



Paid equally badly? Gender and pay in the nursing profession

Dr Anne Laure Humbert
Centre for Diversity Policy Research and Practice
Oxford Brookes University

Rachael McIlroy
Royal College of Nursing





Acknowledgements

Based on the work of Kate Clayton-Hathway, Heather Griffiths, Anne Laure Humbert, Rachael McIlroy, Sue Schutz

With contributions from Sue Ledwith, Jo Morris, Tracy Walsh

Thanks to Jill Rubery for peer-reviewing the report



Nursing, a profession in crisis?



RCN research consistently shows members feel undervalued

Pay does not match:

- level of responsibility, autonomy, accountability
- stress, pressure and demands
- skills and levels of education and training
- increasing scope of practice

Alarm at lack of voice in responses to staffing shortages and 'failures' in care



Nursing, a profession in crisis?



High level of vacancies - why doesn't this lead to higher wages?

Over 40,000 vacancies in the NHS in England

1 in 9 jobs

Supply and demand should influence wages: what's so different about nursing?



Gender as a factor in the crisis?



A SCIENCE

Technical expertise and clinical training were and are essential skills for a nurse.

However, viewing nursing as a science risked placing the profession in the hands of the medical world.

On one hand, matrons and sister tutors taught nurses on the wards, whilst doctors taught anatomy and physiology in the classroom. This created tension between medicine and care.

A VOCATION

As emphasised by Florence
Nightingale, nursing has long
been considered a moral
calling. As a predominantly
female profession, it required
qualities assumed innate in
women: self-sacrifice,
compassion, sympathy and
kindness. These were expected
to run parallel to clinical
skill, but at the same time
considered uniquely female.

Those against registration felt nurses should be managed by female matrons, not male doctors, and thus it should not be considered a science.

A COMPROMISE

Whilst this debate for regulation continued, the College of Nursing struggled to appease the different sides.

It wanted nursing to grow as a credible profession and provide the best possible staffing throughout the Great War.

The College helped to ensure that the Registration Bill was finally passed.

The failure to clearly define nursing, however, was to have long-lasting effects.

Source: https://www.rcn.org.uk/library-exhibitions/wake-up-slackers



What is a profession?



Occupational boundaries and closure	Knowledge claims	Autonomy and control over work processes and practices
what is the role of registration?	what counts as nursing knowledge?	how much control in light of service needs?



The professionalisation of nursing



Clear move towards professionalisation in the case of nursing

But less successful than other groups, e.g. pharmacists, in showing that professionalisation is central to their roles

A possible explanation for the persistence of low pay?



Gross weekly and hourly pay in main job



	Weekly		Hourly	
	Mean	SD	Mean	SD
Nursing professionals Health care managers Health professionals Allied health professionals Scientific, therapeutic and technical	£526.58 £941.80 £883.76 £550.95 £447.06	£182.24 £522.90 £511.39 £202.16 £225.99	£15.42 £24.53 £24.84 £17.70 £12.86	£4.32 £12.59 £13.08 £5.56 £5.40
Total	£650.67	£384.52	£18.71	£9.68

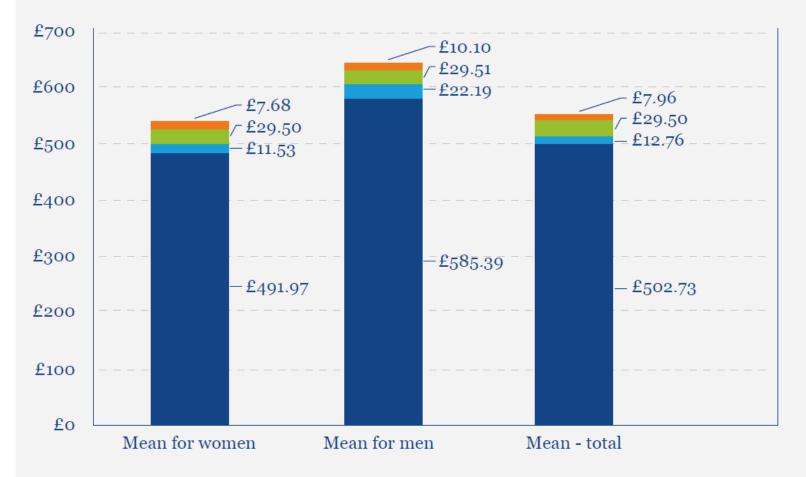
Source: QLFS 2018 Q1

Notes: weighted by income weight 2017 (PIWT17)



Figure 4: Average gross weekly earnings among nurses by category of pay and sex

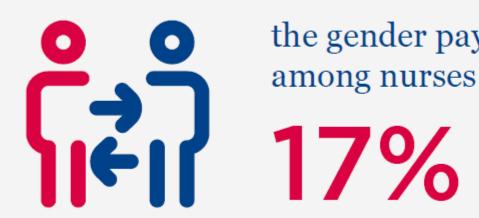






Source: ASHE 2018 n = 4,455 for women, n = 580 for men, n = 5,035 in total





the gender pay gap among nurses is

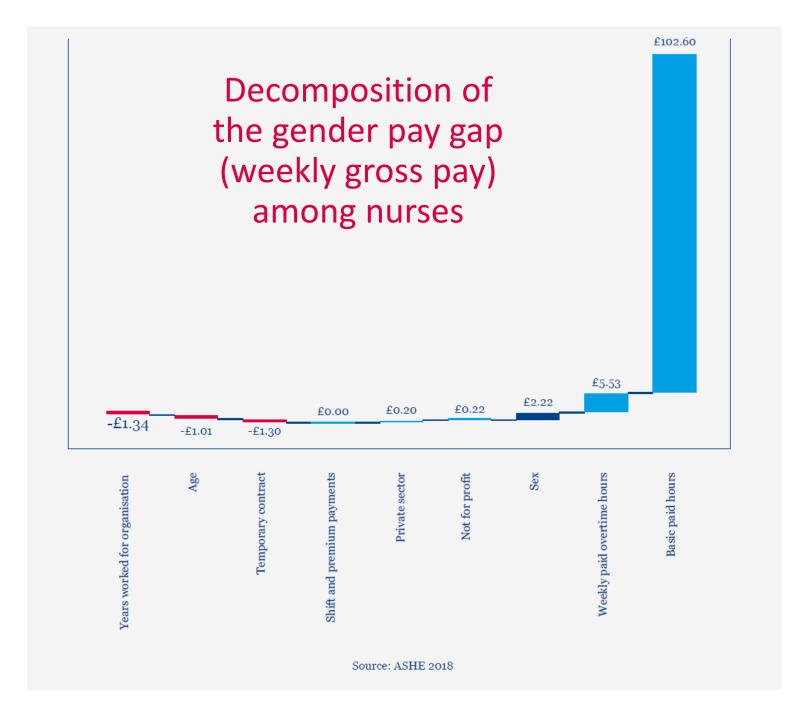




95% reduction

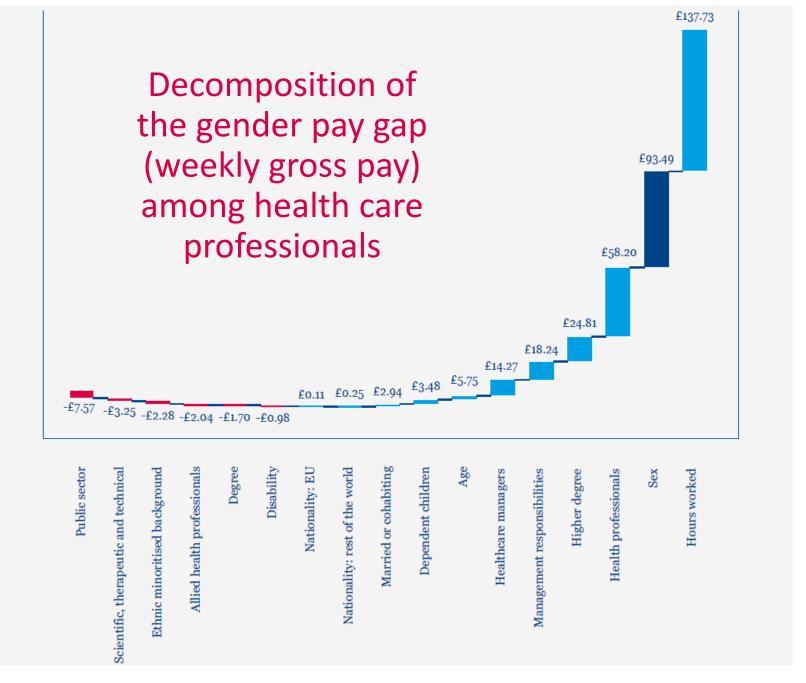
in pay gap if women and men worked the same number of hours















Ethnic pay gap



Nurses from an ethnic minority group earn a similar amount to white nurses on an hourly basis but earn more on a weekly basis

£566 vs £515, p = 0.06

This is clearly related to the fact that they work more hours (36 vs 32 hours on average, p < 0.01)









BAME nurses earn 10% less than white colleagues, when other factors such as working hours are considered



The voice of senior stakeholders in the nursing profession



Complex challenges impacting the nursing profession:

- Growth in the number of unregistered health care workers/nurses
- Dilution of the registered nursing role and increasingly diverse range of tasks carried out by nurses
- Increasing number of nurses that choose flexibility over career development



Senior stakeholders' views on potential solutions



 Greater engagement from leaders and managers in enabling more inclusive and adaptive working environments

 Nursing leader input and influence in national policy development and in the workplace itself

 RCN's role in protecting and enhancing the profession's knowledge and skills





While the professionalisation of nursing has made great progress, the consolidation of the status of nursing as a profession can only be achieved by addressing two issues in parallel:

- questions of knowledge claims what skills are at the heart of the nursing profession
- the autonomy and control of work how work and working time are organised.





Paid equally badly? Gender and pay in the nursing profession

Dr Anne Laure Humbert
Centre for Diversity Policy Research and Practice
Oxford Brookes University

Rachael McIlroy Royal College of Nursing