealed that only one-third of registered nurses had access to childcare facilities at work, and that only 5% used them (Waters 1997, Watson 1998). The current study aimed to provide more detailed information about the ways in which nurses manage work and childcare by investigating the following questions:

- What childcare facilities were used? (Section 7.1)
- Were crèche<sup>14</sup> facilities available at workplaces and if so did respondents use them? Why were workplace crèche facilities not used? Did the provision of workplace crèche facilities influence decisions to take a job? (Section 7.2)
- What arrangements were made to care for child(ren) when they were ill? (Section 7.3)

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<sup>14</sup> Hereafter the term 'crèche' is used to refer to crèche and nursery facilities.



## 7.1 Childcare arrangements

The 135 respondents who had returned to nursing employment following one or more periods of maternity leave/childcare were asked a series of questions about their childcare arrangements. The greatest proportion (44%, 60) relied on their spouse/partner to provide the main care for their child(ren) while they were at work (Table 7.1)<sup>15</sup>. Twenty-seven per cent (37) used the the child(ren)'s grandparents. A relatively small proportion used each of the identified paid facilities for their main childcare; in particular, just 4% (6) used a crèche at their workplace.

**Table 7.1 People or facilities used to provide childcare**

People/facilities	(n=135)			
	Main care		Additional care	
	No.	%	No.	%
Spouse/partner	60	44	34	25
Child(ren)'s grandparents	37	27	49	36
Other relatives	2	1	11	8
Friends or neighbours	2	1	16	12
Paid childminder	17	13	9	7
Paid nanny	1	1	2	1
Crèche at workplace	6	4	0	-
Crèche other than at workplace	15	11	13	10
School	16	12	9	7
After-school club	0	-	2	1
Other	5	4	0	-

Just under one-third (32%, 43) of respondents used two or more people/facilities for their main childcare. However, 46% (62) used their spouse/partner and/or the child(ren)'s grandparents only for main childcare, and a further 4% (6) used their spouse/partner in conjunction with school (Table 7.2).

<sup>15</sup> Ninety-six per cent (174) of respondents had a spouse/partner at the time they completed the questionnaire.

**Table 7.2 Combinations of people/facilities used for main childcare**

People/facilities	No.		%	
Spouse/partner only	31		23	
Child(ren)'s grandparents only	18	14243 62	13	14243 46
Spouse/partner and child(ren)'s grandparents	13		10	
Crèche other than at workplace only	8		6	
Paid childminder only	7		5	
Spouse/partner and school	6		4	
Crèche at workplace only	4		3	
Childminder and school	4		3	
Spouse/partner and crèche other than at workplace	3		2	
Other combinations (each cited by 1 or 2 respondents)	22		16	
No answer	19		14	
Total	135		100	

## 7.2 Crèche facilities at work

All respondents were asked if there were any crèche facilities at their place of work. Only 39% (52) had such facilities, of whom 12% (6) used them (Table 7.3); this accounts for 4% of all respondents.

**Table 7.3 Provision and use of crèche facilities at place of work**

Crèche facilities	No.		%	
Crèche facilities at place of work and respondent used them	6	14243 52	4	14243 39
Crèche facilities at place of work but respondent did not use them	46		34	
No crèche facilities at place of work	73		54	
No answer	10		7	
Total	135		100	

The six respondents who used the crèche at their workplace, were asked the extent to which the availability of these facilities contributed to their decision to take the job. Three described it as one of several main reasons for taking/returning to the job, and two that it contributed to their decision. (One person did not answer.)

The 46 respondents who, despite having crèche facilities at work, did not use them, were asked to indicate from a list of closed options why this was the case. The reasons cited

most often were that the respondent did not want their child(ren) cared for at any crèche (46%, 21) and that crèche hours were not compatible with either their or their spouse/partner's work (43%, 20) (Table 7.4).

**Table 7.4 Reasons for not using crèche facilities at work**

Reasons	(n=46)	
	No.	%
I did not want my children cared for at any crèche	21	46
Crèche hours are not compatible with my/my spouse/partner's working hours	20	43
I was able to make cheaper childcare arrangements	18	39
No places available	12	26
Crèche not on site where I am based	9	20
Crèche does not provide care for children of the ages of my child(ren)	7	15
I was unhappy with care given at the crèche	2	4

The 21 respondents who stated that they did not want their child(ren) cared for at any crèche used their spouse/partner and/or the child(ren)'s grandparents (17) or a childminder (3) for their main childcare. (One person did not answer). Although 11 of the 18 who said that they had been able to make cheaper childcare arrangements used their spouse/partner and/or the child(ren)'s grandparents, seven did use alternative paid facilities: childminder (4) and crèche other than at workplace (3).

A small proportion of those who had access to crèche facilities at work and did not use them, and those who did not have crèche facilities at work, did use other crèche facilities. The greatest proportion of respondents in each group, however, used their spouse/partner and/or the child(ren)'s grandparents for their main childcare while they were at work (Table 7.5).

**Table 7.5** *People or facilities used to provide main childcare by use of workplace crèche*

People/facilities	Crèche at place of work and used it	Crèche at place of work but did not use it		No crèche at place of work	
	(n=6) No.	(n=46) No.	%	(n=73) No.	%
Spouse/partner	2	24	52	31	42
Child(ren)'s grandparents	1	11	24	23	32
Other relatives	-	1	2	1	1
Friends or neighbours	-	0	-	2	3
Paid childminder	-	7	15	10	14
Paid nanny	-	0	-	1	1
Crèche at workplace	6	0	-	0	-
Crèche other than at workplace	-	7	15	8	11
School	1	8	17	7	10
After-school club	-	0	-	0	-

### 7.3 Coping when children are ill

All respondents were asked how they coped when their child(ren) were ill (Table 7.6).

**Table 7.6** *Childcare arrangements when child(ren) unwell*

Arrangements	(n=135)	
	No.	%
Normal childcare arrangements	46	34
Take sick leave	40	30
Take annual leave	39	29
Friends or family	39	29
Partner takes annual leave	20	15
Employer allows carer days	21	16
Take unpaid leave	16	12
Partner takes sick leave	8	6
Covered by colleague - authorised	6	4
Partner's employer allows carer days	5	4
Partner takes unpaid leave	5	4
Covered by colleague - unauthorised	3	2

The most frequent response was being able to use normal childcare arrangements (34%, 46). Thirty per cent (40), however, stated that they took sick leave. Just 16% (21) were able to take 'carer days'. Over one-half (59%, 79) of respondents described two or more types of arrangements they made in such circumstances; nearly one-third (31%, 42) described three or more arrangements.

#### **7.4 Discussion of findings about childcare**

*Together these findings support those of Morris (1995), that many nurses are required to make complicated childcare arrangements, incorporating two or more people or facilities. One-half of respondents used only members of their family as their main childcare when their children were not at school. A slightly greater proportion of nurses reported having childcare facilities at their workplace than was indicated by the RCN study (Waters 1997, Watson 1998), but the proportion who used them was similar. Findings from the small number of nurses who did use workplace crèches suggest that the provision of such facilities may contribute to recruitment. The fact that nearly one-half of those who did not use such facilities said that they did not want their children to be cared for at any crèche, however, suggests that the reliance on family members revealed may indeed be for peace of mind as Morris (1995) suggests. If this is the case, flexibility of hours may be equally, if not more important than onsite childcare. The fact that more than one-quarter of respondents reported that they did not use existing workplace crèches due to their hours of opening, their cost and/or the availability of places indicates that these aspects should be considered in the development of new facilities. Arrangements when child(ren) are ill appeared particularly complex for many respondents, few describing one clear approach. The introduction of family crisis days would reduce the burden for two-thirds of nurses who are unable to use their normal childcare arrangements in such circumstances.*

### **8 CHOOSING TO WORK IN AN AREA OF NURSING/HEALTHCARE**

A variety of factors may contribute to enabling nurses to combine their work with family life: for example, hours, location, childcare facilities, workload. Little is known, however, about whether nurses choose to work in certain areas because they perceive them to be compatible with raising a family. The research sought to answer the following questions:

- To what extent were areas of nursing/healthcare chosen because it was thought they could be combined with raising a family?
- What areas of nursing/healthcare were perceived to be compatible with raising a family, and why?
- Were expectations of being able to combine certain areas of nursing with raising a family fulfilled?

For just over one-third (35%, 47) of the 135 respondents employed in nursing/healthcare eight years after qualification, the ability to combine the work area with raising a family was irrelevant to their decision to work in their current area (Table 8.1). A slightly smaller proportion, however, stated that this was their main reason for choosing to work in that area of nursing/healthcare (31%, 42).

**Table 8.1** *Extent to which the decision to work in a specific area of nursing/healthcare was influenced by family considerations*

Influence of family considerations	No.	%
Irrelevant to my decision	47	35
Main reason for choosing to work in this area	42	31
One of several main reasons for choosing to work in this area	22	16
Contributed to my decision to work in this area but was not a main reason	16	12
No answer	8	6
Total	135	100

Analysis of the areas in which these 42 respondents were working revealed a range of specialties in both primary care and hospital settings (Table 8.2). However, 26% (11) (8% of all respondents) detailed agency/bank work.

**Table 8.2** *Areas of nursing/healthcare chosen because of perceived compatibility with raising a family*

Area of nursing/healthcare	No.	%
Hospital based specialty	28	67
Agency/bank	11	26
Primary care	2	5
Nursing home	1	2
Total	42	100

When asked to describe what it was about the particular area of work which made them think they could combine it with raising a family, 81% (34) detailed reasons relating to hours (Table 8.3).

**Table 8.3** *Reasons for choice of work area*

Reasons for choice of area	n=42	
	No.	%
Hours	34	81
Working relationships	8	19
Less demanding	6	14
Location	5	12
Finance	3	7

For the majority (82%, 36), their expectations of being able to combine the work with raising a family had been fulfilled.

## 9 CONCLUSIONS

This report describes the views and experiences of 181 women who took a break(s) from paid employment for maternity leave/childcare between four and eight years after qualifying as an RGN. Policy relevant findings have been detailed at the end of each section. Overall, the findings demonstrate the continuing need for employers of nurses to be responsive to the competing demands faced by those who attempt to combine nursing with raising a family. There is no single way in which nursing and family responsibilities are combined, or in which nurses would seek to combine them. Rather, the women who comprise this section of the workforce are heterogeneous and creative in the ways in which they seek to manage their responsibilities. It is an attribute of nursing that the nature of the work means that a range of working patterns exist. To capitalize upon the potential workforce, and maximize morale, managers therefore need to expend every possible effort to match individual and organizational needs. Furthermore, although due to the nature of the sample this report has focused on the experiences of women, the relevance of 'family friendly' policies to men should not be ignored.

The findings suggest that flexibility of hours may be more important than the provision of childcare facilities in the workplace. Substantial proportions of respondents preferred (or

would have preferred) to work part-time in order to spend more time with their child(ren), did not want their children to be cared for by other people full-time and/or used spouse/partner or other relatives to care for the child(ren) while they were at work. In addition, few used a crèche either at their workplace or elsewhere, and many said they did not want their child(ren) to be cared for at any crèche. Given the government's emphasis on the provision of workplace crèches, it seems essential that further research is undertaken to explore the specific barriers to their use. It is possible that flexible working practices, enabling respondents to more easily use other forms of childcare provision, may be equally if not more important for recruitment and retention.

The lack of clarity of plans amongst those who resign from their nursing/healthcare job means that it is important that this group is targeted to maximize retention in the longer term. The ambivalence about returning demonstrated by this group (as opposed to a definite decision not to return), combined with Dex's (1990) work indicating nurses' commitment to the profession, means that nurses who resign may well be attracted back once their child(ren) reach school-age.

The evidence indicating that the Opportunity 2000 goal, for all women to be able return to a grade/status commensurate with that which they left, has been achieved is to be applauded. There is no room for complacency, however. Substantial proportions of those who were working part-time felt disadvantaged. Moreover, little is currently known about the subsequent career progression of those who work part-time compared with those who work full-time. Further information about the career progression of these two groups will be available following analysis of the main (eight year) questionnaire.

Given the rhetoric surrounding the need for family friendly practices in nursing over the last 20 years, it is laudable that the current government is not only heightening awareness of the need for such strategies in its policy documents, but defining ways in which the needs of those who seek to combine nursing and family responsibilities should be addressed, and providing financial investment. Evidence of good practice is emerging. Trusts need to be aware of such practices, but more importantly, need to devise family friendly programmes to suit their own local workforce.



## APPENDICES

### APPENDIX TO SECTION 3

**Table 3A.1a) Breaks taken between four and eight years after qualification by respondents, who during this period, completed a 1<sup>st</sup> break for maternity leave/childcare<sup>16</sup>**

	No.	%
A. 1 <sup>st</sup> break (completed) only	85	74
F. 1 <sup>st</sup> and 2 <sup>nd</sup> breaks (both completed)	21	18
G. 1 <sup>st</sup> break (completed) and 2 <sup>nd</sup> break (in progress)	8	7
I. 1 <sup>st</sup> and 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	1	1
Total	115	100

**Table 3A.1b) Breaks taken between four and eight years after qualification by respondents, who during this period, completed a 2<sup>nd</sup> break for maternity leave/childcare**

	No.	%
C. 2 <sup>nd</sup> break (completed) only	28	53
F. 1 <sup>st</sup> and 2 <sup>nd</sup> breaks (both completed)	21	40
H. 2 <sup>nd</sup> and 3 <sup>rd</sup> breaks (both completed)	1	2
I. 1 <sup>st</sup> and 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	1	2
J. 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	2	4
Total	53	100

**Table 3A.1c) Breaks taken between four and eight years after qualification by respondents, who during this period, completed a 3<sup>rd</sup> break for maternity leave/childcare**

	No.
E. 3 <sup>rd</sup> break (completed) only	4
H. 2 <sup>nd</sup> and 3 <sup>rd</sup> breaks (both completed)	1
Total	5

<sup>16</sup> Letters in Tables refer to groups in Table 2.1.

**Table 3A.2** *Reasons for break longer than paid and unpaid maternity leave*

Reasons	1 <sup>st</sup> break (n=7)	2 <sup>nd</sup> break (n=6)
I wanted to care for my child(ren) full-time	5	5
I was unable to obtain/negotiate hours to fit in with my preferred childcare arrangements	2	-
Childcare costs meant that working was not financially worthwhile	1	2
I felt nursing/healthcare was too stressful to combine with caring for a young family	1	-
I would have only worked if my child(ren) could be cared for at a crèche at my workplace, but one was not provided	1	-
I would have only worked if my child(ren) could be cared for at a crèche at my workplace, but crèche hours are not compatible with my/our work hours	1	-
I was suffering/had suffered from post-natal depression	1	-

**Table 3A.3a) Length of 1<sup>st</sup> break by type of break**

Length	Unpaid break only	Paid maternity leave only		Paid and unpaid maternity leave		Longer than paid and unpaid maternity leave: and agreed to return   and had resigned		Other	No answer	All
	No.	No.	%	No.	%	No.	No.	No.	No.	
3 months	-	7	21	1	2	-	-	-	-	8
4 or 5 months	4	20	61	8	13	-	-	-	-	32
6 months	-	6	18	6	10	-	1	-	-	13
7 – 12 months	-	0	-	38	61	2	1	3	1	45
More than 12 months	2	0	-	5	8	-	3	-	-	10
No answer	-	0	-	4	6	-	-	2	-	6
<b>Total</b>	<b>6</b>	<b>33</b>	<b>100</b>	<b>62</b>	<b>100</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>114</b>

**Table 3A.3b) Length of 2<sup>nd</sup> break by type of break**

Length	Unpaid break only	Paid maternity leave only	Paid and unpaid maternity leave only	Longer than paid and unpaid maternity leave and had resigned	Other	All
	No.	No.	No.	No.	No.	
3 months	-	3	-	-	-	3
4 or 5 months	-	12	3	1	2	18
6 months	1	2	1	-	1	5
7 – 12 months	-	-	13	3	2	18
More than 12 months	-	-	-	2	2	4
No answer	-	2	1	1	-	4
<b>Total</b>	<b>1</b>	<b>19</b>	<b>18</b>	<b>7</b>	<b>7</b>	<b>52</b>

**Table 3A.4 Reasons for taking up a different nursing job**

Reasons	1 <sup>st</sup> break (n=24)		2 <sup>nd</sup> break (n=13)
	No.	%	No.
Hours	13	54	5
Geographical move	5	21	5
Professional	5	21	1
Other	4	17	5

**Table 3A.5 Grades of jobs held immediately before and after 2<sup>nd</sup> break**

Grade after break	Grade before break						
	D grade		E grade		F grade	G grade or above	Other
	No.	%	No.	%	No.	No.	No.
D grade	10	91	1	5	-	-	-
E grade	0	-	16	76	1	-	-
F grade	0	-	1	5	3	-	-
G grade or above	0	-	2	10	-	4	-
Other	1	9	1	5	-	-	4
Total	11	100	21	100	4	4	4

**Table 3A.6 Reasons for changing from part-time to full-time hours**

Reasons	1 <sup>st</sup> break (n=6)	2 <sup>nd</sup> break (n=5)
	No.	No.
Found I/we could not manage on a part-time salary	3	1
I felt my job needed my full-time input	2	2
I did not feel colleagues viewed me as a full team member	1	2
Found I was not given the same responsibilities as full-time staff	1	1
Found that full-time working was important to my sense of identity	1	1
I missed the lifestyle afforded by a full-time salary	-	1
Could not obtain/negotiate permanent part-time hours	1	-

**Table 3A.7** *Reasons for changing from full-time to part-time hours*

Reasons	1 <sup>st</sup> break (n=4) No.
I missed being with my child(ren) more than I anticipated	3
I felt that working full-time in a job with a heavy workload was decreasing my ability to care well for my child(ren)	3
I felt that working full-time in an emotionally demanding job was decreasing my ability to care well for my child(ren)	2
I was unable to combine domestic responsibilities with full-time work	2
I wanted to have time in my life for activities other than my work and child(ren)	1
I was unhappy about child(ren) being cared for by other people full-time	1

## APPENDIX TO SECTION 4

**Table 4A.1a) Breaks taken between four and eight years after qualification by respondents who, eight years after qualification, were taking their 1<sup>st</sup> break for maternity leave/childcare<sup>17</sup>**

	No.
B. 1 <sup>st</sup> break (in progress) only	27
Total	27

**Table 4A.1b) Breaks taken between four and eight years after qualification by respondents who, eight years after qualification, were taking their 2<sup>nd</sup> break for maternity leave/childcare**

	No.	%
D. 2 <sup>nd</sup> break (in progress) only	4	33
G. 1 <sup>st</sup> break (completed) and 2 <sup>nd</sup> break (in progress)	8	66
Total	12	100

**Table 4A.1c) Breaks taken between four and eight years after qualification by respondents who, eight years after qualification, were taking their 3<sup>rd</sup> break for maternity leave/childcare**

	No.
I. 1 <sup>st</sup> and 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	1
J. 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	2
Total	3

<sup>17</sup> Letters in Tables refer to groups in Table 2.1.

**Table 4A.2 Reasons for resigning from paid employment**

Reasons	1 <sup>st</sup> break (n=7) No.	2 <sup>nd</sup> break (n=6) No.
I want to care for my children full-time	6	4
Childcare costs mean that working is not financially worthwhile	2	2
I feel nursing work is too stressful to combine with caring for a young family	1	2
I was unable to obtain/negotiate hours to fit in with my preferred childcare arrangements	1	-
I am suffering/have suffered from post-natal depression	-	2

## APPENDIX TO SECTION 5

**Table 5A.1a) Respondents who were in paid employment eight years after qualification<sup>18</sup>**

	No.	%
A. 1 <sup>st</sup> break (completed) only	85	61
C. 2 <sup>nd</sup> break (completed) only	28	20
E. 3 <sup>rd</sup> break (completed) only	4	3
F. 1 <sup>st</sup> and 2 <sup>nd</sup> breaks (both completed)	21	15
H. 2 <sup>nd</sup> and 3 <sup>rd</sup> breaks (both completed)	1	1
Total	139	100

**Table 5A.1b) Respondents who were taking a break eight years after qualification**

	No.	%
B. 1 <sup>st</sup> break (in progress) only	27	64
D. 2 <sup>nd</sup> break (in progress) only	4	9
G. 1 <sup>st</sup> break (completed) and 2 <sup>nd</sup> break (in progress)	8	19
I. 1 <sup>st</sup> and 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	1	2
J. 2 <sup>nd</sup> break (completed) and 3 <sup>rd</sup> break (in progress)	2	5
Total	42	100

<sup>18</sup> Letters in Tables refer to groups in Table 2.1.



**Table 5A.2 Hours and preference for hours immediately after last break and eight years after qualification**

	No.		%	
<b>Worked preferred hours immediately after last break and worked preferred hours at eight years</b>				
Worked PT and wanted PT after last break	73		54	
Worked FT and wanted FT after last break & worked FT and wanted FT at 8 years	0	144424443	-	144424443
Worked PT and wanted PT after last break & worked FT and wanted FT at 8 years	3	144424443	2	144424443
Worked FT and wanted FT after last break & worked PT and wanted PT at 8 years	3		2	
	1		1	59
<b>Did not work preferred hours immediately after last break and did not work preferred hours at eight years</b>				
Worked FT but wanted PT after last break & worked FT but wanted PT at 8 years	8		6	
Worked PT but wanted not to work at all after last break & worked PT but wanted not to work at all at 8 years	11	1444442444443	8	1444442444443
Worked FT but wanted not to work at all after last break & worked FT but wanted PT at 8 years	1		1	
Worked PT but wanted not to work at all after last break & worked FT but wanted PT at 8 years	2	1444442444443	1	1444442444443
Worked FT but wanted PT after last break & worked PT but wanted not to work at all at 8 years	1		1	
Worked FT but wanted not to work at all after last break & worked PT but wanted not to work at all at 8 years	1		1	
				18
<b>Worked preferred hours immediately after last break but did not work preferred hours at eight years</b>				
Worked FT and wanted FT after last break & worked FT but wanted PT at 8 years	2		1	
Worked PT and wanted PT after last break & worked FT but wanted PT at 8 years	3	144442444443	2	144442444443
Worked FT and wanted FT after last break & worked FT but wanted not to work at all at 8 years	1		1	
Worked PT and wanted PT after last break & worked PT but wanted not to work at all at 8 years	2	144442444443	1	144442444443
Worked PT and wanted PT after last break & worked PT but wanted FT at 8 years	3		2	
				8
<b>Did not work preferred hours immediately after last break but worked preferred hours at eight years</b>				
Worked FT but wanted PT after last break & worked FT and wanted FT at eight years	2	1442443	1	1442443
Worked FT but wanted PT after last break & worked PT and wanted PT at eight years	2	1442443	1	1442443
Worked PT but wanted not to work at all after last break & worked PT and wanted PT at 8 years	6		4	
No answer	10		7	
Total	135		100	

**Table 5A.3 Difficulties with childcare caused by lack of flexibility**

Difficulties	(n=12) No.
Combining childcare with unsociable working hours	5
Caring for child(ren) when they are unwell	2
Needing to rely on family support	2
Other	2

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