



Royal College  
of Nursing  
Scotland

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# STATE OF THE PROFESSION REPORT

RCN EMPLOYMENT  
SURVEY 2025:  
SCOTLAND

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# Introduction

Our Employment Survey, run every two years, is a significant barometer of how our members are feeling in their jobs. Wherever they work – independent sector or NHS – the survey gives our members the opportunity to tell us what it is really like in nursing in our current post-Covid times. For that reason, the results are important for shaping our influencing and support work. Politicians and policymakers too, should sit up and take notice of what our members are saying, particularly as we head into an election year in Scotland.

While the Scottish government has made changes in policy and investment in health and care services since the last survey in 2023, this year's results underscore just how much more is needed for recovery and securing a sustainable workforce for the future. Concerningly, despite nursing staff stepping up to meet the challenges head on, the picture remains one of continued pressure, of increased demand, poor staffing levels and pay, terms and conditions that fail to recognise the level of knowledge, skills and autonomy asked of nursing staff every day.

Unsurprisingly, many of our members have expressed to us just how difficult it is to keep doing the job in these circumstances. Almost four in 10 are actively planning or considering leaving their job. Those members told us that feeling undervalued, under too much pressure, exhausted and concerned about low staffing levels are the main reasons.

We have consistently said that services rely too heavily on the goodwill of nursing staff. They do not want to leave the people they care for with work undone or let them experience less than the best quality of care. Two-thirds told us that, due to workload pressures, they worked over their contracted hours every week, work that is, in many cases, unpaid. The number reporting that, due to increasing workload pressures, they went to work while too ill to do so has reached 83%. Two-thirds also said they were too busy to provide the level of care they wanted to, and many told us they worried about patient safety due to staff shortages and workload pressures.

The toll this level of pressure is taking is clear in these results. More and more nursing staff are sadly telling us that they no longer feel nursing is a rewarding career, they don't have the same day-to-day enthusiasm for the role, and they currently would not recommend nursing as a career.

These are damning and worrying statistics for now and the future. Scotland can ill-afford more nursing staff to leave their jobs – we simply do not have enough to meet current demand. For the past four years places on nursing undergraduate courses have gone unfilled, a situation unheard of before and a deep threat to the future nursing workforce.

The situation is not irredeemable. We will continue to champion the work of our members and nursing in general because we believe nursing continues to offer a rewarding career. With the correct action and investment, it can again become an attractive career choice, improving retention and, ultimately, developing a sustainable nursing workforce for the future.

Urgent action is required and the next Scottish government, whichever party is elected after May 2026, must step up to the task in the same way nursing staff have been doing for years. In the meantime, the Scottish government must fully fund and implement speedily all 44 recommendations from the Ministerial Nursing and Midwifery Taskforce.

**Colin Poolman**  
Executive Director

# Summary of findings

The RCN Employment Survey is the largest survey of the nursing profession in the UK and allows us to draw inferences about employment experiences, motivations and perceptions of nursing. This report provides a summary of findings from nearly 1,900 respondents in Scotland.

The Employment Survey is a long running series of surveys undertaken among the RCN membership. Many questions we ask are the same across the series, allowing us to compare answers across time.

A link to the survey was sent by email to a stratified sample of RCN members and the survey was open between 17 July and 9 August 2025.

## Reward and security

- 68% said their pay level or band/grade is inappropriate or very inappropriate signalling a disconnect between pay levels and the realities of nursing roles.
- Just 20% of respondents think their pay is appropriate given their role and responsibilities, falling from 43% in 2015, indicating a sharp decline in perceived pay fairness over the past decade.
- 21% were considering opting out of their pension in order to help with living costs, with a smaller number stating they had already opted out (2%), suggesting current pay levels are insufficient to meet basic living costs, and raising concerns about long-term pension security and financial wellbeing among the future generations of nursing staff.

## Retention and career intentions

- 37% of respondents stated they are actively planning on leaving or thinking about leaving their job, pointing to a significant level of workforce instability.
- 74% of those who said they were considering leaving or planning to leave said that this was due to feeling undervalued.
- Feeling under too much pressure (57%), feeling exhausted (55%) and concerns about low staffing levels (53%) are the next most common reasons for wanting to leave their current job.
- If they left their current job, 48% would prefer to transition into a completely different job outside nursing.
- Among all the issues that matter to nursing staff, the biggest is pay – 85% stated that a pay rise would make the most difference to them.

## Advocacy of nursing as a profession and career

- Nursing remains a rewarding career for many, but while many still find deep personal satisfaction in their roles, this survey suggested growing uncertainty about whether nursing will remain a viable and fulfilling profession in the long term. Just under six in ten (57%) of all respondents in Scotland described nursing is a rewarding career, falling from a high of 71% in 2019.
- There has also been a significant drop in the number who are enthusiastic about their job most days, down 14 percentage points since 2019 to 50% in 2025.

- Suggesting declining confidence in nursing as a sustainable and rewarding profession, the proportion of respondents who said they would recommend nursing has dropped 15 percentage points over six years to 31%.
- 59% believe that nursing will provide them a secure job in the future while 17% disagreed.
- 41% disagreed with the proposition that they would not want a job outside nursing – suggesting a readiness to leave the profession.
- The proportion who regret their career choice has risen from 16% in 2019 to 24% in 2025.

## Working hours and patterns

- 66% of respondents reported that they work over their contracted hours at least once a week with around half (53%) saying that these hours were unpaid.
- 83% reported having worked when unwell on at least one occasion over the previous 12 months, despite feeling too ill to do so. Faced with the pressures of workload and staff shortages, they feel unable to take sick leave.
- Six in 10 (61%) agreed they are under too much pressure at work.
- 60% of respondents report feeling too busy to provide the level of care they would like.
- Satisfaction with working hours is recovering with 47% satisfied, compared to a low of 40% in 2023, while 39% are satisfied with their length of shifts or working hours, compared to 35% two years ago.
- Only around a third (37%) of respondents feel able to balance their work and home lives.
- The proportion of nursing staff who believe they spend too much time away from nursing care on workload such as paperwork and dealing with administration was well over half of all respondents (57%).

## Workplace culture and safety

- 71% of respondents stated they had experienced verbal abuse by patients/service users or relatives and 37% had experienced physical abuse.
- 60% of respondents who had experienced verbal abuse linked these incidents to frustration or dissatisfaction with the service provided.
- 77% of those who reported physical abuse and 72% who reported verbal abuse did not express satisfaction with the response – either actively dissatisfied or disengaged – indicating a high level of unhappiness or at least ambivalence to their attempt to report abuse.
- 92% stated they know how to report an incident, and 67% said they have received relevant training, however confidence in their organisation's response is markedly lower with 38% saying they believe incidents are taken seriously, and only 17% feel that reporting leads to meaningful action or change.
- 37% reported experiencing bullying or harassment from a colleague in the past 12 months.

- 13% of respondents reported they had been the target of sexual harassment from patients/service users, their relatives or other members of the public.

## Training and development

- Three-quarters (77%) reported they had completed all their mandatory training in the previous 12 months.
- 25% stated mandatory training was done in their own time.
- Only 59% reported they had had an appraisal/development review with their line manager in the last 12 months.



# Workforce profile

The NHS is the dominant employment sector among respondents, with a strong hospital-based workforce. The demographic breakdown highlights a predominantly female workforce, with over six in 10 (66%) aged 45 or over. Box 1 contains a summary of the respondent employment sector and demographics – a more detailed breakdown of survey responses is available in [Appendix 1](#).

## Box 1: summary of respondent employment sectors and demographics

### Main employment sectors:

- NHS 87%, including NHS Boards and NHS banks
- Independent health and social care sectors 8%, including independent/private health care or social care, hospices/charity and voluntary organisations, private companies/industry, and nursing agencies
- General practice 3%
- Other sectors include local authorities and further/higher education institutions
- Two-thirds are based in hospitals (61%) with 28% based in community settings.

### Demographics:

#### Age

- 34% of respondents are aged 44 or younger
- 32% are aged 45-54
- 34% are aged 55 or older

#### Sex

- 88% identify as female; 11% identify as male and 0.2% identify as non-binary. The remainder preferred not to disclose.

#### Ethnicity

- Asian: 2%
- Black: 4%
- Mixed ethnic background: 0.2%
- White: 92%
- Other ethnic background 0.3%
- Prefer not to disclose: 1.7%

### Internationally educated nurses

#### *Of all registered nurses:*

- 94% first registered in the UK
- 6% first registered outside the UK

# Reward and security

Respondents were asked to describe their employment situation, including the type of contract they are currently on. As the majority of respondents are employed in the NHS, it follows that most are employed on Agenda for Change contracts. Nine in 10 (87%) are directly employed on Agenda for Change contracts. The remainder are employed on their organisation’s own pay structures or rates (11%) or on clinical grades (2%).

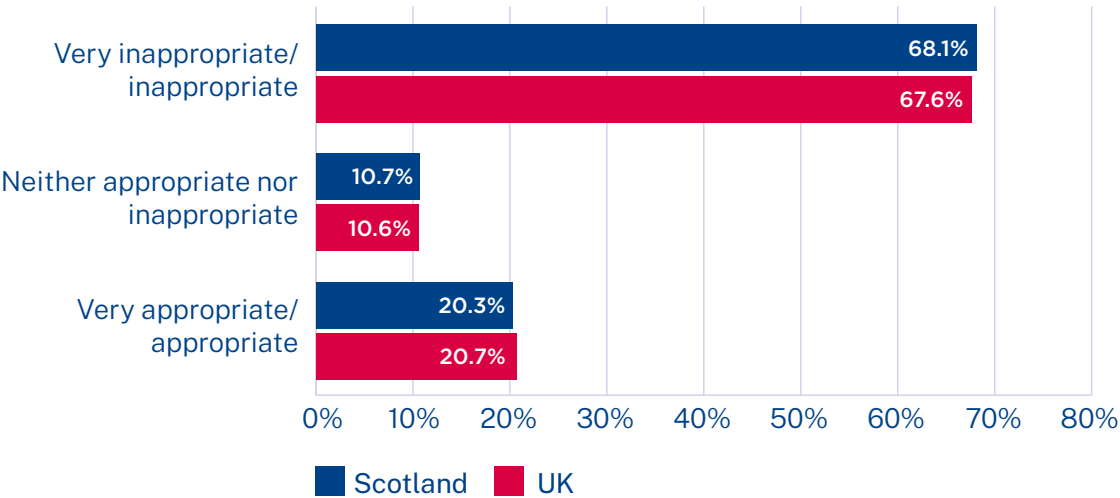
Employment on clinical grading is most likely to be reported by respondents employed by nursing agencies and independent sector hospitals. In contrast, organisation-specific pay structures are most frequently associated with employment in hospices, independent sector care homes, higher and further education institutions, public sector organisations outside the NHS, and general practice.

## Appropriateness of pay

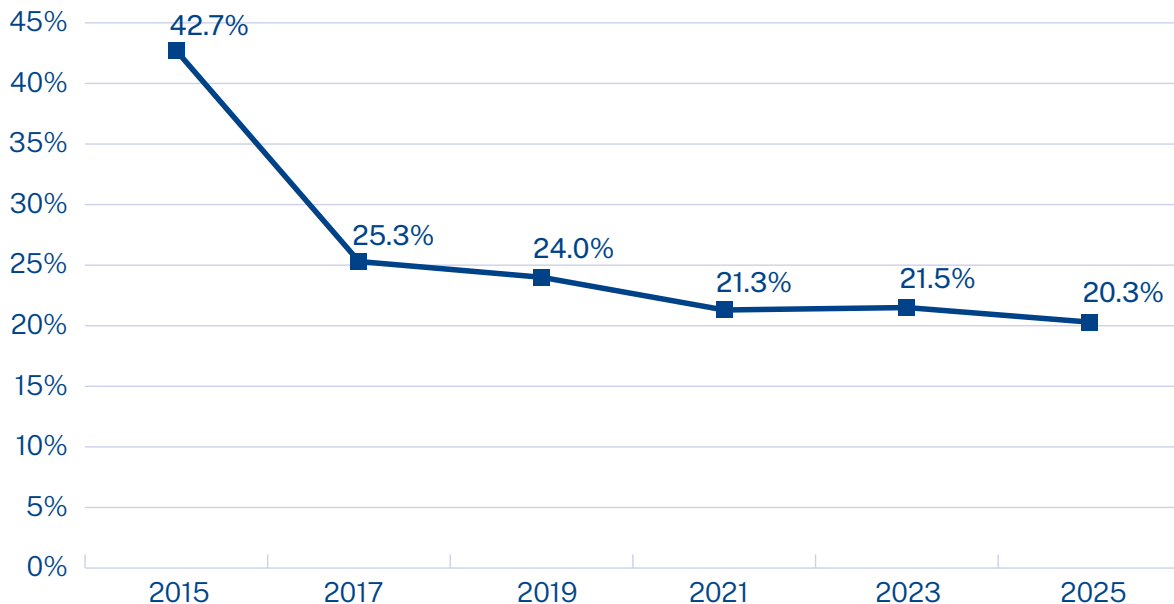
All respondents in employment were asked whether they thought their pay level or band/grade is appropriate, given their role and responsibilities. Figure 1 shows that seven in 10 of all respondents in Scotland feel that their pay is either inappropriate or very inappropriate (68%). Just two in 10 (20%) feel their pay is appropriate or very appropriate. Figure 2 indicates a sharp decline in perceived pay fairness over the past decade, when just over four in 10 (43%) were satisfied with their pay band or grade in 2015 compared to two in 10 in 2025, a fall of over 22 percentage points. Many respondents feel that their pay fails to match required levels of education, training and skills, as well as the responsibility, autonomy and risk faced in day-to-day working lives.

This signals a disconnect between pay levels and the realities of nursing roles.

**Figure 1: Given your roles and responsibilities, how appropriate would you say your current pay band/rate is?**



**Figure 2: Percentage stating pay level or band/grade is appropriate/very appropriate (2015-2025)**



## Reasons for dissatisfaction with pay

Many respondents took time to explain why their pay band or level felt inappropriate, offering a wide range of reasons. These responses reveal a workforce under strain, where financial dissatisfaction is deeply entwined with rising responsibilities, emotional fatigue, and deteriorating working conditions.

### Cost of living

For many respondents, dissatisfaction with pay is closely tied to the inability to keep pace with the rising cost of living. The erosion of real-terms earnings driven by inflation and low pay awards is a recurring theme across all roles and areas.

*“My salary increases have not been in line with inflation since 2009. I have seen a significant reduction in the value of my salary and consequently my quality of life. The relatively poor pay and conditions also leads to problems in attracting staff with the right qualities and experience to the role.”*

Higher education lecturer

*“The workload, risk and expectations for this job are enormous and yet at the end of the month after all the tax, deductions, bills and care for family I have nothing left. It is very discouraging.”*

Staff nurse, NHS acute/urgent hospital ward

*“It’s simply not enough to survive on in this day and age. I don’t think the bottom of band 5 is anywhere near enough pay for a nurse in an acute/specialist/surgical environment that I’m currently employed in.”*

Staff nurse, NHS surgical ward

### Pay does not match levels of responsibility, autonomy and risk

Several respondents expressed deep frustration that their pay bands fail to recognise the intensity, complexity, and risk inherent in their roles. The mismatch between responsibility and remuneration is especially stark in high-pressure settings, where staff are expected to make critical decisions, manage risk, and support others.

*“The level of clinical knowledge required to perform my role, the day-to-day decision making and difficult working environments I believe make my current pay band unfair and inappropriate for the work I am doing.”*

NHS community nurse

*“I work in a challenging, complex acute older people’s services ward. Chronically understaffed, undervalued and expected to work in what should be a specialist area without the correct pay/recognition that appropriately reflects the environment.”*

Staff nurse, NHS older people’s ward

*“Being in charge of patient flow, ambulance waits, clinical emergencies, bed allocation, staffing, estate issues, fire, security and any other issues that may arise whilst on shift. The level of stress and responsibility for the role is very demanding.”*

Senior charge nurse, NHS acute/urgent hospital ward

*“Extra qualifications obtained and increased pressures to carry out more complex tasks related to management, clinical assessment and prescribing without an increase in pay to reflect this.”*

NHS community nurse

*“As team lead I have responsibilities for two services and teams working with complex risk and mental health issues. Additionally as team lead I have budget responsibility, service development, clinical supervision as well as part of a national network. Band 7 does not reflect the diverse role of the job as I still have large clinical role as well as managerial.”*

Mental health nurse, criminal justice setting

*“I have done additional training for my role which involves working with families with very complex health needs. I am the Named Person for two hundred families (I work part-time four days a week) and this is a huge responsibility. We all know nursing pay is not reflective of the training, the demands placed on us every working day and the skills we utilise daily. Applications for nursing courses are at an all-time low, and most existing staff are looking at different career options. I could get a job as a cleaner in my area and be paid at a higher rate than the pay my 14 years of hard work and dedication currently gives.”*

Health visitor

## Role expansion

Numerous respondents expressed frustration that their roles have grown in complexity, autonomy, and responsibility – yet pay has failed to keep pace. This disconnect is compounded by the increasing integration of technological systems, leadership responsibilities, and high risk clinical decision-making into everyday practice. We heard that expanded expectations are often absorbed without formal recognition or financial reward, leaving many feeling undervalued despite their evolving contributions.

*“Despite extra learning and increased experience there is no scope for more pay. The role expands and the skills required increase with new technology related to my role.”*

Clinical nurse specialist, NHS acute/urgent hospital setting

*“Nursing roles have become more advanced over time. Our responsibility, accountability and responsibility grow too. Our salaries haven’t increased in line with this, despite pay rises over the last few years we are still way behind.”*

Senior charge nurse, NHS hospital ward

*“I am in an acute specialised ward and [we] are constantly getting more and more jobs passed down to us that the doctors used to do and continuously having to learn all these new skills alongside having between eight-11 patients on dayshift and up to 14 on a nightshift.”*

Staff nurse, NHS acute/urgent hospital ward

## Exposure to risk and unsafe working environments

Several comments link low pay to high-risk environments, particularly in mental health and acute care. Staff report working in dangerous conditions, facing verbal and physical abuse, and managing high patient acuity with inadequate staffing

*“I don’t think you can pay enough for the verbal and physical abuse that takes place within the setting.”*

Mental health nurse, NHS hospital ward

*“The pressure, understaffing and all-round safety issues are not where we should be on the pay scale.”*

Staff nurse, NHS surgical ward

## Employment terms and conditions

For some respondents, particularly those working outside the NHS, dissatisfaction is more in the broader terms and conditions of employment. Several comments highlight the absence of key entitlements such as sick pay, enhanced rates for overtime, weekends, and night shifts as a source of frustration and inequity.

*“There is too much workload which does not equate to the amount of pay I’m getting. No paid breaks when it’s almost impossible going for break due to the amount of work, being asked to come back to duty before the breaktime finishes because you’re the only nurse in the building.”*

Staff nurse, independent sector care home

*“We get paid much less than NHS of the same band. We haven’t had a pay lift since 2023. I am in charge of the hospice on the charge nurse’s absence and get paid £10 extra for being in charge of the entire hospice overnight and sometimes taking on the role of security and porter on his nights off too. I also take charge of the out of hours phone for palliative care advice overnight on these nights too.”*

Staff nurse, hospice

## Pensions

Among all respondents in employment, the vast majority (94%) reported being enrolled in a pension scheme. However, a significant minority are reconsidering their participation due to financial pressures. This question was included in recognition of growing reports – particularly from NHS staff – of individuals opting out of the pension scheme to reduce short-term financial strain.

One-fifth (21%) stated they were considering opting out in order to help with living costs, with a smaller number stating they had already opted out (2%). This suggests that current pay levels are insufficient to meet basic living costs, and raises concerns about long-term pension security and financial wellbeing among the future generations of nursing staff.

A further 4% indicated that their situation did not fit the standard survey question categories. When prompted, members said they had opted out earlier in their careers and later rejoined, while others had recently considered opting out, but ruled it out for the time being.

**Table 1: Have you considered opting out of the pension scheme to help meet your living costs?**

	<b>Scotland</b>	<b>UK</b>
No	72.9%	68.3%
Yes – I have already opted out	2.2%	2.8%
Yes – I'm thinking about opting out	21.1%	24.5%
Other	3.9%	4.4%

## Retention and career intentions

Respondents were asked about their immediate career intentions and whether they were actively planning to leave their job, or thinking about leaving their job.

Table 2 shows that a third of respondents in employment stated they are not considering leaving their job (34%), with 17% stating they are unsure.

Just under one in three (28%) said they were thinking about leaving their job and a further 9% said they were actively planning to leave. These figures point to a significant level of workforce instability, with nearly four in 10 (37%) either contemplating or preparing to exit their roles.

Among those who selected 'Other' (13%), the majority said they were planning retirement or were too close to retirement to consider leaving. Others described considering leaving but unable to identify viable alternative options. This suggests not only a level of dissatisfaction, but also limited mobility within nursing or a lack of confidence that their skills are readily transferable to other sectors or workplaces.

**Table 2: Are you currently thinking about leaving your job?**

	Scotland	UK
I'm not considering leaving my job	33.6%	32.2%
Don't know/unsure	16.6%	15.4%
I'm thinking about leaving my job	28.2%	28.4%
I'm actively planning to leave my job	9.1%	11.4%
Other	12.6%	12.6%

Figure 3 highlights the key reasons cited by respondents who are actively planning or considering leaving their jobs. The most commonly reported factor was feeling undervalued, selected by three-quarters of those respondents (74%).

Feeling under too much pressure (57%), feeling exhausted (55%) and concerns about low staffing levels (53%) are the next most common reasons for wanting to leave their current job.

These findings point to a workforce under strain, in which emotional fatigue, financial dissatisfaction, and a lack of recognition are driving intentions to leave. These push factors far outweigh positive motivations such as seeking promotion (16%) or looking for a new challenge (22%).



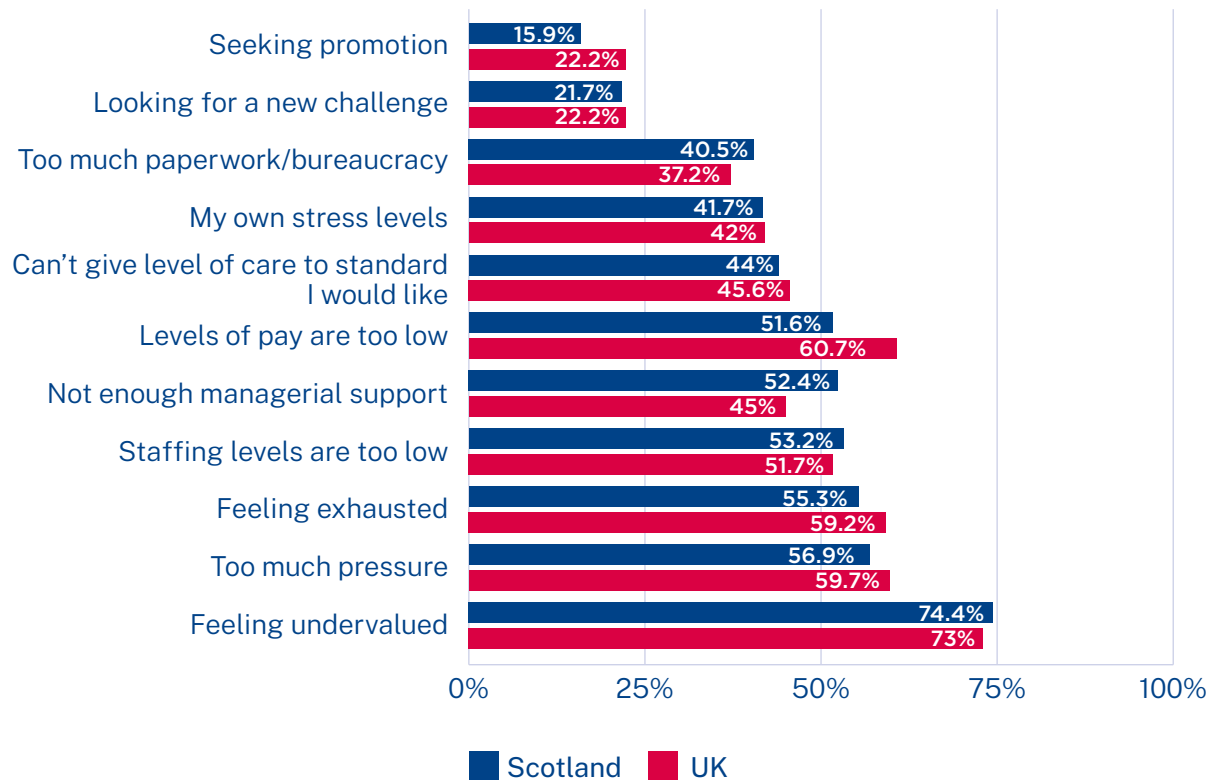
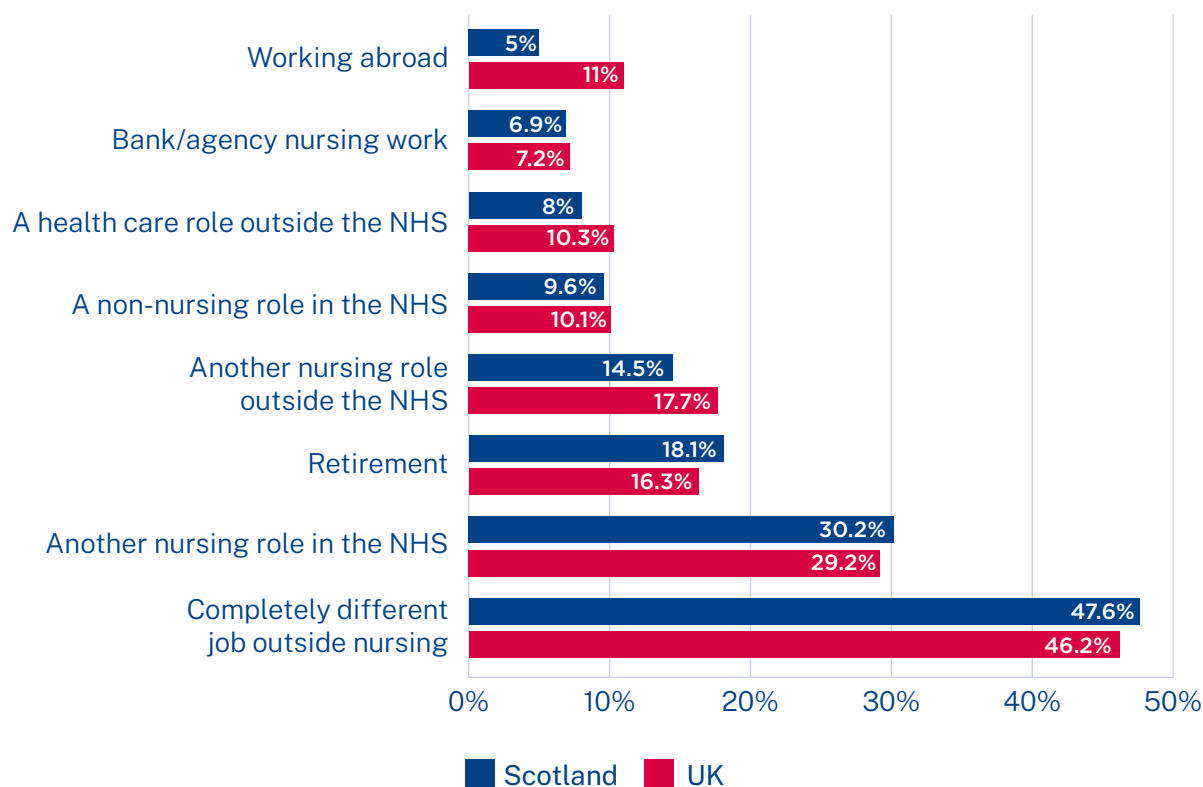
**Figure 3: Reasons for thinking about or planning to leave**

Figure 4 then shows where respondents would like to move to if they left their current role. The largest proportion (48%) said they would prefer to transition into a completely different job outside nursing, followed by 30% who would like a different nursing role within the NHS, and 15% who would consider a nursing role outside the NHS. Ten per cent would prefer a role outside of nursing in the NHS, and 8% would like a NHS healthcare role outside of nursing. Eighteen per cent expressed interest in retirement, with smaller proportions noting bank/agency roles (7%), or working abroad (5%).

Figure 4: Where are you thinking of moving to?



## Reasons for leaving

When prompted to explain why they were considering leaving their roles, respondents offered a range of reasons – most rooted in a sense of being undervalued and financially strained.

### Feeling undervalued

Many respondents described a profound mismatch between the demands of their roles and the recognition they receive – both financially and emotionally.

*“In all my 30 years in a nursing career in one role or another I have never felt the way I do now. I am really unsure if I even still want to be a nurse.”*

Advanced nurse practitioner, NHS cancer care

*"I would hate to have to leave nursing as I genuinely love my job however it has become more stressful over the years with cutbacks. As much as I would hate to leave nursing, I have been looking for better paid jobs out with nursing that I would have skills for, as need to be able to pay bills."*

NHS community nurse

*"I love nursing, if it could be what it should be - better staffed to have time to look after your patients properly to the highest standard, and if this was more important than paperwork! I sometimes think about leaving, but don't know what else I would do, and would feel sad to do so, but it is an exhausting and anti-social career. I'm not sure I can keep doing it until I'm 65."*

Senior charge nurse, NHS acute/urgent hospital unit

*"I feel that the stress and lack of work life balance, and the low pay is not a future I wish to be part of. I would only become burnt out due to the lack of pay and the stress of not being supported or recognised for the work we do."*

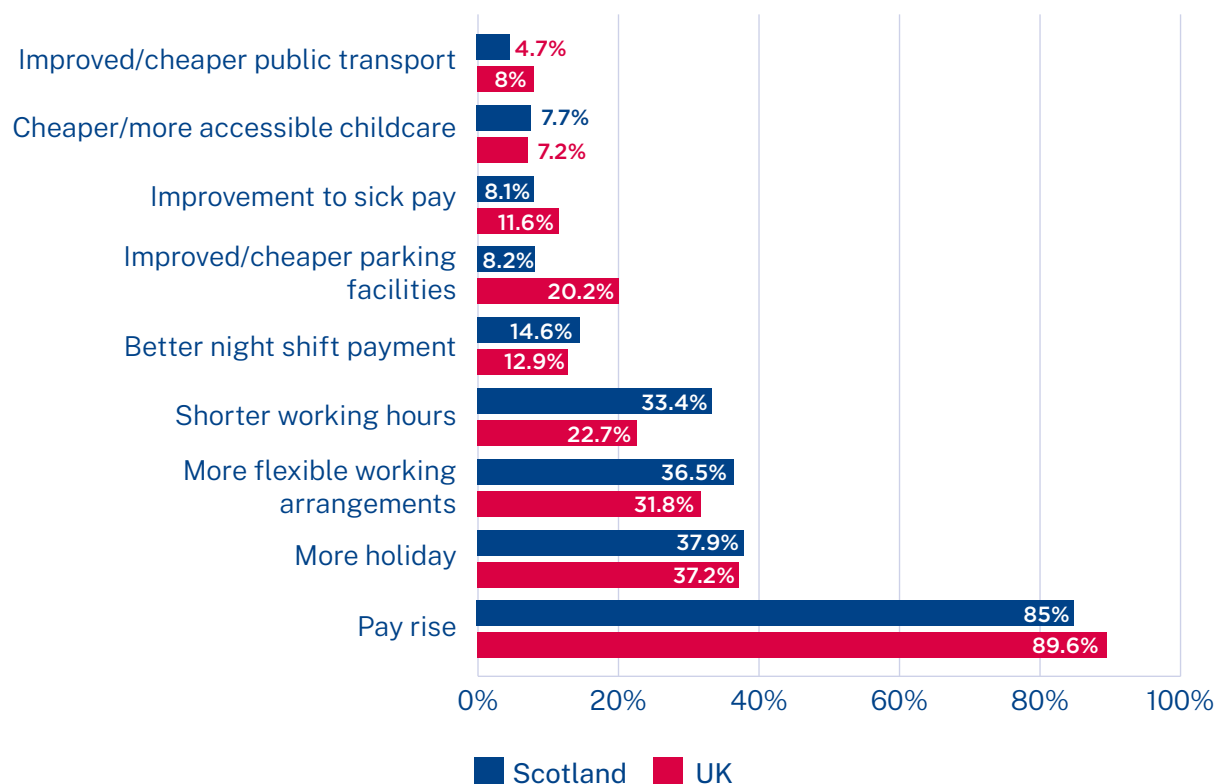
Staff nurse, NHS surgical ward

*"I would dearly love to leave my job, I'm ashamed to say it as used to be so proud of my role but I'm exhausted, mentally drained and emotionally burnt out, however I simply cannot afford to leave. Patients deserve better than this. We also deserve not to go home and breakdown every night after a shift finally ends."*

Clinical nurse specialist, NHS cancer care

## Improvements to working lives

All respondents were asked what would make most difference to them in their working lives, with the option of picking up to three from a list of aspects of employment. Figure 5 shows that among all the issues that matter to nursing staff, the biggest is pay. Over eight in 10 (85%) of respondents in Scotland stating that a pay rise would make the most difference to them.

**Figure 5: What would make the most difference to you?**

Other main priority issues identified by respondents related to working hours and working arrangements. Four in ten stated (38%) reporting more holiday while 37% stated more flexible working arrangements (37%) would make the most difference.

# Advocacy of nursing as a profession and career

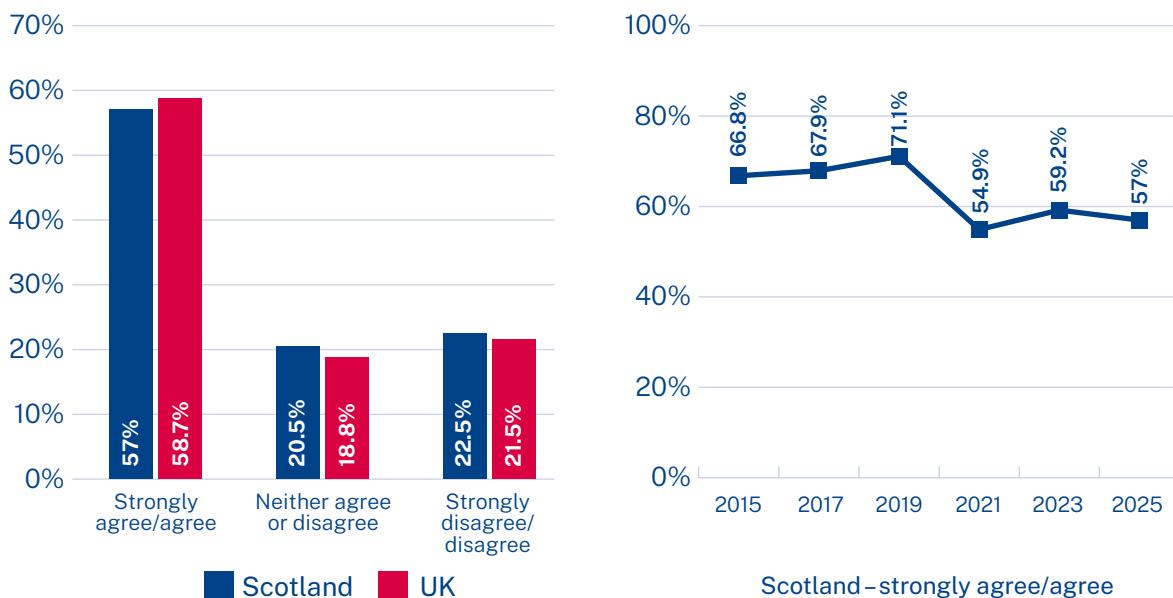
We asked respondents how far they agreed with a range of statements relating to nursing as a career, about whether they feel it is rewarding, if they feel enthusiastic on a day-to-day basis, about whether nursing provides security and whether they would advocate for nursing as a good career choice. These questions are a longstanding feature of the series of RCN Employment Surveys and allow us to track changes in attitudes across our membership over time. The statements also prompt members to tell us more about how they feel about nursing as a career.

## Nursing as a rewarding career

Figure 6 shows that just under six in 10 (57%) of all respondents in Scotland described nursing is a rewarding career, falling from a high of 71% in 2019.

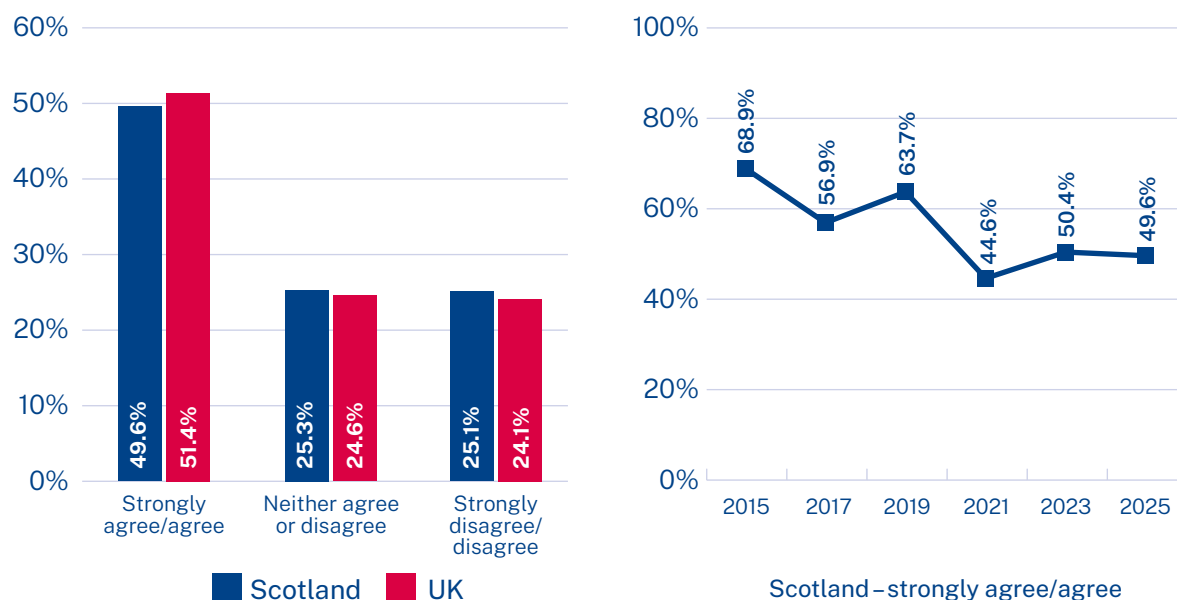
Nursing remains a rewarding career for many, but many question its sustainability. While many still find deep personal satisfaction in their roles, the data suggests growing uncertainty about whether nursing will remain a viable and fulfilling profession in the long term.

**Figure 6: I think nursing is a rewarding career**



## Enthusiasm

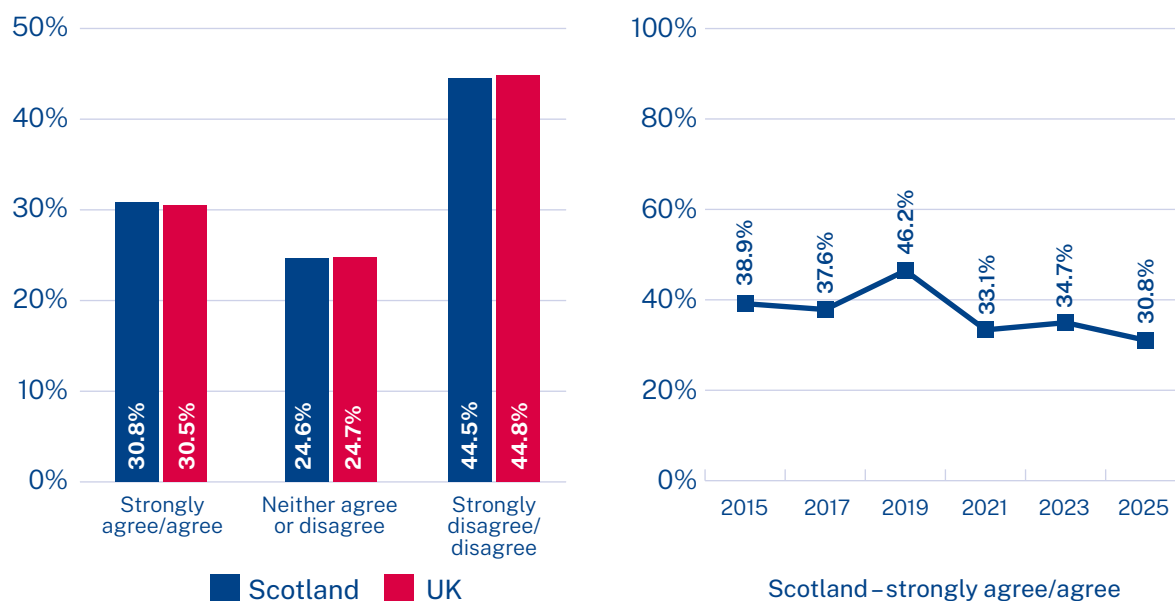
When asked about how enthusiastic they feel about their job, half (50%) of all respondents in Scotland agreed or strongly agreed that they felt enthusiastic about their job on most days. Figure 7 shows there has been a drop of 14 percentage points since 2019.

**Figure 7: Most days I am enthusiastic about my job**

## Recommending a nursing career

In terms of advocating nursing as a career to others, only three in 10 (31%) would recommend or strongly agree that they would recommend the profession (Fig. 8). A quarter (25%) are ambivalent, while 45% would not recommend nursing as a career.

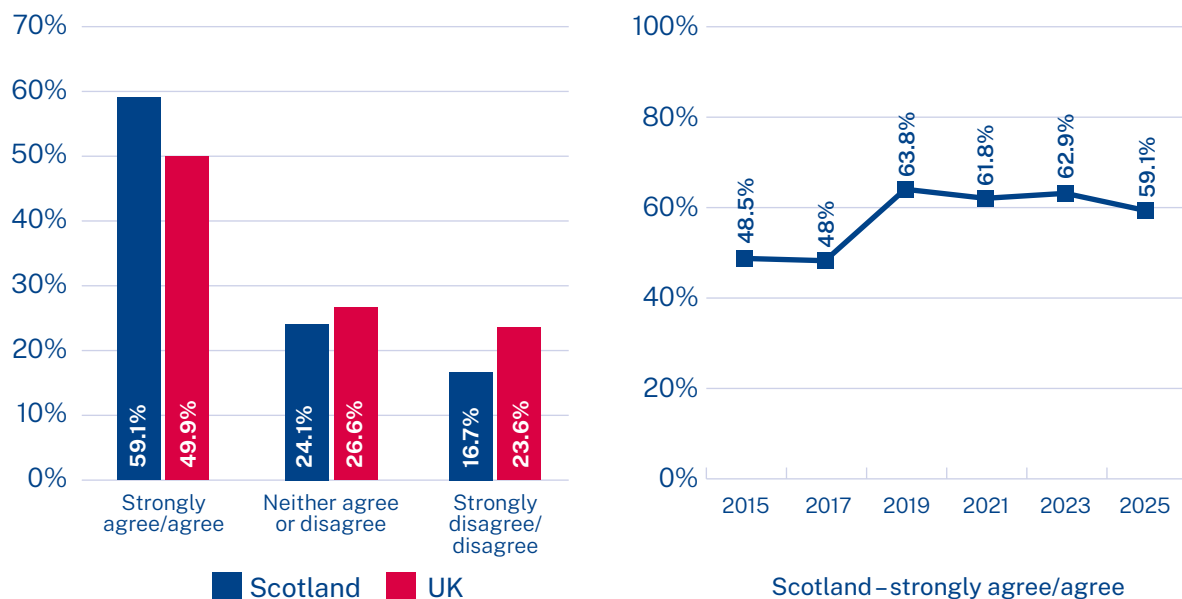
This reflects a broader pattern of declining confidence in nursing as a sustainable and rewarding profession. Between 2019 and 2025, the proportion of respondents who said they would recommend nursing dropped from 46% to just 31% – a 15 percentage point fall over six years.

**Figure 8: I would recommend nursing as a career**

## Job security

Six in 10 (59%) respondents believe that nursing will provide them a secure job in the future, while 17% disagreed (Fig. 9). Although confidence in job security rose significantly between 2017 and 2019, this year shows a decline of 4% in two years.

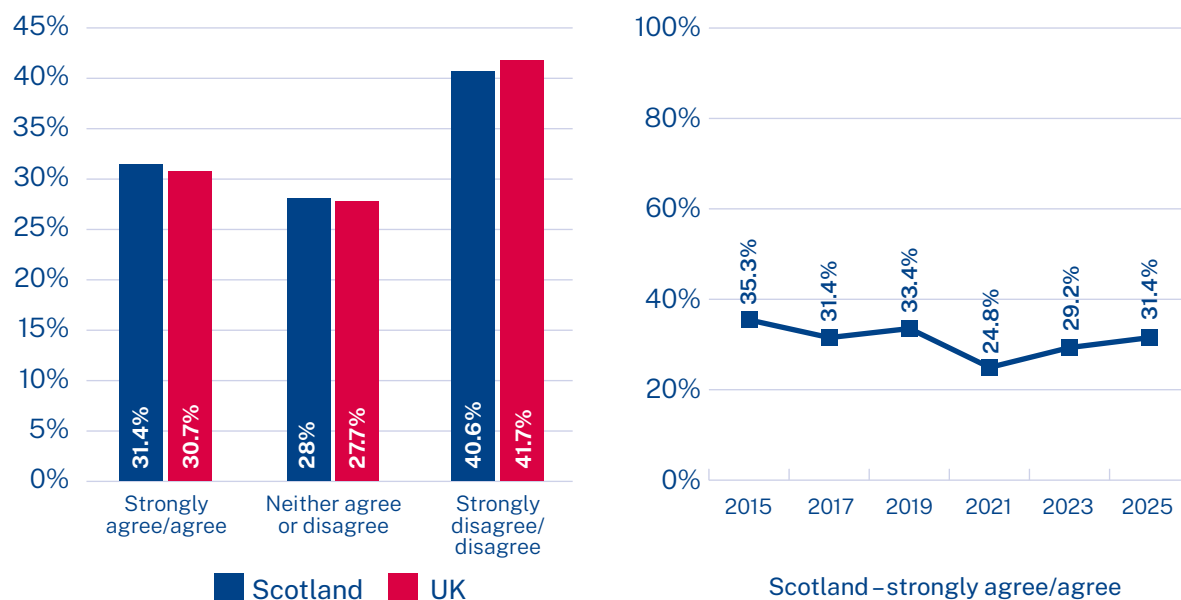
**Figure 9: Nursing will continue to offer me a secure job for years to come**



## Leaving nursing entirely

Just one in three (31%) respondents in Scotland agreed or strongly agreed with the statement: 'I would not want to work outside of nursing' (Fig. 10). In contrast, four in 10 (41%) disagreed with the proposition that they would not want a job outside nursing – suggesting a readiness to leave the profession – while a further 28% expressed no clear sentiment. These findings suggest that nursing is becoming less of a firmly anchored career choice for many. The percentage who agree that they would not want to work outside nursing has increased, however, from a low of 25% in 2021.

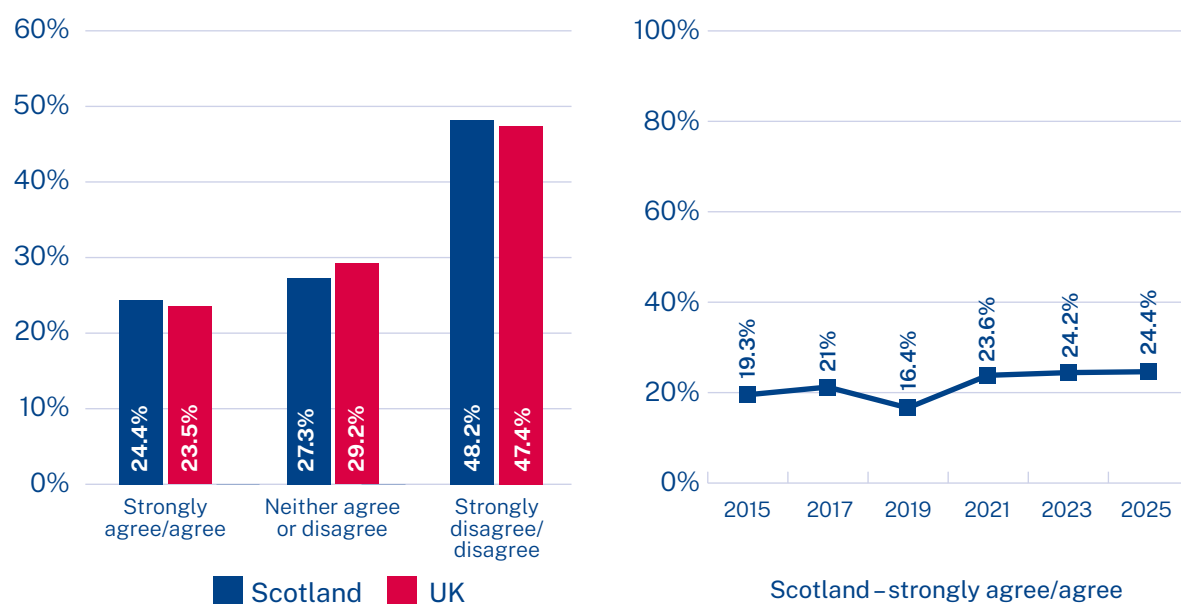
Figure 10: I would not want to work outside of nursing



## Regret

When asked whether they agreed with the statement: 'I regret choosing nursing as a career', just under half of respondents disagreed with the statement (48%), and a further 27% neither agreed or disagreed (Fig. 11). However, the proportion who do regret their choice has risen markedly from 16% in 2019 to 24% in 2025.

Figure 11: I regret choosing nursing as a career





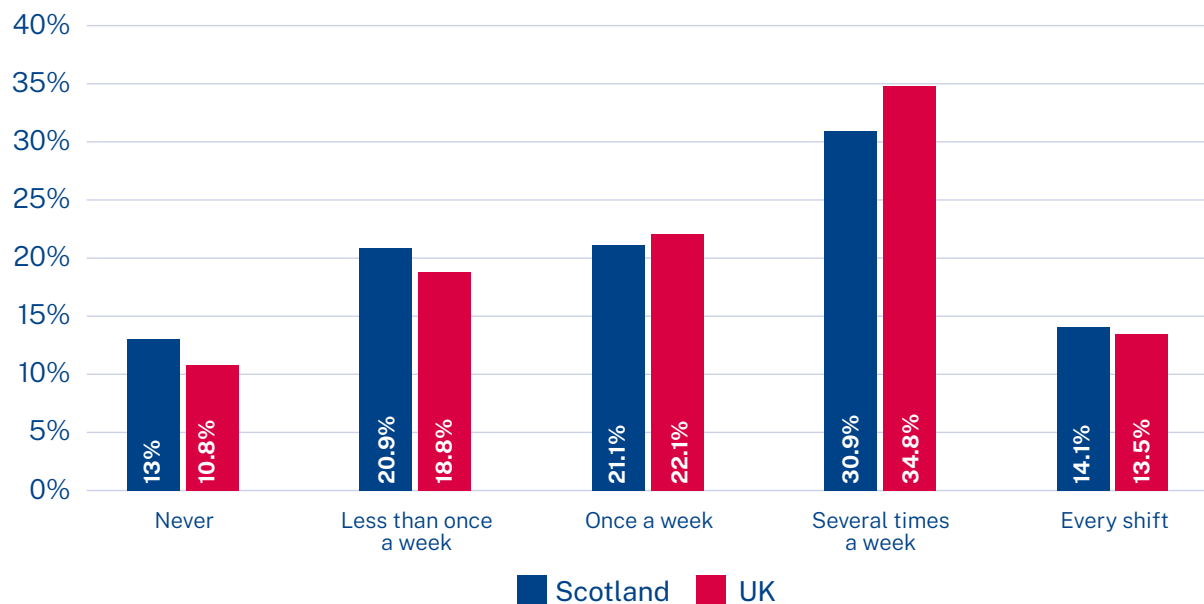
# Working hours and patterns

## Working additional hours

Typically two thirds (66%) of all respondents in Scotland reported that they work in excess of their contracted hours at least once a week. Nearly a third of respondents do so several times a week (31%) and one in seven (14%) report they work additional hours on every shift/working day (Fig. 12).

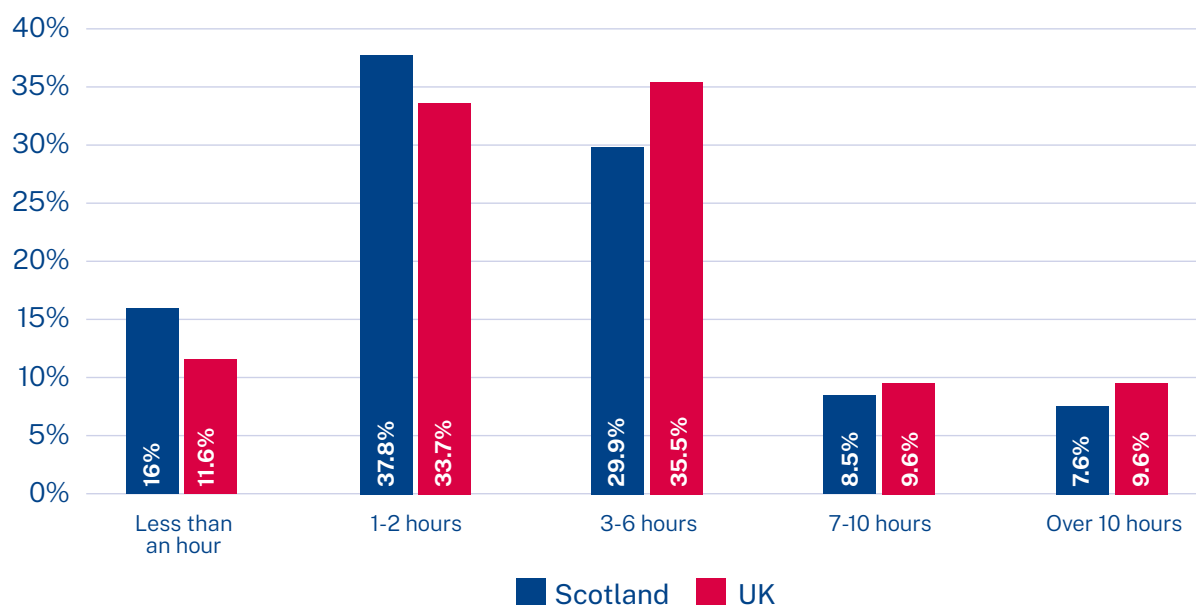
The proportion of respondents stating they work excess hours several times a week or every shift has barely changed since the last survey undertaken in 2023, suggesting a continued reliance on nursing staff working additional hours.

**Figure 12: How often do you work in excess of your contracted hours?**



Of those who reported working additional hours at least once a week, four in 10 (38%) report working between one and two hours a week, 30% report working between three and six hours; 9% work between seven and 10 hours and a further 8% stated they regularly work over 10 hours a week extra (Fig. 13).

**Figure 13: How many additional hours do you work on average each week?**



## Impact of staff shortages and long working hours

Survey respondents described the profound effect that long hours and understaffing are taking on their health, personal lives, and ability to deliver safe, effective care. These pressures reflect health and social care systems under sustained strain, where workforce depletion, and unsafe staffing is becoming routine.

Many respondents told us that staff shortages were leading to unsafe working environments and that they were worried about patient care, as well as the impact on staff.

*“Working conditions are becoming more difficult. Staffing levels being cut to save money, mean more unwell patients are not being picked up and missed. Six-bed wards with seven patients in them. Corridors now with patients in them etc.”*

Advanced nurse practitioner, NHS acute and urgent care

*“The pressure of waiting lists and taking on extra patients is becoming too much, staffing levels are not being increased to keep up with the extra demands. This puts patient safety at risk and also affects the quality of care that patients receive.”*

Senior charge nurse, NHS acute/urgent hospital ward

Respondents told us they were worried that staffing pressures were damaging workforce morale and that this was impacting on recruitment and retention.

*“The pressure and responsibility that is continually being put on nurses of all grades is just becoming more difficult. Staff are expected to work more for less and expected to be picking up extra work/tasks for a depleted unit. Staffing crisis is at an all-time high along with burn out and unrealistic expectations.”*

Senior charge nurse, NHS acute/urgent hospital ward

*“Extra hours have been offered to me over the years as a temporary basis which I accepted, I did this to help the service as we are always extremely busy, now I am back on my normal contracted hours and I am really keen for more hours on a permanent basis as we struggle financially but I am told there is no money available even though we are rushed off our feet and scared of making errors. I feel exhausted and burnt out and am looking for a way out of the NHS.”*

Clinical nurse specialist, NHS acute and urgent care

*“The NHS is now broken, staff regularly in tears with pressure and workload. It was a wonderful profession and a privilege to be a staff nurse and work up to become senior charge nurse (SCN). Now I dread going into work as hospital always running below safe staffing numbers. Staff are burnt out, and leaving in droves especially staff like myself with years of service and experience. It’s just a very, very sad state of affairs.”*

Senior charge nurse, NHS acute/urgent hospital unit

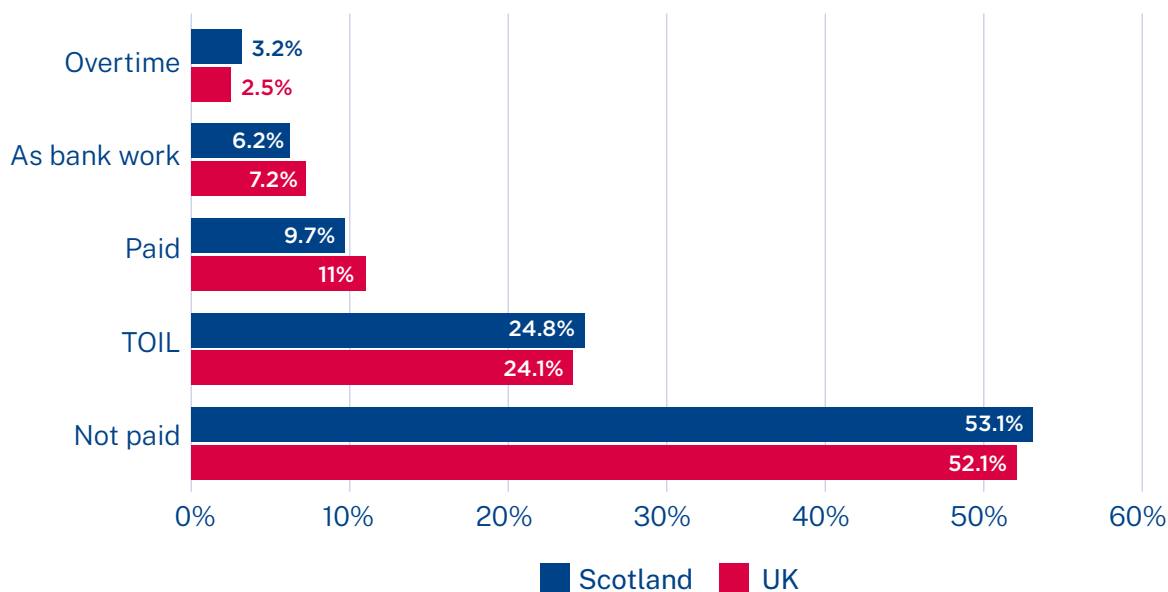
*“I feel that nursing used to be considered a meaningful and well respected career however due to poor pay raises and more responsibilities and significant changes/demands placed on nurses, becoming a nurse is no longer a career that people are drawn to. Which is causing shortages of nurses throughout the UK, which is putting a strain on staff and affecting the quality of care patients are receiving.”*

Team Leader, NHS learning disability community setting

## Compensation for additional hours

Among those who work additional hours at least once a week, around half (53%) said that these hours were unpaid (Fig. 14), 10% stated they are paid, and 6% said they work additional hours as bank work. A quarter said they normally receive time off in lieu (TOIL) (25%).

Figure 14: How are these additional hours usually paid?



Survey respondents frequently report staying beyond their scheduled shifts to complete essential tasks, with no financial compensation. This unpaid work is driven by understaffing and unrealistic workloads.

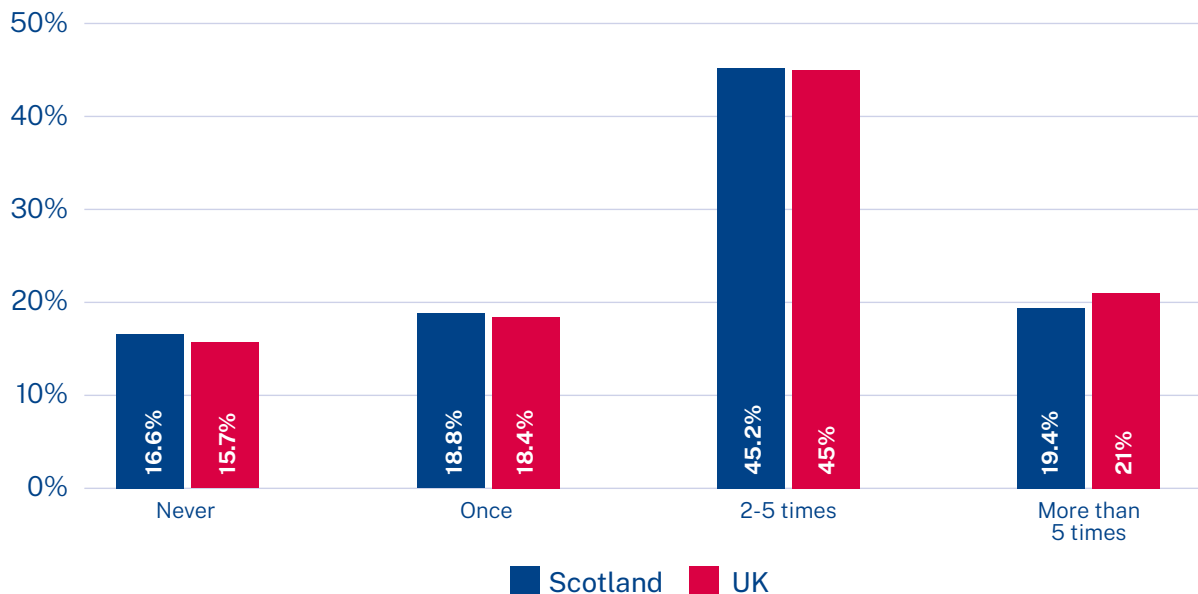
*“I work in a very busy, fast-paced ward. The largest and highest patient turnover in the hospital which is frequently understaffed with unrealistic expectations. I rarely ever finish on time and often stay at least 1-2 hours over my finishing time every shift to finish tasks/paperwork or notes. None of this is paid.”*

Staff nurse, NHS Surgical ward

## Working when unwell

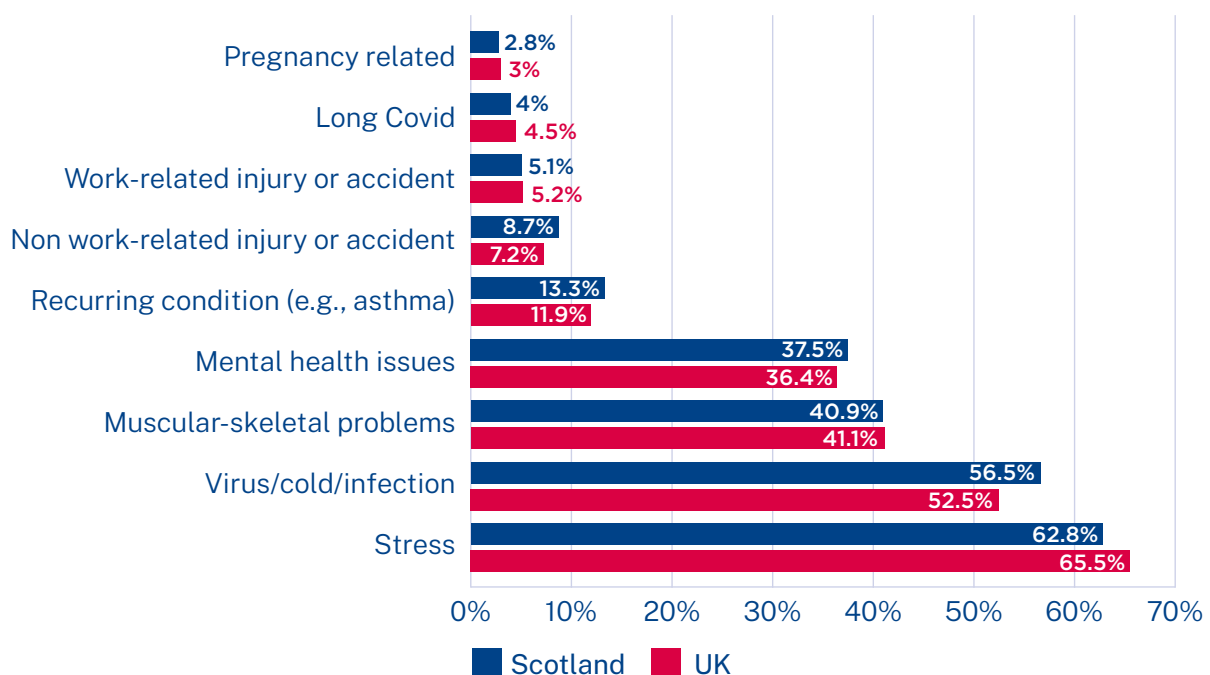
Faced with staff shortages and workload pressures, nursing staff often feel unable to take sick leave even when they do not feel well enough to be working. Eighty-three per cent reported having worked when unwell on at least one occasion over the previous 12 months (Fig. 15). This has barely changed since the last survey in 2023 (85%).

**Figure 15: Over the past 12 months how often have you gone to work despite feeling you should really have taken sick leave**



The main reasons for illness were stress (63%), and virus/cold/infection (57%) (Fig. 16). In addition, four in 10 (41%) stated they have worked even though they had muscular-skeletal problems such as back pain and nearly four in 10 (38%) stated they had worked while suffering from mental health issues such as anxiety or depression.

**Figure 16: Reasons for feeling unwell when worked**



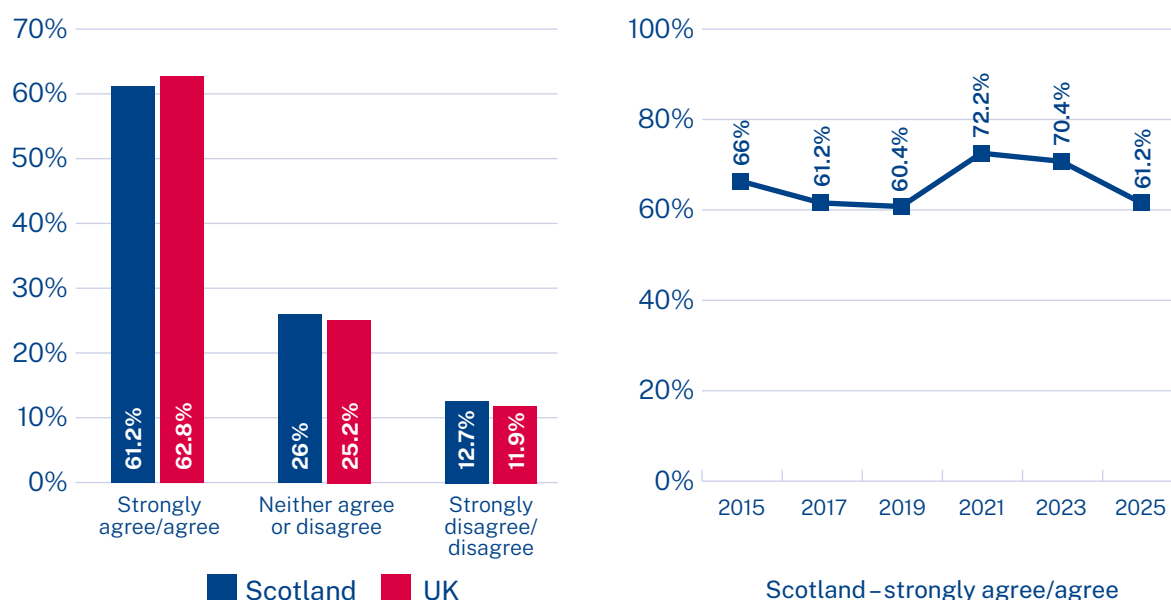
## Views about working patterns and workload

### Pressure at work

Comparing results from the Employment Survey over a 10-year period, we can see an increase in nursing staff feeling under pressure between 2019 and 2021. The proportion of respondents agreeing with the statement 'I feel under too much pressure at work', has fallen from 70% in 2023 to 61% this year (Fig. 17).

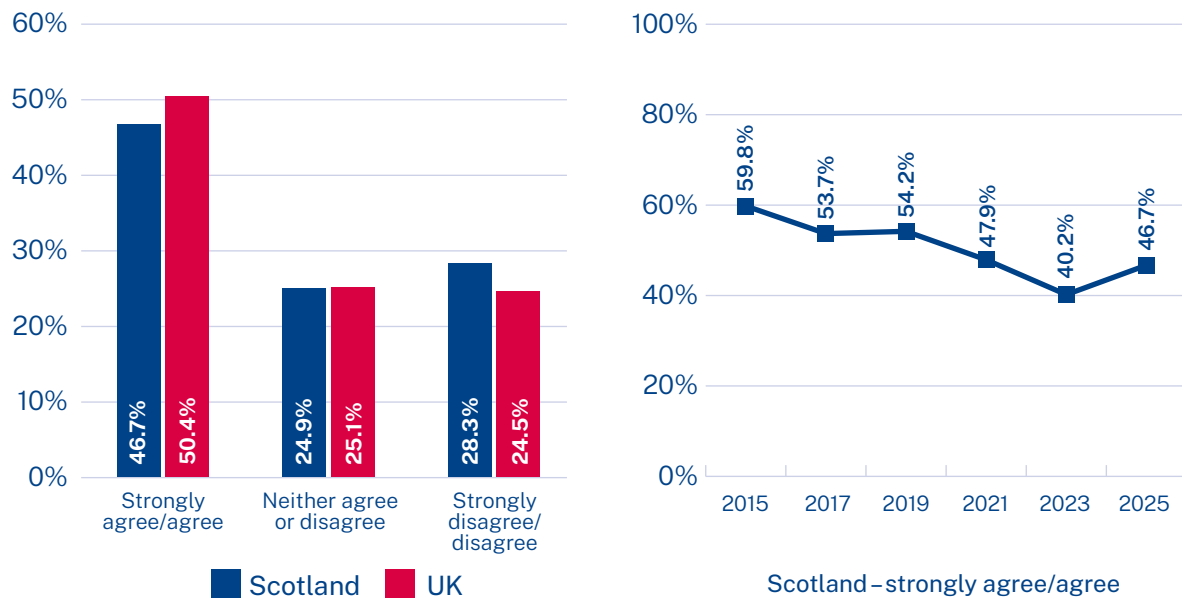
The data paints a picture of a workforce under sustained strain. Even with recent improvements, the proportion of staff feeling pressured post-Covid, is still alarmingly high, suggesting that workplace pressure is structural rather than episodic.

**Figure 17: I feel I am under too much pressure at work**



### Satisfaction with working hours

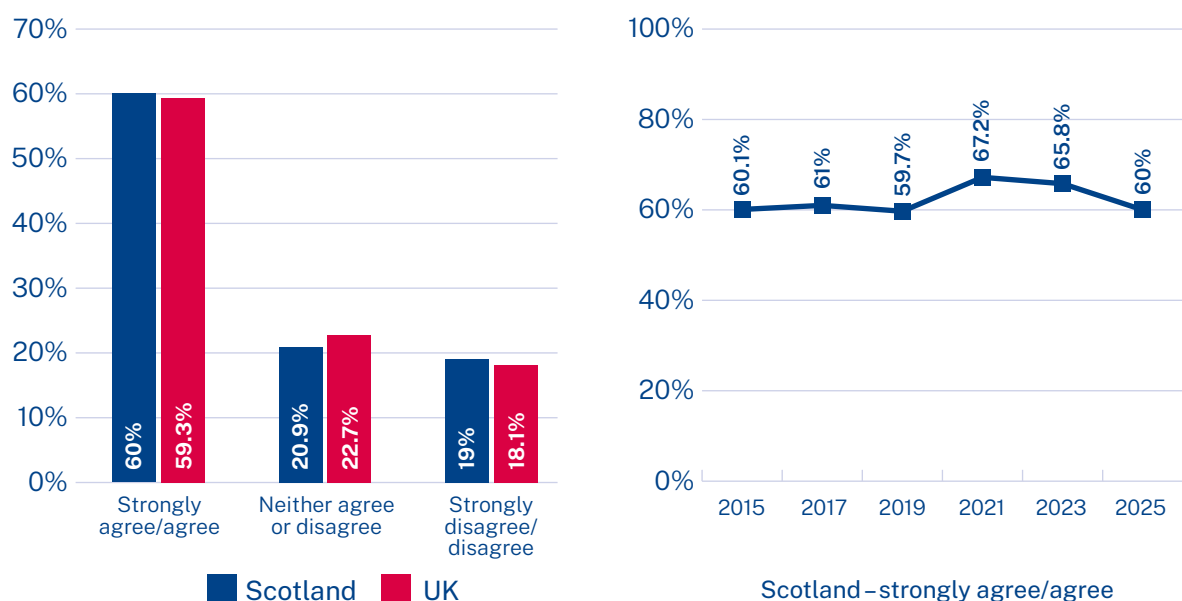
Only around half of respondents are satisfied with their working hours (47%) recovering from a low of 40% in 2023 (Fig. 18).

**Figure 18: I am happy with my working hours**

### Levels of care

Six in 10 (60%) of respondents agreed with the statement that 'I am too busy to provide the level of care I would like' with just 19% disagreeing with the statement (Fig. 19). The proportion of nursing staff who believe they are too busy to provide effective care has dropped from a high of 67% in 2021.

We heard from many that low staffing levels are unsafe and prevent them being able to provide effective care.

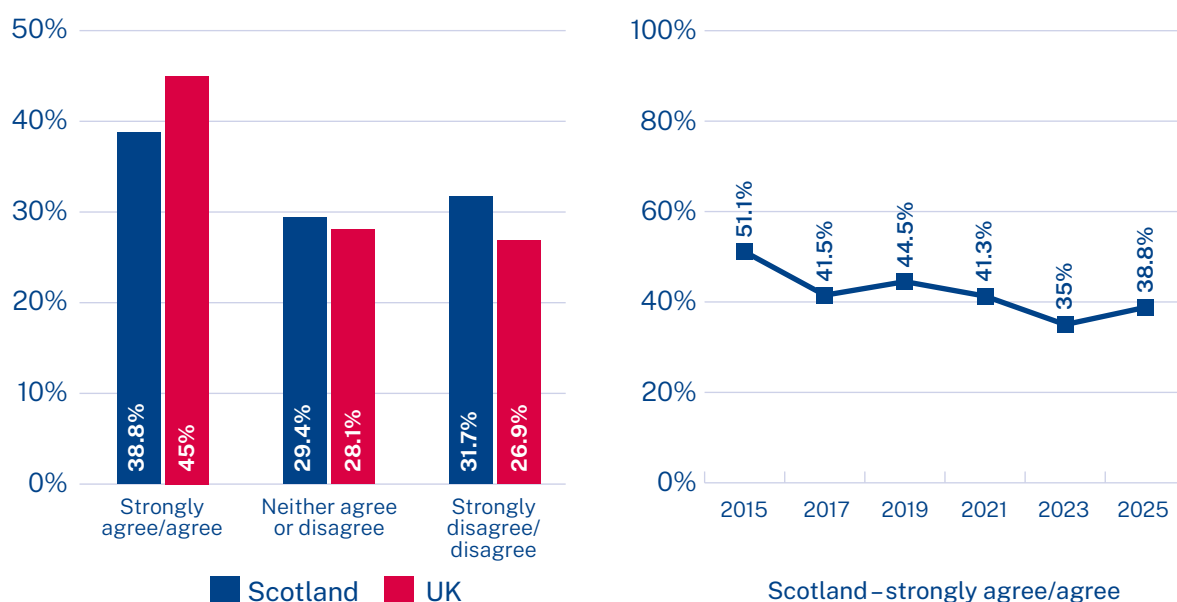
**Figure 19: I am too busy to provide the level of care I would like**

## Choice over shifts/working hours

There has been an increase in proportion of nursing staff who are happy with the choice they have over their length of shifts or working hours since the 2023 survey, with 39% of respondents agreeing that they were satisfied with the choice they had, compared to 35% two years ago (Fig. 20).

This suggests that satisfaction over working hours is recovering but not yet restored to levels seen 10 years ago.

**Figure 20: I am satisfied with the choice I have over the length of shifts I work**

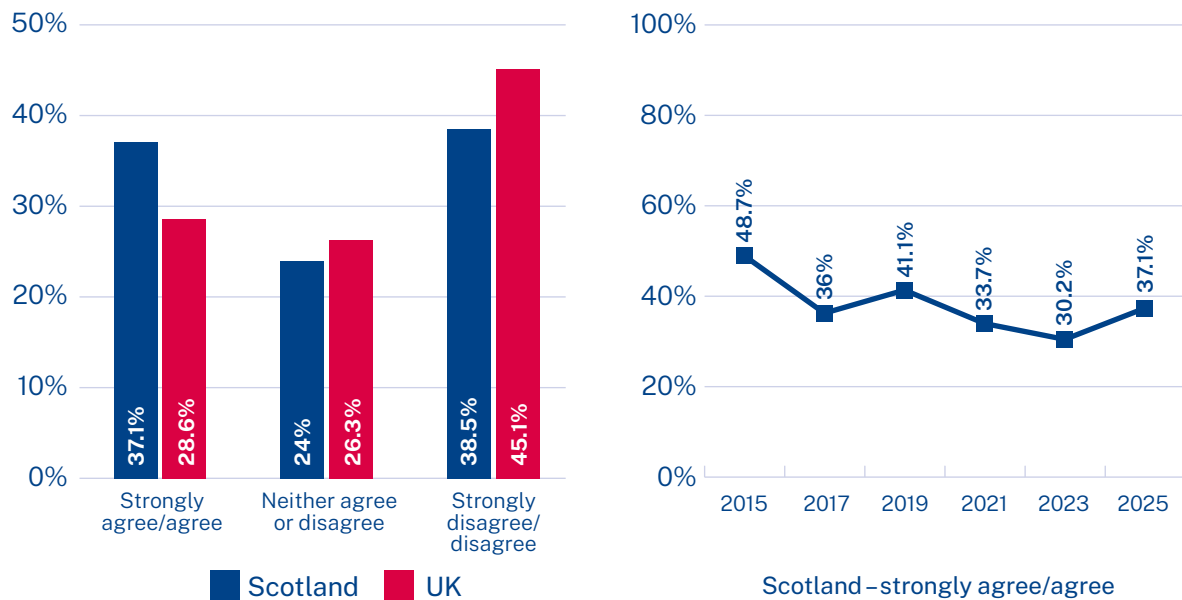


## Work-life balance

In a similar trend to other findings relating to working hours and job satisfaction, work-life balance satisfaction has not returned to 2015 levels, and the 2023 low point signals a critical moment of workforce strain. The increase from 30% to 37% between 2023 and 2025 is encouraging, but many staff still feel stretched. The reduction in the working week from 37.5 hours to 36 hours was agreed as part of the Review of Agenda for Change to support improved work-life balance and should be implemented in full on 1 April 2026.

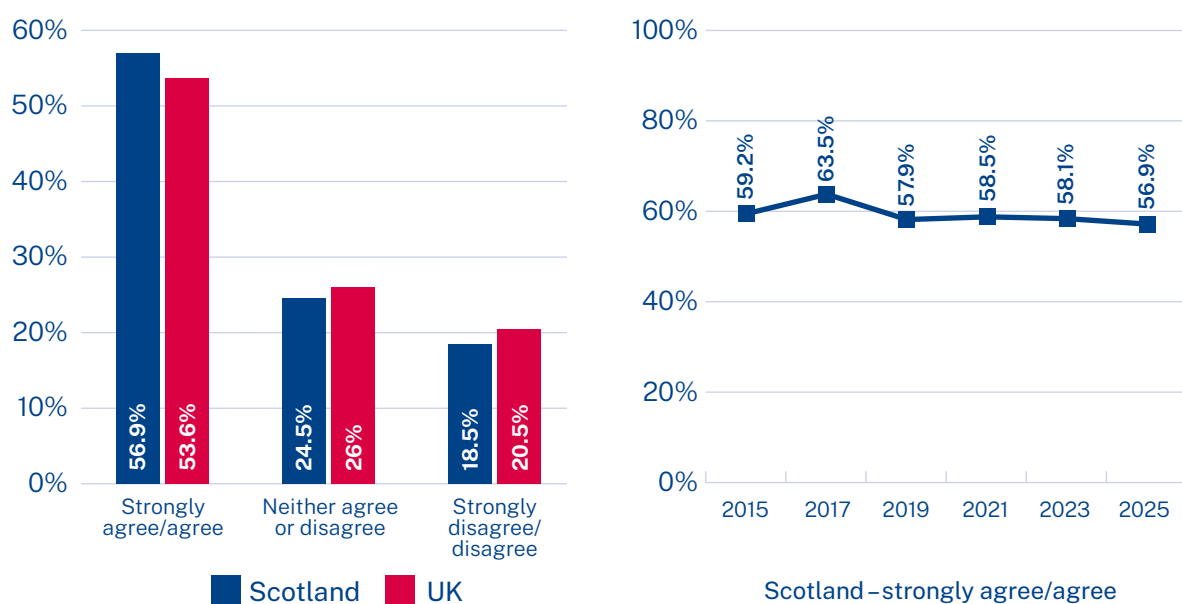
In total 39% disagreed that they were able to balance home and work lives and we heard from many respondents that working long hours damaged their work-life balance, especially when they are worrying about their work even after they have finished (Fig. 21).



**Figure 21: I feel able to balance my home and work lives**

### Non-nursing duties

The proportion of nursing staff who believe they spend too much time away from nursing care was well over half of all respondents (57%). Figure 22 shows that this has barely changed since 2019 with many nursing staff reporting they feel diverted from core clinical duties. This implies that non-nursing workload such as dealing with paperwork and administration rather than direct patient care remains a persistent issue.

**Figure 22: Too much of my time is spent on non-nursing duties**

# Workplace culture and safety

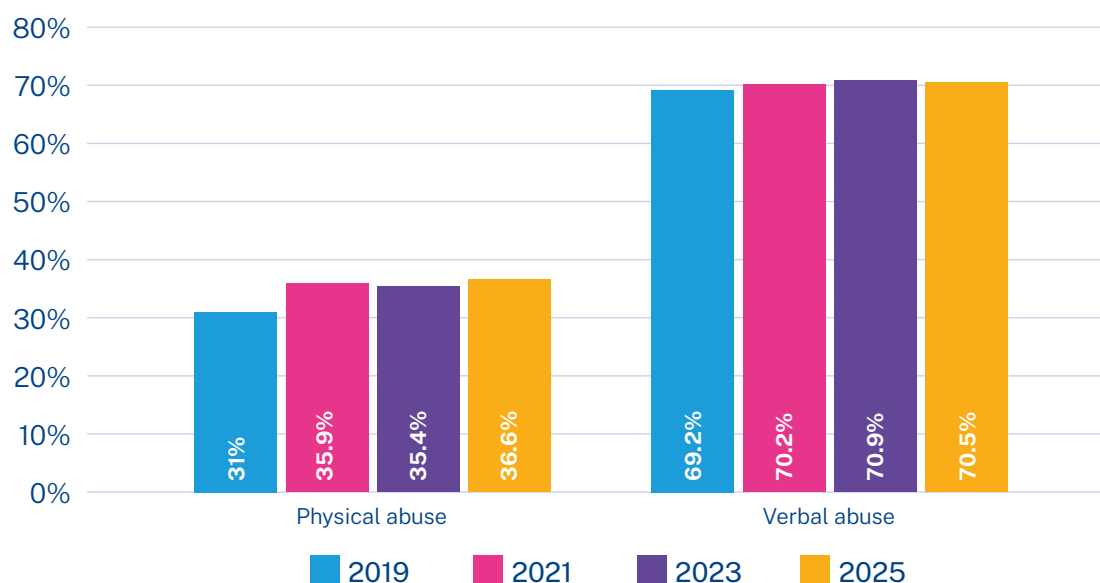
## Physical and verbal abuse

Respondents were asked whether they had experienced physical or verbal abuse in their workplace from a patient, service user or relative in the previous 12 months.

Nearly four in 10 (37%) of all respondents reported they had experienced physical abuse increasing from 35% in the last survey in 2023 (Fig. 23). Reports of verbal abuse are high among all respondents with 71% reporting they had experienced verbal abuse in the previous 12 months, findings virtually unchanged from the previous survey.

Male respondents are more likely to report having experienced verbal and physical abuse than female respondents. Younger respondents are more likely to report having experienced verbal and physical abuse than older colleagues. Members also reported that the abuse was discriminatory in relation to factors including ethnicity. Over a third of Asian respondents and over half of Black respondents reported they had experienced physical abuse in the previous 12 months.

**Figure 23: Have you experienced physical or verbal abuse in the last 12 months**



## Reasons for abuse

Figures 24 and 25 show responses relating to the reasons or explanations for the physical or verbal abuse they had experienced.

The main reason respondents felt that they endured physical and verbal abuse was that patients/service users had health related or personal problems. In most cases, this relates to mental health problems, delirium or dementia, with many respondents stating such incidents are simply part of the job.

*“I don’t think there are much actions to take as usually due to health condition that patient sadly has. Staffing increases to support distressed patients could be beneficial in some scenarios.”*

Mental health nurse, NHS hospital unit

*“Told it was because the patient had delirium/dementia so it felt like it was to be expected and I shouldn’t complain.”*

Staff nurse, NHS surgical ward

A high number of respondents (60%) also felt that they had endured verbal abuse as patients/service users or relatives were dissatisfied with the service provided. In particular, many cited long waiting times and delays as common flashpoints.

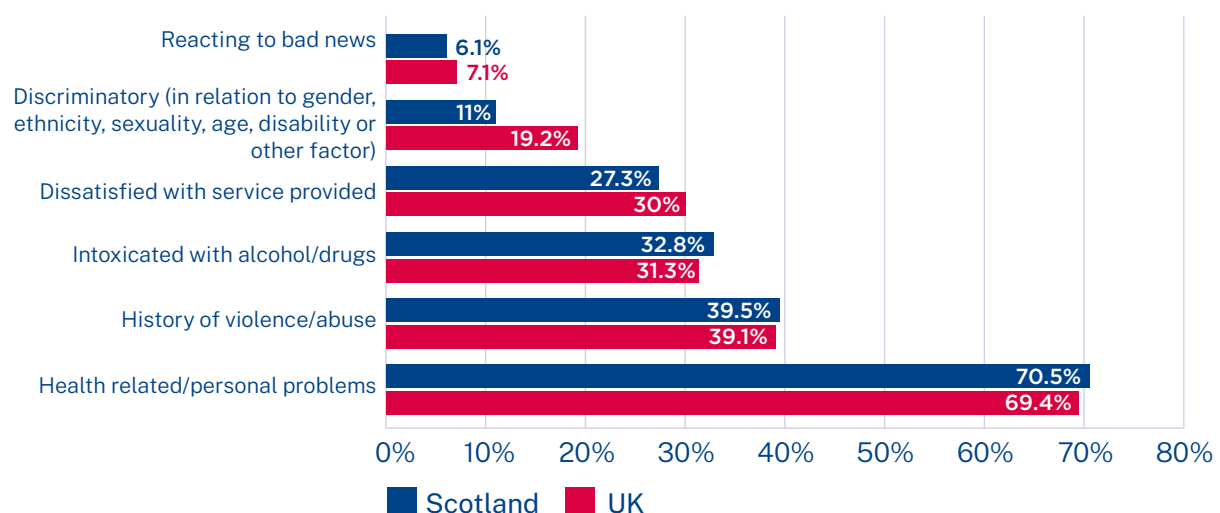
*“Staff cuts have impacted on care, ability to safely do the job. Cutting numbers in emergency care is a disgrace, sick people are getting sicker whilst waiting. Patients and relatives who were in pain experience more pain, frustration, become sicker whilst waiting to be seen causing some to become violent.”*

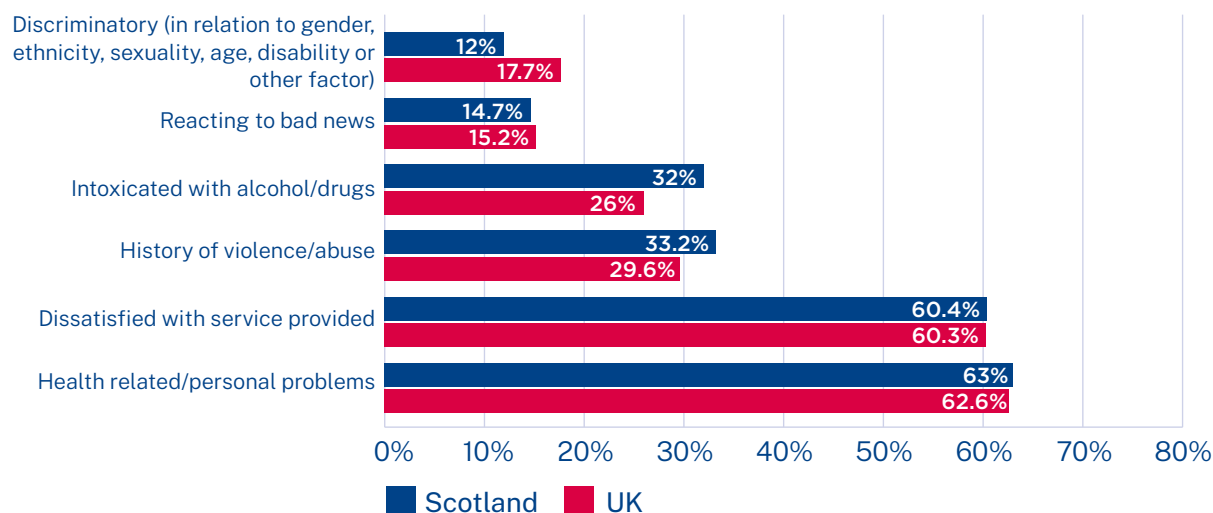
Staff nurse, NHS acute/urgent hospital unit

Four in 10 of respondents who had experienced physical abuse (40%) and a third (33%) of those who had experienced verbal abuse refer to the patient or relative having a history of violence or abuse.

Three in 10 relate physical abuse incidents to the patient or their relative being intoxicated (33%), while this was the case for 32% of verbal abuse incidents.

**Figure 24: Underlying causes of physical abuse**



**Figure 25: Underlying causes of verbal abuse**

## Reporting of physical and verbal abuse

Among those respondents who stated they had experienced physical or verbal abuse in the previous 12 months:

- Three-quarters (74%) said they had reported physical abuse the last occasion they had been abused.
- Almost two-thirds (62%) said they had reported the last incident of verbal abuse.

At least three-quarters (77%) of those who reported physical abuse and seven in 10 (72%) who reported verbal abuse did not express satisfaction with the response – either actively dissatisfied or disengaged – indicating a high level of unhappiness or at least ambivalence to their attempt to report abuse (Fig. 26). A common response we received is that reports of abuse are too often ‘swept under the carpet’ reinforcing perceptions of organisational indifference and a lack of accountability.

*“Repeated episodes of violence and aggression in units and no real change occurs. Been waiting four years for security doors at one site and still no plans for this to be fitted. Recurrent episodes of patients using weapons.”*

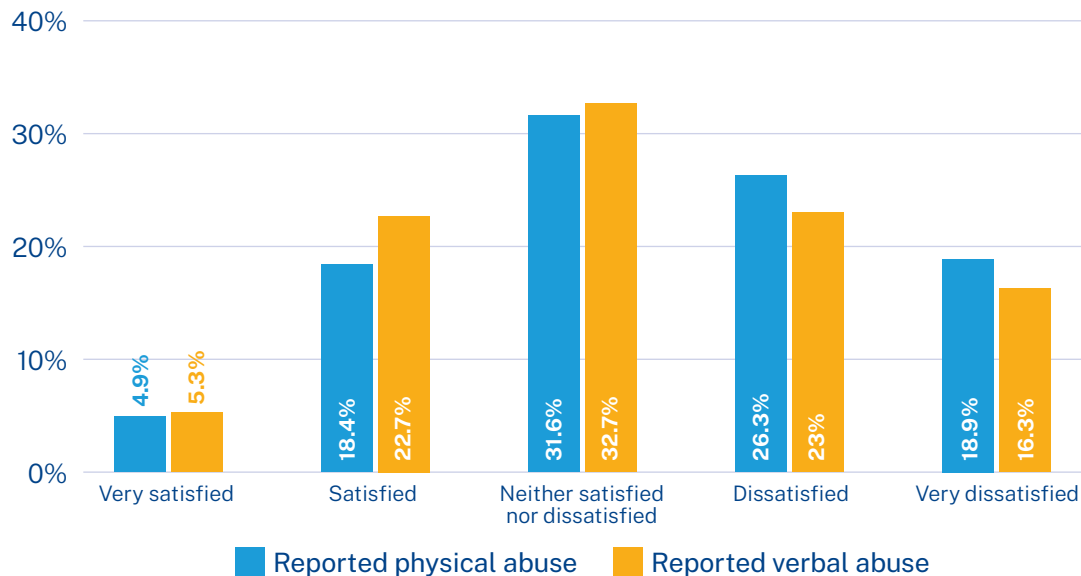
Senior charge nurse, NHS community mental health assessment unit

However, some respondents described positive experiences of managerial support, suggesting that local leadership and team culture can make a significant difference.

*“Multiple occasions, but each time my manager has been supportive.”*

Staff nurse, NHS acute/urgent hospital unit

**Figure 26: Thinking about the last time you experienced abuse, how satisfied were you with the response to your reporting of the incident?**



Among those who stated they did not report the physical or verbal abuse, respondents reported a mix of reasons for not reporting (Fig. 27). Over a third (35%) said that physical abuse and verbal abuse is often seen as part of the job, while two in 10 said they did not think the incident was serious enough to warrant reporting.

Respondents also said that they did not think anything would be done and that they had reported incidents before and nothing had been done, suggesting a lack of faith in the reporting process. Many working in the NHS referred to the NHS Datix incident reporting system which is used to log patient safety events, risks and errors. It helps healthcare staff document and investigate issues that could compromise care quality or safety.

*“When we experience physical abuse and complete Datix, we never have it acknowledged by management.”*

Staff nurse, NHS older people’s hospital ward

*“We are told that the unit is not locked and there is nothing that they can do. We are discouraged from completing Datix for incidences of violence.”*

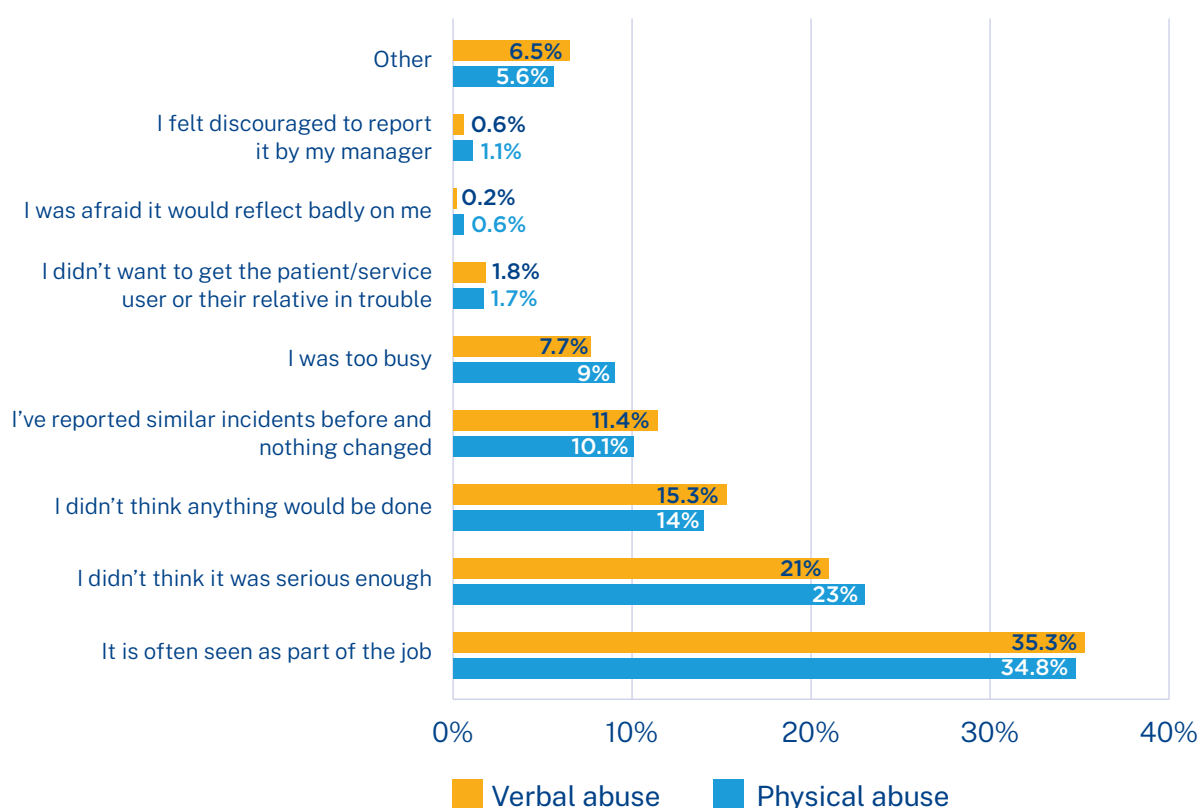
Staff nurse, NHS older people’s hospital ward

*“You report Datix the incident. It takes months to be seen at occupational health and months for senior review of incident.”*

Staff nurse, NHS mental health hospital unit

In addition to these predefined options, a common factor given in the open-text responses is that respondents work with patients who have dementia or behavioural conditions, where abusive behaviour is frequent and often perceived as unavoidable. Others confirmed the finding that they feel that reporting did not result in action being taken.

**Figure 27: Thinking about the last time you experienced physical or verbal abuse, why did you not report it?**

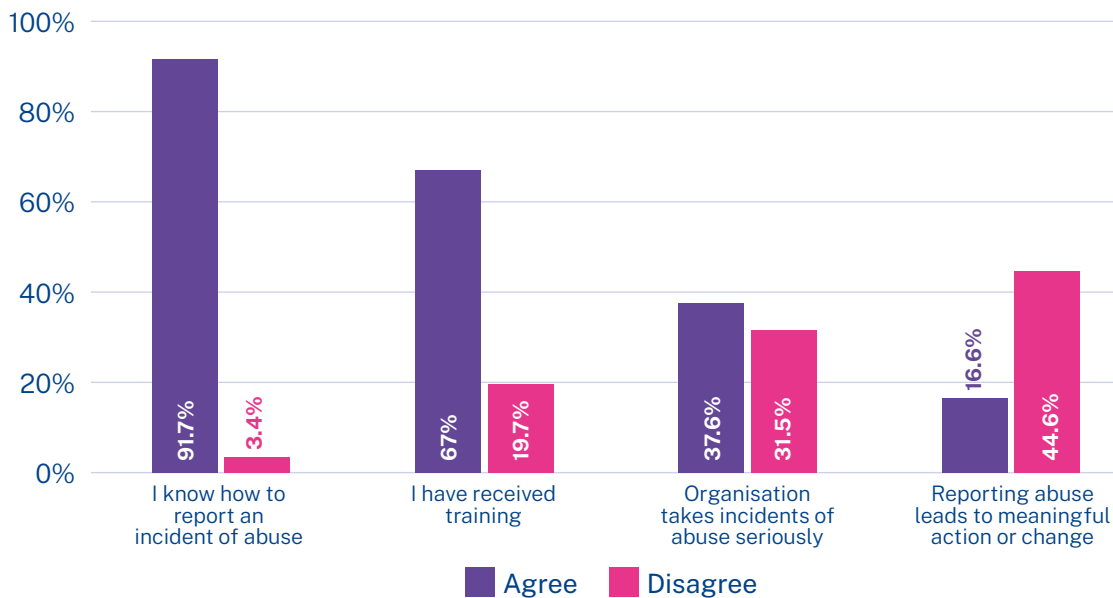


All respondents, regardless of whether they had recently experienced physical or verbal abuse, were asked about the broad organisational culture around support and reporting.

Responses reveal a mixed picture of organisational culture around reporting of abuse. While the majority of staff (92%) stated they know how to report an incident, and two-thirds (67%) said they have received relevant training, confidence in the organisation's response is markedly lower (Fig. 28). Fewer than four in 10 (38%) said they believe incidents are taken seriously, and only 17% feel that reporting leads to meaningful action or change.

This disconnect between awareness and trust suggests that procedural knowledge is much stronger than the perceived impact of reporting. Staff may be reluctant to come forward if they believe their concerns will not be acted upon, particularly in environments where abuse is normalised or minimised.

**Figure 28: Thinking about physical and verbal abuse from patients, service users or their relatives, how well supported do you feel in your workplace?**



## Bullying and harassment from colleagues

Just over one-third of respondents (37%) reported experiencing bullying or harassment from a colleague in the past 12 months. Experiences of bullying and harassment showed minimal variation across gender and age groups, suggesting these behaviours are widespread and not confined to specific demographics.

We heard from many respondents about a blame culture within workplaces and a pervasive sense of bullying, in particular related to feeling under pressure to undertake tasks

*“Bullying behaviour from senior manager. This person tends to micromanage staff, expects all staff to manage unreasonable workloads and very tight timescales.”*

Senior nurse, NHS mental health unit

*“Bullying can also consist of exclusion from team activities and overburdening one member of the team both of which I am currently experiencing.”*

Health visitor

Respondents also shared accounts of the challenges they faced in securing reasonable adjustments to their working practices, highlighting systemic barriers to inclusion.

*“I recently have been diagnosed with a disability meaning I have had time off work and have had to make adjustments to my working conditions. I have felt really embarrassed and targeted around this. I have been treated differently to my peers and my personal information has been discussed by my managers to everyone in the office (with me present and not).”*

Clinical nurse specialist, NHS cancer care

There were disparities in workplace experiences across ethnic background groups. Respondents identifying as Black were significantly more likely to report experiences of bullying or harassment compared to their White colleagues.

While nearly a third of White respondents also reported such experiences – suggesting broader cultural or organisational issues around workplace behaviour – the survey data points to a distinct concern regarding racially motivated conduct.

## Sexual harassment

Respondents were asked whether they had, in the previous 12 months, been the target of unwanted behaviour of a sexual nature in the workplace. This was defined as including offensive or inappropriate sexualised conversation (including jokes), touching or assault.

Thirteen per cent of respondents in Scotland reported they had been the target of unwanted behaviour of a sexual nature in the workplace from patients/service users, their relatives or other members of the public.

Of all respondents who said they had been the target of such behaviour, 49% stated they had reported it the last time it had happened. Among those who did report the last incident, 88% did so to their manager.

Reports of sexual harassment from patients are much more common among younger members of the nursing workforce, with nearly a quarter (23%) of those aged 18 to 34 stating they had received unwanted behaviour of a sexual nature in the previous 12 months.

Four per cent said they had been the target of unwanted sexual behaviour from another member of staff or a colleague. Of all respondents who stated they had been the target of such behaviour, 26% said they had reported it. Among those who did report the last incident, 90% did so to their manager.



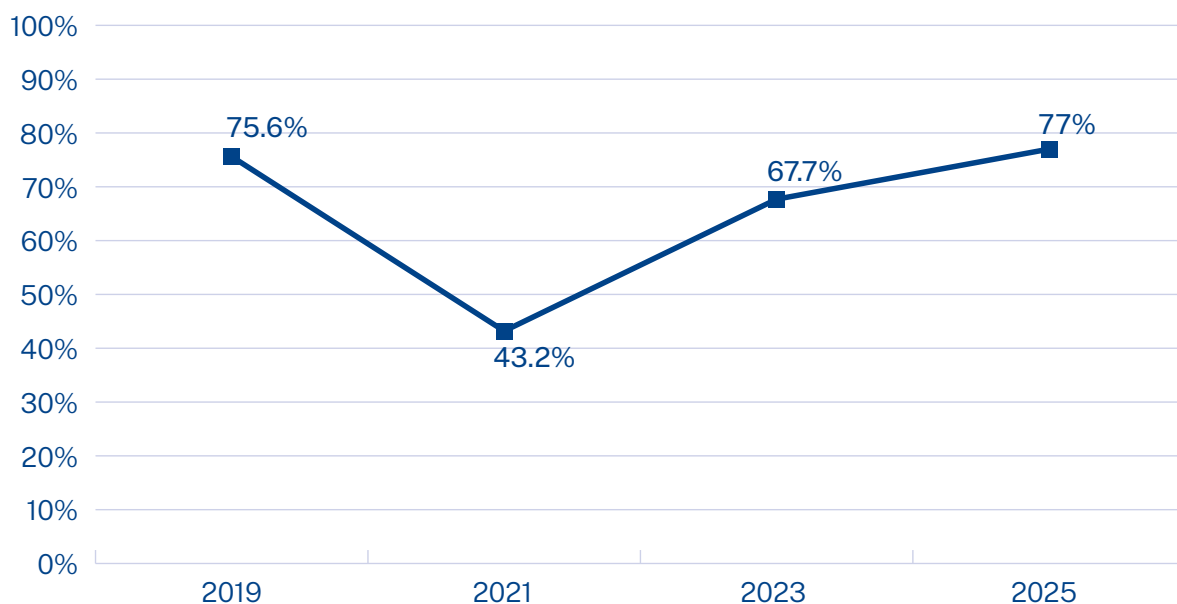
# Training and development

## Mandatory training

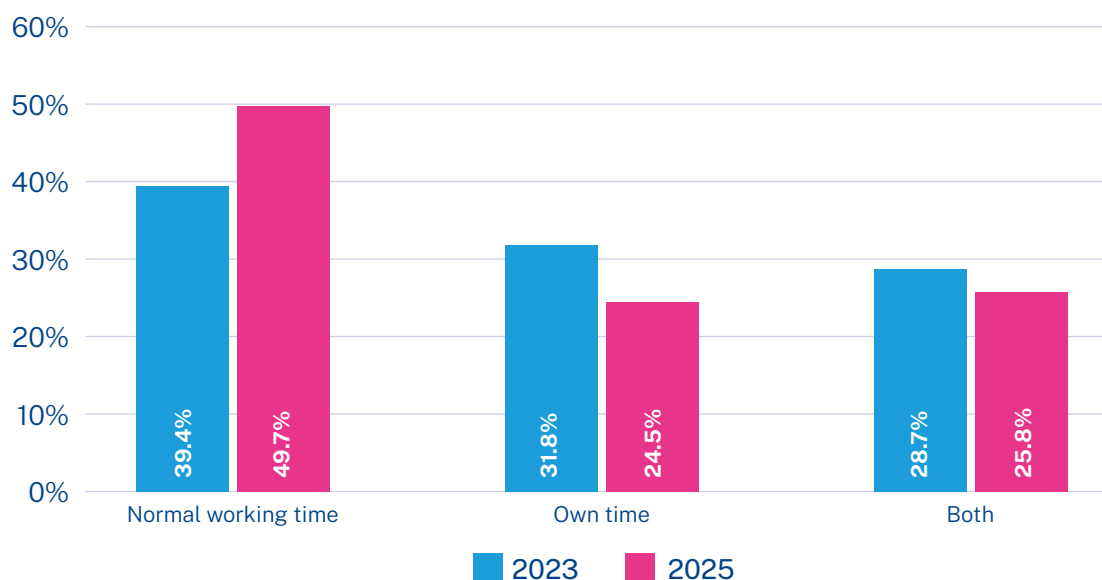
Three-quarters (77%) of all respondents in Scotland reported they had completed all the necessary mandatory training required for their role (e.g., moving and handling, fire safety, CPR) in the previous 12 months (Fig. 29).

A closer look at the completion of mandatory training shows that there was a decline between 2019 and 2021 in the percentage of respondents reporting they had been able to complete their training from 76% to 43%. While numbers increased in 2023 (68%) and again in 2025 (77%), the percentage in 2025 has only now returned to the level last seen in 2019.

**Figure 29: Percentage completing all mandatory training for role (Scotland, 2019-2025)**

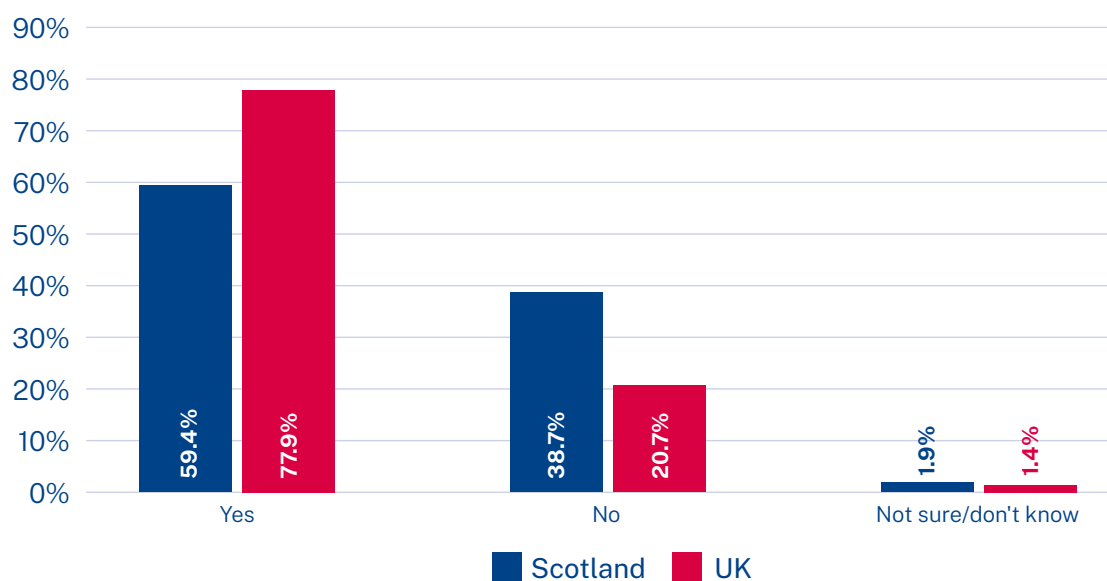


When asked about the completion of their last mandatory training, respondents reporting this was completed in normal working time has increased from four in 10 (39%) in 2023 to half (50%) in 2025 (Fig. 30). Those who completed their last mandatory training in their own time has decreased from 32% in 2023 to 25% in 2025, while those reporting they completed mandatory training both in working time and their own time has decreased from three in 10 (29%) in 2023 to one in four (26%) in 2025. Under the provisions in one of the recommendations from the Agenda for Change review, NHS Scotland staff should now be able to complete mandatory training – as well as additional professionally-required training – in work time.

**Figure 30: When was last mandatory training session completed**

## Appraisal/development review

Only six in 10 (59%) respondents reported they had had an appraisal/development review with their line manager in the last 12 months (Fig. 31)

**Figure 31: Have you had an appraisal/development review with your line manager in the last 12 months**

# Appendix 1: Results tables

<b>Employment status</b>		
Employed and working	1,626	86.4%
Retired, but still working	129	6.9%
Employed on sick leave	84	4.5%
Employed on maternity/paternity leave	28	1.5%
Student	15	0.8%
<b>Total</b>	<b>1,882</b>	<b>100%</b>
<b>Main employment sectors</b>		
NHS	1,635	87.6%
Independent/private health care or social care provider	101	5.4%
GP practice	48	2.6%
Hospice/charity/voluntary group	28	1.5%
Further/Higher education	16	0.9%
Local authority	12	0.6%
Private company/industry	11	0.6%
Nursing agency	7	0.4%
Other public sector	5	0.3%
Self-employed	4	0.2%
<b>Total</b>	<b>1,867</b>	<b>100%</b>
<b>Are you:</b>		
Female	1,637	87.8%
Male	204	10.9%
Non-binary	4	0.2%
Prefer not to say/Prefer to self-describe	19	1.0%
<b>Total</b>	<b>1,864</b>	<b>100%</b>
<b>Do you consider yourself to have a disability?</b>		
Yes	276	15.0%
No	1,571	85.0%
<b>Total</b>	<b>1,848</b>	<b>100%</b>
<b>To which broad group do you belong?</b>		
Asian	32	1.7%
Black	69	3.7%
Mixed	3	0.2%
White	1,709	92.4%
Other	6	0.3%
Prefer not to say	31	1.7%
<b>Total</b>	<b>1,850</b>	<b>100%</b>
<b>Age</b>		
18-24	22	1.2%
25-34	213	11.5%
35-44	387	20.9%
45-54	594	32.0%
55-64	579	31.2%
65 and over	58	3.1%
<b>Total</b>	<b>1,853</b>	<b>100%</b>

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