# Royal College of Nursing Employment Survey 2017

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**Report 513**

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# Executive Summary

Findings from the RCN Employment Survey 2017 reveal a picture of a nursing workforce under severe pressure, which has, in many respects, got worse in recent years. Now, more than ever, it is evident that nursing staff feel over-worked, underpaid and often have to grapple with short-staffing, abuse and low morale in their workplace. This is taking a personal toll on a number of staff, with many experiencing poor health and financial struggles. It is also taking a toll on patient care; most staff do not feel able to provide the level of care that they would like and many are either looking to leave their current job or leave the profession altogether.

Key findings are summarised below. Across almost all of these findings, nursing staff working in mental health, nursing homes, and community and district nursing report worse experiences than others, highlighting how pronounced workforce pressures are for frontline staff in particularly overstretched areas of the health and social care system.

**1.**

Unprecedented pressures at work are compounded by the ongoing restraint on nurses' pay. Sixty-one per cent of respondents from the NHS, wider public and independent sector now think their pay band is inappropriate, largely driven by a sense that it no longer matches the responsibilities or intensity of the role. The pay restraint, which has been in place since 2010,

# 2 About this report

This report presents the findings of the Royal College of Nursing (RCN) Employment Survey 2017. The survey was carried out by the Institute for Employment Studies (IES) and Employment Research Ltd (ERL) on behalf of the RCN.

The nursing workforce in 2017 is under a number of pressures, both from the demand side but also the supply side. A brief summary of these issues is provided in Appendix A.

The survey was conducted online and achieved 7,720 usable responses. The respondent profile was sufficiently similar to the RCN membership that it can be said to be representative of the membership as a whole. A full profile of respondents is provided in Appendix B.

Survey questions were structured around five key areas, which also serve as a structure for this report:

- Chapter 3: Staffing Levels and Workload
- Chapter 4: Abuse, Harassment and Bullying
- Chapter 5: Pay and Grading
- Chapter 6: Income and Additional Work/Hours
- Chapter 7: Career Satisfaction, Development and Progression.

More details about the survey methods are detailed in Appendix C and D.

Over the years, some survey questions have remained consistent; others have not. Where questions can be compared across recent years' surveys (2015 and 2011), we have presented this analysis. In a few cases – for example, views about nursing as a career – we can draw comparisons from the 2007 survey to give a longer-term perspective on trends. In other cases – for example the new questions in 2017 around bullying, harassment and abuse – there are no comparisons because these questions were not asked before. This means that, inevitably, there is a lack of consistency in the presentation of the comparative data across years; this cannot be helped and is an issue which extends beyond the scope of the 2017 Employment Survey. However, the research team felt it more important to include comparisons across the years where data allowed, even if inconsistent, rather than exclude them because they lend more perspective to the survey findings than stand-alone results.

Throughout the report, we use the term 'nursing staff' to refer to the variety of different nursing roles that are represented among the respondents and the RCN membership, more generally. Where the findings relate to registered nurses only (for example, on pay bands in the NHS), we use the term 'nurses'.

# 3 Staffing Levels and Workload

This chapter presents the survey data on staffing levels and workload with regard to the nursing workforce. Overall, the picture is one of a workforce under severe pressure, which has got worse over recent years. Most nurses feel that they are under too much pressure with 90 per cent saying that they work through their breaks most of the time and 63 per cent saying that they are too busy to provide the level of care they would like. Seventy-nine per cent of nursing staff feel that staffing levels at their place of work are insufficient to meet patient needs and 77 per cent feel that patient care is compromised several times a month due to short-staffing. The combination of work pressures and insufficient staffing mean that one-third of nursing staff do not feel well equipped to do their job and that satisfaction with working hours, length of shifts and work-life balance has dropped in recent years. 'Presenteeism' is also occurring more often than in previous years, with stress and mental health issues accounting for a significant proportion of health problems. This is particularly notable among those who work additional hours, those who report financial struggles, and those from Black African/Caribbean ethnic backgrounds, highlighting how some nursing staff are burdened with multiple and mutually reinforcing pressures.

**Summary of key findings:**

- The majority of nursing staff (63%) feel that they are u

- whether work hours are fixed times or shift-based
- any experience of missing or working through scheduled breaks.

For analysis

parent incomes[7] or higher rates of poverty among BAME women compared to White British women[8]).

Part-time working is more common among female nursing staff (30%) than male nursing staff (8%), most likely reflecting greater caring responsibilities outside of work among female staff.

Perhaps unsurprisingly, given the ageing nursing workforce[9], levels of full-time working decline with age, with older nurses working fewer hours than their younger counterparts as they approach retirement and a greater proportion choosing to work part-time (Figure 3.1). Twenty per cent of those aged 65 and over work occasional and varied hours compared to less than six per cent in all other age groups.

**Figure 3.1: Working patterns by age group (percentage)**

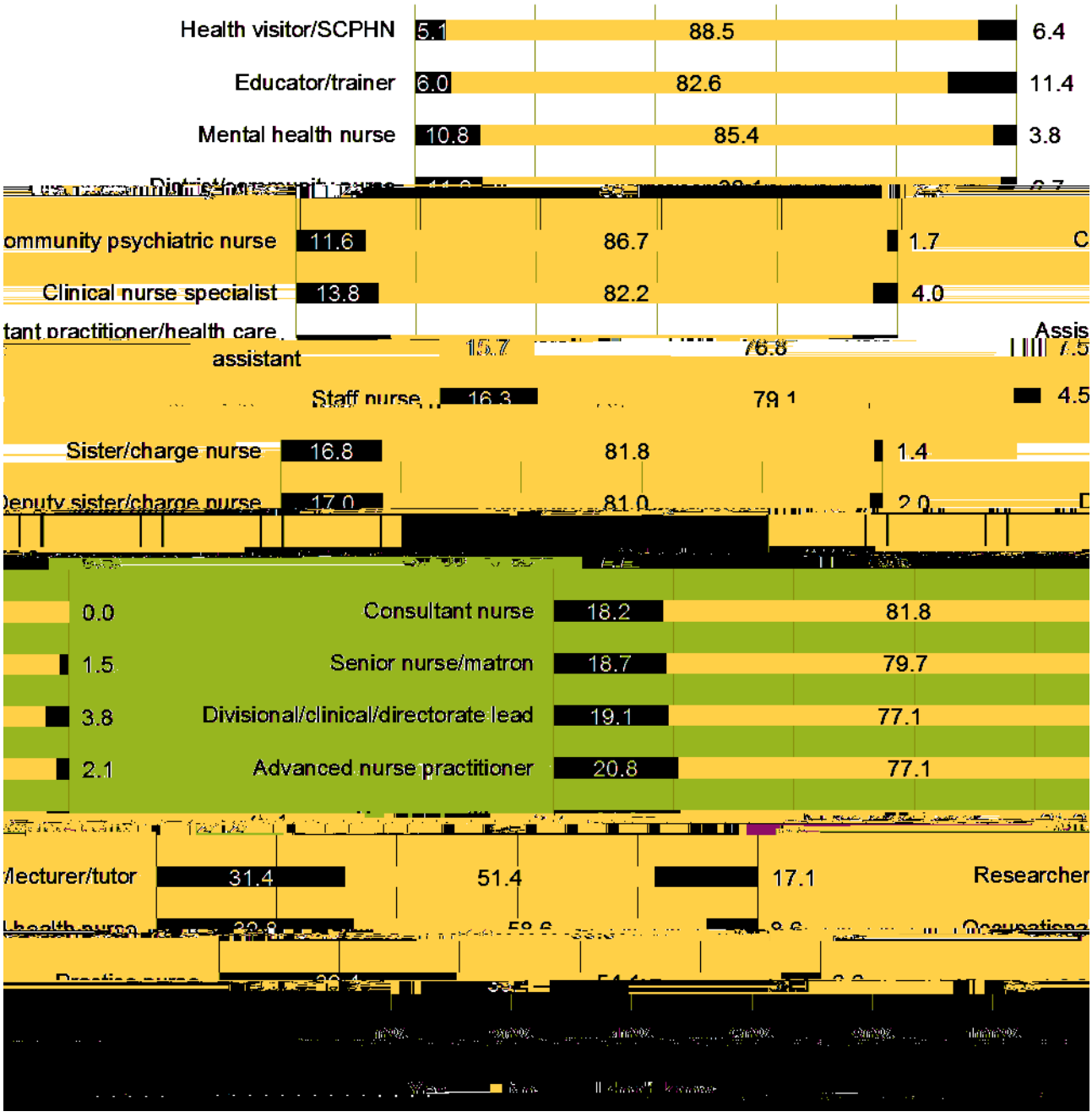
*Source: RCN/ERL/RCI79lA0 Td[(t)-8(i)-4(m)-13(e8(i)-4(mt Tw 4ar)6.m 0 Tw 20oup 8(17-3(e)]TJ0 Tc 0 T241.033 0 Td( )TjET*

working lives of nursing staff. Overall, they provide a valuable insight into the kinds of pressures building up within the nursing workforce.

### 3.2.1 Experiences of short staffing are widespread

The majority of nursing staff (79%) felt that staffing levels

**Figure 3.2: Sufficient nursing staff by job title (percentage)**




*Source: IES/ERL/RCN, 2017*

Nursing staff who reported insufficient staffing levels at their place of work were also most likely to report working additional hours. Three-quarters (75%) of respondents who said there were not enough nursing staff in their workplace also said that they worked additional hours at least once a week, compared to 60 per cent of those who said there were sufficient numbers of staff. A nurse for 17 years commented on the additional pressure brought about by short-staffing by saying that, for the first time, she felt vulnerable because of staffing levels:

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**Figure 3.4: Sufficient staff and compromised care (N=7,582)**

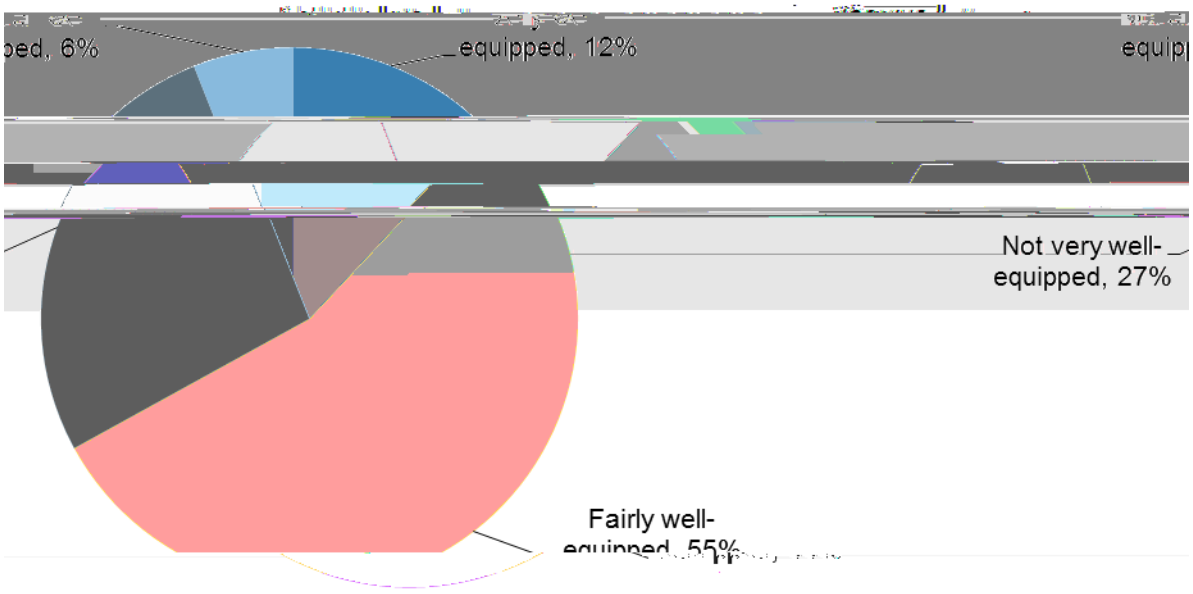
*Source: IES/ERL/RCN, 2017*

Nursing staff working in NHS hospitals were most likely to indicate that there were '*not enough staff in the workplace'* (88%) and that the '*workload is too high'* (80%). Nursing staff in GP practices (29%) and independent hospitals (31%) were more likely than nursing staff in other settings to point to a lack of necessary training.

Several nurses described the impact of short-staffing and workload pressures on patient care:

*I leave work frustrated and worried that I have not spent enough time with people.*

**Figure 3.6: Feeling equipped (in terms of staffing, equipment, skills and training) in current role (2017)**

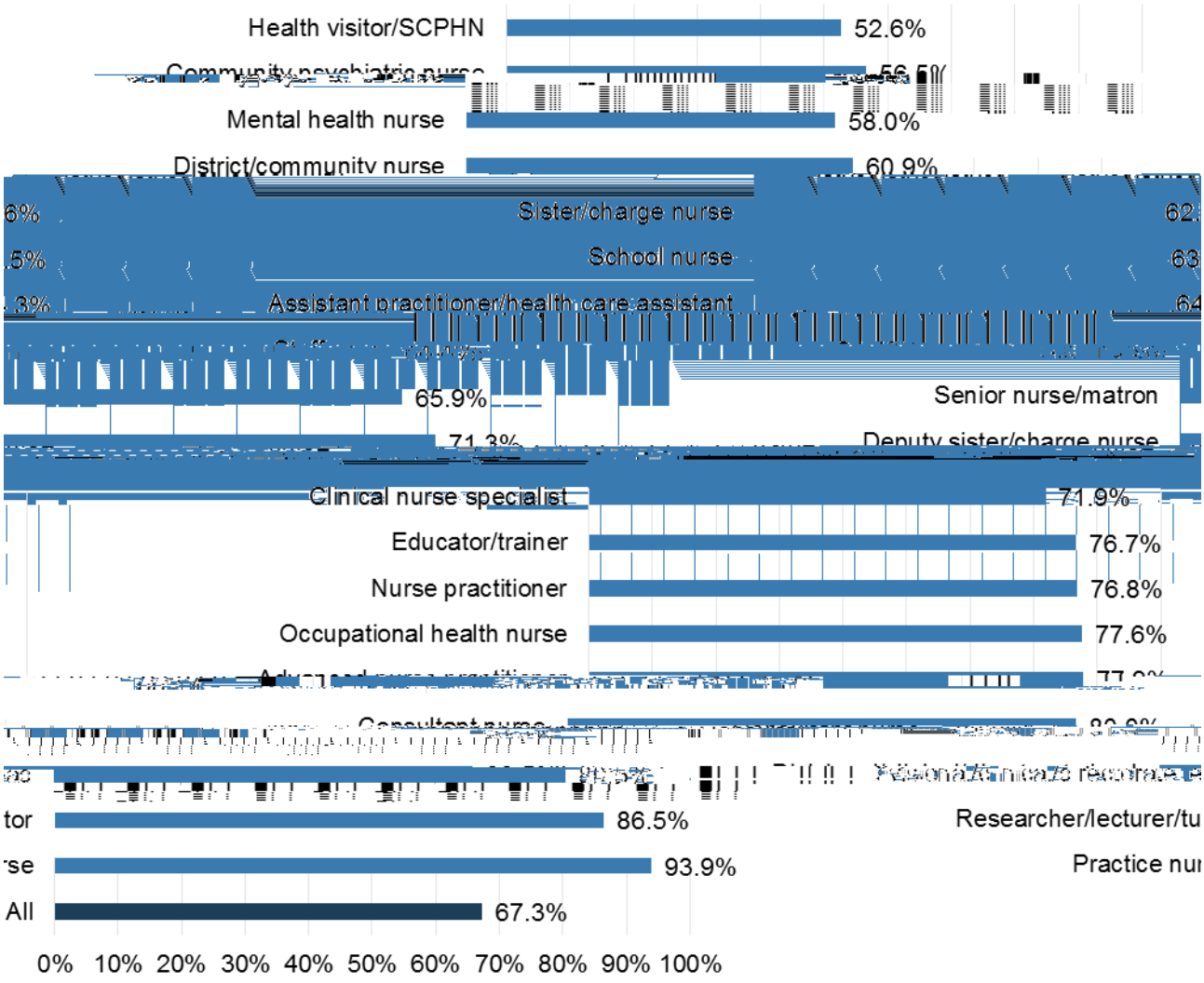



*Source: IES/ERL/RCN, 2017*

We explored respondents' replies to see whether there were any differences across settings, area of practice and job title. On the whole, there were few differences, with the exception of job title and sufficient staffing levels.

Figure 3.7 highlights those job titles where respondents felt '*fairly'* or *'very well-equipped'* to undertake their roles. Practice nurses fared best in this regard, with 94 per cent agreeing with the statement, followed by researchers/lecturers (87%). At the other end of the scale, just over half of health visitors (53%), community psychiatric nurses (57%) and mental health nurses (58%) stated they were fairly or very well equipped.

**Figure 3.7: Feeling well-equipped (in terms of staffing, equipment, skills and training) in current job (by job title, 2017)**




*Source: IES/ERL/RCN, 2017*

Our analysis also shows a close association between views on short-staffing and whether nurses felt well-equipped to carry out their role, in terms of staffing, equipment, skills and training. Where there was thought to be sufficient staffing, nursing staff were more likely to feel properly equipped to undertake their role. The majority (91%) of those who stated that their workplace had sufficient numbers of staff also said that they felt very or fairly well-equipped to do their role. By comparison, just 61 per cent of those who said there were insufficient staff said that they felt well-equipped to do their role (Figure 3.8).

**Figure 3.9: How often nursing staff worked through breaks (N=)**

*Source: IES/ERL/RCN, 2017*

We explored these replies to see whether there were any differences by settings, area of practice, job title, or by whether respondents' worked additional hours (working additional hours is explored in detail in Chapter 6). On the whole, there were no differences, with the exception of area of practice and additional hours worked.

Nursing staff who always worked

**Figure 3.11: How often nursing staff work through breaks by area of practice (percentage, N=7,604)**


*Source: IES/ERL/RCN, 2017*

### 3.2.5 Presenteeism is more prevalent

Levels of 'presenteeism' have increased in recent years. Just under half (49%) of nursing staff said that they had gone to work when unwell at least two to five times in the past year (Figure 3.12), compared to 45 per cent who reported this in 2015 and 41 per cent in 2013.

**Figure 3.13: How often nurses have gone to work despite feeling unwell by job title (percentage)**

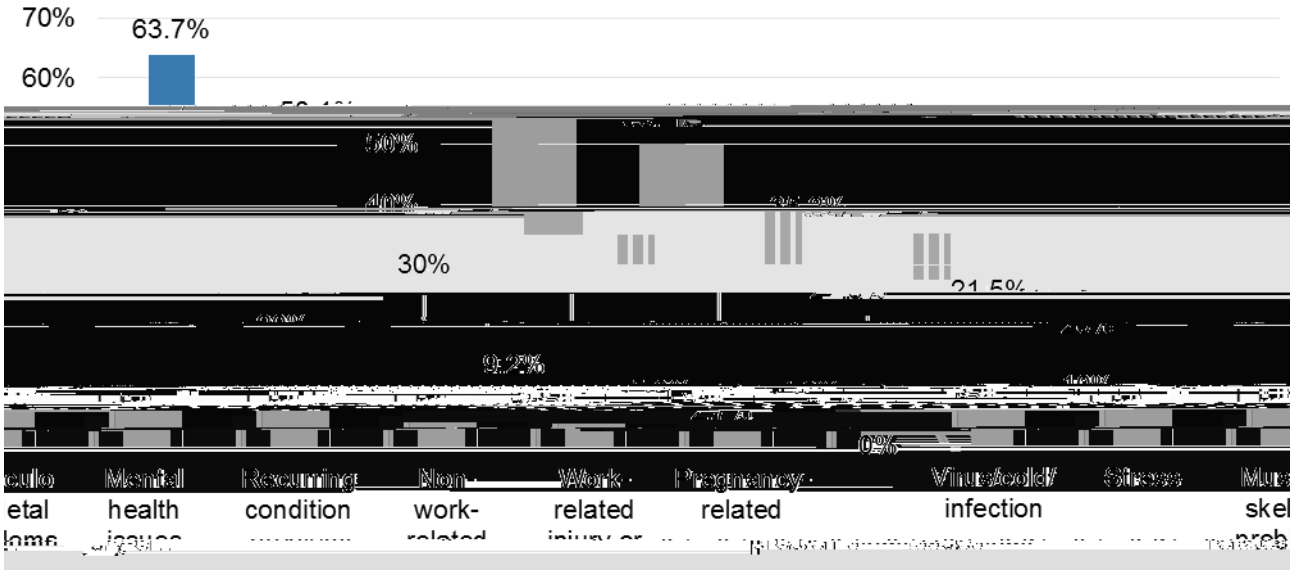

*Source: IES/ERL/RCN, 2017*

Some groups reported particularly high levels of presenteeism. Black African/Caribbean nursing staff were much more likely to have gone to work when feeling unwell more than five times (36%), compared with White nursing staff (12%), mixed or other ethnicity (20%), or Asian respondents (24%) (Figure 3.14).

**Figure 3.15: How often nurses have**

The main reason cited for nursing staff having worked when not feeling well enough to do so was having a virus, cold or infection (64%) followed by stress (50%) and musculoskeletal problems (35%). It is notable that stress (50%) and mental health issues (22%) account for a high proportion of health problems (Figure 3.17).

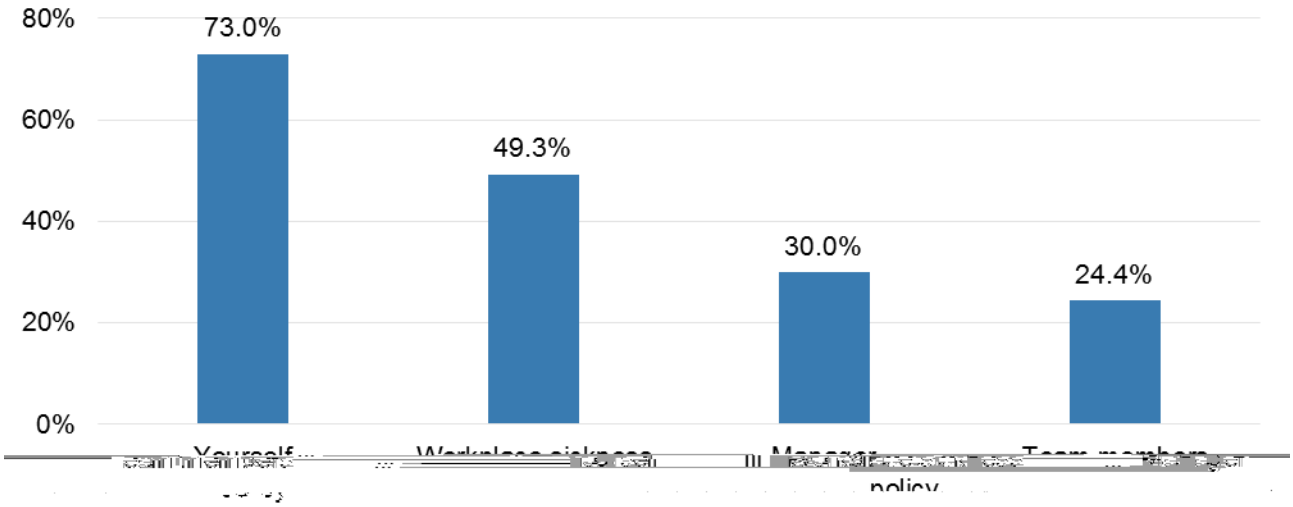
**Figure 3.17: Reasons for working when unwell (N=6,348)**




*Source: IES/ERL/RCN, 2017*

Among those nursing staff who stated that they had worked despite not feeling well enough to do so, three-quarters (73%) said they felt the pressure came from themselves to attend work, while just under half said the pressure came from the workplace sickness policy (Figure 3.18).

**Figure 3.18: Source of pressure to work when unwell**




*Source: IES/ERL/RCN, 2017*

## 3.3 Overall job satisfaction has declined in recent years

The levels of staffing and workload described above are having a clear impact on overall views of working life and work-life balance among nursing staff.

### 3.3.1 Nursing staff feel pressurised at work and unhappy with working hours and shifts

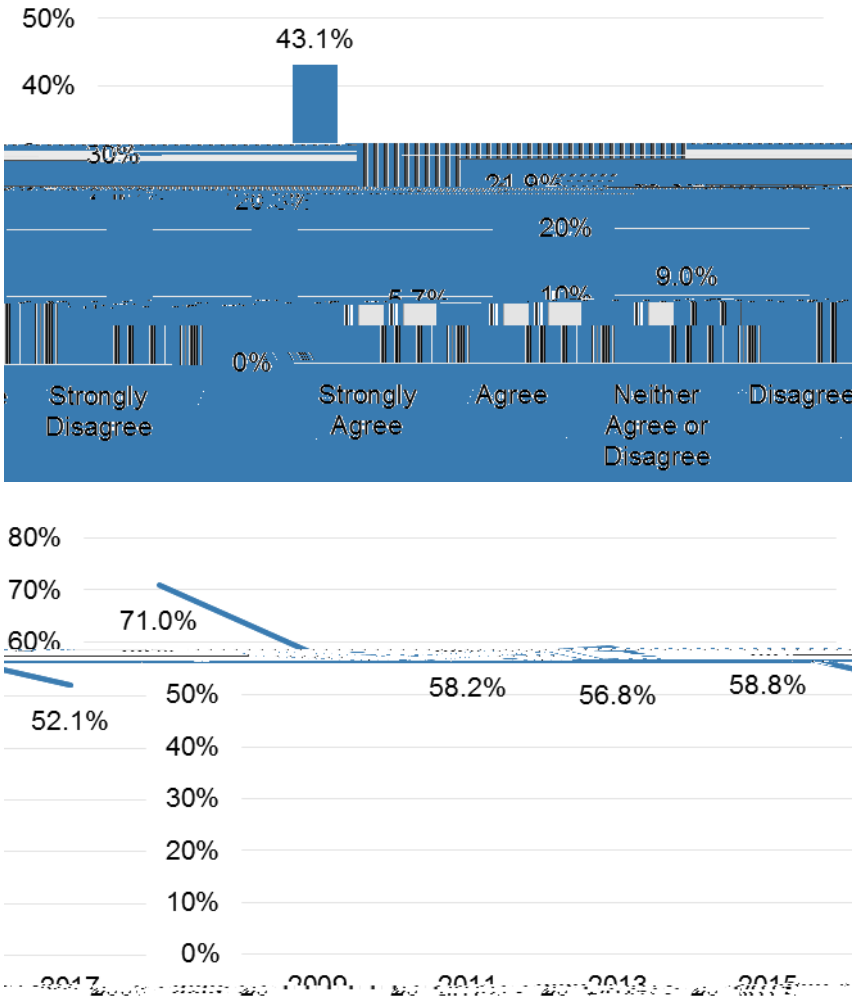
Almost two-thirds (63%) of all respondents stated that they felt under too much pressure at work, with just 11 per cent disagreeing. The proportion reporting that they felt under too much pressure has risen from 53 per cent in 2011 (Figure 3.19).

**Figure 3.19: 'I feel I am under too much pressure at work' (N=7,595)**

*Source: IES/ERL/RCN, 2017*

While just over half (52%)

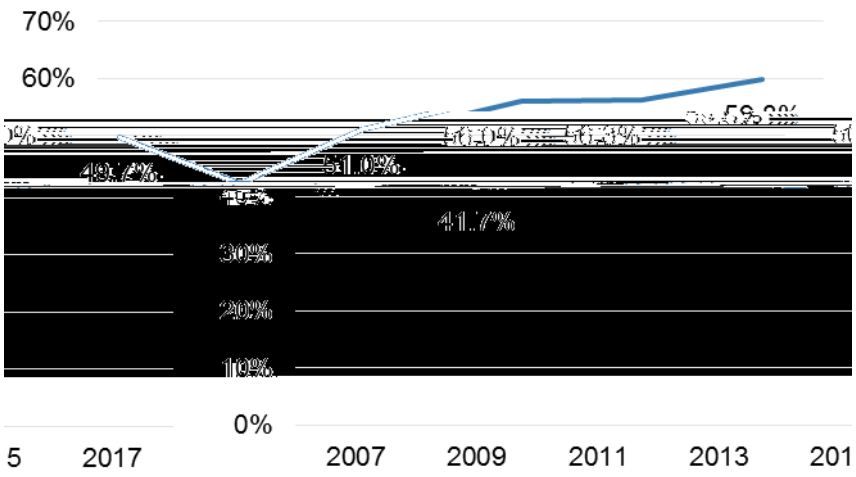
**Figure 3.20: 'I am happy with my working hours' (N=7,580)**




*Source: IES/ERL/RCN, 2017*

There has also been a drop in the proportion of nursing staff who are happy with the choice they have over their length of shifts. Just 44 per cent of respondents agreed that they were satisfied with the choice they had over length of shifts compared to 52 per cent in 2011. This year, just under a third (29%) disagreed with the statement (Figure 3.21).

**Figure 3.22: 'Too much of my time is spent on non-nursing duties' (N=7,576)**




*Source: IES/ERL/RCN, 2017*

In 2011, half of all nursing staff agreed with the statement *'I am too busy to provide the level of care I would like'*. This has now risen to 63 per cent in 2017, with just 17 per cent disagreeing (Figure 3.23).

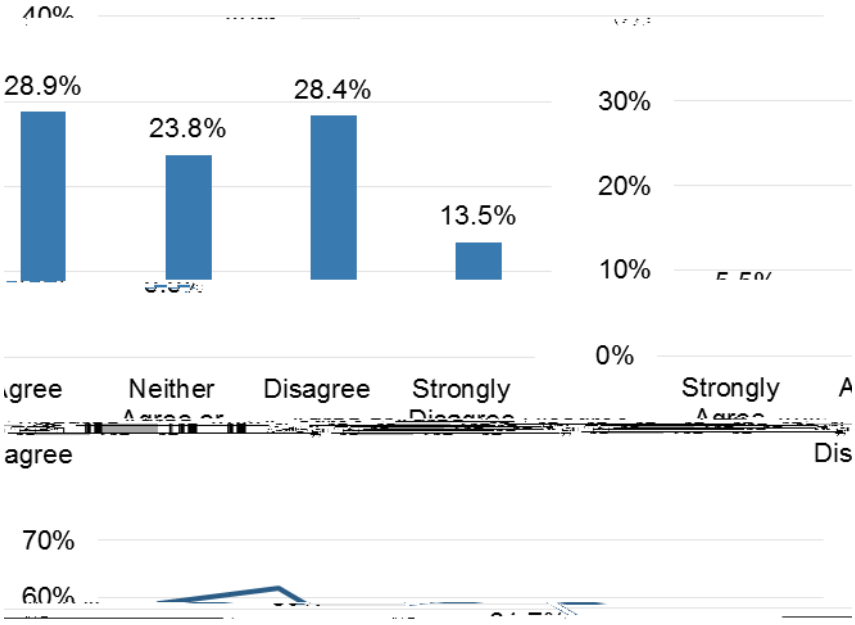
**Figure 3.23: 'I am too busy to provide the level of care I would like' (N=7,561)**

*Source: IES/ERL/RCN, 2017*

### 3.3.3 Most nursing staff feel unable to balance home and work lives

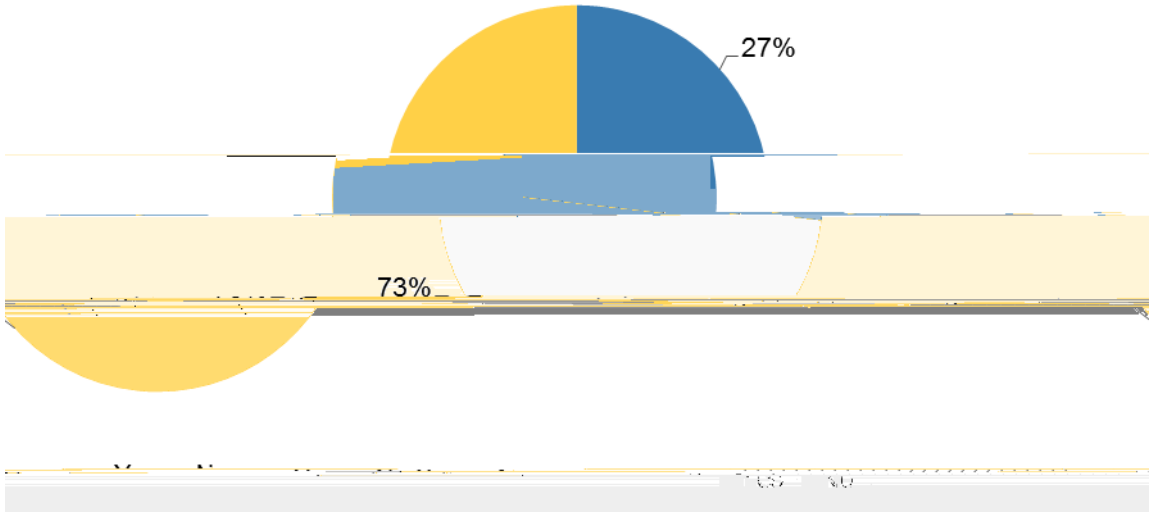
Survey findings show a sharp drop in the proportion of nursing staff who feel able to balance their home and work lives. Figure 3.24 shows that just 34 per cent felt satisfied with their work-life balance compared to 49 per cent in 2011. In total 42 per cent disagreed that they we2

**Figure 3.24: 'I feel able to balance my home and work lives' (N=7,586)**




*Source: IES/ERL/RCN, 2017*

**Figure 4.1: Experience of physical abuse from patients or service users in the past 12 months (N=7,608)**




*Source: IES/ERL/RCN, 2017*

Wider evidence also indicates high levels of physical abuse against nursing staff. The 2016 NHS Staff Survey for England shows that 29 per cent of registered nurses in England had experienced physical abuse in the previous 12 months[16]; 11 per cent in Wales[17] and, according to the 2015 NHS Staff Survey for Scotland, 20 per cent of nursing and midwifery staff in Scotland.[18]

The findings on physical abuse were broken down by a range of different factors, such as pay grade, job title and ethnicity, to see if there were corresponding differences. Overall, we found none, with the exception of job title, work setting and ethnicity.

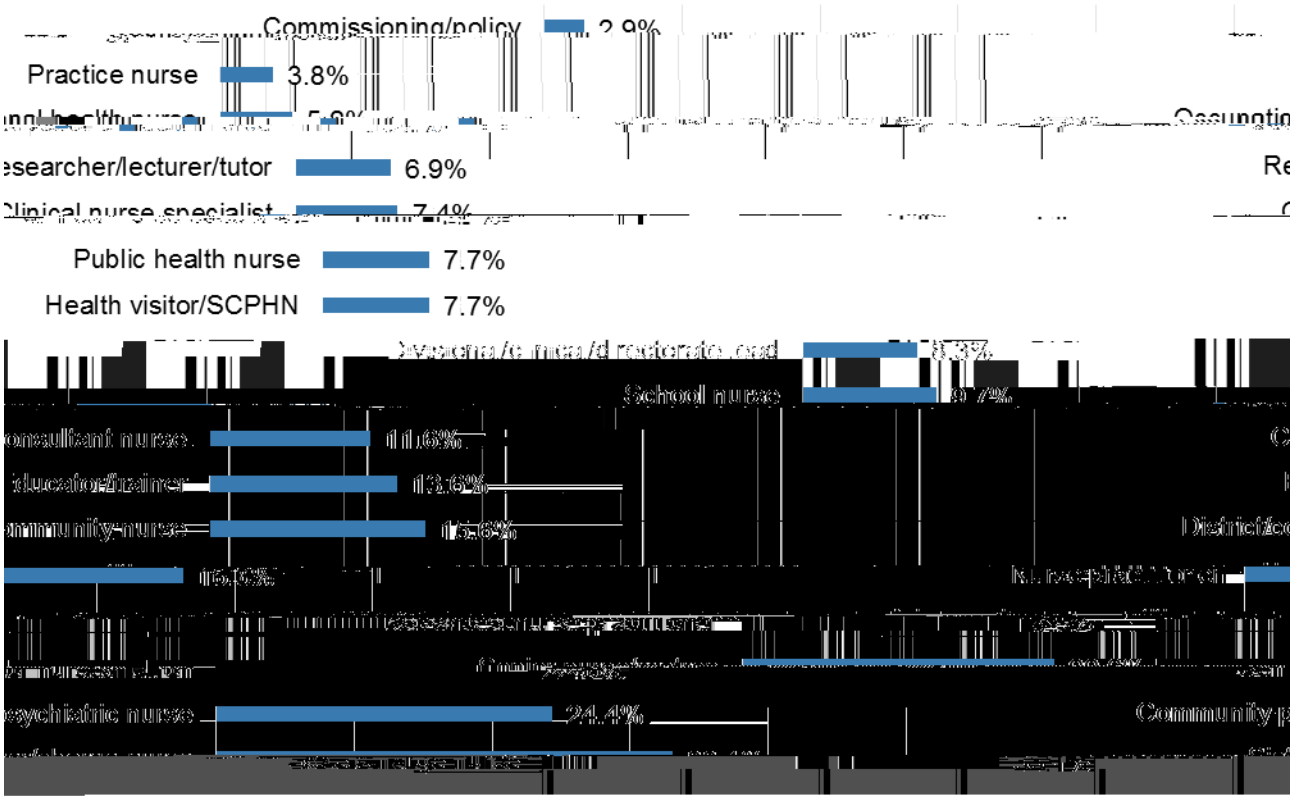
When looking at responses by job title, we found that mental health nurses, assistant practitioners/healthcare assistants and student nurses were much more likely to report having been physically abused in the last 12 months than nursing staff in other roles (Figure 4.2).

[16] NHS (2016), *2016 NHS Staff Survey*, National Health Service. http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2016-Results/

[17] Welsh Government (2016), *NHS Wales Staff Survey 2016, National Report,* Welsh Government. Available at: http://gov.wales/docs/dhss/publications/161208nhs-survey-en.pdf

[18] Scottish Government (2015), *NHS Scotland Staff Survey 2015 National Report,* Scottish Government. *Available at:* http://www.gov.scot/Publications/2015/12/5980

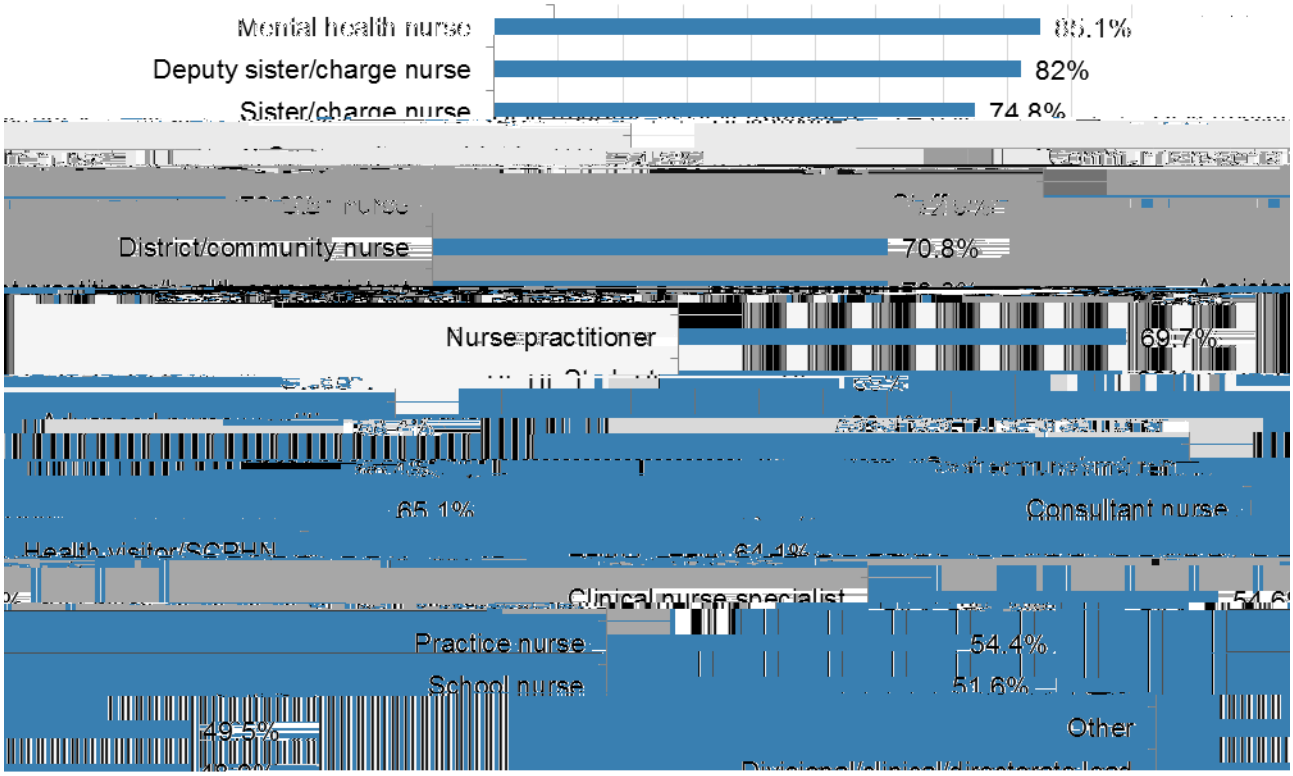
**Figure 4.2: Experience of physical abuse from patients and service users in the last 12 months by job title**




*Source: IES/ERL/RCN, 2017*

The highest levels of physical abuse reported among nursing staff were among those working in nursing homes (57%), older people settings (44%) and mental health settings (43%) (Figure 4.3).

**Figure 4.4: Experience of verbal abuse from patients or service users in last 12 months by job title**




*Source: IES/ERL/RCN, 2017*

Nursing staff who experienced verbal abuse were more likely to work in nursing homes (57%), with older people (44%) and in mental health settings (43%) (Figure 4.5).

## 4.3 Bullying and harassment

Just under one-third of nursing staff (31%) stated that they had experienced bullying or harassment from colleagues in the last 12 months, and 69 per cent stated that they had not experienced bullying or harassment.

We analysed this finding by a range of different factors, such as job title, ethnicity and work setting, to see whether there were any differences across different staff groups. The only notable differences were by disability.

A higher proportion of nursing staff with a disability (45%) reported that they had experienced bullying, compared with a little under one-third of nursing staff without a disability (30%) (Table 4.2).

**Table 4.2: Experiences of bullying or harassment from colleagues in the last 12 months by disability (percentage)**

| | Has a disability | No disability | Total |
|---|---|---|---|
| Experienced bullying/harassment | 44.8 | 29.7 | 31.1 |
| Not experienced bullying/harassment | 55.2 | 70.3 | 68.9 |
| Base N=100% | 688 | 6,830 | 7,518 |

*Source: IES/ERL/RCN, 2017*

Among nursing staff who reported that they had experienced bullying or harassment from a colleague, 44 per cent had reported the incident, and 56 per cent had not.

The majority of nursing staff who had not reported bullying or harassment stated it was because they were not confident that anything would change as a result (70%). Half (50%) didn't think that they would get support from their manager or colleagues, and a little under half (47%) were concerned that it could count against them and their career progression (Table 4.3).

**Table 4.3: Reasons why respondents did not report bullying or harassment from colleagues (N=1,310)**

| | % |
|---|---|
| I wasn't confident that anything would change as a result | 70.2 |
| I didn't think I would get support from my manager/colleagues | 49.5 |
| I was concerned it would count against me and my career progression | 46.9 |
| I didn't find the time | 7.9 |
| I don't have access to good occupational health support | 3.7 |
| I wasn't aware of the reporting process | 2.1 |
| Other | 11.8 |

Please note: respondents could select multiple responses

*Source: IES/ERL/RCN, 2017*

Among nursing staff who had reported their experience of bullying or harassment from a colleague, a little over a quarter (28%) were satisfied with the outcome, and a little under three-quarters were not satisfied with the outcome.

In over one-third of 'dissatisfied' cases (35%), nursing staff stated that no action had been taken as a result of reporting, just under a quarter (22%) felt that nothing had changed, and 12 per cent felt there had been a lack of professionalism in how their report had been addressed (Table 4.4). Views expressed included:

*Actual problem not dealt with. People just moved around.*

Sister/Charge Nurse, North West England

*Nothing changed despite informing Chief Nurse.*

Consultant Nurse, South East England

**Table 4.4: Reasons respondents are not satisfied with the outcome (N=757)**

| | % |
|---|---|
| No action taken | 34.8 |
| Nothing has changed | 21.6 |
| Lack of professionalism | 11.7 |
| Systemic problem | 7.6 |
| Caused more problems | 4.4 |
| Took too long | 4.4 |
| Resigned | 3.9 |
| Lack of support | 3.7 |
| Fear of addressing perpetrator | 2.3 |
| Caused stress | 1.9 |
| Lost job/sacked/moved | 1.5 |
| Advised/asked to drop case | 1.2 |
| In middle of reporting | 1.2 |

Please note: respondents could select multiple responses

*Source: IES/ERL/RCN, 2017*

# 5 Pay and Grading

This c

**Figure 5.2: 'Given your role and responsibilities, how appropriate would you say your current pay band/grade is?' (N=7,450). Comparison of very appropriate/appropriate with previous years**

*Source: IES/ERL/RCN, 2017*

### 5.1.2 Dissatisfaction is more notable among BAME, Band 5 and younger nursing staff

Further to this, we asked respondents to rate their views about the appropriateness of their pay band/grade from 1 to 5, with 1 being very inappropriate and 5 very appropriate. The mean score to this question was 2.4 out of 5 and we analysed these results by gender, age, work setting, ethnicity, pay band, country and pay system/scale. There were no notable differences by gender or pay system/scale but there were notable differences by age, work setting, ethnicity, pay band and country. T

**Table 5.1: Views about pay according to country and pay band (appropriateness score: 1 = very inappropriate, 5 = very appropriate)**

| | Number of respondents | Mean |
|---|---|---|
| **Country** | | |
| Isle of Man | 15 | 2.8 |
| Channel Island | 30 | 2.5 |
| England | 5,977 | 2.5 |
| Wales | 355 | 2.4 |
| Scotland | 769 | 2.4 |
| Northern Ireland | 230 | 2.2 |
| Other | 17 | 3.2 |
| **Pay band (gr[illegible]** | [illegible] | [illegible] |

**Figure 5.3: Appropriateness of current pay by AfC pay band (percentage)**

*Source: IES/ERL/RCN, 2017*

The findings above are also

**Table 5.2: Views about pay by broad ethnic group (appropriateness score: 1 = very inappropriate, 5 = very appropriate)**

| | Number of respondents | Mean |
|---|---|---|
| White | 6,562 | 2.5 |
| Black African/Caribbean | 313 | 2.0 |
| Asian | 210 | 2.2 |
| Other/Mixed | 93 | 2.3 |
| Prefer not to say | 172 | 2.1 |

*Source: IES/ERL/RCN, 2017*

Lower scores for views about appropriateness of pay band/grade were also noted among younger age groups (18-25 and 26-34 year olds), consistent with the findings in Chapter 3 which show these age groups also reported higher levels of presenteeism and full-time working (Table 5.3). Perhaps unsurprisingly, given that the majority of nursing staff work in NHS hospital settings (see Chapter 3), Table 5.3 also shows lower scores for views among appropriateness of pay band/grade among those working in NHS hospital and community settings. This is also consistent with the finding from Chapter 3 which shows that those working in NHS hospitals are more likely to report insufficient staff and workloads which are too high.

**Table 5.3: Views about pay by age and work setting (appropriateness score: 1 = very inappropriate, 5 = very appropriate)**

| | Number of respondents | Mean |
|---|---|---|
| **Age** | | |
| 18-25 | 302 | 2.1of |

**Figure 5.4: Main reasons given for considering pay band/grade as inappropriate**



*Source: IES/ERL/RCN, 2017*

The main reason for nursing staff feeling that their pay band/grade is inappropriate is the perception that their actual role and duties do not match with their banding or job description, which is often much lower:

> *[I am responsible for] lone working in community making autonomous decisions about children with complex health needs, I manage the duty rota and new community nursing referrals. [I am] in charge of caseload allocation for all teams and organise and chair discharge planning and multidisciplinary meetings. I feel these responsibilities would be more suited to a Band 7 role.*
>
> District/community Nursoror8

*Too much responsibility for little pay. The hours and things we have to see and deal with whether that be rude public, clinical conditions, death.*

Staff Nurse, NHS Hospital Unit, AfC Band 5, North West England

*You are always a nurse. Walking down the street or in a pub. People don't appreciate that and we should get more support.*

Staff Nurse, Band 5, South East England

# 6 Income, Additional Work/Hours and Financial Wellbeing

This chapter details respondents' views on income, additional work/hours and financial wellbeing.

Echoing the findings around work pressures that were detailed in Chapter 3, **most nursing staff (71%) work additional hours at least once a week, but only half of those are paid for those hours**.

The income and financial circumstances of nursing staff emerge as precarious. On the one hand, more nursing staff are primary earners in 2017 compared to 10 years ago (57 per cent compared to 48 per cent in 2007), meaning that their households are heavily dependent upon their income. On the other hand, **the majority of nursing staff (70%) feel financially worse off than they did five years ago**, with a higher proportion of nursing staff in AfC pay Bands 5, 6 and 7 reporting this than in other pay bands. Sixty per cent of nursing staff report financial struggles, particularly among pay Bands 1-4. **Over half of nursing staff said that they had had to cut back on food and travel costs over the past year**; **other financial struggles were around paying utility bills and missing rent or mortgage payments.** To stay financially afloat, many nursing staff, were working extra hours in their main job, borrowing money or taking on an additional job, often losing sleep or having to deal with money problems while at work.

**Summary of key findings:**

- Most nursing staff (71%) work additional hours at least once a week, yet only half of those say that they are paid for those hours. BAME staff, senior staff and those working in NHS settings are more likely to work additional hours.
- More nursing staff are primary earners compared to 10 years ago (57 per cent compared to 48 per cent in 2007), meaning that those households are heavily dependent upon the income of nursing staff.
- Yet, the majority of nursing staff (70%) feel financially worse off than they did five years ago, with a higher proportion of nursing staff in

have

Most nursing staff work between one and four additional hours per week (Figure 6.2).

**Figure 6.2: Average additional hours worked per week**

*Source: IES/ERL/RCN, 2017*

Around half of all staff who work additional hours reported that these

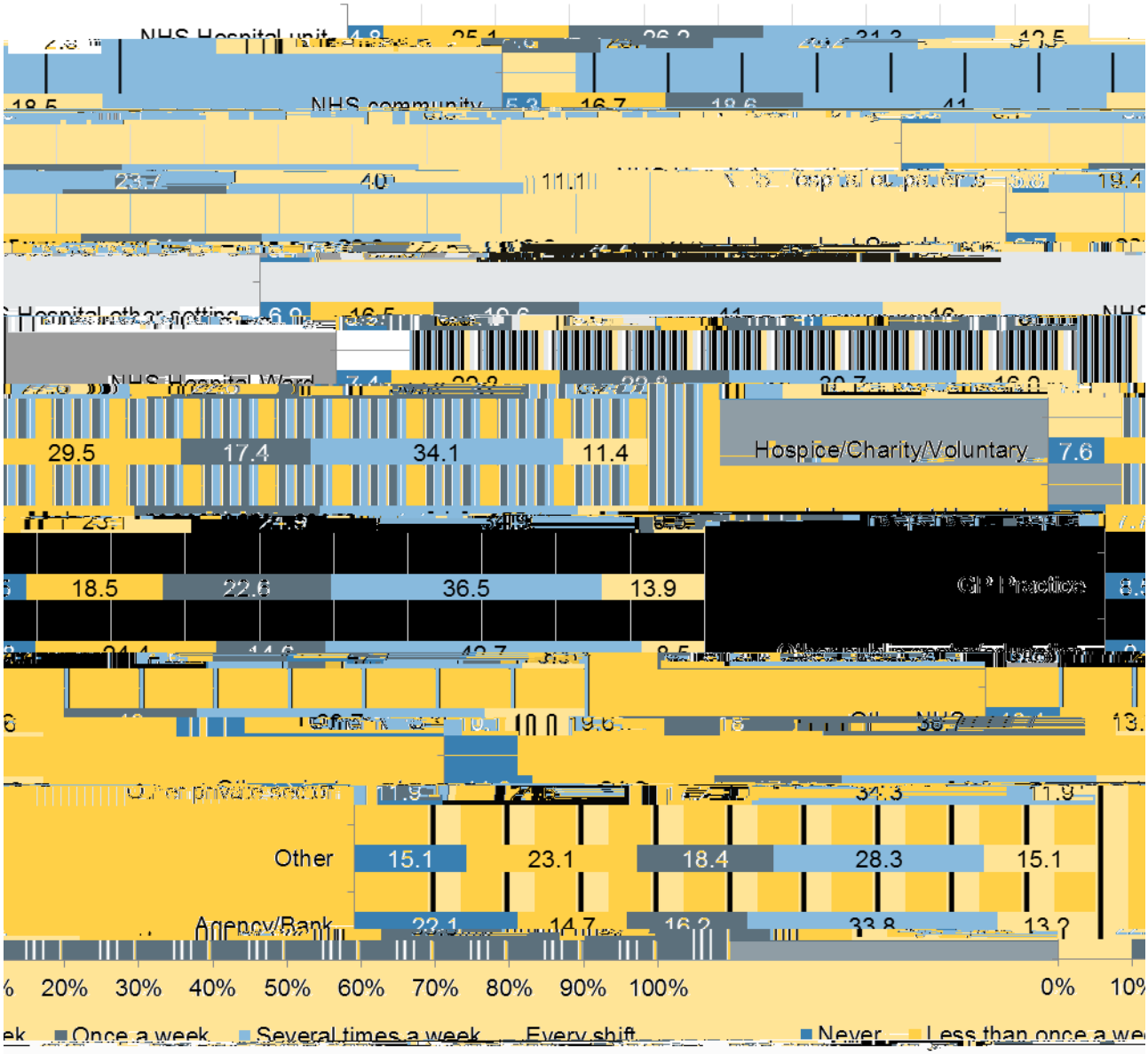
*hour break, due to the increasing demands and workload, and I feel our service is running on staff goodwill.*

Community Psychiatric Nurse, Yorkshire and Humberside

### 6.1.2 Working additional hours is more prevalent among NHS nursing staff, senior staff and BAME staff

Nursing staff working in NHS community settings (60%), NHS hospital other settings (57%), and other NHS settings (52%) were most likely to report working additional hours several times a week or more (Figure 6.4).

**Figure 6.4: Working in excess of contracted hours by employment setting (percentage)**



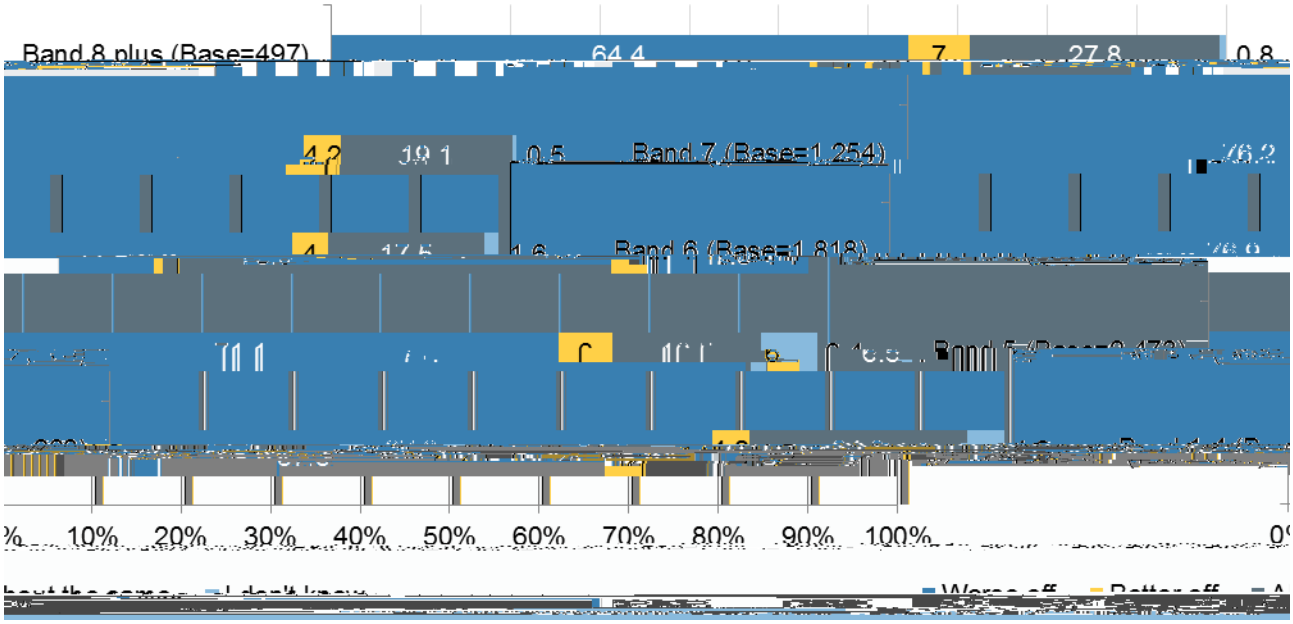

*Source: IES/ERL/RCN, 2017*

Senior nurses in higher bands (7 and 8) were more likely to work additional hours several times a week than nurses in Bands 5 and 6. Divisional, clinical or directorate leads (83%), senior nurses or matrons (69%), consultant nurses (68%) and district or community nurses (66%) were most likely to report working additional hours several times a week or more (Figure 6.5).

**Figure 6.5: Working in excess of contracted hours by staff role (percentage)**

Looking at differences by pay band we found that more nurses in Bands 6 and 7 felt worse off than nurses in other bands, perhaps hinting at the more widespread effect of the public sector pay cap, which has been in place since 2010.[22] Figure 6.9 shows that more nurses in Band 6 (77%) and Band 7 (76%) felt financially worse off compared to five years ago than nurses in Band 5 (71%) and Bands 1-4 (67%).

**Figure 6.9: Financial situation compared to five years ago by AfC pay band**




*Source: IES/ERL/RCN, 2017*

One Band 6 nurse described how she was 'broke' at the end of each month and felt financially much worse off than she did five years ago. She now claims for all her overtime saying, *'I can't afford goodwill anymore'* (Staff Nurse, West Midlands).

### 6.3.2 Experiences of financial struggles are widespread

Experiences of financial struggles over the past year are widespread among the survey respondents, and particularly those in the lower pay bands. Sixty per cent of all nursing staff reported financial struggles.

When analysed by AfC pay band, it is clear that financial struggles are more prevalent among nurses in the lower pay bands. More nurses in pay Bands 1-4 (74%) and pay Band 5 (67%) have experienced financial struggles in the last year than nurses in other bands (62 per cent in Band 6 and 54 per cent in Band 7) (Figure 6.10).

[22] Public sector pay was frozen in 2010 and in 2013, was capped at one per cent. In September 2017, the public sector cap was lifted in England and Wales for police officer and prison officers but remains in place for other public sector workers, including nurses. In the Autumn Budget 2017, the Government agreed to raise nursing pay depending on the outcome of ongoing pay talks.

**Figure 6.12: Experience of**

on an additional job to meet their daily expenses over the past year. Half of nursing staff (50%) had worked extra hours in their main job over the past year, 40 per cent had borrowed money from family, friends or a bank, 23 per cent had taken on an additional paid job to meet their daily expenses, and 6 per cent had taken out a payday loan (Table 6.1). As one nurse put it:

> *A lot of colleagues feel they have no choice but to work extra shifts to cope with living on the nursing wage.*
>
> Staff Nurse, North East

**Table.6.1: Actions taken to meet everyday living expenses**

| | % |
|---|---|
| Worked extra hours in your main job | 50.2 |
| Borrowed money from family/friends/bank | 39.8 |
| None of these options | 27.9 |
| Taken on an additional paid job | 23.2 |
| Taken out a payday loan | 6.0 |
| Base N=100% | 7,589 |

Please note: respondents could select multiple responses

*Source: IES/ERL/RCN, 2017*

More details of those who reported having taken on an additional job are provided below.

### 6.3.4 Reliance on additional paid jobs f3r p4[Re)--0 MC E5tancahigh4

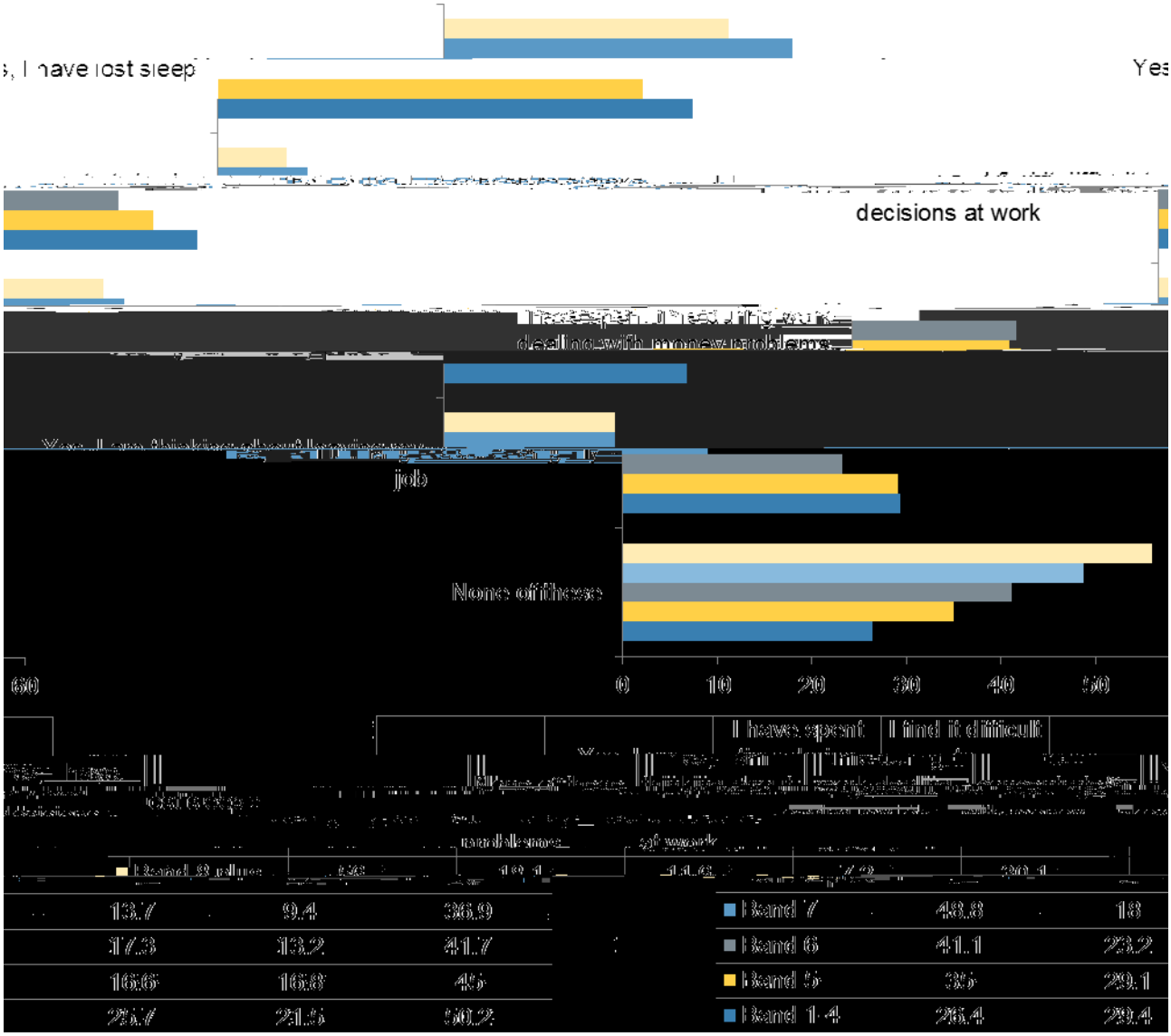
**Table 6.2: Other paid work in addition to main employment**

| | % |
|---|---|

4 also said that they had spent time at work dealing with money problems and had found it difficult to concentrate or make decisions at work.

Nurses in both Bands 1-4 and Band 5 were more likely to report that they are thinking about leaving their job because of money worries.

**Figure 6.15: The reported effects of money worries by AfC pay band (percentage)**




*Source: IES/ERL/RCN, 2017*

The analysis above highlights a close association between lower AfC pay bands and the likelihood of reporting financial struggle. Again, this is consistent with higher levels of presenteeism among those in Bands 1-5 (as reported in section 3.2.5) and a greater likelihood of having taken on an additional paid job, as detailed above.

The personal cost of financial worries was summed up by one nurse who described the impact this had on her health and her self-esteem:

progress, suggesting that ongoing uncertainty[23] about the status of EU nationals, post-Brexit, may be having a negative impact.

## 7.1 Few would recommend nursing as a career

*Why did I choose this for a career? When my daughter told me that she wanted to be a nurse, I was actually disappointed and thought 'Why would you want to do that'?*

Band 8a Nurse Manager, Scotland

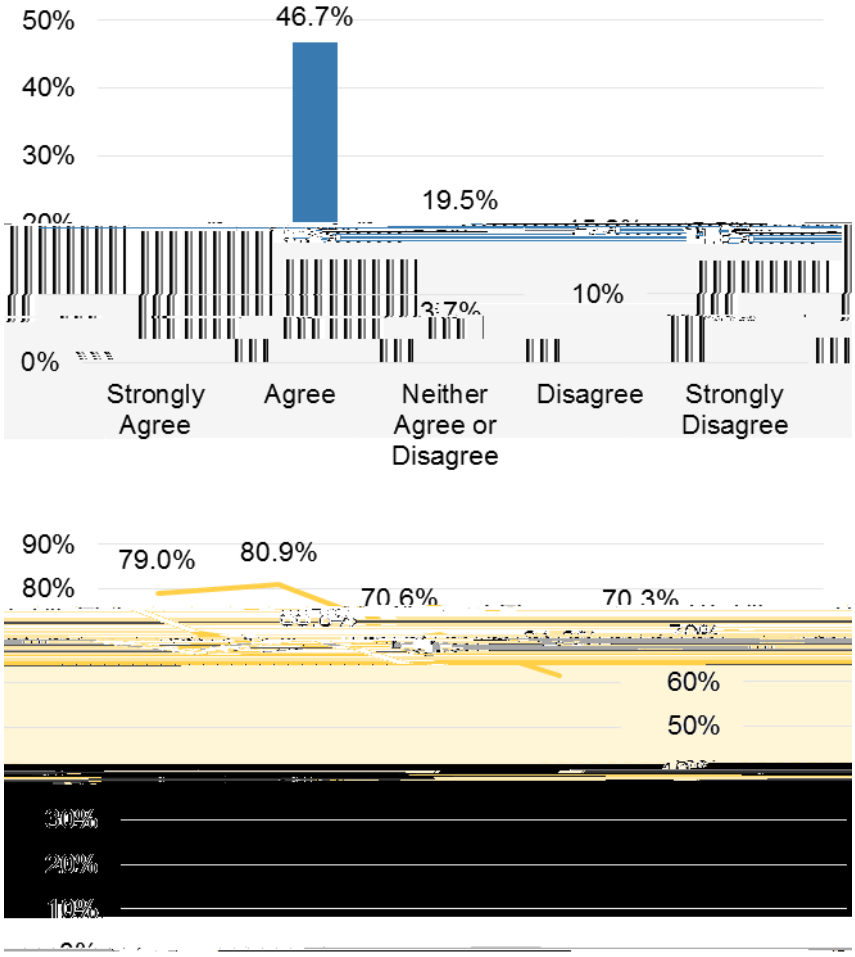
Six items were presented to respondents, five of which were the same as those presented

**Figure 7.2: Views on 'I would recommend nursing as a career'**

*Source: IES/ERL/RCN, 2017*

It is also apparent from this figure that there has been a significant fall in the proportion of nursing staff who agreed with the statement '*Most days I am enthusiastic about my job*' (from 79 per cent of all respondents in 2007 to

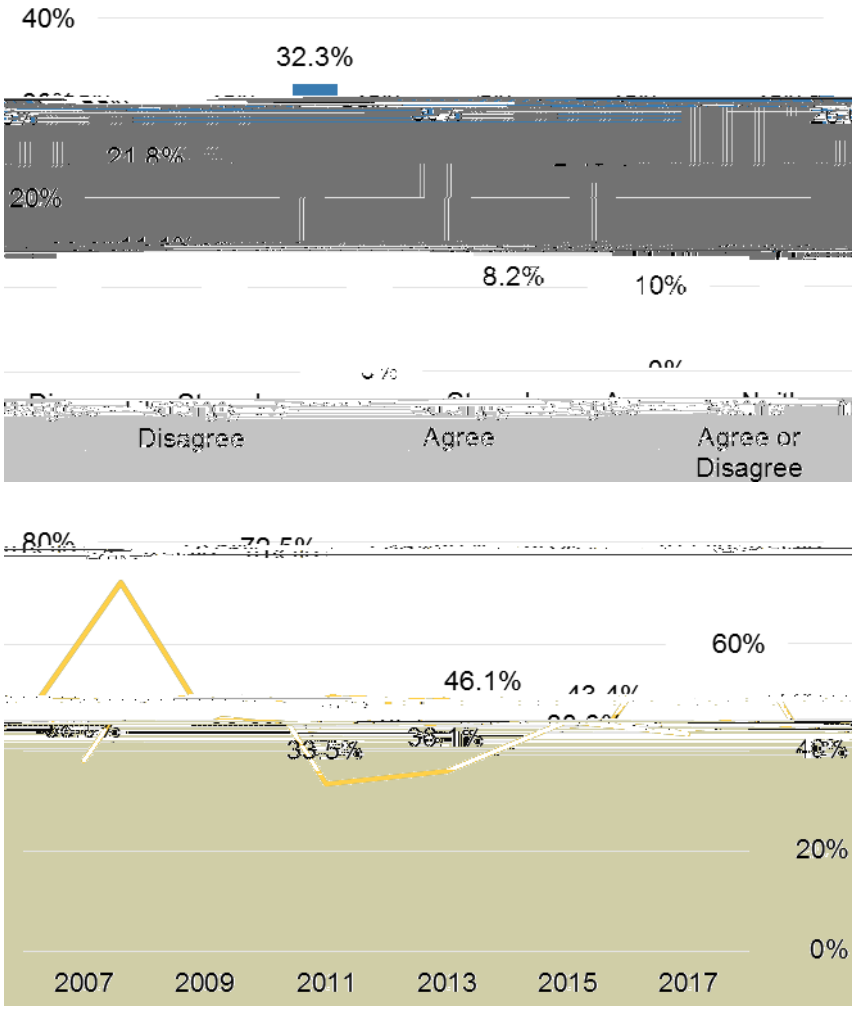
**Figure 7.3: Views on 'Most days I am enthusiastic about my job'**




*Source: IES/ERL/RCN, 2017*

More nursing staff today see the profession offering them a '*secure job for years to come'* than was the case 10 years ago. This could well be a result of nursing shortages in recent years and the need to recruit and train more nurses (Figure 7.4 below).

**Figure 7.4: Views on 'Nursing will continue to offer me a secure job for years to come'**




*Source: IES/ERL/RCN, 2017*

A further indicator of how nurses feel about their profession is reflected in responses to the statement '*I would not want to work outside nursing'.* A third of nurses (35%) reported that they would not want to work outside nursing showing a steady decline from 2007 and 2009 when nearer four in ten nurses said they would not want to work outside nursing.

**Figure 7.5: Views on 'I do not want to work outside nursing'**

*Source: IES/ERL/RCN, 2017*

Nursing staff working in GP practices and hospices/voluntary sector were more likely to have a positive view of nursing as a career than those in other areas of the NHS or the independent sector.

Analysis of the survey results shows a strong association between career satisfaction and pay band, with higher banded staff being more likely to recommend nursing as a career. This has been a feature of the employment survey with nurses who have progressed into higher graded and banded positions being more positive about their career than those on lower bands. For example, this year 41 per cent of Band 5 nurses would recommend nursing as a career compP /M4 n 684 -1.15 T2 pr0(nt)2( o)9an t

Agency Staff Nurse, Greek nation

cent of nursing staff working in GP practices and 47 per cent of nursing staff working for

**Figure 7.9: Reasons for lack of opportunities (no opportunities to progress, 2017)**

midwifery in March 2017[24], high levels of staff turnover in some parts of the country[25], and, for the first time in recent history, more UK nurses and midwives leaving the profession than joining between 2016 and 2017.[26]

In NHS hospital wards, 41 per cent are seeking a new job, compared to 27 per cent of those in GP practices and 28 per cent of respondents working in hospices/voluntary sector. o

**Table 7.1: Type of role sought, by employer group, those seeking new job (2017)**

| | Similar NHS role % | Different NHS role % | Similar role outside NHS % | Different role outside NHS % | Working abroad % | Other % | Base N=100% |
|---|---|---|---|---|---|---|---|
| NHS hospital ward | 28 | 45 | 24 | 29 | 17 | 7 | 800 |
| NHS hospital unit | 26 | 44 | 20 | 38 | 18 | 7 | 367 |
| NHS hospital outpatients | 33 | 41 | 23 | 33 | 15 | 9 | 126 |
| NHS hospital other | 28 | 45 | 29 | 35 | 16 | 7 | 319 |
| GP Practice | 34 | 26 | 24 | 27 | 10 | 12 | 144 |
| NHS community | 31 | 44 | 20 | 38 | 9 | 12 | 554 |
| Other NHS | 40 | 39 | 27 | 37 | 8 | 5 | 146 |
| Independent hospital | 35 | 10 | 18 | 42 | 13 | 23 | 62 |
| Independent care home | 27 | 12 | 35 | 32 | 9 | 26 | 66 |
| Agency/Bank | 0 | 11 | 22 | 53 | 31 | 14 | 36 |
| Hospice/Charity/Voluntary | 34 | 26 | 21 | 37 | 3 | 24 | 38 |
| Other public sector | | | | | | | |

requirements.'[32] For example, recent data from UCAS, shows a 23 per cent drop in the number of students applying to study nursing at university in 2017.[33] This, combined with restricted NHS Trust budgets and the removal of the nursing bursary, means that supply in the nursing workforce is looking more uncertain now than ever before. In the meantime, demand for health and social care services continue to grow. Recent research has identified population growth mS r0.28 0 Td[(5 Td[(0iMC /.2(tat)2Ra6(al)6( c786.84 T2)TjEMC un)10(d

**Table B 1: Which of the following best describes your current employment situation? (All respondents)**

| | No. | % |
|---|---|---|
| Employed and working | 6,963 | 90.8 |
| Retired but still in paid employment | 298 | 3.9 |
| Employed but currently on maternity or sick leave | 200 | 2.6 |
| Student | 147 | 1.9 |
| Fully retired | 34 | 0.4 |
| Unemployed | 21 | 0.3 |
| Other | 6 | 0.1 |
| Total | 7,669 | 100 |

*Source: IES/ERL/RCN, 2017*

## Main employer and location of work

Table B 2 shows that 83 per cent reported that they work for the NHS (excluding GP practices) including for NHS Bank, NHS 111/NHS 24 helpline, an NHS commissioning organisation or other NHS employer, such as a health board. Six per cent were working for independent/private health care providers and five per cent for GP practices. Other employers include charities, private companies, nursing agencies and social enterprises.

**Table B 2: Who is the employer for your main or usual job? (All respondents)**

| | No. | % |
|---|---|---|
| NHS (excluding GP practices) | 5,813 | 77.9 |
| Independent/private health care or social care provider | 418 | 5.6 |
| GP practice | 397 | 5.3 |
| NHS Bank | 179 | 2.4 |
| Charity/voluntary sector/hospice | 136 | 1.8 |
| NHS commissioning organisation (e.g. CCG, CSU) | 117 | 1.6 |
| Private company/industry | 104 | 1.4 |
| Other | 71 | 1.0 |
| Nursing agency | 70 | 0.9 |
| Other NHS employer (e.g., health board, CQC, Public Health England, Health Education England) | 42 | 0.6 |
| Further/higher education | 34 | 0.5 |
| Other public sector (e.g. armed forces, criminal justice) | 27 | 0.4 |
| NHS 111/NHS 24/helpline | 25 | 0.3 |
| Local authority/other public body | 16 | 0.2 |
| School | 12 | 0.2 |
| Total | 7,461 | 100 |

*Source: IES/ERL/RCN, 2017*

Looking at the main location of work, 61 per cent were employed in hospitals, including hospital wards (28%), specialist units (15%), outpatients/day care (six%) or another hospital setting (6%). A further 18 per cent of respondents worked in a community-based

**Table B 5: Which of the following best describes the area of practice in your main or usual job? (All respondents)**

| | No. | % |
|---|---|---|
| Acute and urgent | 1,895 | 24.9 |
| Primary and community care | 1,334 | 17.5 |
| Mental health | 733 | 9.6 |
| Surgical | 717 | 9.4 |
| Children and you071-6.3(en)-120 Td(717)l]3[(717)l]/Nu071-62(u071-6.31(E)2.3(.6(du)3.1( C)-14.9)]TJ0 | | |
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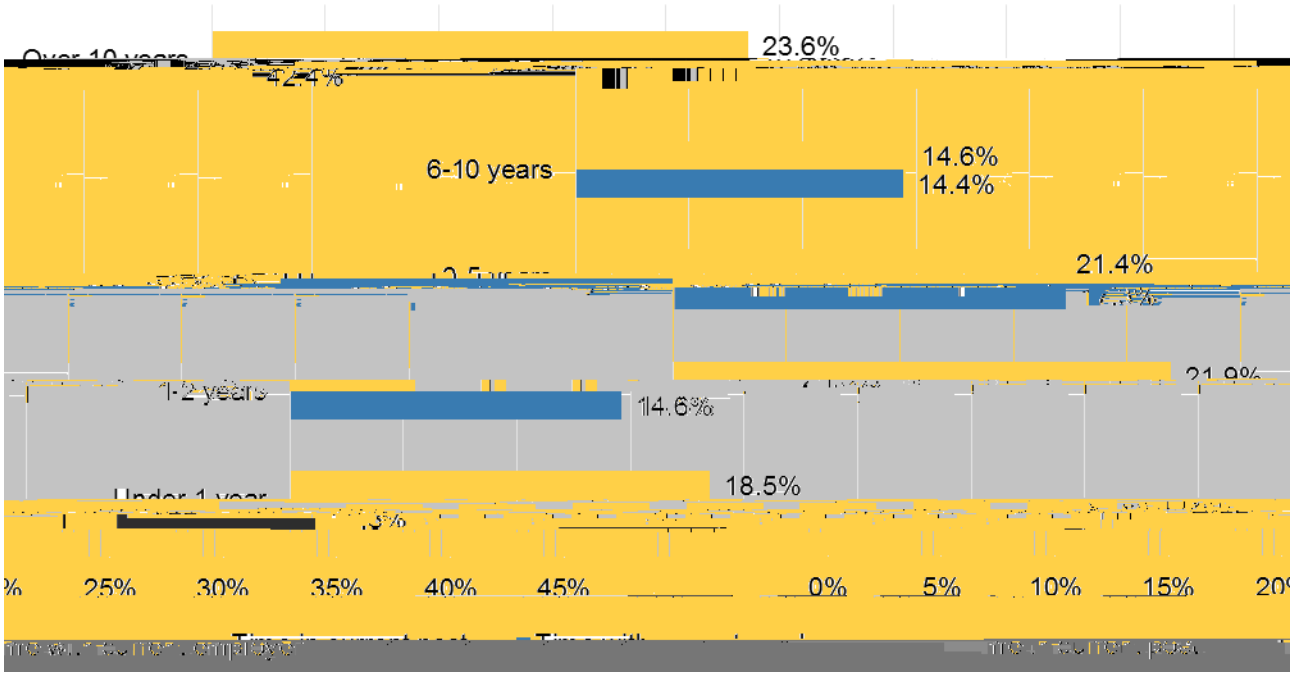
**Figure B 1: Time with current employer and current post**




*Source: IES/ERL/RCN, 2017*

# Demographic profile

## Age, gender, disability and ethnicity

Eighty eight per cent of respondents are female and 12 per cent are male. The majority of respondents are aged 45 or over, with 35 per cent aged 45-54 and 22 per cent aged 55 or over (Figure B 2). In addition, nine per cent reported that they have a disability.

**Figure B 2: Age breakdown of respondents**

*Source: IES/ERL/RCN, 2017*

Most respondents (89%) identified their ethnic group as White, with four per cent identifying as Black African/Caribbean, three per cent as Asian/Asian British, and one per cent as mixed or multiple ethnic background (Table B 6).

**Table B 6: Survey respondents by ethnic group**

| | No. | % |
|---|---|---|
| White | 6,785 | 89.0 |
| Black African/Caribbean | 335 | 4.4 |
| Asian/Asian British | 220 | 2.9 |
| Mixed/multiple ethnic groups | 82 | 1.1 |
| Prefer not to say | 183 | 2.4 |
| Other ethnic group | 16 | 0.2 |
| Total | 7,621 | 100 |

*Source: IES/ERL/RCN, 2017*

Respondents working in England were also asked to state their region of work and responses are presented in Table B 7 below. Out of 6,172 working in England, 16 per cent are in the South East, 15 per cent b e l o w

# Registered nurses

## Country of registration

**Table C 1: Respondents by region**

| | Number of respondents | % of all respondents |
|---|---|---|
| **Region** | | |
| East Midlands | 555 | 9.1 |
| Eastern | 600 | 9.8 |
| London | 614 | 10.0 |
| North West | 330 | 5.4 |
| Northern | 836 | 13.7 |
| South East | 972 | 15.9 |
| South West | 933 | 15.2 |
| West Midlands | 690 | 11.3 |
| York & Humberside | 593 | 9.7 |
| Other England | 64 | 0.8 |
| **Total England** | **6,207** | **81.6** |
| Northern Ireland | 236 | 3.1 |
| Scotland | 788 | 10.4 |
| Wales | 370 | 4.9 |
| **Gender** | | |
| Female | 6,595 | 87.7 |
| Male | 921 | 12.3 |
| **Age band**[38] | | |
| 18-25 | 363 | 4.8 |
| 26-34 | 1,215 | 16.0 |
| 35-44 | 1,627 | 21.5 |
| 45-54 | 2,629 | 34.7 |
| 55-64 | 1,655 | 21.8 |
| 65 and over | 96 | 1.3 |
| **All UK** | **7,608** | **100** |

*Source: IES/ERL/RCN, 2017*

[38] The 18 to 25 and 26 to 34 age bands required some estimation for the membership records as the categories were not the same as used in the Employment Survey.

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**Table D 3: Biographical profile by job title: percentages (base cases maximum)**

| | % under 45 | % aged 45 plus | % male | % qualified over 30 | % BAME | % non-UK qualified | % diploma qualified | % ma( )5 12.3l dgh-1.152 Td[un12.3(ma)-3.9( )]T0 |
|---|---|---|---|---|---|---|---|---|

**Table D 4: Biographical profile by field of practice: percentages (base cases maximum)**

| | % under 45 | % aged 45 plus | % male | % qualified over 30 | % BAME | % non-UK qualified | % diploma qualified | % degree/ higher qualified | *Number respondents* |
|---|---|---|---|---|---|---|---|---|---|
| Acute and urgent | 53 | 47 | 15 | 23 | 9 | 11 | 23 | 55 | *1,889* |
| Primary/community care | 31 | 69 | 5 | 22 | 2 | 5 | 25 | 44 | *1,324* |
| Surgical | 50 | 50 | 11 | 23 | 14 | 13 | 26 | 46 | *713* |
| Cancer care | 40 | 60 | 7 | 19 | 6 | 4 | 14 | 64 | *339* |
| Children and young people/young adults | 52 | 48 | 8 | 13 | 3 | 5 | 24 | 57 | *570* |
| Education and development | 25 | 75 | 10 | 13 | 3 | 9 | 16 | 63 | *130* |
| E-health/telecare | 23 | 77 | 19 | 14 | 5 | 9 | 23 | 45 | *22* |
| Learning disability | 41 | 59 | 20 | 20 | 1 | 5 | 27 | 43 | *150* |
| Management/leadership/policy | 23 | 77 | 16 | 8 | 3 | 5 | 13 | 66 | *154* |
| Mental health | 46 | 54 | 29 | 37 | 3 | 11 | 28 | 49 | *724* |
| Neonatal | 47 | 53 | 3 | 14 | 9 | 8 | 19 | 61 | *121* |
| Older people | 38 | 62 | 9 | 25 | 9 | 9 | 24 | 35 | *438* |
| Nursing home | 39 | 61 | 14 | 23 | 24 | 20 | 34 | 26 | *220* |
| Occupational/environmental health | 13 | 87 | 13 | 11 | 6 | 4 | 20 | 52 | *70* |
| Outpatients | 31 | 69 | 7 | 17 | 9 | 7 | 26 | 36 | *384* |
| Public health | 32 | 68 | 8 | 19 | 5 | 5 | 17 | 62 | *102* |
| Quality improvement/research | 34 | 66 | 7 | 8 | 6 | 10 | 16 | 63 | *94* |
| Other | 31 | 69 | 17 | 17 | 2 | 5 | 18 | 37 | *115* |
| Total | 42 | 58 | 12 | 22 | 7 | 9 | 24 | 49 | *7,559* |

**Table D 5: Biographical profile by region: means and percentages (base weighted cases max)**

| | % under 45 | % aged 45 plus | % male | % qualified over 30 | % BAME | % non-UK qualified | % diploma qualified | % degree/ higher qualified | *Number respondents* |
|---|---|---|---|---|---|---|---|---|---|
| East of England | 41 | 59 | 13 | 19 | 8 | 10 | 35 | 45 | *555* |
| East Midlands | 47 | 53 | 11 | 22 | 6 | 8 | 33 | 45 | *600* |
| Greater London | 57 | 43 | 15 | 22 | 18 | 26 | 44 | 58 | *614* |
| North East | 38 | 62 | 12 | 22 | 4 | 5 | 42 | 53 | *330* |
| North West | 40 | 60 | 10 | 23 | 6 | 7 | 35 | 46 | *836* |
| South East | 42 | 58 | 11 | 20 | 10 | 12 | 36 | 47 | *972* |
| South West | 42 | 58 | 12 | 22 | 7 | 6 | 37 | 47 | *933* |
| West Midlands | 47 | 53 | 12 | 24 | 7 | 14 | 37 | 45 | *690* |
| Yorkshire and Humberside | 41 | 59 | 14 | 21 | 3 | 6 | 34 | 46 | *593* |
| England | 44 | 56 | 12 | 22 | 8 | 10 | 37 | 48 | *6143* |
| Scotland | 35 | 65 | 14 | 22 | 2 | 2 | 45 | 56 | *788* |
| Wales | 38 | 62 | 14 | 28 | 2 | 2 | 47 | 60 | *370* |
| Northern Ireland | 36 | 64 | 11 | 12 | 3 | 1 | 48 | 56 | *236* |
| Total | 42 | 58 | 12 | 22 | 7 | 9 | 38 | 49 | *7,608* |

*Source: IES/ERL/RCN, 2017*