



Royal College
of Nursing

**STATE OF THE
PROFESSION
REPORT**
RCN EMPLOYMENT
SURVEY 2023

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Summary of findings

This report provides a summary of findings from a survey of RCN members which was undertaken in autumn 2023. The survey received 11,287 responses from registered nurses, health care support workers, nursing students and nursing associates working across all areas of health and social care.

The survey took place three and a half years after the start of the COVID-19 pandemic, and highlights how the praise and support for health care workers at the time has not manifested as reward and recognition post pandemic. Many parts of the nursing workforce are becoming increasingly disillusioned in their roles, with significant numbers seeking to or thinking about leaving their current jobs.

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.

Appropriateness of pay

- Less than a quarter (22%) of respondents think their pay level or band/grade is appropriate given their role and responsibilities, falling a massive 22 percentage points from 44% since 2015. Around two thirds said their pay level or band/grade is inappropriate.
- When asked what they felt would make the biggest different to their working lives, 88% of respondents said a pay rise. This is seen as more important than other factors including flexible working or increased holiday entitlement.

Intention to leave

- Retention and recruitment of nursing staff is already a problem for the NHS and other health and social care sectors with tens of thousands of jobs vacant across the UK. Data from this survey suggests that this trend is set to continue with almost half of respondents (45%) actively planning or thinking of leaving their jobs, with a further 12% due to retire.
- Seven in ten of those respondents who said they were considering leaving or planning to leave said that this was due to feeling undervalued.
- The survey results suggest a strong connection between intention to leave and satisfaction with pay, with more than half of those who said their pay level or band/grade is inappropriate were considering or planning to leave.
- Two in five (41%) of respondents who said they were considering or planning to leave their current role intend to leave nursing altogether.

Working hours and workloads

- Increasing workloads are impacting on the number of hours worked. 76% of nursing staff work extra hours every week with around half of these hours unpaid. Some survey respondents reported that employers had cut recently down on overtime payments in order to save on staffing costs.
- The number of nursing staff reporting that they have worked when too ill to do so has risen by 7.5 % points to 85% since 2021. Faced with the pressures of workload and staff shortages, they feel unable to take sick leave.

- Two thirds of respondents said they were too busy to provide the level of care they would like. Many reported that they worried about the safety of patients due to staff shortages and workload pressures.

Feelings about nursing as a career

- How respondents feel about nursing as a career is becoming increasingly negative. The number of respondents who would describe nursing as a rewarding career has slipped 10 percentage points (64%) since a high of 74% in 2019. Similarly, the day-to-day enthusiasm for the role has dropped by 13 percentage points.
- Only two in five (40%) responded that they would recommend nursing as a career, with over a fifth (21%) saying they regretted their career choice.

Cost of living pressures

- We heard that respondents were struggling with cost of living pressures, with some looking to opt out of their pension scheme in order to help with day to day living costs
- Close to one in five (18%) of all respondents said that they regularly skip meals.
- Money worries are causing problems for the majority of nursing staff, with seven in 10 reporting anxiety and loss of sleep.
- Financial concerns are highest amongst younger staff and those employed on lower pay bands.

Appropriateness of pay

Members were asked about their pay level or band/grade whether they feel it is appropriate, given their role and responsibilities. Many respondents' attitudes towards their pay were driven by perceptions about annual pay rises, particularly in relation to the rising cost of living. We also heard that 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.

Across all respondents, Figure 1 shows two thirds (65.6%) stated their pay band or level is inappropriate and less than a quarter (22.1%) stated it is appropriate. Figure 2 goes on to show an alarming fall across a series of RCN Employment Surveys in the proportion of respondents who think their pay is appropriate. While just over four in ten (43.7%) stated their pay band/grade was appropriate in 2015, only 22.1% felt the same way by 2023, a fall of over 22 percentage points.

Figure 1: Given your role and responsibilities, how appropriate would you say your current pay level or band/grade is? (n= 11,287)

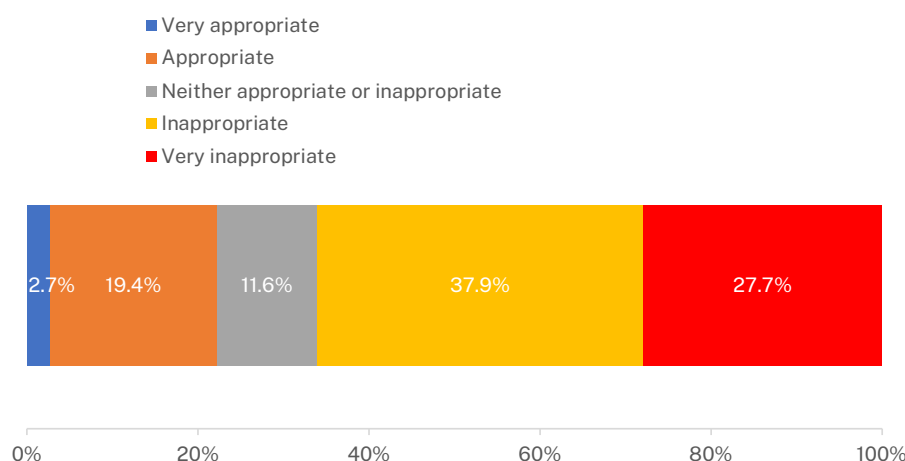
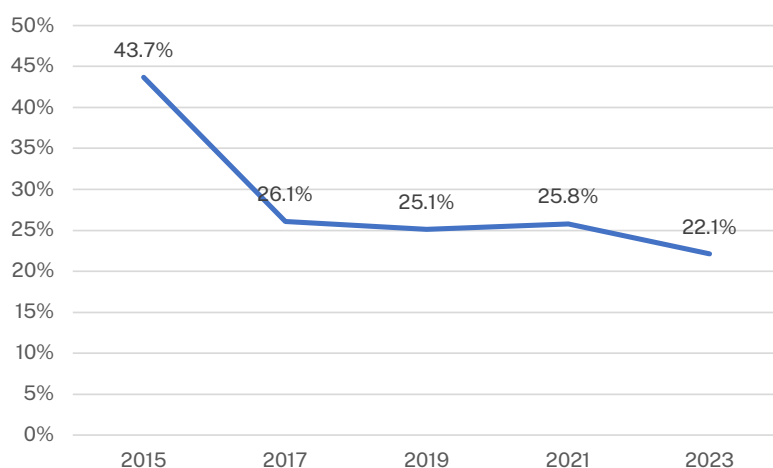


Figure 2: Percentage stating pay level or band/grade is appropriate/very appropriate (2015-2023)



Reasons for dissatisfaction with pay

Respondents were primarily dissatisfied that their pay level or band fails to match the level of risk, responsibility and autonomy they face in their jobs. Other comments related to a perception that pay levels or bands do not reflect workload or clinical skills.

“With the high and exhausting demands of the job itself, constantly changing shift patterns alongside the cost of living, our pay should be higher to reflect our safety-critical profession.”

NHS community psychiatric nurse, England

“Prison health care is a specialist area of practice with its particular risks and challenges. Most health care is nurse led and requires an advanced level of decision-making and autonomy.”

Staff nurse, prison health care setting, Scotland

Many respondents referenced wage stagnation across the profession resulting in them struggling to cope with recent increases in the cost of living, including those employed at higher pay bands.

“I was more financially stable on qualifying as a nurse 23 years ago. Wage increases have not mirrored the increases in the cost of living.”

Staff nurse, NHS hospital unit, Scotland

“Month by month I’m struggling to make ends meet with the cost of living - bills, mortgage and childcare costs going up. I’m on a high band and a good nursing wage, but I’m living pay cheque to pay cheque, which is ridiculous.”

Clinical nurse specialist, NHS community setting, England

“As students, we get into thousands of pounds worth of debt, working many unsocial hours to complete unpaid placements. Staff are undervalued and should be acknowledged more by offering a wage where people can afford childcare, and pay their bills without struggling.”

Nurse practitioner, independent sector community setting, England

Several referred to value and a deep-seated feeling of being undervalued, both by governments and employers. This feeling of being undervalued extends not just to pay, but also to working conditions.

“In other professions like medicine, pay for university lecturers is much higher. It seems nursing is not valued in terms of pay either for the university sector or the NHS.”

University lecturer, England

“This government does not appreciate the level of care which is carried out 24 hours a day by all dedicated nurses, and still refuse to award us the pay which we highly deserve. A lot of highly experienced nurses are leaving their roles in droves due to pressure and are burnt out trying to do our very best.”

NHS community nurse, England

“Responsibility of the job is not reflected in the pay. Experienced nurses are leaving the profession for jobs as sales assistants, where they are better paid - speaks volumes about how nurses are valued by this government.”

NHS community bank nurse, Northern Ireland

Nursing staff see pay levels and working conditions as a key retention issue for the profession, and that action needs to be taken to encourage staff to stay in the workforce.

“Pay is not competitive enough to encourage and retain others in the profession resulting in shortage in workforce and reliance on agency staff.”

Staff nurse, care home, Wales

While most responses related to dissatisfaction with levels of pay, we also heard about frustrations with other contractual terms and conditions such as sick pay, annual leave and unsocial hours pay.

“We do not receive any enhanced payments or anything more than statutory sick pay. The only days we receive extra money for working bank holidays is Christmas Day and New Year’s Day. Boxing Day and Easter are paid at flat rate. We also only get basic annual leave. Statutory training is done in our own time. I get paid for handover time but had to fight to retain this.”

Deputy sister, independent sector care home, England

“I am on a zero hours contract and only paid the time allocated whilst I am with a client. If I need to speak to a GP or chemist, it is in my unpaid time. All training is done in our own time as is the mileage between each client.”

Health care assistant, private sector health care provider, Wales

For nursing staff working in general practice, we heard specific comments about pay, terms and conditions, with many making comparisons with the NHS.

Some practice staff are employed on Agenda for Change contracts, with similar pay, terms and conditions to NHS staff. However, others are employed on organisationally determined pay structures. Many also commented on the announcement made in July 2023 that all salaried practice staff, including nursing staff, should receive a 6% pay increase for 2023/24, following advice from the Doctors and Dentists Review Body (DDRB). However, we heard that many had not received this pay rise in full.

“Pay is more than just salary. Nurses in general practice feel undervalued and lack benefits such as sick pay, maternity pay and structured pay scales.”

Practice nurse, England

“In general practice, the variation in pay and holiday allowance is so vast even from surgery to surgery in the same town. The public also have a perception we are under NHS employment too. I am upset that practice nursing staff did not get a pay rise or any back pay. It seems we are forgotten and less valued in general practice.”

Practice nurse, England

We also heard from health care assistants and assistant practitioners that they were dissatisfied with their pay levels, particularly in relation to their level of responsibility and workload. This group of respondents recorded the lowest level of satisfaction with their pay band or grade among all nursing occupational groups.

“...what we do and what is expected of us is immense. We are not appreciated in our field and pay is a not an incentive to work within the nursing profession.”

Health care assistant, hospice, England

“The amount of work we do for patients, families, and the nurses themselves makes our rate of pay shockingly low and almost unliveable. We are on the lowest pay possible, and many people quit and would rather work at Tesco for higher pay and easier work.”

Health care assistant, independent sector care home

“I also work part time in a pub for which I am paid £10.55ph. I am currently on £11.44ph at the hospital and responsible for people’s lives every day. I am the first port of call on a morning for patients; before nurses and doctors review patients. Most days I am responsible for looking after 16 patients. The level of responsibility I have for looking after acutely unwell patients is not reflected in pay at all.”

Health care assistant, NHS hospital unit, England

Impact of financial concerns

Figures 3 to 8 illustrate the impact that financial worries have on respondents' professional and personal lives, with three in ten (30.3%) stating they regularly feel anxious and more (38.4%) telling us they are sometimes anxious. Financial worries also impact on ability to sleep, with a quarter (25.2%) stating they regularly lose sleep and another 42.3% stating they do sometimes. This situation is having an impact on working lives, with a third (36.5%) finding it difficult to concentrate either regularly or sometimes at work, and a similar number (33.2%) finding themselves having to deal with money issues while at work.

How much are money worries affecting you?

Figure 3: Feeling anxious (n=11,201)

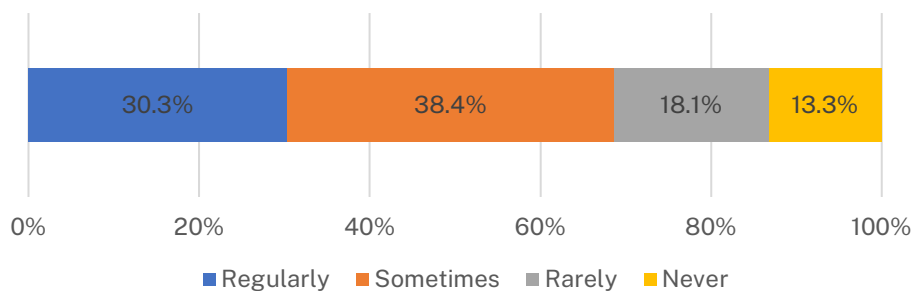


Figure 4: Losing sleep (n= 11,157)

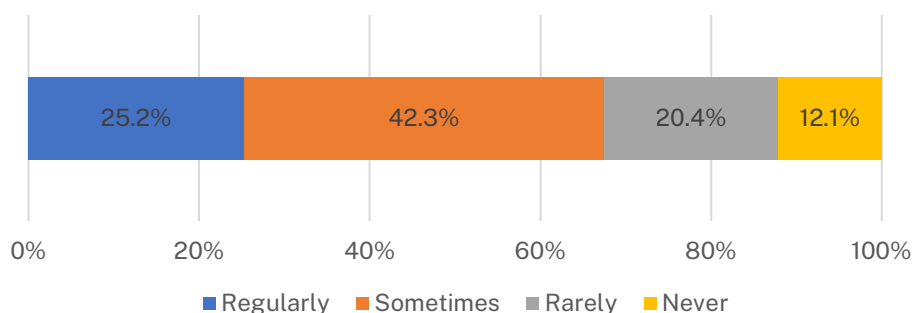


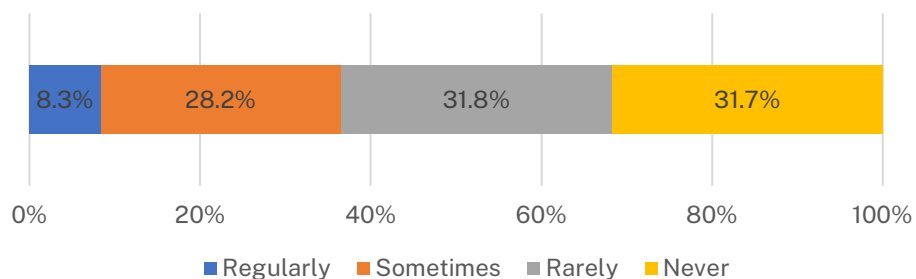
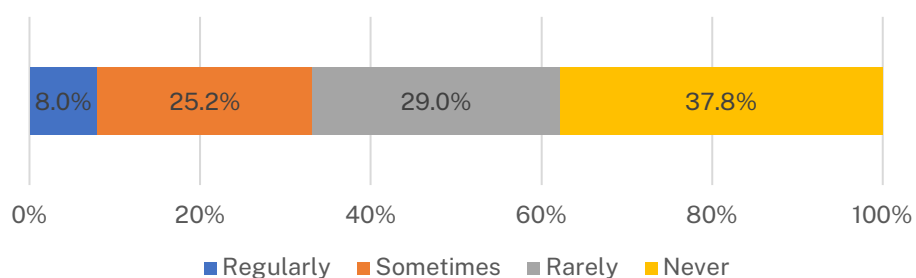
Figure 5: Finding it difficult to concentrate/make decisions at work (n=11,130)**Figure 6: Spending time during work dealing with money issues (n=11,121)**

Figure 7 shows that respondents aged 44 and under, stated they are more likely to be regularly affected by money worries than older respondents, indicating that younger nursing staff have been most affected by the cost-of-living crisis.

Similarly, respondents employed at lower bands are most likely to indicate they are affected by money worries, with almost four in ten of respondents on bands 1-4 (or equivalent) stating they regularly lose sleep and feel anxious.

Figure 7: Respondents stating they regularly lose sleep or feel anxious due to financial worries, by age

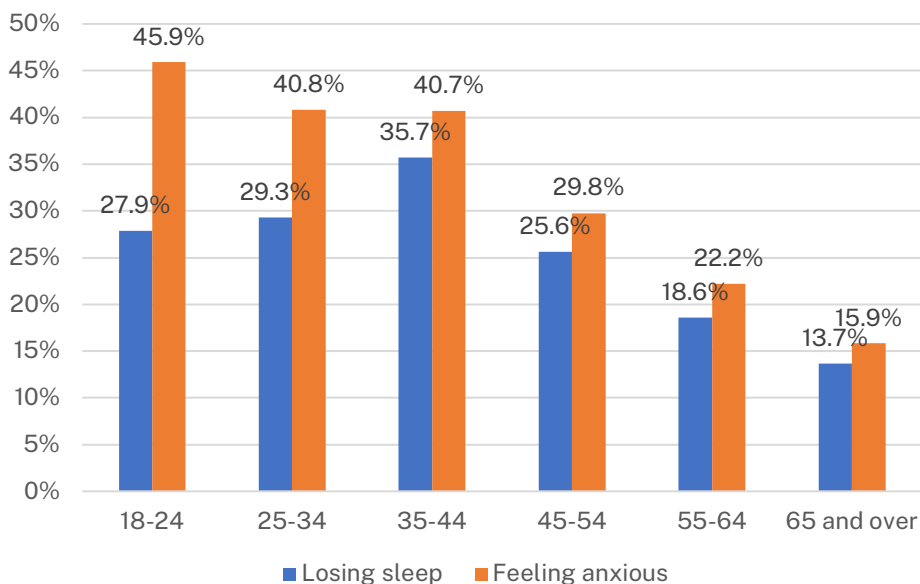
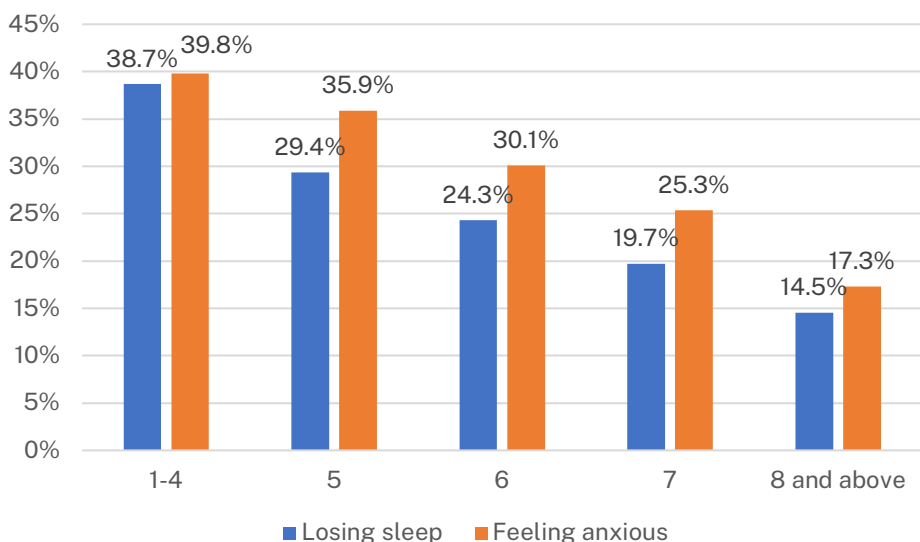


Figure 8: Respondents stating they regularly lose sleep or feel anxious due to financial worries, by pay band



Pay bands equivalised to NHS Agenda for Change bands for respondents not employed on Agenda for Change contracts

The issues covered in this survey range across many aspects of the employment experience for nursing staff across all health and social care sectors. The survey questions range from feelings about pay, terms and conditions, working hours and working environments.

However, Table 1 shows that among all the issues that matter to nursing staff, the biggest is pay. Almost nine in ten (88.1%) stated that a pay rise would make the most difference to them. This is consistent across all respondents, with the same proportion citing the need for a pay rise, across all age groups, all health and social care sectors, and all areas of the country.

Table 1: What would make the most difference to you? (n=11,287)

Pay rise	88.1%
More flexible working arrangements	29.6%
More holiday	29.5%
Shorter working hours	24.8%
Improved/cheaper parking facilities	18.7%
Better night shift payment	14.8%
Improvement to sick pay	12.0%
Improved/cheaper public transport	10.0%
Cheaper/more accessible childcare	6.6%

Respondents asked to choose up to three answers from the above

Other main priority issues identified by respondents related to working hours and working arrangements, where there are clearer differences among nursing staff in terms of their priorities. In particular, results show that younger staff (aged under 34) would prefer improved shift pay, which reflects the greater likelihood of younger staff working shifts. Among respondents aged under 35, almost two thirds (64.3%) stated they work shift hours compared to two fifths (39.4%) of those aged 45. Meanwhile, older staff (aged 45 and above) were more likely to state they would prefer shorter working hours, reflecting changing tolerance of or preference for longer working hours according to age.

Intention to leave

Some level of staff turnover is natural for all organisations, as employees seek new opportunities, relocate, retire or face changes in their personal circumstances. However, survey responses shown in Table 2 show that just one quarter of respondents in employment stated they are not considering leaving their job, with a smaller number (17.1%) stating they are unsure. This suggests there is a high degree of instability in many nursing workplaces, with only a minority of respondents stating they are not thinking about leaving.

Just under six in ten respondents (57.8%) are considering or planning leaving their current post (including planning for retirement). A similar proportion (56.8%) indicated they were planning to leave in the last RCN Employment Survey undertaken in 2021.

Table 2: Are you currently thinking about leaving your job? (n=10,666)

I'm not considering leaving my job	25.1%
Don't know/unsure	17.1%
I'm thinking about leaving my job	30.3%
I'm actively planning to leave my job	15.2%
Retirement	12.3%

All respondents in employment

The survey results suggest a strong association between intention to leave and feelings about pay and grade levels. While three in ten (31.1%) of those who stated their pay level or grade was appropriate said they are considering or planning to leave, this rises to just over half (52%) among those who believe their pay is inappropriate. This suggests that pay is a strong driver for nursing staff wanting to leave their jobs.

Reasons for considering or planning to leave

Table 3 compares the reasons for leaving across the two groups – those actively planning to leave and those considering leaving their job. There is very little difference across the groups in terms of motivations for seeking a new job.

The results below paint a picture of a significant proportion of the nursing workforce seeking a change in their working lives primarily due to dissatisfaction with their job, recognition or working environment. Well over half of all those seeking to leave cited negative aspects of their jobs, feeling undervalued and exhausted, facing too much pressure and not being adequately remunerated for their efforts.

Table 3: Reasons for planning to leave or thinking about leaving

	I'm actively planning to leave my job	I'm thinking about leaving my job
Feeling undervalued	69.9%	68.5%
Too much pressure	61.6%	61.4%
Feeling exhausted	60.0%	59.5%
Levels of pay are too low	54.7%	58.4%
Staffing levels are too low	56.6%	56.3%
Not enough managerial support	51.4%	45.0%
Can't give level of care to standard I would like	47.1%	43.7%
My own stress levels	45.7%	41.7%
Too much paperwork/bureaucracy	36.4%	33.6%
Looking for a new challenge	21.2%	16.5%
Seeking promotion	17.3%	16.0%

Respondents able to choose more than one option

A recurring theme in the survey results reflects nursing staff feeling undervalued and unsupported by governments and employers. The lack of support and value is a major driver for respondents considering leaving their jobs, even among those at the start of their careers.

“After the pressure of the pandemic I really believed as a profession we would be more valued by the government. I have 36 years of service and I have never felt as demoralised. Any thoughts of working after I have the option to retire have now left me. I genuinely cannot wait to leave.”

Mental health nurse, NHS hospital ward, Wales

“I have been qualified eight months and I'm already feeling burnt out and dread going to work because of the workload and starting to think about leaving. I feel like I can't always support my patients because of the state of the NHS.”

District nurse, Wales

We also heard from many respondents nearing retirement age that they are bringing forward their plan to retire due to feelings of stress or dissatisfaction with their job.

“Nursing has changed so much in my career. I would not be considering leaving at age 60 if the job was still the same as it used to be. The stress levels and expectations of management are too high and I need to consider my own health.”

General practice nurse, England

Many also said that while they have considered leaving, the love they have for nursing keeps them in the job.

“I thought about leaving my job, but I love nursing. If staffing levels were better and we were paid a little more and not nursing in corridors I’d be happier.”

Nursing associate, NHS hospital ward, England

Table 4 shows that the most popular option among those considering or planning to leave their job is a completely different job outside nursing. This is the most cited option among both those considering leaving and those planning to leave, and a worrying indication of the level of dissatisfaction among nursing staff and the preparedness to abandon their nursing careers.

Table 4: Where are you thinking of leaving to? (n=4,885)

A completely different job outside nursing	41.8%
Another nursing role in the NHS	30.2%
Another nursing role outside the NHS	17.3%
Bank/agency nursing work	13.1%
Working abroad	10.0%
A health care role outside the NHS	9.1%
A non-nursing role in the NHS	9.0%

All respondents state they are considering leaving their job or planning to leave their job. Respondents able to choose more than one option

Several respondents told us they were considering remaining with the same employer, but relocating to another part of the country due to the high cost of living in their locality.

“Child care costs are still too high even in the on-site NHS nursery. We only survive on my partner’s overtime work. Next year we are planning to move back to Ireland or a cheaper area in the UK for another NHS job.”

Clinical nurse specialist, hospital outpatients, England

Others told us they would like to move out of nursing completely or work abroad.

“I do a lot of extra shifts to meet my mortgage payments and other basic financial commitments. I have no more time for my family and it’s affecting my relationship. My monthly net pay is just barely above my friend’s pay who works in a supermarket. I am considering leaving nursing for something else or go abroad where the pay and stress levels are way better.”

Staff nurse, NHS hospital unit, England

“I am constantly looking for other jobs and considering leaving the profession... I work with a great team but the workload is too much for us all and we are all struggling.”

NHS community nurse, Wales

We heard from respondents who have substantive roles in health and social care that they would prefer to leave their jobs and work through the NHS Bank or through an agency.

“I have worked within the NHS for 8 years. I am leaving the NHS permanently to do full time agency. Better work life balance, more pay and less responsibility in terms of being made to be in charge.”

Staff nurse, NHS hospital unit, Scotland

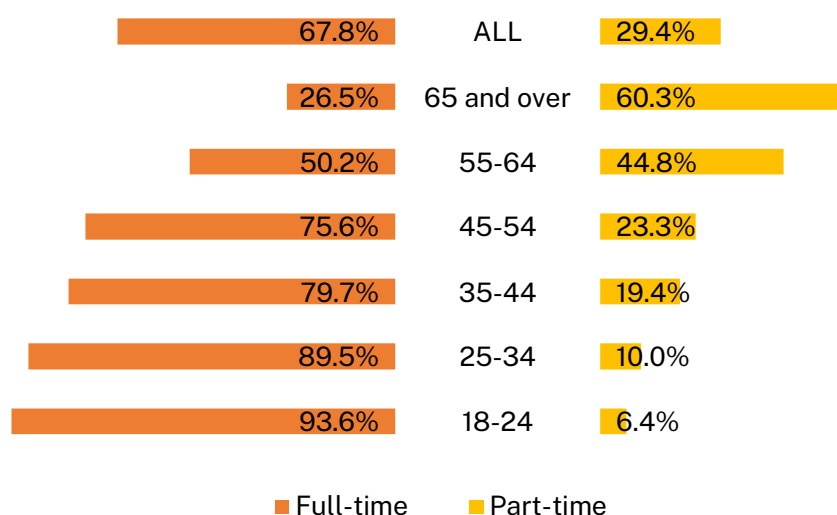
Working hours and patterns

Just over two thirds (67.8%) of all respondents in employment work full-time hours, three in ten (29.4%) work part-time and a small number (2.8%) work occasional or various hours.

Women are much more likely to work part-time hours than men; 32.0% of women work part-time compared to 11.4% of men.

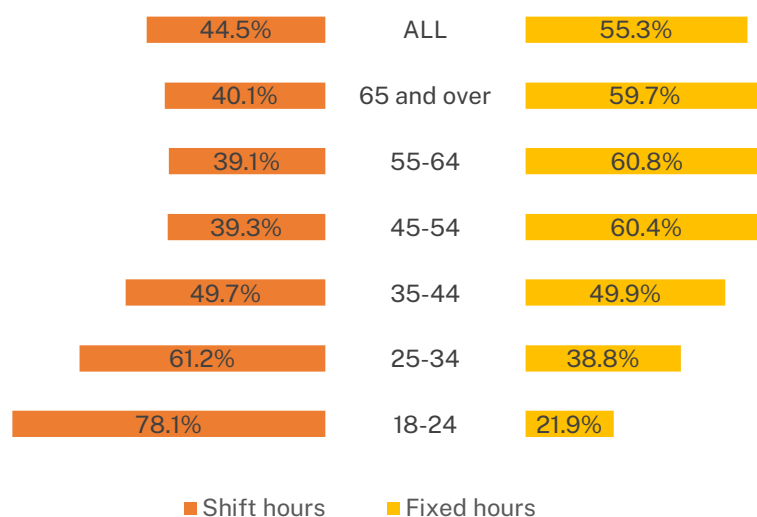
There is very little difference in working hours or patterns comparing nursing staff with disabilities and those without disabilities. However, there are marked differences according to age, with Figure 9 showing a significant shift to part-time working among those aged over 55.

Figure 9: Working hours by age (n=11,018)



Across all respondents in employment, just over half (55.3%) reported they work fixed hours, while 44.5% work shift patterns, and a small number working a combination of these patterns.

Looking at differences in working patterns according to respondents' characteristics, a higher proportion of women work fixed hours patterns than men (56.8% compared to 45.3%). Figure 10 also shows that shift hours patterns are more common among younger respondents.

Figure 10: Working patterns by age (n=10,841)

Working additional hours

Figure 11 shows that, typically 76% of respondents work in excess of their contracted hours at least once a week. Over a third (36.8%) do so several times a week and 16% work additional hours on every shift.

The proportion of respondents stating they work excess hours has barely changed since the last survey undertaken in 2021, suggesting a continued reliance on nursing staff working additional hours.

Of those who reported working additional hours at least once a week, 25.6% reported working between one and two hours a week; 41.2% reported working between three and six hours; 14.1% work between seven and 10 hours, and a further 16.2% stated they regularly work over 10 hours a week extra.

One in six of all respondents (17.5%) reported they work over seven hours a week in addition to their contracted hours several times a week or on every shift/working day.

Figure 11: Working additional hours (n = 11,287)

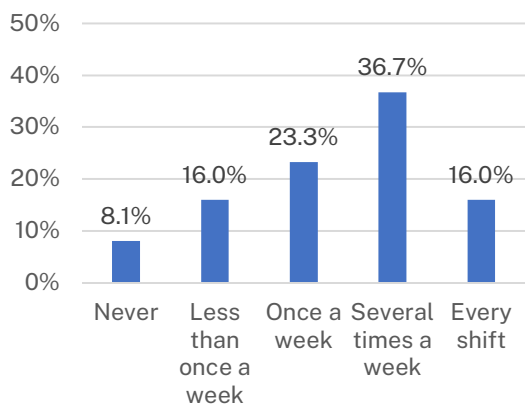
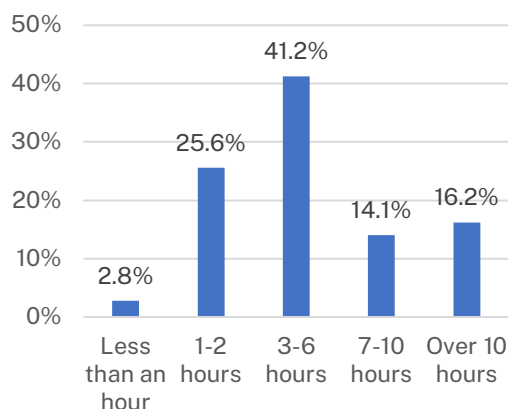


Figure 12: Length of additional working hours (n= 8,501)



One in six of all respondents (16%) reported they work over seven hours a week in addition to their contracted hours at least several times a week or on every shift/working day, indicating an intensity of excess-hours working among a small but significant section of the workforce.

Respondents told us about the impact of long hours on their own health, their life outside work and their ability to carry out their work safely and effectively.

“We are understaffed, no regional manager, too many patients to treat, travelling at least 500 miles a week, doing at least 10+ plus hours in overtime each week. No homelife/work balance, constantly thinking of patients, no manager support, not valued or supported. Stressed all the time.”

Clinical nurse specialist, independent sector community health care provider, England

Respondents also told us that staffing shortages and long working hours has an impact on their ability to undertake any training and development.

“Most study time and development is having to be done in our own time as during work it’s too busy to achieve this. Teaching/education takes a back seat to the demands of the job.”

Sister, NHS hospital unit, England

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.

“We are constantly so understaffed and expected to take unsafe patient to staff ratios. My ward should have 14 registered nurses and 7 health care assistants but due to budget this isn’t even our target staffing. A fully staffed day would be 10 RN’s and 5 HCAs, already six staff down from safe staffing, then factor in sicknesses and bank/agency cancellations and we are often working at much less than this, it is unsafe. The patients are not getting the care they deserve.”

Staff nurse, NHS hospital ward, England

“There’s too many responsibilities placed on nurses and we work in unsafe conditions but managers now see it as normal. We have had to empty our store room and put a patient there, without access to a nurse call system or toilet facilities. We also have to squeeze an extra bed in a four bedded room, where they don’t have curtains for privacy or no emergency buzzer. We no longer have experienced nurses in the ward and we are short staffed so we use a lot of agency, there is no continuity in staffing and care. We are pressured to get patients discharged which results in failed discharges or important areas of care have been missed and resulted in infections or being discharged unsafely.”

Charge nurse, NHS hospital unit, Scotland

“The staffing and skill mix ratio absolutely must be top priority. Junior nurses must be fully supported clinically and senior nurses must have enough staff.”

Staff nurse, NHS Bank, Scotland

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

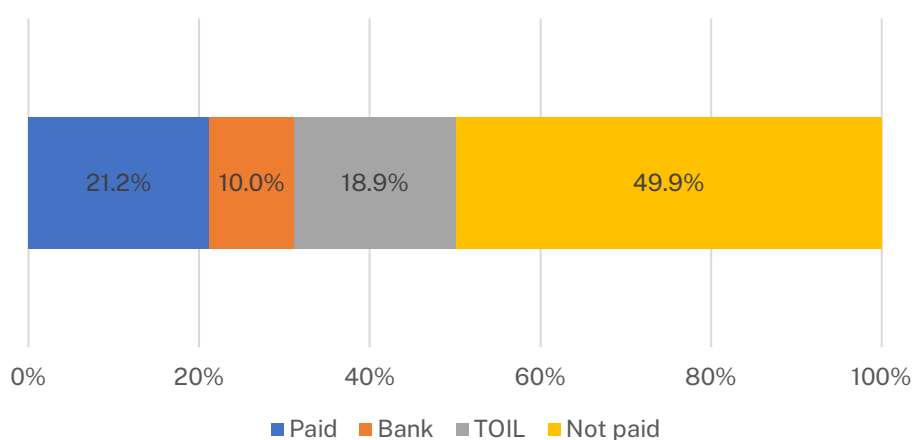
“The NHS needs to value and listen to their employees. Staff are made to feel guilty if they are not able to fulfil the unrealistic expectations placed on them from management. Staff are being held accountable for the failing of the government and massive underfunding. Staff nurses are working so hard but they cannot sustain the current crisis in our system. We need funding. We need training and the ability to develop in our posts. To train us to retain.

Sister, NHS hospital ward, Scotland

Compensation for additional hours

Among those respondents who work additional hours at least once a week, around half stated that these hours are unpaid, similar numbers stated that they are paid (21.2%) or receive TOIL (18.9%). The remainder (10%) stated that they work additional hours as bank work.

Figure 13: Compensation for additional hours worked (n=8,162)



Many respondents told us that overtime is usually not paid, and several pointed out that while they are not paid, their employer still pays for agency staff to make up for staff shortages.

“Don’t get paid for overtime, find myself doing additional work after hours and at home for no additional compensation just to keep ahead of my workload, accessible to staff out of hours.”

Senior nurse, NHS health centre, Northern Ireland

“My ward is short staffed on a night shift. I have offered to cover the night shift for overtime pay. I am not entitled to overtime because there is none at the moment. This is madness as the trust is spending a fortune on agency nurses.”

Staff nurse, NHS hospital ward, England

“We are shockingly short staffed. The trust spends a fortune on agency staff yet will hardly offer overtime to permanent staff.”

Staff nurse, NHS hospital unit, Wales

We also heard from respondents that some employers had stopped paying for overtime, in order to reduce staffing costs.

“The trust is in financial difficulties so all overtime etc is banned. Sickness is high so goodwill from part-time staff like myself are doing extra hours for TOIL is only a short-term solution - not sustainable.”

Staff nurse, NHS hospital outpatients, England

“The care home has just stopped overtime pay for all staff contracted under 36hrs per week with no warning or reason/explanation. Staff have no motivation to help fill gaps in off duty anymore.”

Staff nurse, care home, England

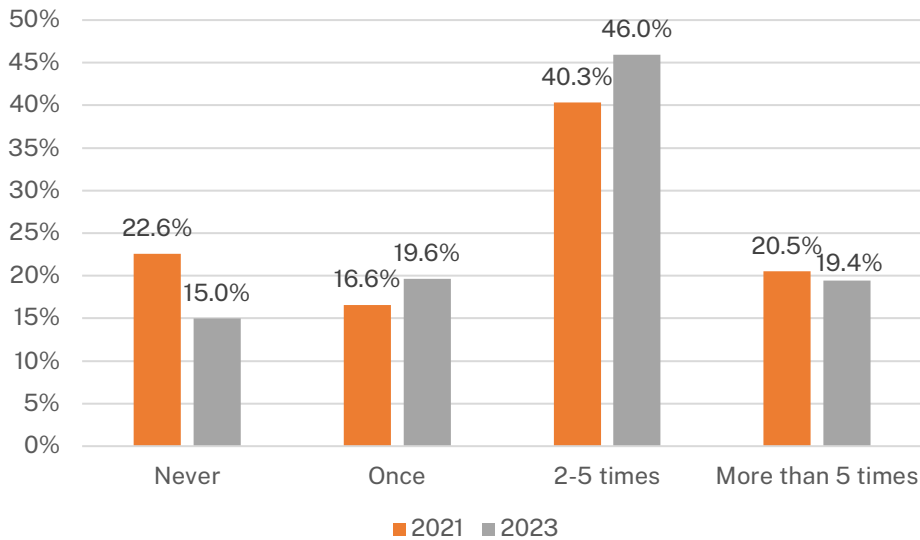
“Like many settings my place of work relies on an element of goodwill, expecting staff to work extra to cover staff absence etc. The advanced nurse practitioners are now not staying late etc as they are no longer guaranteed to be allowed to claim overtime or TOIL, there has been a withdrawal of goodwill.”

Advanced nurse practitioner, general practice, England

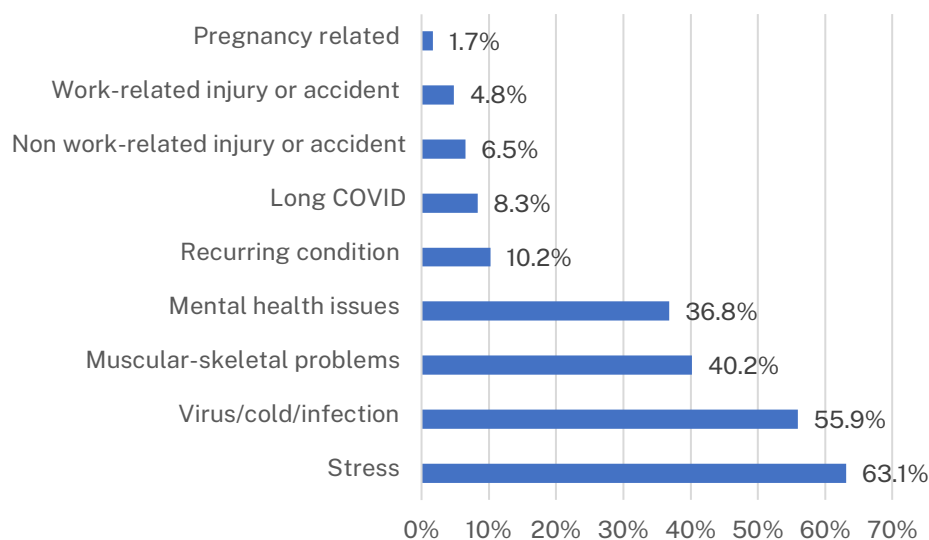
Working when unwell

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. The 2023 survey found that 85% reported having worked when unwell on at least one occasion over the previous 12 months. This has increased from 77.4% in the 2021 survey.

Figure 14: How many times have you worked in the last 12 months when you should have taken sick leave? (2021 and 2023)



The main reasons for feeling unwell are stress (63.1%) and virus/cold or infection (55.9%). In addition, four in ten (40.2%) stated they have worked even though they had back pain and just over a third (36.8%) stated they had worked while suffering from mental health issues such as anxiety or depression.

Figure 15: Reasons for feeling unwell (n=9,592)

Views on working patterns and workload

Pressure at work

Comparing results from the RCN Employment Survey over a 10-year period, we can see a steady increase in nursing staff feeling under pressure. The proportion of respondents agreeing with the statement: 'I feel under too much pressure at work', has risen from 59.3% in 2013 to 71.1% in 2023.

This year's survey shows that less than one in ten (7.5%) disagreed with this statement.

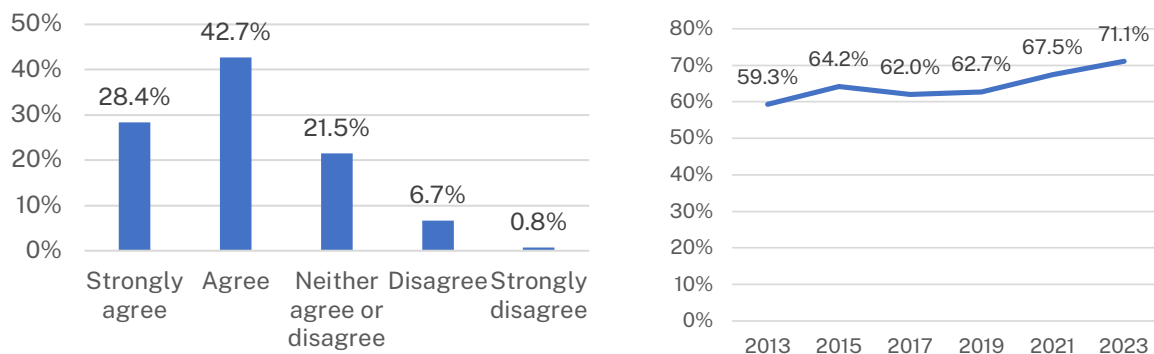
"Work load pressure, staffing levels and expectations are now so high that being a nurse is no longer enjoyable and providing the standard and level of care that you want to deliver is no longer possible."

Staff nurse, NHS hospital outpatients, England

"I've been a nurse for 16 years. I can't remember a worse time in the NHS. Poor staffing, stress, burnout, and morale are apparent on a daily basis – camaraderie gets us through most days. I hope for a future where my children and the next generations have a safe NHS."

Nurse, NHS, England

Figure 16: I feel I am under too much pressure at work (n=11,259)



Levels of care

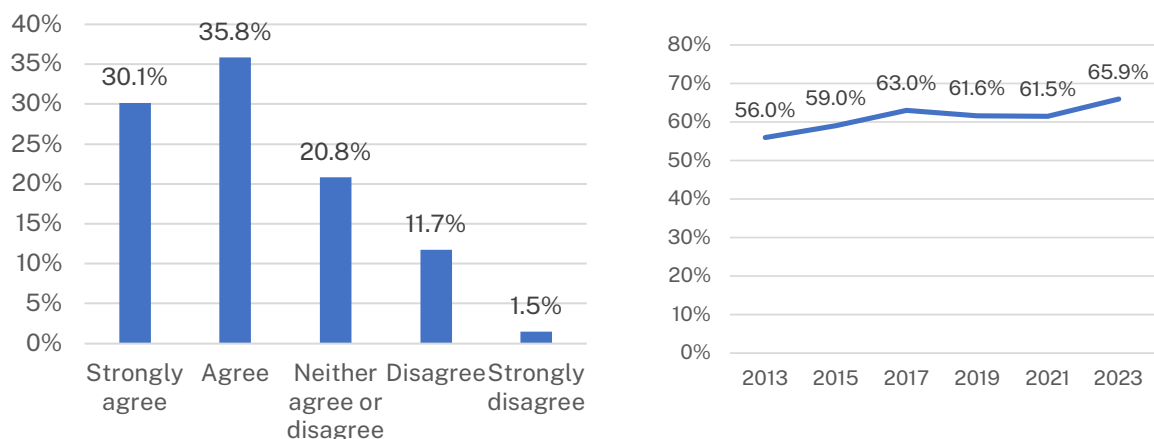
A large proportion (65.9%) of respondents agreed with the statement that ‘I am too busy to provide the level of care I would like’ with just 12.3% disagreeing with the statement. The proportion of nursing staff who believe they are too busy to provide effective care has increased from 56% in 2013.

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

“Staffing numbers are so unsafe. Wrong skill mix, lack of staff and level of patient acuity is all wrong. I am worried someone will be harmed or severely injured as we are unable to cope with the demand of care.”

Health care assistant, NHS hospital unit, Scotland

Figure 17: I am too busy to provide the level of care I would like (n=11,222)



Non-nursing duties

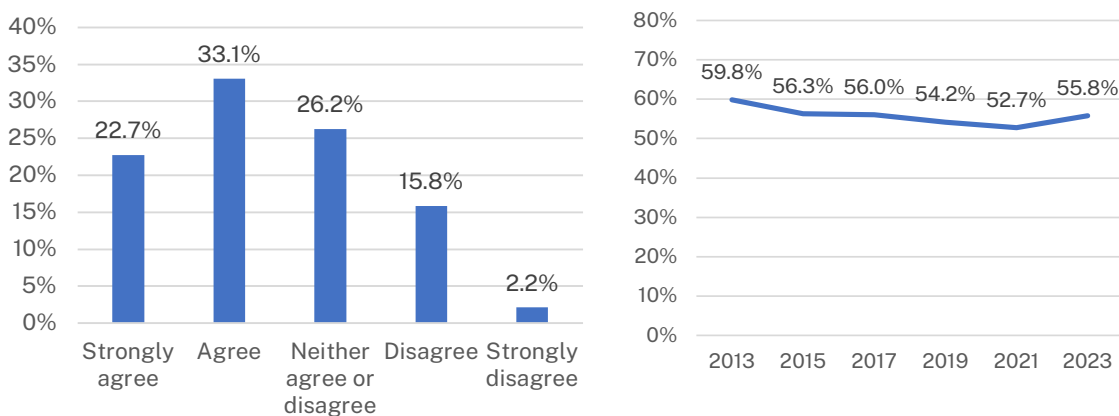
The proportion of nursing staff who believe they spend too much time away from nursing care has increased from 52.7% in 2021 to 55.8% in 2023.

The reasons for this frustration, are usually seated in a feeling that while nursing staff face mounting pressure, they also have to deal with paperwork and administration rather direct patient care.

“We nurse elderly and palliative patients and often don’t have enough staff to provide half decent care. But trusts are pouring more and more documentation over our heads and complaints if we cannot do them in a timely manner.”

Staff nurse, NHS hospital unit, England

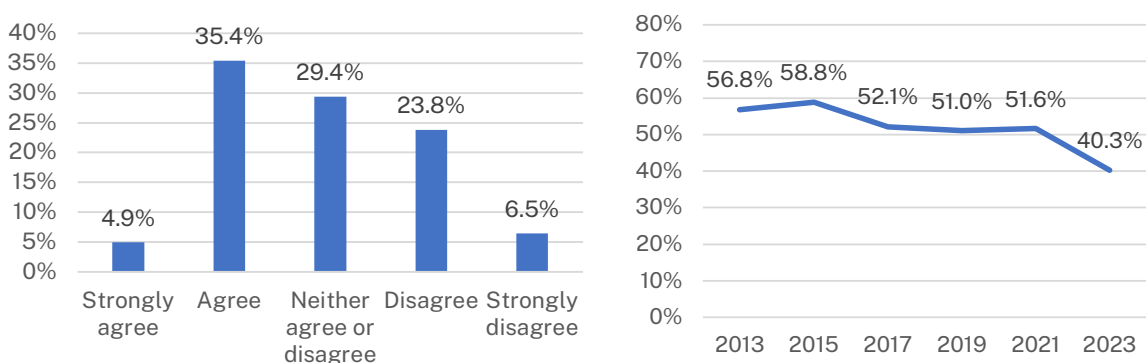
Figure 18: Too much of my time is spent on non-nursing duties (n=11,229)



Satisfaction with working hours

Only four in ten (40.3%) reported feeling happy with their working hours, this has dropped from the highest point of 58.8% in 2015 and 51.6% in 2021.

Figure 19: I am happy with my working hours (n=11,227)



Choice over shifts/working hours

There has been a significant drop in the proportion of nursing staff who are happy with the choice they have over their length of shifts or working hours. Just 37% of respondents agreed that they were satisfied with the choice they had, compared to 47.2% in 2021. This year, just under a third (32%) disagreed with the statement.

We heard from respondents that flexible working arrangements are as important as the choice they have over the length of working hours.

“Flexible working would be the main factor in supporting me to stay, however, it is not supported in my organisation despite several applications.”

Clinical nurse specialist, NHS hospital unit, Wales

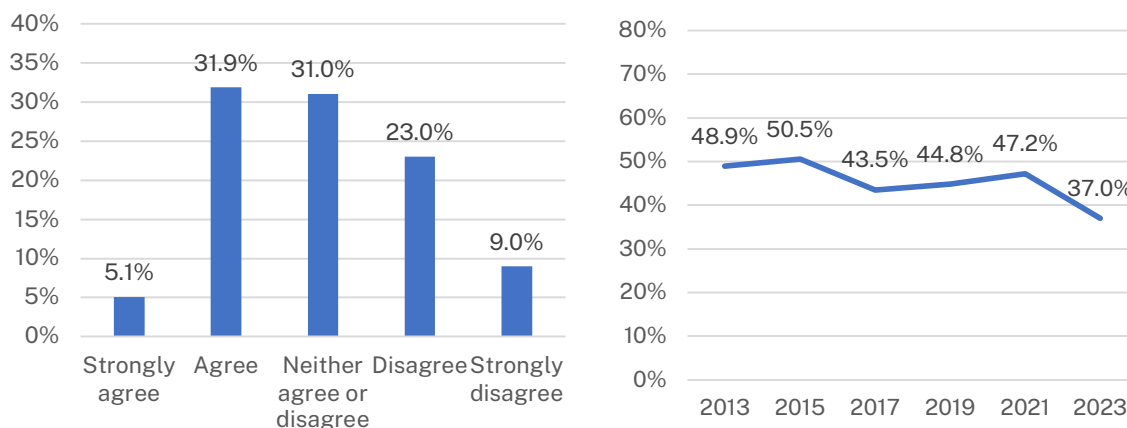
“I retired two years ago. I was told if I wanted to reduce my hours I would need to reapply for my job and my role would be advertised as a full-time post. If someone also applied wanting part-time work I might be considered for the post. I took my retirement instead and returned in a different role part-time. The NHS lost a specialist nurse with 16 years’ experience. Staff are expected to fit into shift patterns that do not always suit.”

General practice nurse, England

“I work for a good surgery who support me to work flexibly and tasked some extra hours worked as TOIL. I feel supported by the management and colleagues and love my job.”

Clinical nurse specialist, general practice, England

Figure 20: I am satisfied with the choice I have over the length of shifts/working hours I work (n=11,209)



Work-life balance

This year’s survey findings show a sharp drop in the proportion of nursing staff who feel able to balance their home and work lives. Figure 21 shows that just 28.6% felt satisfied with their work-life balance compared to a high of 46.9% in 2015. In total, 45.1% 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.

“I enjoy aspects of my job as a health visitor, but I regularly work after my finishing time to ensure my work is up to date, however, this has an implication on my work-life balance and my family. I am considering leaving nursing all together to find a job I can leave on time and not have to worry about work.”

Health visitor, general practice, Scotland

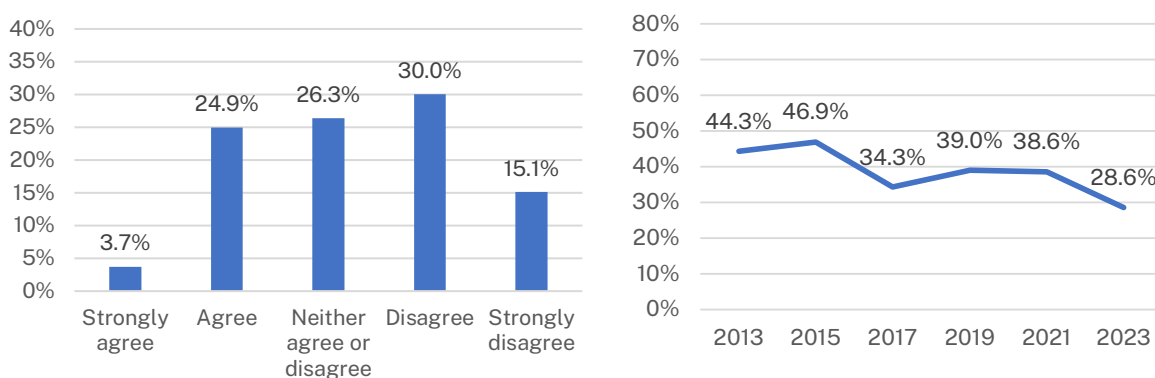
“Excessive hours & stress, nursing has affected my home life + parenting. There is no work life/home life balance and the pay does not reflect the self sacrifice. However, after 35 yrs +, I still love caring for my patients everyday.”

NHS Mental health care home manager, England

“Work life balance is really hard and i do not have a family to look after; Sometimes I arrive home depleted without energy to even look after myself and I wonder if this is normal ”

Deputy Sister, NHS acute trust, England

Figure 21: I feel able to balance my home and work lives (n=11,252)



Feelings about nursing as a career

Questions regarding how members feel about nursing 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. We hear from nursing staff at the start of their careers, as well as those thinking about retirement or indeed those who have retired and returned to the workforce.

Nursing as a rewarding career

Figure 22 shows that almost two thirds (64%) of all respondents, including students, describe nursing as a rewarding career, falling from a high of 74% in 2019.

The statement ‘I think that nursing is a rewarding career’ elicited many positive comments, with many telling us that nursing is rewarding and enjoyable.

“I love being a nurse. It comes with challenges, but is a rewarding career.”

Staff nurse, NHS hospital unit, England

“My role is very diverse, challenging but rewarding. It can be emotional sometimes.”

Advanced nurse practitioner, NHS community setting, England

Many qualified their statements by saying that other aspects of their work made their jobs less enjoyable.

“I really enjoy my job and find it rewarding but there is a lot of pressure put on newly qualified nurses to be like junior doctors, which is stressful and unfair as the pay does not reflect this.”

Clinical nurse specialist, NHS outpatients, Scotland

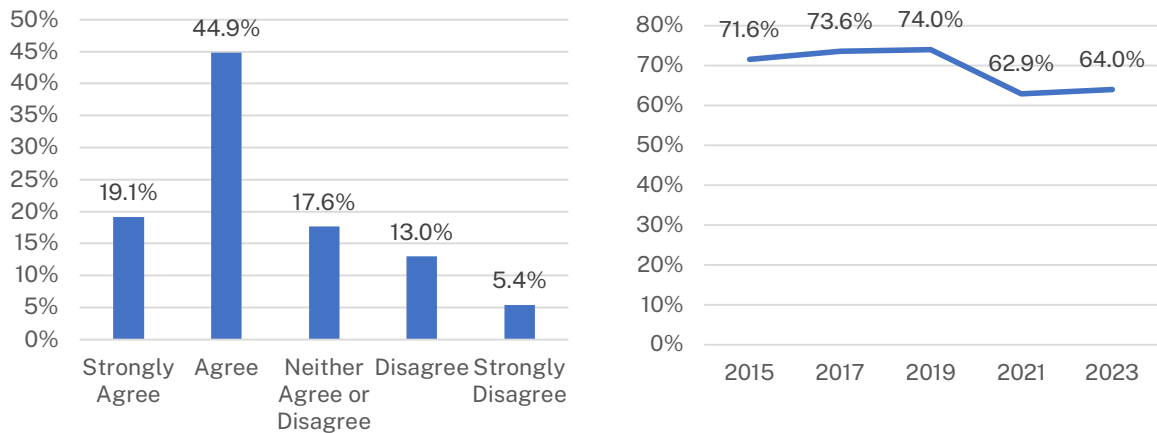
“Nursing is a very rewarding career but work-life balance can be very difficult due to long shifts. The pay does not reflect the amount of responsibility and years studying. Some roles in health and social care and private sectors can have better pay, conditions and bonuses which attract nurses. No nurse should ever have to miss meals at work.”

Staff nurse, NHS hospital unit, Scotland

Many more reflected on their careers spent in nursing and feel that the role is more stressful and less rewarding than it was.

“We spend our shifts with unmanageable workloads, the love and joy we felt for our roles fades a little more almost every time we leave a shift.”

Staff nurse, NHS hospital ward, England

Figure 22: I think that nursing is a rewarding career (n=11,236 for 2023)

Enthusiasm

When asked about how enthusiastic they feel about their job, just over half (53.5%) of all respondents stated that they feel enthusiastic on most days, representing a drop of 12.5 percentage points since 2019.

Many nursing staff continue to enjoy their jobs, and feel enthusiastic about the roles they undertake.

“I enjoy nursing and feel very well supported in my organisation.”

General practice nurse, England

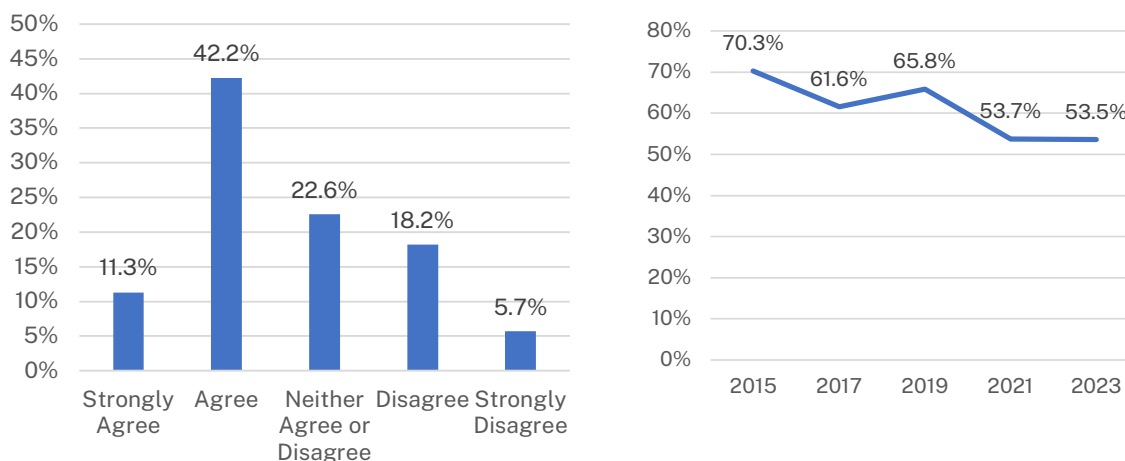
“I thoroughly enjoy my current role within mental health nursing - it is one of the most challenging, rewarding and satisfying I have had. I have no intentions of leaving.”

Mental health nurse, criminal justice setting, England

Yet others described in detail about how they often feel conflicted about their jobs, and how the working conditions and environments damage their enthusiasm for nursing.

“I feel deflated about nursing and my role. I qualified eight months ago and have studied for 3 years to do a job I have always wanted to do, but now I am in it, I feel unable to provide the high standard of care I have been taught to provide and I would like to give. Understaffing is a concern, we are often doing the job of two to three people and leave work exhausted and feeling anxious.”

Staff nurse, NHS hospital unit, England

Figure 23: Most days I am enthusiastic about my job (n=11,227)

Recommending a nursing career

In terms of advocating nursing as a career to others, just 9.3% would strongly recommend and three in ten would recommend nursing. A further quarter (24.8%) are ambivalent, while around a third (35.8%) would not recommend nursing as a career. This follows a pattern among other findings concerning nursing as a career, with a drop from 49.2% to 39.4% saying they would recommend the profession.

The propensity to recommend nursing as a career is strongly associated with respondents' feelings about their pay levels, suggesting that dissatisfaction with pay is a strong driver behind nursing staff thinking twice about advocating nursing as a career choice. Twice as many respondents who stated they would not recommend nursing as a career said their pay band or grade was inappropriate as those who said it was appropriate (42.8% compared to 21.5%).

"I would never recommend anyone to come into nursing, as it is the worst paid job for the highest level of responsibility. I have £25,000 of student debt doing two Masters degrees in nursing and advanced practice to have £200 spare every month."

Advanced nurse practitioner, NHS community setting, Scotland

"I have enjoyed my career, but if I was a young person today, I may have reservations about nursing as a career. It is with a heavy heart that I say this. I do hope there will be positive change in the future."

Health care assistant, nursing agency, England

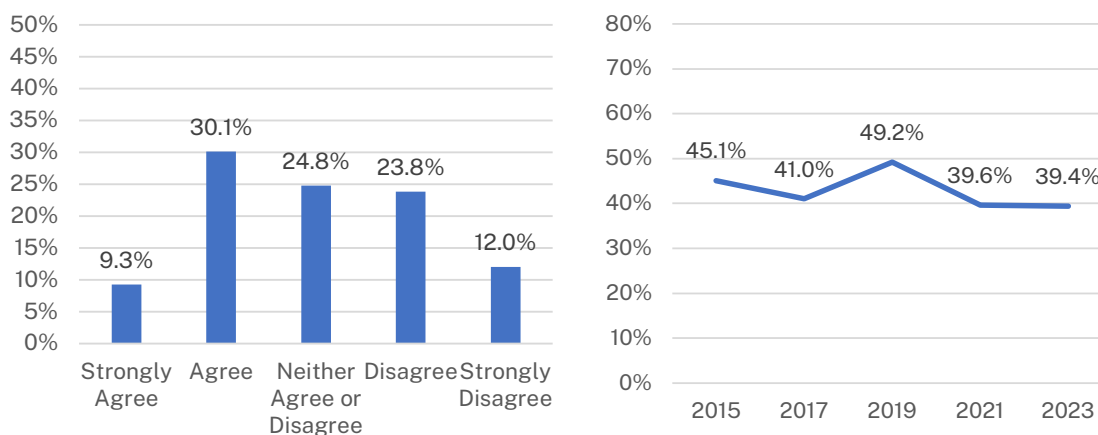
“I still love working as a nurse and I am proud to be a part of this profession, but I find it difficult to recommend it as a career because it is not recognised on the same level as other professions.”

NHS matron, Wales

“I actively discouraged my children becoming nurses. My 25-year-old daughter works in IT and earns more money than me. She feels guilty as she sees the pressures I’m continually under and taking home work regularly.”

NHS District nurse, Northern Ireland

Figure 24: I would recommend nursing as a career (n=11,273)



Job security

One in six (17.8%) strongly agreed that nursing would offer them a secure job for the future, with another 44% agreeing with the statement. The proportion agreeing with the statement has increased considerably since the 2015 and 2017 surveys.

Many respondents took the opportunity to describe their opinions about nursing in terms of job security, pension provision and availability of work.

“There are many positive aspects of being a professional registered nurse, for example, job satisfaction, career opportunities, promotion, security of jobs, opportunities of work within the local area.”

NHS advanced nurse practitioner, Wales

Others described worries about financial stability and security.

“I want to leave so that I can have a better future. Financially, I cannot save on this wage and would like to stop renting and buy a house.”

Nurse practitioner, ambulance trust, Wales

Some respondents in specific roles, such as nursing associates and assistant practitioners took the opportunity to describe their worries about the status of their role and questioned whether these roles provide sufficient stability and certainty for them to develop within nursing.

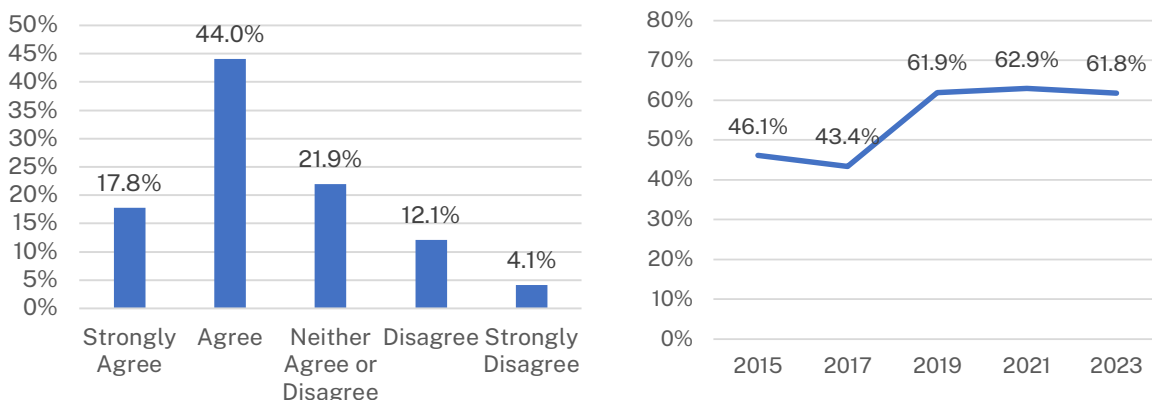
“I feel disappointed with the nursing associate role. We have to pay for our registration but without the recognition in pay or respect for the work we do. I doubt I will renew my registration next year.”

Nursing associate, general practice, England

“I studied a two-year foundation degree to become an assistant practitioner (AP). I feel the role is undervalued by many employers. Feeling undervalued is one of the main reasons I am considering leaving my job.”

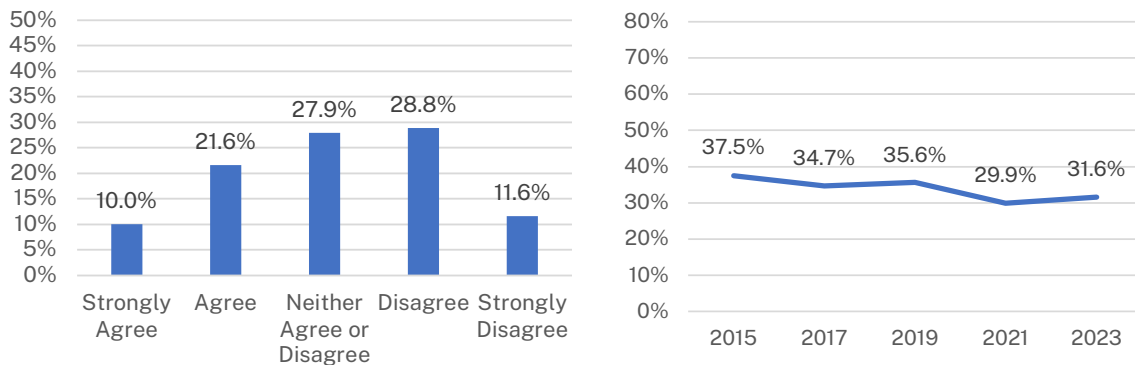
Assistant practitioner, general practice, England

Figure 25: Nursing will continue to offer me a secure job for years to come (n=11,235)



Leaving nursing entirely

Just one in ten (10%) strongly agreed and around two in ten (21.6%) agreed with the statement: ‘I would not want to work outside of nursing.’ In total, 40.4% disagreed with the proposition that they would not want a job outside nursing.

Figure 26: I would not want to work outside of nursing (n=11,241)

Regret

We asked respondents whether they agreed with the statement: ‘I regret choosing nursing as a career’ with half of all respondents disagreeing with the statement. While the majority stated they don’t regret their choice of nursing as a career, the proportion who do regret their choice has risen from 15.9% in 2019 to 21.3% in 2023.

We heard from nursing staff at the start of their careers, questioning the decision they made to choose nursing as their career.

“I never regret my decision to do nursing but as a newly qualified nurse, the pressures we face are incredible.”

Staff nurse, NHS hospital unit, England

“Having been qualified for two years. I am actively burning out and have times when I regret my career choice. I am passionate about nursing but the current state of health and social care drains all the pleasure out of the vocation.”

Staff nurse, nursing agency, Scotland

“I am under appreciated, undervalued and incredibly underpaid. I come home after every shift with swollen ankles because I am on my feet for nearly 12 hours a day. As a student nurse I am not paid for my shifts, and my bursary does not cover the amount I am losing by doing free 12-hour shifts. I work seven days a week for eight weeks at a time between placement and my bank job, and I am drained and now question my career because of this.”

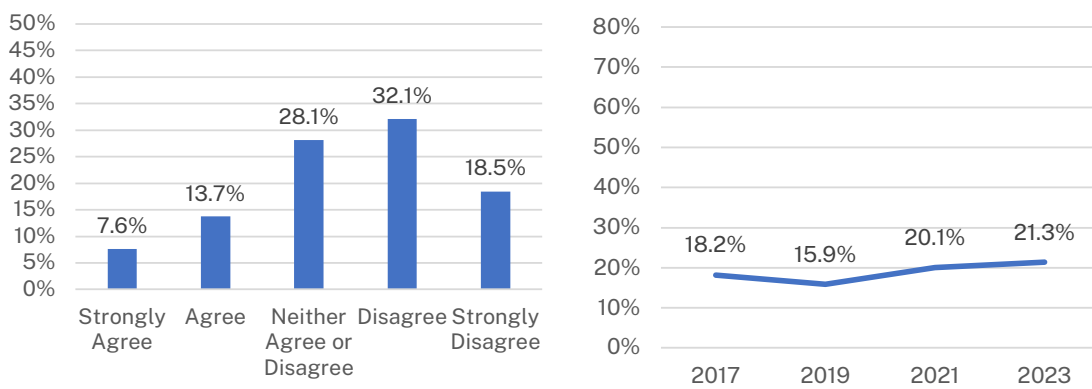
Student nurse, Scotland

More experienced nursing staff also reflected on their choice.

“I still enjoy my work and do not regret my career choice but I would not encourage young people to choose nursing as a career unless there are dramatic changes to working conditions and pay.”

Advanced nurse practitioner, general practice, England

Figure 27: I regret choosing nursing as a career (n=11,258)



Cost of living pressures

The cost of living crisis facing the UK has severely damaged household incomes. This crisis has been all the worse for nursing staff due to over a decade of wage stagnation that has weakened their ability to cope with rising prices.

The series of Employment Surveys conducted by the RCN, which is undertaken every two years, consistently finds that around half of nursing staff represent the main or sole breadwinner in their households. This year's survey found that 58.2% of respondents are the main or sole breadwinner, highlighting the personal and broader impact of financial hardship to nursing staff, their families and communities.

This state of affairs is made clear in our survey responses, with nursing staff working at all levels and in all workplaces describing how their living standards have been hit by rising prices and stagnant wage levels. This is compounded by a decline in working conditions, with many staff working in environments with staff shortages and high workloads, is only adding to the pressure on members of the nursing profession.

Pensions

Cost of living pressures have forced nursing staff to make changes to their lifestyles and spending patterns, evaluating their monthly outgoings and assessing where they can make savings. One major financial outgoing is pension contributions, with an increasing number of nursing staff weighing up whether to opt out of their pension scheme, usually on a temporary basis in order to save money.

Out of all respondents in employment, 91.2% stated they belong to a pension scheme. Table 5 shows that of these, a quarter (24.6%) stated they were considering opting out in order to help with living costs, with a smaller number stating they had already opted out (2.4%).

Among other responses, 95 members told us they had done so earlier in their careers, while another 50 said they had recently considered opting out, but ruled it out for the time being.

"I would opt out tomorrow to help with living costs but I don't want to be a poor pensioner either."

NHS policy role, England

"Did opt out years ago when my children were young, and now regretting it as having to work longer to build it back up again!! Now 62 and feel I should be able to retire soon, but can't."

Staff nurse, NHS hospital unit, England

Table 5: Have you considered opting out of the pension scheme to help meet your living costs? (This may be a temporary or longer-term decision) (n=10,020)

No	69.6%
Yes - I'm thinking about opting out	24.6%
Yes - I have already opted out	2.4%
Other	3.4%

Day-to-day expenses

Respondents were asked about how they were coping with cost of living pressures and how these pressures were impacted on their personal and professional lives. The majority of respondents (65.1%) stated they had cut back on food or travel costs in the last few months in order to save money, while around one in six (17.9%) said they regularly skip meals.

Cost of living pressures are impacting mostly on younger and lower paid staff. Eight in ten (78%) of those employed at AfC Bands 2 to 4 or equivalent level, and a similar proportion of respondents aged under 35 have cut back on food or travel costs.

Table 6: Thinking about cost of living pressures, have you done any of the following in the last few months? (n=11,287)

Cut back on food or travel costs	65.1%
Regularly skipped meals	17.9%
Missed or been late with my rent or mortgage payments	8.6%
Struggled with childcare costs	7.7%

"Haven't put heating oil in the tank, simply can't afford it. I need that money for diesel to get to work and to pay for the workplace car park."

Health care assistant, hospital unit, Northern Ireland

"I routinely skip meals and sometimes aim to have one main meal a day."

Charge nurse, NHS hospital unit, Scotland

Energy costs are a particular concern for many nursing staff, with a large number telling us they are very careful with their home usage in order to keep bills down.

“Cut down on my energy usage at home, do not turn heating on unless absolutely necessary.”

Advanced nurse practitioner, general practice setting, England

“I have reduced use of all household electrical appliances and hardly ever put the heating on.”

Charge nurse, NHS hospital unit, Scotland

Among actions taken to cope with everyday living expenses, just over four in ten (43.2%) stated they use credit cards, almost a quarter (23.1%) have borrowed money from family or friends, while a further 17.1% have taken out a loan to get by.

Around a third stated they work extra hours in their main job (37.8%) or work bank or agency (32.8%) in order to cope with living costs. One in six (17.6%) stated they work bank or agency as well as working extra hours in their main job, indicating the reliance on additional income among a high number of nursing staff. This is illustrated further in Table 8 which shows that three in ten nursing staff are dependent on unsocial hours pay (28.1%), bank or agency pay in addition to their main job (28%) and a fifth (19.3%) are dependent on overtime pay to get by financially.

As expected, dependence upon unsocial hours and bank or agency pay is higher among nursing staff who work shift hours than those working fixed patterns. Just over half (50.9%) of those who work shift patterns reported they are dependent on unsocial hours pay compared to 10% of those working fixed hours. Twice as many respondents working shift hours (39%) stated they are dependent on bank or agency pay than those working fixed hours (19.3%).

Table 7: Have you done any of the following to meet everyday living expenses?

Used credit cards	43.2%
Worked extra hours in your main job	37.8%
Worked bank or agency	32.8%
Borrowed money from family or friends	23.1%
Taken out a loan	17.1%
Taken a second or third job outside nursing	5.7%
Taken a mortgage holiday	2.5%

Table 8: Are you dependent on any of the following additional payments to keep up with your living expenses?

Unsocial hours pay	28.1%
Bank or agency nursing pay	28.0%
Overtime in main job	19.3%
Additional work to main job	6.3%
On-call / stand-by pay	3.3%

“We have to work bank shifts to make ends meet. If I didn’t work nights I wouldn’t manage on daytime rates.”

Health care assistant, NHS hospital ward, England

“All grades of staff on the ward are struggling to make ends meet. Without working overtime or extra bank shifts, it is impossible. I work 48-50 hours every week, and some of my colleagues regularly exceed this.”

Charge nurse, NHS hospital ward, Scotland

“I have huge responsibility for the welfare and future outcomes of children. I’m getting more and more into debt and will not be staying in this job if things continue like this.”

Health visitor, local authority employer, England

Appendix: Results tables

Employment status		
Employed and working (including self employed)	9,655	85.5%
Retired, but still in paid employment	978	8.7%
Employed, on sick leave	436	3.9%
Student	130	1.2%
Employed, on maternity/paternity leave	88	0.8%
Total	11,287	100

Country		%
England	7,825	69.3
Scotland	1,802	16.0
Wales	995	8.8
Northern Ireland	593	5.3
Isle of Man	33	0.3
Channel Islands	26	0.2
Across the UK	11	0.1
Total	11,287	100

England region		%
East of England	688	8.9
East Midlands	677	8.7
Greater London	877	11.3
North East	425	5.5
North West	1,070	13.8
South East	1,416	18.3
South West	1,104	14.2
West Midlands	757	9.8
Yorkshire and Humberside	742	9.6
Total	7,756	100

Main employment sectors		%
NHS Trust/Board (including Channel Islands and Isle of Man)	7,775	70.7
General practice	834	7.6
Independent sector care home	505	4.6
NHS bank	323	2.9
Independent sector hospital	225	2.0
NHS commissioning/ALB	212	1.9
Hospice/charity	178	1.6
Student	130	1.2
Nursing agency	120	1.1
Private company/industry	106	1.0
Public sector organisation	80	0.7
Further/Higher education	77	0.7
Criminal justice	74	0.7
Other	355	3.2
Total	10,994	100

Job title		%
Staff nurse	3,174	29.3
Clinical nurse specialist	1132	10.5
Sister/charge nurse	749	7.49
Assistant practitioner/health care assistant	640	5.9
District/community nurse	582	5.4
Advanced nurse practitioner	560	5.2
Mental health nurse	551	5.1
Practice nurse	526	4.9
Senior nurse/matron	449	4.2
Nurse practitioner	402	3.7
Deputy sister/charge nurse	396	3.7
Divisional/clinical/directorate lead	212	2.0
Community psychiatric nurse	207	1.9
Educator/trainer	195	1.8
Health visitor/specialist community public health nurse	168	1.6
Researcher/lecturer/tutor	138	1.3
Student	130	1.2
Nursing associate	105	1.0
Occupational health nurse	80	0.7
School nurse	80	0.7
Commissioning/policy role	64	0.6
Public health nurse	54	0.5
Consultant nurse	53	0.5
Manager	35	0.3
Midwife	22	0.2
Learning disability nurse	20	0.2
Trainee Nursing Associate	49	0.4
Other	41	0.4
Total	10,814	100

Female	9733	87.4%
Male	1,0259	11.3%
Non-binary	17	0.1%
Prefer not to say	129	1.2%
Total	11,138	100

Do you consider yourself to have a disability?		%
Yes	1,633	14.9
No	9,414	85.1
Total	11,059	100

		%
Asian	658	6.0
Black	924	8.4
Mixed	152	1.4
White	9,069	82.0
Prefer not to say	250	2.3
Total	11,053	100

Age		%
18-24	182	1.6
25-34	1,300	11.7
35-44	2,054	18.5
45-54	3,402	30.7
55-64	3,674	33.2
65 and over	464	4.2
Total	11,076	100

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