Royal College of Nursing

STATE OF THE PROFESSION REPORT

RCN EMPLOYMENT SURVEY 2025

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Foreword

Nursing is the backbone of health and care - the 24/7 presence delivering the vast majority of care in every setting. We are degree-educated, highly-skilled, and safety-critical. Nursing matters. Yet the results of our latest survey show the profession continues to face significant challenges. While there are small signs of progress, our skills and expertise remain undervalued.

These findings are significant - they represent the lived experiences of nursing staff across the UK and in all settings. We already know that nursing has been cut, squeezed and devalued. But these findings tell us what must change.

Ten years on from our first employment survey and the results continue to paint a worrying picture – many nursing staff are considering or actively planning to leave their roles, with four in five too busy to be able to provide the level of care they want. This leaves staff feeling demoralised and that they have little choice but to work longer hours to get things done, often unpaid overtime. It is unacceptable that many are working unwell, to try and compensate for there simply not being enough nursing staff.

Pay fairness stands out as the single biggest concern for our members. The current pay framework is broken and long overdue reform to the pay structure is needed. No annual cost of living pay increase is ever going to be enough to deliver the fundamental change we need. Only a third of respondents said they'd recommend nursing as a career, the lowest it's been in the decade since the survey first began. Sadly, nursing staff still report concerns with workplace culture and safety, with physical and verbal abuse far too commonplace. These issues are not isolated; they shape morale, retention and the future of our profession.

Despite these challenges, nursing is an amazing profession. Our challenge now is to make the next ten years better than the last, for nursing as a profession but crucially for patients too. This means, securing fair pay and recognition for all of nursing; investment for safe staffing, mandated minimum nurse-to-patient ratios in all settings; and action from employers to make workplaces safer, with every member of the nursing workforce supported, valued and protected. These ambitions are not new - but they need to be realised now more than ever.

We won't lose any time in using these findings to demand change. We are the voice of nursing – and will work with members, employers and policymakers to deliver meaningful improvements for nursing. Governments and health system leaders must listen and act to not only protect our profession, but to protect the health of our population too.

Nicola Ranger, General Secretary and Chief Executive

Summary of findings

Workforce profile

- 80.9% of respondents are employed in the NHS, with a strong hospital-based presence.
- The respondent profile is predominantly female (86.9%), and 63.2% are aged 45 or older.
- 13.1% of registered nurses were first registered outside the UK, reflecting international recruitment trends.

Pay and pensions

- The majority of respondents are employed in the NHS, which corresponds with the high proportion (80.3%) working under Agenda for Change (AfC) contracts. Others are employed on clinical grading or organisation-specific pay structures.
  - Two-thirds (67.6%) of all respondents believe their current pay level or band is inappropriate given their roles and responsibilities.
- Perceived pay fairness has declined sharply since 2015, driven by the failure of pay levels to keep up with rising living costs, a widespread belief that pay fails to reflect growing levels of responsibility, autonomy, and risk, and a persistent sentiment that roles have expanded without corresponding recognition or reward.
- The majority (91.4%) of respondents in employment reported being enrolled in a pension scheme. However, around one in four said they were reconsidering their participation due to financial pressures and had considered opting out.

Retention and career intentions

- Four in ten respondents are considering or actively planning to leave their roles.
- The mains reasons for considering leaving or planning to leave include:
  - feeling undervalued (73%)
  - low pay (60.7%)
  - excessive pressure (59.7%)
  - emotional exhaustion (59.2%).
- When invited to select up to three aspects of employment that would most improve their working lives, the majority of respondents (89.6%) identified a pay rise as the most significant change, followed by more annual leave (37.2%) and greater flexibility in working arrangements (31.8%).

Advocacy of nursing as a profession and career

- Six in ten (59.7%) described nursing as a rewarding career.
- Half (51.4%) of all respondents agreed or strongly agreed that they feel enthusiastic on most days.
- Three in ten (30.3%) would recommend nursing as a career to others.
- Half (49.9%) believe that nursing would continue to offer them a secure job for years to come.

- Only 30.7% of respondents agreed or strongly agreed with the statement “I would not want to work outside of nursing.”
- Nearly half of respondents (47.4%) expressed no regret about choosing nursing as a career, while almost quarter (23.5%) said they felt some level of regret about their choice.

Working hours and conditions

- Typically, seven in ten (70.4%) work in excess of their contracted hours at least once a week. Just over a third (34.8%) do so several times a week and 13.5% work additional hours on every shift.
- Among those who work additional hours regularly – defined as at least one hour once a week - around half state (52.1%) that these hours are unpaid.
- 84.5% reported having worked when they should have taken sick leave on at least one occasion over the previous 12 months.
- The main reasons for working despite feeling unwell are stress (65.1%) and virus/cold or infection (52.5%) and musculoskeletal problems (41%) such as back pain.
- Six in ten (62.9%) said they feel under too much pressure at work.
- Half (50.4%) reported feeling happy with their working hours.
- Six in ten (59.3%) said they were too busy at work to provide the level of care they would like.
- 45% of respondents said they were satisfied with the choice they have over their length of shifts or working hours.
- Just under four in ten (38.2%) feel able to balance home and work lives.
- Around half (53.5%) state that too much of their time is spent on non-nursing duties.

Methodology

The *RCN Employment Survey 2025* is the largest survey of the nursing profession in the UK. With over 20,000 responses it allows us to draw inferences about employment experiences, motivations and perceptions of nursing.

Responses are broadly representative of the RCN's membership profile in terms of geography, sector of employment and demographics. As such, the findings in this report are illustrative of patterns across the UK. In many cases, the survey questions which were provided to our members have been identified throughout the report. Some of the figures are based on data drawn from multiple questions.

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

1 Workforce profile

A more detailed breakdown of survey responses is available in the appendix at the end of this report, summary results show that the NHS is the dominant employment sector among respondents, with a strong hospital-based workforce. The demographic breakdown highlights a predominantly female workforce, with over six in ten (63.2%) aged 45 or over.

Main employment sectors:

- NHS (including trusts, boards, commissioning and arm's length bodies and NHS Bank): 80.9%
  - > Of those working for NHS trusts and boards, three quarters work in hospital settings and a quarter work in community settings
- general practice: 5.5%
- independent sector care homes: 4.0%
- independent sector hospitals: 2.2%
- other sectors include hospices, further/higher education institutions, nursing agencies and criminal justice settings.

Demographics:

Age

- 36.8% of respondents are aged 44 or younger
- 28.4% are aged 45-54
- 34.8% are aged 55 or older.

Gender

- 86.9% identify as female
- 11.9% identify as male and
- 0.2% identify as non-binary
- the remaining 1% preferred not to disclose.

Ethnicity

- Asian/Asian British: 7.2%
- Black/Black British: 7.2%
- Mixed ethnic background: 1.5%
- White: 81.5%
- other ethnic background/prefer not to disclose: 2.6%.

Internationally educated nurses

Of all registered nurses:

- 86.9% first registered in the UK
- 13.1% first registered outside the UK.

2 Reward and security

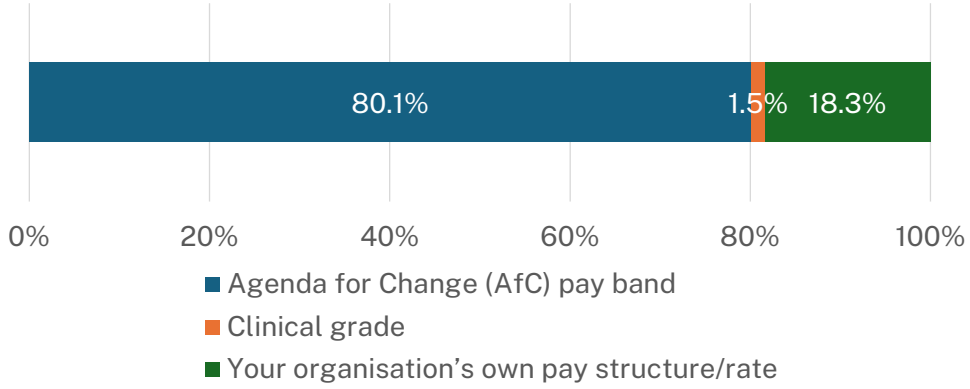
Respondents were asked to describe their employment situation, including the type of contract they are currently on. As the majority of respondents are employed in the NHS, it follows that most are employed on AfC contracts. This is shown in Figure 1 which indicates eight in ten (80.3%) are directly employed on AfC contracts. The remainder are employed on their organisation's own pay structures or rates (18.3%) or on clinical grades (1.5%)

Among those employed on their organisation's own pay structures:

- 15.1% are employed on contracts aligned with AfC
- 8.6% are employed on contracts aligned with clinical grading
- 53.7% are employed on organisational contracts.

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

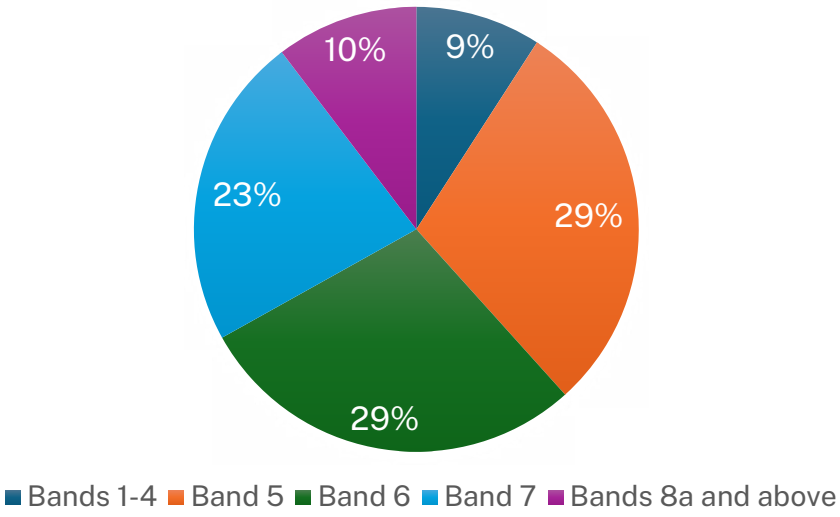
Figure 1: Type of employment contract



Respondents were asked to indicate their current AfC band, clinical grade, or pay rate. These responses have been equivalised to AfC pay rates to enable consistent visualisation of the overall pay distribution, with Figure 2 showing that:

- 9.1% are employed at Bands 1 to 4
- 29.2% are employed at Band 5
- 28.6% at Band 6
- 22.8% employed at Band 7
- 10% at Band 8a and above.

Figure 2: Pay bands/rates equivalised to AfC



2.1 Given your role and responsibilities, how appropriate would you say your current pay level or band/grade is?

All respondents in employment were asked whether they thought their pay level or band/grade is appropriate, given their roles and responsibilities. Figure 3 shows that two thirds (67.6%) stated that their pay band or level is inappropriate and a fifth (20.7%) state it is appropriate. Figure 4 goes on to show a sharp decline in perceived pay fairness over the past decade. In 2015, 43.7% of respondents believed their pay level or band was appropriate - a figure that has dropped by 23 percentage points by 2025. This downward trend reflects growing dissatisfaction and signals a deepening disconnect between pay levels and the realities of nursing roles.

Figure 3: Given your role and responsibilities, how appropriate would you say your current pay level or band/grade is?

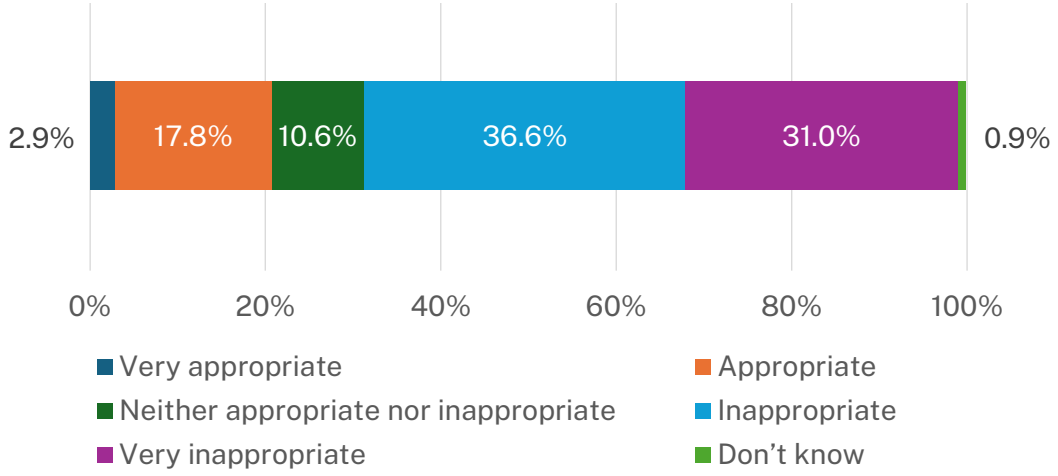


Figure 4: Percentage stating pay level or band/grade is appropriate/very appropriate (2015-2025)

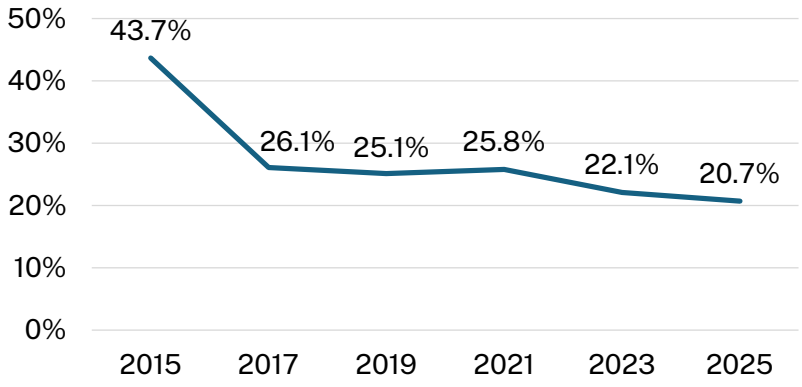
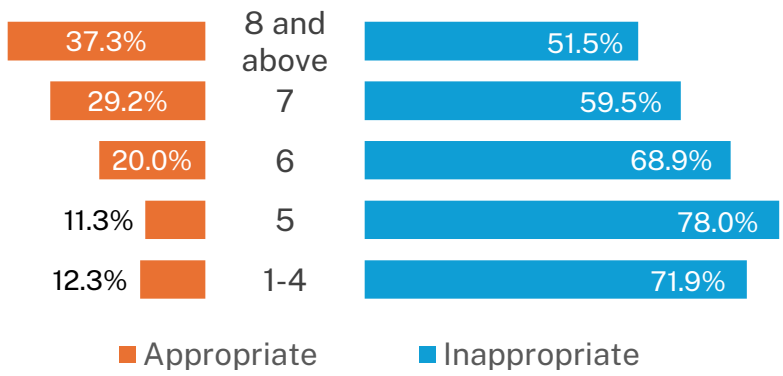


Figure 5 reveals a clear inverse relationship between pay banding and the perceived appropriateness of pay levels. Respondents employed on lower pay grades are significantly more likely to state that their pay band or level is inappropriate given their roles and responsibilities.

This trend suggests that perceptions of pay fairness deteriorate according to pay banding, with those on lower bands expressing the highest levels of dissatisfaction.

Figure 5: Percentage stating pay level or band/grade is appropriate/ inappropriate by equivalised AfC pay band



2.2 Reasons for dissatisfaction with pay

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

Cost of living

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

> *"Pay has not kept pace with inflation. In real terms, I am worse off and with the cost of living crisis and rising inflation I am really struggling financially. I am not valued or paid my worth for the job I do."*
>
> **Sister/charge nurse, NHS surgical ward, north-east England**

> *"It is not in line with inflation and living costs. The nature of the job (emotionally demanding and complex), years of training and years of experience is not matched to other job roles in society."*
>
> **NHS mental health nurse, Wales**

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

Pay does not match levels of responsibility, autonomy and risk

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

> *"I don't think my current pay band truly reflects the amount of work and responsibility I take on. Every shift is demanding physically, mentally, and emotionally. I often deal with complex patients, sometimes support junior staff, and make important decisions under pressure. Sometimes I feel like I'm doing more than what's expected of my band, but the pay doesn't really show that. With the cost of living is going up and the pressure in health care is getting heavier, it just doesn't always feel fair."*
>
> **Staff nurse, NHS surgical ward, north-west England**

> *"My pay does not reflect the level of responsibility I hold daily. I am often in charge of a maximum-security prison housing about 180 residents many of those experience significant health conditions. Particularly on night shift when there is only one nurse on for the whole prison."*
>
> **Deputy sister, prison, Northern Ireland**

Role expansion

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

> *"Our role is constantly expanding to include more responsibility while our pay does not reflect this. We train for years to earn our qualification and obtain debt to work in a career that doesn't appreciate us and often results in health care workers having to get themselves in further debt just to get by."*
>
> Staff nurse, NHS acute/urgent hospital unit, Wales

> *"Despite extra learning and increased experience there is no scope for more pay. The role expands and the skills required increase with new technology related to my role."*
>
> Clinical nurse specialist, NHS acute/urgent hospital settings, Scotland

> *"Over time, my duties have expanded significantly, taking on leadership responsibilities, mentoring colleagues, and managing complex clinical situations that require advanced knowledge and decision-making. My pay does not adequately align with the scope of my role and the value I provide to the organisation."*
>
> Sister/charge nurse, NHS acute/urgent hospital unit, north-west England

Exposure to risk and unsafe working environments

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

> *"We are understaffed, asking to care for more patients than we should. The acuity is high constantly and we are working in dangerous conditions constantly."*
>
> Staff nurse, NHS acute/urgent hospital unit, north-west England

> *"We are exposed to violence and aggression on a daily basis and our pay does not reflect the stress and strain."*
>
> Health care assistant, NHS children/young people's mental health ward, Yorkshire and Humberside

Employment terms and conditions

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

> *"Not paid sick leave. No extra pay for overtime. No extra pay for weekends. No extra pay for night shifts. "*
>
> **Staff nurse, Independent sector care home, south-west England**

> *"Pay is not in line with NHS colleagues. Sick policy is insulting. Would prefer pay instead of TOIL for overtime which we have no choice over."*
>
> **School nurse, Greater London**

> *"I love my job as a practice nurse, but the pay and terms and conditions are a huge compromise/sacrifice. Many in practice nursing accept the short straw because they love the job or the team, or the hours suit better, or there is flexibility that other services cannot afford to give. But pay, annual leave and sickness pay will be the reason why I will end up leaving the role. All clinical roles should be under the Agenda for Change pay and conditions."*
>
> **General practice nurse, south-east England**

2.3 Pensions

Among all respondents in employment, the vast majority (91.4%) reported being enrolled in a pension scheme. However, a significant minority are reconsidering their participation due to financial pressures. This question was included in recognition of growing reports - particularly from NHS staff - of individuals opting out of the pension scheme to reduce short-term financial strain.

Nearly one in four respondents said they are actively considering opting out, while some have already done so. This trend suggests that current pay levels are insufficient to meet basic living costs, especially for early-career staff. Figure 6, overleaf, illustrates this pattern, showing that younger respondents are significantly more likely to be contemplating opt-out than older colleagues. This raises concerns about long-term pension security and financial wellbeing among the future generations of nursing staff.

A further 4.4% indicated that their situation did not fit the standard survey question categories. When prompted, many explained they had opted out earlier in their careers and later rejoined. Several respondents described opting out during maternity leave due to financial strain. Among those who had opted out, many expressed regret - highlighting the long-term consequences of decisions made under economic pressure.

"I had opted out when younger due to cost of living but realise (too late!) that I will need some sort of pension as approaching older age. This will be very limited as restarted later in life."

Clinical nurse specialist, NHS outpatients, south-east England

"I opted out in my former job/role in Mental health because I was struggling to meet up with the financial demands that I had. Most people in my cohort did opt out as well."

Staff nurse, NHS older people's hospital unit, south-east England

Figure 6: Have you considered opting out of the pension scheme to help meet your living costs? All stating 'I am thinking about opting out' by age

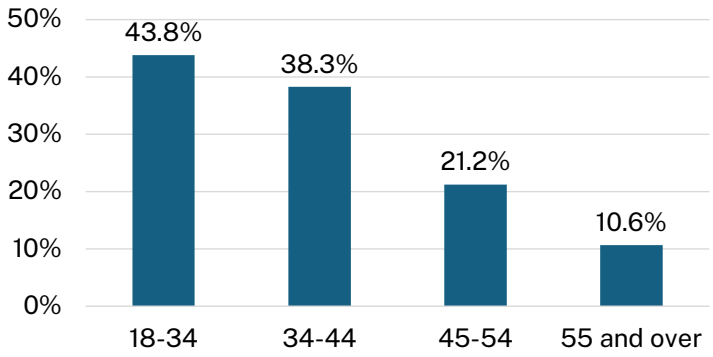


Table 1: Have you considered opting out of the pension scheme to help meet your living costs?

No	68.3%
Yes - I have already opted out	2.8%
Yes - I'm thinking about opting out	24.5%
Other	4.4%

3 Retention and career intentions

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

Table 2 shows that a third of respondents in employment (32.2%) stated they were not considering leaving their job, with a smaller number (15.4%) stating they were unsure.

Just under one in three (28.4%) said they were thinking about leaving their job and a further 11.4% said they were actively planning to leave. These figures point to a significant level of workforce instability, with around four in ten respondents either contemplating or preparing to exit their roles.

Among those who selected "Other" (12.6%), the majority said they were planning retirement or were too close to retirement to consider leaving. Others described feeling stuck - frequently thinking about leaving but unable to identify viable alternative options. This suggests not only a level of dissatisfaction but also limited mobility within nursing or a lack of confidence that their skills are readily transferable to other sectors or workplaces.

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

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

All respondents in employment

Figure 7, overleaf, highlights the key reasons cited by respondents who are actively planning or considering leaving their jobs. The most commonly reported factor was **feeling undervalued**, selected by nearly three quarters of respondents (73.0%). This was closely followed by **low pay levels** (60.7%), **feeling under too much pressure** (59.7%), and **feeling exhausted** (59.2%).

These findings point to a workforce under strain - where emotional fatigue, financial dissatisfaction, and a lack of recognition are driving intentions to leave. These push factors far outweigh positive motivations such as **seeking promotion** (22.2%) or **looking for a new challenge** (21.6%).

Figure 7: Reasons for thinking about or planning to leave

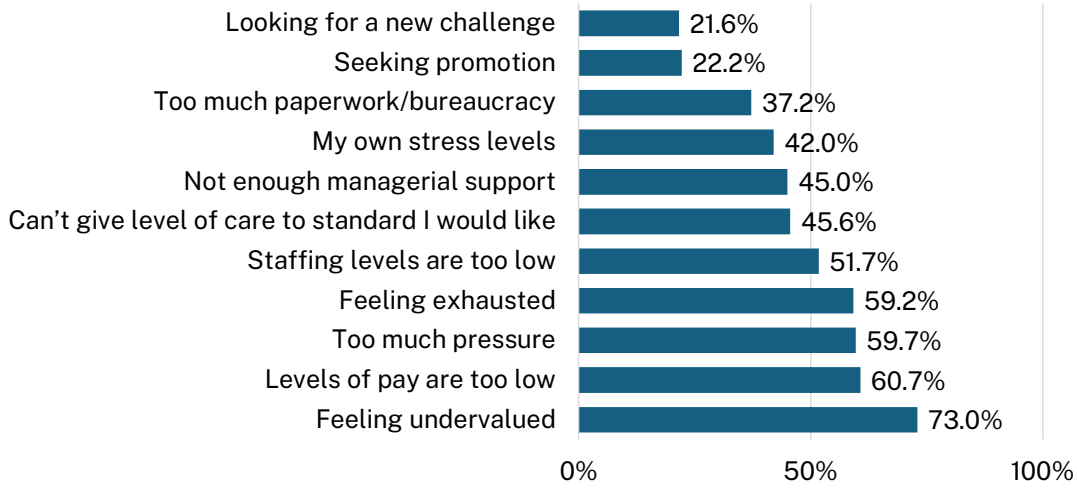
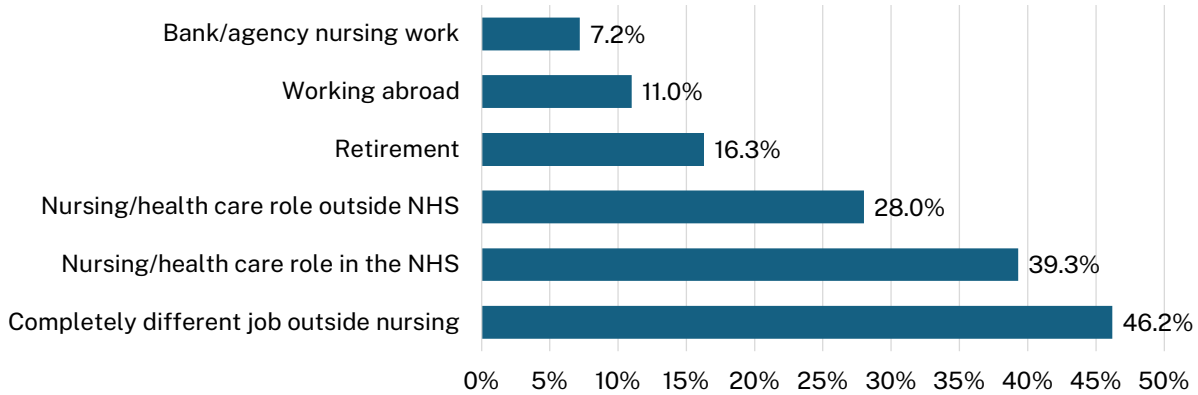


Figure 8 then shows where respondents would like to move to if they left their current role. The largest proportion (46.2%) said they would prefer to transition into a completely different job outside nursing, followed by 39.3% who would like to move to a different nursing or health care role within the NHS, and 28% who would consider a non-NHS health care role. Smaller proportions expressed interest in retirement (16.3%), working abroad (11.0%), or bank/agency roles (7.2%).

The fact that nearly half (46.2%) would prefer to leave the profession entirely underscores the levels of dissatisfaction with nursing.

Figure 8: Where are you thinking of moving to? (all respondents stating they were considering or actively planning to leave their job)



3.1 Reasons for leaving

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

Feeling undervalued

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

> *"The workload and the stress levels that come with it is not justified by the current pay. Nurses like myself have a salary that can just literally pay the rent, water, electricity and council tax. No more, no less... The current pay will force nurses to leave the profession at some point. Or more likely, transfer to some other countries who value the nursing profession more."*
>
> **Staff nurse, NHS older people's hospital unit, north-east England**

> *"I find my job rewarding, but not financially so. I don't think nurses are valued enough for the training, qualifications and experience we have, and for the ongoing pressure to adapt to reducing resources and increasing responsibilities."*
>
> **Public health nurse, charity, north-east England**

> *"Poor working conditions, low pay, increased expectations of those accessing underfunded services makes me feel I chose an undervalued, low wage profession, doing a job where you're expected to keep your skills and knowledge updated and put my job before my family, my personal physical and mental health."*
>
> **Staff nurse, NHS hospital unit, Wales**

3.2 Recruitment freeze

Some respondents expressed a desire to leave but felt trapped by the lack of available roles due to budget cuts and hiring freezes.

> *"I would leave my job, but the financial pressures on the NHS means there is a recruitment freeze and there are no jobs appropriate for me. I love being a nurse, but the state the NHS is in does make me consider quitting."*
>
> **Clinical nurse specialist, NHS cancer care, south-east England**

Blocked progression

Others described long-standing frustration with career stagnation, despite significant experience and investment in their own training.

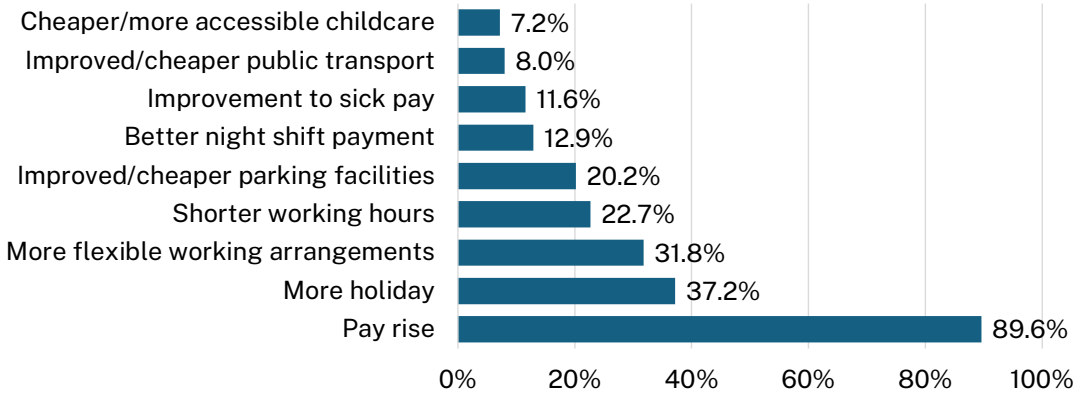
> *"No matter how hard I study, and despite 18 years of clinical experience I cannot progress my career. There are no opportunities, posts or funding in my area... Feeling deflated."*
>
> **NHS Community Nurse, Northern Ireland**

> *"As a profession I feel as though we are penalised for progressing clinically. If I had chosen the management route, I am certain I would be at least two bands higher. We constantly lose good nurses to managerial roles."*
>
> **Clinical nurse specialist, NHS acute/urgent hospital unit, north-west England**

3.3 Improvements to working lives

All respondents were asked what would make most difference to them in their working lives, with the option of picking up to three from a list of aspects of employment. The majority (89.6%) said a pay rise, while others stated more holiday (37.2%) and more flexible working arrangements (31.8%).

Figure 9: What would make the most difference to you?



3.4 Advocacy of nursing as a profession and career

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

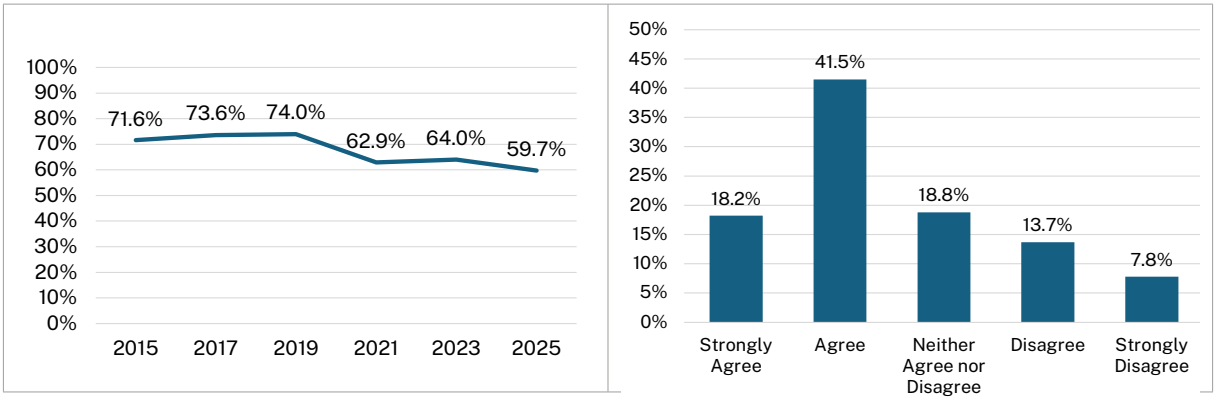
I think that nursing is a rewarding career

Figure 10 shows that almost just under six in ten (59.7%) of all respondents, including students, described nursing as a rewarding career, falling from a high of 74% in 2019.

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

> *"Generally I'm very happy in my job. My main concern is the lack of nurses that are now coming through and sometimes unsafe staffing on shifts. People are not going into nursing due to the pay and working conditions, patients and staff can be abusive which can be very stressful. It's very sad as generally nursing is a very rewarding job which I've loved."*
>
> **Staff nurse, charity, south-east England**

Figure 10: I think that nursing is a rewarding career

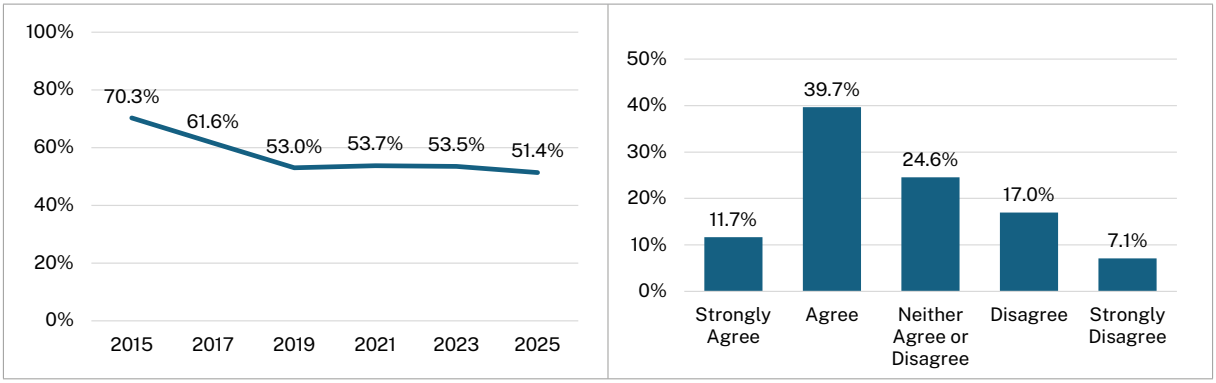


Most days I am enthusiastic about my job

When asked about how enthusiastic they feel about their job, just over half (51.4%) of all respondents agreed or strongly agreed that they feel enthusiastic on most days, representing a drop of almost 20 percentage points since 2019.

> *"I love looking after the individuals who need our care and that will not change. But I feel that nurses are very undervalued and our experience and insight is rarely sought and not listened to or acted on. Hard won improvements in pay and sick pay are constantly being eroded especially outside the NHS."*
>
> **Staff nurse, hospice, Yorkshire and Humberside**

Figure 11: Most days I am enthusiastic about my job



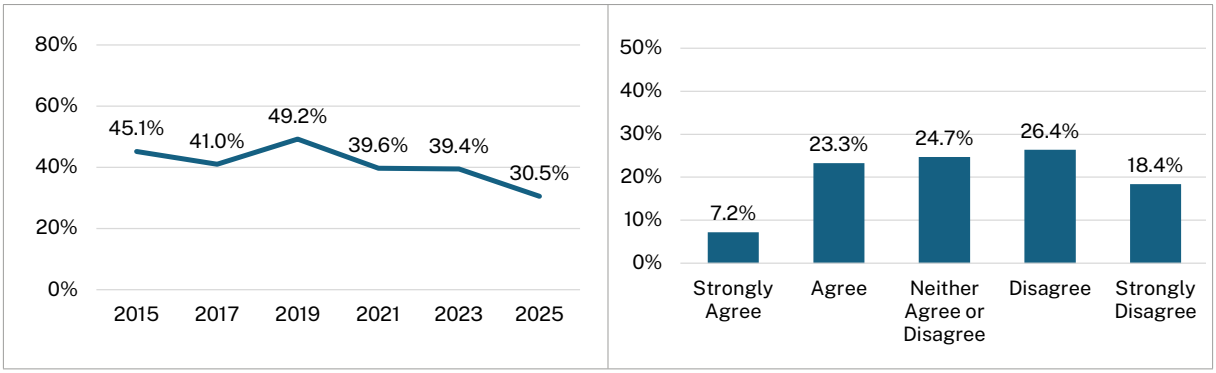
I would recommend nursing as a career

In terms of advocating nursing as a career to others, only three in ten (30.5%) would recommend, agree or strongly agree that they would recommend the profession. A further quarter (24.7%) are ambivalent, while almost half (44.8%) would not recommend nursing as a career.

This reflects a broader pattern of declining confidence in nursing as a sustainable and rewarding profession. Between 2019 and 2025, the proportion of respondents who said they would recommend nursing dropped from 49.2% to just 30.5 % - a 19-percentage point fall over six years.

> *"I feel sad to tick the box that I wouldn't recommend nursing as a career any longer. I have loved being a mental health nurse on the whole. However, the pressures and demands of the job have increased considerably. Sometimes it feels like I spend a lot of time proving what I am doing then being able to get on with my clinical work. The workload is totally unachievable which does not lead to job satisfaction and impacts upon your home life often. Pay has barely gone up in the last 10 years which doesn't help in terms of feeling valued and staff retention (aside from paying your bills!)"*
>
> **NHS mental health nurse, south-west England**

Figure 12: I would recommend nursing as a career



Nursing will continue to offer me a secure job for years to come

Just under half agreed or strongly agreed with the statement 'nursing will continue to offer me a secure job for years to come' while almost a quarter (23.6%) disagreed.

Although confidence in job security rose significantly between 2017 and 2019, this year marks a sharp reversal — with an alarming drop of nearly 12 percentage points in the last two years.

Redundancies and uncertainty

We heard from many nursing staff worried about their futures, telling us about imminent redundancies particularly in the NHS, as well as other sectors including hospices.

Many are worried not only for their own prospects, but also the impact on patient care and service delivery.

> *"Redundancy of specialist services is a massive worry and will affect patient care. Having blanket reduction of corporate services will affect quality and patient outcomes."*
>
> **Clinical nurse specialist, NHS, West Midlands**

> *"May be forced out by ICB redundancies and I am tired of going through CCG-ICB changes and cuts."*
>
> **Strategic transformation role, NHS Integrated Care Board, south-west England**

> *"Constant uncertainty due to reorganisation of trusts that our unit will close but no answers. Lack of jobs may force me to look outside nursing as it is apparent that there are now over 100 applicants per job at my trust as some trusts already making staff redundant."*
>
> **Staff nurse, NHS surgical ward, south-east England**

> *"My organisation is going through a huge upheaval due to lack of funds, and has just been assimilated into another hospice in order to survive financially. Many of my colleagues have been made redundant or forced to accept lower wages or poorer conditions It's a very unsettling time and I feel we may not survive as a service unless the government recognises the value of specialist palliative care and starts to fund us soon. Very very sad."*
>
> **Staff nurse, hospice, south-east England**

> *"I fear for my job security, not just my current job but being able to find another role following the ICB restructure and current job freeze. The constant threat of redundancy the last three years through the restructures have been incredibly stressful."*
>
> **Commissioning role, Integrated Care Board, south-west England**

Nursing students, early career nurses and the nursing profession

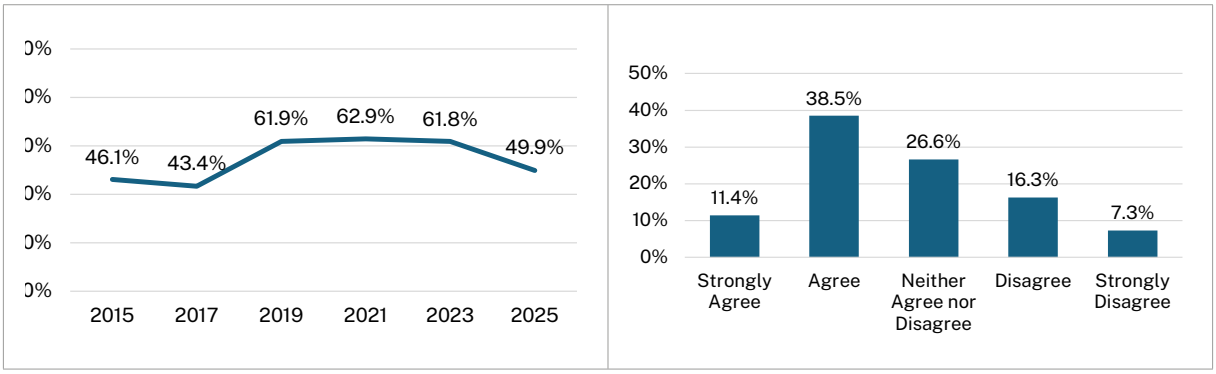
The survey did not specifically ask students to reflect on their education or employment experiences. However, several comments made by both students and employed respondents highlighted the challenges faced by newly qualified nurses in securing employment.

One health visitor working in Greater London reported that students currently on placement in their service had been told there were no jobs available for them. This situation reflects the impact of a recruitment freeze, which is contributing to high workload pressures and low morale among existing staff. A student in south-east England told us that they were due to qualify in two weeks' time but haven't found a job due to recruitment freezes. Other students and early career nurses described structural barriers to progression, including financial constraints, limited job opportunities, and restricted access to supportive learning environments. These pressures are prompting many to question the sustainability of nursing as a long-term career.

> *"I would like to further my career as a nurse, however it is difficult in the current climate with the cost of childcare, working hours and lack of support when working as a full time bank nurse with no permanent post. I am only qualified three years and would like to learn more in a safe and supportive practice area. If the salaries for nursing were improved significantly, life would be more manageable for everyone."*
>
> **Bank nurse, independent sector hospital, Northern Ireland**

> *"It's a beautiful job, difficult and tiring, but amazing. The pay is nowhere near reflective of how hard my team works and it's genuinely devastating. I haven't even graduated yet, but I am doubting if it is going to give me a sustainable independent quality of life when I will be working."*
>
> **Student nurse, East Midlands**

Figure 13: Nursing will continue to offer me a secure job for years to come



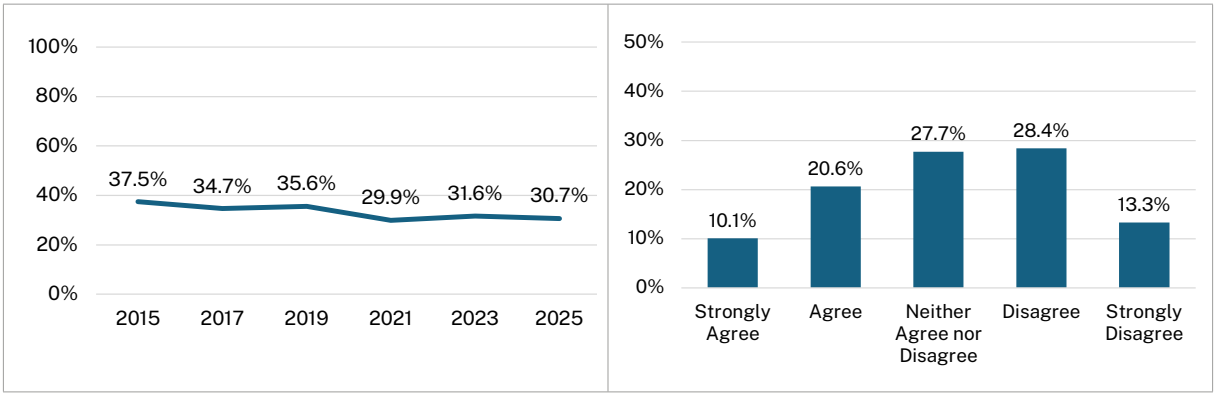
I would not want to work outside of nursing

Just three in ten (30.7%) agreed or strongly agreed with the statement 'I would not want to work outside of nursing.' In contrast, 41.7% disagreed – suggesting a readiness to leaving the profession - while a further 27.7% expressed no clear sentiment.

These findings suggest that nursing is becoming less of a firmly anchored career choice for many. The fact that more respondents disagreed than agreed with the statement points to a growing ambivalence about the profession's long-term appeal and reinforces earlier evidence of declining advocacy of nursing as a career.

> *"Other industries may offer better pay, more flexibility, and less emotional stress. Some nurses leave not because they no longer care, but because they feel they can't continue to care under the current conditions. Being unable to provide the level of care patients deserve - due to time, staffing, or system constraints - leads to moral distress."*
>
> **Clinical nurse specialist, NHS hospital settings, Greater London**

Figure 14: I would not want to work outside of nursing



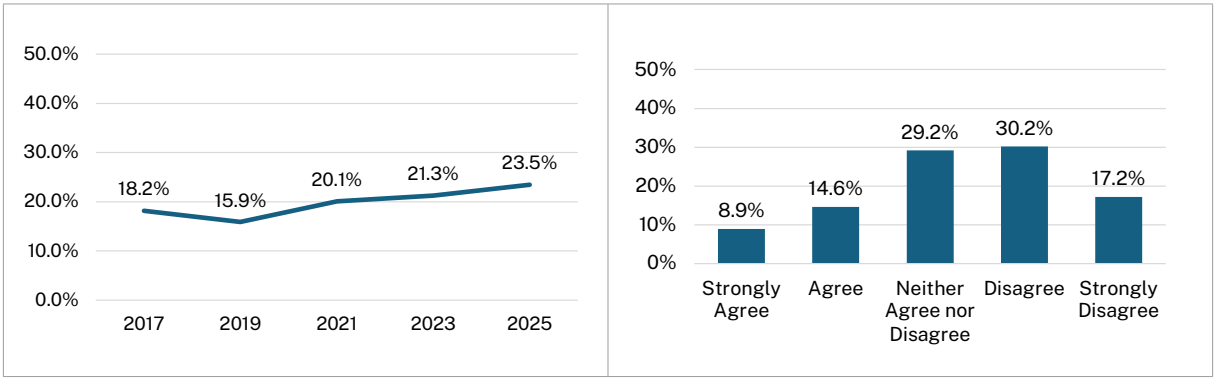
I regret choosing nursing as a career

We asked respondents whether they agreed with the statement 'I regret choosing nursing as a career'. Just under half (47.4%) disagreed, while a further 29.2% neither agreed nor disagreed. However, the proportion who do regret their choice has risen markedly - from 15.9% in 2019 to 23.5% in 2025.

> *"I do not regret choosing nursing as a career, but if I was at the beginning of my career now I may have a different view. I admire the nurses who continue to work in conditions that cause huge amounts of stress and moral distress."*

Clinical nurse specialist, NHS children and young people hospital settings, south-east England

Figure 15: I regret choosing nursing as a career



4 Working conditions

4.1 Working additional hours

Figure 16 shows that, typically seven in ten (70.4%) of respondents work in excess of their contracted hours at least once a week. Just over a third (34.8%) do so several times a week and 13.5% work additional hours on every shift.

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

Of those who reported working additional hours at least once a week, a third (32.4%) report working between one and two hours a week; 41.6% report working between three and six hours; 11% work between seven and ten hours and a further 11% stated they regularly work over ten hours a week extra.

Figure 16: Working additional hours (n = 20,854)

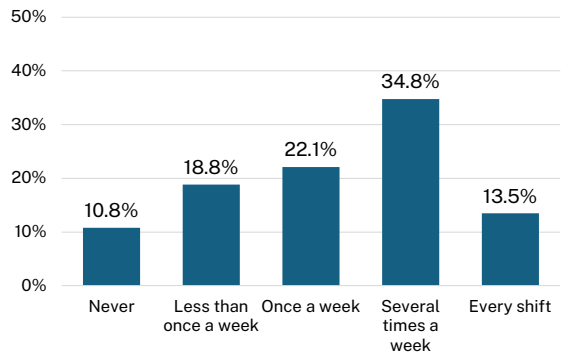
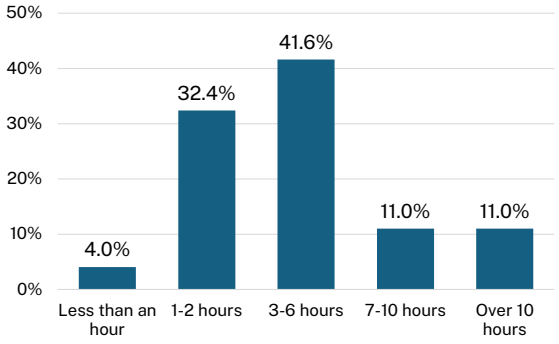


Figure 17: Length of additional working hours (n= 18,406)



4.2 Impact of staff shortages and long working hours

Survey respondents described the profound impact that long hours and understaffing are taking on their health, personal lives, and ability to deliver safe, effective care. These pressures reflect a health and social care system under sustained strain, where workforce depletion, recruitment freezes, and unsafe redeployments are becoming routine.

> *"Extra hours, long hours. Never away from work. Always being contacted and having to catch up at home with notes. Always feeling stressed and always feeling guilty about not having enough time to do the job I was trained and loved doing. It is like fighting fire with your hands tied behind your back. You just can't make a difference."*
>
> **NHS community nurse, south-east 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.

> *"Despite wards being short staffed there are very few shifts made available for bank work. This has a negative impact on the patients as staff struggle to meet demand. Staff feel stressed and burnt out and personally I feel that despite trying my hardest to provide the standard of care expected, it is often below the standard I want to give. I feel my PIN is at risk especially when moved to work in areas that I am not familiar with. I feel that the staffing levels set as adequate are below the level required to provide a high, safe standard of care."*
>
> **Deputy sister/charge nurse, NHS surgical ward, Yorkshire and Humberside**

> *"It is common practice to re-deploy members of staff from their usual area of work to cover staff shortage in other areas, leaving your usual place of work short staffed. Nurses are moved to wards they are not familiar with without any induction. I have known staff members have to go home sick with anxiety rather than go to a new area."*
>
> **Staff nurse, NHS older people's ward, north-west England**

In some areas, recruitment freezes are compounding the crisis, forcing remaining staff to absorb the workload of departing colleagues, often without support or reprieve.

> *"We are losing several colleagues in an already understaffed team, the job freeze means that all their work will have to be reallocated to the staff left who are already holding a full caseload. The current situation is untenable."*
>
> **NHS Health visitor, Greater London**

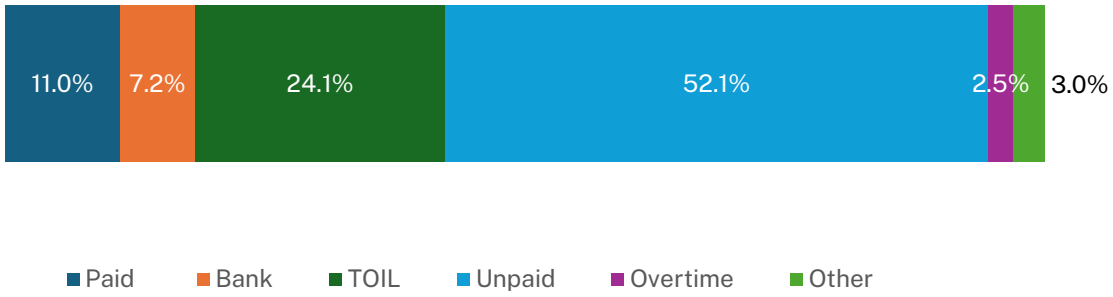
Respondents told us they were worried that staffing pressures were damaging workforce morale and that this was impacting on recruitment and retention.

> *"The pressure and responsibility that is continually being put on nurses of all grades is just becoming more difficult. Staff are expected to work more for less and expected to be picking up extra work/tasks for a depleted unit. Staffing crisis is at an all time high along with burn out and unrealistic expectations."*
>
> **Sister, NHS acute/urgent hospital ward, Scotland**

4.3 Compensation for additional hours worked

Among those respondents who work at least one hour of additional hours at least once a week, around half state (52.1%) that these hours are unpaid, 11% stated they are paid and 7.2% said they work additional hours as bank work. Just under a quarter said they normally receive time off in lieu (TOIL).

Figure 18: Compensation for additional hours worked



Survey respondents described widespread frustration with how extra hours and additional shifts are managed. The data reveals a pattern of unpaid overtime, restricted access to TOIL, and declining incentives for bank work.

Unpaid overtime

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

> *"I work in a very busy fast-paced ward, which is frequently understaffed with unrealistic expectations. I rarely ever finish on time and often stay at least one or two hours over my finishing time every shift to finish tasks/ paperwork or notes. None of this is paid."*
>
> **Staff nurse, NHS surgical ward, Scotland**

Time off in lieu (TOIL) is becoming harder to access

TOIL is often promoted as an alternative to paid overtime, but many respondents say it is becoming more difficult to claim. Organisational policies often prevent carryover, and staff are not permitted to request payment instead, resulting in significant losses.

> *"It is very challenging to get my TOIL. I have lost of 400 hours of TOIL in the past three years due to trust rules on not being permitted to carry it into the new financial year and we are not permitted to request to be paid. If you don't take it, you lose it."*
>
> **Educator, NHS cancer care, Northern Ireland**

Changes to NHS bank policies

Respondents told us that NHS organisations are actively discouraging overtime and pushing staff toward NHS bank shifts. However, changes to bank pay structures are making this option financially unattractive.

> *"Our trust is not authorising overtime for any staff, however they have encouraged staff to join NHSP. I feel people would rather be paid for their time."*
>
> **Staff nurse, NHS outpatients, East Midlands**

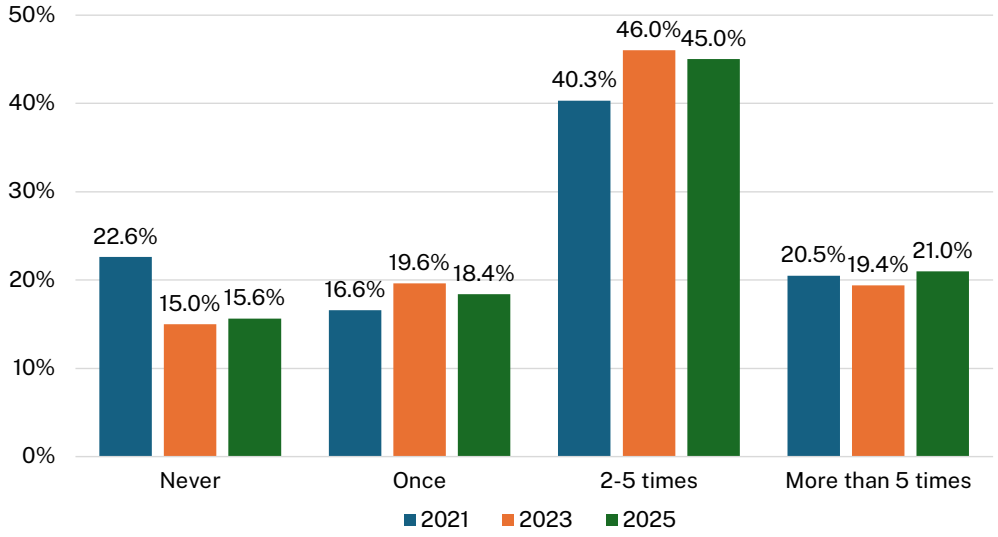
> *"Department constantly short staffed because they have moved overtime into forced bank working and they dropped their rate to lower band 5 so for senior b5 and b6, so any overtime is a pay drop. People won't do it unless they are desperate for extra cash."*
>
> **Deputy sister/charge nurse, NHS surgical ward, north-west England**

> *"Currently any bank hours worked are paid at the rate of your substantive post, this is changing so that all bands 5-7 at the top of their band will only be paid at mid point. If a band 6 picks up a band 5 shift, they will still be paid mid point band 5."*
>
> **Sister/charge nurse, NHS surgical ward, north-west England**

4.4 Working when unwell

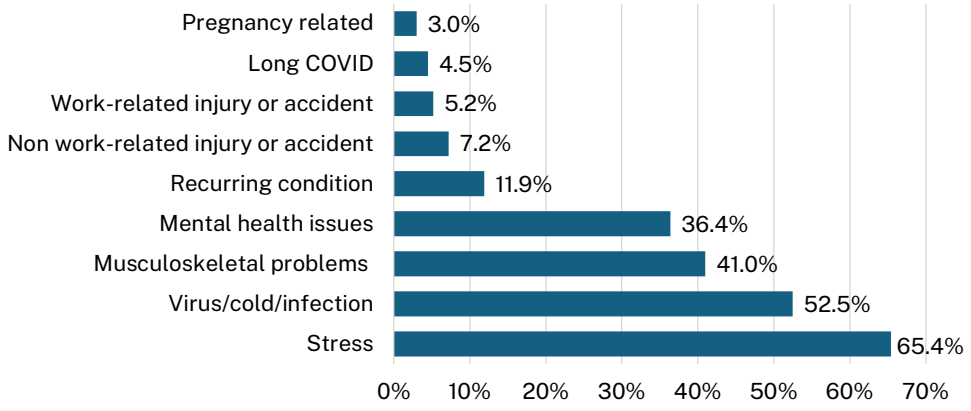
Faced with staff shortages and workload pressures, nursing staff often feel unable to take sick leave even when they do not feel well enough to be working. The 2025 survey found that 84.5% reported having worked when unwell on at least one occasion over the previous 12 months. This has increased from 77.4% in the 2021 survey.

Figure 19: How many times have you worked in the last 12 months when you should have taken sick leave?



The main reasons for feeling unwell are stress (65.1%) and virus/cold or infection (52.5%). In addition, four in ten (41%) stated they have worked even though they had musculoskeletal problems such as back pain and just over a third (36.4%) stated they had worked while suffering from mental health issues such as anxiety or depression.

Figure 20: Reasons for feeling unwell



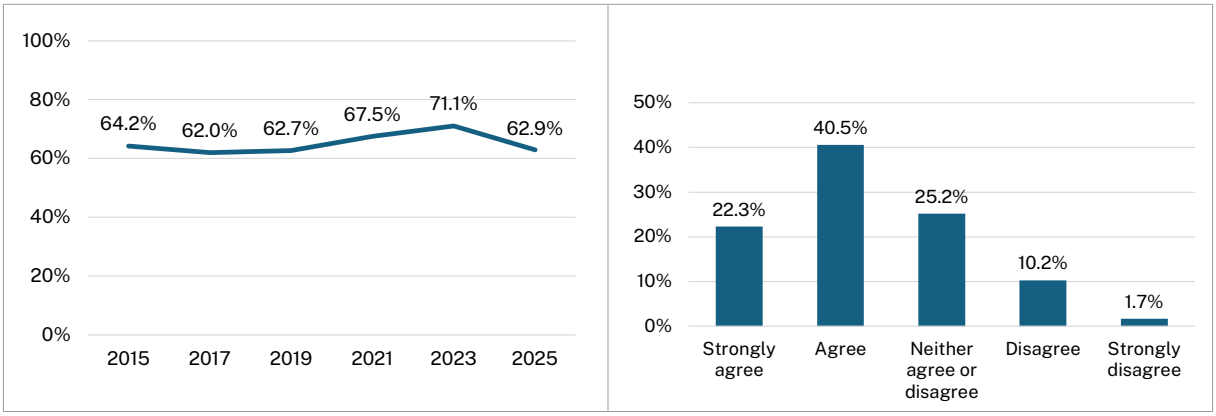
4.5 Nursing staff views about working patterns and workload

I feel I am under too much pressure at work

Comparing results from the *RCN Employment Survey 2025* over a ten-year period, we can see a steady increase in nursing staff feeling under pressure until 2023, before falling back in this year's survey. The proportion of respondents agreeing with the statement 'I feel under too much pressure at work', has fallen from 71.1% in 2023 to 62.9% his year.

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

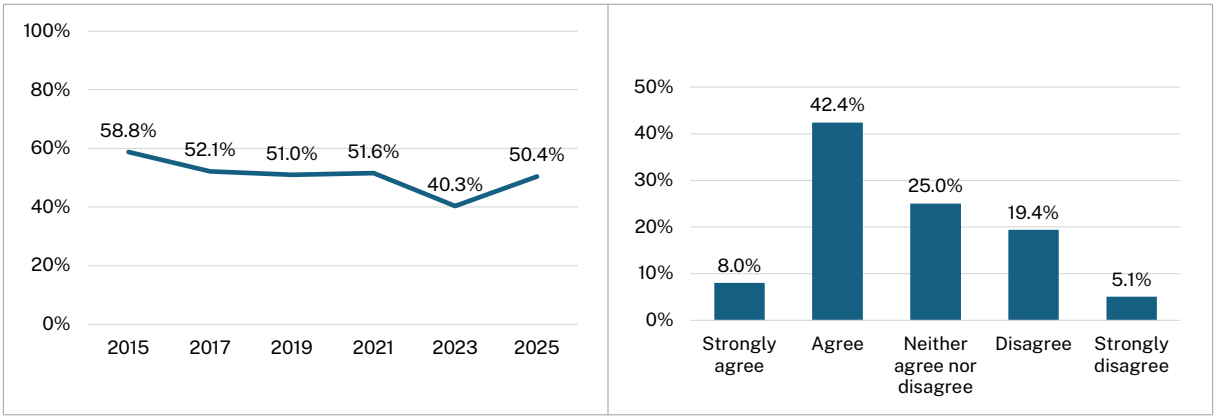
Figure 21: I feel I am under too much pressure at work



I am happy with my working hours

Just over half of all respondents (50.4%) reported feeling happy with their working hours, recovering from a low of 40.3% in 2023.

Figure 22: I am happy with my working hours



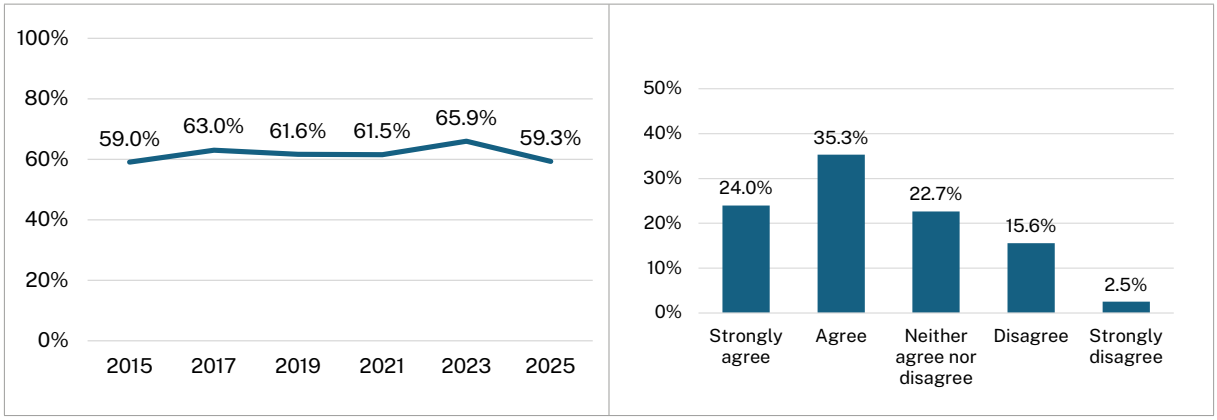
I am too busy to provide the level of care I would like

Almost six in ten (59.3%) of respondents agreed with the statement that 'I am too busy to provide the level of care I would like' with just 18.1% disagreeing with the statement. The proportion of nursing staff who believe they are too busy to provide effective care has dropped from a high of 65.9% in 2023.

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

> *"I care for between 16 and 18 patients, managing their care, along with their complex needs. With no set ratio for private companies such as nursing homes, it leaves nurses spread too thin with potential for disaster, for example unable to identify the deteriorating patient in a timely manner, due to the workload or attending the needs of other residents."*
>
> **Staff nurse, independent sector care home, Northern Ireland**

Figure 23: I am too busy to provide the level of care I would like



I am satisfied with the choice I have over the length of shifts/working hours I work

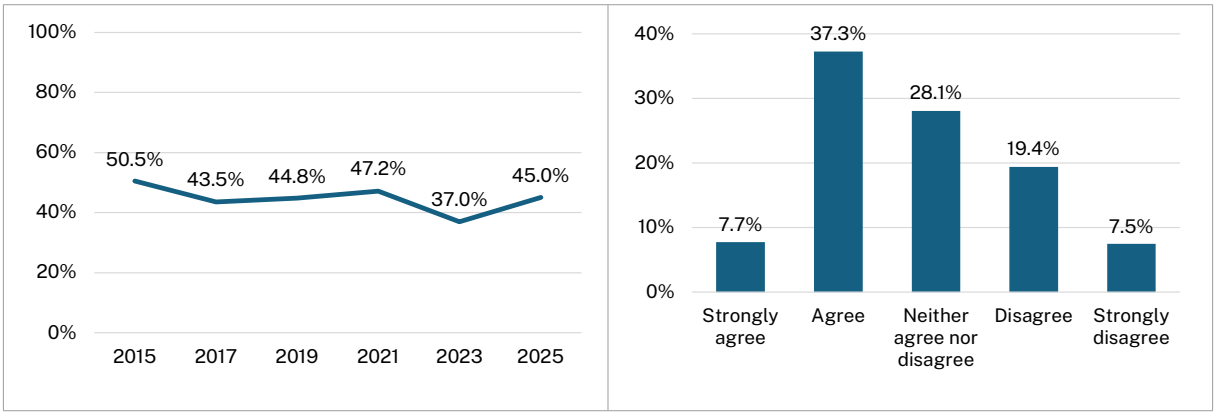
There has been an increase in proportion of nursing staff who are happy with the choice they have over their length of shifts or working hours since the 2023 survey, with 45% of respondents agreeing that they were satisfied with the choice they had, compared to 37% two years ago.

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

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

> *"I have left my permanent job after maternity leave and now work bank in the same department/team. This was the only way to have flexible working hours to fit around childcare and my husband's job. I no longer get to contribute to the NHS pension which is sad (I use the bank one instead). All the women in nursing and we still can't get hours to suit our children's needs, all very sad."*
>
> **Nurse clinician, NHS Bank, south-east England**

Figure 24: I am satisfied with the choice I have over the length of shifts/working hours I work



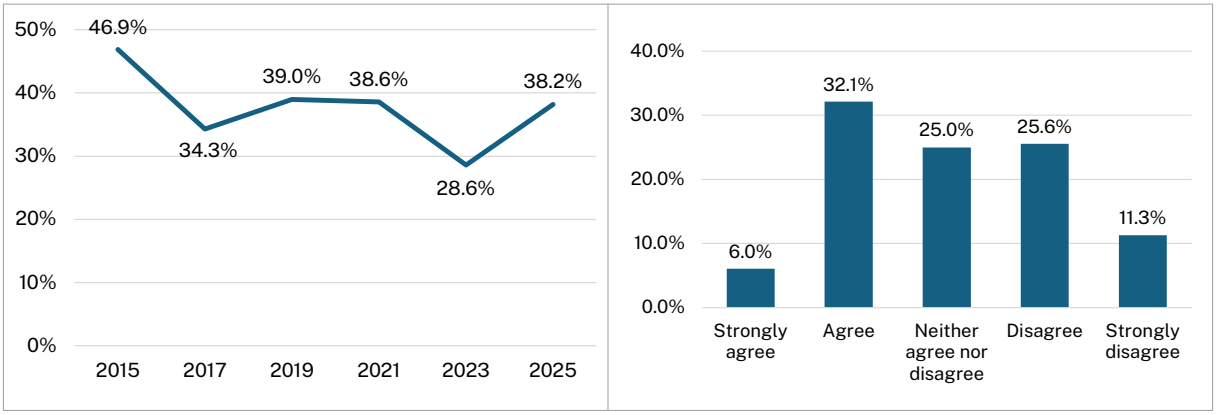
I feel able to balance my home and work lives

In a similar trend to other findings relating to working hours and job satisfaction, work-life balance satisfaction has not returned to 2015 levels, and the 2023 low point signals a critical moment of workforce strain. The increase from 28.6% to 38.2% between 2023 and 2025 is encouraging, but many staff still feel stretched.

In total 36.9% 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.

> *"Shift work, unsocial hours, working fixed hours all week and demands to cover extra shifts make it hard to maintain a healthy work-life balance, especially with family or personal commitments. This leads to exhaustion and affects the quality of care we can give. The emotional toll of nursing and understaffing contributes to compassion fatigue and burnout."*
>
> **Clinical nurse specialist, NHS acute/urgent hospital unit, Greater London**

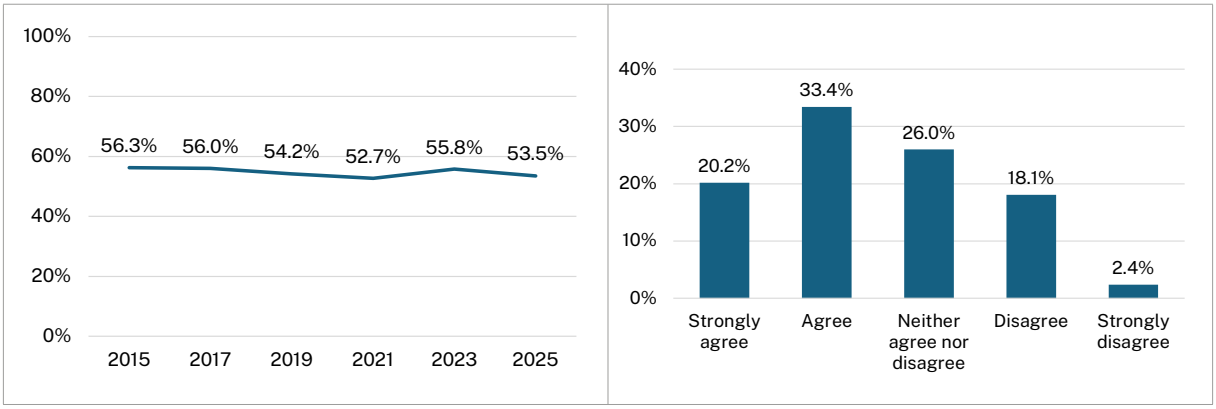
Figure 25: I feel able to balance my home and work lives



Too much of my time is spent on non-nursing duties

The proportion of nursing staff who believe they spent too much time away from nursing care showed a slight drop between 2015 and 2021, before rising again in 2023 to 55.8%. The slight drop to 53.5% in this year's survey suggests some improvement, but still over half of nursing staff feel diverted from core clinical duties. This implies that non-nursing workload such as dealing with paperwork and administration rather than direct patient care remains a persistent issue.

Figure 26: Too much of my time is spent on non-nursing duties



5 Workplace culture and safety

5.1 Physical and verbal abuse

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

- 27.3% of all respondents reported they had experienced physical abuse.
- 64% reported they had experienced verbal abuse.
- These findings are virtually unchanged from last year's survey.
- Nonbinary and male respondents are more likely to report having experienced verbal and physical abuse than female respondents.
- Younger respondents are more likely to report having experienced verbal and physical abuse than older colleagues.

Figure 27: Have you experienced physical or verbal abuse in the last 12 months?

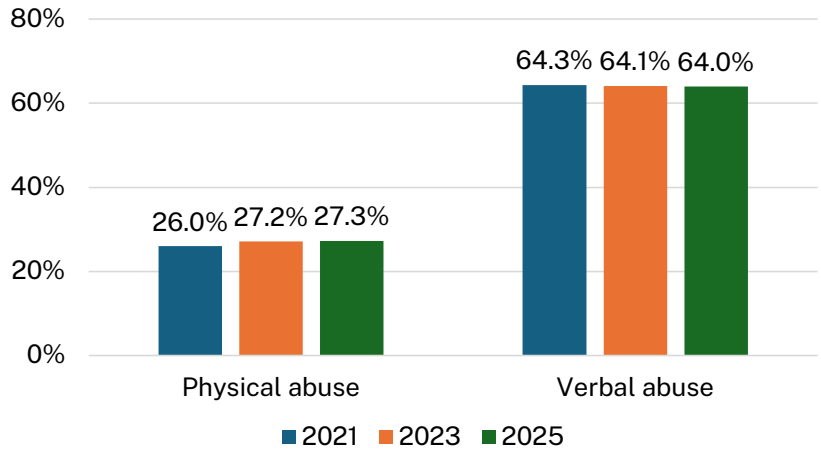


Figure 28: Experience of physical or verbal abuse in the last 12 months, by gender

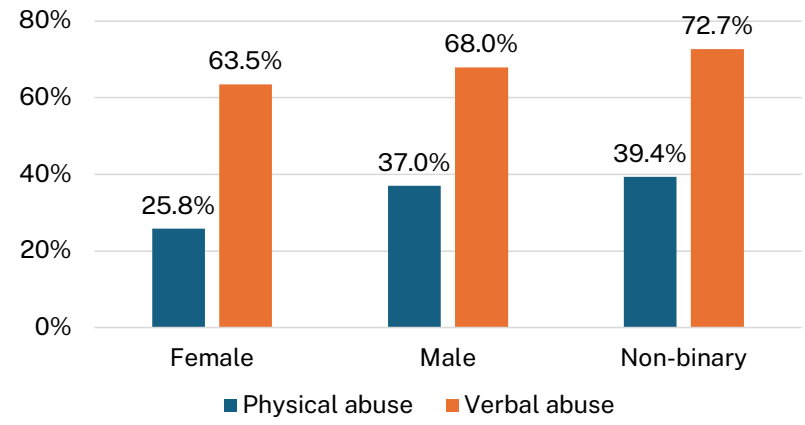


Figure 29: Experience of physical or verbal abuse in the last 12 months, by age

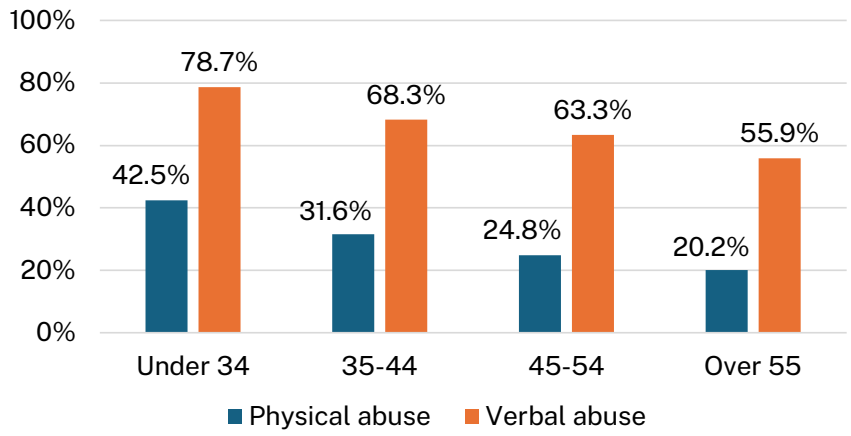
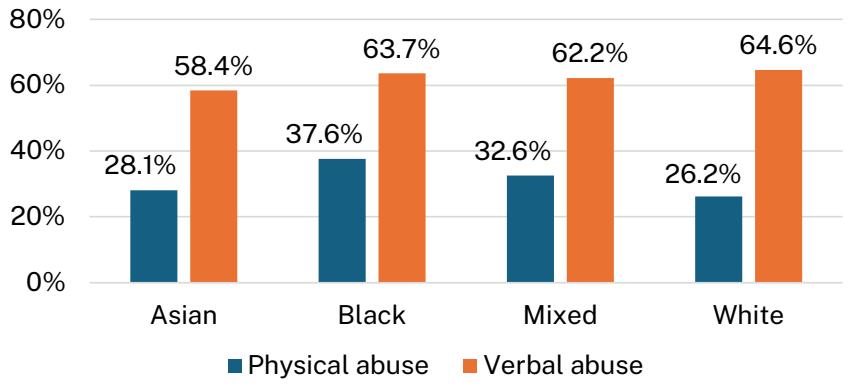


Figure 30 indicates that Black respondents and those of a mixed ethnic background were most likely to state they had experienced physical abuse in the previous 12 months. Around a third of these groups of members stated they had experienced physical abuse.

We also found that among registered nurse respondents, 29.9% of internationally educated nurses reported they had experienced physical abuse compared to 25.5% of those educated in the UK.

Reports of verbal abuse are high among all respondents, with over half stating they had experienced abuse in the previous 12 months. Looking at the experiences of internationally educated nurses, we found that 60% of these respondents reported they had experienced verbal abuse, compared to 64.1% of those educated in the UK.

Figure 30: Experience of physical or verbal abuse in the last 12 months, by ethnicity



5.2 Reasons for abuse

Table 3 shows responses relating to the reasons or explanations for the physical or verbal abuse they had experienced.

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

> *"Not a lot you can do with mental health and dementia patients that don't know what they're doing - report it and hope you get more staff."*
>
> **Health care assistant, NHS acute/urgent hospital unit, East Midlands**

> *"It's dementia - it's not personal. It's about the right help for residents in distress which is a long process."*
>
> **Nursing associate, independent sector care home, Wales**

A high number of respondents (60.3%) also felt that when they had endured verbal abuse it was because patients/service users or relatives were dissatisfied with the service provided. In particular, many cited long waiting times and delays as common flashpoints.

Our patients are dissatisfied with the service provided, long waiting times for appointments, quick consultations and not feeling listened to, multiple appointment cancellations.

> *"Patients are becoming more and more aggressive towards nurses due to long waiting hours, which takes a toll on mental health."*
>
> **Staff nurse, NHS acute/urgent hospital unit, Wales**

Table 3: Reasons attributed to physical abuse and verbal abuse

	Physical abuse	Verbal abuse
Health related/personal problems	69.4%	62.6%
History of violence/abuse	39.1%	29.6%
Intoxicated with alcohol/drugs	31.3%	26.0%
Dissatisfied with service provided	30.0%	60.3%
Discriminatory (in relation to gender, ethnicity, sexuality, age, disability or other factor)	19.2%	17.7%
Reacting to bad news	7.1%	15.2%

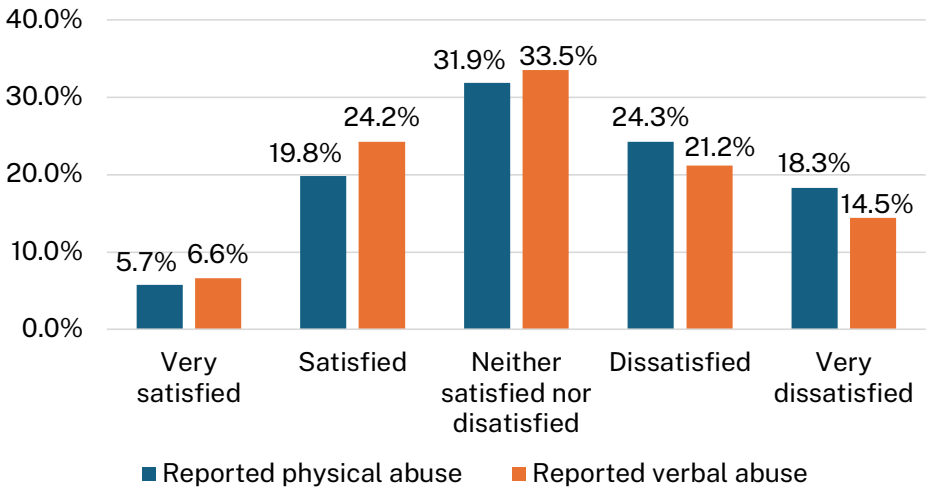
5.3 Reporting of physical and verbal abuse

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

- three quarters (75.6%) said they had reported physical abuse the last occasion they had been abused
- almost two thirds (63.9%) said they had reported the last incident of verbal abuse
- among these groups, Figure 31 shows that less than three in ten were satisfied with the response to this reporting of either physical or verbal abuse.

At least six in ten of those who reported abuse did not express satisfaction with the response - either actively dissatisfied or disengaged - indicating a high level of unhappiness or at least ambivalence to their attempt to report abuse. A common response we received is that reports of abuse are too often 'swept under the carpet' reinforcing perceptions of organisational indifference and a lack of accountability.

Figure 31: Thinking about the last time you experienced physical abuse, how satisfied were you with the response to your reporting of the incident?



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

> *"A senior nurse attended the unit when the patient next came for an appointment and stayed with them throughout the duration of their time on the unit. Security were also informed and were available to attend if needed."*
>
> **Staff nurse, NHS outpatients, East Midlands**

> *"My line manager was very supportive. I know they have my back 100% and that is a fantastic feeling."*
>
> **Advanced nurse practitioner, General practice, south-east England**

> *"I had received abuse over the phone. Supervisors and management were supportive and team meetings were held to discuss these matters amongst staff."*
>
> **Health care assistant, NHS mental health service, south-west England**

Among those who stated they did not report the physical or verbal abuse, respondents reported a mix of reasons for not reporting. Just under three in ten said that physical and verbal abuse is often seen as part of the job, while two in ten said they didn't think the incident was serious enough to warrant reporting.

> *"Patient was cognitively impaired and did not appear to have capacity at the time. I guess it is often seen as part of the job."*
>
> **NHS community nurse, Yorkshire and Humberside**

> *"You accept some verbal and physical abuse from some dementia patients, you learn to de-escalate the situation."*
>
> **Staff nurse, NHS older people's hospital unit, Wales**

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

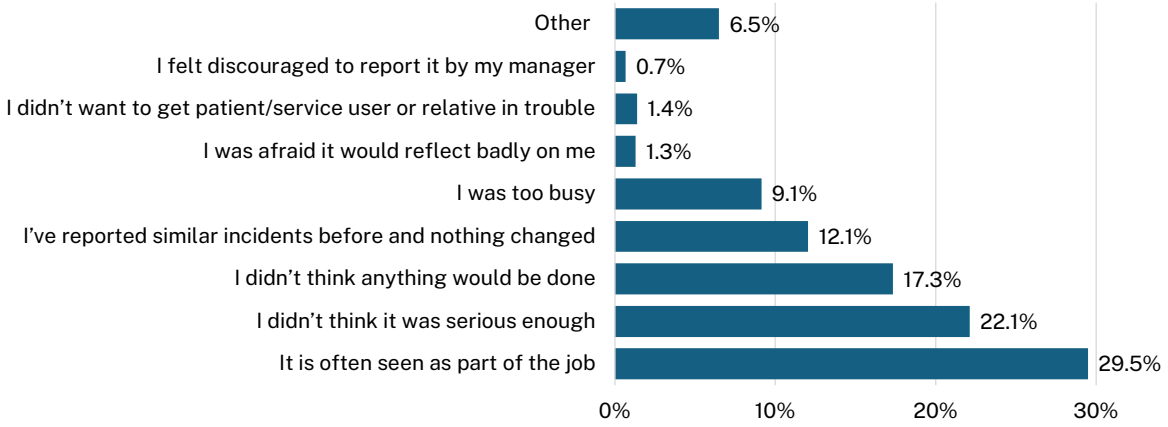
> *"I was told to fill out a Datix form and told it was just a formality, and nothing will come of it. Basically it's acceptable and part of the job. Police can't do anything as the patients are medically unfit, so we are left to get battered, abused on a regular basis, no management support either."*
>
> **NHS district nurse, Northern Ireland**

> *"Advised to do a datix, but felt that there would be no point as ultimately it would be me having to reflect on the incident and what I should have done to de-escalate, rather than have the incident acknowledged as not my fault."*
>
> **Staff nurse, NHS children/young people's hospital ward, south-east England**

In addition to these predefined options, a common factor given in the open-text responses is that respondents work with patients who have dementia or behavioural conditions, where abusive behaviour is frequent and often perceived as unavoidable.

Others confirmed the finding that they feel that reporting is not worth their while as no action is taken. Several also stated that incidents of abuse are recorded on patient notes, so they feel that any other reporting is redundant or inappropriate.

Figure 32: Thinking about the last time you experienced physical or verbal abuse, why did you not report it?

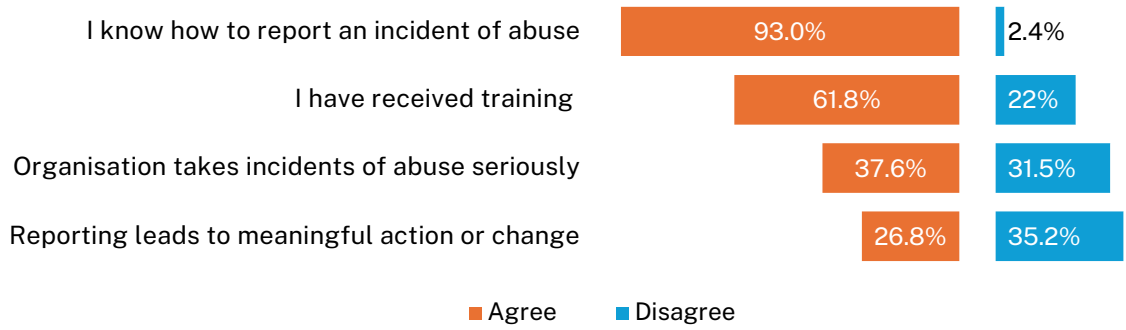


All respondents, regardless of whether they had recently experienced physical or verbal abuse, were asked about the broad organisational culture around support and reporting.

Responses reveal a mixed picture of organisational culture around reporting of abuse. While the majority of staff (93%) stated they know how to report an incident, six in ten (61.8%) said they have received relevant training, confidence in the organisation's response is markedly lower. Fewer than four in ten (37.6%) said they believe incidents are taken seriously, and only 26.8% feel that reporting leads to meaningful action or change.

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

Figure 33: Thinking about physical and verbal abuse from patients, service users or their relatives, how well supported do you feel in your workplace?



5.4 Bullying and harassment from colleagues

Just over one third of respondents (33.6%) reported experiencing bullying or harassment from a colleague in the past 12 months, a slight decrease from the 36.6% reported in the 2023 survey.

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

> *"Main issue with bullying is being told by the trust to do things that are not safe. Having unrealistic 'solutions' that they don't take accountability or responsibility for. They then treat ward staff like dirt for speaking up."*
>
> **Staff nurse, NHS Bank, East Midlands**

Experiences of bullying and harassment showed minimal variation across gender and age groups, suggesting these behaviours are widespread and not confined to specific demographics. However, disabled respondents were significantly more affected: half (49.5%) stated they had experienced bullying or harassment, and among them, one in three (34.6%) believed the behaviour was directly related to their disability.

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

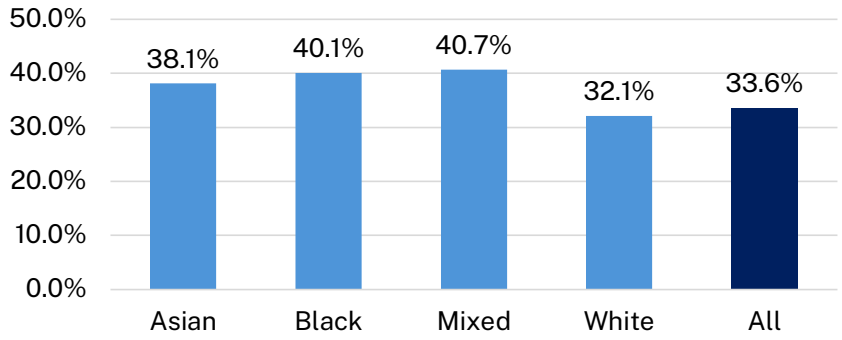
> *"I had reasonable adjustments for 18 months for multiple sclerosis. Then I had a new manager who did not respect the agreement. I felt bullied, which increased my stress levels and symptoms flared up. I feel undermined and micromanaged to conform."*
>
> **NHS community mental health nurse, West Midlands**

> *"I recently have been diagnosed with a disability meaning I have had time off work and have had to make adjustments to my working conditions. I have felt really embarrassed and targeted around this. I have been treated differently to my peers and my personal information has been discussed by my managers to everyone in the office (with me present and not)."*
>
> **Clinical nurse specialist, NHS cancer care, Scotland**

Figure 34 highlights disparities in workplace experiences across ethnic background groups. Respondents identifying as Black, Asian, or of mixed ethnic background were significantly more likely to report experiences of bullying or harassment compared to their white colleagues.

While nearly a third of white respondents also reported such experiences - suggesting broader cultural or organisational issues around workplace behaviour - the survey data points to a distinct concern regarding racially motivated conduct. Among Black, Asian, and respondents of mixed ethnic backgrounds who had experienced bullying or harassment, nearly six in ten (56.6%) believed the behaviour was discriminatory and related to their ethnicity.

Figure 34: Experience of bullying or harassment, by ethnicity



5.5 Sexual harassment

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

Patients/service users, their relatives or other members of the public

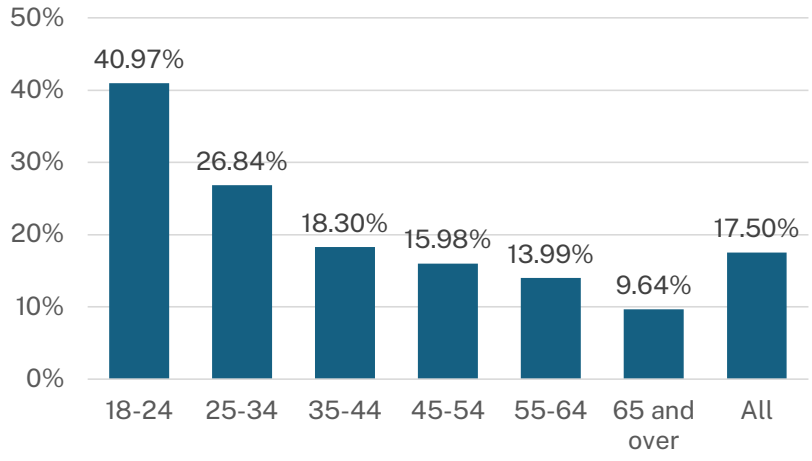
10.3% stated they had experienced sexual harassment from patients/service users, their relatives or other members of the public (10.8% of female; 6.4% of male and 18.2% of non-binary respondents).

Of all respondents who said they had been the target of such behaviour, 41.9% stated they had reported it the last time it had happened.

Among those who did report the last incident, 90% did so to their manager and 16.7% logged it through organisational reporting procedures.

Reports of sexual harassment from patients are much more common among younger members of the nursing workforce, with four in ten of those aged 18 to 24 stating they had received unwanted behaviour of a sexual nature in the previous 12 months. Further findings show that students are the largest group to report having received unwanted behaviour of a sexual nature, suggesting that younger members of the workforce and particularly students on placement are most targeted in the workplace.

Figure 35: Experience of sexual harassment, by age



Sexual harassment by other members of staff or colleagues

3.6% said they had been the target of unwanted behaviour from another member of staff or colleague (5.1% of female respondents and 7.6% of male respondents).

Of all respondents who stated they had been the target of such behaviour, 28.7% said they had reported it.

Among those who did report the last incident, 91.1% did so to their manager and 15.8% went to the HR department.

The NHS Sexual Safety Charter, launched in September 2023, commits organisations to a zero-tolerance approach to unwanted sexual behaviours and outlines ten core principles for creating safer workplaces. However, survey responses suggest that implementation is uneven, and staff often lack protection or clarity, particularly when misconduct involves patients.

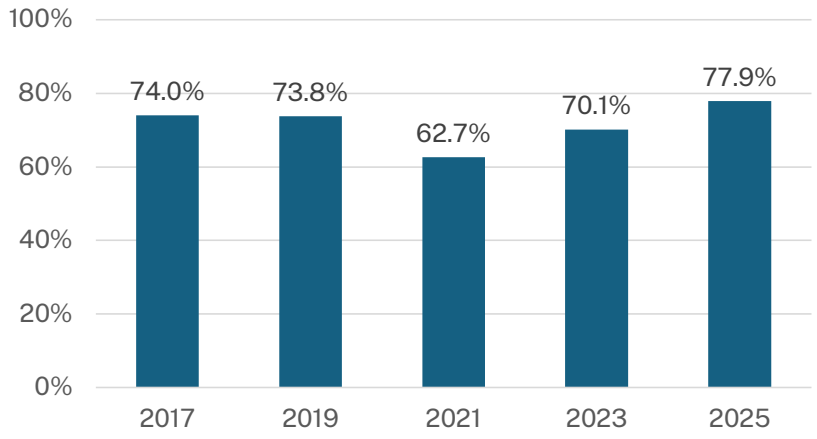
> *"We have no policy addressing sexual safety, despite signing the charter. Staff have been told they must return to care for the same patient (1:1) who assaulted them the previous day. We have no guidance on managing this. I have raised with HR several times over the last year. They initially said a policy would be developed, but now say it is up to individual areas."*
>
> **NHS educator/trainer, Greater London**

> *"My trust runs sessions on sexual safety in the workplace which is solely aimed at colleague relationships/interactions. I don't think it's ever acknowledged that the highest risk of sexual contact is from patients. I have been touched inappropriately on shift by patients and relatives, and there is no guidance/support given around this."*
>
> **Staff nurse NHS cancer ward, east of England**

6 Learning and development

Figure 36 indicates that just over eight in ten (82.5%) of all respondents in employment stated they had completed the necessary mandatory training required for their role in the previous year. The findings also suggest that completion rates had dipped over the period of the COVID-19 pandemic but have now returned to pre-pandemic rates.

Figure 36: In the last year, have you completed all the necessary mandatory training required for your role (eg moving and handling, fire safety, CPR)?



Respondents were also asked about the last mandatory training they had completed, and whether this session was completed in their own time or during normal working hours. Just under half (47.5%) stated they completed their training during working time, while a fifth (22.1%) stated they completed it in their own time. The remaining 30.4% indicated that the training was undertaken through a combination of both. These findings suggest that, although the pandemic period saw a decline in the proportion of respondents able to complete training during working hours, the 2025 survey again reflects a near return to pre-pandemic patterns.

Access to training and development across nursing roles is highly inconsistent. While there are examples of proactive support - such as protected time, regular supervision, and encouragement from management - these are less common than reports of significant barriers. Many staff face challenges including staffing shortages, lack of funding, and the removal of study days, which prevent attendance at both mandatory and developmental training. As a result, nurses are often forced to complete essential learning in their own time or miss out entirely. Training is frequently deprioritised due to operational pressures, leaving staff feeling undervalued and unsupported in their professional growth. Despite its critical role in safe and effective care, training is not universally recognised or resourced, contributing to frustration and inequity across the workforce.

> *"I am given my time back when I do mandatory training in my own time. I am very lucky where I work in A&E our managers make sure we have de-escalation training."*
>
> **Sister/charge nurse, acute/urgent hospital unit, north-west England**

"The management are very proactive, supportive and look after their staff. Staff are looked after and listened to. Clinical supervision takes place weekly as a clinical team and monthly on a one to one basis. Education and training is encouraged and again supported."

Advanced nurse practitioner, general practice, south-east England

"Lack of training, or time to train. Book on a course and I'm pulled off due to short staffing. Lack of staff also means I have limited opportunities to learn a new skill or practice under supervision."

Community nurse, independent sector community provider, East Midlands

"I provide education to care home staff and I recognise the huge stresses staff face both in the NHS and care homes. Often they struggle to attend training, an essential part of their role, due to lack of staff and work pressures. Training is not always seen as a priority and staff don't feel valued."

Educator/trainer, independent sector care homes, Scotland

"My Trust does not offer support in undertaking both mandatory training or offer training opportunities for developing as a nurse. I have asked for courses relevant to my work and have been told there is no budget. We no longer have study days to undertake mandatory training and this means that we have to try and fit it in our very busy schedules. I used to have a study day / audit days which allowed us as Theatre staff to undertake our mandatory training."

NHS Infection Prevention and Control Nurse, east of England

Figure 37: Thinking about the last mandatory training you completed, when was this session completed?

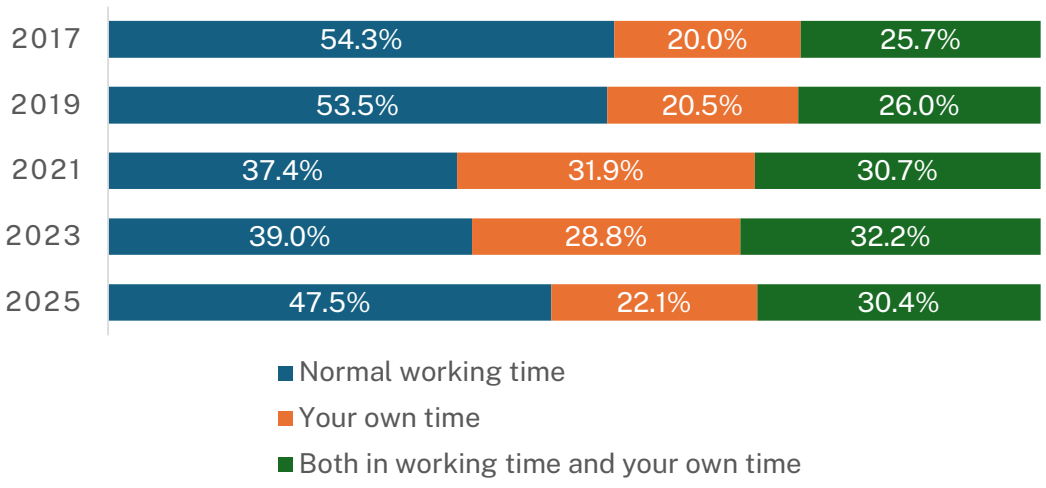
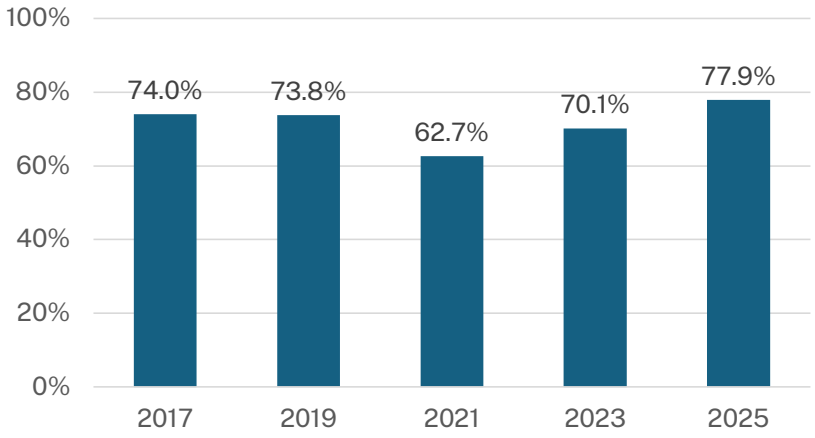


Figure 38 shows that almost three quarters of all respondents in employment stated they had had an appraisal or development review in the previous 12 months. Again, this marks a recovery from the decline observed in the 2021 survey period which was associated with the pandemic.

Figure 38: Have you had an appraisal/development review with your line manager in the last 12 months?



Many respondents report that appraisals are conducted primarily to meet organisational requirements rather than to support meaningful professional development. These sessions are often described as "tick-box exercises" with little follow-up or genuine engagement from line managers. Moreover, without any meaningful link to training, learning, and development, appraisals are not seen as useful or impactful in shaping career progression or improving practice.

> *"[The appraisal] expects us to set goals to progress our roles, but offers no study opportunity or band progression for achieving them."*
>
> **Consultant nurse, NHS outpatients, Greater London**

> *"NHS appraisals are pointless, they are done as a tick box exercise and not done (in my experience) in my best interest. Most trusts have an appraisal completion requirement - this can lead to these conversations being done because they are due, rather than because we want to develop you. ALL development I have completed I have done myself without any support from my line manager."*
>
> **Sister/charge nurse, children's/young people's hospital ward, south-east England**

> *"The appraisal system in my place of work is a process to be seen to be done, not done to be seen. I have used the same objectives for the last five years with multiple managers and no one ever asks any questions."*
>
> **Advanced nurse practitioner, Public sector organisation, south-west England**

Appendix: Results tables

Employment Status	Number of respondents	%
Employed and working (including self-employed)	18,133	86.2%
Retired, but still in paid employment	1,650	7.8%
Employed, on sick leave	757	3.6%
Employed, on maternity/paternity leave	314	1.5%
Student	181	0.9%
Total	21,035	100%

Country	Number of respondents	%
England	17,204	81.8
Scotland	1,883	9.0
Wales	1,208	5.7
Northern Ireland	616	2.9
Channel Islands	65	0.3
Isle of Man	46	0.2
Across the UK	13	0.1
Total	21,035	100

England Region	Number of respondents	%
East of England	1,685	9.8
East Midlands	1,503	8.8
Greater London	1,776	10.4
North East	1001	5.8
North West	2,588	15.1
South East	2,736	16.0
South West	2,419	14.1
West Midlands	1,719	10.0
Yorkshire and Humberside	1,712	10.0
Total	**17,139**	**100**

Main employment sectors	Number of respondents	%
NHS Trust/Board (including Channel Islands and Isle of Man)	15,710	74.7
NHS commissioning/arm's length body	832	4.0
NHS Bank	404	1.9
NHS 111/NHS 24/Helpline	54	0.3
General Practice	1,164	5.5
Independent sector care home	844	4.0
Independent sector hospital	455	2.2
Hospice/charity	388	1.8
Independent sector community provider	220	1.0
Student	181	0.9
Further/Higher Education	147	0.7
Public sector organisation	108	0.5
Private company/industry	106	0.5
Self employed	100	0.5
Nursing agency	98	0.5
Social enterprise	83	0.4
Criminal justice	74	0.4
Other	67	0.3
	21,035	**100**

Gender	Number of respondents	%
Female	18,185	86.9%
Male	2.481	11.8%
Non-binary	33	0.2%
Prefer not to say	220	1.1%
Prefer to self-describe	8	0.1%
Total	**20,927**	**100%**

Do you consider yourself to have a disability?	Number of respondents	%
Yes	3,326	15.8%
No	17,534	83.4%
Total	**20,860**	**100%**

Ethnicity	Number of respondents	%
Asian/Asian British: Bangladeshi	30	0.1
Asian/Asian British: Indian	685	3.3
Asian/Asian British: Pakistani	59	0.3
Asian/Asian British: other	592	2.8
Black/Black British: African	1229	5.9
Black/Black British: Caribbean	236	1.1
Black/Black British: other	40	0.2
Chinese	46	0.2
Filipino	97	0.5
Mixed: White and Asian	76	0.4
Mixed: White and Black Caribbean	81	0.4
Mixed: White and Black African	42	0.2
Mixed: other	108	0.5
White: British, English, Scottish, Northern Irish, Welsh	15,428	73.9
White: Irish	513	2.5
White: other	1,070	5.1
Prefer not to say	442	2.1
Total	**20,883**	**99.5**

Age	Number of respondents	%
18-24	294	1.4
25-34	2753	13.2
35-44	4627	22.2
45-54	5934	28.4
55-64	6320	30.3
65 and over	942	4.5
Total	**20,870**	**100**

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