

RCN Employment Survey 2015

A report carried out for the Royal College of Nursing by the Labour Research
Department



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1. Introduction

This report has been produced by Labour Research Department on behalf of the Royal College of Nursing (RCN) based on the results of an online survey sent out to a stratified random sample of the RCN membership. The survey achieved a total of 4,137 usable responses, representing a response rate of 6%.

The RCN *Employment Survey* has been ongoing since the 1980s and this is the 25th survey in the series. Surveys of RCN membership are broadly representative of the nursing workforce as a whole, thus the results of this survey of members can be taken to reflect the UK nursing workforce more generally.

A key feature of the series has been the inclusion of many of the same questions over time, in order to measure changes and trends. This year's survey also incorporates some new questions.

The survey follows seven key areas:

- employment status and personal profile
- pay, grading and unsocial hours payments
- pension arrangements
- training
- working hours
- workload and staffing
- views regarding nursing as a career.

2. Outline of key findings

Pay, grading and unsocial hours payments

Pay and grading

- Just over two fifths (43%) stated that their pay band or grade is appropriate given their roles and responsibilities – this figure has dropped from 49% in 2013. By contrast, 39% regarded it as inappropriate (37% in 2013).
- Among those expressing dissatisfaction, frustrations clearly lie with perceptions that their pay fails to reflect the level of skill, responsibility, autonomy and expertise they regularly demonstrate in their jobs. Other respondents pointed to their heavy workloads and the lack of adequate compensation for high demands and long working hours. Meanwhile, many others are clearly unhappy that their pay levels have not risen significantly in recent years.
- The survey goes on to explore the impact of slow pay growth among health care staff further and finds that around half feel worse off financially than they did five years ago. Just under a third (30%) have struggled to pay gas and electricity bills and 14% have missed meals because of financial difficulty.
- Over half (53%) have worked extra hours to earn money and a third (32%) have worked nights or weekend shifts help pay bills and everyday living expenses.

Unsocial hours working

- Shift working is a defining feature of nursing and this is clearly demonstrated in the survey finding that half of all respondents (49%) regularly work unsocial hours and further 30% do so sometimes. Of those, 58% are paid an enhanced rate for working unsocial hours.
- There is a clear reliance on unsocial hours payments among this group of nursing staff, with half (51%) stating they rely on them to make ends meet.
- In order to explore the potential impact of any changes to unsocial hours payments in the NHS, the survey asked respondents working unsocial hours about the potential impact of the removal or reduction of current pay rates. The survey was conducted at a time when the Department of Health in England had proposed removing or reducing payments for working on Saturdays and Sundays and bank holidays, and changing night-shift start and finish times.
- Of those respondents working in the NHS and receiving unsocial hours payments, 90% of NHS staff stated they would try to reduce or avoid working unsocial hours if payments were reduced or removed while 46% would switch to agency or bank nursing. Almost a third said they would seek to leave nursing altogether.
- The survey results show that the strength of feeling among nursing staff about the threat to unsocial hours payments is clear - as is the potential impact on the NHS. Nursing staff rely heavily on these type of payments and not only would they suffer from any reduction but the NHS would find it difficult to secure cover for evenings and weekends.

Pensions and working longer

- The survey asked respondents about pension scheme membership and found a high level of membership among respondents working in the NHS and for GP practices.
- Around 9% of all respondents belong to no pension scheme at all, with the main reason being affordability of contributions.
- Almost three quarters of those with no pension are those aged 45 and over, meaning that a small but substantial number of nursing staff are approaching retirement with no pension income of their own.
- With the state pension age due to increase to 66 by 2020, to 67 by 2028 and to 68 by 2046¹ the survey looked to explore how the workforce will cope with a higher pension age.
- Over two thirds of respondents (68%) stated they would *not* feel capable of working in their current job past the age of 65, stating that the role is too physically and emotionally demanding.

¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/310231/spa-timetable.pdf

Education, training and continuing professional development

- Results suggest that participation in mandatory training, including fire safety, emergency life support/CPR, infection control, moving and handling, health and safety and equipment training has risen slightly since 2013.
- In terms of how mandatory training is delivered, 44% of respondents stated that their last session was conducted through face-to-face learning, 30% through e-learning and 26% through a mixture of the two.
- When asked when their last session was completed, 59% stated it was done in normal working time and a quarter (24%) did so in their own time, with the remainder (17%) splitting it between work time and their own time.
- When asked about continuing professional development (CPD) training provided or paid for by the employer, one third (34%) had received none in the last year.
- There appears to be a relationship between CPD training received and age, with those over the age of 35 being less likely to report receiving any CPD training than those under 35.
- A slightly lower proportion of respondents report having a personal training and development plan than in 2013 (56% compared to 60%).

Working hours

- Two thirds of all respondents (66%) work full time; 30% work part time and 4% work occasional/various hours.
- When asked about working additional hours, 70% of respondents report doing so at least once a week.
- 16% of all respondents work additional hours to their job on *every* shift and another 35% do so *several times a week*.
- More than half of those who work additional hours at least once a week are not usually paid at all for their overtime.
- 14% of all respondents work on call, with this arrangement by far most prevalent in independent/private health care or social care providers.
- These results show a continuing reliance on the goodwill of nursing staff working in health and social care to provide cover.

Workload and staffing

- When asked about staffing numbers in their own workplace, around half (49%) reported a drop in the level of registered nurses over the previous 12 months while a quarter (24%) report a drop in the level of health care assistants/support workers.
- Two fifths (19%) report a drop in the level of *both* registered nurses and health care assistants/support workers.
- When asked further about workload and staffing in the NHS over the past year, more than four in 10 respondents working in the NHS report increases in patient/client caseload (43%), 42% report recruitment freezes and 41% report skill mix changes.
- In the NHS, patient-to-staff ratios continue to be the highest in older people's hospital wards with reported daytime rates of nine patients per registered nurse and night-time rates of 12.3.
- In the independent sector, reported ratios are 26.3 patients per registered nurse in care homes and 6.5 patients per registered nurse in hospital wards.

- Two thirds (64%) of all respondents say they are under too much pressure at work; 59% are too busy to provide the level of care they would like and 56% feel too much time is spent on non-nursing duties.
- Respondents are reporting more frequent cases of presenteeism than in 2013, with 59% reporting that they had gone to work at least twice in the previous 12 months despite not feeling well enough to do so (compared to 52% in 2013).

Nursing as a career

- When asked about prospects for career progression, two thirds (63%) of respondents stated they felt it would be very difficult for them to progress from their current grade (compared with 69% in 2013).
- While a high proportion (72%) continues to view nursing as a rewarding career (70% in 2013), fewer than half of respondents (45%) would actually recommend nursing as a career (43% in 2013).
- Just 37% agreed they would *not* want to work outside nursing while 29% do not feel nursing will offer them a secure job in the future.
- There continues to be a significant proportion of workplaces that have a problem of bullying and harassment with 34% of all respondents identifying this as a problem in their workplace.
- Fewer than half of all respondents (46%) are confident that they would be treated fairly if they reported being bullied or harassed.
- In relation to support in the workplace, 57% stated that their manager provides support when needed (compared with 56% in 2013); however, there has been a decline in levels of confidence in occupational health services since 2013: only 49% say their employer provides good occupational health support for staff, compared with 54% in 2013.

Summary

The quality of patient care, relationships with colleagues and managers, scope for training and career progression, and salary are all important determinants of morale in the nursing workforce. However, increased pressure and workload as a result of staff shortages combined with pay restraint are all contributing to declining job satisfaction.

Nursing staff enter the profession for caring and compassionate reasons, yet this survey strongly suggests that more needs to be done to ensure fair and adequate compensation, and that they work in a positive work environment where their knowledge and skills are fully engaged.

3. Employment/respondent profiles

3.1 Employment information

3.1.1 Current employment situation

The majority of respondents (89.8%) describe their current employment situation as employed and working. Other respondents described themselves as being retired but still in paid employment, employed but on either sick or maternity leave, self employed, student, fully retired, not currently working or unemployed.

Table 1: Which one of the following best describes your current employment situation? (all respondents)

	No.	%
Employed and working	3,716	89.8
Retired but still in paid employment	141	3.4
Employed but currently on sick leave	137	3.3
Self employed	58	1.4
Employed but currently on maternity leave	33	0.8
Not currently working	31	0.7
Student	11	0.3
Fully retired	7	0.2
Unemployed	3	0.1
Total	4,137	100

3.1.2 Main employer and location of work

Table 2 shows that 58.5% reported that they work for the NHS (excluding GP practices) including for NHS Bank, NHS 111/NHS 24 helpline, an NHS commissioning organisation or other NHS employer, such as a health board. Followed by 14% working for independent/private health care providers and 8% for GP practices. Other employers include charities, private companies, nursing agencies and social enterprises.

**Table 2: Who is the employer for your main or usual job?
(all respondents)**

	No.	%
NHS (excluding GP practices)	2,246	54.3
Other NHS employer (eg, health board, CQC, Public Health England, Health Education England)	78	1.9
NHS Bank	62	1.5
NHS 111/NHS 24/helpline	59	1.4
NHS commissioning organisation (eg, CCG, CSU)	54	1.3
Independent/private health care or social care provider	568	13.7
GP practice	330	8.0
Charity/voluntary sector	211	5.1
Private company	161	3.9
Nursing agency	122	2.9
Social enterprise/community interest company	90	2.2
Further/higher education	34	0.8
Local authority/other public body	32	0.8
Education/research	26	0.6
Industry/workplace	19	0.5
Self employed	14	0.3
Criminal justice	10	0.2
School	7	0.2
Armed forces	7	0.2
Other	7	0.2
Total	4,137	100

With regard to the main location of work, just under half (49%) are employed in hospitals, including hospital wards (20%), specialist units (16%), outpatients/day care (5%) or another hospital setting (3%). A further 17% of respondents work in a community-based setting.

Table 3: Where do you currently spend most of the time in your main or usual job? (all respondents)		
	No.	%
Hospital ward	837	20.2
Hospital unit (eg, A&E, ITU, specialist units)	653	15.8
Hospital outpatients/day care	200	4.8
Other hospital setting	113	2.7
Across different hospital departments/settings	211	5.1
All hospital settings	2,014	48.6
Community	687	16.6
Care home	419	10.1
GP practice	358	8.7
Office environment	190	4.6
Hospice	125	3.0
Private clinic/hospital	79	1.9
Various - across organisation(s)	73	1.8
Further/higher education	48	1.2
Call centre	46	1.1
Industry/workplace	33	0.8
Prison service	28	0.7
School	27	0.7
Ambulance trust	4	0.1
Other	6	0.1
Total	4,137	100

3.1.3 Main job title and area of practice

Almost two fifths of respondents (39%) identified their main job title as staff nurse. Senior nurses (including sisters, charge nurses, ward managers, matrons and nurse managers) make up 17% of survey respondents.

Table 4: Which one of the following job titles best describes your main or usual job? (all respondents)

	No.	%
Staff nurse	1,605	38.8
Sister/charge nurse/ward manager	438	10.6
Clinical nurse specialist	324	7.8
Practice nurse	265	6.4
Senior nurse/matron/nurse manager	261	6.3
Nurse practitioner	204	4.9
Community nurse	202	4.9
Health care assistant/nursing auxiliary	152	3.7
Manager/director	119	2.9
Educator	92	2.2
District nurse	72	1.7
Community psychiatric nurse	68	1.6
Researcher/lecturer/tutor	49	1.2
Health visitor/SCPHN	44	1.1
Non-nursing job/work	38	0.9
Occupational health nurse	37	0.9
Quality assurance/risk	34	0.8
School nurse	24	0.6
Commissioning/policy	20	0.5
Assistant practitioner	19	0.5
Consultant nurse	18	0.4
Call centre/handler	16	0.4
Midwife	13	0.3
Public health practitioner	8	0.2
Other	15	0.4
Total	4,137	100

The most common areas of practice identified by respondents were acute and urgent care (20%) and primary and community care (18%).

Table 5: Which one of the following best describes the area of practice in your main or usual job? (all respondents)

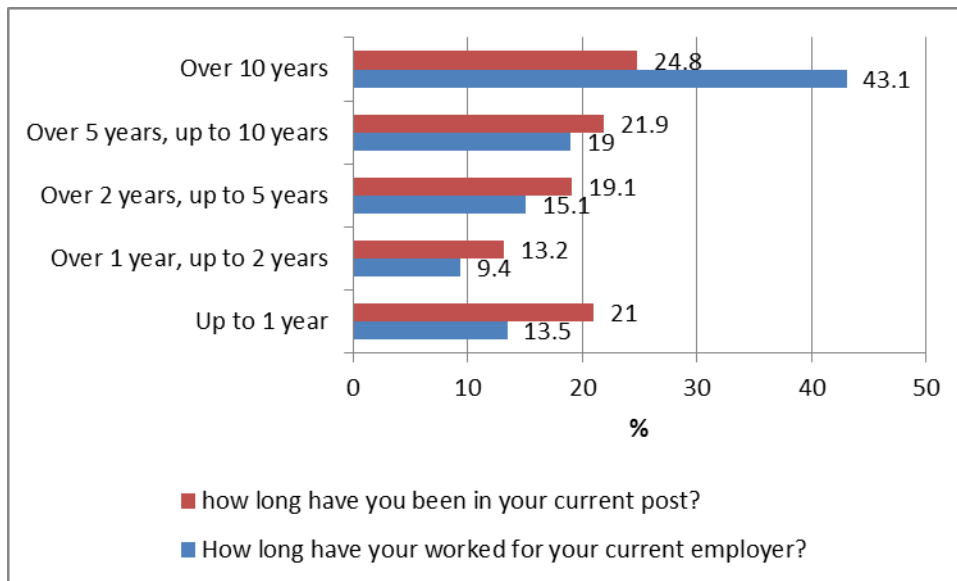
	No.	%
Acute and urgent care	805	19.5
Primary and community care	741	18.0
Older people	480	11.6
Mental health	328	7.9
Surgical	320	7.8
Children and young people	225	5.5
Palliative care	193	4.7
Long-term conditions	182	4.4
Outpatients	128	3.1
Learning disabilities	98	2.4
Cancer care	97	2.4
Management/leadership/policy	71	1.7
Education	69	1.7
Rehabilitation	65	1.6
Occupational/workplace/environmental health	63	1.5
Quality improvement and research	50	1.2
E-health/telecare	38	0.9
Non-nursing role/work	38	0.9
Public health	33	0.8
Neonatal	26	0.6
School nursing	24	0.6
Women's health	22	0.5
Midwifery	12	0.3
Young adults	7	0.2
Aesthetics	4	0.1
Other	8	0.2
Total	4,127	100

3.1.4 Length of service with current employer and time in current post

Respondents were asked how long they have been employed both with their current employer and in their current post. Over two fifths (43%) of respondents have been with their current employer for over 10 years and another fifth (19%) between five and 10 years (Chart 1).

Almost half of respondents have been in their current post for more than five years and one in four has been so for more than 10 years.

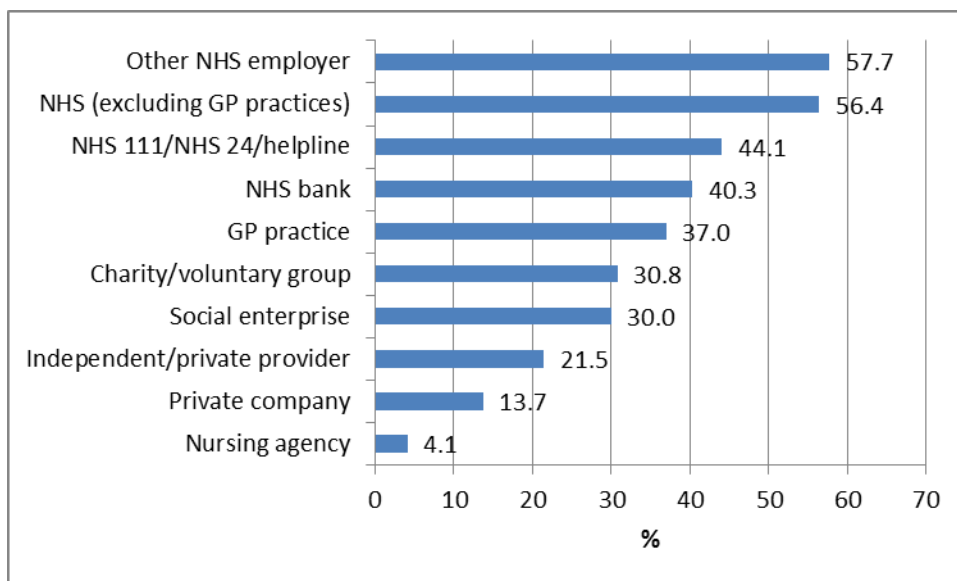
Chart 1: Length of service with current employer and time in current post



Looking at length of service within different types of employer, it is clear that respondents working within the NHS are more likely to have long tenure than outside the NHS. Chart 2 shows the proportion of respondents in each type of employer (for the largest groups) who have worked for their current employer for more than 10 years.

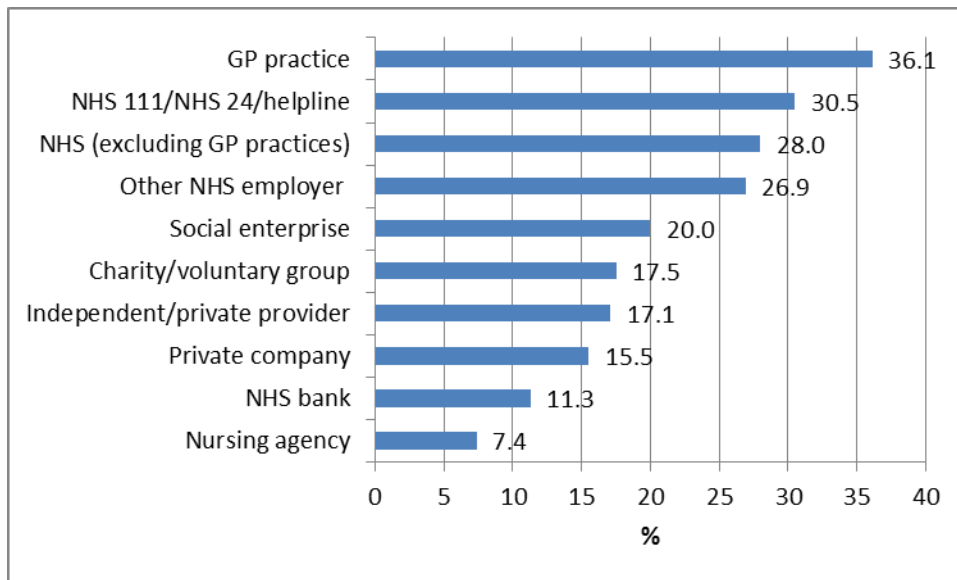
While more than half of those employed in the NHS (excluding GP practices) (56%) and in other NHS employers (such as health boards) (58%) have over 10 years' service, this is the case for only just over one fifth of those in independent/private health care or social care providers (21.5%).

Chart 2: Over 10 years' service with current employer by type of employer



It is those working in GP practices, however, who are most likely to have been in their current post for more than 10 years (Chart 3). Over a third (36%) of survey respondents in that sector have been in their post for over a decade, compared with well over a quarter (28%) of those in the NHS (excluding GP practices) and one in six (17%) of those in independent/private health care or social care providers.

Chart 3: Over 10 years in post by type of employer



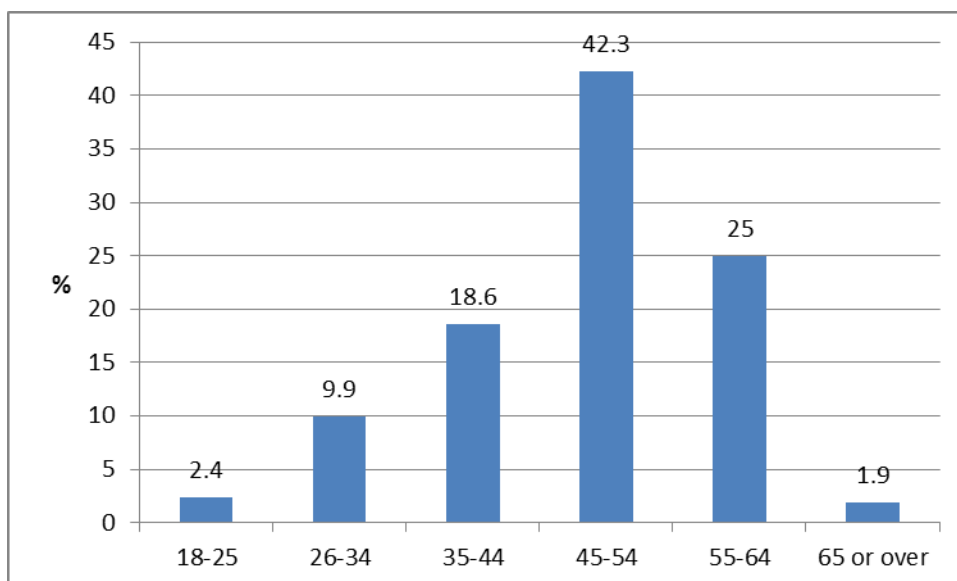
3.2 Respondent profile

3.2.1 Gender, age, ethnicity and disability

90% of respondents are female. The majority of respondents are aged 45 or over, with 42% aged 45-54 and 27% aged 55 or over (Chart 4).

In addition, 331 (8%) reported that they have a disability.

Chart 4: Age breakdown of respondents



90% of respondents identified their ethnic group as white, with 8% identifying as black or another ethnic minority background.

Table 6: Survey respondents by ethnic group (all respondents)

	No.	%
White	3,699	89.6
Black/African/Caribbean	204	4.9
Asian/Asian British	95	2.3
Mixed/multiple ethnic groups	34	0.8
Prefer not to say	72	1.7
Other ethnic group	25	0.6
Total	4,129	100

3.2.2 Country of work

Almost two thirds of respondents (63%) work in England, 18% work in Scotland, 12% in Wales² and 6% in Northern Ireland.

Respondents working in England were also asked to state their region of work and responses are presented in Table 7 below. Out of just over 2,611 working in England, 18% are in the South East, 15% work in the South West and 13% work in the North West.

	No.	%
South East	464	17.8
South West	402	15.4
North West	335	12.8
Greater London	293	11.2
West Midlands	292	11.2
East of England	242	9.3
Yorkshire and Humberside	235	9.0
East Midlands	217	8.3
North East	110	4.2
Across different regions/nationally	21	0.8
Total	2,611	100

3.2.3 Qualifications held

Survey respondents were asked about the types of registration and qualifications held. (They were asked to tick all that applied.) A majority (62%) have completed their first-level registration nursing qualifications and 9% hold second level registration. In addition, almost four in 10 hold a nursing degree (38%), 31% hold a diploma and 9% hold a Masters or PhD.

² Respondents in Wales were also asked about Welsh speaking. Of the 498 Wales-based respondents, 157 (32%) said they speak Welsh to some extent of whom 104 said they did not speak it fluently. 102 Wales-based respondents said Welsh language skills are noted as "desirable" in their job description, with just 3 saying they were "essential". 53 said their organisation was "supportive of using Welsh at work and provides resources and encouragement", 76 said their organisation was "supportive of using Welsh at work" while 18% said their organisation was "not supportive".

Table 8: Nursing qualifications held (respondents holding qualifications)		
	No.	%
First level registration (SRN/RN)	2,553	62.1
Second level registration (ie SEN)	379	9.2
Nursing degree	1,543	37.6
Nursing diploma	1,266	30.8
Masters/PhD	373	9.1
NVQ/SVQ level 2,3 or 4	257	6.3
PG diploma	118	2.9
Specialist	105	2.6
Non-nursing diploma/degree	58	1.4
Teaching	11	0.3

3.2.4 Country of registration

A total of 299 respondents (7.5%) first registered as a qualified nurse outside of the UK, with 65% of these qualifying outside the European Economic Area, mainly from African and Asian countries (particularly the Philippines, India, South Africa and Zimbabwe). Just 51 said they required a visa to work in the UK.

Among those who first registered as a qualified nurse in the European Economic Area, the main countries of origin are the Republic of Ireland, Romania and Poland.

4. Pay and grading

This chapter looks at respondents' current pay and grading arrangements and whether they are on Agenda for Change (AfC), clinical grades or other pay scales and whether they receive unsocial hours payments.

The chapter also covers questions about whether respondents think their current pay, grade or band is appropriate and whether they are coping financially.

Key findings

- 62% of employed respondents are paid on Agenda for Change pay bands; 6% are on clinical grades and 29% are on organisational pay systems. 32% of those employed on organisational systems are on bands/grades which correspond to AfC or clinical grades.
- Just over two fifths (43%) view their pay band or grade as appropriate, a slight decline on 2013 (49%); 39% regarded it as inappropriate (37% in 2013).
- Over half of survey respondents (58%) are the main or sole earner in their household.
- Just over half (51%) said they felt worse off than five years ago and 30% said they have struggled to pay gas and electricity bills over the past year. Nursing staff under the age of 45 are the most likely to be struggling with living costs.
- To make ends meet, more than one in five respondents (22%) have taken on an additional job; 53% have worked extra hours in their main job, 32% have worked night or weekend shifts to get higher rates; and 31% have borrowed money.
- Almost half of respondents (49%) regularly work unsocial hours and another 30% sometimes do so.
- 58% of these were paid an enhanced rate for unsocial hours.
- 90% of NHS staff who were paid a premium rate for unsocial hours said if the enhancement were removed or reduced they would try to reduce/avoid working unsocial hours, and almost a third said they would seek to leave nursing altogether.

4.1 Pay and grading arrangements

Of those who described their employment position as employed and currently working or employed but on sick or maternity leave, 62% are currently on an AfC pay band; 6% are on clinical pay grades and 29% are on their organisation's own pay structure.

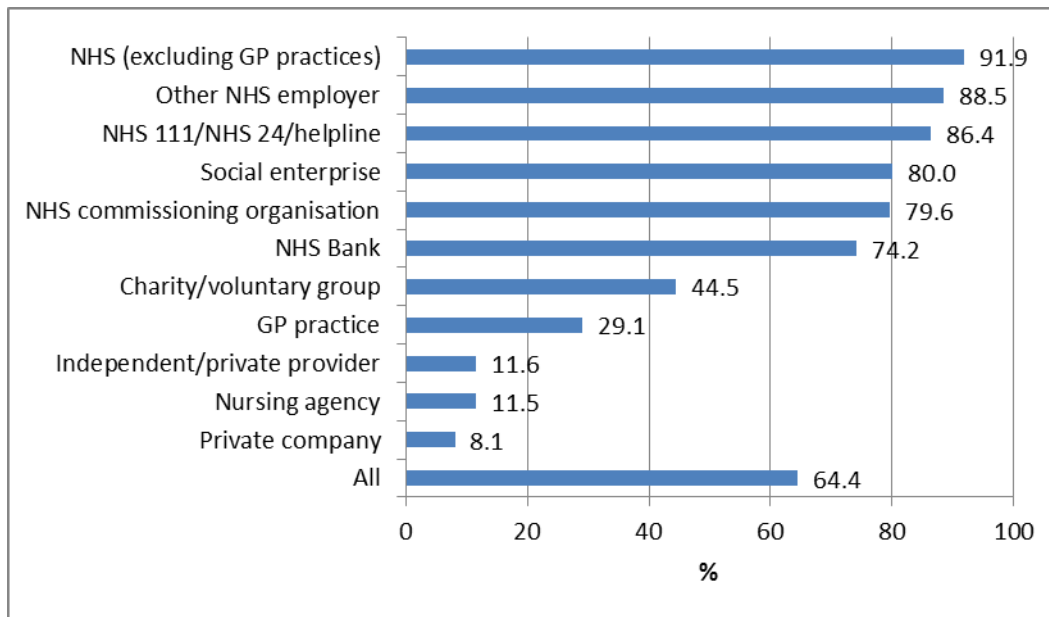
For those on their organisation's own rates, in 14% of cases the grades correspond to AfC pay bands and for 18% they correspond to clinical grades. In 68% of cases they correspond with neither.

The majority of respondents working directly in the NHS (92%) are employed on AfC terms and conditions (see Chart 5). So too are the majority of those working for other NHS employers (eg, health boards) (89%), NHS 111/NHS 24/helpline (86%), social enterprises/community interest companies (80%), NHS commissioning organisations (80%) and NHS Bank (74%).

Clinical grades are used largely in private companies (25%), nursing agencies (23%), GP practices (23%), NHS Bank (21%) and NHS commissioning organisations (20%) (see Chart 6).

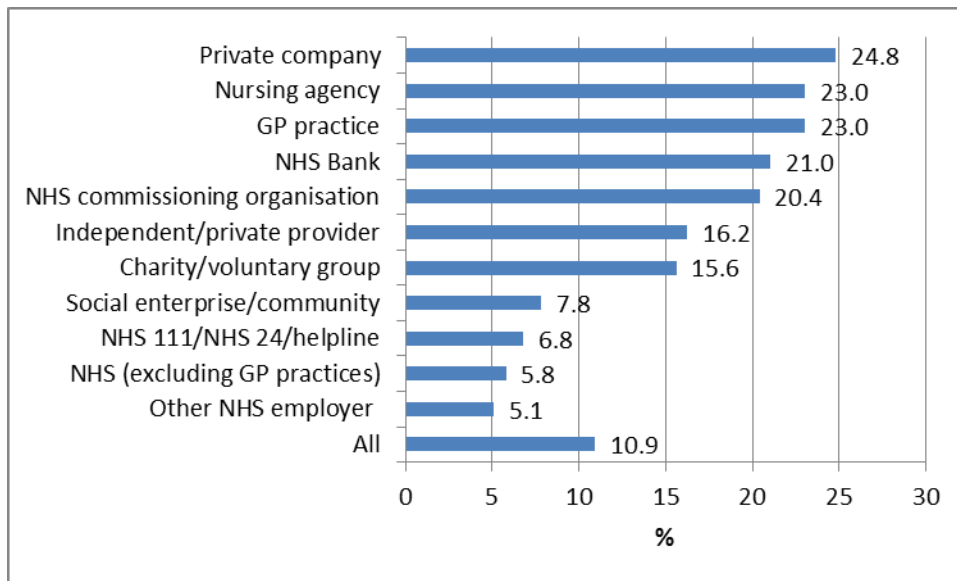
Sectors where a high proportion of respondents were employed on pay systems which do not follow AfC or clinical grades include further/higher education (88%), independent/private/social providers (72%), private companies (67%), nursing agencies (66%) and GP practices (48%) (see Chart 7).

Chart 5: Use of Agenda for Care by sector (% of respondents on AfC)*



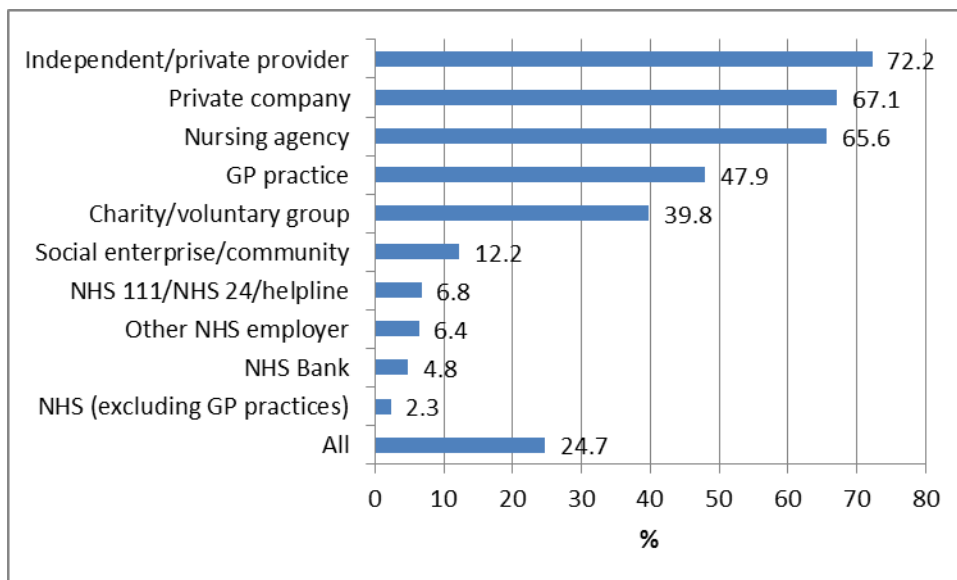
*Includes respondents where organisation's own pay structure follows AfC bands

Chart 6: Use of clinical grades by sector (% of respondents on clinical grades)*



*Includes respondents where organisation's own pay structure follows clinical grades

Chart 7: Use of organisational pay systems that do not follow AfC or clinical grades (% of respondents on these systems)

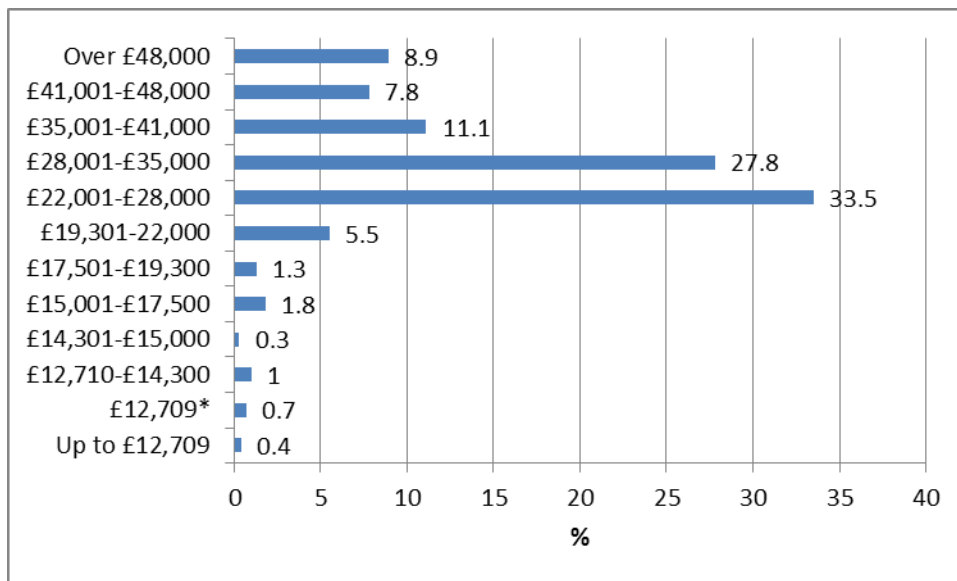


For those on organisational systems that follow neither AfC nor clinical grades we asked them to indicate their hourly or annual pay levels (Chart 8).

A very small number in this group (four) are paid below 2014-15 national minimum wage levels for age 21 and over (£6.50 per hour or £12,709 annual equivalent) and another seven respondents are paid at that rate. A further 25 respondents (2%) are paid less than the 2014 UK Living Wage level of £7.68.

The majority (56%) of this group are paid at the rate of £28,000 per year or more, and 89% are paid at the rate of £22,000 per year or more.

Chart 8: Pay rates for those on pay systems that do not follow AfC or clinical grades (%)*

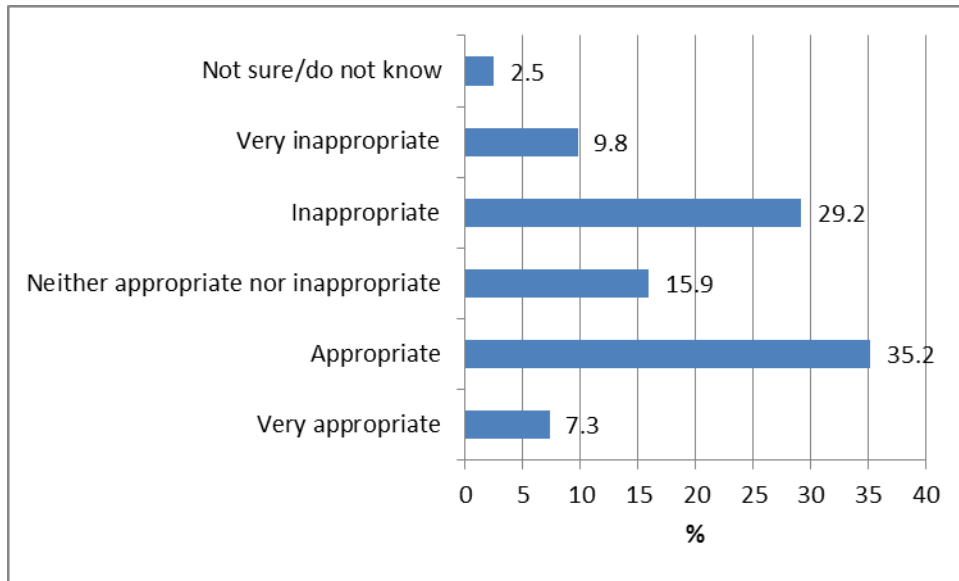


*% of those not on AfC or clinical grades

4.2 Views about current pay band or grade

Respondents were asked whether they thought that their current pay band or grade was appropriate in view of their roles and responsibilities. Chart 9 shows that just over two fifths (43%) thought their pay band/grade was appropriate or very appropriate, compared with 39% who regarded it as inappropriate or very inappropriate. *These figures indicate a slight decline in the proportion who felt it was appropriate compared with the 2013 survey.*

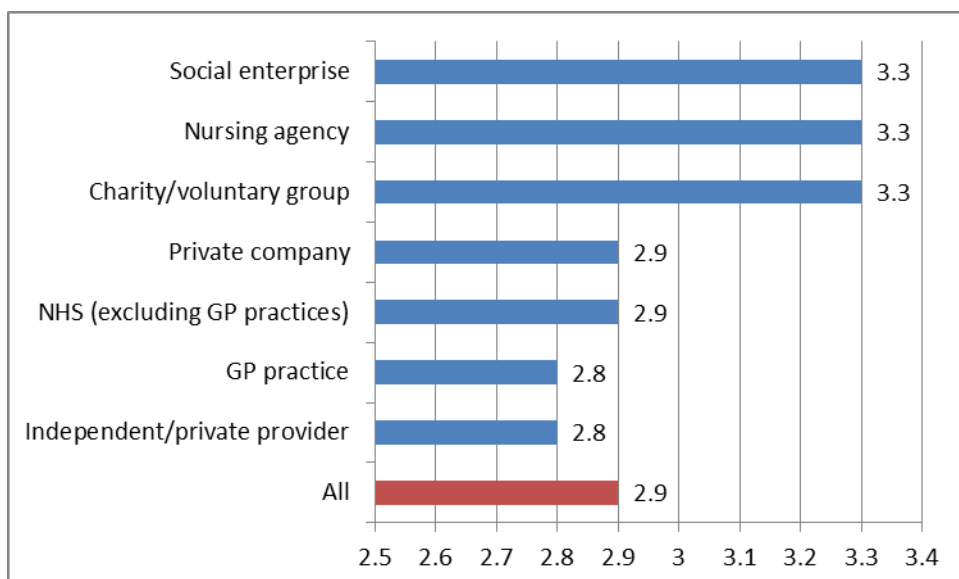
Chart 9: Given your role and responsibilities, how appropriate would you say your current pay band/grade is? (% all respondents)



Using the ratings given by respondents as to the appropriateness of the current pay band or grade, we assigned a score from 1 to 5, where very inappropriate=1 and very appropriate=5. In other words, the higher the score, the more appropriate they are to view their pay band/grade.

This helps to make comparisons between the views of respondents working for the major different types of employer. It shows, for example, that respondents in social enterprises/community interest companies, nursing agencies and charities/voluntary sector groups, are more likely than average to view their pay band/grade as appropriate to their role and responsibilities (Chart 10). Those working in GP practices and independent/private providers are less likely to.

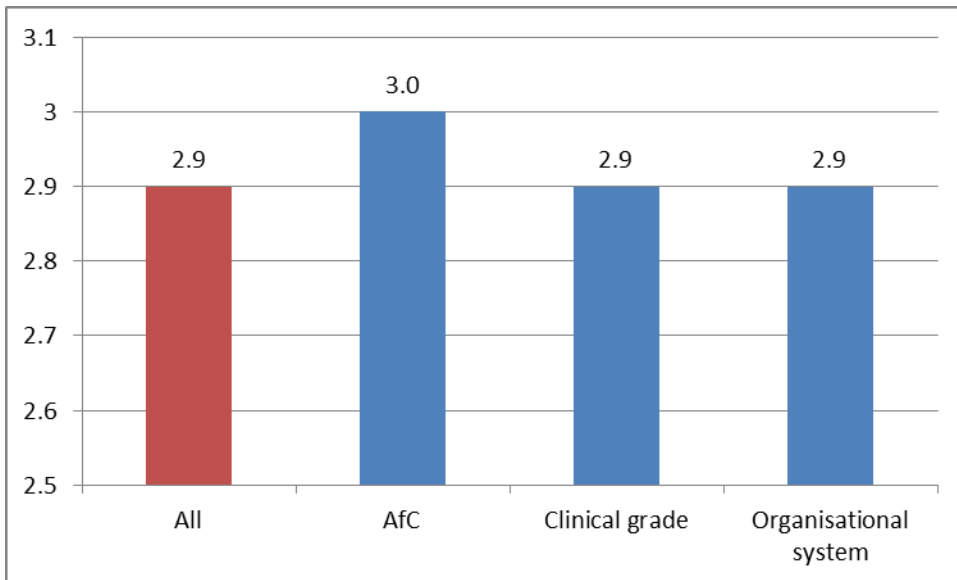
Chart 10: Views about pay by sector* (score out of 5)



*Only sectors with 90 or more respondents were included in this analysis

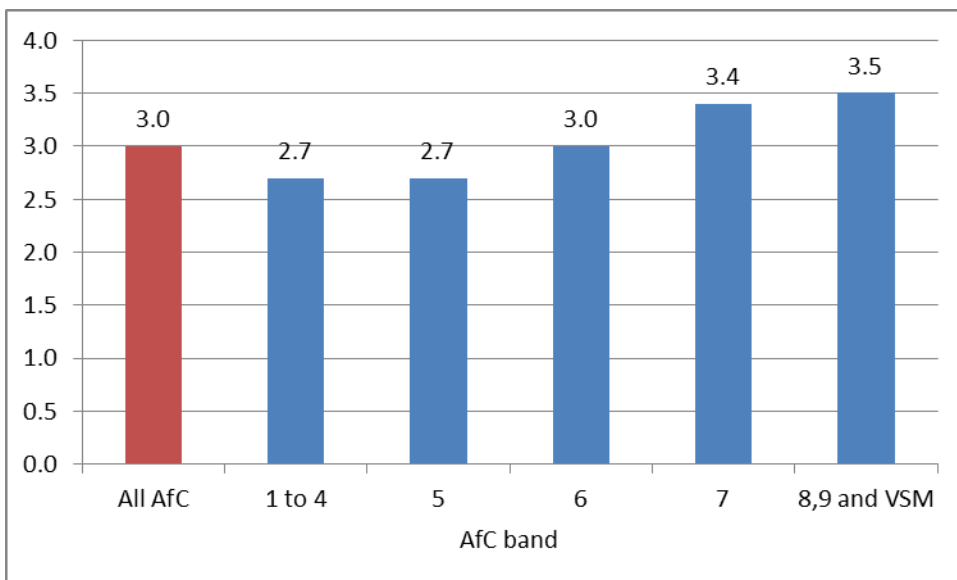
Respondents on AfC pay bands slightly more likely than average to find their band/grade appropriate (Chart 11).

Chart 11: Views about pay by pay system of respondent (score out of 5)



Looking at those on AfC bands only, agreement that they are on the appropriate band increases as the pay band rises, although there is no step up in score between bands 1-4 and 5 (Chart 12).

Chart 12: Views about pay by AfC pay band of respondent* (score out of 5)



*Respondents on AfC bands only. n=3,000

Those respondents who indicated that their pay was not appropriate were asked to elaborate, and these answers have been put into the following broad categories and groupings.

Figure 1: Views about why pay grade/band are not appropriate



Many respondents described feeling that their pay does not reflect the level of responsibility or autonomy they assume in their roles, the level of specialist knowledge or their breadth of experience.

Pay does not sufficiently match levels of responsibility, autonomy and intensity of the job	Banding does not reflect the often highly technical, specialist knowledge and skills held, whether in a clinical, research or teaching role	Pay grade does not adequately reward or reflect experience in nursing
<p>I am responsible for 38 staff, hold a large budget and work clinically, and have a huge ward sister role that should be recognised and remunerated.</p> <p>NHS sister/charge nurse/ward manager. AfC Band 7</p>	<p>My pay is inappropriate due to the specialist nature of the work I carry out and the acute and critical nature of ICU and the independent decision making I am required to make.</p> <p>NHS staff nurse. AfC Band 5</p>	<p>Pay rate does not take experience or training or special knowledge into account.</p> <p>Health care assistant, independent sector hospital. Salary: £15,001-£17,500)</p>
<p>I am left in charge of a 70-bed home at weekends and evenings.</p> <p>Senior nurse, independent sector care home. Salary: £28,001-£35,000</p>	<p>We are autonomous practitioners, often having to deal with difficult situations, implement care, and liaise with social work to prevent admission. We often have to make decisions in response to crisis situations, alone.</p> <p>NHS district nurse. AfC band 5</p>	<p>As a very experienced nurse delivering complex care I believe I and my similarly experienced colleagues deserve a rate of pay which reflects our skills appropriately.</p> <p>NHS community nurse. AfC band 5</p>
<p>We are often involved in emergency situations that are stressful and lengthy. We are also frequently subjected to violence and abuse from drunk patients or those under the influence of drugs.</p> <p>NHS staff nurse. AfC Band 5</p>	<p>it does not take into account the specialist nature of my role and the responsibility I have for over 200+ staff</p> <p>Educator, independent sector community setting. Salary: £22,001-£28,000</p>	<p>Due to my experience I started on the top of the grade and 5 years later I remain on the same salary. There is nowhere to progress to and no increments.</p> <p>Researcher. Salary: £35,001-£41,000</p>

Other respondents described how their pay has not kept up with changes in their job, either through an expansion in caseload or role. Further sources of dissatisfaction is that jobs have been regarded or

downbanded in the NHS, but respondents feeling they work to a higher level or that they are hampered by lack of opportunities for progression and stuck at their current pay grade or band.

Pay band has been regraded in recent years	Caseload/role has expanded, and pay level does not sufficiently reward this	Stuck in current pay band/grade with few opportunities for progression
<p>I have been downgraded from an 8a to band 7 and do the same job I have four years' protected pay.</p> <p>Clinical nurse specialist, social enterprise. Salary: £35,001-£41,000</p>	<p>Taken on more management and leadership along with expansion of role (seeing patients instead of consultants in clinic).</p> <p>NHS clinical nurse specialist. AfC band 8a</p>	<p>The ward is intense and busy. We are running ourselves into the ground, not taking breaks and leaving an hour after shifts end to get all our work done. We should get paid a lot more for this amount of pressure.</p> <p>NHS staff nurse. AfC band 5</p>
<p>We were downbanded quite a few years ago and have had next to no increase in wages since. So year on year it's been like having a pay cut no annual increments either.</p> <p>NHS staff nurse. AfC band 5</p>	<p>Because our role has expanded since being graded and as well as clinical responsibility we are taking on managerial roles and other responsibility within the role due to manager workload.</p> <p>NHS nurse practitioner. AfC band 7</p>	<p>I have to work late most shifts to ensure workload is complete. Too much paperwork and not enough patient care.</p> <p>NHS sister/charge nurse/ward manager. AfC band 6</p>
<p>My role was previously an 8b but was downgraded by a previous manager. I am still doing the same job.</p> <p>NHS senior nurse/matron/nurse manager. AfC band 8a</p>	<p>The role of my job has evolved to meet demand my pay and job description has not changed or ever been reviewed.</p> <p>Independent sector community setting, assistant practitioner. Salary: £17,501-£19,300</p>	<p>Pay does not take account of unsocial hours worked and pays basic rate for working unsocial hours and some public holidays.</p> <p>Staff nurse, independent sector care home. Salary: £22,001-£28,000</p>

Many described how their pay does not fully compensate for the sheer volume of work they do and how this often restricts their ability to take breaks or finish on time.

<p>Pay levels do not adequately recompense for overtime, unpaid breaks and unsocial hours working</p>	<p>Pay does not sufficiently reflect or compensate for the workload/long hours</p>
<p>Pay does not take account of unsocial hours worked and pays basic rate for working unsocial hours and some public holidays. Staff nurse, independent sector care home. Salary: £22,001-£28,000</p>	<p>Pay is too low in relation to the long hours, mental and physical strain and some service users are violent. Health care assistant, independent sector care home. Salary: £6.50 an hour</p>
<p>I have to work late most shifts to ensure workload is complete. Too much paperwork and not enough patient care. NHS sister/charge nurse/ward manager. AfC band 6</p>	<p>The workload has increased significantly and work that was once the responsibility of a higher grade has been cascaded to my level. NHS sister/charge nurse/ward manager. AfC Band 6</p>
<p>The ward is intense and busy. We are running ourselves into the ground, not taking breaks and leaving an hour after shifts end to get all our work done. We should get paid a lot more for this amount of pressure. NHS staff nurse. AfC band 5</p>	<p>I am given more manager roles daily, covering larger areas, managing two teams and two posts as people retiring are not replaced NHS community nurse. AfC band 7</p>

Others made direct comparisons, with other professions, agency nursing staff, colleagues on a higher grade or banding – or for those outside the NHS – with NHS earnings and judged these comparisons unfavourably.

<p>Comparisons made to other professions, judging that nursing salaries are lower/comparatively poorly paid</p>	<p>Comparisons with agency staff earnings are unfavourable</p>
<p>Junior management in private companies would get paid more and they are not responsible for life and death decisions. NHS staff nurse. AfC band 6</p>	<p>The pay rate is low. If we talk about agency – agency will win because the pay rate is better. The difference is about £3 to £4 an hour. It is obvious nobody wants to work in the NHS. NHS staff nurse. AfC band 5</p>

<p>Compared to jobs with a similar level of commitment and responsibility my pay is much lower.</p> <p style="text-align: right;">Community nurse. Clinical grade E</p>	<p>As a band 5 agency nurse I think it is over paid for the work I am doing. However agency is the only option to give me complete flexible working.</p> <p style="text-align: right;">Agency nurse. Salary: over £48,000</p>
<p>A gardener or cleaner earns a higher hourly rate and they are not doing tasks that put patients at risk.</p> <p style="text-align: right;">GP Practice, Health care assistant. Salary: £19,301-22,000</p>	<p>Agency nurses being used and paid nearly three times my hourly rate I feel I should be paid more.</p> <p style="text-align: right;">NHS staff nurse. AfC band 5</p>
<p>Pay and reward are not comparable with those in the NHS</p>	<p>Perception that work undertaken is of a same level as that of colleagues on a higher grade or banding</p>
<p>Private sector roles should be linked in with same pay rates as NHS. The people in our care are all registered with GPs and have a NHS number.</p> <p style="text-align: right;">Staff nurse, independent sector care home. Salary band: £22,001-£28,000</p>	<p>The difference in pay between band 5 and 6 is too little for the increase in responsibility and role.</p> <p style="text-align: right;">NHS senior nurse/matron/ nurse manager. AfC band 6</p>
<p>It's not in correspondence with the NHS pay for a ward manager with same responsibilities.</p> <p style="text-align: right;">Independent sector hospital, sister/charge nurse/ward manager. Salary: £28,001-£35,000</p>	<p>My role is very similar if not identical to at least a Band 5 role, as I've become better trained I've been expected to do more.</p> <p style="text-align: right;">NHS health care assistant. AfC band 4</p>
<p>Being paid what the hospice can afford but less than nurses at local hospital and we are classed as specialist palliative care nurses.</p> <p style="text-align: right;">Hospice staff nurse. Salary: £19,301-22,000</p>	<p>Relative to other nurses in the same role in different areas of the country I am paid less and get fewer holidays. I also have more responsibility eg, running a clinic.</p> <p style="text-align: right;">Practice nurse. Clinical grade G</p>

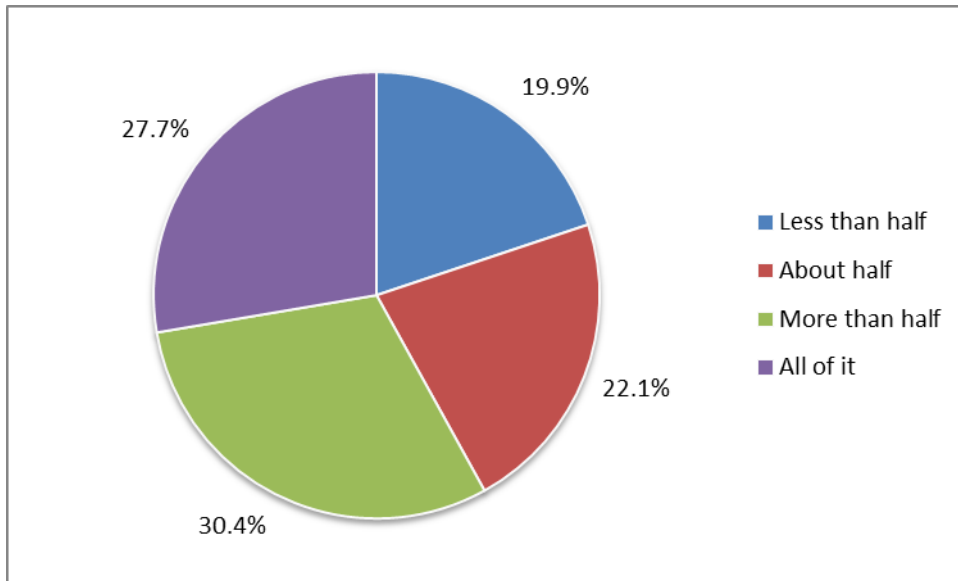
A substantial number described how generally nursing is underpaid and particularly in recent years when many have had below inflation rises.

Pay rises in recent years have not kept up with the cost of living	Nursing is general undervalued and underpaid
<p>Increasing responsibilities year on year, no increase in remuneration. Increased accountability and expectations from public and NHS managers.</p> <p style="text-align: right;">NHS district nurse. AfC band 6</p>	<p>It is very hard work, the majority of people will need basic care at some point of their lives - it is very underappreciated.</p> <p style="text-align: right;">Independent sector community setting, health care assistant. Salary: £12,710-£14,300</p>
<p>Workload has increased and pay increments have not even been at a minimum of cost of living increase.</p> <p style="text-align: right;">FE/HE researcher. Salary: £41,01-£48,000</p>	<p>Nurses have never been paid the correct value of their work in comparison with other areas of employment.</p> <p style="text-align: right;">NHS staff nurse. AfC band 5</p>
<p>I take home less now as a qualified health visitor than I did as a student health visitor.</p> <p style="text-align: right;">NHS health visitor. AfC band 6</p>	<p>I am doing a professional's job on a non-professional wage.</p> <p style="text-align: right;">NHS staff nurse. AfC band 5</p>

4.3 Income and effects on households

Respondents were asked to indicate the proportion of total household income that their earnings represent. Chart 13 shows that just under one third (30%) reported that their earnings represent more than half (but not all) of total household income and another 28% say their earnings represent all household income. We can therefore see that over half (58%) of survey respondents are the main or sole earner in their households.

Chart 13: Approximately what proportion of your TOTAL household income do your earnings represent?



This year respondents were asked if they received certain in-work benefits or tax credits (Table 9). Just over 9% of respondents receive one or more. The most common is Child Tax Credit, received by 233 respondents, followed by Working Tax Credit, received by 100.

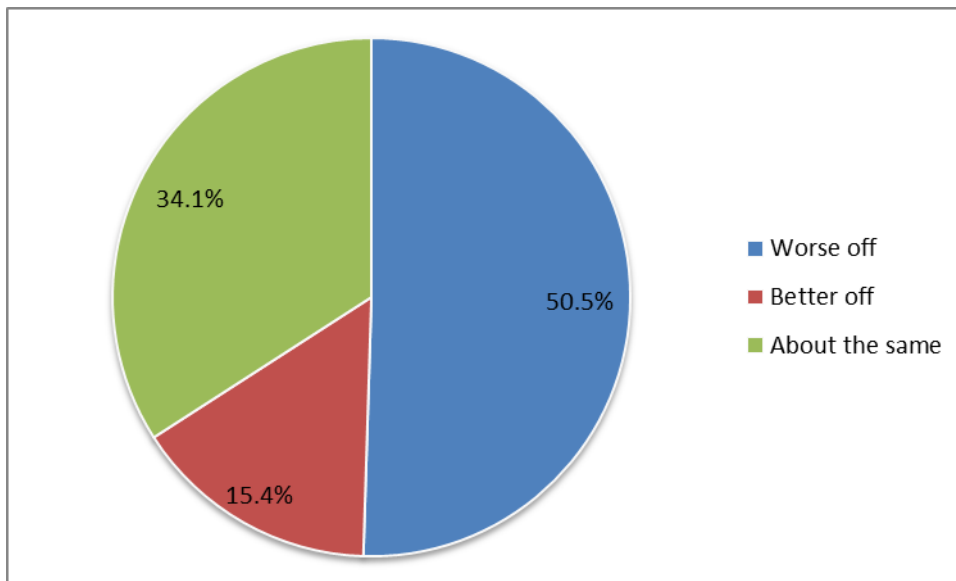
Table 9: Respondents receiving certain in-work benefits and tax credits*

	No.	%
Child Tax Credit	233	5.6
Working Tax Credit	100	2.4
Council Tax Support	38	0.9
Housing Benefit	19	0.5
Income Support	6	0.1
Universal Credit	5	0.1
None	3,751	90.7

* all respondents

Respondents were asked to compare their financial situation to that of five years ago. Just over half (51%) said they felt worse off and only 15% said they felt better off, with just over a third responding 'about the same' (see Chart 14).

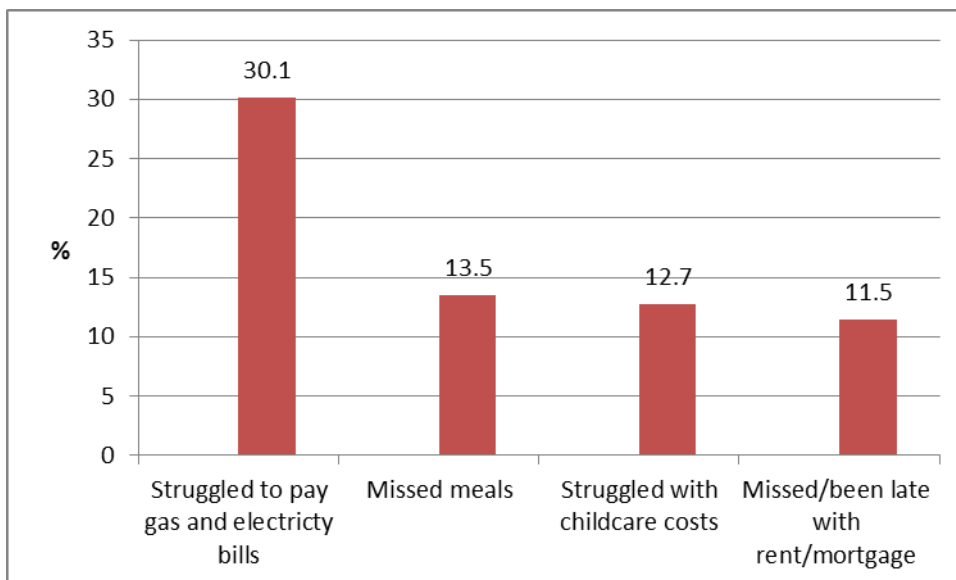
Chart 14: Compared to five years ago, do you feel financially...?



Respondents were asked if they felt they had struggled with specific areas of expenditure.

One in 10 respondents (9.9%) strongly agreed with the statement 'I have struggled to pay gas and electricity bills' and another 20% agreed with it. 14% agreed/strongly agreed that 'I have missed meals because of financial difficulty'; 13% agreed/strongly agreed that 'I have struggled with childcare costs'; and 12% agreed/strongly agreed that 'I have missed or been late with my rent/mortgage payments' (Chart 23).

Chart 15: Percentage who agreed/strongly agreed with statements regarding financial difficulties



There were some variations in response on these questions between respondents in the different countries of the UK (see Table 10).

Respondents working in Northern Ireland (40%) and Wales (34%) were more likely than those in England (29%) or Scotland (27%) to say they had struggled with gas and electricity bills.

Those in Wales were the most likely to say they had missed meals because of financial difficulty (16%). And respondents in Northern Ireland were much more likely than the others to say they had struggled with childcare costs (24% said so compared with an average of 13%).

Table 10: Percentage who agreed/strongly agreed with statements on financial difficulties by country

	All %	England %	Scotland %	Cymru/Wales %	Northern Ireland %
Struggled to pay gas and electricity bills	30.1	29.4	27.3	34.1	39.6
Missed meals	13.5	14.0	10.4	15.9	13.8
Struggled with childcare costs	12.7	12.2	11.3	12.3	23.8
Missed/been late with rent/mortgage	11.5	12.1	8.6	12.5	12.3

Analysis by age (Table 11) reveals that respondents aged 45 and under are most likely to be concerned about their financial situation, personal debt and job security than older respondents.

Among those younger age groups, more than one in three have struggled to pay gas and electricity bills. One in five of those aged between 18 and 34 have missed meals because of financial difficulty. Meanwhile well over one in five of those aged between 26 and 44 have struggled with childcare costs.

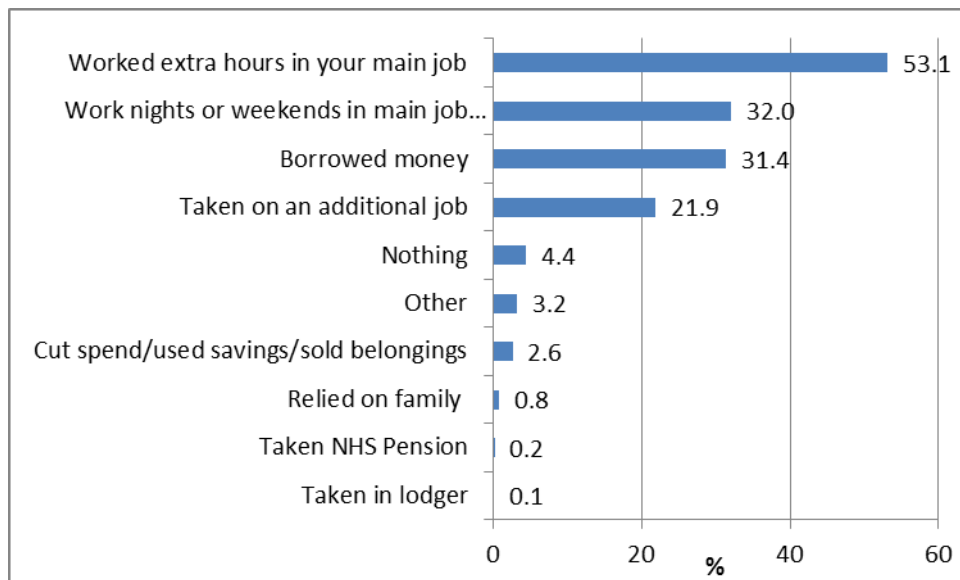
Table 11: Percentage who agreed/strongly agreed with statements on financial difficulties by age

	All %	18-25 %	26-34 %	35-44 %	45-54 %	55-64 %	65 or over %
Struggled to pay gas and electricity bills	30.1	33.3	34.6	34.2	30.1	25.2	21.1
Missed meals	13.5	21.4	19.8	15.8	13.7	8.6	3.1
Struggled with childcare costs	12.7	6.2	22.2	25.9	10.2	3.7	1.6
Missed/been late with rent/mortgage	11.5	12.2	13.9	13.0	12.0	8.4	4.6

Respondents have taken a number of actions to help with their bills and everyday living expenses, and some respondents have taken more than one of these actions (Chart 24).

Of the 75% of all respondents who replied to this set of questions, more than half (53%) have worked extra hours in their main job, almost one in three (32%) have agreed to work night or weekend shifts in their main job to get higher rates and 31% have borrowed money. Well over one in five (22%) have taken on an additional job to make ends meet.

Chart 16: Percentage of respondents taking actions to help with bills and everyday living expenses*



*Respondents were invited to tick more than one action

The respondents who had borrowed money for everyday living expenses were asked where they had borrowed it from. Some listed more than one source. The most common source was family and friends (60%), followed by a bank or building society (51%). However, small numbers of respondents said they have borrowed from payday loans companies or other money lenders (Table 12).

Table 12: Where respondents borrowed money from*		
N=953		
	No.	%
Bank/building society	485	50.9%
Family/friends	570	59.8%
Pay day loans company	83	8.7%
Other money lenders	96	10.1%

*respondents were invited to tick more than one source

4.4 Unsocial hours work and payments

4.4.1 Unsocial hours work and pay

Almost half of all respondents (49%) regularly work unsocial hours and another 30% sometimes do so. Only 22% never do so. Overall, a total of 3,237 respondents regularly or sometimes work unsocial hours.

Chart 13 shows the prevalence of unsocial hours working in the main types of employer identified by respondents. Nearly all those from NHS 111/NHS 24/helpline (98%) sometimes or regularly work unsocial hours, as do more than nine in 10 of those from independent/private health care or social care providers.

Eight in 10 respondents working in the NHS (excluding GP practices) sometimes or regularly work unsocial hours, while this applies to under half (48%) of those in GP practices.

Chart 17: Percentage of respondents working unsocial hours 'regularly' or 'sometimes' by type of employer

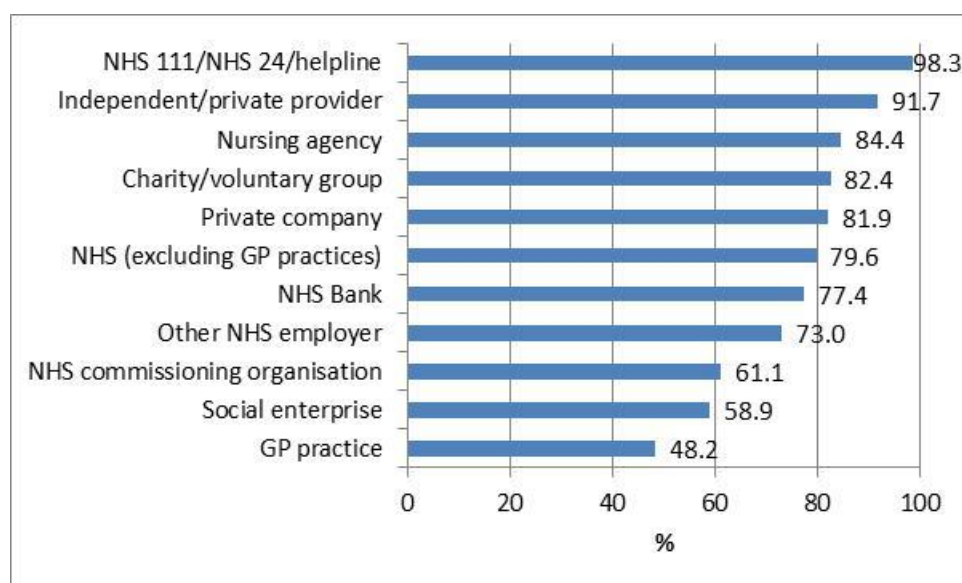


Chart 14 indicates the variation in levels of unsocial hours working across different types of work settings.

The most likely setting for unsocial hours working is hospital wards, where 97% of respondents do so sometimes or regularly. There are also extremely high levels in care homes (93%), hospital units (91%) and private clinics/hospitals (87%).

Chart 18: Percentage of respondents working unsocial hours regularly or sometimes by work setting

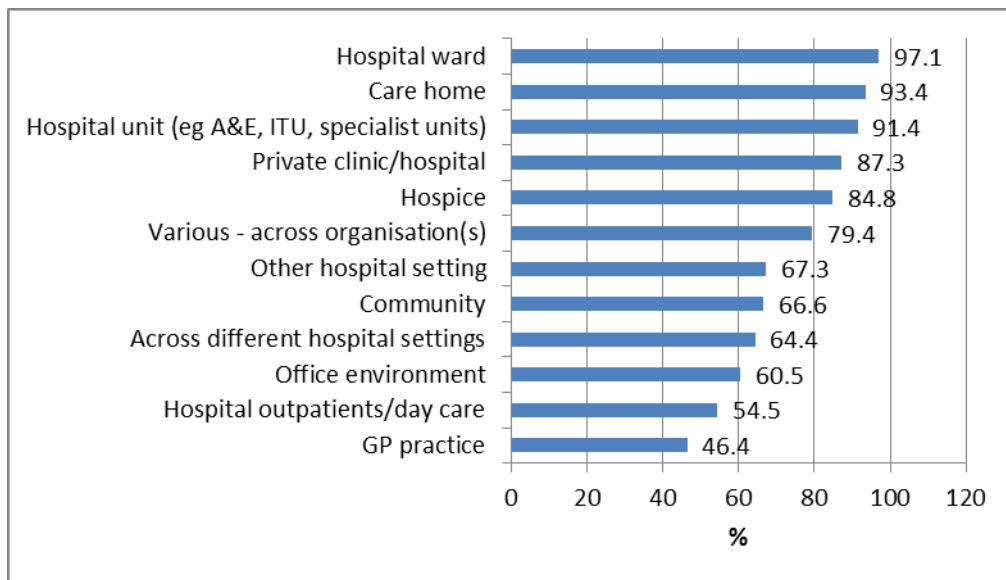


Table 13 shows that there is a substantial difference in levels of social hours working between different job types. The highest rate is among staff nurses, 92% of whom sometimes or regularly work unsocial hours. High rates are also found among sisters/charge nurses/ward managers (89%); district nurses (88%) senior nurses/matrons/nurse managers (84%), health care assistants/nursing auxiliaries (83%) and managers/directors (83%).

Table 13: Unsocial hours working by job type

	%
Staff nurse	91.9
Sister/charge nurse/ward manager	89.3
District nurse	87.5
Senior nurse/matron/nurse manager	83.9
Health care assistant/nursing auxiliary	82.9
Manager/director	82.3
Nurse practitioner	76.9
Community nurse	69.8
Community psychiatric nurse	60.2
Educator	59.8
Researcher/lecturer/tutor	55.1
Clinical nurse specialist	48.8
Practice nurse	48.0
Health visitor/SCPHN	25.0

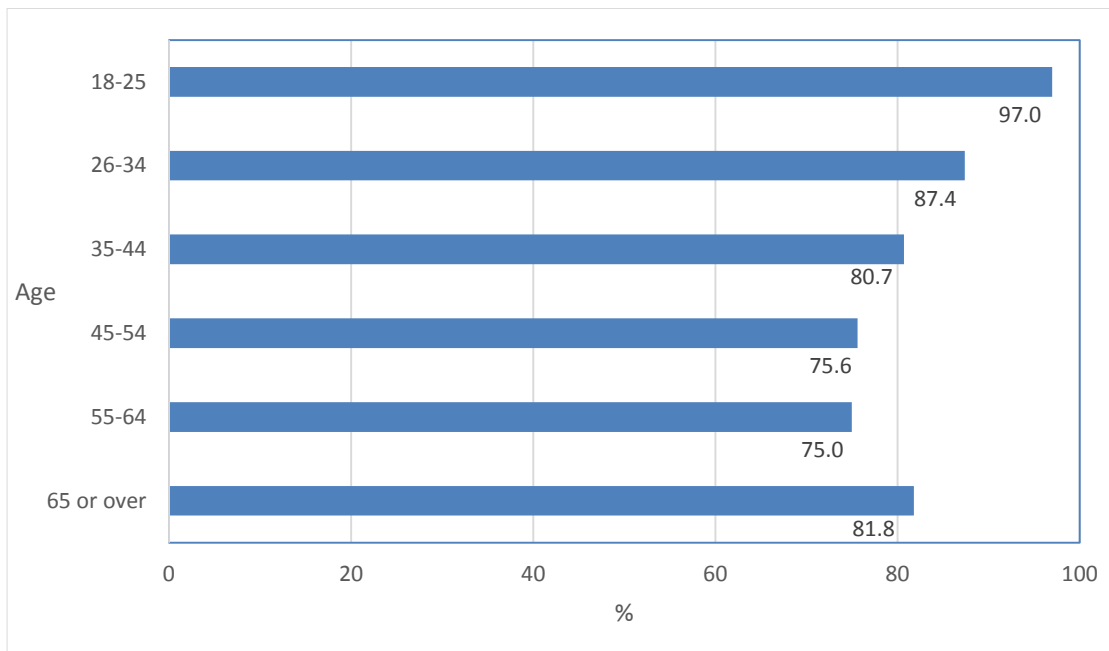
Table 14 shows the proportion of respondents in the main areas of practice who sometimes or regularly work unsocial hours.

The figure is highest in acute and urgent care, where 94% of respondents work unsocial hours at least sometimes. High levels are also recorded for those working with older people (91%), in surgical areas (90%) and in rehabilitation (89%). Lower levels are recorded for respondents working in outpatients (59%), with people with long-term conditions (59%) and in occupational, workplace or environmental health (43%).

Table 14: Unsocial hours working by area of practice*	
	%
Acute and urgent care	93.6
Older people	91.3
Surgical	90.3
Rehabilitation	89.2
Palliative care	83.5
Mental health	81.4
Management/leadership/policy	78.9
Learning disabilities	74.5
Children and young people	70.7
Cancer care	67.0
Education	63.8
Primary and community care	63.7
Outpatients	59.3
Long-term conditions	58.8
Occupational/workplace/environmental health	42.8

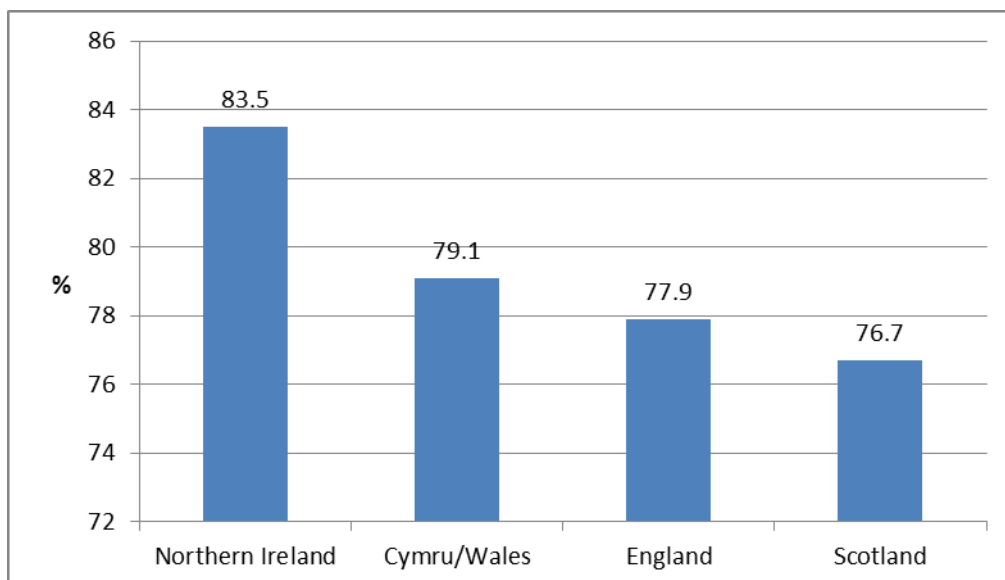
Men are more likely than women to work unsocial hours at least sometimes (85% do so compared with 78% of women). Looking at unsocial hours working by age, levels get progressively lower as age increases, except there is a jump upwards for those aged 65 or over (Chart 15).

Chart 19: Percentage of respondents working unsocial hours regularly or sometimes by age group



Looking at UK countries (see Chart 16), the most likely respondents to work unsocial hours are those in working in Northern Ireland (84%), followed by those in Wales (79%). 78% of respondents in England sometimes or regularly work unsocial hours while those in Scotland are the least likely to do so (77%).

Chart 20: Percentage of respondents working unsocial hours regularly or sometimes by country of UK



4.4.2 Payment for unsocial hours

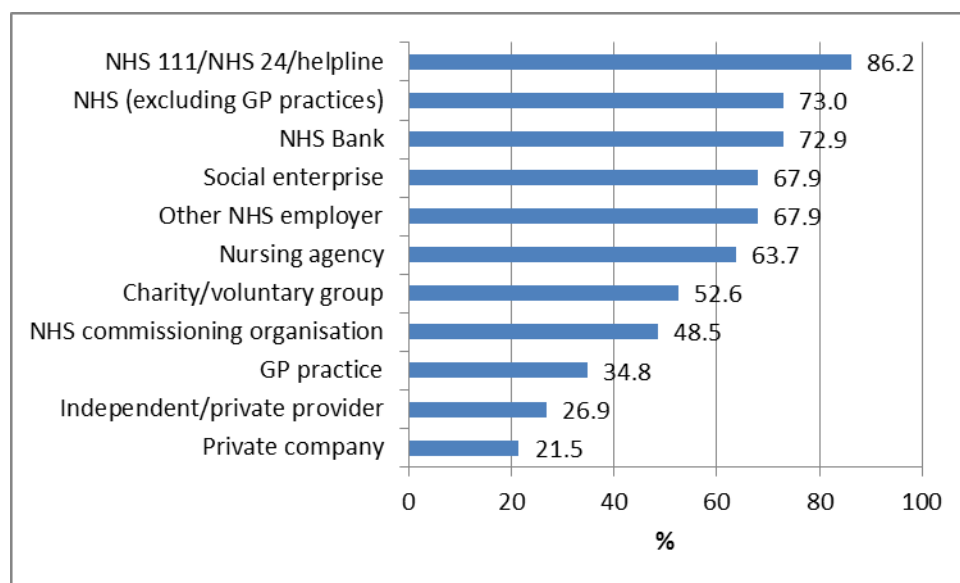
Those who work unsocial hours regularly or sometimes were asked how they were paid for these hours. A majority (58%) said they were paid at a higher rate for unsocial hours and 30% said at their normal rate. A small number (2%) were paid at a lower rate.

4.4.3 Who is receiving unsocial hours pay enhancements?

Chart 17 looks at the variation across different sectors in who receives pay enhancements for their social hours working. It shows that respondents working for the NHS 111/NHS 24/helplines are much more likely than those employed in other types of employer to receive higher rates of pay for unsocial hours, with 86% saying they do so. Next in line are those working directly in the NHS (excluding GP practices) (73% getting premium rates) and in NHS Bank (also 73%).

Those respondents who work unsocial hours but *least* likely to get premium rates are those in GP practices (35%), those in independent/private health or social care providers (27%) and those in private companies (22%).

Chart 21: Receipt of unsocial hours enhancements by type of employer*

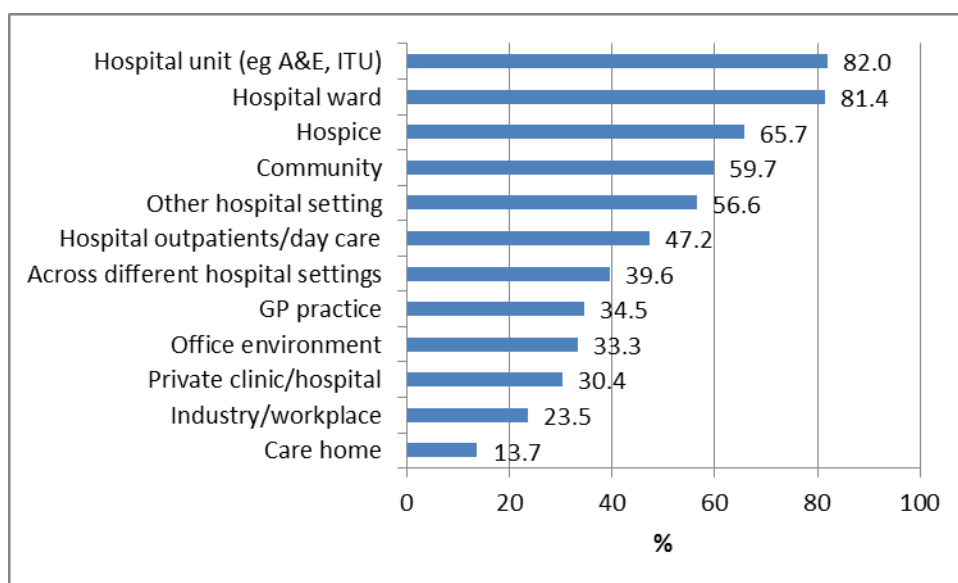


*% of those who work unsocial hours regularly or sometimes

Looking at respondents' work settings (Chart 18), it appears that those working unsocial hours in hospital units and hospital wards are more likely to be paid enhanced rates for their unsocial hours than others (82% and 81% respectively).

Only around a third of those in GP practices and office environments who work unsocial hours are paid at higher rates for those hours.

Chart 22: Receipt of unsocial hours enhancements by work setting*



*% of those who work unsocial hours regularly or sometimes

Table 15 shows that people in some types of job are more likely than others to receive pay enhancements when they work unsocial hours. Most likely to receive premia are district nurses (81%), followed by public health practitioners (75%), community nurses (73%) and staff nurses (70%).

Managers/directors (11%) and educators (24%) are least likely to receive enhancements.

Table 15: Receipt of unsocial hours enhancements by job type*	
	%
District nurse	81.0
Community nurse	72.9
Staff nurse	70.0
Nurse practitioner	68.2
Sister/charge nurse/ward manager	66.3
Health care assistant/nursing auxiliary	61.3
Community psychiatric nurse	36.6
Senior nurse/matron/nurse manager	33.3
Practice nurse	33.3
Clinical nurse specialist	33.1
Educator	23.6
Manager/director	11.2

*% in that occupational group who state they work unsocial hours regularly or sometimes

Respondents in acute and urgent care who work unsocial hours are the most likely group by area of practice to state they receive pay enhancements for those hours (Table 16).

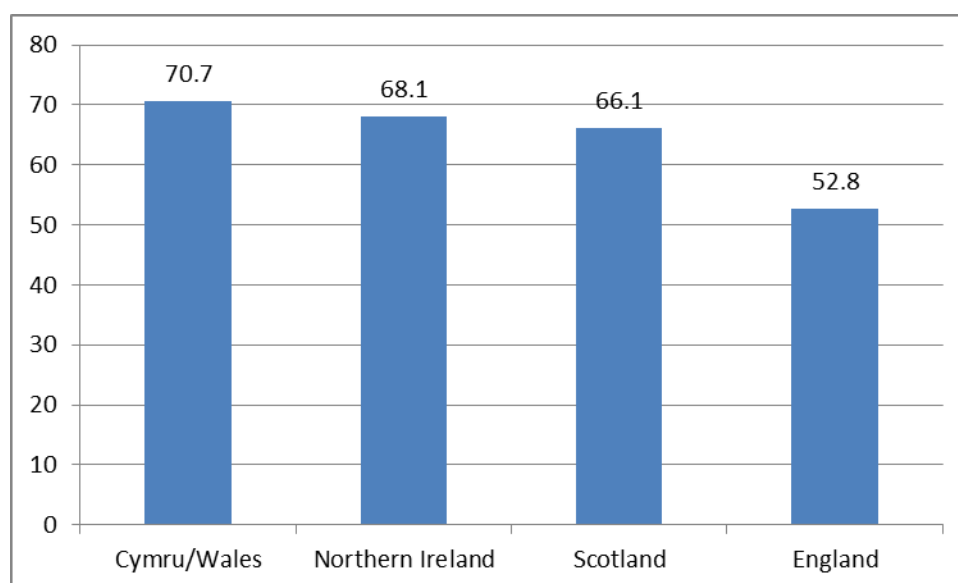
Acute and urgent care	81.3
Rehabilitation	73.7
Surgical	72.6
Children and young people	67.1
Palliative care	63.5
Primary and community care	58.5
Cancer care	52.3
Mental health	52.1
Long-term conditions	48.1
Outpatients	46.7
Learning disabilities	43.8
Management/leadership/policy	29.1
Older people	28.6
Education	11.4

* % in that area of practice who state they work unsocial hours regularly or sometimes

There is no difference between the sexes as to the likelihood of receiving higher payments for unsocial hours working, but there are differences according to the country the respondent works in.

Those working unsocial hours in England are the least likely to be paid enhanced rates for their unsocial hours – only just over half (53%) saying they are, compared with 71% of those in Wales, 68% of those in Northern Ireland and 66% of those in Scotland (Chart 19).

Chart 23: Receipt of unsocial hours enhancements by UK country*



*% of those who state they work unsocial hours regularly or sometimes

4.4.4 Reliance on unsocial hours payments

All respondents who sometimes or regularly work unsocial hours were asked their views on three statements about their reliance on unsocial hours payments (Table 17). Over half of them (51%) agree or strongly agree that they rely on them to make ends meet. 15% said they rely on them to pay for childcare and 23% said they rely on them to help manage their caring responsibilities.

Table 17: Respondents working unsocial hours who agree/strongly agree with statements n=3,237

	No.	%*
I rely on unsocial hours payments to make ends meet	1,618	51.4
I rely on unsocial hours payments to pay for childcare	414	14.5
I rely on unsocial hours payments to help manage with caring responsibilities	656	22.6

*% of those replying on each statement

4.4.5 Response to reduction/removal of enhanced rates

NHS Employers has proposed ending or reducing some or all unsocial hours pay enhancements. The survey investigated what would be the response of affected members if the NHS went ahead with such plans.

Survey respondents who are NHS employees, who at least sometimes work unsocial hours and who are paid at a higher rate for them, were presented with statements about what they might do if unsocial hours pay enhancements were reduced or removed. There were 1,403 such respondents, and they were asked to what extent they agreed or disagreed with each statement (Table 18).

The results are stark in that 90% of that group agreed or strongly agreed that they would try to reduce/avoid working unsocial hours. Only 12% agreed or strongly agreed that they would still choose unsocial hours shifts as they suited them.

Almost half (46%) agreed or strongly agreed that they would consider switching to agency or bank nursing, while more than half (54%) agreed or strongly agreed that they would seek a new job.

Almost one in three agreed or strongly agreed that they would seek to leave nursing altogether.

Table 18: NHS employees receiving unsocial hours enhanced rates who agree/strongly with statements (n=1,403)

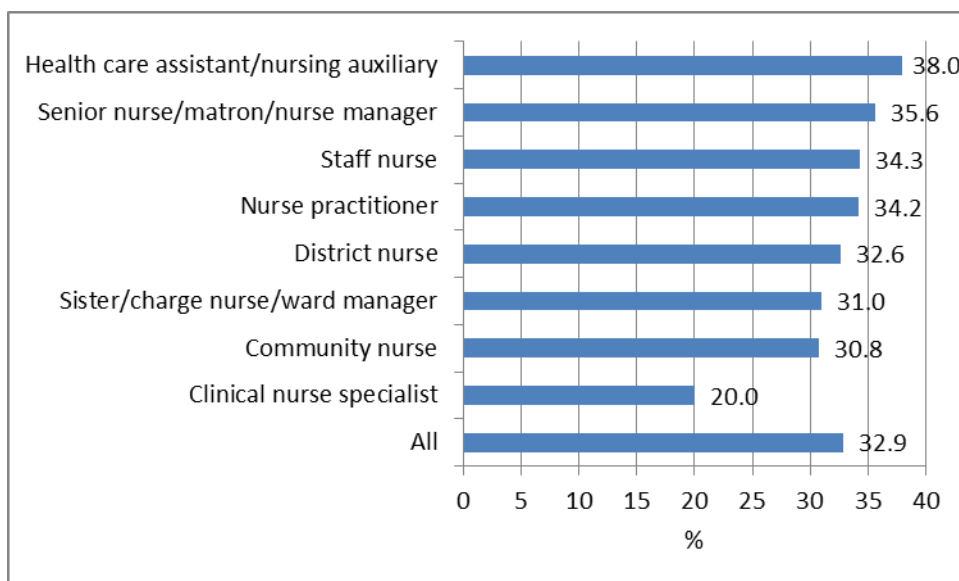
	%*
I would try to reduce/avoid working unsocial hours	89.6
I would seek a new job	53.7
I would consider switching to agency/bank nursing	45.5
I would seek to leave nursing altogether	32.9
I would still choose unsocial hours shifts as they suit me	10.4

*% excludes “no replies” for each statement

Chart 20 gives some further information on what the main groups of NHS staff who receive enhanced payments for unsocial hours would do if these were reduced or removed. It shows the proportion who agree or strongly agree that they would seek to leave nursing altogether.

It reveals that health care assistants/nursing auxiliaries are the most likely to say this. However, it also shows that senior nurses/matrons/nurse managers, staff nurses and nurse practitioners are also more likely than average to agree/strongly agree that they would seek to leave nursing altogether.

Chart 24: NHS staff saying they would seek to leave nursing by job type



There is also a small difference between men and women on this. While 38% of female NHS staff who receive enhanced rates for unsocial hours working agree/strongly agree they would seek to leave nursing altogether, only 31% of male staff in a similar position would do so.

5. Pension arrangements and working longer

This chapter looks at current pension arrangements among survey respondents and attitudes to increased pension ages.

Key findings

- There is very high pension scheme membership in the NHS (excluding GP practices), NHS 111/NHS 24/helpline, NHS commissioning organisations and GP practices. However, there is a much lower membership among NHS Bank workers. Most NHS respondents with a pension scheme are in the NHS scheme.
- 9% of all respondents belong to no pension scheme at all, with main reason being lack of affordability of contributions
- Almost three quarters of those with no pension are those aged 45 and over, meaning that a small but substantial number of nursing staff are approaching retirement with no pension income of their own.
- Over two thirds of respondents would not feel capable of working in their current job past the age of 65. This view is particularly strong among those working in the NHS.

5.1 Current pension arrangements

Nine in 10 of all respondents (91%) belong to a pension scheme. The majority of those (80%) are in the NHS pension scheme, and 73% of *all* respondents are in the NHS scheme (Table 19).

	No.	%
NHS pension scheme	3,005	80.1
Occupational pension	258	6.9
Other type of pension scheme	170	4.5
Personal pension	162	4.3
Stakeholder/NEST/peoples pension	107	2.9
Other public sector	48	1.3
Total	3,750	100

The proportion of respondents who are in a pension scheme varies considerably between respondents working in different types of employer (Table 20).

In the NHS (excluding GP practices), 96% of respondents are in a pension scheme, and high proportions of respondents in NHS 111/NHS 24/helpline (98%), NHS commissioning organisations (96%), GP practices (95%) and some smaller groups have pensions.

However, the proportion is smaller among respondents in independent or private health or social care providers (79%) and smaller again among NHS Bank workers (69%).

Table 20: Membership of pension scheme by sector (ranked by %)

	No.	%
NHS 111/NHS 24/helpline	59	98.3
NHS commissioning organisation (eg, CCG, CSU)	54	96.3
NHS (excluding GP practices)	2,246	96.1
Other NHS employer (eg, health board, CQC, Public Health England, Health Education England)	78	92.3
NHS Bank	62	69.4
Industry/workplace	19	100.0
Criminal justice	10	100.0
Armed forces	7	100.0
GP practice	330	94.5
Social enterprise/community interest company	90	94.4
Further/higher education	34	91.2
Charity/voluntary sector	211	87.7
Education/research	26	88.5
Local authority/other public body	32	81.3
Independent/private health or social care provider	568	79.4
Private company	161	74.5
Self employed	14	64.3
Nursing agency	122	63.9
School	7	57.1
All respondents	4,137	90.6

Not surprisingly, pensions for NHS staff are dominated by the NHS pension scheme: it accounts for 100% of those in pension schemes working for NHS 111/NHS 24/helpline, 99% of those in the NHS (excluding GP practices), 98% of those in NHS Bank and 94% of those with pensions in NHS commissioning organisations.

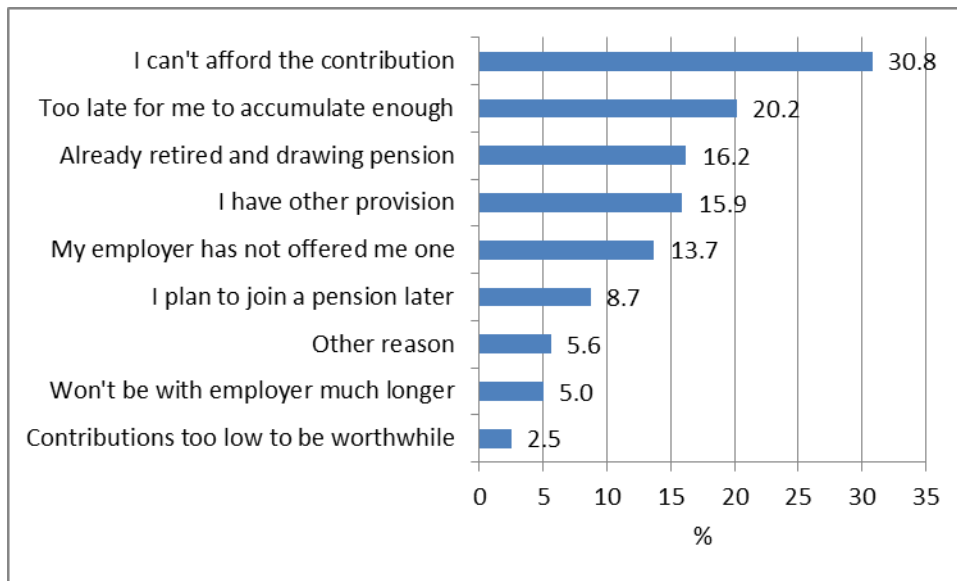
5.2 Respondents with no pension scheme membership

The 321 respondents who said they were not in a pension scheme were asked to indicate the reasons why they have no pension. They were able to tick as many as applied from the following reasons:

- I can't afford the contribution
- I have other provision for my retirement
- My employer has not offered me one
- It is too late for me to accumulate sufficient pension savings
- I don't expect to be working for my employer for much longer
- The contribution rate is too low to make it worth my while
- I plan to join a pension later
- Already retired and drawing pension.

The most common reason selected was 'I can't afford the contribution', followed by 'it is too late for me to accumulate sufficient pension savings' (Chart 25).

Chart 25: Reasons for having no pension (% respondents with no pension scheme)*



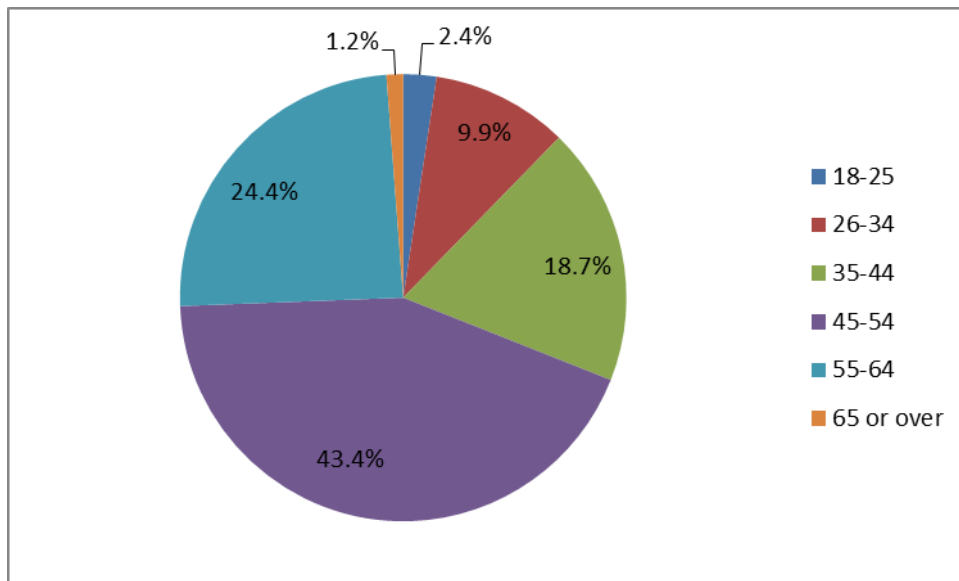
*respondents were invited to tick more than one reason n=321

Asked to select the *most important* of their selected reasons, the most commonly cited again came out clearly as 'I can't afford the contribution'.

Those with no pensions are dominated by those working for independent/private health care or social care providers - the sector accounts for 28% of those with no pension.

And worryingly, 72% of respondents with no pension are those aged 45 and over (Chart 26), meaning that a small but substantial number of nursing staff are approaching retirement with no pension income of their own.

Chart 26: Age profile of respondents with no pension scheme



5.3 Working beyond age 65

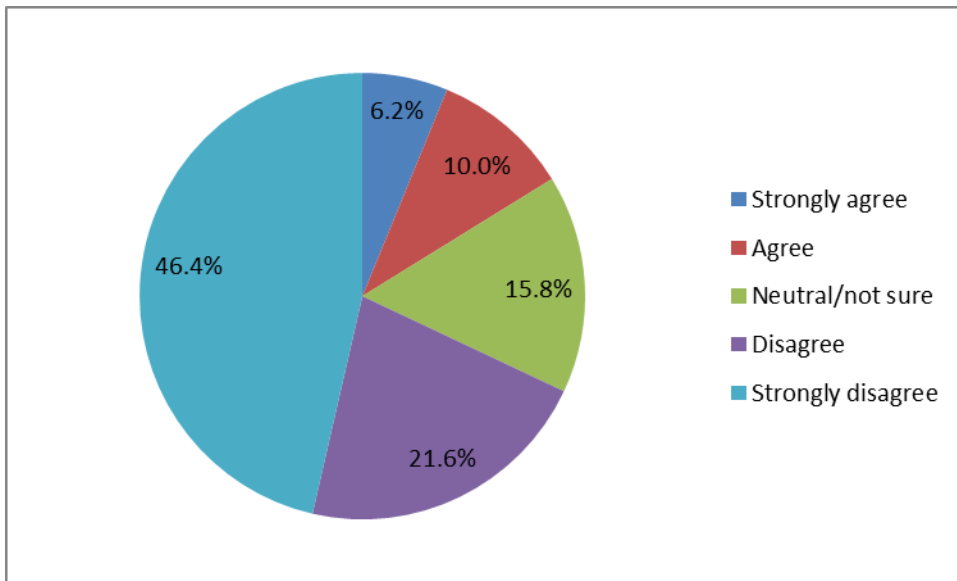
The state pension age for men and women is to increase to 66 by 2020, to 67 by 2028 and to 68 by 2046³. Future government reviews could bring those dates even closer.

Survey respondents were asked whether they felt capable of working in their current role beyond the age of 65. (It was stressed that they were being asked about *capability*, not personal preference.)

The results were stark: almost half (46%) strongly disagreed, and over two thirds either disagreed or strongly disagreed. Only one in six agreed or strongly agreed that they would feel capable of working past the age of 65 (Chart 27).

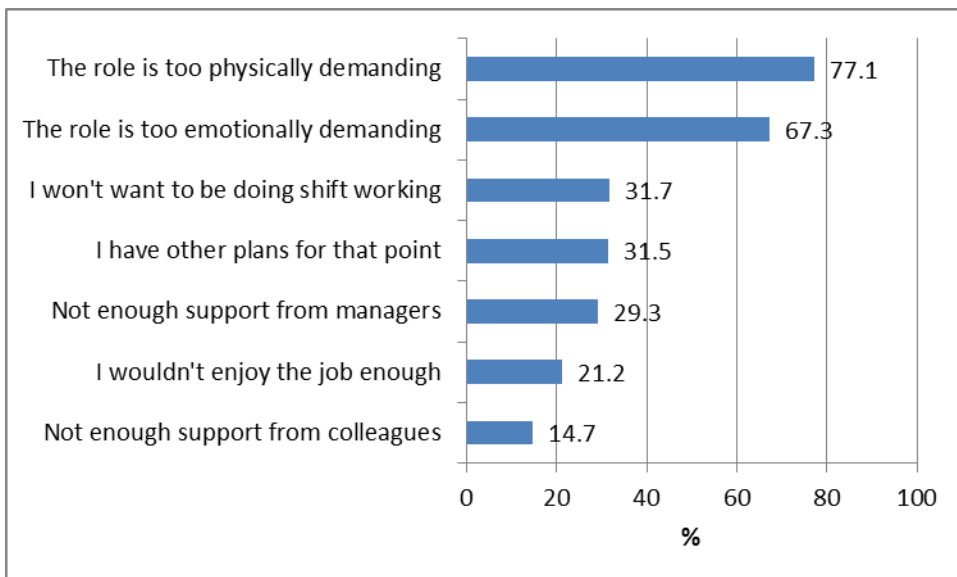
³ www.gov.uk/government/uploads/system/uploads/attachment_data/file/310231/spa-timetable.pdf

Chart 27: Do you feel capable of working in your current role beyond age 65 (% of all respondents)?



Those who disagreed/strongly disagreed were asked why they did not feel capable of working in their current role beyond the age of 65. They were invited to tick as many of the presented reasons as applied. The most commonly ticked reason was that ‘the role is too physically demanding’ (cited by 77%) followed by ‘the role is too emotionally demanding’ (67%) (Chart 28).

Chart 28: Why do you not feel capable of working beyond 65?*



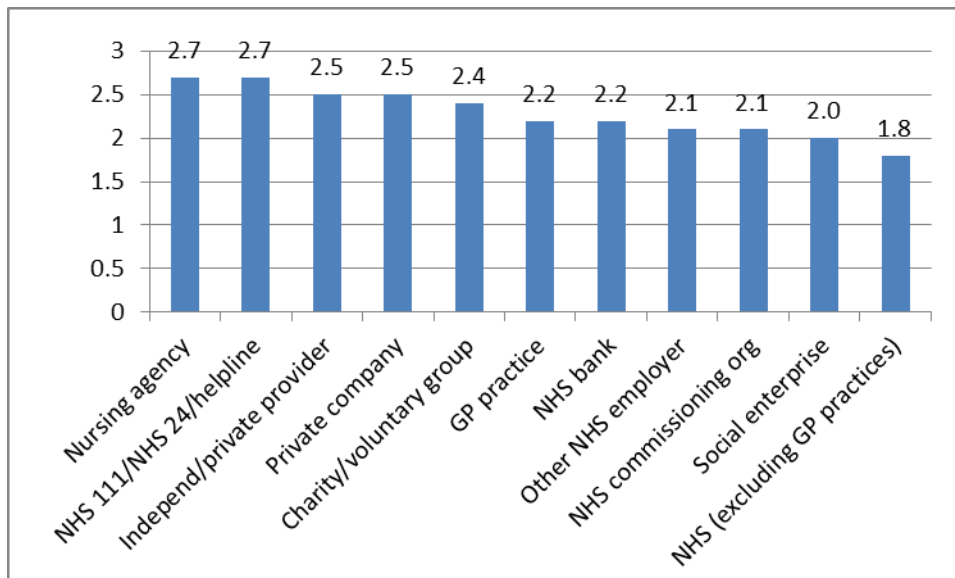
*% of those disagreeing/disagreeing strongly that they would feel capable n=2,801

When asked to select the *most important* reason why they thought they would not be capable of working beyond age 65, the same two reasons stood out as the most common – 54% saying it would be too physically demanding and 24% saying it would be too emotionally demanding.

To see how different groups of respondents felt about their capability of working beyond age 65, responses to the question were assigned scores, with strongly agree=5 and strongly disagree=1. The average score across all respondents is 2.1, and the higher the average score, the more agreement there is of feeling capable.

Chart 29 shows the average scores according to respondents’ type of employer. It shows that, among the main groups of respondents by employer, those working in industry/workplaces are most likely to feel capable of working beyond age 65, with an average score of 3.2, while those in the NHS, with a score of 1.8, are much less likely to.

Chart 29: Views on capability of working beyond age 65 by employer (average scores out of 5)*

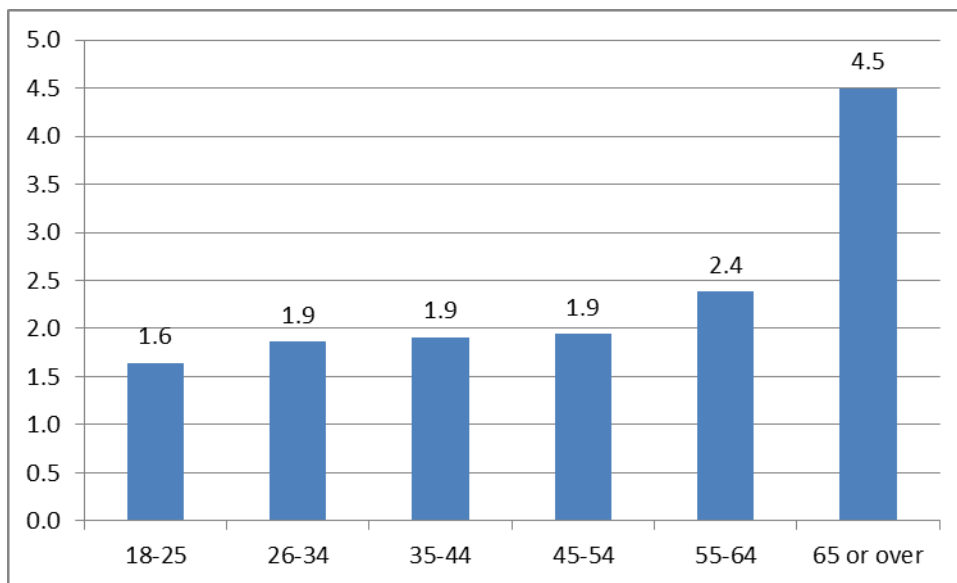


*The lower the score, the less likely to feel they will be capable

Chart 30 shows the average score by age band. Those already aged 65 or over are the most likely to feel capable of working beyond age 65, not surprisingly, as they are already doing so. The chart also shows that, the nearer they get to that age, the more likely the respondents are to be people who feel capable of working beyond age 65.

There is a small difference in attitudes between respondents with a disability and those without: 72% of those with a disability stated they would not feel capable working beyond the age of 65 and 68% of those with no disability stated they would not be capable.

Chart 30: Views on capability of working beyond age 65 by age (average scores out of 5)



6. Education, training and continuing professional development

This chapter looks at education, training and continuing professional development (CPD); the nature and amount of training received in the previous 12 months; whether RCN members have current training and development plans and the use of appraisals/development reviews with line managers.

Key findings

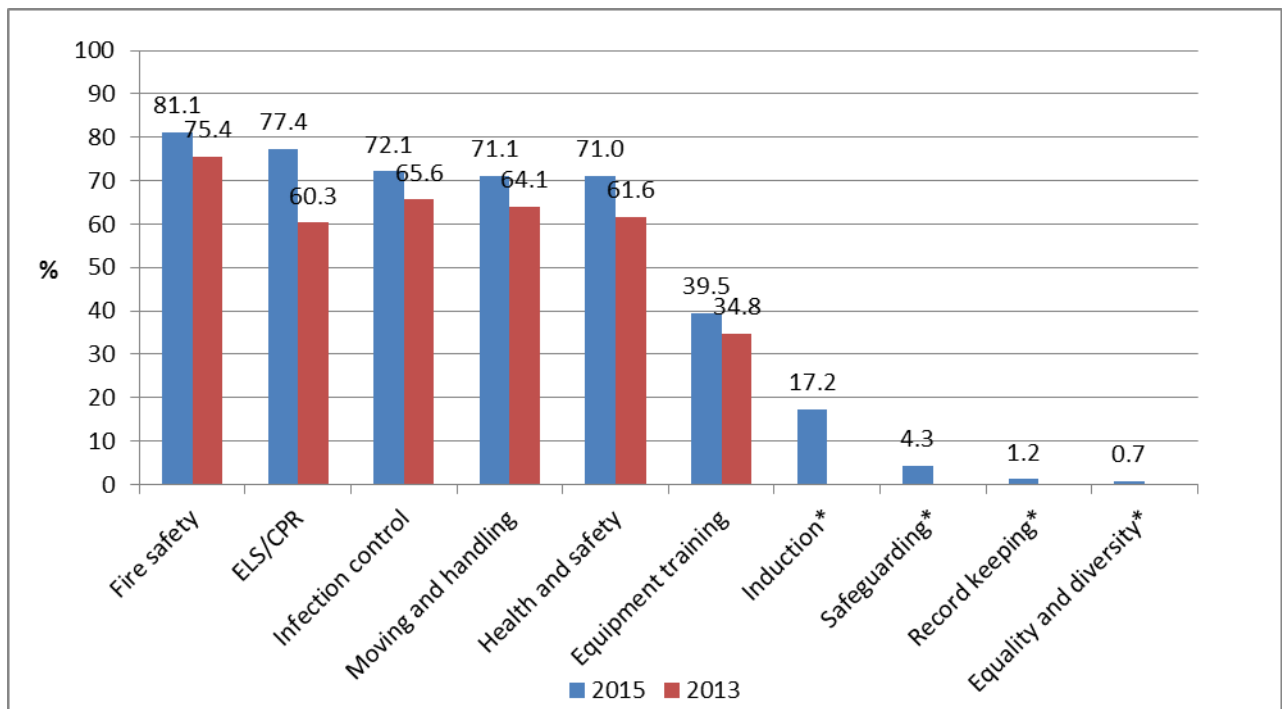
- Reported participation in mandatory training, including fire safety, emergency life support/CPR, infection control, moving and handling, health and safety and equipment training, has risen slightly since 2013.
- Respondents in England are more likely to report receiving most types of mandatory training than colleagues in Scotland, Wales and Northern Ireland.
- Respondents working for GP practices report receiving the least mandatory training across all types of training except emergency life support/CPR and safeguarding.
- In terms of how mandatory training is delivered, 44% reported that their last training session was conducted through face-to-face learning, 30% through e-learning and 26% through a mixture of the two.
- When asked when their last session was completed 59% of all respondents reported that it was completed in normal working time and a quarter (24%) did so in their own time, with the remainder (17%) splitting it between work and their own time.
- When asked about CPD training provided or paid for by the employer, one third (34%) had received none in the last year
- There appears to be a relationship between CPD training received and age, with those over the age of 35 being less likely to report receiving any CPD training than those under 35.
- A slightly lower proportion of respondents report having a personal training and development plan than in 2013 (56% compared to 60%).

6.1 Mandatory training

Respondents were first asked to report on the nature of mandatory training received in the last year. Across all respondents, fire safety was the most prevalent mandatory training, having been undertaken by 81% in the last 12 months, followed by emergency life support/CPR (77%) and infection control training (66%).

Chart 31 shows that, in 2015, slightly higher proportions of respondents reported receiving each comparable type of training than in 2013.

Chart 31: Mandatory training received in the previous year



*Denotes not asked in 2013 and were recoded answers from the 'other' category

Looking across the four UK countries, the reported incidence of mandatory training was consistently higher in England than Scotland, Wales and Northern Ireland across the main types of training (Table 21). *Figures for induction, record keeping/information governance, safeguarding and equality and diversity training, are less reliable as they were gleaned from answers to the 'other' category.*

Table 21: Mandatory training received in the last year by country

	Total %	England %	Scotland %	Cymru/Wales %	Northern Ireland %
Fire safety	81.1	83.7	79.7	73.9	69.7
Emergency life support/CPR	77.4	82.7	62.4	72.8	71.9
Infection control	72.1	79.4	53.6	66.2	60.1
Health and safety	71.0	79.3	55.5	63.4	41.7
Moving and handling	71.1	76.1	58.6	66.8	62.3
Equipment training	39.5	44.7	25.2	36.6	31.1
Induction	17.2	21.1	10.9	10.8	7.5
Safeguarding	4.3	4.9	2.1	4.3	3.9
Record keeping/information governance	1.2	1.8	0.3	0.0	0.9
Equality and diversity	0.7	1.0	0.1	0.2	0.4
Total	4,026	2,584	715	464	228

Looking across different sectors, the reported incidence of mandatory training is lowest among respondents working for GP practices across all types of training except emergency life support/CPR and safeguarding (Table 22). Also a relatively small proportion of respondents from social enterprise/community enterprise companies report participation in moving and handling and equipment training, though high proportions have received training in infection control and emergency life support/CPR.

High proportions from respondents working for nursing agencies report training in moving and handling, equipment and emergency life support/CPR.

Table 22: Percentage of respondents in each sector who received mandatory training in previous year

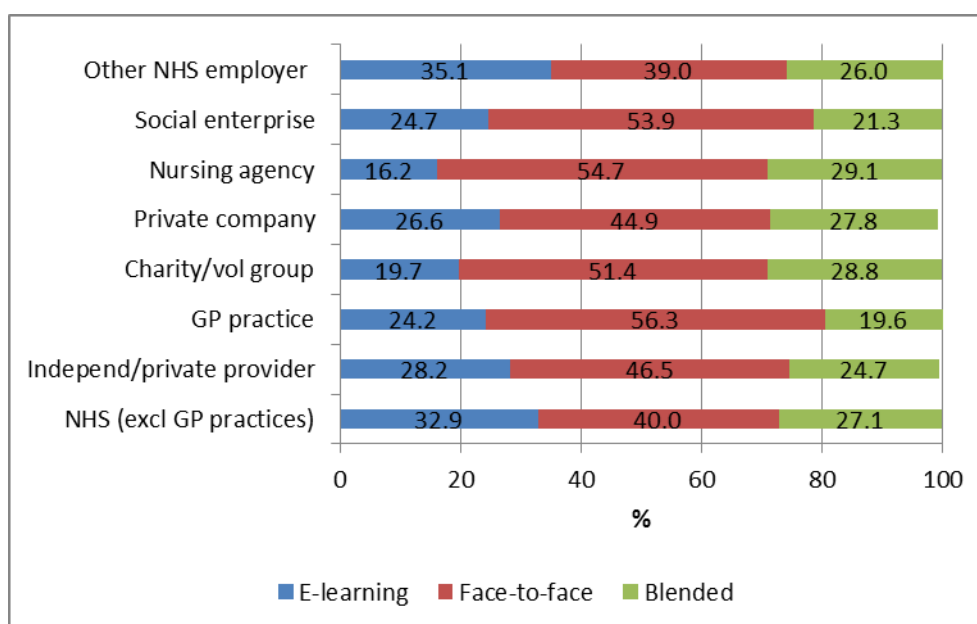
	NHS (excl. GPs) %	GP practice %	Independent /private provider %	Charity/voluntary %	Nursing agency %	Social enterprise %	Private co. %
Health and safety	68.4	52.1	82.4	80.3	90.8	75.3	82.9
Fire safety	83.4	62.2	86.9	87.0	84.0	84.3	84.8
Moving and handling	72.0	35.1	86.2	86.5	94.1	68.5	80.4
Infection control	72.4	64.3	81.2	80.3	85.7	86.5	72.2
Equipment training	39.2	18.0	52.0	45.7	58.8	29.2	45.6

Emergency life support/ CPR	78.0	93.9	71.6	81.3	91.6	86.5	75.3
Induction	13.4	6.7	28.2	20.2	32.8	12.4	35.4
Safeguarding	3.8	8.2	3.9	7.2	3.4	3.4	1.3
equality and diversity	0.5	0.0	0.5	1.0	2.5	1.1	0.6
Record keeping/ Information governance	1.2	0.0	0.4	0.5	1.7	5.6	1.3

Respondents were asked how their last mandatory training session was completed. The most common response was face to face (44%), followed by e-learning (30%) and then 'blended' (a mixture of e-learning and face to face) (26%).

Respondents from the NHS (excluding GP practices) were the most likely to say they undertook their last session through e-learning, while those in GP practices were the most likely to report face-to-face training (Chart 32). Those from nursing agencies were lightly more likely than others to have undertaken blended training.

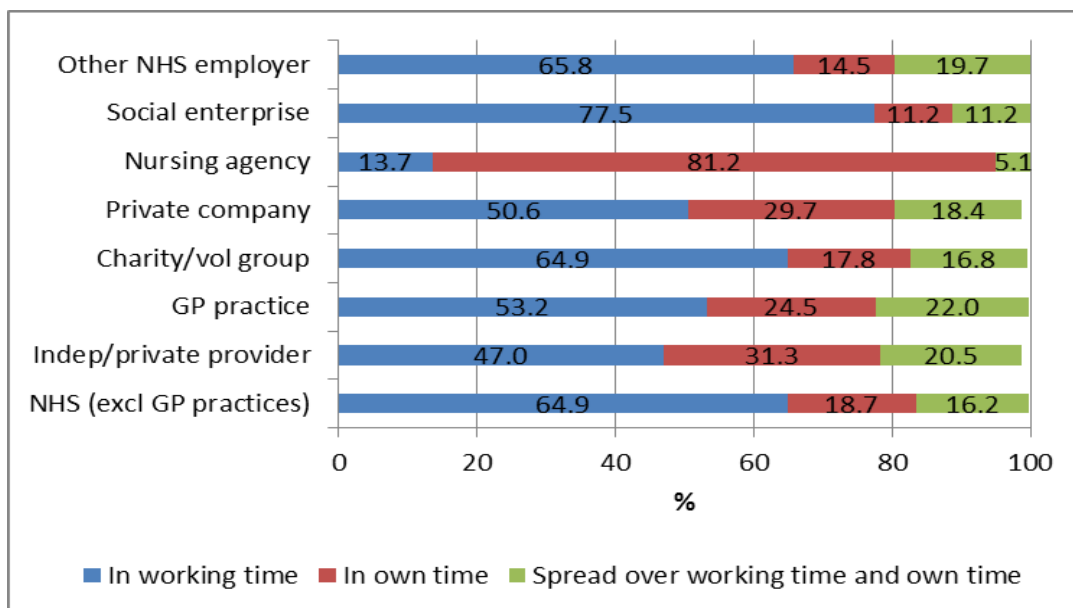
Chart 32: How the last mandatory training session was completed by sector



59% of all respondents state they completed their last mandatory training session in normal working time; 24% completed in their own time with the remainder (17%) spreading the training over working and personal time.

Respondents in social enterprises/community enterprise companies were most likely to report being able to complete their training in work time, while nursing agency staff are by far the most likely to report undertaking training in their own time (Chart 33).

Chart 33: When the last mandatory training session was completed by sector



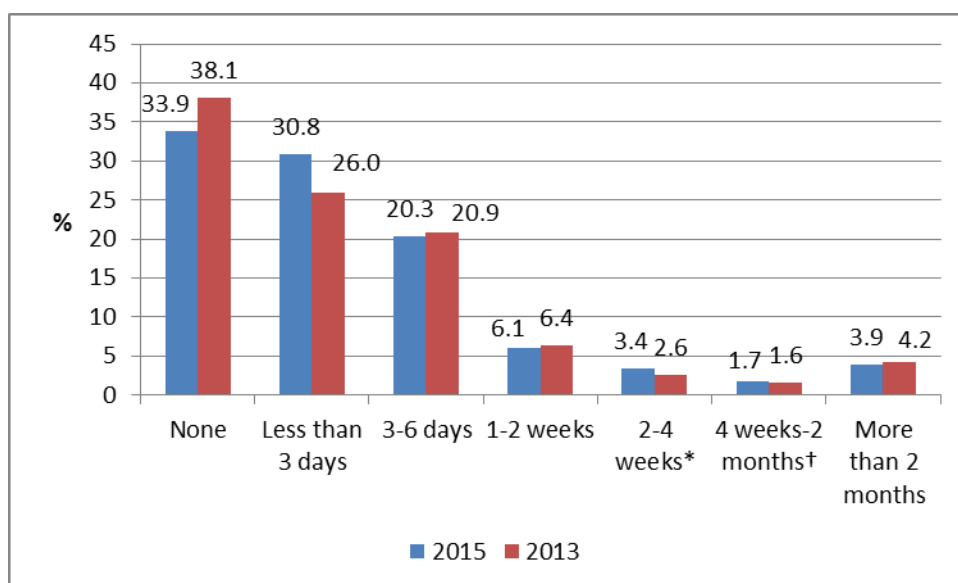
6.2 Continuing professional development

We asked respondents about the amount of continuing professional development (CPD) or non-mandatory training received in the last 12 months. In total, 66% of all respondents stated they had received non-mandatory training or CPD provided or paid for by their employer, lasting from a minimum of one day to more than two months in duration. This is slightly higher than the 62% recorded in 2013.

One third (34%) stated they had received no CPD provided or paid for by their employer. While this is a slight improvement on 2013, when the figure was 38%, for those who received some CPD in the last year the amount provided was most likely to be limited to three days' worth (Chart 34).

While a higher proportion of respondents replied they had received some CPD provided/paid for by their employer than in 2013, although more of it was of less than three days' duration in total.

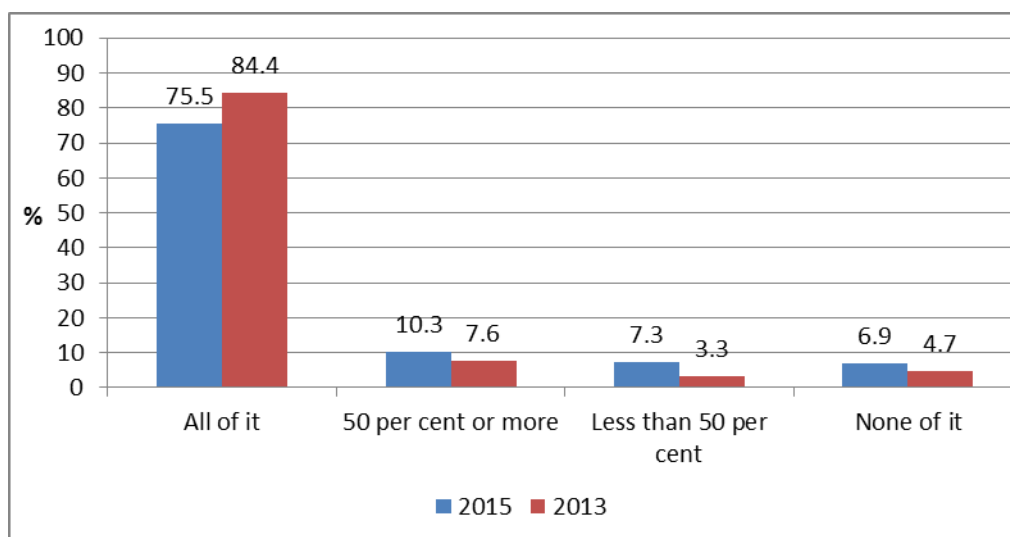
Chart 34: CPD provided/paid for by employer compared with 2013



*2013 description was 3 to 4 weeks. †2013 description was 1 to 2 months.

Chart 35 shows that, despite more respondents reporting having received some CPD than in 2013, a smaller proportion had the whole amount paid for by their employer (76% compared with 84%).

Chart 35: Proportion of CPD training paid for by employer compared with 2013



Looking at variations between the major different types of employer, respondents from nursing agencies were the least likely to state they had received any CPD, two thirds reporting that they had received none (Table 23). Next worst was the NHS (excluding GP practices) (36%), followed by independent/private health care or social care providers (34%).

Respondents from charity/voluntary sector groups were the most likely to have report receiving some CPD in the last year. Almost 8% of respondents from social

enterprise/community interest companies reported having received more than two months' worth of training in the last year.

	All %	NHS (excl. GPs) %	GP practice %	Independent/ private provider %	Charity/ voluntary %	Nursing agency %	Social enterprise %	Private co. %
None	33.9	36.3	19.2	34.1	17.1	66.4	20.0	32.9
Less than 3 days	30.8	31.7	29.0	31.4	37.1	13.9	27.8	30.4
3-6 days	20.3	17.9	36.6	20.1	25.7	11.5	18.9	26.6
1-2 weeks	6.1	5.2	7.9	6.2	7.1	4.1	13.3	5.1
2 - 4 weeks	3.4	3.0	2.7	3.2	6.7	1.6	7.8	1.9
4 weeks- 2 months	1.7	1.6	0.9	1.8	2.4	0.0	4.4	0.0
Over 2 months	3.9	4.2	3.7	3.2	3.8	2.5	7.8	3.2
Total no.	4,110	2,234	328	563	210	122	90	158

Among the four UK countries, respondents working in Cymru/Wales are the most likely to report having had no CPD training in the last year, 42% saying this (Table 24). Those in England are the least likely to report no CPD undertaken, and are also more likely to have received more than three days' CPD training than the other countries.

	All %	England %	Scotland %	Cymru/ Wales %	Northern Ireland %
None	33.9	31.0	37.1	42.3	38.9
Some, but less than 3 days	30.8	29.3	35.2	30.9	32.8
3-6 days	20.3	22.6	16.1	14.6	19.7
1-2 weeks	6.1	7.1	4.3	4.5	2.2
More than 2 weeks up to 4 weeks	3.4	3.9	2.8	2.6	2.2
More than 4 weeks up to 2 months	1.7	1.8	1.3	1.6	0.9
More than 2 months	3.9	4.2	3.2	3.5	3.5
Total no.	4,110	2,606	747	492	229

Nursing staff over the age of 35 are less likely to report receiving any CPD training in the last year than those under that age: around 34% in the older age bands report receiving none compared with under 30% for the younger age groups (Table 25). However, those aged 18-25 are the most likely to have received more than two months' training (11% reporting this).

Table 25: Length of continuing professional development by age

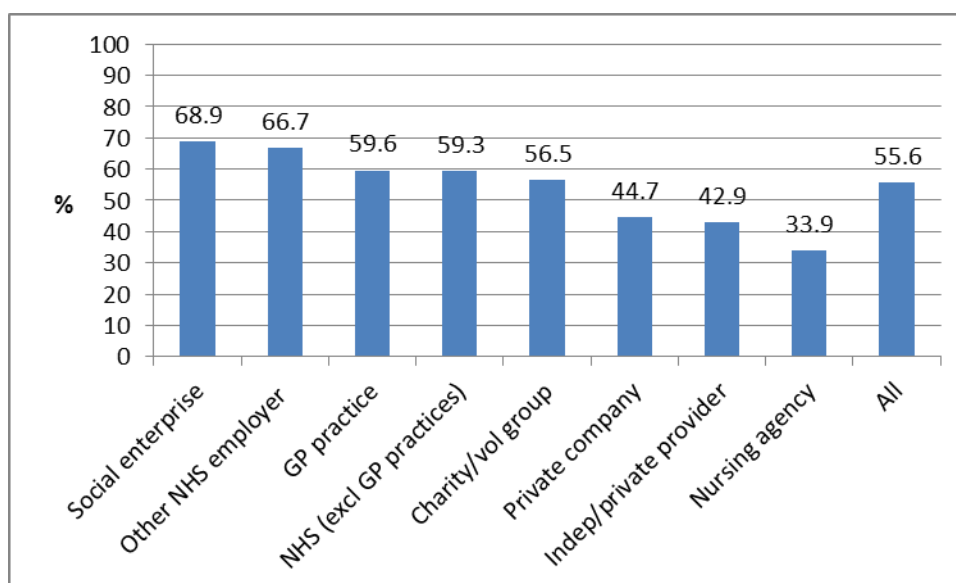
	All %	18-25 %	26-34 %	35-44 %	45-54 %	55-64 %	65 or over %
None	33.8	29.0	29.9	33.8	34.3	34.1	47.3
Some, but less than 3 days	30.9	24.0	31.1	26.8	31.4	34.0	24.3
3-6 days	20.3	16.0	19.3	21.9	19.7	21.3	16.2
1-2 weeks	6.1	12.0	4.2	7.2	6.5	4.7	4.1
More than 2 weeks up to 4 weeks	3.4	5.0	5.9	3.1	3.5	2.5	1.4
More than 4 weeks up to 2 months	1.7	3.0	2.7	2.2	1.7	0.6	2.7
More than 2 months	3.9	11.0	6.9	5.0	2.8	2.8	4.1
Total no.	4,096	100	405	764	1,733	1,020	74

6.3 Personal training and development plans and appraisals

Just over half of respondents (56%) say they currently have a personal training and development plan (PTDP) – a slightly lower proportion than in 2013 (60%).

Among the main types of employer, those in social enterprise/community interest companies are the most likely to state they have a PTDP (69% do so), followed by other NHS employers (such as health boards) (67%). Only a third of respondents working for nursing agencies state they have a PTDP (Chart 36).

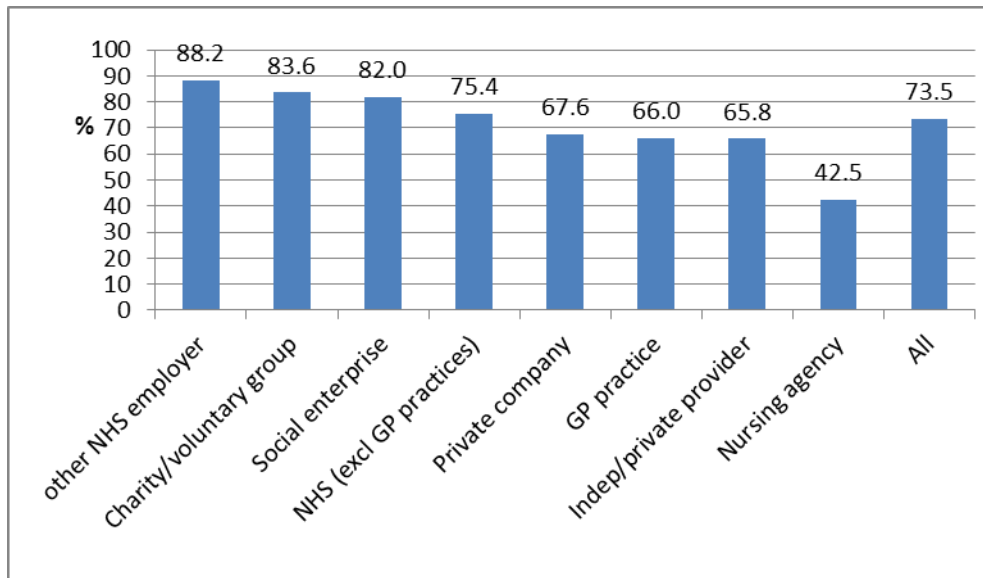
Chart 36: Personal training and development plan by employer



Those who have a PTDP were asked if their manager/employer was actively involved in drawing it up. Just under three quarters said yes (73%), very slightly less than in 2013 (76%).

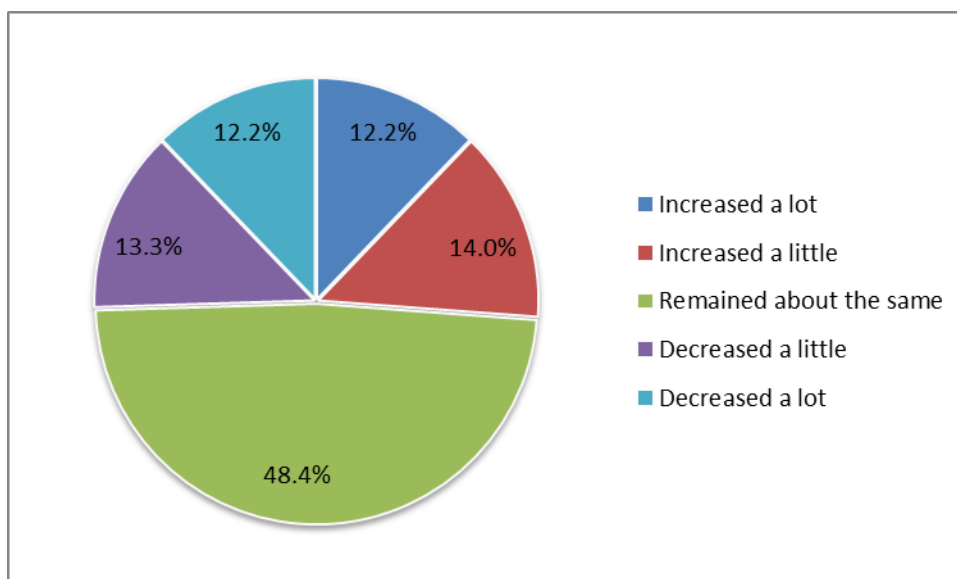
Chart 37 shows that the highest levels of manager/employer involvement were reported by respondents in other NHS employers (such as health boards) (88%) and charities/voluntary sector groups (84%).

Chart 37: Respondents stating manager/employer was involved in drawing up PTDP, by employer



Respondents were also asked how they thought the amount of training/CPD they had undertaken in the last year had changed. Respondents were split fairly evenly between those saying it had increased and those saying it had decreased, with almost half (48%) saying it had remained about the same (Chart 38).

Chart 38: Compared with 12 months ago, has the amount of training/CPD in the last year...?



7. Working hours

This chapter covers patterns of work, frequency of additional hours, how extra hours are paid and information about additional paid jobs worked besides main job.

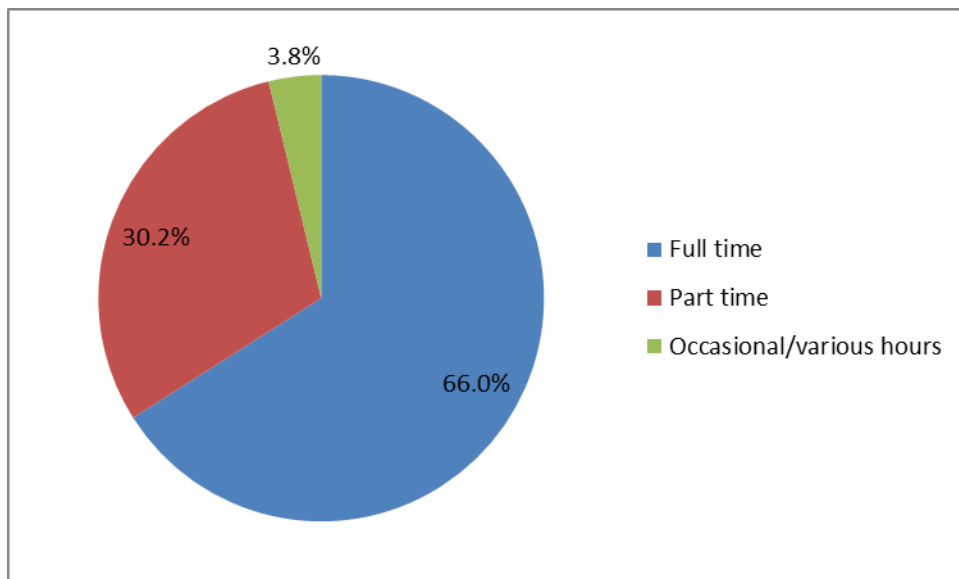
Key findings

- Two thirds (66%) work full-time; 30% work part-time and 4% work occasional/various hours.
- 70% of respondents report working additional hours at least once a week, with 16% working additional hours on every shift and another 35% do so several times a week.
- More than half of those who work additional hours are not usually paid at all for their overtime, 15% are paid only at their normal rates and 0.6% are paid at lower than normal rates.
- 14% of all respondents work on call, with this arrangement by far most prevalent in independent/private health care or social care providers.

7.1 Patterns of work

Just under two thirds of respondents (66%) currently work full time, 30% work part time and 4% work occasional/various hours (Chart 39).

Chart 39: Working pattern in main job



Analysis by age shows that the proportion of respondents working part time rises with increasing age, with over two fifths of those aged 55 or over working part time compared to just 15% of respondents aged between 26 and 34 (Table 26).

Table 26: Working pattern in main job, by age

	All %	18-25 %	26-34 %	35-44 %	45-54 %	55-64 %	65 or over %
Full time	66.0	92.0	82.5	70.5	68.7	52.1	24.7
Part time	30.2	6.0	15.5	27.8	28.8	41.2	46.8
Occasional/ various hours	3.8	2.0	2.0	1.7	2.5	6.6	28.6
Total no.	4,120	100	406	767	1,742	1,028	77

7.2 Contractual and additional hours worked

Just under half of respondents (48%) have a contracted normal working week of between 30 and 37.5 hours a week (Chart 40). 28% are contracted to work more than 37.5 hours a week, (Those doing bank or agency work were asked to select the answer closest to their typical hours in a week.)

Chart 40: Normal contracted hours – all respondents

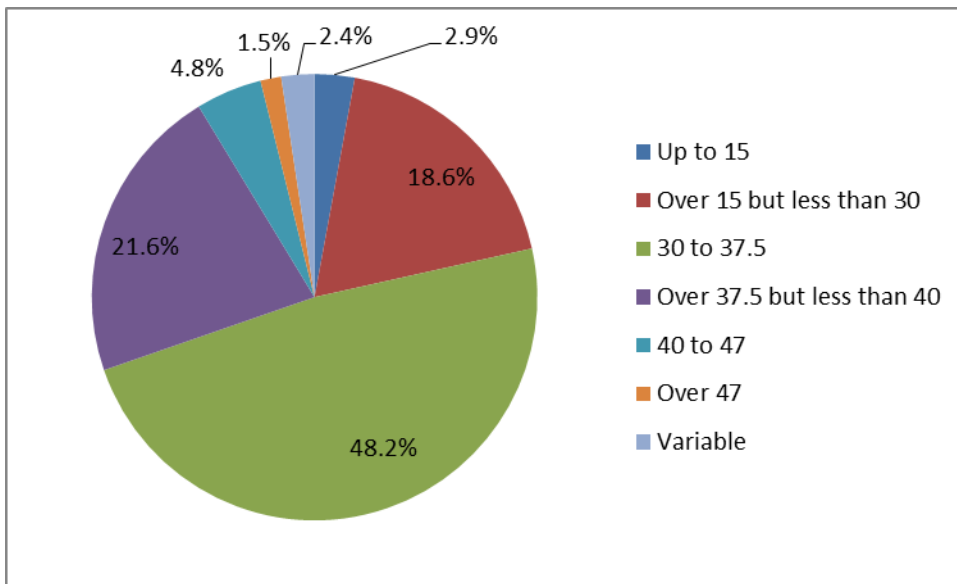


Chart 41 presents data for bank and agency staff only, with 22% saying their typical hours were between 30 and 37.5 hours per a week, 24% saying they were over 37.5 hours and 35% saying they worked less than 30 hours per week.

Chart 41: Normal contracted hours – NHS Bank and nursing agency staff (n=184)

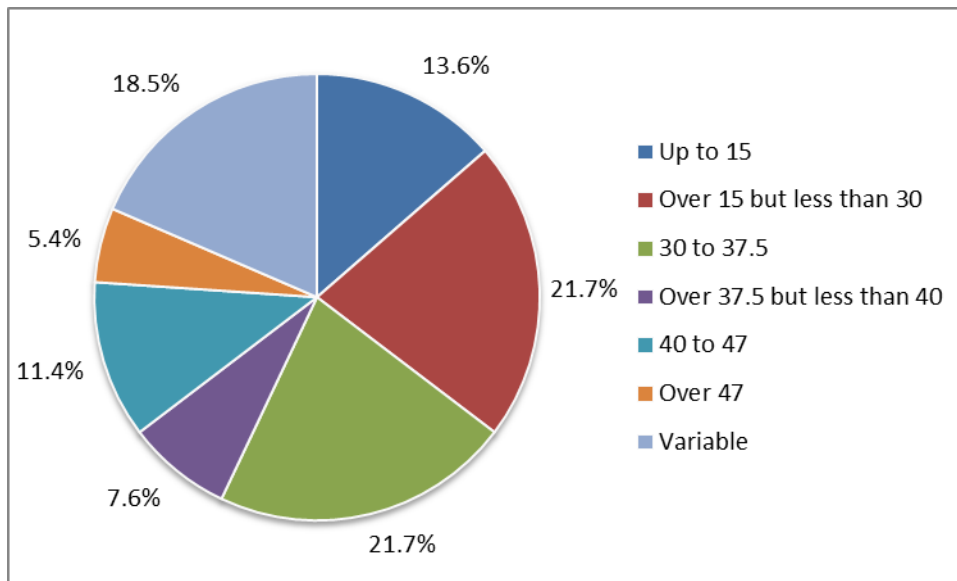
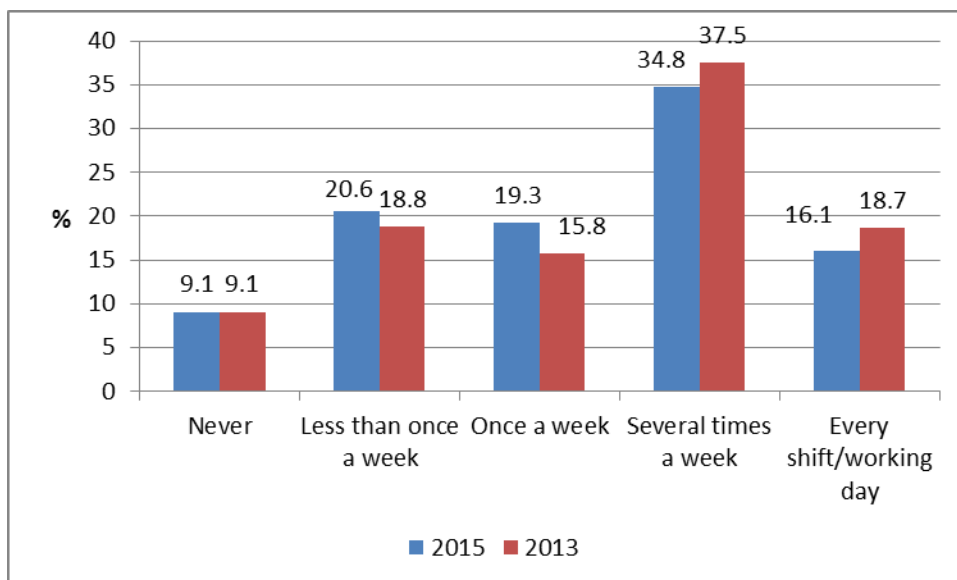


Chart 42 shows that just over one third of all respondents (35%) stated they work in excess of their contracted hours several times a week (compared to 38% in 2013) and 16% work in excess of their contracted hours on every shift (compared to 19% in 2013). Just 9% of all respondents report never working additional hours.

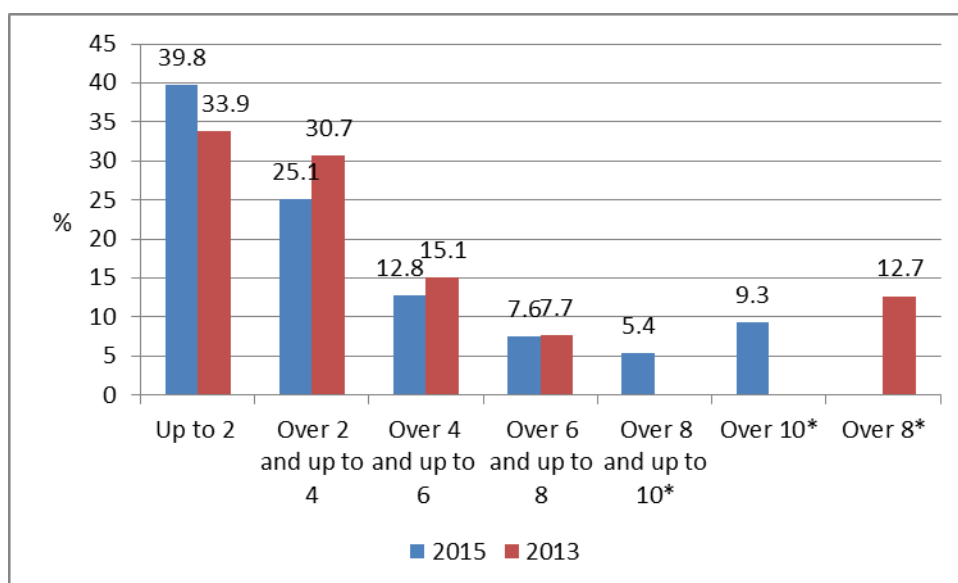
Chart 42: How often do you work in excess of your contracted hours?



For two fifths (40%) of those who reported working excess hours, the extra hours were limited to two hours a week (Chart 43). In 2013 this was the case for only 34% of them.

However, 2015 saw a slightly higher proportion working more than eight hours a week over their contracted hours than in 2013 (14.7% compared with 12.7%).

Chart 43: Number of additional hours worked on average each week



*In 2015 'over 8 hours' was split into 'over 8 and up to 10 hours' and 'over 10 hours'

By country, heavy overtime working seems most common in England, where 53% say they work in excess of contracted hours either several times a week or every shift (Table 27). This compares with 50% in Cymru/Wales, 49% in Northern Ireland and 48% in Scotland.

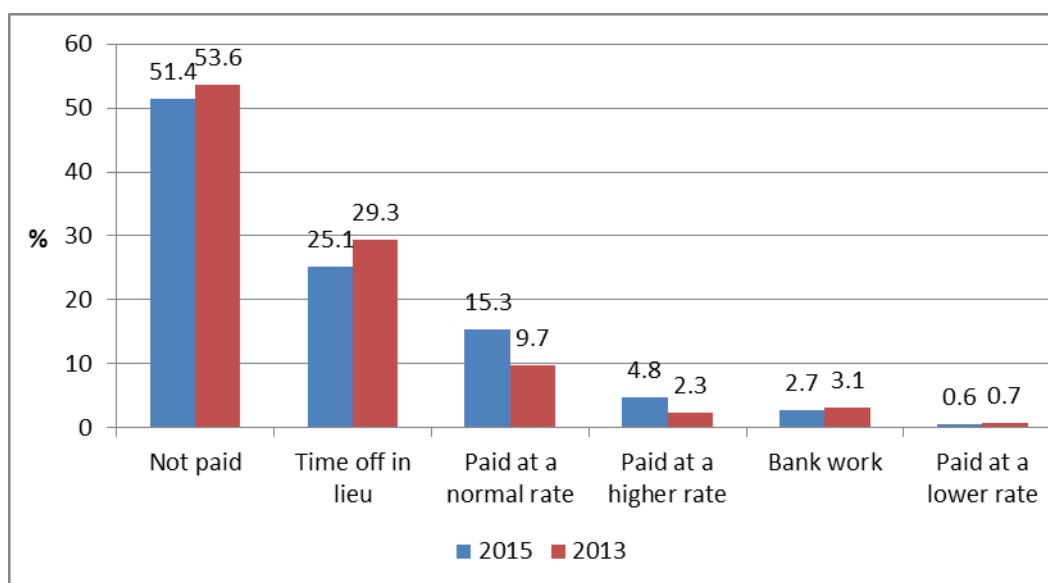
Overall, overtime appears to be less common in Scotland than in the other three countries of the UK, with 12% of respondents saying they never work it, compared with 8% in all the other three countries.

Table 27: How often do you work in excess of your contracted hours? by country

	All %	England %	Scotland %	Cymru/ Wales %	Northern Ireland %
Never	9.1	8.4	12	8.4	8.3
Less than once a week	20.6	18.8	23.5	22.3	24.8
Once a week	19.3	20.2	16.6	19.1	17.8
Several times a week	34.8	35.3	34.3	36.1	31.7
Every shift/working day	16.1	17.3	13.6	14.1	17.4
Total no.	4,137	2,621	752	498	230

15% reported that they are paid at normal rates and over half (51%) reported that their additional hours are usually not paid, revealing the continuing huge reliance on nursing staff working unpaid overtime (chart 44). Together with another 0.6% paid at a *lower* rate than their normal rate, two thirds (67%) of those working over their contracted hours are doing so with no premium reward.

Chart 44: How additional hours are paid (% of those who work additional hours n=2,889)



Respondents in Scotland who work overtime are the most likely to say they are not paid at all for it (Table 28).

Table 28: How additional hours are paid, by country (all working additional hours, n=2,889)

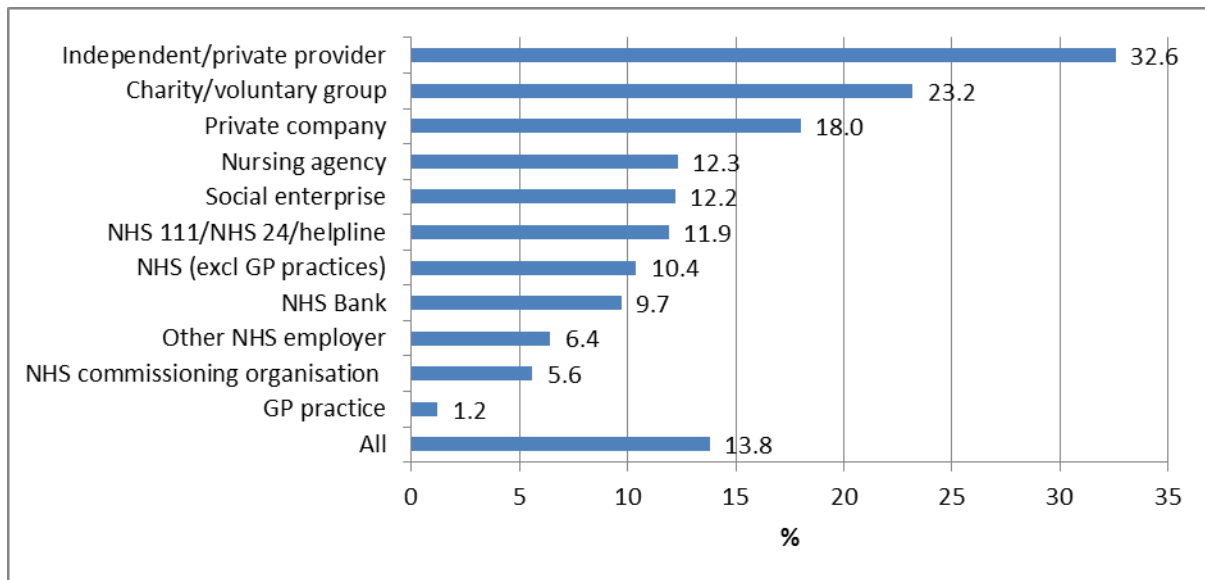
	All %	England %	Scotland %	Cymru/Wales %	Northern Ireland %
Paid at a higher rate	4.8	5.1	3.3	4.4	6.5
Paid at a normal rate	15.3	17.9	8.5	12.3	9.7
Paid at a lower rate	0.6	0.8	0.0	0.0	0.0
Bank work	2.7	2.7	3.1	2.3	1.9
Time off in lieu	25.1	21.9	27.4	38.6	26.6
Not paid	51.4	51.4	57.4	42.1	53.9
Other	0.2	0.2	0.2	0.3	1.3
Total no.	2,889	1,896	481	342	154

Even being officially compensated for excess hours by time off in lieu does not always work out in practice: of those who say this is the normal method of payment, fewer than one in three (31%) are always or usually able to take the time off that they are due. 51% are sometimes able to do so, while 18% are rarely or never able to.

7.3 Working on call

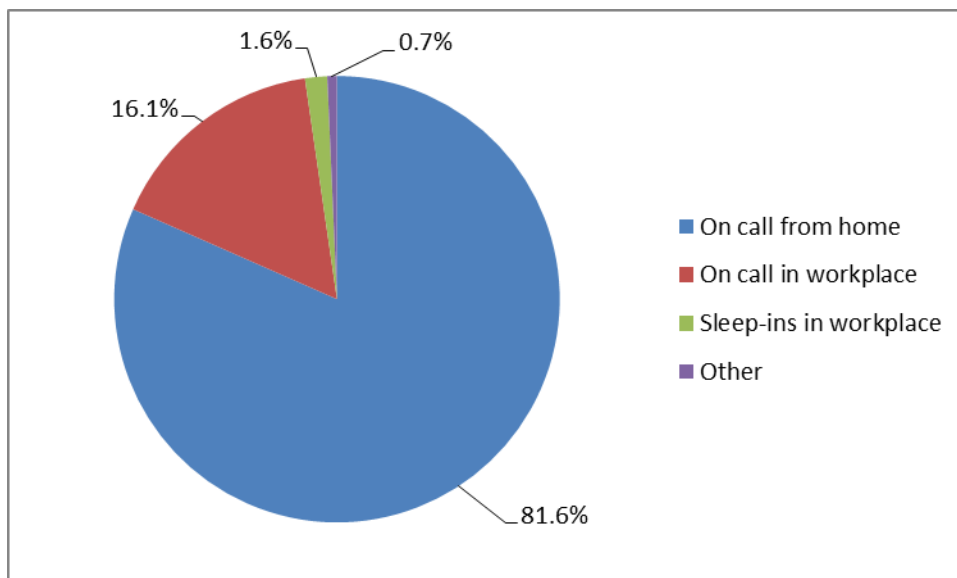
We asked respondents whether they worked on call, providing evening and weekend cover. Chart 45 shows that overall 14% work on call, with those working for independent health care or social care providers by far the most likely to work this system. Next come respondents working for charities/voluntary sector groups and private companies.

Chart 45: Proportion of respondents who work on call, by employer



The majority of those who work on call do so from home (82%); one in six do so within the workplace or with sleep-ins at the workplace (Chart 46).

Chart 46: On call arrangements (all respondents working on call, n=570)

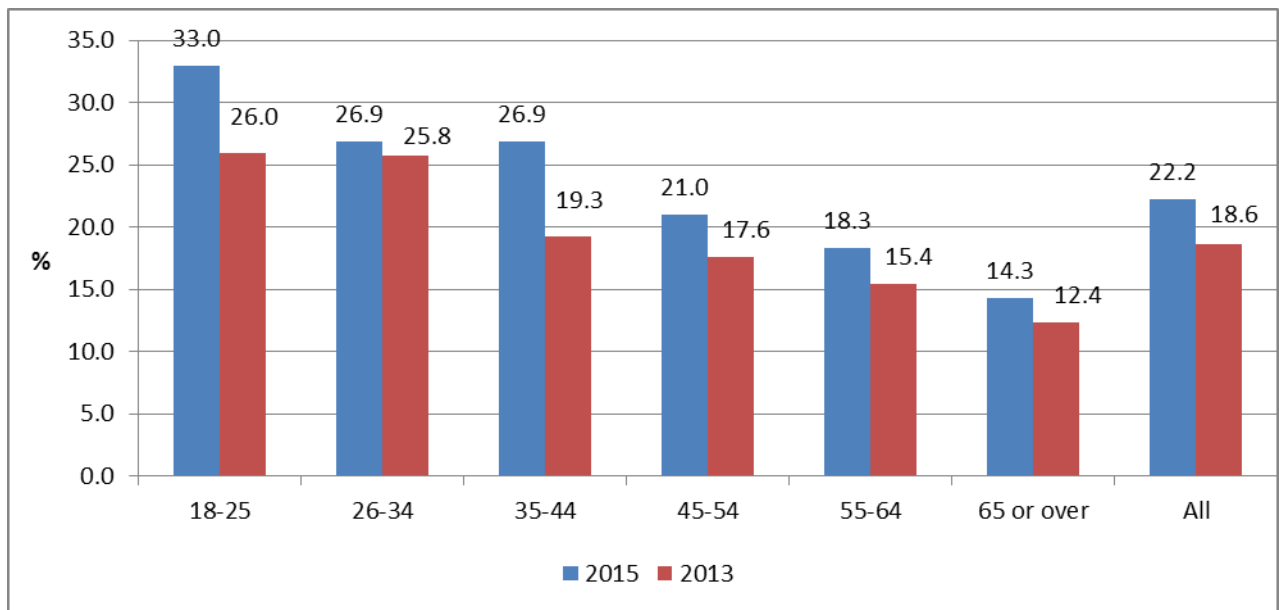


7.4 Additional paid work

More than one fifth (22%) of all respondents undertake other paid work in addition to their main job – a higher proportion than the 19% of 2013.

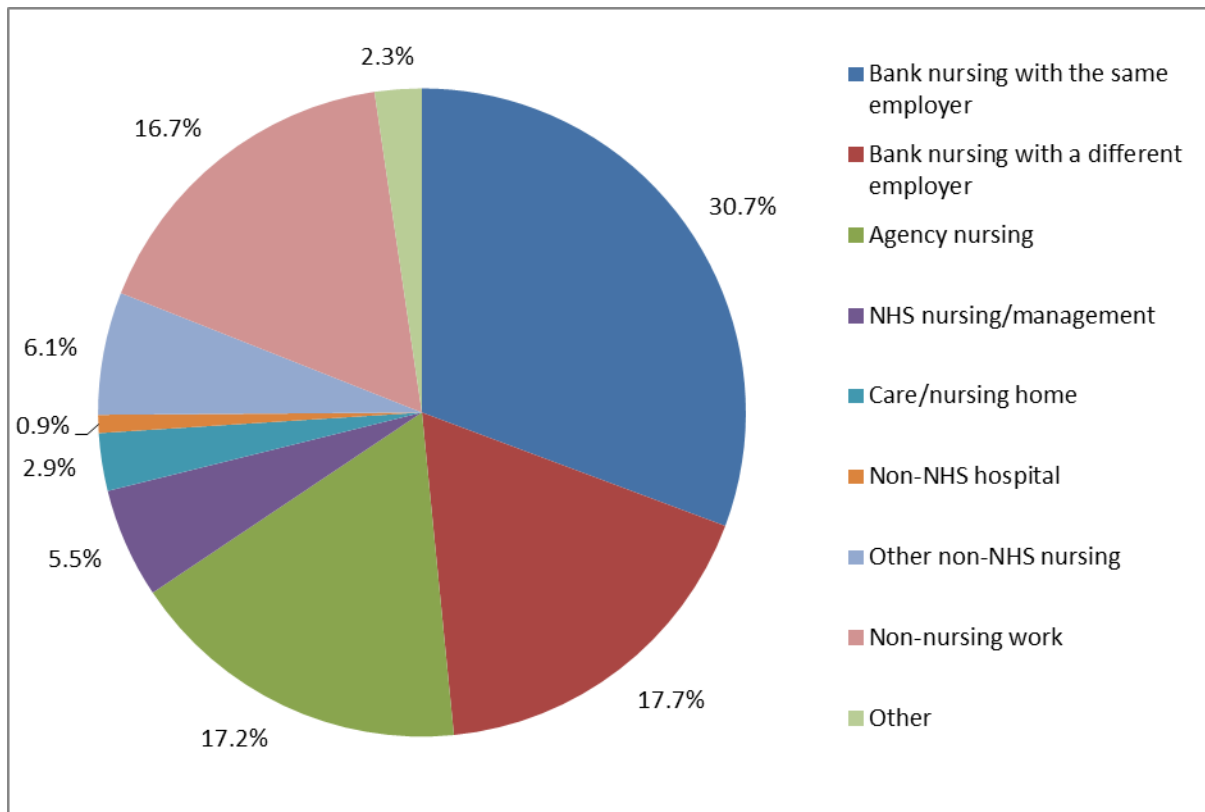
Higher proportions of respondents aged under 45 carry out additional paid work than older ones, including one in three of those aged 18-25. This age group and the 35-44 age group have seen the biggest jump in second-job working of all age groups compared with 2013 (Chart 47).

Chart 47: Paid work undertaken by age (all respondents with additional job n=917)



The most common work undertaken is bank nursing with the respondent's main employer, carried out by 34% (Chart 48). Another 20% undertake bank nursing with another employer. Almost a fifth (19%) carry out non-nursing work, compared with 11% in 2013.

Chart 48: Type of paid work undertaken (respondents with additional jobs, n=917)



One in five of those doing a second job undertake more than 10 hours of other work a week, and altogether half (49%) do more than five hours.

The overwhelmingly most common reason for doing a second job is to provide additional income, three quarters saying this is the main reason. Another 8% do it to maintain particular nursing skills and another 6% to gain experience of other specialities.

8. Staffing levels and work pressures

This chapter looks at changes in staffing levels and other organisational change which affects workload. It also investigates what impact this has on respondents' ability to do their job and their own work-life balance.

Key findings

- When asked about staffing numbers in their own workplace, around half (49%) reported a drop in the level of registered nurses over the previous 12 months while a quarter (24%) reported a drop in the level of health care assistants/support workers.
- Two fifths (19%) report a drop in the level of *both* registered nurses and health care assistants/support workers.
- When asked further about workload and staffing in the NHS over the past year, more than four in 10 respondents working in the NHS report increases in patient/client caseload (43%), 42% report recruitment freezes and 41% report skill mix changes.
- In the NHS, patient-to-staff ratios continue to be the highest in older people's hospital wards with reported daytime rates of nine patients per registered nurse and night-time rates of 12.3.
- In the independent sector, reported ratios are 26.3 patients per registered nurse in care homes and 6.5 patients per registered nurse in hospital wards.
- Two thirds (64%) of all respondents say they are under too much pressure at work; 59% are too busy to provide the level of care they would like and 56% feel too much time is spent on non-nursing duties.
- Respondents reported more frequent cases of presenteeism than in 2013, with 59% reporting that they had gone to work at least twice in the previous 12 months despite not feeling well enough to do so (compared to 52% in 2013).

8.1 Staffing levels

Table 29 shows that across all respondents, almost half (49%) reported that the levels of registered nurses had decreased and nearly a quarter (24%) stated that levels had fallen for HCAs.

While these proportions are lower than in 2013, the overall staffing losses these figures indicate come on top of falls in both 2013 and 2011.

Table 29: Changes in staffing levels over previous 12 months				
	Registered nurses		Health care assistants/health care support workers	
	2013 %	2015 %	2013 %	2015 %
Increased	11.4	10.9	16.4	19.6
Decreased	55.3	49.0	35.6	24.4
No change	30.3	30.6	40.0	37.2

Chart 49 shows that the most widely reported declines in numbers of registered nurses were in NHS 111/NHS 24/helpline (76%), NHS Bank (56%), nursing agencies (55%) and the NHS (excluding GP practices) (53%).

The sector most likely to have seen an increase in the number of nurses is NHS commissioning organisations (19%), though more of them have seen a fall (39%).

Chart 49: Changes in levels of registered nurses by employer

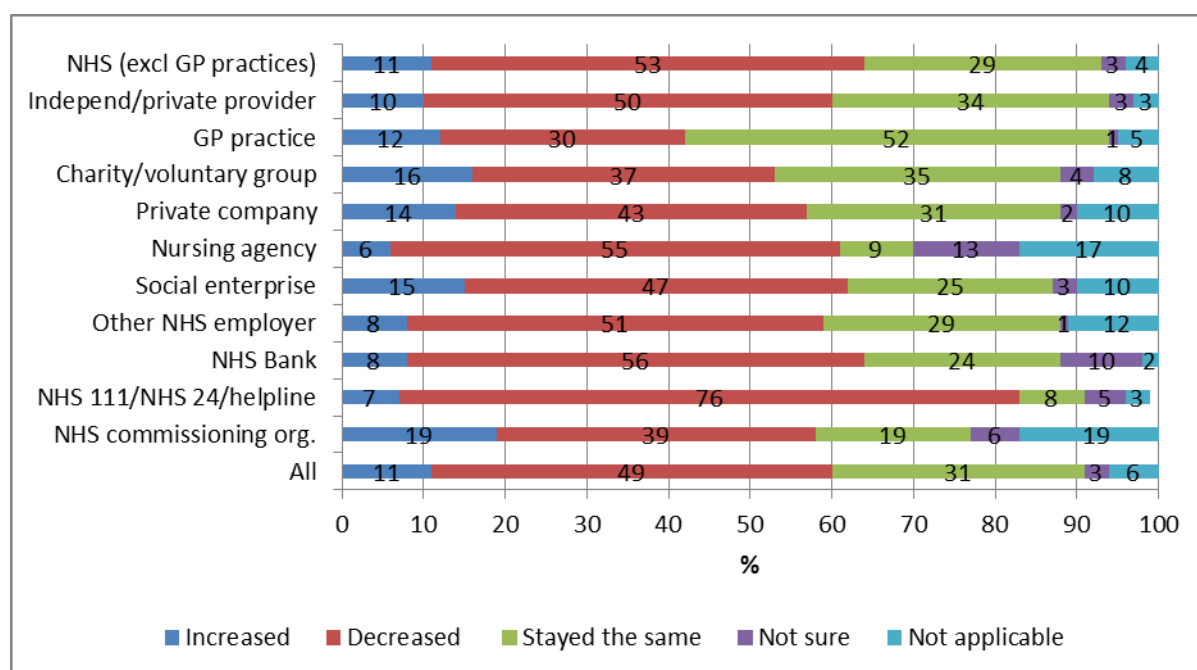
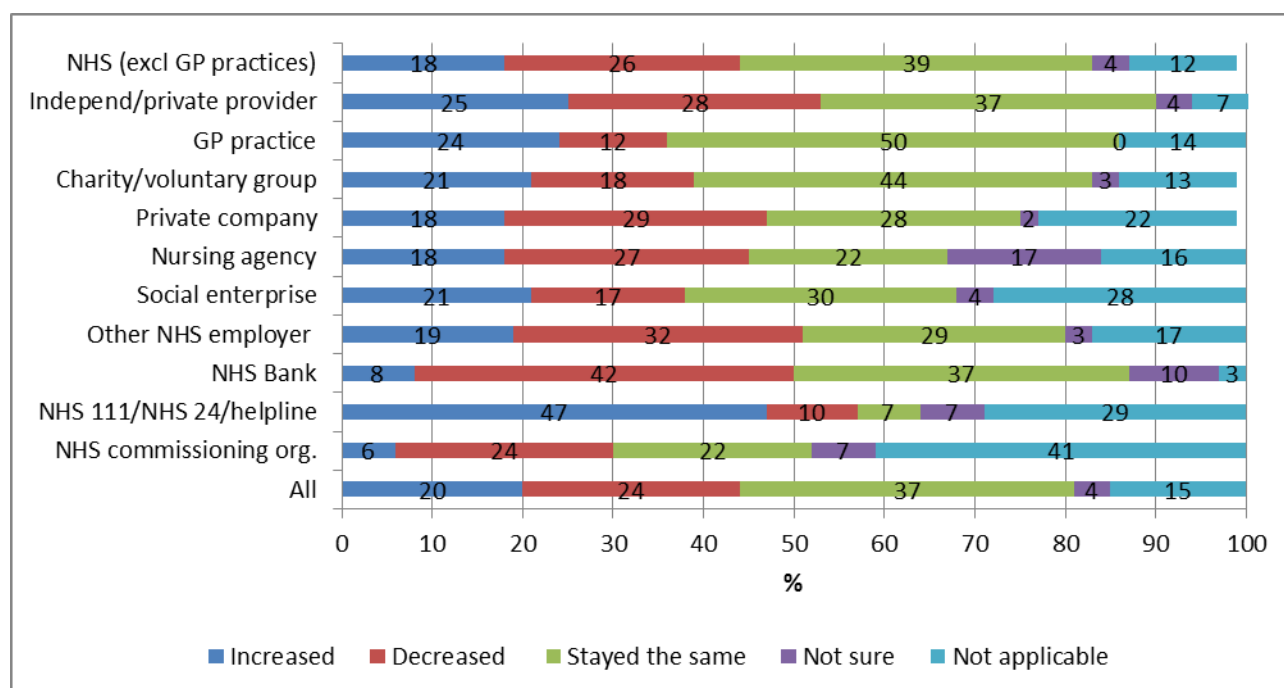


Chart 50 shows that the most widely reported declines in numbers of HCAs have been in NHS Bank (42%), 'other' NHS employers (32%), private companies (29%) and independent/private health care or social care providers (28%).

The employer most likely to have increased the number of HCAs is NHS 111/NHS 24/helpline (47%), suggesting that there has been a very substantial overall switch in staffing in those helplines from registered nurses to HCAs.

A similar, though less dramatic shift, appears to have taken place among independent/private health care or social care providers.

Chart 50: Changes in levels of HCAs by employer



The sectors where respondents were most likely to report a drop in numbers of both registered nurses and HCAs are:

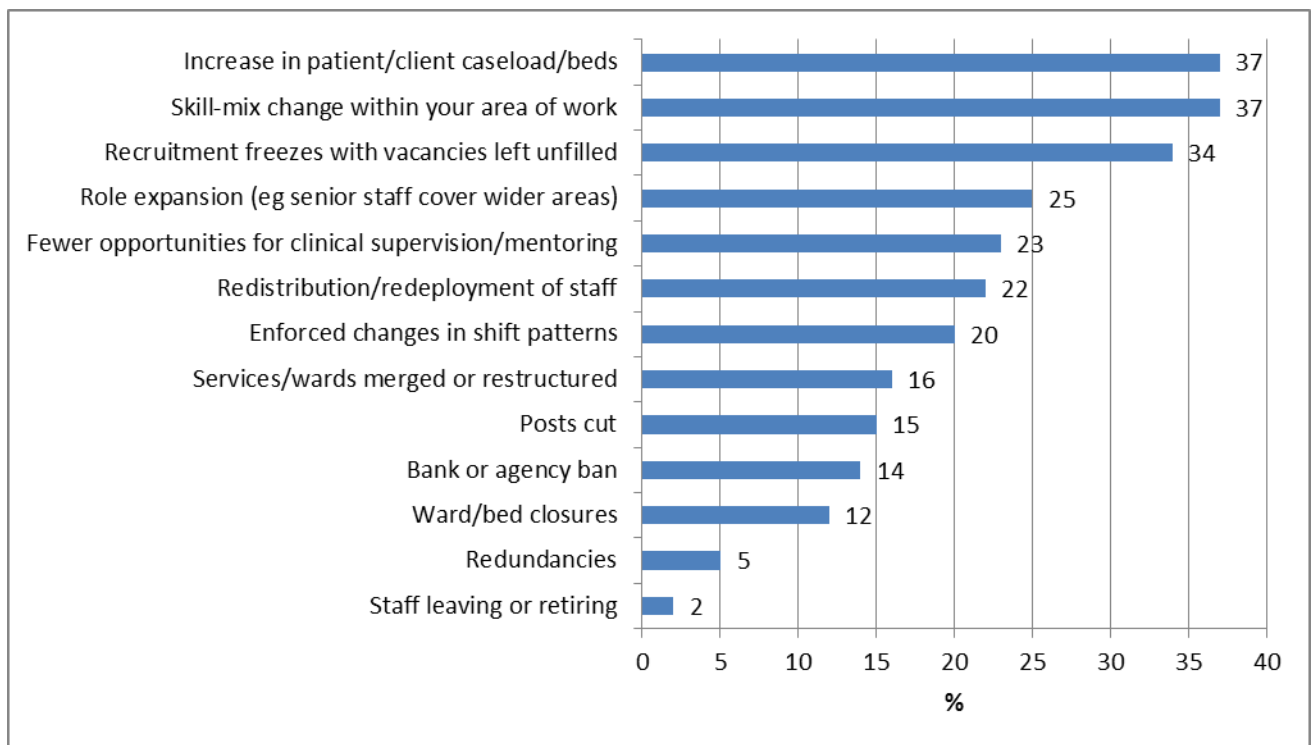
- NHS Bank (32%)
- other NHS employers (such as health boards) (26%)
- nursing agencies (25%)
- private companies (21%)
- NHS (excluding GP practices) (21%).

Among the main groups of respondents, the least likely group of respondents to report a drop in both registered nurses and HCAs were those in GP practices (6%).

Respondents were asked about the ways in which staffing level changes may have come about (Chart 51). They were asked to indicate all that applied. Looking at all respondents to the survey, 37% reported an increase in patient/client caseload/beds, and the same proportion identified skill-mix change within their area. More than a third (34%) said that there had been recruitment freezes with vacancies left unfilled or other problems leading to staff shortages.

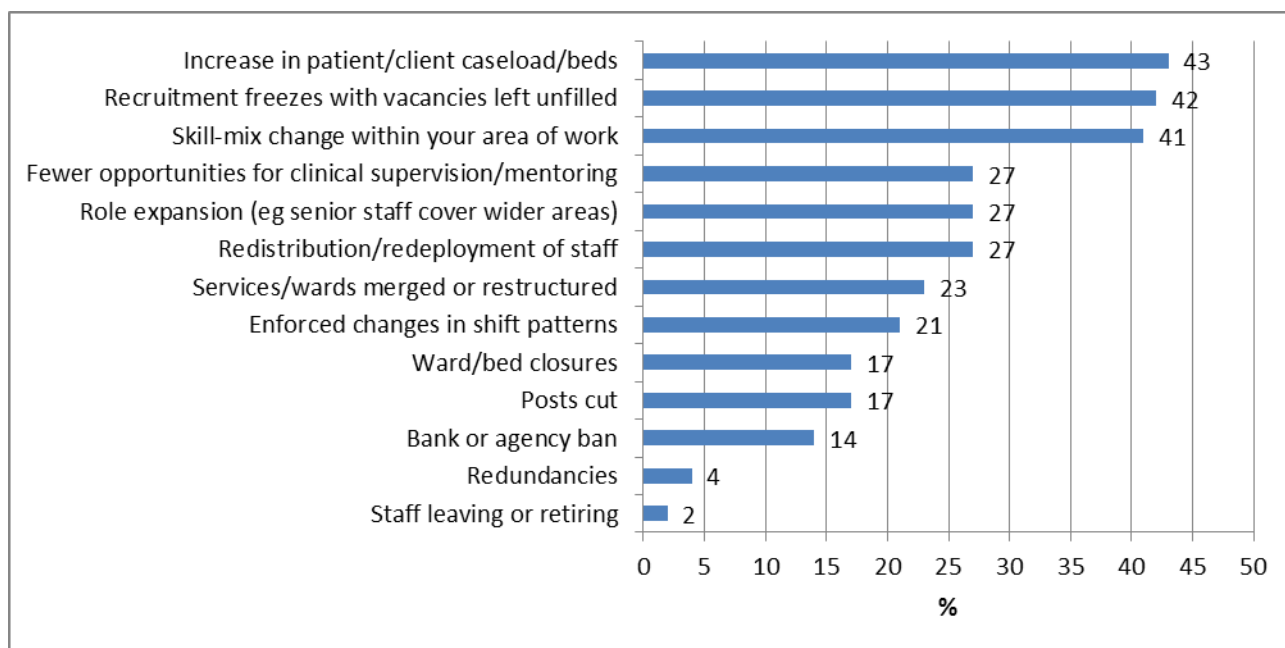
As well as the changes listed in the chart, small numbers of respondents also cited recruitment from abroad, increased agency use, downbanding, active recruitment, reduction in hours and increased sickness absence.

Chart 51: Staffing changes occurring over last 12 months



Looking at the NHS respondents only, higher proportions indicated that changes had been made in nearly all cases, with more than two fifths citing increases in patient/client caseload/beds, recruitment freezes with vacancies left unfilled and skill-mix changes within their area (Chart 52).

Chart 52: Staffing changes occurring in the NHS over last 12 months (NHS respondents*)



*NHS (excluding GP practices), NHS Bank, NHS 111/NHS 24/helpline and NHS commissioning organisation n=2,228

Looking at countries, respondents in Scotland were the most likely to cite skill-mix changes within their area, but those in Northern Ireland were substantially more likely than the others to cite increases in patient/client caseload/beds, recruitment freezes with vacancies left unfilled and posts cut (Table 30).

Those in Wales were the most likely to report fewer opportunities for access to clinical supervision/mentoring, services/wards merged or restructured and ward/bed closures.

(Please note these figures cannot be compared with 2013 figures.)

Table 30: What staffing changes have occurred in the last 12 months?

	England	Scotland	Cymru/ Wales	Northern Ireland
	%	%	%	%
Skill-mix change within your area of work	36.6	39.9	36.5	35.2
Increase in patient/client caseload/beds	37.0	33.2	38.6	47.4
Recruitment freezes with vacancies left unfilled	29.4	39.5	43.4	50.0
Role expansion (eg senior staff cover wider areas)	25.2	24.6	23.7	26.1
Fewer opportunities for access to clinical supervision/mentoring	21.8	20.7	29.9	23.9
Redistribution/redeployment of staff	20.5	26.6	26.1	18.7
Enforced changes in shift patterns	20.7	13.3	20.3	23.9
Services/wards merged or restructured	14.7	18.1	22.1	13.5
Posts cut	15.0	16.0	14.5	17.0
Bank or agency ban	12.8	13.0	15.3	19.6
Ward/bed closures	10	12.4	21.1	14.8
Redundancies	6.6	3.2	2.0	3.9
Other	3.8	3.5	2.4	0.9
Staff leaving or retiring	2.6	2.4	2.2	1.7
Total no.	2,621	752	498	230

Respondents were asked if they had personally experienced change over the past 12 months in relation to 11 key areas (eg, downbanding, redundancy or moving to a new role) and their expectations for the same nine areas over the next 12 months.

Chart 53 shows that the most frequently experienced and expected changes are changes in shift patterns, pay cut/freeze, changes to terms and conditions and moving to a new role or other duties within the same ward/department/service.

Chart 54 shows the responses for those working in the NHS only. (Please note these figures cannot be compared with 2013 figures.)

Chart 53: Changes personally experienced over last 12 months and expected in next 12 months (all respondents)

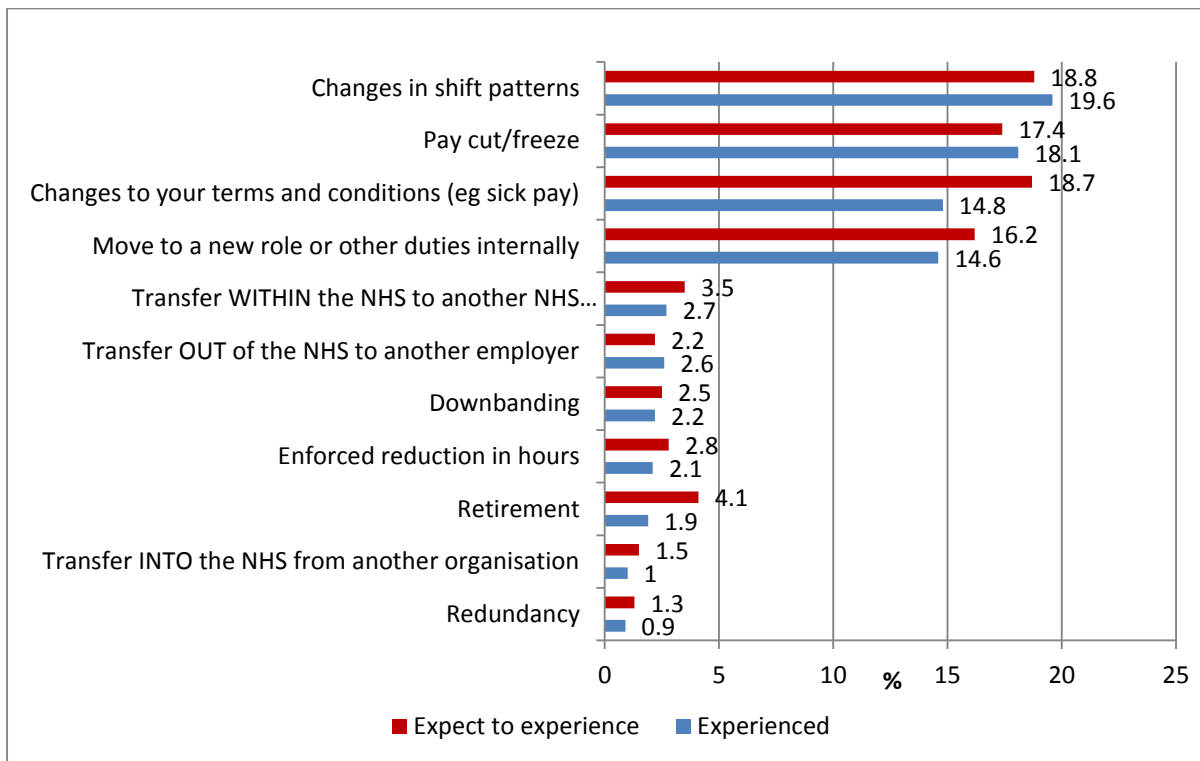
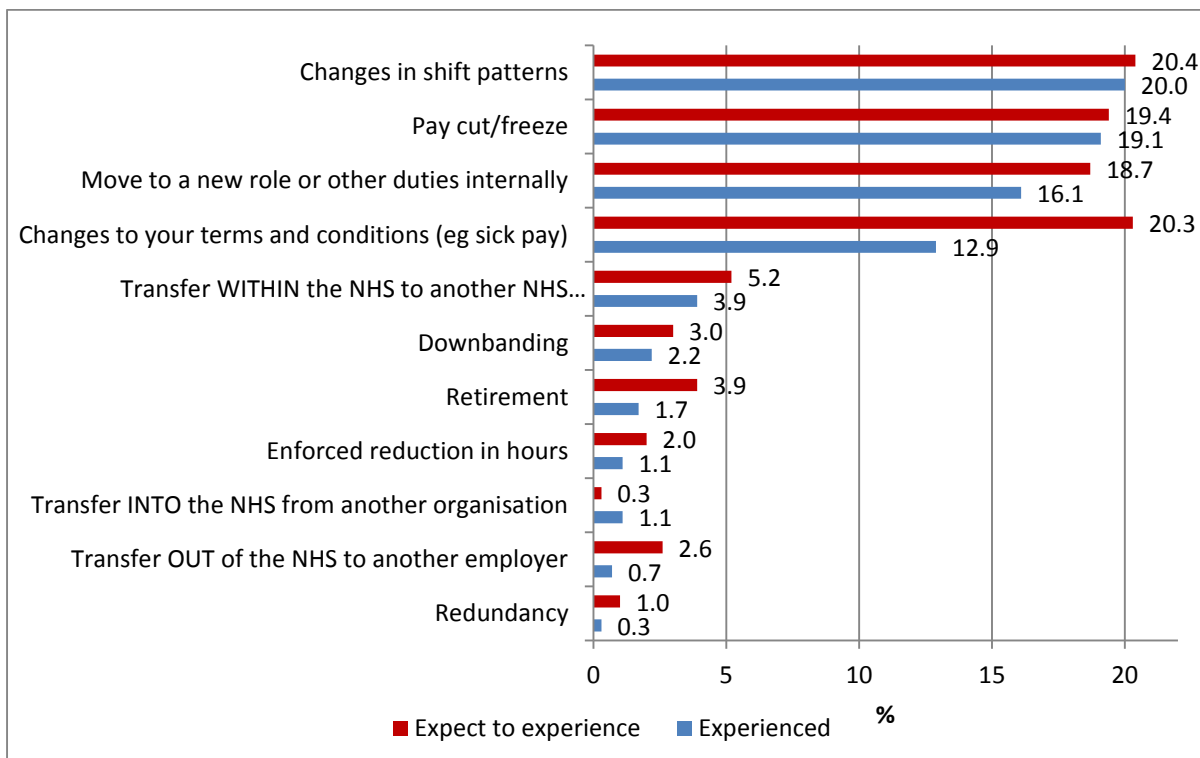


Chart 54: Changes personally experienced over last 12 months and expected in next 12 months (NHS survey respondents*)



*NHS (excluding GP practices), NHS Bank, NHS 111/NHS 24/helpline and NHS commissioning organisation n=1,326

8.2 Staffing ratios

This section looks at patient-to-nurse ratios and patient-to-all-nursing-staff ratios in three key settings:

- NHS hospital wards
- independent sector hospitals and care homes
- independent sector and NHS community settings.

In NHS hospital wards it shows that, for both day shifts and night shifts, nursing staff are most thinly spread on older people's wards (see Table 31). On those wards registered nurses are caring for an average of nine patients on the day shift and 12 on the night shift. The ratios in relation to all nursing staff (including HCAs and students) are also worst on older people's wards.

Table 31: Average staffing and patient data (all respondents in NHS hospital wards) 2015

	Registered nurse		HCA/auxiliary		Student		Patients per registered nurse		Patients per all nursing staff	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
All	3.9	2.8	2.5	1.9	0.7	0.2	6.6	9.3	3.4	4.9
Acute and urgent care	4.4	3.3	2.6	1.8	0.6	0.2	6.3	9.9	3.5	5.6
Older people	3.0	2.1	3.1	2.5	0.7	0.0	9.0	12.3	3.7	5.6
Mental health	2.6	1.5	2.7	2.3	0.8	0.1	6.7	10.8	2.7	3.8
Children and young people	5.0	4.4	1.8	0.9	1.0	0.4	3.6	4.5	0.7	3.6
Cancer care	3.7	2.3	2.0	2.0	0.5	0.0	5.8	7.3	3.5	4.0
Neonatal	7.3	2.7	2.0	0.7	1.0	0.0	2.8	2.8	1.9	2.5
Surgical	4.0	2.6	2.3	1.7	0.6	0.0	6.7	9.8	3.8	3.9
Learning disabilities	1.6	1.6	2.2	3.0	0.8	0.7	4.4	6.1	1.5	1.9

Table 32 shows that, while patient-to-registered-nurse ratios have got slightly better on most types of NHS ward compared with two years ago, they have got substantially worse on acute and urgent wards, averaging 7.3 compared with 4.7 in 2013.

It also shows that registered nurses remain at 56% of the nursing workforce across the board.

Table 32: Average numbers of registered nurses per patient and proportion of nursing working, 2015 compared to 2013 (all respondents in NHS hospital wards) average across day and night shifts

	Patients per registered nurse	Registered nurses as % of nursing workforce
2015		
All	7.5	56
Older people	9.9	45
Mental health	8.2	41
Children and young people	4.0	74
Acute and urgent	7.3	58
2013		
All	7.9	56
Older people	10.2	44
Mental health	8.5	43
Children and young people	4.5	69
Acute and urgent	4.7	56

Independent sector care homes have seen a substantial worsening in the ratio of patients to registered nurses, from 21.2 in 2013 to 26.3 in 2015 (see Table 32). In independent sector hospital wards there has been little change.

Table 33: Average staffing and patient data (all respondents in independent sector hospitals and care homes 2015)

	Registered nurse		HCA/auxiliary		Student		Patients per registered nurse		Patients per all nursing staff	
	2015	2013	2015	2013	2015	2013	2015	2013	2015	2013
Care home	1.7	1.8	5.6	5.6	0.1	0.2	26.3	21.2	5.1	5.6
Hospital ward	2.6	3.9	2.2	1.8	0.6	0.3	6.5	6.6	3.5	4.0

In community settings, the independent sector has a much lower average number of patients per registered nurse than the NHS (8.6 compared with 11.5) (Table 34).

Table 34: Average staffing and patient data (all respondents in independent sector and NHS community settings 2015)

	Registered nurse	HCA/ auxiliary	Student	Patients per registered nurse	Patients per all nursing staff
Independent sector	3.0	1.3	0.2	8.6	70
NHS	4.0	1.4	0.5	11.5	71

8.3 Pressures on workload and work-life balance

This section looks at how these many staffing changes impact on respondents' views of the nursing care they provide and also on their own work-life balance. They were asked to what extent they agreed/disagreed with a number of statements how their duties fit in with their working hours and about their work-life balance (Table 35).

On the impact of on nursing care:

- 64% of respondents agree or strongly agree that they are under too much pressure at work
- 56% feel too much time is spent on non-nursing duties
- 59% are too busy to provide the level of care they would like.

The results also show that fewer than half of respondents (47%) agree or strongly agree that they are able to balance their work and home lives and just 59% that they are happy with their working hours. Only half (51%) are happy with the choice they have over shift lengths.

Table 35: Views on aspects of working hours (all respondents)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	%	%	%	%	%
I feel I am under too much pressure at work	25.5	38.8	22.7	11.6	1.5
I am happy with my working hours	10.4	48.5	20.0	16.2	5.0
Too much of my time is spent on non-nursing duties	23.4	32.9	24.2	17.1	2.4
I am too busy to provide the level of care I would like	27.1	32.0	19.9	17.9	3.2
I am satisfied with the choice I have over the length of shifts I work	10.7	39.8	25.2	17.7	6.6
I feel able to balance my home and work lives	9.0	37.9	22.1	21.8	9.2

8.3.1 Views about working hours in different sectors

To compare views on these questions between respondents in different sectors, their answers were assigned a score, where the higher the score, the more positive the respondent's view.

Chart 55 indicates that the most positive views about respondents' own working hours, on average, are held by respondents in charities/voluntary sector groups and GP practices. Those working for NHS 111/NHS 24/helplines are the least positive.

Chart 55: I am happy with my working hours (score out of 5)

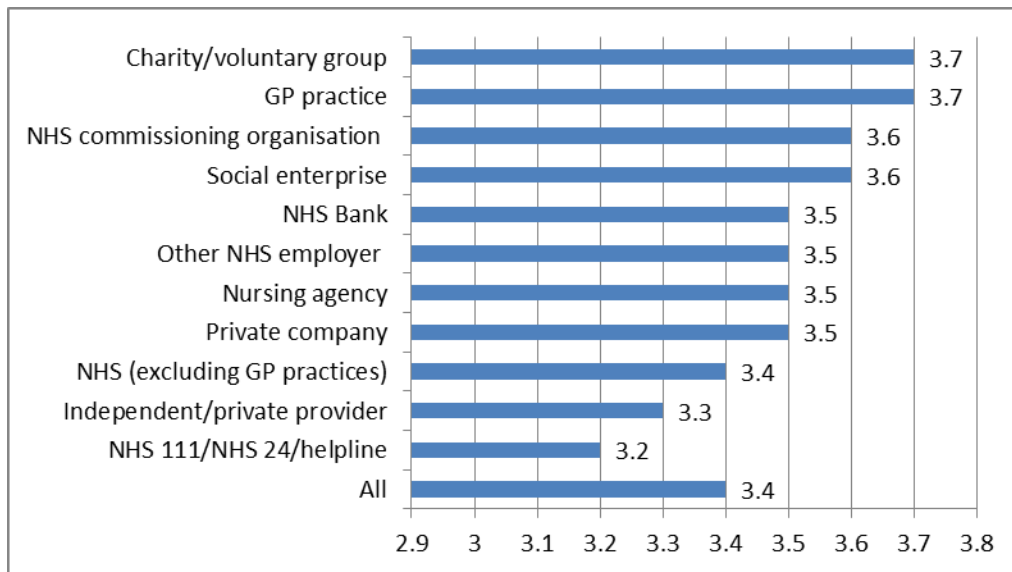
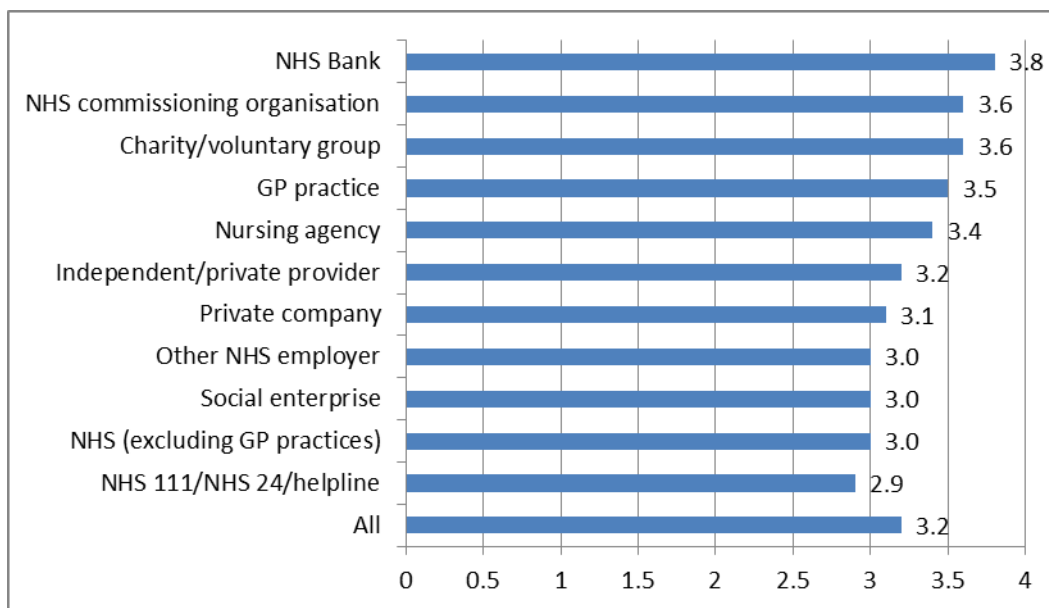


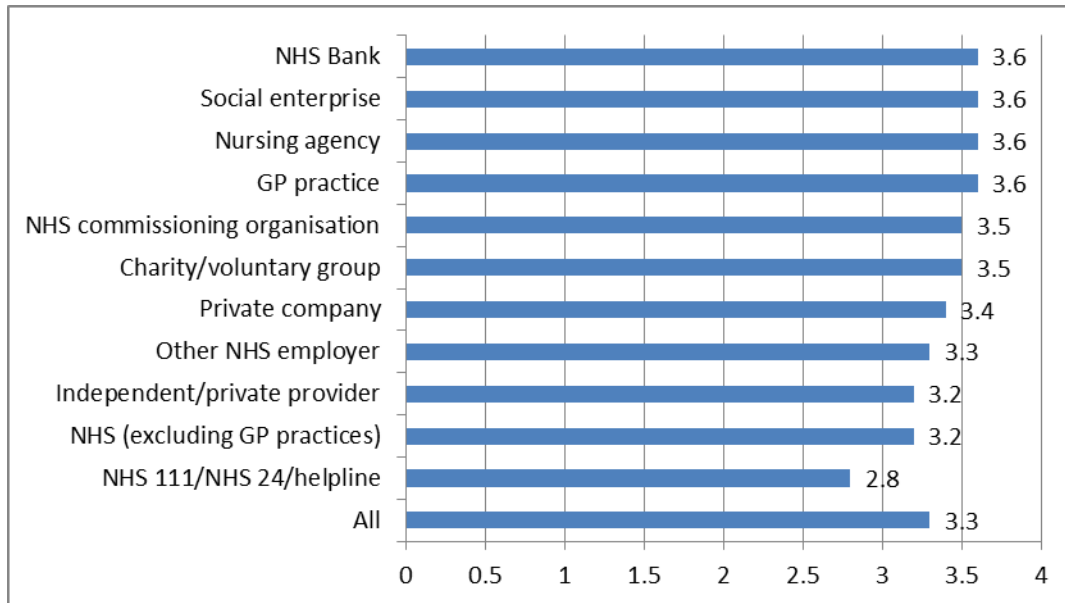
Chart 56 shows that respondents working for NHS Bank, NHS commissioning organisations and charities/voluntary sector groups are, on average, the happiest with their work-life balance. Those working for NHS 111/NHS 24/helplines are the least happy.

Chart 56: I feel able to balance my home and work lives (score out of 5)



Those working for NHS Bank, social enterprises/community interest companies, nursing agencies and GP practices are, on average, the most positive with the choice of shifts they have while, again, those working for NHS 111/NHS 24/helplines are the least happy (Chart 57).

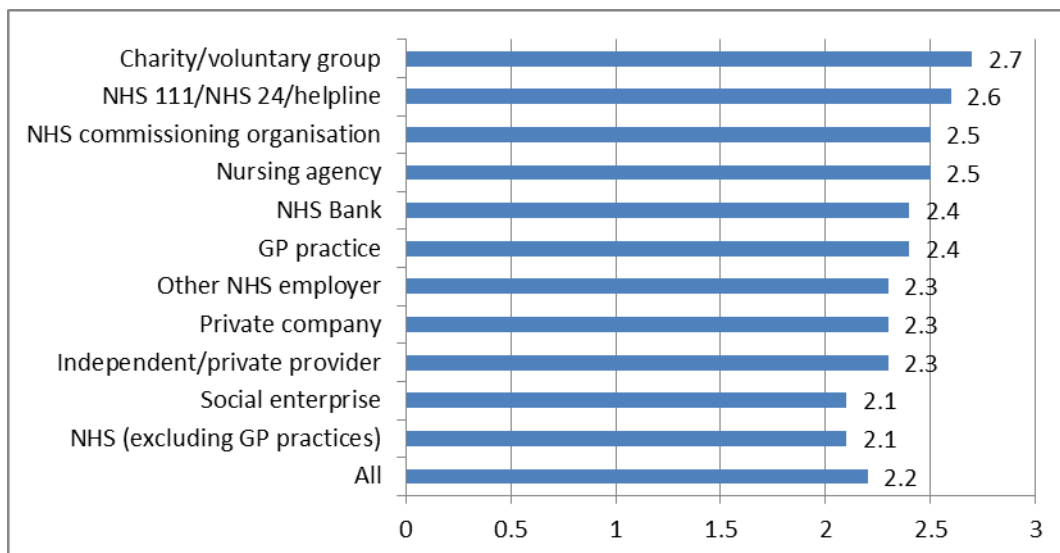
Chart 57: I am satisfied with the choice I have over the length of shifts I work (score out of 5)



Responses on the impact of working hours on their nursing work were scored in a similar fashion: the higher the score, the more positive their view.

Chart 58 shows that respondents working in charities/voluntary sector groups and those working for NHS 111/NHS 24/helplines have the most positive views on pressure at work, while those in the NHS (excluding GP practices) and in social enterprises/community interest companies have the most negative views.

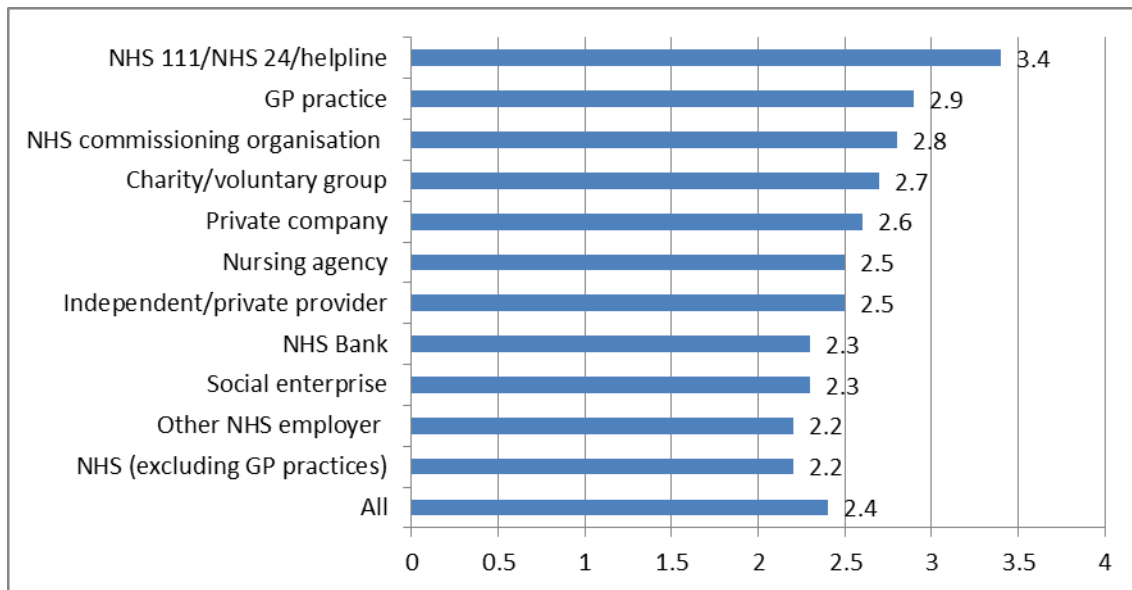
Chart 58: I feel I am under too much pressure at work (score out of 5)



It is also respondents in the NHS (excluding GP practices) – plus those in other NHS employers such as health boards - who have the most negative view as to whether they

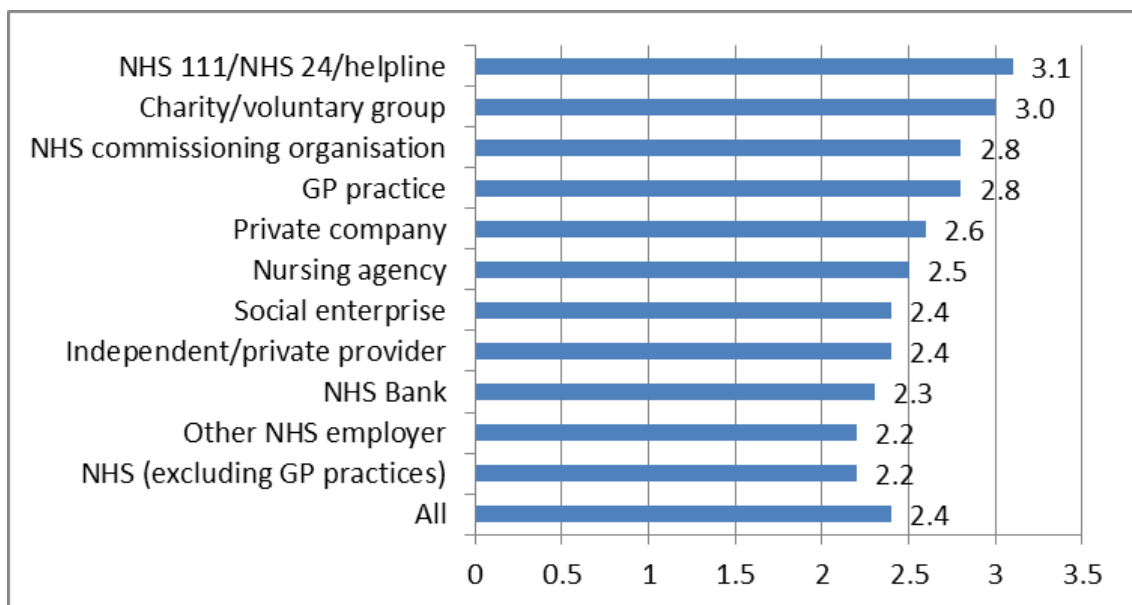
spend too much time on non-nursing duties (Chart 59). Those working for NHS 111/NHS 24/helplines have the most positive scores on this issue.

Chart 59: Too much of my time is spent on non-nursing duties (score out of 5)



Again it is those in the NHS (excluding GP practices) and other NHS employers such as health boards who have the most negative view in relation to the statement 'I am too busy to provide the level of care I would like' (Chart 60). Those working for NHS 111/NHS 24/helplines have the most positive scores on this issue.

Chart 60: I am too busy to provide the level of care I would like (score out of 5)



8.4 Presenteeism

Over the last few years, there has been a growing problem for employees of feeling under pressure to attend work despite feeling unfit or unwell – a phenomenon that has been labelled ‘presenteeism’. More than eight in 10 survey respondents (82%) said they had done this at least once over the last 12 months, and six in 10 said they had been to work when they felt they should have stayed off sick more than once.

Chart 61 compares the findings with those of the 2013 RCN employment survey and suggests that, while the *proportion* of nursing staff who have felt this pressure has not changed, the frequency of doing it has increased. 45% said they had gone to work when they felt they should have been on sick leave between two and five times over the past year, compared 41% saying this in 2013. And 15% said they had done so more than five times, compared with 11% in 2013.

Chart 61: Over the last 12 months how often have you gone to work despite feeling you really should have taken sick leave? (all respondents)

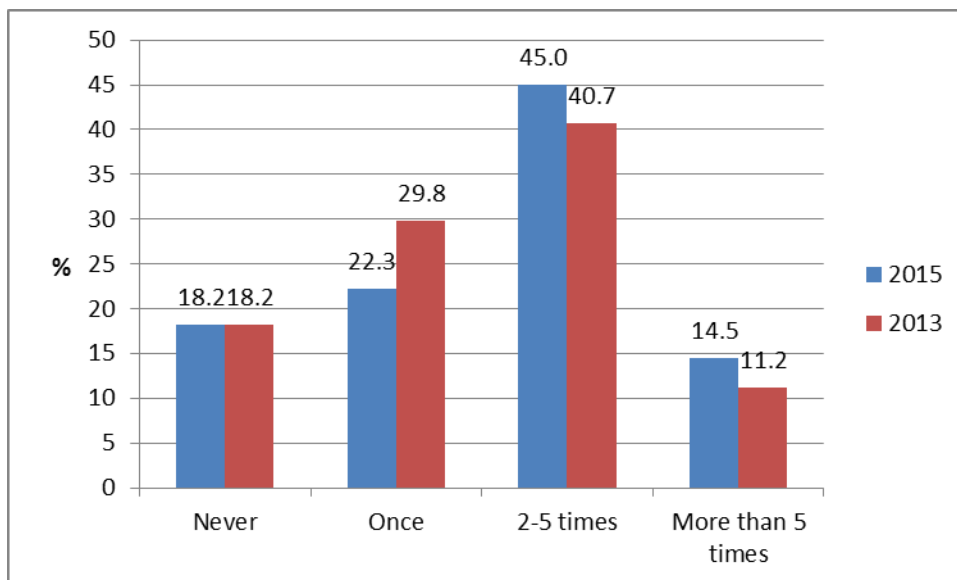


Chart 62 shows that, among the main employment sectors, respondents working for social enterprises/community interest companies and in the NHS (excluding GP practices) are the most likely to have gone to work more than once in the last 12 months despite feeling they should have taken sick leave. Those working for charities/voluntary sector groups are the least likely to do so.

Chart 62: Over the last 12 months how often have you gone to work despite feeling you really should have taken sick leave? (% of all in sector)

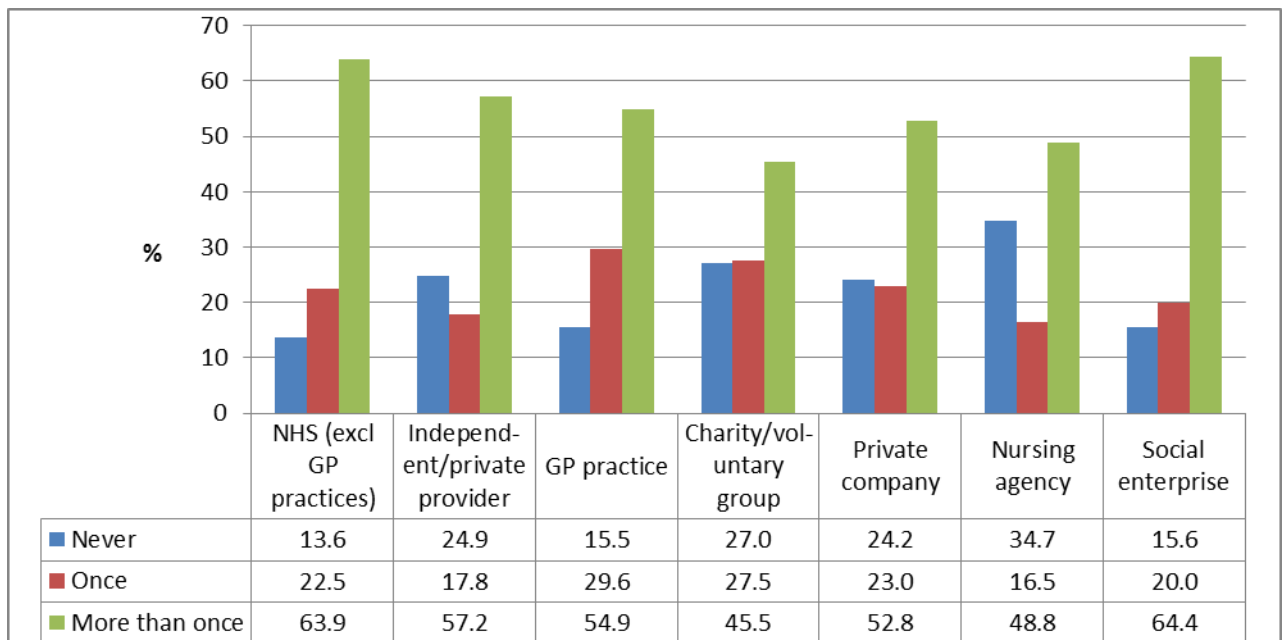
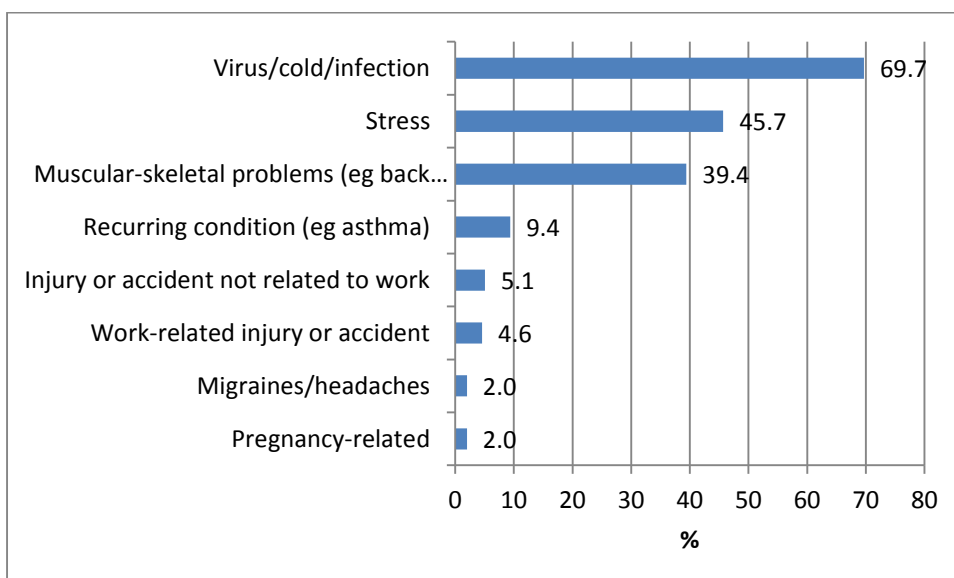


Chart 63 shows the conditions that respondents were most commonly suffering from when they worked despite feeling unwell. The main reason, perhaps not surprisingly, was virus/cold/infection – cited by 70%, followed by stress (46%).

Chart 63: Conditions suffered by those who have worked despite not feeling well enough to do so (all respondents stating they had gone to work despite feeling unwell at least once in previous 12 months)*



*Respondents were able to cite more than one condition

9. Career progression and nursing as a career

The last chapter looks at career progression and responses to statements about working in nursing and the support available.

Key findings

- 63% of respondents feel it will be very difficult for them to progress from their current grade (compared with 69% in 2013).
- Fewer than half of respondents (45%) would recommend nursing as a career, although this is up slightly on the 2013 figure of 43%.
- There continues to be a significant proportion of workplaces that have a problem of bullying and harassment.
- Fewer than half of all respondents are confident that they would be treated fairly if they reported being harassed.
- 57% feel their manager provides support when needed (compared with 56% in 2013).
- There has been a decline in confidence in occupational health services since 2013: only 49% say their employer provides good occupational health support for staff, compared with 54% in 2013.

9.1 Career progression

To investigate the extent of career progression, respondents were asked two questions: whether they had applied for a post at a higher grade/band/pay rate over the previous 12 months; and whether they had changed jobs.

In total 19% had applied for a higher paid post, of whom 48% were successful. More respondents had both applied for such posts, and more had been successful, than in 2013: then just 15% had applied of whom 41% had been successful.

In the latest survey 23% of all respondents had changed jobs in the previous 12 months, of whom well over half (55%) had changed employer.

The most commonly cited reason for changing jobs and/or employer was, as in 2013, to gain different experience or skills (45% cited this). However, the next two most commonly selected reasons, as in 2013, were more negative: 37% stated they were dissatisfied with their previous job (up from 31%) and 33% cited stress or workload (up from 29%).

Asked which was the *single most important* reason, again the most likely response was to gain different experience or skills. However, the second most common was distress caused by bullying/harassment from colleagues/managers and the third was stress or workload. This suggests that these three reasons are the most decisive drivers for respondents to change job.

Just under a third of respondents (31%) were seeking a new job at the time of the 2015 survey. The majority of those (77%) were most interested in a health-related role (56% wanted that in the NHS; 21% outside the NHS). However, that leaves almost a quarter seeking a non-health-related role.

9.1.1 Views on progress

Respondents were asked to say to what extent they agreed/disagreed with a number of statements about their hopes for progress in their nursing career. Again views were slightly more positive than in 2013, except on the issue of getting time off for training/education.

The summary results were that:

- 63% agreed/strongly agreed that it will be very difficult for them to progress from their current grade (compared with 69% in 2013)
- 46% agreed/strongly agreed that their employer provides them with opportunities to keep up with new developments related to their job (compared with 44% in 2013)
- 31% agreed/strongly agreed that they are unable to take time off for training/education (compared with 30% in 2013).

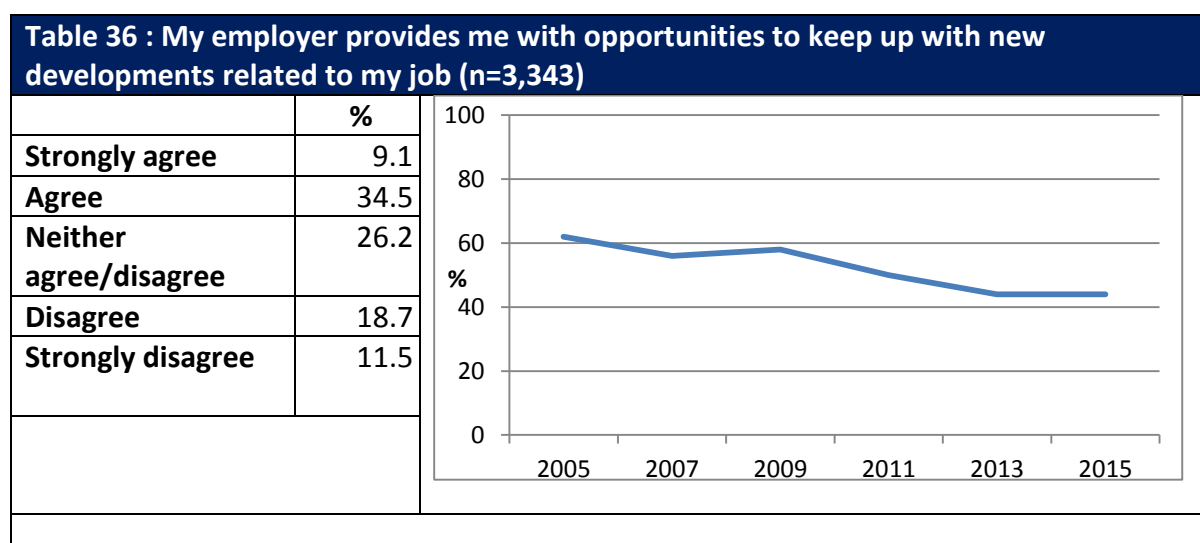
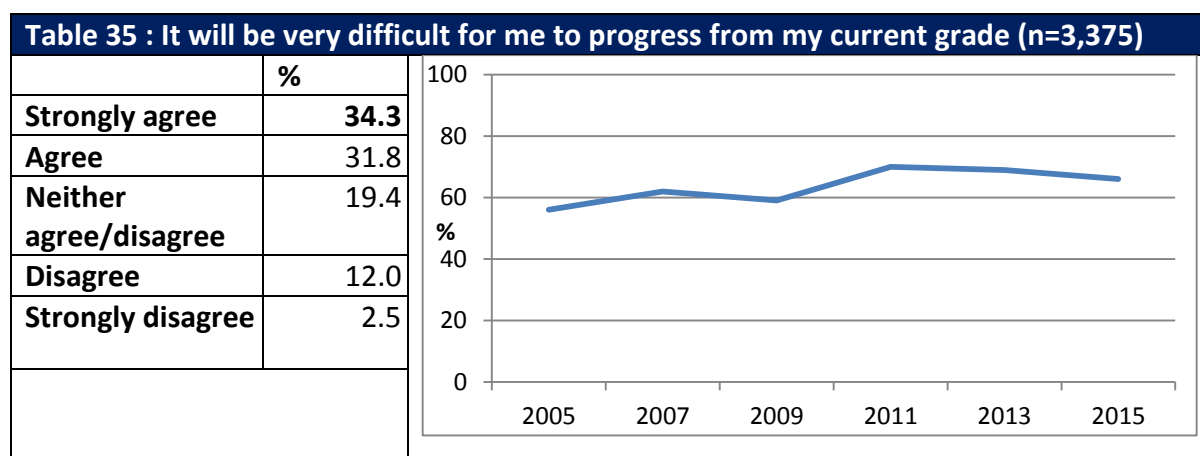


Table 37: I am unable to take time off for training (n=3,375)

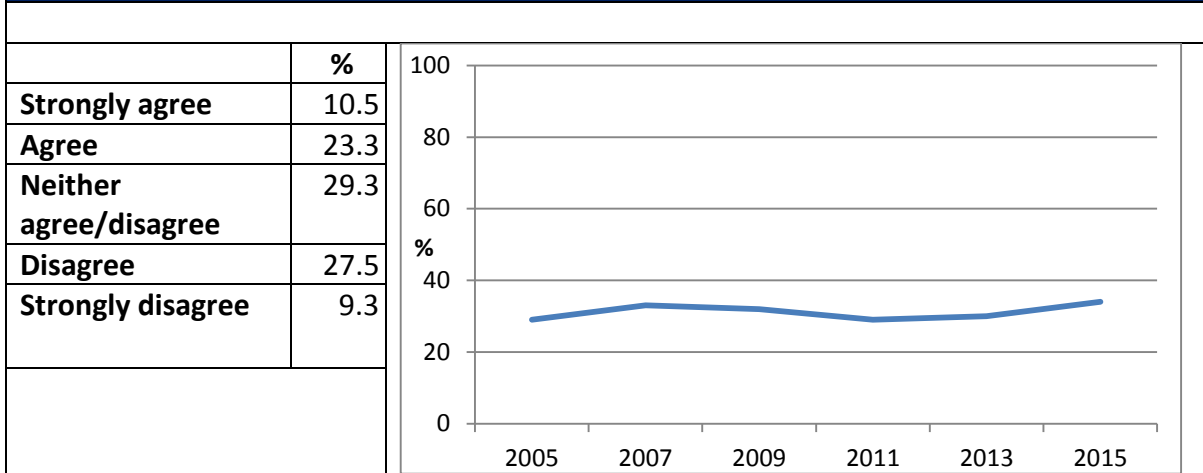
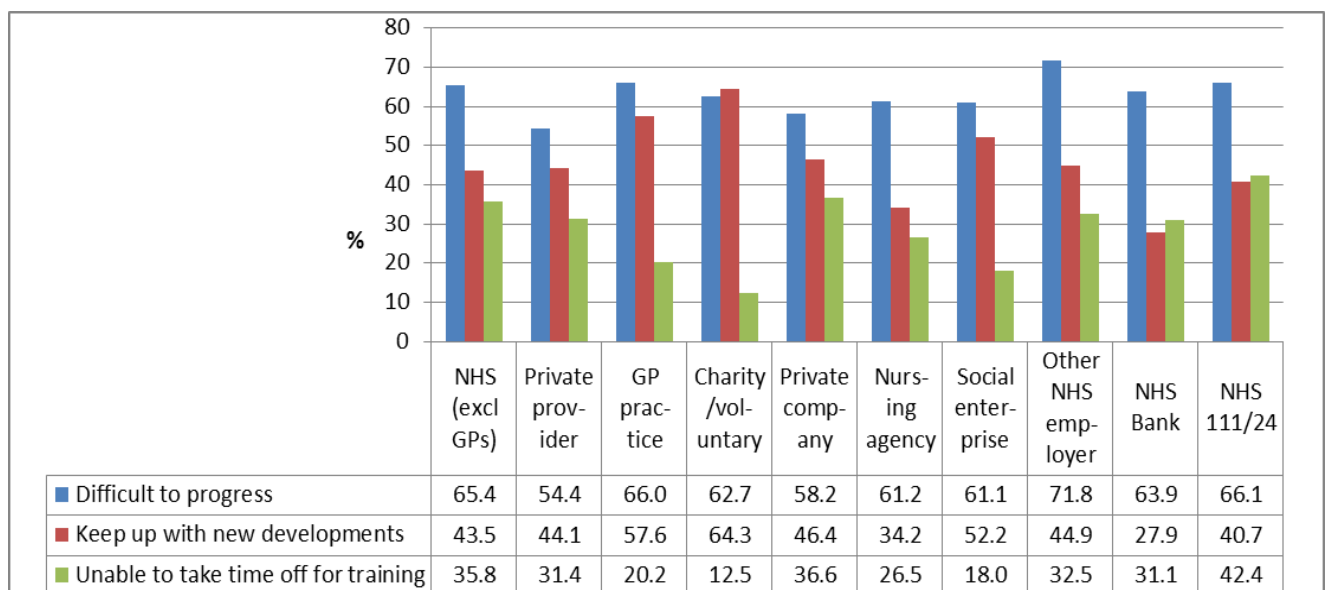


Chart 64 shows the variation in views on career progression among respondents in the largest sectors.

Chart 64: Views about career progression and professional development by sector*



*% agreeing/strongly agreeing

9.2 Nursing as a career

Respondents were asked to say to what extent they agreed/disagreed with a number of statements about nursing as a career.

It is rather alarming that fewer than half of respondents (45%) would recommend nursing as a career, although this is up slightly on the 10-year low recorded in 2013 of 43%.

For most of the statements, attitudes were slightly more positive than in the previous year. This was especially true for the view that nursing will continue to offer a secure job for years to come, where the proportion agreeing, though still less than half, is much higher than in 2013.

On the downside, a slightly higher proportion of respondents said that they regret choosing nursing as a career than in the previous survey.

The summary results were that:

- 45% agreed/strongly agreed that they would recommend nursing as a career (compared with 43% in 2013)
- 72% agreed/strongly agreed that nursing is a rewarding career (compared with 70% in 2013)
- 70% agreed/strongly agreed that most days they are enthusiastic about their job (compared with 67% in 2013)
- 46% agreed/strongly agreed that nursing will continue to offer them a secure job for years to come (compared with 36% in 2013)
- 37% agreed/strongly agreed that they would not want to work outside of nursing (compared with 39% in 2013)
- 16% agreed/strongly agreed that they regret choosing nursing as a career (compared with 13% in 2013).

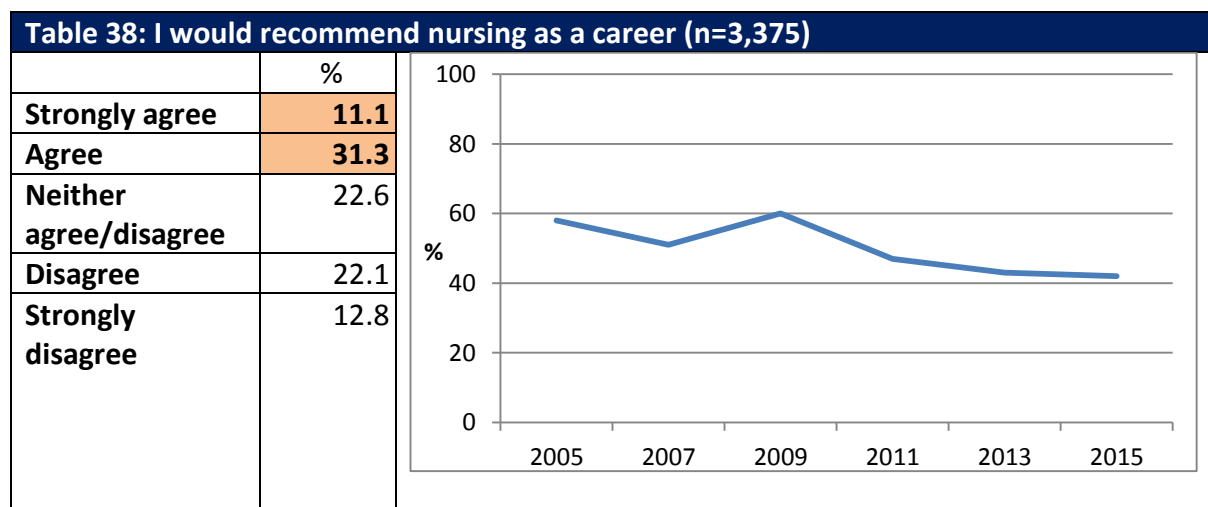


Table 39: I think nursing is a rewarding career (n=3,334)

	%
Strongly agree	23.9
Agree	46.4
Neither agree/disagree	15.0
Disagree	11.1
Strongly disagree	3.7

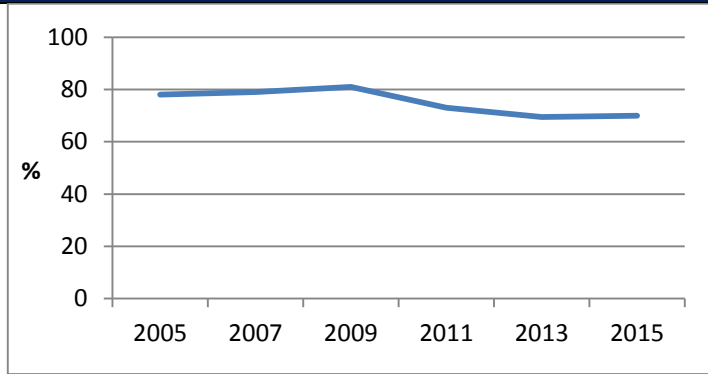


Table 40: Most days I am enthusiastic about my job (n=3,375)

	%
Strongly agree	19.0
Agree	49.2
Neither agree/disagree	17.4
Disagree	11.3
Strongly disagree	3.1

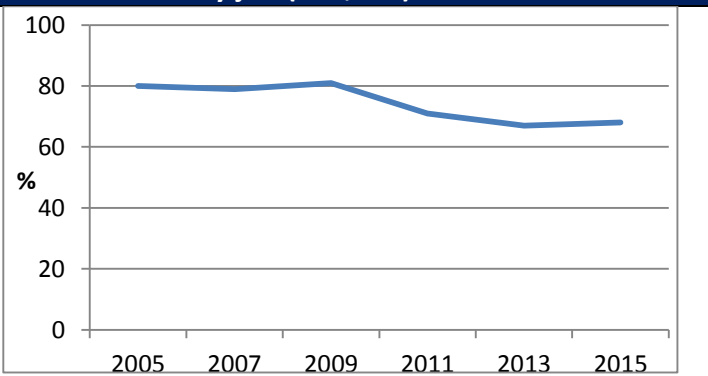


Table 41: Nursing will continue to offer me a secure job for years to come (n=3,329)

	%
Strongly agree	10.3
Agree	32.9
Neither agree/disagree	28.3
Disagree	20.9
Strongly disagree	7.6

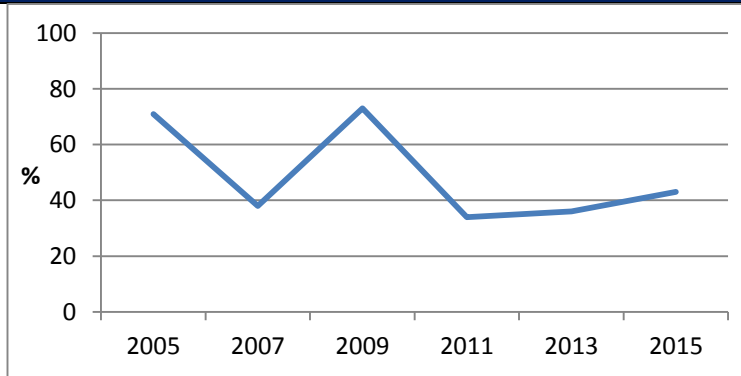


Table 42: I would not want to work outside of nursing (n=3,322)

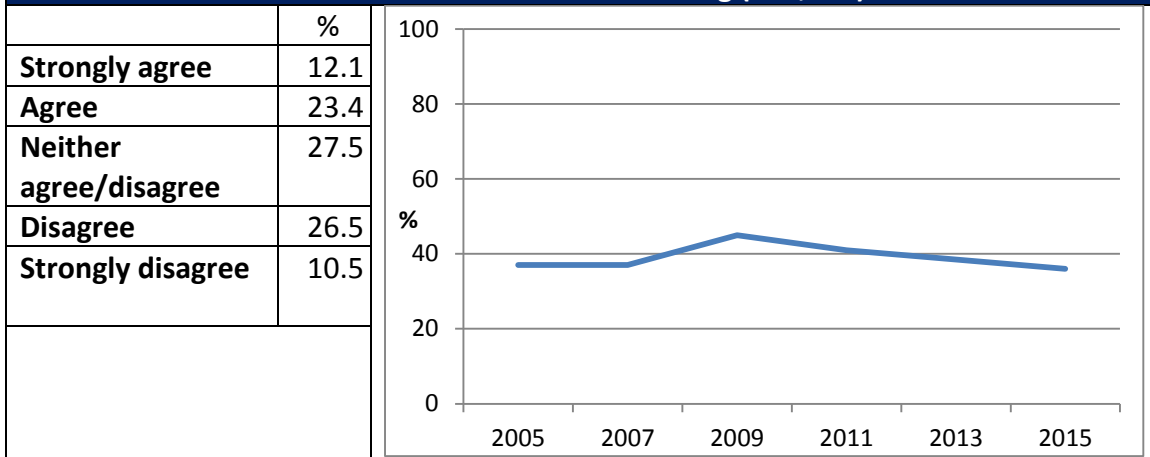


Table 43: I regret choosing nursing as a career

	2015 %	2013 %
Strongly agree	6.2	4.5
Agree	11.1	8.6
Neither agree/disagree	23.8	24.2
Disagree	32.9	35.9
Strongly disagree	26.0	26.8

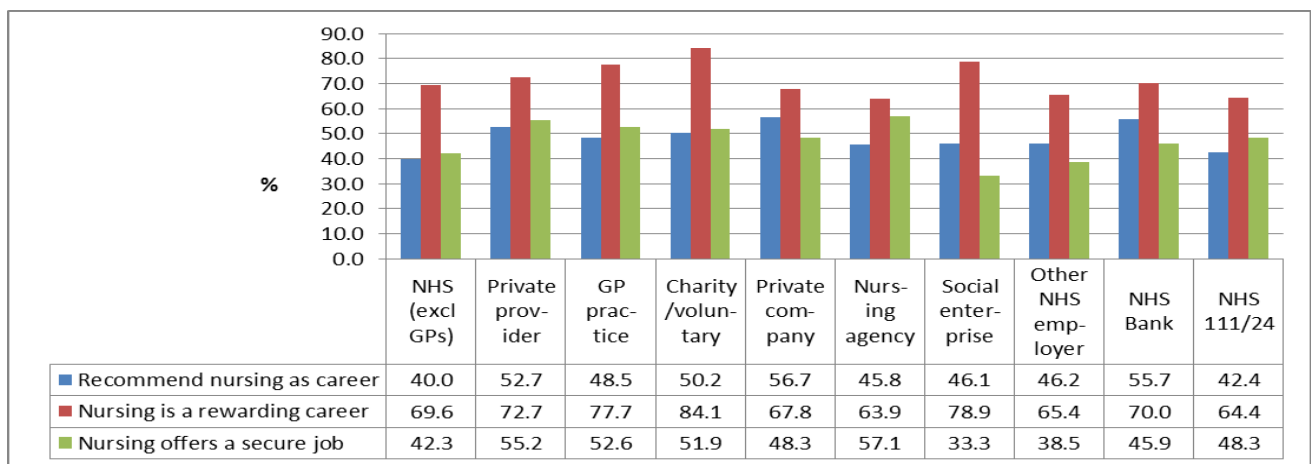
Views on pressures in the job, work-life balance, etc. are examined in Chapter 8.3 on page 74.

Charts 65 and 66 show views about nursing among respondents from the different sectors, with the main differences in views as follows:

- those working for charities/voluntary sector groups, social enterprises and GP practices are the most likely to say that nursing is a rewarding career however, it is those working for nursing agencies and for independent/private health care or social care providers who most feel it offers a secure job
- respondents in the NHS (excluding GP practices) are, as in 2013, the least likely to recommend nursing as a career. Although they are no longer the most negative group in other respects, they are less enthusiastic than average about their job and more negative than average about nursing being a rewarding career and nursing offering a secure job
- those working for private companies and for other NHS employers (eg, health boards) are the most likely to regret choosing nursing as a career

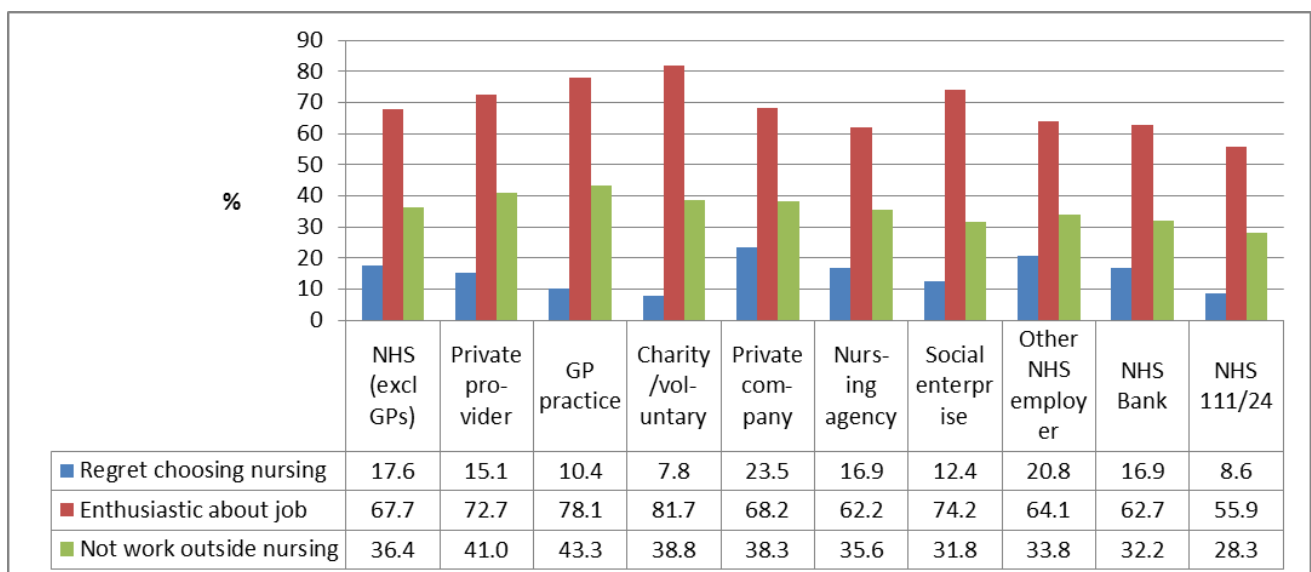
- those working for NHS 111/NHS 24/helplines are the least enthusiastic about their job, but are one of the least likely groups to regret choosing nursing as a career.

Chart 65: Views about nursing as a career by sector



*% agreeing/strongly agreeing

Chart 66: Views about nursing as a career by sector



*% agreeing/strongly agreeing

9.3 Working after normal pension age

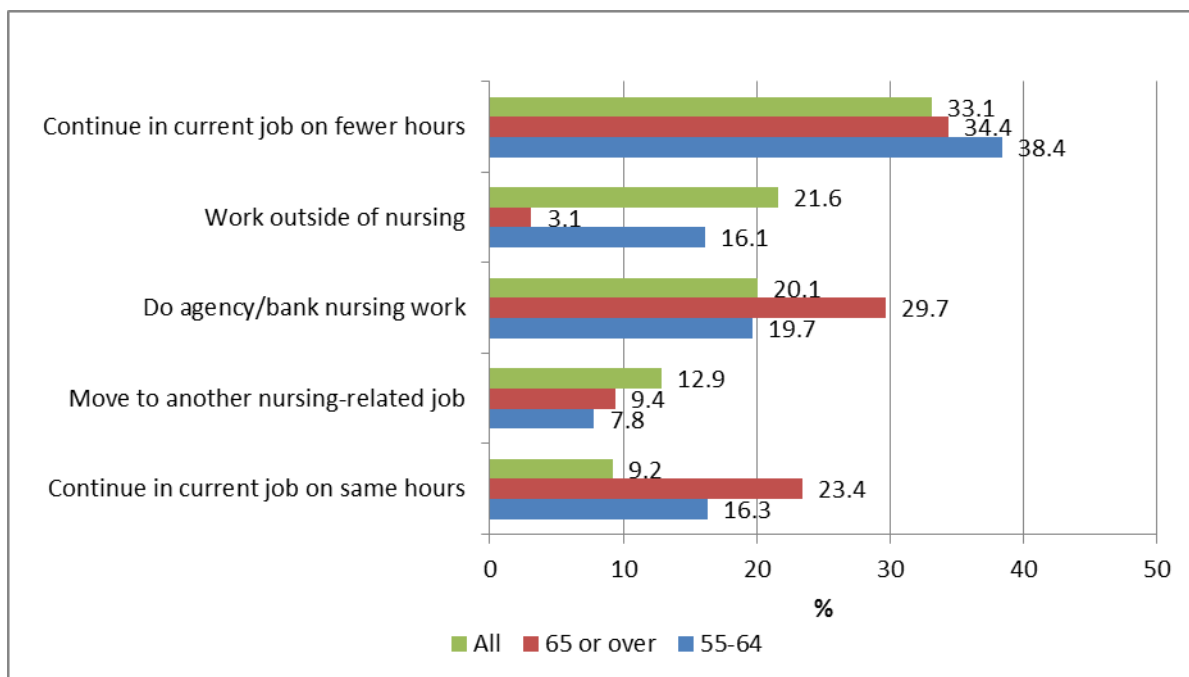
Respondents were asked what they envisage doing when they reach their normal pension age. They are split fairly evenly between wishing to retire completely (49%) and wanting to continue working in some capacity (51%).

70% of those planning to retire completely would want to do this in the UK, 10% outside the UK and 20% said 'either'.

Of those wishing to continue working, only 9% would want to continue in their current job on the same hours. One in three hope to stay in their current job on fewer hours.

However, those either approaching or past normal pension age have rather different views from younger respondents (Chart 67). They are more likely to want to continue in their job, both on the same hours or on fewer hours and are less likely to want to move jobs. Those aged 65 or over are much more likely to want to do agency or bank nursing than younger respondents.

Chart 67: Hopes for work after normal pension age*



*% of those saying say would want to continue working in some capacity n=2,101

9.4 Staff wellbeing and support

In this section we look at key indicators of organisational culture: bullying and harassment; management support; and occupational health provision.

9.4.1 Bullying and harassment

The survey examined to what extent there is a problem of bullying and/or harassment in respondents' workplaces and, if so, whether it is dealt with fairly.

The responses suggest that there continues to be a significant proportion of workplaces that have a problem of bullying and harassment, and no improvement since 2013 in confidence that reported incidents would be treated correctly.

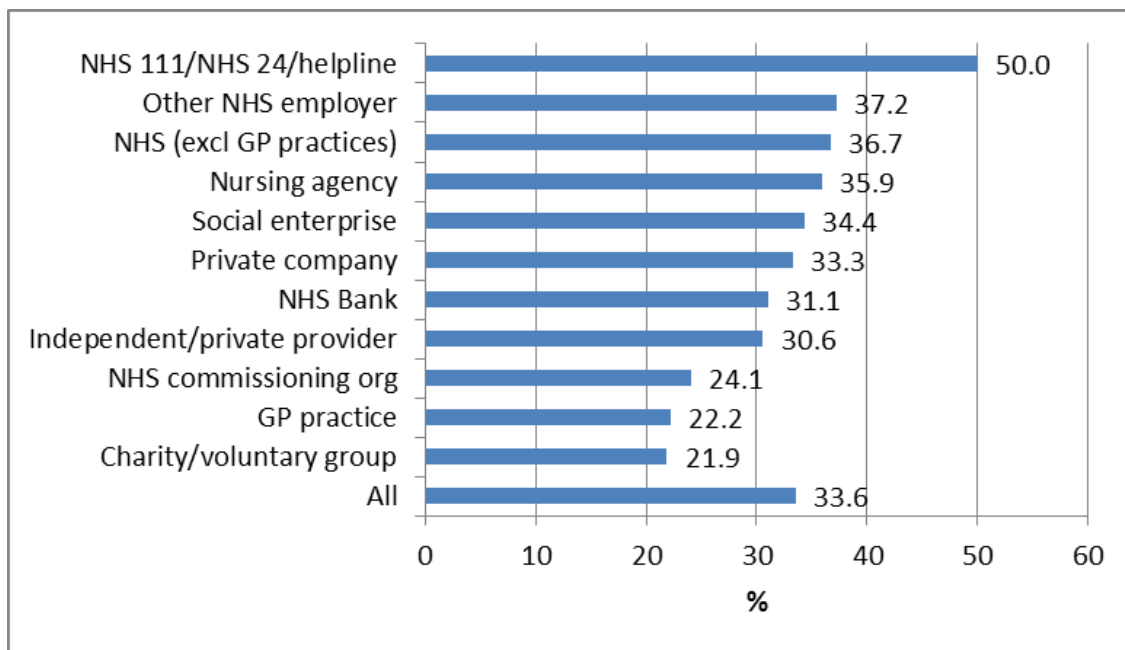
One in three respondents (34%) disagreed or strongly disagreed with the statement 'bullying and harassment are not a problem where I work' (compared with 33% in 2013). Fewer than half (47%) agreed/strongly agreed with the statement.

On top of that 28% of respondents do not feel confident that they would be treated fairly if they reported being harassed at work by a colleague (the same proportion as in 2013). And 28% do not feel confident that their colleagues would be treated fairly if they reported being harassed at work by another member of staff (compared with 27% in 2013).

Looking at these responses by employer type, clearly the worst sector in each case is NHS 111/NHS 24/helplines, where much higher than average percentages of respondents feel negatively about bullying and harassment in their workplace (Charts 68, 69 and 70).

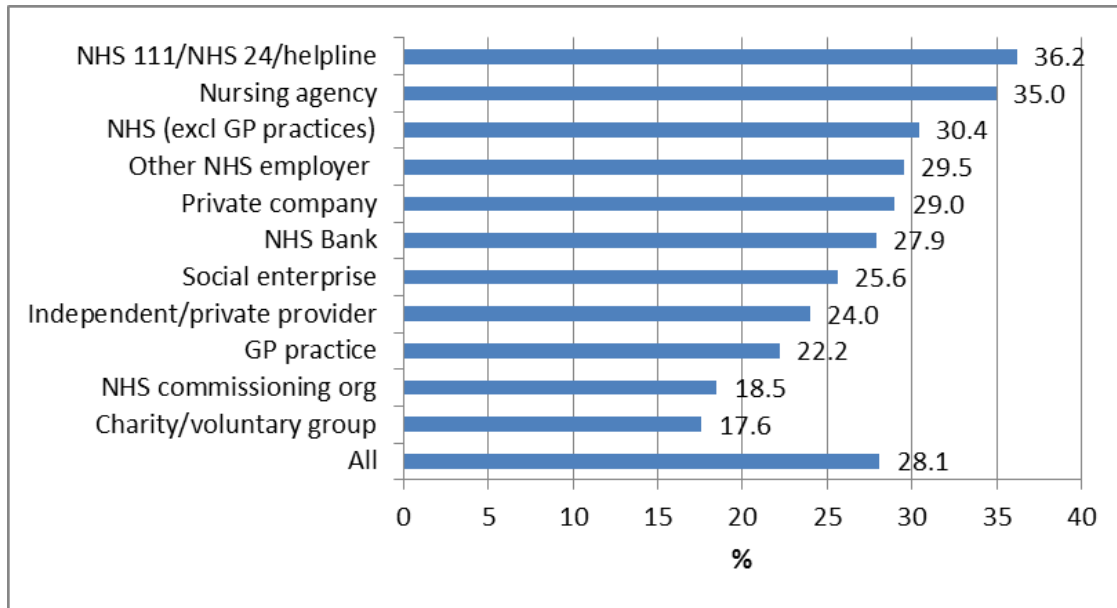
Those in charities/voluntary sector groups, GP practices and NHS commissioning organisations are all at the other end of the scale, with much lower proportions giving negative responses on bullying and harassment at their workplace.

Chart 68: Respondents DISAGREEING that bullying/harassment are not a problem*



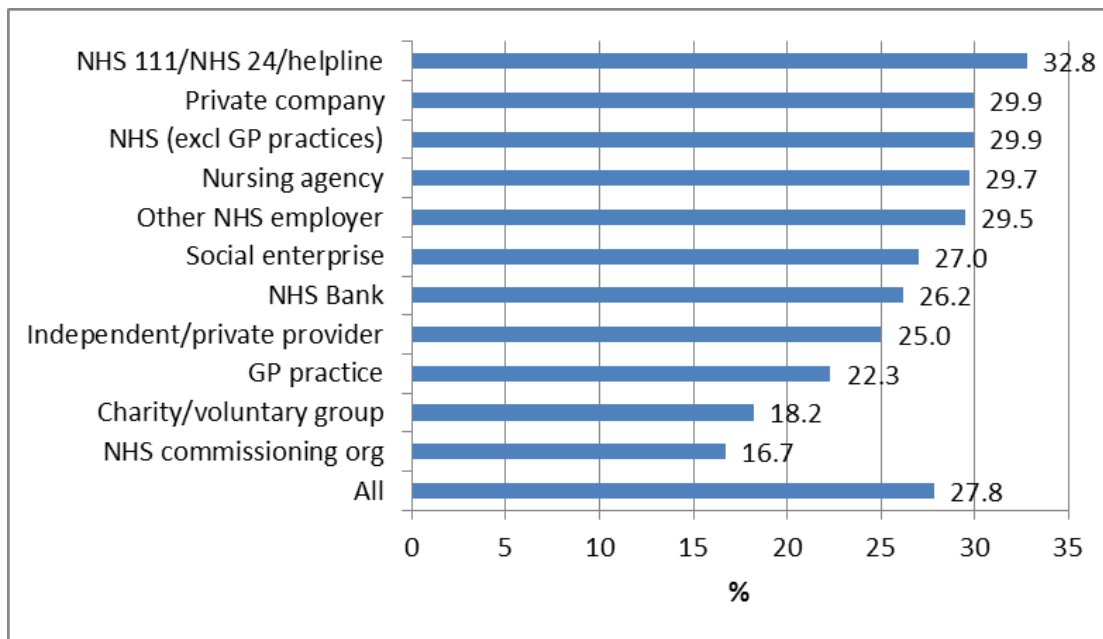
% disagreeing/strongly disagreeing

Chart 69: Respondents DISAGREEING that they are confident of being treated fairly if they reported harassment by a colleague*



% disagreeing/strongly disagreeing

Chart 70: Respondents DISAGREEING that they are confident their colleagues would be treated fairly if they reported harassment by a member of staff*



% disagreeing/strongly disagreeing

Table 44 shows the proportion of respondents in each job type who agree/strongly agree that they would be treated fairly if they reported harassment by another member of staff.

The results show differences in views according to type of job and level of seniority. Well over half (57%) of senior nurses/matrons/nurse managers, managers and directors are

confident of being treated fairly, compared to just 42% of staff nurses and 38% of community psychiatric nurses.

Table 44: I am confident of being treated fairly if I reported harassment, by job type*

	%
All	46.3
Senior nurse/matron/nurse manager	57.1
Manager/director	56.8
District nurse	54.9
Practice nurse	51.5
Clinical nurse specialist	51.3
Sister/charge nurse/ward manager	49.0
Educator	47.8
Researcher/lecturer/tutor	46.9
Community nurse	46.8
Nurse practitioner	45.5
Health care assistant/nursing auxiliary	44.7
Staff nurse	42.3
Community psychiatric nurse	38.2

*The table presents data only for the largest groups

Table 45 indicates a link between age and confidence of fair treatment, with those in the youngest and oldest age groups most confident of fair treatment.

Table 45: I am confident of being treated fairly if I reported harassment, by age

	%
18-25	59.0
26-34	49.9
35-44	43.1
45-54	46.1
55-64	45.9
65 or over	52.8

In terms of ethnicity, Asian/Asian British respondents were slightly more confident than others of being treated fairly if they reported being harassed. Black/African/Caribbean respondents were the least likely to be confident (Table 46).

Table 46: I am confident of being treated fairly if I reported harassment, by ethnic group

	%
Asian/Asian British	48.4
Mixed/multiple ethnic groups	47.1
White	46.8
Other ethnic group	45.8

Black/African/Caribbean	43.4
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9.4.2 Employer support in the workplace

Table 47 shows that just over half (57%) agree that their manager provides support when needed (compared with 56% in 2013).

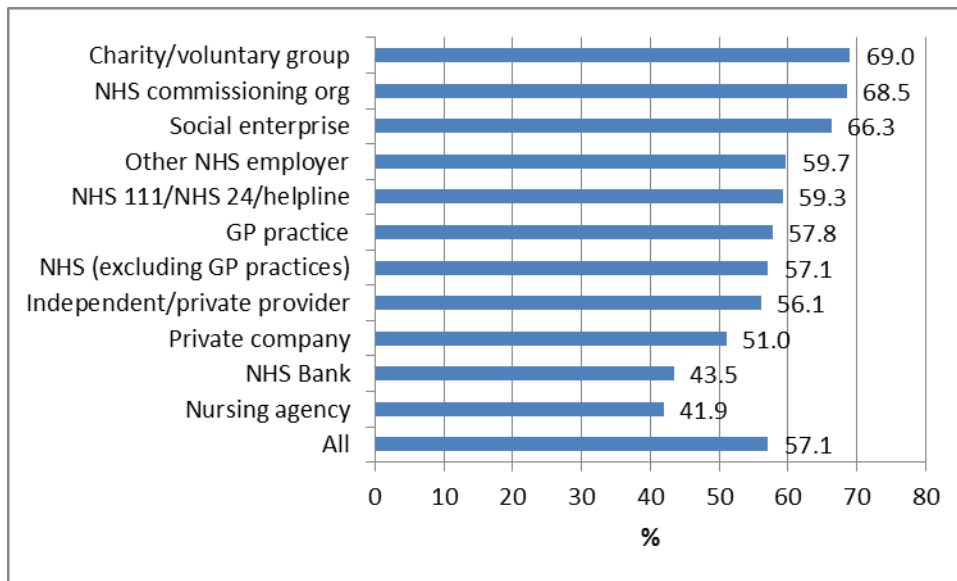
However, there appears to have been a slight decline in confidence in occupational health services since 2013: under half of respondents (49%) agreed that their employer provides good occupational health support for staff, compared with 54% in 2013. And only two thirds (66%) said they could refer themselves to occupational health services, compared with almost three quarters (73%) in 2013.

Table 47: Views about occupational health and manager support (all respondents)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	%	%	%	%	%
My employer provides good occupational health support for staff	11.1	37.5	29.3	14.6	7.5
I can refer myself to occupational health services	17.5	48.9	17.9	9.8	5.9
My manager supports me when I need it	18.2	38.9	23.3	11.3	8.3

In terms of differences between sectors, the highest scores for managers' support to staff are among respondents working in charities/voluntary sector groups, NHS commissioning organisations and social enterprises/community interest companies (Chart 71). Meanwhile, the lowest scores are among those working for nursing agencies and NHS Bank.

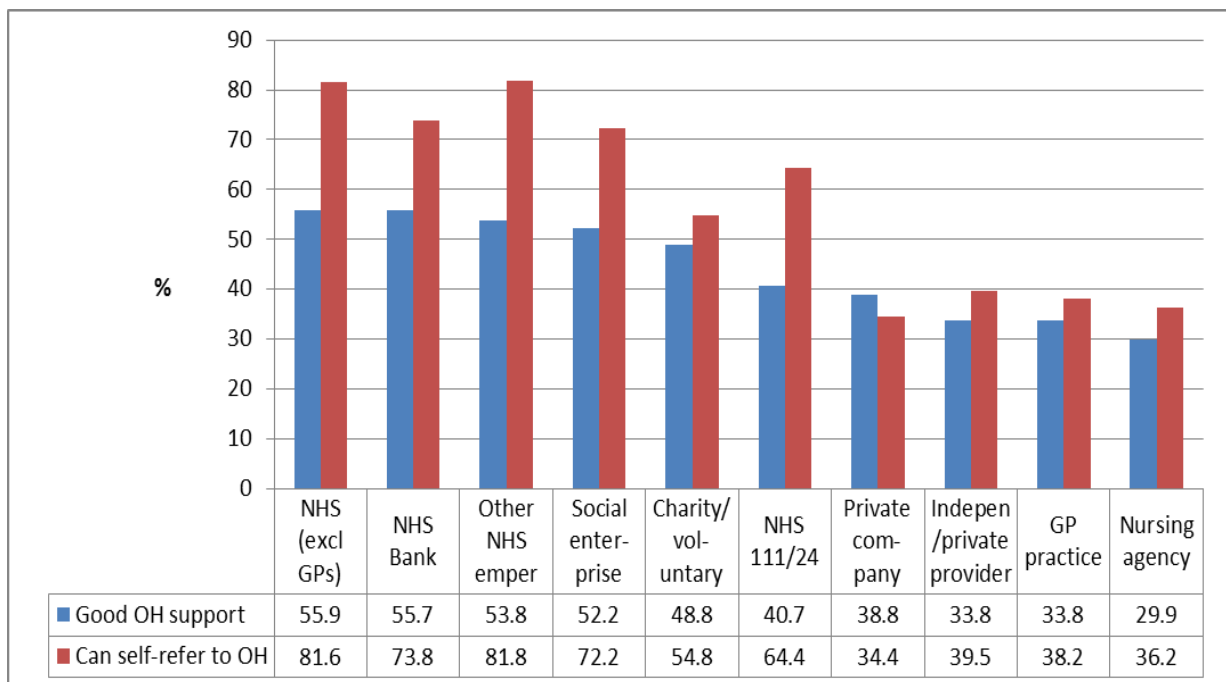
Chart 71: My manager supports me when I need it*



*% agreeing/strongly agreeing

In terms of access to occupational health support, respondents working for the NHS (excluding GP practices), NHS Bank and other NHS employers were most likely to say that staff have good occupational health support and also to say they can self refer (Chart 72). Those working for nursing agencies, GP practices and independent/private health care or social care providers were least likely to state that occupational health (OH) support is good, and those from nursing agencies and private companies were least likely to be able to self refer.

Chart 72: Views about occupational health support by sector*



*% agreeing/strongly agreeing