



# Employment Survey 2021

CORPORATE



# Acknowledgements

Many thanks to all the RCN members who took the time to complete the survey.

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

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# 1. Introduction

The COVID-19 pandemic has been part of all our lives for more than two years now. And as we move into the next phase, the future is anything but certain for the nursing profession. It will be some time before the full impact of the pandemic is felt, but it's fair to say that the toll on the health and care workforce has been immense and cannot be underestimated.

Members of the Royal College of Nursing continue to rise to the challenge demonstrating the many facets of the profession - the complexity and skill level in their work and the wide variety of places where care is given.

Nursing is not a heroic deed, a selfless act or a vocation. Nursing is a safety critical profession, essential to society and it takes its responsibilities very seriously. The evidence in this report shows many of our members now find the pressure on them intolerable.

The following pages paint a detailed picture of our members' professional lives, how they are feeling towards the end of year two of the pandemic, and how these years are exacerbating long-standing concerns in the nursing workforce as well as creating new ones.

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

Throughout this report, you will find the words of our members amongst the statistics and analysis.

The following comment sums up for me the pressures our members are facing:

*“I am fed up, exhausted and work is impacting on me personally. I've had enough of the impact on my family and myself. I won't do it any longer. The government needs to value the profession before it's too late. It possibly is already. Would I recommend nursing as a career? I would have for years but I always tell people who ask now to think very carefully.”*

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

Many years of underinvestment left the profession and its services less able to meet the challenges of the pandemic. Health care leaders and ministers are not yet able to switch their efforts fully from responding to the pandemic to rebuilding and recovering. But the workforce crisis must not go unaddressed in 2022.

The RCN will continue to play a constructive role in building a firm footing for the nursing profession – politicians must demonstrate their determination to act.

**Pat Cullen**  
**General Secretary & Chief Executive**

## 2. Summary of findings

- This report provides a summary of findings from a survey of RCN members which was undertaken in October 2021. The survey received 9,577 responses from registered nurses, health care support workers, students and nursing associates working across all areas of health and social care.
- This survey took place a year and a half into the COVID-19 pandemic and highlights the ongoing impact on the employment situation of nursing staff. Due to changes to service delivery, we see that one in six report working at a higher or lower level of responsibility than their usual role (15.8%), while smaller numbers are working remotely or at home (7.4%) or have been redeployed to a different role (6.0%).

### Work intensification and working additional hours

- Long working hours have been a problem for the nursing profession for many years, with nursing staff regularly working beyond their contracted hours across all parts of health and social care. Three quarters of all respondents (74.1%) report regularly working beyond their contracted hours at least once a week and 17.4% report doing so every shift or working day.
- Many rely on overtime and bank work in addition to their main job in order to cope financially. However, the majority of additional hours working is unpaid, highlighting the reliance on the commitment and goodwill of staff to cover nursing shortages.
- One in six of all respondents (17.5%) report they work over seven hours a week at least several times a week or on every shift/working day in addition to their contracted hours, highlighting the high levels of work intensification across the profession.

### Impact of work intensification

- Workload and service pressures are impacting on the ability to take annual leave, with only two thirds (63%) of respondents reporting they had been able to take their full entitlement over the last year.
- Faced with staff shortages and workload pressures, 67.6% report they feel under too much pressure at work, and 61.5% reported that they are too busy to provide the level of care they would like to.
- Just over three quarters (77.4%) reported having worked when they should have taken sick leave on at least one occasion over the previous 12 months. Of those who had worked when unwell, 66.8% reported they were unwell due to stress and 37.9% stated this was due to mental health issues.

## Intention to leave

- Almost six in ten respondents (56.8%) are considering or planning leaving their current post (including planning for retirement).
- Intention to leave is strongest among nursing staff working in NHS hospital settings, with 60.2% of respondents stating they are considering or planning to leave their job.
- The main reasons given for thinking about leaving are feeling undervalued and feeling under too much pressure.

## Satisfaction with pay grades or bands

- Around six in ten (62.7%) report that their pay band or level is inappropriate and only a quarter (25.8%) stating it was appropriate.
- The main reasons for dissatisfaction are that pay levels have failed to keep up with increases in the cost of living; dissatisfaction with organisational pay structures; and perceived failure to reward nursing staff fully for their effort and contribution.

### 3. The impact of COVID-19 on employment

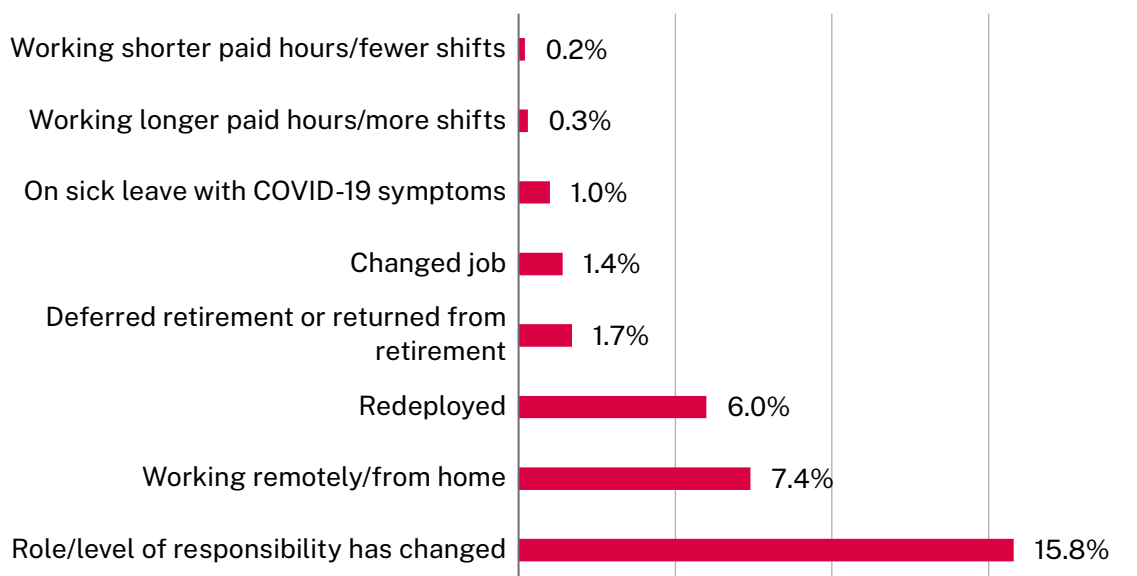
The impact of COVID-19 on health and social care systems and nursing staff has been profound. At the start of the pandemic, nursing staff were frequently working long hours with limited access to PPE, and many were redeployed to new roles or experienced team or role restructuring as services were redesigned. In addition, emergency measures were put in place to expand the workforce to meet the expected surge in demand. The Nursing and Midwifery Council (NMC) temporary register was launched in March 2020 to allow former registrants and overseas-trained staff, in the process of applying for UK registration, to join the workforce. Student nurses were also invited to take on paid clinical placements and join the workforce on a temporary basis.

As the pandemic has progressed, nursing staff have continued to adapt to new ways of working, dealing with the direct impact of COVID-19 on service delivery, the backlog of cases that have built up over the crisis and with pressures resulting from staff shortages and sickness absence.

At the time of the survey, a third of all respondents told us that their employment situation has changed due to the pandemic, pointing to the significant impact on working lives. These adjustments include substantial role restructuring or working at a higher or lower level of responsibility than their usual role (15.8%), working remotely or at home at least part of the week (7.4%) and redeployment to a different role (6.0%). Others reported that in direct response to the pandemic, they had deferred their retirement plans or returned from retirement (1.7%) or they had changed their job (1.4%). In addition, we heard that 1% of respondents were on sick leave at the time of the survey with COVID-19 symptoms.

A further finding highlights that around 50 respondents were working in vaccination hubs or centres. Around half of these respondents had previously taken retirement but returned to work in this area to support the COVID-19 response.

**Figure 1: Impact of COVID-19 on respondents' employment situation (n=9,252)**



## 4. Working hours and work intensification

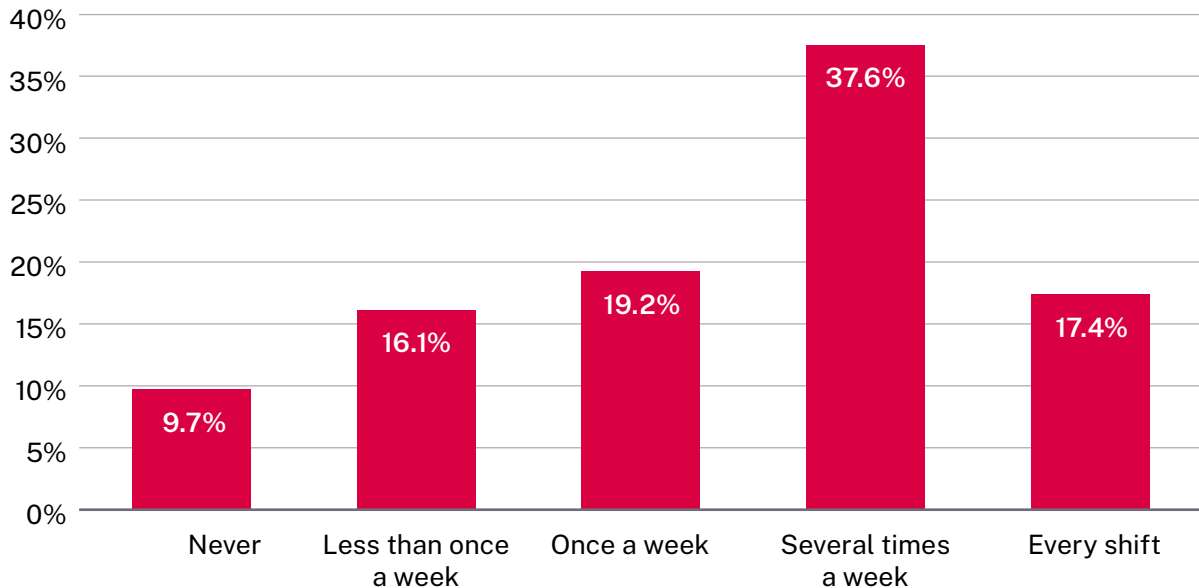
Long working hours have been a problem for the nursing profession across all parts of health and social care for many years. This series of RCN membership surveys track the increasing incidence of nursing staff working beyond their contracted hours in order to cope with increased demand and staffing shortages. Moreover, the majority of this additional hours working is unpaid, highlighting the reliance on the commitment and goodwill of staff to cover nursing shortages.

The 2021 survey found that three quarters of all respondents (74.1%) report regularly working beyond their contracted hours at least once a week; 37.6% do so several times a week and 17.4% report working additional hours on every shift or working day.

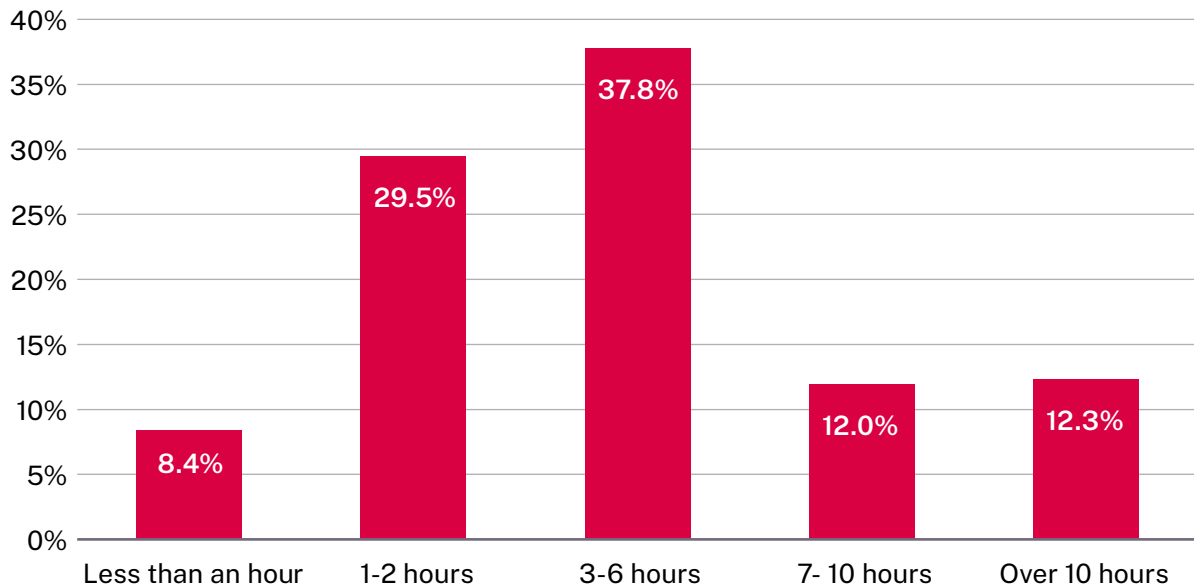
Of those who reported working additional hours at least once a week, 29.5% report working between one and two hours a week; 37.8% report working between three and six hours; 12% work between seven and 10 hours and a further 12.3% stated they regularly work over 10 hours a week extra.

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

**Figure 2 Working additional hours (n =9,577)**





**Figure 3: Length of additional working hours (n=8,527)**

Looking further at responses by sector, Figure 4 shows that working additional hours is widespread across all sectors and settings, but highest among respondents working in NHS community settings and for NHS commissioning or arms' length bodies (ALBs) with 81.1% and 79.2% respectively reporting they work beyond their contracted hours at least once a week.

Many respondents told us they rely on overtime and bank work to get by financially, unable to cope solely on their salary.



Nursing is a profession [but] is not recognised financially as a profession. The amount of work and hours we work are underpaid and undervalued. ...we have to work overtime or bank shifts... to make ends meet on a month-to-month basis.

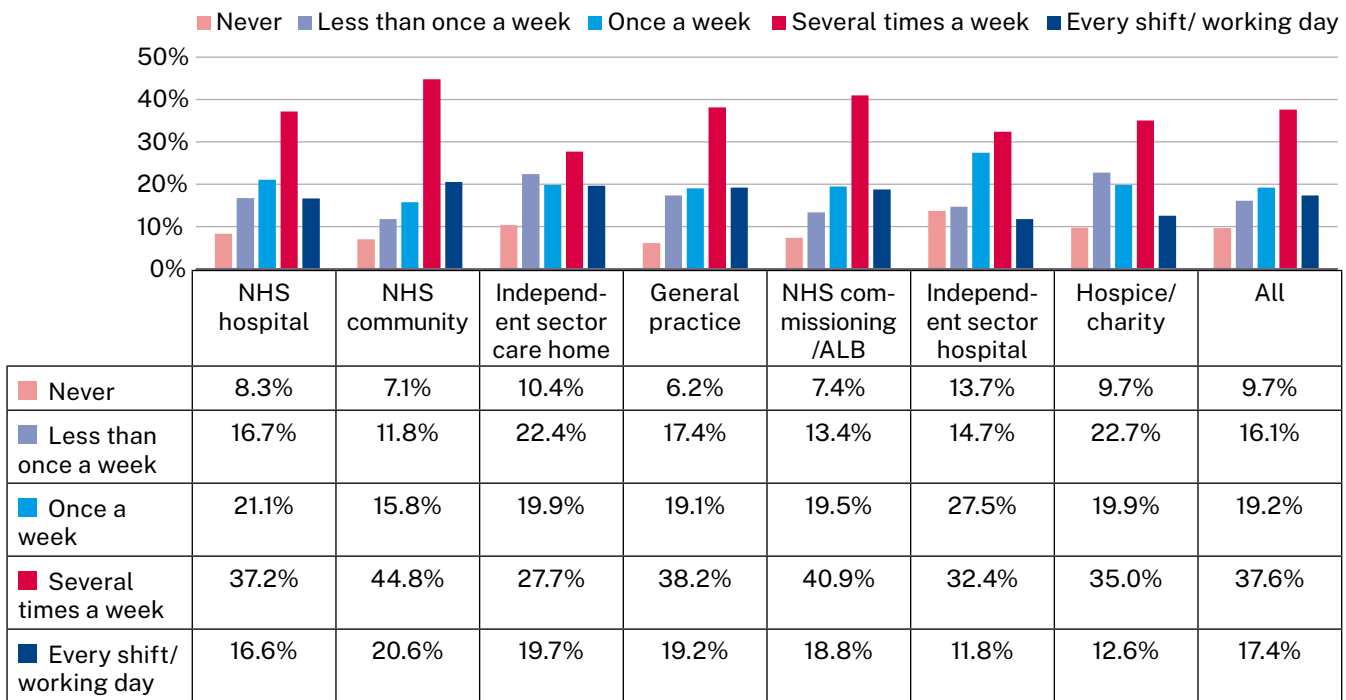
*Sister/charge nurse, NHS hospital, Northern Ireland*



The responsibilities, skills and risks of a qualified nurse are in no way reflected by the pay. My work life balance is not healthy as I need to work overtime just to pay bills. I love my job and my patients, there is no option for a nurse not to put 100% in everyday to ensure safe patient care and every staff member in the NHS is still being pushed to do more, constantly forced into unsafe positions with inadequate support. A more appropriate pay would adequately reflect the skills and passion that people bring to this role, improve staffing levels and the morale of current staff.

*Mental health nurse, NHS hospital, Wales*

**Figure 4: Working additional hours by sector (n=8,020)**



Among respondents working beyond their contracted hours least once a week, just over half (53.3%) reported that these additional hours are usually unpaid. This points to high levels of work intensification across all sectors of health and social care and reliance on nursing staff to make up for staffing shortages.

A further 21% are awarded time off in lieu (TOIL) of payment and 13.8% are paid at their normal rate. We heard from respondents, however, that it is not always possible to take time off in lieu of payment due to workload pressures and staff shortages.

“ The area I have to cover is massive. I have so much responsibility it is overwhelming. I do not get paid additional hours, I have to take TOIL which is impossible as there are not enough hours in the week already.

*Senior nurse/matron, NHS hospital, Northern Ireland*

“ I work a minimum of 40 hours a week and do not get paid overtime and difficult to take TOIL and use AL.

*Senior Nurse/Matron, NHS hospital, Wales*

“ I work overtime a lot, but cannot get paid for it as it is expected that I will work overtime and that’s it!! Try to take time back but the company make it very difficult to claim.

*Clinical nurse specialist, Private company community setting, England*

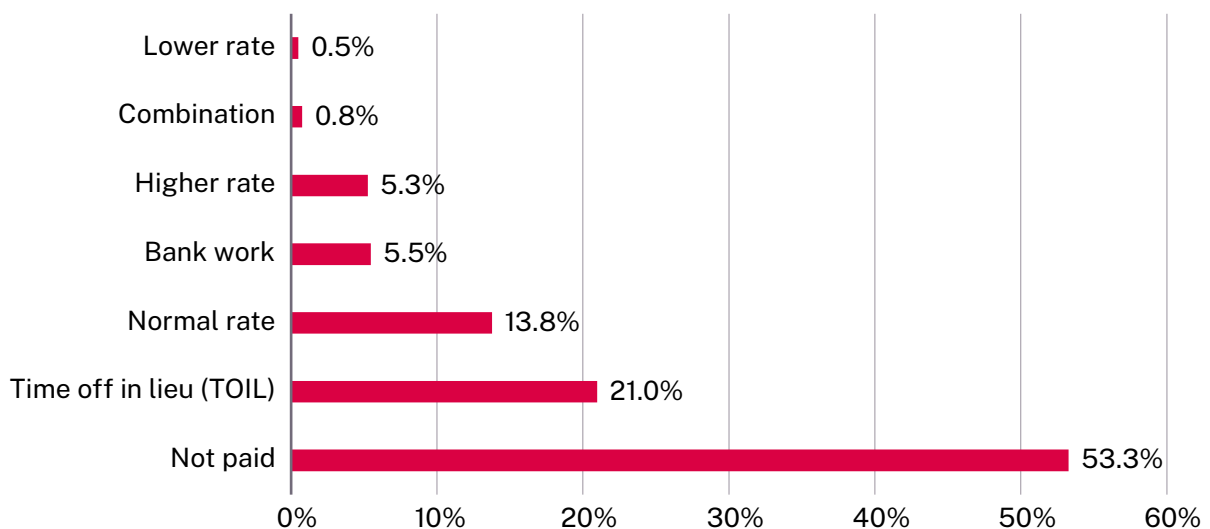
“ As time has gone on and especially as the pandemic has unfolded we all have found ourselves with much more responsibility. The effort, time, care and ourselves that we pour to our roles, often goes by without recognition. And many of us work overtime to make ends meet even after working 12/13 hours a day. Many feel under valued and many more wish to leave given the opportunity.

*Assistant practitioner/health care assistant, NHS hospital, England*

“ I work at least 10 hours a week unpaid overtime, I work in the community, work through lunch and take computer work home with me.

*District/community nurse, NHS primary and community care, England*

**Figure 5: Payment for working additional hours (n=6,887)**



## 4.1 The impact of work intensification

Further findings show that work intensification is leading to nursing staff feeling overworked and unable to balance working and home lives. Figure 6 indicates that only four out of ten feel able to achieve a work-life balance and only half feel satisfied with their working hours or the choice they have over length of shift or working hours.

“ The stress levels are immense, inadequate staffing means we are expected to do jobs of others - be it registered nurse or health care support workers, often all three combined. Long and unsocial hours mean compromising my family life and own wellbeing.

*Nursing associate, NHS hospital, England*

“ Your salary calculation is based on a 37.5 hr week. I cannot remember the last time I worked less than 50hrs a week, in charge of 300+ staff during the worst staffing crisis I've ever known... you cannot work 37.5hrs and support staff properly. Absolutely no work/life balance and strain on personal life too. Definitely not worth the salary.

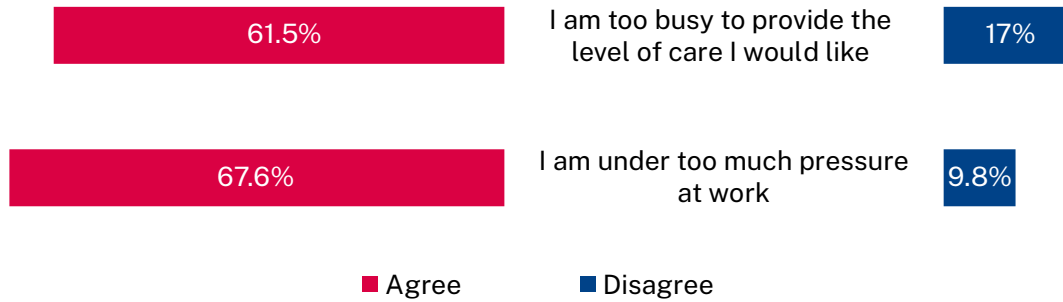
*Senior Nurse/matron, NHS hospital, Scotland*

**Figure 6: Work-life balance and working hours**



The survey also shows the extent of workload pressures, with just over two thirds (67.6%) reporting they felt under too much pressure at work, and that this is impacting on the quality of care they feel able to provide. Six in ten (61.5%) reported that they are too busy to provide the level of care they would like to.

**Figure 7: Impact of work intensification**



I would, in an ideal world continue to work until normal state retirement age but the conditions and stress of work are what are making me retire early....before I burn out. Nursing was always more than a job for me but it is now starting to affect my health.

*Deputy Sister/charge nurse, NHS hospital, England*



Our area is overwhelmed and unable to provide safe and high standard of care to our patients. Queues of patients out the door. I have always enjoyed my job and found it rewarding. It feels like we are sinking in quick sand, with no way out.

*Advanced nurse practitioner, NHS hospital, Scotland*

## 4.2 Taking annual leave

Workload and service pressures are impacting on the ability to take annual leave, with only two thirds (63%) of respondents reporting they had been able to take their full entitlement over the last year. Others stated that they had not yet requested their full leave (18%) or that they had been asked to delay their leave or take it at a different time than they had requested (15%).

Looking at the responses across different sectors of health and social care, Table 1 shows that respondents working in independent sector care homes (53.5%) and in NHS commissioning or arms' length body roles (57.8%) were least likely to state they have been able to take their leave.

**Table 1: Taking annual leave by sector (n=7,622)**

	Yes I have been able to take my entitlement	Not requested full entitlement	Asked to delay/	Unable to take full leave or worked when on leave	No - other reason
General practice	67.7%	18.7%	11.1%	0.9%	1.6%
Independent sector hospital	67.0%	18.2%	10.8%	0.0%	4.0%
NHS trust/board	65.0%	17.6%	14.6%	1.5%	1.3%
Hospice/charity	59.3%	23.2%	15.0%	0.4%	2.0%
NHS commissioning/ arms' length body	57.8%	23.7%	16.3%	1.5%	0.7%
Independent sector care home	53.5%	16.7%	25.7%	2.9%	1.2%
NHS hospital	66.0%	16.1%	15.0%	1.6%	1.2%
NHS community	63.8%	19.3%	14.0%	1.2%	1.7%
<b>Total</b>	<b>63.4%</b>	<b>18.1%</b>	<b>14.8%</b>	<b>1.5%</b>	<b>2.2%</b>



Only had one week holiday in past year due to pandemic and did not get paid for loss of holidays. And this was after I had worked my fingers off covering for staff who were off sick and caring for residents who were at end of life.

*Staff nurse, Independent nursing home, Scotland*



I have cancelled annual leave due to feeling guilty about leaving no cover for patients. I have not had a full week off since before the start of covid.

*Practice nurse, England*

### 4.3 Working when unwell

Faced with staff shortages and workload pressures, nursing staff often feel unable to take sick leave even when they do not feel well enough to be working. The 2021 survey found that just over three quarters (77.4%) reported having worked when unwell on at least one occasion over the previous 12 months.

While this is a high figure, Figure 7 shows that the number has actually decreased since the **last survey undertaken in 2019**, when 84% reported having worked when unwell on at least one occasion.

The main reason for this decrease is suggested in the findings relating to reasons given for working when unwell. In 2019, 64.7% of respondents stated that they worked while unwell with a virus or cold, compared to 38.6% in 2021. This is likely to be linked to social distancing and hygiene measures put in place over the pandemic which have reduced the occurrence of common colds and respiratory diseases in the wider population and within health and social care settings. Meanwhile, 11.8% of respondents cited symptoms related to COVID-19 as a reason for feeling unwell highlighting the direct impact of the pandemic on the health of nursing staff.

Figure 9 also shows that there has been a reduction in number of respondents citing pregnancy related symptoms (dropping from 16.9% in 2019 to 1.9% in 2021). This is likely to be related to nursing staff having shielded or changed their roles during the pandemic.

There has been an alarming increase in the number of respondents reporting that they have been unwell due to stress or mental health problems since the last survey. In 2019, just under six in ten (56.7%) reported that they had worked when unwell due to stress compared to 66.8% in 2021. Similarly, just over a quarter (26.9%) reported working despite being unwell with mental health issues compared to 37.9% in 2021.

We heard from nursing staff about the toll that working through the pandemic has had on their mental health and levels of stress, with many describing the feeling exhausted and facing burnout.



I have decided to retire following all the added stress from the last 18 months. The appalling pay rise makes me feel undervalued considering the needs of my patients.

*Staff nurse, NHS acute and urgent setting, Wales*



...can't give level of care to a good standard for all families due to severe shortage of Health Visitors. Stress levels high, feel exhausted after working all through the pandemic. Plan to take retirement at 55 and work in a different job.

*Health Visitor, England*

“ Constant threat of redeployment at any time to fill gaps in rotas. Since COVID patients and families are waiting so long to access care, so many distressed people, families are calling daily, the calls are heartbreaking. The aggression is increasing and I am not sure how much more I can take.

*Clinical nurse specialist, NHS acute and urgent setting, Wales*

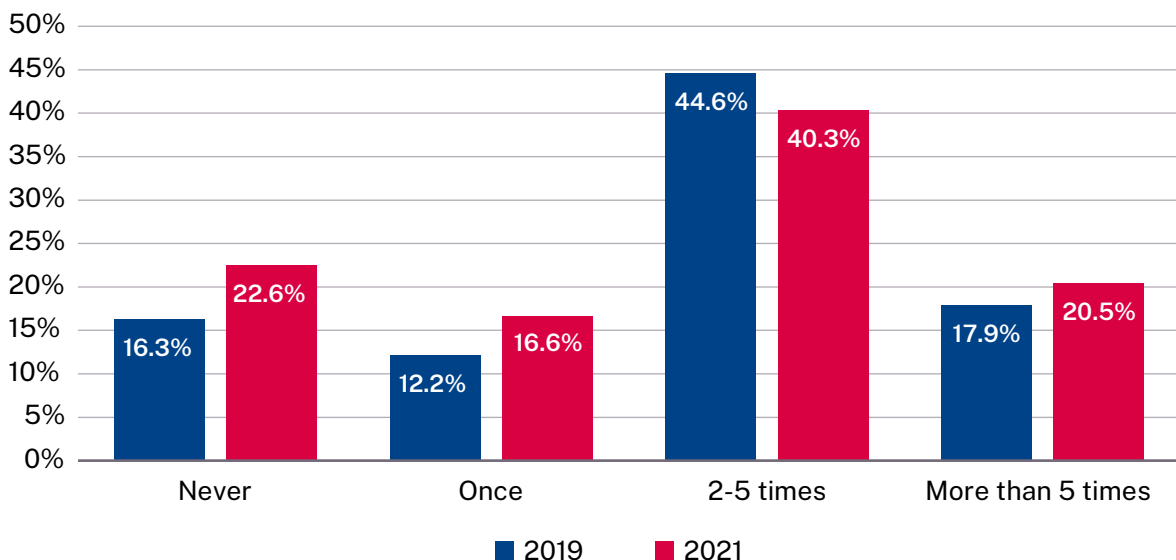
“ Redeployment, uncertainty about future of role and when we will get back to own job. Mentally feel very low.

*Clinical nurse specialist, NHS acute and urgent setting, Northern Ireland*

“ ...after over 40 years in the profession I am fed up, exhausted and work is impacting on me personally. I never thought I would retire, I love my job and the work but it's always give and I've had enough of the impact on my family and myself. I want a life too before it's too late and I need to stop feeling guilty because of the state nursing's in. I didn't create this mess, but we are expected to smile, and carry on. I won't do it any longer the Government needs to value the profession before it's too late. It possibly is already. Would I recommend nursing as a career? I would have for years but I always tell people who ask now to think very carefully. It's so not what it was.

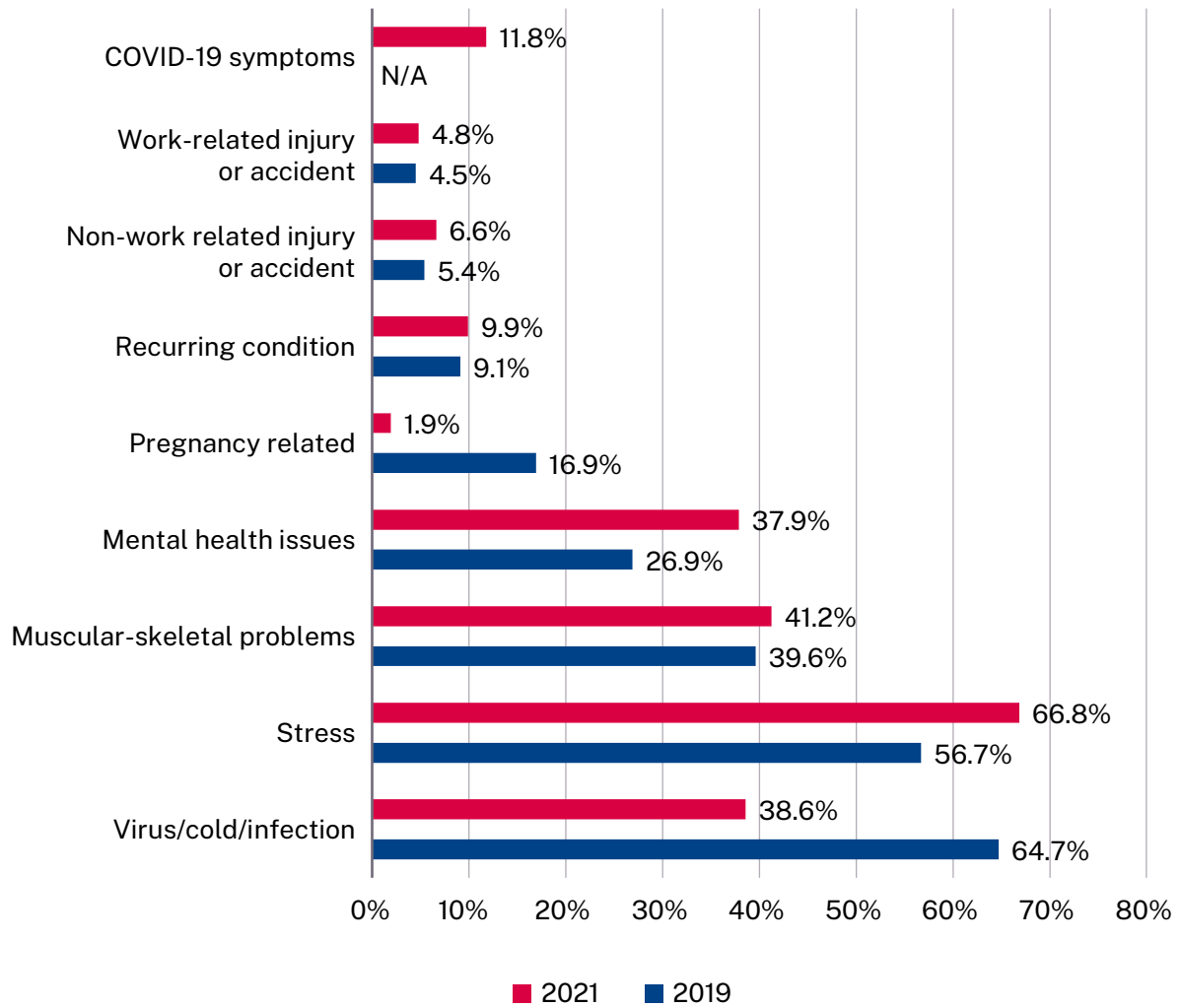
*Assistant practitioner/health care assistant, Local authority, community setting, England*

**Figure 8: How many times have you worked in the last 12 months when you should have taken sick leave? (n=9,526)**





**Figure 9: Illnesses and symptoms on occasions of working when unwell (2019: n=6,954, 2021; n=7,377)**



## 5. Intention to leave

Table 2 shows that just under six in ten respondents (56.8%) are considering or planning leaving their current post (including planning for retirement).

In comparison, the RCN's [Pay and Working Conditions survey](#) undertaken in the spring of 2020, found that 36% of respondents stated they would be thinking about leaving that year, revealing a huge increase in numbers wishing to leave their jobs in the space of just one year.

Intention to leave appears to be far strongest among nursing staff working in NHS hospital settings, with 60% of respondents stating they are considering or planning to leave their job, indicating worryingly low levels of morale in NHS acute settings.

While those working in NHS commissioning or arm's length bodies and in GP practices were most likely to state they were actively planning to leave, (with one in five stating they were doing so) this still reflects a high level of staff dissatisfaction.

Among those thinking about or planning leaving, the most common reasons are due to feeling undervalued (69.9%), feeling under too much pressure (61.4%), feeling exhausted (59.6%) and low staffing levels (59.1%). Just over half (53.1%) cited low levels of pay as one of the main reasons for considering or planning to leave.



I am a passionate nurse with 39 years' experience. I love nursing. I manage the most dedicated, kind, expert team of nurses you could possibly imagine. In a fully nurse led service we practice independently triaging, diagnosing, treating, prescribing, consenting - but there is no recognition of the extended roles.

*Consultant nurse, NHS acute/urgent setting, England*



Main issues are due to being constantly short staffed. Also I feel that nursing is not valued as a profession by a significant members of the public and politicians who don't understand the pressures experienced by nurses.

*Staff nurse, NHS hospital, Scotland*

**Table 2: Intention to leave by employment sector (n=7,312)**

	I'm not considering leaving my job	I'm thinking about leaving my job	I'm actively planning to leave my job	Don't know/ unsure
Hospice/charity	43.1%	28.1%	15.4%	13.4%
NHS commissioning/ALB	40.0%	29.2%	21.5%	9.2%
Independent sector hospital	38.5%	33.7%	11.8%	16.0%
General practice	36.2%	30.5%	21.2%	12.1%
Independent sector care home	35.2%	33.1%	18.9%	12.8%
NHS community	30.5%	38.2%	19.2%	12.1%
NHS hospital	26.6%	41.9%	18.3%	13.3%
<b>Total</b>	<b>30.4%</b>	<b>38.0%</b>	<b>18.8%</b>	<b>12.8%</b>

Around one in five (18.6%) stated that they were considering or planning retirement, highlighting the risk of losing experienced nursing staff from the workforce.



Have had a long career and seen many changes and challenges but at this point in time morale is the lowest I've ever seen it. I have mostly enjoyed my career and been proud of my work but now have been left feeling stressed, unappreciated and vulnerable and my confidence has taken a massive hit so I've made the decision to take early retirement.

*Staff nurse, NHS hospital, Scotland*

**Table 3: Reasons for considering or planning to leave (n=4,885)**

Feeling undervalued	69.9%
Too much pressure	61.4%
Feeling exhausted	59.6%
Staffing levels are too low	59.1%
Levels of pay are too low	53.1%
Can't give level of care to standard I would like	47.3%
Not enough managerial support	45.2%
My own stress levels	40.9%
Too much paperwork/bureaucracy	35.9%
Looking for a new challenge	19.5%
Retirement	18.6%
Seeking promotion	13.6%

## 6. Satisfaction with pay grades or bands

This survey of RCN members took place at a time of great upheaval and uncertainty, against the backdrop of a global pandemic and economic disruption.

COVID-19 and the public health measures put in place to limit its spread reduced economic activity, while weaker global economic activity added to these effects and disrupted international supply chains. Most countries have now seen the sharpest economic contraction on record give way to the steepest inflation rises since the 1970s.

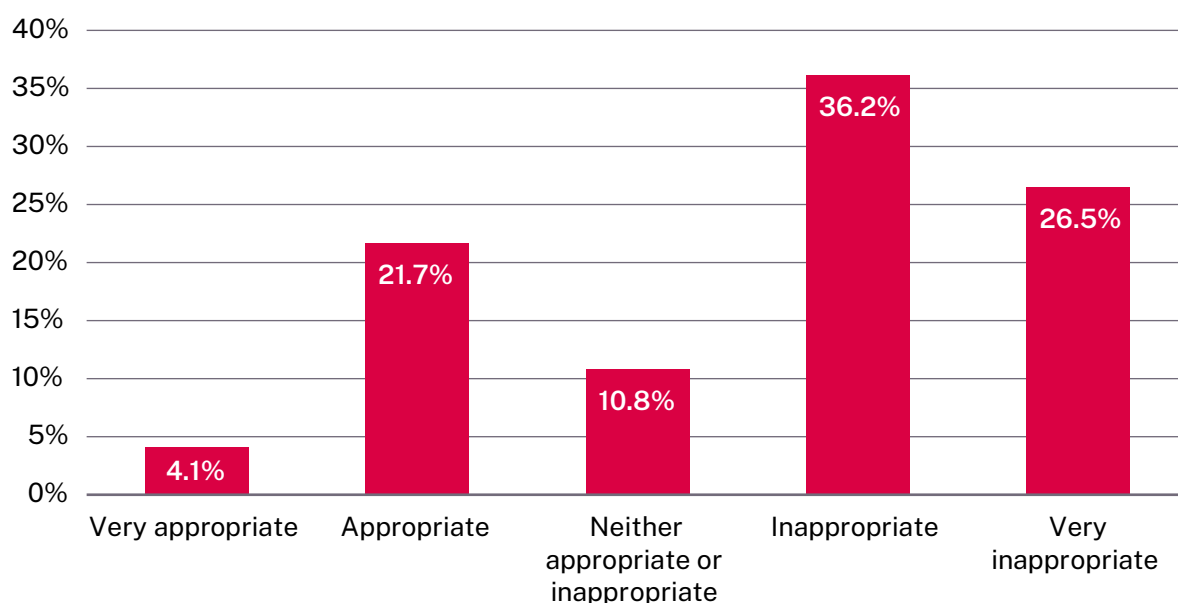
Nursing staff have faced great disruption in their working and personal lives and they and their families have risked exposure to the virus. Added to these pressures, most have faced concerns relating to the economic downturn, the rising cost of living and imminent increases to National Insurance contributions.

In a year when the RCN has taken the significant step of balloting members working in the NHS on below inflation pay awards, it is not surprising that 50% of those stating they were thinking about leaving cited low pay awards as a primary reason.

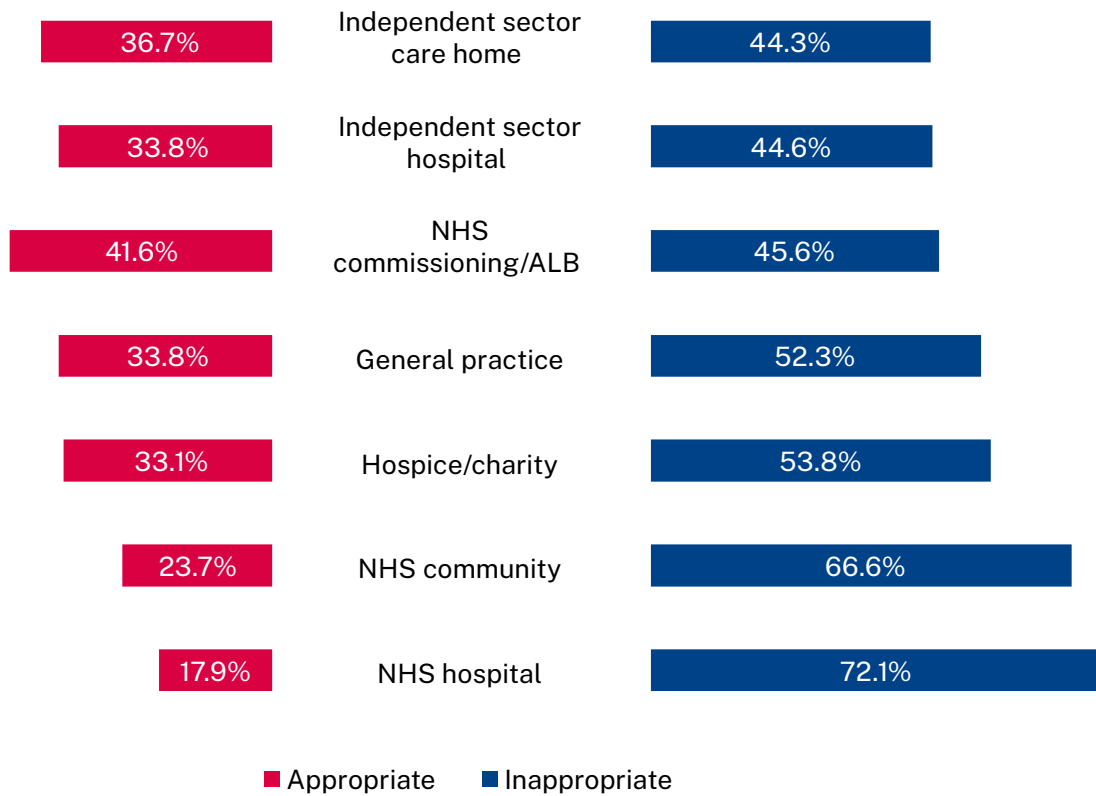
Further results show members' feelings towards their pay grade or band, with just over six in ten (62.7%) stating that their pay band or level was inappropriate and only a quarter (25.8%) stating it was appropriate.

Respondents working in NHS Trusts or Boards are most likely to state their pay band or grade is inappropriate (72.1% of those working in NHS hospital settings and 66.6% of those working in community settings stating it is inappropriate) while those working in NHS commissioning or arms' length bodies are most likely to state it is appropriate.

**Figure 10: Given your role and responsibilities, how appropriate would you say your current pay band/grade is? (n=9,526)**



**Figure 11: Given your role and responsibilities, how appropriate would you say your current pay band/grade is, by sector (n=8,020)**



## Reasons for dissatisfaction with pay

When respondents were invited to give reasons for why they are dissatisfied with their pay band or grade, we heard complaints about many different aspects relating to both pay levels failing to keep up with increases in the cost of living as well as intrinsic dissatisfaction with organisational pay structures and perceived failure to reward them fully for their effort and contribution.

### Successive below inflation pay rises

“ Pay has not kept level with inflation, we have really had a pay cut since 2008 the last 3 year pay increase did not address this and the 3% we have now been given does not reflect the skill and commitment and caseload pressure we are experiencing. As a specialist palliative care nurse in the community where caseloads have increased vastly due to the effects of the pandemic the government does not value our service at all.

*Clinical nurse specialist, NHS community setting, England*

### Pay doesn't match level of risk/ responsibility/ accountability

“ Over recent years the role has evolved and changed. I make far more complex decisions and more responsibility than before. Not because of the pandemic just the job has evolved.

*Nurse assessor, care home, England*

### Can't progress any further without giving up clinical role

“ We are professionals and not paid to reflect level of study and responsibility.

Also no matter if I'm a band 5 for 30 years I cannot earn more unless a management role which I don't want.

*Staff nurse, acute and urgent setting, Scotland*

### Pay doesn't reflect workload

“ Over recent years the role has Tasks and responsibilities have expanded enormously since Agenda for Change was implemented. Our support role to the junior medical staff has increased. The volume of our workload has never been greater! And we were undervalued in the first place.

*Staff nurse, acute and urgent setting, Scotland*

### Pay doesn't reflect level of clinical skills

“ Due to the level of clinical decision making, the decisions on risk taken mainly as a sole practitioner on shift. If I am needed, I'm unable to leave work after my shift, there is no one to take on that case if I am not there. I frequently work long hours, alone.

*Mental health nurse, criminal justice setting, England*

### Pay doesn't recompense physical/emotional input

“ Nurses have always been underpaid. With the pandemic, things have just gone worse. At the end of the day, after all that hard work and work stress, when you look at the salary, there is just disappointment.

*Staff nurse, acute and urgent setting, Scotland*

### Role should be graded at higher band/level

“ Nursing as a profession is continually undervalued. Throughout the years our job description has had more and more roles added on and our responsibilities are continually increasing. District nurses are asked to do jobs beyond their abilities and which a GP should be doing. The pandemic has only worsened nursing, as GPs are refusing to see patients and sending the nurses in instead. We are carrying out complex skills, saving lives and caring for terminal patients so they are allowed to die with dignity.

*District nurse, community setting, Northern Ireland*

## Appendix: Results tables

Employment Status		%
Employed and working (including self employed)	8,151	85.1
Retired, but still in paid employment	808	8.4
Employed, on sick leave	471	4.9
Employed, on maternity/paternity leave	96	1.0
Student	51	0.5
Total	9,577	

Country		%
England	6,063	63.4
Wales	1,556	16.3
Scotland	1,293	13.5
Northern Ireland	598	6.3
Channel Islands	27	0.3
Isle of Man	19	0.2
Total	9,556	

England Region		%
East of England	593	9.8
East Midlands	446	7.4
Greater London	616	10.2
North East	323	5.4
North West	800	13.3
South East	1,086	18.0
South West	951	15.8
West Midlands	626	10.4
Yorkshire and Humberside	596	9.9
Total	6,037	

*Some percentage totals in these tables do not add up to 100% due to rounding.*

*Not all respondents provided answers to all questions, meaning the total numbers for findings in these tables may differ.*



Main employment sectors		%
NHS Trust/Board (including Channel Islands and Isle of Man)	6,664	69.6
General Practice	692	7.2
Independent sector care home	472	4.9
Hospice/charity	275	2.9
Private company/industry	232	2.4
NHS Bank	212	2.2
Independent sector hospital	204	2.1
Nursing agency	174	1.8
NHS commissioning/Arms' length body	149	1.6
Further/Higher Education	89	0.9
Student	51	0.5
Other	363	3.8
Total	9,577	

<b>Job title</b>		<b>%</b>
Staff nurse	3,024	31.6
Sister/charge nurse	1,045	10.9
Clinical nurse specialist	927	9.7
Senior nurse/matron	501	5.2
Practice nurse	447	4.7
Assistant practitioner/health care assistant	391	4.1
Advanced nurse practitioner	377	3.9
District/community nurse	339	3.5
Mental health nurse	285	3.0
Nurse practitioner	259	2.7
Educator/trainer	198	2.1
Deputy sister/charge nurse	177	1.8
Community psychiatric nurse	161	1.7
Divisional/clinical/directorate lead	156	1.6
Health visitor/SCPHN	122	1.3
Researcher/lecturer/tutor	118	1.2
Occupational health nurse	85	0.9
School nurse	61	0.6
Manager	57	0.6
Public health nurse	49	0.5
Student	51	0.5
Consultant nurse	48	0.5
Commissioning/policy role	40	0.4
Nursing associate	21	0.2
Midwife	12	0.1
Learning disability nurse	11	0.1
Trainee Nursing Associate	8	0.1
Other	607	6.4
<b>Total</b>	<b>9,577</b>	

Gender		%
Female	8,423	88.6
Male	1,000	10.5
Non-binary	8	0.1
Prefer not to say	81	0.9
Total	9,512	

Do you consider yourself to have a disability?		%
Yes	1,202	12.7
No	8,272	87.3
Total	9,474	

Ethnic background		%
Asian	354	3.7
Black	468	4.9
European	27	0.3
Mixed	127	1.3
White	8,326	87.8
Prefer not to say	177	1.9
Total	9,479	

Age		%
18-24	98	1.0
25-34	956	10.1
35-44	1,565	16.5
45-54	3,127	33.0
55-64	3,339	35.2
65 and over	405	4.3
Total	9,490	

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