Working well: a call to employers

A summary of the RCN Working well survey into the wellbeing and working lives of nurses, plus recommendations for employers.
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The employment practices of NHS trusts and other health sector employers make a clear difference to the job satisfaction and psychological wellbeing of nurses. This is the unambiguous message from the Royal College of Nursing’s RCN Working well survey.

The RCN Working well survey was the first time the Royal College of Nursing (RCN) surveyed its members to look specifically at nurses’ wellbeing and working lives. It complements the RCN’s annual sample survey of its members, which covers demographic details and issues like pay, working hours and nursing as a career.

During 2000, the RCN sent ‘working well’ questionnaires to a sample of 6,000 full members (excluding students). The survey received a very high response rate – 68.5% – giving the RCN unique and reliable data for use in analysing the attitudes of the nursing workforce. Study of the data during 2001 revealed a detailed picture of nurses’ working lives, their attitudes and their psychological health, demonstrating a powerful link between employers’ attitudes towards their staff and the wellbeing of nurses.

A particularly innovative feature of the survey was the inclusion of a detailed psychometric questionnaire to profile nurses’ psychological wellbeing, and to establish how widespread psychological problems are. Data analysis showed links between high incidence of poor psychological wellbeing and particular conditions in the working environment. The RCN was then able to draw a picture of what makes a good employer – which fundamental employment practices mean better staff psychological wellbeing, greater job satisfaction, greater satisfaction with the quality of care delivered, and reduced sickness absence.

So the survey findings are relevant for employers and nurses in all health care organisations, public and independent sector, and can be used to help improve the working lives of all health care workers – and thus to increase retention and recruitment.

This document summarises the key findings from the survey. It looks at:

- the rationale for undertaking the survey
- what makes a good employer
- detailed findings from each of the employment practices covered in the survey
- nurses’ psychological health and wellbeing
- recommendations for consulting on and implementing employee-friendly working for nurses, negotiators and employers.
If nurses feel they are not well supported by their employer, or work in an environment which does not provide even the most basic employee-friendly services and facilities, does this mean they are more likely to suffer from unacceptable levels of psychological distress, or to consider leaving the profession? What factors make the most impact on their health and wellbeing?

In a labour market where nurses are a scarce resource, the RCN decided it was vital to answer these questions - both to ensure that nurses work in a healthy environment where their wellbeing is protected, and to see if employers could help reduce the drain of nurses from the profession by changing their employment practice.

The RCN used a survey to gather data on the themes in its Working Well Initiative, which brings together a range of employee-friendly workplace practices and issues which affect nurses’ wellbeing, and promotes change and good practice among NHS and independent sector employers around the UK.

The RCN Working well survey was set against a background of change for the nursing workforce, including annual pay awards which increased starting salaries for newly qualified nurses and earnings prospects for experienced nurses, significant increases in the number of student nursing places, and concerted attempts to recruit and retain nurses, including Government-supported initiatives.

Despite these positive developments, the NHS and other sectors still report considerable staffing constraints. These shortages have the potential to undermine Government modernisation initiatives in the health service around the UK. The population of working nurses continues to age, employment opportunities in other sectors continue to attract nurses and would-be nurses, and the training deficits of the previous decade continue to impact.

The RCN’s Counselling Service had also raised concerns about the way in which aspects of members’ work affect their psychological wellbeing and work functioning. The Service’s data from counselling clients suggested that particular work factors are associated with poorer psychological health, and the Service was keen to determine whether these were also reflected in the wider RCN membership - and to look at the proportion of nurses who could be in need of counselling support.

All these factors helped shaped the survey, which now provides a unique and interesting insight into the wellbeing of NHS nursing staff, and how employers can improve that wellbeing.
The survey’s key findings

The survey’s strongest message is that employment practice makes a clear difference to nurses in terms of their job satisfaction and psychological wellbeing. The nature of the employee-employer relationship also affects nurses’ sickness absence and influences their view of the quality of care provided.

Key findings

♦ Employers’ employee-friendly attitudes and practices can strongly influence nurses’ wellbeing and job satisfaction.

♦ Nurses’ poor job satisfaction links directly with high intention to leave their job.

♦ Psychological wellbeing of nurses is greatly affected by workplace practices and conditions. 11% of nurses surveyed have such a low level of psychological health that they are of a similar level to patients receiving NHS psychological therapy, and could benefit from counselling or other treatment. Poor psychological health is directly related to increased sickness absence – additional analysis of the survey data commissioned by RCN Counselling showed that the group of nurses falling into this ‘clinical’ group report twice the mean level of sickness absence compared with the rest of the nurses surveyed.

♦ The provision of employee-friendly services and support, and the quality of those services, has a direct effect on nurses' working-wellness. But provision is still woefully inadequate. Half of those questioned only had access to a limited range of employee-friendly services, but in some cases even basic provision is lacking: one in four hospital nurses do not have a staff room to take breaks in, or changing facilities.

♦ The incidence of bullying and harassment has the greatest effect of all the factors considered in the survey on nurses’ psychological wellbeing, and is closely related to high sickness absence levels. Where employers handle bullying incidents well, the nurses concerned show much less stress and dissatisfaction with their jobs and employers. The incidence of bullying and harassment by staff is frighteningly high – one in six nurses in the survey had been bullied in the last year by a colleague. Clearly, particularly in NHS hospitals, there is still a culture where poor inter-staff relations are allowed to perpetuate. The survey suggests a culture of invisibility where those who have not experienced bullying don’t realise the extent of the problem.

♦ A third of nurses surveyed had been harassed or assaulted by a patient/client or their relatives in the year up to the survey. This rises to 43% in NHS hospitals. The survey shows that employers’ attempts to protect staff against such verbal and physical abuse are not working.

♦ Nurses need to feel protected, supported and valued by their employer. Where they do, they show greater psychological wellbeing and satisfaction with their job, and are also more satisfied with the quality of care delivered where they work.

♦ Where employers are flexible, and consult nurses about the nature of employee-friendly services provided – rather than simply providing what they imagine staff want – nurses are much more satisfied with their jobs.

♦ Work-related illness or injury leads to poor psychological wellbeing and low job satisfaction. Only 36% of those suffering work-related problems said their employer offered help in finding treatment to get them back to work.

The onus is on employers, nurses and their representatives (such as RCN negotiators) to find ways of improving working practices to create a healthier, happier and thus more productive workforce.
What makes a good employer?

The survey results have been used to define what makes a good employer, in terms of providing the right environment for nursing staff. Findings on job satisfaction and psychological wellbeing correlate closely with those on many of the individual factors affecting nurses’ views of their employer – things like the number and nature of services offered, the individual’s control over choice of shift pattern, and the sense that nurses are valued and protected by their employer. There are clearly some employers who provide a much better overall package of support, and some where the employer-employee relationship is almost non-existent – often nurses who give poor ratings for one area of working practice will score their employer poorly on most other factors too.

The RCN Working well survey identified fundamental employment practices that can be used to build a healthy and motivated nursing workforce.

The good employer:

1. **Provides well-designed employee-friendly services** – the provision of high quality, relevant services is important. The survey shows that it is not so much the overall number of employee-friendly initiatives which links with job satisfaction – although providing a wide range of services helps – but nurses’ sense that these services really help them balance their working and home lives. For example, rather than simply providing a workplace crèche, employers should support staff in organising their childcare in a way which best suits them.

2. **Values and consults staff** – employers who value their staff’s views and needs, and consult them about how their work is organised, are more likely to find nurses are satisfied with their jobs and in better psychological health. For example, allowing staff to organise their working time in a way that suits them, and treating all staff fairly (including those who work nights or are part-time), are key. Do staff feel valued as individuals? Are they consulted about how to balance home and life needs? At the moment, the survey shows fewer than one in five NHS nurses are consulted about the facilities they want or need.

3. **Provides a safe environment** – incidence of bullying and assault is extremely high. Employers must provide a safe environment for staff – this is fundamental to nurses’ job satisfaction and wellbeing. Survey data shows that if nurses do not feel safe at work, it not only directly affects their job satisfaction and psychological health, but also colours their attitudes to many other aspects of their work, and can lead to high levels of sickness absence.

4. **Protects and supports staff** – employers will find nurses who feel confident that their employers take their wellbeing seriously are happier in their jobs. Nurses need to feel that complaints of bullying, harassment or assault are handled effectively, and that if they suffer a work-related injury or illness, they will be supported and helped back to work.
Employee-friendly working

The survey findings show that many employers in the NHS and other health care settings are as yet far from ‘employee-friendly’ – despite the current nursing shortage and the political drive to improve working lives in order to retain nurses.

About half of all nurses questioned did not have access to a number of employee-friendly working arrangements. This includes self-rostering, childcare support, flexible working and dependant leave. Even the most basic facilities are not being offered to employees in a significant number of cases: for example, one in four hospital nurses do not have a staff room to take breaks in, or changing facilities.

The figures revealed that fewer than one in five NHS nurses had been consulted by their employer about the facilities they wanted or needed. This is a significant weakness, because it is clear from survey findings that the extent of consultation offered to nurses in shaping these services and facilities has a direct effect on job satisfaction.

The degree of consultation depends to an extent on work setting. Over half of the nurses in GP surgeries said they were consulted about how best their work and life needs could be met, compared with only a quarter of NHS hospital nurses.

Working time

Two-thirds of nurses have children or other dependants to care for, so the flexibility of working hours is an important factor in allowing them to balance work and home.

Part-time and job sharing

The survey revealed a change in the numbers of nurses working part and full-time. In 1992, 35% of nurses in an RCN survey worked on a part-time basis. Today that figure is 45% (41% in the NHS). Half of all respondents report that their employer offers opportunities to work as part of a job share (although the RCN membership survey in 1999 showed only 1% of nurses choosing to do so).

Family responsibilities strongly link to the choice to work part-time – 57% of nurses with children said that they worked part-time, compared with 27% without children.

Nurses working part-time are less likely to occupy more senior grades than full-time nurses. The situation is particularly pronounced in private nursing homes where 79% of part-time staff are paid on an E grade or less, compared with 29% of their full-time colleagues.

In general, nurses felt those working part time were treated as well as full-time workers, but one-in-five of part-time workers felt they were not treated as well as full-time staff. The survey also highlighted that in general, nurses who worked part-time in all sectors had a much more positive attitude about their work and employers.

Shift working

60% of nurses work shifts, and shift working is more prevalent for nurses in the first ten years of their career, and for hospitals as opposed to the community.

Internal rotation is the most common pattern of shift working in NHS hospitals (41%) – although it is the least popular.

43% of nurses do not work the shift pattern they would like (rising to 68% of those working internal rotation). The independent sector appears more flexible about allowing nurses to change their shift pattern.

Flexibility and support

A quarter of the nurses questioned felt that their employer/manager did not do all that they could to help them balance home and work commitments, including helping them with flexible working arrangements which suit their needs – 47% of nurses do not work the shift pattern they would like, for example, and 56% say they could not self-roster.

However, 80% felt they were usually able to get the off-duty they wanted.
Sick leave and work-related illness and injury

One in four nurses had taken some sick leave in the three months up to the survey. In a significant number of cases – 16% – the absence was caused by a work-related illness or injury. The survey shows that those with work-related illness or injury were much less likely to be satisfied with their job (57% compared to 72% without work-related ill-health).

Most nurses say they have access to an occupational health service (84%), and almost two-thirds have access to a counselling service – but this is not the case among GP practices and the independent sector, where access is around 20%. In times of nursing shortages, employer support for those with work-related health problems is not as prevalent as might be expected. For example, only 36% of respondents said their employer helps nurses get treatment to allow them to return to work (again the situation is worse in the independent sector, and only 13% of nurses working in nursing homes are helped in this way).

As with many of the findings, poor employer attitudes to staff spread over many working practices. Nurses who were not working their preferred shift, or could not change their shift pattern, were far more likely to report that their employers didn’t help work-injured/ill nurses to return to work.

Bullying, harassment and assault

Research evidence points to the harmful effects that bullying can have on staff psychological health, motivation, attendance and productivity, as well as on the long-term retention of nurses. Experience of bullying is one of the most powerful predictors in the survey of poor psychological health and dissatisfaction with other work elements. Conversely, the survey shows that where nurses are less at risk from bullying, harassment and assault because employers are taking the problem seriously, they will be more positive about their work.

Who is bullied?

Figures from the survey reveal that one in six (17%) of all nurses responding to the survey had been bullied by a member of staff at sometime in the 12 months up to the survey. Typically, nurses report being bullied or harassed every few months, but some experience problems with other members of staff on a frequent, sometimes daily basis.

These figures are frightening enough, but data also shows that there is an even higher level of reported harassment among particular groups of nurses, most notably black and Asian nurses, where three out of 10 (29%) said they had been bullied or harassed during the previous year compared with 21% of their white colleagues, and yet worse for nurses with a disability, of whom four out of 10 (41%) had experienced workplace bullying or harassment in the last year.

The incidence of bullying and harassment is also linked to other factors including:

- **Working patterns** – full-time staff (21%) are much more likely to have been bullied and harassed than part-time staff (12%), because they are at work longer. Similarly, staff working long shifts of 11/12/13 hours suffer more bullying.

- **Employer or employment setting** – Nearly 30% of nursing agency staff reported bullying or harassment at work in the past 12 months.

- **Field of practice** – nurses employed in occupational health (28%), learning disabilities (26%), nurse education (24%), health visiting (21%) and midwifery (42%) seem more likely to be bullied and harassed than nurses working in other fields of practice.

Causes and sources

Nearly half (41%) of nurses who’d been bullied said their immediate supervisor or manager was the main person responsible; a further third said a nursing colleague was the main source.

Personality clashes were often cited as the cause of bullying and harassment. In the survey 38% of the nurses gave this reason, leading researchers to suggest that the problem is not directly related to the usual
forms of discrimination. However, black and Asian nurses have a very different perspective. More than half of these nurses said that their race was the focus of bullying. More ethnic minority nurses also felt that the bullying and harassment was linked to their age or gender than their white colleagues.

Harassment and assaults by patients and relatives
A third of nurses surveyed said that they had been harassed or assaulted by a patient/client or their relatives while they were at work in the 12 months before the survey, and one in three had been physically assaulted by patients at some point during their career. More than a third of incidents were caused by patients’ relatives, rather than patients themselves.

Again, full-time staff are most at risk. Hospital staff are the most vulnerable to assault or harassment (43% in NHS hospitals), but they are the least likely to have completed an accident form to report the incident. Half of nurses who had been harassed or assaulted by patients in the last year did not report the incident formally.

How nurses and employers react
Bullying is linked with higher levels of sick leave, and 30% of nurses on long-term sick leave had experienced bullying (compared with 17% of all nurses). One third of nurses who had been bullied said they intended to leave their job compared to 16% of nurses who had not been bullied or harassed.

More than half of those who had been the victims of bullying or harassment reported that they were dissatisfied with the way the situation had been handled by their employer. Where this is the case, the detrimental effects of bullying or assault on a nurse’s wellbeing are compounded by their employer’s failure to deal with the situation.

Sixty percent of staff were satisfied with the way a case of assault by a patient/relative was handled by their employer - but this rises to 90% where counselling or debriefing was offered.

Where nurses feel employers do not take bullying or assault seriously, these problems contribute strongly to a sense that they are not valued by their employers – and that in turn again damages psychological wellbeing and job satisfaction.

A bullying culture?
Bullying and harassment among staff and assault by patients are major problems in the health service. Clearly, particularly in NHS hospitals, there is still a culture where poor inter-staff relations are allowed to perpetuate, and assaults on staff by the public are tolerated.

Where bullying by colleagues is concerned, the survey suggests a culture of invisibility. Consider the contrast: only 6% of nurses who have not directly experienced bullying think it’s a serious problem in their workplace, and 88% of them feel confident that they'd be treated fairly if they reported a problem; whereas a third of nurses who’ve experienced bullying believe there is a serious problem, and 45% of these fear they would not be treated fairly if they reported a bullying incident.

“A third of nurses said they had been harassed or assaulted by a patient/client or their relatives.”

RCN Working well survey
A safe environment

The level of protection and support offered by employers and the safety of the environment in which nurses work is fundamental to their job satisfaction and wellbeing. Two major health and safety workplace issues affecting nurses were recently highlighted by the RCN. Latex allergy and sharps injury campaigns have successfully begun to raise awareness among nurses and employers of the risks that face nurses everyday in the workplace — but employers still have a way to go in introducing best practice policies.

Sharps injury

Figures from the RCN Working well survey show that just over one in three nurses (37%) have been stuck by a needle or sharp previously used on a patient at some point in their career. Although there is little difference between the NHS and independent sectors, nearly half of the nurses working as agency staff are likely to have experienced a needle stick or sharp injury during their careers (49%).

The RCN ‘Be sharp – be safe’ campaign provided nurses and employers with practical information about how to monitor and prevent injuries. A major plank of the safety drive has been to make employers aware of their duties under health and safety legislation and to provide support on how to manage risk — for example, making available safer devices such as retractable syringes can significantly reduce risk.

Latex allergy

The increase in blood-borne infections has led to the widespread use of latex gloves to provide protection. However, although latex gloves offer good defence against infection from blood or bodily fluids, allergy to latex is a serious health risk. It can lead to chronic ill health, early retirement or in extreme cases to death.

As a result of the RCN campaign, hospitals in the NHS and independent sectors now place more emphasis on using non-powdered latex gloves and latex-free gloves. Comparing data with a survey in 1999, there has been a significant shift away from the availability of powdered latex gloves, from 57% to 46%. This is less true in GP practice, the NHS community and independent nursing homes. The continued availability of powdered gloves remains a cause for concern — there is no reason why low-protein, powder free gloves cannot be provided in the workplace.

“Over one in three nurses have been stuck by a needle or sharp previously used on a patient at some point in their career.”

RCN Working well survey
Nurses’ psychological health and wellbeing

How nurses were profiled

The psychometric questionnaire which formed part of the RCN Working well survey was the CORE-Outcome Measure (CORE-OM). CORE-OM is part of the CORE System, a quality audit, evaluation and benchmarking system for psychological therapies. The 34-point questionnaire profiles psychological health in four areas:

- personal sense of wellbeing
- symptoms or common problems
- life, social and relational functioning
- risk.

The RCN Counselling Service has been using the CORE System for several years to evaluate the quality and effectiveness of the RCN’s own service. Drawing on their positive experience, an increasing number of NHS-based counselling and psychological therapy services for staff are also now using the CORE System.

The RCN used CORE in the RCN Working well survey to explore the relationship between psychological health and aspects of working practice over which employers have some influence. If an association is proven it can point to where improvements would have the most impact on psychological health.

The CORE-OM questionnaire profiles respondents’ experience of a range of indicators of psychological health. These indicators include symptoms for depression and anxiety. Comparing a respondents’ results with national CORE benchmarks, the questionnaire shows whether a respondent falls into a ‘normative’ or a ‘clinical’ group. When a nurse’s CORE score comes above the ‘clinical cut-off’, they are experiencing a level of distress which is similar to that of people using (or referred to) psychological therapy services.

Key findings

The survey showed that:

- 11% of the nurses responding to the survey were on or above the clinical cut-off – they rated highly on questions relating to common indicators of depression or anxiety, and might benefit from psychological therapy
- of these nurses, 53% were either currently receiving counselling or other treatments for psychological problems. The remaining 47% could benefit from receiving counselling or other treatment.

The links with employer practice

Comparing the psychological data with nurses’ attitudes and experiences at work provides a unique picture of how nurses’ lives are affected by their employer’s commitment to providing a positive, flexible working environment. Clear links were demonstrated between psychological wellbeing and good employer practice across the survey – the number and quality of employee-friendly services, the safety of the work environment, feeling supported and valued by employers – all these factors had a positive effect on nurses’ psychological profiles.

- There is a direct correlation between level of job satisfaction and better psychological health.
- Of all the workplace factors, being bullied or harassed by members of staff has the worst impact on psychological health, followed by work-related injury or illness.
- The survey shows that a nurse’s psychological wellbeing is strongly affected by feeling that an employer protects and supports them. This includes factors such as feeling they would be treated fairly if bullied and that the problem is taken seriously, being given help in recovery after work-related injury/illness and supported if assaulted, and that employee-friendly working arrangements are valued.
Psychological wellbeing is also strongly affected by a feeling that the employer values their contribution and listens to their needs, and offers them control over their working lives. For example, nurses who are dissatisfied with the flexibility and control they are given over their working hours are more likely to take sick leave, have a poor view of their employer in many other categories and feel less supported.

The links between work factors and psychological health means employers must begin to take the issue of workforce's psychological wellbeing as seriously as staff's physical health. This need is underlined by the clear association found between poor psychological health and higher rates of sickness absence.
Recommendations

The RCN Working well survey demonstrates the powerful links between nurses’ wellbeing in the workplace and their commitment to their jobs and to delivering quality care. It’s now important to follow this work through in workplaces, and to introduce good employee practice which:

- provides well-designed employee-friendly services
- values and consults staff
- provides a safe environment
- protects and supports staff.

These factors directly influence nurses’ ability to create a healthy balance between work and home responsibilities – and consultation is key. The introduction of employee-friendly working practices needs careful and imaginative consultation that recognises the diversity of nurses’ lives.

Nurses and RCN negotiators have an important part to play in working with employers to formulate policy and make decisions about employee-friendly working in a way that best suits the individual needs of each workplace.

There are clear benefits to involving RCN negotiators, nurses and managers in the change process, including:

- more effective nurse recruitment
- more nurses returning to practice
- lower nurse turnover
- reductions in absenteeism and reliance on bank and agency staff
- improved morale, and reduced stress
- enhanced productivity and quality of care
- improved safety
- enhanced public perception of health care
- more flexible staffing and improved ability to fill work rota gaps.

There needs to be a more innovative approach by nurses and health care managers to improve the way that care is provided and staff are supported to provide that care. It is also important to remember that poorly implemented change damages the service and nurses’ quality of work life. Here are a series of recommendations to guide negotiators and employers in establishing good employment practices.

Bullying

Taking a proactive approach to negotiating employee-friendly work practices and resolving bullying and harassment conflict is clearly vital. It is important to remember the harmful effects on an organisation if managers fail to resolve bullying and harassment effectively, and to ensure that:

- your organisation has an appropriate anti-bullying and harassment policy and procedure
- psychological ill health caused by bullying or harassment is treated as seriously as physical ill health
- appropriate support is provided for nurses affected by bullying or harassment by employers and by the RCN Counselling Service.

Negotiators should remember in these discussions that managers have legal responsibilities as the ‘employer’s representatives’ under health and safety and discrimination legislation.
**Employee-friendly working**

Employee-friendly, flexible work practices should be aimed at all staff. They allow nurses to balance home and work life. Flexible employers will often find staff are in turn more flexible to managers’ needs. Employee-friendly working times improve retention, and encourage nurses to apply for vacant posts, and flexibility following career breaks encourages early return and eases re-entry to the workplace. All research shows that staff commitment and health improves when they work in a truly employee-friendly environment.

Areas for discussion can include:
- introduction of employee-friendly services (for example, training and development, childcare, rest and changing areas, catering)
- considering new shift patterns or flexible working time (for example, school hours, twilight only, term-time only, regular part-time, permanent nights) and self-rostering (with clear ground rules)
- examining the timing of tasks to meet peoples’ or service needs
- understanding different personal circumstances of staff
- recognising and dealing with conflict of interests between nurses when it occurs.

**Safe environment**

Exposure to physical hazards such as assault, exposure to latex, and sharps injuries all remain a risk to nurses. Confidence in employers’ approach to protecting nurses is an important aspect of wellbeing, and further steps to reduce these risks must be taken. Control measures exist which can reduce the risk. In particular, employers can:
- carry out risk assessments and take informed decisions to prioritise action
- introduce safe systems to minimise risk of sharps injury

- provide only low-protein, powder-free gloves, or latex-free gloves for nurses with a latex allergy
- implement policies which include training
- have support mechanisms in place in the event of injury or incident.

**Successful negotiations**

Both RCN negotiators, managers and other staff will need to communicate openly and with understanding, and sometimes break away from tradition to achieve the best outcome. During discussion, it is important to remember the needs of patients and of individual staff members, and to ensure colleagues on different shifts are consulted and informed. Remember, compromise can work.

**Goals to aim for**

- involving nurses, RCN representatives and managers in change-making
- recognising the wide diversity in nurses’ personal circumstances and that social norms and practices are changing
- recognising that nurses need to establish a balance between work and personal responsibilities, and that the balance differs between individuals. Nurses’ individual working time needs should always be taken into account, and job interviews or return-to-practice plans can be used to establish these for new staff or those on career breaks
- accommodating everyone’s strengths in team working, and sharing information about caring and other commitments to ensure fair rostering
- adopting a consistent approach to promoting employee-friendly arrangements to improve recruitment
- providing a safe working environment
- respecting patients’ needs.

In the final analysis, the needs and interests of employers, staff and patients all complement each other.
Conclusion

The RCN Working well survey is part of a growing body of research which shows that the implementation of employee-friendly practices improves retention, encourages recruitment, return-to-practice, productivity and commitment, and reduces sickness absence.

Promoting healthy workplace environments, and encouraging a workplace culture in which everybody treats their colleagues with dignity and respect will further help to ensure healthy and motivated nurses.

The results of the RCN Working well survey are important for nurses, other health care workers and employers in the NHS and in the independent sector. The RCN hopes the survey will be used as a tool for the health service as a whole to improve the working lives of all health care workers.

Further reading

The following titles have been produced as part of the RCN Working Well Initiative series and are available to members by calling RCN Direct on 0845 772 6100.


