

Voices from the frontline

Responses to the RCN 2019 Employment Survey





Royal College
of Nursing

This document contains a selection of freetext responses submitted to the RCN's 2019 Employment Survey, grouped by the five different themes in the report.

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1. Working patterns and workload

A common theme expressed by many respondents relating to workplace pressure was the high level of vulnerability they feel, with many pointing to a blame culture leading to individuals being singled out when mistakes are perceived to be made:

“Last year I left my job as a Band 7 ward sister due to the stress of the role and lack of respect. Decisions regarding my ward were taken out of my hands and made by managers with no medical experience but when things went wrong I was left to carry the can. This made the job very unrewarding and stressful. I am much happier now.”

Band 6 NHS research nurse, East of England

“A single nurse in a 24 bed unit is at high risk of errors and if you make a mistake, they put the blame on you. It’s like they expect us to be superheroes that we should be able to finish lots of tasks within a 12 hour shift. It is really stressing going home late and then waking up the next day for another 12 hour shift. Because of this I sometimes lose my passion working as a nurse.”

Staff nurse, independent sector care home, Northern Ireland

“I worry every shift that I haven’t been able to provide my patients with the care I should because of the busy nature of the department I work in.”

Band 5 staff nurse, acute and urgent care setting, Wales

“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, Scotland

The most common complaint about time spent on non-nursing duties related to paperwork:

“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, Scotland

Many respondents explained how their satisfaction with working hours had improved with changing to bank or agency working, allowing them more control of their working week, as shown in the quote below:

“I am now happy with my working hours and work life balance since I gave up my substantive post work on the bank. I can choose my hours and areas of work, and regulate my stress.”

Sister/charge nurse, NHS Bank, North West of England

The majority of nursing staff told us that working long hours was the norm, faced with staffing shortages and ever higher demand, and several questioned how this is allowed to continue:

“Nurses are taken for granted that they will work long hours even if tired as they put the patient first however disregarding that working whilst tired could lead to mistakes being made.”

Agency nurse, Wales

While some nursing staff would prefer to have the choice to work longer shifts and benefit from a shortened working week, many others expressed dissatisfaction with feeling forced to work longer hours, highlighting the frustration with limited choice over working hours as illustrated in the quotes below:

“Within in our area we have repeatedly asked and put forward request to change over to working long shift hours to allow us a better work life balance.”

Band 7 sister/charge nurse, NHS hospital unit, Scotland

“Flexible working hours are denied due to ‘service demand’ and staff are forced to work 12.5 hour shifts which are exhausting. No one is allowed to work fixed days which is incredibly

disruptive to one's personal life."

Band 7 NHS community nurse practitioner,
London

"One of the biggest issues facing nursing is lack of flexibility and the 'take it or leave it attitude' to rotas."

Staff nurse, hospice, Scotland

A frequent complaint made by respondents relates to the inability to take breaks:

"It is often difficult to get a complete unpaid break, and impossible to take paid breaks. I often leave work hungry and inadequately hydrated, (or stay behind to have something before I leave so I can drive safely) leaving me excessively fatigued and not able to perform at an optimum level."

Band 5 staff nurse, NHS hospital unit, North West of England

The findings look at the cumulative impact of workloads and work pressure on individuals' work-life balance, with just two in five (39%) agreeing that they feel able to balance their work and home lives – falling from 62% in 2009:

"I struggle every day because I cannot give levels of care that I would like to give, so I work harder and harder and at the end of the day I feel exhausted. All I do is go to work and sleep and the occasional cooking and tidying my house. We are expected to do so much training but I never get time to do it and I end up doing this in my spare time. I love being a nurse and is all I want to do for the rest of my life but I am looking at relocating to another country where I can have a better life work balance and where I can look forward to going to work."

Band 5 staff nurse, NHS acute and urgent care setting, North West of England

"There is nowhere to get decent food from at night. Trying to maintain my own health and fitness is a challenge due to time restraints and lack of energy as shifts are both physically and mentally draining, we have no incentive or facilities from the NHS to be able to access a gym/ fitness classes/healthy food/meals at

unsociable hours which negatively impacts every nurse who works shifts."

Band 5 staff nurse, NHS acute and urgent care setting, Wales

Among those nursing staff and students who stated they had worked despite not feeling well enough to do so, 70% said the pressure came from themselves to attend work, and around half (51%) said they felt pressure from their workplace sickness policy:

"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, Scotland

"Bullying is rife in the NHS and accounts for a lot of the low morale resulting in long term sickness. Staffing levels are putting staff at risk – becoming unwell physically or mentally or both. We are then forced into a corner due to the sickness policy. If a nurse continues to work when unwell and makes an error, the management say that the nurse should have gone off sick. If you go off sick, you're penalised because of the sickness policy. We're damned if we do and damned if we don't."

Band 5 staff nurse, NHS hospital unit, Wales

The most common complaint about time spent on non-nursing duties related to paperwork:

"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, Scotland

2. Pay, earnings and additional work

When respondents were asked to elaborate on why they felt dissatisfied with their pay band or grade, overwhelmingly we heard complaints about pay failing to match the levels of education, training and skills achieved, as well as the responsibility, autonomy, and risk they face in their day to day working levels:

“Nurses’ pay should reflect the actual things that we do. We are not just supplementary to medicine but we complement them. The level of stress, the contact with patients and their families should be better reflected. We have to do a lot of training to keep up with ever changing standards of healthcare and to improve quality of care. However that exponential need to improve our practice is not being reflected by how much we are paid causing nurses to find other ways to feed their families like looking for extra shifts as agency/bank nurses, which then causes stress and fatigue.”

Band 5 staff nurse, NHS hospital unit, South East of England

Many also made comparisons with pay levels among other health care professions, including doctors and allied health professionals:

“Nursing is a profession and as such education, skills and knowledge should be rewarded to motivate staff. Medical colleagues appear to have a more lucrative arrangement that better recognises their efforts and value.”

Band 8a NHS clinical nurse specialist, acute and urgent care setting, East of England

Comparisons were also made with other professions outside health and social care:

“I have 20 years’ experience, promoted twice and earn the same as a junior teacher with 6 years’ experience, no promotion. I also have less holidays and the physical wear and tear on your body. I qualified same time as 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 bill!”

Band 6 nurse practitioner, NHS24, Scotland
11.3%

Many others described real financial and emotional distress from low wages:

“I can just get by working full-time and just about break even. I have applied for a hardship review with tax credits so gas and electricity can be paid. When I qualified 17 years ago I could afford to pay my bills and had money to treat my children to new clothes, shoes, cinema. Now we rarely do that and every penny is accounted for. I am the main breadwinner in the house. The media, government and general public assume nurses are kept women by their consultant or medical director husbands. I love my job and work with amazing people. A checkout assistant earns £17 an hour at Aldi, yet a nurse earns £13.50 per hour for saving a life, alleviating distress of the dying or bereaved, stays over their hours to ensure the care given is documented because in that 12 hour shift she has been too busy.”

Staff nurse, hospice, North West of England

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 and urgent care setting, Scotland

“I have been at the top of my band for many years with few options of further progression and none without gaining a post grad qualification.”

Band 5 NHS district nurse, Scotland

HEALTH CARE SUPPORT WORKERS

A higher than average proportion of health care support workers described their pay grade or band as inappropriate. Over a third (68%)

stated it was inappropriate, compared to 60% of the whole sample. Levels of dissatisfaction around pay commonly relate to the ever higher level of responsibility and workload taken on by health care support workers:

“I have over 10 years’ health care experience in many fields. I work with anxious palliative patients on a daily basis. I earn 20p above minimum wage, supermarkets pay better.”
Health care support worker, hospice, East Midlands

“We are increasingly expected to do jobs a qualified nurse is expected to do. We do not get paid the same and it increases our workload.”
Band 3 health care support worker, NHS hospital ward, North West of England

“It is time that Agenda for Change was revisited. Jobs have developed and evolved massively since it was introduced but the bands and job descriptions have never been reviewed to see if they are still valid. The role of health care assistants is developing into traditional registered nurse roles. RNs are taking on more clinical tasks, senior nursing roles have developed but the banding system doesn’t reflect this.”
Band 3 health care support worker, NHS acute and urgent care setting, Wales

In relation to questions about pension schemes, many respondents took the opportunity to refer to the pension age, particularly describing how much they oppose recent increases to the state pension age:

“The pension age for nursing has been raised just as staffing levels have declined in relation to workload, without considering how age affects nurses, as a high level female profession. No allowances are made for the effects of menopause on working ability.”
Band 5 staff nurse, NHS hospital unit, North East of England

“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, Scotland

“How is it possible to carry on working in a physically demanding job till you are 67 years? There is no support for nurses over 50 who are experiencing health issues/menopause and have to carry on working for financial reasons. I work harder now than I did in my twenties. The young nurses are constantly complaining they are exhausted. How much more for someone over 50!”

Band 6 sister/charge nurse, NHS hospital ward, London

BANK AND AGENCY WORKING

“I am unable to make ends meet without having to top up my earning doing bank work. I am unable to pay basic rent and afford a holiday without working extra hours. I seldom get a break, work 12 hour shift and unable to claim for missed breaks.”

Band 4 health care support worker, NHS acute and urgent care setting, London

“It’s not a job to live with a mere 37.5 hrs a week. A nurse cannot survive without extra cash, bank or agency.”

Band 5 staff nurse, NHS mental health setting, London

“I’ve seen overtime replaced by nurse bank which caused a massive decrease in my pay.”
Band 2 health care support worker, NHS mental health setting, Wales

The most common reasons given for seeking a new role are negative ones, including feeling undervalued (72%), stress levels (52%) and not feeling supported by managers (52%):

“It is so hard as we are all under pressure and trying to be kind to each other and respect the roles we all have...but it can be so difficult with the current pressures, the fact the monthly wage at the end of the working month does not reflect the hard work you have just done is soul destroying.”

Band 5 staff nurse, NHS acute and urgent care setting, North West of England

“Not paid enough for the responsibilities and decision making we make as a community nurse. Not valued by senior staff. Not respected by public, zero tolerance against nursing staff is nonexistent. Sick of being verbally abused when patients don’t get their demands met. Patients’ expectations of nurses are unrealistic in community.”

Band 5 staff nurse, care home, North East of England

“I nurse some very unpredictable, unstable and seriously ill children within their own homes, the majority of the time on my own and with no support from management or an on call system other than 999 or 111.”

Band 3 health care support worker, Wales

More positive reasons were cited by around a third or less respondents such as promotion (22%) and the wish for a new challenge (34%):

“I would like a role prior to retirement that would use my skills and abilities to provide additional or improved for patients. Alternatively, I would like to be in a professional development role that would allow me to pass knowledge and skill to new nursing staff.”

Band 6 NHS community psychiatric nurse, Scotland

“I would like to help drive forward a culture change that is more compassionate and supports workplace health and work/life balance. I would like a few extra hours to have a role to champion staff health and wellbeing and also to be part of the freedom to speak up team.”

Band 5 staff nurse, NHS hospital unit, North West of England

3. The nature of work, and views about nursing

When asked about nursing, many respondents started out by describing it as a highly rewarding career, but qualified it with a comment about pay levels or increasing stress levels, workloads and pressures. Typical quotes are as follows: “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:

“Nursing is a very rewarding and wonderful career and I have been a nurse over 30 years. People have asked me if I would ever change my job – the answer is an emphatic “No”. I have always classed myself as very privileged to be a nurse. However, in recent times, I feel totally undermined and disillusioned. The removal of bursaries from students is a travesty, new nursing roles are introducing a two-tier system of nursing once again.”
Lecturer, East of England

“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 and urgent setting, Scotland

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

“I generally really enjoy my work. I and my senior lead nurse have created an environment where nurses have the resources to nurse as they should. The difficulties arise from demands on time, pressure for patient flow activity and discharging patients at the same time as preserving patient quality care. It’s a challenge every day to sustain the levels of care we give. Somehow, we manage to do that!”
Band 7 sister/charge nurse, NHS acute and urgent care setting, Wales

“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, Scotland

Almost half (49%) of all respondents stated they would recommend nursing as a career. Some of the most positive responses about nursing as a career were, however, offered by respondents who have changed area of practice or employer and are able to reflect on differing experiences across their working career:

“I work in a very well managed and forward thinking practice with a great team of nurses and supportive GPs. For the first time in my nursing career I feel I am able to take control of my work and feel valued by my colleagues and management.”
Band 6 practice nurse, South West of England

While it is encouraging, that the proportion who would recommend nursing as a career has increased by 8 percentage points since 2017, over a quarter (29%) would still not actively recommend nursing to other people, along with another 22% who appear

ambivalent about nursing as a career:

“Working hard in a challenging environment, poor shift times and patterns make it impossible to take part effectively in family life. Your children not doing well at school because you’re not there to help them with homework. Do not recommend this to the next generation.”

Band 5 staff nurse, NHS acute and urgent care setting, South West of England

“I have been in nursing for 30 years and have loved it but there are not enough nurses in practice and on the wards, poor skill mix and pay. I fear nursing will become worse and people will not join it as a profession.”

Practice nurse, Northern Ireland

Although the majority state they don’t regret their choice of nursing as a career, when given the chance to give a longer response, many were somewhat qualified answers, such as in the illustrative quotes below:

“I do not regret being a nurse and I am proud of what I have achieved in my career, however registered nurses are retiring and returning as health care support workers. The NHS does not value its older experienced nursing workforce.”

Band 8a senior nurse/matron, NHS community setting, London

“I do not regret becoming a nurse, however, I feel unsupported in my role. I have missed training sessions due to staff shortages. I feel unheard by my managers and sometimes unsupported by my colleagues.”

Band 5 staff nurse, NHS hospital ward, South East of England

Other respondents were much less equivocal, and 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 sister/charge nurse, NHS acute and urgent care setting, Scotland

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, Scotland

“When I experience compassion fatigue I feel I have to put on a ‘customer service’ face, rather than being genuinely content in my work.”

Student, Northern Ireland

“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, Scotland

Several respondents 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, Scotland

“I always strive to set my less positive emotions aside, when it comes to feeling undervalued and/ or stressed, yet I never hold back the emotive impact that the patients and family members I work with every day have on me. The recognition I get from the client group I work with makes me feel very happy and fulfilled, something I would find hard to find in a completely different job.”

Health care support worker, independent sector hospital, Channel Islands

Many more respondents described the emotional demands of nursing in highly negative terms, in relation to the impact on themselves, colleagues,

patients and services 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 and urgent care setting, Scotland

“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 and urgent care setting, Scotland

While there was very little difference in responses, depending on the level of seniority, nursing staff in managerial positions described the multiple demands they face, striving to provide management and leadership to other staff, while managing their own emotions:

“I outwardly aim to appear happy, to encourage, motivate, support and lead my team, expressing a positive outlook as best I can, whilst I know the daily pressures are excessive for all. I have a severe retention problem, with 70% of staff leaving in the last 30 months, primarily to community posts. Inwardly I feel it is a daily struggle to lead the team and I put on a mask when I come to work over my true emotions. I love the essence of nursing and the valuable role we have. I have not lost sight of why I came into nursing but unfortunately I would no longer recommend it to others as it is undervalued, a small volume of the public (family members) totally disrespect staff and although they are the minority it has a huge impact on staffs’ working day It is hard to continually motivate oneself

as my role requires me to motivate ward staff daily.”

Band 7 sister/charge nurse, NHS acute or urgent care setting, Northern Ireland

“As team lead I have a responsibility to my patients to maintain the morale of my staff in difficult circumstances. The better supported my team are the better the standard of work, care and compassion they deliver. There are higher management/national decisions that profoundly affect the client group we support which are frustrating. It would not be appropriate to express my frustration and anger as I need good governance and positivity to manage an effective team.”

Band 7 team leader, early intervention service, South West of England

Given the emotional demands intrinsic to nursing, several respondents put forward the need for support, as well as the need for nursing staff to support each other in emotional and practical ways:

“The emotional demands of front line nursing are not valued. We are not offered debriefs. Many things make me feel angry and upset about austerity and the effects on health and I also feel upset about how nurses speak to each other at times. I try to role model compassion and be approachable for any colleagues whatever rank and role to come and talk if they are having a difficult day. I would also like to see more recognition and support for our emotional needs. Like Schwartz rounds or know who we can formally go to if we are feeling very stressed or upset.”

Band 5 staff nurse, NHS hospital unit, North West of England

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

“As a black nurse I get racist comments from patients every day and my employer does not do anything about the issue. Fellow workers are also subtly racist.”

Mental health nurse, independent sector hospital, East Midlands

“The greatest harm we have in nursing is

racism. We treat people differently according to their race and NMC is complicit in this. When black people are reported to NMC you are first put on interim sanction before you are heard, which is not the case if you are white. Nurses from ethnic minorities are under-represented in management positions. Until issues like these are addressed, the massive exodus of nurses from the NHS will continue.”

Band 6 NHS staff nurse, acute and urgent care setting, Yorkshire & Humberside

“It is a common knowledge that minority groups in NHS are not well represented at leadership position and suffer from poor career progression.”

Nurse practitioner, prison health care, Scotland

VALUE AND VOICE

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. The responses show that nursing staff feel most valued by their patient or client groups and other nursing colleagues. They feel very poorly supported or valued by the government in their part of the UK, with an average score of just 2.1 out of 5.

While the highest score was attributed to how nursing staff feel valued by patients, clients and service users, a common reflection made was that their expectations had increased in recent years and were sometimes unrealistic:

“There are not enough staff to provide one to one care that relatives expect. People seem to be less willing to wait a few moments while you finish caring for another person and expect you to drop everything because their need are more important.”

Staff nurse, independent sector care home, East Midlands

“The expectation that nurses are superhuman and can provide individualised holistic care with insufficient resources and staff is held by managers, patients and relatives alike and makes it a horrendously stressful environment.”

Clinical nurse specialist, GP practice, West Midlands

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 front line 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, Scotland

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. We are still subservient to our male dominated medical workforce who are always seen as having the more difficult job. Nothing could be further from the truth. This leads to low morale and I do not see this changing any time soon.”

Band 7 educator/trainer, NHS acute and urgent care setting, Scotland

“Nurses need to be represented more and with a stronger voice in the UK... the expected goodwill of our profession is wearing hearts, motivation and integrity levels down.”

Band 5 staff nurse, neonatal setting, South West of England

While much criticism was levelled at the government for perceived failures in workforce planning and funding

decisions the RCN did not escape reproach, with many pointing to the need to defend the nursing profession:

“I understand the financial pressures facing the government but it is difficult to understand why they treat NHS workers so badly. In any normal business environment when there is a staff shortage, wages would increase to attract people and meet demand. I struggle to see how things will improve if adequate resource is not applied for staff education, development and paying staff a wage that meets their level of skill and experience.”

Band 6 sister/charge nurse, acute and urgent care setting, South West of London

“The RCN needs to fight our corner, nurses are leaving the profession for several reasons – inappropriate banding, increased workload due to demand with ever expanding practice population.”

Band 6 district nurse, Scotland

“I’m concerned students having to pay to become nurses. They don’t get paid whilst on placements. This is so wrong. They are not supernumerary. Would politicians work without pay? RCN needs to do something.”

GP practice nurse, North West of England

Many respondents highlighted their frustration at the inability of nursing staff to influence decisions in their own organisation and particularly around raising concerns about unsafe staffing levels:

“Last year my team and I voiced concerns about unsafe staffing levels through appropriate ‘Speak out’ processes which backfired and led to our team being bullied by management. It is still not safe to speak out without fear of repercussion. If organisations reduce staffing levels they should take responsibility for the situation, not make frontline staff carry the burden of too much work.”

Band 7 health visitor, South East of England

“We do not have the correct number of staff to care for our patients appropriately a lot of the time and often get used as Bank to fill gaps in the rest of our hospital. Even when we raise concerns, it feels like we are not listened to.”

Band 5 staff nurse, NHS hospital ward, Scotland

4. Physical and verbal abuse and bullying

There was 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, Scotland

“Verbal abuse is very regular and nurses are discouraged from reporting it by management.”

Band 5 Mental health nurse, Northern Ireland

“Nurses are being abused physically, verbally, and the trust is doing nothing about it, datix goes in, managers above line managers are closing them.”

Band 5 NHS mental health nurse, Wales

“I was subject to an assault and feared my life. I was told I had to apologise to the patient and to ‘man up’. When I said I wanted to prosecute the individual I was told I would have to do it myself. The police even told me that the organisation can’t prosecute someone on your behalf.”

Band 6 staff nurse, acute and urgent care setting, Wales

BULLYING IN THE WORKPLACE

Many of the responses we received on bullying related either to a feeling of powerlessness because nursing staff have been bullied by their own manager and felt unable to report or challenge their behaviour, or that bullying is part of a wider organisational culture:

“I am currently on sick leave from work due to a flare up of a chronic condition, brought about by stress and bullying of my manager. In the last three months, four of my team members have resigned and left due to the bullying. I am constantly told that I’m not good enough, not doing enough and told I have to prove my worth.”

Band 7 clinical nurse specialist, NHS outpatients unit, London

“Whilst I have not experienced bullying, I feel that there is an undercurrent of this within the organisation towards certain members of staff which upsets me but it is so covert I am unable to tackle it head on without bringing problems onto myself.”

Chief nurse, GP practice, West Midlands

We heard accounts of bullying and discrimination both from nursing staff born in the UK and from those born outside the UK. We also heard about the impact of Brexit on nursing staff born outside the UK:

“At my workplace BME nurses who report bullying are never promoted and get given the worst jobs.”

Band 5 staff nurse, NHS acute and urgent care setting, South East of England

“My pay is not the same as people on the same grade as me. When I challenged this my manager told me that my grammar was not good. I have done post graduate courses and have a Masters degree. English is my second language but I would not have passed anything if my grammar was bad. I have worked 10 times harder than anyone in my organisation to get promoted but that becomes just a tick box with no salary change really. Very frustrating, but I love being a nurse.”

Advanced nurse practitioner, voluntary sector organisation, East of England

“Brexit has made me more unhappy to be here and I feel less appreciated. The whole Brexit campaign and anti-immigrant talk made me very angry and sad.”

GP practice nurse, South West of England

5. Education and training

Many respondents raised the issue of not having enough time to complete mandatory training, while others questioned the real value of appraisals:

“Staff are expected to complete a significant amount of mandatory online training in their own time, staff are firefighting on a daily basis.”
Band 8b senior nurse/matron, NHS acute and urgent care setting, London

“Appraisal is a paper exercise and I would question its value to individual staff. We are often asked if we have had an appraisal but not asked for our views on its value. I think that would be more revealing.”
Band 7, sister, charge nurse, NHS rehabilitation unit, East of England

Other comments related to the provision of and access to continuing professional development (CPD) opportunities, with many stating that role development and CPD is essential to prevent burn out and to retain experienced staff:

“I am putting in more in terms of skills and hours at times doing some doctors’ roles but the pay I am getting does not match what I do. On top of that I have to continue to fund my CPD as funding has dwindled in the NHS.”

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