Recruitment, retention and professionalisation in residential childcare in Ireland

Martin Power

Abstract

Residential childcare workers have been at the vanguard of the development of the professionalisation of social care work in Ireland, and in late 2023 a register for social care workers is finally expected to open. Over two decades ago, Williams and Lalor (2001) highlighted the lack of statutory registration as one of the main obstacles to professionalisation, alongside obstacles such as the recruitment of unqualified staff, pay and status concerns, and a lack of clarity around job titles and roles. Moreover, they expressed concern about a short shelf-life for residential childcare workers, arguing that many did not perceive it as a long-term career option. In the intervening years, much has changed in children's residential care in Ireland and some of those obstacles have been overcome. Nonetheless, others, such as pay and status have proven more stubborn, with clear implications for recruitment and retention. This paper draws on data collected as part of Social Care Ireland's recruitment and retention in social care survey (2019) to examine the professionalisation of children's residential care and suggests that what was an already short shelf-life may have reduced further.

Keywords

Residential childcare, social care worker, professionalisation, recruitment, retention, workforce, Ireland

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Introduction

In the Republic of Ireland, social care work has emerged and expanded from 'its roots in residential child care' (McSweeney & Williams, 2018, p. 2). Prior to the foundation of the Irish state, the Catholic Church played a significant role in the provision of health and social services (Adshead & Millar, 2003; O'Sullivan, 2018). This continued with the establishment of the Irish state, where the Catholic Church's role was not only cemented but also expanded, and religious and voluntary provision became the mainstay in many areas, including children's residential services, up until the 1980s. By the 1980s however, dwindling numbers were entering religious orders and a series of scandals damaged the Catholic Church's reputation and standing, reducing vocations further. As a consequence, lay people were increasingly recruited, leading to secularisation of the social care workforce (Moran, 2013).

Residential childcare workers were a critical group in this secularised workforce, and they were at the forefront of developments in the professionalisation of social care work (McSweeney & Williams, 2018; O'Sullivan, 2008; Williams & Lalor, 2001). In the 1990s, for example, residential and community childcare workers alongside colleagues in the health professions launched a Labour Court challenge in relation to pay and conditions. This led to the Expert Group on Various Health Professions (2000) recommending professional status for childcare workers, not least because this should eventually lead to a cessation of the then common practice of recruiting 'non-professionally qualified personnel' (Expert Group, 2000, p. 25). The Expert Group also recommended the establishment of a Joint Committee on Social Care professionals, envisaging that this committee would make recommendations to 'deal with the issues arising from the recognition of the autonomy of the child care workers profession' (Joint Committee, 2002, p. 2).

By the time the Joint Committee on Social Care Professionals reported in 2002, its work had expanded to include social care workers in the intellectual disability sector, via a similar Labour Court challenge. Central to these challenges were issues of pay and conditions, the absence of progression opportunities and clear career routes and structures, as well as the recruitment of unqualified staff

(Joint Committee, 2002). Indeed, the Joint Committee found that in a survey of 1,216 childcare staff, less than half (44%) had a professional qualification (Joint Committee, 2002, p. 7).

If the vocational legacy of provision may help to explain the limited extent of professional qualifications, academic publications of the time warned that professionalisation 'will continue to be an oxymoron as long as unqualified people are routinely employed in the field' (Williams & Lalor, 2001, p. 80). Along with such concerns, which Williams and Lalor included under the theme of 'education and training', they also identified three further obstacles to professionalisation, namely 'pay and status', a' multiplicity of job titles' and the absence of 'state regulation' (Williams & Lalor, 2001, p. 84). More tellingly perhaps, all but one of Williams and Lalor's (2001) twenty interviewees felt that residential childcare 'was not an attractive long-term career option and that there was an inbuilt 'shelf-life' of five to seven years' (Williams & Lalor, 2001, p. 78).

Two decades on and the rollout of state regulation through a register of social care workers is nearing completion, and after a long wait a date for the opening of a register has been announced – 30th of November 2023 (CORU, 2022). While the pandemic exacerbated this delay, much of the long wait can be attributed to the difficulties in establishing a register for a previously unregulated profession. Indeed, even estimates of the number of possible registrants have varied substantially over the years with suggestions ranging from 5,000 to 10,000 potential social care worker registrants (Flynn, 2019; Lalor, 2009; Power & D'Arcy, 2018).

The extent of difference in estimates is no doubt related to the issue of multiplicity of titles, which has been a constant frustration for social care workers and researchers (Byrne, 2016; Power & D'Arcy, 2018; Williams & Lalor, 2001). This lack of a common title has been shaped by several interrelated factors, particularly the absence of a professional register, but also a mixed economy of care provision within which individual employers most often dictate job titles, roles, responsibilities and progression and career pathways (Byrne, 2016; Flynn, 2019; Power & D'Arcy, 2018).

As if to complicate matters further, the expansion in recent decades of social care work beyond the traditional areas of residential childcare and disability services has introduced even more title variation (Byrne, 2016; Mulkeen, 2016). This expansion has been facilitated by a substantial increase in the number of educational programmes and social care graduates since the early 2000s (Lalor, 2009). In 2019, for example, CORU highlighted that the 40 different social care programmes within 18 different educational providers vastly exceeded the nine social work programmes it regulated (CORU, 2019).

While the number of educational programmes presents a challenge for regulators, it has been instrumental in addressing the issue of education and training, and the 'oxymoron' of unqualified staff. Certainly, a degree in social care is now the norm, with studies finding that over 80% of respondent held a social care qualification at degree level or above (Power & Burke, 2021; Power & D'Arcy, 2018). A significant obstacle has therefore almost entirely been removed and the opening of a register will both remove a further obstacle, and in time should help to tackle the issue of multiple titles. At the very least it will provide social care workers with protection of title and some boundaries around the role, as well as providing researchers with an answer to the question of how many social care workers there are in Ireland.

At the same time, registration is unlikely to have any significant impact on issues such as pay and conditions, as CORU's role is to protect the public rather than to engage in industrial relations matters (Doyle, Power & Zubelawlor, 2022; Power & Dashdondog, 2022). Pay and conditions have long been a thorny issue, with obvious implications for recruitment and retention (Byrne, 2016; Clarke & McMahon, 2020; Power & Power, 2022; Williams & Lalor, 2001). Against this backdrop, and drawing upon Williams and Lalor's (2001) depiction of the obstacles to professionalisation, this paper examines what social care workers in children's residential services who hold the title, a social care qualification, and a permanent role (full- and part-time) view as the greatest challenges to recruitment and retention. It argues that notions of a 'shelf-life' are not without foundation, as long-hours, shift-work, and aggression and violence take their toll. Moreover, it appears that what was an already short shelf-life may be shortening further.

Methods

This paper uses data collected as part of Social Care Ireland's 2019 recruitment and retention in social care work survey (n= 557) (Power & Burke, 2021). This survey included 116 respondents from the children's residential sector, 84 of whom held a social care qualification at degree level or above, currently worked under the title social care worker, leader, or manager, and were in permanent employment, either full (n=75) or part-time (n=9). Data was collected anonymously via Survey-monkey and a mandatory consent question was included to meet informed consent requirements. A tick-box and/or Likert scale was employed for the majority of questions, with an open-ended question on what respondents viewed as the greatest challenge to recruitment and retention used to gather respondents' views. These responses were categorised using an inductive qualitative content analysis approach. As such, the response 'Pay, hours' (011) was included under both pay and conditions, and hours. While the response 'Shift in annual leave entitlement. Violence and aggression in the workplace. Mirco management style in some areas' (072) was included under pay and conditions, violence, and support (see table 1).

Pay and conditions	Wages, poor contracts and/or contract differentiations between public, private and voluntary, limited entitlements, such as sick leave or pensions, general working conditions and understaffing due to funding shortages.
Hours	Long, unsocial, sleepovers/waking nights or work/life balance.
Respect (and recognition)	Feelings of lower status and being undervalued by employers, other professionals or even other social care workers, role overlap and confusion.
Support	Lack of supervision or management support and/or poor supervision or support.
Progression	Limited progression or career opportunities.
Violence	Challenging behaviour, abuse, violence, aggression or assault.
Stress	Emotional challenges of the work, burnout, bullying, unsafe environments.
Admin burden	Volume and extent of paperwork and documentation and time demands it incurred.
Other	Recruitment practices and general comments on retention challenges.

Table 1: Categorisations of responses

Findings

The respondents were predominately female (75/87%), with only nine (13%) male respondents. Respondents' age ranges were 20-29 (21/25%), 30-39 (19/22.6%), 40-49 (36/42.9%), and 50-59 (8/9.5%), with no respondents in the 60+ age range. The level of qualifications respondents held varied between an ordinary degree in social care (27/32.1%), honours degree (47/55.9%), or a master's/post-graduate diploma (10/11.9%).

The respondents highlighted several challenges they perceived to recruitment and retention in social care work (Figure 1).
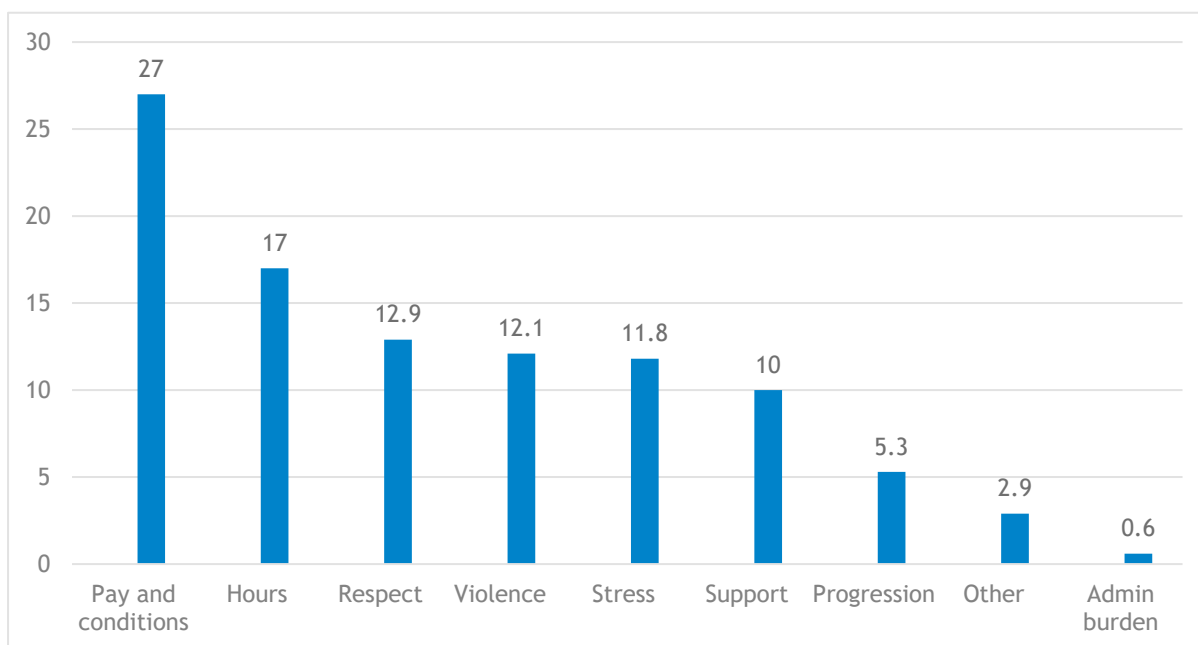

Figure 1: Greatest challenges to recruitment and retention in children's residential settings, as a percentage of overall responses.

Pay and conditions were perceived as the greatest challenge (27%). Indeed, 46 (54.8%) of the 84 respondents noted pay and conditions within their response. For example, respondents highlighted:

Poor pay and conditions (024),

Pay scales. Current job has had 12 (and counting) people leave since the end of last year' (057),

Work environment, pay, too many responsibilities (064).

Pay and conditions was followed by hours (17%), respect (12.9%), violence (12.1%), stress (11.8%), support (10%), progression (5.3%), other (2.9%), and admin(istrative) burden (0.6%).

Similar colleagues (i.e., social care qualification and title, and permanent position) in disability (n=154) and other services (i.e., homelessness, addiction, community-based services etc. n=85) noted much the same issues in their responses, though they felt respect rather than hours was the second biggest challenge (Figure 2).
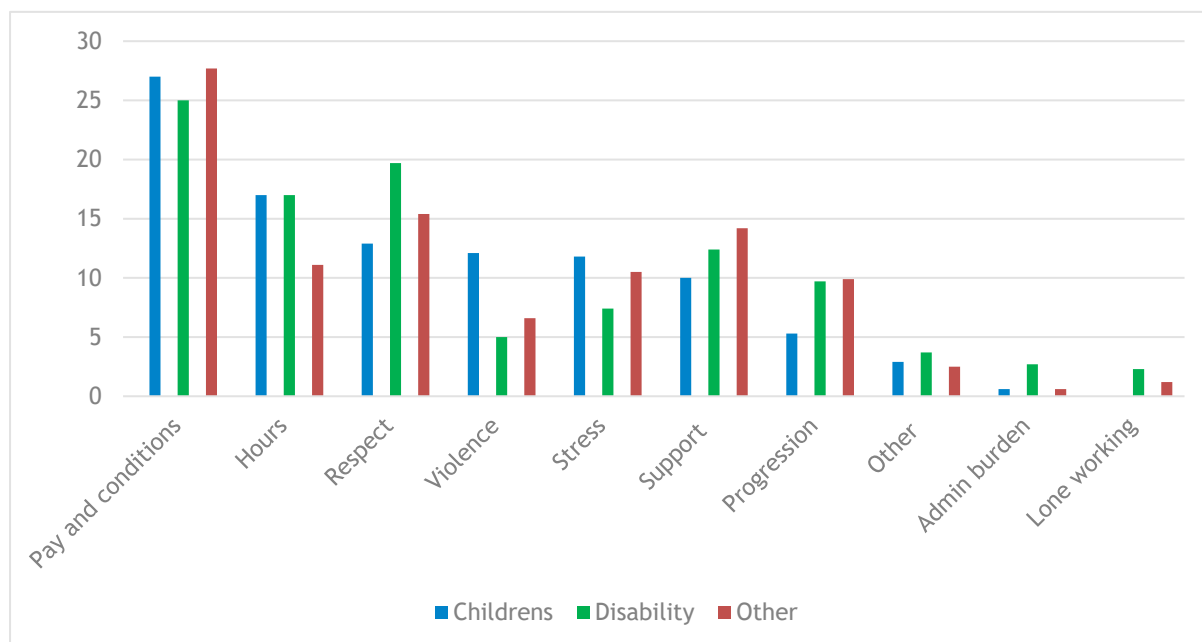

Figure 2: Greatest challenges to recruitment and retention by service sector, as a percentage of overall responses for that sector.

Regardless of sector, the noting of hours was unsurprisingly very much related to completing sleepovers/waking nights. In children's residential services, this was most often as part of 24-hour shifts, with 44% reporting 24-hour shifts as their most common weekly shift pattern. This was markedly different from the 20% in disability and 7% in other services who indicated weekly 24-hour shifts, and no doubt informs considerations of 'shelf-life', as 24-hour shifts are not conducive to social/family life.

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More worryingly, those in children's residential services noted aggression and violence far more often. Indeed, in terms of the number of respondents who noted some element of aggression and violence rather than as percentage of overall responses, one in four (25%) of those in children's services highlighted aggression and violence. In contrast, only 12.9% of those in other services and 9.7% of those in disability services noted aggression and violence as a particular issue affecting recruitment and retention. For example, responses detailed:

> Poor pay, lack of defined role, companies not looking after staff/retention levels. No sick leave esp post assault XXXXXX (company name redacted), management ignoring those who have to work on the floor. Little or no communication between staff and management (009).

> Risk of assault or threats, treatment and expectations of social care workers, pay, working hours, risk of allegations (036).

> Higher levels of aggression in young people regular assaults by young people admission to care for young people is too late. lack of residential centres so placement of young people with same issues placed together ... Burnout from staff due to aggressive behaviour (058).

> Physical assault on staff and employers not paying sick pay... Bank Holiday pay [...] Burnout as employees don't get enough rest in between shifts especially mixed shifts like day into waking nights (065).

Such comments help to humanise the absence rates that are publicly available, such as those in statutory services run by Tusla. Tusla is the Child and Family Agency, established in 2014, with a remit of 'improving wellbeing and outcomes for children' (Tusla, n.d.). In addition to the provision of children's residential care centres and the commissioning and regulation of private and voluntary children's residential providers, Tusla is responsible for areas such as child protection, family support and alternative care (Tusla, n.d.). In Tusla services, residential social care staff have the highest rates of absenteeism, consistently both above other social care staff and significantly above social workers or other grades (Table 2).

Year	Quarter	Residential/social care	Social work/other grades
2022	1	14.06%/13.25%	8.04%/7.02%
2021	4	13.93%/11.77%	5.61%/5.4%
	3	10.11%/8.67%	6.03%/4.72%
	2	9.23%/8.04%	5.01%/3.59%
	1	10.1%/7.67%	3.75%/3.56%
2020	4	9.46%/7.57%	3.36%/3.31%
	3	10.83%/8.82%	3.91%/3.78%
	2	11.43%/8.67%	2.93%/2.1%
	1	9.69%/8.56%	4.5%/4.42%
2019	4	8.06%/7.97%	4.71%/4.17%
	3	9.01%/8.38%	3.63%/4.46%

Table 2: Tusla staff absence rates.

If the higher rates of absence may help to explain the phenomenon of shelf-life, examining the years of experience of respondents provides strong indications of a short shelf-life for many. Certainly, there is a very steep drop in the number of years of experience respondents had, with almost half of respondents best described as newer entrants, with between one to five years of experience (Figure 3).
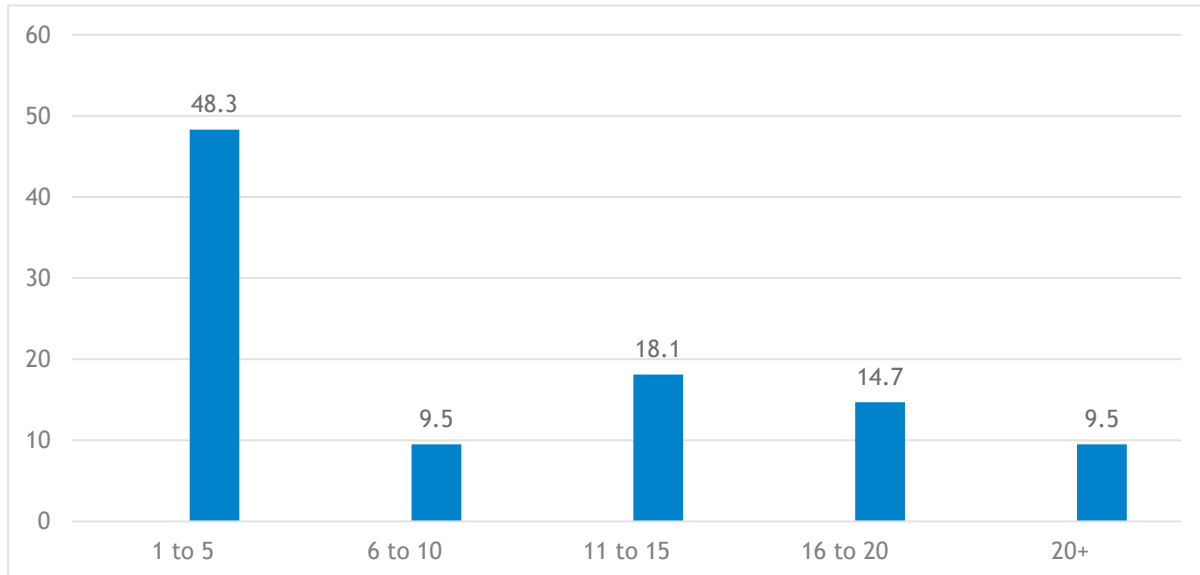

Figure 3: Years of experience in children's residential services

This profile was markedly different to that of their colleagues in disability and other services, where closer to a third were newer entrants. Moreover, in neither the disability nor other sector is the drop-off between one to five and six to ten years as stark (Figure 4).
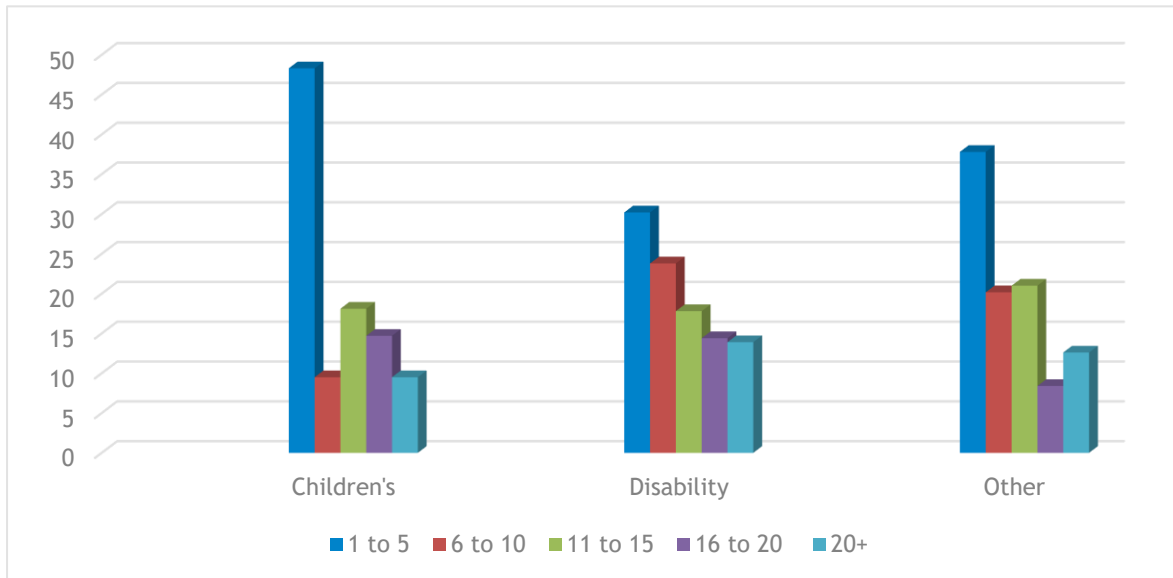

Figure 4: Years of experience by sector

In addition, when compared to the findings for the same group from the 2017 Registration Awareness Amongst Social Care Workers study (Power & D'Arcy, 2018) the proportion of newer entrants has increased slightly in the intervening years, while the proportion with six to ten years of experience decreased. If such a trend continued, by now around half of social care workers in the children's residential sector could be newer entrants. Furthermore, the comparison suggests a steeper drop-off in 2019 than in 2017, potentially suggesting that five rather than seven years may now be the 'shelf-life' (Figure 5).
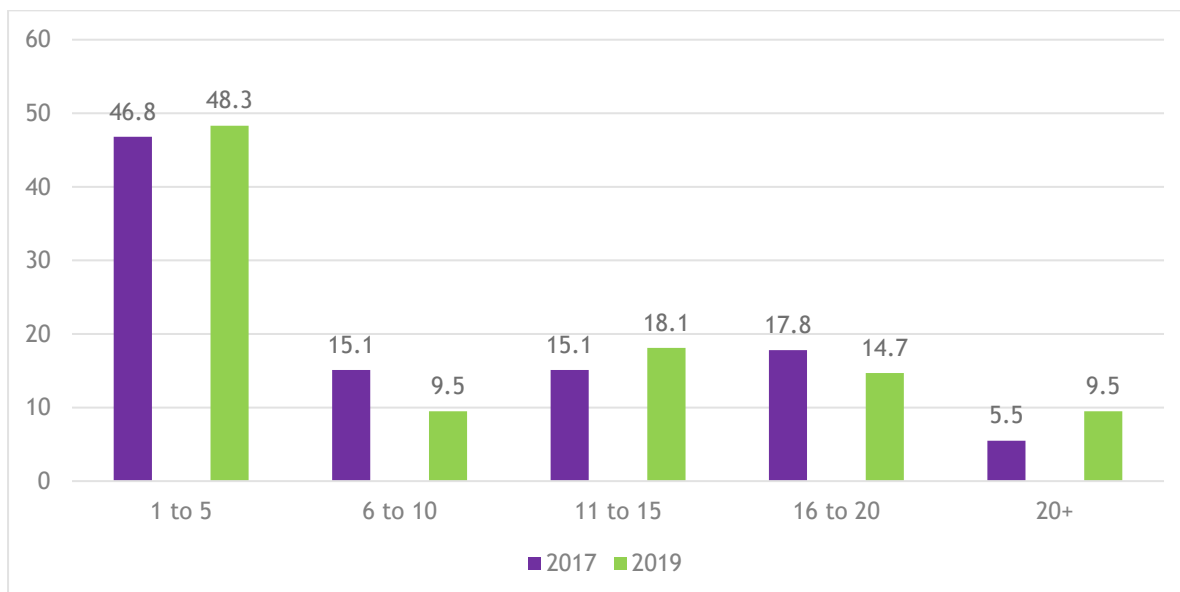
Figure 5: Years of experience of staff in children's residential services in 2017 and 2019

Discussion

Just over two decades ago, Williams and Lalor (2001) identified four major obstacles to the professionalisation of residential childcare work. Today, the 'oxymoron' of recruiting unqualified staff has been largely removed, as a degree in social care has become the norm (Keogh & Byrne, 2016; Power & D'Arcy, 2018). Though a multiplicity of titles remains problematic in the social care field, social care worker, leader or manager are more often the norm in children's residential services (Power & Burke, 2021; Power & D'Arcy, 2018). In addition, the obstacle of registration should be removed in late 2023, when the register opens.

If three out of four suggests significant, if perhaps slow, progress, this may be cold comfort to children's residential social care workers. In their analysis Williams and Lalor (2001) included within 'pay and status' not just pay and status, but also a 'lack of support' or 'value and recognition by employers', the 'stressful nature of the work', that it was 'difficult to measure success', a lack of 'education and training opportunities', and 'a lack of career structure' (p. 78). If these factors were combined within this study, they would make up around 67% of the totality of responses, followed by hours (12.4%), violence (11.7%), other (3%), and administrative burden (0.5%). Thus, while registration may provide

social care workers with state recognition as a profession, professionalisation as described by Williams and Lalor (2001) may yet be some way off. In addition, though Williams and Lalor (2001) mentioned violent behaviour and the potential for physical assault, these received only scant attention.

Nonetheless, aggression and violence in social care work have long been a problem in Ireland (Keogh, 2001; Keogh & Byrne, 2016; Meck-Butler & Swift, 2019). Here, Keogh and Byrne (2016) found that both age and experience shaped the probability of exposure to aggression and violence of all types. Newer entrants (i.e., 1-5 years of experience) in particular experienced more aggression and violence, including verbal abuse, threatening behaviour, and bullying and harassment, when compared to those with fifteen years or more experience. They were also over four times more likely to be assaulted physically. However, Keogh and Byrne (2016) concluded that it was less age and limited experience that were the underlying risk factors, but rather the high-risk nature of some social care environments and that younger newer entrants often worked in such higher risk settings, which included children's residential care.

Within children's residential care Keogh and Byrne (2016) observed that almost three times as many social care workers in private services had experienced physical assault in comparison to colleagues in voluntary or statutory providers (Keogh & Byrne, 2016). They suggested this was likely an indication 'that young people with complex needs and behaviours are being placed with private providers of residential care', resulting in a 'concentration' of individuals with violent behaviours (p. 34). More worryingly, they observed that private providers generally offered the least support after incidents, and that of their respondents 62% felt there was a general acceptance by employers of violence as part of the job, except in the voluntary sector. Indeed, they noted that while 74% of respondents from private providers and 66% of those in statutory services felt violence was accepted by employers. In contrast, in the voluntary sector the majority (66%) 'were more likely to indicate that their employer did not accept workplace violence as part of the job' (Keogh & Byrne, 2016, p. 58). This may help to explain the generally low rates of staff turnover that voluntary providers often enjoy (Power & Power, 2022).

Since the formation of Tusla in 2014 the children's residential sector has undergone significant change. Though privatisation had been a trend since the late 2000s, it expanded significantly in the wake of the austerity period that followed the 2008 global crash and today almost two thirds of providers are private providers (65%), with limited statutory provision (21%) and few voluntary providers (14%) (Branigan & Madden, 2020; Fenton, 2021; Mulkeen, 2016). Privatisation rarely ushers in improvements for workers' pay and conditions and thus there may be little surprise that social care workers in children's residential services viewed pay and conditions as the greatest challenge to recruitment and retention (Mulkeen, 2016; Munton, Carter, Gomersall & Jackson, 2021). In the voluntary sector the absence of pay restoration is nothing less than a shameful indictment of the way children's residential social care workers, amongst many others in the voluntary and community sector, have been treated (O'Donovan, 2022; Power & Power, 2022; Wilson, 2022).

Considering such a backdrop, concerns that the shelf-life of those in children's residential care is shortening may have been somewhat predictable. Alarmingly, while Williams and Lalor (2001) suggested 'five to seven years', the findings here suggest five years is now more likely the case and the situation appears to have worsened in recent years. In part, this is likely to be shaped by the volatility of private provision, as centre closures and new centre openings happen far more often in the private sector than in the statutory or voluntary sectors (Branigan & Madden, 2020; Mulkeen, 2016; Power & Power, 2022). This cannot help but have an impact upon continuity of care and incidents of aggression and violence. Certainly, Keogh and Byrne (2016) found that 'threatening behaviour escalating to physical assault was most likely to occur between 1 year to 3 years after admission of a young person to the service' (p. 38).

The extent of volatility in private provision came to the fore in Ireland at the end of March 2022, when media reports emerged that Positive Care had not received referrals from Tusla in more than a year, had not had its contract renewed, and would be 'stopping operations in the near future' (Baker, 2022a; Power, 2022b). In 2019 Positive Care received €15milion from Tusla (Baker, 2022a), rising to

€15.8million in 2020 (Power, 2022b), which at the time made it Ireland's highest paid children's residential provider and earned it €1.7million in profits (Power, 2022a). Almost incomprehensibly, voluntary children's residential providers commonly have low volatility and low staff turnover, and yet receive significantly less per placement than private providers, which has led to concerns over the future of voluntary providers (Baker, 2021; Power & Power, 2022).

Against such a backdrop it is unsurprising that Tusla's Strategic Plan for Residential Care Services for Children and Young People 2022-2025 highlights that 'recruitment of staff is increasingly challenging, job satisfaction is described as low, with an increase in the number of incidents of violence, harassment and aggression against other children/young people and staff' (Tusla, 2022, p. 4). Tusla's immediate strategy is to rebalance private/public provision to 50:50 by 2025, with a stated 'ambition' of further rebalancing to 40:60 private/public by 2027 (Tusla, 2022, p. 6). If such moves are likely to provide more stable work opportunities to social care workers and may provide a lifeline to voluntary providers, they will have to be enacted within a system under increasing pressure (Power & Power, 2022). The pandemic further increased demand on stretched services, which was then exacerbated by the influx of those fleeing the war in Ukraine, and concerns are increasingly being expressed about children and young people having to be placed in hotels and holiday homes (Libreri, 2022; O'Donnell, 2022).

At the same time, the introduction of registration for social care workers has features of a double-edged sword. On the one hand, registration will provide protection of title and should place social care workers on a more equal footing with other health and social professions. Thus, social care workers are optimistic and positive about the potential benefits registration may bring (Doyle et al., 2022; Power & Dashdondog, 2022). On the other hand, registration will likely increase individual costs for social care workers, given registration fees, continuing professional development requirements and the need for professional indemnity insurance (Byrne, 2016; Power & Power, 2022).

In the case of the latter, the culture of residential care in Ireland has been described as one of 'fear' on behalf of workers who are extremely conscious of

the legacy of previous scandals, which has nourished risk averse and defensive practice and led to 'the growth of record keeping' (Brown, Winter & Carr, 2018, p. 664). Within the context of the shift toward evidence-informed and evidence-based practice as key components of professionalisation, it has been suggested that 'using evidence to support decision-making may be one way for practitioners to retain a sense of power in their practice' (Flynn, 2019, p. 12). In a risk averse defensive practice culture however, detailed record keeping may be less attractive for supporting decision-making and more attractive as a means to defend how and why decisions were made if called upon, such as in the case of an investigation or inquiry.

Increased bureaucratisation and ever more emphasis on managerial and technocratic approaches, manifested in the expansion of record keeping and documentation, clearly reflect the dominance of risk, and by extension litigation, as overarching concerns shaping professional decision-making (Banks, 2003; Brown et al., 2018; Byrne; 2016). As Banks (2003) highlighted two decades ago, the response to the increasing complexity of dilemmas confronting social professionals has been for 'codes of ethics to get longer and more prescriptive' (Banks, 2003, p. 133). In turn, increasing prescription can individualise and heighten risk for social care workers if there may be an investigation or inquiry, as it tends to 'decontextualize both actors and actions from the wider systems of which they were a functional part' (Alaszewki & Burgess, 2007, p. 352). There may be little wonder therefore that concerns have been raised about the extent of moral distress those working in residential childcare may be exposed to (McMillan, 2020).

Certainly, the upping of the ante that regulation brings, in the form of potential loss of career rather than just loss of job, will not be lost on registrants, and professional indemnity insurance is likely to be seen as a necessity (Byrne, 2016). As McLaughlin observed with respect to the regulation of health and social care professionals in the U.K., there 'is a clear imbalance of power in access to legal expertise' between the regulator and regulated (2010, p. 324). In Ireland, analysis of the Standards of Proficiency for Social Care Work (CORU, 2017), which educational providers are required to ensure are met within their programmes, may do little to quell concerns (Mulkeen, 2020). Certainly, it has

been highlighted that the standards are shaped heavily by a 'focused and detailed approach to proficiencies on responsibilities related to risk and regulation while the approach to relationships is more limited and diffuse' (Mulkeen, 2020, p. 18).

If evermore technocratic approaches to care work may be off-putting for new entrants, they must also contend with a context within which potential career advancement options are being increasingly closed off rather than opened up. For example, the current lack of a register means social care workers are excluded from applying for Decision Making Representative positions within the Decision Support Service system established under the Assisted Decision Making Capacity Act (2015), while clinical expertise is privileged for other lead positions, including adult safeguarding (Connelly, 2022; Doyle et al., 2022). As such, social care workers may reasonably feel that the rug of professionalisation is being pulled from under them just as they have the opportunity to step onto it, with obvious implications for recruitment, retention and shelf-life.

Conclusion

This paper's consideration of the context of social care work in children's residential services and the introduction of registration and regulation should not be taken to suggest that statutory registration is an unwanted development. Indeed, registration and state regulation are to be welcomed as the next critical step in the ongoing journey toward recognition and parity of esteem for social care work and social care workers. At the same time, it is important that due attention is given to the potential outcomes of any significant development, since to do otherwise would be to step blindly. For example, as has been noted in relation to the standards of proficiency, they 'may bring about both an unfortunate reduction, and welcome progression, in varied aspects of the discipline of social care' (Flynn, 2020, p. 54). Similarly, registration may help to tackle some of the challenges social care workers perceive around recruitment and retention, such as issues of status and standing. The challenge of pay and conditions, however, may prove more intractable, especially as registration has associated costs.

If increases to the costs of working are never popular, against the backdrop of upwardly spiralling inflation and a cost-of-living crisis, they are likely to be extremely unwelcome. As if to compound the situation further, recruitment and retention have been long-simmering issues for health and social care work in Ireland, with recent calls for CORU to 'speed up the registration process for health and social care graduates' to help address vacancies (Bermingham, 2022; Power & Burke, 2021). This follows on the back of warnings that thousands of health and social care workers will be needed by the middle of this decade alone to support an expanding population (Baker, 2022b). With the recruitment of staff to children's residential services clearly 'increasingly challenging', talent acquisition in an ever-tightening labour market can only become more difficult, with implications for all stakeholders, especially in relation to retention and shelf-life.

Limitations

The self-selecting nature of the participants must be considered, as respondents were most likely those who are more active or engaged with topics such as professionalisation. Certainly, previous research has found a split within social care work in Ireland, with some anxiously awaiting professionalisation, while others view registration more as a burden and something to be avoided if possible (Flynn, 2019; Power & D'Arcy, 2018). It must also be acknowledged that the survey was conducted shortly before the COVID-19 pandemic and the situation has changed significantly since then. As such, a similar survey today might reveal different concerns. The absence of a question around type of provider, i.e., public/private/voluntary, also limited comparative analysis, and a limitation of the survey overall was the question around average weekly shift patterns, which threw up many 'other' responses. Thus, in hindsight, average monthly shift pattern might have provided a more useful framing of that question.

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