Royal College of Nursing
Scotland

Employment Survey 2019: Scotland

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Foreword

Nursing staff are working in a health and social care environment that is under enormous pressure to meet rising demand while struggling to recruit and retain the right staff with the right skills.

We hear messages of increased demand and workforce pressures so often that it could be accepted that this is simply the status quo for Scotland's health and social care system. But we must not lose sight of the significant impact this is having on staff and those they care for. For the members who took the time to give us their views, the threat of burn out is a day-to-day reality and acceptance simply is not an answer.

The RCN members who responded to this report work across Scotland, at all levels in our NHS, GP practices and care homes. At its best, nursing gives people a sense of identity, pride, achievement and huge fulfilment – almost three quarters of respondents view nursing as a rewarding career.

However, it is clear that nurses and health care support workers are feeling overworked in under resourced environments. Almost two thirds are

too busy to provide the level of care that they would like and they don't feel their contribution is valued by those in positions of power. As one Band 5 staff nurse put it:

"The most upsetting and stressful part of my job is being unable to give good patient care due to poor staffing levels ... and unfortunately it has become 'normal' to work under this constant stress. Never have I felt pressure like this in my career and have never felt so undervalued."

Nursing professionals are there for the people across Scotland 24 hours a day, providing high quality clinical care in people's homes, hospitals, prisons and care homes. It is clear from this report that more needs to be done to support our current nursing workforce and to position nursing as an attractive and fulfilling career.

Theresa Fyffe
Director
RCN Scotland

Introduction

This report presents data from the responses of members in Scotland to the RCN Employment Survey 2019. The RCN received 1,916 responses from Scotland out of a total of 8,307 responses across the UK. A link to the online survey was sent to a sample of RCN members in January 2019.

The research is divided into five main domains of working life which all combine to provide a picture of what job quality looks like in nursing: working patterns and workload; pay and earnings; the nature of work and views about nursing; physical and verbal abuse and bullying; and training and development.

In addition to answering the questions in the survey, respondents were given the opportunity to provide comments and selected responses are included in this report.

This survey is the latest in a long running series undertaken with RCN members, including registered nurses and health care support workers. Over the years, many of the survey questions have remained consistent, which allows us to compare trends over time. Where possible, we compare findings from surveys undertaken since 2013.

Main findings

Working patterns and workload

This looks at: working hours, workload, work-life balance, presenteeism

- 70% of all respondents reported that they work over their contracted hours at least once a week, around half of whom (53%) said that these hours were unpaid

- Six in ten (60%) agreed they are under too much pressure at work

- 60% of respondents report feeling too busy to provide the level of care they would like

- Two in five respondents (41%) feel able to balance work and home lives

- 83% reported that they had gone to work at least once in the previous 12 months, despite feeling too ill to do so.

Pay and earnings

This looks at: satisfaction with pay, additional working

- 62% feel that their pay is either inappropriate or very inappropriate

- Bands 1-4 and band 5 respondents are groups least satisfied with pay

- 54% are the primary earner in their household

- 19% have another job in addition to their main job

- Increasing number of respondents undertaking extra work of over 10 hours per week (up 11% from 2017, from 28% to 39% of those undertaking additional work).

The nature of work and views about nursing

This looks at: career intentions, job satisfaction, emotional demands of nursing, influence and value

- 35% are actually thinking about looking for a new job with around a third (31%) saying they would like a similar nursing job in the NHS, and the same proportion (31%) wanting a different role outside the NHS

- Feeling undervalued (75%), stress levels (53%) and not feeling supported by managers (52%) are the most common reasons for wanting to change job

- 71% stated that nursing is a rewarding career

- Over half (54%) stated they regularly or always show feelings in the job different from what they feel inside

- Nursing staff feel most valued by their patient or client groups and other nursing colleagues. Respondents feel very poorly supported or valued by the government (average score 1.69 out of 5).

Physical and verbal abuse and bullying

This looks at: experiences of physical and verbal abuse, bullying and the extent of reporting

- 69% of respondents stated they had experienced verbal abuse by patients/service users or relatives, and 31% had experienced physical abuse

- 51% of respondents experiencing abuse had reported experiences of verbal abuse, up from 46% in 2017, and 67% of those who had experienced physical abuse stated they had reported this experience

- 37% of respondents had experienced bullying, up from 32% in 2017, although there has been a small decrease in numbers reporting incidents

- Main reason given for not reporting bullying was that respondents were not confident this would change anything (71%).

Training and development

This looks at: mandatory training and appraisals

- 76% reported having completed all their mandatory training in the previous 12 months

- 43% stated it was done in their own time, continuing a gradual decline of completion of mandatory training during working time

- Number of respondents reporting having had an appraisal has declined slightly, down from 54% in 2017 to 51% in 2019.

Working patterns and workload

Working hours

Figure 1 shows that just over two-thirds (67%) of all respondents work full-time hours, with the rest either working part-time (29%) or working occasional/various hours (4%). The split between those respondents working either shift patterns or fixed hours is relatively even.

Figure 1: Working hours and patterns (Scotland)

Full-time   Part-time   Occasional/various hours   Shift hours   Fixed hours
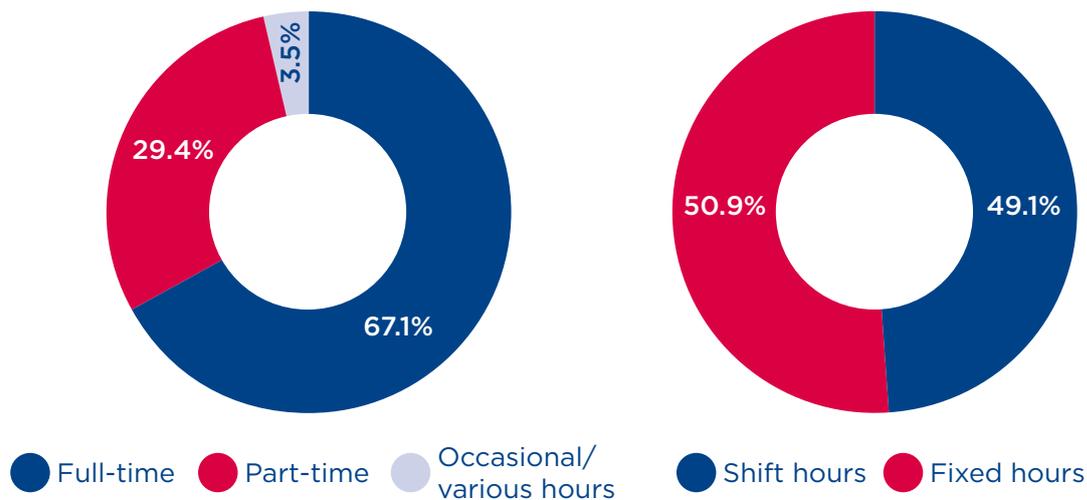
Working additional hours

Figure 2 shows that 70% of all respondents reported that they work over their contracted hours at least once a week. A third of respondents do so several times a week and 17% on every shift. There has been little change in working excess hours since 2013.

Figure 2: How often do you work in excess of your contracted hours? (2013-2019)

	2013	2015	2017	2019
Never	9.7%	12.0%	9.5%	10.5%
Less than once a week	20.4%	23.5%	26.1%	19.6%
Once a week	16.4%	16.6%	20.5%	18.3%
Several times a week	35.4%	34.3%	30.8%	35.0%
Every shift	18.2%	13.6%	13.1%	16.6%
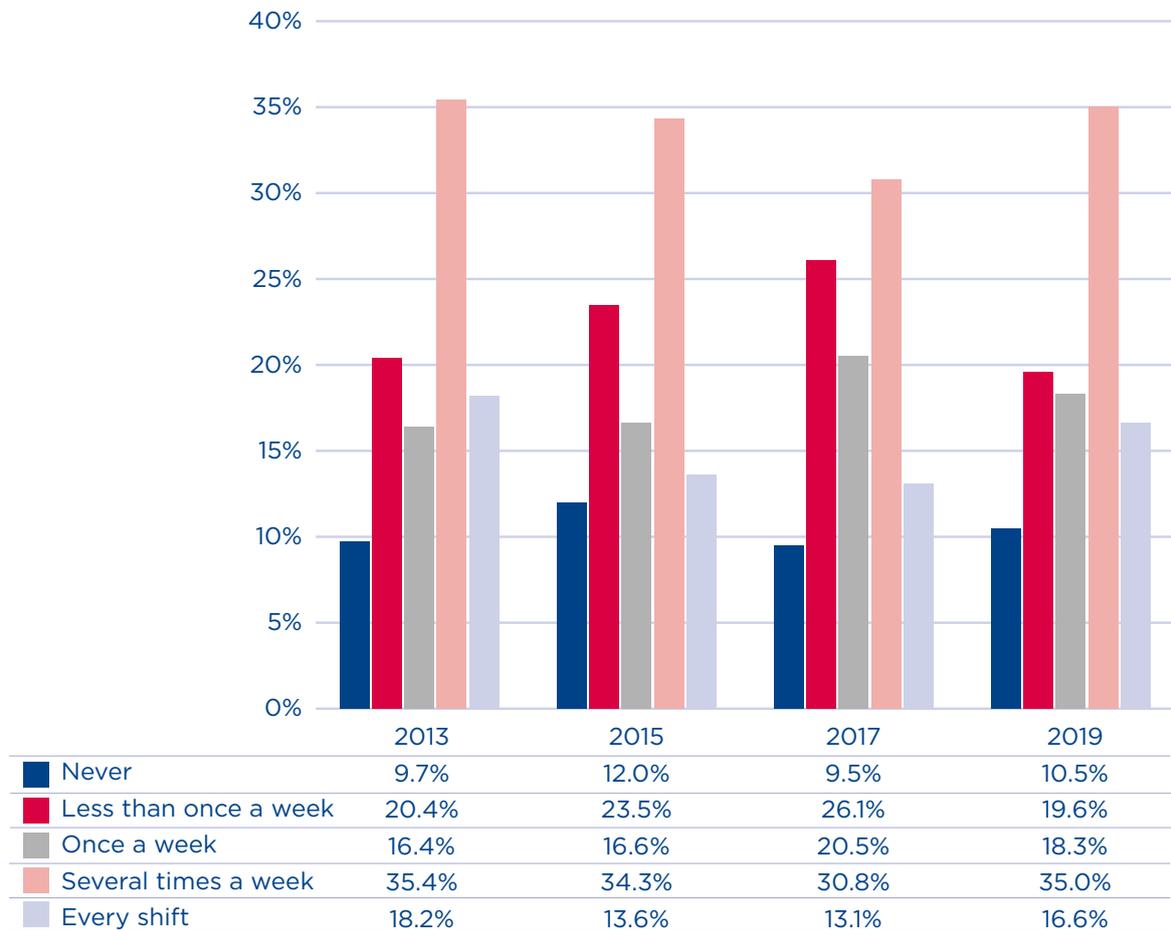
The majority of those who work beyond their contracted hours at least once a week do so for between one and four hours per week (53%) (Figure 3).

Figure 3: How many additional hours do you work on average each week?

Bar chart showing:
- Less than 1: 9.4%
- 1-2: 29.5%
- 3-4: 23.9%
- 5-6: 12.7%
- 7-8: 6.7%
- 9-10: 5.0%
- Over 10: 12.8%
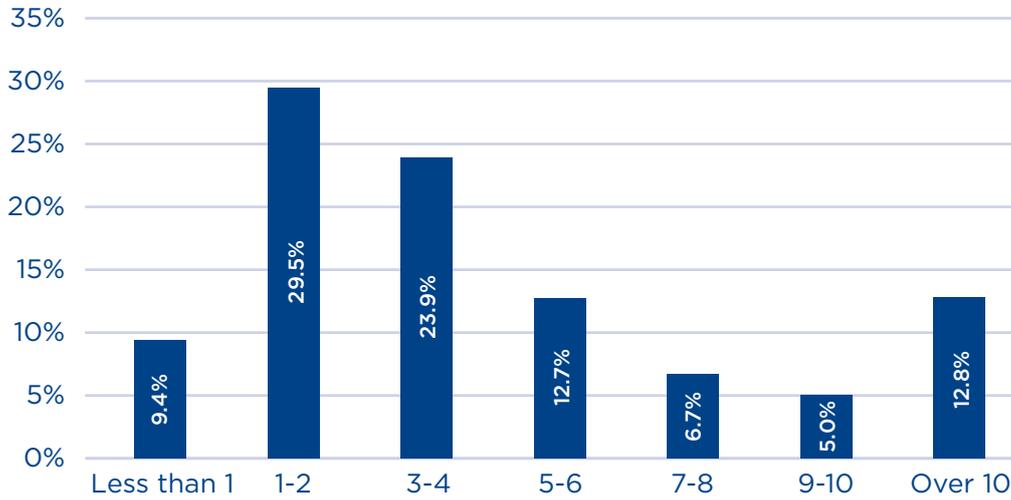
In addition, around half (53%) of those who work in excess of their contracted hours at least once a week said that these hours were unpaid. The proportion of respondents stating that excess hours working was unpaid has decreased slightly from 59% in 2013 to 53% in 2019.

Figure 4: How are these additional hours usually paid? (2013-2019)

	2013	2015	2017	2019
Not paid	59.4%	57.5%	52.8%	53.4%
Time off in lieu	26.9%	27.5%	23.9%	20.0%
Paid	13.8%	14.9%	23.3%	26.6%
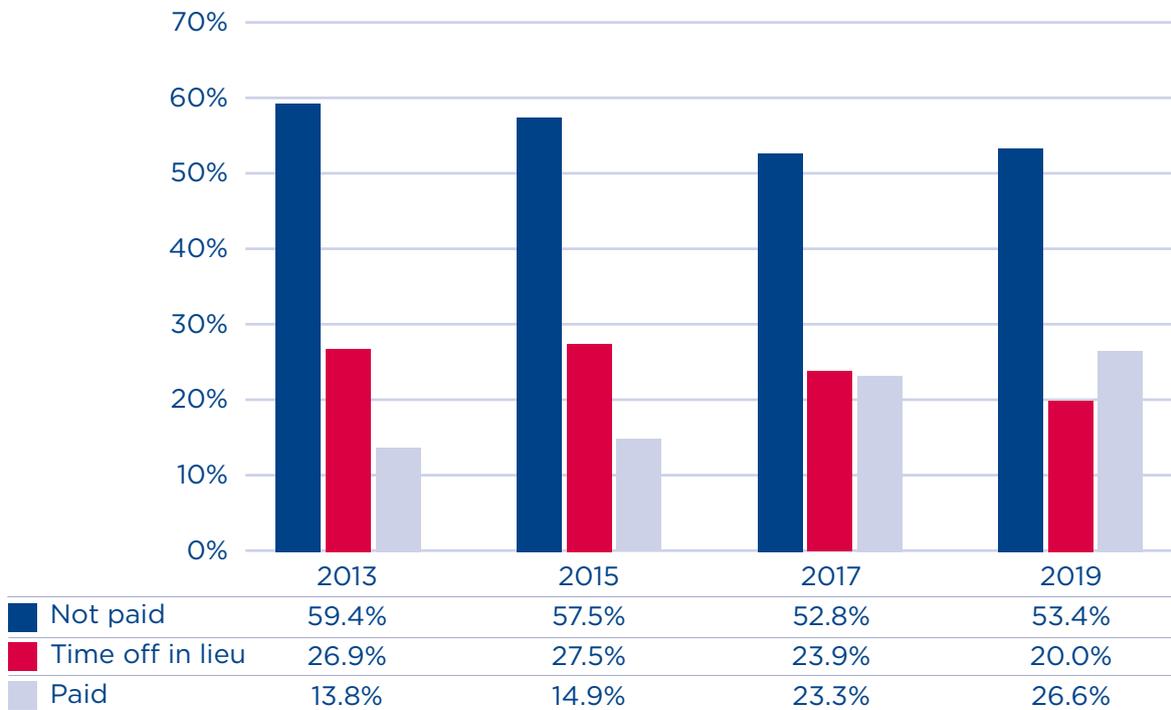
Many respondents told us that working unpaid overtime has become almost the norm, as workplaces face staffing shortages. We also heard that while some received time off in lieu of working extra hours, it was often difficult to reclaim these hours.

"There is no human way to fit current nursing workload into a 37.5 hour week so working unpaid hours to get all work done is the only option and managers continue to allow it. On every occasion of annual leave last year myself and colleagues were required to work unpaid hours due to level of risk and workload. "

Band 6 NHS community psychiatric nurse

"Although time in lieu is given for hours worked over your normal hours you never actually get the time back when you ask. You can never get your holidays when you want them and at one point I was six months without a holiday."

Band 5 nurse, NHS acute setting

Breaks

We also heard from many nursing staff, working across all sectors and at all levels, that they are regularly unable to take breaks due to staffing pressures; and that the situation has deteriorated steadily so much over recent years that this too, has almost become the norm.

"We maintain a high standard of care in the area where I work but only because staff are prepared to go the extra mile and work through lunch breaks or work late to ensure care is not compromised."

Band 7 NHS district nurse

"There is so much pressure from management to get through sometimes unrealistic theatre lists, with not enough staff - breaks get forgotten about or we struggle to keep the list going."

Band 4 health care support worker, NHS surgical unit

"I work in the private care sector as a bank nurse. My main issues are the unpaid hours built in to the system, that is, no paid handover or breaks."

Staff nurse, independent sector care home

Nursing staff views about working patterns and workload

This year's survey shows that six in ten (60%) agreed they are under too much pressure, a small decrease since 2015. Just 11% disagreed with the statement.

Figure 5: I feel I am under too much pressure at work/Percentage stating they agree or strongly agree (2013-2019)
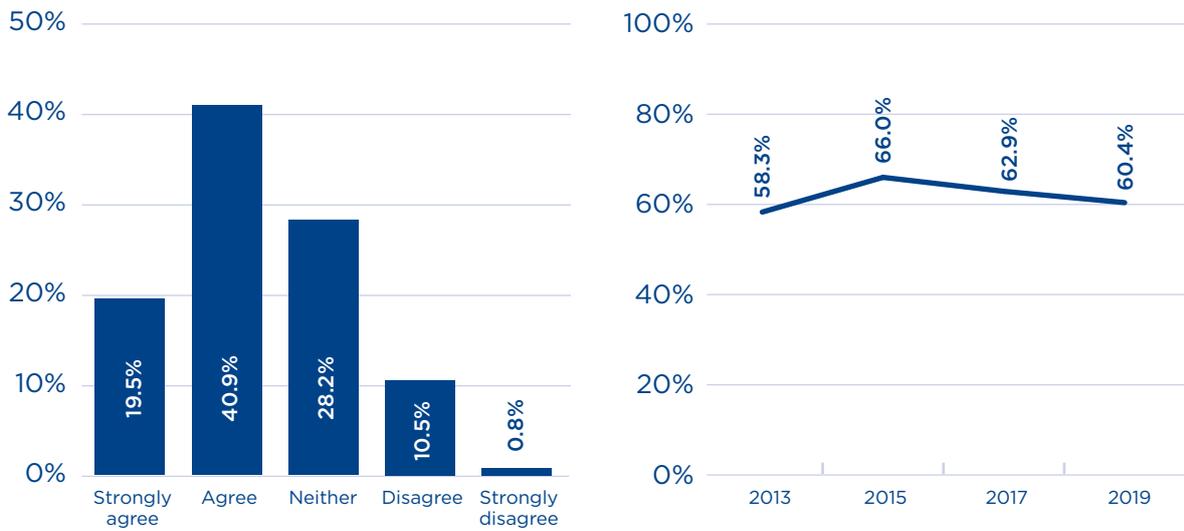
In independent sector care homes 70% of respondents feel under too much pressure, compared to the average of 60% for the whole sample (Figure 6). Just over four in ten (44%) of those working for hospices and GP practices agreed they feel under too much pressure at work.

Figure 6: I feel I am under too much pressure at work – by employer

■ Disagree   ■ Agree

Disagree	Employer	Agree
28.2%	Hospice	43.6%
16.9%	GP	43.8%
20.0%	NHS bank	48.3%
16.7%	Agency	54.2%
0%	Independent sector hospital	56.3%
0%	NHS arm's length body	60.0%
10.6%	NHS board	62.0%
5.3%	Independent sector care home	69.9%
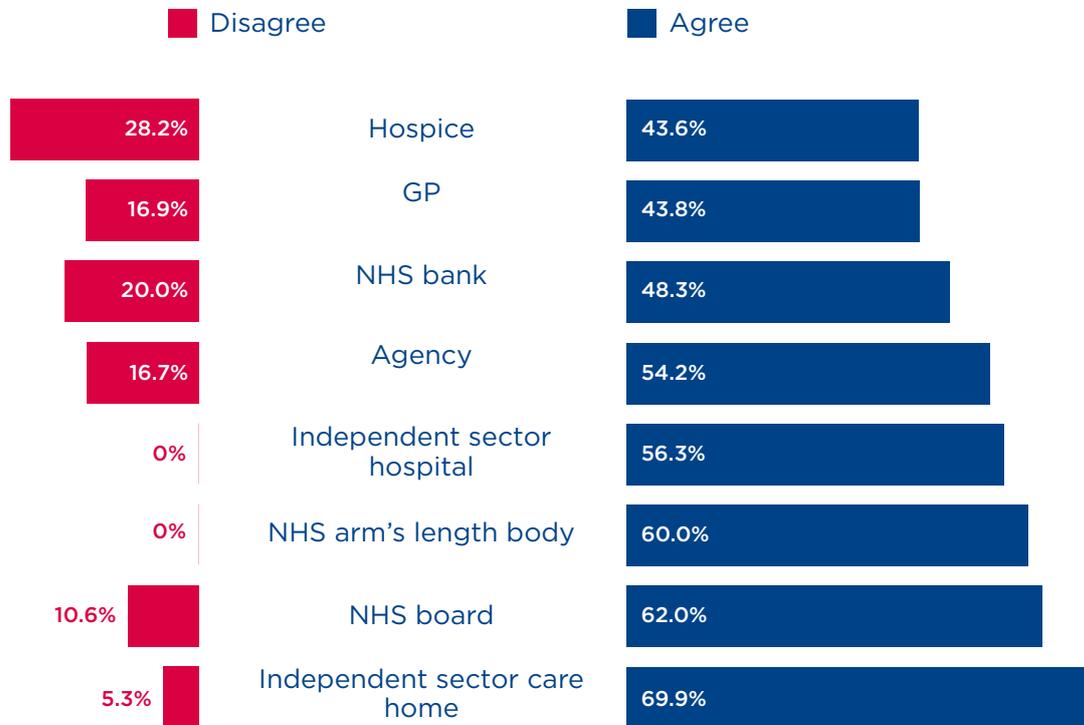
Figure 7 shows that 60% of respondents report feeling too busy to provide the level of care they would like, a figure that has remained reasonably consistent since 2015.

Figure 7: I am too busy to provide the level of care I would like/Percentage stating they agree or strongly agree (2013-2019)

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
	25.5%	34.2%	21.8%	16.1%	2.4%

2013	2015	2017	2019
55.2%	61.0%	63.0%	59.7%
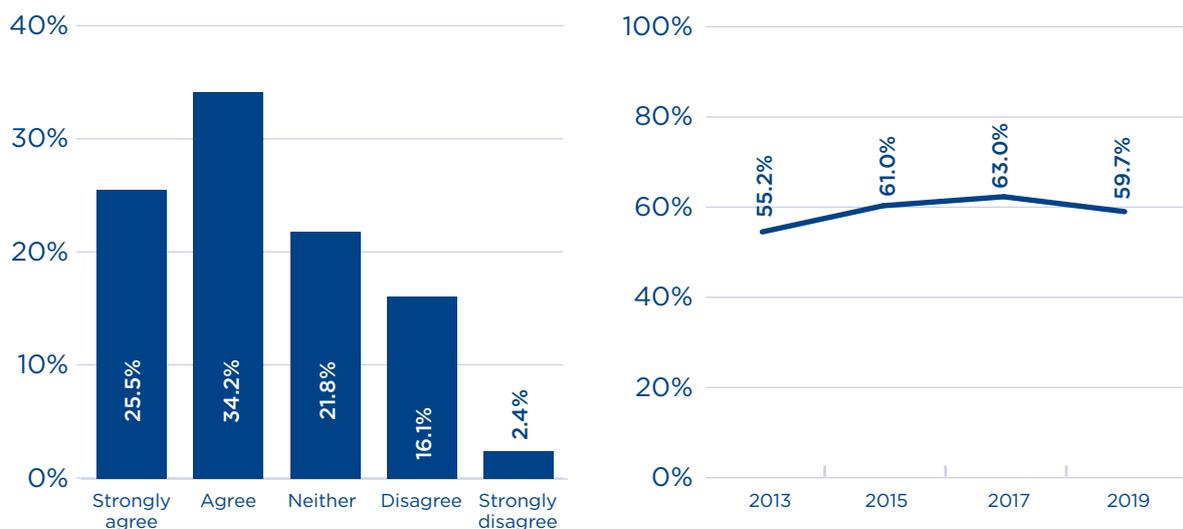
Respondents working for agencies (71%) and care homes (79%) are most likely to report that they feel too busy to provide the level of care they would like – compared to an average of 60% across the whole sample (Figure 8). Those working in hospices and GP practices are most likely to disagree with the statement.

Figure 8: I am too busy to provide the level of care I would like – by employer

Disagree **Agree**

Employer	Disagree	Agree
Hospice	38.5%	30.8%
GP	31.5%	41.6%
NHS arm's length body	0%	44.4%
NHS board	17.7%	60.7%
NHS bank	14.8%	62.3%
Independent sector hospital	18.8%	68.8%
Agency	25.0%	70.8%
Independent sector care home	10.6%	78.8%
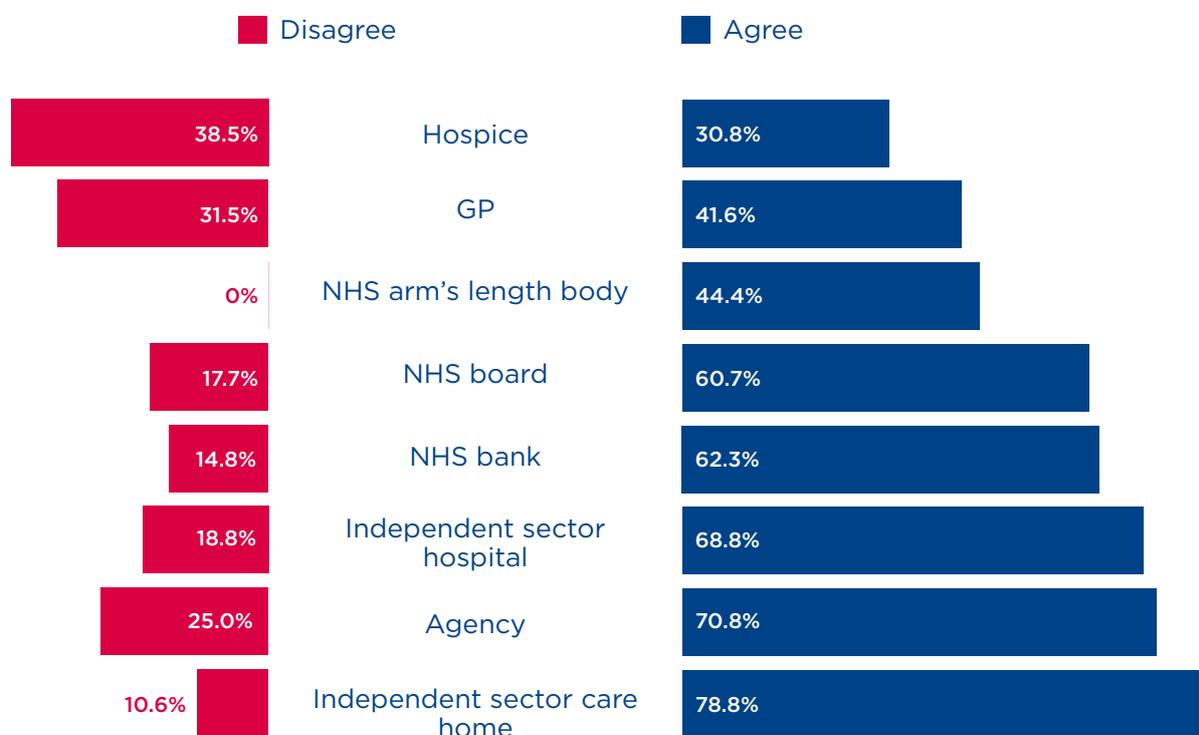
"Workloads and working conditions have deteriorated because residents are frailer and have more needs than in the past and staffing levels do not reflect that. In addition we spend so much time proving what we do through copious amounts of paperwork that we have far less time to deliver the care that is needed."

Agency nurse, care home

Figure 9 shows that almost six in ten respondents (58%) state that too much of their time is spent on non-nursing duties – this proportion has barely changed over the series of RCN employment surveys since 2013.

"Too much paperwork. Management only care if forms are completed. Huge amount of duplication and unclear, jargonistic language which says little and means less."

Sister/charge nurse, independent sector hospital

"More and more documentation is brought in to complete. There is no extra staff or time to complete these."

Band 6 nurse, NHS hospital ward

Figure 9: Too much of my time is spent on non-nursing duties/ Percentage stating they agree or strongly agree (2013-2019)
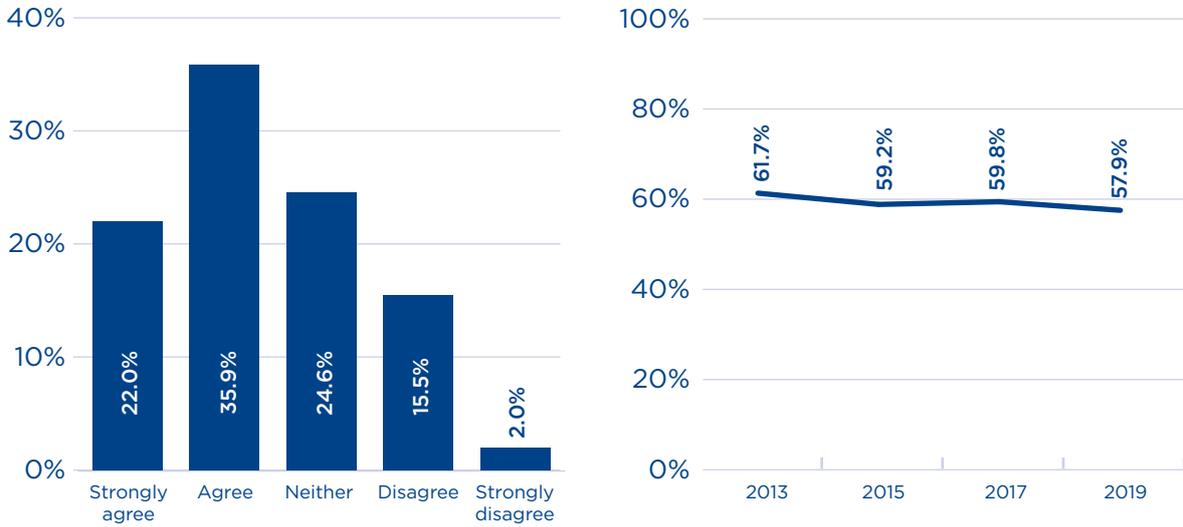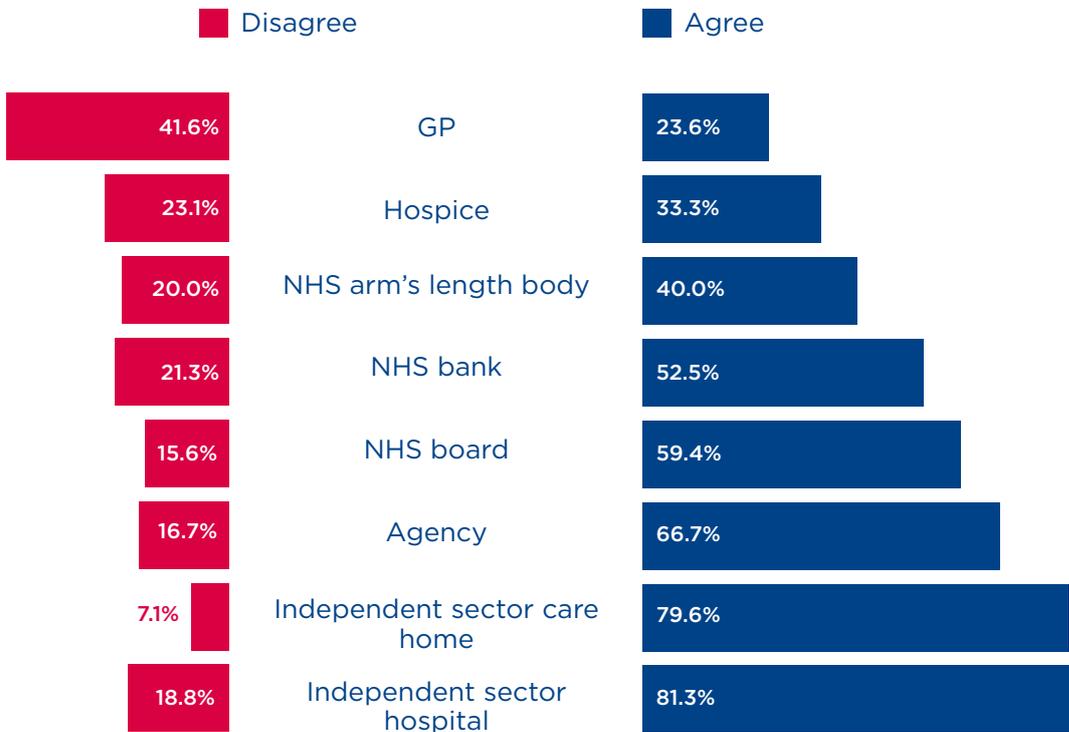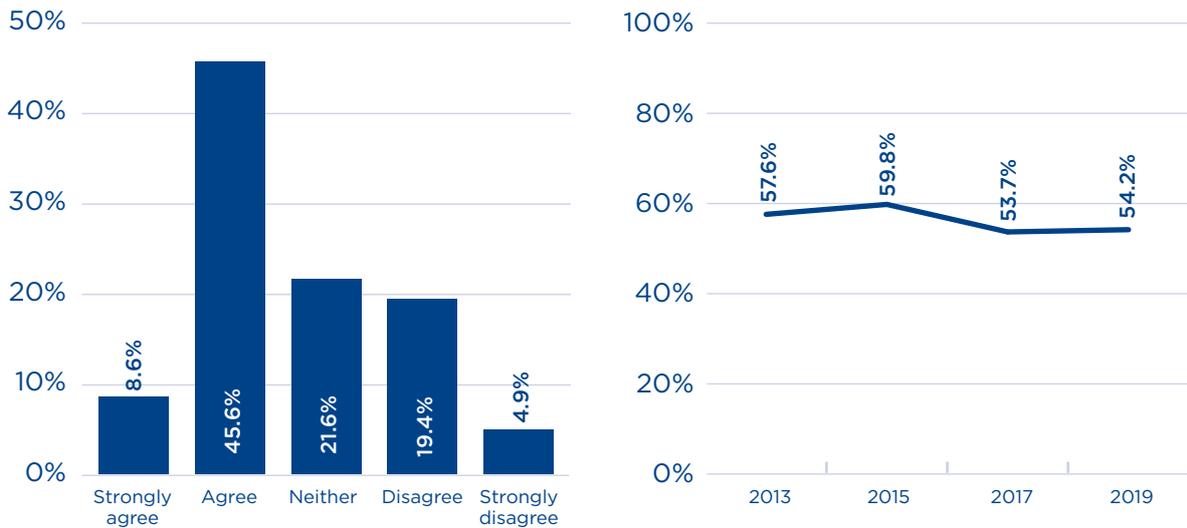

Figure 10 shows that dissatisfaction with time spent on non-nursing duties is highest among respondents working in independent sector hospitals and care homes and lowest among those working in GP practices and hospices.

Figure 10: Too much of my time is spent on non-nursing duties – by employer

Just over half of all respondents are satisfied with their working hours (54%), with levels of satisfaction falling slightly since 2015 (Figure 11).

Figure 11: I am happy with my working hours/ Percentage stating they agree or strongly agree (2013-2019)

Response	Percentage
Strongly agree	8.6%
Agree	45.6%
Neither	21.6%
Disagree	19.4%
Strongly disagree	4.9%

Year	Percentage
2013	57.6%
2015	59.8%
2017	53.7%
2019	54.2%

Respondents working in GP practices are most happy with their working hours (75%), while those working for agencies are least satisfied (Figure 12). This seems counterintuitive given that the nature of the work means agency nursing staff should be able to exercise more control over their working patterns than counterparts in other areas.

Figure 12: I am happy with my working hours – by employer

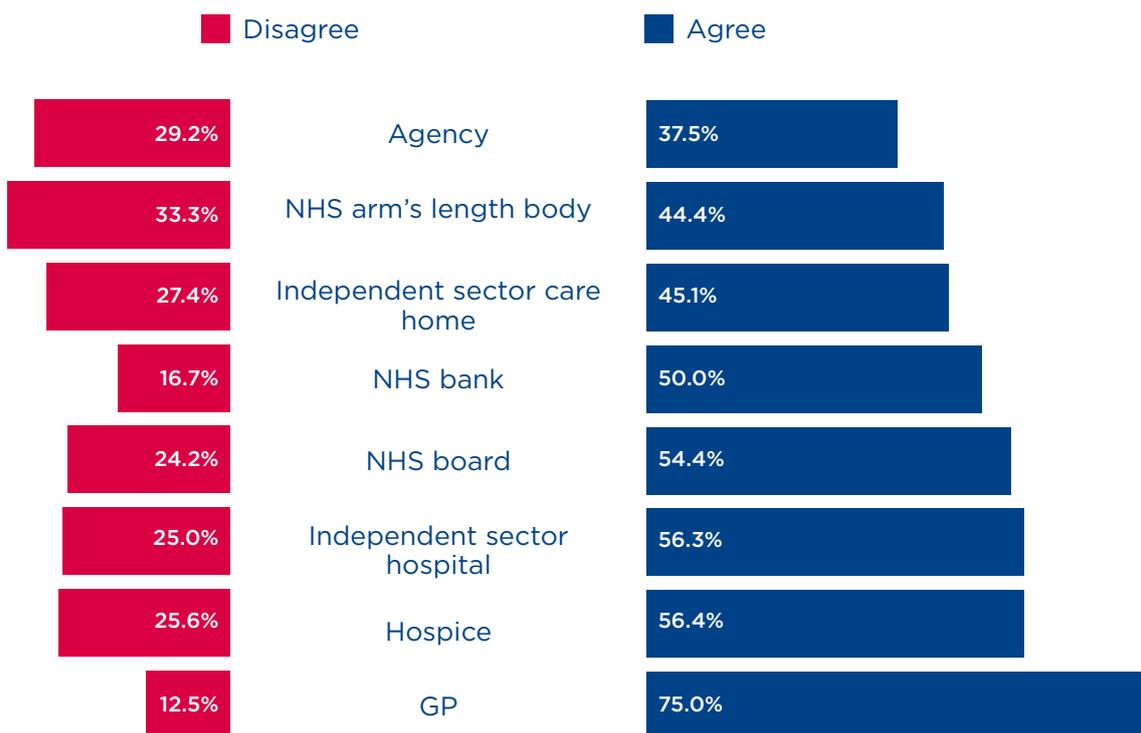| Employer	Disagree	Agree
Agency	29.2%	37.5%
NHS arm's length body	33.3%	44.4%
Independent sector care home	27.4%	45.1%
NHS bank	16.7%	50.0%
NHS board	24.2%	54.4%
Independent sector hospital	25.0%	56.3%
Hospice	25.6%	56.4%
GP	12.5%	75.0%

Figure 13 shows that under half (45%) of all respondents are satisfied with the choice they have over the length of shifts they work and that levels of satisfaction have fallen from 51% in 2015 to 45% in 2019. Many respondents described difficulties they have in being able to influence the shifts they are allocated.

"One of the biggest issues facing nursing is lack of flexibility, the 'take it or leave it attitude' to rotas. If more nurses with families were able to have set working patterns it might reduce the number of unfilled posts. The attitude of 'it was like that in my day' and 'I managed' don't help."

Staff nurse, hospice

Figure 13: I am satisfied with the choice I have over the length of shifts I work / Percentage stating they agree or strongly agree (2013-2019)
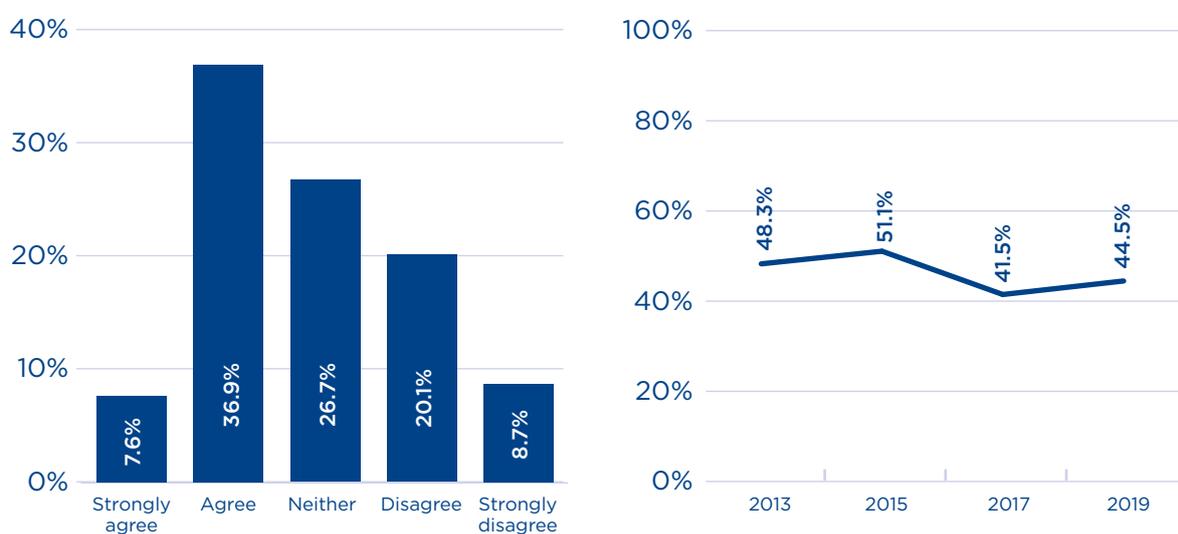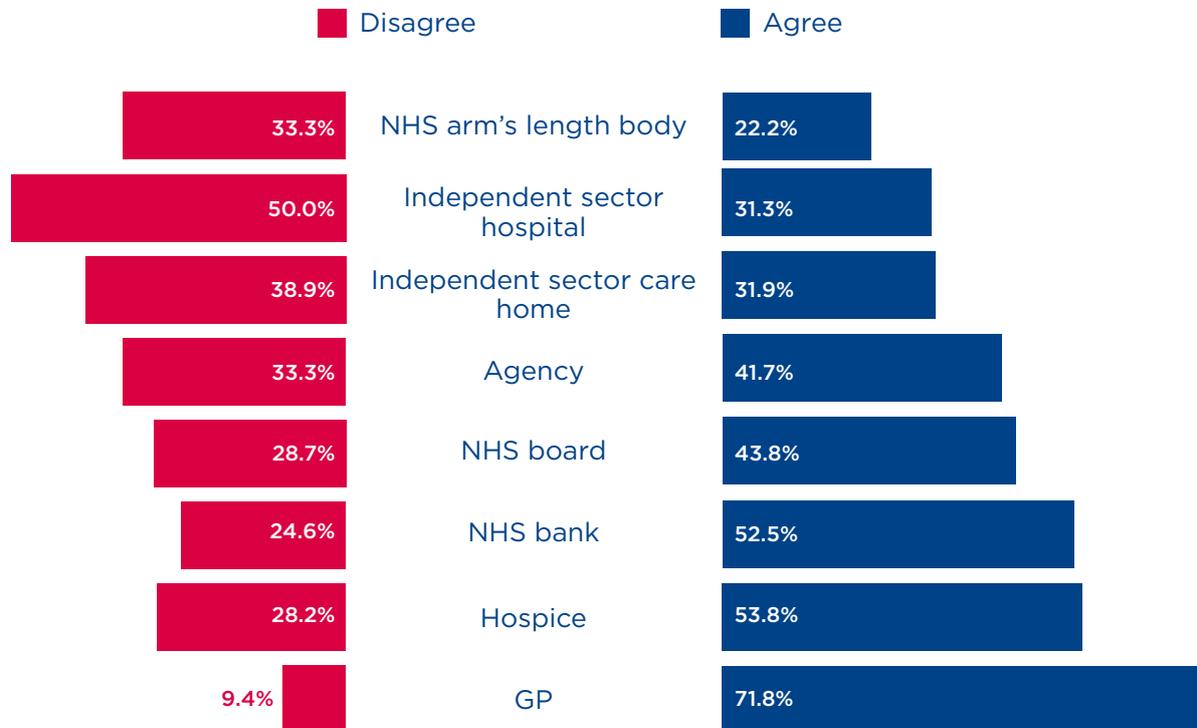

Figure 14 shows that once again, satisfaction with working conditions – in this case choice over length of shifts worked – appears to be higher among respondents working in GP practices, where 72% expressed satisfaction compared to the average of 45% for all respondents.

Figure 14: I am satisfied with the choice I have over the length of shifts I work - by employer

■ Disagree   ■ Agree

Employer	Disagree	Agree
NHS arm's length body	33.3%	22.2%
Independent sector hospital	50.0%	31.3%
Independent sector care home	38.9%	31.9%
Agency	33.3%	41.7%
NHS board	28.7%	43.8%
NHS bank	24.6%	52.5%
Hospice	28.2%	53.8%
GP	9.4%	71.8%

Two in five respondents (41%) feel able to balance work and home lives, while the proportion expressing satisfaction with work-life balance fell from 49% in 2015 (Figure 15).

> *"Boards don't really offer flexible working hours or child friendly policies to nurses as 'the needs of the unit/ward' take priority. It's not easy juggling work and the demands of work alongside family life and I think retention would be higher if employers worked with staff to get the right work/life balance."*

> Band 5 nurse, NHS acute setting

Figure 15: I feel able to balance my home and work lives/ Percentage stating they agree or strongly agree (2013-2019)

Strongly agree: 6.6%
Agree: 34.4%
Neither: 24.0%
Disagree: 25.3%
Strongly disagree: 9.6%

2013: 44.8%
2015: 48.7%
2017: 36.0%
2019: 41.1%
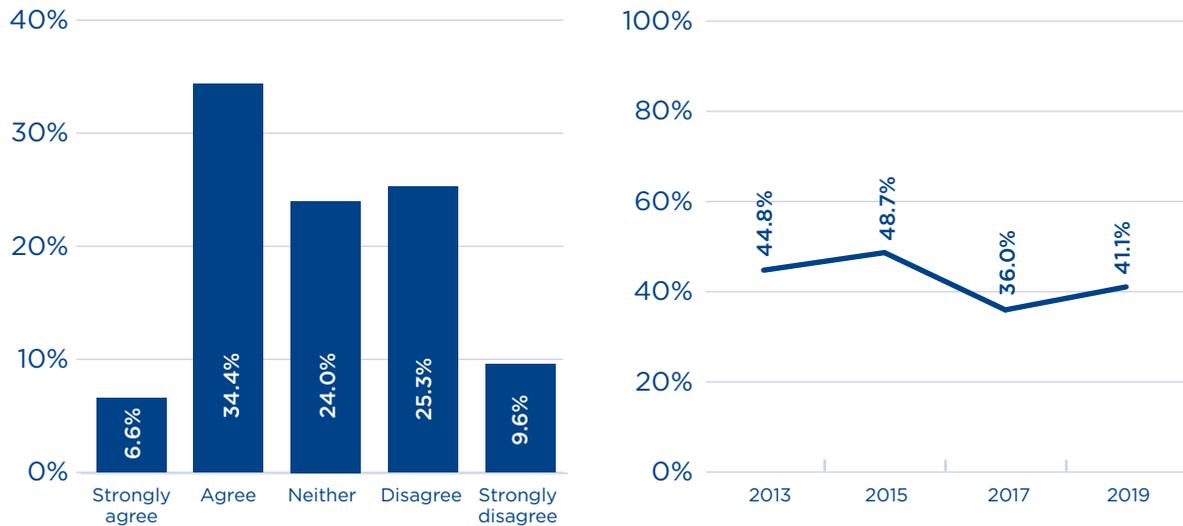
Satisfaction with work-life balance is highest among those working in GP practices (47%), compared to an average of 41% across the sample (Figure 16).

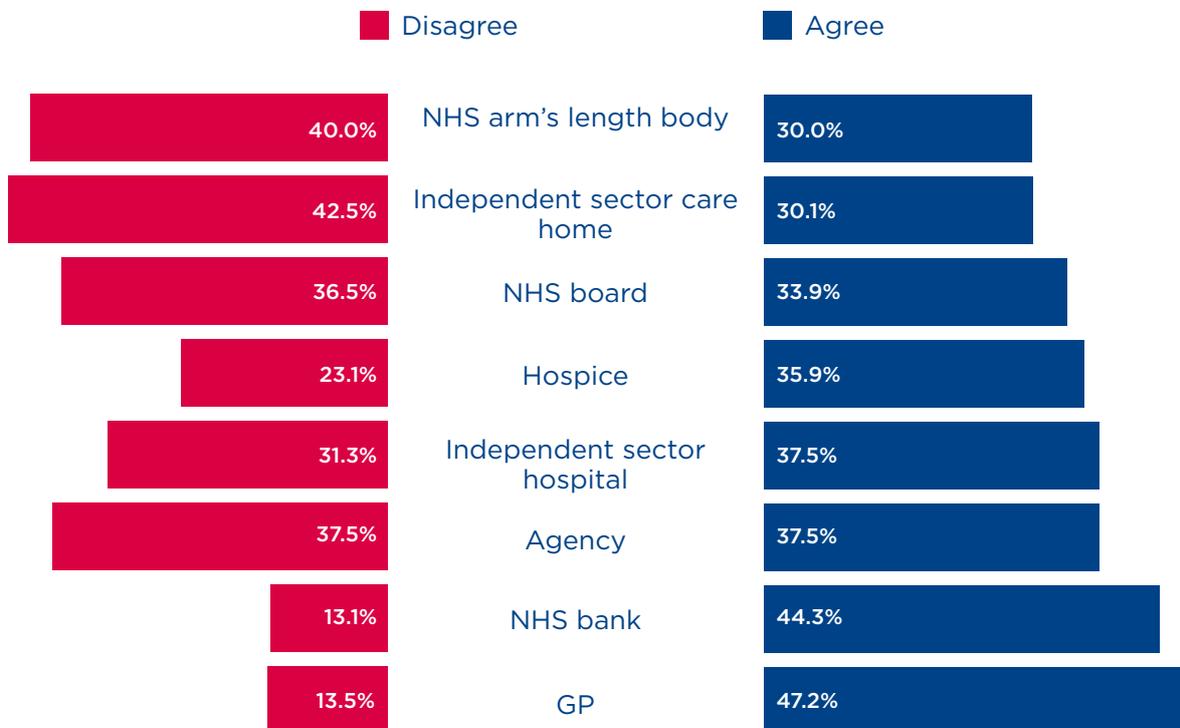**Figure 16: I feel able to balance my home and work lives – by employer**

Disagree / Agree

Employer	Disagree	Agree
NHS arm's length body	40.0%	30.0%
Independent sector care home	42.5%	30.1%
NHS board	36.5%	33.9%
Hospice	23.1%	35.9%
Independent sector hospital	31.3%	37.5%
Agency	37.5%	37.5%
NHS bank	13.1%	44.3%
GP	13.5%	47.2%

The next section looks at the incidence of 'presenteeism', where respondents report having worked when feeling ill. The majority of all respondents (83%) reported that they had gone to work at least once in the previous 12 months, despite feeling too ill to do so (Figure 17). While there has been little overall change in presenteeism since 2013, there has been a small increase in the number reporting having gone to work more than five times in the previous 12 months.

Figure 17: Over the past 12 months how often have you gone to work despite feeling you should really have taken sick leave (2013-2019)

	2013	2015	2017	2019
Never	19.1%	16.6%	16.8%	17.1%
Once	31.8%	24.9%	20.9%	25.9%
2-5 times	40.3%	47.5%	49.9%	43.7%
More than 5 times	8.8%	10.9%	12.4%	13.2%
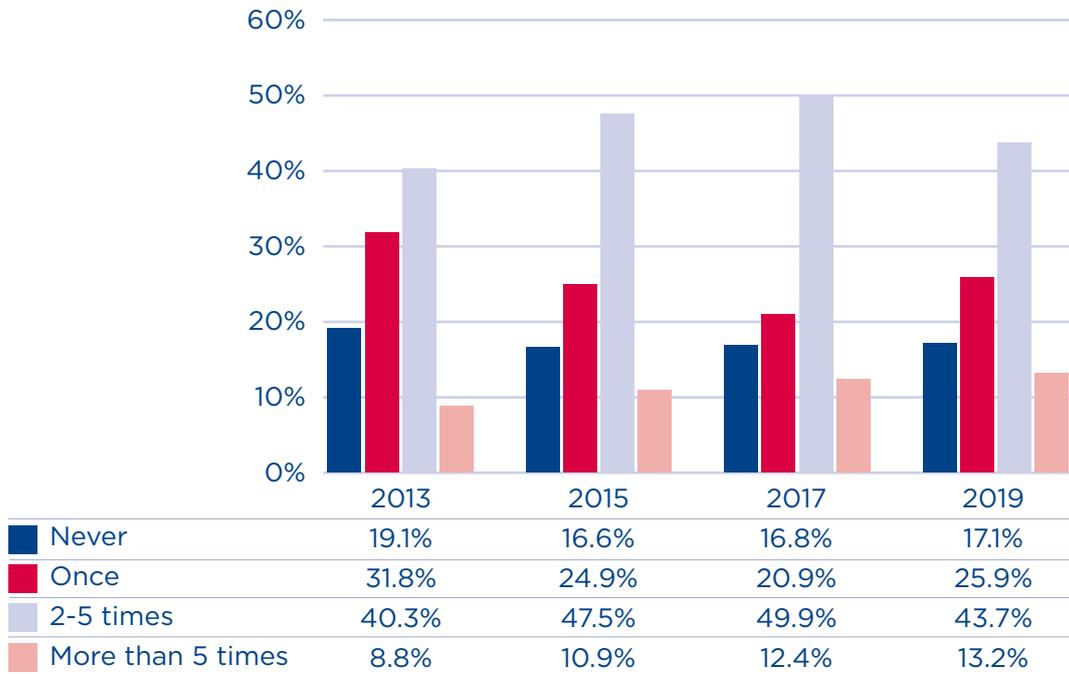
The main causes of illness when respondents had worked were virus, cold or infection (68%), followed by stress (51%) (Figure 18).

"In the care home sector there is huge pressure to not be off sick, as you know your colleagues will have to cover."

Staff nurse, independent sector care home

"I think there is no support for stress within an academic workplace, although widely reported by ourselves in the academic community. Hours and expectations are steadily growing."

Researcher/lecturer/tutor

Figure 18: Reasons for feeling unwell when worked

Reason	Percentage
Pregnancy related	2.0%
Non-work related injury or accident	4.4%
Work-related injury or accident	4.8%
Recurring condition	9.2%
Mental health issues	26.0%
Muscular-skeletal problems	39.0%
Stress	50.9%
Virus/cold/infection	68.3%
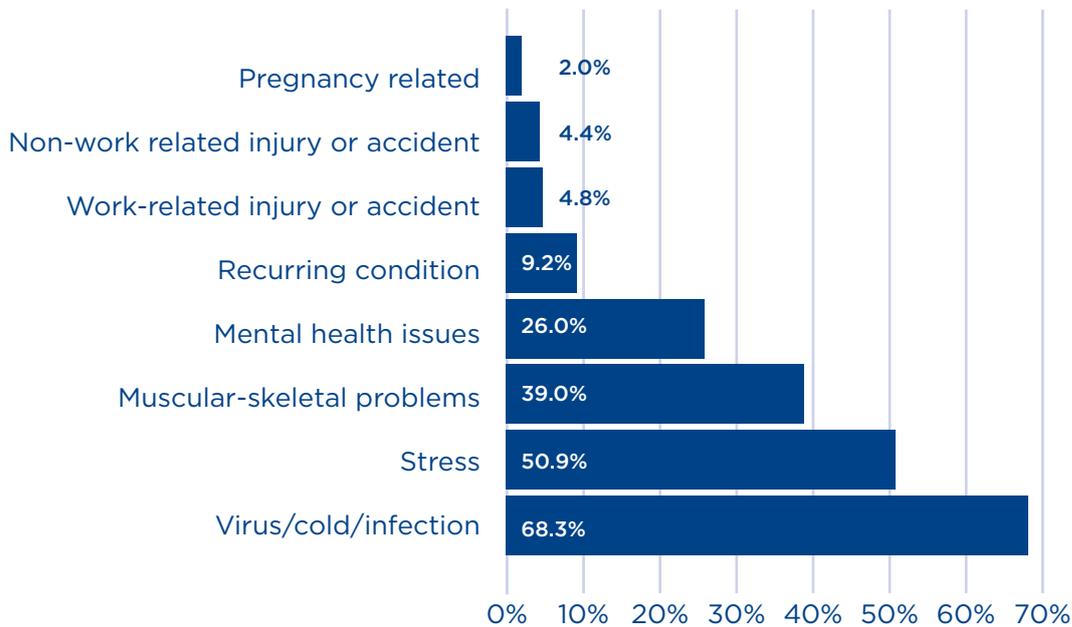
The greatest source of pressure to work despite feeling unwell is respondents themselves (63%), followed by pressure created by their workplace sickness policy (36%) or their manager (32%) (Figure 19).

Many respondents commented on their reluctance to take sick leave, knowing that their absence would only add more pressure on their colleagues already facing staffing shortages and would impact on their patients/clients. They also commented that they feel under pressure because of workplace sickness policies and a wider managerial culture to attend work despite feeling unwell.

"We are often told through health promotions and in training the importance of your own health and making sure you're safe and well to attend work. However, if time is taken off, there is a push to get back as quickly as possible as it is an inconvenience to your workplace and other colleagues, it feels like a contradiction and when I have been off work unwell, I have been made to feel guilty for being so."

Band 5 nurse, NHS hospital ward

"I was off with stress and was contacted every second day with a view to going back. I felt pressured and had to return before mentally ready. I feel physically stressed before during and after my shift and worry that things can be missed."

Band 5 nurse, NHS hospital ward

"Staff working in private care homes and agency often work when sick because you don't get any pay. Most people can't afford to be off for any length of time in this case."

Senior nurse, independent sector care home

Figure 19: Source of pressure to work when unwell

Staffing levels

Many respondents took time to tell us about problems with safe staffing in their workplace, the impact on themselves, their colleagues and the people they care for. They also told us about the pressure they feel from their managers to carry on, despite low and often unsafe staffing levels and how this impacts on their working lives.

"The staffing levels are at times unsafe – we have from time to time patients with special needs, that is, they need supervision of one-to-one nursing. We often do not have the correct number of staff to do this. It can be an impossible situation and very stressful."

Band 3, health care support worker, NHS hospital ward

"I am now looking forward to retiring shortly. Practice nursing is becoming too difficult, we do not get supported and patients can complain and we are made to feel at fault. Time is a big issue. We do not have enough time to see the amount of patients who are coming through the door. Poor staffing levels."

GP practice nurse

"The NHS is pushed to breaking point, the demands made by management including line managers to move patients from one area to the next to free up admission beds is unrealistic and could be dangerous. I deem my registration too important so I am leaving a position within the NHS to take a lower paid position allowing me to give relevant high quality evidence-based care."

Band 5 nurse, NHS acute setting

"The most upsetting and stressful part of my job is being unable to give good patient care due to poor staffing levels which are deemed as appropriate by senior management and unfortunately has become 'normal' to work under this constant stress. Never have I felt pressure like this in my career and have never felt so undervalued."

Band 5 nurse, NHS hospital ward

Pay and earnings

## Views about pay and earnings

All respondents in employment were asked how appropriate they felt their current pay band or rate is, given their role and responsibilities. Figure 20 shows that six in ten (62%) feel that their pay is either inappropriate or very inappropriate; by contrast, a quarter (24%) feel their pay is appropriate or very appropriate.

Satisfaction with pay levels has dropped considerably since 2013, when two out of five (41%) were satisfied with their pay band or grade compared to just under a quarter in 2019 (Figure 21).

Figure 20: Given your roles and responsibilities, how appropriate would you say your current pay band/rate is?
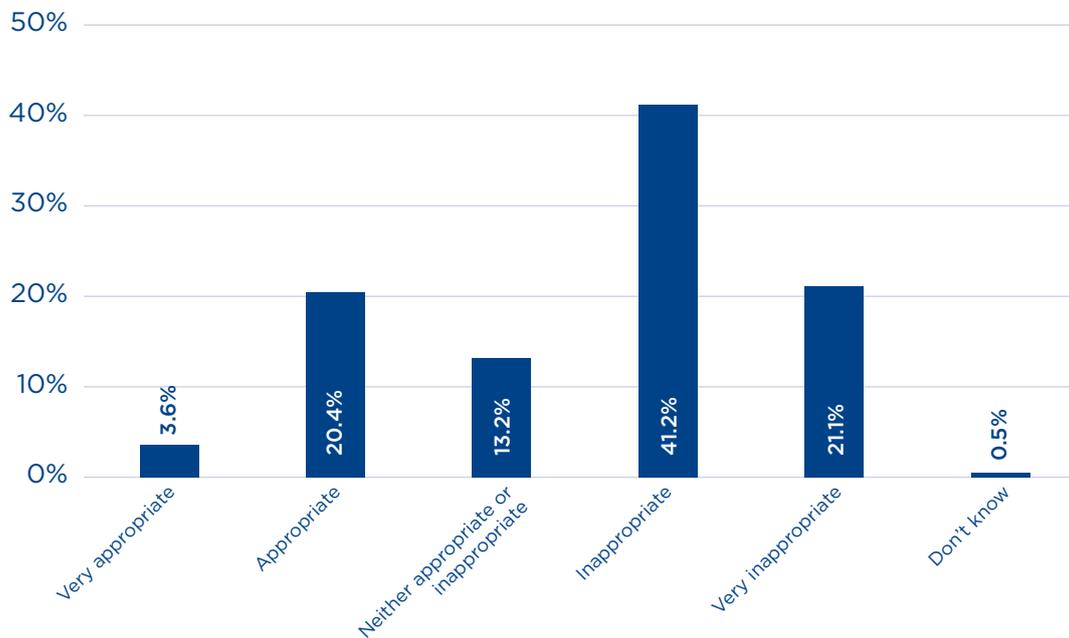
Figure 21: Given your roles and responsibilities, how appropriate would you say your current pay band/rate is? (2013-2019)
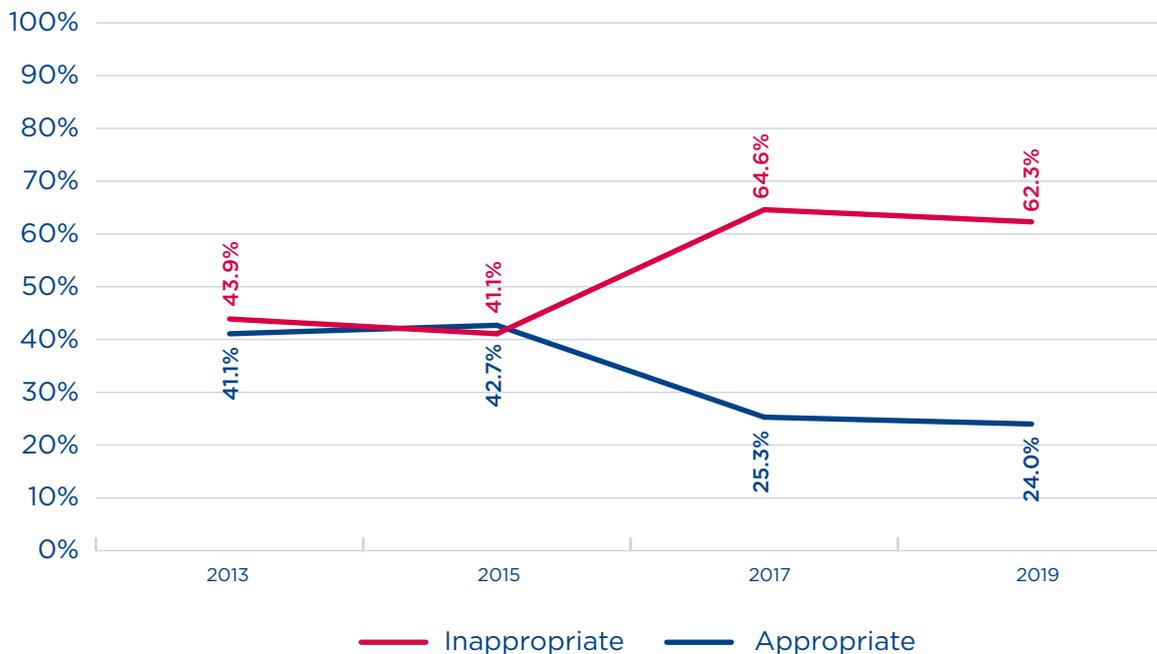
Several respondents compared their pay levels with other professions outside the health and care sector, judging that nursing suffers from worse pay and working conditions.

"I have 20 years' experience, promoted twice and earn the same as a junior teacher with six years' experience, no promotion. I also have less holidays and the physical wear and tear on your body. I qualified the same time as a friend started with the police. I earn a lot less, not childcare friendly, paid less and will retire much later. Unfortunately nursing as a vocation does not pay bills!"

Band 6 nurse practitioner

Another common complaint is that the route to progression often lies in a move into management, all too often resulting in the loss of clinical status.

"There is no financial incentive to achieve academic qualifications as higher paid jobs are so few across health service unless a nurse chooses to be a manager and lose clinical status ."

Band 6 nurse, NHS community mental health setting

In the NHS, many nursing staff expressed frustration with being 'stuck' at the top of their pay band.

"Once you are at the top of band 5 there is no opportunity to increase your wages unless you want increased responsibility or leave the ward environment which reduces the contact time with clients."

Band 5 staff nurse, NHS acute setting

"There should be pay progression in some form for those who are working at the top of their band who are continuing to deliver a good service and meet the demands of their role and the requirements of their objectives. Currently, there is no incentive to do so which is demoralising for individuals like myself who have given 100% year-on-year, continuing to develop a demanding service with no movement in pay."

Band 6 nurse, NHS community setting

Respondents also raised the issue that the development of advanced skills and practice is often seen as insufficiently recognised and rewarded.

"Nurses are undervalued and over worked with the expectation that they will take on more advancing roles with no reward."

Band 6 clinical nurse specialist, NHS acute setting

"Recruitment and retention issues are 100% due to our pay and banding not being reviewed in 15 years … our role has changed dramatically in this time. We are not recognised for the job we do."

Band 5 NHS district nurse

There was a general sense of frustration among many respondents working in general practice about the way that their pay is determined locally by their employer and often results in different pay, terms and conditions than the NHS or other employers.

"Our pay needs addressed. We receive no increments and rely on the GPs to decide if we get a pay rise. Funding is not put in place for our pay. Hospital nurses are now paid better. Nurses are paid differently in each general practice. We need a voice."

GP practice nurse

In relation to questions about membership of pension schemes, many respondents took the opportunity to refer to the pension age, that the physical and emotional toll of nursing should be fully recognised in workforce planning, job design and decisions about retirement age.
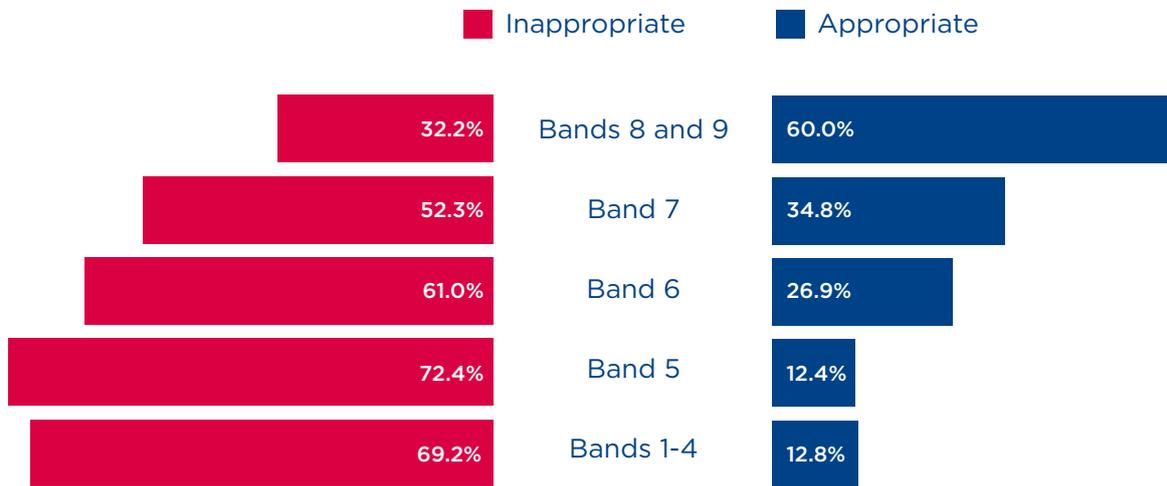
"I shall not receive my pension until the age of 68 years old – only another 20 years to go!! I cannot imagine working at the level I am now until then."

Band 5 staff nurse, NHS hospital ward

Figure 22 reports respondents' level of satisfaction by their pay band/rate. All respondents not employed on Agenda for Change (AfC) pay rates were allocated to the equivalent AfC pay bands to allow analysis across all respondents.

Levels of satisfaction are clearly higher among those employed at the highest bands – 60% of those employed at bands 8 to 9 said their pay band/rate is appropriate, while a third (32%) said they were not appropriate. The majority of those employed at lower pay bands said that their rate was inappropriate.

Figure 22: Given your roles and responsibilities, how appropriate would you say your current band/rate is – by pay banding

Inappropriate ■   Appropriate ■

	Inappropriate		Appropriate
Bands 8 and 9	32.2%		60.0%
Band 7	52.3%		34.8%
Band 6	61.0%		26.9%
Band 5	72.4%		12.4%
Bands 1-4	69.2%		12.8%

Household earnings

Figure 23 shows that just over half of nursing staff (54%) are the primary earner in their household, stating that their earnings represented most or all of household income.

Figure 23: Approximately what proportion of your total household income do your earnings represent?

21.8%
23.9%
28.3%
26.0%

Less than half ● About half ● More than half ● All ●
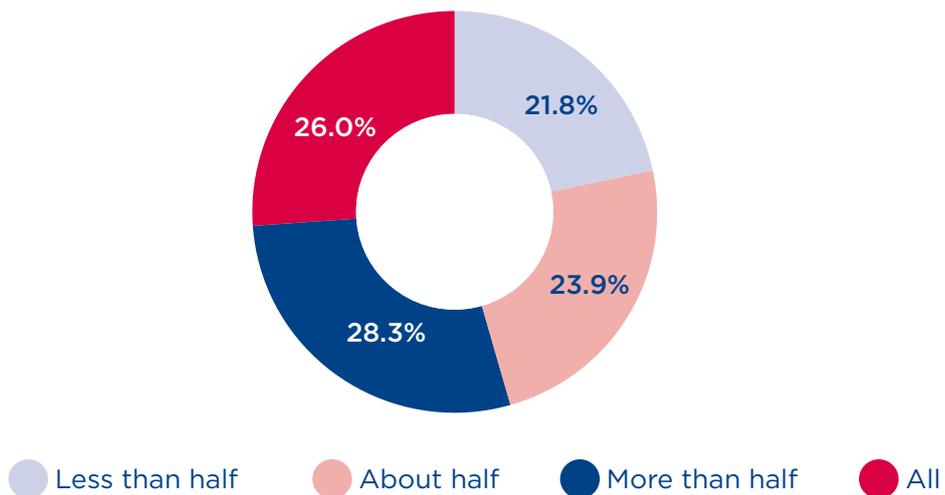
Multiple job holding

Two in five (19%) told us that they have another job in addition to their main job. Of those with another job, almost two thirds (62%) undertake bank nursing, one in eight work through an agency (13%) and 12% work additional hours in their main job.

Results from the 2017 survey showed that a quarter (24%) of respondents reported having another job in addition to their main employment. Figure 24 shows that there has been a marked decrease since 2017 in the proportion undertaking agency working, additional hours in their main job and those undertaking non-nursing work. By contrast, there has been a small increase in the proportion working on the nursing bank (from 54% to 62%).

Figure 24: Type of additional work (2017 and 2019)

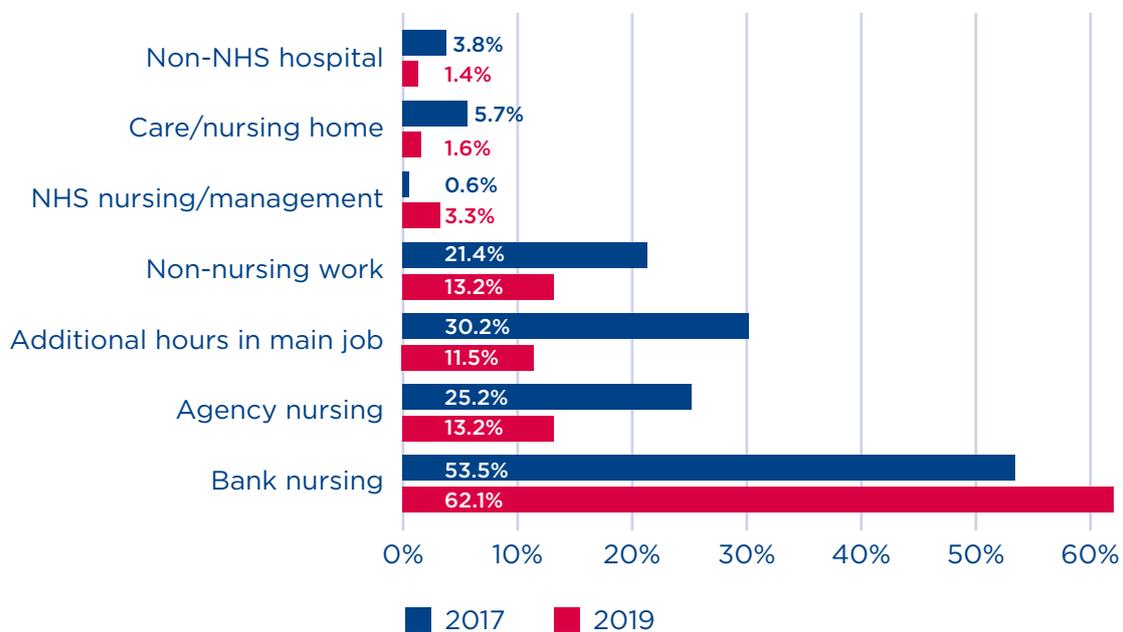| Type of additional work	2017	2019
Non-NHS hospital	3.8%	1.4%
Care/nursing home	5.7%	1.6%
NHS nursing/management	0.6%	3.3%
Non-nursing work	21.4%	13.2%
Additional hours in main job	30.2%	11.5%
Agency nursing	25.2%	13.2%
Bank nursing	53.5%	62.1%

Figure 25 shows that the overwhelming reason for undertaking other employment is to provide additional income (85%).

Figure 25: Reasons for doing additional work
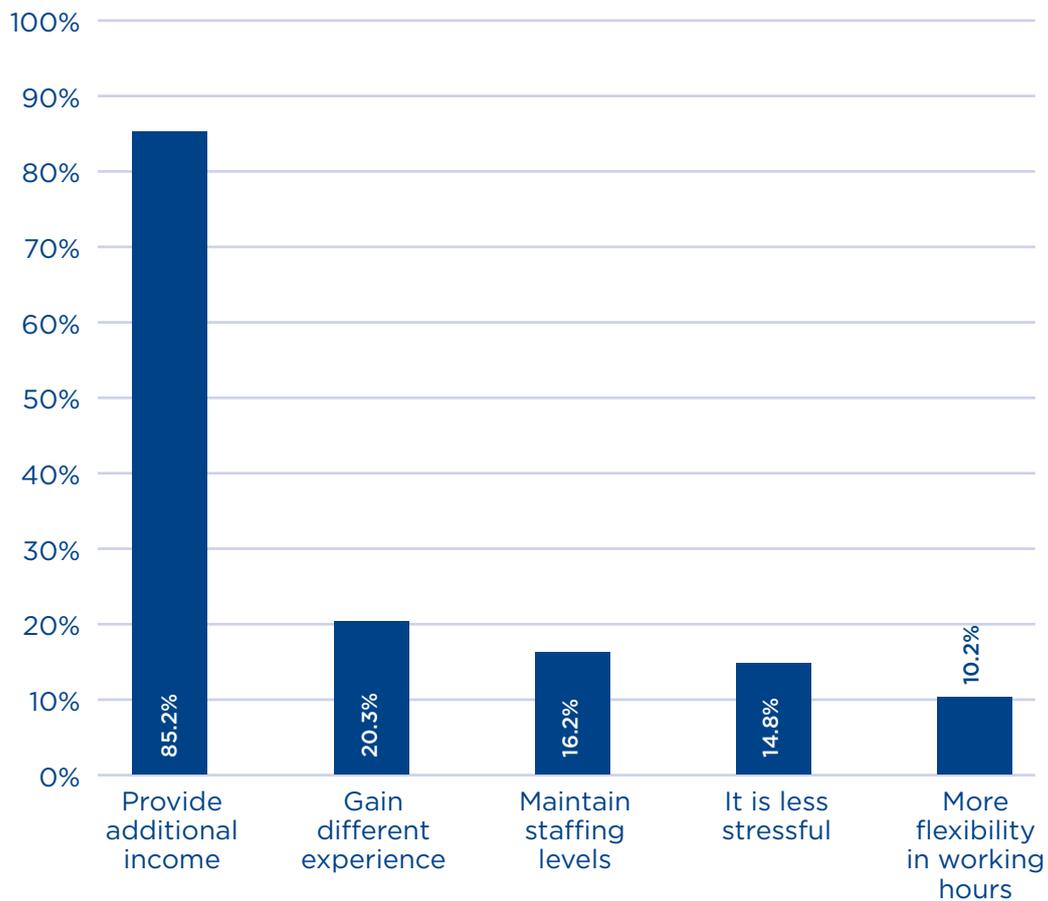
Of those undertaking additional work, the majority (79%) are working over five hours a week in their other paid job (Figure 26). The proportion working more than 10 additional hours per week has increased by 11% between 2017 and 2019.

Figure 26: On average, how many hours a week do you do in your other paid jobs? (2017 and 2019)

|	Less than 5 hours	5-10 hours	Over 10 hours
2017	23.3%	48.4%	28.3%
2019	20.9%	39.8%	39.3%
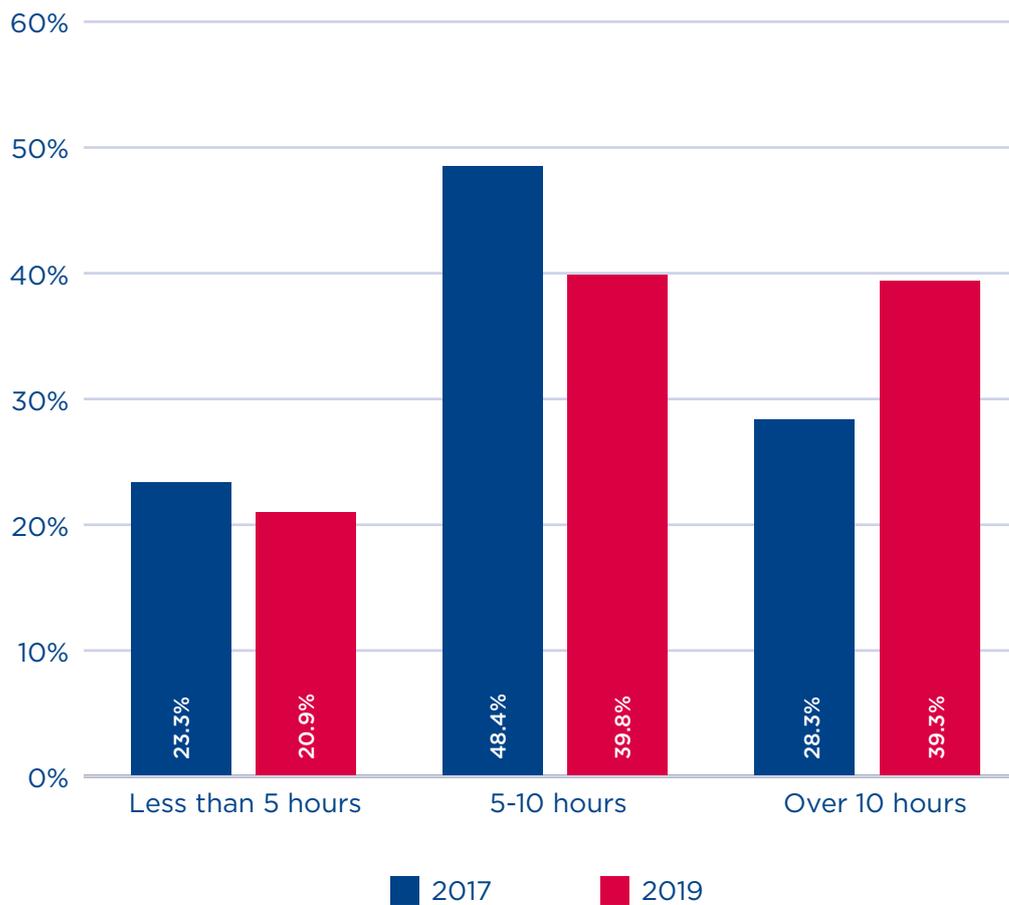
The nature of work and views about nursing

Career intentions

We asked respondents about whether they feel they would be able to find another job with better pay or working conditions. Just under half (49%) of respondents feel confident, a further 36% appear unsure about their prospects, with another 16% stating they were not confident in their ability to find another job with better pay or conditions (Figure 27).

Figure 27: To what extent do you agree you would be able to find a similar job elsewhere with a better salary and/or working conditions?
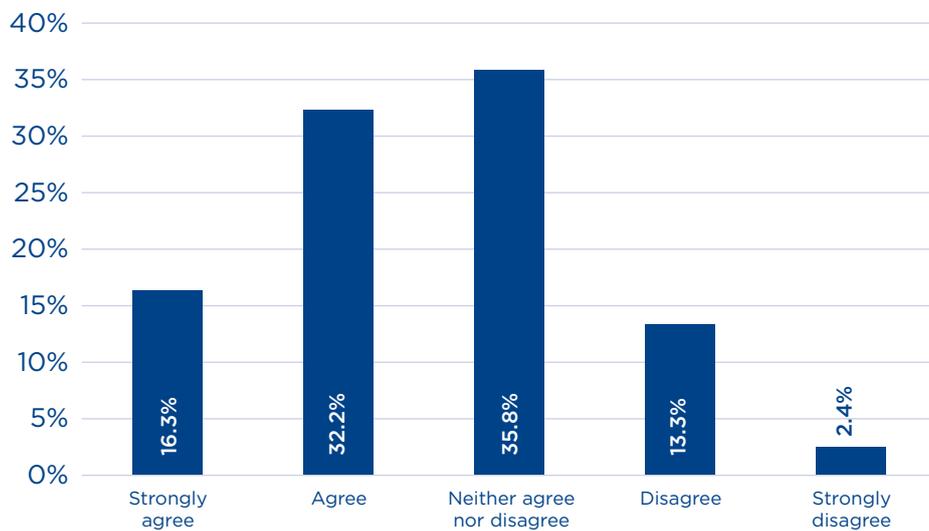
When asked whether they were actually thinking about looking for a new job, a third (35%) said they were, with around a third (31%) saying they would like a similar nursing job in the NHS, and the same proportion (31%) wanting a different role outside the NHS (Figure 28).

"Many, including myself, are becoming very disillusioned with the profession and feel that NHS and government undervalue practitioners and take advantage of their compassionate nature. The challenge is that newer generations view nursing as a job, not a vocation. This means that they are (rightly) less tolerant of the bureaucratic and organisational stresses and will leave."
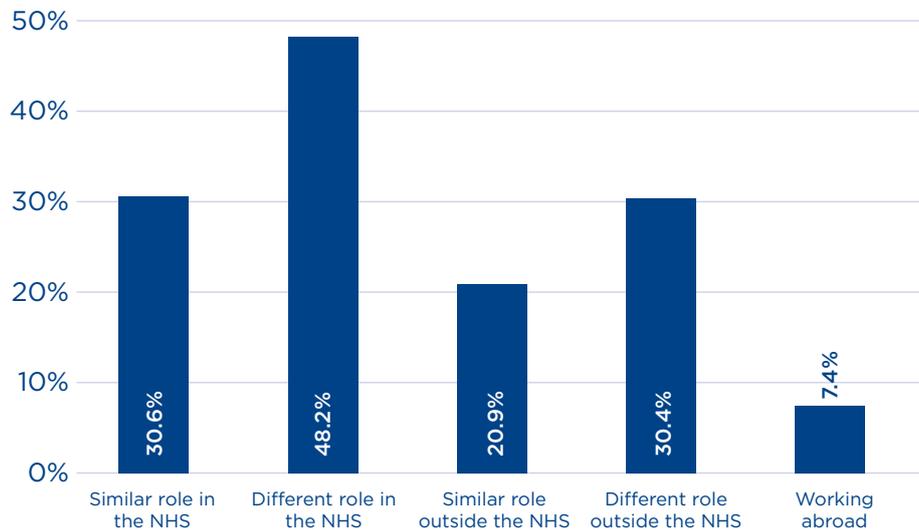
Band 6 educator/trainer
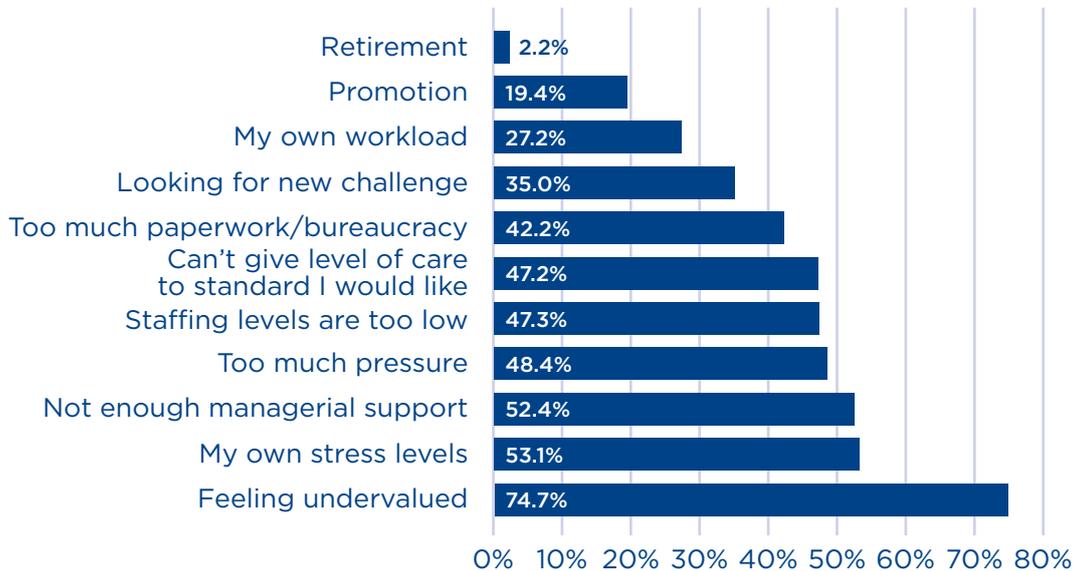
Figure 28: Respondents seeking a new job

Figure 29 shows that the most common reasons given for seeking a new role are negative ones, including feeling undervalued (75%), stress levels (53%) and not feeling supported by managers (52%).

> *"I love nursing and caring for patients but I am fed up of working with too few staff and when you escalate, managers do not understand or do anything. Doctors say no to doing certain tasks, then it becomes a nursing role/job without being rewarded for additional responsibility. No career progression or training and development."*

> Band 6 staff nurse, acute setting

> *"Nurses are multi-skilled, highly trained individuals able to deliver care to people whose lives are at risk. We are working under extreme pressure because of managers' poor decision making and inability to manage crisis situations which result in nurses being overworked and underpaid."*

> Band 5 staff nurse, NHS hospital ward

Figure 29: Main reasons for thinking of leaving

Reason	Percentage
Retirement	2.2%
Promotion	19.4%
My own workload	27.2%
Looking for new challenge	35.0%
Too much paperwork/bureaucracy	42.2%
Can't give level of care to standard I would like	47.2%
Staffing levels are too low	47.3%
Too much pressure	48.4%
Not enough managerial support	52.4%
My own stress levels	53.1%
Feeling undervalued	74.7%

More positive reasons were cited by around a third or less than respondents such as promotion (19%) and the wish for a new challenge (35%).

# Views about nursing as a career

Almost three-quarters of all respondents stated that nursing is a rewarding career; the percentage agreeing with the statement has grown gradually from 65% in 2013 to 71% in 2019 (Figure 30).

When asked about nursing, many respondents started out by describing it as a highly rewarding career, but qualified their response with a comment about pay levels or increasing stress levels, workloads and pressures. Typical quotes include: "The job is rewarding but the pay does not reflect the responsibility of the job"; and: "I like nursing and find patient care rewarding but sometimes it's just so tiring." Others gave more detail about the impact of the working environment on their views of nursing as a career.

"I have only been qualified two and a half years and I already feel like giving up as it is not the career I thought it would be. Staffing levels and skill mix in my ward are poor and we have more highly dependent patients that we cannot look after properly in addition to all our other patients. I often come into shifts finding other nurses crying because they cannot cope with the pressure. Although I do my best to not let my emotions get the better of me, I regularly go home and cry about what has happened during the day. I cannot remember the last time I left a shift and felt like I had done a good job and not worry about missing something. If our ward is fully staffed, a member of our staff gets moved to another ward which has protected staffing numbers, leaving us short staffed. Management only care about numbers, not about safe and effective care. Morale is low and staff call in sick because they simply cannot face coming back in or cope with the stress."

Band 5 staff nurse, NHS acute setting

Figure 30: I think nursing is a rewarding career/Percentage stating they agree or strongly agree
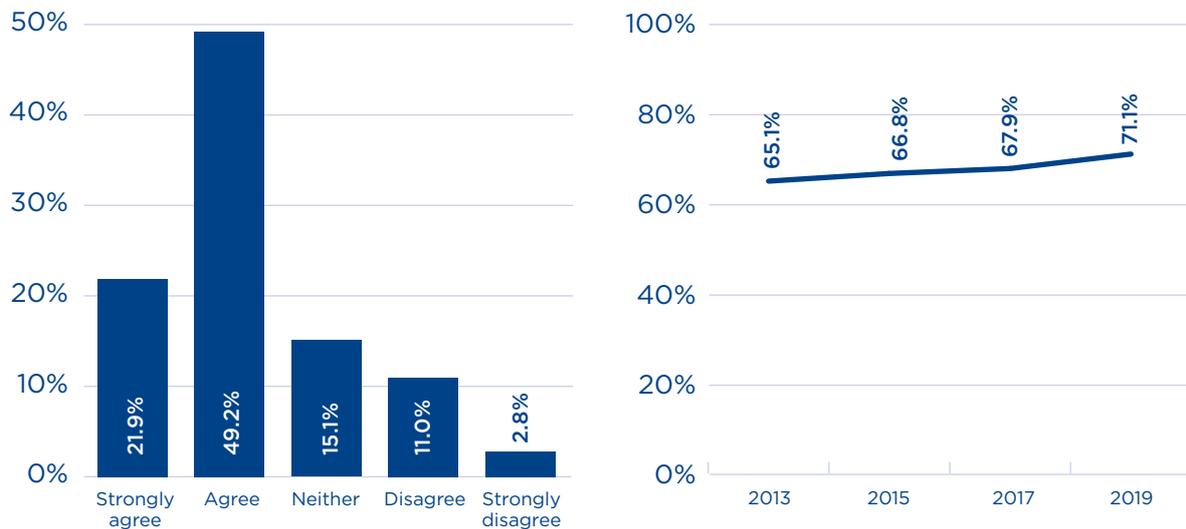
While the majority of respondents find nursing a rewarding career, a much lower proportion would recommend it to others, with just 11% strongly agreeing and 35% agreeing with the statement (Figure 31). The proportion stating they would recommend nursing as a career has grown from 38% in 2013 to 46% in 2019.

Figure 31: I would recommend nursing as a career/ Percentage stating they agree or strongly agree (2013-2019)
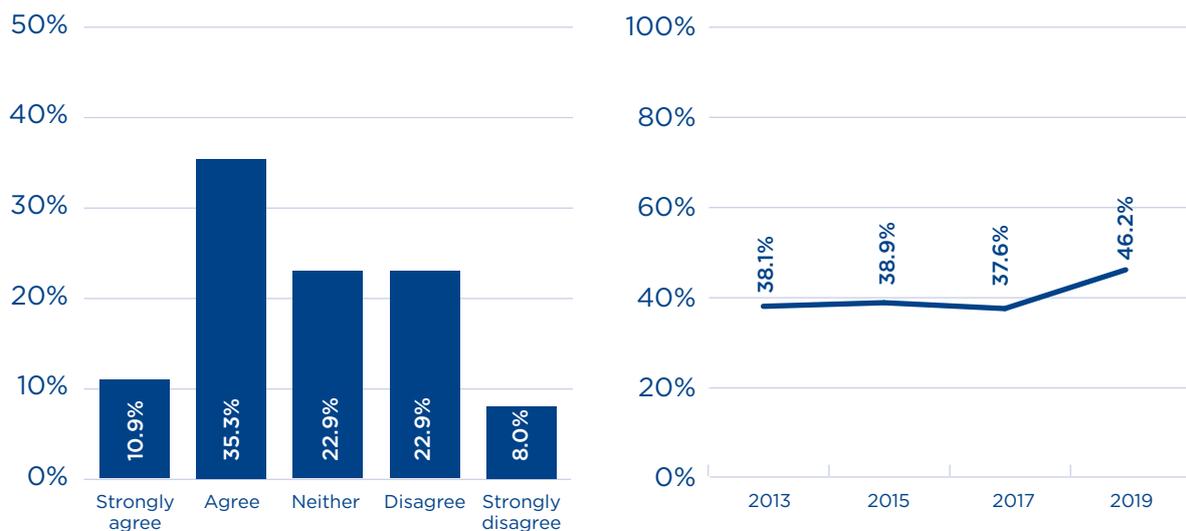

Figure 32 shows that almost two thirds (64%) of respondents stated they felt enthusiastic about their job, up from 57% in 2017.

While many respondents told us they still derive satisfaction with their nursing role, they are frustrated by other aspects of their job or the environment in which they work.

"I do like my job and enjoy working with my patient group but don't feel the post is valued by my organisation. There is no continual support for my service to help change or improve things for patients and that is really your ultimate goal."

Band 6 clinical nurse specialist

**Figure 32: Most days I am enthusiastic about my job/Percentage stating they agree or strongly agree (2013-2019)**
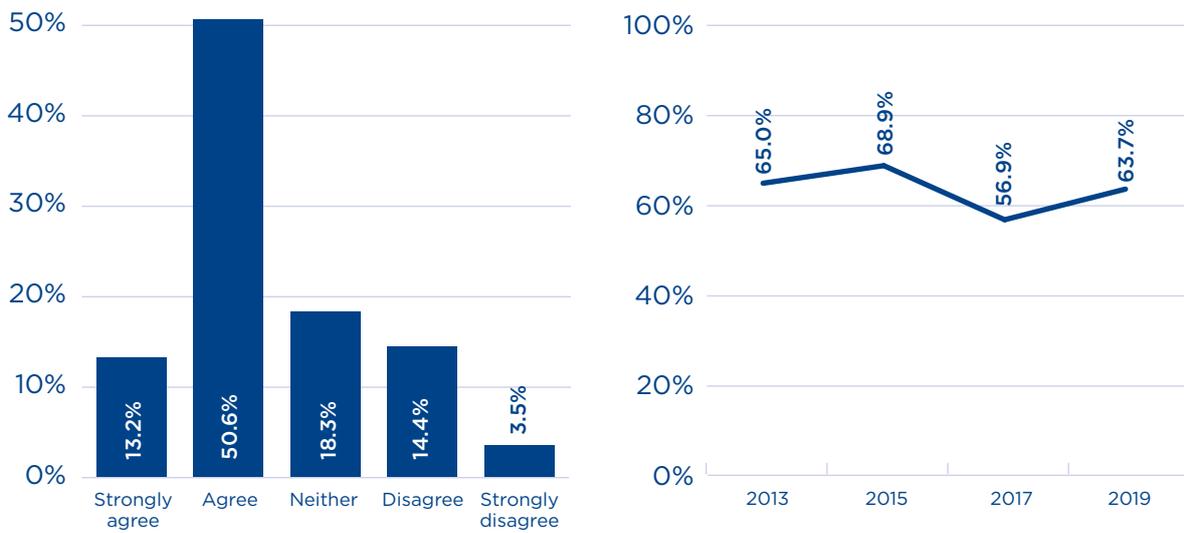

Around six in ten respondents believe that nursing will provide them a secure job in the future, a significant increase from 2013 (Figure 33).

Figure 33: Nursing will continue to offer me a secure job for years to come/ Percentage stating they agree/strongly agree (2013-2019)
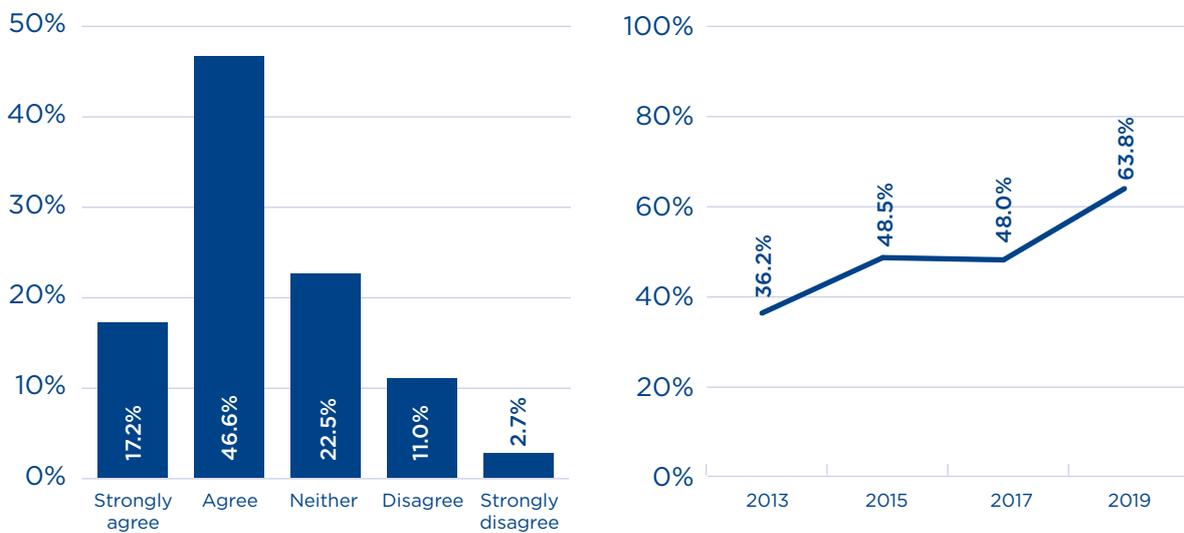
A third of all respondents (33%) agreed they would not want to work outside nursing, while over one third disagreed (39%) (Figure 34). The percentage of respondents agreeing they would not want to work outside nursing has remained relatively stable since 2013.

Figure 34: I would not want to work outside of nursing / Percentage stating they agree or strongly agree (2013-2019)
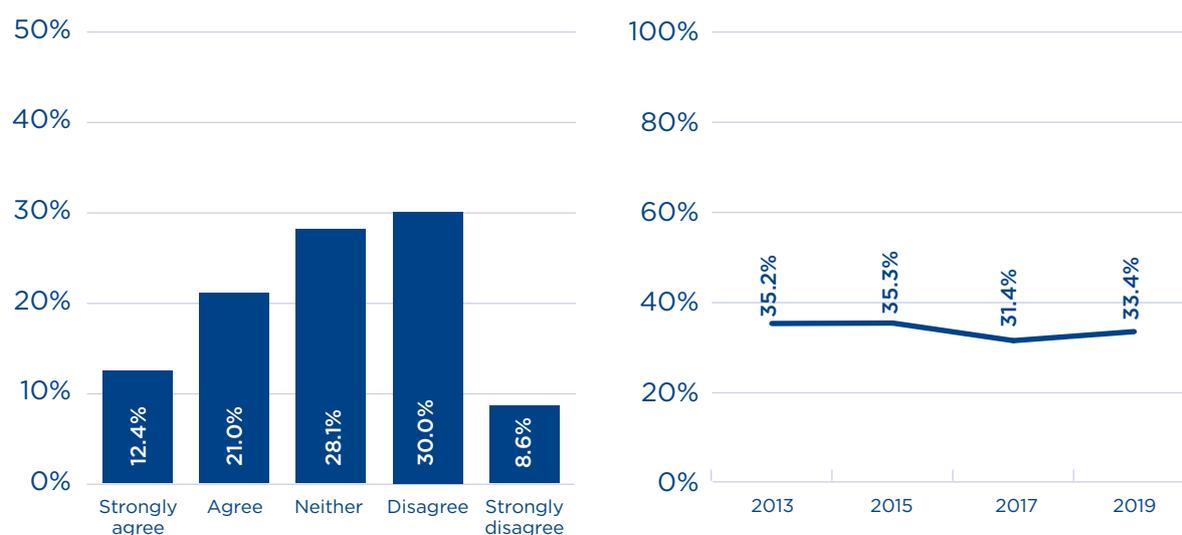
Just one in six of all respondents (16%) agreed that they regretted their choice of nursing as a career while well over half (58%) disagreed with the statement (Figure 35).

While many stated they did not regret their career choice, a large proportion of them qualified this by pointing out the problems facing the profession.

> *"I started the nursing profession as a nursing cadet over 36 years ago and have never regretted the career path l have chosen, it's been very fulfilling and rewarding experience. It's just a shame to see some clinical areas not adequately covered with the right amount of nursing staff to deal with the practical and psychological expectations/demands."*

> Band 6 clinical nurse specialist, NHS community setting

Other respondents clearly explained their regret in their career choice.

> *"I strongly regret becoming a nurse, if I did not have a mortgage or children I would leave the profession in a heartbeat."*

> Band 6 nurse, NHS acute setting

> *"I feel very upset with the way nurses are treated. I became a nurse to care for people, not be physically and verbally abused by both relatives and patients. I also did not become a nurse to live just above the bread line. I can no longer cope with this pay and the lack of caring from everyone in power who can assist in changing this. I used to love nursing, now I can't stand it. I am considering leaving nursing all together. When problems are reported to management nothing ever changes, when bullying staff are reported I'm told to just wait it out and see how it goes despite reporting it several times."*

> Band 5 staff nurse, NHS acute setting

Figure 35: I regret choosing nursing as a career/ Percentage stating they agree or strongly agree (2013-2019)
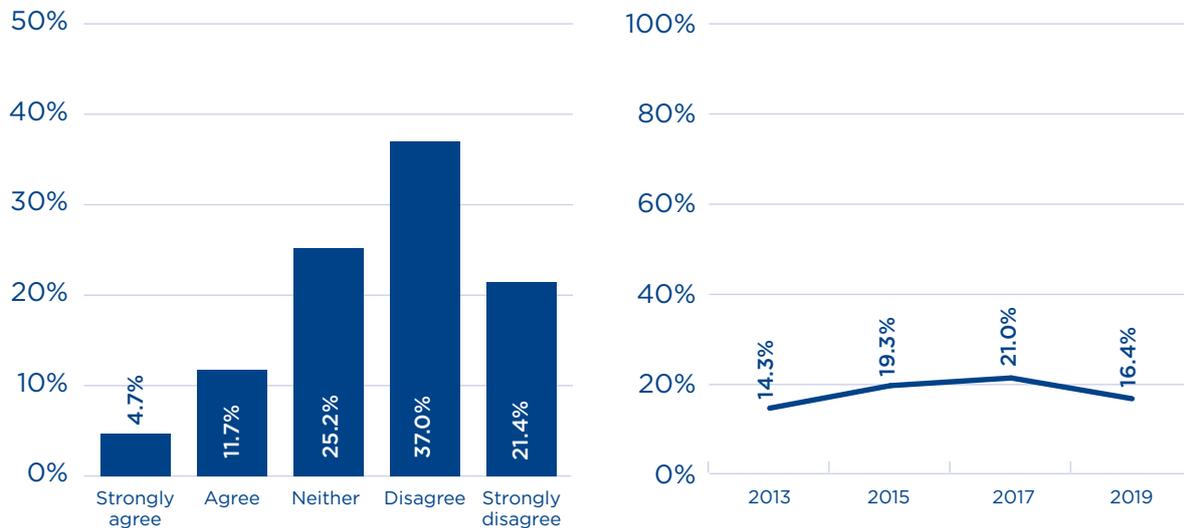
Emotional demands

This year's survey contains new questions about emotional demands of the nursing role. These questions have been developed from research studies on emotional labour in nursing. Emotional labour was first defined by Hoschschild (1983) as 'the management of feeling to create a publicly observable facial and bodily display'.

Two of the main emotional labour strategies involve surface acting and deep acting. Surface acting involves employees changing their outward expressions, voice and gestures, but not attempting to feel the emotions that they are displaying. In contrast, deep acting involves employees attempting to regulate their inner feelings in order to actually feel that what they are displaying.

The two questions included in the survey attempt to evaluate respondents' emotional labour strategies through surface acting and deep acting. Surface acting is measured with the question: "I show feelings to patients that are different from what I feel inside"; and deep acting is measured with the question: "I work hard to feel the emotions that I need to show in my job."

The ways in which emotional labour is experienced in nursing are aptly described in the following quotes from respondents to this year's survey.

> *"I don't need to work hard to feel for people in my care but I do work hard to leave my own needs and feelings at the door and pick them up again on the way out."*

> Agency worker, independent sector care home

> *"Looking after patients with dementia is stressful and demanding, but requires you show constant patience and kindness. It takes huge strength to keep showing this when you are constantly under huge stress and pressure from low staffing levels and lack of support from management."*

> Staff nurse, independent sector care home

Figure 36 shows that very few respondents stated they never (3%) or rarely (10%) show feelings in the job different from what they feel inside, while over half (54%) stated they do so regularly or always.

Figure 36: I show feelings in my job that are different from what I feel inside
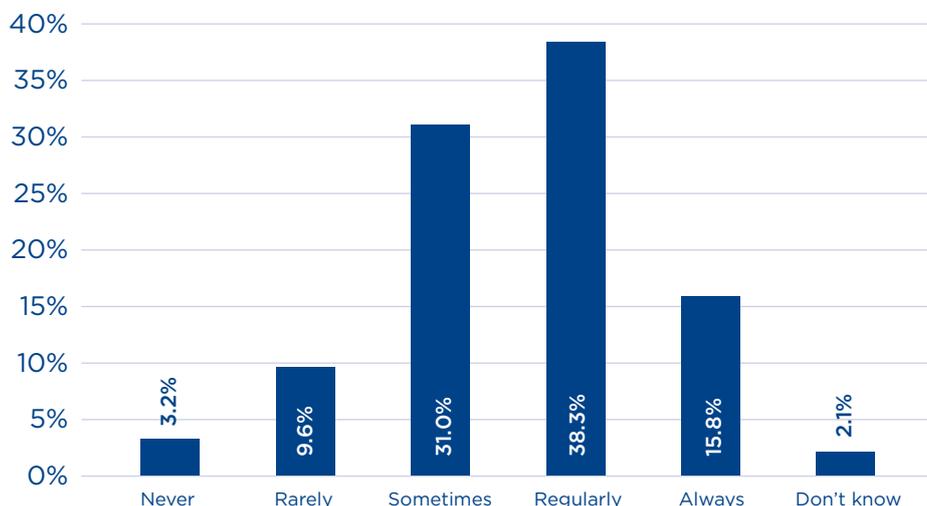
There appears to be a stronger propensity towards surface acting (as shown in Figure 36) than deep acting (Figure 37), where results are more mixed as measured in the statement: 'I work hard to feel the emotions that I need to show in my job.' Just over a third (36%) stated they never or rarely work hard to feel the emotions needed to show in their job, while a slightly lower proportion (31%) said they do so regularly or always.
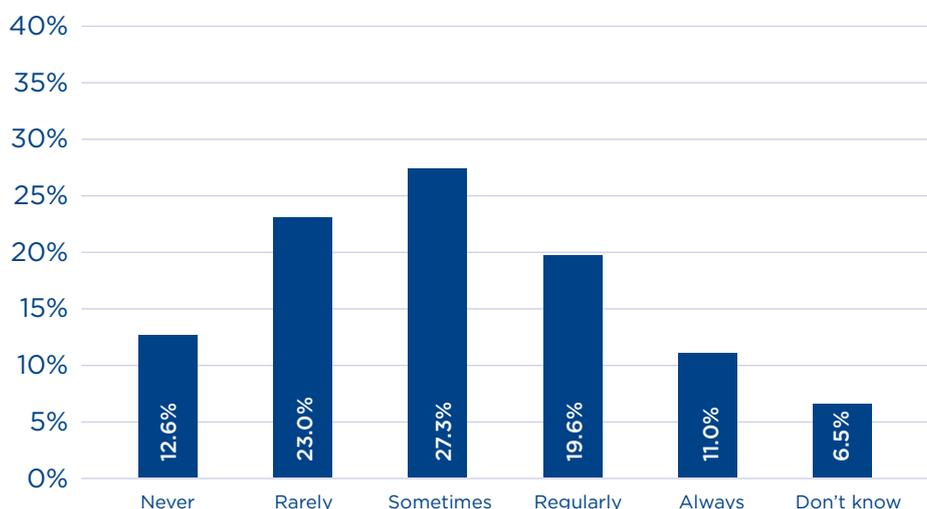
Figure 37: I work hard to feel the emotions that I need to show in my job

Respondents were invited to elaborate further on their ratings on these statements and several described the need to manage the emotional aspects of their job in largely positive terms.

> *"Despite often feeling the pressures of the job for the sake of patients I always strive to show compassion, dedication and enthusiasm within my working day."*

GP practice nurse

Many more respondents described the emotional demands of nursing in highly negative terms relating to the impact on themselves, colleagues, patients and service users and the broader future of nursing.

"As nurses we are expected to 'put up with it, not complain' as this was a 'vocation' that we chose. This is so outdated. Obviously we must be kind, compassionate people in order to nurse, but this is not the entire reason we chose nursing. We chose it because it is multi-faceted, interesting, challenging profession and to expect people to behave like the nuns that came before nurses – dutiful and dedicated without any of our own needs met, mentally, physically or financially – is wrong."

Band 5 staff nurse, acute setting

"I regularly feel very stressed and anxious at work and have to try hard not to show this to my patients and to help them feel at ease. I also feel as though I have to try and remain positive for the rest of the nursing team to try and boost morale as often there are members of the team who outwardly struggle."

Band 5 staff nurse, NHS acute setting

Black and ethnic minority nursing staff described the impact of discrimination on their feelings about nursing in 2019.

"It is common knowledge that minority groups in the NHS are not well represented in leadership positions and suffer from poor career progression."

Nurse practitioner, prison health care

Value and Influence

Respondents were invited to score how highly they feel valued by different groups, including their patients/clients/service users, colleagues, managers, the general public, the media and governments and were asked to assign a score out of 5.

Figure 38 shows that nursing staff feel most valued by their patient or client groups and other nursing colleagues, yet very poorly supported or valued by the government, with an average score of just 1.69 out of 5.

Figure 38: To what extent to do feel valued by the following groups, mean scores out of 5

Group	Mean score
The government in your part of the UK	1.69
Media	1.80
Senior executive management in your organisation	1.89
General public	2.95
Your line manager	3.10
Other health care professionals you work with	3.33
Your nursing colleagues	3.72
Patients/clients/service users	3.87
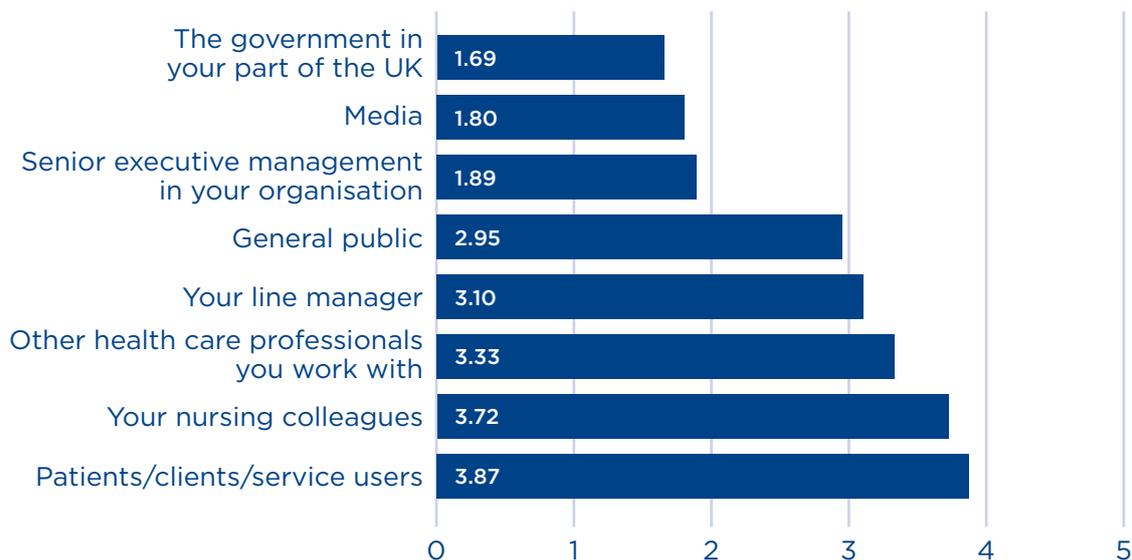
Comments about management often related to a feeling of dislocation and detachment between the nursing workforce and senior management.

"The hierarchical system has left the frontline staff feeling so detached from the management level staff that it is hard to see how it can be repaired. Management themselves are so far removed to what is actually happening that they do not represent nursing and care."

Band 5 mental health nurse

Respondents also took the opportunity to reflect on how nursing is valued as a profession, by those both within and outside nursing.

"As a profession, the complexity of our role is not recognised or valued by other professions or the government, and this is reflected in pay and conditions. Whilst some 'tasks' may be viewed as requiring less skill, this is not the case for the range of knowledge and skills required to be effective, and more importantly the complexity of all the 'tasks' combined leads to a job which is immensely challenging."

Band 7 Educator/trainer, NHS acute setting

Respondents were also asked how effectively they felt that nursing views were heard and taken into account when decisions were being made about local and national issues affecting the nursing workforce. Average scores on nursing views were much lower than those given for nursing value. On average, respondents rated nursing views on local issues such as training and CPD as 2.06 out of 5 and working conditions as 1.62 (Figure 39).

Figure 39: How far do you agree that the views of nursing staff are taken into account when decisions are made on the following issues, mean scores out of 5
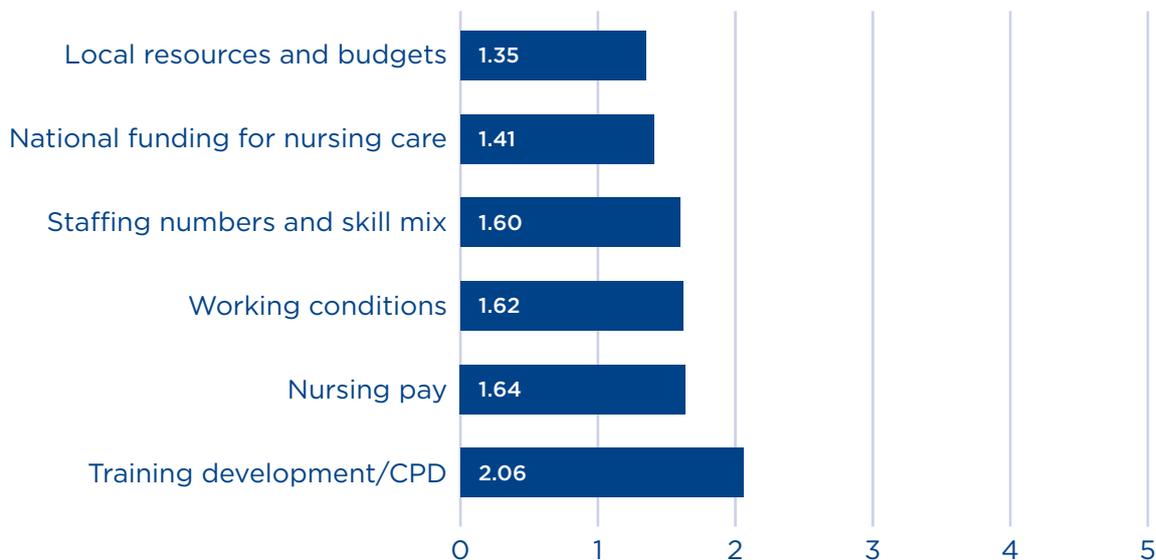
Physical and verbal abuse and bullying

Physical and verbal abuse

There has been a small increase in the number of respondents stating they had experienced physical or verbal abuse between 2017 and 2019 (Figure 40).

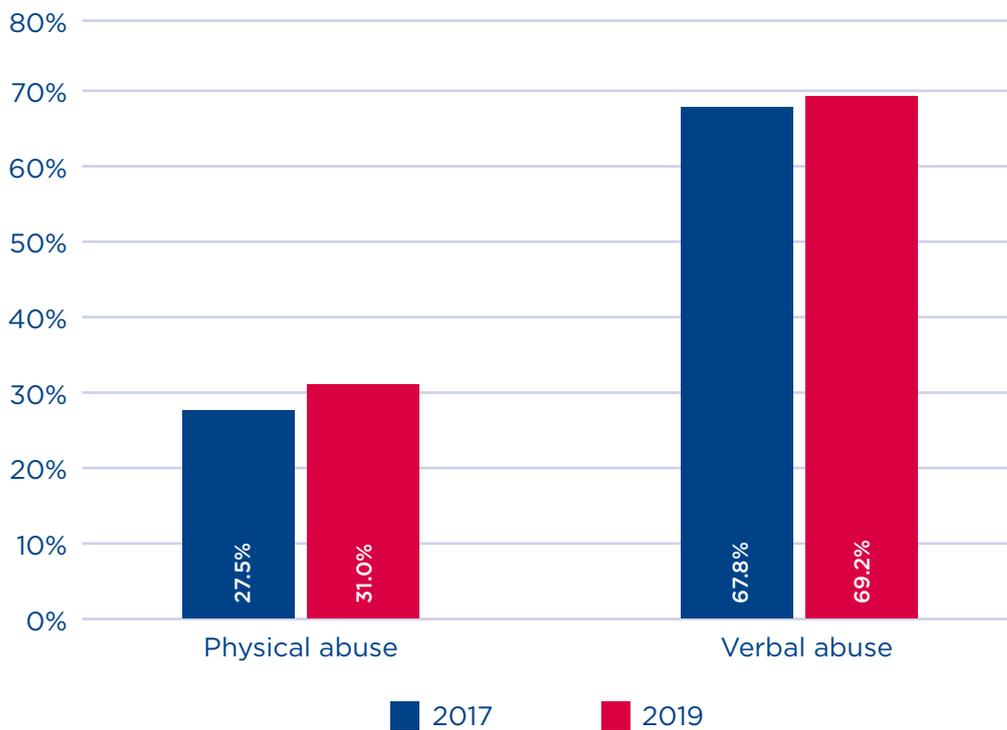**Figure 40: Experience of physical and verbal abuse by patients/service users/ relatives**

Figure 41 shows incidence of reporting of experiences of physical and verbal abuse. A slightly higher proportion of respondents stated they had reported experiences of verbal abuse between 2017 and 2019, up from 46% to 51%.

Figure 41: Reporting of incidents of physical and verbal abuse by patients/ service users/relatives (2017 and 2019)
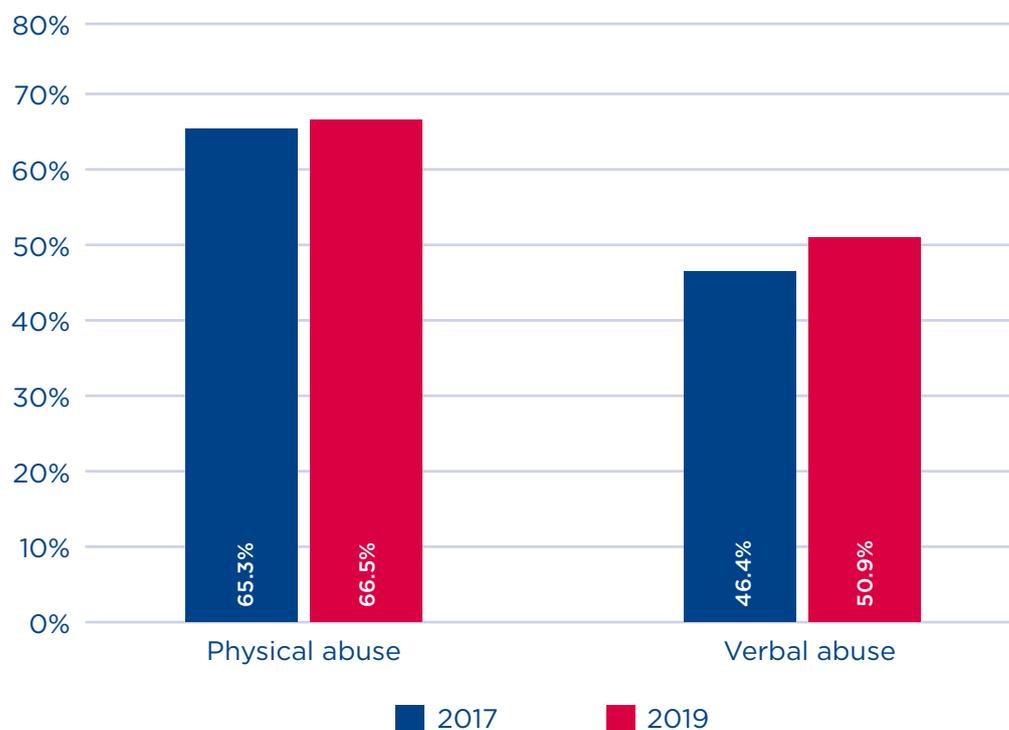
Figures 42 shows the main reasons given for not reporting abuse. Around half of respondents stated that physical or verbal abuse was not reported because it was not thought serious enough, while slightly fewer stated that they were not confident that anything would change as a result. Many respondents pointed out that they had been abused by patients with dementia, mental health issues or cognitive impairment, and that the abuse was not intentional.

However, there was also a common feeling that nursing staff are expected to 'just get on with it' and that reporting every incident would be fruitless.

"Service users are allowed to treat staff badly and are not pulled up. The fear that the service user may put in a complaint is more important to care home managers than the way the staff are treated. As an agency nurse, I am not taken seriously."

Agency nurse

Figure 42: Reasons for not reporting physical or verbal abuse

Verbal abuse — Physical abuse

Reason	Verbal abuse	Physical abuse
Wasn't aware of reporting process	2.9%	2.0%
No access to occupational health	2.6%	3.4%
Didn't think I would get support from colleagues/management	21.1%	21.2%
Didn't find the time	26.6%	31.5%
Wasn't confident anything would change	45.5%	40.4%
Didn't think it was serious enough	51.5%	50.7%
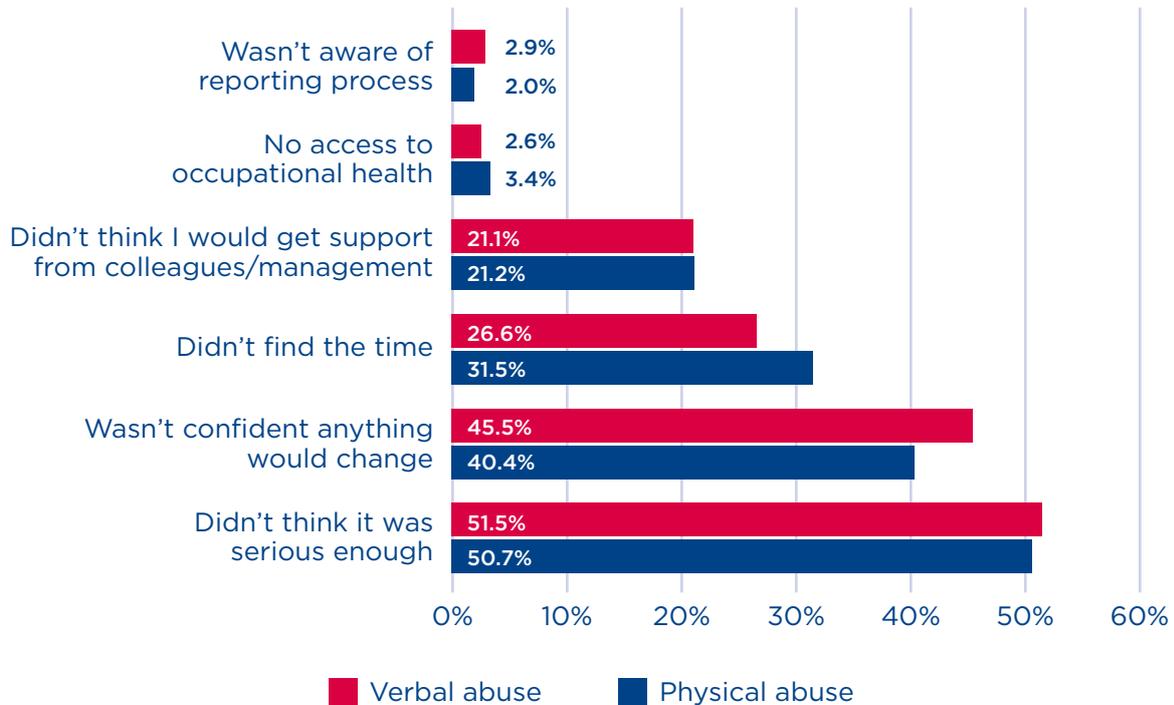
Bullying

Between 2017 and 2019, the proportion of respondents reporting bullying increased from 32% to 37% while the proportion stating they had reported these incidents decreased slightly from 40% to 38% (Figure 43). The main reasons given for not reporting bullying was that respondents were not confident this would change anything (71%) or that they would be supported by colleagues or managers (55%) (Figure 44).

Respondents also told us that they had decided to try and deal with bullying incidents themselves and seek a resolution. We also heard that bullying behaviours are often difficult to identify and that it is only after a time of reflection or a change in dynamics in the workplace that they were able to describe it as bullying rather than a 'personality clash' or something less serious. Furthermore, we also heard about friction or incivility in the workplace, which respondents would not necessarily describe as bullying.

Figure 43: Bullying by colleagues and reporting of incidents of bullying (2017 and 2019)

	2017	2019
Experienced	31.5%	37.4%
Reported	40.2%	38.2%
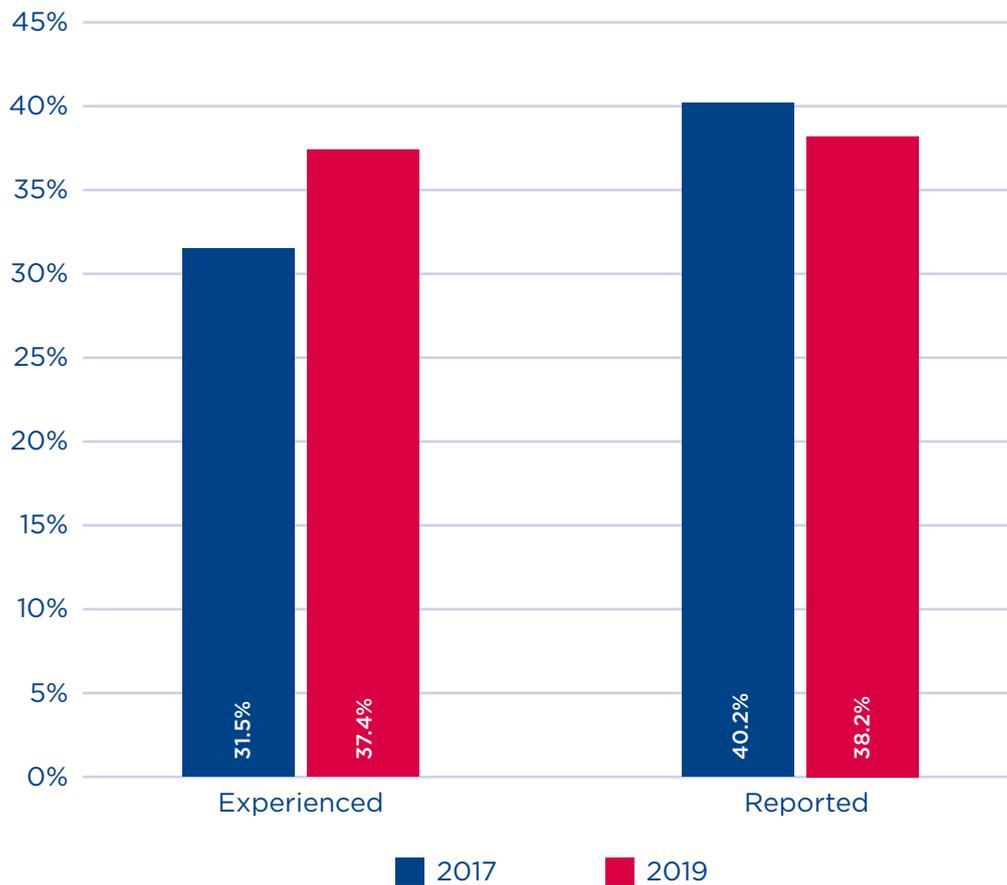
Figure 44: Reasons for not reporting bullying

No access to occupational health	1.8%
Wasn't aware of reporting process	2.2%
Didn't find the time	4.5%
Concerned it would count against me	43.8%
Didn't think I would get support from colleagues/management	54.6%
Wasn't confident anything would change	70.5%
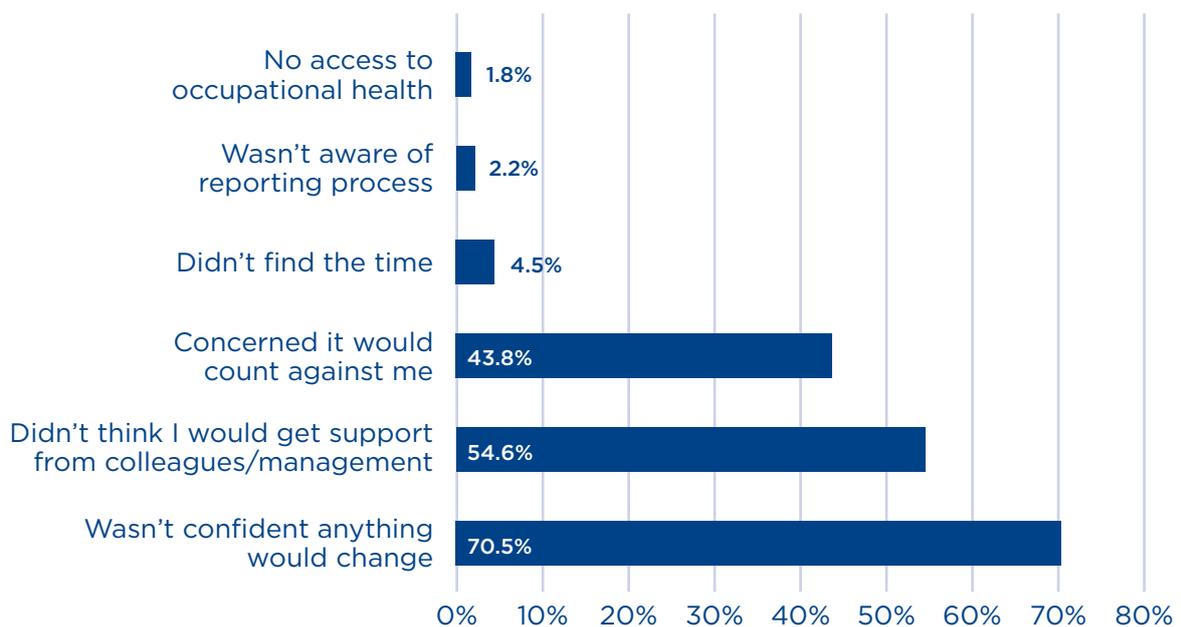
"The region where I worked undervalues its staff. Staff are now having contracts terminated nine months into sickness and disabled staff or staff who become less able through sickness or ill health are not supported. I was personally bullied relentlessly after returning to work after being told I would lose my job if I didn't. I had spinal surgery and returned to experience bullying from managers and management over a number of years until I left the area I worked in. I loved being a nurse and still love nursing, however, this organisation has a culture of bullying that is systemic."

Band 5 mental health nurse, criminal justice setting

*"Workload balance needs to change and the pressures from managers to nurses in charge of units is immense and bullying in nature. Staff are definitely treated as a number, threats made re reporting staff to the NMC if staff raise concerns about being moved to different areas they have no experience in, if they are concerned about patient/staff ratio, the list can go on and on ... "*

Band 6 staff nurse, NHS acute setting

Training and development

Figure 45 shows that three quarters of respondents (76%) reported having completed all their mandatory training in the previous 12 months and half (51%) reported having had an appraisal.

Figure 45: Mandatory training and appraisal completed in last 12 months
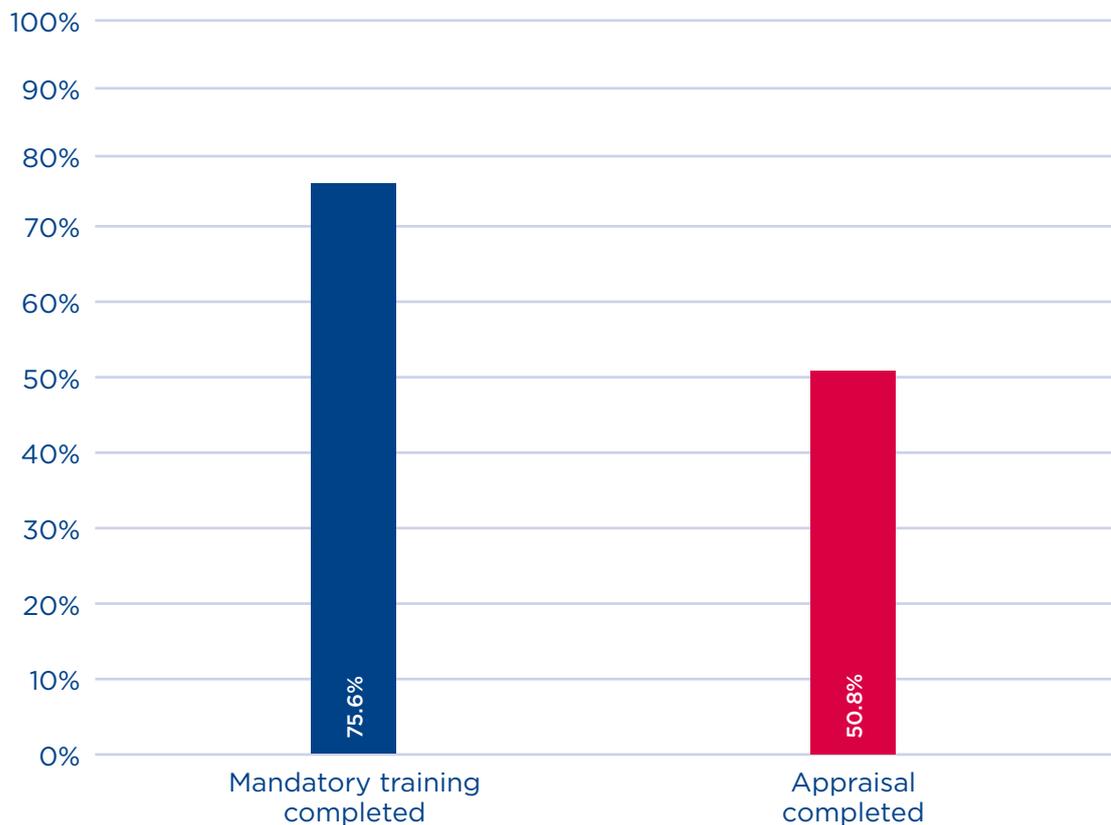
Around a third of respondents (35%) reported that their last session of mandatory training was done in normal working time, 43% stated it was done in their own time, and a further 22% reported it was done in both working time and in their own time (Figure 46). There has been a gradual decline of completion of mandatory training during working time since 2013, with a fall from 59% to 35%. Not only did respondents state that training and development increasingly has to be done in their own time, but many also pointed out that there is less time for supporting and training more junior colleagues.

"Most training is now online which is expected to be done at home in our own time. Managers say 'fit it into your working week' knowing that it's impossible to do and do not support their staff to do it. Nor do they backfill staff to allow for this – so staff have to do it at home."

Band 5 NHS mental health nurse

Figure 46: When was last mandatory training session completed (2013-2019)

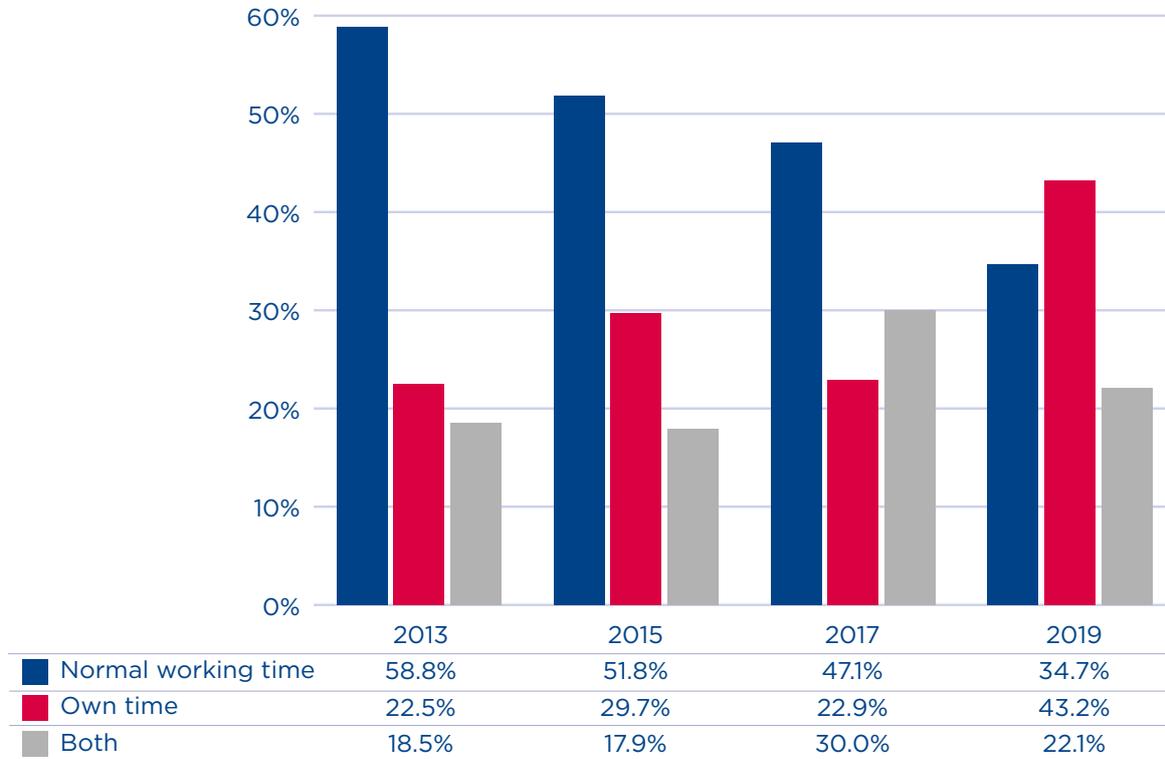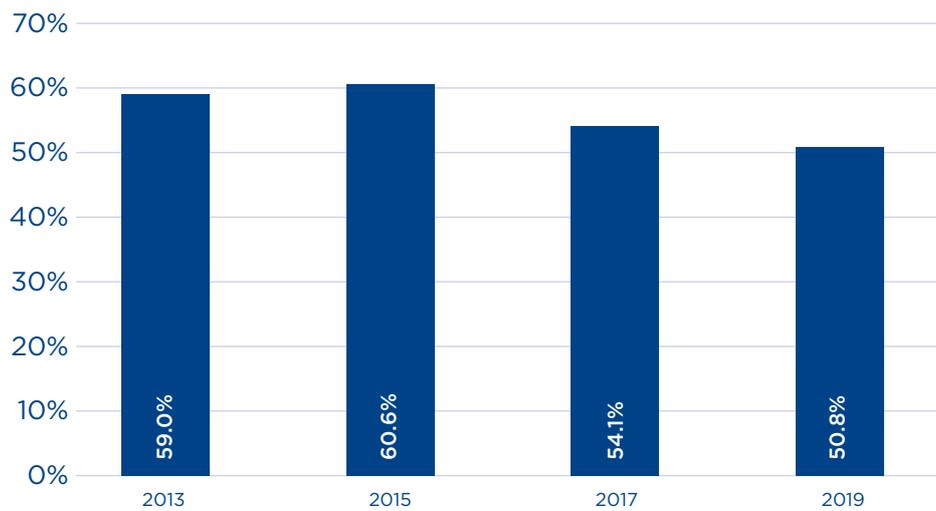|	2013	2015	2017	2019
Normal working time	58.8%	51.8%	47.1%	34.7%
Own time	22.5%	29.7%	22.9%	43.2%
Both	18.5%	17.9%	30.0%	22.1%

Figure 47 tracks the proportion of respondents in Scotland reporting that they have had an appraisal, and shows a gradual decline from 61% in 2015 to 51% in 2019.

Figure 47: Appraisal completed in last 12 months (2013-2019)

Annex A: Workplace information

Table A1: Employment status

	n	%
Employed and working	1,770	92.4
Retired, still working	66	3.4
Employed on leave	41	2.1
Student	35	1.8
Not currently working	4	0.2
Total	1,916	100

Figure A1: Time with current employer and current post

Time with current employer: Under 1 year 7.0%, 1-2 years 8.4%, 3-5 years 12.7%, 6-10 years 10.0%, Over 10 years 61.9%

Time in current post: Under 1 year 14.4%, 1-2 years 16.6%, 3-5 years 20.7%, 6-10 years 14.4%, Over 10 years 34.0%
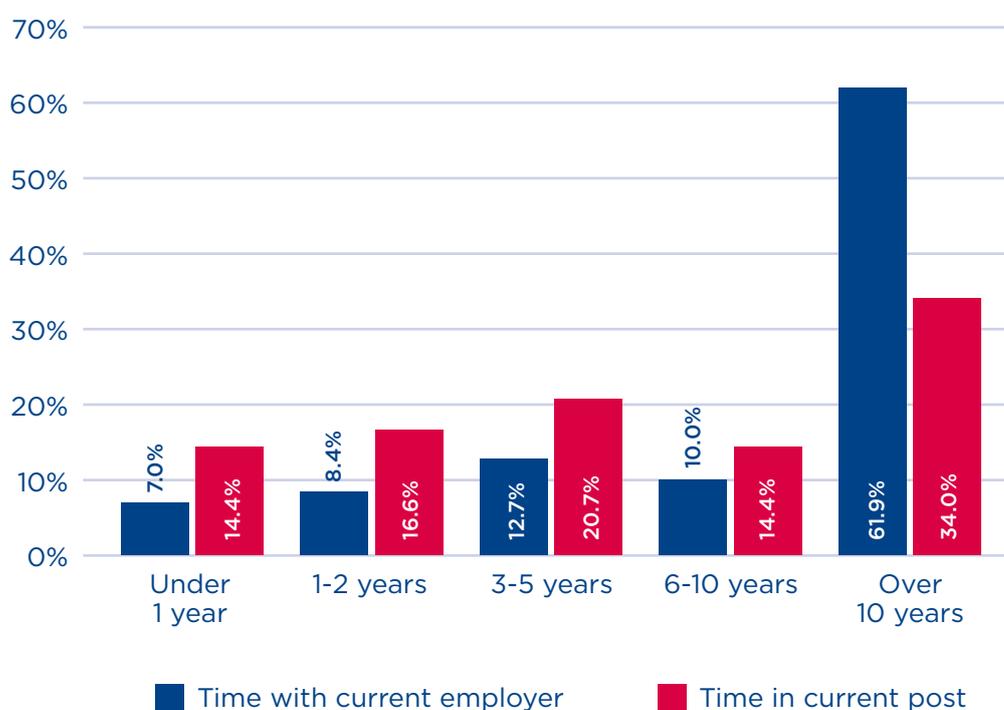
Table A2: Type of employer (all in employment)

	n	%
NHS	1,542	82.2
Non-NHS	246	13.1
GP practice	89	4.7
Total	1,877	100

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

	n	%
NHS board	1,453	94.2
NHS bank	61	4.0
NHS 111	18	1.2
NHS arm's length body	10	0.6
Total	1,542	100

Table A4: Type of non-NHS employer

	n	%
Independent/private health care or social care provider	136	55.5
Hospice/charity/voluntary group	39	15.9
Local authority	29	11.8
Nursing agency	24	9.8
Private company/industry	10	4.1
School	4	1.6
Other public sector	3	1.2
Total	**245**	**100**

Table A5: Place of work for main or usual job

	n	%
Hospital	1,051	56.0
Community (GP, hospice, care homes)	649	34.6
Office environment	67	3.6
Prison service	46	2.5
Further/higher education	22	1.2
Call centre	17	0.9
Various/across organisations	15	0.8
Industry/workplace	10	0.5
Total	**1,877**	**100**

Table A6: Place of work within hospital

	n	%
Hospital ward	489	46.5
Hospital unit	251	23.9
Across settings	122	11.6
Hospital outpatients	96	9.1
Other hospital setting	59	5.6
Theatres	24	2.3
Office	10	1.0
Total	**1,051**	**100**

Table A7: Place of work within the community

	n	%
GP	176	27.8
People's homes	163	25.7
Care home	147	23.2
Clinics	113	17.8
School	18	2.8
Hospice	16	2.5
Other	1	0.2
Total	**634**	**100**

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Table A8: Job title

	n	%
Staff nurse	670	36.1
Sister/charge nurse	195	10.5
Clinical nurse specialist	139	7.5
Advanced nurse practitioner	93	5.0
Senior nurse	86	4.6
District/community nurse	83	4.5
Nurse practitioner	66	3.6
Assistant practitioner/HCSW	65	3.5
Mental health nurse	62	3.3
Practice nurse	58	3.1
Educator/trainer	54	2.9
Health visitor/SCPHN	49	2.6
Deputy sister/charge nurse	39	2.1
Divisional/clinical/directorate lead	36	1.9
Researcher/lecturer/tutor	34	1.8
Community psychiatric nurse	31	1.7
Occupational health nurse	17	0.9
Manager	17	0.9
School nurse	16	0.9
Community nurse	11	0.6
Non-nursing role	11	0.6
Consultant nurse	9	0.5
Public health nurse	8	0.4
Commissioning/policy	5	0.3
Midwife	2	0.1
Other	1	0.1
Total	**1,857**	**100**

Table A9: Area of practice

	n	%
Acute and urgent	448	24.0
Primary/community	313	16.7
Surgical	146	7.8
Mental health	145	7.8
Children and young people	138	7.4
Older people	120	6.4
Nursing home	111	5.9
Outpatients	82	4.4
Cancer care	69	3.7
Education	46	2.5
Management	39	2.1
Learning disability	35	1.9
QI/research	33	1.8
Public health	31	1.7
Across areas	24	1.3
E-health	23	1.2
Occupational	23	1.2
Neonatal	18	1.0
Palliative care	13	0.7
Rehabilitation	11	0.6
Midwifery	2	0.1
Total	**1,870**	**100**

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

	n	%
Agenda for Change	1,537	81.9
Organisational scale	296	15.8
Clinical grades	44	2.3
Total	**1,877**	**100**

Table A11: Agenda for Change pay bands

	n	%
2	17	1.1
3	25	1.6
4	7	0.5
5	606	39.5
6	435	28.4
7	346	22.6
8a	66	4.3
8b	18	1.2
8c	12	0.8
8d	2	0.1
Total	**1,534**	**100**

Table A12: Pension scheme membership (all in employment)

	n	%
Yes	1,782	95.4
No	79	4.2
Don't know	7	0.4
Total	**1,868**	**100**

Annex B: Demographics

Table B1: Gender

	n	%
Female	1,659	87.1
Male	221	11.6
Prefer not to say	23	1.2
Non-binary	2	0.1
Total	**1,905**	**100**

Table B2: Place of qualification for registered nurses

	n	%
UK	1,670	87.3
EEA	221	11.5
Outside EEA	23	1.2
Total	**1,914**	**100**

Table B2: Ethnic background

	n	%
White	1,799	97.0
Black	27	1.5
Asian	17	0.9
Mixed	11	0.6
Total	**1,854**	**100**

Table B3: Age profile

	n	%
18-24	33	1.7
25-34	179	9.4
35-44	337	17.8
45-54	833	43.9
55-64	496	26.1
65 and over	19	1.0
Total	**1,897**	**100**

Table B4: Qualifications

	n	%
1st Level	1,121	58.5
2nd level	132	6.9
SVQ	77	4.0
Diploma	437	22.8
Degree	993	51.8
Masters/PhD	231	12.1

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