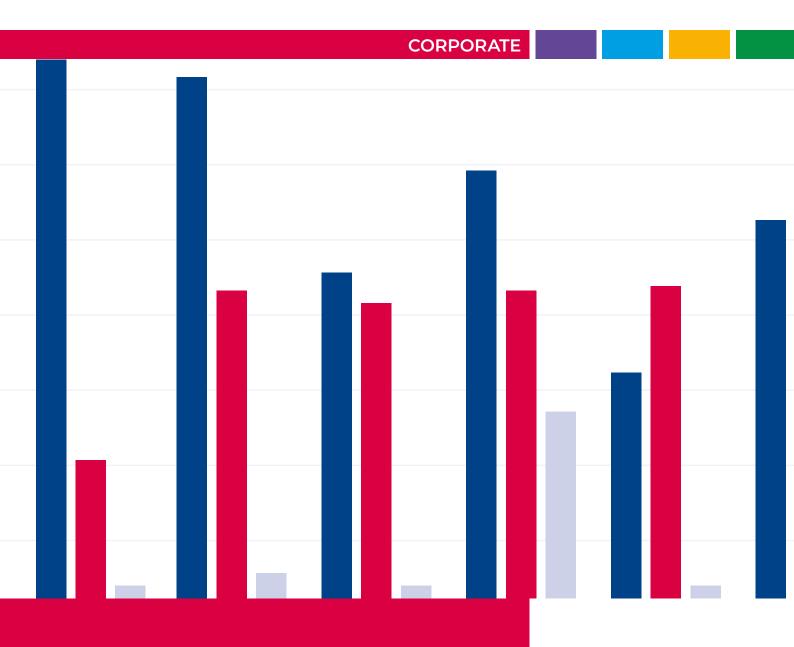


Employment Survey 2021: Scotland



Acknowledgements

Author

Rachael McIlroy, RCN Senior Research Lead, Employment Relations

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Introduction

The COVID-19 pandemic has been part of all our lives for more than two years now. The toll on our health and care workforce has been immense and the long-term impact on staff and those they care for cannot be underestimated.

Nursing is a safety critical profession, essential to society, and it takes its responsibilities very seriously. Members of the Royal College of Nursing (RCN) continue to rise to the ongoing challenges, despite the continued pressure of increased demand, poor staffing levels and pay that has failed to keep pace with the cost of living. The evidence in this report shows many of our members are finding these pressures too much.

The following pages paint a detailed picture of our members' professional lives, how they are feeling towards the end of the second year of the pandemic, and how COVID-19 has exacerbated long-standing concerns, as well as created new ones.

Three in four respondents to our survey report regularly working beyond their shifts, most often unpaid. Many of them work 12-hour shifts as standard, making this finding even more stark. A third of members have been unable to take their annual leave and the majority are working when it is detrimental to their health and wellbeing.

Many of our members are saying the pressure is now enough to make them question their future in nursing. When thousands of nursing jobs are unfilled – with all the consequences for patient care – we cannot afford to see a single person give up on their nursing career.

Many years of under investment left the profession and its services less able to meet the challenges of the pandemic. As we move towards living with COVID-19, it is clear from this report that more needs to be done to support our current nursing workforce and to position nursing as an attractive and fulfilling career.

Colin Poolman

Interim Director RCN Scotland

Summary of findings

This report presents data from the RCN Employment Survey 2021. It draws out results from respondents who stated they work in Scotland and compares them to results across all UK respondents.

A link to the online survey was sent to a sample of RCN members in autumn 2021 and received 9,577 results in total, including 1,293 from respondents working in Scotland.

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

Working hours and workload

- 73% of respondents reported that they work over their contracted hours at least once a week; around half (53%) said that these hours were unpaid.
- Over two-thirds (72%) agreed they are under too much pressure at work.
- 67% of respondents report feeling too busy to provide the level of care they would like.
- Only a third (34%) of respondents feel able to balance their work and home lives.
- Six in 10 of all respondents reported that they had gone to work at least twice in the previous 12 months, despite feeling too ill to do so.

Pay and earnings

- Just 21% feel their pay is appropriate or very appropriate.
- 55% are the primary earner in their household.

The nature of work and views about nursing

- Six in 10 (61%) of respondents stated they are actively planning on leaving or thinking about leaving their job.
- Feeling undervalued (75%), concerns about low staffing levels (65%) and feeling under too much pressure (64%) are the most common reasons for wanting to leave their current job.
- The percentage of respondents who think nursing is a rewarding career has dropped from 71% in 2019 to 55% in 2021.
- Less than half stated they would recommend nursing as a career and there has been a significant drop in the number who are enthusiastic about their job most days.

Physical and verbal abuse and bullying

- 70% of respondents stated they had experienced verbal abuse by patients/service users or relatives and 36% had experienced physical abuse.
- 37% experienced bullying by colleagues.
- 63% of respondents who had experienced verbal abuse linked these incidents to frustration or dissatisfaction with the service provided.

Training and development

- There was a significant drop in the proportion who reported having completed all their mandatory training in the previous 12 months, from 76% to 43%.
- 34% stated mandatory training was done in their own time.

Career progression

- Fewer respondents from Scotland (56%) were working at a higher pay band than when they started, compared to the rest of the UK (62%).
- Over half of respondents said it took over five years to achieve their first promotion.
- Over half felt there were not sufficient opportunities to progress in their current role.

Working hours and workload

Figure 1 shows that just over two-thirds (67%) of all respondents work full-time hours, with the rest either working part-time (30%) or working occasional/various hours (3%). In addition, there is a fairly even split between those respondents working either shift patterns or fixed hours.

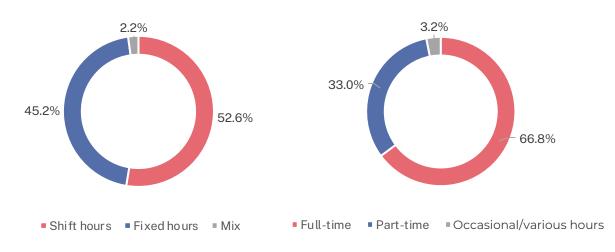
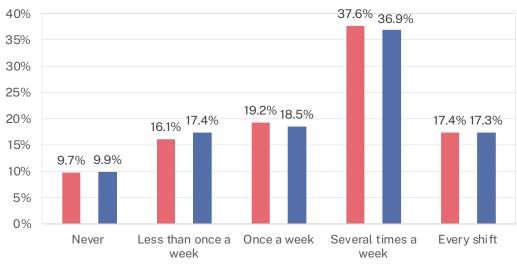


Figure 1: Working hours and patterns (Scotland)

Working additional hours

Figure 2 shows that 73% of all respondents in Scotland and 74% across the UK reported that they work over their contracted hours at least once a week. Over a third of respondents in Scotland do so several times a week and 17% on every shift. Figure 3 indicates there has been little change in working excess hours since 2013.





UK Scotland

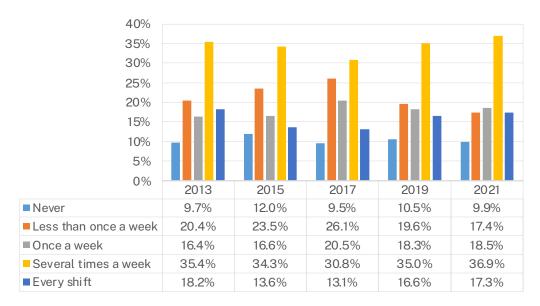


Figure 3: How often do you work in excess of your contracted hours? (Scotland, 2013-2021)

Looking at hours of additional working, Figure 4 shows that among those who work beyond their contracted hours at least once a week, around half work at least three hours a week (48% in Scotland and 50% across the UK).

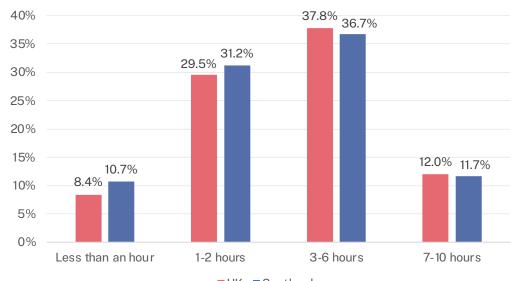


Figure 4: How many additional hours do you work on average each week? (Scotland and UK)

UK Scotland

Figure 5 shows that among those who work in excess of their contracted hours at least once a week, around half (54% in Scotland and 49% in the UK) said that these hours were unpaid. Figure 6 goes on to show that the proportion of respondents stating that excess hours working were unpaid has decreased slightly from 59% in 2013 to 54% in 2021.

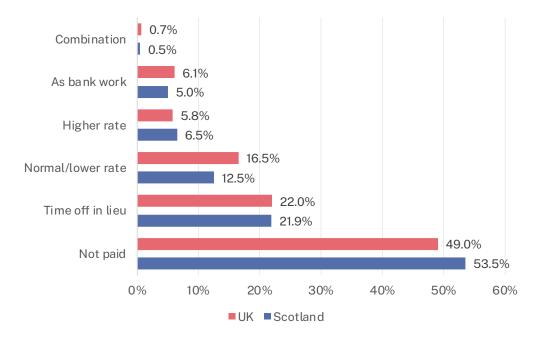


Figure 5: How are these additional hours usually paid? (Scotland and UK)

Figure 6: How are these additional hours usually paid? (Scotland, 2013-2021)

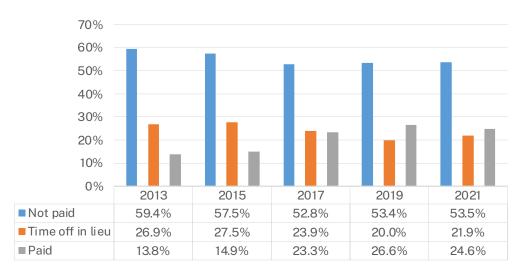
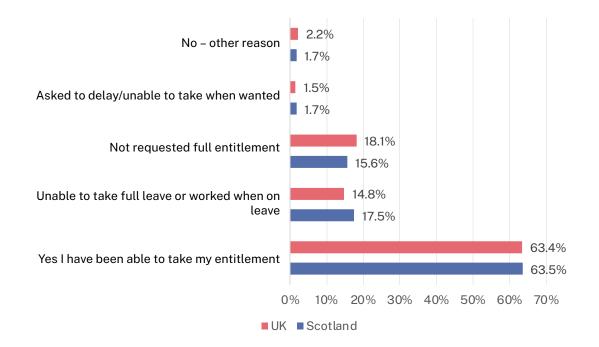


Figure 7 shows that over a third of all respondents were unable to take their full annual leave entitlement over the previous 12 months.





Nursing staff views about working patterns and workload

The survey shows that almost three quarters (72% in Scotland) agreed they are under too much pressure, while less than one in 10 disagreed with the statement (both Scotland and the UK). There has been a significant increase in the proportion stating they feel under too much pressure since 2019 (Figure 9).

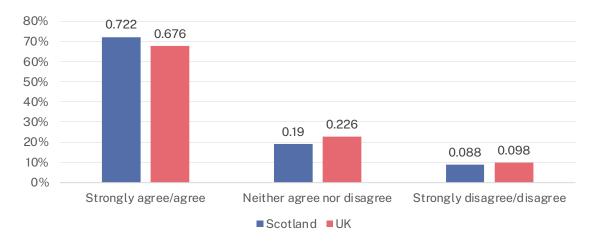


Figure 8: I feel I am under too much pressure at work (Scotland and UK)

Figure 9: I feel I am under too much pressure at work (Scotland, 2013-2021)

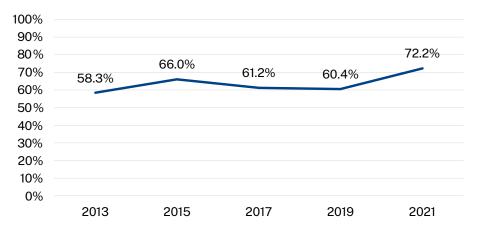


Figure 10 shows that 67% of respondents in Scotland and 62% in the UK report they are too busy to provide the level of care they would like. The percentage stating they are too busy has increased noticeably since 2019.

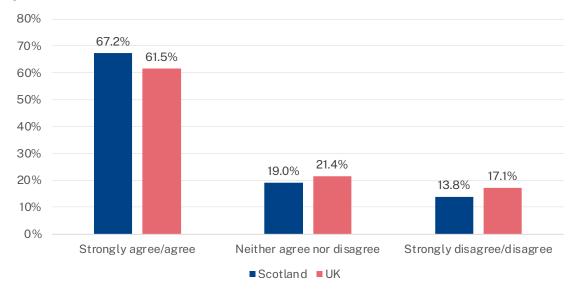
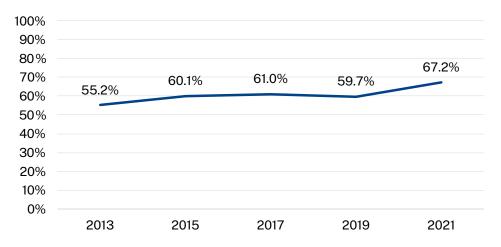


Figure 10: I am too busy to provide the level of care I would like (Scotland and UK)

Figure 11: I am too busy to provide the level of care I would like: Percentage stating they agree/strongly agree (Scotland, 2013-2021)



Well over half of all respondents (59% in Scotland and 53% in the UK) state that too much of their time is spent on non-nursing duties. Figure 13 goes on to show that this has barely changed over the series of employment surveys since 2013.

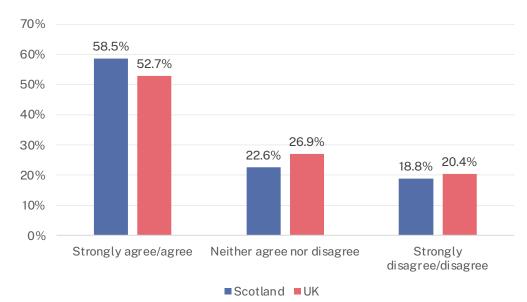


Figure 12: Too much of my time is spent on non-nursing duties (Scotland and UK)

Figure 13: Too much of my time is spent on non-nursing duties: Percentage stating they agree/strongly agree (Scotland, 2013-2021)

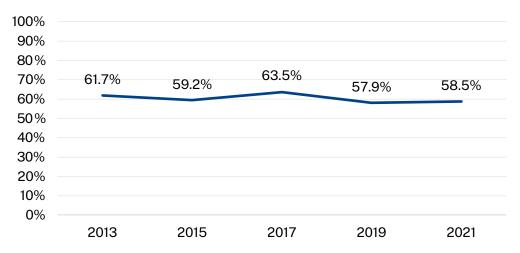


Figure 14 shows that just over half of all respondents are satisfied with their working hours (48% in Scotland and 51% in the UK). Among Scotland respondents, levels of satisfaction have fallen steadily since 2015.

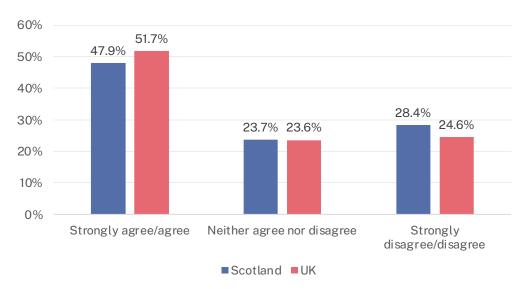




Figure 15: I am happy with my working hours: Percentage stating they agree/strongly agree (Scotland, 2013-2021)

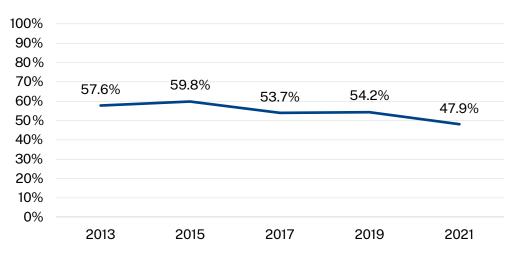


Figure 16 shows that four in 10 (41%) of all respondents are satisfied with the choice they have over the length of shifts they work in Scotland, while levels of satisfaction are slightly higher across the UK. In Scotland, levels of satisfaction have fallen from 51% in 2015 to 41% in 2021.

Figure 16: I am satisfied with the choice I have over the length of shifts I work (Scotland and UK)

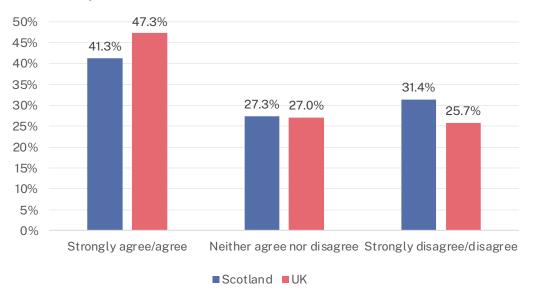


Figure 17: I am satisfied with the choice I have over the length of shifts I work: Percentage stating they agree/strongly agree (Scotland, 2013-2021)

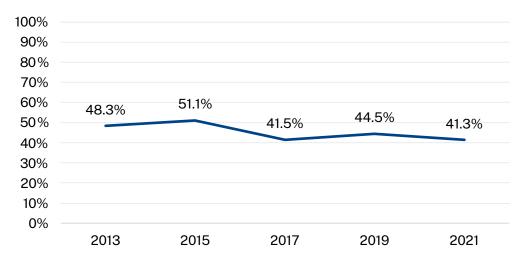


Figure 18 shows that around one-third (34% in Scotland and 39% in the UK) feel able to balance work and home lives. Among Scotland respondents, the proportion expressing satisfaction with work-life balance fell from 45% in 2015 to 34% in 2021.

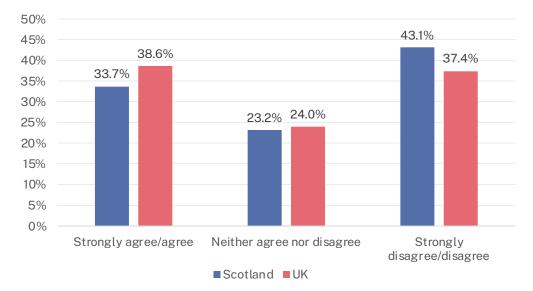
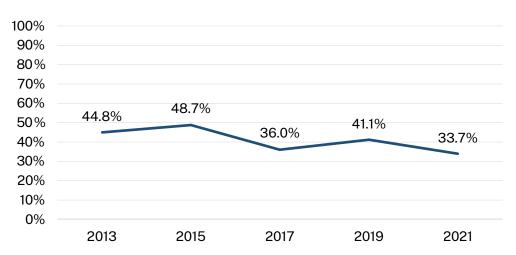


Figure 18: I feel able to balance my home and work lives (Scotland and UK)

Figure 19: I feel able to balance my home and work lives: Percentage stating they agree/strongly agree (Scotland, 2013-2021)



The next section looks at the incidence of respondents reporting having worked when feeling ill. Six in 10 of all respondents reported that they had gone to work at least twice in the previous 12 months, despite feeling too ill to do so. There has been a noticeable increase in the proportion of respondents in Scotland reporting they had worked when unwell on five or more occasions from 13% in 2019 to 20% in 2021.

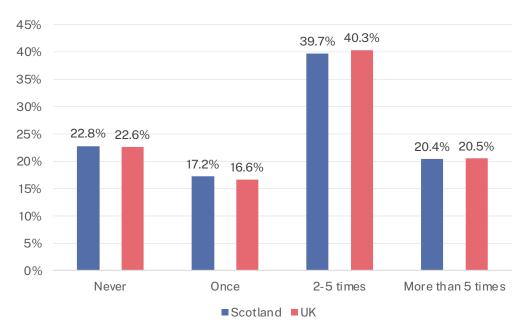
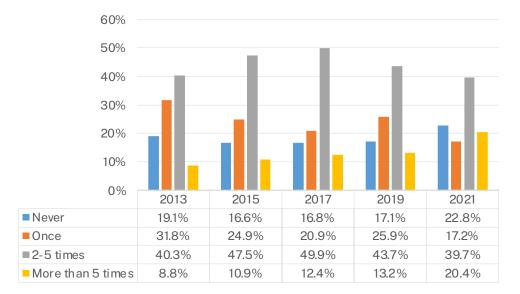


Figure 20: Over the past 12 months how often have you gone to work despite feeling you should really have taken sick leave? (Scotland and UK)





The main causes of illness when respondents had worked were stress, musculoskeletal problems and mental health problems. Figure 23 goes on to show the notable increase in the proportion of respondents indicating that they were unwell due to stress and mental health problems.

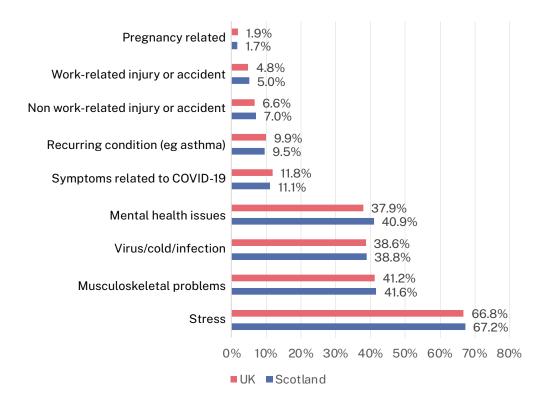
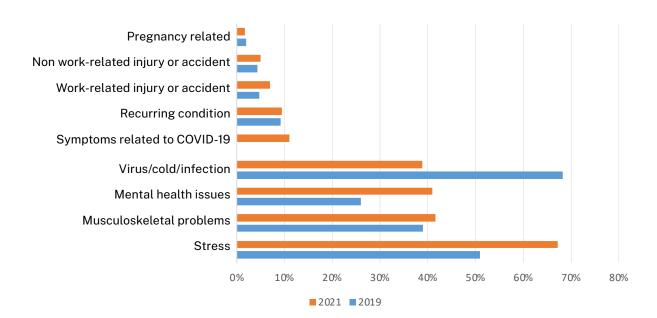


Figure 22: Reasons for feeling unwell when worked (Scotland and UK)

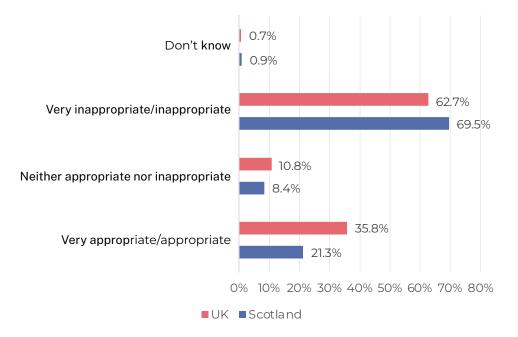
Figure 23: Reasons for feeling unwell when worked (2019 and 2021)



Pay and earnings

All respondents in employment were asked how appropriate they felt their current pay band or rate is, given their roles and responsibilities. Figure 24 shows that seven in 10 of all respondents in Scotland feel that their pay is either inappropriate or very inappropriate. Just 21% feel their pay is appropriate or very appropriate. Figure 25 indicates that satisfaction with pay levels has dropped considerably since 2013, when two out of five (41%) were satisfied with their pay band or grade compared to just a fifth in 2021.

Figure 24: Given your roles and responsibilities, how appropriate would you say your current pay band/rate is? (Scotland and UK)



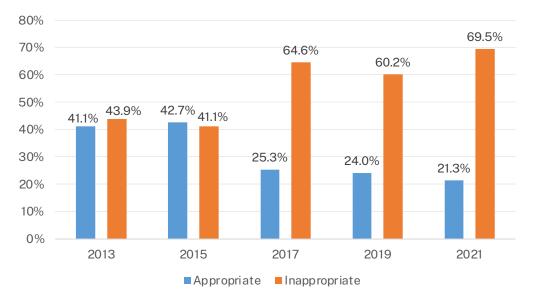
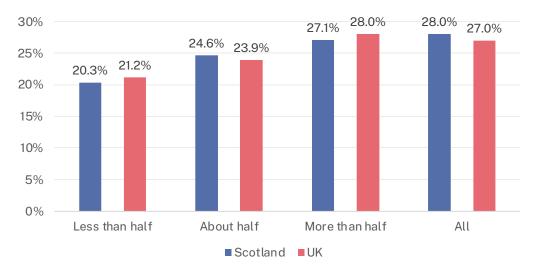


Figure 25: Given your roles and responsibilities, how appropriate would you say your current pay band/rate is? (Scotland, 2013-2021)

Household earnings

Figure 26 shows that just over half of nursing staff in Scotland and the UK (55%) are the primary earner in their household, stating that their earnings represented most or all of their household income.

Figure 26: Approximately what proportion of your total household income do your earnings represent? (Scotland and UK)



The nature of work and views about nursing

Six in 10 (61%) of all respondents in Scotland stated they were actively planning on leaving or thinking about leaving their job compared to 57% across the UK.

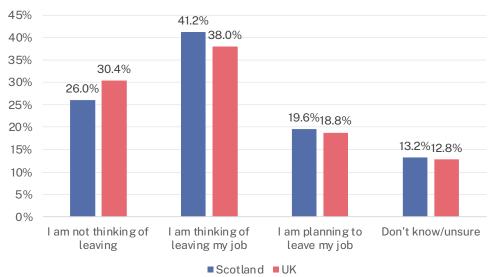
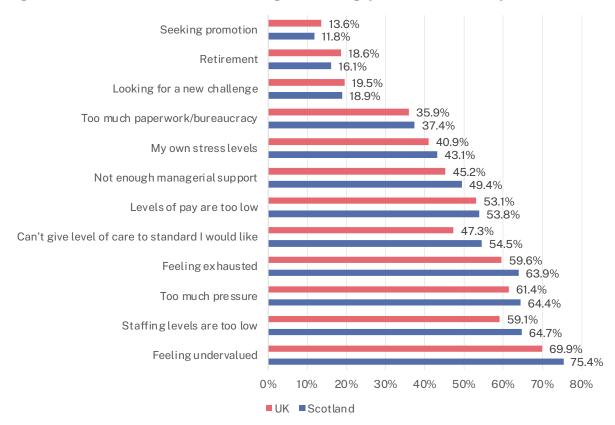


Figure 27: Intention to leave (Scotland and UK)

The main reasons respondents in Scotland gave for thinking about leaving their current job were feeling undervalued (75%) followed by concerns about low staffing levels (65%), feeling under too much pressure (64%) and feeling exhausted (64%).

Figure 28: Main reasons for thinking of leaving (Scotland and UK)



Views about nursing as a career

Figure 29 shows that around half (55%) of all respondents in Scotland stated that nursing is a rewarding career compared to 63% across the UK. The percentage agreeing with the statement in Scotland has dropped dramatically from 71% in 2019.

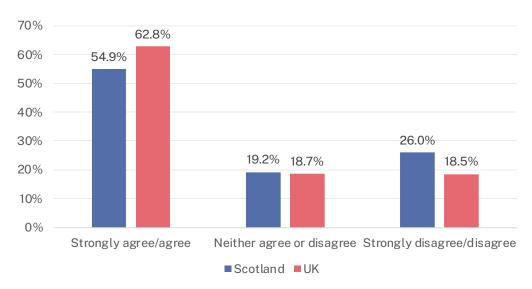
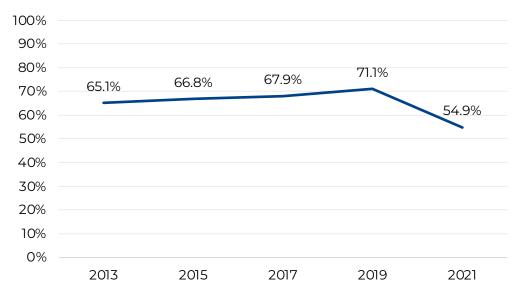


Figure 29: I think nursing is a rewarding career (Scotland and UK)

Figure 30: I think nursing is a rewarding career: Percentage stating they agree/strongly agree (Scotland, 2013-2021)



While the majority of respondents find nursing a rewarding career, a much lower proportion among Scotland respondents would recommend it to others, with just 33% agreeing with the statement, compared to 40% across the UK. The proportion stating they would recommend nursing as a career has dropped from 46% in 2019.

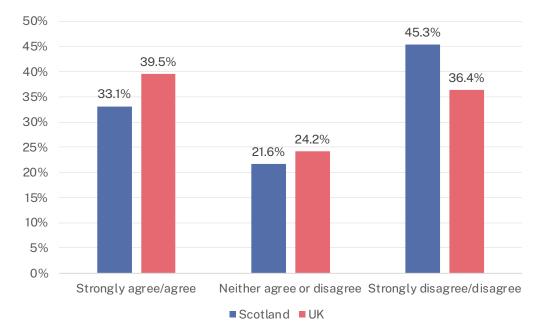
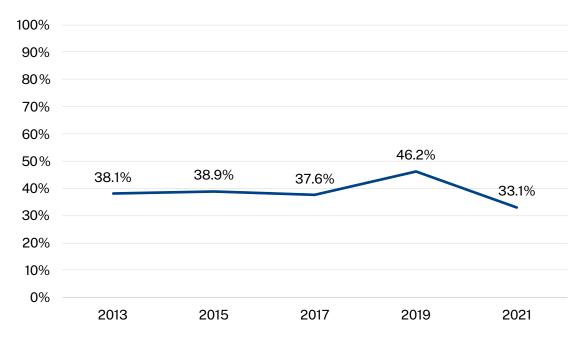


Figure 31: I would recommend nursing as a career (Scotland and UK)

Figure 32: I would recommend nursing as a career: Percentage stating they agree/strongly agree (Scotland, 2013-2021)



Less than half (45%) of all respondents in Scotland agreed or strongly agreed that they felt enthusiastic about their job on most days (compared to 54% across the UK). Figure 34 shows that there has been a significant drop in the number agreeing with the statement between 2019 and 2021.

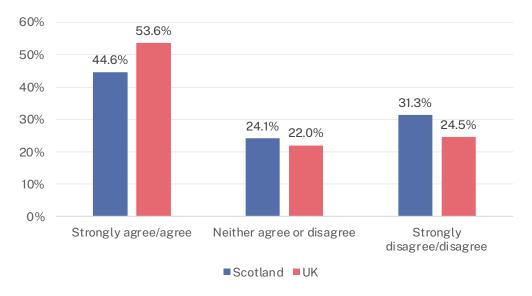


Figure 33: Most days I am enthusiastic about my job (Scotland and UK)

Figure 34: Most days I am enthusiastic about my job: Percentage stating they agree/strongly agree (Scotland, 2013-2021)

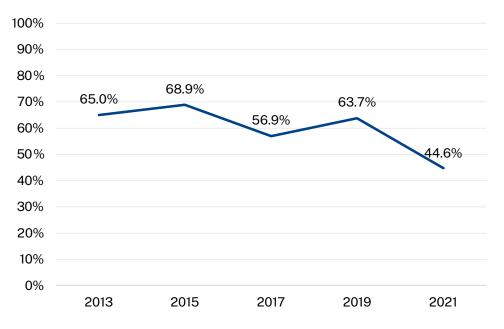


Figure 35 shows that 62% of Scotland respondents believe that nursing will provide them a secure job in the future (similar figure to the UK). Figure 36 goes on to illustrate a significant increase in the proportion who view nursing as a secure job, rising from 36% in 2013 to 62% in 2021.

Figure 35: Nursing will continue to offer me a secure job for years to come (Scotland and UK)

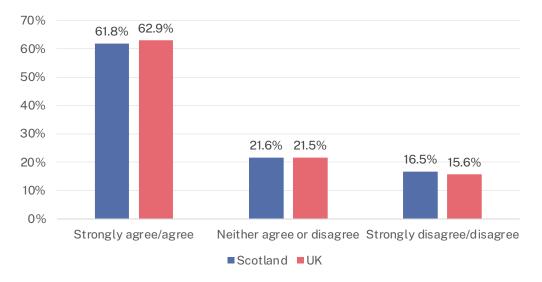
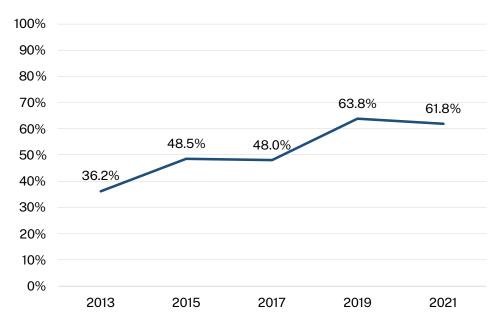


Figure 36: Nursing will continue to offer me a secure job for years to come: Percentage stating they agree/strongly agree (Scotland, 2013-2021)





A quarter of respondents in Scotland agreed they would not want to work outside nursing, while just under half disagreed (48%). The percentage of respondents in Scotland agreeing they would not want to work outside nursing has dropped from 33% in 2019.

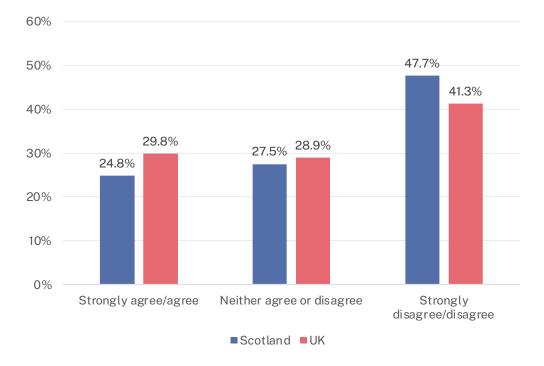
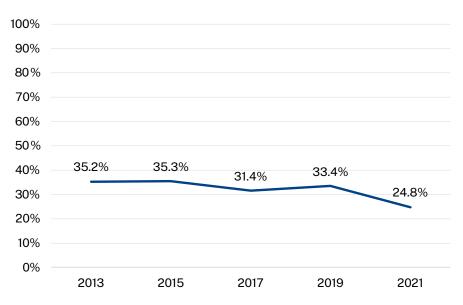


Figure 37: I would not want to work outside of nursing (Scotland and UK)

Figure 38: I would not want to work outside of nursing: Percentage stating they agree/strongly agree (Scotland, 2013-2021)



Just under a quarter of respondents in Scotland agreed that they regretted their choice of nursing as a career while just under half (49%) disagreed with the statement.

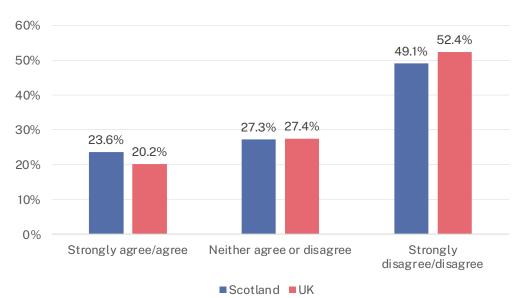
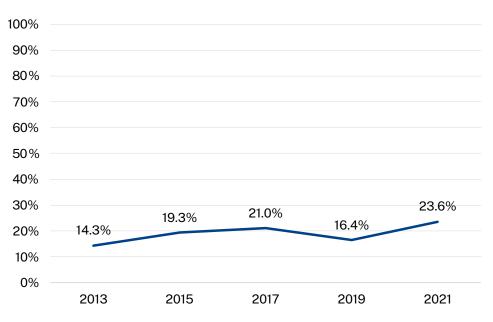


Figure 39: I regret choosing nursing as a career (Scotland and UK)

Figure 40: I regret choosing nursing as a career: Percentage stating they agree/strongly agree (Scotland, 2013-2021)



Physical and verbal abuse and bullying

The percentage of respondents stating they had experienced physical or verbal abuse or bullying is slightly higher than colleagues across the UK. Figure 42 shows that there has been a small increase in the number of respondents stating they had experienced physical or verbal abuse or bullying between 2017 and 2021.

Figure 41: Experience of physical and verbal abuse by patients/service users/ relatives and bullying by colleagues (Scotland and UK)

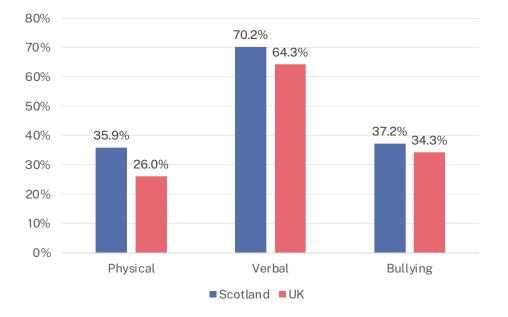


Figure 42: Experience of physical and verbal abuse by patients/service users/ relatives and bullying by colleagues (Scotland, 2017-2021)

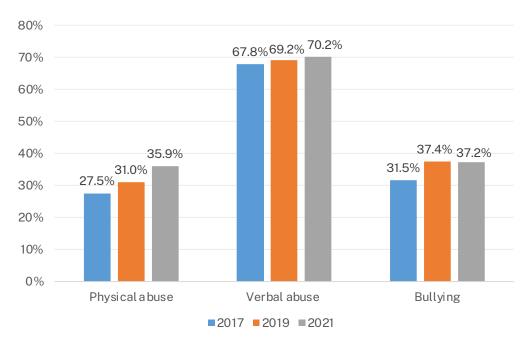


Figure 43 shows that around half of respondents who had experienced physical abuse in the previous 12 months link these incidents to the health or personal problems of the patient or their relative and two-fifths relate to incidents of the patient or their relative being intoxicated or having a history of violence or abuse.



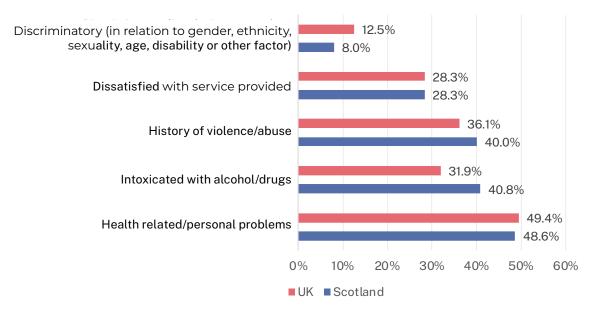
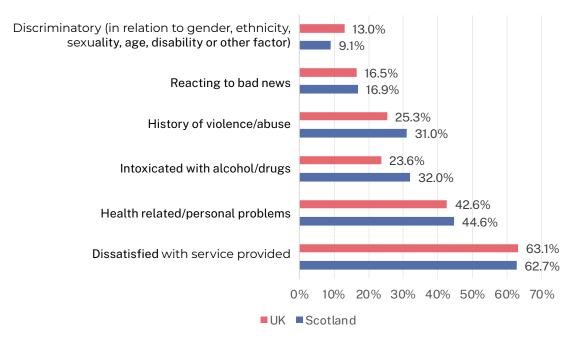


Figure 44 shows that 63% of respondents who had experienced verbal abuse in the previous 12 months link these incidents to frustration or dissatisfaction with the service provided, while 45% relate them to health or personal problems of the patient or their relative.

Figure 44: Underlying causes of verbal abuse



Training and development

Figure 45 shows the significant drop in the proportion of respondents who stated they had completed their mandatory training in the previous 12 months in both Scotland and across the UK, compared to 2019. Three-quarters of all respondents in Scotland had completed their training in 2019, compared to just 43% in 2021. Figure 46 goes on to show that respondents across Scotland and the rest of the UK have struggled to complete this training in working time.

Figure 45: Mandatory training and appraisal completed in last 12 months (Scotland and UK, 2019 and 2021)

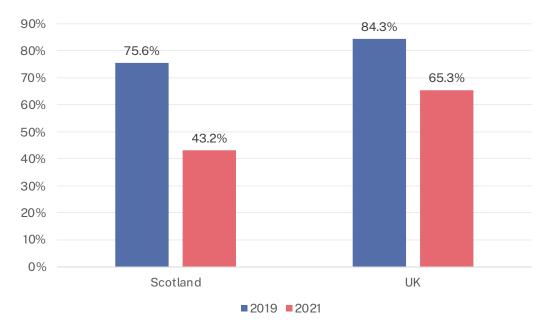
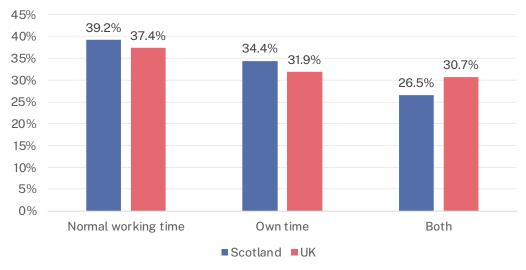


Figure 46: When was last mandatory training session completed? (Scotland and UK)



A closer look at the completion of mandatory training in Figure 47 shows that while there was a decline in the percentage of respondents reporting they had been able to complete their training in normal working time between 2013 and 2019, this had reversed slightly between 2019 and 2021 with four in 10 reporting they had completed training in normal working time.

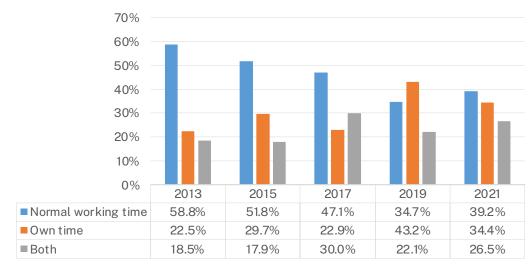


Figure 47: When was last mandatory training session completed? (Scotland, 2013-2021)

Normal working time Own time Both

Career progression

Figure 48 shows that 56% of respondents in Scotland and 62% of respondents across the UK reported that they were working at a higher pay band or grade than when they first started nursing. This relates to promotion, rather than moving to a higher increment in the same band or grade.



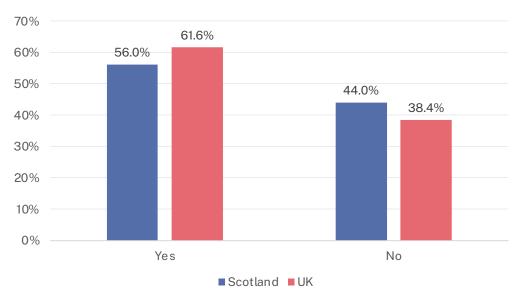


Figure 49 shows that 25% of all respondents in Scotland reported that it took between one to two years to achieve their first promotion, (ie moving from one band or grade to a higher band or grade) and this is a lower proportion than for all respondents across the UK.

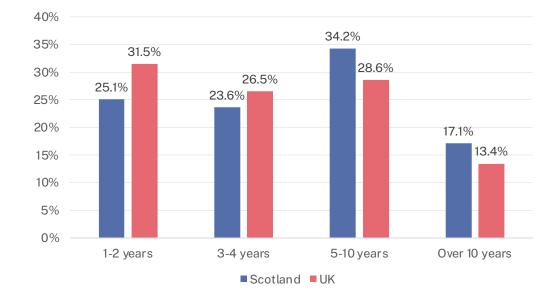


Figure 49: How long did it take for you to achieve your first promotion?

A quarter of respondents in Scotland agreed that there are sufficient opportunities to progress in their current role, while just over half (54%) disagreed. The main reasons for feeling there are not enough opportunities to progress relate to a belief that there are limited jobs available for promotion or advancement in a particular area of work or specialism.

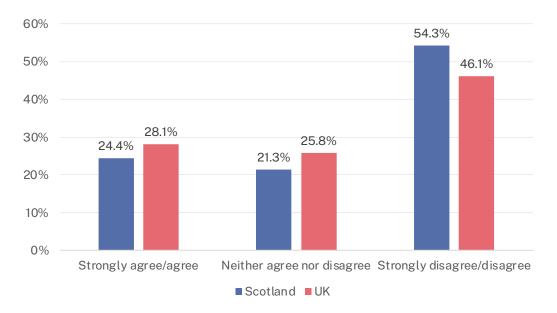


Figure 50: Do you feel there are opportunities to progress in your current job?

Figure 51: Reasons for stating there are not enough opportunities to progress



Scotland



Annex A: Workplace information

Table A1: Employment status

	Number	%
Employed and working	1,149	88.9
Retired, still working	72	5.6
Employed on leave	70	5.5
Student	2	0.2
Total	1,293	100

Table A2: Type of employer (all in employment)

	Number	%
NHS	1,092	84.6
Non-NHS	162	12.6
GP practice	36	2.8
Total	1,290	100

Table A3: Type of NHS employer (all in employment)

	Number	%
NHS board	1,029	94.2
NHS bank	39	3.6
NHS 24	16	1.5
Arm's length body	6	0.5
NHS commissioning	2	0.2
Total	1,092	100

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.

	Number	%
Independent/private health care or social care provider	83	51.2
Private company/industry	26	16.0
Nursing agency	18	11.1
Hospice/charity/voluntary group	16	9.9
Local authority	8	4.9
Further/Higher education	7	4.3
Self employed	2	1.2
Other	2	1.2
Total	162	100

Table A4: Type of non-NHS employer

Table A5: Place of work for main or usual job

	Number	%
Hospital	773	60.0
Community	382	29.6
Office environment	65	5.0
Various/across organisations	22	1.7
Call centre	14	1.1
Industry/workplace	11	0.9
Prison service	10	0.8
Further/Higher education	7	0.6
Ambulance trust	2	0.2
Health centre/clinic	2	0.2
Total	1,288	100

Table A6: Place of work within hospital

	Number	%
Hospital ward	373	48.6
Hospital unit	171	22.3
Hospital outpatients	67	8.7
Across different hospital settings	64	8.3
Other hospital setting	63	8.2
Theatres	23	3.0
Research	3	0.4
Office	3	0.4
Total	767	100

Table A7: Place of work within the community

	Number	%
People's homes	105	28.6
Care home	92	25.1
GP practice	63	17.2
Health centre/clinic	37	10.1
Criminal justice	20	5.4
Vaccination hub	15	4.1
Across the community	15	4.1
School/Children's Centre	10	2.7
Hospice	7	1.9
From home	3	0.8
Total	367	100

Table A8: Job title

	Number	%
Staff nurse	507	41.8
Sister/charge nurse	163	13.4
Clinical nurse specialist	71	5.8
Senior nurse/matron	66	5.4
District/community nurse	52	4.3
Mental health nurse	49	4.0
Advanced nurse practitioner	45	3.7
Assistant practitioner/health care assistant	39	3.2
Health visitor/SCPHN	29	2.4
Practice nurse	27	2.2
Nurse practitioner	27	2.2
Deputy sister/charge nurse	25	2.1
Educator/trainer	25	2.1
Community psychiatric nurse	21	1.7
Researcher/lecturer/tutor	15	1.2
Divisional/clinical/directorate lead	12	1.0
Public health nurse	9	0.7
Occupational health nurse	9	0.7
Manager	7	0.6
Consultant nurse	6	0.5
School nurse	5	0.4
Commissioning/policy	2	0.2
Midwife	1	0.1
Learning disability nurse	1	0.1
Total	1,213	100

Table A9: Area of practice

	Number	%
Acute and urgent	347	27.7
Primary and community care	177	14.1
Mental health	128	10.2
Surgical	122	9.8
Children and young people/young adults	76	6.1
Nursing home	73	5.8
Older people	71	5.7
Outpatients	53	4.2
Cancer care	36	2.9
Public health	26	2.1
Management/leadership/policy	23	1.8
Education and development	22	1.8
Quality improvement/research	20	1.6
E-health/telecare	16	1.3
Neonatal	16	1.3
Occupational/workplace/environmental health	12	1.0
Palliative care	11	0.9
Learning disability	10	0.8
Vaccination	7	0.6
Across different services	4	0.3
Midwifery	1	0.1
Total	1,251	100

	Number	%
Agenda for Change	1,092	84.6
Organisational scale	177	13.7
Clinical grades	22	1.7
Total	1,291	100

Table A10: Type of pay system or scale (all in employment)

Table All: Agenda for Change pay bands

	Number	%
2	17	1.5
3	23	2.1
4	4	0.4
5	463	41.7
6	291	26.2
7	257	23.2
8a	36	3.2
8b	12	1.1
8c	4	0.4
8d	3	0.3
Total	1,110	100

Table A12: Pension scheme membership (all in employment)

	Number	%
Yes	1,212	94.0
No	70	5.4
Don't know	7	0.5
Total	1,289	100



Annex B: Demographics

B1: Gender

• Female:	86.6%
• Male:	11.9%
 Prefer not to say: 	1.4%
 Non-binary: 	0.1%

Table B2: Place of qualification for registered nurses

	Number	%
υκ	1,197	97.5
EEA	21	1.7
Outside EEA	10	0.8
Total	1,228	100

Table B2: Ethnic background

	Number	%
Asian	14	1.1
Black	24	1.9
Mixed	5	0.4
White	1,212	94.5
Other	3	0.2
Prefer not to say	25	1.9
Total	1,283	100

Table B3: Age profile

	Number	%
18-24	15	1.2
25-34	122	9.5
35-44	213	16.6
45-54	470	36.6
55-64	429	33.4
65 and over	35	2.7
Total	1,284	100

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