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Part-time versus full-time work: The case of nurses in Spain

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Abstract

Nursing has been described as a stressful occupation with nursing staff reporting high levels of job dissatisfaction in many countries. For various reasons an interesting paradox exists; on the one hand there is a global shortage of nurses which has potential adverse effects on nursing staff job satisfaction and the quality of patient care. On the other hand, many nurses opt for working on a part time basis, which adds to the shortage issue. Some nursing staff have opted to work part-time by choice or out of necessity while some full-time nursing staff would prefer to work part-time. This research explores antecedents and factors related to the decisions of nursing staff to work part time with the intention of identifying reasons that might be addressed and result in their choosing to work full-time and reduce nursing shortages. Data were collected from 2094 nurses in Spain using anonymously completed questionnaires, of which 290 indicated they were currently working part-time. Respondents indicated how important a role in their decision to work part time was played by each of the items. Most common reasons for working part time were: caring for others, personal health issues, losing a full-time job, staying active in the profession, and exploring a new career or occupation. Factor analysis of 15 items yielded

a five-factor solution: job loss, career and income benefits, personal needs (caring for others, health issues), exploring new career options, and the unavailability full-time jobs. Full-time and part-time nursing staff were then compared on a number of personal demographic and work situation characteristics, job demands, sources of support, work outcomes and indicators of psychological well-being. Generally, part-time nursing staff was younger, had fewer years of nursing-related tenure, fewer job resources, and indicated lower levels of job involvement, affective commitment and work engagement. Part time and full-time nurses were similar on levels of work and extra-work social support, burnout, psychological well-being and accident propensity. Efforts to encourage and support the transition of part-time nursing staff to full-time nursing staff are offered.

Keywords: nurses retention, nurses employment, nursing shortages

JEL Classification Codes: J22, J28

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Although various countries have different systems for delivering health care to their citizens, the health care budget of almost all countries is typically the largest expense item with the largest share of this budget item devoted to salaries of employees. Nurses comprise the largest employee group in the health care sector. Nurses also make a significant contribution to levels of patient satisfaction and quality of care.

In light of these contributions, nurses play an important role in the delivery of health care. Unfortunately, there is increasing evidence that nurses in several countries have become increasingly dissatisfied with their work experiences resulting in lower morale, increased turnover, and a more negative image of the nursing profession as seen by potential nursing students (Mendez, & Louis, 1991). Many countries have reported a nursing shortage that will only get worse, with more developed countries attempting to attract nurses from countries that are still developing, reducing the level of nursing staff in the latter countries. Nursing recruiters have come to Toronto Canada from California and Texas to recruit Canadian nurses, and Canadian and Spanish authorities are turning to the Philippines to recruit their own nurses and fill the vacancies. (Kline, 2003; Buchan & Sochalski, 2004)

This situation is also adversely affected by financial constraints currently being imposed in many countries (e.g., Greece, Spain, Italy, Portugal, the UK, and Canada, among others) that are requiring the health care system to do more with less. Not surprisingly then, considerable research attention has been devoted to the work experiences and well-being of nurses beginning in developed countries (US, UK, Canada, Netherlands) and now similar research is being undertaken in several other countries.

Many countries are experiencing acute nursing shortages while for others it is becoming a chronic phenomenon. Interestingly, Berliner and Ginzberg (2002) contend nursing shortages are not due only to mobility patterns, but rather to nurses' lower job satisfaction, more intention to quit the nursing profession, and having fewer new nurses entering the profession, as well as nurses retiring earlier. For example, several studies show that more nurses tend to retire by their late 50s (Blakeley & Ribeiro, 2008).

Nursing research across countries

Aiken et al (2011) reported findings from nine countries, adding four countries to their 2001 five-country study (Aiken, Clarke, Sloane & Sochalski, 2001). The study included 98,118 bedside nurses from 1406 hospitals in nine countries. High nurse burnout was found in hospitals in all countries except Germany, 60% of nurses in South Korea and Japan scoring high. Job dissatisfaction approached 20% in most countries with a high of 60% in Japan. About half the nurses in all countries did not believe that discharged patients could care for themselves after being discharged. Quality of care rated from fair to poor, ranged from 11% in Canada to 65% in South Korea. About one quarter to one third of hospitals in each country were seen as having poor working environments. Nurses working in better work environments had less burnout, higher levels of job satisfaction, more favorable quality of care outcomes, and lower levels of intent to quit. In their 2001 study, Aiken and her colleagues describe this by stating the following: “Hospital nurses love their work and hate their jobs.”

A number of research studies have considered work experiences of nurses and the effects of these experiences on a range of personal and health care organization outcomes. Work experiences have included job demands or stressors, levels of supervisor and co-worker support, personal and job resources, work-family conflict, types of shift schedules, work hours or shift length, staffing rations, workplace incivility and bullying, job future insecurity, hospital downsizing and restructuring, and value incongruence. Personal outcomes have involved job satisfaction, aspects of psychological well-being such as depression, anxiety, burnout, life satisfaction, medication use and psychosomatic symptoms. Health-care organization outcomes have considered intent to quit, absenteeism, turnover, job involvement, work engagement, accidents and injuries, medical errors, and quality of patient care sometimes provided by patients and their families themselves. Not surprisingly, nursing is generally seen as a stressful occupation. Burnout has been the most commonly examined outcome in recent years in various countries (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Leiter et al., 2011)

Nursing research in Spain

The present investigation of reasons for nurses working part time, and possible differences between part-time versus full-time nurses' work experiences and personal and organizational outcomes was undertaken in Spain. Research interest in the experiences of nurses in Spain has increased over the past ten years, with this work addressing similar concerns to those mentioned above. Thus nursing research in Spain has devoted considerable attention to nurse burnout (Garrosa, Moreno-Jiménez, Rodríguez-Muñoz, & Rodríguez-Carvajal, 2011). Nursing research in Spain has considered various areas of work life such as rewards and fairness, a number of different personal outcomes such as burnout, dissatisfaction and psychological health, as well as organizational outcomes, such as intent to quit.

What do we know about part-time work arrangements?

This study examines reasons for working part-time among nursing staff and implications of part-time work, as well as initiatives for encouraging and supporting some part-time nurses in transitioning to full-time work. Part-time work has become an important source of labour particularly among younger, older, and female employees. Feldman (1994) identified five types of part time work arrangements: permanent/temporary, organization-based/agency-based, year round/seasonal, main job/second job, and voluntary/involuntary. Feldman also offers a number of hypotheses on how these different part-time arrangements will affect individual job attitudes and job behaviors.

Maynard, Thorsteinson and Parfyonova (2006), using a diverse sample of both full-time and part-time employees, had part-time employees indicate the role of 16 different factors in their decision to work part-time. Using cluster analysis, they found four distinct clusters: students, young and in school, caretakers, caring for themselves and others, involuntary, part-time because no full-time job is available, and voluntary, transition to retirement or to another career. They found differences between some types of measures of job satisfaction, and intent to quit.

Burke and Greenglass (2000a), in a large sample of Canadian nursing staff reported that full-time and part-time nurses working their preferred work arrangements were more satisfied and indicated higher levels of psychological well-being than nursing staff not

working their preferred arrangements (full-time wanting to work part-time, part-time wanting to work full-time). However, they also observed that the effects of hospital restructuring and downsizing had similarly negative effects on both full-time and part-time nursing staff (Burke & Greenglass, 2000b).

Some research has shown that part-time employees report different work experiences and work attitudes than full-time employees such as less job satisfaction and lower levels of respect in their workplaces. Jamieson, Williams, Lauder and Dwyer (2008) undertook extensive interviews with a sample of part-time nursing staff and reported that a major problem for part-time nurses was “an inability to achieve their optimal nursing potential”. Part-time nurses faced barriers such as types of work schedules, nature of assignments, absence of opportunities for self and professional development, and limited relationships with supervisors and administrators.

Brewer, Kovner, Wu, Greene, Liu and Reimers (2006) analyzed factors related to whether registered nurses were working or not, and if working whether they worked full-time or part-time in a sample of over 25,000 respondents. More factors predicted full-time and part-time work arrangements than factors that predicted whether nurses were working or not. Factors related to whether nurses were working full-time or part-time included: level of pay, age, presence of children, student status, other income, and work experiences in previous settings.

Objectives of the present study

Thus, the present study has several objectives. These include: examining the reasons given by nurses for working part-time, comparing work experiences, satisfaction and psychological well-being of nursing staff working full-time versus part-time, and identifying possible antecedents and sources of leverage to encourage part-time nurses to work full-time.

Method

Procedure

All nurses, in order to practice in Spain, must be registered and qualified by a regional association of nurses. This research was conducted with the support of the association in several regions in Spain. An on-line survey was developed, pre-tested and validated, and sent to the regional associations for distribution to their members. Note that it was not possible to determine the number sent and received. A total of 2115 surveys were completed online, with 21 omitted due to missing data, resulting in a sample size of 2094. The majority of responding nurses were from Catalunya and Gipuzkoa. Data were collected in 2010.

Respondents

Table 1 presents the demographic characteristics of the nursing sample. Most were female (91%), 35% were between 26 and 35 years of age (35%). Most were married or had a partner (72%), 41% had 10 years or less of nursing tenure, 35% had 5 years of less of unit tenure, and 35% had 2 years of less of job tenure. Most worked full-time (86%), most had no nursing specialty (67%), most worked the day shift (84%), most worked stable (non-rotating) shifts (80%), and 29% worked in units of 5 or fewer staff.

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Enter Table 1 About Here

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Measures

Reasons for working part-time

Respondents were asked to indicate for each of fifteen reasons, the extent to which each reason played a role in their decision to work part-time. This measure was created and used previously by Maynard, Thorsteinson and Parfyonova (2006). Responses were rated on a five point Likert scale, ranging from 1=played no role to 5=played a major role.

Items included “transition to retirement”, “Job loss” and “Personal health issues”. All items are shown in Table 2.

Personal demographics

Personal demographics were measured by single items (see Table 1). These items included age, gender, marital status, and having a second job.

Work situation characteristics

Work situation characteristics were also measured by single items (see Table 1). These included work status, unit size, having a nursing specialty, and nursing, organizational and job tenures.

Job Demands

Three job demands were examined, namely emotional demands, work overload, and work-family interference.

Emotional demands were assessed by a six-item scale (alpha=.88) developed by Van Veldhoven and Meijman (1994). Respondents indicated how often they experienced each item on a five point Likert scale (1=never, 3-regualry, 5=always). An example of one of the items was “Is your work emotionally stressful?”

Work overload was measured by a six item scale (alpha=.87) developed by Karasek (1985). Responses were made on a five point frequency scale (1=never, 3=regularly, 5=always). One item was “Do you have to work very fast?”

Work-family interference was assessed by three items (alpha=.77) developed by Guerts (2000). Respondents again indicated how frequently they experienced each item (1=never, 3=regularly, 5=always).

Social support

Three types of social support, each measured by three items, were included using scales developed by Van Veldhoven and Meijman (1994). First, supervisor support, second, co-worker support, and third, spouse/partner support were each measured. Respondents indicated on a four-point scale how much each of three sources of social support went out of their way to do things and made their work life easier for them. (1=not at all, 4=very much).

Supervisor support (alpha.86) was measured by asking, “How easy is it for you to talk with your supervisor?’

Co-worker support (alpha=.81) was measured by asking, “How much can your colleagues at work be relied on when things get difficult (stressful) at work?”

Spouse/partner support (alpha=96) was measured by asking, ”How attentive are your partner, friends or relatives to your personal problems?”

Nurse well-being

Four nurse well-being indicators were included. These were burnout, medication use, psychological well-being, and self-rated overall health.

Burnout was measured by 12 items (alpha=.96) developed by Shirom and Melamed (2006) assessing three types of burnout: physical, emotional and cognitive. Respondents indicated how frequently each item described their feelings on a 7point Likert scale (1-almost never, 4=sometimes, 7=almost always). Sample items included “I feel physically exhausted” and “ I have difficulty concentrating.”

Medication use was measured by a six item scale (alpha=.48) developed by the authors. Respondents indicated whether they were currently or had recently taken medication for various illnesses (yes/no). Items included hypertension, insomnia and diabetes.

Psychological well-being was assessed using scales to measure anxiety and depression developed by Dolan and Arsenault (1983), each having four items combined into a single score (alpha=.73). Respondents indicated (yes/no) whether they had experienced each item during the last 3 months. Items included ”worrying a lot” and “feeling hopeless”.

Self rated overall health was assessed by a single item used previously by Benyamini and Adler (1999). Respondents rated their “general state of health” on a five-point Likert scale (1=poor, 3=good, 5=excellent).

Organizational and work outcomes

Six organizational and work outcomes were included beginning with self-reported absenteeism. The rest of the six were intent to quit, job involvement, affective commitment, work engagement, and accident propensity.

Self-reported Absenteeism was measured by a single item. Respondents indicated (yes/no) whether they had been absent at any time during the past two years.

Intent to quit was measured by 3 items (alpha=.94). Respondents indicated their agreement with each item on a five point Likert scale (1=totally disagree, 3=neither agree nor disagree, 5=totally agree). One of the items was “I am planning to leave my job for another in the near future”.

Job involvement was assessed by a four item scale (alpha=.70) developed by Frone and Rice (1987).

Respondents indicated their agreement with each item on a seven point Likert scale (1=totally disagree, 4=neither agree nor disagree, 7=totally agree). An example of one of the items was “The most important things that happen to me involve my job.”

Affective commitment was measured by a six item scale (alpha=.84) developed by Meyer, Allen and Smith (1993). Respondents indicated their agreement with each item on the same seven point LIkert scale. One of the items was “I feel as if this organizations problems are my own.”

Work engagement, including three components (vigor, dedication, absorption) each having three items was measured using a scale developed by Schaufeli and Bakker (2003); the nine item scale had a reliability coefficient of 92. Respondents indicated how frequently they experienced each item on a seven point Likert scale (0=never, 3=a few times a month, 6=everyday). Items included phrases such as: “At my work I feel bursting with energy”, “I get carried away when I am working,” and “I am proud of the work that I do.”

Accident propensity was assessed by a seven item scale (alpha=.91) created by the research team specifically for this study. Respondents indicated the likelihood or probability that they might be involved in each accident in the next six months.

Respondents indicated this probability on a four point Likert scale (1=small probability. 4=large probability). Items included: “incorrect medication given”, “injured on the job (slip or fall, stuck with syringe, etc.)”.

Results

Table 2 presents the means, standard deviations, and sample sizes for each of the 15 reasons for working part-time. The five most common reasons were: caring for others (family, parents, souses), personal health issues, job loss, staying active in the profession, and exploring a new career or occupation.

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Responses to these 15 items were then factor analyzed using the varimax rotation procedure. Five factors emerged with Eigen-values greater than 1.0, and accounting for 40.5 percent of the common variance. These factors were: Job loss (4 items), Career and income benefits (4 items), Exploring new career options (3 items), Personal needs (2 items) such as caring for others and health issues, and No full-time jobs available (1 item).

Work experiences and well-being of full-time and part-time nursing staff

Table 3 presents the comparisons of full-time and part-time nursing staff on personal demographics, job demands, job resources, social support, psychological health, and job attitudes. The following comments are offered in summary. Nurses working full-time included more males, were older, had longer nursing, job and unit tenures, reported higher levels of both job resources (autonomy, self-development opportunities), higher levels of positive work attitudes (job involvement, affective commitment, work engagement), more medication use, and a higher intention to quit. Full-time and part-time nursing staff were similar on marital status, levels of social support (supervisor, co-worker, spouse and family), self-reported absenteeism, levels of burnout, levels of psychological

well-being (psychosomatic symptoms, self-reported health), and potential accident propensity.

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Some general observations seemed appropriate. First, reasons for working part-time were varied with some being voluntary going to school) and others involuntary poor health). Second, as Maynard and his colleagues have shown (2008), different clusters of individuals likely exist (e.g. students, caretakers, or those transitioning to retirement or other career options). Third, part-time nursing staff tended to report a more negative workplace (less autonomy, fewer opportunities for self-development) and less favorable work attitudes (less engagement, job involvement and affective commitment). Fourth, it is certainly possible to support and encourage some part-time nurses to return to their profession by addressing their reasons for engaging in part-time employment.

Discussion

Given the shortage of nursing staff, various strategies for addressing this shortfall have been proposed. These strategies target different levels. One can undertake efforts to make the nursing profession more attractive to potential workforce entrants, reduce nursing staff turnover and retirement, encourage and support the return to work by nursing staff that have left the profession or retired, and encourage and support the transition of part-time nursing staff to full-time work status. This investigation explored the latter strategy. First, reasons for working part time were examined in a sample of nursing staff currently working part time. Reasons for working part-time were varied reflecting individual circumstances. Most common reasons were: caring for other family members, being in poor health, and loss of a (likely) full-time nursing job (see Table 2).

Consistent with other previous results, part-time nurses reported a less positive workplace environment and less favorable work and job attitudes in the form of lower levels of job involvement, affective commitment and work engagement (see Table3). It is possible that these work experiences and responses limit the contribution of part-time nursing staff in

the delivery of high quality patient care. As a result health care organizations have the potential of improving their effectiveness by addressing the sources of part-time nursing staff's dissatisfaction.

In addition, addressing these sources of dissatisfaction, as well as other human resource management initiatives, might be enough to support the transition of part-time nursing staff into full-time work status. For some part-time nursing staff it is as simple as making a full-time job available. In other cases, offering a reduced work schedule (e.g., 4 or 3 days a week) might work to attract those in caretaker or reduced physical health situations. Furthermore, the following options may also be useful; providing recognition for nurse work and achievements, flexible work hours, better relationships with physicians and administrators, improved work conditions, opportunities for self and professional development through refresher courses, and higher levels of pay reflecting their experience.

In summary, increasing the numbers of nursing staff involves several strategies. These include increasing the recruitment of nursing students, changing the nurses job to make it more rewarding, undertaking known interventions to increase nurse retention, and encouraging and supporting the transition of nurses working part-time to full-time (Langan, Tadych & Kao, 2007; Pierce, Freund, Luikart & Fondren,1991).

Conclusion and Practical Applications

Health care organizations interested in encouraging and supporting part-time nursing staff to consider working full-time may have some sources of leverage. Part-time nursing staff indicated generally lower levels of commitment involvement and engagement compared to their full-time colleagues. Considerable attention has been paid to the antecedents of these job attitudes over the past decade, particularly to factors associated with work engagement (Bakker, Oerlemans & Ten Brummelhuis, 2012: Leiter & Maslach, 2005, 2000). Part time nursing staff in this study reported lower levels of job resources such as autonomy and self-development opportunities. Increasing nursing staff input into decision making, increasing levels of nursing staff empowerment (Laschinger, & Wong, 2006), supervisory development that increases support and respect for nursing staff contributions, reducing levels of workplace incivility (Leiter, Laschinger, Day & Gilin-Oore, 2011; Osatuke, Mohr, Ward, Moore, Dyrenforth & Belton, 2008) and improving nursing work team functioning (Edmondson, 2003) would make the work experiences of part time nursing staff more meaningful and satisfying. In addition, offering more flexible work schedules and tackling the stereotype associated with working only part time would also address factors associated with working part-time. A more long term strategy would involve enhancing both the psychological and physical health of nursing staff through the introduction of a corporate wellness initiative. Increasing the work ability of nursing staff by improving their psychological and physical well-being addresses a common factor in the part-time work decision.

Limitations

Some limitations of this study should be noted in order to place the results in a wider context. First, all data were collected using self-report questionnaires raising he slight possibility of response set tendencies. Second, all data were collected at one point in time making it difficult to determine cause-effect relationships. Third, though the sample was very large, it was not possible to determine its representativeness or a response rate given the data collection procedure employed. Fourth, the large sample size resulted in relatively small mean differences reaching levels of statistical significance. Fifth, many of the nurse and work/organizational outcomes were themselves significantly correlated inflating the number of statistically significant relationships reported.

Future research directions

Several promising research directions follow from this investigation including the following. First, nurses working part time need to be polled to identify factors that would encourage and support them should they desire to change to full-time work. Second, more research on the experiences of nursing staff working part time needs to be undertaken to better understand their relatively low levels of involvement, commitment and engagement. Is this the simple result of working part time or are there other more subtle forces that produce these results such as being treated differently in terms of supervisor expectations or the nature of work assigned? Third, a comparison of different types of part-time arrangements observed in nursing contexts would further our understanding of better arrangements.

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Table 1
Demographic Characteristics of Sample

Gender	N	%
Male	195	9.3
Female	1900	96.7
Marital status		
Married/partner	1461	71.8
Single	575	28.7
Nursing tenure		
5 years or less	418	20.4
6-10 years	413	20.2
11-15 years	279	13.6
16-20 years	253	12.2
21-25 years	190	9.3
26-30 years	240	11.7
31 or more years	256	12.5
Unit tenure		
2 years or less	357	17.4
3-5 years	356	17.3
6-10 years	366	17.9
11-20 years	501	24.4
21-30 years	300	14.6
31 years of more	172	8.4
Have nursing specialty		
Yes	677	32,7
No	1395	67.3
Work rotation		
Yes	421	20.4
No	1641	79.6
Outside hours worked		
5 or less	96	22.8
6-10	135	32.1
11-15	74	17.6
16-20	21	4.9
21-30	56	13.3
31 or more	39	9.2

Age	N	%
25 or younger	211	10.6
26-35	730	34.8
36-45	451	21.5
46-55	566	27.1
56 or older	140	6.5
Job tenure		
2 years or less	695	34.6
3-5 years	460	22.9
6-10 years	371	18.5
11-20 years	337	16.8
21 years or more	143	7.2
Size of unit		
5 or less	554	28.6
6-10	364	19.3
11-20	390	20.1
21-30	232	12.0
31 or more	398	20.0
Work status-		
Full-time	1797	86.0
Part-time	290	14.0
Have outside employment		
Yes	486	23.4
No	1588	76.6
Work days or nights		
Work days	1747	84.3
Work nights	326	15.7
Have changing work schedule		
Yes	665	32.7
No	1369	67.3

Table 2
Reasons for working Part-time

Reasons	Mean	S.D.	N
1.Caring for relatives (children, parents, spouse, etc.)	4.2	1.22	277
2.Personal health issues	3.8	1.44	268
3. Job loss	3.5	1.45	265
4.Stay active in the profession	3.4	1.27	269
5.Exploring a new career/occupation	3.3	1.42	271
6. Opportunity to apply my expertise to a different type of work	3.2	1.41	270
7.Earn extra income	3.0	1.47	272
8.Tied to this geographical area	3.0	1.43	266
9.Lack of available full-time jobs	2.9	1.53	269
10. Transition to retirement	2.8	1.53	272
11. Stepping stone to full time work With this organization	2.8	1.49	273
12. Going to school	2.7	1.46	270
13. Employer changed job from full-To part-time	2.5	1.38	266
14.Wanted less responsibility than In my previous job	2.4	1.31	267
15.Full time jobs rare for this Kind of work	2.3	1.39	266

Table 3
A Comparison of Full-time versus Part-time Nursing Staff

Part time Nurses	X	S.D	N	Full-time Nurses	X	S.D.	N	P
Gender	2.0	.20	288		1.9	.30	1790	.001
Age	35.8	9.58	289		39.8	10.84	1790	.001
Marital status	1.3	.46	284		1.3	.45	1741	NS
Nursing tenure	12.3	9.22	281		16.6	10.91	1752	.001
Job tenure	5.6	6.40	272		7.7	7.49	1720	.001
Unit tenure	9.0	8.50	280		13.3	10.50	1750	.001
Nursing specialty	1.7	.44	289		1.7	.47	1772	.01
Days/nights	1.1	.34	289		1.2	.37	1768	NS
Absenteeism	1.5	.50	290		1.5	.50	1786	NS
Intent to stay	2.9	1.29	290		2.6	1.28	1795	.001
Workload	3.8	.95	290		3.7	.87	1796	NS
Emotional demands	3.1	.90	290		3.1	.81	1796	NS
Work-home interference	2.2	.85	290		2.2	.80	1796	NS
Autonomy	3.2	.92	289		3.4	.96	1794	.01
Development	3.6	.75	287		3.7	.71	1796	.05
Affective commitment	3.8	1.36	288		4.2	1.32	1796	.001
Job involvement	3.7	1.28	289		4.0	1.15	1794	.001
Work engagement	4.8	1.30	289		5.0	1.20	1789	.05
Burnout	3.4	1.42	290		3.4	1.40	1796	NS
Support-supervisor	2.6	.81	288		2.6	.84	1785	NS
Support-coworker	2.9	. 69	289		2.9	.66	1792	NS
Support-spouse	3.4	.68	282		3.3	.68	1713	NS
Psychosomatic symptoms	.5	.38	289		.5	.32	1791	NS
Self-reported health	3.1	.83	288		3.1	.78	1785	NS
Medication use	.4	.84	290		.6	.91	1797	.01
Accident propensity	1.5	.59	290		1.5	.56	1782	NS

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