Royal College of Nursing

Employment Survey 2019

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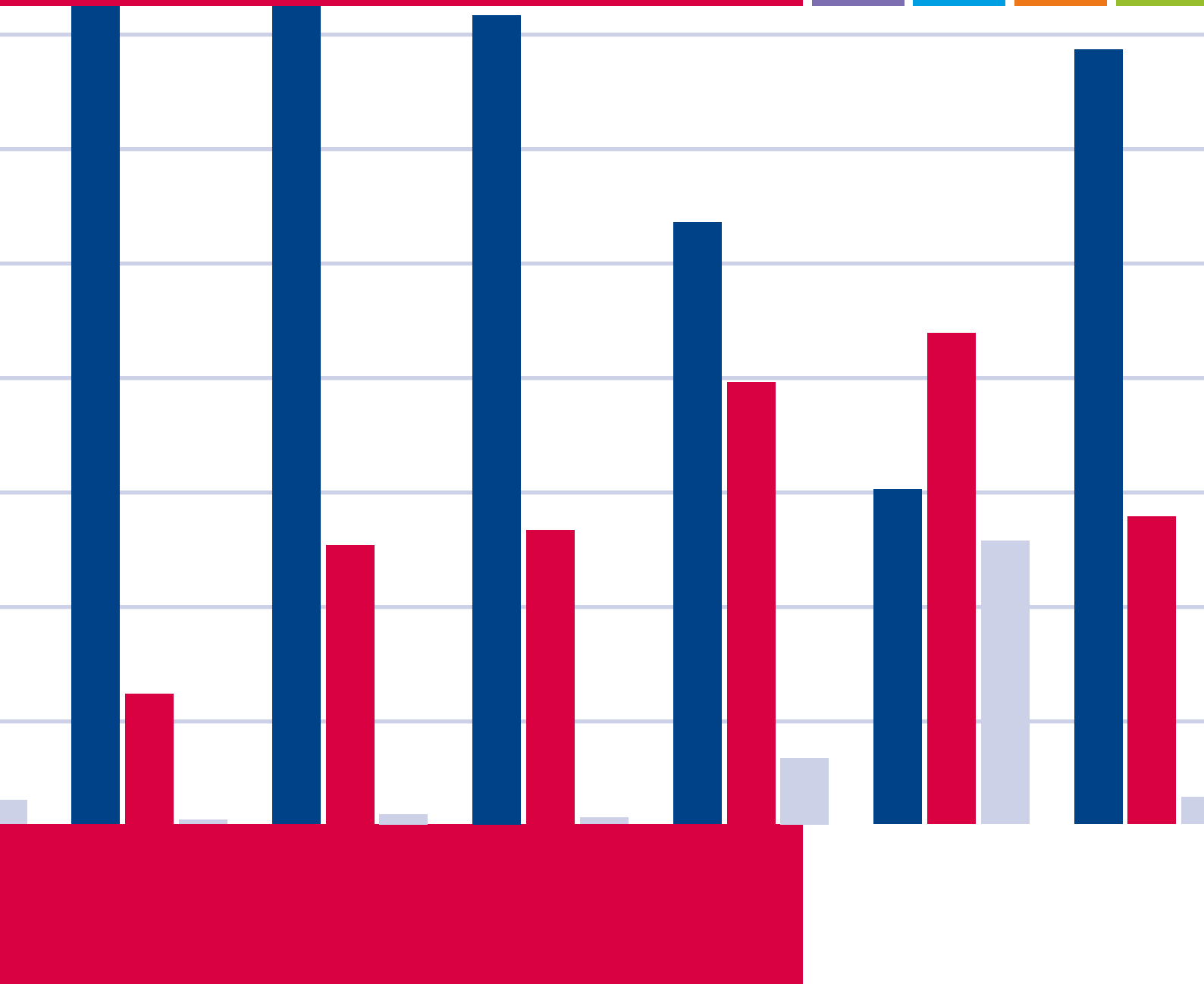

Royal College of Nursing

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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Foreword

Nursing staff are working in a health and social care environment which is under enormous pressure to meet rising demand while struggling to recruit and retain the right staff with the right skills.

To our members, this means being placed in the unenviable position of trying to deliver safe and effective patient care with too few staff.

The combination of these two issues clearly has an impact on the quality and safety of care that patients receive – but as well as the experience of patients, it can also have a corrosive effect on the lives of those who provide that care.

This is no more the case than for the nursing profession, the single largest group on the frontline of health and care services.

At every level of health and care, and across the four countries of the UK, the response of our members to this survey paints a picture of a profession stretched to the limit. And these issues aren't restricted to just one or two services in particular – these pressures are across almost all settings.

At all levels of nursing staff are telling us that they are overworked and lacking the resources to perform their job to the level they want to.

These pressures are undermining the job of nursing staff, and patient safety.

In this survey, we learn that two thirds of nursing staff feel they are unable to provide the standard of care they would like and half are dissatisfied with their work-life balance.

This demonstrates the cost to nursing staff as professionals, with serious implications for patient safety.

At its best, nursing gives people a sense of identity, pride and achievement. But our research also shows that there is a growing sense of frustration amongst members of the nursing workforce. As one nurse from the North West of England put it:

> *'I struggle every day because I cannot give the quality of care I would like to give, so I work harder and harder and at the end of the day I feel exhausted. I love being a nurse and it is all I want to do for the rest of my life, but I am looking at relocating to another country where I can have a better life work balance and where I can look forward to going to work.'*

That short account encapsulates the bind that nursing staff are telling us they are in – absolutely dedicated to protecting their patients, but sometimes at a cost to them personally.

Nursing professionals are there for the people across the UK 24 hours a day, providing high quality clinical care in people's homes, hospitals, prisons and care homes. But it is clear from this report that more needs to be done to support our nursing workforce, the patients they serve, and to position nursing as an attractive and fulfilling career.

Introduction

The research is divided into five domains of working life which all combine to provide a picture of what job quality looks like in nursing today. It takes the responses from our survey of 8,307 RCN members and applies them the domains which cover members' experiences and views of:

- working patterns and workload
- pay, earnings and additional work
- the nature of work and views about nursing
- physical and verbal abuse and bullying
- education and training.

In addition to answering the questions in the survey, respondents were given the opportunity to provide comments and selected responses are included in this report.

This survey is the latest in a long running series undertaken with RCN members, including registered nurses and health care support workers. Over the years, many of the survey questions have remained consistent, which allows us to compare trends over time. Where possible, we compare findings from previous surveys.

Employment Survey 2019 – Executive Summary

Nursing staff are working in a health and social care environment which is under enormous pressure to meet rising demand and unable to recruit and retain enough staff across all staff groups and disciplines – particularly nursing. There are pressures at all levels, with nursing staff feeling overworked in under-resourced environments. These pressures are undermining job quality and satisfaction. Half of all nursing staff are dissatisfied with their work-life balance and almost two thirds feel they are too busy to provide the standard they would like. This demonstrates the cost to nursing staff as individuals as well as the job they perform, with serious implications for patient safety.

At its best, nursing gives people a sense of identity, pride, achievement and huge fulfilment. But our research also shows that it is currently generating a great deal of frustration among all members of the nursing workforce – health care support workers and nursing students, relative newcomers as well as those looking forward to retirement, those working in the NHS as well as in other parts of the public sector or the independent sector.

The research is divided into five main domains of working life which all combine to provide a picture to what job quality looks like in nursing. It takes the responses from our survey of 8,307 RCN members and applies them to each domain.

Working patterns and workload

This looks at: workload, work-life balance, presenteeism

- 77% work in excess of contracted hours at least once a week; 39% do so several times a week and 18% work additional hours on every shift
- 54% of all who work additional hours reported these were unpaid
- 63% feel under too much pressure at work
- 61% are too busy to provide the level of care they would like
- 47% feel unable to balance their home and work lives
- 84% have worked at least once in the last 12 months despite feeling too ill to do so; 18% have gone to work on more than five occasions

Nursing staff are feeling overworked and overloaded, working under intense pressure due to increased demand combined with staffing shortages, a pervasive blame culture as well as lack of flexibility in working hours. This is leading to moral distress caused by nursing staff struggling to provide the quality of care they wish to see delivered.

Pay, earnings and additional work

This looks at: satisfaction with pay, pensions, additional working

- 60% say their pay band or grade is either inappropriate or very inappropriate; 25% say their pay is appropriate or very appropriate
- Reasons for dissatisfaction with pay band or scale include stagnant wage levels over the last decade and financial and emotional distress caused by low wages and failure to reward the following aspects of the role:
  - responsibility, autonomy, accountability
  - stress, pressure and demands
  - skills and levels of education and training
  - increasing scope of practice as nursing staff take on extra roles and duties
- White respondents are twice as likely as to be employed on higher pay grades than black respondents and almost three times as likely to be employed on higher grades than Asian respondents
- 55% are the main or primary breadwinner in their household
- 23% have another job in addition to their main job – this is usually bank or agency working

It is clear to nursing staff that workload and work intensity have both grown significantly over recent years but their wages have not. It is also clear to many that additional levels of responsibility, skill and years of experience are poorly rewarded.

The nature of work and views about nursing

This looks at: intention to leave, job satisfaction, emotional demands of nursing, voice and value

- 55% feel confident they would be able to find a similar job elsewhere with a better salary and/or working conditions
- 37% are seeking a new job: the main reasons for looking for a new job are feeling undervalued, stress and not feeling supported by managers
- 74% say nursing is a rewarding career; 24% say it is not rewarding
- 49% would recommend nursing as a career; 29% would not recommend nursing
- Nursing staff feel most valued by their patients/clients/service users and their nursing colleagues and least valued by UK governments and the media
- Nursing staff feel very poorly represented in terms of decisions made funding, nursing pay and working conditions

There is clear evidence of the links between job satisfaction and patient outcomes, yet we find that job quality and job satisfaction are all too often being damaged. Job satisfaction is strongly related to job design, the allocation of tasks, levels of autonomy and control, opportunities to develop, having the right resources and the right support from colleagues and managers, feeling valued and that the work itself is meaningful. While it is clear many are deriving satisfaction from nursing work, it is becoming less and less likely that those in the profession would recommend it as a career to others.

Physical and verbal abuse and bullying

This looks at: experiences of physical and verbal abuse, bullying and the extent of reporting

- 29% of all respondents had experienced physical abuse from patients/service users or relatives over the previous 12 months. Of these, 68% had reported these incidents
- 65% had experienced verbal abuse from patients/service users or relatives over the previous 12 months. Of these, 56% had reported these incidents
- 39% had experienced bullying from a colleague. Of these, 47% had reported it
- 37% of all black respondents said they had been verbally abused months, compared to 20% of white respondents
- 48% of Asian respondents and 47% of black respondents had experienced bullying, compared to 20% of white respondents
- 50% of those who had experienced bullying at work said they were looking for a new job, compared to 29% of those who had not experienced bullying

Experiences of conflict in the workplace are all too common, with many having been subject to physical or verbal abuse by patients/service users or their relatives or to bullying from a colleague. The consequences of conflict are clear to see – all those who had experienced conflict at work were more likely to be seeking a new job than those who had not had such problems at work.

Education and training

This looks at: mandatory training and appraisals

- 86% had completed all necessary mandatory training in the previous 12 months
- 74% had received an appraisal/ development review
- 54% stated their latest mandatory training session was completed in normal working time; 20% said it was done in their own time; and 26% said it was done in a mix of working time and own time

Training and personal development is central to both the advancement of individuals and health and social care organisations. Faced with staffing shortages and squeezes on funding, opportunities and time for training and continuing professional development are being limited. This not only threatens patient safety, the ability of organisations to increase their productivity and effectiveness, but risks levels of motivation and likelihood of nursing staff staying in post.

Working patterns and workload

Main findings

- 69% work full-time hours; 28% work part-time and 3% work occasional or various hours
- 51% work shift patterns; 49% work fixed hours
- 77% work in excess of contracted hours at least once a week; 39% do so several times a week and 18% work additional hours on every shift
- 54% of all who work additional hours reported that these were unpaid
- 63% say they feel under too much pressure at work
- 61% say they are too busy to provide the level of care they would like
- 54% say too much of their time is spent on non-nursing duties
- 45% are satisfied with the choice they have over the length of shifts they work
- 51% are happy with their working hours
- 39% feel able to balance their home and work lives
- 84% have worked at least once in the last 12 months despite feeling too ill to do so; 18% have gone to work on more than five occasions

Working patterns

Figure 1 shows that just over two thirds (69%) of all respondents work full-time hours, with around a quarter (28%) working part-time and a small number (3%) working occasional or various hours.

In addition, there is a fairly even split between those respondents working either shift patterns or fixed hours. Shift working is most common among those working in hospitals, where two thirds (67%) worked shift patterns while fixed hours working is most prevalent among those working in community settings (69%).

Women are much more likely to work part-time hours than men; 31% of women work part-time compared to 10% of men. There is no difference, however in the proportion of women working shift patterns compared to men.

Looking at nursing staff with disabilities, there is very little difference in the proportion working either full-time or part-time hours. However, a slightly higher percentage of respondents with disabilities reported working fixed hours patterns (54%) compared to those with no disability (48%).

Figure 1: Working hours and working patterns
(n=8,075) **(n=7,554)**

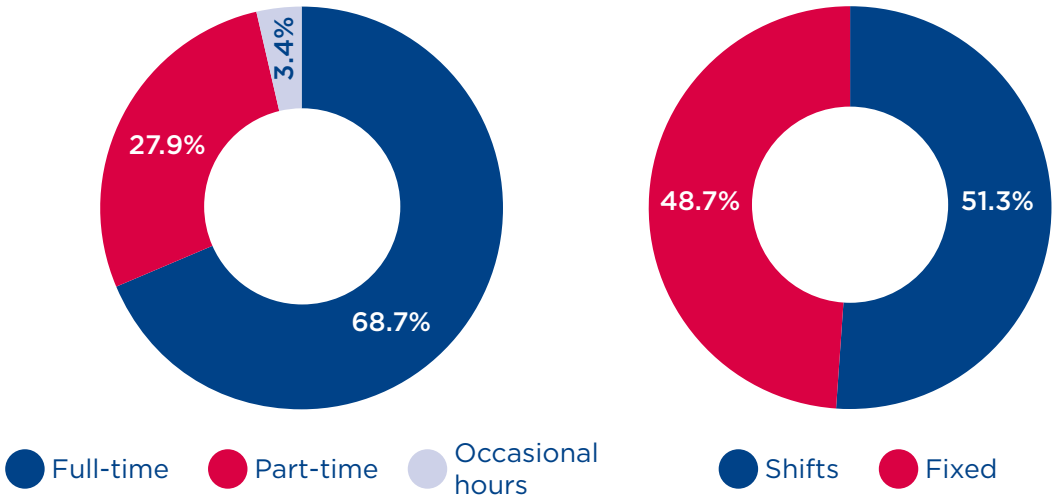
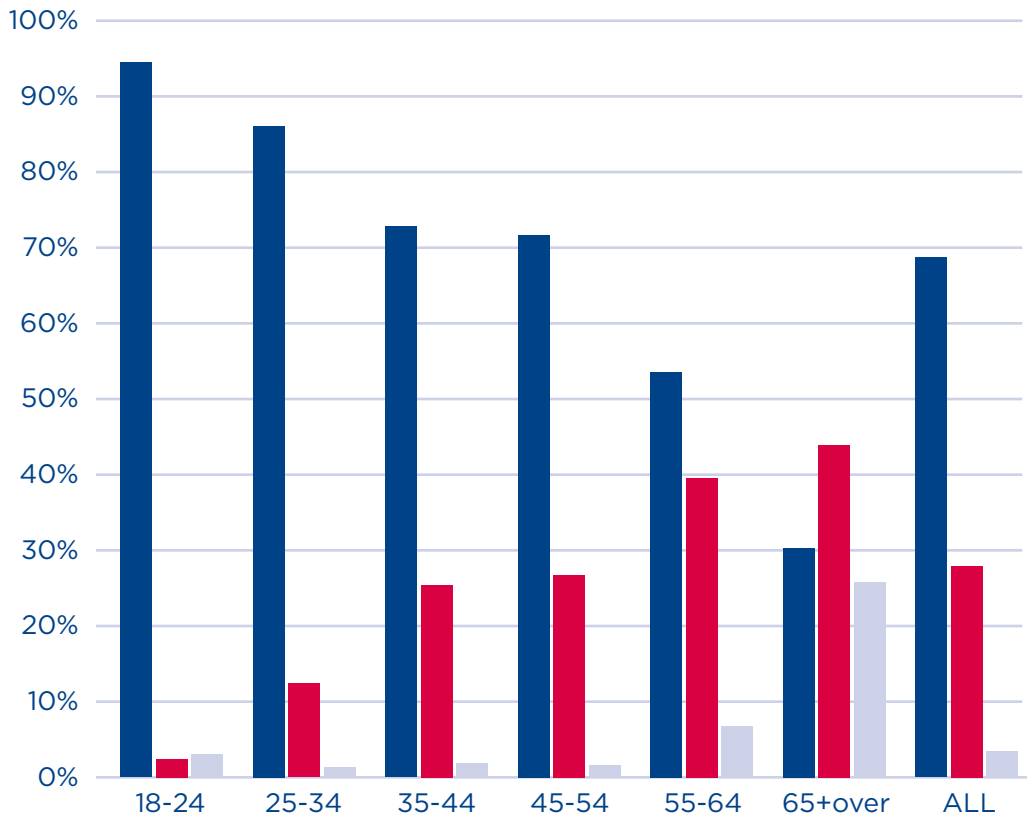


Figure 2 clearly shows how working patterns vary over the life course of nursing staff, with well over 80% of those aged under 34 reporting that they work full-time, compared to around half (54%) of 55-64 year olds.

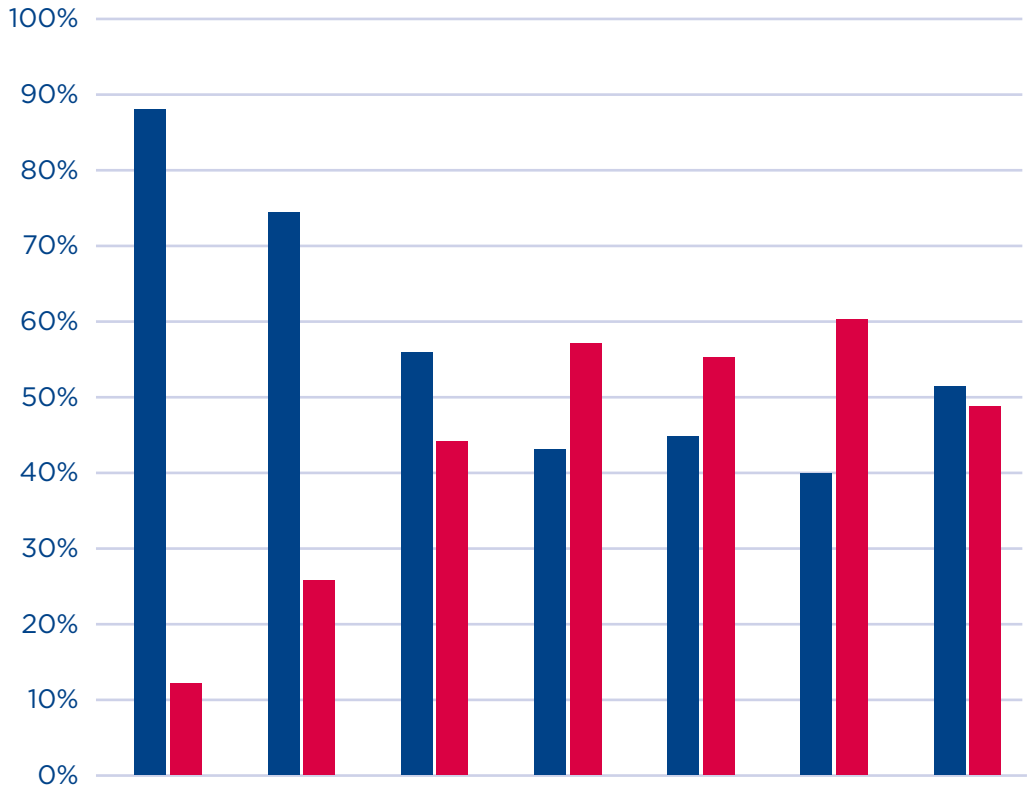
Figure 2: Working hours by age (n=7,921)



	18-24	25-34	35-44	45-54	55-64	65+over	ALL
Full-time	94.5%	86.1%	72.8%	71.7%	53.6%	30.3%	68.7%
Part-time	2.4%	12.4%	25.4%	26.7%	39.6%	43.9%	27.9%
Occasional	3.1%	1.4%	1.9%	1.6%	6.8%	25.8%	3.4%

Similarly, Figure 3 shows that shift working is more prevalent among younger nurses with over three-quarters working shifts, compared to around 40% of those aged 45 or over, who are more likely to have fixed hours working patterns.

Figure 3: Working patterns by age (n=7,469)



	18-24	25-34	35-44	45-54	55-64	65+over	ALL
Shifts	87.9%	74.3%	55.9%	43.0%	44.8%	39.8%	51.3%
Fixed hours	12.1%	25.7%	44.1%	57.0%	55.2%	60.2%	48.7%

Working additional hours

Figure 4 shows that, typically 77% of respondents work in excess of their contracted hours at least once a week. Two fifths (39%) do so several times a week and 18% work additional hours on every shift.

The proportion of respondents stating they work excess hours has increased since the last survey, when 72% stated they did so at least once a week, suggesting an ever increasing reliance on nursing staff working additional hours to keep health and social care services going.

Figure 4: Working additional hours in excess of contracted hours
Employment Survey 2019: n=8,075
Employment Survey 2017: n=7,643

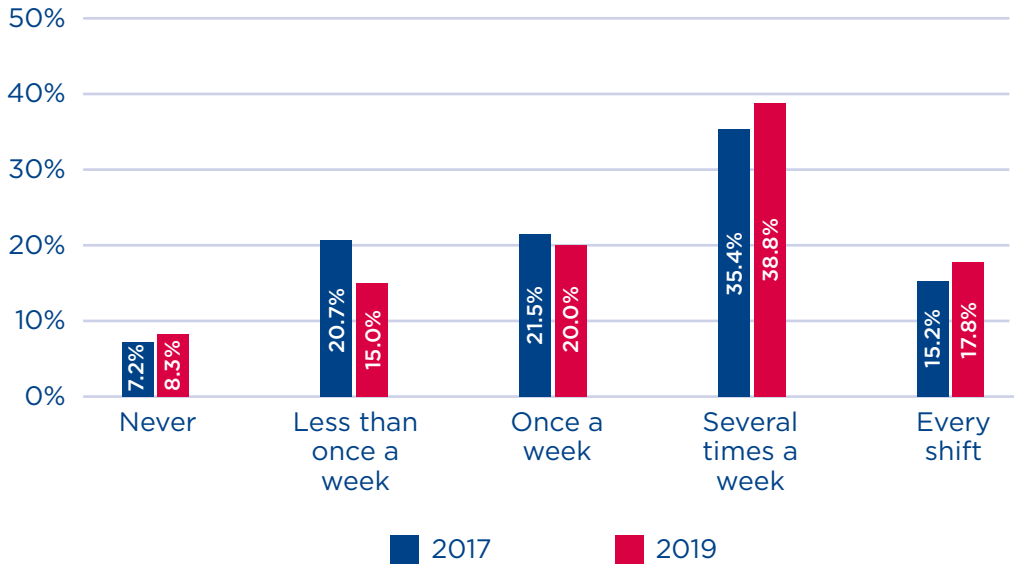
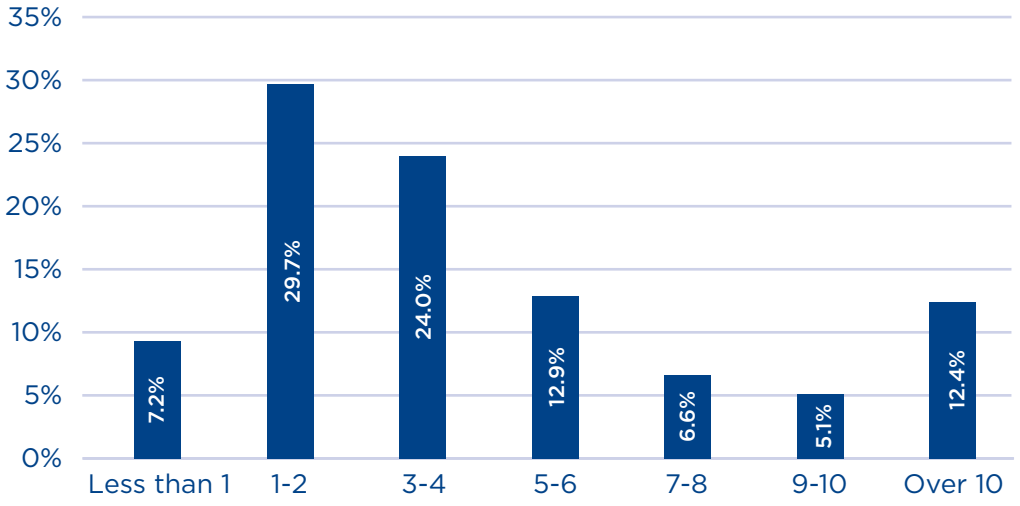


Figure 5 shows that among those nursing staff working additional hours, it is usually between one and four hours per week (54%).

Figure 5: Average additional hours worked per week (n=7,342)



Compensation for additional hours working

Figure 6 shows that just over half (54%) of all staff who work additional hours said that these hours were unpaid (compared to 50% in 2017).

Figure 6: Compensation for additional hours worked (n=7,115)

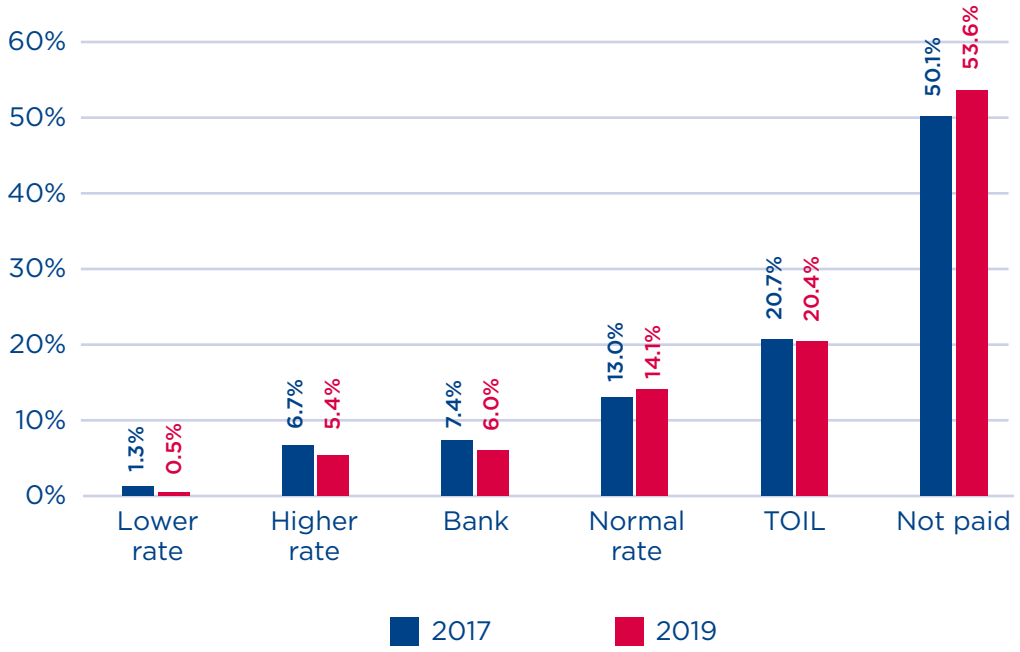
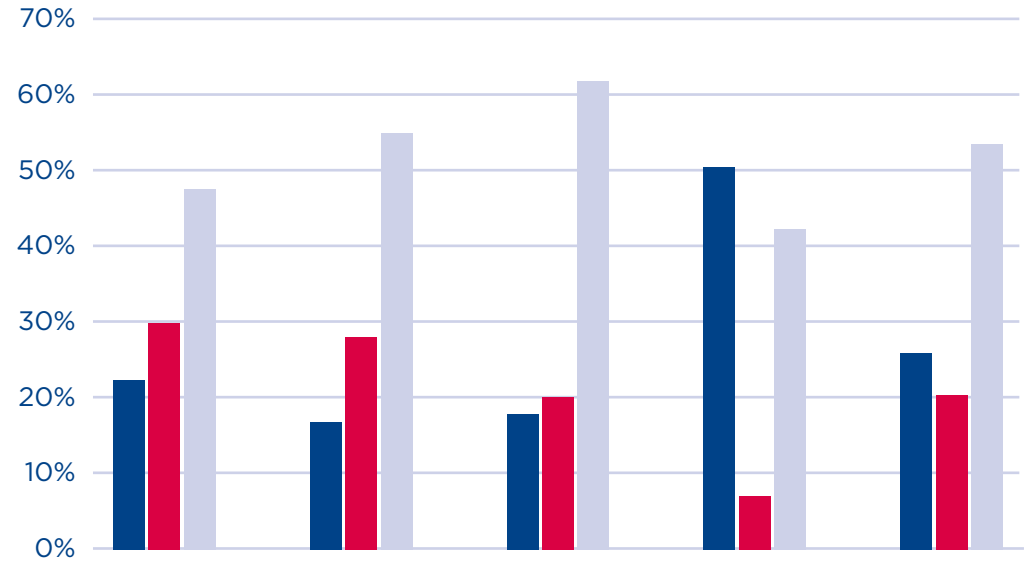


Figure 7 (which combines some of the categories on how additional work is paid) shows that just a quarter of additional hours working is paid in some way (either at a higher, normal or lower rate or through bank working).

The likelihood of getting paid for additional hours increases according to intensity. This suggests when additional hours working is planned, it is more likely to be paid than ad hoc or reactive additional hours working. While half (51%) of those respondents who work seven or more additional hours a week state these hours are paid, this is the case for less than a quarter of those who work fewer than seven hours, when it more likely that this additional working is unpaid. In addition, receipt of TOIL as compensation for additional hours working is most likely for those working fewer than seven hours a week.

Figure 7 Length of additional hours worked and type of compensation (n=7,068)



	Less than 1 hr	1-2 hours	3-6 hours	7hrs + over	ALL
Paid	22.4%	16.9%	17.9%	50.6%	26.0%
TOIL	22.9%	28.1%	20.2%	7.1%	20.4%
Unpaid	47.7%	55.0%	61.9%	42.3%	53.6%

Additional hours working among different ethnic background groups

Figure 8 shows that while there is little difference in the proportion of nursing staff who work additional hours according to ethnic background, there is a very clear difference in the intensity of excess hours working. One in five white respondents (21%) stated they work seven additional hours or more a week, while half of all BAME respondents stated they do so.

Figure 9 goes on to show that the typical method of compensation is also very different – which is likely to be linked to the intensity of additional hours working as suggested in Figure 8. While one in five (22%) of white respondents stated that additional hours is typically paid – this rises to 58% of all BAME respondents.

Figure 8: Length of additional hours worked and ethnic background (n=7,072)

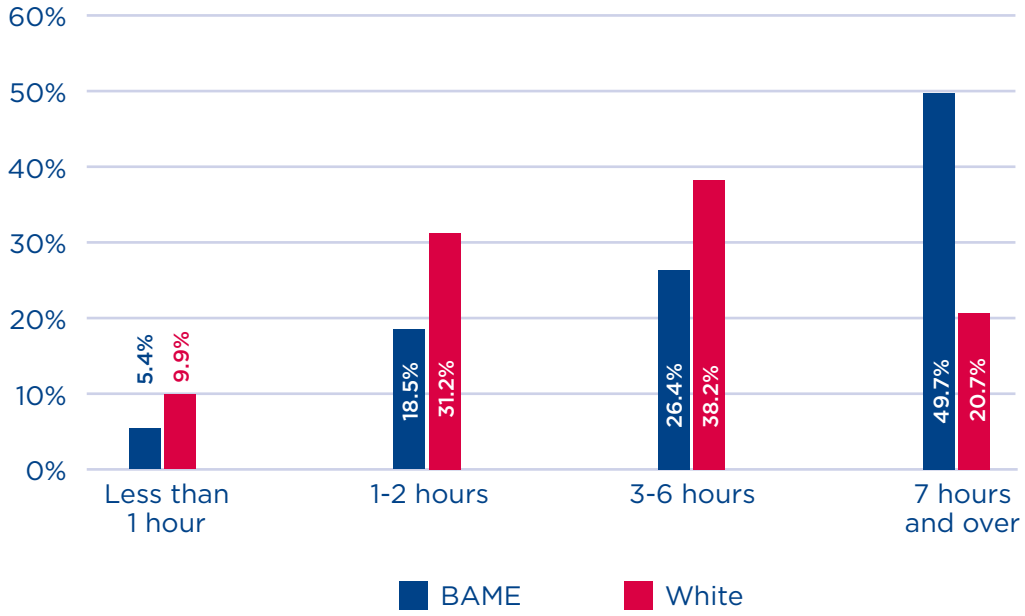
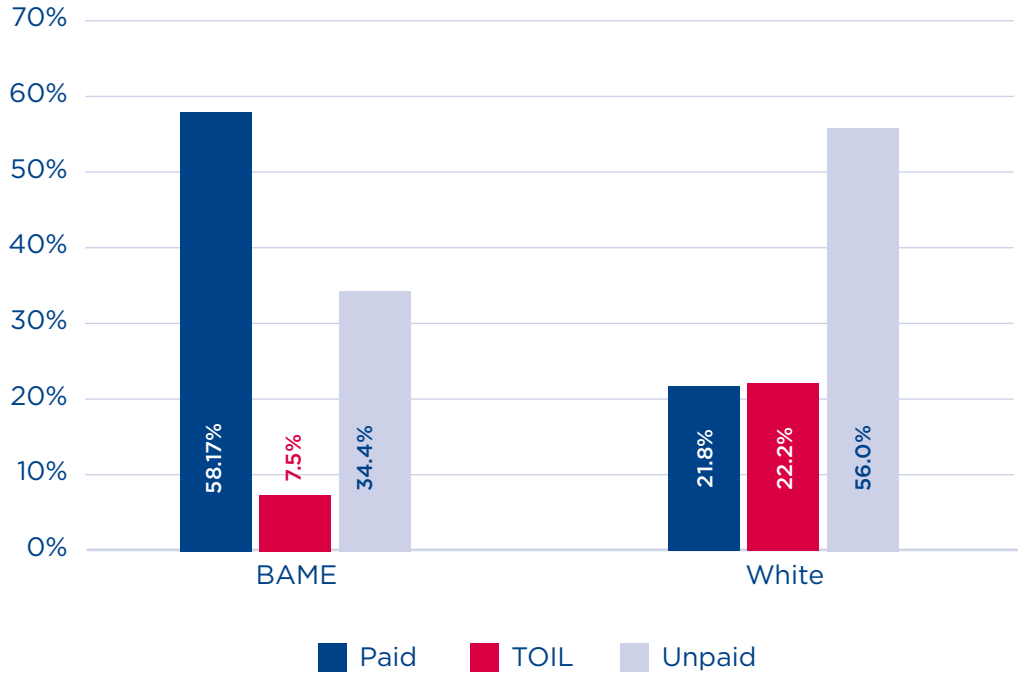


Figure 9: Compensation for additional hours worked and ethnic background (6,873)

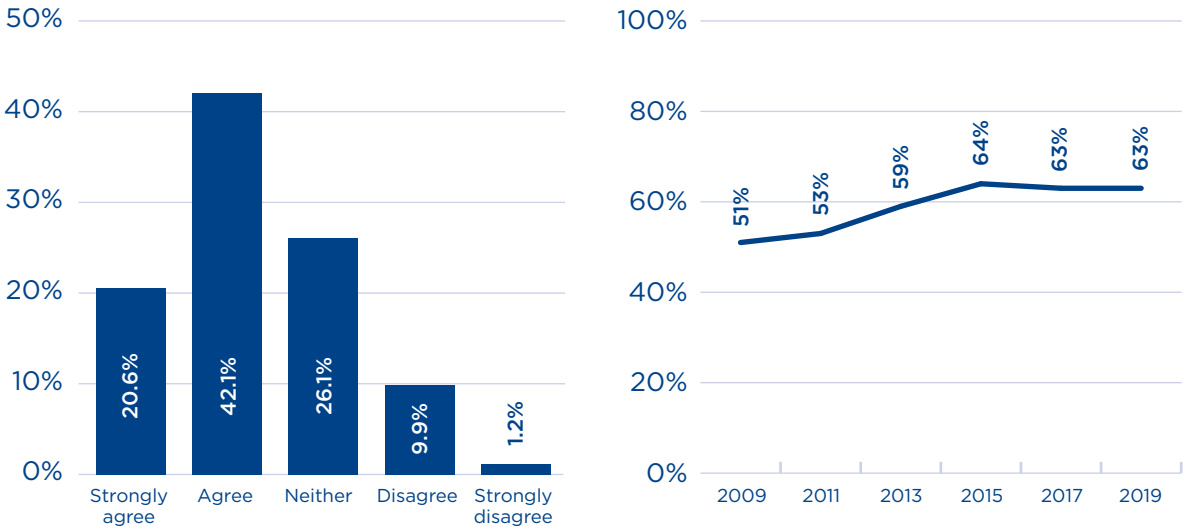


Nursing staff views about working patterns and workload

Comparing results from the Employment Survey over a 10 year period, we can see a steady increase in nursing staff feeling under pressure. The proportion of respondents agreeing with the statement 'I feel under too much pressure at work', has risen from 51% in 2009 to 63% in 2019.

This year's survey shows that just under two thirds (63%) agreed they are under too much pressure, while just 11% disagreed with the statement.

Figure 10: I feel I am under too much pressure at work (n=8,273)/ Percentage stating they agree/strongly agree (2009-2019)



A common theme expressed by many respondents relating to workplace pressure was the high level of vulnerability they feel, with many pointing to a blame culture leading to individuals being singled out when mistakes are perceived to be made.

"Last year I left my job as a Band 7 ward sister due to the stress of the role and lack of respect. Decisions regarding my ward were taken out of my hands and made by managers with no medical experience but when things went wrong I was left to carry the can. This made the job very unrewarding and stressful. I am much happier now."

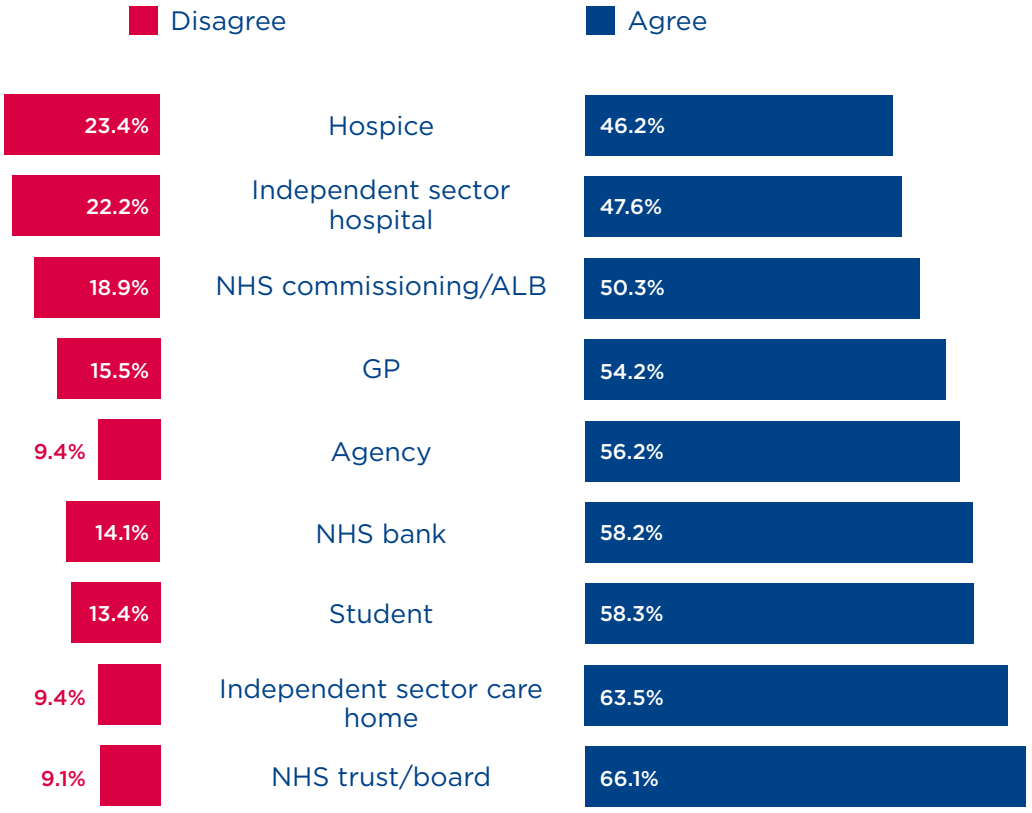
Band 6 NHS research nurse, East of England

"A single nurse in a 24 bed unit is at high risk of errors and if you make a mistake, they put the blame on you. It's like they expect us to be superheroes that we should be able to finish lots of tasks within a 12 hour shift. It is really stressing going home late and then waking up the next day for another 12 hour shift. Because of this I sometimes lose my passion working as a nurse."

Staff nurse, independent sector care home, Northern Ireland

Figure 11 shows that respondents working in the NHS and independent sector care homes are most likely to state they are under too much pressure at work with around two-thirds agreeing that they face too much pressure.

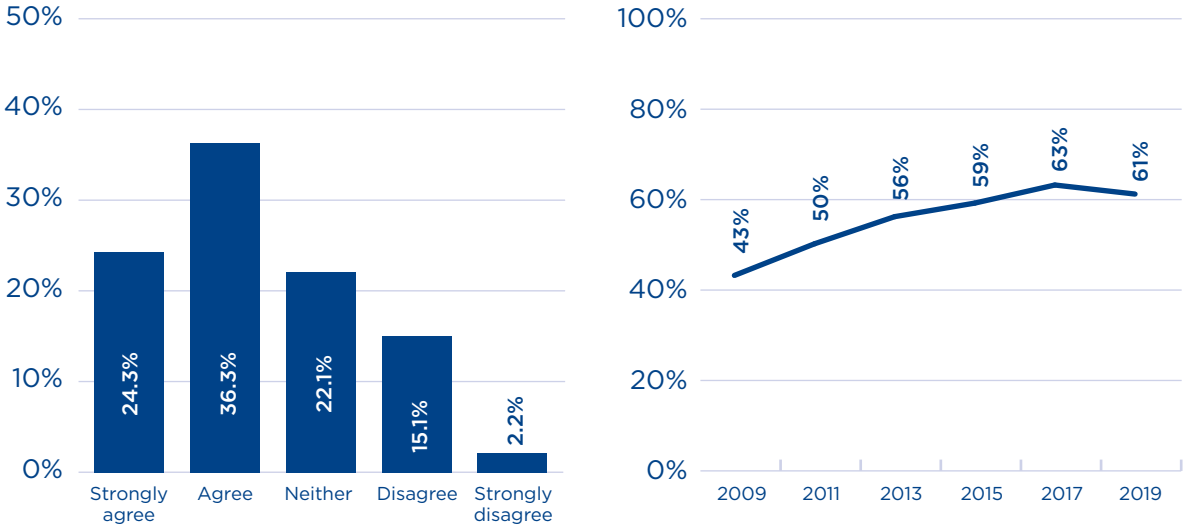
Figure 11: I feel I am under too much pressure at work - by type of employer (n=7,540)



The next figure shows responses to the statement 'I am too busy to provide the level of care I would like.' Figure 12 shows a similar trend to that in Figure 10, with a steady increase in the proportion of respondents agreeing with the statement since 2009. However, the number has dropped off slightly since 2017 from 63% to 61% in 2019.

> *"I worry every shift that I haven't been able to provide my patients with the care I should because of the busy nature of the department I work in."*
>
> Band 5 staff nurse, acute and urgent care setting, Wales

Figure 12: I am too busy to provide the level of care I would like (n=8,258)/ Percentage stating they agree/strongly agree (2009-2019)



Further analysis shows that respondents working in independent sector care homes (73%), followed by those working for the NHS bank (67%) and for agencies (66%) are most likely to state they are too busy to provide the level of care they would like.

Figure 13: I am too busy to provide the level of care I would like – by type of employer (n=7,535)

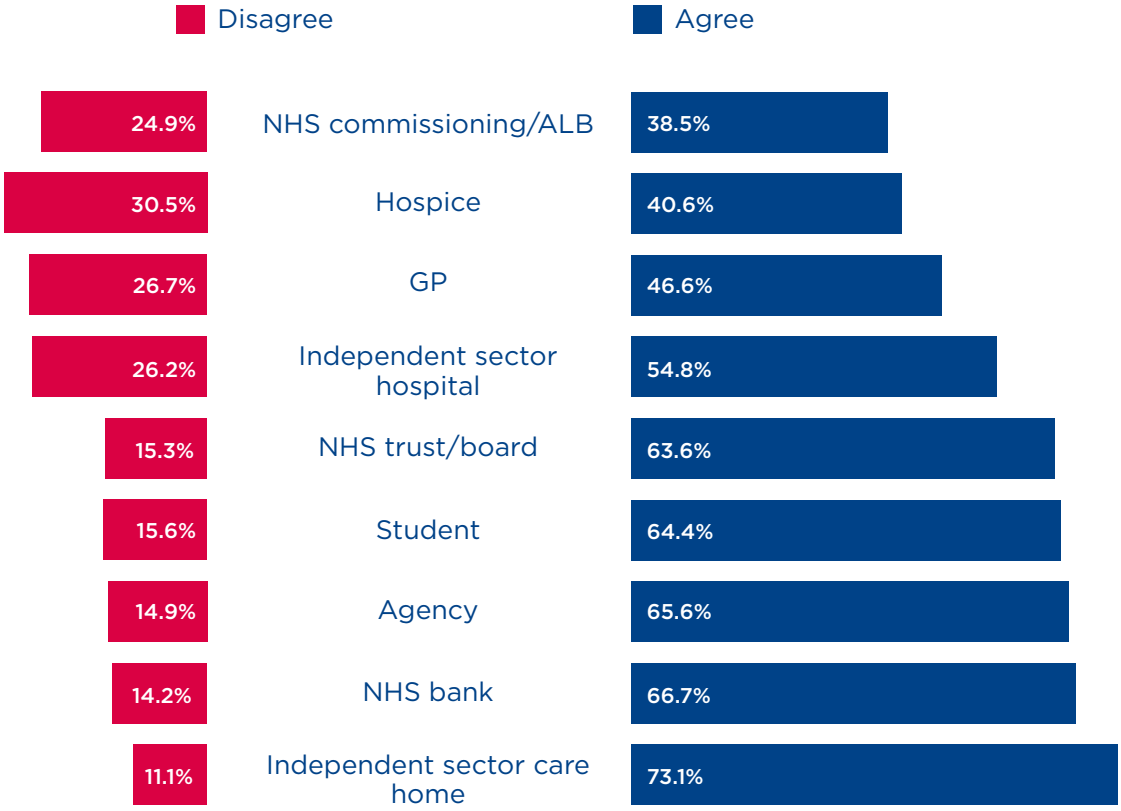
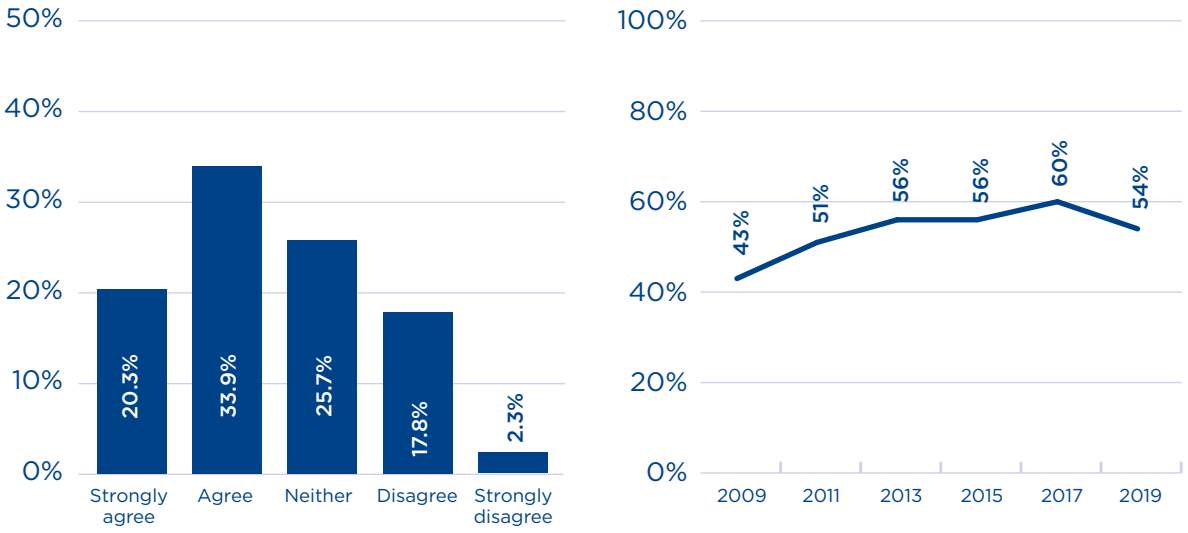


Figure 14 shows a similar trend to that of Figure 12, in that there has been a steady increase since 2009 in the proportion of respondents agreeing that 'too much of my time is spent on non-nursing duties', but a small drop since the last survey from 60% to 54%. In this year's survey, just over half stated they agreed with the statement regarding non-nursing duties, and one in five (20%) disagreed.

"Workloads and working conditions have deteriorated because residents are frailer and have more needs than in the past and staffing levels do not reflect that. In addition we spend so much time proving what we do through copious amounts of paperwork that we have far less time to deliver the care that is needed."

Agency nurse, care home, Scotland

Figure 14: Too much of my time is spent on non-nursing duties (n=8,256)/ Percentage stating they agree/strongly agree (2009-2019)



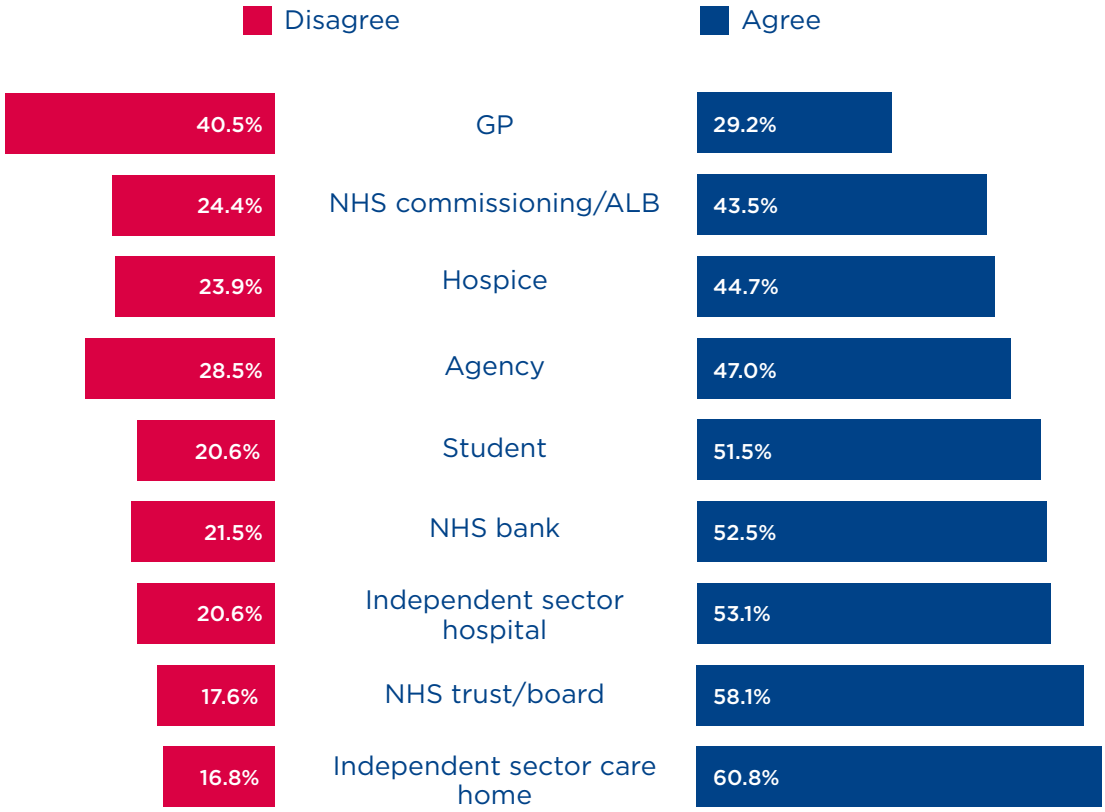
The most common complaint about time spent on non-nursing duties related to paperwork

"Too much paperwork. Management only care if forms are completed. Huge amount of duplication and unclear, jargonistic language which says little and means less."

Sister/charge nurse, independent sector hospital, Scotland

Looking further at this questions according to type of employer, nursing staff working for independent sector care homes (61%) and NHS trusts and boards (58%) are most likely to state they feel they spend too much time on non-nursing duties, compared to those working in GP practices (29%).

Figure 15: Too much of my time is spent on non-nursing duties – by type of employer (n=7,529)



When asked about working hours, around half of all respondents (51%) agreed with the statement 'I am happy with my working hours' and a quarter (26%) disagreed, as shown in Figure 16. The proportion indicating they were happy fell from 73% to 58% between 2009 and 2011, and since then the level of satisfaction has remained fairly constant.

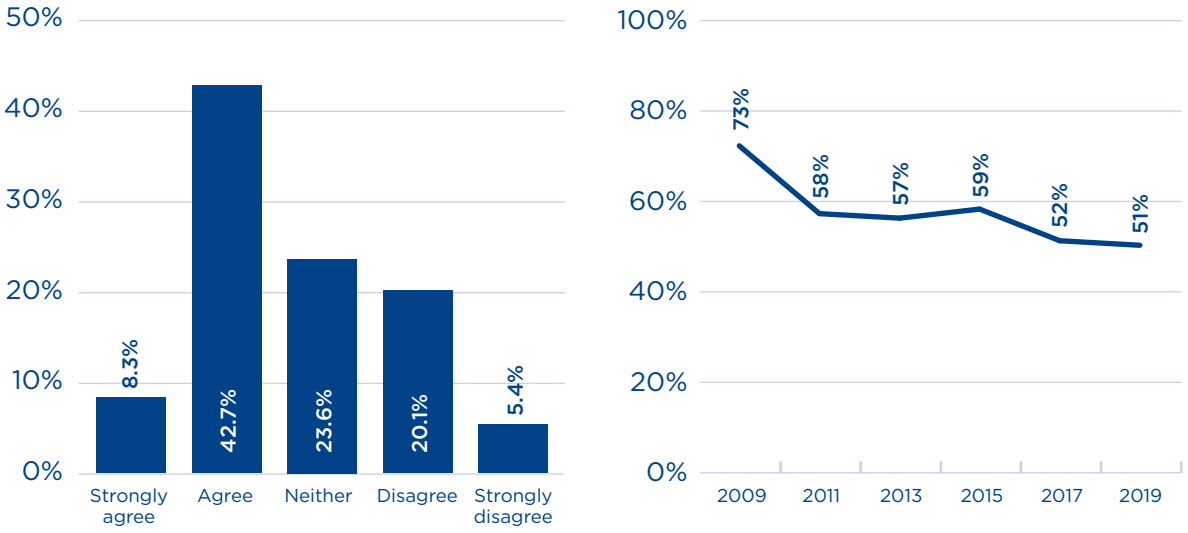
Many respondents explained how their satisfaction with working hours had improved with changing to bank or agency working, allowing them more control of their working week, as shown in the quote below.

> *"I am now happy with my working hours and work life balance since I gave up my substantive post work on the bank. I can choose my hours and areas of work, and regulate my stress."*
>
> Sister/charge nurse, NHS Bank, North West of England

The majority of nursing staff told us that working long hours was the norm, faced with staffing shortages and ever higher demand, and several questioned how this is allowed to continue.

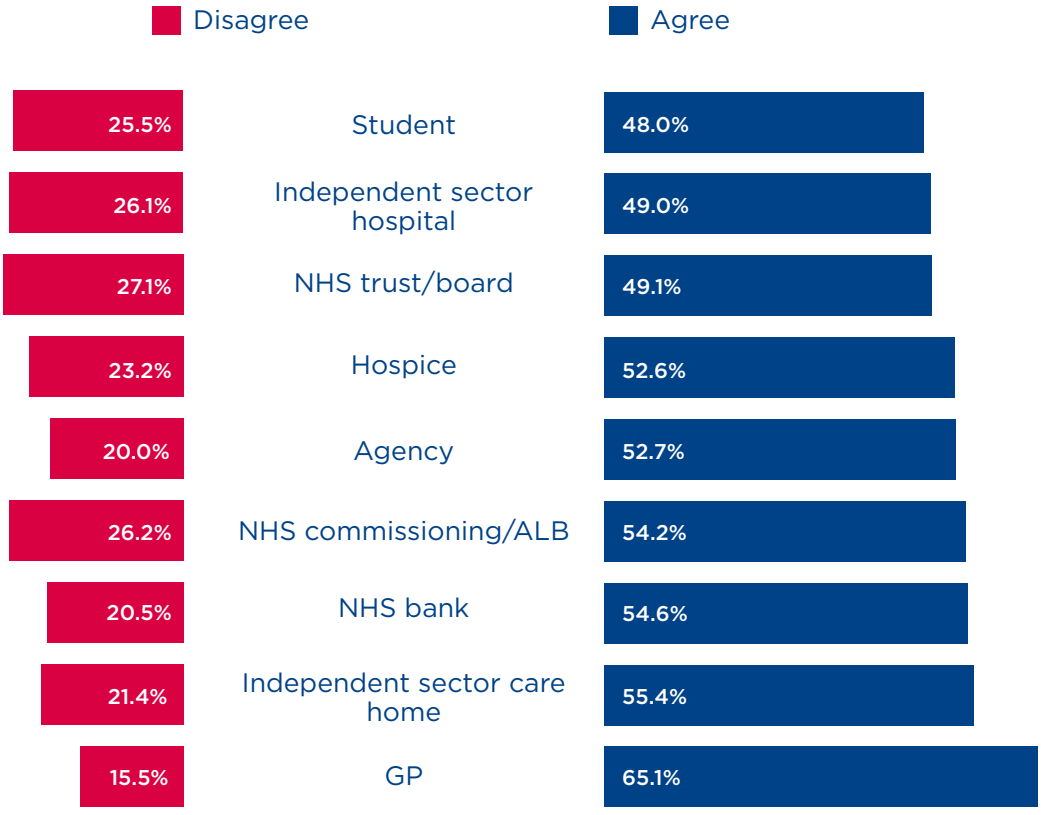
> *"Nurses are taken for granted that they will work long hours even if tired as they put the patient first however disregarding that working whilst tired could lead to mistakes being made."*
>
> Agency nurse, Wales

Figure 16: I am happy with my working hours (n=8,265)/ Percentage stating they agree/strongly agree (2009-2019)



Looking further at levels of satisfaction with working hours according to type of employer, respondents working for GP practices are most likely to state they are happy (65%) compared to students and nursing staff working in independent sector care homes and NHS trusts or boards, where less than half state they are satisfied.

Figure 17: I am happy with my working hours – by type of employer (n=7,357)



Turning to levels of satisfaction with choice over length of shifts, Figure 18 indicates that 45% of respondents are satisfied with the choice they have, while just over a quarter (28%) are dissatisfied. The proportion of respondents satisfied with their shifts has dropped steadily from a high of 62% in 2009.

While some nursing staff would prefer to have the choice to work longer shifts and benefit from a shortened working week, many others expressed dissatisfaction with feeling forced to work longer hours, highlighting the frustration with limited choice over working hours as illustrated in the quotes below.

> *"Within in our area we have repeatedly asked and put forward request to change over to working long shift hours to allow us a better work life balance."*
>
> Band 7 sister/charge nurse, NHS hospital unit, Scotland

> *"Flexible working hours are denied due to 'service demand' and staff are forced to work 12.5 hour shifts which are exhausting. No one is allowed to work fixed days which is incredibly disruptive to one's personal life."*
>
> Band 7 NHS community nurse practitioner, London

> *"One of the biggest issues facing nursing is lack of flexibility and the 'take it or leave it attitude' to rotas."*
>
> Staff nurse, hospice, Scotland

A frequent complaint made by respondents relates to the inability to take breaks.

> *"It is often difficult to get a complete unpaid break, and impossible to take paid breaks. I often leave work hungry and inadequately hydrated, (or stay behind to have something before I leave so I can drive safely) leaving me excessively fatigued and not able to perform at an optimum level."*
>
> Band 5 staff nurse, NHS hospital unit, North West of England

Figure 18: I am satisfied with the choice I have over the length of shifts I work (n=8,257)/ Percentage stating they agree/strongly agree (2009-2019)

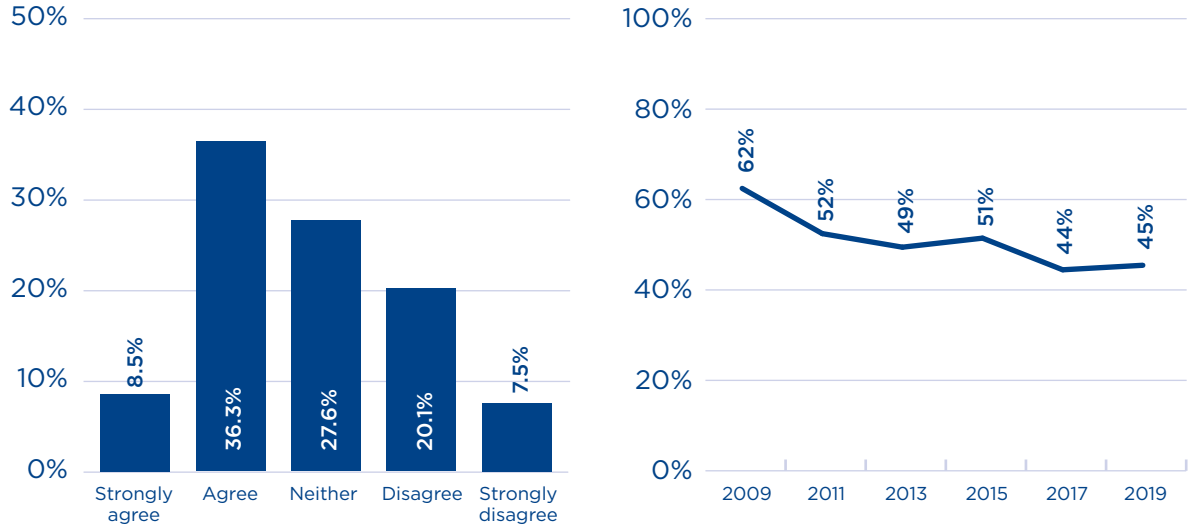
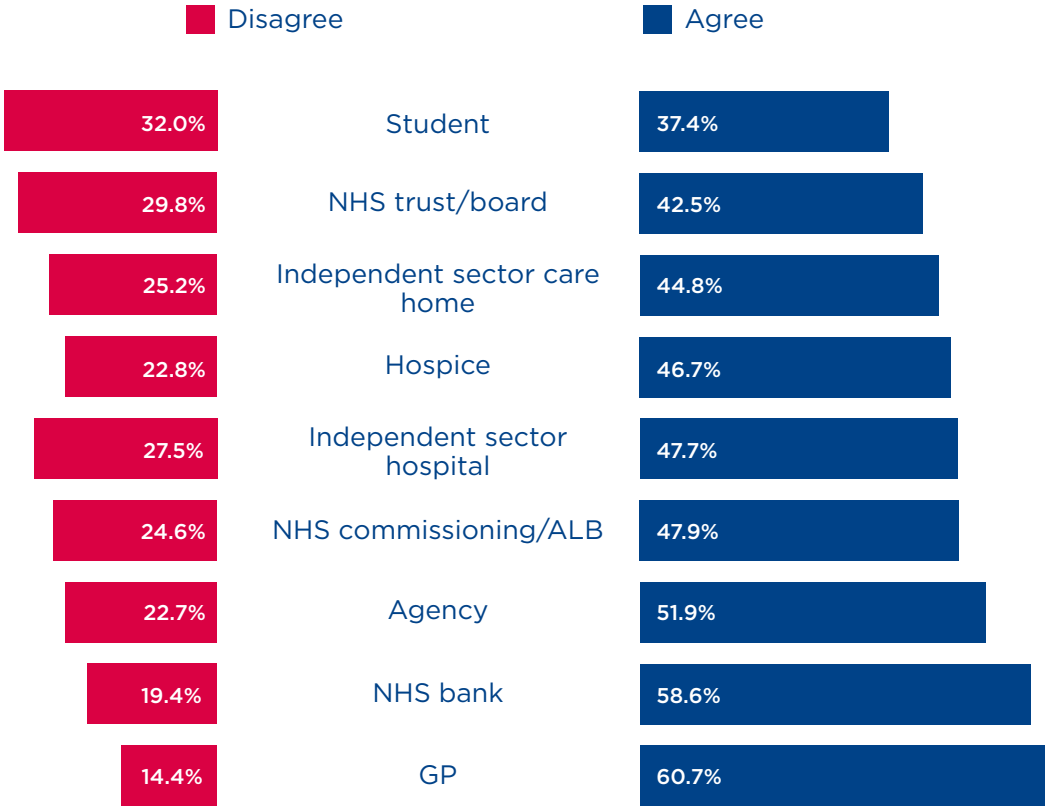


Figure 19 indicates that levels of satisfaction with choice over length of shifts are clearly highest among nursing staff working in GP practices (61%) followed by nursing staff who work for either the NHS Bank (59%) or nursing agencies (52%). Levels of dissatisfaction are highest among students with only 37% stating they are satisfied, indicating a frustration with combining academic work with placements.

Figure 19: I am satisfied with the choice I have over the length of shifts I work – by type of employer (n=7,532)



Finally, the findings look at the cumulative impact of workloads and work pressure on individuals' work-life balance, with Figure 20 showing that just two in five (39%) agreeing that they feel able to balance their work and home lives – falling from 62% in 2009.

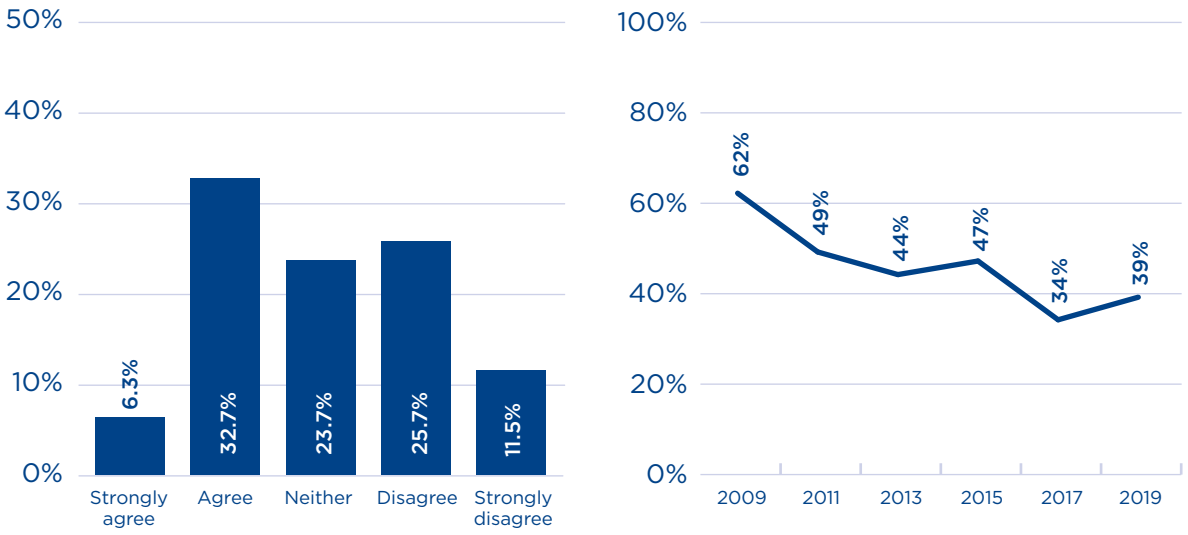
"I struggle every day because I cannot give levels of care that I would like to give, so I work harder and harder and at the end of the day I feel exhausted. All I do is go to work and sleep and the occasional cooking and tidying my house. We are expected to do so much training but I never get time to do it and I end up doing this in my spare time. I love being a nurse and is all I want to do for the rest of my life but I am looking at relocating to another country where I can have a better life work balance and where I can look forward to going to work."

Band 5 staff nurse, NHS acute and urgent care setting, North West of England

"There is nowhere to get decent food from at night. Trying to maintain my own health and fitness is a challenge due to time restraints and lack of energy as shifts are both physically and mentally draining, we have no incentive or facilities from the NHS to be able to access a gym/ fitness classes/healthy food/meals at unsociable hours which negatively impacts every nurse who works shifts."

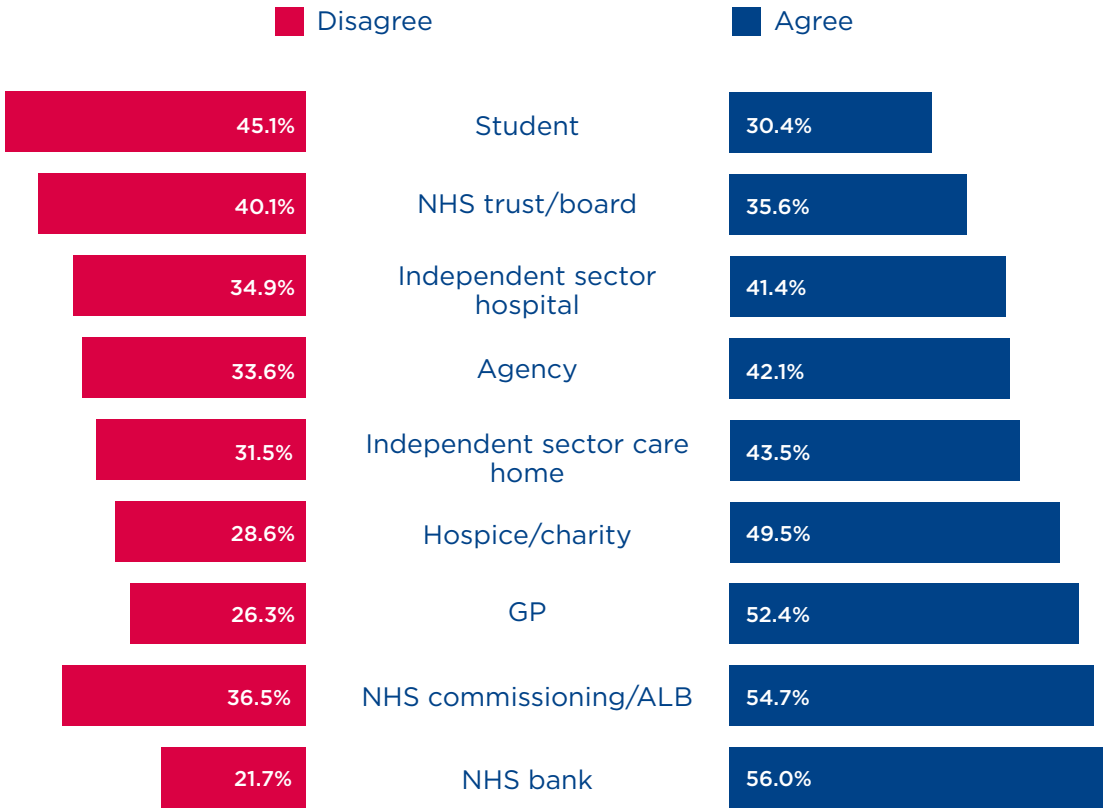
Band 5 staff nurse, NHS acute and urgent care setting, Wales

Figure 20: I feel able to balance my home and work lives (8,275)/ Percentage stating they agree/strongly agree (2009-2019)



Satisfaction with work-life balance is highest among nursing staff working for the NHS Bank (56%) as they are more able to control their working hours and patterns, followed by those working for NHS commissioning or arms' length bodies (ALB) (55%). Students clearly feel most dissatisfied with just 30% agreeing they are able to balance work and home life.

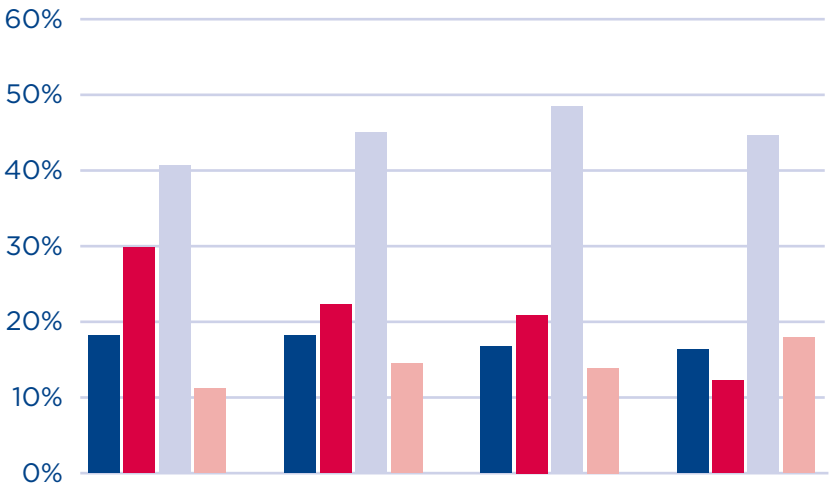
Figure 21: I feel able to balance my home and work lives – by type of employer (n=7,552)



The next figure looks at the incidence of presenteeism, where respondents report having worked when feeling ill, comparing figures since 2013.

The majority of all respondents (84%) reported that they had gone to work at least once in the previous 12 months, despite feeling too ill to do so. There has been a marked increase in the number reporting that they had worked at least five times (from 11% in 2013 to 18% in 2019) suggesting a higher level of pressure on nursing staff to attend work.

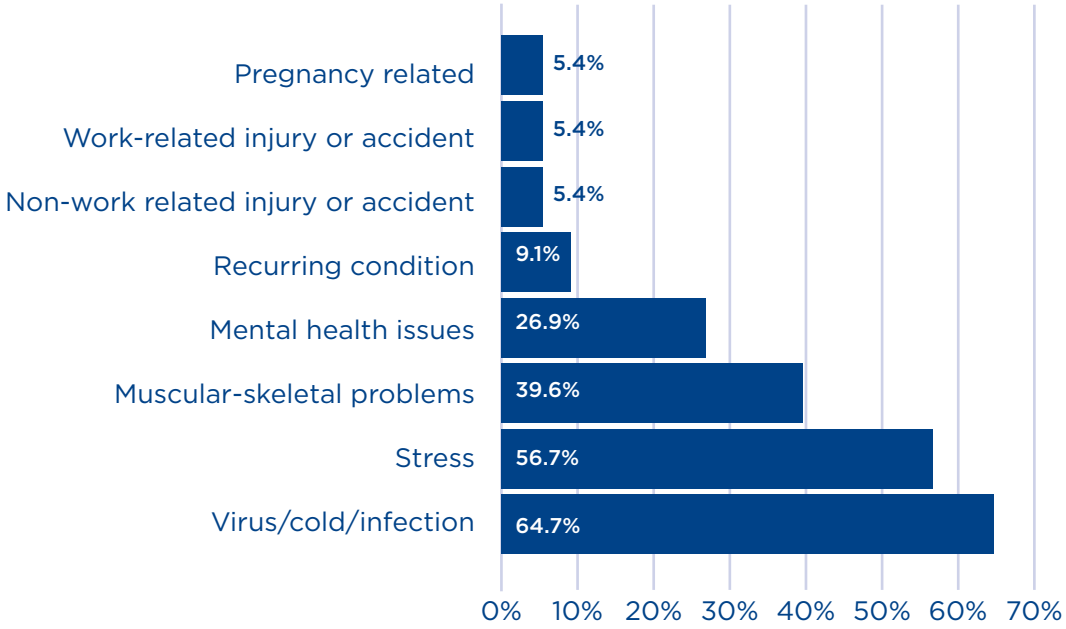
Figure 22: How often have you gone to work despite feeling you should have taken sick leave (n=8,307)



	2013	2015	2017	2019
Never	18.2%	18.2%	16.7%	16.3%
Once	29.8%	22.3%	20.9%	12.2%
2-5 times	40.7%	45.0%	48.5%	44.6%
More than 5 times	11.2%	14.5%	13.9%	17.9%

The main causes of illness when respondents had worked were virus, cold or infection (65%), followed by stress (57%) as shown in Figure 23. As nursing staff are equally as likely to be working through short-term physical illnesses as longer-term mental health issues, the risk to themselves, their colleagues and their services are significant.

Figure 23: Reasons for feeling ill when worked (n=6,954)



Among those nursing staff and students who stated they had worked despite not feeling well enough to do so, 70% said the pressure came from themselves to attend work, and around half (51%) said they felt pressure from their workplace sickness policy (Figure 24).

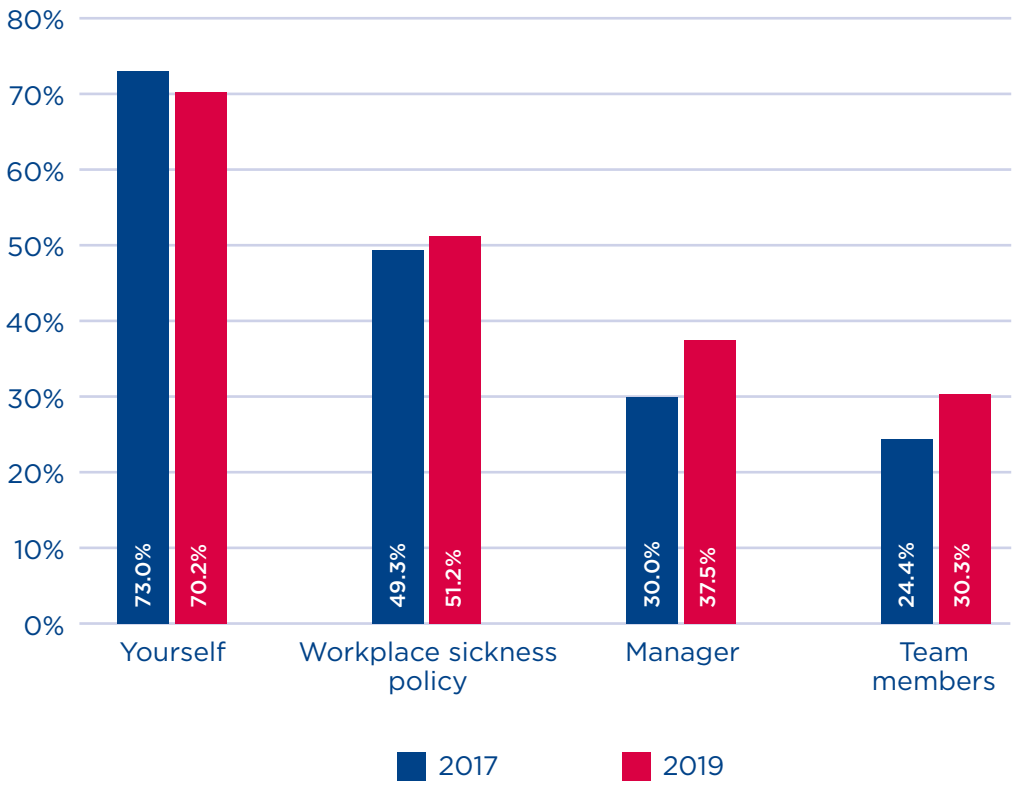
"In the care home sector there is huge pressure to not be off sick, as you know your colleagues will have to cover."

Staff nurse, independent sector care home, Scotland

"Bullying is rife in the NHS and accounts for a lot of the low morale resulting in long term sickness. Staffing levels are putting staff at risk – becoming unwell physically or mentally or both. We are then forced into a corner due to the sickness policy. If a nurse continues to work when unwell and makes an error, the management say that the nurse should have gone off sick. If you go off sick, you're penalised because of the sickness policy. We're damned if we do and damned if we don't."

Band 5 staff nurse, NHS hospital unit, Wales

Figure 24: Source of pressure to work when unwell
RCN employment survey 2019 (n=6,954)
RCN employment survey 2017 (n=6,254)



Pay, earnings and additional work

Main findings

Pay structures and levels of pay

- 74% of respondents in employment are on Agenda for Change contracts; 24% are employed on organisational pay structures and 2% have clinical grading
- 60% say their pay band or grade is either inappropriate or very inappropriate; 25% say their pay is appropriate or very appropriate
- Reasons for dissatisfaction with pay band or scale are wide ranging. A common factor among responses related to stagnant wage levels over the last decade and some described the financial and emotional distress caused by low wages.
- Many pointed to a general failure of nursing pay to adequately reflect and reward their levels of responsibility and autonomy or accountability; the stress, pressure and demands faced in their roles; the skills and levels of education and training required for the job as well as what is described as ever increasing scope of practice as nursing staff take on extra roles and duties.
- Respondents also unfavourably compare pay to those in other professions both within and outside health care – including doctors and allied health professionals as well as police officers and teachers
- Levels of satisfaction with pay are higher among older and more senior nursing staff than younger staff and those on the lowest pay bands
- Levels of satisfaction with pay are higher among white nursing staff and those of mixed ethnic background than black and Asian nursing staff
- White respondents are twice as likely as to be employed on higher pay grades than black respondents and almost three times as likely to be employed on higher grades than Asian respondents

Pensions

- 92% belong to a pension scheme

Household earnings

- 55% are the main or primary breadwinner in their household

Multiple job holding

- 23% have another job in addition to their main job. Of these, 55% undertake bank nursing, 23% work through an agency and 17% work additional hours in their main job – with the overwhelming reason being to provide additional income

Pay structures and levels of pay

Out of all respondents in employment, almost three-quarters of all respondents (74%) are employed on Agenda for Change (AfC) contracts, with the remainder employed on either organisational pay structures (24%) or on clinical grading (2%).

Table 1 shows that the majority of all respondents on AfC pay bands are employed on either Band 5 (35%), Band 6 (28%) or Band 7 (23%).

As shown in Table 2, among respondents employed according to organisational pay scales, the majority are paid an annual salary of either £23,601 to £30,000 (23%) or at £30,001 to £42,000 (43%).

Among the small number of respondents paid according to Clinical grading, the majority are employed at either Grade D (18%), Grade E (30%) or Grade F (16%).

Table 1: Type of pay system

	n	%
Agenda for Change	5,946	73.6
Organisational scales	1,956	24.2
Clinical grades	173	2.1
Total	**8,075**	**100**

Table 2: Agenda for Change pay points

	n	%
2	77	1.3
3	105	1.8
4	62	1.1
5	2,099	35.4
6	1,662	28.0
7	1,341	22.6
8a	382	6.4
8b	114	1.9
8c	62	1.1
8d	19	0.3
9	8	0.1
Very Senior Management (VSM)	4	0.1
Total	**5,936**	**100**

Table 3: Organisational pay scales annual and hourly rates

Annual rate	Hourly rate	n	%
Under £14,400	£7.35	26	1.4
£14,401-£15,300	£7.36-£7.82	8	0.4
£15,301-£17,500	£7.83-£8.95	30	1.6
£17,501-£19,000	£8.96-£9.72	34	1.8
£19,001-£21,000	£9.73-£10.74	46	2.4
£21,001-£23,600	£10.75-£12.07	103	5.4
£23,601-£30,000	£12.08-£15.34	436	22.9
£30,001-£42,000	£15.35-£21.48	822	43.2
£42,001-£50,000	£21.49-£25.57	214	11.3
£50,001 or over	£25.58 or over	183	9.6
Total		**1,902**	**100**

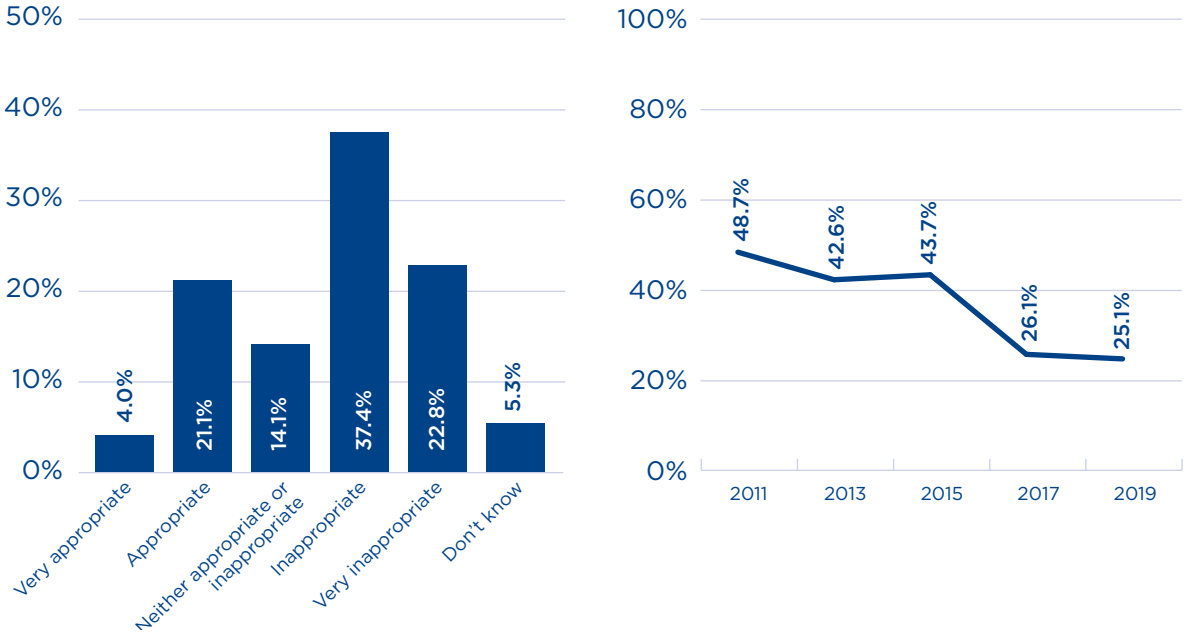
Table 4: Clinical grading pay points

	n	%
A	8	5.3
B	10	7.1
C	14	9.4
D	27	18.2
E	44	29.9
F	23	15.6
G	10	6.8
H	11	7.7
Total	**146**	**100**

All respondents in employment were asked how appropriate they felt their current pay band or rate is, given their role and responsibilities. Figure 25 shows that six in ten (60%) feel that their pay is either inappropriate or very inappropriate. By contrast, a quarter (25%) feel their pay is appropriate or very appropriate.

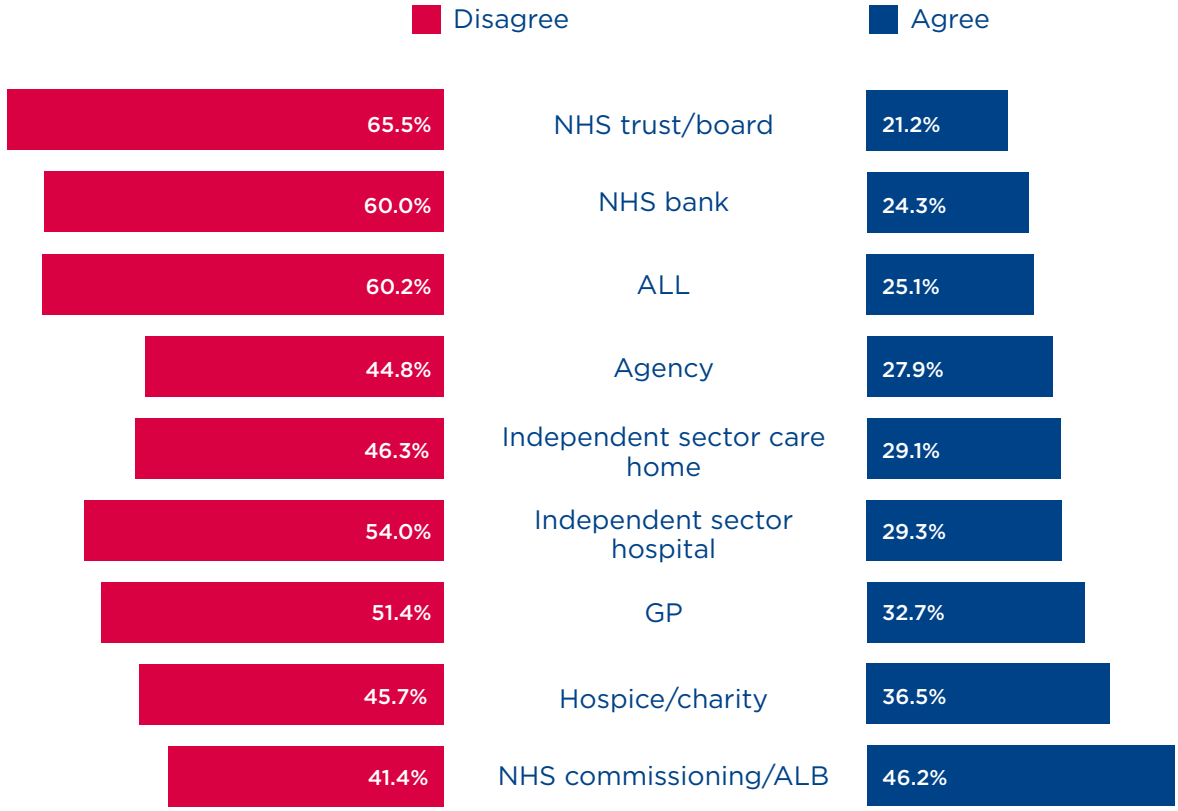
Satisfaction with pay levels has dropped considerably over the last ten years – in 2009 just under half were satisfied with their pay band or grade compared to just a quarter in 2019.

Figure 25: 'Given your role and responsibilities, how appropriate would you say your current pay band/grade is? (n=8,075)/ Percentage stating pay is appropriate/very appropriate (2009-2019)



We can see from Figure 26, that levels of satisfaction about pay grades or bands are higher among respondents working for NHS commissioning or arm's length bodies (46%) and hospices/charity sector organisations (37%) and lowest among those working for NHS trusts/boards (21%) and the NHS Bank (24%). This is strongly linked to the pay profile among different groups of the respondent group, as two thirds (66%) of all respondents working for NHS commissioning or arms" length bodies are employed on bands 7-9 compared to a third (31%) of those in NHS trusts or boards and 12% of bank nurses.

Figure 26: Views about pay bands/grades according to type of employer (n= 7,572)



To enable further analysis of the results, all respondents employed on either clinical grades or organisational pay scales were matched to the equivalent Agenda for Change pay bands to enable analysis across the whole sample and to look at patterns and trends according to level of seniority. For example, someone either on Clinical grade E or earning between £23,601 and £30,000 on an organisational pay scale was allocated to Agenda for Change band 5.

We can see that satisfaction with pay grade is closely linked to seniority and age; respondents employed on the highest pay bands are much more likely to view their pay as appropriate than those on lower bands. Just over half of respondents employed on AfC bands 8 to 9 (or equivalent) stated their pay band was appropriate compared to less than 15% of bands 2 to 5. Respondents aged 45 and under are also least likely to view their pay band or scale as appropriate.

Satisfaction is also linked to ethnic background; just 11% of black and 15% of Asian nursing staff stated their pay band was appropriate, compared to 27% of white respondents and 31% of mixed ethnic background.

There was no difference in attitudes to pay grade or scale according to gender or whether respondents have a disability.

Figure 27: Views about pay according to pay grade (n=8,073)

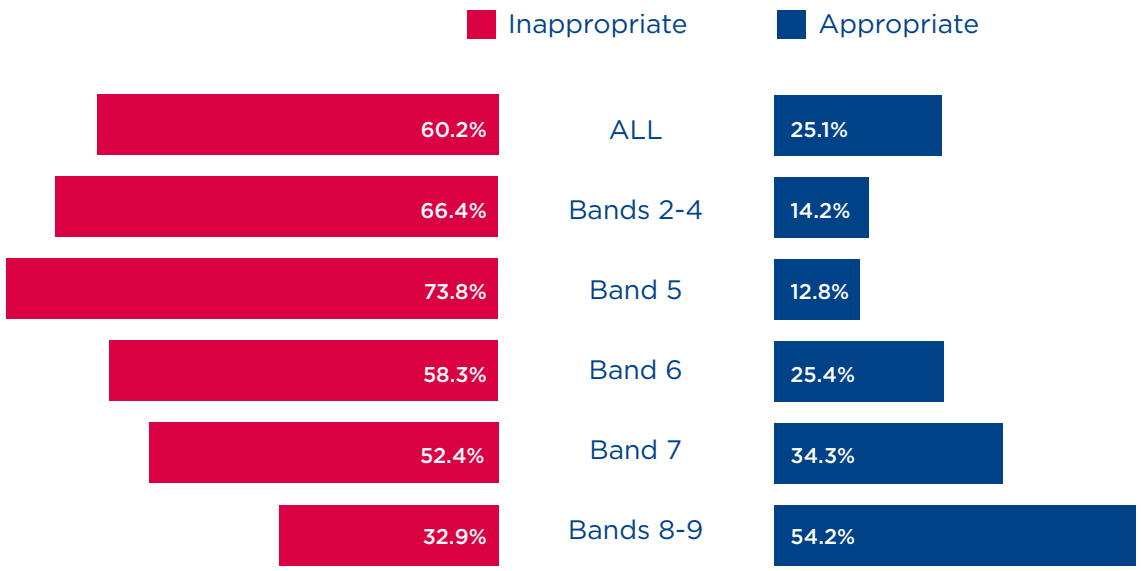


Figure 28: Views about pay according to age band (n=8,012)

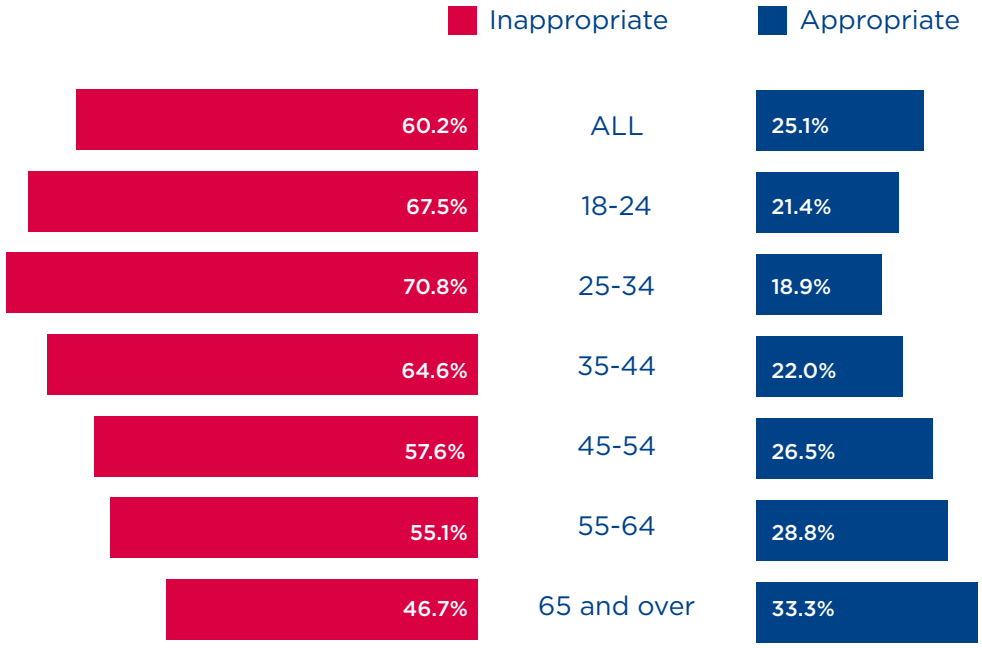
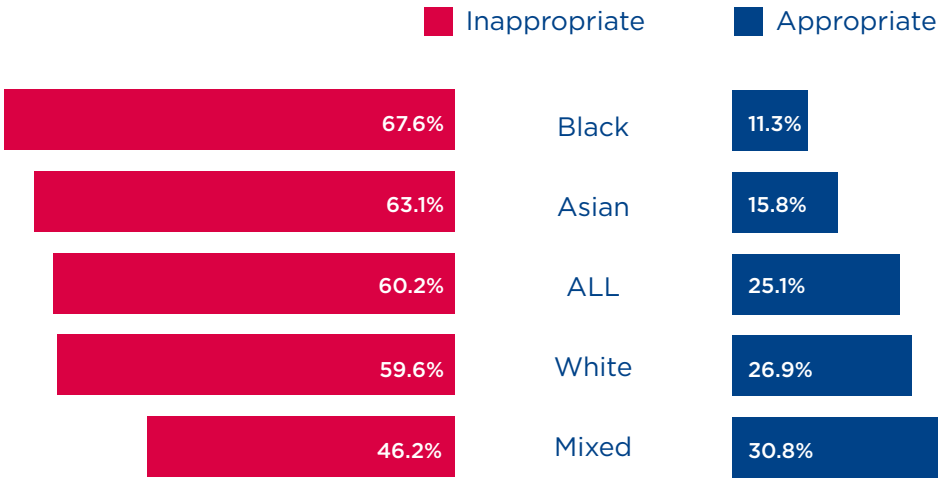


Figure 29: Views about pay according to ethnic background (n=7,776)



Reasons for dissatisfaction with pay

When respondents were asked to elaborate on why they felt dissatisfied with their pay band or grade, overwhelmingly we heard complaints about pay failing to match the levels of education, training and skills achieved, as well as the responsibility, autonomy, and risk they face in their day to day working levels.

> *"Nurses' pay should reflect the actual things that we do. We are not just supplementary to medicine but we complement them. The level of stress, the contact with patients and their families should be better reflected. We have to do a lot of training to keep up with ever changing standards of healthcare and to improve quality of care. However that exponential need to improve our practice is not being reflected by how much we are paid causing nurses to find other ways to feed their families like looking for extra shifts as agency/bank nurses, which then causes stress and fatigue."*

Band 5 staff nurse, NHS hospital unit, South East of England

Many also made comparisons with pay levels among other health care professions, including doctors and allied health professionals.

> *"Nursing is a profession and as such education, skills and knowledge should be rewarded to motivate staff. Medical colleagues appear to have a more lucrative arrangement that better recognises their efforts and value."*

Band 8a NHS clinical nurse specialist, acute and urgent care setting, East of England

Comparisons were also made with other professions outside health and social care.

> *"I have 20 years' experience, promoted twice and earn the same as a junior teacher with 6 years' experience, no promotion. I also have less holidays and the physical wear and tear on your body. I qualified same time as friend started with the police. I earn a lot less, not childcare friendly, paid less and will retire much later. Unfortunately nursing as a vocation does not pay bill!"*

Band 6 Nurse practitioner, NHS24, Scotland

Many others described real financial and emotional distress from low wages.

"I can just get by working full-time and just about break even. I have applied for a hardship review with tax credits so gas and electricity can be paid. When I qualified 17 years ago I could afford to pay my bills and had money to treat my children to new clothes, shoes, cinema. Now we rarely do that and every penny is accounted for. I am the main breadwinner in the house. The media, government and general public assume nurses are kept women by their consultant or medical director husbands. I love my job and work with amazing people. A checkout assistant earns £17 an hour at Aldi, yet a nurse earns £13.50 per hour for saving a life, alleviating distress of the dying or bereaved, stays over their hours to ensure the care given is documented because in that 12 hour shift she has been too busy."

Staff nurse, hospice, North West of England

In the NHS, many nursing staff expressed frustration with being 'stuck' at the top of their pay band.

"Once you are at the top of band 5 there is no opportunity to increase your wages unless you want increased responsibility or leave the ward environment which reduces the contact time with clients."

Band 5 staff nurse, NHS acute and urgent care setting, Scotland

"I have been at the top of my band for many years with few options of further progression and none without gaining a post grad qualification."

Band 5 NHS district nurse, Scotland

Health care support workers

A higher than average proportion of health care support workers described their pay grade or band as inappropriate. Over a third (68%) stated it was inappropriate, compared to 60% of the whole sample. Levels of dissatisfaction around pay commonly relate to the ever higher level of responsibility and workload taken on by health care support workers.

"I have over 10 years' health care experience in many fields. I work with anxious palliative patients on a daily basis. I earn 20p above minimum wage, supermarkets pay better."

Health care support worker, hospice, East Midlands

"We are increasingly expected to do jobs a qualified nurse is expected to do. We do not get paid the same and it increases our workload."

Band 3 health care support worker, NHS hospital ward, North West of England

"It is time that Agenda for Change was revisited. Jobs have developed and evolved massively since it was introduced but the bands and job descriptions have never been reviewed to see if they are still valid. The role of health care assistants is developing into traditional registered nurse roles. RNs are taking on more clinical tasks, senior nursing roles have developed but the banding system doesn't reflect this."

Band 3 health care support worker, NHS acute and urgent care setting, Wales

Pay and ethnic background

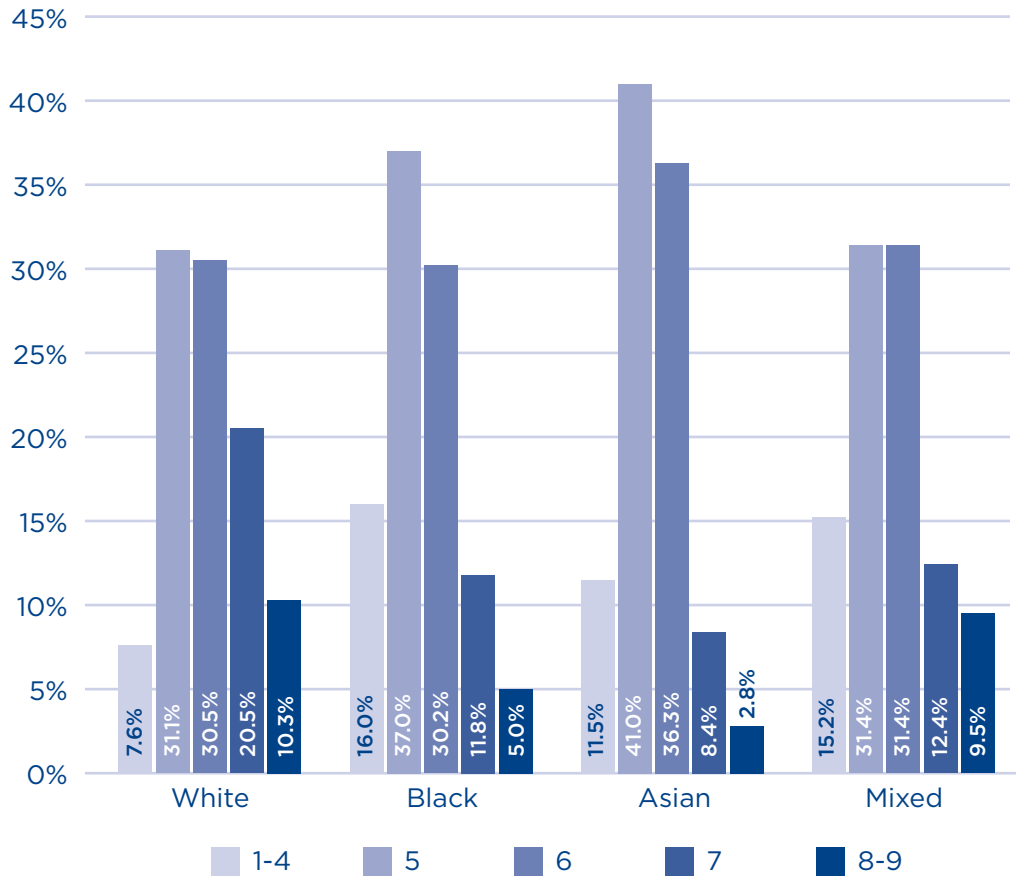
Figure 30 looks at the distribution of respondents according to their Agenda for Change band (or allocated equivalent AfC band) and their ethnic background.

The main findings are that:

White respondents are twice as likely as to be employed on senior grades (AfC bands 7 to 9) as black respondents.[1]

White respondents are almost three times as likely to be employed on senior grades as Asian respondents.

Figure 30: Pay bands by ethnic background (n=7,925)



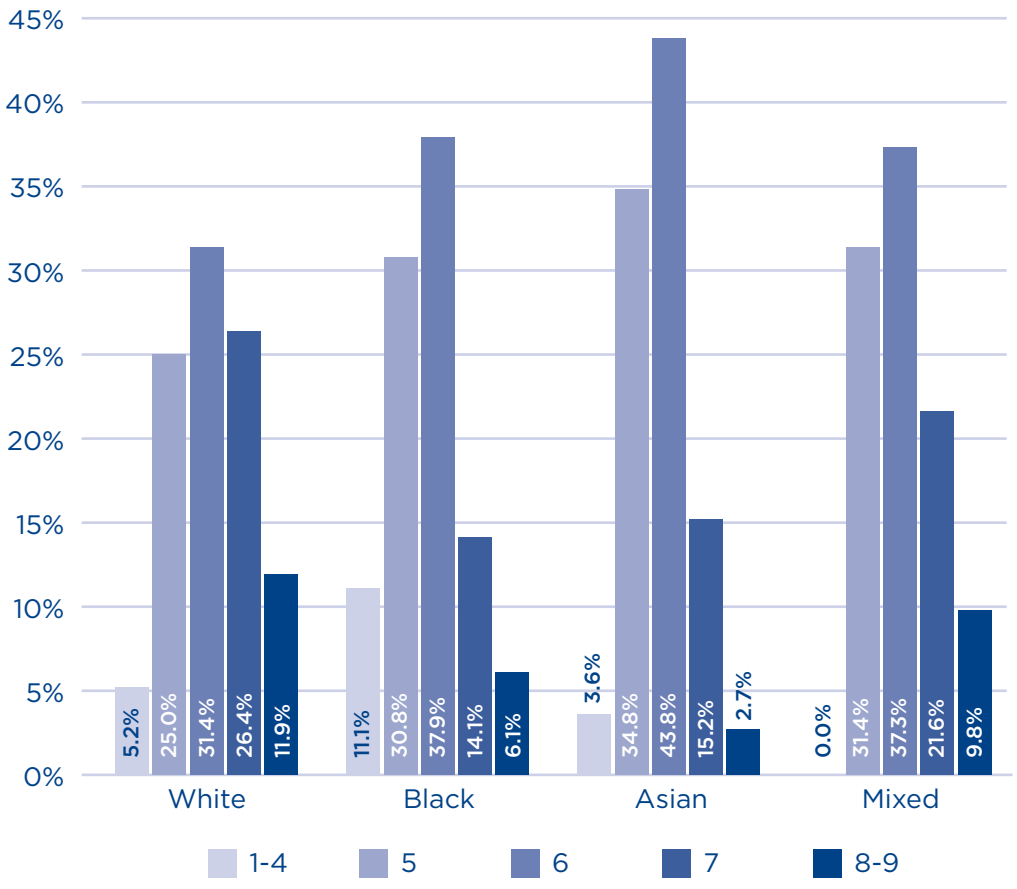
Analysis of the distribution of respondents across different pay grades according to their ethnic background is taken one step further, by considering the effect of time spent in employment with the current employer. This enables us to consider whether the likelihood of being employed at a senior pay band is higher among individuals who have worked for their employer for a longer length of time.

This analysis shows that there is a statistically significant relationship between the distribution across pay bands of respondents of white, black and Asian ethnic background, but not those of mixed ethnic

1 31% of white respondents are employed on Bands 7 to 9
16% of black respondents are employed on Bands 7 to 9
11% of Asian respondents are employed on Bands 7 to 9

background according to time spent working for the employer. Figure 31 illustrates this relationship by concentrating just on those respondents who have worked for their current employer for six years or longer. Among those with long service, white respondents remain more likely to be employed at senior grades than both black and Asian respondents. This suggests that longer service is more likely to result in career progression and/or promotion among white nursing staff than black and Asian nursing staff.

Figure 31: Pay bands by ethnic background for respondents who have worked for their current employer for 6 or more years (n= 7,837)

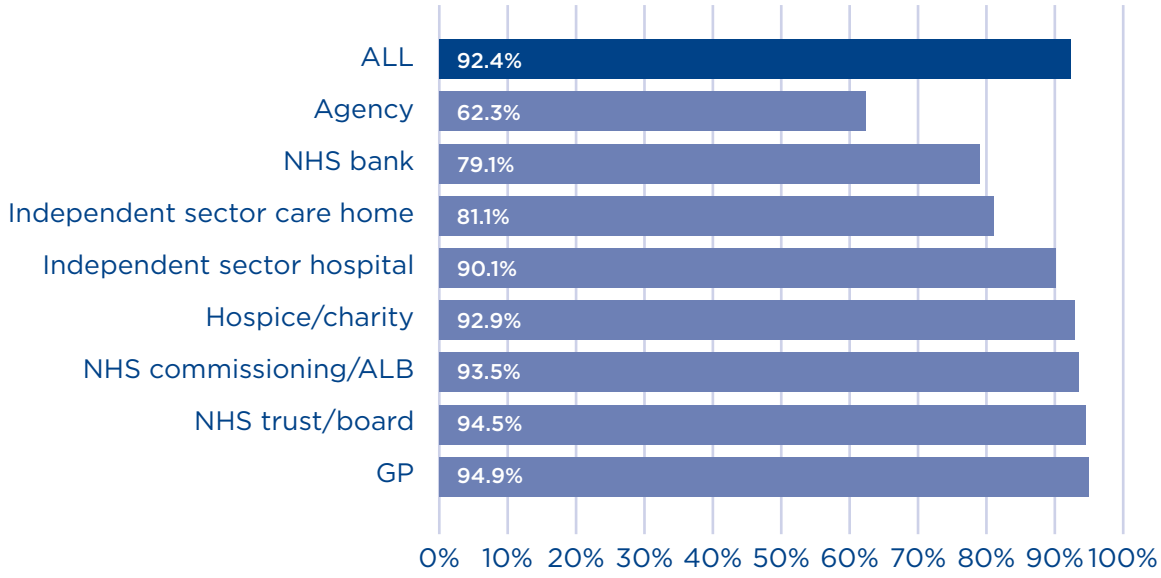


Pensions

The majority (92%) of all respondents reported that they belong to a pension scheme, with membership highest among nursing staff working in GP practices (95%), in an NHS trust or board (95%) or NHS commissioning or arm's length body (94%).

Nursing staff working primarily on temporary or occasional contracts are the least likely to belong to a pension scheme, including those working for the NHS Bank (79%) or a nursing agency (62%). This is particularly concerning, given the age profile of these two groups, as 80% are aged 45 or over compared to 63% of the total sample.

Figure 32: Belonging to a pension scheme (7,541)



In relation to questions about pension schemes, many respondents took the opportunity to refer to the pension age, particularly describing how much they oppose recent increases to the state pension age.

"The pension age for nursing has been raised just as staffing levels have declined in relation to workload, without considering how age affects nurses, as a high level female profession. No allowances are made for the effects of menopause on working ability."

Band 5 staff nurse, NHS hospital unit, North East of England

"I shall not receive my pension until the age of 68 years old – only another 20 years to go!! I cannot imagine working at the level I am now until then."

Band 5 staff nurse, NHS hospital ward, Scotland

"How is it possible to carry on working in a physically demanding job till you are 67 years? There is no support for nurses over 50 who are experiencing health issues/menopause and have to carry on working for financial reasons. I work harder now than I did in my twenties. The young nurses are constantly complaining they are exhausted. How much more for someone over 50!"

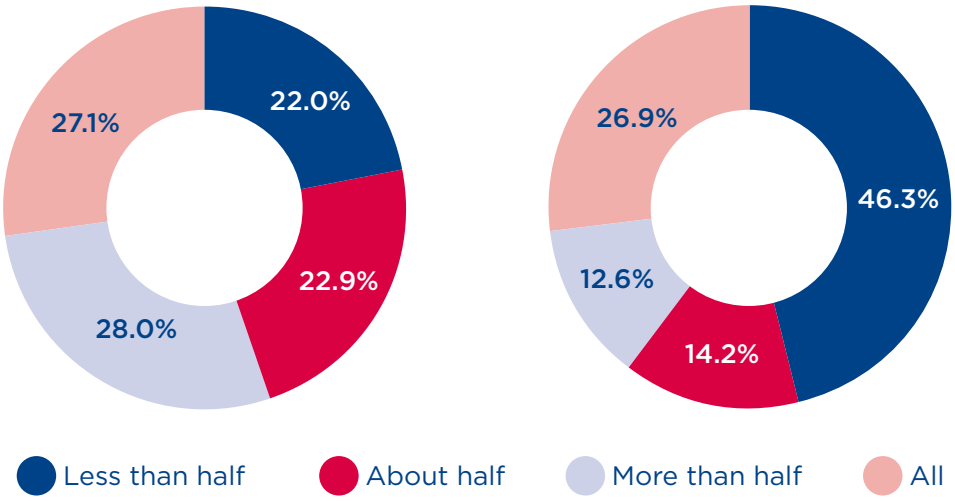
Band 6 Sister/charge nurse, NHS hospital ward, London

Nursing income in relation to household earnings

In 2009, our research found that just under half of nursing staff in employment were the primary earner in their household, as 48% stated that their earnings represented most or all of household income. In 2019, we find that this figure has increased to 55%. In 2009, two in five (21%) were the sole earner in their household, compared to 27% in 2019.

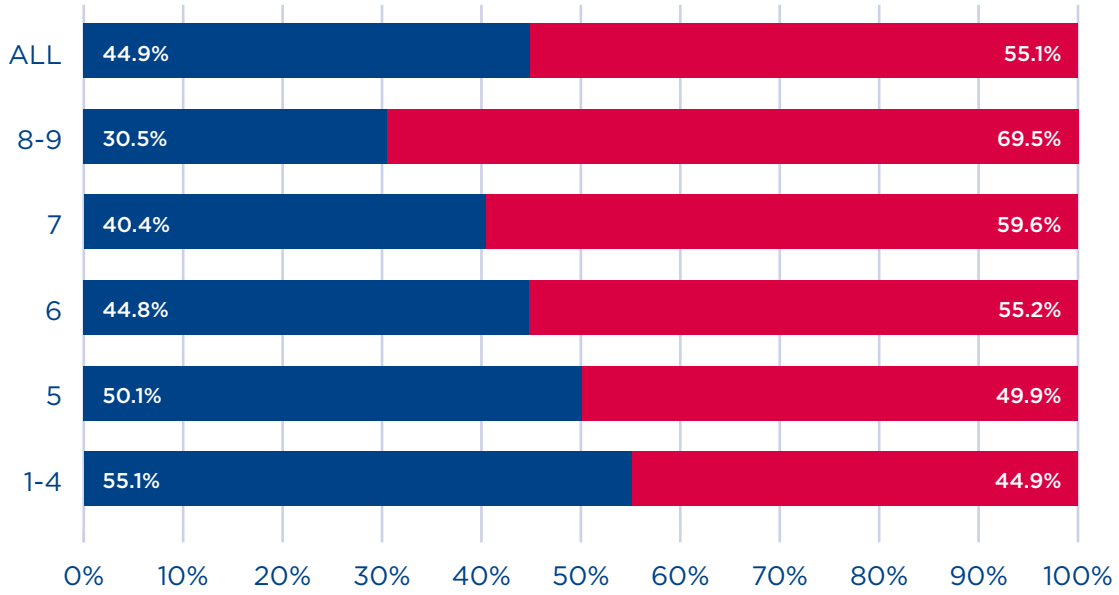
Turning to students, a much higher proportion is dependent on earnings from other people in the household than any other group in the sample. Six in ten (60%) stated that their income represented half or less than half of household income.

Figure 33: Earnings as a proportion of household income
All nursing staff in employment (n=8,075) Students (n=200)



Senior nursing staff are more likely to report being the primary breadwinner, with 70% of nursing staff employed on Bands 8 to 9 (or equivalent) and 60% of those employed on Band 7 stating they earn more than half of all household income. Under half of all nursing staff employed on Bands 1 to 5 state they are the primary breadwinner.

Figure 34: Earnings as a proportion of household income by pay band (n=7,968)



Looking at differences between respondents according to personal characteristics in terms of the proportion stating they are the main breadwinner in their households, we find the following:

- 54% of women are the primary breadwinner in their household
- 63% of men
- 54% of white respondents
- 65% of black respondents
- 61% of Asian respondents
- 46% of respondents of mixed ethnic background
- 54% of respondents with a disability
- 62% of respondents with no disability.

Multiple job holding

Almost a quarter (23%) told us that they have another job in addition to their main job. Of these, around half (55%) undertake bank nursing, a quarter work through an agency (23%) and 17% work additional hours in their main job.

Figure 35: Other paid work in addition to main employment: (n=1,818)

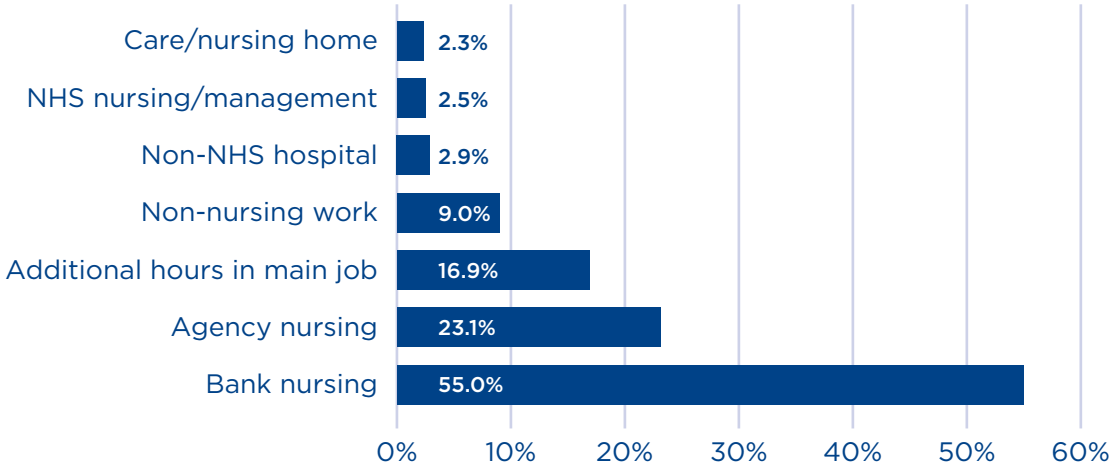
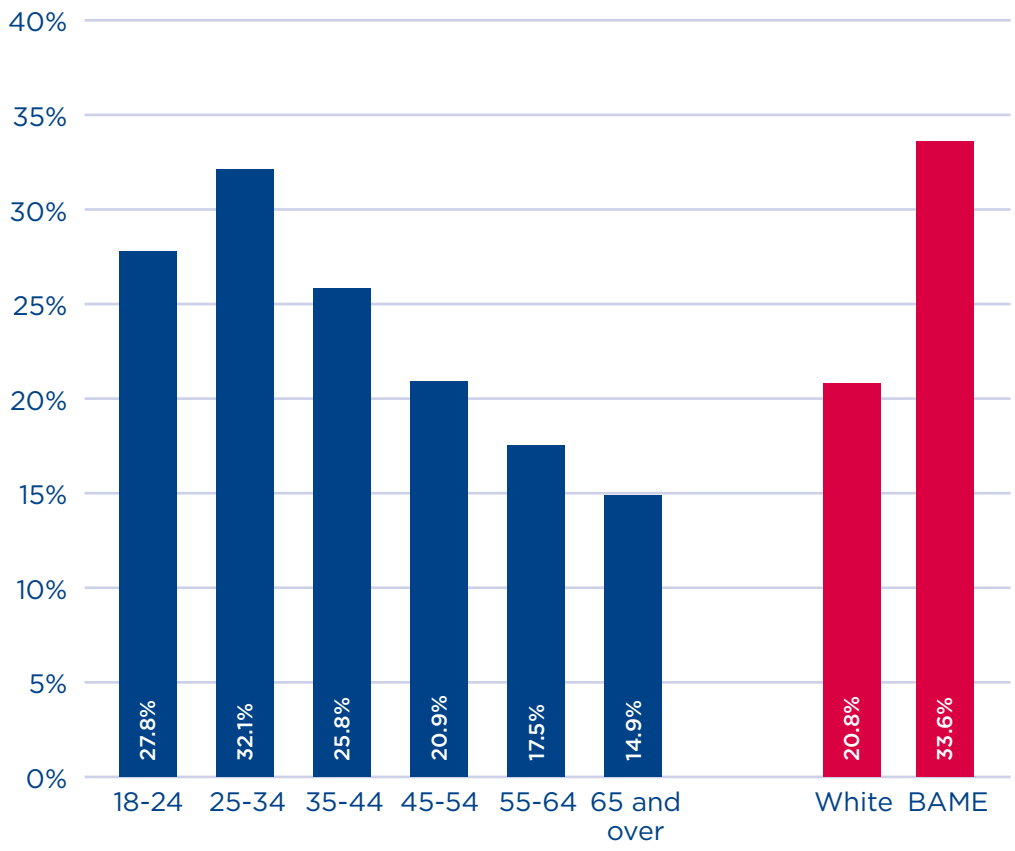


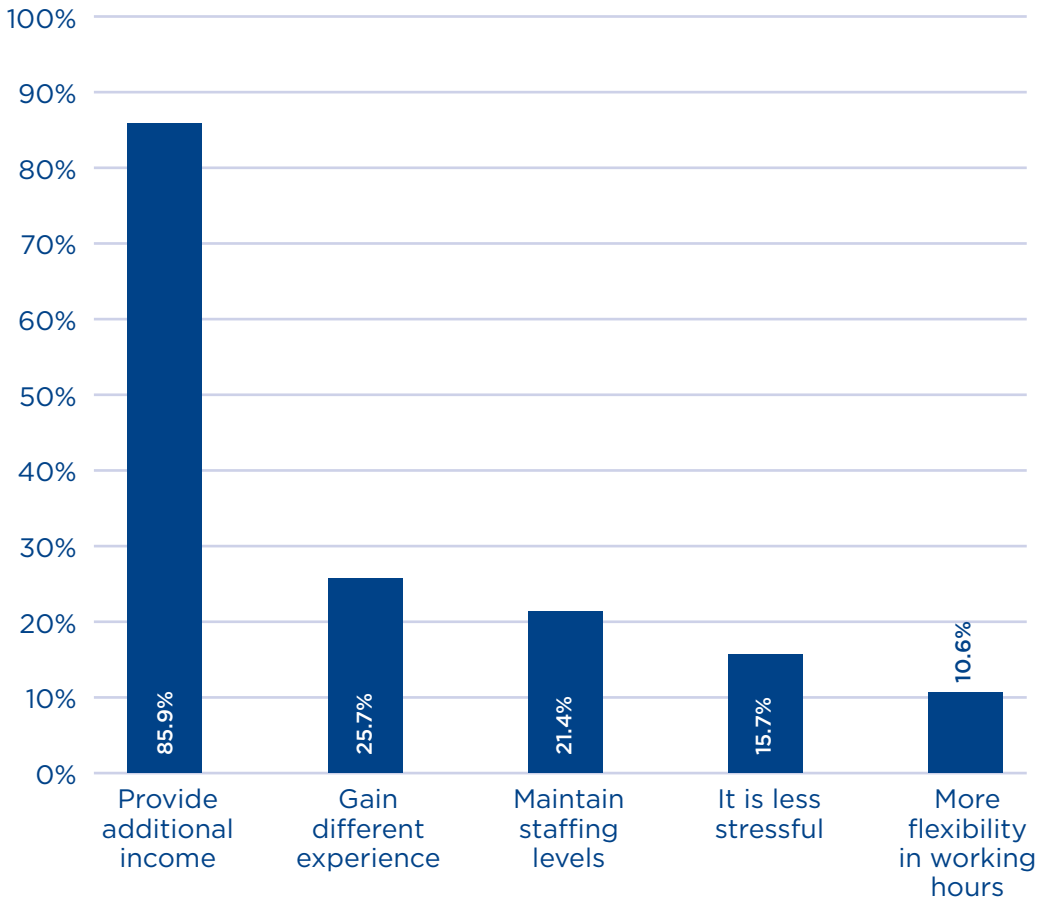
Figure 36 shows that taking on other paid work is more prevalent among younger nursing staff, with a third (32%) of 25 to 34 year olds and 28% of 18 to 24 year olds stating they had an additional job to their main job role. It is also more prevalent among BAME (34%) nursing staff than white staff (21%). As stated above, these staff are more likely to be the main breadwinner in their households, indicating the economic imperative of additional hours working for both BAME and younger nurses.

Figure 36: Other paid work in addition to main job, according to age and ethnic background



The overwhelming reason for working additional hours over and above a main job role, is given as the need to provide additional income (86%). Other reasons include the wish to gain different work experience (27%) as well as to maintaining staffing levels in their workplace (21%).

Figure 37: Reasons for undertaking additional work (n=1,818)



Among those undertaking additional paid employment, the majority (79%) are working over five hours a week. There are no differences in the length of additional working among those working either full-time or part-time in the main jobs. The main difference, as shown in Figure 39 is that among those undertaking either bank or agency work in addition to their main employment, nursing staff undertaking agency work generally working longer hours than those undertaking bank work. Over half (55%) of all those doing agency work do this on average over 10 hours per week, compared with 40% of those doing bank work.

Figure 38: Length of additional work (m=1,812)

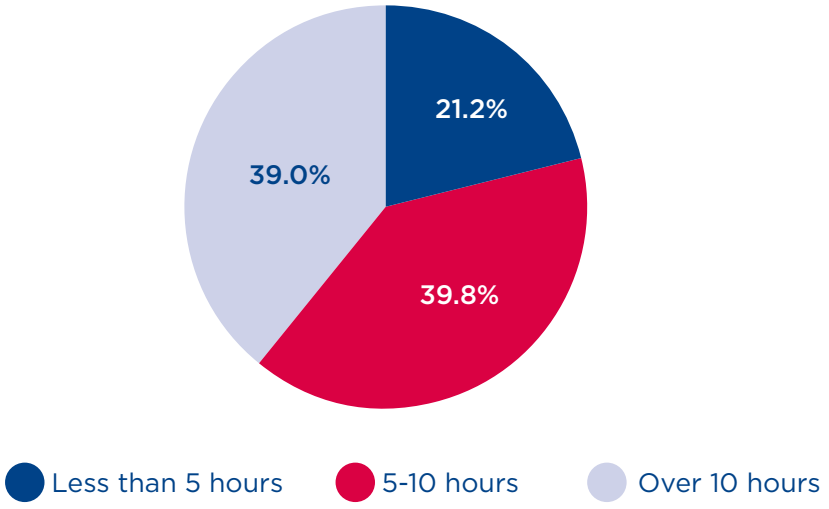
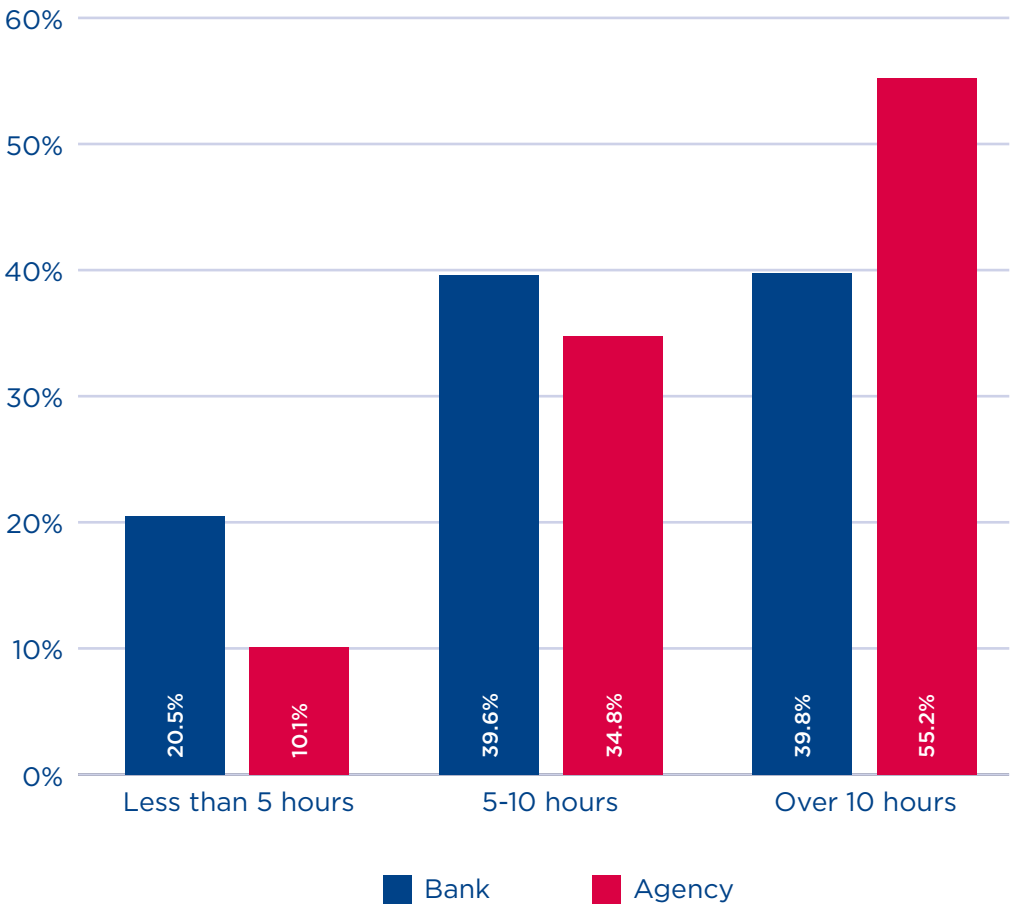


Figure 39: Length of additional work by bank or agency working (n=1,811)



Bank and agency working

Figure 40 explores the economic imperative driving bank and agency work, showing that among those nursing staff who undertake this work in addition to their main job, they are more likely to be the primary or sole breadwinner in their households than average. 62% of those who take on bank working and 65.3% of those who take on agency work are the main breadwinner – compared to 55% of the whole sample.

"I am unable to make ends meet without having to top up my earning doing bank work. I am unable to pay basic rent and afford a holiday without working extra hours. I seldom get a break, work 12 hour shift and unable to claim for missed breaks."

Band 4 health care support worker, NHS acute and urgent care setting, London

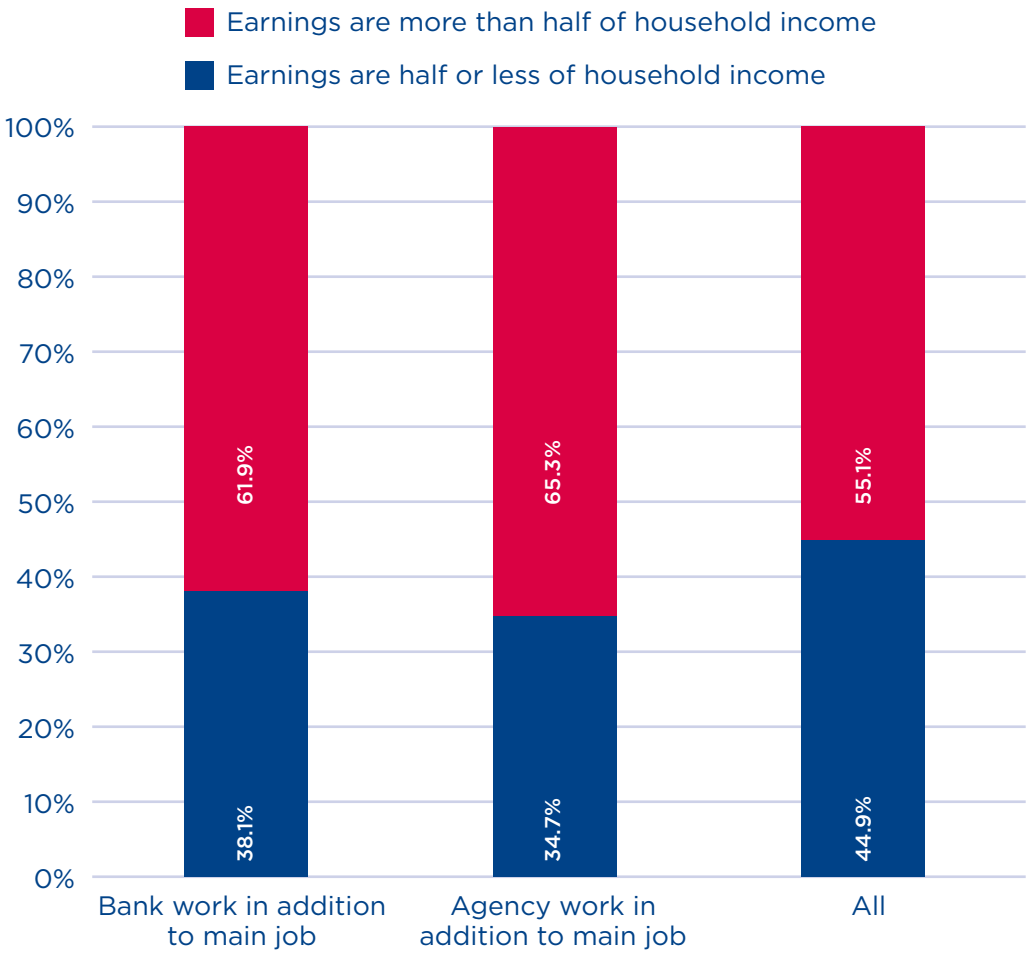
"It's not a job to live with a mere 37.5 hrs a week. A nurse cannot survive without extra cash, bank or agency."

Band 5 staff nurse, NHS mental health setting, London

"I've seen overtime replaced by nurse bank which caused a massive decrease in my pay."

Band 2 health care support worker, NHS mental health setting, Wales

Figure 40: Respondents who undertake bank or agency working in addition to their main job: earnings as a proportion of household income



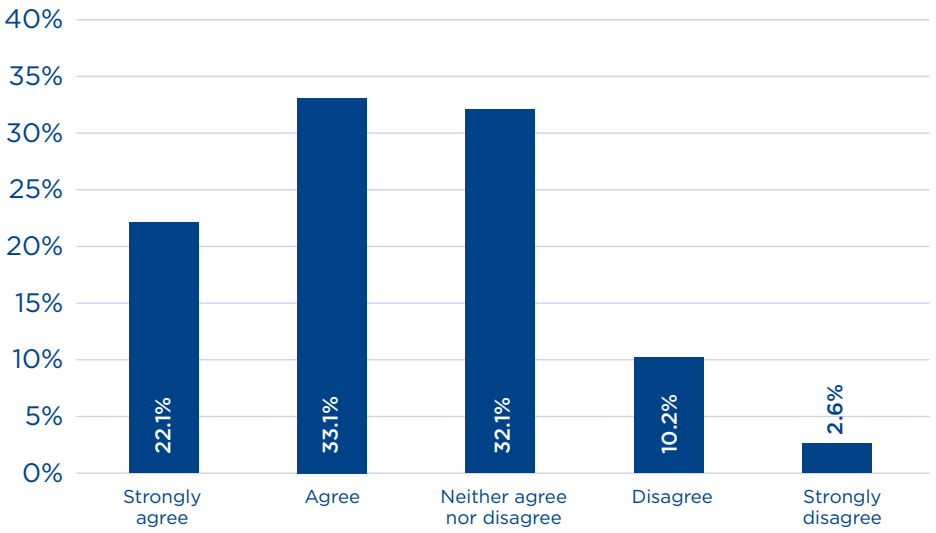
The nature of work and views about nursing

Main findings

- 55% feel confident they would be able to find a similar job elsewhere with a better salary and/or working conditions
- 37% are seeking a new job: the main reasons for looking for a new job are feeling undervalued, stress and not feeling supported by managers
- 74% say nursing is a rewarding career
- 65% are enthusiastic about nursing on most days
- 49% would recommend nursing as a career
- 62% agree that nursing will provide them with a secure future
- 36% would not want to work outside nursing
- 16% regret choosing nursing as a career
- 52% regularly or always show feelings in the job different from what they feel inside
- 31% regularly or always work hard to feel the emotions they need to show in their job
- Nursing staff feel most valued by their patients/clients/service users and their nursing colleagues and least valued by UK governments and the media
- Nursing staff feel very poorly represented in terms of decisions made funding, nursing pay and working conditions

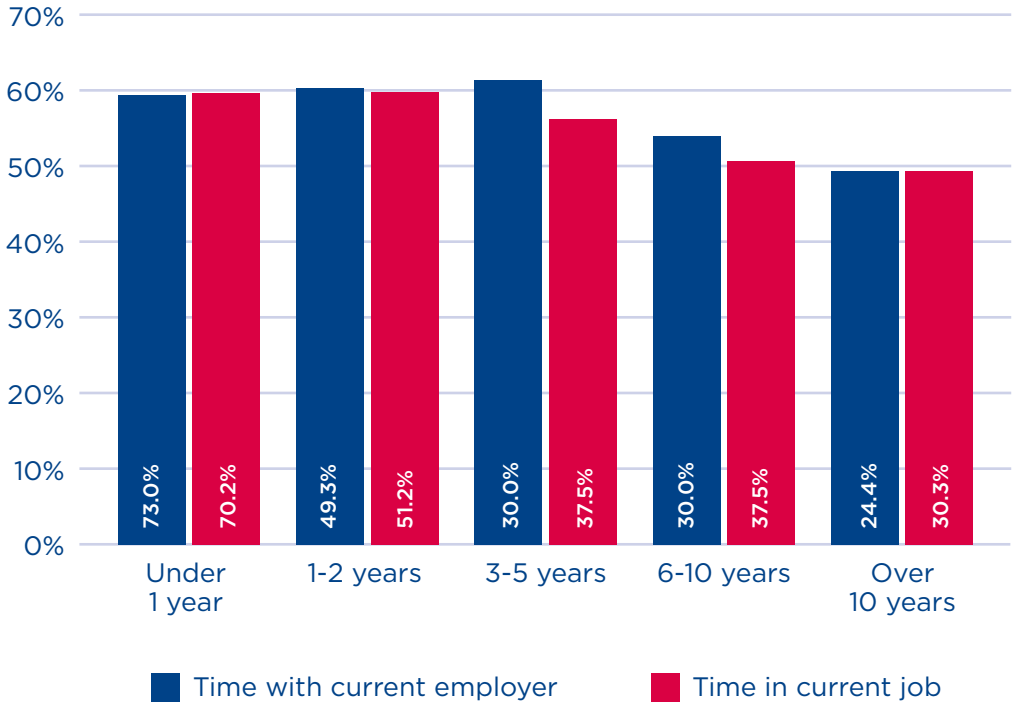
We asked respondents about whether they feel they would be able to find another job with better pay or working conditions. Figure 41 shows that while over half (55%) feel confident they could do so, a third (32%) appear more unsure. A small number (13%) do not feel confident in their ability to find another job with better pay or conditions.

Figure 41: Do you think you could find a similar job elsewhere with a better salary and/or working conditions? (n=4,879)



There was very little difference in the proportion of respondents agreeing that they could find a similar job elsewhere with a better salary and/or working conditions according to their seniority as measured in their pay grade. However, there were marked differences according to time worked with their current employer and time in current role. Respondents who have worked in their current role and/or for their current employer for six years or more are less likely to agree that they could find such a job than those with shorter tenure.

Figure 42: Do you think you could find a similar job elsewhere with a better salary and/or working conditions? By length of time in current role (n=4,846) and working for current employer (n=4,865)



Respondents were also asked whether they were actually seeking another job. Around one in four (37%) of all respondents currently in employment stated they were seeking a new job.

Looking at these results in relation to responses about ability to find a similar job with better salary or working conditions, it is interesting to note that those respondents seeking a new job were no more likely than average to be confident they would be able to find a similar job elsewhere with a better salary and/or working conditions.

Half (49%) of those who stated they were seeking a new job agreed that they would be able to find a better job while two fifths (39%) disagreed, suggesting that a significant number of nursing staff are motivated to leave their jobs by factors other than the wish to secure improved pay or working conditions.

Figure 43 looks at differences according to type of employer and shows that, in line with their temporary nature of employment, agency nursing staff (43%) and NHS Bank (40%) were most likely to state they were seeking a new job. Around two in five of all independent sector hospital (39%) and care home nursing staff (39%) and the same proportion of NHS trust/board (39%) and NHS Commissioning or Arm's Length Body staff (38%) said they were looking for a new job.

There are less obvious differences in the likelihood of respondents stating they felt confident in finding a similar job with better pay and/or working conditions, depending on their type of employer. Respondents working in independent sector care homes (61%) are most likely to state they could find such a job, while those working independent sector hospitals are least likely (52%)

Figure 43: Respondents seeking a new job (n= 8,075); Respondents agreeing that they could find a similar job with improved pay and/or working conditions (n=4,897), by main types of employer

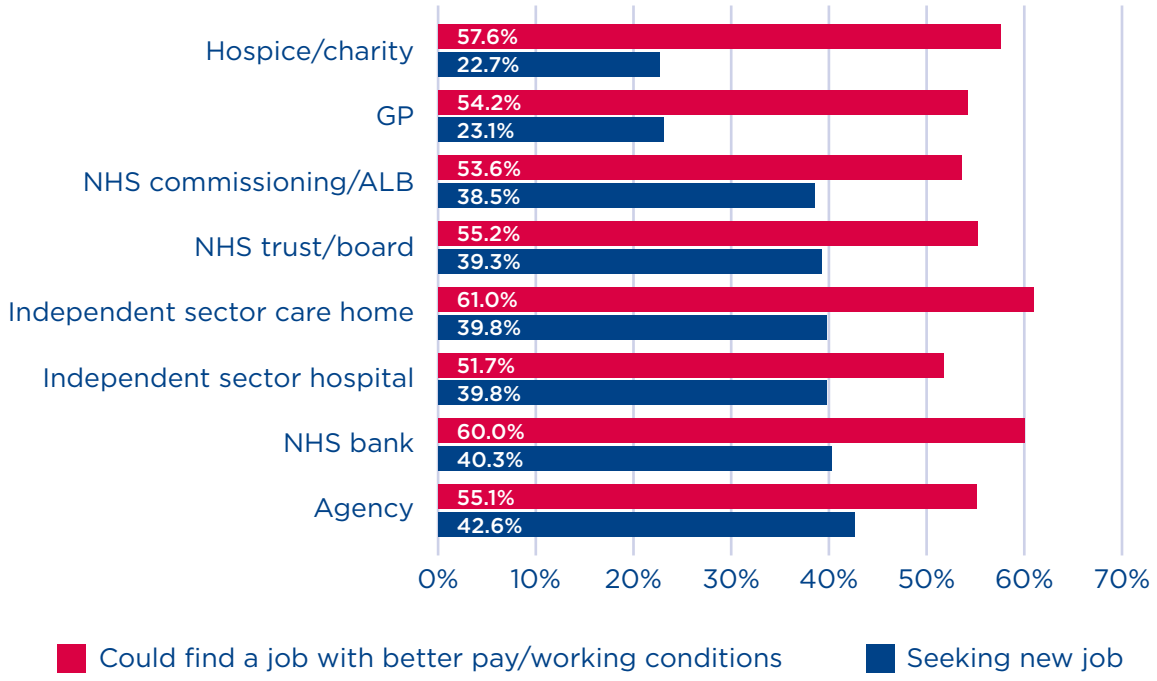


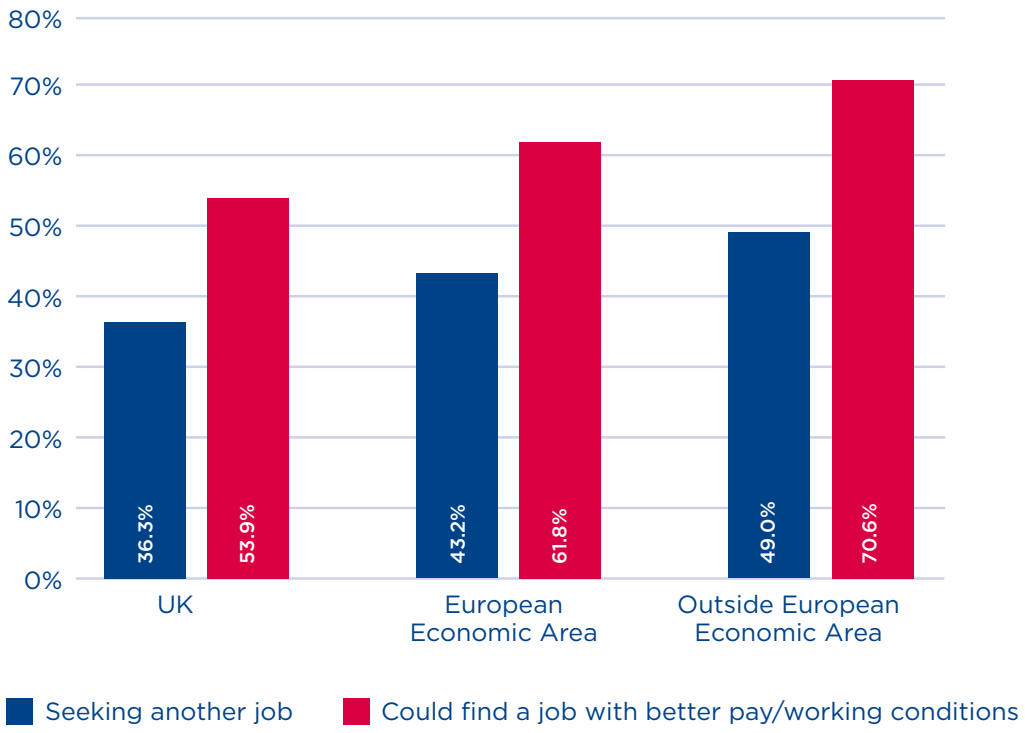
Table 5 shows that the propensity to be seeking a new job is clearly related to age, with those aged 44 or under much more likely than older respondents to be looking for a new job.

Table 5: Respondents seeking a new job by age

18-24	40.9%
25-34	43.5%
35-44	44.5%
45-54	39.0%
55-64	27.9%
65 and over	14.7%

Figure 44 looks at differences in attitudes to finding a new job among registered nurses according to where they qualified. Nurses who qualified outside the UK are significantly more likely to state they were both seeking a new job and that they were confident they could find a new job with better pay and conditions than those nurses who qualified in the UK, suggesting higher degree of mobility among those who qualified outside the UK.

Figure 44: Registered nurse respondents seeking a new job (n= 8,045); Registered nurse respondents agreeing that they could find a similar job with improved pay and/or working conditions (n= 4,876), by place of registration



All respondents who stated they were looking for a new job were also asked about the type of job they were seeking:

- Similar job in the NHS 31.7%
- Different job in the NHS 41.9%
- Similar job outside the NHS 23.4%
- Different job outside the NHS 33.5%
- Work abroad 11.2%

These categories were re-analysed to assess whether respondents were seeking work exclusively outside the NHS, exclusively inside the NHS, either in or outside the NHS or abroad.

- 45% stated they would prefer work in the NHS only
- 28% would prefer work outside the NHS
- 23% said they would work either in the NHS or outside
- 5% want to work abroad only

Looking in more depth at preferred destinations according to employer type, the NHS is the most preferred option for NHS, GP nursing staff and those working in hospices or charity sector.

For staff working in independent sector care homes or hospitals, respondents are more likely to favour another job outside the NHS.

Figure 45: Preferred options for different role by employer type (n=2,667)

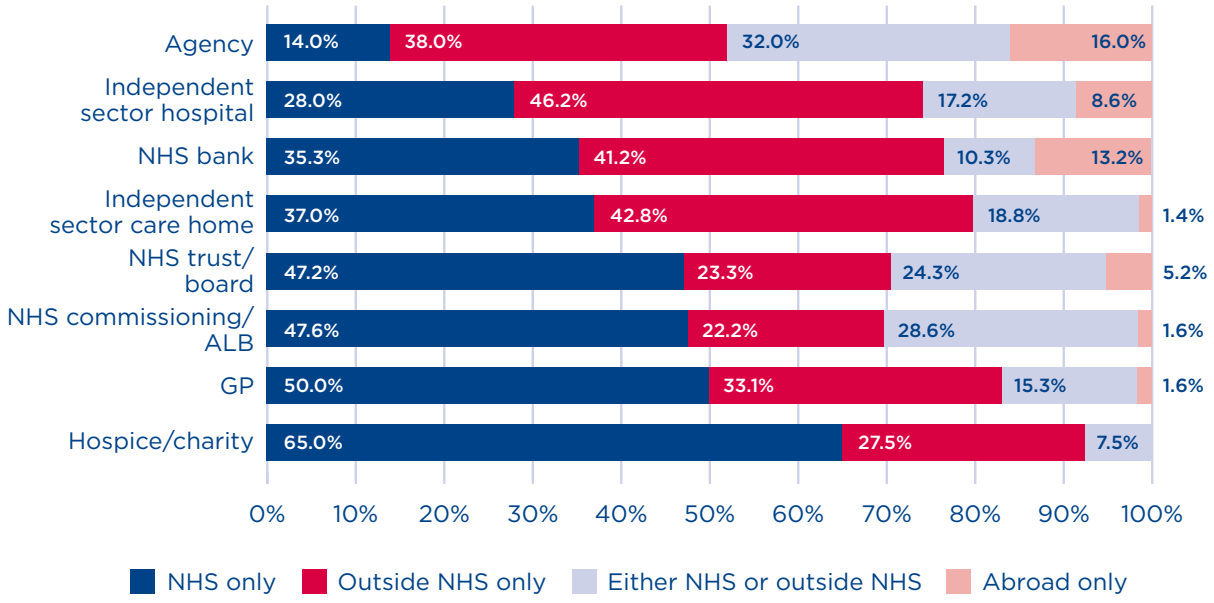


Figure 46 shows that the most common reasons given for seeking a new role are negative ones, including feeling undervalued (72%), stress levels (52%) and not feeling supported by managers (52%).

"It is so hard as we are all under pressure and trying to be kind to each other and respect the roles we all have...but it can be so difficult with the current pressures, the fact the monthly wage at the end of the working month does not reflect the hard work you have just done is soul destroying."

Band 5 staff nurse, NHS acute and urgent care setting, North West of England

"Not paid enough for the responsibilities and decision making we make as a community nurse. Not valued by senior staff. Not respected by public, zero tolerance against nursing staff is non-existent. Sick of being verbally abused when patients don't get their demands met. Patients' expectations of nurses are unrealistic in community."

Band 5 staff nurse, care home, North East of England

"I nurse some very unpredictable, unstable and seriously ill children within their own homes, the majority of the time on my own and with no support from management or an on call system other than 999 or 111."

Band 3 health Care Support Worker, Wales

More positive reasons were cited by around a third or less than respondents such as promotion (22%) and the wish for a new challenge (34%).

"I would like a role prior to retirement that would use my skills and abilities to provide additional or improved for patients. Alternatively, I would like to be in a professional development role that would allow me to pass knowledge and skill to new nursing staff."

Band 6 NHS community psychiatric nurse, Scotland

"I would like to help drive forward a culture change that is more compassionate and supports workplace health and work/life balance. I would like a few extra hours to have a role to champion staff health and wellbeing and also to be part of the freedom to speak up team."

Band 5 staff nurse, NHS hospital unit, North West of England

Figure 46: Reasons for seeking a new job role (n=3,002)

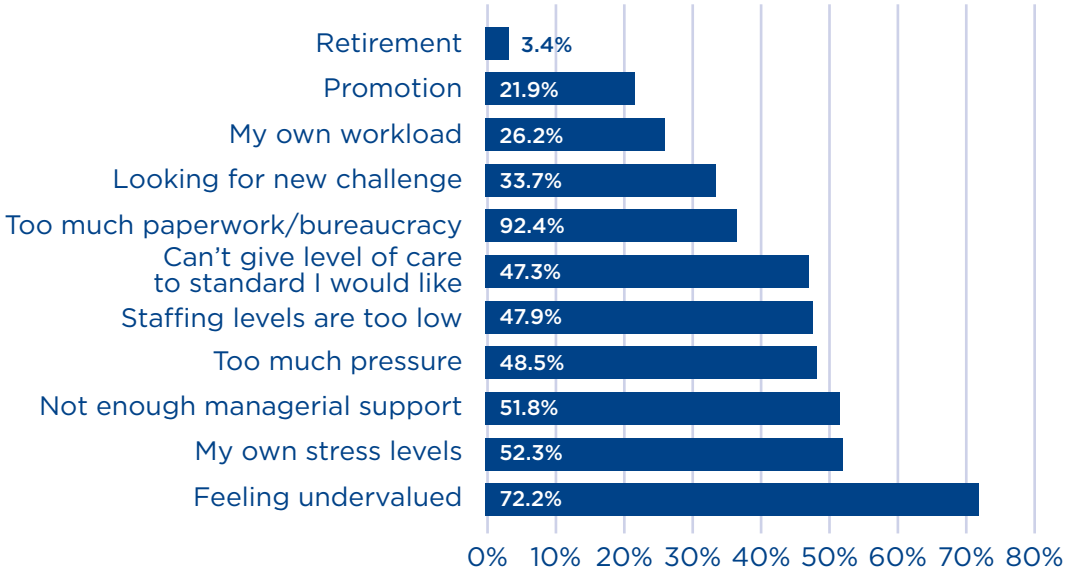
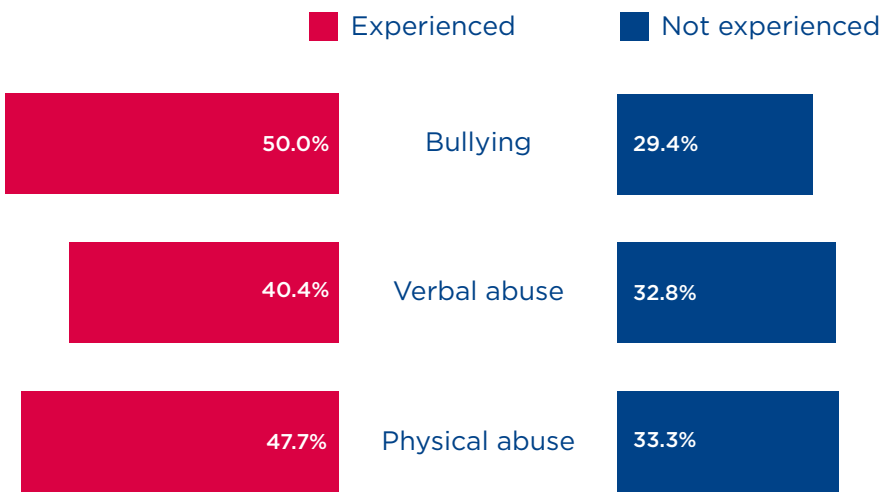


Figure 47 shows there is a strong association between those seeking a new job because of negative experiences at work. All those respondents who reported having experienced bullying from colleagues or physical or verbal abuse from patients/service users, or their relatives, were more likely to state they were looking for a new job than those who had not experienced this conflict at work. This is particularly the case for those who have recently experienced bullying – while half of those who have been bullied said they were looking for a new job, just one in three who had not been bullied were looking for a new job.

Figure 47: Experiences at work and reasons for seeking a new job role



Views about nursing as a career

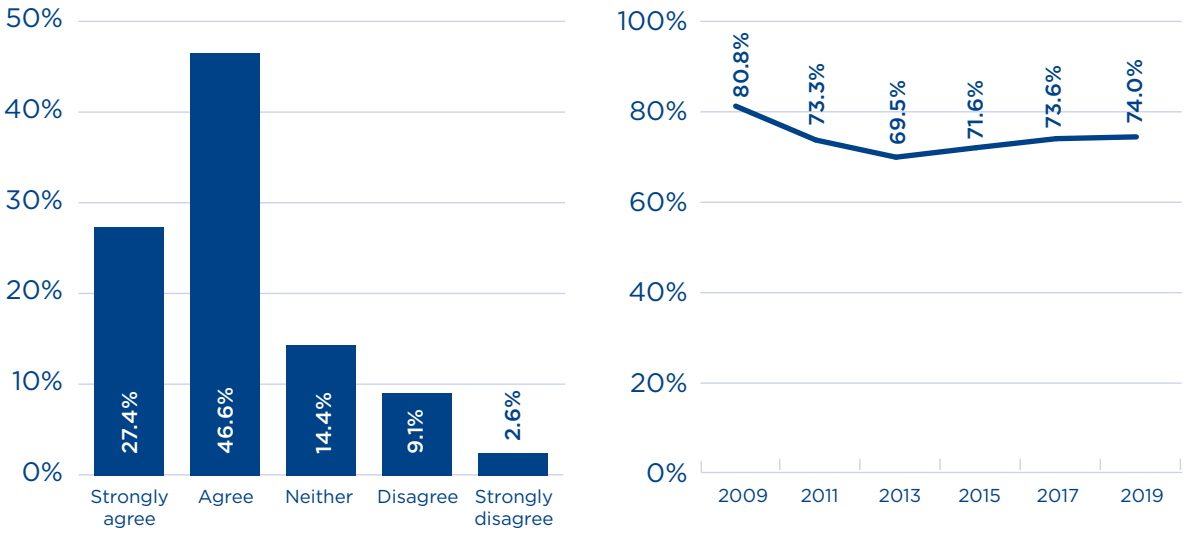
Almost three-quarters (74%) of all respondents, including students, those currently employed or taking a break from employment describe nursing as a rewarding career. There has been little change in the proportion holding this view since the last survey in 2017.

When asked about nursing, many respondents started out by describing it as a highly rewarding career, but qualified it with a comment about pay levels or increasing stress levels, workloads and pressures. Typical quotes are as follows: "The job is rewarding but the pay does not reflect the responsibility of the job" and "I like nursing and find patient care rewarding but sometimes it's just so tiring." Others gave more detail about the impact of the working environment on their views of nursing as a career.

> *"Nursing is a very rewarding and wonderful career and I have been a nurse over 30 years. People have asked me if I would ever change my job – the answer is an emphatic "No". I have always classed myself as very privileged to be a nurse. However, in recent times, I feel totally undermined and disillusioned. The removal of bursaries from students is a travesty, new nursing roles are introducing a two-tier system of nursing once again."*
>
> Lecturer, East of England

> *"I have only been qualified two and a half years and I already feel like giving up as it is not the career I thought it would be. Staffing levels and skill mix in my ward are poor and we have more highly dependent patients that we cannot look after properly in addition to all our other patients. I often come into shifts finding other nurses crying because they cannot cope with the pressure. Although I do my best to not let my emotions get the better of me, I regularly go home and cry about what has happened during the day. I cannot remember the last time I left a shift and felt like I had done a good job and not worry about missing something. If our ward is fully staffed, a member of our staff gets moved to another ward which has protected staffing numbers, leaving us short staffed. Management only care about numbers, not about safe and effective care. Morale is low and staff call in sick because they simply cannot face coming back in or cope with the stress."*
>
> Band 5 staff nurse, NHS acute and urgent setting, Scotland

Figure 48: I think nursing is a rewarding career (n=8,277)/ Percentage stating agree/strongly agree (2009-2019)



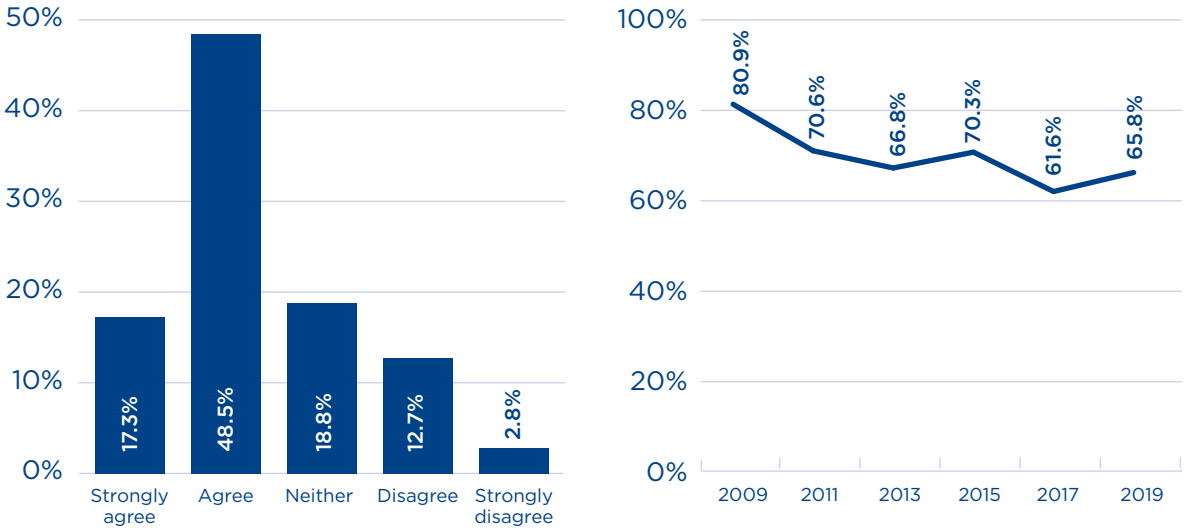
When asked about how enthusiastic they feel about their job, two thirds (65%) of all respondents stated that they feel enthusiastic on most days, representing a small increase of four percentage points since 2017 (Figure 49).

While many respondents told us they still derive intrinsic satisfaction with their nursing role, they are frustrated by other aspects of their job or the environment in which they work.

> *"I generally really enjoy my work. I and my senior lead nurse have created an environment where nurses have the resources to nurse as they should. The difficulties arise from demands on time, pressure for patient flow activity and discharging patients at the same time as preserving patient quality care. It's a challenge every day to sustain the levels of care we give. Somehow, we manage to do that!"*
>
> Band 7 sister/charge nurse, NHS acute and urgent care setting, Wales

> *"I do like my job and enjoy working with my patient group but don't feel the post is valued by my organisation. There is no continual support for my service to help change or improve things for patients and that is really your ultimate goal."*
>
> Band 6 clinical nurse specialist, Scotland

Figure 49: Most days I am enthusiastic about my job (n=8,272)/ Percentage stating agree/strongly agree (2009-2019)



Almost half (49%) of all respondents stated they would recommend nursing as a career. Some of the most positive responses about nursing as a career were, however, offered by respondents who have changed area of practice or employer and are able to reflect on differing experiences across their working career.

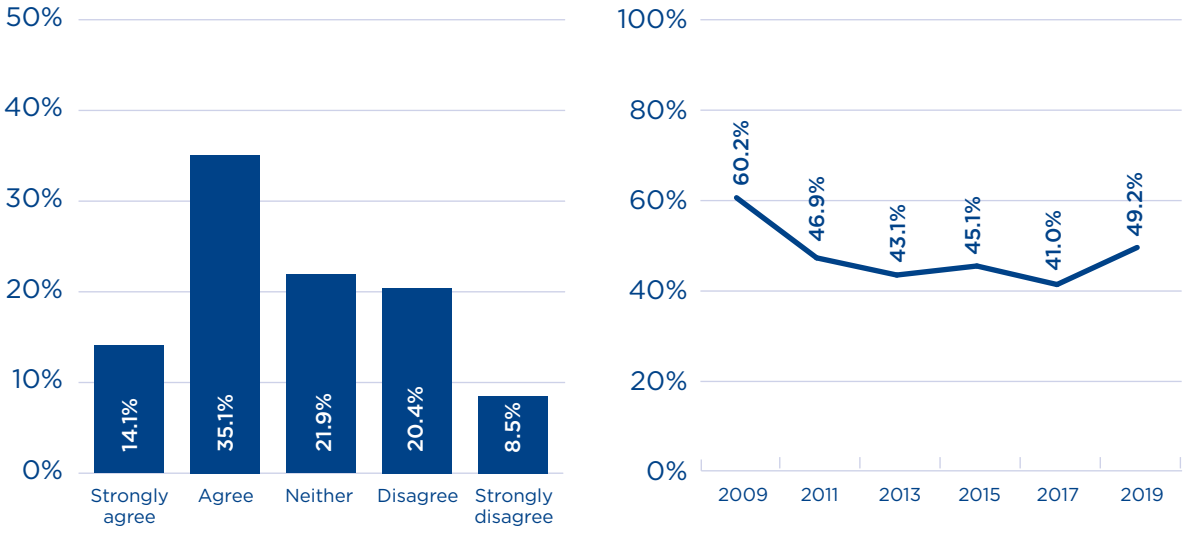
> *"I work in a very well managed and forward thinking practice with a great team of nurses and supportive GPs. For the first time in my nursing career I feel I am able to take control of my work and feel valued by my colleagues and management."*
>
> Band 6 practice nurse, South West of England

While it is encouraging, that the proportion who would recommend nursing as a career has increased by 8 percentage points since 2017, over a quarter (29%) would still not actively recommend nursing to other people, along with another 22% who appear ambivalent about nursing as a career.

> *"Working hard in a challenging environment, poor shift times and patterns make it impossible to take part effectively in family life. Your children not doing well at school because you're not there to help them with homework. Do not recommend this to the next generation."*
>
> Band 5 staff nurse, NHS acute and urgent care setting, South West of England

> *"I have been in nursing for 30 years and have loved it but there are not enough nurses in practice and on the wards, poor skill mix and pay. I fear nursing will become worse and people will not join it as a profession."*
>
> Practice nurse, Northern Ireland

Figure 50: would recommend nursing as a career (n=8,291)/ Percentage stating agree/strongly agree (2009-2019)



We also see a significant increase in the proportion of nursing staff stating that nursing would continue to offer them a secure future to come, rising from 43% in 2017 to 62% in this survey. Interestingly, students are the most positive about their prospects, with 84% agreeing that nursing will offer a secure future. This may well be a reflection on comparative careers and the state of the economy and labour market outside nursing. In a potentially volatile environment, nursing may look like a safer haven than other alternative employment choices.

Figure 51: Nursing will continue to offer me a secure future to come (n=8,269) Percentage stating agree/strongly agree (2009-2019)

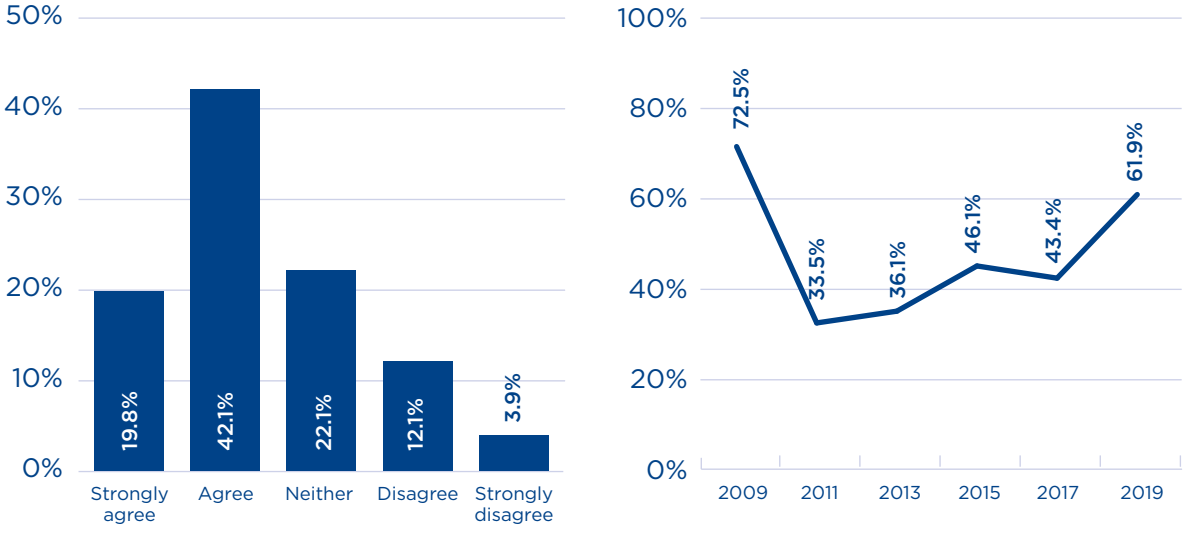
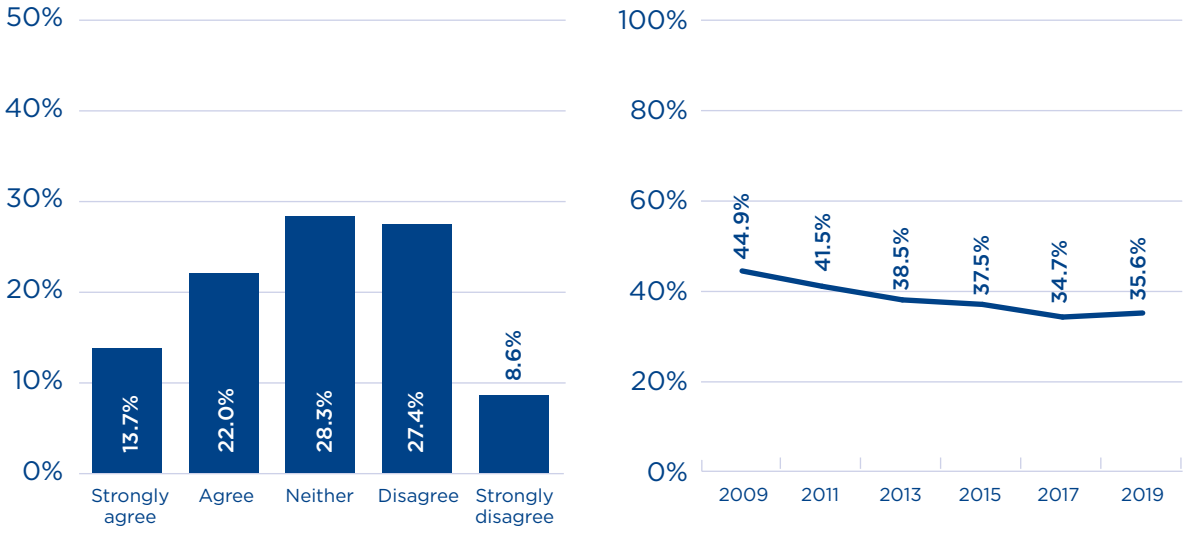


Figure 52 shows that respondents were fairly evenly split whether they would consider working in a profession other than nursing. While around a third (36%) disagreed with the statement 'I would not want to work outside nursing', the same percentage agreed, and a further 28% were undecided.

Figure 52: I would not want to work outside nursing (n=8,271)/ Percentage stating agree/strongly agree (2009-2019)



We asked respondents whether they agreed with the statement 'I regret choosing nursing as a career.' This is a relatively new question for the RCN's series of employment surveys, introduced in 2017. Over half (59%) disagreed with the statement, compared to 56% in 2017. In 2019, around one in six (16%) agreed that they regretted choosing nursing – a similar number to that in 2017 (18%).

Although the majority state they don't regret their choice of nursing as a career, when given the chance to give a longer response, many were somewhat qualified answers, such as in the illustrative quotes below.

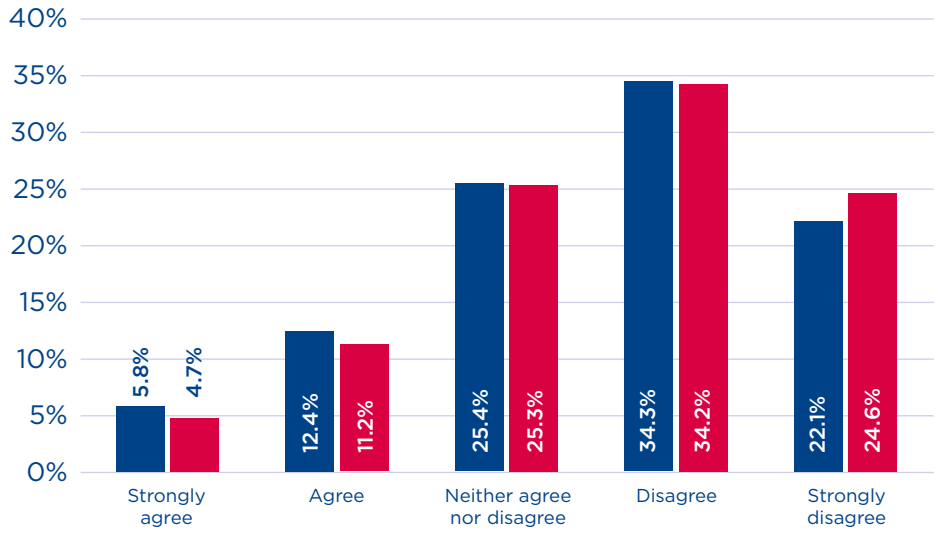
> *"I do not regret being a nurse and I am proud of what I have achieved in my career, however registered nurses are retiring and returning as health care support workers. The NHS does not value its older experienced nursing workforce."*
>
> Band 8a senior nurse/matron, NHS community setting, London

> *"I do not regret becoming a nurse, however, I feel unsupported in my role. I have missed training sessions due to staff shortages. I feel unheard by my managers and sometimes unsupported by my colleagues."*
>
> Band 5 staff nurse, NHS hospital ward, South East of England

Other respondents were much less equivocal, and clearly explained their regret in their career choice.

> *"I strongly regret becoming a nurse, if I did not have a mortgage or children I would leave the profession in a heartbeat."*
>
> Band 6 sister/charge nurse, NHS acute and urgent care setting, Scotland

Figure 53: I regret choosing nursing as a career
Employment Survey 2017: n=7,584
Employment Survey 2019: n=8,282



Emotional demands

This year's survey contains new questions about emotional demands of the nursing role. These questions are developed from research studies on emotional labour in nursing. Emotional labour was first defined by Hoschschild (1983) as 'the management of feeling to create a publicly observable facial and bodily display.' When genuinely-felt and organisationally-required emotions are not aligned, employees regulate both feelings and expressions in order to conform to organisational requirements.

Two of the main emotional labour strategies involve surface acting and deep acting. Surface acting means that employees change their outward expressions, voice and gestures, but do not attempt to feel the emotions that they are displaying. In contrast, deep acting involves employees attempting to regulate their inner feelings in order to actually feel that what they are displaying. The two questions included in the survey attempt to evaluate respondents' emotional labour strategies through surface acting and deep acting. Surface acting is measured with the question: "I show feelings to patients that are different from what I feel inside" and deep acting is measured with the question: "I work hard to feel the emotions that I need to show in my job."

The ways in which emotional labour is experienced in nursing are aptly described in the following quotes from respondents to this year's survey.

> *"I don't need to work hard to feel for people in my care but I do work hard to leave my own needs and feelings at the door and pick them up again on the way out."*
>
> Agency worker, Scotland

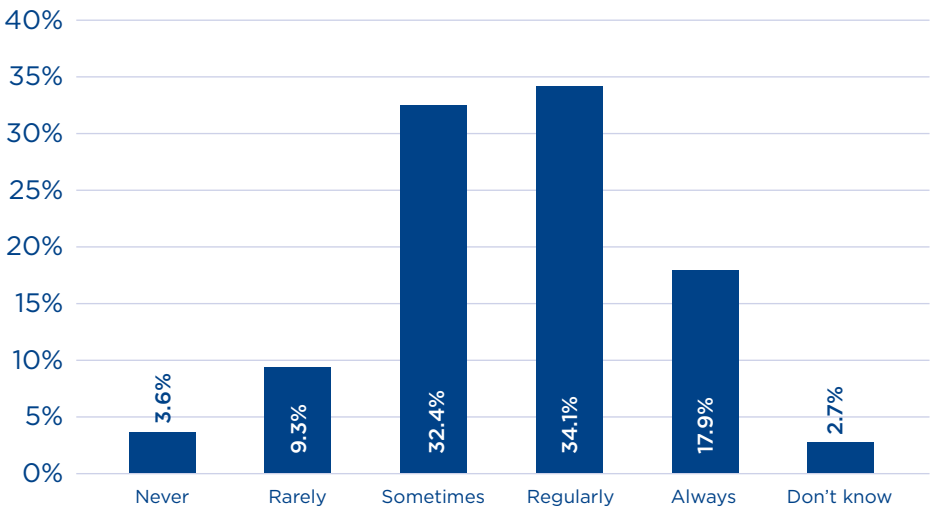
> *"When I experience compassion fatigue I feel I have to put on a 'customer service' face, rather than being genuinely content in my work."*
>
> Student, Northern Ireland

"Looking after patients with dementia is stressful and demanding, but requires you show constant patience and kindness. It takes huge strength to keep showing this when you are constantly under huge stress and pressure from low staffing levels and lack of support from management."

Staff nurse, independent sector care home, Scotland

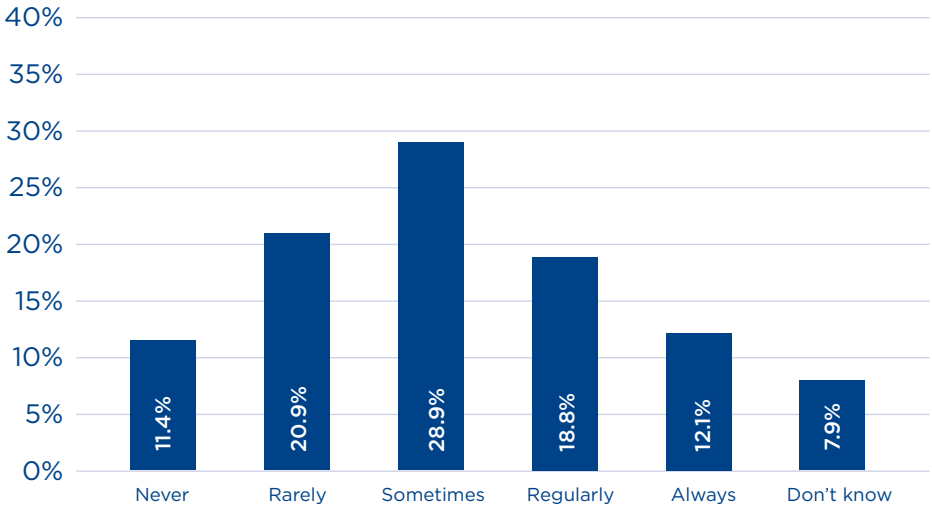
Figure 54 shows that very few respondents stated they never (4%) or rarely (9%) show feelings in the job different from what they feel inside while over half (52%) stated they do so regularly or always.

Figure 54: I show feelings in my job that are different from what I feel inside (n=8,274)



There appears to be a stronger propensity towards surface acting (as shown in Figure 54) than deep acting (in Figure 55), where results are more mixed as measured in the statement: 'I work hard to feel the emotions that I need to show in my job.' Around a third (32%) stated they never or rarely work hard to feel the emotions needed to show in their job, while a similar proportion (31%) said they do so regularly or always.

Figure 55: I work hard to feel the emotions that I need to show in my job (n=8,230)



Respondents were invited to elaborate further on their ratings on these statements and several described the need to manage the emotional aspects of their job in largely positive terms.

"Despite often feeling the pressures of the job for the sake of patients I always strive to show compassion, dedication and enthusiasm within my working day."

GP practice nurse, Scotland

"I always strive to set my less positive emotions aside, when it comes to feeling undervalued and/or stressed, yet I never hold back the emotive impact that the patients and family members I work with every day have on me. The recognition I get from the client group I work with makes me feel very happy and fulfilled, something I would find hard to find in a completely different job."

Health care support worker, independent sector hospital, Channel Islands

Many more respondents described the emotional demands of nursing in highly negative terms, in relation to the impact on themselves, colleagues, patients and services users and the broader future of nursing.

"As nurses we are expected to 'put up with it, not complain' as this was a 'vocation' that we chose. This is so outdated. Obviously we must be kind, compassionate people in order to nurse, but this is not the entire reason we chose nursing. We chose it because it is multi-faceted, interesting, challenging profession and to expect people to behave like the nuns that came before nurses – dutiful and dedicated without any of our own needs met – mentally, physically or financially – is wrong. "

Band 5 staff nurse, acute and urgent care setting, Scotland

"I regularly feel very stressed and anxious at work and have to try hard not to show this to my patients and to help them feel at ease. I also feel as though I have to try and remain positive for the rest of the nursing team to try and boost morale as often there are members of the team who outwardly struggle."

Band 5 staff nurse, NHS acute and urgent care setting, Scotland

While there was very little difference in responses, depending on level seniority, nursing staff in managerial positions described the multiple demands they face, striving to provide management and leadership to other staff, while managing their own emotions.

> *"I outwardly aim to appear happy, to encourage, motivate, support and lead my team, expressing a positive outlook as best I can, whilst I know the daily pressures are excessive for all. I have a severe retention problem, with 70% of staff leaving in the last 30 months, primarily to community posts. Inwardly I feel it is a daily struggle to lead the team and I put on a mask when I come to work over my true emotions. I love the essence of nursing and the valuable role we have. I have not lost sight of why I came into nursing but unfortunately I would no longer recommend it to others as it is undervalued, a small volume of the public (family members) totally disrespect staff and although they are the minority it has a huge impact on staffs' working day It is hard to continually motivate oneself as my role requires me to motivate ward staff daily."*
>
> Band 7 sister/charge nurse, NHS acute or urgent care setting, Northern Ireland

> *"As team lead I have a responsibility to my patients to maintain the morale of my staff in difficult circumstances. The better supported my team are the better the standard of work, care and compassion they deliver. There are higher management/national decisions that profoundly affect the client group we support which are frustrating. It would not be appropriate to express my frustration and anger as I need good governance and positivity to manage an effective team."*
>
> Band 7 team leader, early intervention service, South West of England

Given the emotional demands intrinsic to nursing, several respondents put forward the need for support, as well as the need for nursing staff to support each other in emotional and practical ways.

> *"The emotional demands of front line nursing are not valued. We are not offered debriefs. Many things make me feel angry and upset about austerity and the effects on health and I also feel upset about how nurses speak to each other at times. I try to role model compassion and be approachable for any colleagues whatever rank and role to come and talk if they are having a difficult day. I would also like to see more recognition and support for our emotional needs. Like Schwartz rounds or know who we can formally go to if we are feeling very stressed or upset."*
>
> Band 5 staff nurse, NHS hospital unit, North West of England

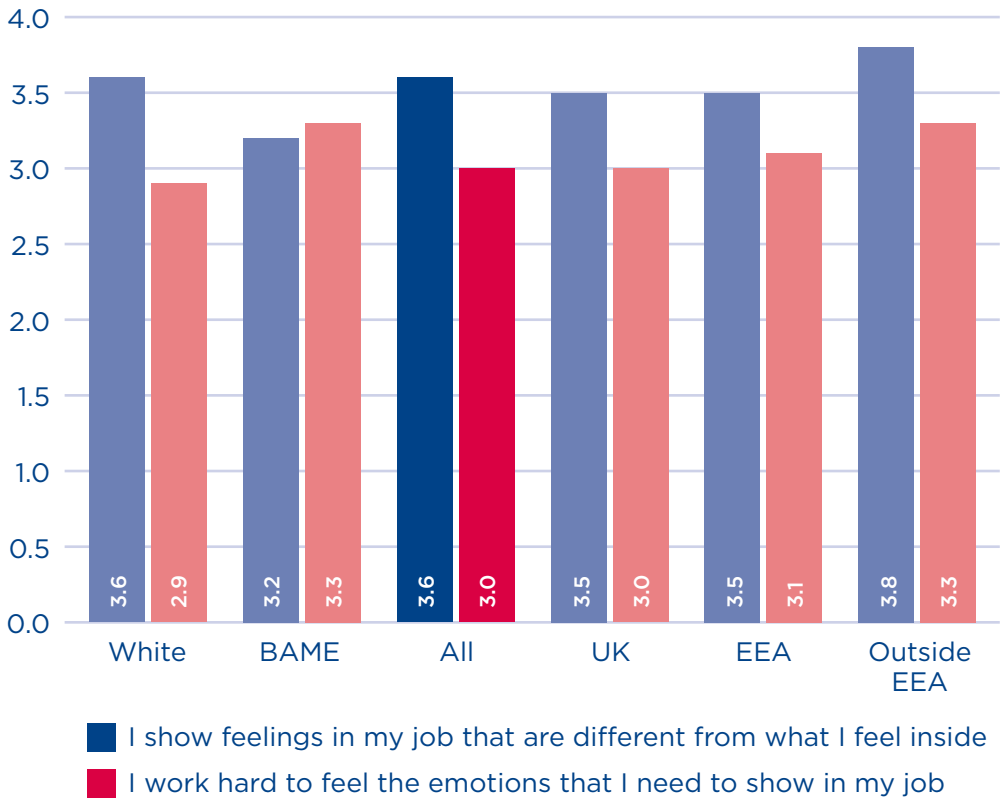
Responses to these two questions on emotional demands were categorised on a scale where 'never' equals 1 and 'always' equals 5 to provide average scores. The average score for the statement 'I show feelings in my job that are different from what I feel inside' was 3.6 out of 5. The average score for the statement 'I work hard to feel the emotions that I need to show in my job' was 3.0 out of 5.

While there was very little difference in average scores according to seniority (as measured by pay grade), or in age there were differences according to ethnic background and for registered nurses – according their place of qualification.

Among white respondents, there was a higher propensity to describe surface acting, or making their inner feelings correspond to how they appear, than respondents from an ethnic minority background. Conversely, BAME respondents were slightly more likely to describe deep acting, or changing feelings from the inside so that they present the feelings they want to show.

Turning to registered nurses, respondents who qualified outside the European Economic area (EEA) are more likely to describe managing their feelings, on both counts, than those who had qualified in either in the UK or in the EEA.

Figure 56: Emotional demands, according to ethnic background (all respondents) and place of qualification (registered nurses). Average scores out of 5.



Black and ethnic minority nursing staff described in their own words the impact of discrimination on their feelings about nursing in 2019, as well as their lived experience of racism at work, and their perceptions of differential treatment based on their ethnicity.

"As a black nurse I get racist comments from patients every day and my employer does not do anything about the issue. Fellow workers are also subtly racist."

Mental health nurse, independent sector hospital, East Midlands

"The greatest harm we have in nursing is racism. We treat people differently according to their race and NMC is complicit in this. When black people are reported to NMC you are first put on interim sanction before you are heard, which is not the case if you are white. Nurses from ethnic minorities are under-represented in management positions. Until issues like these are addressed, the massive exodus of nurses from the NHS will continue."

Band 6 NHS staff nurse, acute and urgent care setting, Yorkshire & Humberside

"It is a common knowledge that minority groups in NHS are not well represented at leadership position and suffer from poor career progression."

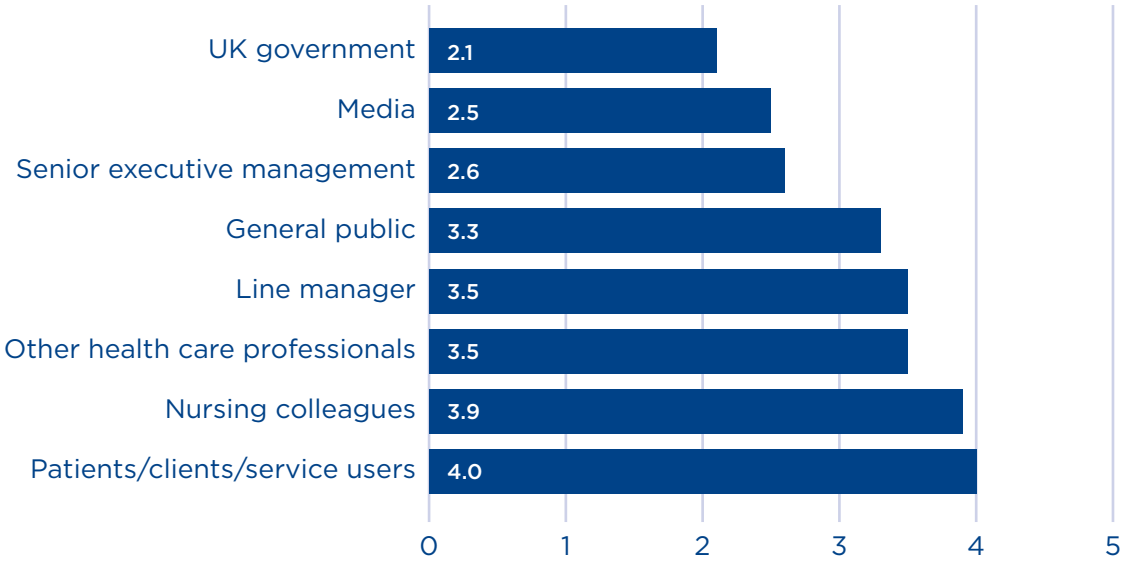
Nurse practitioner, prison health care, Scotland

Value and voice

Respondents were invited to score how highly they feel valued by different groups, including their patients/clients/service users, colleagues, managers, the general public, the media and governments and were asked to assign a score out of 5.

Figure 57 shows that nursing staff feel most valued by their patient or client groups and other nursing colleagues. They feel very poorly supported or valued by the government in their part of the UK, with an average score of just 2.1 out of 5.

Figure 57: To what extent to do you feel valued by different groups? Average score out of 5



While the highest score was attributed to how nursing staff feel valued by patients, clients and service users, a common reflection made was that their expectations had increased in recent years and were sometimes unrealistic.

> *"There are not enough staff to provide one to one care that relatives expect. People seem to be less willing to wait a few moments while you finish caring for another person and expect you to drop everything because their need are more important."*
>
> Staff nurse, independent sector care home, East Midlands

> *"The expectation that nurses are superhuman and can provide individualised holistic care with insufficient resources and staff is held by managers, patients and relatives alike and makes it a horrendously stressful environment."*
>
> Clinical nurse specialist, GP practice, West Midlands

Comments about management often related to a feeling of dislocation and detachment between the nursing workforce and senior management.

> *"The hierarchical system has left the front line staff feeling so detached from the management level staff that it is hard to see how it can be repaired. Management themselves are so far removed to what is actually happening that they do not represent nursing and care."*

Band 5 mental health nurse, Scotland

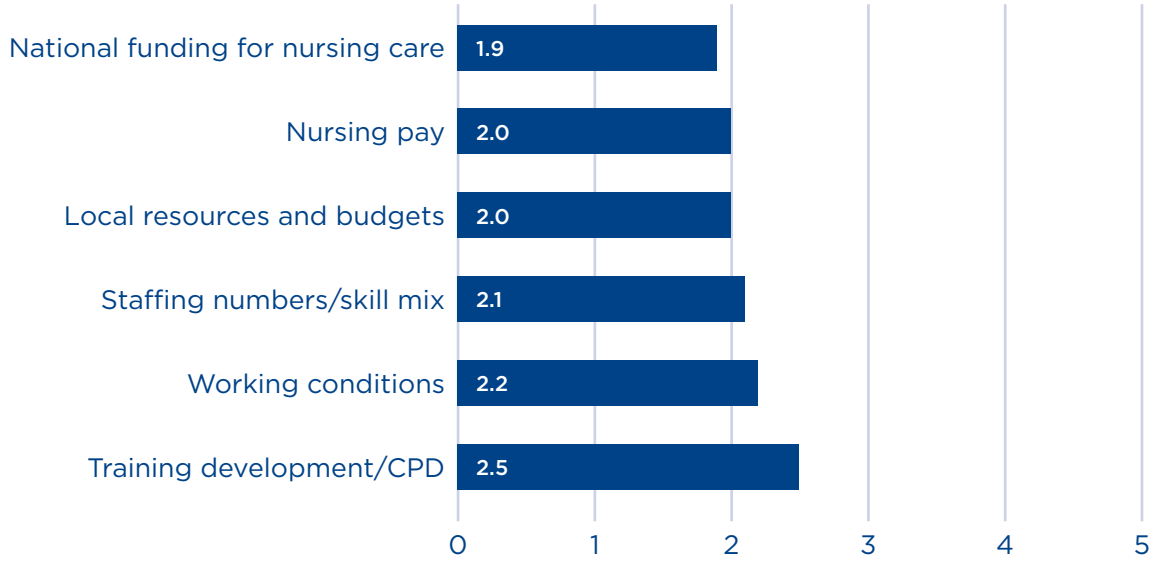
Respondents also took the opportunity to reflect on how nursing is valued as a profession, by those both within and outside nursing.

> *"As a profession, the complexity of our role is not recognised or valued by other professions or the government, and this is reflected in pay and conditions. Whilst some 'tasks' may be viewed as requiring less skill, this is not the case for the range of knowledge and skills required to be effective, and more importantly the complexity of all the 'tasks' combined leads to a job which is immensely challenging. We are still subservient to our male dominated medical workforce who are always seen as having the more difficult job. Nothing could be further from the truth. This leads to low morale and I do not see this changing any time soon."*

Band 7 Educator/trainer, NHS acute and urgent care setting, Scotland

Nursing staff were also asked how they far they felt that the nursing voice was heard and taken into account when decisions were being made about local and national issues affecting the nursing workforce. Average scores on nursing voice were much lower than those given for nursing value. Figure 58 shows that on average, respondents rated nursing voice on local issues such as training and CPD as 2.5 out of 5 and working conditions as 2.2. Respondents were particularly negative about the strength of nursing voice over national funding issues and nursing pay, ranking them as 2 and 1.9 out of 5 respectively.

Figure 58: How far do you agree that the views of nursing staff are taken into account when decisions are made on different issues? Average score out of 5



A clear message given by respondents relates to the need for nursing staff to have more influence and input into decision making relating to funding, staffing, service organisation, nursing status and development.

"Nurses need to be represented more and with a stronger voice in the UK... the expected goodwill of our profession is wearing hearts, motivation and integrity levels down."

Band 5 staff nurse, neonatal setting, South West of England

While much criticism was levelled at the government for perceived failures in workforce planning and funding decisions the RCN did not escape reproach, with many pointing to the need to defend the nursing profession.

"I understand the financial pressures facing the government but it is difficult to understand why they treat NHS workers so badly. In any normal business environment when there is a staff shortage, wages would increase to attract people and meet demand. I struggle to see how things will improve if adequate resource is not applied for staff education, development and paying staff a wage that meets their level of skill and experience."

Band 6 sister/charge nurse, acute and urgent care setting, South West of London

"The RCN needs to fight our corner, nurses are leaving the profession for several reasons – inappropriate banding, increased workload due to demand with ever expanding practice population."

Band 6 district nurse, Scotland

"I'm concerned students having to pay to become nurses. They don't get paid whilst on placements. This is so wrong. They are not supernumerary. Would politicians work without pay? RCN needs to do something."

GP practice nurse, North West of England

Many others highlighted their frustration of the inability of nursing staff to influence decisions in their own organisation and particularly around raising concerns about unsafe staffing levels.

"Last year my team and I voiced concerns about unsafe staffing levels through appropriate 'Speak out' processes which backfired and led to our team being bullied by management. It is still not safe to speak out without fear of repercussion. If organisations reduce staffing levels they should take responsibility for the situation, not make frontline staff carry the burden of too much work."

Band 7 health visitor, South East of England

"We do not have the correct number of staff to care for our patients appropriately a lot of the time and often get used as Bank to fill gaps in the rest of our hospital. Even when we raise concerns, it feels like we are not listened to."

Band 5 staff nurse, NHS hospital ward, Scotland

Physical and verbal abuse and bullying

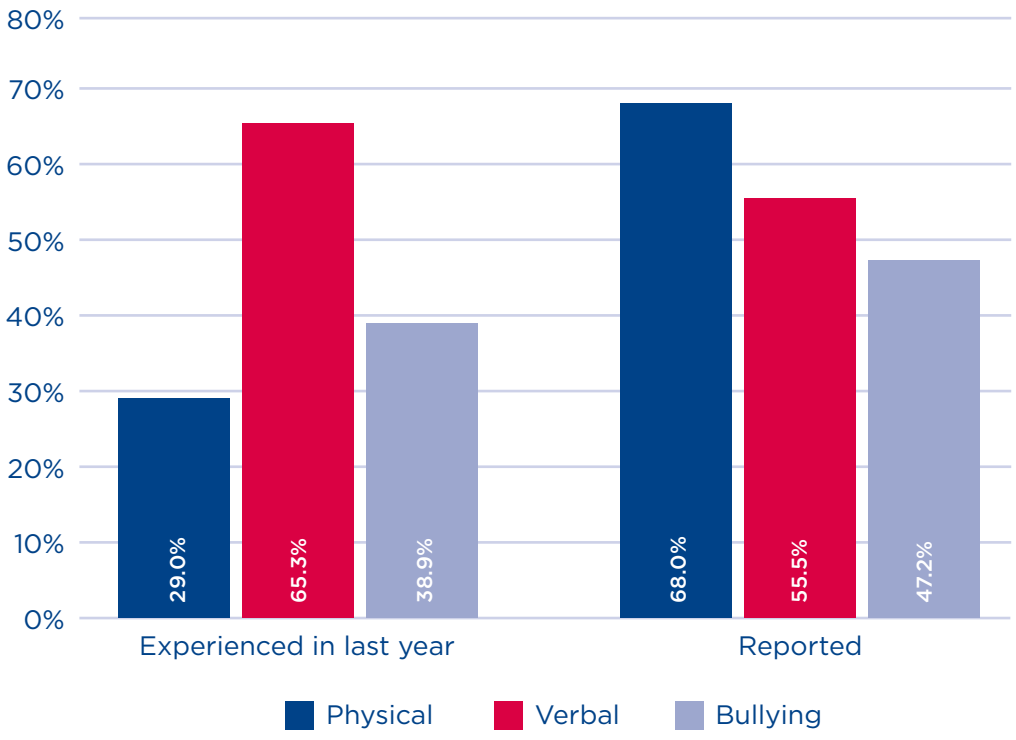
Main findings

- 29% of all respondents had experienced physical abuse from patients/service users or relatives over the previous 12 months. Of these, 68% had reported these incidents
- 65% had experienced verbal abuse from patients/service users or relatives over the previous 12 months Of these, 56% had reported these incidents
- 39% had experienced bullying from a colleague. Of these, 47% had reported it
- 37% of all black respondents said they had been verbally abused in the previous 12 months, compared to 20% of white respondents
- 48% of Asian respondents and 47% of black respondents had experienced bullying, compared to 378% of white respondents

Figure 59 shows the following:

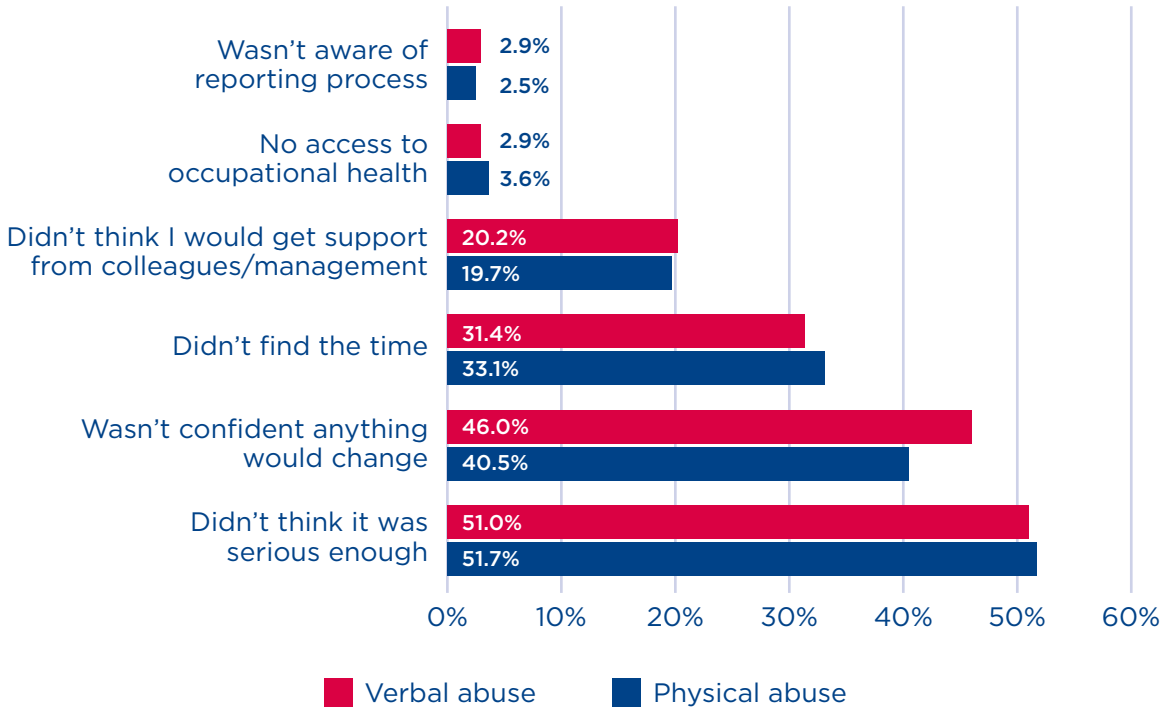
- 29% of all respondents had experienced physical abuse from patients/service users or relatives over the previous 12 months (compared to 27% in 2017). Of these, 68% had reported these incidents (63% in 2017)
- 65% had experienced verbal abuse from patients/service users or relatives over the previous 12 months (68% in 2017). Of these, 56% had reported these incidents (68% in 2017).
- 39% had experienced bullying from a colleague (31% in 2017). Of these, 47% had reported it (44% in 2017).

Figure 59: Experience of physical or verbal abuse from patients/service users/ relatives or bullying from colleagues (m=8,307)



Respondents gave very similar answers for not reporting physical or verbal abuse, with around half stating they did not think the incident was serious enough to be reported, for both types of abuse. Alarmingly, 40% of those who didn't report incidents of physical abuse and 46% of chose not to report verbal abuse said this was because they were not confident anything would change as a result.

Figure 60: Reasons for not reporting physical and verbal abuse



Nursing staff frequently told us that they did not report incidents of abuse because they didn't think it was serious enough and often they had empathy with the patient or service user or their relatives. They understand that the person was frustrated, or there was physical, mental or emotional health issue. This is particularly the case when dealing with patients with dementia or those with mental health issues.

However, there was also a common feeling that nursing staff are expected to 'just get on with it' and that reporting every incident would be fruitless.

> *"Service users are allowed to treat staff badly and are not pulled up. The fear that the service user may put in a complaint is more important to care home managers than the way the staff are treated. As an agency nurse, I am not taken seriously."*
>
> Agency nurse, Scotland

> *"Verbal abuse is very regular and nurses are discouraged from reporting it by management."*
>
> Band 5 Mental health nurse, Northern Ireland

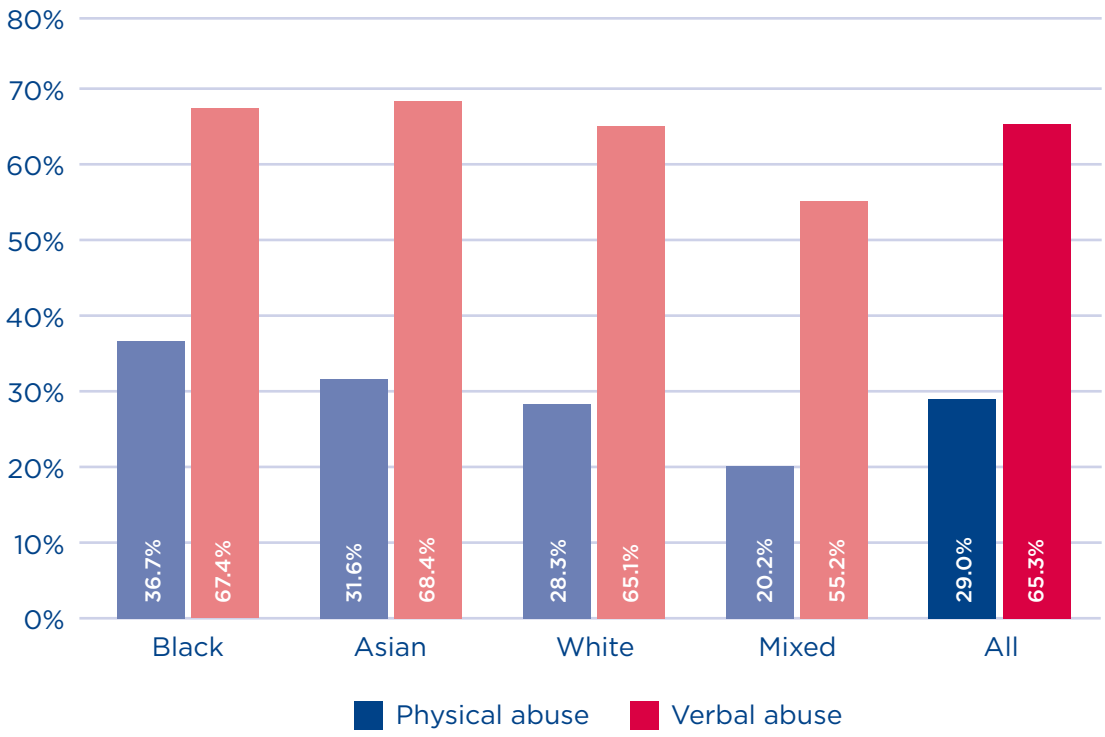
> *"Nurses are being abused physically, verbally, and the trust is doing nothing about it, datix goes in, managers above line managers are closing them."*
>
> Band 5 NHS mental health nurse, Wales

"I was subject to an assault and feared my life. I was told I had to apologise to the patient and to 'man up'. When I said I wanted to prosecute the individual I was told I would have to do it myself. The police even told me that the organisation can't prosecute someone on your behalf."

Band 6 staff nurse, acute and urgent care setting, Wales

Figure 61 shows that black and Asian respondents are most likely to state they had experienced both physical and verbal abuse than other groups. The difference is particularly stark when looking at verbal abuse. Over a third (37%) of all black respondents said they had been abused in the previous 12 months, compared to a fifth (20%) of white respondents.

Figure 61: Experience of physical and verbal abuse by patients/service users or relatives – by ethnic background

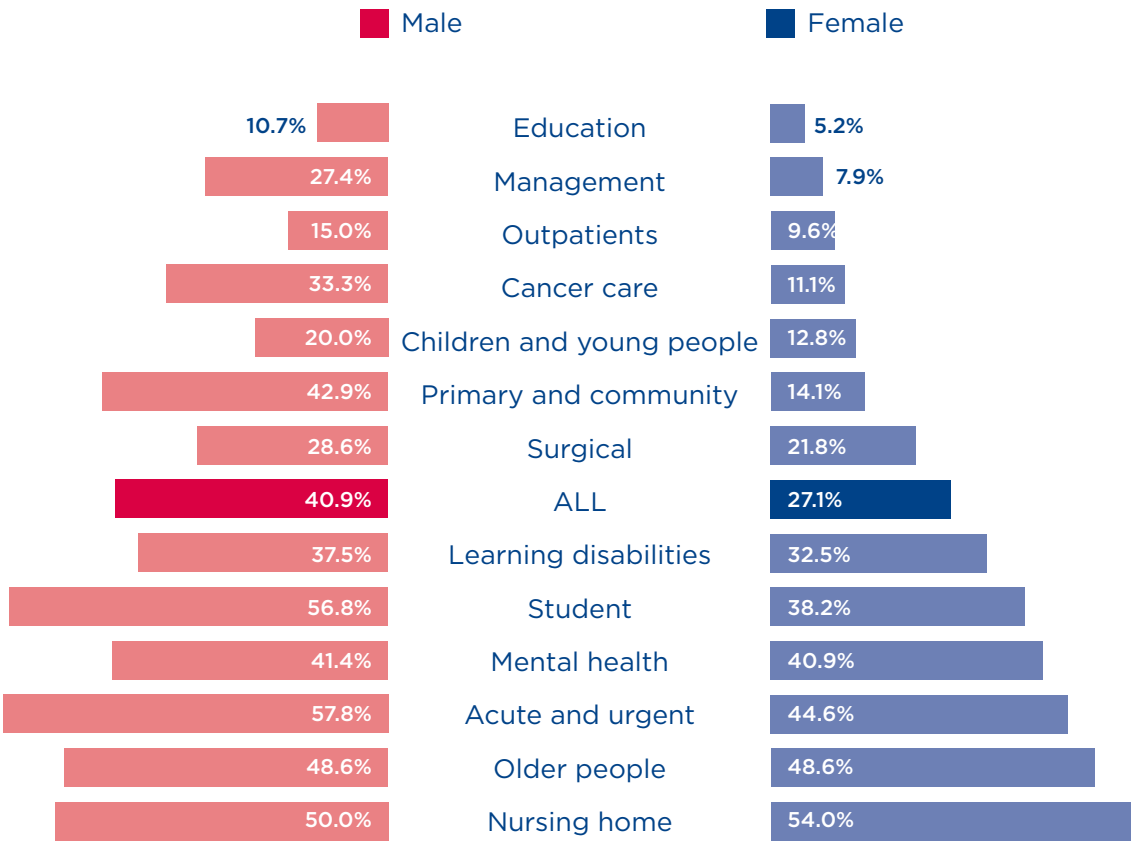


There also appears to be a gender dimension, as men are much more likely to state they had been subject to physical abuse than women. Two in five (41%) of men said that experienced physical abuse in the previous 12 months, compared to a quarter (27%) of women.

Looking in more detail, there is an interaction between levels of physical abuse, gender and area of work. Figure 62 shows that both male and female respondents working in nursing homes, with older people, in acute and urgent and mental health settings are most likely to state they had experienced physical abuse. However, three times as many men working in primary and community settings experienced physical abuse than women working in these settings. This appears to be driven largely by the higher numbers of male nursing staff working in areas such as policy custody and criminal justice.

It is worrying that such a high number of students report having experienced physical abuse, with 38% of female and 57% of male students stating they have been abused in the previous 12 months.

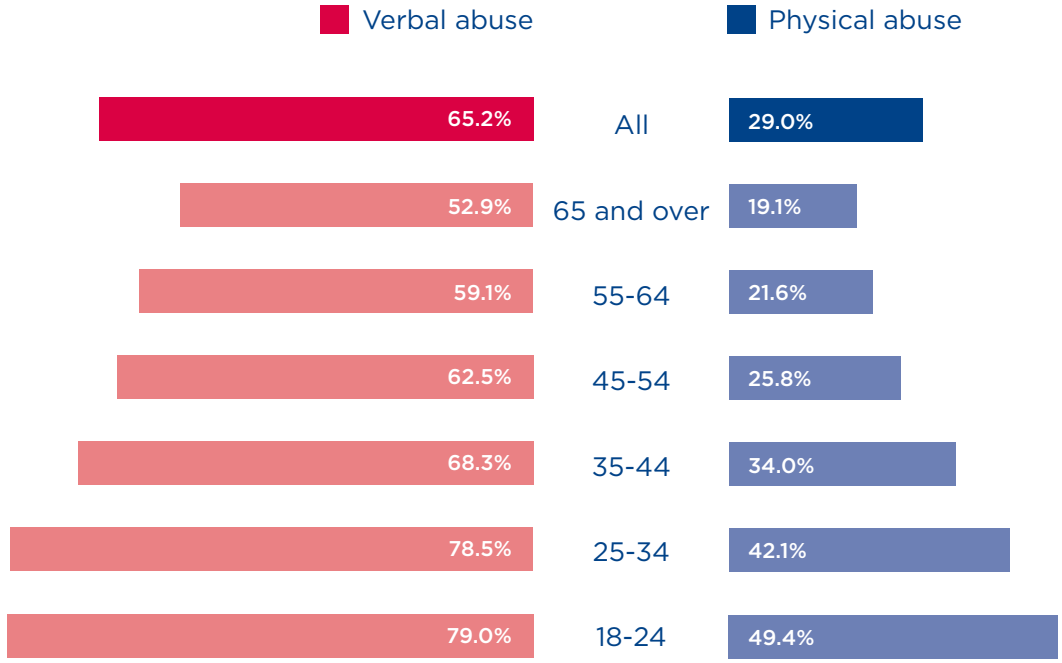
Figure 62: Experience of physical abuse in different areas of practice, by gender (n=7,856)



There also appears to be a strong association between experience of physical and verbal abuse and the age of respondents, with younger nursing staff more likely to state they had experienced both in the previous 12 months. While half (49%) of 18-24 year olds and slightly fewer (42%) 25-34 year olds had experienced physical abuse, this was the case for less than a quarter of those aged 45 or over.

Similarly almost 80% of those aged 34 and younger said they had experienced verbal abuse, compared to around 60% of those aged 45 or older.

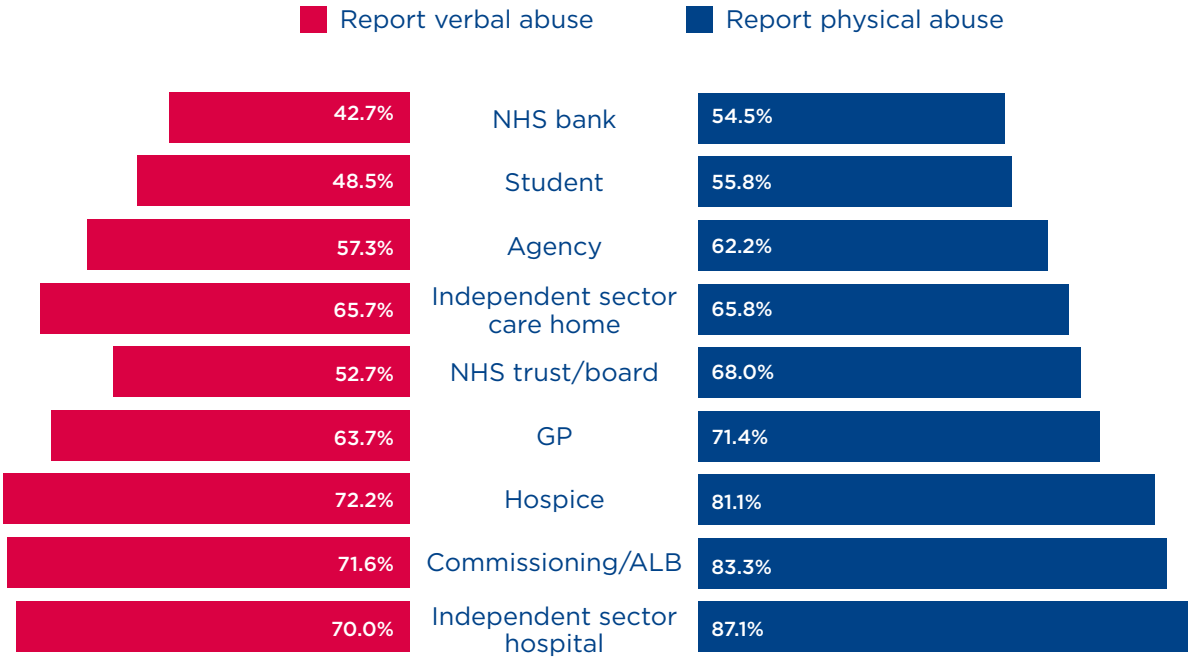
Figure 63: Experience of physical and verbal abuse by age (n=8,219)



There is little variation in reporting of physical and verbal abuse according to how long respondents had worked for their current employer or had been in their current post. There is however, a marked variation according to the type of workplace. Figure 64 indicates that respondents working in temporary employment (bank and agency) and students are least likely to report these types of incidents. Those working in independent sector hospitals, in NHS commissioning bodies or arms' length bodies and hospices are most likely to state they reported these incidents.

One worrying figure is the relatively low proportion (53%) of those working in NHS trust and boards stating they had reported experiences of verbal abuse.

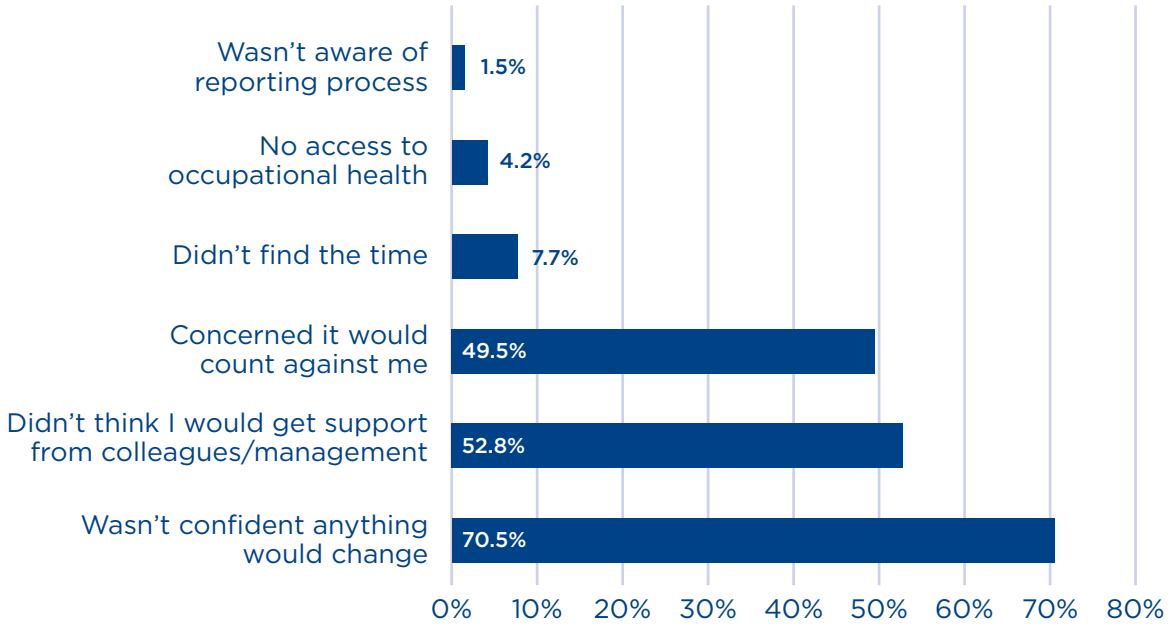
Figure 64: Reporting of physical and verbal abuse by type of employer
Physical abuse: n= 2,329
Verbal abuse: n= 5,138



Bullying in the workplace

As stated above, 39% reported that they had experienced bullying by a colleague in the previous 12 months, and of these around half (47%) said they had reported this bullying. The main reasons for not reporting bullying are not feeling confident that anything would change as a result (71%), that they would get support from colleagues of management (53%) or that they believed that reporting would count against them (50%).

Figure 65: Reasons for not reporting bullying (3,243)



Many of the responses we received on bullying related either to a feeling of powerlessness because nursing staff have been bullied by their own manager and felt unable to report or challenge their behaviour, or that bullying is part of a wider organisational culture.

"I am currently on sick leave from work due to a flare up of a chronic condition, brought about by stress and bullying of my manager. In the last three months, four of my team members have resigned and left due to the bullying. I am constantly told that I'm not good enough, not doing enough and told I have to prove my worth."

Band 7 clinical nurse specialist, NHS outpatients unit, London

"Whilst I have not experienced bullying, I feel that there is an undercurrent of this within the organisation towards certain members of staff which upsets me but it is so covert I am unable to tackle it head on without bringing problems onto myself."

Chief nurse, GP practice, West Midlands

There appears to be no difference in the experience of bullying according to seniority, suggesting that bullying is equally likely to occur at all levels in the workforce. Using pay grade as a proxy for seniority, there is no difference in the proportion of respondents stating they had been bullied across difference pay grades, or in the reporting of any bullying where it had taken place. Figure 66 also shows there is no difference in the experience of workplace bullying according to gender.

However, there is a clear difference according to ethnic background. Almost half of all Asian (48%) and black respondents (47%) report having been bullied in the previous 12 months, according to 38% of white respondents and 35% of respondents of mixed ethnic background.

We heard accounts of bullying and discrimination both from nursing staff born in the UK and from those born outside the UK. We also heard about the impact of Brexit on nursing staff born outside the UK.

"At my workplace BME nurses who report bullying are never promoted and get given the worst jobs."

Band 5 staff nurse, NHS acute and urgent care setting, South East of England

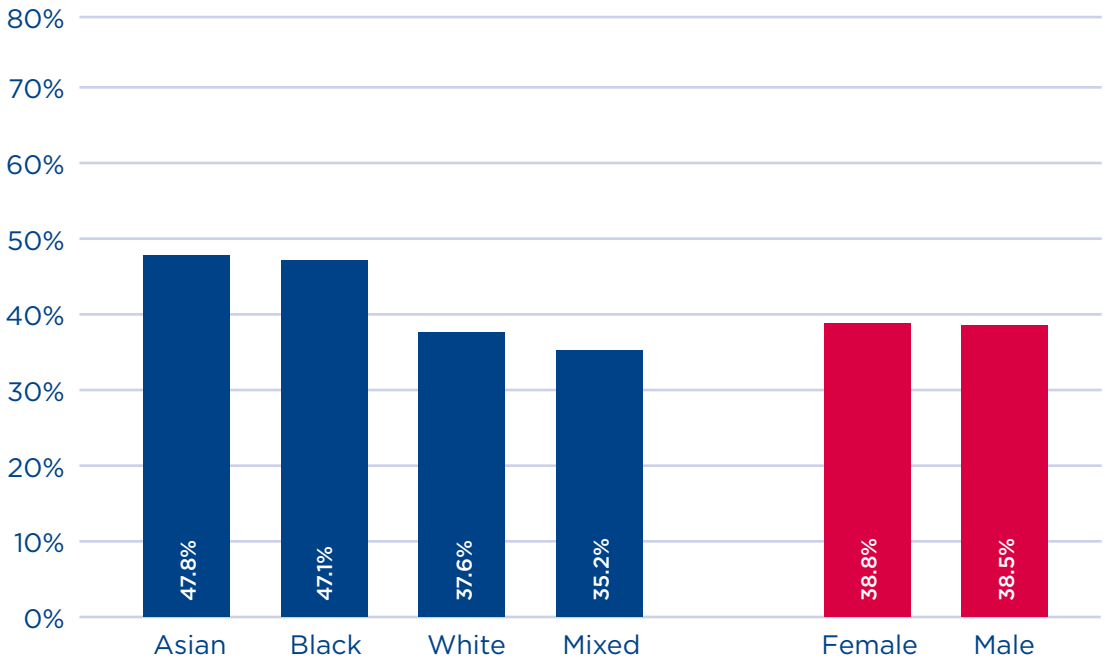
"My pay is not the same as people on the same grade as me. When I challenged this my manager told me that my grammar was not good. I have done post graduate courses and have a Masters degree. English is my second language but I would not have passed anything if my grammar was bad. I have worked 10 times harder than anyone in my organisation to get promoted but that becomes just a tick box with no salary change really. Very frustrating, but I love being a nurse."

Advanced nurse practitioner, voluntary sector organisation, East of England

"Brexit has made me more unhappy to be here and I feel less appreciated. The whole Brexit campaign and anti-immigrant talk made me very angry and sad."

GP practice nurse, South West of England

Figure 66: Experience of bullying by ethnic background and gender
Ethnic background (n=8,002)
Gender (n=8,134)



Education and training

Mandatory training and appraisals

Main findings

- 86% had completed all necessary mandatory training in the previous 12 months
- 74% had received an appraisal/development review
- 54% stated their latest mandatory training session was completed in normal working time; 20% said it was done in their own time; and 26% said it was done in a mix of working time and own time

Figure 67 shows the proportion of respondents who reported having completed all the necessary mandatory training required for their role and having received an appraisal/development review in the previous 12 months. The proportions completing mandatory training and receiving appraisals are similar to those to the 2017 Employment Survey.

Figure 67: Mandatory training and appraisals, 2017 and 2019

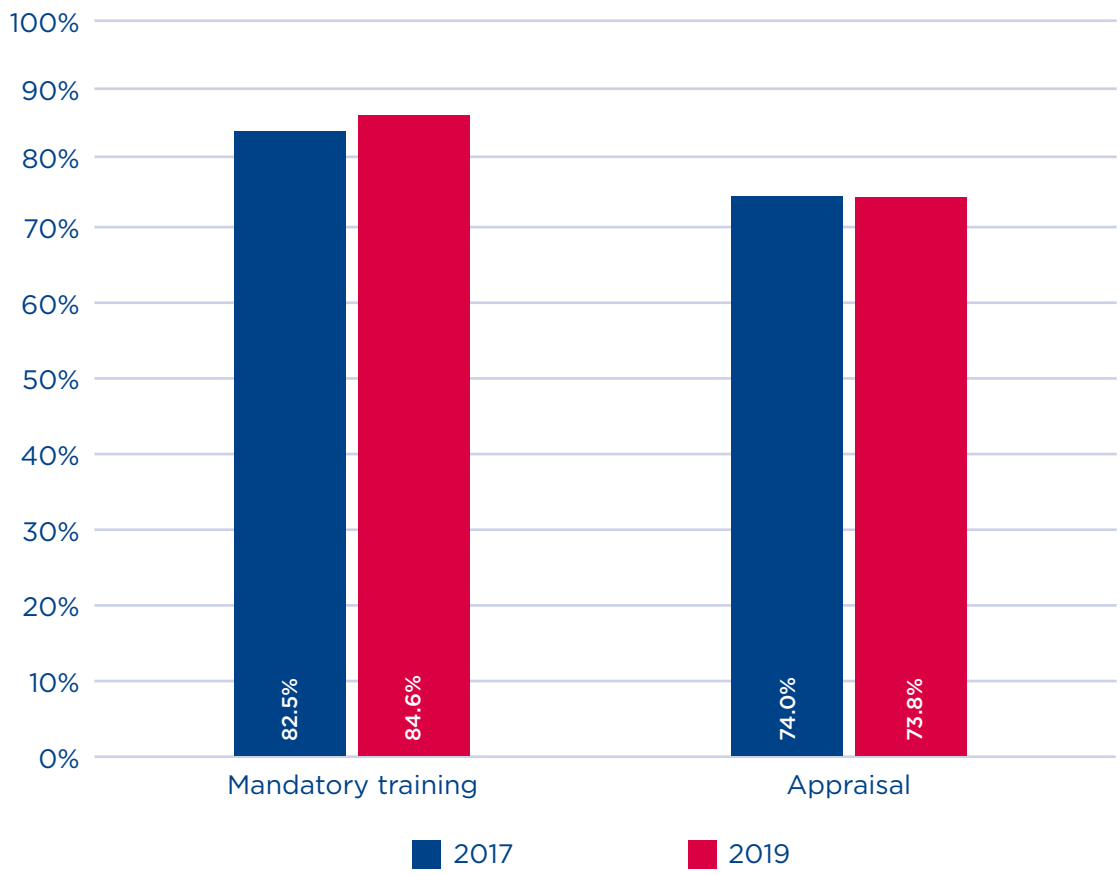
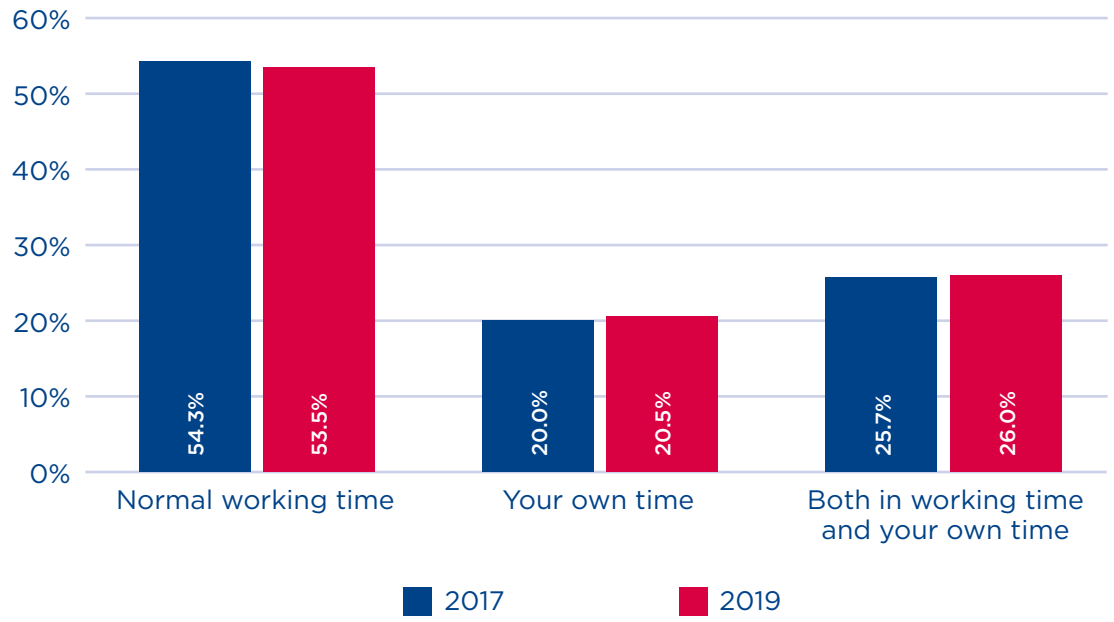


Figure 67 goes on to show when respondents' latest mandatory training session was completed, and again results are very similar to those from the last survey. While just over half (54%) of all respondents stated that training was completed in normal working time, a fifth (21%) stated it was done in their own time. A further quarter (26%) stated in was done across working and free time.

Figure 68: When was your last mandatory training completed? 2017 and 2019



Many respondents raised the issue of not having enough time to complete mandatory training, while others questioned the real value of appraisals.

> *"Staff are expected to complete a significant amount of mandatory online training in their own time, staff are firefighting on a daily basis."*
>
> Band 8b senior nurse/matron, NHS acute and urgent care setting, London

> *"Appraisal is a paper exercise and I would question its value to individual staff. We are often asked if we have had an appraisal but not asked for our views on its value. I think that would be more revealing."*
>
> Band 7, sister, charge nurse, NHS rehabilitation unit, East of England

Other comments related to the provision of and access to continuing professional development (CPD) opportunities, with many stating that role development and CPD is essential to prevent burn out and to retain experienced staff.

> *"I am putting in more in terms of skills and hours at times doing some doctors' roles but the pay I am getting does not match what I do. On top of that I have to continue to fund my CPD as funding has dwindled in the NHS."*
>
> Band 7 Clinical nurse specialist, London

Figure 69 shows the differences in completion rates for mandatory training appraisals across the UK. England demonstrates the best completion rates, with 87% of respondents stating they had completed mandatory training and 77% having had an appraisal in the previous 12 months. Scotland stands out for having the lowest appraisal completion rates by far – with only 51% of respondents stating they had had an appraisal, compared with the UK average of 74%.

Figure 69: Mandatory training and appraisals completed in previous 12 months, by country

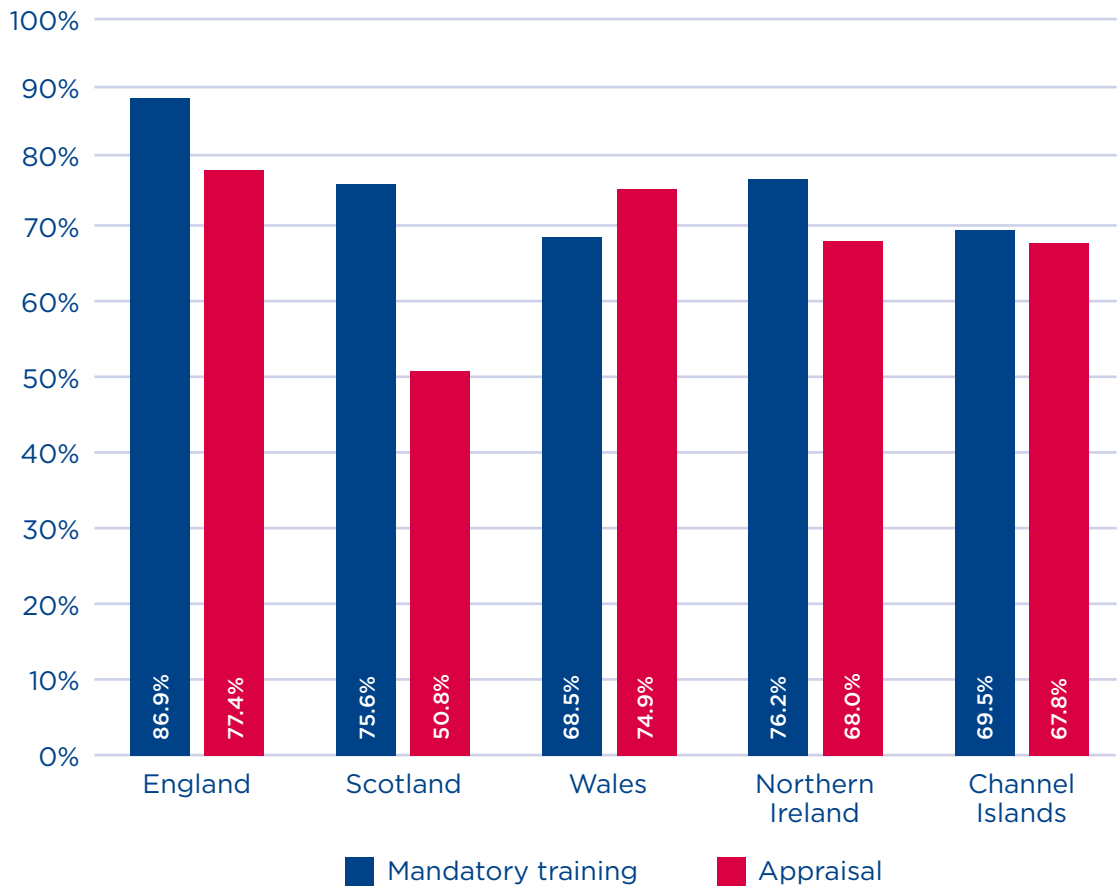
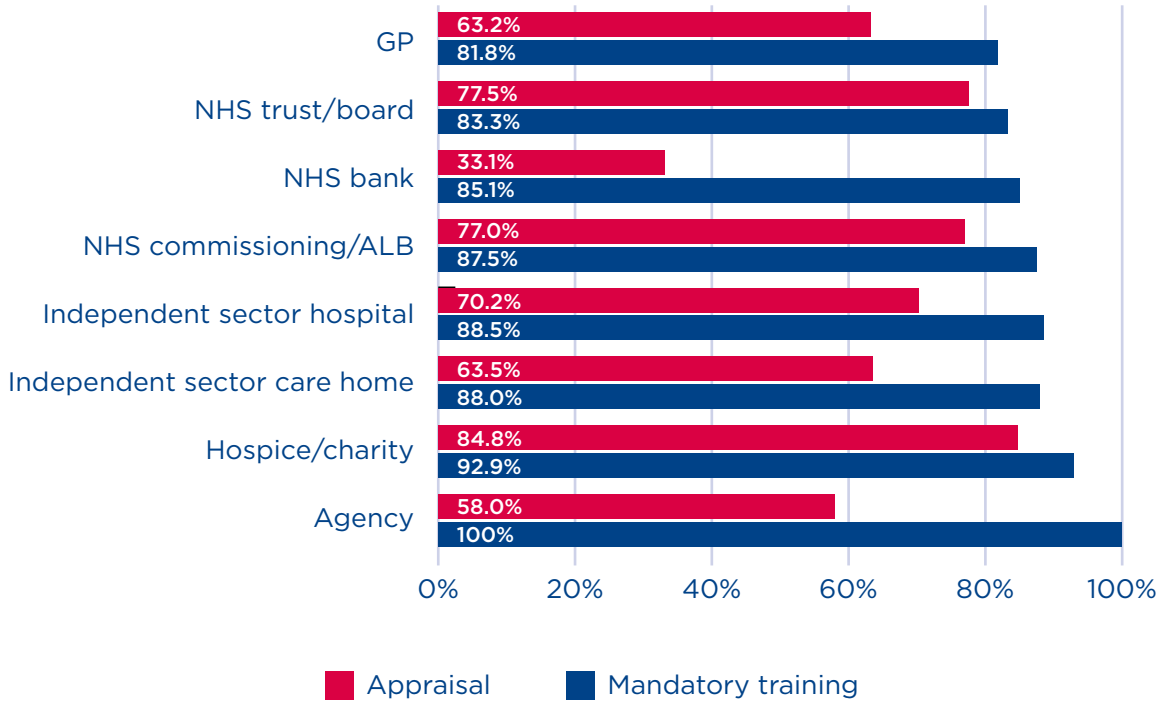


Figure 70 shows that while completion rates for mandatory training are high for those working for agencies (100%) or the NHS Bank (85%), they are the lowest for appraisals. Only a third of those working solely for the NHS Bank and 58% of those working through an agency reported having had an appraisal in the previous 12 months.

Figure 70: Mandatory training and appraisals completed in previous 12 months, by type of employer



Different perspectives on working in nursing

This section takes a look at the results from previous chapters from different perspectives and groups of nursing staff, including students, trainee nursing associates, newly qualified nurses, older nursing staff and advanced nurse practitioners.

This allows us to hear voices across the whole spectrum of the nursing workforce and examine potential trends or patterns.

Students and trainee nursing associates

Student nurses

One of the main findings relating students is the high incidence of bank working. Almost half (46%) of all students do some form of paid work – with the most common type being bank working, undertaken by almost a quarter (23%). Over half (56%) of those students undertaking bank work regularly 10 or more hours a week, and a third (35%) work between five and 10 hours per week, indicating the high volume of paid work in addition to undertaking a degree.

> *"I thoroughly enjoy training, I feel supported in university and in all my clinical placements. I feel there are many opportunities for development too. My main issue is that my bursary does not cover the costs I need to live, so I work three jobs on bank to sustain a reliable income. After working 37.5 hours a week on placement, I then have to work all weekend to generate extra income. It has caused me to burn out and took some time off to deal with it. I do appreciate that we still have the bursary here in Wales, but the pressure of having to work on top of placement is quite exhausting."*
>
> Student, Wales, aged 18-24

> *"Something should be done to ensure student nurses get some sort of salary. We do almost the same job, as well as having intensive studying to do. We have bills to pay and travel costs. We have to work part time, and we are exhausted, with no time for family and friends. It really does make my student experience so much tougher due to financial worries. Most people do their work then go home and relax to spend time with their loved ones. We do our placement as well as then going out to do a part time job. No other person has to do this."*
>
> Student, South East of England, aged 45-54

Trainee Nursing Associates

The nursing associate role was introduced in England in 2017. It was designed to bridge the gap between health and care assistants and registered nurses as well as providing a progression route into graduate level nursing.

17 respondents identified themselves as trainee nursing associates: of which 62% are female and 38% are male and the majority (71%) are aged between 35 and 54.[1] All are employed in the NHS, except one person employed by a social enterprise. All are employed on Agenda for Change band 3.

1 Data on trainee nursing associates is unweighted.

Table 6: Profile of trainee nursing associates

Age profile		
	n	%
25-34	4	23.5
35-44	6	35.3
45-54	6	35.3
55-64	1	5.9
Total	**17**	**100**

Ethnic background		
White	12	70.6
Black	3	17.6
Asian	1	5.9
Total	**16**	**94.1**

Comments about the role were fairly mixed, with some stating that the new role provided a positive route for progression within nursing, while others are unhappy about their banding at Agenda for Change Band 3, reflecting that it does not match their level of responsibility or input.

"I have worked for my trust as a band 2 for 22 years before the opportunity to train as a nursing associate arose. Have finally moved to band 3 whilst in training. There has been no route for progression before this."

Trainee nursing associate, mental health setting, East of England

"It's a lot of responsibility, with lone working, risky clientele, a lot of knowledge and experience needed. Should be band 4 role."

Trainee nursing associate, mental health setting, East Midlands

Newly qualified nurses

Several newly qualified nurses explained that they had found the transition from student to newly qualified nurse a difficult experience and felt unsupported in the workplace.

"I am finding the adjustment from student to staff nurse very challenging. Other staff often have no time to support me in my new job role."

Band 5 staff nurse, acute and urgent care setting, Scotland age 45-54

"I have found my first three months of work to lack structure and clear direction. I do not feel particularly well supported by those in management role. I have not had any formal feedback since starting my job and it is not clear what paperwork and skills I need to complete and be signed off on."

Band 5 staff nurse, acute and urgent care setting, London age 18-24

"There is no time for training or development, I did not receive an induction and I'm not supported as a new member of staff. I've made mistakes including medication error and believe my PIN is at risk if I continue in my current role. I am looking for a new role within the NHS that will provide support, training and induction. Unsafe staffing levels are failing our patients and being worked to the brink of exhaustion for no additional pay in excess of our contracted hours are making people leave the profession."

Band 5 district/community nurse, East Midlands, age 35-44

Other newly qualified nurses described their dissatisfaction with pay levels, as illustrated in these quotes:

"For the amount of work I do and the responsibility I have the pay is very low. I have friends that work for a supermarket and paid more than me to stock shelves. It is a disgrace to be expected to make a living with this money. I am still young and trying to save money to buy a house but that dream seems further and further every day. I am looking to relocate in another country as soon as my experience will allow me to apply for another job."

Band 5 NHS staff nurse, acute and urgent care setting, North West of England, age 25-34

"Current pay and conditions are a disincentive to people entering into the profession and are the reason nurses are leaving in the numbers they are. Teaching and nursing were once aspirational career choices now they are seen as stop gaps or fall back positions."

Band 5 NHS mental health nurse, Northern Ireland

Older nurses

Among the many comments provided by older nursing staff, analysis highlighted two major themes particular to this group of respondents: the first relates to respondents reporting that they had or plan to change their working patterns or take early retirement in response to pressures in their job; the second relates to profound worries about the future of the profession.

A significant number of nurses aged over 55 commented that they had changed or plan to their working pattern or working environment in some way, moving to a less senior post, bank or agency working. Many others also stated they planned to take early retirement.

"I took early retirement from a district nurse post. I could not continue to do the job as it was affecting my mental health as I was very stressed due to workload and staff shortages. I now work two shifts most weeks as a band 5 staff nurse which I can cope with and mostly enjoy. A lot of my colleagues are in the same situation."

Bank nurse, Scotland

"Until 2017, I was managing a very busy team and increasingly dismayed to find myself and my team regularly working far in excess of contracted hours, having training requirements regularly cancelled or moved because of excessive workloads. There was very little support from senior management and staff turnover was high with low morale. I retired and now work for agencies. Professionals should be consulted regarding workloads, skill mix and training."

Agency nurse, Yorkshire & Humberside

Another strong theme was the despair felt about the future of the nursing profession and whether younger nurses would find it an attractive career. Many criticised the removal of the nursing bursary in England, fearing that this would put off new entrants.

"Many, including myself, are becoming very disillusioned with the professional and feel that NHS and government undervalue practitioners and take advantage of their compassionate nature. The challenge is that newer generations view the nursing as a job, not a vocation. This means that they are (rightly) less tolerant of the bureaucratic and organisational stresses and will leave."

Band 6 Educator/trainer, Scotland

"People will not go to university and pay to get a degree for the level of pay and the stress of nursing. Bring back the bursary."

Band 6 health visitor, East Midlands

Specialist nursing roles

Specialist nurses form a large and growing part of the workforce, yet a frequent observation made about this group is the plethora and lack of consistency over job titles. Typical job titles may include Clinical Nurse Specialist, Nurse Specialist/Specialist Nurse, Advanced Nurse Practitioner and Nurse Practitioner. In this survey, respondents were able to select their job title from a list which included 'advanced nurse practitioner' (n=366) 'clinical nurse specialist' (n=739) and 'nurse practitioner' (n=249).

366 respondents are advanced nurse practitioners, with around two thirds (62%) employed in either the NHS, 30% in a GP practice, and the rest in the independent sector or voluntary sectors. All are employed at Band 6 (or equivalent) or above, with around half employed at Band 7.

739 respondents are clinical nurse specialists. Of these, a much higher proportion are employed in the NHS (89%), with the rest employed in the independent or voluntary sectors or GP practices. Again, most of this group are employed at Band 6 and above, with around half at Band 7.

249 respondents are nurse practitioners and of these 62% work in the NHS, 26% for a GP practice, and the remainder (12%) in the independent or voluntary sectors. A higher proportion of nurse practitioners (48%) are employed at Band 6 than the other two groups.

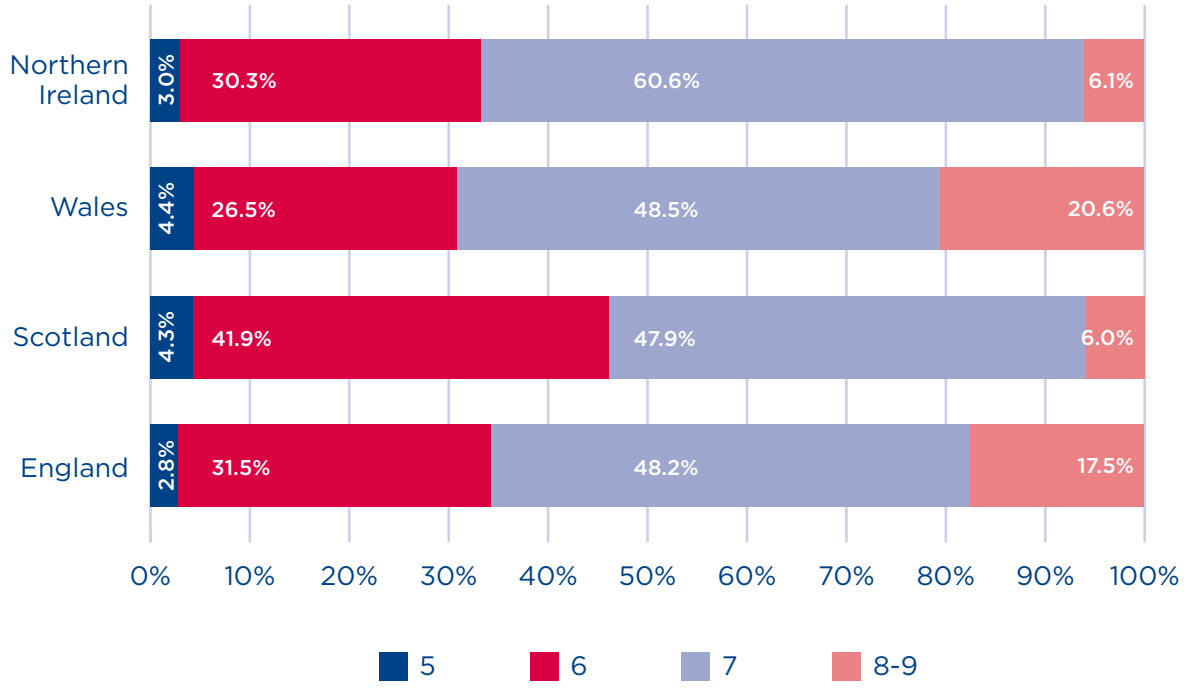
Just over half (54%) of all advanced nurse practitioners have a Masters degree or higher, compared to 19% of clinical nurse specialists and 12% of nurse practitioners.

Table 7: Higher degrees by AfC pay bands

AfC Band	Advanced nurse practitioners	Clinical nurse specialists	Nurse practitioners
5	–	3%	7%
6	13%	36%	48%
7	49%	53%	39%
8a	32%	6%	4%
8b	5%	2%	–
8c	–	–	2%
9	1%	–	–

Figure 71 compares the banding of posts between UK nations. England, Wales and Northern Ireland employ specialist nurses at higher bandings than Scotland, where a greater proportion of posts are at band 6.

Figure 71: Proportion of specialist nurses by band, by country



The main observations made by this group of specialist nurses relate to the lack of consistency in grading, and a perception that they are not appropriately rewarded compared to similar jobs of equal value.

"When I qualify, I will be a band 7 which doesn't fit the job description, and many ANPs get 8a on qualification. This needs to be regulated nationwide and the job role needs appropriate recognition for the advanced training and responsibility."

Band 6 advanced nurse practitioner trainee, NHS hospital ward, Yorkshire & Humberside

"I'm working the same as a GP in the role with the same responsibility exactly but not paid near what they are paid."

Advanced nurse practitioner, independent sector urgent care centre, South West England

"Was previously a senior sister. I have now completed the MSc in advanced clinical practice and have much more responsibility and accountability within my role. I should have stayed as a senior sister as my salary has not changed and the ANP role is not being financially recognised in Wales. There is also increased risk of litigation. I feel the role should be recognised by professional bodies in the future."

Band 7 advanced nurse practitioner, NHS hospital ward, Wales

"I am currently undertaking a postgrad course however despite developing both professionally and academically over the past eight years, other CNS with fewer qualifications are band 7. On completion of these courses, pay should increase to reflect and financially remunerate staff as happens with allied health professionals in the NHS and in the private sector in other professional groups."

Band 6 Clinical nurse specialist, NHS cancer care setting, Northern Ireland

Specialist nurses also describe their frustrations in attempting to get their job regraded or evaluated.

"The RCN, local and national recommendations are that my post would be an 8a. My job description meets national guidance on this & yet my trust refuse to pay it."

Band 7 advanced nurse practitioner, NHS hospital ward, South East of England

"My physiotherapy colleagues who do the same job are paid a band higher and despite appeals I cannot get rebanded."

Band 7 Clinical nurse specialist, public health, North West of England

Others described frustrations in struggling to assert the worth and contribution of their roles, particularly to senior management in their own organisation.

"I work at Consultant Nurse level but line manager does not think clinical nurses should be higher than 8a – I'm told I am "lucky to have that." The career pathway for clinical (not managerial) senior nurses is non-existent."

Band 8a clinical nurse specialist, NHS acute and urgent care setting, Wales

"I lead cardiac arrest, make decisions and advise consultants on how best to care for their patients. I prevent deterioration, saving my patients an astronomical cost in physical, mental and monetary terms. Not to mention the savings I make for my trust. I am undervalued, underpaid and disengaged from senior management. I have many professional friends who do not have half the amount of responsibility that I have in my job and they earn nearly triple my salary."

Band 8a nurse practitioner, NHS acute and urgent setting, South East of England

Frustrations with career progression opportunities were also evident, and it is often felt that the other way to progress is to enter a managerial role at the expense of clinical specialism.

"I've been at the top of band 7 for over 10 years with limited opportunity to progress and remain relevant in clinical practice."

Clinical nurse specialist, hospice, Northern Ireland

"I have been at the top of band 7 for seven years and get no increments. More and more is expected of you but there is no recognition of your accrued experience. You are punished for getting to the top and can go no further unless you want to into management. This needs to be looked at and some financial incentive to stay at band 7 and use all your experience. Right now it is inertia."

Band 7 NHS clinical nurse specialist, London

Annex A: Methodology and weighting

The online survey was emailed to a sample of members during January 2019, followed by two email reminders.

The sample of members taken from the membership data was constructed to ensure that sufficient responses were received from across the UK to allow meaningful comparison. This means that the sample had an over-representation of members from Scotland, Wales and Northern Ireland.

Table A1 shows that 8,307 usable responses were submitted in total. These responses were weighted for analysis in this report in order to correct for this over-representation and ensure that the responses are brought into line with the RCN's true distribution of membership. Weighted figures are shown in Table A2. All tables and figures in the report present weighted data.

Apart from country of work, the respondent profile on key variables is sufficiently similar to the RCN membership to not warrant further weighting and the data can be said to be representative of the membership.

The survey covers core employment and biographical questions including: demographic details; working hours and working patterns; pay and grading; views about nursing; abuse, harassment and bullying; and mandatory training. This ensures continuity and allow comparisons with previous years' reports.

Table A1: Country of work: unweighted

	n	%
England	4,578	55.1
Scotland	1,916	23.1
Wales	965	11.6
Northern Ireland	780	9.4
Channel Islands	40	0.5
Outside UK	16	0.2
Isle of Man	6	0.1
Across UK	6	0.1
Total	**8,307**	**100**

Table A2: Country of work: weighted

	n	%
England	6,723	80.9
Scotland	755	9.1
Wales	483	5.8
Northern Ireland	266	3.2
Channel Islands	59	0.7
Isle of Man	10	0.1
Outside UK	8	0.1
Across UK	3	0.1
Total	**8,307**	**100**

Annex B: Place of work and area of practice

Table B1: Employment status

	n	%
Employed and working	7,403	89.1
Retired and still working	434	5.2
Employed on leave	239	2.9
Student	208	2.5
Not currently working	23	0.3
Total	**8,307**	**100**

Table B2: Employer in main job

	n	%
NHS (excluding GP practices)	5,999	72.2
Non-NHS employer	1,530	18.4
GP practice	570	6.9
Student	208	2.5
Total	**8,307**	**100**

Table B3: Type of NHS employer

	n	%
NHS trust or board	5,629	93.8
NHS bank	186	3.1
NHS commissioning body	114	1.9
NHS arm's length body (ALB)	55	0.9
NHS 111	15	0.3
Total	**5,999**	**100**

Table B4: Type of non-NHS employer

	n	%
Independent/private	877	57.4
Hospice/charity/voluntary group	199	13.0
Nursing agency	156	10.2
Private company/industry	91	5.9
Local authority	68	4.5
Public sector	62	4.0
Further/Higher Education	56	3.7
School	20	1.3
Total	**1,529**	**100**

Table B5: Place of work

	n	%
Hospital	4,646	56.0
Community	2,637	31.8
Office environment	317	3.8
Prison service	281	3.4
Student	208	2.5
Further/higher education	73	0.9
Industry/workplace	62	0.7
Various/across organisations	37	0.4
Call centre	26	0.3
Ambulance trust	14	0.2
Total	**8,299**	**100**

Table B6: Place of work within hospitals

	n	%
Hospital ward	1,927	41.5
Hospital unit	1,282	27.6
Across settings	540	11.6
Outpatients	488	10.5
Other hospital setting	285	6.1
Theatres	91	2.0
Office	31	0.7
Total	**4,644**	**100**

Table B7: Place of work within the community

	n	%
Patient/client/service user homes	748	29.0
GP practice	692	26.8
Care home	532	20.6
Clinic	408	15.8
Hospice	93	3.6
School	78	3.0
Police custody	30	1.1
Total	**2,581**	**100**

Table B8: Job title

	n	%
Staff nurse	2,664	32.3
Sister/charge nurse	903	10.9
Clinical nurse specialist	739	9.0
Senior nurse/matron	503	6.1
Advanced nurse practitioner	366	4.4
Practice nurse	349	4.2
District/community nurse	319	3.9
Health care assistant	297	3.6
Mental health nurse	262	3.2
Nurse practitioner	249	3.0
Student	208	2.5
Educator/trainer	191	2.3
Divisional/clinical/directorate lead	158	1.9
Community psychiatric nurse	149	1.8
Researcher/lecturer/tutor	147	1.8
Deputy sister/charge nurse	130	1.6
Manager	119	1.4
Health visitor/SCPHN	75	0.9
Occupational health nurse	74	0.9
Consultant nurse	68	0.8
School nurse	61	0.7
Non-nursing role	56	0.7
Commissioning/policy	51	0.6
Public health nurse	44	0.5
Community nurse	36	0.4
Chief nurse/director	25	0.3
Midwife	13	0.2
Total	**8,256**	**100**

Table B9: Area of practice

	n	%
Acute and urgent	2,007	24.3
Primary/community	1,451	17.6
Surgical	748	9.0
Mental health	666	8.1
Children and young people	490	5.9
Older people	421	5.1
Nursing home	383	4.6
Outpatients	359	4.3
Cancer care	307	3.7
Management	244	3.0
Student	208	2.5
Education	186	2.3
Public health	147	1.8
Quality improvement/research	126	1.5
Learning disability	112	1.4
Neonatal	92	1.1
Occupational health	90	1.1
Across different areas	76	0.9
Palliative care	70	0.8
Rehabilitation	46	0.6
E-health	36	0.4
Midwifery	2	0.0
Total	**8,267**	**100**

Annex C: Demographics

Table C1: Age

	n	%
18-24	176	2.1
25-34	1,181	14.4
35-44	1,613	19.6
45-54	2,945	35.8
55-64	2,168	26.4
65 and over	136	1.7
Total	**8,219**	**100**

Table C2: Gender

	n	%
Female	7,035	85.5
Male	1,099	13.4
Prefer not to say	93	1.1
Non-binary	2	0.1
Total	**8,229**	**100**

Table C3: Ethnic background

	n	%
White	7,003	87.5
Black	558	7.0
Asian	335	4.2
Mixed	105	1.3
Total	**8,001**	**100**

Table C4: Location of work by English region

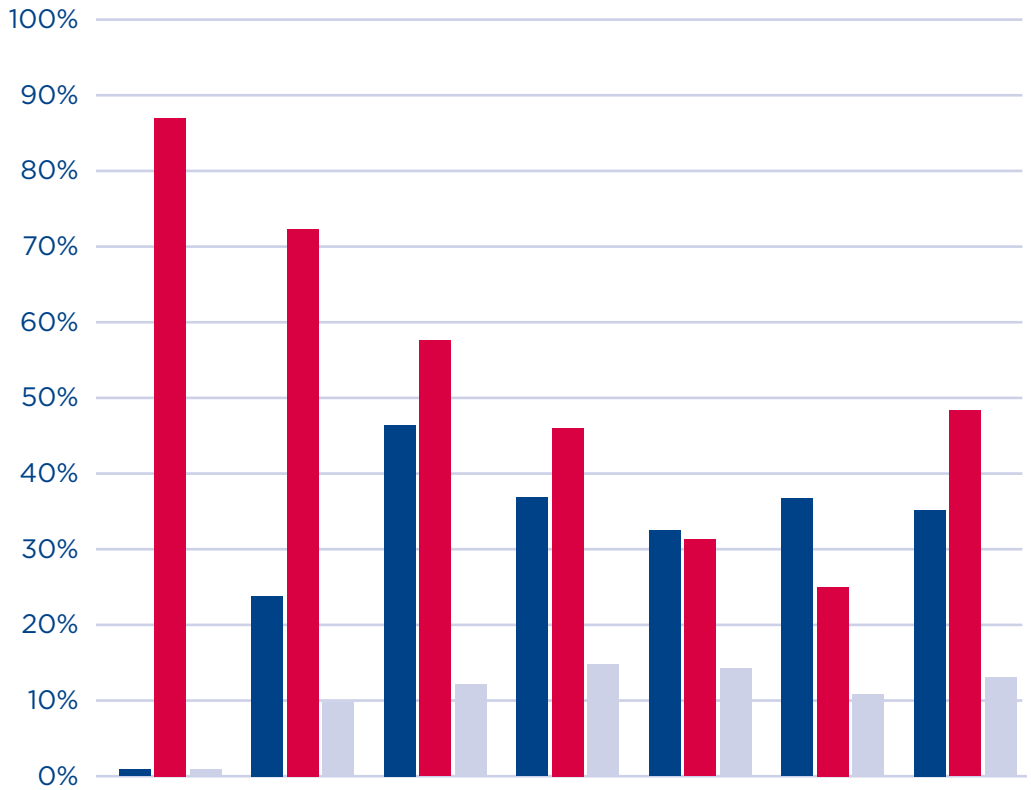
	n	%
South East	1,113	16.7
Greater London	1,078	16.1
South West	1,007	15.1
North West	802	12.0
West Midlands	602	9.0
Yorkshire and Humberside	593	8.9
East Midlands	589	8.8
East of England	565	8.5
North East	328	4.9
Total	**6,677**	**100**

Table C5: Nursing qualifications held

	Registered nurses %	Health care support workers %	Students %
1st level	55.0	3.1	5.0
2nd level	7.0	3.1	0.7
NVQ	2.5	64.9	24.4
Diploma	35.0	3.2	6.8
Degree	48.1	1.3	13.9
Masters/ PhD	13.1	0.3	5.1
None	0.0	16.1	28.1

Figure C1 breaks down the proportion of respondents holding nursing qualifications by age band. The move to degree-level entry is shown clearly in the differential profile across the sample; while just 30% of those aged 55 to 64 have a degree, the proportion rises to over 70% of those aged under 35.

Figure C1: Nursing qualifications by age band



	18-24	25-34	35-44	45-54	55-64	65+over	ALL
	0.9%	23.8%	46.4%	36.8%	32.5%	36.7%	35.2%
	87.0%	72.3%	57.6%	46.0%	31.3%	25.0%	48.3%
	0.9%	9.7%	12.2%	14.8%	14.2%	10.8%	13.1%

Figure C2: Nursing qualifications 2011-2019

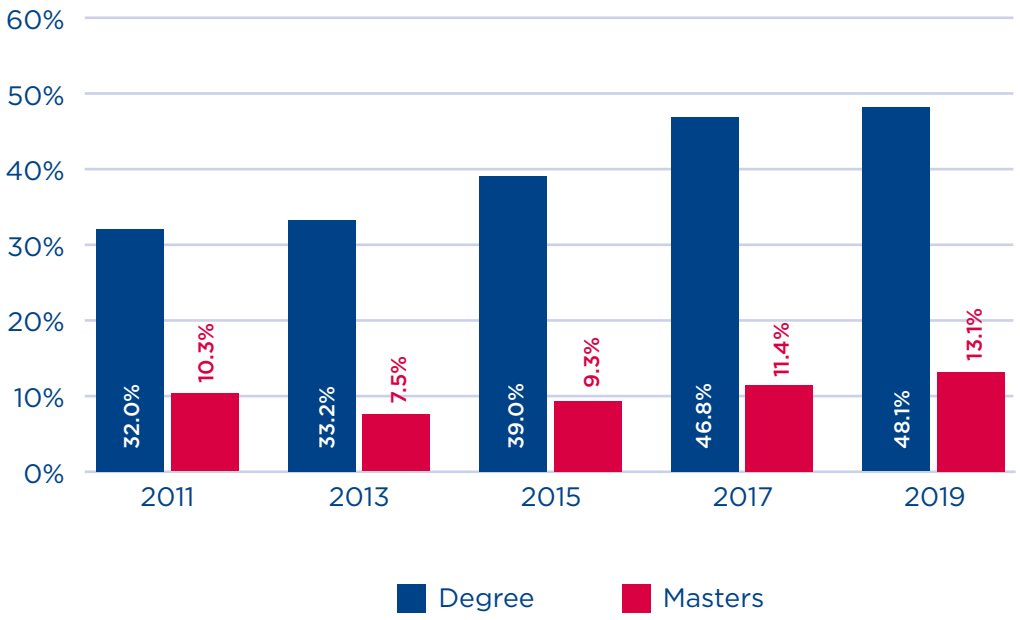


Table C6: Country of registration

	n	%
UK	7,076	85.5
European Economic Area (EEA)	1,102	13.3
Outside EEA	98	1.2
Total	**8,276**	**100**

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

Date: November 2019
Publication code: 007 927

Royal College of Nursing