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Maximising management investment in the NHS

REPORT OF A SURVEY CARRIED OUT FOR
THE NATIONAL STAFF COMMITTEE FOR
ADMINISTRATIVE AND CLERICAL STAFF
AND THE NATIONAL HEALTH SERVICE
TRAINING AUTHORITY

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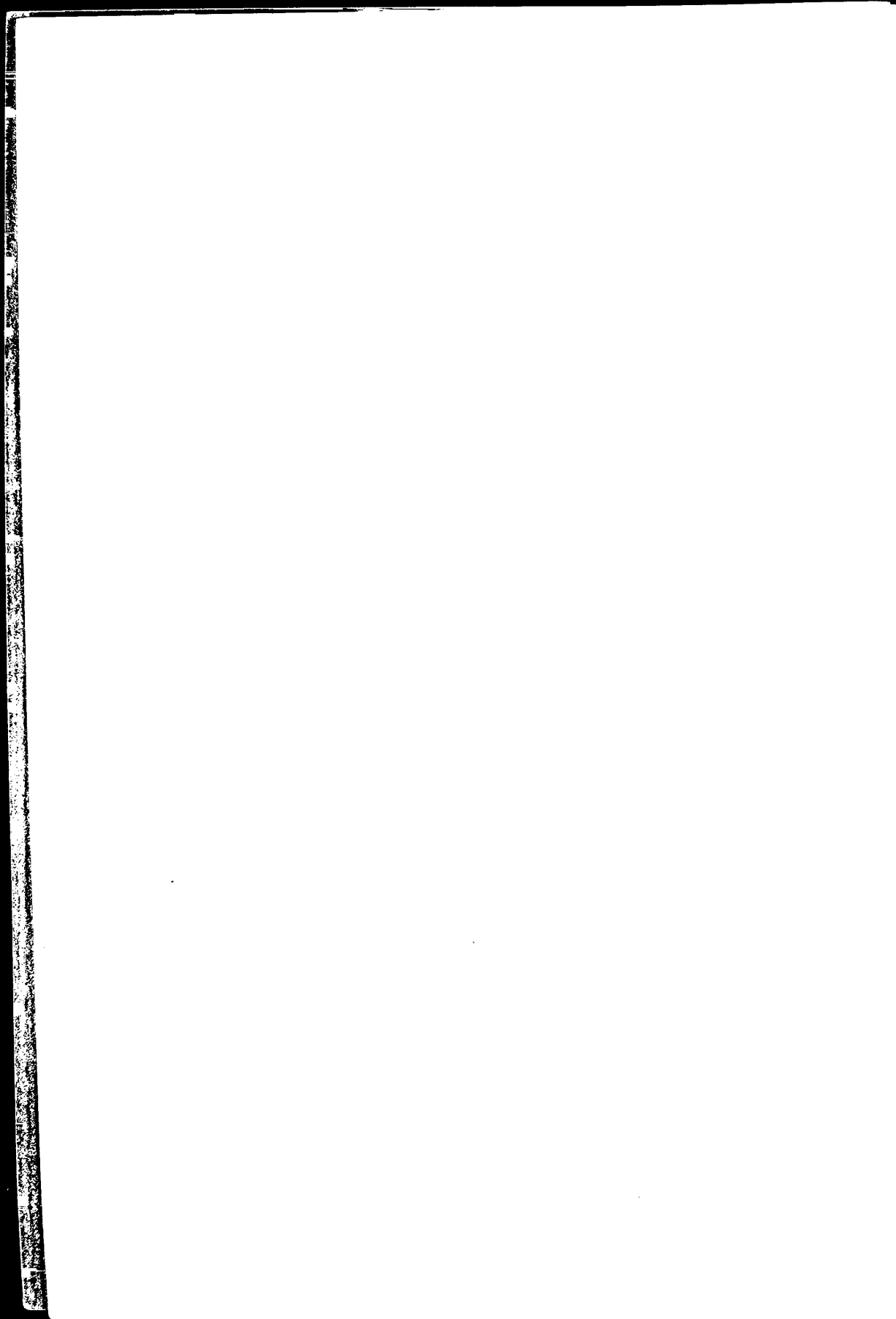
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MAXIMISING MANAGEMENT IN THE NHS



MAXIMISING
MANAGEMENT INVESTMENT
IN THE NHS

A Study of National Management Trainees

Report of a survey
carried out for the
National Staff Committee for
Administrative and Clerical Staff
and the National Health Service
Training Authority

Maureen Dixon
Catherine Shaw

King Edward's Hospital Fund for London

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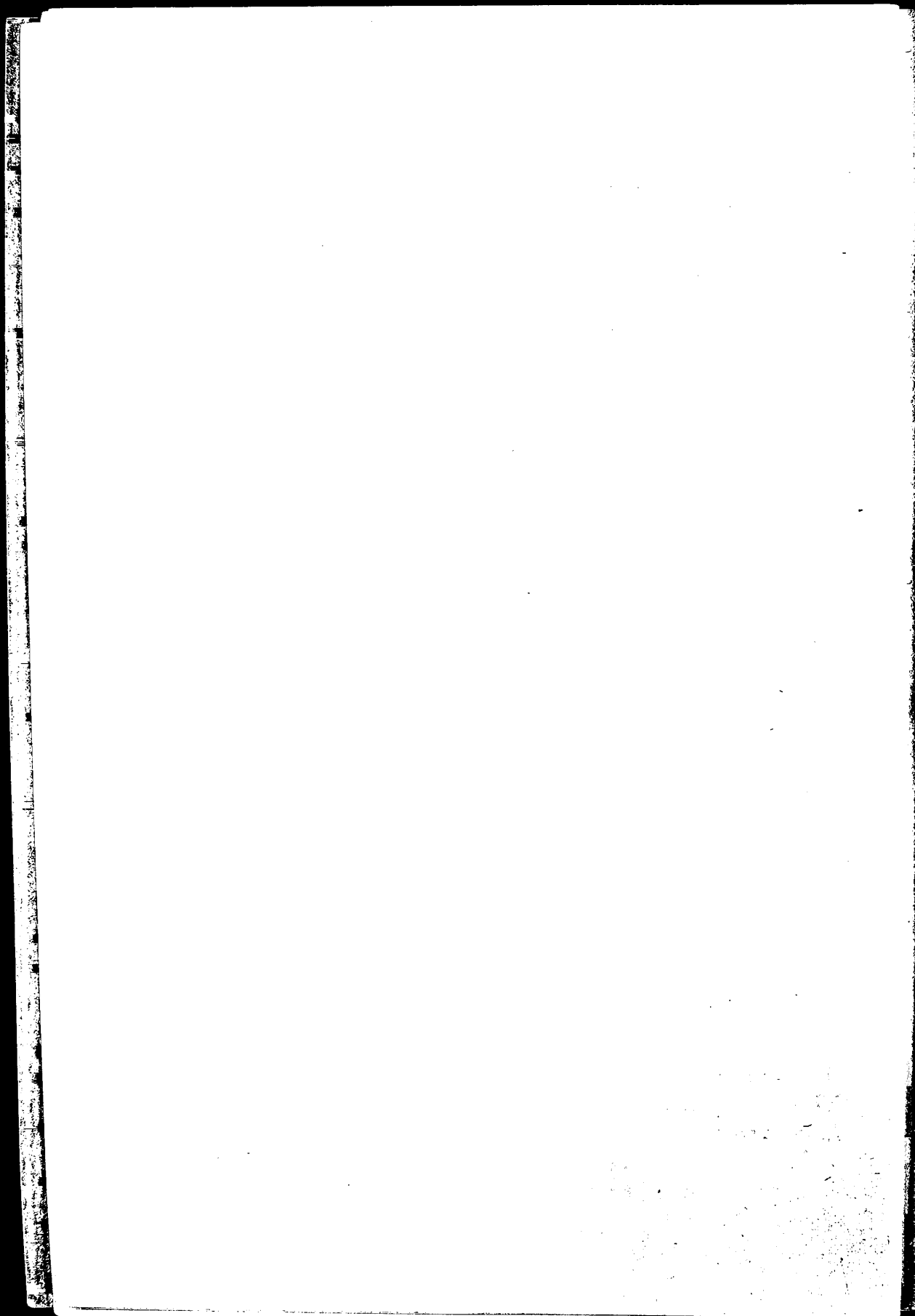
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Maureen Dixon

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January 1986



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Preface

Few organisations can be complacent if they lose too high a proportion of their most able young employees after only a few years, and this must be especially true of the National Health Service which is reputedly the largest employer in Western Europe. The National Administrative Trainees of the NHS form, or should form, a solid core of high-calibre graduates who, with two years of intensive training behind them, are destined to fill the highest posts within the Service in the fullness of their careers.

That a surprisingly large proportion of these trainees left the Service before they had reached senior positions was perceived by the National Staff Committee for Administrative and Clerical Staff as a matter of considerable concern. Not only did it represent a waste of the money and manpower which had gone into their training: it also seemed to carry an implied criticism of the narrowness of the career-opportunities offered by the NHS to clever and keen young graduates.

The NSC (A & C) therefore funded the enquiry which is described in this report from Dr Maureen Dixon of the King's Fund, in the hope of learning why this group of health service managers left the NHS and have not returned.

I feel sure that the reader will be fascinated by the outcomes of the enquiry. Both in its generalities and its detail, there is much for us to digest and to apply to the improvement of the Service. Perhaps the most instructive message is that so many ex-trainees found that the Service stifled their initiative and gave them little encouragement to develop their managerial skills.

Already, however, in the wake of the 'Griffiths' managerial revolution in the Service, plans are being made to remedy this state of affairs. At the overall national level, the National Health Service Training Authority has converted the old graduate-training scheme into the new National General Management Training Scheme; while at District level there are widespread moves to introduce regular staff assessment designed, among other things, to encourage those with special talent.

This report, then, draws upon data from former practices and systems, and collates it in a way which will be found stimulating and helpful as the new managerial structures evolve.

I therefore join with my colleagues on the NSC (A & C) in thanking Dr Dixon for her thorough and illuminating work; and I commend her report to the Service at large.

Bryan Thwaites
Chairman, NSC (A & C)

Summary and conclusions

SUMMARY

Detailed summaries of the various sections of the report follow, but first the findings are presented as pen pictures of the 'typical' ex-National Administrative Trainees who are no longer working in the NHS.

The typical male ex-NAT no longer working in the NHS is in full-time employment, is married with 2 children of whom the youngest is less than 5 years old. He has a bachelors degree and a health related professional qualification. He is now working outside the health sector but in the public sector and is earning between £15,000 and £20,000 pa. He is involved in one to three unpaid activities in the home and outside, for up to 21 hours per week. He worked in the NHS for less than 4 years and left to take up full-time employment elsewhere. He has had no breaks in employment. His main reasons for leaving the NHS were lack of career opportunities, to earn more and dissatisfaction with NHS management. He has not tried to return to NHS employment although personal, extrinsic reasons for not doing so have reduced in importance over time. His current greatest need in any job is the opportunity to grow followed by the development of his knowledge and skills. His jobs in the NHS were least satisfying in providing a chance to do innovative work and the greatest gap between his job needs and the extent to which the NHS satisfied those needs was in freedom and independence.

The typical female ex-NAT no longer in the NHS and working full-time is married with no children. She has a bachelors degree and a non-health related professional qualification. She is now working outside the health sector but in the public sector and is earning between £10,000 and £15,000 pa. She is involved in one to three unpaid activities in the home and outside, for up to 21 hours per week. She worked in the NHS for less than 4 years and left to take up full-time employment elsewhere. She has had no breaks in employment. Her main reasons for leaving the NHS were lack of career opportunities, dissatisfaction with NHS management and inability to move to find interesting NHS jobs. She has not tried to return to NHS employment although personal, extrinsic reasons for not doing so have reduced in importance over time. Her current greatest need in any job is the opportunity to grow followed by the need to be intellectually stretched. Her jobs in the NHS were least satisfying in providing a chance to do innovative work and the greatest gap between her job needs and the extent to which the NHS satisfied those needs was in the opportunity to grow.

The typical female ex-NAT no longer in the NHS and working part-time is married with 2 children of whom the youngest is less than 5 years old. She has a bachelors degree and a health related professional qualification. She is working part-time outside the health sector but in the public sector and is earning less than £5,000 pa. She is involved in one to three unpaid activities in the home and outside, for more than 80 hours per week. She worked in the NHS for less than 4 years and has had one break in employment of less than 2 years which was to have or look after children. Her main reasons for leaving the NHS were to have or look after children, because her husband moved his job and lack of opportunities for part-time work in the NHS. She has not tried to return to NHS employment although personal, extrinsic reasons for not doing so have reduced in importance

considerably over time. Her current greatest needs in any job are the opportunity to grow and to be intellectually stretched. Her jobs in the NHS were least satisfying in being stressful and the greatest gap between her job needs and the extent to which the NHS satisfied those needs was in providing freedom and independence.

The typical female ex-NAT no longer in the NHS and not in paid employment is married with two children of whom the youngest is less than 5 years old. She has a bachelors degree and a health related professional qualification. She is involved in one to three unpaid activities in the home and outside for more than 100 hours per week. She worked in the NHS for less than 4 years and has had no previous breaks in employment. Her main reasons for leaving the NHS were to have or look after children and because her husband moved his job. She has not tried to return to NHS employment although personal, extrinsic reasons for not doing so have reduced greatly in importance over time. Her current greatest need in any job is to develop her knowledge and skills followed by the opportunity for rapid advancement. Her jobs in the NHS were least satisfying in being stressful and the greatest gap between her job needs and the extent to which the NHS satisfied those needs was in stretching her intellectually.

A profile of National Administrative Trainees (Part I)

- 1 From the start of the National Administrative Training Scheme in 1956 (now the National Management Training Scheme) to 1981, 1301 people have entered the Scheme, 821 men and 480 women. Few women entered the Scheme in the early years. From 1974 to 1981, 52% of the entrants were women.
- 2 Of the 1125 ex-trainees we were able to locate, 55% of the women and 76% of the men are currently working in the NHS.

- 3 Fifteen per cent of the female entrants dropped out during the Scheme, compared with 10% of the men. But since women have been entering the Scheme in larger numbers, the male and female dropout rates are very similar.
- 4 Thirty per cent of the women and 12% of the men who completed the Scheme are not now in the NHS.

A profile of ex-trainees no longer in the NHS (Part II)

- 5 Of the 208 ex-trainees no longer in the NHS whom we were able to trace, 185 returned completed questionnaires. Nearly three-quarters of the men and 86% of the women are living in the UK. Of the men, 90% are married, 5% single and 5% divorced/separated/widowed; 84% of the women are married, 10% single and 5% divorced/separated/widowed. Twenty-one per cent of the men and 35% of the women have no children.
- 6 The employment status or economic activity of the men is not related to their marital status, age, number of children or age of youngest child. All these factors are related however to the women's employment status. The women most likely not to be in paid employment currently are those aged 35 to 39, those who are married, those with three or more children and those with a youngest child aged 4 or younger.
- 7 But compared with women in Great Britain generally, more of the female ex-NATs are in full-time work and they return to full-time work earlier in relation to the age of their youngest child. More of them are also not in paid employment. Consequently, a smaller proportion of them are in part-time work than of the general female population.
- 8 The men are better qualified than the women, both academically and professionally. Fifty-seven per cent of the men hold a postgraduate academic qualification compared with 34% of the women. Eighty-four per cent of

the men and 79% of the women have a professional qualification.

- 9 The better academically qualified the woman, the more likely she is to be in full-time employment. This same association does not apply to professional qualifications; only a third of the women in full-time employment hold a health related professional qualification.

*Current activities of ex-trainees no longer in the NHS
(Part III)*

- 10 All the men except one and 61% of the women are currently in paid employment. A larger proportion of the men are in health related work (47% compared with 28%) but of this group more of the women are in the public rather than the private health sector.
- 11 Most of those now working outside the health field are in higher education, local government and other public sector industries.
- 12 Fifty per cent of the employed women are earning under £10,000 pa. compared with 13% of the men. Of those in full-time work, 14% of the women are earning £20,000 pa. or more compared with 44% of the men. The lower employment income of women is not a result of their lower average age; 74% of the women in the 1972-76 entry group are earning less than £15,000 pa. compared with 36% of the men.
- 13 For the women, the possession of higher academic and professional qualifications is negatively correlated with their earning capacity whereas for the similarly qualified men there is a positive relationship.
- 14 The female ex-trainees have a much greater involvement in a wider range of unpaid activities than the men, both in terms of the number of activities and the time devoted to them. This is particularly true of married women who are not in paid employment but women employed part-time also spend a lot of time on unpaid activities.

- 15 A quarter of the women who are not in paid employment are actively looking for work and all but one of them have children including a child under eleven years of age.

Employment histories of ex-trainees (Part IV)

- 16 There is surprisingly little difference in the number of jobs the male and female ex-NATs have held. Very few part-time jobs appear in the employment histories.
- 17 The female ex-trainees have fewer years NHS service than the men. But 66% of the men had a total length of NHS service of less than 6 years (compared with 83% of the women). A higher proportion of the male ex-trainees leave the NHS immediately on completing the Scheme.
- 18 Overall, 13% of the entrants to the Scheme never took up a post-training job in the NHS whereas 15% left the NHS subsequently.
- 19 Ninety per cent of the women and 70% of the men left the NHS from a job graded scale 10-14/SPAA or below and all the finance trainees left from jobs graded EO1, GA/scale 1, etc. On leaving the NHS, 79% of the men and 33% of the women went to full-time employment elsewhere. Analysis of leaving grade by number of years in the NHS, by academic and professional qualifications and by training centre did not reveal any significant associations.
- 20 The average length of time spent in NHS posts since leaving the Scheme is 4.7 years for the men and 3.6 years for the women, and in non-NHS posts is 11.2 years for the men and 8.2 years for the women.
- 21 It seems that part-time work is more easily found outside the NHS than within it.
- 22 Relatively high proportions of the men and the women have had breaks in employment, 30% and 50% respectively. The most important reason for 'female' breaks is to have or look after children but 97% of these breaks are less than a year in length. The most important reason for

'male' breaks is to study or undertake further training, typically for a one-year or two-year period.

Why ex-NATs leave the NHS and do not return (Part V)

- 23 The main reason for leaving the NHS was personal or extrinsic for 65% of the women and 52% of the men. The women's extrinsic reasons were dominantly to have and/or look after children and because their husband moved his job and the men's to undertake further study or training.
- 24 But both men and women show a mixture of extrinsic and intrinsic or NHS-related reasons for leaving and have three main reasons in common – lack of career opportunities in the NHS, dissatisfaction with NHS management and to work abroad. Of those now in full-time employment, intrinsic reasons for leaving the NHS were more important for the women; that is they were more dissatisfied with the NHS, than the men.
- 25 Those who left the NHS on completing the Scheme – the early leavers – show more dissatisfaction with management in the NHS and with the Training Scheme itself than the whole group.
- 26 People who left the NHS from more senior posts differ little from the whole group in their reasons for leaving.
- 27 Finance trainees were more dissatisfied with the NHS on leaving than general administrative trainees, particularly with regard to salary, career opportunities, financial management in the NHS, career planning and the Training Scheme itself.
- 28 More of the women have tried to return to the NHS than of the men, particularly married women currently not in paid employment or in part-time work whose youngest child is aged 10 to 14. Both men and women currently working in the private health sector show a slightly greater tendency to try to return to the NHS than those in other employment sectors.

- 29 In trying to return to the NHS, only a few helpful arrangements or information had been encountered, the most useful being maintaining personal contacts and keeping in touch with NHS colleagues. The most common difficulties were little part-time work, inflexible working hours and absence of job-sharing schemes.
- 30 The top-ranking reasons for not trying to return to the NHS were more challenging work and opportunities outside, to earn more and the perceived rigidity and bureaucracy of the NHS.
- 31 A comparison of reasons for leaving the NHS with reasons for not trying to return shows that time spent out of the NHS serves to increase the importance of factors intrinsic to the NHS relative to extrinsic factors. This effect is strongest for women not in paid employment, then for women in part-time employment, then for women working full-time and least for men working full-time.

Work and career aspirations and the NHS (Part VI)

- 32 The men and women expressed the same top ten needs in a job although working with people they like and recognition of achievement by others were relatively more important for the women and freedom and independence, the opportunity to be a manager or leader and the opportunity to serve the community were relatively more important for the men.
- 33 The men and women also showed the same top ten areas of dissatisfaction in NHS jobs. Relatively more important for the women were the inability of the NHS to meet their need for lack of stress, rapid advancement, high status and opportunity to grow. The men were relatively more dissatisfied with the chance to do innovative work, freedom and independence, the financial rewards and the opportunity to be a manager or leader.
- 34 Overall the needs and satisfaction of the men and the

women, irrespective of their employment status, were remarkably similar and focused on areas of personal development, growth and learning.

CONCLUSIONS AND AREAS FOR FURTHER ACTION

A general finding from this study is that in many respects the male and female ex-NATs report similar experience of the Scheme and of the NHS. However, in other respects there are significant differences between the men and the women.

Recruitment and selection process

- 1 In view of the small but expensive number of entrants who do not complete the Scheme, a review of recruitment and selection processes should be undertaken.

Content of the Scheme

- 2 The content, pacing and quality of the Scheme should be reviewed. (The effects of the 1983 conversion to the National Management Training Scheme are now being assessed and it is hoped these survey findings will be helpful in that process.)

Differences between education centres and regions

- 3 The different education centres and catchment regions vary with regard to:
 - number of female entrants
 - drop-out rates
 - post-training academic and professional qualifications
 - length of NHS service.

These differences should be investigated to ensure that they are the result of random or extrinsic societal factors rather than differences in policy or practice.

Early career development and study leave opportunities

- 4 Many men and women who left the NHS from junior grades might not have done so had adequate attention been given to their early career development and training.
- 5 Many men and women leave the NHS to pursue further education and training. Study leave should be more readily available in a variety of forms for this purpose.
- 6 Particular attention should be paid to the transition between completing the Scheme and moving fully into a substantive NHS post as some trainees never make the transition.

Dissatisfaction with the NHS

- 7 Many ex-trainees who leave the NHS do so because of:
 - perceived inadequacies of NHS management and managers
 - relatively low pay
 - lack of career guidance and development
 - stifling of initiative
 - lack of opportunities for personal growth and development.

A new managerial climate needs to be created in which initiative and challenge are encouraged and the rewards of the job (and criticism of poor work) are more immediate and potent in the individual's working life.

- 8 Particularly high levels of dissatisfaction with the Scheme and the NHS expressed by ex-finance trainees indicate the need for a separate and more sophisticated training for graduates wishing to specialise in finance.
- 9 Time spent out of the NHS increases expressed dissatisfaction with the NHS. A public image of management in the NHS as being demanding but rewarding needs to be created.

How can ex-NATs be attracted back to the NHS?

For men and women:

- 10 Unorthodox experience (e.g. abroad, in the private sector, in non-line management) should no longer be seen as a disadvantage.

For women in particular:

- 11 Retraining, refresher and re-entry schemes and link and employment registers would assist many women to return to NHS employment.
- 12 Opportunities to keep in touch, attend educational events and undertake short term contract jobs should be created for women who leave the NHS to have children.
- 13 More availability of part-time work, job sharing schemes and flexible working hours could greatly increase the return to the NHS of women with children.
- 14 Adequate child care facilities at costs not in excess of potential earning power could increase the return to the NHS of women with younger children.
- 15 Provision of pro-rated pensions and other benefits for those in part-time work would enable more women to remain in NHS employment while fulfilling their family responsibilities.
- 16 Serious consideration should be given to the provision of parental leave, not just maternity leave.
- 17 Employers should review their recruitment, selection, promotion and training practices to ensure that women are being given equal opportunity. Programmes of positive action are clearly indicated in some employing authorities to ensure managers are aware of their legal and managerial obligations in this regard.

Introduction

This report contains the findings of a survey of ex-National Trainees who are not currently working in the NHS. The need for the survey became evident as a result of a number of recent initiatives addressing the issue of women working in the NHS but the findings throw an interesting light on the careers of both male and female graduates in health services management.

BACKGROUND TO THE STUDY

The NHS employs over a million people of whom 77% are women. But there is little factual information on how women fare relative to men in health services employment in general. Nor has there been any extensive analysis of employment practices and procedures in the NHS to ascertain their potentially discriminatory effects. Such studies as have been carried out have looked mainly at women in medicine; the Doctors' and Dentists' Retainer Schemes are the only such NHS-related schemes in operation at present.¹

This lack of information should be partially rectified as the result of three current research initiatives funded by the Department of Health and Social Security and the (then) Social Science Research Council.

- A quantitative analysis of equality of opportunity for women in the NHS (Sloane/Chiplin).

- Equality of opportunity for women in the NHS (Davies/Rosser).²
- The influence of child-care facilities and arrangements on the career patterns of women working in the NHS (Farrell).

This research programme will be completed in the near future and is intended to feed into policy and practice.³

Meanwhile, there is no reason to suppose that the NHS record on equality of opportunity is any better than the national picture. We find the same under-representation or maldistribution of women in the various health-related occupations – a dearth of women in senior administrative posts, the relatively few women in particular medical specialties and the disproportionately high number of men in senior nursing posts. As elsewhere, those women who do reach senior positions in the NHS tend to be unmarried and/or childless.⁴

But there is increasing concern about the position of women in the NHS. The 1976 Royal Commission on the NHS considered 'changes in the occupational structure, including increased employment of women with children'.⁵ The journals and professional bodies are reflecting this increased concern. Whether the motivation is egalitarianism or concern for a wasted investment, there is a growing consensus that changes in policy and practice are overdue.

Attention has recently been focused on women in health administration in particular by two studies. A recent *report on the National Administrative Training Scheme* (NATS) looked at the National Administrative Trainees (NATs).⁶ Although the trainees comprise a small group within health administration, the findings are nonetheless important since there has been a significant increase in the number of women on the NATS since the mid-60s. Also the group is highly selected and high-achieving so the reasons for trainees dropping out during or after the Scheme have to be powerful

ones. The report shows that ex-NATs are not able to look to their employing organisations for systematic career planning and management development. By default, career planning is largely an individual activity in which managers are very much at the mercy of the competitive appointment and promotion systems.

For graduate entrants (NATs and direct-entry graduates) gender is a more significant determinant of career progress than method of entry. This is partly explained by the fact that a majority of the women leave 5 or 6 years after training. But even those few women graduates who stay in the NHS are promoted more slowly and to less senior levels than their male counterparts.

The report shows that the NATS is effective for two-thirds of the male NATs in that they reach a scale 23 post or higher after 10 years. Indeed it is arguable that the Scheme is effective overall for men since those who do not show this speed of career progress are nevertheless contributing at relatively senior and significant levels of management. But for women, the Scheme is largely ineffective.

What little we know about the general position of women in health administration echoes the situation for NATs. Of those responding to a 1979 survey of NHS administrators (14,633 or 73%), 36% were women.⁷ But there were marked variations in sex distribution over grade/scale and between functions. The vast majority of women were in posts below scale 9. Ninety per cent of women versus 51% of men were in such posts. In posts scale 9 or above, 44% of women are either NATs or graduates compared with 32% of men, suggesting that women need to be better qualified than men to progress in NHS administration. Very few of those surveyed were in part-time posts: 3% of women, 0.6% of men.

The proportion of men within each function varied from 22% in voluntary help organisation and 32% in medical records to 88% in work study and 81% in supplies.

A lower proportion of women entered administration for the first time from outside NHS administration (20% versus 40% for men). The vast majority came into the administrative function from posts within the NHS graded below the level of GAA, scale 1 or EO1. Looking at post first entered, only 8% of women (23% of men) went into a post graded above scale 1. This may, of course, be as much a function of external employment patterns as of NHS recruitment practice.

Women had a significantly lower median length of service than men – 4.4 versus 8 years. Women comprised only 17% of those with a total length of service of 10 years or more.

Women tended to be younger on average than men, a factor perhaps linked, the authors suggested, to their shorter length of service and their broader domestic commitments.

Of the respondents to the 1979 survey, 2.6% of the women had had breaks in service compared with 2.3% of the men. But the pattern of breaks was not consistent with the stereotypical image of a career break due to child-rearing. Three-quarters of those with breaks were men and the average length of time out of the NHS was too short to be explained by family responsibilities. The report comments that these findings leave essentially unanswered the question of the role of a retainer scheme or a more general publicity drive in the form of a 'back to NHS administration' campaign. 'Only the conjunction of the observed small number in the Survey who had had breaks from service in NHS administration with the known annual losses from this function point to the need for some such intervention.'⁸ At the same time, the National Staff Committee for Administrative and Clerical Staff (NSC) had identified the need for more information to assist in ensuring that 'the NHS receives the best possible return on its investment in women administrators, including production of a retainer scheme.'⁹

OBJECTIVES OF THE STUDY

So by early 1983, we knew something about the employment and career characteristics of women employed in the NHS. But we knew little or nothing about why trained and qualified administrators leave the NHS and do not return. The data from the 1979 Survey show that there were more women than men in this group but there were no data on the reasons. This study aimed to fill that gap. Why do trained administrators leave the NHS? Why do they not return to the Service? Are the reasons gender-related?

It was obviously an impossible task to locate all those who have left the NHS or who have had a break in service; the population would be large and local records on reasons for leaving employment are often inadequate and/or misleading. It was therefore necessary to obtain primary data on this question from an easily identified group of ex-NHS employees and we decided that this group should be selected from all those – men and women – who took part in the National Administrative Training Scheme.* This group had the advantages of being relatively accessible and homogeneous.

Our initial intention was to cover three groups in the study: those ex-NATs who left during the Scheme, those who have had a break in service but are now back in the NHS, and those who completed the Scheme and who are not in the NHS now. It rapidly became clear that we must drop the idea of pursuing the first two groups. Those who left during the Scheme are mostly untraceable and those who have had a break in service could only be identified by a preliminary survey of all those ex-NATs now in the NHS.

* The form and title of the Training Scheme were changed in 1983 and it is now known as the National Management Training Scheme.

RESEARCH DESIGN

Having identified the group to be surveyed as those ex-trainees who completed the Scheme and are not now in the NHS, our next task was to trace them. This turned out to be a far more laborious process than anticipated. In some cases, the records of the training centres are incomplete or do not match the NSC records. There is also the problem of double-counting since some of the women appear under both their single and married names. In the tracing process, some hundreds of letters have been sent and innumerable telephone calls made and individuals have been most helpful in locating their fellow trainees. The tracing process has, of course, been conducted confidentially.

Allowing for these problems, the statistics we have gathered on all NATs since the inception of the Scheme in 1956 show that up to 1981 a total of 1301 people entered the Scheme of whom we have been unable to trace 176.* Of the 1125 traced, 208 completed the Scheme but are not currently in NHS employment. Between April and June 1984, a questionnaire was sent to each of these 208 people.

The survey methods are described in the Appendix which also contains the postal questionnaire and the other survey instruments. The response rate was 89%, much higher than might normally be expected in this kind of study. So although the survey group was relatively small, we can be reasonably happy about the level and quality of response.

Such information as we have been able to gather about NATs in general is in Part I. Parts II to VI are devoted to a detailed analysis of the findings of the survey. Overall, the findings of the study provide indications of possible changes

* Since we started the study in 1983 and were only interested in surveying those who had completed the Scheme, 1981 was the last entry year to be included. (The Finance Scheme, described in the next part of the report, is longer than two years and therefore the last entry year to be included for finance trainees is 1980.)

in policy and practice and the extent to which such changes could contribute to the retention of highly-trained, well-qualified managers within the NHS.

Part I A profile of National Administrative Trainees

THE TRAINING SCHEME

The National Administrative Training Scheme aimed to recruit people with potential to reach senior and top administrative posts in the NHS and to offer them a sound initial training as a foundation for rapid career progress.¹⁰ The recruits are drawn from 'promising young graduates and others professionally qualified'¹¹ from England, Wales, Northern Ireland and Scotland. In practice, the majority of NATs are graduate entrants who join the Scheme straight from university. The Scheme competes for graduates with other organisations with graduate management training schemes such as the Civil Service and the nationalised industries.

The Scheme started in 1956. Although there have been changes in the selection procedures over the years, the basic method of selection has involved national advertising of the Scheme followed by initial interviews at regional level and subsequent interviews of the successful candidates at national level. There can be as many as 3000 applicants for the 50 or so vacancies each year.¹² The recruitment and selection process is coordinated by the National Staff Committee for Administrative and Clerical Staff with the exception of the Scottish Scheme.

Over the twenty-nine years the Scheme has been in operation, there have been numerous modifications to its structure and curriculum. The balance of academic input

and practical attachments has been changed as have the length and timing of the so-called substantive post – that is the post taken up towards the end of the Scheme which is regarded as a bridge between the training and employment in the NHS. It is not necessary to go into detail about these changes here but the major shifts of emphasis should be mentioned as they are relevant to the interpretation of some of the survey findings.

The basic structure of the Training Scheme comprises a series of practical attachments at the different levels of health service management interspersed with academic sessions at one of five designated training centres.

Training centre	Scheme started	Serves
King's Fund College (formerly Hospital Administrative Staff College)	1956	Four Thames Regions and Wessex Region
University of Manchester, Department of Social Administration, Health Service Management Unit	1956	Mersey and North Western Regions, Wales, Northern Ireland, and Scotland up to 1967
University of Leeds, Nuffield Centre for Health Service Studies	1962	Northern, East Anglian, Trent and Yorkshire Regions
Strathclyde University	1968	Scotland
University of Birmingham, Health Services Management Centre	1974	Oxford, South Western and West Midlands Regions

When the Scheme started in 1956, the intention was that it should last three years ending with two practical attachments of six months each. In practice however the Scheme lasted two years which is the official length assigned to it now.

Most of the trainees are regarded as 'general administrative' trainees but in the early 1960s some trainees were being earmarked as particularly interested in finance and their practical attachments in the Service were arranged principally in finance departments. In 1974, the National Staff Committee introduced a National Finance Training Scheme as recruitment of those with a special interest in finance had been disappointingly low. The last year of intake for this Scheme was 1978 but a similar scheme for finance trainees was introduced in Scotland in 1975 and is still in operation. These Finance Schemes are/were formerly three years four months in length and have/had a quite different curriculum from the general Scheme. The finance trainees take the qualifying examinations of the Chartered Institute of Public Finance and Accountancy.

Supplies trainees have joined the course at the King's Fund College from time to time by special arrangement with Wessex RHA. These trainees have not come into our survey group so no separate references are made to them in the survey findings.

The inadequacy of the records has prevented us from analysing the whole trainee group in terms of the type of Scheme they undertook although we were able to get this information from those we surveyed. We can say however that the number of finance trainees is small as a proportion of the total and that after 1974 they account for only two or three trainees at any one Centre for any one year.

Another complication arises from historical differences between the Scottish trainees and the others. From 1956-67 all Scottish trainees undertook their academic training at the University of Manchester prior to the establishment of an educational centre at the University of Strathclyde in 1968.

For the purposes of our study, we have classified all the Scottish trainees (like the Welsh and Northern Ireland trainees) by the centre they attended rather than their country of recruitment. The Scottish Scheme is now administered by the Management Education and Training Division of the Common Services Agency.

At the end of the training scheme the trainees are expected to have obtained an overview of health service administration, reinforced by the academic input at the training centres and the Institute of Health Service Administrators (IHSA) qualification they are encouraged to pursue simultaneously.* With the exception of some of the Scottish and Manchester trainees they do not receive any official qualification for completing the Scheme. From 1956-66 some of the Manchester trainees studied for a Diploma in Social Administration as the second year of the Scheme. Approximately 92 trainees obtained the DSA qualification in this way of whom 10 are women.

ENTRANTS TO THE NATS

From the start of the National Administrative Training Scheme in 1956 to 1981 a total of 1301 people (821 men and 480 women) entered the Scheme. Table 1 gives the intake figures by five year groups.

The year 1974 was the first in which more women than men entered the Scheme and this predominance of female entrants has been maintained since then with the exception of two entry groups. In 1980 there were equal numbers of female and male recruits and in 1981 49% of the entrants were female. From 1956 to 1973, 25% of the entrants were women, compared with 52% from 1974 to 1981.

* Women comprised 18.9% of the membership of the IHSA in 1983. This is the fourth highest ranking from a list of 18 professional institutes. The Hotel Catering and Institutional Management Association has 47.1% female membership, the Institute of Personnel Management 37.2% and the British Medical Association 23.4%.¹³

Table 1 Number of entrants to NATS by training centre and entry years

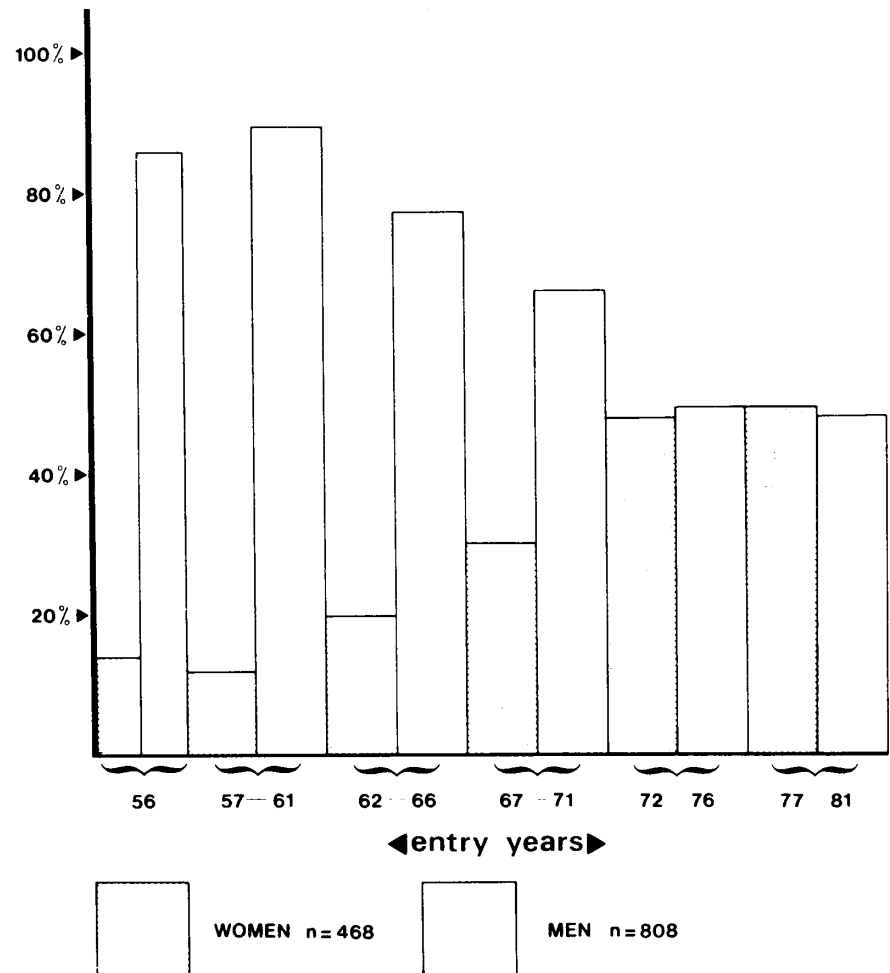
	1956	1957– 1961	1962– 1966	1967– 1971	1972– 1976	1977– 1981	Total
Birmingham							
women	0	0	0	0	18	18	36
men	0	0	0	0	20	26	46
King's Fund							
women	1	5	13	32	62	50	163
men	8	34	75	46	52	32	247
Leeds							
women	0	0	8	20	37	32	97
men	0	0	37	54	45	31	167
Manchester							
women	1	4	16	23	52	40	136
men	5	38	94	58	52	34	281
Scotland							
women	0	0	0	4	19	25	48
men	0	0	0	19	34	27	80
Total							
women	2	9	37	79	188	165	480
men	13	72	206	177	203	150	821

There were apparently no significant changes in recruitment of selection policy during the early 1970s so it seems that this increased recruitment of women (Figure 1) reflects the general social trend towards greater participation by women in higher education and in the labour force.¹⁴

If we look at all entrants by training centre (Table 2), Birmingham had the largest proportion of female entrants, Scotland the lowest. But the Birmingham Scheme started in 1974 when the trend towards more female entrants was underway. For the years 1974 to 1981 when all the schemes were in operation, the King's Fund had the highest proportion of female entrants.

We do not know the extent to which these different female recruitment figures reflect differences in the marketing of the Scheme in universities, in the proportions of

Figure 1 Percentage female/male entrants to the NATS by entry years



female applicants or in selection policies in the Regions. It could well be that the percentage of female entrants is more a function of changing social attitudes and expectations about women's roles in various parts of the UK.

Table 2 Percentage female entrants to the NATS
by training centre*

	1956-73 (n=182)	1974-81 (n=298)	1956-81 (n=480)
	%	%	%
Birmingham (started 1974)	—	44.0	44.0
King's Fund (started 1956)	28.0	59.0	40.0
Leeds (started 1962)	24.0	54.0	37.0
Manchester (started 1956)	23.0	54.0	33.0
Scotland (started 1968)	23.0	44.0	37.5

WHERE THE EX-TRAINEES ARE NOW

As explained in the introduction, locating the ex-trainees who completed the Scheme but are not now in the NHS – the group we intended to survey – was the most laborious and time-consuming aspect of the study. Of the total 1301 entrants, we were unable to trace 176 of whom 51% are men. Some of the 176 could be working in the NHS although this is unlikely. Some may have dropped out during the Scheme (the records are not always accurate in this regard) but we can safely assume that the majority are not now in the NHS. Table 3 gives details of the 1125 ex-trainees we traced, of whom 394 are women and 731 men.

Of this group, 68% are working in the NHS – 55% of the women, 76% of the men. A larger proportion of the women left during the Scheme (15% compared with 10%) and a

* Throughout this report, percentages have been rounded to the nearest whole number and as a result may add to between 99 and 101. Cells with no cases are indicated by —.

larger proportion of the women who completed the Scheme are not now in the NHS (30% compared with 12%).

If we take the total entrant figure of 1301 and assume that all of the untraced 176 are not now in the NHS, the proportion of those not in the NHS rises to 40%, 55% of the women and 31% of the men.

Table 3 Current situation of (traced) ex-NATs

	Women (n=394)	Men (n=731)	All (n=1125)
	%	%	%
In the NHS	55	76	68
Completed the NATS but not now in the NHS	30	12	18
Did not complete the NATS and not now in NHS	15	10	12
Retired	0	<1	<1
Deceased	<1	<1	<1

Note We have defined 'completing the NATS' as taking up the substantive post at the end of the Scheme.

So the wastage rates for the years 1956-81 were 30% overall, 45% for the women and 22% for the men. We tried to find comparable statistics from other graduate entry schemes but the different systems of data collection make precise comparison impossible. We could deduce wastage rates for the administrative trainee scheme in the Civil Service from 1979 figures for the entry years 1971-1976.¹⁵ Overall, the wastage rate was 24%, 34% for the women and 19% for the men.

Unsatisfactory as the comparisons we were able to make are, such indicators as do exist suggest generally higher wastage rates from the NATS, particularly the women, than from other graduate entry schemes. This is, however, an area in which more systematic inquiry is needed. A few of

the respondents commented that, in any case, a scheme that recruits direct from the university would be likely to experience higher wastage rates because of the relative youth of the entrants and their testing out of different career choices.

DROPOUTS FROM THE SCHEME

The scope of the study could not cover a survey of those who left during the Scheme but we do have some information about the 132 trainees in this category whom we traced.

Table 4 Dropouts from the NATS by entry years

	Women (n=480) %	Men (n=821) %	All (n=1301) %
Entered Scheme:			
1956	0	0	0
1957-61	22	12	14
1962-66	16	8	9
1967-71	18	5	9
1972-76	10	9	9
1977-81	12	13	12

Note These dropout rates are a percentage of the 1301 entrants, 176 of whom we were unable to trace. Some of that group may have dropped out during the Scheme so these are minimum dropout rates.

So during the more recent years when more women have been on the Scheme, the male and female dropout rates are very similar. In the earlier years when there were very few women on the Scheme, their dropout rates were much higher than the men's, suggesting that women's experience of the Scheme is affected positively by the presence of female colleagues.

The dropout rates from the training centres vary considerably, as shown in the following table, both overall and between women and men.

Table 5 Dropouts from the NATS by training centre

	Women (n=480)	Men (n=821)	All (n=1301)
	%	%	%
Scotland	17	16	16
Birmingham	19	11	15
King's Fund	15	13	14
Leeds	9	9	9
Manchester	7	3	4

Note These dropout rates are a percentage of the 1301 entrants, 176 of whom we were unable to trace. Some of that group may have dropped out during the Scheme so these are minimum dropout rates.

We do not know to what extent these differences are explicable in terms of different policies and practices in the training centres or catchment regions.

The overall picture of the NATS between 1956 and 1981 is one, therefore, of women entering the Scheme in increasingly large numbers but also showing higher dropout rates than their male counterparts both during and after the Scheme. One possible reaction to this situation is to argue that more male graduates should be recruited to the NATS. But assuming that male applicants have not been discriminated against in the selection process, it follows that this could only be achieved either by recruiting from a pool of more able male graduates who are going into other fields at present or by discriminating against female applicants. The first option assumes that such a pool exists and the second option would be illegal.

If, as seems likely, the sex distribution of applicants to the NATS is a function of broad societal trends, more women going to university for example, then there is probably little the NHS can do to affect the proportion of women and men applying for the Scheme.

This shifts the argument somewhat from how to recruit a larger number of able men to how to recruit able people who are not likely to leave the NHS after a short period and who are likely to reach senior posts in the system. It is this question our survey was intended to address.

Part II A profile of ex-trainees no longer in the NHS

The survey included the 208 NATs we were able to trace (120 women and 88 men) who had completed the Scheme but were not working in the NHS at the time. This group represented 16% of all entrants to the Scheme, the women constituting 25% of all female entrants and the men 11% of all male entrants.

Table 6 Respondents' countries of residence

	Women	Men	Total
England	76	52	128
Scotland	6	3	9
Wales	5	2	7
Northern Ireland	4	0	4
<hr/>			
Canada	2	7	9
USA	4	4	8
New Zealand	3	3	6
Australia	2	1	3
Africa	1	1	2
Saudi Arabia	0	2	2
Eire	0	1	1
Israel	0	1	1
Italy	1	0	1
Papua New Guinea	1	0	1
Sweden	1	0	1
Switzerland	0	1	1
United Arab Emirates	0	1	1
<hr/>			
Total	106	79	185

The response rate to the survey was extremely good (185 questionnaires returned = 89%) which in itself says something about the level of interest in the NHS and the NATS among this group of ex-trainees. The analyses in this part of the report and in Parts III to VI are drawn from the data provided by these respondents.

One hundred and six women (88%) and 79 men (90%) returned completed questionnaires. Nearly three-quarters of the men are living in the UK (65% in England) compared with 86% of the women (72% in England). Of the other countries of residence, Canada is the most popular, closely followed by the USA and New Zealand (Table 6).

EMPLOYMENT STATUS

Table 7 shows the employment status of the 185 respondents.

Table 7 Respondents' employment status

	Full-time employment %	Part-time employment %	Not in paid employment %
Women (n=106)	40	20	40
Men (n=79)	98	0	2

Missing cases = 1 man

Of the men, 90% are married compared with 84% of the women; 5% of the men and 10% of the women are single and the remaining 5% of both men and women are divorced, separated or widowed. (Of the population of Great Britain aged 20-59 (1982), 70% of the men and 74% of the women were married, 25% of the men and 17% of the women were single and 5% of the men and 9% of the women were widowed/divorced.)

Thirty-five per cent of the women have no children (21% of the men), 24% of the women and 15% of the men have one child and 40% of the women and 63% of the men have 2 or more children.

These figures already begin to suggest that marital status and number of children are more significant factors for the women than for the men and this association becomes clearer when we look at employment status by these factors.

Table 8 Marital status by employment status

	% full-time employment	% part-time employment	% not in paid employment	% all
<i>Married:</i>				
women (n=89)	30	22	47	84
men (n=71)	99	0	0	90
<i>Single:</i>				
women (n=11)	100	0	0	10
men (n=4)	75	0	25	5
<i>Divorced/separated/ widowed:</i>				
women (n=6)	67	33	0	6
men (n=4)	100	0	0	5

Missing case = 1 married man.

Note Full-time employment is defined as 30 or more hours per week. ¹⁶

All the married men and all the single women are in full-time employment compared with 30% of the married women. No men are in part-time employment whereas 22% of the married women and 33% of the divorced/separated/widowed women work part-time. Of the 90 people who are not in paid employment, 89 are married women, one is a single man.

The different association for men and women between employment status and number of children could hardly be more striking (Table 9). Irrespective of the number of child-

ren, there is only one man not in full-time employment, whereas of the women with children 12% are in full-time employment, 29% are in part-time employment and 59% are not in paid employment.

Table 9 Number of children by employment status

	% full-time employment	% part-time employment	% not in paid employment	% all
<i>No children</i>				
women (n=37)	92	5	3	35
men (n=17)	94	0	6	21
<i>1 child</i>				
women (n=26)	15	31	54	24
men (n=12)	100	0	0	15
<i>2 children</i>				
women (n=31)	13	32	55	30
men (n=38)	97	0	0	48
<i>3 children</i>				
women (n=9)	0	22	78	8
men (n=9)	100	0	0	11
<i>4 children</i>				
women (n=2)	0	0	100	2
men (n=2)	100	0	0	2
<i>5 or more children</i>				
women (n=1)	0	0	100	<1
men (n=1)	100	0	0	1

Missing case = 1 man with 2 children.

A similar association emerges when employment status is related to age of youngest child (see Table 10). The age of youngest child appears to have little if any impact on the men's employment situation but for the women a quite different picture emerges. The older the youngest child, the more likely are the women to be in paid employment; all the women whose youngest child is aged 10 or older are in paid

employment, half full-time and half part-time. Of the women with youngest child aged 5 to 9, 40% are not in paid employment, 40% are employed part-time and 20% full-time. Sixty-seven per cent of women with children under 5 are not in paid employment at all and only 7% are in full-time employment.

Table 10 Age of youngest child by employment status

	% full-time employment	% part-time employment	% not in paid employment	% all
<i>No children</i>				
women (n=37)	92	5	3	35
men (n=17)	94	0	6	21
<i>Youngest child</i>				
<i>age 0-4</i>				
women (n=55)	7	25	67	52
men (n=24)	100	0	0	30
<i>age 5-9</i>				
women (n=10)	20	40	40	9
men (n=13)	92	0	0	16
<i>age 10-14</i>				
women (n=2)	50	50	0	2
men (n=14)	100	0	0	18
<i>age 15-19</i>				
women (n=2)	50	50	0	2
men (n=9)	100	0	0	11
<i>age 20-24</i>				
women (n=0)	—	—	—	—
men (n=2)	100	0	0	2

Missing case = 1 man with youngest child aged 5-9.

AGE

Consistent with the higher number of female trainees in recent years, the women in the survey group are younger than the men.

Table 11 Mean age of respondents by employment status

	Full-time employment	Part-time employment	Not in paid employment	All
Mean age of women (n=106)	33	35	32	33
Mean age of men (n=79)	40	—	(1 case only)	40

Missing case = 1 man.

The relationship between the respondents' age and their employment status shows the expected pattern (Table 12). The men's ages have little relationship to their employment status whereas of the women between 25 and 44, 41% are not in paid employment, 20% are employed part-time and 39% full-time. Interestingly, the most 'vulnerable' age groups for women are 35 to 39 (50% not in paid employment) and 25 to 29 (45% not in paid employment). Between the ages of 30 and 34, a smaller proportion of the women (39%) are not in paid employment. (The question of when breaks in employment occur and how these relate to having and looking after children is analysed in Part IV.)

EMPLOYMENT STATUS OF WOMEN

Because all but one of the men responding to the survey were in full-time employment, male/female comparisons do not tell us much about the employment situation of the women per se. We have therefore compared the survey data on women (NATS) with data on women and employment in Great Britain (GB) published in 1984¹⁷ to see if and how the

Table 12 Age by employment status

	% full-time employment	% part-time employment	% not in paid employment	% all
<i>Age:</i>				
<i>20-24</i>				
women (n=1)	100	0	0	<1
men (n=0)	-	-	-	-
<i>25-29</i>				
women (n=20)	35	20	45	19
men (n=2)	100	0	0	2
<i>30-34</i>				
women (n=51)	45	16	39	48
men (n=22)	95	0	5	28
<i>35-39</i>				
women (n=22)	23	27	50	21
men (n=15)	100	0	0	19
<i>40-44</i>				
women (n=10)	50	30	20	9
men (n=20)	100	0	0	25
<i>45-49</i>				
women (n=1)	100	0	0	<1
men (n=11)	100	0	0	14
<i>50-54</i>				
women (n=1)	0	100	0	<1
men (n=6)	100	0	0	8
<i>55-59</i>				
women (n=0)	-	-	-	-
men (n=3)	67	0	0	4

Missing case = 1 man aged 55-59.

female ex-trainees differ from women more generally.* In 1982, women comprised 39% of the total UK working population.¹⁸

* Although the Great Britain survey used women's own definitions of full and part-time work, the self-definitions corresponded closely to the 'less than 30 hours/30 hours or more per week' definition used in our survey.

Table 13 Women's employment status by marital status: NATS:GB comparison

	Married		Divorced/separated/ widowed		Single	
	NATS %	GB %	NATS %	GB %	NATS %	GB %
Working full-time	30	27	60	40	100	79
Working part-time	22	33	40	23	0	3
Not in paid employment	47	40	0	37	0	18

Note The GB survey included women of working age i.e. 16-59.

These comparisons are affected by the very small relative number of female ex-NATs (106 NATs:5295 GB) but nonetheless reveal some interesting differences. A larger proportion of the female ex-NATs are in full-time work, particularly those who are divorced, separated, widowed or single. The married ex-NATs however are less involved in part-time work than women in general and more of them are not in paid employment at all.

We also compared the employment status of the NATS:GB women by the number of children under 16 (Table 14). The

Table 14 Women's employment status by number of children under 16: NATS:GB comparison

	Number of children under 16									
	None		1		2		3		4 or more	
	NATS %	GB %	NATS %	GB %	NATS %	GB %	NATS %	GB %	NATS %	GB %
Working full-time	92	54	15	21	10	14	0	12	0	11
Working part-time	5	20	31	35	35	38	12	32	0	25
Not in paid employment	3	26	54	44	55	48	88	56	100	64

childless NATs are much more likely to work full-time than the GB childless women. But for the women with children under 16, the NATs are less likely to be in paid work, either full or part-time. This effect increases with the number of children under 16.

However, looking at women's employment status in relation to the age of their youngest child accounts for more variation in employment status than does the number of children under 16.¹⁹ This analysis is shown in the following table.

Table 15 Women's employment status by age of youngest child:
NATS:GB comparison

	Age of youngest child									
	No children		0-4		5-10		11-15		16 or over	
	NATS %	GB %	NATS %	GB %	NATS %	GB %	NATS %	GB %	NATS %	GB %
Working full-time	92	78	7	7	20	16	33	31	100	32
Working part-time	5	6	26	20	40	48	67	45	0	34
Not in paid employment	3	16	67	73	40	36	0	24	0	34

Unlike the GB women, the female NATs showing the highest employment rate are those whose children are all 16 or over but this difference can be disregarded since only 1 of the NATs has a youngest child over 16 years of age. Otherwise the pattern is the same for the two groups of women. The highest employment rates are those of women with no children and then of those whose youngest child is aged 11-15.

However it is misleading to compare employment rates when those not in paid employment are also included. Table 16 therefore shows separately the relative proportions of full and part-time workers (both NATS and GB).

Table 16 Proportions of full and part-time female workers by age of youngest child: NATS:GB comparison

	Age of youngest child									
	No children		0-4		5-10		11-15		16 or over	
	NATS	GB	NATS	GB	NATS	GB	NATS	GB	NATS	GB
	%	%	%	%	%	%	%	%	%	%
Full-time	94	93	22	26	33	25	33	42	100	48
Part-time	6	7	78	74	67	75	67	58	0	52

Both sets of figures show a strong association between the presence of children and part-time working. Comparability between the NATS and GB groups is again limited by the relatively much smaller number of NATs. But unlike the GB group, the full-time employment rates for female NATs with youngest child aged 5-10 are as high as for those with youngest child aged 11-15.

To summarise this comparative analysis, the female NATs are more likely than women generally in Great Britain:

- to be working full-time, irrespective of their marital status
- if they are married, not to be in paid employment
- to be back in full-time work earlier in relation to the age of their youngest child.

These differences are probably explicable in terms of the higher educational and economic status of the ex-trainees compared with women more generally. Being more highly trained than the female population in general, with all that this implies regarding motivation to work, there is a greater tendency among the female NATs towards full-time employment.²⁰ On the other hand, the married NATs are probably less dependent on their own earnings to maintain a satisfactory family income than women in general and so are more able to be at home with their children.²¹ But for the female ex-trainees, like women in general, not working in a

paid job is associated overwhelmingly with the most intense period of childbearing and rearing.

ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Academic qualifications

Most of the entrants to the NATS are graduates. Only 2% of women and 7% of men in the survey group had no degree. The proportion of the men whose highest academic qualification is a postgraduate diploma or certificate is appreciably higher than for the women but the proportion with a masters degree is almost the same for both sexes.

Table 17 Highest academic qualifications

	Women (n=106)	Men (n=79)	All (n=185)
No degree	2	7	4
Bachelors degree	64	35	52
Postgraduate diploma or certificate	5	25	13
Masters degree	28	30	29
Doctorate	<1	2	2

Missing cases = 1 woman and 1 man.

Looking at highest academic qualifications by year of entry to the Scheme, there appears to have been a drop in the number of those holding a postgraduate qualification of some kind. Of those entering the Scheme between 1957 and 1961, 84% now have a postgraduate qualification (34% of the women and 57% of the men), compared with 47% of those entering between 1977 and 1981. This difference could of course be explained by the fact that the 1977-81 group has not yet had much time to obtain further qualifications. Also there does seem to be an upward trend since the late 60s. The other obvious trend is away from postgraduate diplomas and certificates towards masters degrees.

Table 18 Highest postgraduate academic qualification by year of entry

	1956 (n=2) %	1957-61 (n=13) %	1962-66 (n=39) %	1967-71 (n=36) %	1972-76 (n=76) %	1977-81 (n=19) %
Postgraduate diploma/certificate	50	54	18	8	7	10
Masters degree	50	15	33	22	30	37
Doctorate	—	15	—	—	1	—
Total	100	84	51	30	38	47

It is impossible to make a complete male/female comparison of the relationship between highest academic qualification and employment status since all of the men with a postgraduate qualification are in full-time employment (Table 19).

Table 19 Highest postgraduate academic qualification by employment status

	% full-time employment	% part-time employment	% not in paid employment	% all
<i>Postgraduate diploma/certificate</i>				
women (n=5)	40	20	40	5
men (n=20)	100	0	0	25
<i>Masters degree</i>				
women (n=30)	47	20	33	28
men (n=24)	100	0	0	30
<i>Doctorate</i>				
women (n=1)	100	0	0	<1
men (n=2)	100	0	0	2

Missing cases = 1 woman and 1 man.

Of all the women with a postgraduate qualification, 47% are working full-time, 20% are working part-time and 33% are not in paid employment.

Professional qualifications

Trainees are encouraged to study for the professional qualification of the Institute of Health Service Administrators* (IHSA) while on the Scheme and this is the dominant professional qualification held by the survey group. The AHA is the highest professional qualification held by 60% of the women and 49% of the men, and 8% of the men have the FHA as their highest professional qualification. Thirteen per cent of the women have a non-health related professional qualification as their highest, compared with 20% of the men.

Commonly the non-health qualification is in public finance or accountancy. A surprisingly high proportion of the group hold no professional qualification: 21% of the women and 16% of the men.

Looking at highest professional qualifications by year of entry to the Scheme reveals no significant trends except an odd fluctuation in the proportion with *no* professional qualification.

1957-61	1962-66	1967-71	1972-76	1977-81
8%	26%	14%	22%	10%

We have no information to explain this variation. Perhaps it has to do with the emphasis laid on the IHSA qualification at different times or the influence of the different training centres. As can be seen in the following table, there is certainly a considerable variation among the training centres in the proportion of trainees with no professional qualification.

The relationship between professional qualifications and employment status shows the familiar pattern (Table 21). Nearly all the men, irrespective of whether they hold a

* Now the Institute of Health Services Management.

Table 20 Training centre by highest professional qualification

	% health professional qualification	% non-health professional qualification	% no professional qualification
King's Fund (n=73)	70	18	10
Manchester (n=51)	63	12	20
Birmingham (n=13)	54	23	23
Leeds (n=33)	51	21	27
Strathclyde (n=15)	60	0	40

Missing cases = 2 King's Fund and 3 Manchester trainees.

Table 21 Highest professional qualification by employment status

	% full-time employment	% part-time employment	% not in paid employment	% all
<i>Health related professional qualification:</i>				
women (n=66)	33	26	41	62
men (n=50)	98	0	0	63
<i>Non-health related professional qualification:</i>				
women (n=13)	54	8	38	12
men (n=16)	100	0	0	20
<i>No professional qualification:</i>				
women (n=22)	54	14	32	21
men (n=13)	92	0	8	16

Missing cases = 4 women and 1 man.

professional qualification and its type, are in full-time employment.

The picture for the women is the reverse of what one might have expected. Of those women with a health related professional qualification, the largest proportion (41%) are not in paid employment, whereas 54% of those with a non-health related professional qualification and of those with no professional qualification are in full-time employment. However, more of the women with a health related qualification are in part-time employment than in the other two groups.

Part III Current activities of ex-trainees no longer in the NHS

Of the 106 female and 79 male respondents to the survey, 40% of the women and 99% of the men are in full-time work, 21% of the women and none of the men are in part-time work and 40% of the women and 1% of the men (1 case) are not in paid employment. In this section, we look at the type of paid work being done, income, unpaid activities and at those currently not in paid employment.

CURRENT EMPLOYMENT

Employment sector

We classified paid employment in terms of health related and non-health related work since it is of interest to know whether those leaving the NHS are going into other health related work or into quite different occupations. As Table 22 shows, a majority of the respondents in paid employment are working outside the health sector and the women,

Table 22 Employment sector

	All in paid employment (n=142)		Full-time workers only (n=119)	
	women	men	women	men
	%	%	%	%
Health sector	28	47	29	47
Non-health sector	72	53	71	53

Missing case = 1 man.

whether they work full or part-time, are more likely to go into non-health related work than the men.

We also analysed the jobs of all those working in the health sector in terms of whether they are in a public health service (other than the NHS of course) or a private health care/management organisation.

Table 23 Public/private non-NHS health employment (n=55)

	All in paid employment		Full-time workers only	
	women	men	women	men
	%	%	%	%
Public	78	54	83	54
Private	22	46	17	46

Missing case = 1 man.

So it seems that although fewer women go into health related work, those who do tend to be in public health services of various kinds rather than the private health sector.

Types of jobs held

The most frequently occurring types of job are:

	women	men
- teacher/principal/head of department in higher education	16	14
- hospital administrator/director/secretary/manager	2	13
- private health planning/management consultant	3	7
- personnel/industrial relations officer or manager	4	5
- accountant, valuer, auditor, finance manager	4	4
- administrative officer/assistant, PA	4	2
- manager of unit/department/branch	2	3
- clergyman, minister of religion	0	5

There is a definite tendency therefore for ex-trainees to go into public sector work, particularly into higher education. Some other, more unexpected, jobs include musician, forestry worker and shop owner. The group includes 1 GP and 1 GP trainee, 4 schoolteachers, 1 director of social services and 2 social workers, and 3 solicitors.

Types of employment

For the 55 people working in the health sector, the most common areas of employment are:

	women	men
- private health management/consultancy	1	11
- health-related higher education (universities, polys, colleges)	4	6
- public hospital or clinic	1	7
- health-related trade association/trade union, professional association/charity	5	2
- private hospital or clinic	1	4

For the 87 people working in non-health related occupations, the most common areas of employment are:

- higher education (universities, polys, colleges)	14	8
- local government	6	7
- religious organisation	3	5
- self-employed (variety of occupations)	6	2
- management training/employment consultancy	1	5
- civil service	4	1
- trade association, trade union, professional association, charity	2	3

EMPLOYMENT INCOME

We looked first at the income data for all respondents in full-time employment. Only 14% of the women in full-time work are earning £20,000 pa or more compared with 44% of the men. Sixty-seven per cent of the women are earning less than £15,000 pa compared with 27% of the men.

Interestingly, the possession of higher academic and professional qualifications seems to increase the income differential between men and women. We analysed the income data for all those working men and women with a postgraduate diploma/certificate or higher *and* an associate professional qualification or higher who are in full-time em-

Table 24 Current employment income: full-time workers only

	Women %	Men %
Under £5,000 pa	0	0
£5,000 – £9,999 pa	29	13
£10,000 – £14,999 pa	38	14
£15,000 – £19,999 pa	17	25
£20,000 – £24,999 pa	9	14
£25,000 – £29,999 pa	5	6
£30,000 – £34,999 pa	0	6
£35,000 or more	0	18

Missing cases = 1 woman and 2 men.

ployment (46 people). The figures in brackets in the following table indicate the variation from the figures for all those in full-time employment given in Table 24. On the assumption that higher qualifications increase the individual's earning capacity, one would expect to see a minus figure in the lower income groups and a plus figure in the higher income groups. As Table 25 shows, this effect was evident for the men but not nearly so consistently for the women. Indeed, for the women the possession of higher qualifications seems

Table 25 Current employment income of similarly qualified women and men in full-time employment

	Women (n=11)		Men (n=35)	
	%	difference	%	difference
Under £5,000	0	–	0	–
£5,000 – £9,999 pa	18	(–11)	6	(–7)
£10,000 – £14,999 pa	64	(+26)	9	(–5)
£15,000 – £19,999 pa	9	(–8)	20	(–4)
£20,000 – £24,999 pa	0	(–9)	14	(none)
£25,000 – £29,999 pa	9	(+4)	6	(none)
£30,000 – £34,999 pa	0	–	9	(+3)
£35,000 or more	0	–	34	(+16)

Table 26 Current employment income by entry years: full-time workers only

	1956		1957-61		1962-66		1967-71		1972-76		1977-81	
	women (n=0)	men (n=2)	women (n=2)	men (n=10)	women (n=4)	men (n=28)	women (n=5)	men (n=11)	women (n=23)	men (n=22)	women (n=7)	men (n=2)
	%	%	%	%	%	%	%	%	%	%	%	%
£5,000 - £9,999 pa	-	0	0	0	0	7	0	18	30	27	71	0
£10,000 - £14,999 pa	-	0	0	20	25	14	60	18	44	9	29	50
£15,000 - £19,999 pa	-	0	50	30	0	14	40	27	17	36	0	50
£20,000 - £24,999 pa	-	50	50	20	50	18	0	9	4	9	0	0
£25,000 - £29,999 pa	-	0	0	0	25	7	0	9	4	9	0	0
£30,000 - £34,999 pa	-	0	0	10	0	14	0	0	0	0	0	0
£35,000 or more	-	50	0	20	0	25	0	18	0	9	0	0

to be negatively correlated with their earning capacity: 82% of the women in this group with higher qualifications earn less than £15,000 per annum compared with 67% of all the women in full-time work. For the men, 15% of the group with higher qualifications earn less than £15,000 per annum compared with 27% of all the men in full-time employment.

This finding is consistent with other research evidence that, in terms of educational level, the largest income gap exists between men and women with university degrees.²²

Since women have only been coming through the Scheme in significant numbers in recent years, we also looked at male/female incomes, full-time workers only, by the year of entry to the Scheme. The results in Table 26 show that the women's lower employment income cannot be explained by their relatively late arrival in large numbers on the Scheme and their consequently lower average age. Indeed for the most recent entry group (1977-81) 71% of the women are earning less than £10,000 pa whereas all the men are earning over £10,000 pa. It is unlikely that many of this group have had breaks in service which might have explained the women's lower earnings. In some of the entry groups, there is the problem of a small number of cases, particularly women, but if we look at the 1972-76 entry group in which most of the female respondents now in full-time work occur, we still find that the women are earning less than the men (Table 27).

Table 27 Current employment income 1972-76 entry years: full-time workers only

	Women (n=23) %	Men (n=22) %
£5,000 - £14,999 pa	74	36
£15,000 - £24,999 pa	21	45
£25,000 - £34,999 pa	4	9
£35,000 or more	0	9

The income data for the part-time workers, all of whom are women, show lower incomes for the earlier entry years. All those in part-time work who entered the Scheme before 1967 are earning less than £5,000 pa compared with 62% of those who entered 1967-81.

An analysis of the male/female income data by marital status shows no association over and above that explained by gender. But for the women as a group, marital status does have a relationship to income. Of all the working women, the single women are the highest earners, 46% of them earning £15,000 pa or more, compared with 40% of the women who are divorced, separated or widowed and 13% of the married women. The female ex-trainees thus reflect the general picture of the way to senior posts (and salaries) being much clearer for women who 'travel light' in terms of family responsibilities.²³

The fact that women earn significantly less than men overall is often attributed to the different qualifications and training of men and women, to their different occupational distribution, length of service and labour market experience, all of which affect their earnings and account for some or most of the variation in earnings.²⁴ But of these factors, only length of service shows any significant difference when comparing the men and women in the survey group. It therefore seems that the relatively low pay of the women is largely attributable to the interruptions in their employment history (see Part IV) and their return to part-time work after child-bearing.²⁵

In an attempt to correct for the effects of there being no men in part-time employment, there being few women in the early entry years and the women having more breaks in employment, we looked at the current income of those who entered the scheme since 1972 who are now in full-time employment and have had no breaks in service. Unfortunately this analysis produces only 18 cases, 6 men and 12 women. But of these, 4 men and 8 women are earning under

£15,000 pa and 1 woman is earning £25,000 – £29,999 pa. One cannot generalise from these small numbers but for the women in this group, at least, having had no breaks in employment and being in full-time work have eliminated the differential in income.

The career progress of the women in this post-1972 entry group will have been affected by the passing of the Equal Pay Act in 1970 and the Sex Discrimination Act in 1975.²⁶ There was an improvement in the relative earnings of women generally between 1970 and 1976 but women's earnings declined comparatively from 1977. In 1983 adult women earned less than two-thirds of the earnings of adult men. They also remain the largest group among the low-paid.²⁷

UNPAID ACTIVITIES

A commonly reported finding from other research studies is the tendency for women, irrespective of their marital status or age of children, to be involved in more unpaid activities, primarily domestic in nature, than their male counterparts. We asked the survey respondents to tell us about these unpaid activities, both in terms of how many they undertake and how many hours per week they spend on them. The following table shows the percentage involved in each activity and the average number of hours per week they are spending on them.

The only unpaid activities in which the men have more involvement than the women are voluntary work related to health services, politics and the arts. Otherwise, the women have much greater involvement in a wide range of unpaid activities, particularly looking after children and other family members, other domestic responsibilities and helping in a family or spouse's business.

Another way of expressing this particular male/female difference is in terms of the total number of different unpaid activities being undertaken (Table 29). Again, a characteris-

Table 28 Unpaid activities and time spent on them

	% involved in activity		average hours per week spent	
	women	men	women	men
Looking after children	63	23	69 hrs	10 hrs
Looking after other family members	22	4	21 hrs	5 hrs
Other domestic responsibilities	67	23	20 hrs	7 hrs
Giving unpaid help in work of family business or spouse	14	2	8 hrs	6 hrs
Voluntary work:				
– health related (NHS, health authority, CHC etc)	5	10	1 hr	3 hrs
– church related	7	4	3 hrs	1 hr
– in politics	2	5	2 hrs	7 hrs
– in the arts	0	1	–	2 hrs
– with mothers and/or children	8	0	2 hrs	–
– for the elderly	2	0	1 hr	–
– in the community	9	10	15 hrs	3 hrs
– in education and adult education	6	6	5 hrs	4 hrs
Undertaking further study	13	9	10 hrs	7 hrs
Other	7	8	not known	not known

Missing case = 1 man.

tic finding is that a large part of the complexity of the lives of women with children arises from the number of different responsibilities they have and the consequent need to organise themselves and others. It is this demand, particularly heavy for working mothers, which is often reported as being associated with high stress.²⁸

So overall nearly half of the men did not report any unpaid activities compared with 8% of the women. Looking only at those in full-time employment (since there is only 1 man in the other two employment categories) the women's involvement in unpaid activities is higher than the men's but both are surprisingly high – 81% and 55% respectively. However, the average number of hours per week spent on

Table 29 Number of unpaid activities by employment status

	Full-time employment		Part-time employment	Not in paid employment	All	
	women	men		women	women	men
	(n=42) %	(n=77) %		(n=22) %	(n=42) %	(n=106) (n=79) %
No unpaid activities	19	45	0	2	8	45
1-3 unpaid activities	81	51	73	76	77	51
4-6 unpaid activities	0	4	27	19	13	4
7-9 unpaid activities	0	0	0	2	1	0

Missing case = 1 man.

Note No men working part-time and only 1 man not in paid employment.

Table 30 Average number of hours per week spent on unpaid activities by employment status

	Full-time employment		Part-time employment	Not in paid employment	All	
	women	men		women	women	men
	(n=42) %	(n=77) %		(n=22) %	(n=42) %	(n=106) (n=79) %
<i>Average no. of hours per week:</i>						
None	19	45	0	2	8	46
1-20 hours	51	35	4	0	21	34
21-40 hours	11	4	9	0	7	4
41-60 hours	2	0	9	0	2	0
61-80 hours	7	0	23	2	9	0
81-100 hours	0	0	14	11	8	0
100 hours or more	0	0	36	76	38	0
Not known	9	15	4	7	7	16

Missing case = 1 man.

Note No men working part-time and only 1 man not in paid employment.

all unpaid activities is 15 for the women in full-time employment and 6 for their male counterparts.

An analysis of the average number of hours per week spent on unpaid activities by employment status is quite revealing. The male/female difference (full-time employed) remains the same. But, as Table 30 shows, the women working part-time spend a large number of hours per week on additional unpaid activities, not very much less than the women not in paid employment. Seventy-three per cent of the women working part-time spend 61 hours per week or more on unpaid activities compared with nearly 90% of the women not in paid employment.

Because the presence of children is so strongly associated with the employment status of the women (see Part II), we also looked at the involvement in unpaid activities by this criterion. The 'average hours per week' figures in this analysis include all respondents, irrespective of whether they spend time on each activity or not. Consequently most of the averages are around 1 hour per week or less. However, women with children spend on average 62 hours per week looking after children whereas men with children spend an average of 2 hours per week. Women with children spend an average of 17 hours per week on other domestic responsibilities (for men with children, 1 hour per week average) and 5 hours per week looking after other family members (for men with children, less than 1 hour per week).

Women with children are by far the most active in unpaid work generally. In addition to looking after children, other family members and domestic responsibilities, they spend considerably more time on average on further study and on voluntary work in the community. Childless women are the next most active group overall even though they spend no time looking after children.

The ex-trainees conform very closely therefore to the national picture with regard to unpaid work.²⁹ An important part of the explanation of the men and women's different

paid employment patterns lies in their differing balances of paid and unpaid work, the women undertaking most of the domestic work associated with children and the family.

We were also interested to know whether those currently not in paid employment are seeking to return to work and if so what kind of work they are looking for. The one man in this category was studying at present and was not actively seeking work. Seventy-six per cent of the women not in paid employment, all of whom have children, were *not* actively seeking work. Ten women (24%) were looking for paid work, of whom all but one have children. We are dealing here in small numbers but the types of work being sought by the 10 women were:

- full-time work in the NHS : 2
- part-time work in the NHS : 7 (one of whom had just obtained a post)
- part-time non-health related work : 1

Part IV Employment histories of ex-trainees

One aim of the survey was to get some idea of the employment histories of the ex-NATs. How many jobs have they held? How long did they stay in the NHS? What was their level of seniority on leaving? Where did they go on leaving? How do the NHS jobs compare with jobs outside the NHS? What is the pattern of breaks in employment?

ALL EMPLOYMENT

Table 31 Average number of jobs held since completing Scheme by entry years

Entry year(s):	Women (n=106)	Men (n=79)
1956	—	5.5
1957-61	4.7	6.1
1962-66	5.8	5.2
1967-71	4.6	4.8
1972-76	3.4	3.9
1977-81	2.8	3.0

We first looked at all the jobs the ex-trainees have held since completing the Scheme. The men have held an average of 4.7 full-time and 0.04 part-time jobs, the women an average of 3.3 full-time and 0.5 part-time jobs. There is surprisingly little difference, considering the lower average age of the women (33 compared with 40 for the men) and their more

numerous breaks in employment. The very small number of part-time jobs held, even by the women, is striking.

The table above shows the number of jobs by entry years, so corrects for the effect of age.

There is still relatively little difference in the number of jobs held by men and women although the men have held more jobs with the exception of the 1962-66 entry group. We also found little difference in the number of jobs held by men and women in terms of the employment sector (Table 32).

Table 32 Average number of jobs held by employment sector

	NHS	Non-NHS public health sector	Private health sector	Non-health sector
Women (n=106)	2.2	0.4	0.1	1.1
Men (n=79)	2.3	0.7	0.3	1.5

NHS EMPLOYMENT

More difference between the men and the women emerges when all jobs held since completing the Scheme are analysed in terms of total NHS service. The table below shows the average number of years the ex-trainees worked in the NHS by entry years. (This is *total* time working in the NHS, not necessarily continuous service.)

Remembering that the numbers are small in some instances (for example, only 3 women in 1957-61 entry years), it does appear that the men overall spent more time in NHS service than the women, although this difference is marked for the 1957-61 entry only. From 1962 onwards, the differences are small and for 1977-81 the women have longer NHS service than the men.

Table 33 Average number of years in NHS since completing Scheme by entry years

Entry year(s):	Women	men
1956	—	2.0
1957-61	1.8	5.6
1962-66	5.1	5.0
1967-71	4.9	5.5
1972-76	3.2	3.9
1977-81	2.4	0.8

Pursuing the question of length of NHS service, the data were analysed using the rather more discriminating measure of *total* years NHS service after completing the Scheme and the results are shown in Table 34.

Table 34 Total years NHS service since completing NATS

	Women (n=106) %	Men (n=79) %
Left NHS immediately	10	18
Less than 2 yrs	16	11
2-3.11 yrs	28	24
4-5.11 yrs	28	13
6-7.11 yrs	10	11
8-9.11 yrs	4	8
10-11.11 yrs	2	4
12-13.11 yrs	0	3
14-15.11 yrs	0	3
16-17.11 yrs	0	4

Missing cases = 1 woman and 2 men.

So the male/female difference in length of NHS service is not nearly as dramatic as might have been expected. It is the case, as other studies have shown,³⁰ that a majority of the

women (82%) have a total length of NHS service of less than 6 years but so do 66% of the men. Indeed, a higher proportion of the men have less than 2 years NHS service (29%) than the women (26%). The points at which being female does seem to be most strongly associated with length of NHS service are:

- between 4 and 6 years length of service, the larger proportion of women being presumably related to their leaving to have children
- 10 years or more length of service (2% of the women, 13% of the men), presumably related to the small proportion of female entrants in the early years.

Table 35 Leaving pattern by training centre

	B'ham (n=13)	King's Fund (n=30)	Leeds (n=9)	Man- chester (n=10)	Strath- clyde (n=7)
<i>1974-81 entries:</i>					
% left immediately	38	23	22	0	0
% left after less than 3 years	15	37	55	30	71
% left after 3-5.11 years	38	33	11	60	14
% left after 6-8.11 years	8	7	11	10	14
Average total NHS service (years)	2.2	2.3	2.3	3.9	2.7

Those men (18%) and women (10%) who left the NHS immediately on completing the Scheme, although a small proportion, are a cause for concern, since the training investment in such individuals is not realised by the NHS at

all. (We report in more detail in Part V on why these ex-trainees left the NHS.)

We looked at the respondents' total years NHS service in relation to the training centre they attended – 1974–81 entry years only since 1974 was the first year in which all the centres were operating the Scheme. The average lengths of NHS service range from 2.2 years for Birmingham to 3.9 years for Manchester. But the pattern of leaving times shows more variation among the centres (Table 35). Again, the small numbers should be borne in mind.

Again, we have no way of knowing whether this pattern is related to different training centre policies and practices or to different characteristics of the catchment regions.

If we combine the findings on dropouts from the Scheme, those who left the NHS immediately on completing the Scheme and those who left subsequently, the following picture emerges.

Table 36 Points at which ex-NATs left the NHS

	Women (n=394)	Men (n=731)	All (n=1125)
	%	%	%
Dropped out during Scheme	15	10	12
Left on completing Scheme	3	2	1
Left subsequently	26	9	15

Missing cases = 1 woman and 2 men.

Note The percentages are of the 1125 ex-trainees we were able to trace, retired or deceased not included.

So a larger proportion of the men left during or immediately after the Scheme (12%) than subsequently. For the women, 18% left during or on completing the Scheme compared with 26% who left subsequently and this 8% difference can be more than accounted for by women leaving subsequently to have children. Overall, 13% of the entrants to the NATS never took up a post-training job in

the NHS compared with 15% who left the NHS subsequently. These figures suggest that improved retention of graduate administrators in the NHS will depend almost as much on adaptations to the Scheme itself and to the Scheme-NHS transition as to subsequent NHS career opportunities. It will be interesting to see the effects of the National Management Training Scheme which replaced the NATS in 1983 in this regard.

Grade of last NHS job

From the survey data it was not possible to look at relative speed of career progress in the NHS. But other studies have documented the fact that women in health administration, as in other areas of employment, are promoted more slowly and to less senior levels than their male counterparts.³¹

We did, however, ask about the grade of the last NHS job held and the findings are as one would expect. Ninety per cent of the women and 70% of the men left from jobs graded scale 10-14/SPAA or below. We looked at leaving grade by number of years in the NHS, by academic and professional qualifications and by training centre but these analyses did not reveal any significant associations.

An analysis of grade of last NHS job by type of trainee shows that the finance trainees all left from jobs graded EO1, GAA/scale 1, etc whereas only 53% of the general administrative trainees left from this grade. This suggests that finance trainees obtain less job satisfaction in the NHS than their general administrative colleagues. We therefore looked at the finance trainees as a subgroup when analysing reasons for leaving the NHS - see Part V.

Where the ex-NATs went on leaving the NHS

On leaving their last NHS job, the 185 ex-NATs went:

	Women	Men
	%	%
● to full-time employment elsewhere	33	79
● to part-time employment elsewhere	10	1

- out of paid employment temporarily 27 15
- out of paid employment to date 29 1

(Missing cases = 1 woman and 2 men.)

This suggests that for at least a third of the women, the reason for leaving the NHS was not primarily associated with having or looking after children.

EMPLOYMENT OUTSIDE THE NHS

With the employment history data we collected, some limited comparisons are possible between the NHS and non-NHS jobs held by the ex-trainees. For example, a comparison of the average length of time in post shows that women spent on average 3.6 years in NHS posts and men 4.7 years. The women have spent 8.2 years in non-NHS posts and the men 11.2 years.

A general criticism of the NHS as an employer, a criticism supported by the findings reported in Part V, is that it provides few opportunities for part-time work. The 1979 survey of NHS administrators found that only 3% of female respondents (and hardly any males) held part-time posts.³² We therefore looked at all current and previous jobs, NHS and other, in terms of full-time or part-time employment.

Table 37 Full/part-time jobs: NHS and other

	NHS jobs held by:		Other jobs held by:	
	women (n=237)	men (n=181)	women (n=104)	men (n=133)
	%	%	%	%
Full-time	95	99	75	96
Part-time	5	1	25	3

Missing cases = 2 men.

Of course, respondents may not have looked for part-time work in the NHS. But these figures do suggest that, rare as part-time jobs are among the respondents, part-time work is more easily found outside the NHS than within it.

BREAKS IN EMPLOYMENT

The 1979 survey of NHS administrators found that 2.6% of women and 2.3% of men had had breaks in service but that the pattern of breaks was not consistent with the stereotypical image of a career break due to child rearing. (See Introduction, page 15. In our survey group, far higher proportions of both men and women have had breaks in employment (not only in NHS service), 50% of the women and 30% of the men, the average number of breaks being 1.5 for the women and 0.8 for the men. Table 38 details the number of breaks, if any, taken by male and female respondents. (We did not include current periods out of paid employment as breaks in service.)

Table 38 Number of breaks in employment

	Women (n=106) %	Men (n=79) %	All (n=185) %
No breaks	50	70	58
1 break	33	23	29
2 breaks	10	6	9
3 breaks	5	1	3
4 breaks	2	0	1

An analysis of breaks in employment by employment status also shows some unexpected findings. Firstly, although the proportion of women now in full-time employment who have had breaks is higher than the proportion of men, the differences are not as large as might have been expected.

Table 39 Number of breaks in employment by current employment status

	Full-time employment		Part-time employment		Not in paid employment	
	women (n=42) %	men (n=78) %	women (n=22) %	men (n=0) %	women (n=42) %	men (n=1) %
No breaks	55	69	23	—	59	100
1 break	29	23	41	—	33	0
2 breaks	7	6	27	—	5	0
3 breaks	5	1	9	—	2	0
4 breaks	5	0	0	—	0	0

Missing case = 1 man.

More than half of the women now in full-time employment and 23% of the women currently in part-time work have had no breaks in service. Fifty-nine per cent of the women currently not in paid employment are so for the first time. To understand these figures better and why they are so different from the findings of the 1979 survey, we need to look at the reasons for employment breaks, as shown in Table 40.

Table 40 Reasons for all breaks in employment

<i>Reason for break:</i>	Breaks taken by women (n=80) %	Breaks taken by men (n=31) %	All breaks (n=111) %
To have or look after children (including maternity leave)	40	0	29
To study, do research	20	71	34
To travel	11	10	14
Husband's job moved	11	0	8
Husband's job moved and to have children	5	0	4
Unemployed	12	19	11

So again we see the dominant reasons for the 'female' breaks are to have and look after children. Yet 56% of these breaks are 12 months or less in length and 41% are 6 months or less. That is, the majority of those women who have breaks in employment to have or look after children are returning to paid work in less than a year.* This is consistent with the findings of a national survey that the women most likely to return to work within 6 months are those with the highest level qualifications.³⁴

The other major reason for employment breaks is to study or do research – 71% of the 'male' breaks and 20% of the 'female' breaks. These breaks are typically 10–12 months (40%) or 22–24 months (16%). There are relatively few shorter study/research breaks, suggesting that most of the breaks are being used for quite significant educational or re-training purposes.

The length of employment breaks overall shows the following pattern. Proportionately more women return to work in 1 year or less (38% compared with 25% of the men) but a small proportion of the women (6%) have had breaks in employment over 7 years. Otherwise there is a quite remarkable similarity between the women and the men regarding length of employment breaks. This similarity no doubt reflects the tendency for women who have employment breaks to have or look after children to return to paid work in less than a year and the relatively high proportion of the men taking extended breaks for study or research.

* Maternity leave provision in the NHS allows full-time and part-time female employees with 12 months continuous NHS employment to take paid maternity leave which normally begins 11 weeks prior to the expected confinement date. Full pay or the equivalent with National Insurance benefits is paid for 18 weeks in total. Thereafter, women with 2 or more years continuous NHS service of 16 or more hours per week, or 5 or more years of NHS service from 8 to 16 hours per week, may remain on unpaid maternity leave until the expiry of 29 weeks commencing with the week in which confinement occurs. (Whitley Councils for the Health Services. General Council Conditions of Service 1984, Section 6, Maternity Leave.) There is no official provision for paid paternity leave in the NHS.³³

Table 41 Length of employment breaks

	Women (n=53) %	Men (n=24) %	All (n=77) %
<i>Length of employment breaks:</i>			
Less than 1 yr	38	25	34
1-1.11 yrs	24	37	29
2-2.11 yrs	11	12	12
3-3.11 yrs	7	12	9
4-4.11 yrs	6	4	5
5-5.11 yrs	6	4	5
6-6.11 yrs	2	4	3
7-7.11 yrs	2	0	1
8-8.11 yrs	0	0	0
9-9.11 yrs	2	0	1
10-10.11 yrs	2	0	1

Regarding length of breaks in employment overall, we computed the total time on breaks as a percentage of the total time since entry to the Scheme for both men and women. This calculation included all the respondents irrespective of whether they have had breaks in employment or not. For the women, 9.2% of the total time since entry to the NATS has been spent on breaks in employment compared with 3.2% for the men.

We looked at length of breaks in employment against a number of other criteria to see if there was any apparent association. The only new finding is the relatively high number of breaks for women who are divorced, separated or widowed – an average of 2.3 breaks compared with 0.7 breaks for married women and 0.4 breaks for single women. The equivalent figures for the men are 0.2, 0.4 and 0.2.

Part V Why ex-trainees leave the NHS and do not return

REASONS FOR LEAVING THE NHS

In designing this survey, one starting assumption was that the reasons for people leaving the NHS would be characterisable as *intrinsic factors* over which employing authorities do have control e.g. recruitment and promotion practices, the managerial 'climate', terms and conditions of service, and *extrinsic factors* over which the employing authorities have no control but to which they might adapt e.g. domestic and family commitments, different types of career/life aspirations.

Table 42 shows all the reasons given for leaving the NHS grouped by their intrinsic or extrinsic nature. We have given a comprehensive account of reasons here, even though the numbers are small in some cases, so that a complete picture is provided. Of all the reasons given by the women, 43% are extrinsic, related to their personal circumstances rather than to the NHS. The equivalent figure for the men is 36%. So there is a greater tendency for the men to leave because of various kinds of dissatisfaction with the NHS and their NHS work.

This tendency is confirmed by an analysis of the *main* reason given for leaving the NHS. Personal or extrinsic reasons account for 65% of the women's main reasons compared with 52% for the men. However the most common *main* reasons for leaving the NHS for the men were:

- to enter new career (24%)

- lack of career opportunities in the NHS (16%)
- dissatisfaction with management in the NHS (16%)
- to work abroad (13%)
- to undertake further study or training (9%)

and for women:

- to have/look after children (37%)
- husband moved job (13%)
- lack of career opportunities in the NHS (10%)
- no opportunities for part-time work (6%)
- dissatisfaction with management in the NHS (6%)
- to work abroad (6%).

So both men and women show a mixture of extrinsic and intrinsic reasons for leaving and have 3 main reasons in common – lack of career opportunities, dissatisfaction with management in the NHS and to work abroad. The distinctiveness between the men and women lies in the other top-ranking reasons given – to enter a new career and to undertake further study or training for the men and to have/look after children and because husband moved job for women.

The dominance of NHS-related reasons for leaving for both men and women is a depressing finding. These young, highly qualified administrators are leaving the NHS because of its perceived inadequacies regarding career opportunities, pay and quality of management.³⁵

Comments on these inadequacies included:

‘individuals with flair are stifled by the inertia of the NHS system’

‘frustration with the lack of management control and expertise of colleagues ... unnecessary wastage and lack of accountability’

‘rewards were poor and recognition low’

‘management decisions seemed to be based on tradition rather than analysis and ideas’

Table 42 All reasons for leaving the NHS

	% women (n=106)	% men (n=79)	% all (n=185)
<i>Reasons intrinsic to the NHS</i>			
Lack of career opportunities	19	46	31
To earn more elsewhere	13	45	27
Dissatisfaction with management in the NHS: boring, bureaucratic, no encouragement given, initiative stifled etc.	19	36	26
Lack of interesting NHS jobs locally and could not move	22	3	14
No opportunities for part-time work	19	1	12
No child care arrangements	14	0	8
Inflexible working hours	13	0	8
Dissatisfaction with NATS: poor preparation, supernumerary status	8	8	8
Effects of 1982 reorganisation	6	8	7
Effects of 1974 reorganisation	4	9	6
No career planning, management development, staff appraisal, training	8	4	6
Discrimination against women in selection, promotion and training	6	0	3
Finance field/financial management in NHS underdeveloped	2	4	3
Medical staff dominance/attitude to administrators	2	4	3
Excessive working hours/demands	<1	3	2
No study leave/leave of absence available	2	0	2
IHSA qualifications not transferable	2	0	1
Could not specialise in personnel	0	3	1
Politicisation/unionisation of the NHS	0	3	1
Discrimination against single people	<1	0	<1
Discrimination against graduate trainees	<1	0	<1
Sexual harassment	<1	0	<1
<i>Reasons extrinsic to the NHS</i>			
To have/look after children	49	0	28
To work abroad	16	28	21
To enter new career	6	31	16
Spouse moved job	27	1	16

Table 42—*continued* All reasons for leaving the NHS

	% women (n=106)	% men (n=79)	% all (n=185)
<i>Reasons extrinsic to the NHS (continued)</i>			
To undertake further study or training	6	13	14
To get married	10	0	5
Not suited to administration	<1	10	5
Desire to work in international health field	<1	5	3
To travel	<1	3	2
To look after family members other than children	2	0	1
Personal sickness/disability	<1	0	<1
Could not get on with boss	<1	0	<1
Other	1	1	1

Intrinsic reasons represent 60% of all reasons given, 57% of reasons given by women and 64% of reasons given by men.

Extrinsic reasons represent 40% of all reasons given, 43% of reasons given by women and 36% of reasons given by men.

Missing cases = 2 women and 1 man.

'appreciation and recognition of one's achievements were non-existent in any post I held in the NHS'

'experienced executives need to have the opportunity to develop their own organisations and structures which is impossible in the NHS ... actively encourages mediocrity and lack of inventiveness'

'I left because there were no attractive career openings ... this has not changed'

'my going-rate was double the NHS rate'

Although dissatisfaction with the Training Scheme ranked eighth in the reasons for leaving, it should be mentioned that 11 men and 10 women volunteered positive comments about the Scheme, for example:

'NATS was a good introduction to management'

'the training has been very valuable to me in my career since leaving the Service'

'my training certainly stood me in good stead as a planner and lecturer'

We wondered whether the ex-trainees' reasons for leaving the NHS are associated with the employment into which they move and so we analysed all the reasons for leaving by the employment sector of the first job after leaving, with the following results.

<i>Employment sector of first non-NHS job</i>	<i>Top-ranking reasons for leaving NHS</i>
Public health sector	<ul style="list-style-type: none">- to work abroad (47%)- lack of career opportunities (31%)- to earn more (31%)
Private health sector	<ul style="list-style-type: none">- to work abroad (57%)- to earn more (57%)- dissatisfaction with management in the NHS (30%)
Non-health sector	<ul style="list-style-type: none">- lack of career opportunities (41%)- dissatisfaction with management in the NHS (36%)- to earn more (28%)
Not in paid employment	<ul style="list-style-type: none">- to have/look after children (89%)- no part-time work (31%)- inflexible working hours (20%)- spouse moved job (20%)

So those who went into paid employment of some kind on leaving the NHS show a remarkably similar set of reasons for leaving. When working abroad is a top-ranking reason, people tend to stay in the health field; whether they go into the public or private health sector seems to be related to the strength of their wish to earn more.

Those not in paid employment (only 1 man) had quite different top-ranking reasons for leaving the NHS, all associated with the demands of children and family.

When we look at *main* reasons for leaving the NHS by current employment status, a further nuance appears (Table 43).

Table 43 Type of main reason for leaving the NHS by current employment status

	Full-time employment		Part-time employment	Not in paid employment
	women (n=42) %	men (n=78) %	women (n=22) %	women (n=42) %
Factors intrinsic to the NHS	60	48	23	14
Factors extrinsic to the NHS	38	51	77	86

Missing cases = 1 woman and 2 men.

Note No men in part-time employment and only 1 man not in paid employment.

The women overall show the expected tendency for extrinsic reasons for leaving the NHS to be associated with part-time work and most strongly associated with not being in paid employment. But within the full-time employed group, extrinsic reasons for leaving are more important for the men than for the women. In other words, those women who are now in full-time employment were more dissatisfied with the NHS than their male counterparts.

Early leavers

We reported in Part IV the finding that a small proportion of trainees who completed the Scheme left the NHS immediately: 3% of the women and 2% of the men. These 'early leavers' comprise 80% of all finance trainees who

responded to the survey and 10% of all general administrative trainee respondents. The question naturally arises whether their reasons for leaving were different from the reasons of those who left subsequently. Because the numbers of early leavers are small (11 women and 14 men), we show in Table 44 the actual number of people citing a particular reason for leaving the NHS.

Table 44 Early leavers' reasons for leaving the NHS

	Number giving reason for leaving		
	women	men	all
Dissatisfaction with management in the NHS: boring, bureaucratic, no encouragement given, initiative stifled etc.	7	5	12
Dissatisfaction with NATS: poor preparation, supernumerary status	6	4	10
To enter new career	1	4	5
Not suited to administration	1	4	5
Finance field/financial management in NHS underdeveloped	1	3	4
No career planning, management development, staff appraisal, training	2	1	3
Medical staff dominance/attitude to administrators	2	1	3
Effects of 1974 reorganisation	1	1	2
Discrimination against women in selection, promotion and training	2	0	2
Effects of 1982 reorganisation	1	0	1
IHSA qualifications not transferable	1	0	1
Could not specialise in personnel	0	1	1

Compared with the whole group, for the early leavers dissatisfaction with management in the NHS and with the NATS were more influential in their leaving the NHS. High-ranking reasons for leaving for the whole group which were *not* mentioned by the early leavers include to earn more elsewhere, lack of interesting NHS jobs locally, no part-time

work, no child care arrangements and inflexible working hours.

More senior leavers

Since so many of the ex-trainees left the NHS from posts graded scale 10-14/SPAA and below - 90% of the women and 70% of the men - we looked separately at the 24 men and 11 women who left from posts graded scale 15-18/AS and above. For this group who left the NHS later in their careers the most common reasons for leaving are shown in the table below.

Table 45 Most common main reason for leaving the NHS from senior posts

	Women (n=24) %	Men (n=11) %
To have/look after children	36	0
Dissatisfaction with management in the NHS	18	17
Spouse moved job	27	0
Lack of career opportunities in the NHS	0	25
To work abroad	0	17
To enter new career	0	17

The men in this more senior group differ very little from the men as a whole, their 4 top-ranking reasons for leaving the NHS being the same. The more senior women also show a surprising similarity with the women as a whole, the 2 top-ranking reasons for leaving for both groups being to have and/or look after children and because the husband moved job. For these more senior women, dissatisfaction with NHS management has taken over third place from lack of career opportunities.

Finance trainees

We mentioned earlier that the finance trainees show some interesting variations from the whole trainee group; they leave the NHS sooner and many do not take up a post-training job in the NHS. This difference is reflected in their reasons for leaving the NHS.

The major differences (all reasons) are:

% finance trainees giving as reason for leaving NHS (n=10)		% general administrative trainees giving as reason for leaving NHS (n=175)	
90	– to earn more elsewhere –	23	
80	– lack of career opportunities –	28	
50	– NHS finance function underdeveloped –	0	
50	– dissatisfaction with the NATS –	5	
0	– to enter new career –	17	
20	– no career planning etc –	5	

The finance trainees, though small in number, are much more dissatisfied with the NHS as an employer and with the Training Scheme than the general administrative trainees. Comments from ex-finance trainees included:

‘CIPFA and its course are largely biased towards local authority finance trainees . . . I am not at all sure the NHS actually wanted qualified accountants’

‘finance work in the NHS is stifling . . . financial management in the NHS is non-existent . . . I was expected to be a low paid bookkeeper’.

On other criteria, the finance trainees show no significant differences from the administrative trainees other than those explained by gender.

So the emerging picture on reasons for leaving the NHS suggests:

- that intrinsic reasons, relating to the NHS as an employer or to the nature of work in the NHS are important for both men and women who leave. For those now in full-time employment, these intrinsic reasons were more influential for the women than for the men;
- that the dominant extrinsic reasons for the women leaving are to have and/or look after children and because their husband moved job;
- the dominant extrinsic reasons for the men leaving the NHS are to enter a new career – no doubt associated with the undertaking of further study or training – and to work abroad;
- administrators leaving the NHS from more senior jobs do not show any significant variation in their reasons from the whole group but finance trainees do; they are more dissatisfied with the NHS and with the Training Scheme as are the early leavers.

WHY EX-TRAINEES HAVE NOT RETURNED TO THE NHS

Ninety per cent of the men and 78% of the women have not tried to return to the NHS. Consequently the numbers of those who have tried to return are small (23 women and 8 men) and the following analyses are to that extent unsatisfactory.

The following table compares those who have tried to return with those who have not in terms of current employment status, employment sector, marital status, age of youngest child and type of trainee.

Although more female ex-trainees left the NHS, with the exception of single and childless women they are more likely to try to return. Few of the women now in full-time employment have tried to return compared with nearly a quarter of those in part-time jobs and nearly a third of those not in paid employment.

Table 46 Comparison of ex-NATs who have/have not tried to return to the NHS
(n = 106 women, 79 men)

<i>Have tried to return</i>			<i>Have not tried to return</i>	
% women	% men		% women	% men
22	10		78	90
12	10	In full-time employment	88	90
23	–	In part-time employment	77	–
31	0	Not in paid employment	69	100
		Current employment sector:		
14	10	public health	86	90
25	13	private health	75	87
15	10	non-health	85	90
31	0	not in paid employment	69	100
24	8	Married	76	92
0	25	Divorced/separated/widowed	100	75
18	25	Single	82	75
11	12	No children	89	88
		Youngest child:		
29	4	4 or younger	71	96
20	23	5–9	80	77
50	14	10–14	50	86
0	0	15–19	100	100
–	0	20–24	–	100
21	10	General Administrative Trainee	79	90
40	20	Finance Trainee	60	80

Those currently in the private health sector, both men and women, show a slightly greater tendency to try to return to the NHS than those in other employment sectors.

A larger proportion of the married women have tried to return than of the married men (24% and 8%).

Of those with children, 29% of the women whose youngest child is four or younger have tried to return compared

with 4% of the equivalent men. Half of the women whose youngest child is aged 10 to 14 have tried to return.

Oddly, in view of the greater dissatisfaction of the finance trainees on leaving the NHS, more of them have tried to return than of the general administrative trainees.

The general picture then of those who have tried to return to the NHS is that they are dominantly married women in part-time employment or not in paid employment whose youngest child is aged 10 to 14.

The next section looks at:

- what help or problems those who have tried to return to the NHS have encountered
- why ex-trainees have not tried to return to the NHS
- how the reasons for not trying to return differ from those for leaving the NHS.

Returning to the NHS: assistance and difficulties

The 31 people who have tried to return to the NHS told us about arrangements and information that had proved useful and any difficulties they had encountered. Thirty-nine per cent of the women and 75% of the men said that they had not found *any* useful information or arrangements. The remainder mentioned the following useful areas:

Useful information or arrangements

	<i>Number of times mentioned</i>	
	women	men
Personal contacts, keeping in touch	9	1
Job advertisements in journals	2	1
A day nursery, creche or playgroup at work	3	0
Libraries	2	0
Training centres and their staff	2	0
Previous NHS employer kept in touch	2	0
Availability of part-time/flexitime jobs	2	0
IHSA, its employment and link registers ³⁶	2	0
Sympathetic woman manager in NHS	1	0
Job advertisements in local papers	1	0

For the 23 women who have tried to return, maintaining personal contacts and keeping in touch with people in the NHS were by far the most helpful factors, particularly for the women not in paid employment.

Problems and difficulties

	<i>Number of times mentioned</i>	
	women	men
Little part-time work, inflexible working hours, no job sharing	14	1
Posts scarce, no suitable opportunities	5	1
Expected to return at lower grade	3	2
Not taken seriously	4	1
Seen as having deserted NHS, as having unorthodox experience ³⁷	1	4
Could not make satisfactory child care arrangements	4	0
No external advertising of posts	3	0
Lacked confidence, out of touch	3	0
No retraining/refresher opportunities	3	0
Inadequate advertising of posts in general press	2	0
Posts allocated through internal network	1	1
No removal expenses	0	2
Application processed too slowly	1	0
Non-recognition of relevant study or qualifications	1	0

Again, the women not in paid employment cited the largest number of difficulties, the greatest problems for them being the absence of part-time work and job sharing³⁸ and inflexible working hours, followed by scarcity of posts, not being taken seriously and lacking confidence. One woman who had combined work in the NHS with child care described her problems:

'The one concession was to allow me to work 4 days and I

was paid pro rata. The job and workload were not diminished however and the result was that I was under pressure to fit the job to the hours with lower pay and had to pay for full-time child care'.

These problems are reported for married women generally who wish to return to employment after a period of absence due to childrearing. They cannot get a job because of lack of recent experience and cannot get experience because they cannot get a job.³⁹ Overall, the difficulties reported by the women in the survey fit the findings of studies in other employment areas. Even where a woman already has the necessary qualifications, her primary responsibilities are assumed to lie with her family and not her job.⁴⁰

It seems then that recent proposals on needed corporate and legislative change apply as much to the NHS as to other organisations.

Serious consideration should be given to the provision of parental leave as opposed to just maternity leave.

Career break schemes should be introduced, allowing women to negotiate idiosyncratic work schedules or periods of career break that suit family circumstances.

Organisations should seriously consider the provision of pro-rated pensions and other benefits for those in part-time work.⁴¹

Reasons for not trying to return to the NHS

A majority of the ex-trainees have not tried to return to the NHS – 90% of the men and 78% of the women. Table 47 gives the full array of the reasons, again grouped under intrinsic and extrinsic factors. The dominant reason by far was the relative lack of interest, challenge and opportunity within the NHS.

'If I was to identify a single reason that deters me from

returning to the NHS it is the depression induced by working for an employer that does not invest in the business.'

'The system I am now in encourages initiative, creativity and managerial and financial responsibility which are all sadly lacking in the NHS . . . pointless to train people to work in an environment of incredible bureaucracy and multiple decision making levels'.

Table 47 Reasons for not trying to return to the NHS

	% women (n=83)	% men (n=71)	%all (n=154)
<i>Reasons intrinsic to the NHS</i>			
Work outside NHS more challenging/ interesting, more opportunities outside etc.	20	38	29
Earn more outside NHS, better fringe benefits	8	27	17
NHS rigid, boring, bureaucratic etc.	11	17	14
Wanted more independence, entrepreneurship	8	13	10
Lack of (senior) part-time work in the NHS	18	0	10
Inadequate grading/status/recognition of NHS administrators	6	10	8
More impact from outside, still working with NHS	6	7	6
NHS administration wasteful, inefficient, not accountable, lacks urgency	5	7	6
Reorganisations, structural changes	5	6	5
NHS closed shop to overseas/external candidates	5	6	5
Inadequate funding of NHS	6	3	5
Finance field in NHS underdeveloped, no real financial management	2	6	4
Not suited to hospital/health administration	4	4	4
Low morale in NHS	4	3	3
No career planning/management development in NHS	4	3	3
No re-entry scheme	5	0	3
Not suited to working with medical staff	4	1	3

Table 47—continued

	% women (n=83)	% men (n=71)	%all (n=154)
<i>Reasons intrinsic to the NHS (continued)</i>			
Professional rivalry/protectionism in the NHS	4	1	3
Too many administrators in the NHS	2	1	2
Lack of full-time work at senior levels	2	1	2
'Flat' structure of NHS, short career hierarchies	1	1	1
Absence of chief executive post	0	3	1
No external advertising of posts	2	0	1
No study leave or leave of absence	1	1	1
Sexual harassment	1	0	<1
<i>Reasons extrinsic to the NHS</i>			
Current job satisfying	18	34	25
Caring for children, domestic commitments	38	1	21
Desire to live abroad, living abroad	12	11	12
Husband's job takes precedence	7	0	4
Caring for family	1	0	<1
Lack confidence having been out of paid work	1	0	<1
Other	1	3	2

Intrinsic reasons represent 69% of all reasons given, 63% of reasons given by women and 76% of reasons given by men.

Extrinsic reasons represent 31% of all reasons given, 37% of reasons given by women and 24% of reasons given by men.

Twenty-four women and 7 men volunteered the comment that they would like to return to the NHS but not immediately. For the women, this depended on improved flexibility of working hours, child care facilities and some methods of keeping in touch. The men hoped that career opportunities in the NHS would improve.

'I would welcome the opportunity to rejoin the Health Service and be allowed and encouraged to make a contribution alongside professional colleagues'

'My reasons for working in the NHS, in terms of the role of the NHS in our society, still hold good but I cannot see myself wishing to return over the next few years'

'I have often thought about returning to the NHS and recent trends towards chief executive officers are encouraging'

'I was basically very satisfied with the NAT Scheme and my subsequent experience and opportunities. I would not be surprised to return to the Service and still think of myself as an NHS administrator'.

Comparing the reasons for not trying to return to the NHS with those for leaving the last NHS job it seems that time spent out of the NHS serves to increase the importance of intrinsic, NHS-related factors and reduce the influence of personal, extrinsic factors. Overall, this effect is stronger for the men than the women (Table 48).

Table 48 Comparison of types of reasons for leaving NHS (n=women 106, men 79) with reasons for not trying to return (n=women 83, men 71)

	Women %	Men %	All %
<i>Intrinsic reasons:</i>			
– for leaving the NHS	57	64	60
– for not trying to return	63	76	69
<i>Extrinsic reasons:</i>			
– for leaving the NHS	43	36	40
– for not trying to return	37	24	31

Looking just at the women's reasons (because there are no men in part-time employment and only 1 man not in paid employment), we can see that this effect is evident in all three employment groups but strongest in the case of women who are not in paid employment and in part-time work

(Table 49). Extrinsic reasons were by far the dominant ones in their leaving the NHS but became relatively less important over time. At the time of the survey, nearly half of all the reasons for these women not trying to return to the NHS were related to their perceptions and experience of the NHS and not to their personal or domestic circumstances.

Table 49 Comparison of women's reasons for leaving NHS (n=106) with reasons for not trying to return (n=83) by employment status

	Women in full-time employment %	Women in part-time employment %	Women in in paid employment %
<i>Intrinsic reasons:</i>			
– for leaving the NHS	60	23	14
– for not trying to return	82	46	47
<i>Extrinsic reasons:</i>			
– for leaving the NHS	38	77	86
– for not trying to return	18	54	53

The women in full-time employment show a greater reduction in the relative influence of personal, extrinsic factors over time (–20%) than do the men in full-time employment (–12%). It seems, therefore, that time spent outside the NHS, regardless of the nature of employment during that time, increases both the men's and women's dissatisfaction with the NHS and work within it – lack of career opportunities, lack of good managerial models and few opportunities to work part-time. This effect is most marked for women not in paid employment (+33%), then for women in part-time employment (+23%), then for women working full-time (+22%) and least for men working full-time (+12%).

Overall, respondents were sceptical that the situation in the NHS would improve and this was particularly so for the

women with domestic commitments who would like to return to the NHS eventually. Some respondents expressed a sense of guilt that the NHS is not getting a return on its investment but this was coupled with a sense of frustration that the NHS makes it hard for ex-NATs to return because of its inflexibility as an employer.

Part VI Work and career aspirations and the NHS

Based on the evidence in Part V, we can see two broad groups among the ex-trainees: those men and women who left the NHS because they were dissatisfied with the Health Service as an employer (poor pay, lack of opportunities, dissatisfaction with management) and those women who left to have or look after children and could not combine their domestic responsibilities with work in the NHS (no part-time work and inflexible working hours) or because their husband moved job. Why had the NHS failed to meet the needs of men and so many of the women? Did the men and the women have the same needs and aspirations or were they looking for different satisfactions in work?

Much of the research into men and women at work suggests that they tend to be different in their attitudes towards employment, in motivation and in intellectual and emotional resources. Thus, it is argued, women make their career decisions later in life than men and explain that they got to their present job level because 'it just happened'. To most women, a job is something to do from day-to-day or a means of earning a living; a career is somewhere in the future. Women tend to exhibit a short-term perspective of doing a good job today and letting tomorrow take care of itself. Men, on the other hand, express a 'plan ahead' strategy for both their career goals and the methods of attaining them, stressing the need to give opportunity a hand. For them, a job is seen as a stepping stone along a career path. In addition, women are more likely to feel that

their success is related to their individual capacity for hard work, increasing competence, and so on, while men stress such factors as organisational environment and winning support. Men focus on their bosses' expectations of them, being constantly alert to cues and signals from them. They are willing to adopt a different style of behaviour for reasons of self-interest and advancement. Women concentrate on their own concept of themselves, with the attitude of 'here I am – like it or leave it'. Many women in the work force see relationships as ends in themselves and refuse to work for or with people they do not like.⁴²

In an attempt to discover whether such differences existed among the ex-trainees, we asked about their needs in any job and the extent to which the NHS satisfied those needs. The respondents were asked to score each of 17 aspects of work on a 5-point scale against both of these criteria. The question from the questionnaire is shown on the next page to make the subsequent analysis more easily understood.

JOB NEEDS

We looked first at the needs in any job to see if there were any significant differences between the women and the men. Table 50 shows the percentage of the women and the men who expressed 'great need' or 'considerable need' (5 and 4 on the 5-point scale) for the various characteristics in any job. They are ranked by the degree of difference between the female and male scores; that is, the difference between the women and men was greatest in the need to work with people they like and least in the need to serve the community.

As other studies have found,⁴³ the women expressed considerably greater needs overall, particularly to work with people they like, to work in a team or group, to have high status, for their achievements to be recognised by others and to have certainty about the future. They were

5. THE FOLLOWING QUESTIONS ARE ABOUT YOUR CAREER ASPIRATIONS AND ATTITUDES TO WORK IN GENERAL AND YOUR EXPERIENCE IN THE NHS IN PARTICULAR.

Using the scales provided, please indicate:

Your need in any job (circle)						Extent to which your NHS job(s) satisfied this need (circle)				
No Need				Great Need		Not at all				Completely
1	2	3	4	5	Freedom and independence	1	2	3	4	5
1	2	3	4	5	Opportunity to grow	1	2	3	4	5
1	2	3	4	5	Recognition of my achievements by others	1	2	3	4	5
1	2	3	4	5	The opportunity to work in a team or group	1	2	3	4	5
1	2	3	4	5	Good financial rewards	1	2	3	4	5
1	2	3	4	5	To be intellectually stretched	1	2	3	4	5
1	2	3	4	5	Lack of stress	1	2	3	4	5
1	2	3	4	5	The opportunity to be a manager or leader	1	2	3	4	5
1	2	3	4	5	High status	1	2	3	4	5
1	2	3	4	5	To develop knowledge and skills	1	2	3	4	5
1	2	3	4	5	Job security	1	2	3	4	5
1	2	3	4	5	Opportunity to serve the community	1	2	3	4	5
1	2	3	4	5	Certainty about the future	1	2	3	4	5
1	2	3	4	5	Chance to do innovative work	1	2	3	4	5
1	2	3	4	5	Opportunity for rapid advancement	1	2	3	4	5
1	2	3	4	5	Working with people I like	1	2	3	4	5
1	2	3	4	5	Chance to be geographically mobile	1	2	3	4	5

also slightly more concerned than the men about the opportunity to grow, to develop knowledge and skills, to be intellectually stretched, to have job security and with lack of stress. The only areas in which the men showed greater need than the women, and the differences are not large, were in the opportunity to be a manager or leader, to have freedom and independence, for good financial rewards, opportunity for rapid advancement, chance to be geographically mobile and to do innovative work.

Table 50 Job needs: male/female comparison

	Great or considerable need		
	% women	% difference	% men
<i>Need in any job:</i>			
Working with people I like	82	←23	59
Opportunity to work in a team or group	43	←17	26
High status	42	←12	30
Recognition of my achievements by others	68	←11	57
Certainty about the future	22	←11	11
Opportunity to grow	93	←9	84
To develop knowledge and skills	90	←7	83
To be intellectually stretched	89	←7	82
Opportunity to be a manager or leader	65	7→	72
Job security	38	←6	32
Freedom and independence	76	5→	81
Good financial rewards	48	5→	53
Opportunity for rapid advancement	37	5→	42
Chance to be geographically mobile	23	5→	28
Lack of stress	13	←3	10
Chance to do innovative work	77	1→	78
Opportunity to serve the community	59	0	59

Though the previous analysis shows some interesting variations between the women's and men's job needs, when we select the top-10 needs scoring 'great or considerable need' for the various characteristics, we find that the men and the women have the same top-10 needs, albeit ranked slightly differently (Table 51).

Table 51 Rank order of top-10 job needs

<i>Need in any job:</i>	Great or considerable need	
	Female ranking	Male ranking
Opportunity to grow	1	1
To develop knowledge and skills	2	2
To be intellectually stretched	3	3
Working with people I like	4	7
Chance to do innovative work	5	5
Freedom and independence	6	4
Recognition of my achievements by others	7	9
Opportunity to be a manager or leader	8	6
Opportunity to serve community	9	7
Good financial rewards	10	10

More important for the women than the men are working with people they like and recognition of their achievements by others. The men are relatively more concerned about freedom and independence, the opportunity to be a manager or leader and opportunity to serve the community.

Since the women fall into three distinct groups – those in full-time work, those working part-time and those not in paid employment – we looked at whether there were any interesting differences in job needs among these three groups. Table 52 shows the top-10 needs of those who scored 'great need' or 'considerable need'.

Table 52 Rank order of women's top-10 job needs by employment status

	Great or considerable need			
	All women ranking	F/T ranking	P/T ranking	Not in paid employment ranking
<i>Need in any job:</i>				
Opportunity to grow	1	1	1	2
To develop knowledge and skills	2	3	3	1
To be intellectually stretched	3	2	1	2
Working with people I like	4	5	6	4
Chance to do innovative work	5	5	3	7
Freedom and independence	6	4	8	6
Recognition of my achievements by others	7	8	7	8
Opportunity to be a manager or leader	8	9	5	8
Opportunity to serve the community	9	11	9	5
Good financial rewards	10	10	10	10

The women working full-time found freedom and independence more important in a job than the other two groups. The women in part-time jobs were relatively more concerned about the chance to do innovative work and to be a manager or leader; freedom and independence were not so important for them. The women not in paid employment expressed a relatively greater need to serve the community and less concern with doing innovative work. But these differences are perhaps less interesting than the overall similarity in the women's expressed job needs, irrespective of their employment status.

The personal development needs are high in all the rankings: the top-10 needs are the same for all three employment groups (with the exception of the women in full-time work who gave 7th ranking to certainty about the future): good

financial rewards are equally important (10th ranking) for all three groups.

SATISFACTION IN NHS JOBS

Table 53 Job satisfaction in the NHS: male/female comparison

<i>Need in any job:</i>	NHS satisfied little or not at all		
	% women	% difference	% men
Lack of stress	48	←19	29
Chance to do innovative work	32	16→	48
Certainty about the future	25	←11	14
Opportunity to work in a team or group	19	←10	9
Good financial rewards	33	7→	40
Opportunity to be a manager or leader	25	7→	32
High status	40	←7	33
Opportunity for rapid advancement	42	←7	35
Opportunity to serve the community	17	←6	11
Chance to be geographically mobile	24	←6	18
Opportunity to grow	36	←6	30
Freedom and independence	41	4→	45
To be intellectually stretched	34	←2	32
Recognition of my achievements by others	36	1→	37
Working with people I like	14	1→	15
To develop knowledge and skills	23	0	23
Job security	7	0	7

The second part of the question concerned the extent to which the NHS had satisfied job needs. Table 53 shows the percentage of the women and the men who scored the extent to which their NHS jobs satisfied their needs as 'not at all' or 'little' (1 and 2 on the 5-point scale). Again, they are ranked by the degree of difference between the female and male

scores: that is, the difference between the women and men was greatest in regard to lack of stress and least regarding job security.

Just as the women showed greater needs overall than the men (see Table 50), they also expressed greater dissatisfaction with their NHS jobs. Compared with the men, they found their NHS jobs considerably less satisfying in terms of stress, certainty about the future, the opportunity to work in a team or group, high status and the opportunity for rapid advancement. The only aspects of the NHS which the men found significantly less satisfying than the women were the chance to do innovative work, good financial rewards and the opportunity to be a manager or leader.

Table 54 Rank order of top-10 areas of dissatisfaction in the NHS

<i>Need in any job</i>	NHS jobs satisfied need little or not at all	
	Female ranking	Male ranking
Lack of stress	1	10
Opportunity for rapid advancement	2	5
Freedom and independence	3	2
High status	4	6
Recognition of my achievements by others	5	4
Opportunity to grow	5	9
To be intellectually stretched	7	7
Good financial rewards	8	3
Chance to do innovative work	9	1
Opportunity to be a manager or leader	10	7

Selecting the top-10 areas of dissatisfaction with the NHS, (scores 'not at all' or 'little'), we again find that the men and the women have the same top-10 areas of dissatisfaction. But there is more difference in the ranking than there was in the area of needs (Table 54). Both men and women found the NHS unsatisfying in meeting their need for lack of stress

but for the women this was the most unsatisfying aspect whereas for the men it was ranked 10th. The NHS poorly satisfied needs for doing innovative work but this was top of the men's ranking and 9th on the women's. The other aspect of lack of satisfaction with the NHS in which the men show most difference from the women is good financial rewards: 3rd in the men's ranking, 8th in the women's.

Looking just at the women's satisfaction in NHS jobs by their employment status, we find more variation among the groups than was shown in comparing their job needs in Table 52.

Table 55 Rank order of women's top-10 areas of dissatisfaction in the NHS by employment status

	NHS satisfied little or not at all			
	All women ranking	F/T ranking	P/T ranking	Not in paid employment ranking
<i>Need in any job</i>				
Lack of stress	1	3	1	1
Opportunity for rapid advancement	2	2	3	2
Freedom and independence	3	4	2	4
High status	4	6	6	3
Recognition of my achievement by others	5	6	5	6
Opportunity to grow	5	4	8	7
To be intellectually stretched	7	9	11	5
Good financial rewards	8	6	10	7
Chance to do innovative work	9	1	14	9
Opportunity to be a manager or leader	10	10	7	15

For the women working full-time, work in the NHS was least satisfying in the chance to do innovative work, whereas the part-time workers and those not in paid employment gave this dissatisfaction bottom and next to bottom ranking

respectively. Otherwise, the differences among these three groups are not large. Some unexpected findings perhaps are that the women not in paid employment were more dissatisfied with the NHS in terms of high status and being intellectually stretched than the women in the other two employment groups. Also, the women working part-time had been less satisfied than their colleagues in the opportunity to be a manager or leader in the NHS.

Summarising these data on 'needs' and 'satisfaction':

	<i>Greatest need</i>	<i>Greatest dissatisfaction with NHS jobs</i>
Men	Opportunity to grow	In the chance to do innovative work
Women in full-time work	Opportunity to grow and to be intellectually stretched	In the chance to do innovative work
Women in part-time work	Opportunity to grow	High stress
Women not in paid employment	To develop knowledge and skills	High stress

So by this admittedly somewhat crude analysis, the needs are remarkably similar for all four groups and the men and women working full-time are virtually indistinguishable in their needs and satisfaction. We do not know the extent to which family and domestic responsibilities contributed to the greater stress experienced by those women working part-time or not in paid employment but it seems likely that there is an association. Other studies have found that married female managers are subject to higher pressures at work than their male counterparts and that the sources of stress tend to be beyond their control – conflicts between career and husband, home and child bearing.⁴⁴ So once again we

find that differences in this area are not so much a function of gender as of responsibility for children and associated domestic responsibilities.⁴⁵

GAPS BETWEEN NEEDS AND SATISFACTION

Having looked at the extent to which the men and women differ with regard to their needs in any job and the extent to which the NHS satisfied those needs, we then analysed the data in terms of the average gap between need and satisfaction for each characteristic. Since we used a 5-point scale, the possible range of gap is from -4 to +4. Table 56 shows average gaps for each characteristic grouped as:

- NHS over-satisfied the need (+1 to +4)
- NHS matched the need (0)
- NHS under-satisfied the need (-1 to -4)

Overall, the NHS most over-satisfied the need for:

- job security
- certainty about the future
- chance to be geographically mobile,

and it was most successful in meeting the need for:

- opportunity to serve the community
- the opportunity to work in a team or group
- working with people I like,

and it was least successful in meeting the need for:

- freedom and independence
- opportunity to grow
- to be intellectually stretched.

The men show a significantly larger gap* between need and satisfaction than the women in freedom and independence, the opportunity to be a manager or leader and the

* Significant at the 5 per cent level.

chance to do innovative work. The women show a significantly larger gap between need and satisfaction than the men in the opportunity to work in a team or group, lack of stress and opportunity to serve the community.

Table 56 Average gaps between job needs and their satisfaction in the NHS

	NHS over-satisfied need		NHS matched need		NHS under-satisfied need	
	%	%	%	%	%	%
<i>Job need:</i>	women	men	women	men	women	men
Freedom, independence	2	3	24	9	73	89
Opportunity to grow	3	3	23	14	74	83
Recognition of my achievements by others	11	15	21	21	68	64
The opportunity to work in a team/group	35	51	41	35	24	14
Good financial rewards	11	16	37	23	51	60
To be intellectually stretched	1	5	18	22	81	73
Lack of stress	37	48	27	34	37	18
The opportunity to be a manager or leader	16	17	34	18	49	65
High status	21	29	31	32	48	39
Develop knowledge/skills	3	7	25	22	72	71
Job security	65	67	20	20	14	12
Opportunity to serve the community	28	40	39	42	32	18
Certainty about future	45	56	33	29	22	14
Chance to do innovative work	9	3	28	21	63	76
Opportunity for rapid advancement	19	26	27	25	54	49
Working with people I like	12	18	39	34	49	48
Chance to be geographically mobile	50	46	28	31	22	23

We carried out the same kind of analysis for the women in order to see if there were any significant differences among the employment categories. The results are shown in Table 57. The women overall showed the same pattern

as the whole group in terms of the needs which were over-satisfied, exactly satisfied or least satisfied in their NHS jobs. The gaps are significantly different however among the women in the extent to which the NHS satisfied their need for:

Table 57 Average gaps between women's job needs and their satisfaction in the NHS by employment status

	NHS over-satisfied need			NHS matched need			NHS under-satisfied need		
	F/t	P/t	Not in paid emp	F/t	P/t	Not in paid emp	F/t	P/t	Not in paid emp
<i>Job need:</i>									
Freedom, independence	3	4	0	18	18	34	79	77	66
Opportunity to grow	0	0	7	15	36	24	85	64	69
Recognition of my achievements by others	7	9	15	20	27	19	72	64	66
Opportunity to work in a team	36	54	24	41	32	45	23	14	31
Good financial rewards	2	18	17	35	45	36	62	36	48
To be intellectually stretched	0	0	2	18	33	9	82	67	88
Lack of stress	34	29	43	34	29	19	32	43	38
Opportunity to be a manager or leader	13	25	15	32	25	41	55	50	44
High status	18	24	22	20	33	39	61	43	39
To develop knowledge/skills	7	0	0	22	41	19	70	59	81
Job security	62	68	67	15	18	26	22	14	7
Opportunity to serve community	40	32	15	30	45	45	30	23	40
Certainty about future	54	36	41	23	41	39	23	23	19
Chance to do innovative work	5	5	14	20	48	26	74	48	59
Opportunity for rapid advancement	26	24	10	10	33	39	63	43	51
Working with people I like	15	14	7	30	54	39	55	32	54
To be geographically mobile	54	43	51	26	19	34	20	38	15

- opportunity to grow
- chance to do innovative work
- opportunity for rapid advancement
- good financial rewards

in each case the women working full-time being significantly less satisfied than the women in part-time work or not in paid employment.

Summarising this analysis of gaps between job needs and satisfaction in the NHS:

	<i>Greatest gap between need and satisfaction</i>
Men	Freedom and independence
Women in full-time work	Opportunity to grow
Women in part-time work	Freedom and independence
Women not in paid employment	To be intellectually stretched

Once again, and like other young managers in the NHS,⁴⁶ the men and women are expressing most dissatisfaction with the NHS in areas of personal development, growth and learning. Admittedly there is a problem with the structure of the question on needs and satisfaction, as some respondents pointed out, since the question asked about current job needs and these may have changed since the respondents were in the NHS. However, the information from Part V on reasons for leaving the NHS supports the findings here; many of the women and all of the men found the NHS inadequate in providing for personal achievement and they felt obliged to look elsewhere for opportunities to develop and use their skills to the full.

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Appendix Survey methods

The survey of ex-NATs who completed the National Administrative Training Scheme and are now out of the NHS was carried out between April and June 1984. The questionnaire and covering letter which explained the purpose of the survey are reproduced at the end of this Appendix.

Background research

A literature search was carried out in the early stages of the research. The recent publication of several pertinent documents has meant that an extensive historical search was not necessary as up-to-date information has been readily available. References are given on pages 101 to 103.

Survey population

The questionnaire was sent out to 208 ex-trainees: 120 women and 88 men. Eligibility was based on the criterion that the ex-trainees were not working in the NHS at the time they received the questionnaire.

Questionnaire design

The questionnaire was designed to accommodate an investigation into both men's and women's reasons for leaving NHS employment. Particular attention was paid to recent reports which had brought to light the need for further research into gender-related issues in retaining administrators in the NHS.

A draft questionnaire was pre-tested in January 1984 by

16 ex-trainees (8% of the survey population) who were chosen to represent men and women, the educational centres and general administrative and finance trainees. Pre-test questionnaires were also sent to over 30 colleagues in research, education and management, both in and outside the NHS. The questionnaire was revised in the light of the comments and the final version covered:

- full employment history
- time spent not in paid employment including breaks in employment and maternity leave
- time currently spent on unpaid activities
- the extent to which career aspirations were met whilst working in the NHS
- reasons for leaving NHS employment
- whether the respondents have tried to return to NHS employment, if so the help or difficulties they have experienced and if not, why not
- age, sex, marital status, number and age of children and academic and professional qualifications.

The final page of the questionnaire was left for respondents to make additional comments; many of them used this section to elaborate on earlier questions and to a lesser extent to introduce new comments.

Distribution of questionnaires

The survey was conducted by post as follows:

13 April 1984	151 questionnaires
17 May 1984	38 questionnaires
19-30 June 1984	19 questionnaires

In addition to the questionnaire, the survey package included a covering letter and postage-paid return envelope. Two follow-up letters were sent to non-respondents.

Responses to the survey

From the survey group of 208, 90% of the men and 88% of the women returned completed questionnaires. No spoiled questionnaires were returned. The overall response rate therefore was 89%. So although the number in the survey was small for the purposes of statistical analyses, the level and quality of response were high.

In calculating the representativeness of the responses, we have used both the whole trainee group (1301) and the group who completed the Scheme but are not currently in the NHS (208) as comparators.

Table 58 Representativeness of responses by sex

	Women	Men
% all trainees 1956-81 (n=1301)	37	63
% (traced) not in NHS (n=208)	58	42
% respondents (n=185)	57	43

The over-representation of female respondents compared with all trainees is explained by the disproportionately large number of women in the group of 208. The sex distribution of respondents was very closely representative of the 208 group.

Table 59 Representativeness of responses by entry years

	% all trainees (1956-81) (n=1301)	% (traced) not in NHS (n=208)	% respondents (n=185)
<i>Entry year(s):</i>			
1956	1	1	1
1957-61	6	7	7
1962-66	19	20	21
1967-71	20	19	19
1972-76	30	41	41
1977-81	24	12	10

Again, the respondent group is closely representative of all those surveyed. Both of these groups over-represent the 1972-76 entry groups of all trainees and under-represent the 1977-81 entry groups.

Table 60 Representativeness of responses by training centre

	% all trainees (1956-81) (n=1301)	% traced not in NHS (n=208)	% respondents (n=185)
Birmingham	6	7	7
King's Fund	31	39	39
Leeds	20	17	18
Manchester	32	28	27
Strathclyde	10	9	8

The respondents and the survey group once again are very similar in terms of training centre attended. Compared with the whole trainee group, the respondents over-represented the King's Fund trainees and Birmingham (very slightly) and under-represented Manchester, Leeds and Strathclyde.

Coding of the questionnaires

The completed questionnaires were checked for internal consistency and any mistakes before coding. A coding manual for the pre-coded questions was generated using the Statistical Package for the Social Sciences (SPSS). A sample of 40 questionnaires (19%) was analysed to develop the coding frames for the open-ended questions. In developing the codes for jobs and employers, we used the OPCS occupational and industrial classifications as models (Appendix A and Appendix D, Classification of Occupations 1980, Office of Population Censuses and Surveys, HMSO). A small coding team kept in close communication to ensure consistency in the codes assigned. Quality control was carried out on all the questionnaires once coding was completed.

Analysis of data

All the data processing was carried out by the Oxford University Computing Service. Most of the preliminary analyses were derived from SPSS but a few programmes were specially written.

Survey instruments

The covering letter that explains the purpose of the survey and the questionnaire follow.



King Edward's Hospital Fund for London

King's Fund College

2 Palace Court

London W2 4HS

Telephone 01-229 9361

Director: T.C. Evans, M.Sc(Econ).

March 1984

Dear Colleague

RETAINING ADMINISTRATORS IN THE NHS

A survey of ex-National Administrative Trainees

We are conducting this survey of all ex-National Administrative Trainees who are not currently working in the NHS in order to find out why ex-trainees leave the NHS and do not return. The National Staff Committee for Administrative and Clerical Staff is funding the survey.

Both the 1979 survey of administrators carried out by the DHSS for the National Staff Committee (Long et al 1983) and the study of the Training Scheme (Stewart/Smith 1983) highlighted the considerable loss of administrators from the NHS only a few years after completion of training.

There is a disproportionately large loss of women administrators, one possible reason for which is related to them having and caring for children. However we do not actually know the reasons for administrators, men and women alike, leaving the NHS and not returning.

Of all ex-NATs, some 350 are not currently working in the NHS. The tracing exercise has been lengthy and laborious and we have been careful to maintain confidentiality. Because of the relatively small number being surveyed, it is particularly important that we achieve a high response rate. We would be grateful therefore if you would complete the questionnaire and return it to us in the enclosed pre-paid envelope as soon as possible.

A code number appears on the questionnaire so that we can keep track of those returned. Please note that each response will be treated confidentially and no individual answers will be identified or made known to others.

The results of the survey will be presented in a report to the NSC in the summer and will be generally available.

If you have any questions about the survey, please do not hesitate to get in touch. Thank you in advance for your assistance.

Yours sincerely

Maureen Dixon PhD

Catherine Shaw BA



King Edward's Hospital Fund for London

King's Fund College
2 Palace Court
London W2 4HS
Telephone 01-229 9361

CONFIDENTIAL

March 1984

Retaining Administrators in the NHS

A study of ex-National Administrative Trainees
funded by
The National Staff Committee for
Administrative and Clerical Staff

HOW TO COMPLETE THE QUESTIONNAIRE

Please answer the questions by

- either putting ticks in the boxes
- or putting circles around the appropriate number
- or by writing in answers in the spaces provided.

If you would like to write a note of explanation at any question, please do not hesitate to do so.

If a question does not apply to you please write in N/A (for not applicable) and go on to the next question.

In any references to full- or part-time work, please interpret full-time work as 30 or more hours a week.

Please leave
blank

1. PLEASE GIVE THE FOLLOWING INFORMATION ON YOUR
NATS TRAINING

What was your year of entry to the Training Scheme? 19 _____

Which education centre did you attend?
(If you transferred during the Scheme, please
indicate the second training centre.)

Tick one
box only

Birmingham ☐
King's Fund ☐
Leeds ☐
Manchester ☐
Strathclyde ☐

Which of the following were you?

Tick one
box only

General Administrative Trainee ☐
Supplies Trainee ☐
Finance Trainee ☐

2. WE WOULD LIKE TO KNOW WHAT YOU ARE DOING NOW.

2.1 If you are now in paid employment, please give the following
details about your current work.

Job Title _____

Employer _____

Nature of employer's business _____

Is your job full-time ☐ or part-time? ☐

Please indicate your annual salary or employment income by
ticking the appropriate box. (If you are working abroad, please
indicate sterling equivalent.) Tick one box only.

Less than £ 5,000	<input type="checkbox"/>	£20,000 - £24,999	<input type="checkbox"/>
£ 5,000 - £ 9,999	<input type="checkbox"/>	£25,000 - £29,999	<input type="checkbox"/>
£10,000 - £14,999	<input type="checkbox"/>	£30,000 - £34,999	<input type="checkbox"/>
£15,000 - £19,999	<input type="checkbox"/>	£35,000 or more	<input type="checkbox"/>

Please leave
blank

- 2.2 Whether you are in paid employment or not, please indicate below what other kinds of (unpaid) work and responsibilities you have. Please show approximately how many hours per week you spend on each activity.

	Tick all that apply	Total hrs per week
Looking after children	<input type="checkbox"/>	_____
Looking after other family members	<input type="checkbox"/>	_____
(Please specify whom) _____		
Other domestic responsibilities	<input type="checkbox"/>	_____
Undertaking further study	<input type="checkbox"/>	_____
(Please specify) _____		
Giving unpaid help in work of family business or spouse	<input type="checkbox"/>	_____
Working in a voluntary capacity	<input type="checkbox"/>	_____
(Please specify) _____		
Other (please specify) _____		_____
_____		_____
_____		_____

- 2.3 If you are not in paid employment now, are you actively seeking opportunities to return to work?

Yes ☐
No ☐

If YES, please describe the kind of paid employment you are seeking.

3. THE FOLLOWING QUESTIONS CONCERN YOUR EMPLOYMENT HISTORY AND ANY BREAKS IN EMPLOYMENT YOU MAY HAVE HAD.

Please leave
blank

3.1 Please list all jobs you have held since completing the National Training Scheme in the order you held them.
(There is no need to repeat your present job, if any.)

► First Job

Job Title _____

Employer _____

Nature of employer's business: NHS ☐ Other ☐

If 'other', please specify _____

Was this job full-time ☐ or part-time? ☐

In which year did you start this job? 19____

How long were you in the job? ____ years ____ months

► Second Job

Job Title _____

Employer _____

Nature of employer's business: NHS ☐ Other ☐

If 'other' please specify _____

Was this job full-time ☐ or part-time? ☐

In which year did you start this job? 19____

How long were you in the job? ____ years ____ months

Please leave
blank

► Third Job

Job Title _____

Employer _____

Nature of employer's business: NHS ☐ Other ☐

If 'other' please specify _____

Was this job full-time ☐ or part-time? ☐

In which year did you start this job? 19____

How long were you in the job? ____ years ____ months

► Fourth Job

Job Title _____

Employer _____

Nature of employer's business: NHS ☐ Other ☐

If 'other' please specify _____

Was this job full-time ☐ or part-time? ☐

In which year did you start this job? 19____

How long were you in the job? ____ years ____ months

► Fifth Job

Job Title _____

Employer _____

Nature of employer's business: NHS ☐ Other ☐

If 'other' please specify _____

Was this job full-time ☐ or part-time? ☐

In which year did you start this job? 19____

How long were you in the job? ____ years ____ months

(There is more space for answers to this question on the next page)

Please leave
blank

► Sixth Job

Job Title _____

Employer _____

Nature of employer's business: NHS ☐ Other ☐

If 'other' please specify _____

Was this job full-time ☐ or part-time? ☐

In which year did you start this job? 19____

How long were you in the job? ____ years ____ months

► Seventh Job

Job Title _____

Employer _____

Nature of employer's business: NHS ☐ Other ☐

If 'other' please specify _____

Was this job full-time ☐ or part-time? ☐

In which year did you start this job? 19____

How long were you in the job? ____ years ____ months

► Eighth Job

Job Title _____

Employer _____

Nature of employer's business: NHS ☐ Other ☐

If 'other' please specify _____

Was this job full-time ☐ or part-time? ☐

In which year did you start this job? 19____

How long were you in the job? ____ years ____ months

(Please add additional sheet(s) if necessary)

Please leave
blank

- 3.2 If you have had any breaks in employment including maternity leave since completing the National Training Scheme, please list below in the order they occurred.

► First Break

Reason for break _____

From 19____ to 19____

Length of break: _____ years _____ months

► Second Break

Reason for break _____

From 19____ to 19____

Length of break: _____ years _____ months

► Third Break

Reason for break _____

From 19____ to 19____

Length of break: _____ years _____ months

► Fourth Break

Reason for break _____

From 19____ to 19____

Length of break: _____ years _____ months

► Fifth Break

Reason for break _____

From 19____ to 19____

Length of break: _____ years _____ months

► Sixth Break

Reason for break _____

From 19____ to 19____

Length of break: _____ years _____ months

4. THE FOLLOWING QUESTIONS CONCERN YOUR REASONS FOR LEAVING NHS EMPLOYMENT AND ANY EFFORTS YOU HAVE MADE TO RETURN.

Please leave blank

4.1 What were your reasons for leaving your last NHS job?

Tick all that apply

To get married

☐

To earn more elsewhere

☐

Spouse moved job

☐

To have/look after children

☐

To look after family members other than children

☐

Lack of career opportunities in the NHS

☐

No opportunities for part-time work

☐

Lack of interesting NHS jobs locally and could not move

☐

To undertake further study or training

☐

Unable to make satisfactory child care arrangements

☐

Inflexible working hours

☐

To work abroad

☐

Personal sickness or disability

☐

Other (please specify) _____

4.2 Which of the reasons you have given for leaving your last NHS job was the most important? (Please specify)

4.3 What was the grade of your last NHS job?

Grade _____

Please leave
blank

4.4 Have you tried to return to NHS employment? YES ☐
NO ☐

► If YES:

- please describe any information or arrangements that have
proved useful:

- any difficulties you have encountered:

► If NO, why have you not tried to return?

5. THE FOLLOWING QUESTIONS ARE ABOUT YOUR CAREER ASPIRATIONS AND ATTITUDES TO WORK IN GENERAL AND YOUR EXPERIENCE IN THE NHS IN PARTICULAR.

Using the scales provided, please indicate:

Your need in any job (circle)						Extent to which your NHS job(s) satisfied this need (circle)					
No Need		Great Need					Not at all		Completely		
1	2	3	4	5	Freedom and independence	1	2	3	4	5	
1	2	3	4	5	Opportunity to grow	1	2	3	4	5	
1	2	3	4	5	Recognition of my achievements by others	1	2	3	4	5	
1	2	3	4	5	The opportunity to work in a team or group	1	2	3	4	5	
1	2	3	4	5	Good financial rewards	1	2	3	4	5	
1	2	3	4	5	To be intellectually stretched	1	2	3	4	5	
1	2	3	4	5	Lack of stress	1	2	3	4	5	
1	2	3	4	5	The opportunity to be a manager or leader	1	2	3	4	5	
1	2	3	4	5	High status	1	2	3	4	5	
1	2	3	4	5	To develop knowledge and skills	1	2	3	4	5	
1	2	3	4	5	Job security	1	2	3	4	5	
1	2	3	4	5	Opportunity to serve the community	1	2	3	4	5	
1	2	3	4	5	Certainty about the future	1	2	3	4	5	
1	2	3	4	5	Chance to do innovative work	1	2	3	4	5	
1	2	3	4	5	Opportunity for rapid advancement	1	2	3	4	5	
1	2	3	4	5	Working with people I like	1	2	3	4	5	
1	2	3	4	5	Chance to be geographically mobile	1	2	3	4	5	

Please leave
blank

6. WE WOULD BE GRATEFUL IF YOU WOULD GIVE THE
FOLLOWING PERSONAL DETAILS.

Sex: Female ☐ Male ☐

Age: _____ years

Marital status:

Tick one
box only

Married/living as married ☐

Single ☐

Widowed ☐

Divorced/separated ☐

Tick one
box only

Number of children:

None ☐

One ☐

Two ☐

Three ☐

Four ☐

Five or more ☐

Please give the ages of your children from youngest to oldest.

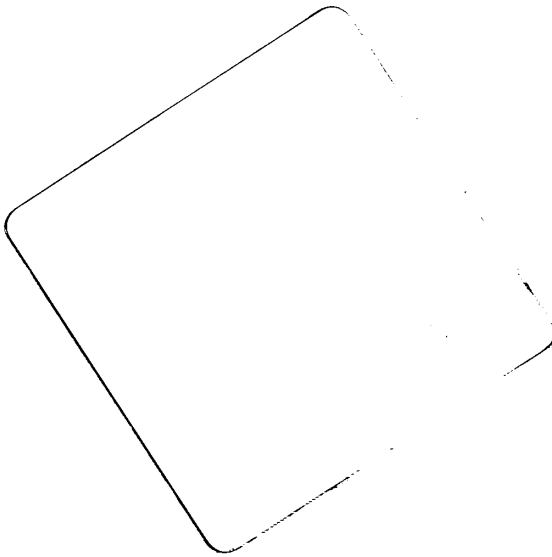
What is your highest academic qualification? (eg 'A' levels,
bachelors degree, postgraduate diploma or certificate,
masters degree.)

What is/are your highest professional qualification(s)?
(eg AHA, FHA, ACCA, FCCA.)

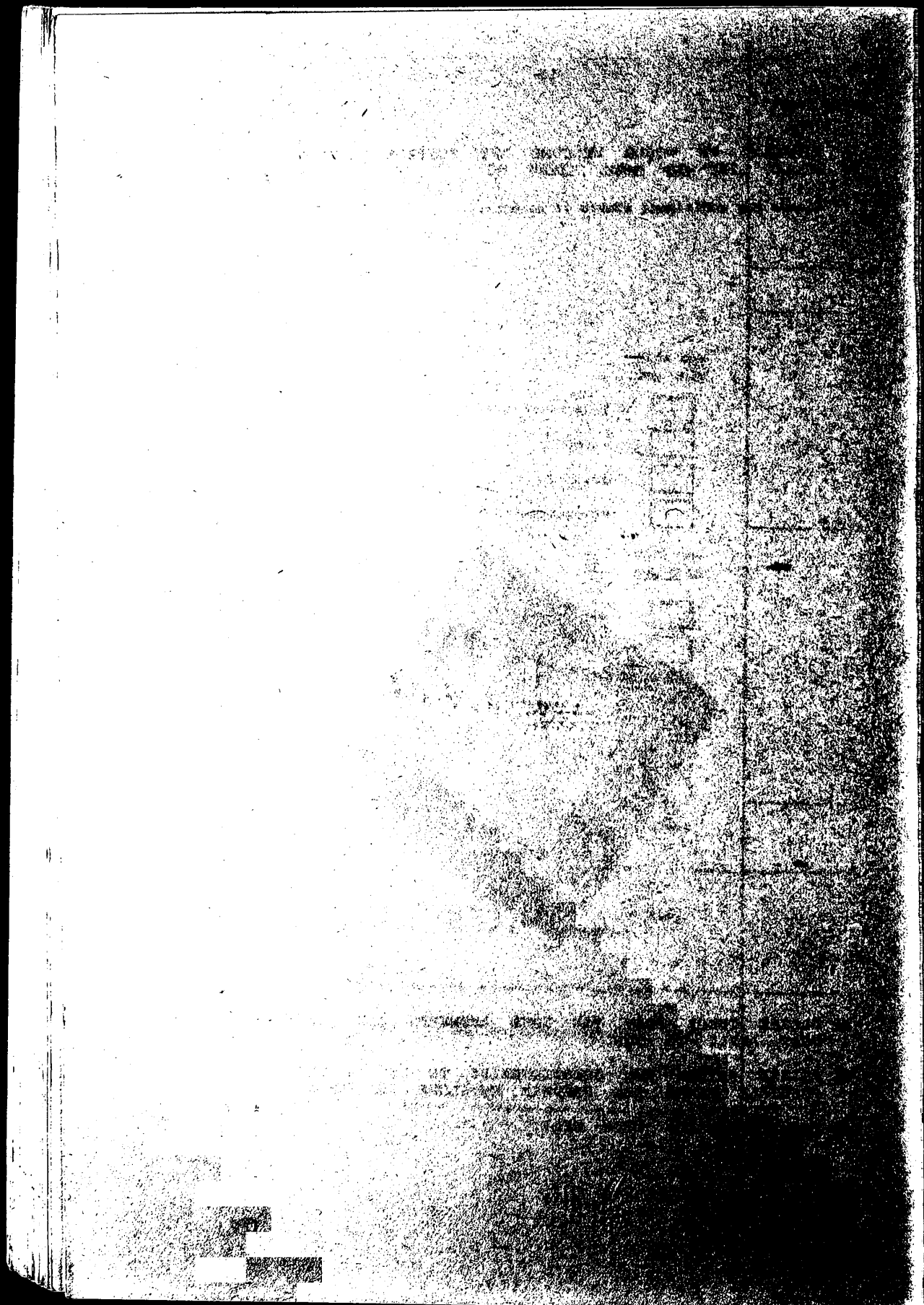
7. FINALLY, WE WOULD WELCOME ANY FURTHER COMMENTS YOU WOULD LIKE TO MAKE.

Please add additional sheets if necessary.

*Please
leave
blank*



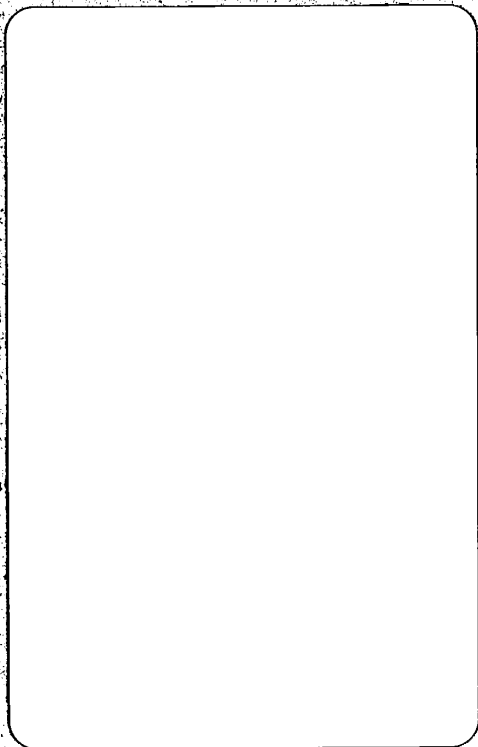
- PLEASE CHECK THAT YOU HAVE ANSWERED ALL QUESTIONS THAT APPLY TO YOU.
- PLEASE RETURN THE QUESTIONNAIRE TO US AS SOON AS POSSIBLE USING THE PREPAID ENVELOPE PROVIDED.
- THANK YOU FOR YOUR HELP.



King's Fund



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