Royal College of Nursing

Employment Survey 2021

Workforce diversity and employment experiences

CORPORATE

Acknowledgements

The RCN would like to thank the RCN members who took part in this survey.

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1. Introduction

Nursing is a hugely varied profession and this is vividly illustrated in the way respondents to this survey describe where and how they work.

For example, while just over half described their work setting as a hospital, working across a variety of roles and specialisms; other work areas include GP practices, further and higher education, care homes, clinics, schools, criminal justice settings and in people's homes.

This variety in settings and work areas extends to job titles within the sample of respondents. The majority (95%) are registered nurses, and the remainder include nursing support workers and trainee nursing associates (in England). The range of registered nursing titles includes staff nurses, health visitors, district nurses, clinical nurse specialists, lecturers and researchers, and nurse practitioners among many others.

This diversity impacts on the organisation of working times and patterns, which are as varied as the types of roles undertaken by nursing staff. The survey findings suggest that work setting is among the most important factors determining key features of working life such as working patterns and working hours. While services in many work settings are organised around 24-hour care provision and inevitably involve shift work and flexible working, other services are organised around a combination of 'office hours', evenings or weekends.

There is also incredible diversity among the nursing profession in terms of personal backgrounds and characteristics. Nursing continues to be a female-dominated profession and this is reflected in our sample of respondents, with 89% stating they are female; 10% stating they are male and 1% stating that they are non-binary. This survey also attempts to consider the differential experiences of nursing staff according to other protected characteristics. Wherever possible we explore responses according to respondents' ethnicity, age and whether they have a disability. We also look at the responses and experiences of internationally registered nurses.

Broad demographic categories can often miss the detailed issues, but by analysing key differences in findings between groups of nursing staff, we make some exploratory steps towards understanding how personal characteristics can impact on individual experiences at work.

The employment survey covers a wide range of issues around working lives, including work satisfaction, pay and rewards and attitudes to nursing as a career. However, this report concentrates on four major themes from the survey.

- Working hours and patterns.
- Experience of workplace abuse.
- Bullying and harassment.
- Career progression.

These themes suggest that personal characteristics can have a significant bearing on individuals' experiences of working life. However, it is important to acknowledge that individual experiences are to a large extent shaped and influenced by societal and workplace cultures and structures. For instance, ethnicity, age, sexuality, gender and

class all have a bearing on how individuals and groups are perceived and treated in the workplace, and the choices they make related to their work and careers.

It is also vital that we acknowledge the current pressures facing the workforce who are dealing with long-term staffing shortages, workload pressures, long working hours and burnout – all of which have been made exacerbated by the professional and personal toll of working through the COVID-19 pandemic.

As health and social care organisations put in place plans for recovery and renewal, the workforce must take centre stage with concrete actions implemented to improve recruitment, retention, and motivation. This should be underpinned by an appreciation that the diversity of the nursing workforce impacts significantly on individuals' experiences, needs and aspirations. This means workplaces should be supported to build cultures where these differential staff experiences, needs and aspirations are recognised, valued and reflected in workplace practices.

2. Summary of findings

Working patterns

- While around half of all respondents work fixed hours and half work shift patterns, this varies according to employer; fixed hours are most common among nursing staff working in general practice, NHS commissioning/arm's length bodies and in NHS community settings; shift patterns are most common among nursing staff working for agency or NHS bank and in hospital settings.
- Across all age groups, younger respondents (aged 18-34) are most likely to work shift patterns.
- Male respondents are more likely to work full-time hours than female respondents (83.7% compared to 60.4%).
- Asian, Black and those of mixed ethnic background are more likely than white respondents to work full time.

Physical and verbal abuse

- 64.3% of all respondents reported they had experienced verbal abuse from a patient, service user or relative in the previous 12 months.
- 26% reported they had experienced physical abuse.
- In hospital settings, respondents working in mental health and learning disability settings were most likely to report having experienced both physical and verbal abuse.
- Within community settings, the highest incidences of verbal abuse were reported among respondents working in care homes GP practices. A high proportion of respondents working in care homes also reported having experienced physical abuse.
- Black respondents are most likely to report having experienced physical abuse, compared to white and Asian respondents and those of mixed ethnic background. However, reports of verbal abuse are as prevalent among respondents of all ethnic backgrounds.
- The main reason respondents felt that they endured verbal abuse was that patients/service users or relatives were dissatisfied with the service provided. In many cases, this was linked to frustrations with restrictions put in place due to the COVID-19 pandemic, the impact on waiting times and access to services.
- Just under half of respondents also felt that physical and verbal abuse was linked to health or personal problems, often where patients may lack capacity due to dementia or mental health problems.
- Around one in eight of those who had experienced verbal or physical abuse stated they believed it was discriminatory behaviour, linked for example to their gender, ethnicity, age, sexuality or whether they have a disability.

Bullying in the workplace

- Just over a third of all respondents reported they had experienced bullying or harassment from colleagues in the previous 12 months.
- Respondents working for nursing agencies and within NHS hospital settings and NHS commissioning/arms' length bodies are more likely to report having experienced bullying.
- The most common reason respondents believed they have been bullied was their age. Other factors cited included ethnicity, gender, disability and sexuality.

Career progression

- Female and male respondents were equally as likely to have achieved at least one promotion in their careers. However, among younger age groups, male respondents were more likely than female colleagues to say they had received a promotion, suggesting that male respondents are more likely to get promoted earlier in their career.
- Black and Asian respondents across all age groups are less likely than white respondents and those of mixed ethnic background to state they had received at least one promotion since starting their nursing career.
- Just three in 10 (28.1%) of all respondents agreed there are career progression opportunities in their current job. Full-time workers are more likely than part-time workers to think they have opportunities for progression (32.3% compared to 25%).

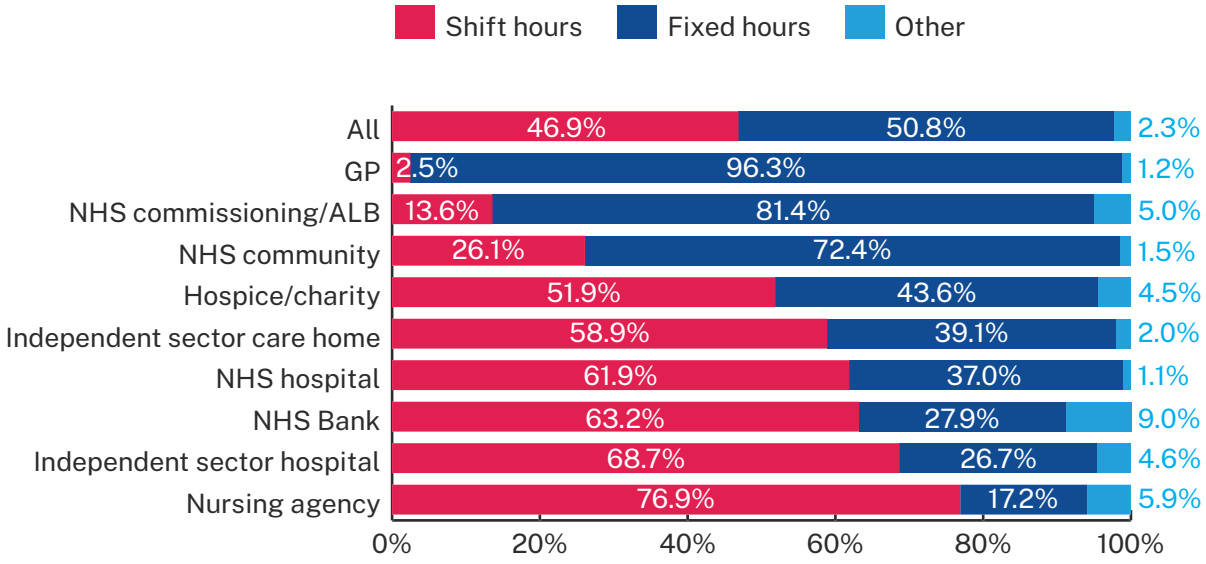
3. Working patterns

We asked respondents about their working patterns and whether they predominantly worked fixed or shift hours. We also asked about working hours and whether they mostly worked full time, part time or occasional hours.

Working patterns and hours are predominantly determined by of the type of employer or setting and the service need. However, personal preference and circumstances also play a substantial role in affecting choices about times and patterns of work.

Figure 1 illustrates how types of working pattern are differentiated across settings and employers. While there is a fairly even split across respondents who work either fixed or shift hours, a far higher proportion of respondents working in general practice, NHS commissioning/arm's length bodies and in NHS community settings report working fixed hours, where services and working days are more likely to be arranged around set times.

Figure 1: Working patterns by types of employer



Although type of employer and setting is the major determinant of working patterns for the nursing workforce, Figure 2 shows that younger nursing staff are more likely to work shifts rather than fixed hours. While just under half of all respondents work shifts, seven in 10 of those respondents aged 18-34 work this way.

We break down the analysis further in Figures 3 and 4 to compare respondents' working patterns according to whether they work in hospital or community settings to allow a comparison between the two major areas of work across all sectors including the NHS, independent sector care homes and hospitals, general practice and hospices and charities. While some respondents fall outside this definition and work in other settings, this allows the majority of responses to be placed into meaningful categories and provides a useful way of analysing and summarising the data.

This confirms that setting appears to be the main factor in determining working patterns, with shift working more predominant in hospitals than in community settings. Around six in 10 (62.9%) of all respondents working in hospitals undertake shift work compared to three in 10 (30.1%) of those working in community settings.

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Within both hospital and community settings, the youngest group of nursing staff is more likely to work shift hours than older colleagues.

Figure 2: Working patterns by respondents' age groups

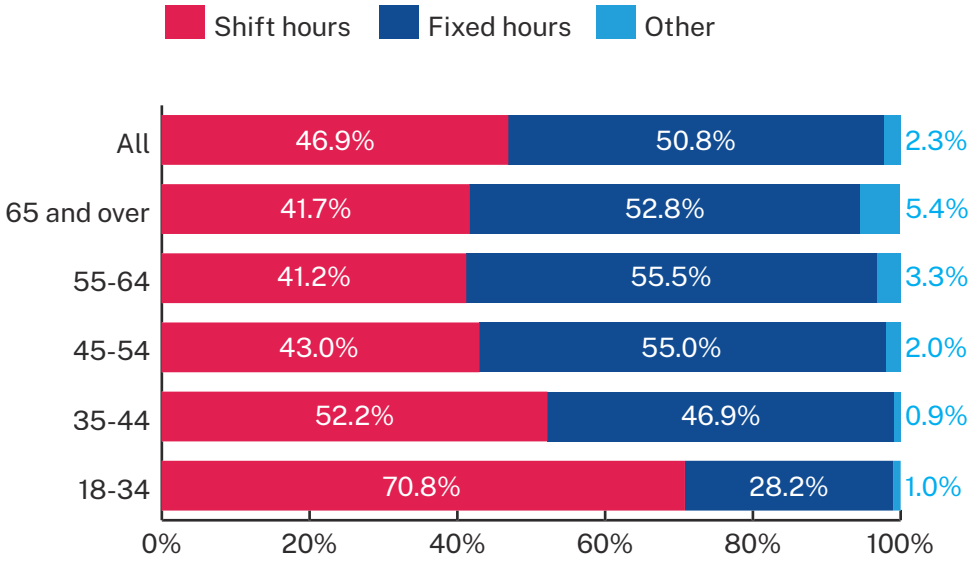


Figure 3: Hospital settings: Working patterns by age

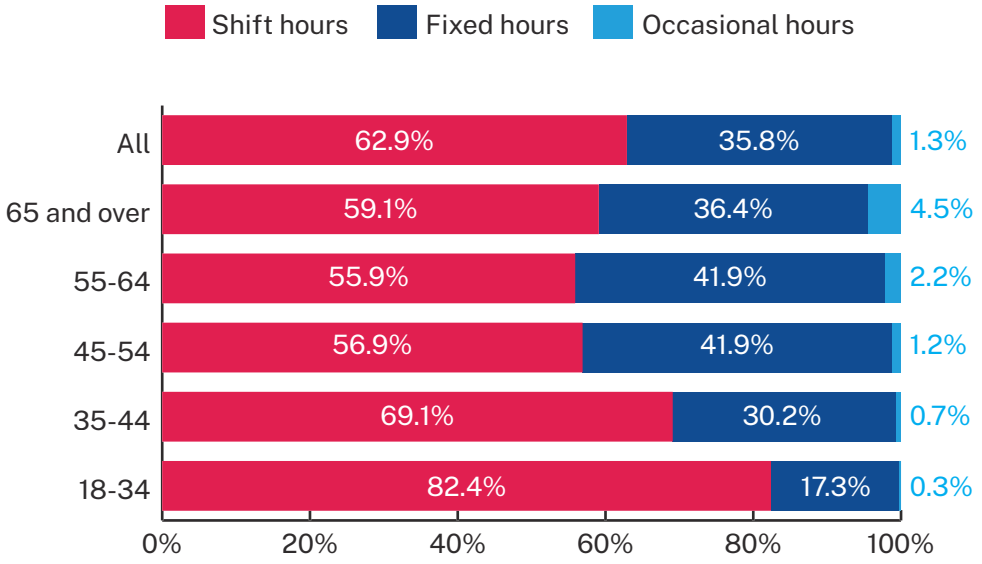
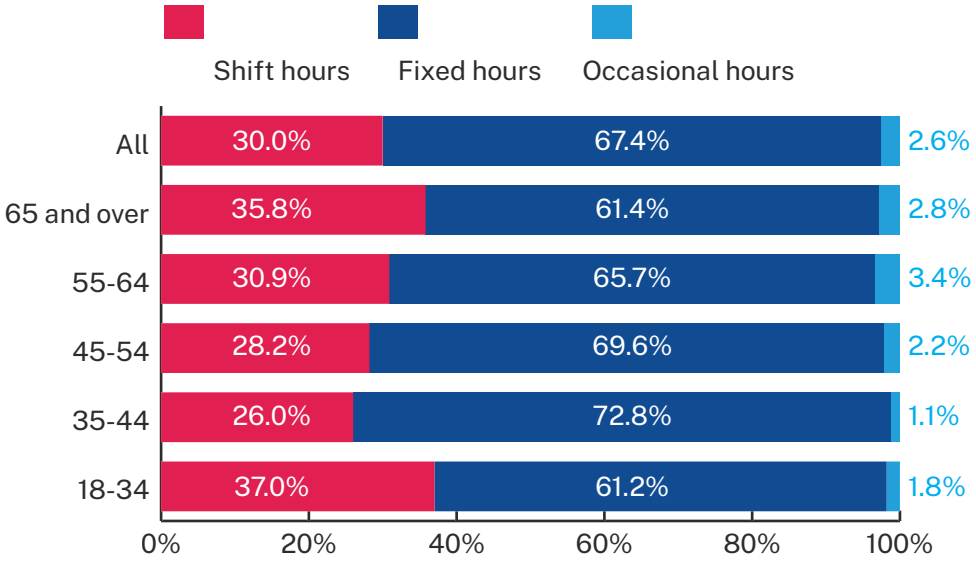


Figure 4: Community settings: Working patterns by age



Figures 5 and 6 show the marked differentiation in working hours among female and male respondents. Six in 10 (61%) of all female respondents report working full-time hours compared to over eight in 10 male respondents (84.1%).

These findings also show the difference in full-time working in favour of part-time working among both female and male respondents across the older age groups. While just 16.3% of the youngest female respondents work part time, this grows to 45.2 % of those aged 55-64 and 57.7% of those aged 65 and over.

Figure 5: Working hours; all female respondents

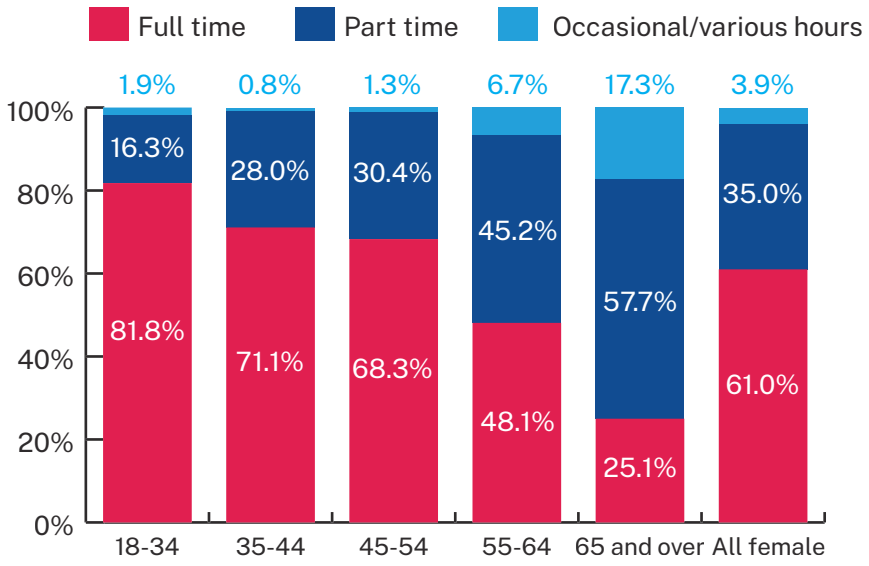


Figure 6: Working hours; all male respondents

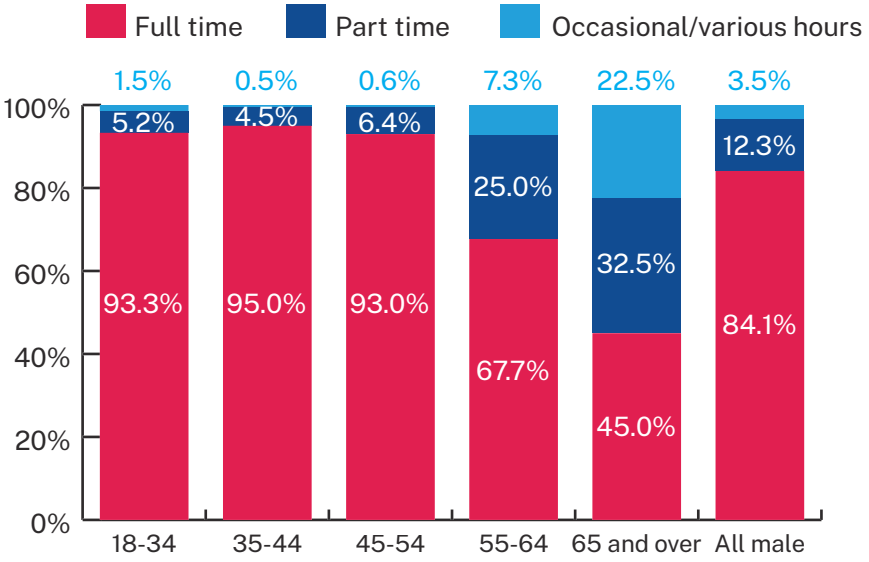
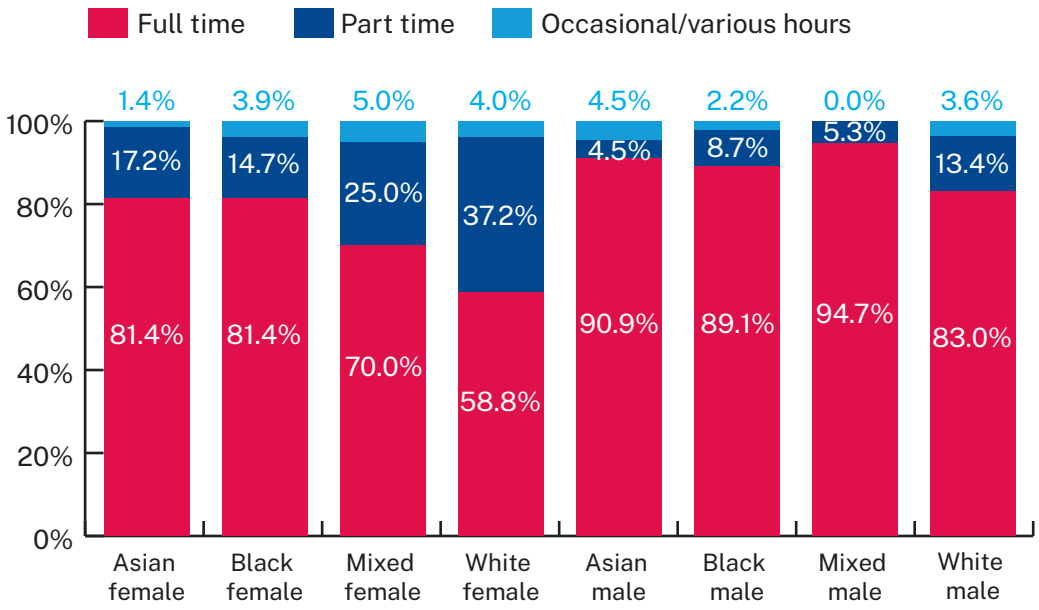


Figure 7 also shows that there is a strong association between ethnicity, gender and working hours, with white female respondents most likely to report working part-time hours. Further analysis shows that Black and Asian respondents are most likely to work full-time hours across all age groups.

Figure 7: Working hours by respondents' age groups



3.1 Working patterns, working hours and work-life balance

The findings above show that working hours and patterns can vary considerably among groups of nursing staff. While most working arrangements are determined by service need, personal preferences and circumstances, as well as economic priorities, also play a major part in individual choices.

However, we heard from many survey respondents that these individual choices are too often curtailed and particularly that working hours and patterns are simply not flexible enough to meet changing demands at different stages in a nursing career.

> My work life balance is the worst it's ever been. Start times are 07:00, no childcare providers operate at this time so my child is spending four days a week at different houses which is affecting our relationship and his happiness. My child asked if I send him away as I no longer love him! I'm working until 21:30 at night then 07:00 in the morning... that's 9.5hrs between shifts. Why are we tired?... Why are we burnt out? I can't imagine a year of this.
>
> *Staff nurse, NHS hospital ward, Scotland*

> I find attitudes to working women still unsupportive. There are policies on flexible working but the reality is managers see it as a headache and nuisance and thus the workers needing it.
>
> *Clinical nurse specialist, NHS outpatients, England*

> Not enough consideration is given to the female workforce with menopausal health issues, the expectations that they can still perform the same as someone in their 30s is ludicrous, it's not until you reach that age do you actually appreciate how difficult it is, working hours need to change, they are not family friendly.
>
> *Clinical nurse specialist, NHS community setting, Wales*

> I feel working hours in nursing are still too fixed and should be more flexible not just for people with young children. Ailments, menopause and getting older, looking after parents should be accounted for in flexible working hours.
>
> *Sister/charge nurse, NHS hospital unit, England*

> It is very sad that shifts are 12 hours or nothing. Many colleagues are physically broken by their years on the wards and leave at 50, never to return. Shorter shift options might help to mitigate that mass exodus.
>
> *Staff nurse, NHS hospital ward, England*

4. Physical and verbal abuse

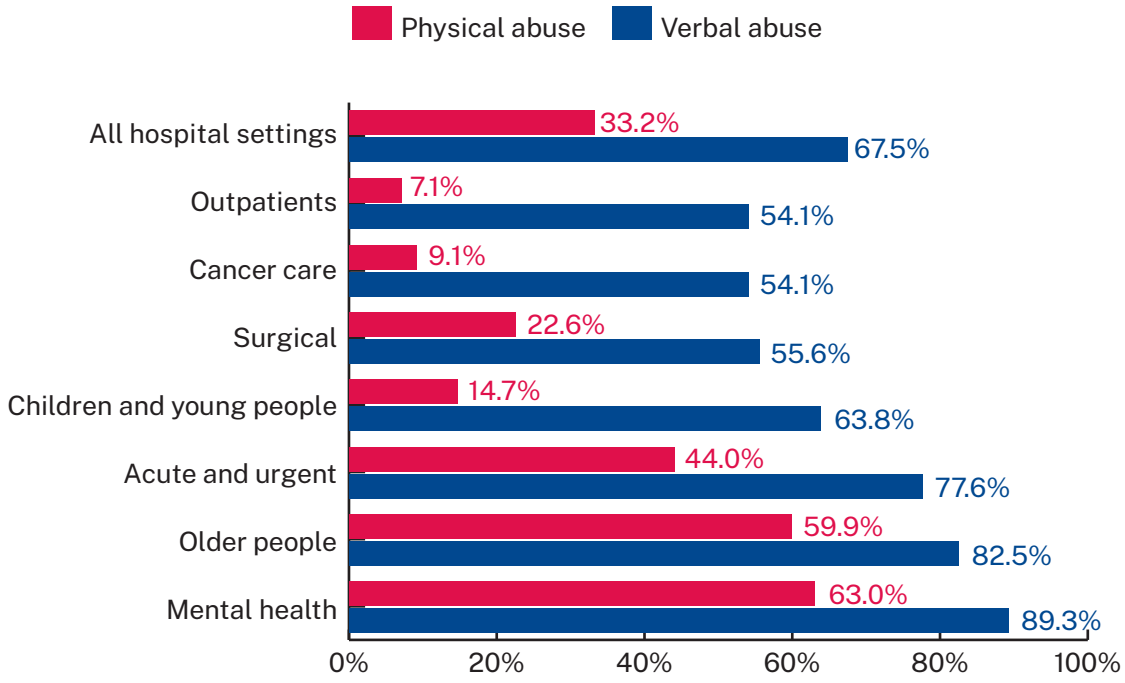
Respondents were asked whether they had experienced physical or verbal abuse in their workplace from a patient, service user or relative in the previous 12 months:

- 64.3% of all respondents reported they had experienced verbal abuse
- 26% reported they had experienced physical abuse.

Further analysis breaks down these findings according to whether respondents work in either hospital or community settings.

Figure 8 shows the incidence of physical and abuse among respondents working in hospital settings. Respondents working in mental health and learning disability settings were most likely to report having experienced both physical and verbal abuse.

Figure 8: Hospital settings: Experience of physical and verbal abuse



Within community settings, the highest incidences of verbal abuse were reported among respondents working in care homes (74.4%) and GP practices (70.1%). A high proportion of respondents working in care homes (49.7%) also reported having experienced physical abuse.

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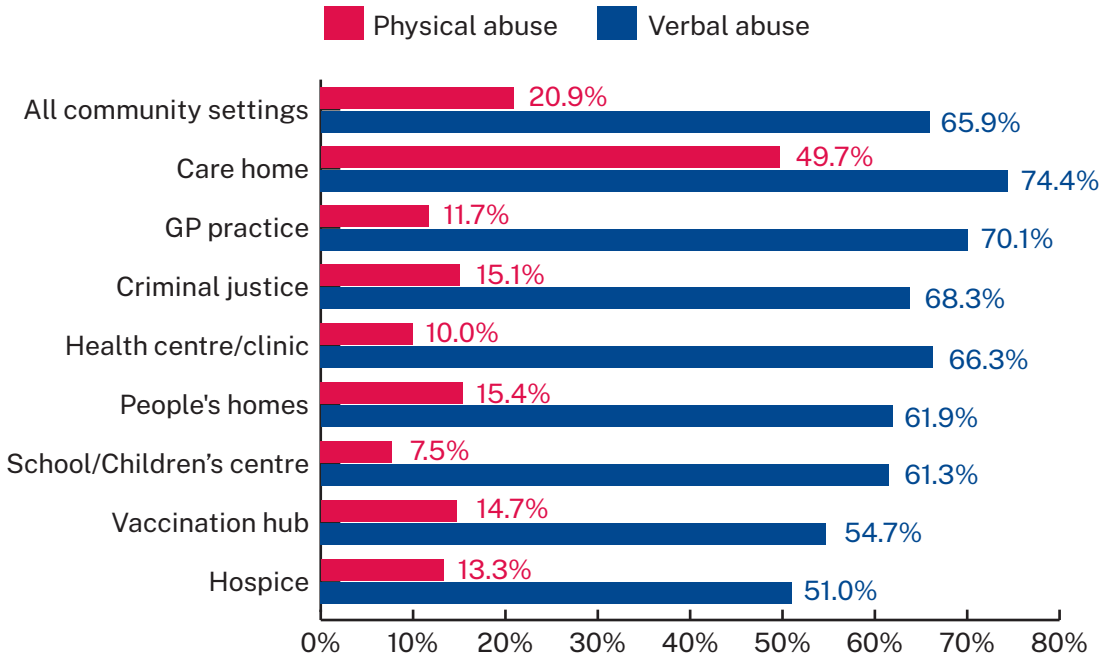
Figure 9: Community settings: Experience of physical and verbal abuse



4.1 Personal experiences of physical and verbal abuse

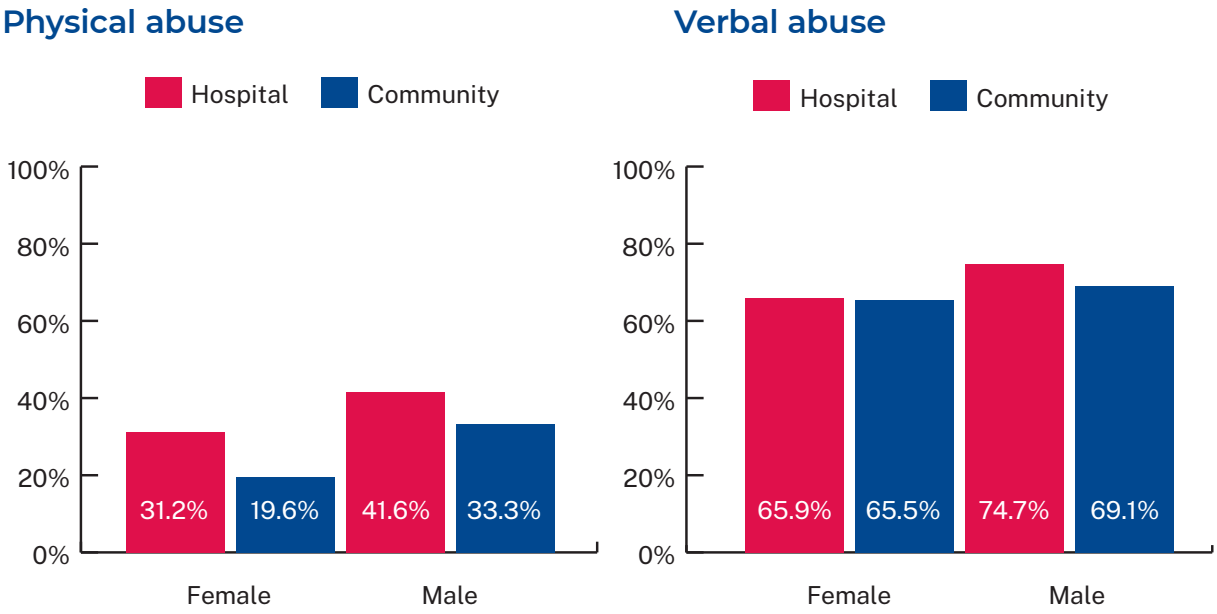
Figure 10 looks at these findings in more detail, according to respondent's characteristics. Again, we compare these findings between those working in hospital and community settings to allow us to explore key differences in some detail.

Male respondents are more likely to report having experienced physical abuse than female respondents, and that incidents of physical abuse among both women and men are more common among those working in hospital than community settings.

In hospital settings, 31.2% of all female and 41.6% of all male respondents reported having experienced physical abuse. In community settings, these figures were 19.6% and 33.3% respectively.

However, verbal abuse is just as common among female and male respondents and across hospital and community settings, with around two thirds of all respondents reporting having experienced such abuse.

Figure 10: Physical and verbal abuse in hospital and community settings; female and male respondents



4.1.1 Sexual harassment and abuse

We heard from respondents about the extent of sexual harassment and abuse within the workplace and wished to highlight their experiences of verbal abuse, such as unwanted or suggestive remarks, as well as physical abuse such as inappropriate touching. Several also voiced their frustration that not enough is done to protect them from being targeted by such actions.

> I get touched up frequently at work. I have mentioned it to line managers before and it just gets brushed aside under 'he's just a dirty old man'. This has happened in multiple wards in multiple trusts. Incidents go unreported. Which is a shame given the vast majority of nurses are female and the increased focus on attacks on women by men.
>
> *Agency nurse, Northern Ireland*

> There is rudeness in general and sexual comments from male patients.
>
> *NHS bank staff nurse, England*

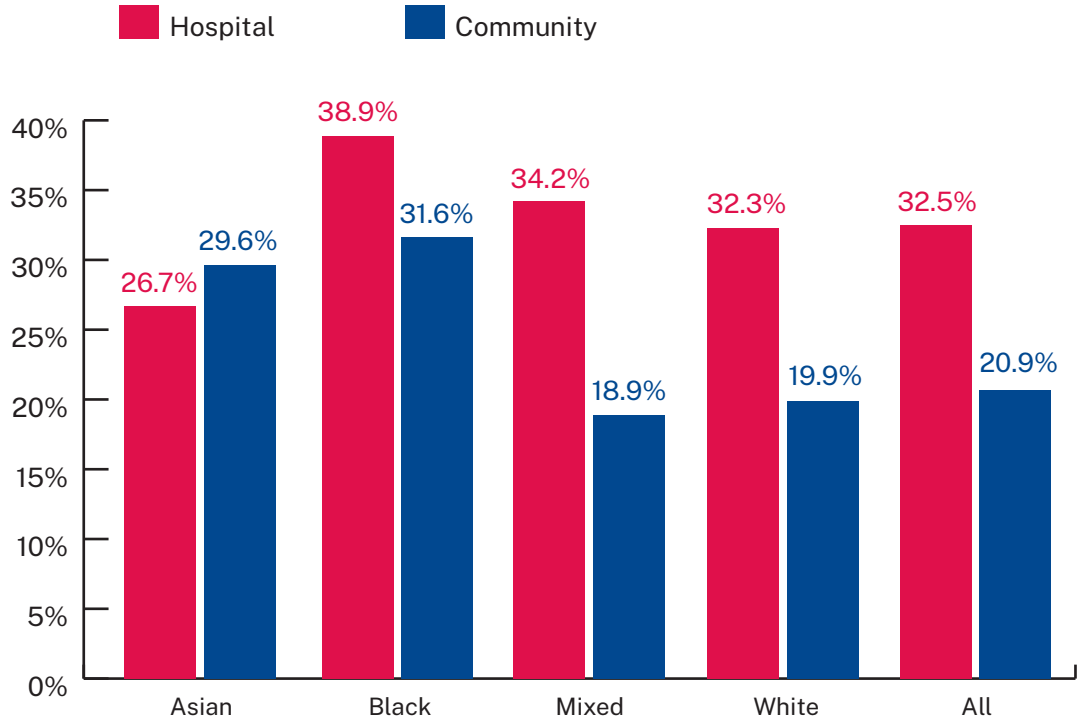
> Recently in my current role I have experienced verbal sexual 'abuse' where I have been made to feel repeatedly very uncomfortable by a patient's behaviour and the things they have said.
>
> *Staff nurse, NHS hospital unit, England*

> I have been physically and sexually assaulted by patients on multiple occasions. Recently, an older gentleman alternated between slapping my backside and calling me a stupid bitch/ insulting my intelligence because I'm a young woman.
>
> *Agency nurse, Northern Ireland*

4.1.2 Physical and verbal abuse against staff from ethnic minority backgrounds

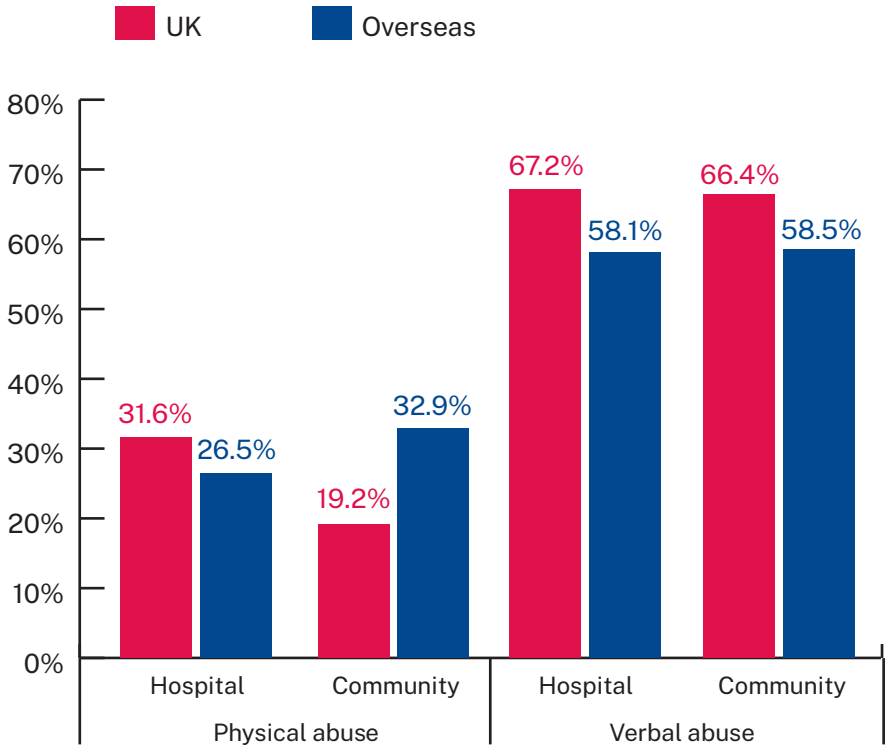
Figure 11 shows how responses relating to experience abuse vary across respondents of different ethnic backgrounds. Black respondents working in both hospital and community settings are most likely to report having experienced physical abuse, compared to white and Asian respondents and those of mixed ethnic background. However, reports of verbal abuse are as broadly prevalent among respondents of all ethnic backgrounds.

Figure 11: Physical abuse in hospital and community settings by ethnicity



Looking at incidences of physical and verbal abuse reported by registered nurses, there are some notable findings in relation to differences across those registered in the UK and those registered overseas. Figure 12 shows that in hospital settings, UK-registered nurses are slightly more likely to report having suffered physical and verbal abuse than those first registered outside the UK. In community settings, overseas registered nurses are significantly more likely to report having endured physical abuse than UK-registered nurses (32.9% compared to 19.2%).

Figure 12: Physical and verbal abuse in hospital and community settings by country of nursing registration



4.2 Reasons for abuse

Table 1 shows responses relating to the reasons or explanations for the physical or verbal abuse they had experienced. The main reason respondents felt that they endured verbal abuse was that patients/service users or relatives were dissatisfied with the service provided.

Many respondents linked this behaviour to frustrations with restrictions put in place due to the COVID-19 pandemic and the impact on waiting times and access to services.

> Related to COVID-19, no access to the GP. Patients and relatives are unhappy and picking on community nurse services.
>
> *Sister/charge nurse, vaccination hub, England*

> Families are abusive because they have not been able to visit due to COVID-19 regulations.
>
> *Staff nurse, hospital ward, England*

> I triage patients over the phone, which is incredibly difficult. It is heartbreaking when there will not be a response by an ambulance, when a patient is seriously ill, but not dying at that moment in time. I have abuse over the phone, from members of the public.
>
> *NHS 111, Scotland*

Just under half of respondents also felt that physical and verbal abuse was linked to health or personal problems, often where patients may lack capacity due to dementia or mental health problems. For example, one respondent explained their recent experience:

> I am based on a suite specialising in care of individuals experiencing dementia, where due to the progressive nature of the condition, it can unfortunately result in demonstrations of physical abusive actions.
>
> *NHS Educator/trainer, England*

We also heard from many respondents that they felt abuse was underpinned by a lack of respect for nursing staff and that patients and relatives often dismissed their role or authority, preferring to be seen by a doctor. When asked about why they thought they had been verbally abused, many simply said "because I'm not a doctor."

Around a sixth of respondents who had experienced abuse stated that it was in some way discriminatory; that the patient/service user or relative was abusive due to the respondents' personal characteristics. This is explored in more detail below.

Table 1: Reasons for abuse

	Physical abuse	Verbal abuse
Health related/personal problems	49.4%	42.6%
History of violence/abuse	36.1%	25.3%
Intoxicated with alcohol/drugs	31.9%	23.6%
Dissatisfied with service provided	28.3%	63.1%
Discriminatory (in relation to gender, ethnicity, sexuality, age, disability or other factor)	12.5%	13.0%

4.2.1 Abuse and discrimination

As shown above, around one in eight of those who had experienced verbal or physical abuse stated they believed it was discriminatory behaviour. Table 2 explores this further and shows that common reasons cited were that respondents had faced discriminatory behaviour related to their gender or ethnicity.

Table 2: Discriminatory behaviour

	Physical abuse	Verbal abuse
Gender	17.2%	14.3%
Ethnicity	11.5%	11.4%
Age	8.1%	7.4%
Sexuality	4.0%	3.7%
Disability	2.6%	2.2%

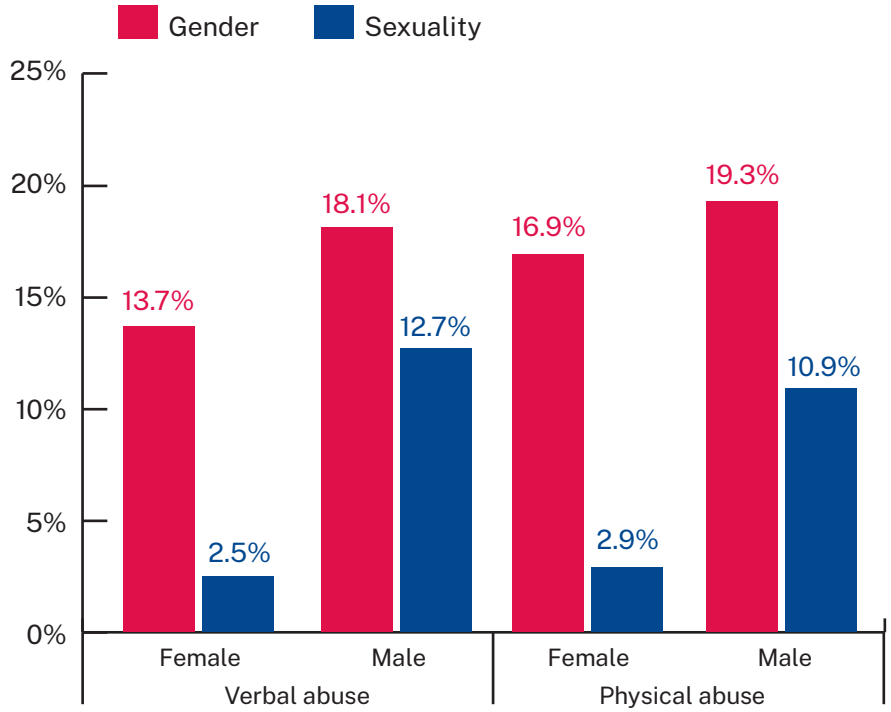
4.2.2 Discrimination, gender and sexuality

Among all respondents who stated they had experienced physical abuse, 17.2% stated that they viewed this as discriminatory related to their gender while 14.3% of those who stated they had experienced verbal abuse said this was the case.

Among respondents who said they had experienced physical abuse, 4% stated they believed this to be discriminatory related to their sexuality, while 3.7% of those who stated they had experienced verbal abuse stated this was the case.

Figure 13 explores this further and shows different responses among female and male respondents. While there is a small difference between female and male respondents who attribute the physical or verbal abuse they had endured to discrimination related to their gender, male respondents are more likely than female respondents to report that they believed the abuse was discriminatory related to their sexuality.

Figure 13: Experience of abuse related to discriminatory beliefs and behaviours



4.2.3 Discrimination and ethnicity

Table 3 shows that around a third of respondents of mixed ethnic background and the majority of Black and Asian respondents who had experienced both verbal and physical abuse stated that it was discriminatory related to their ethnicity. In addition, among nurses first registered outside the UK who had experienced physical abuse, just over half (53.3%) stated that this was discriminatory related to their ethnicity, while just under half (44.9%) of those who had experienced verbal abuse believed this was discriminatory related to their ethnicity.

Table 3: Was the physical or verbal abuse you experienced discriminatory related to your ethnicity?

	Physical abuse	**Verbal abuse**
All respondents	11.5%	11.4%
Asian	55.8%	62.2%
Black	62.9%	71.2%
Mixed ethnicity	34.3%	34.2%
White	4.7%	5.4%
Registered nurses		
Registered in UK	7.4%	7.6%
Registered outside UK	53.3%	44.9%

5. Bullying in the workplace

- 34.4% of all respondents reported they had experienced bullying or harassment from colleagues in the previous 12 months.
- There was greater difference in experience of bullying across types of employers than across settings. While a similar proportion of respondents working in either hospital or community settings reported having experienced bullying or harassment, Figure 14 shows that those working for nursing agencies and within NHS hospital settings and NHS commissioning/arms' length bodies are more likely to report bullying in comparison to those working in general practice and hospices/charities.

Figure 14: Have you experienced bullying or harassment from colleague in the previous 12 months? By employer

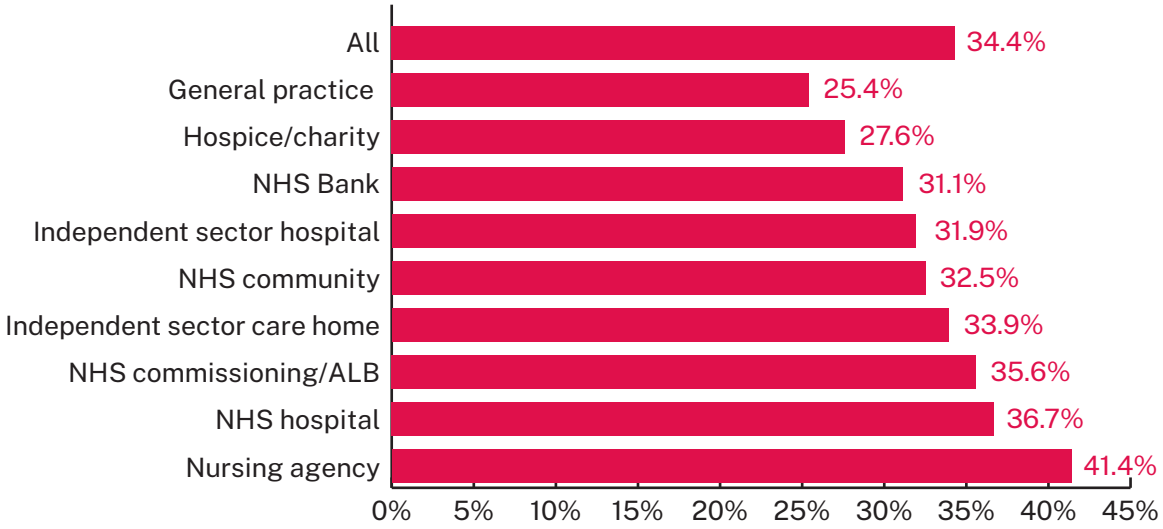
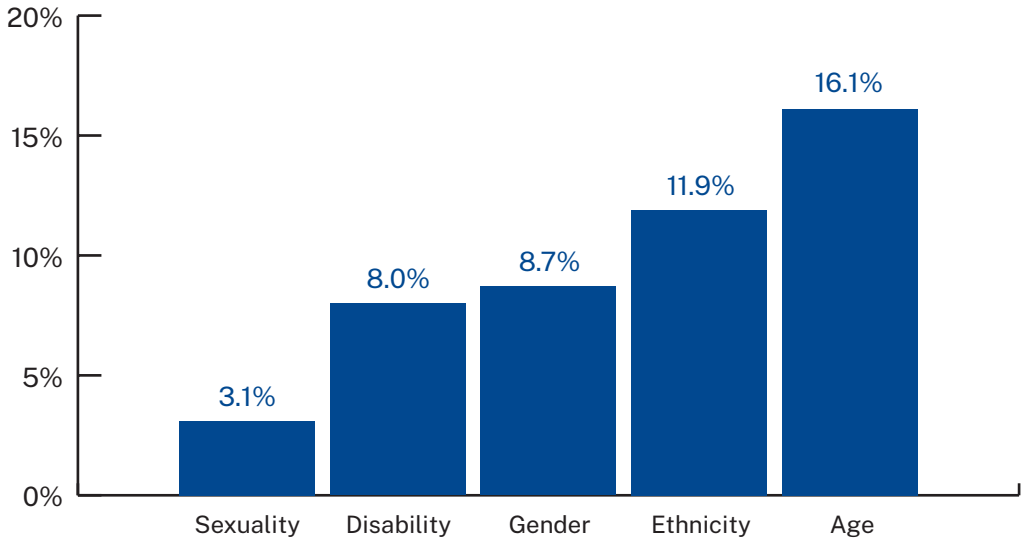


Figure 15 looks in more detail at the experience of bullying and harassment and why respondents feel they had experienced this treatment. The most common reason cited was age, with a sixth (16.1%) of those who had experienced bullying stating this was the most important factor; and younger respondents were most likely to point to age as a factor in their bullying (28.7%). Other factors cited included ethnicity (11.9%), gender (8.7%), disability (8.0%) and sexuality (3.1%).

Figure 15: Why do you think you have faced bullying or harassment? (all respondents who stated they had experienced bullying or harassment)



5.1 Bullying and disability

While 34.3% of all respondents stated they had faced bullying or harassment from colleagues, this rises to 51.5% of respondents who stated they have a disability. In addition, among those respondents, just over a third (36.7%) stated the bullying or harassment centred around their disability, with several going on to explain their experiences in the workplace.

> The NHS has made great strides in relation to ethnicity and diversity, but disabled workers face discrimination and are not accepted or welcome in the NHS. The only focus has been on reasonable adjustments but there is a lot more that must be done. Not least a bullying culture that discriminates on the grounds of sickness absence.
>
> *Advanced nurse practitioner, NHS outpatients, England*

> I have been bullied, harassed and treated in many unfair ways due to my own and my children's disabilities. The law has been broken many times in the way I have been treated.
>
> *Staff nurse, NHS outpatients, Wales*

> No consideration was given to me by my team members or management for my disability during COVID-19. No workplace adjustments so I had to insist on working from home. For this, I was bullied and harassed by my manager and team colleagues. I have been in dispute with my organisation for 18 months now.
>
> *NHS Health Visitor, Scotland*

5.2 Bullying and ethnicity

Two fifths of Black respondents (40.3%), Asian respondents (39.5%) and those of mixed ethnic background (40.8%) stated that they had been a victim of bullying or harassment, compared to a third (33.3%) of white respondents.

Among registered nurses, 37.8% of those registered overseas reported they had been bullied, compared to 34% of those registered in the UK. Among internationally registered nurses, 38% stated this was linked to their ethnicity and we heard from many of these members about their experiences in the workplace and unfair treatment from managers and colleagues.

> The bullying, harassment and bad treatment I have received has left me scarred forever. They've made me look at nursing in this country in a very different perspective and the mere thought of me spending the rest of my life as a nurse in this country makes me really anxious. My family and I will be leaving this country in the next one or two months. Leaving my country to come here as a nurse was the worst decision we ever made.
>
> *Staff nurse, Independent/private hospital, Scotland*

> There is a lot of racism in the workplace that is hidden and subtle in the NHS, and it's not always physical nor verbal. It can come in a form of alienation. A lot of nurses in the NHS have a mistrust for foreign trained nurses especially Africans and they feel we are not experienced or knowledgeable enough.
>
> *Staff nurse, NHS hospital, England*

6. Career progression

Respondents were asked about their experiences of career progression within nursing: about whether they had been promoted since starting in the profession; how long it had taken to receive their first promotion; and about opportunities for career progression within their current jobs.

Figure 16 shows that overall, female and male respondents were equally as likely to have achieved at least one promotion in their careers. However, among younger age groups, male respondents were more likely than female colleagues to say they had received a promotion. 55.6% of male respondents aged 18-34 had been promoted compared to 43.3% of female respondents. Among 35-44 year olds, 71.9% of male respondents had been promoted, compared to 60.5% of female respondents.

These figures suggest that male respondents are more likely to get promoted earlier in their career. Moreover, younger male respondents were more likely to state they had been promoted more quickly than female respondents. Of those aged 18-34 who had been promoted, 87.5% of male respondents had been promoted within four years, compared to 70.8% of female respondents in the same age group.

Figure 16: Are you currently working at a higher pay band or grade than when you first started nursing? By gender

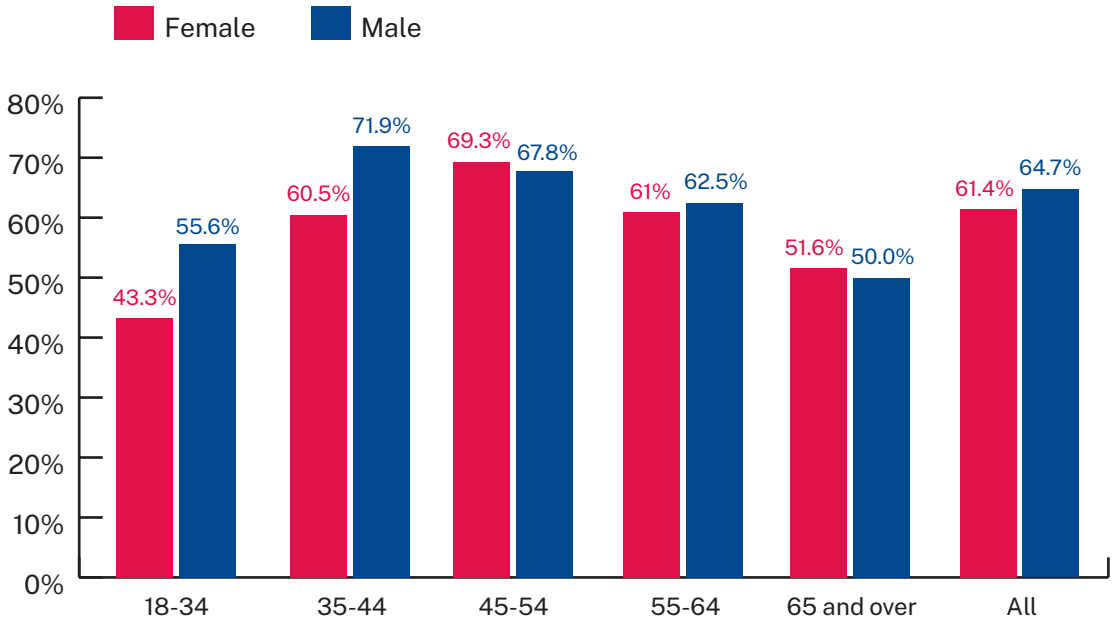


Figure 17 concentrates on registered nurses and compares answers to those first registered in the UK and outside the UK and finds that younger respondents are equally likely to state they had been promoted among both groups (just over four in 10 of both groups). However, among older nurses, those registered overseas are less likely to say they had received at least one promotion than those registered in the UK.

Figure 17: Are you currently working at a higher pay band or grade than when you first started nursing? Registered nurses

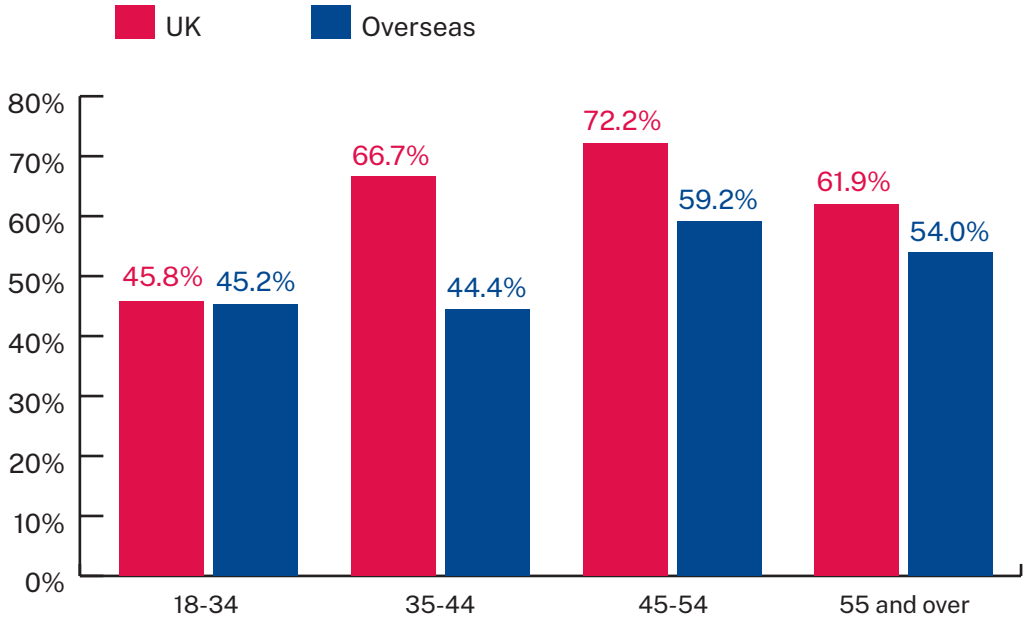
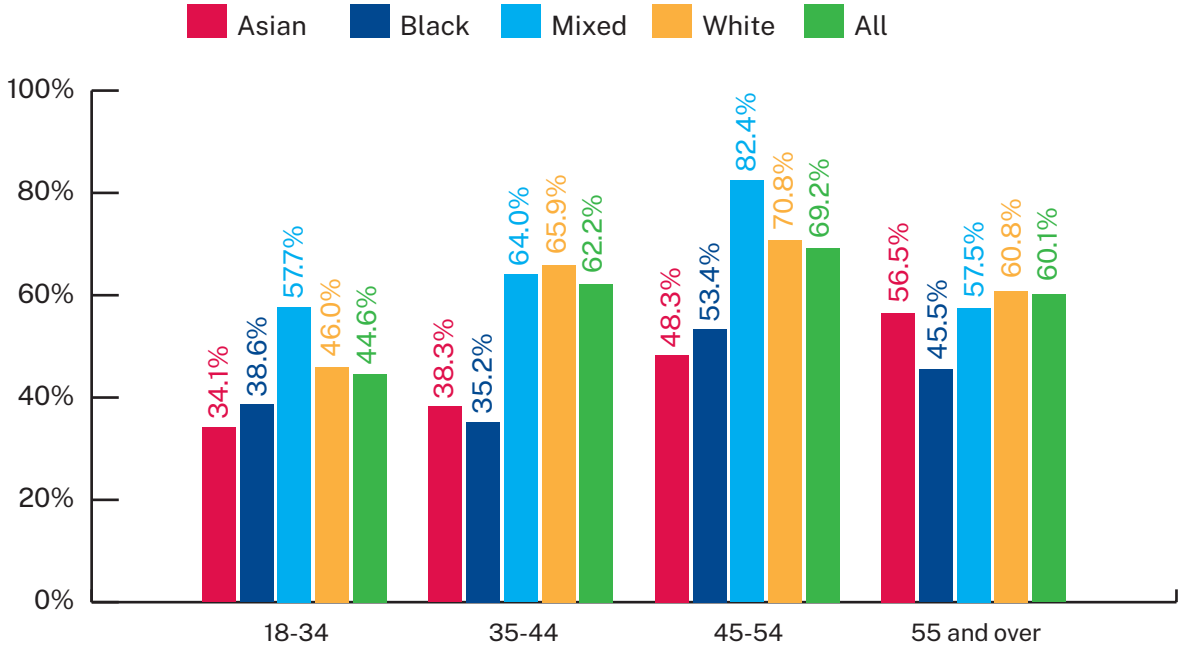


Figure 18 indicates that Black and Asian respondents across all age groups are less likely than white respondents and those of mixed ethnic background to state they had received at least one promotion since starting their nursing career. The difference appears most stark among those aged 35 to 44. While 65.9% of white and 64% of ethnic minority respondents state they have been promoted, this drops to just 38.3% of Asian and 35.2% of Black respondents.

Figure 18: Are you currently working at a higher pay band or grade than when you first started nursing? By ethnicity



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6.1 Opportunities for career progression

We asked respondents about whether they felt there are opportunities to progress in their current job. Just three in 10 (28.1%) of all respondents agreed there are opportunities to progress, with little variation across different employers and settings. However, Figure 19 indicates that both female and male respondents in older age groups are less likely to believe there are suitable career opportunities.

Figure 19: Do you think there are opportunities to progress? By gender and age

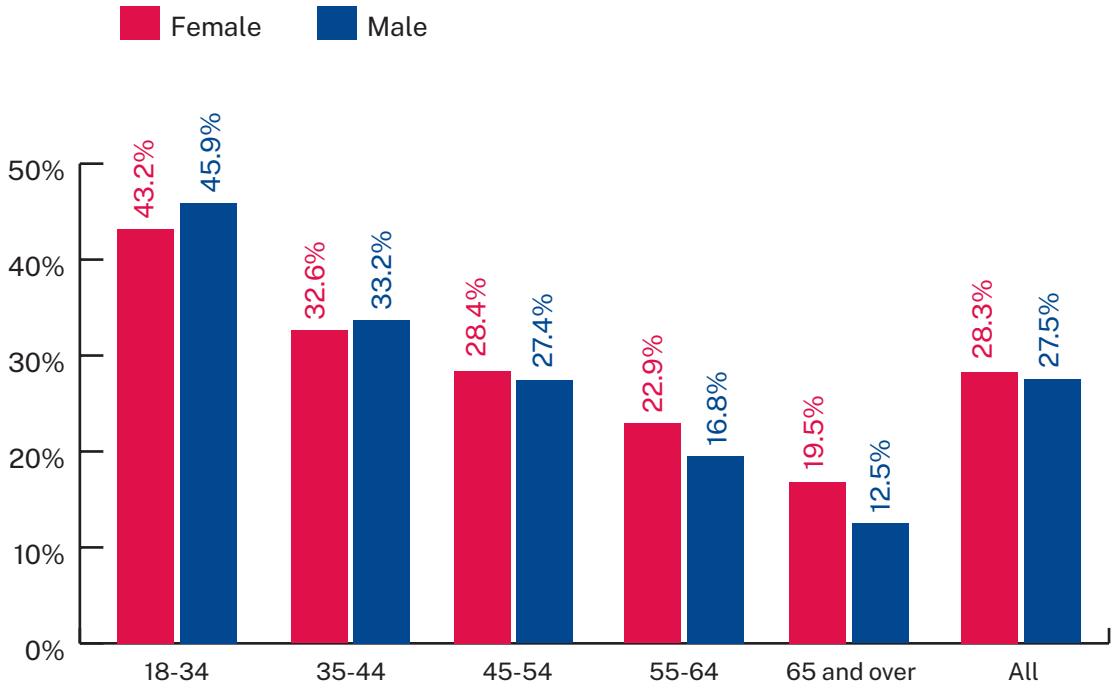

Figure 20 analyses respondents' views about opportunities for career progression according to level of seniority.[1] This shows that across levels of seniority, both female and male respondents at the highest levels are most likely to state that they are opportunities for progression in their current job, with 34.5% of female and 32.4% of male respondents agreeing that there are career opportunities.

1 For those working in the NHS or those working outside the NHS and employed on Agenda for Change (AfC) equivalent contracts, we used AfC banding to assign level of seniority. For those working outside the NHS on different types of contract, we assigned them to an equivalent AfC band using their salary level to allow analysis of results.

Figure 20: Do you think there are opportunities to progress in your current job?

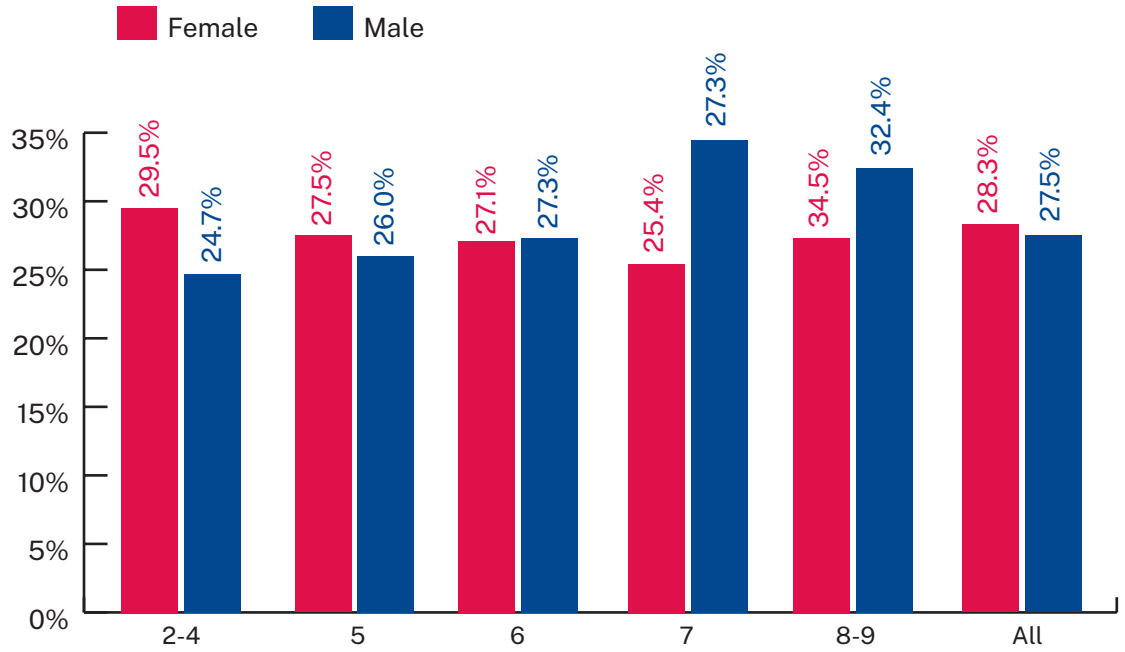

Table 4: Reasons for lack of career progression opportunities

Limited number of promotional positions available	46.7%
Not enough opportunities to advance in my particular area of work or specialism	44.6%
Too few opportunities to access training and development	28.5%
I don't feel supported by my manager	21.9%
Not enough opportunities to advance in my geographical area	21.3%
I am unable to take time off for training and development	20.8%
My responsibilities outside of work	9.7%
Loss of earnings (eg, shift penalties)	8.5%
I don't feel confident enough right now	8.4%
No other career opportunities within nursing interest me	8.2%

Table 5 highlights where there is most variation in respondents' views depending on level of seniority, in relation to limits to career progression opportunities. This suggests that the most senior nursing staff attribute limits to progression opportunities in terms of restricted scope to advance in their particular area of practice, while less senior staff point to lack of management support and access to training and development.

Table 5: Reasons for lack of career development opportunities, by level of seniority

	Bands 2-4	Band 5	Band 6	Band 7	Bands 8/9	All
Not enough opportunities to advance in my particular area of work or specialism	33.4%	35.4%	45.1%	55.6%	54.0%	44.6%
Too few opportunities to access training and development	29.1%	34.8%	28.0%	24.6%	20.3%	28.5%
I don't feel supported by my manager	26.5%	26.8%	21.3%	18.3%	14.2%	21.9%

Many respondents point to frustrations that career progression often means a route into a management role and away from clinical activity. As illustrated by the quotes below, many members of the nursing profession feel that advancement is limited due to the way that roles are structured and feel frustrated that moving on in their career would necessarily entail giving up their clinical interests.

> Progression from band 7 to 8 usually entails stopping most patient contact and becoming a manager which is not what I am about.
>
> *Clinical nurse specialist, community setting, England*

> I am at the top level I can achieve whilst staying in a clinical role, any progression would be into a management role and would take me away from being a clinician. It is a shame that higher salaried positions take experience away from active clinical settings.
>
> *Advanced nurse practitioner, NHS hospital unit, England*

We also heard from nursing staff that they believe institutional barriers to advancement and chronic staff shortages mean that many are effectively working at a higher grade or level of responsibility but not formally recognised as such or paid for this work.

> As a health care support worker, I feel that sometimes some nurses expect us to do more than a band 2, especially at the moment because of staff shortages due to the pandemic.
>
> *Health care support worker, NHS hospital ward, Wales*

> I have many additional skills/qualifications/more experience than the band 6 and 7 nurses supposedly senior to me. I have been forced to take on the roles of the band 6 and 7s when they left. I was also the only person within our trust that had qualifications to do so. I am paid as band 5 still.
>
> *Staff nurse, NHS hospital unit, England*

> Most shifts I am expected to take on the role of a ward sister/ manager. I am expected to be in charge of the ward and complete other duties that are within a ward sisters/managers role.
>
> *Staff nurse, NHS hospital unit, Wales*

> I am expected to do the clinical skills of a junior doctor and yet I am not paid any extra for these skills. I often take charge in my area of work as we are significantly short staffed, and I do not get paid for taking charge.
>
> *Staff nurse, NHS Hospital unit, Scotland*

Respondents also pointed to lack of opportunities to access training and development or for learning support and feel that this has been a barrier to their professional development and progression.

> I have not been supported to progress I had to find gaps in the health care and create a role, then paid for my studies and in my own time.
>
> *Senior nurse/matron, NHS hospital unit, England*

> The trust doesn't have enough money to support me doing additional training as an ANP/nurse prescriber, which would further my role and also boost my earnings by putting me into a higher pay band.
>
> *Clinical nurse specialist, NHS outpatients, England*

> My disability is dyslexia which adds to my lack of confidence doing courses at masters which is what is expected at band 6 and above now. Not knowing what support available or how to access is inhibitory. Ensures I stay in this job but I have great depth of knowledge and years of experience.
>
> *Educator/trainer, NHS hospital unit, England*

6.1.2 Part-time working

Respondents working part-time hours were less likely to agree that there are career progression opportunities within their current job than full-time workers (25% of part-time workers agreed compared to 32.3% of full timers), with many pointing to the lack of opportunities for part-time nursing staff.

> Lack of opportunities for part time workers. When I went part time (after having children) it meant I had to wait eight years for an opportunity to be promoted again.
>
> *Staff nurse, NHS hospital ward, England*

> Have taken early retirement and would take permanent part-time position but despite shortage of nurses – no permanent part-time jobs are advertised.
>
> *Staff nurse, NHS hospital unit, Northern Ireland*

> I choose to work two days a week, as this is not full time, this potentially hinders any opportunity for promotion.
>
> *General Practice nurse, England*

> Progress would mean I would have to work full time and I wouldn't be able to do that with other responsibilities.
>
> *Clinical nurse specialist, NHS Scotland*

6.1.3 Organisational culture

Many respondents pointed to organisational culture being a barrier to progression. This manifests in a perception of a 'closed culture' where promotion and access to opportunities are only available to those whose face fits.

> Closed culture. Person is already known who will get the post despite interviews being undertaken.
>
> *Senior nurse/matron, NHS hospital ward, Wales*

> Within the trust I work there is a high incidence of bullying and harassment. If your face doesn't fit then you would never get promotion. If you question or challenge it is seen as a negative from managers and HR.
>
> *District nurse, England*

> I feel that in my current job you are promoted if your face fits or you are in with the clique. It doesn't matter about knowledge or experience.
>
> *Staff nurse, hospital unit, Channel Islands*

Many also pointed to organisational cultures which prevent staff from ethnic minority backgrounds and internationally registered nurses from advancing in their careers.

> There are so many Africans and Caribbeans yet there is so much injustice and systemic strategies to prevent promotion/leadership. I am tired of giving my all for bad pay and mistreatment. I am tired.
>
> *Clinical nurse specialist, NHS community setting, England*

> In the trust where I work Black and Asian nurses don't progress. There are a good number of Black and Asian nurses but I was so disappointed when I move around the hospital you don't see any of them in navy blue.
>
> *Staff nurse, NHS hospital unit, England*

> I feel I am getting less opportunity in my career development. I am not getting any chance to complete my competencies (which I used to do in my own country, but here I need to be competent to perform by attending the classes).
>
> *Staff nurse, NHS hospital ward, England*

6.1.4 Career progression and caring responsibilities

We heard from respondents that their ambitions for career progression are curtailed by working requirements that do not fit with their caring responsibilities.

> I regularly take on a band 6 role for a band 5 wage. Despite applying for a band 6 twice, I have been told I would not be successful as I cannot work days in the week – the reason for this is due to childcare. Yet I am regularly put in charge of the shift in place of a band 6.
>
> *Staff nurse, NHS hospital ward, Scotland*

> I am completely stuck in my job as I have fixed hours which work for childcare. I would love to progress clinically but this is not family friendly.
>
> *NHS Educator/trainer, England*

6.1.5 Nursing as a gendered profession

Finally, while some respondents pointed to the perception of a glass escalator existing in many organisations, where male nursing staff progress quicker than female colleagues, many more described the institutional barriers that prevent nursing advancing as a profession. They explained that they see nursing as being undervalued by society and within health care due to it being seen as women's work. This is holding back nursing in terms of pay as well as status.

> I am female and within our trust, males that start off after us end up in more senior roles, despite not having our skills or experience.
>
> *Divisional lead, NHS mental health centre, Wales*

> The profession is still heavily represented by women and I cannot but feel that this may be the reason why the profession has yet to catch up with other professionals both with respect and income. It is not long since I was last asked whether I was disappointed not to be a doctor.
>
> *General practice nurse, England*

> When are we going to be properly recognised and valued? We work and study so hard and promises of progression are reneged. The I have always felt alone and undervalued, I wonder if it is because we are mostly a female dominated profession born of a time before women were independent, major wage earners, needed an independent pension...
>
> *Staff nurse, hospice, England*

> For the degree level professional that I am coupled with the responsibility and complex multi skills I have, my current pay is an insult and exploitation of a predominantly female career.
>
> *District nurse, England*

7. Appendix: Results tables

Employment Status		%
Employed and working (including self employed)	8,151	85.1
Retired, but still in paid employment	808	8.4
Employed, on sick leave	471	4.9
Employed, on maternity/paternity leave	96	1.0
Student	51	0.5
Total	9,577	

Country		%
England	6,063	63.4
Wales	1,556	16.3
Scotland	1,293	13.5
Northern Ireland	598	6.3
Channel Islands	27	0.3
Isle of Man	19	0.2
Total	9,556	

England Region		%
East of England	593	9.8
East Midlands	446	7.4
Greater London	616	10.2
North East	323	5.4
North West	800	13.3
South East	1,086	18.0
South West	951	15.8
West Midlands	626	10.4
Yorkshire and Humberside	596	9.9
Total	6,037	

Some percentage totals in these tables do not add up to 100% due to rounding.
Not all respondents provided answers to all questions, meaning the total numbers for findings in these tables may differ.

Main employment sectors		%
NHS Trust/Board (including Channel Islands and Isle of Man)	6,664	69.6
General Practice	692	7.2
Independent sector care home	472	4.9
Hospice/charity	275	2.9
Private company/industry	232	2.4
NHS Bank	212	2.2
Independent sector hospital	204	2.1
Nursing agency	174	1.8
NHS commissioning/Arms' length body	149	1.6
Further/Higher Education	89	0.9
Student	51	0.5
Other	363	3.8
Total	9,577	

Job title		%
Staff nurse	3,024	31.6
Sister/charge nurse	1,045	10.9
Clinical nurse specialist	927	9.7
Senior nurse/matron	501	5.2
Practice nurse	447	4.7
Assistant practitioner/health care assistant	391	4.1
Advanced nurse practitioner	377	3.9
District/community nurse	339	3.5
Mental health nurse	285	3.0
Nurse practitioner	259	2.7
Educator/trainer	198	2.1
Deputy sister/charge nurse	177	1.8
Community psychiatric nurse	161	1.7
Divisional/clinical/directorate lead	156	1.6
Health visitor/SCPHN	122	1.3
Researcher/lecturer/tutor	118	1.2
Occupational health nurse	85	0.9
School nurse	61	0.6
Manager	57	0.6
Public health nurse	49	0.5
Student	51	0.5
Consultant nurse	48	0.5
Commissioning/policy role	40	0.4
Nursing associate	21	0.2
Midwife	2	0.1
Learning disability nurse	11	0.1
Trainee Nursing Associate	8	0.1
Other	607	6.4
Total	9,577	

Gender		%
Female	8,423	88.6
Male	1,000	10.5
Non-binary	8	0.1
Prefer not to say	81	0.9
Total	9,512	

Do you consider yourself to have a disability?		%
Yes	1,202	12.7
No	8,272	87.3
Total	9,474	

Ethnic background		%
Asian	354	3.7
Black	468	4.9
European	27	0.3
Mixed	127	1.3
White	8,326	87.8
Prefer not to say	177	1.9
Total	9,479	

Age		%
18-24	98	1.0
25-34	956	10.1
35-44	1,565	16.5
45-54	3,127	33.0
55-64	3,339	35.2
65 and over	405	4.3
Total	9,490	

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