



Royal College  
of Nursing

2020 | International Year  
of the Nurse and Midwife

# Building a Better Future for Nursing

RCN members have their say

SURVEY FINDINGS



# Acknowledgements

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# Foreword



2020 is the International Year of the Nurse and Midwife, although not the one any of us expected. Our members - whether registered nurses, support workers, nursing associates or any other role - continue to mount the greatest demonstration of what it means to be nursing professionals, and, as this report shows, they are now working at a higher level of clinical responsibility.

This year must also be one of great change for our profession. In what became one of our highest engaged-with surveys ever, around 42,000 RCN members took the time to tell us what it will mean to feel valued after COVID-19.

The responses have revealed just how our members have seen their professional lives changed by the pandemic. Tensions that were already there have been exacerbated with earlier sticking plasters no longer covering gaping holes.

In July, we published the first findings from this survey with further analysis in this report. This is not a quick piece of polling or a temperature check on the country's nursing workforce. This is our members speaking for themselves.

Whether they worked with COVID-19 positive patients or maintained their services elsewhere, all nursing professionals are asking for fundamental change.

As a union and professional body, we will use these findings to inform our action now and as we plan for the future, to ensure our profession is recognised for how it keeps people safe and provides support when our communities are most in need.

The clapping is over. And now the Governments across the UK need to help our existing workforce and ensure that nursing is attractive, well-paid and meaningfully supported. This will equip all NHS and care services to keep patients safe. To get there, we need honest dialogue on the basis of the facts.

Here is what RCN members are saying.

**Donna Kinnair**

**Chief Executive and General Secretary, Royal College of Nursing**

# All-member survey on pay, feeling valued and working conditions

The *Building a Better Future* survey was open to all RCN members from 20 May - 17 June 2020 and received 41,798 completed responses.

Members responded from all over the UK, from a wide range of different backgrounds and roles, and working in a wide range of health and care settings. This includes the NHS (around 73% of respondents), social care and the independent sector, general practice and other settings such as prisons and local authorities. A fuller profile of respondents can be found in Appendix 1 on **page 23**.

Within the survey, we asked questions about wellbeing, morale and working conditions. We asked our members to describe if they felt valued by different groups, and where improvements are needed.

The findings presented are at a UK level, summarising our members' responses and experiences based on the specific questions asked. As well as a general overview, any unexpected findings or notable differences between the groups of respondents are highlighted. These aspects include work setting, grade and pay band, employment status, ethnicity, job role, any disability, gender and age. We are keen to explore how these shared and intersecting identities shape the experiences and outcomes faced by RCN members. We intend to explore this in greater detail when we do further research into the survey responses. The definitions and breakdowns of the different groups included in this initial analysis are in the technical notes in Appendix 1 on **page 23**. The full data tables referenced in this report can be found in Appendix 2 on **page 30**.

We are further analysing this large and rich dataset to better understand what our members have said to shape how we work together to meet their needs. To support this, we are also running additional focus groups and interviews. More detail on our plans can be found in the *What happens next: building a better future for nursing* section on **page 22**.

*This report contains the headline findings from a survey of RCN members undertaken in May and June 2020. Figures within the report may not always total 100% due to rounding. Please note that this report does not contain the findings from all survey questions. Some findings require further analysis and will be included in future outputs.*

## Executive summary

Any vacant post, in any setting, threatens the quality of care patients receive and compromises their safety. Prior to the pandemic, the RCN estimates there were around 50,000 registered nurse vacancies in the NHS alone across the UK. As the population continues to grow and our workforce ages, without sufficient recruitment and retention this staffing shortage is only set to increase, and therefore further risks the safety of patients and public health.

Due to the high pressure of the pandemic on nursing staff, it was vital to understand how our members feel valued, and the impact of working on the frontline. We surveyed our members in May 2020, and received around 42,000 responses from nurses, nursing support workers and students.

Early analysis of the results were published in *Speaking up: how UK nursing staff expect to be valued* (July 2020), which showed that pay was an important factor in both feeling valued and also as a large influence for those who are considering leaving the profession. Headline findings from this previous report include:

- three quarters (74%) of respondents feel more valued by the general public, 58% state they feel more valued by the media and 54% say they feel more valued by patients or people who use services compared to directly before the pandemic. However, just 18% state they feel more valued by the government in their part of the British Isles, despite the efforts of nursing staff over the COVID-19 pandemic
- when looking back to the end of 2019, 27% of all respondents were thinking about leaving the profession. In 2020, this figure jumps to 35%
- nearly three quarters of respondents (73%) say higher pay would make them feel more valued. This is true for all staff in every sector of health and social care, whether they are considering leaving the profession or not. Other important factors include improved staffing levels (50%), safe working conditions (45%) and adequate equipment and materials (43%).

This report explores wider data from the survey, including initial comparisons between different settings and experiences during the pandemic. There are a number of concerning trends within these findings. Overall, working conditions, morale and safety are deteriorating, but passion for the profession remains.

Other key findings include:

- nine out of 10 respondents are concerned about the wellbeing of nursing staff in general
- 88% of respondents say they are passionate about the nursing profession but a third say they may consider leaving by the end of this year. This equates to over 14,000 people
- overall, 44% say that the way nursing staff have been treated during the pandemic has made them consider leaving the profession. This is higher amongst Black, Asian and minority ethnic (BAME) staff (54%) compared to white respondents (42%)
- those aged under 24 are more likely than other groups to cite staffing levels as a reason for wanting to leave.

## Experiences during the pandemic

Over half of our members who responded say that staff morale is worse compared to their experiences before the pandemic, with slightly worse results in the NHS compared to other settings. Nearly four in 10 respondents say staffing levels had worsened, and this is worse in independent and private sector social care. This is especially concerning given the widespread shortages of nursing staff in all parts of the UK. 62% also say that the needs of patients and service users have become more complex during the pandemic.

## Pay and working conditions

As detailed in our previous report, we asked what would make members feel more valued; three quarters responded to say “improved pay”, with more supportive management and better staffing levels also scoring highly.

We know that pay is an important issue for our members, with survey findings highlighting how significant a factor it is for all groups in feeling valued, as well as being cited by many as a reason for considering leaving the profession. We also know that wider aspects of value and working conditions, including staffing levels, are having an effect on intentions to stay in the profession.

45% of our members say that safe working conditions would support them to feel more valued. This chimes with previous findings from the nursing profession about the impact of staffing levels<sup>1</sup>. This was the only notable difference between respondents from different ethnicities on what would make them feel more valued; 56% of BAME respondents told us this was a concern compared to 42% of white respondents.

## Reasons for considering leaving the profession

We asked members about more general concerns in the workplace. Half of our members who responded are concerned about their own physical and mental health, and nine out of 10 are concerned about the wellbeing of those in the nursing profession generally. Our members are also concerned about their financial circumstances and are finding it hard to juggle work with other responsibilities.

Registered nurses report being more likely than nursing support workers and nursing associates to consider leaving the profession. Of those considering leaving, the majority of members say it is due to pay, but more than four in 10 say that the way nursing staff have been treated during the pandemic is also a factor. Other reasons given include low staffing levels and lack of management support. BAME members who responded are more likely than white respondents to cite bullying and harassment, unsafe working environments and lack of opportunities as reasons for considering leaving nursing.

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<sup>1</sup> Royal College of Nursing (2017) *Nursing against the odds*. Available at [www.rcn.org.uk/professional-development/publications/pub-006415](http://www.rcn.org.uk/professional-development/publications/pub-006415)

# Our members' experiences during COVID-19

- Working during the pandemic is a stressful experience for nursing staff. Fear over health and safety, stress levels and patient complexity have all increased, at the same time as staffing levels and the ability to take breaks have worsened. Over half (56%) of our members who responded say that staff morale is worse than before the pandemic.
- Members who responded that work in independent/private sector social care settings are more likely than those working in other settings to report worse staffing levels and ability to take breaks, alongside an increase in paperwork and bureaucracy and service user expectations.
- 60% of nursing staff are working at the same level of responsibility as before the pandemic. However, 90% of those who are working at a higher level of responsibility are not being paid accordingly.
- 60% of our members who responded are working the same number of hours as before the pandemic, however around one third reported they are working longer hours. Of these, 40% of respondents are not being paid for the additional hours, with a further 18% only sometimes being paid.
- Our BAME members who responded are less likely to be paid for working additional hours than white respondents - 48% compared to 39%. Just over half (51%) of those with a disability are not being paid for working longer hours, compared to 39% of those who do not have a disability.
- Those working outside of the NHS don't feel as valued by the public and the media compared to those working for the NHS.

## Working conditions

During the height of the pandemic, the RCN ran surveys that looked at specific issues such as personal protective equipment (PPE) and access to testing<sup>2</sup>. This survey offered a further opportunity to ask members about the difference in working conditions before and after the pandemic. We also explored what impact COVID-19 had on how much our members feel valued by different groups of society including the public, their colleagues and the government.

### General working conditions

We asked whether each of the following had improved, worsened or stayed the same, compared to before the COVID-19 pandemic.

	Improved	Stayed the same	Worsened	Unsure/not applicable
Staffing levels	20%	37%	38%	5%
Senior management support and leadership	24%	43%	29%	4%
Skills/competencies of colleagues	24%	56%	15%	6%
Patient/service user satisfaction/feedback	22%	41%	14%	23%
Staff morale	13%	27%	56%	5%
Ability to take breaks (for rest, food, rehydration, to use the toilet, etc.)	15%	53%	27%	4%

2 RCN reports on PPE and Testing are available at: [www.rcn.org.uk/-/media/files/northern-ireland/ppe-survey-key-findings.pdf](http://www.rcn.org.uk/-/media/files/northern-ireland/ppe-survey-key-findings.pdf), [www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/may/009-263.pdf?la=en](http://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/may/009-263.pdf?la=en) and [www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/april/009-251.pdf?la=en](http://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/april/009-251.pdf?la=en)



Over a third of our members who responded (38%) say staffing levels have worsened compared to before the pandemic. However, there are notable differences between members working in different settings.

Respondents working as NHS bank staff or for private agencies are most likely to report that staffing levels have increased (32%), this compares to just 4% of respondents employed in general practice saying that staffing levels have increased. Many members say that staffing levels have stayed the same; 60% of members who responded from general practice, and 51% employed in other parts of the public sector.

Almost half (49%) of those who work in independent/private sector social care reported that staffing levels have worsened, along with 40% of those employed in charities or voluntary sector organisations. This compares to 39% of those working for NHS trusts/boards and 30% of other public sector employees who say that staffing levels have got worse.

Over half (56%) of members who responded reported that staff morale has worsened. Further analysis according to respondents' individual characteristics shows that white respondents are more likely to say staff morale has worsened (57%) than BAME respondents (49%), as are more junior nursing staff compared to those working at the most senior levels. Nearly six out of 10 (59%) of members who responded as a band 5 (or equivalent) reported that morale has worsened, compared to 47% of band 8 and 9s (or equivalent).

BAME respondents are slightly more likely to report that morale has improved, with 15% who responded saying so, in comparison to 13% of white members who responded. Members at bands 8 and 9 (or equivalent) are most likely to say that morale has improved (20%), compared to 12% of our members working at bands 5 and 6 (or equivalent).

Although, most members who responded say that their ability to take breaks has stayed the same, over a quarter (27%) told us it had worsened. Members working in independent/private sector social care are the most likely to say that their ability to take breaks has worsened (35%), and least likely to say it had improved (7%), highlighting a real negative impact on working conditions for members working in those settings.

For other members, their ability to take breaks has improved during the pandemic, which is the case for 19% of members who work in general practice. They are also less likely to say their ability to take breaks has worsened (16%).

We asked whether each of the following factors have increased, decreased or stayed the same, compared to before the COVID-19 pandemic. The table below sets out what members who responded said.

	Increased	Stayed the same	Decreased	Unsure/not applicable
My stress levels	76%	20%	3%	1%
Stress levels of my colleagues	85%	9%	2%	3%
Bullying and harassment	16%	36%	7%	41%
Paperwork/bureaucracy	48%	39%	9%	4%
Patient/service user expectations	38%	37%	16%	10%
Complexity of patients/service users	62%	28%	4%	5%
Fears for my health and safety and that of my colleagues	82%	14%	2%	2%

More than three quarters (76%) of respondents reported an increase in their own stress levels with 85% reporting an increase in the stress levels of their colleagues. Just 16% of members who responded say that patient and service user expectations has decreased, compared to 38% who say that they have increased. 48% of members who responded say they are doing more paperwork during the pandemic, compared to 9% who are doing less. For 82% of members who responded, there is an increased fear for their health and safety, and that of colleagues. This is in comparison to just 2% reporting their fears have decreased.

Members who are 65 and over are much less likely to report an increase in their own stress levels than those in all other age categories, with just over half (55%) reporting an increase compared to 82% of those between the ages of 18-24 and 25-34. More than a third of people over the age of 65 reported that their own stress levels have stayed the same, compared to 14% of those aged 25-34. These findings indicate that it is younger members who are experiencing heightened stress levels.

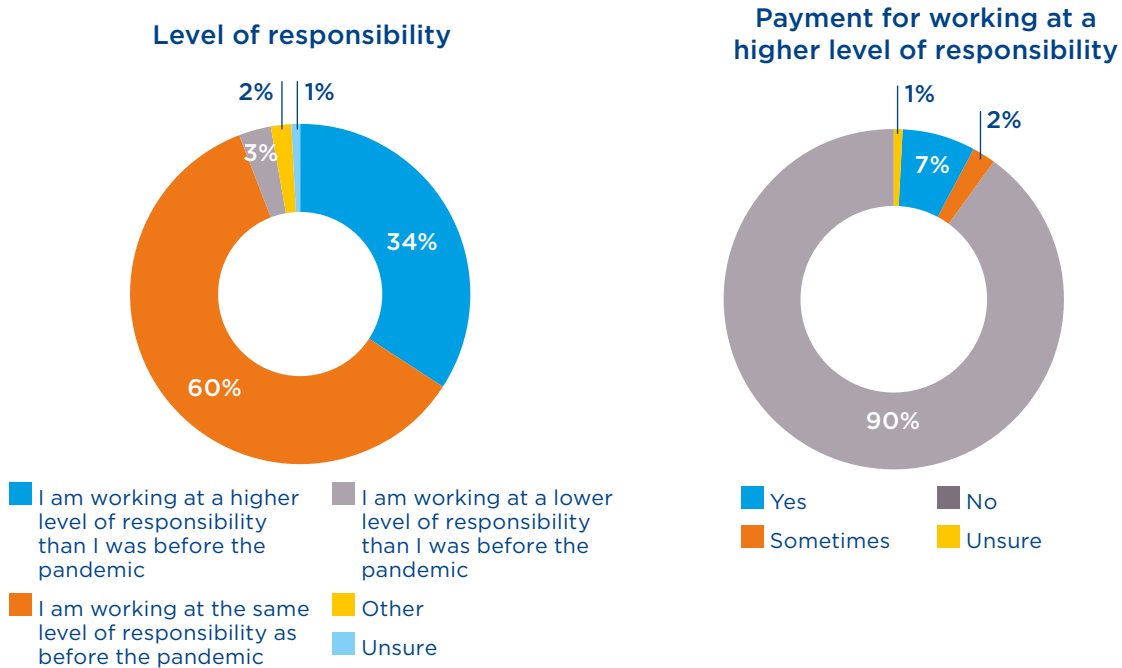
Nearly a quarter (23%) of BAME members who responded report an increase in bullying/harassment compared to 15% of those who are white. The number of people who say bullying and harassment decreased is consistent across different groups; 7% of white respondents and 8% of BAME respondents.

Nearly half (48%) of members who responded say paperwork/bureaucracy has increased compared to before the pandemic. Those working in the independent/private sector are much more likely to report an increase (71%) compared to those working for NHS trusts/boards (46%) or GP practices (45%). Members who responded from NHS commissioning and arm's-length bodies are most likely to report that they have experienced a reduction in paperwork (14%), which is still far less than the 48% working in these settings who say their paperwork had increased, indicating nursing staff will be spending more time on these tasks.

Overall, 38% of respondents feel that patient/service user expectations have increased compared to before the pandemic. However, 54% of BAME members who responded report that patient/service user expectations have increased compared to 35% of white respondents. More than double the proportion of white respondents (17%) say the expectations of people who use services has decreased, compared to 8% of BAME members who responded. There are also differences across settings as over half (52%) of those working in independent/private sector social care say expectations have increased, far higher than those working for NHS trusts/boards (37%) and GP practices (34%), putting further pressure on nursing staff. Members who responded from general practice settings are more likely to report a decrease in the expectations of people who use services, with 34% of respondents from these settings saying this is their experience.

## Level of responsibility and payment

We asked which of the following best describes their level of responsibility during the COVID-19 pandemic.



The majority (60%) of members who responded are working at the same responsibility but a third (34%) are working at a higher level.

Of those who are working at a higher level, 90% are not paid for it.

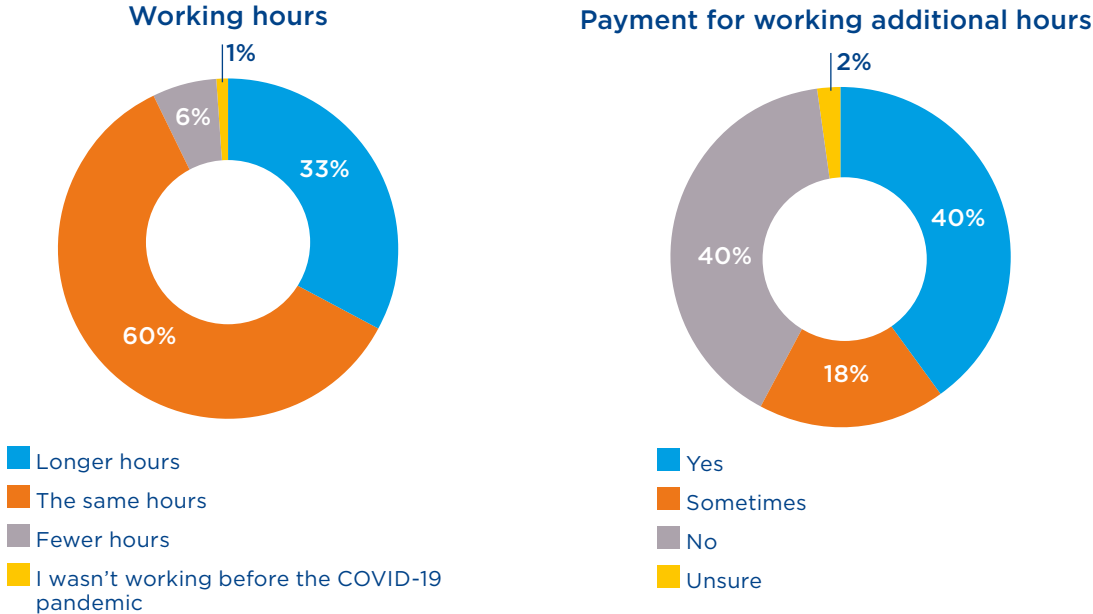
Members who had retired but are working are more likely than other groups to report that they are working at the same level of responsibility (67%), this compares to 16% who said they are working at a higher level of responsibility.

Students reported that 60% of them are working at a higher level, and of these, 57% are being paid for this work. It is difficult to make comparisons for nursing students as pre-pandemic they were 'supernumerary', meaning they are in training, therefore not paid and are not part of staffing counted within formal levels. During the pandemic however some nursing students chose to become employed, meaning that they were counted within staffing levels, at the appropriate grade and role and may have been undertaking work at a higher level of responsibility.

Members in both independent/private sector health and social care are more likely (both 39%) to be working at a higher level of responsibility than those working in other settings. Members who responded from charity and voluntary sector settings, or those working as NHS bank staff and for private agencies are the least likely to be working at a higher level of responsibility (28%). Half of BAME members who responded (49%) are working at a higher level compared to 31% of those who are white, and 44% of men are working at a higher level compared to 33% of women. However, there is very little difference between these groups of respondents on whether they are being paid for working at a higher level of responsibility.

**Length of working hours**

We asked respondents how the length of their working hours compared to before the pandemic.



The majority (60%) of members who responded are working the same number of hours but one third are working longer hours.

Of those working longer hours, 40% of respondents are not being paid for them with a further 18% only sometimes being paid.

35% of white respondents are working for longer hours compared to 25% of BAME respondents. However, BAME respondents are less likely to be paid for additional hours with 48% not being paid, with an additional 13% being paid sometimes. For respondents who are white, 39% are not paid and 19% are paid sometimes.

There are big differences between respondents working in different settings. Half of those working in independent/private sector social care are working longer hours, as are half of those working in other public sector settings (eg, local authorities, in further education) and in NHS commissioning/arm's-length bodies (47%). The majority of those working in GP practices (70%) work for the same number of hours but more than one in five (22%) of those working as bank or agency work for fewer hours.

Looking across different settings, more than two thirds (68%) of those working for NHS bank/private agency are paid for extra hours worked. However, 69% of those working in other public sector settings are not paid to work longer hours, nor are 64% of those working in NHS commissioning/arm's-length bodies.

There is a small difference in whether respondents with disabilities are working longer hours than those who do not have disabilities, yet just over half (51%) of those with a disability are not being paid for working longer hours, compared to 39% of those who do not have a disability.

# Impact of COVID-19 on how nursing staff feel valued by others

We asked members whether they feel valued more, less or the same by each of the following groups compared to before the COVID-19 pandemic. We reported on this data in *Speaking up: how UK nursing staff expect to be valued* (July 2020) and as this is our full report on the survey findings, it is being included again here for thoroughness. The table below sets out what members who responded say.

	More valued	The same	Less valued	Unsure/not applicable
Patients/clients/service users	54%	38%	4%	4%
Your nursing colleagues	31%	60%	7%	3%
Other health and social care professionals you work with	26%	62%	8%	5%
Your line manager	26%	56%	15%	4%
Senior executive management in your organisation	18%	48%	23%	11%
The government in your part of the British Isles	18%	37%	33%	13%
The media	58%	23%	11%	8%
The general public	74%	17%	5%	4%

Nearly three quarters of respondents feel more valued by the general public than before the pandemic.

However, although the majority (64%) of those not employed by the NHS feel more valued, the figure for this group is more than 10% lower than those working in GP practices (77%) and the NHS (76%). The public support for nursing staff seen throughout the pandemic may not be felt equally across staff working in different settings.

Over half (58%) of respondents feel more valued by the media, but again, those working outside of the NHS are less likely to feel valued compared to those working in the NHS or for GP practices. Indeed, a quarter (26%) of respondents working in independent/private sector social care feel less valued. In contrast, only 10% employed by NHS trusts/boards felt the same, and 60% feel more valued.

Most (54%) respondents feel more valued by the patients and people who use services and those they care for but there are differences reported between staff working in different settings. 69% of respondents working in GP practices feel more valued by their patients compared to 55% of those working in NHS services and 45% working in non-NHS services.

Breaking this down further, those working in other public sector settings are the least likely to feel more valued (38%) followed by those working for charities/the voluntary sector and those working in independent/private sector social care (both 44%).

Overall, a third of respondents told us they feel less valued by the government in their part of the UK. Respondents aged 18-24 are more than twice as likely to feel less valued by the government than those aged 65+ (44% compared to 21%). 34% of white respondents feel less valued by the government compared to 26% of respondents from BAME backgrounds. It is important to note that BAME respondents are more than twice as likely to say that they were unsure or that the question was not applicable – 23% compared to 11% of white respondents.

# Our members’ general perceptions of the nursing profession

- Nearly three quarters (73%) say improved pay would make them feel more valued, by far the most popular answer.
- Half of respondents selected better staffing levels and just under half say that safe working conditions would make them feel more valued.
- 55% of BAME respondents say that safe working conditions would make them feel more valued compared to 42% of white respondents.
- Students are the only group where improved pay is not the most popular answer, with professional development more important. Staff working in non-NHS settings are also much more likely to say improved sick leave and sick pay than those working in the NHS.
- We asked which one thing would make our members feel more valued, and the most popular answer across all groups is increased pay.
- 88% say they are passionate about the nursing profession and 89% of respondents feel that the public should have better awareness of what the nursing profession does.
- 91% are concerned about the wellbeing of those in the nursing profession generally, with 58% of respondents concerned about their own physical health and 52% worried about their own mental health.
- Nearly half (48%) of respondents are worried about their financial circumstances. 71% of BAME respondents have this concern, compared to 44% of white respondents.

We asked members to consider their general perceptions of nursing including what would make them feel more valued and the impact on their health and wellbeing.

## How to make nursing staff feel more valued

We asked our members to think generally about their work and select which of the following options would make them feel more valued. The table below sets out what members who responded say.

Improved pay	73%
Better staffing levels	50%
Safe working conditions	45%
Having adequate equipment, uniform and materials to do my job properly	43%
More supportive management	39%
Having my concerns responded to	32%
Professional development to support my career progression	29%
Better teamwork/communication	28%
More flexible working arrangements	21%
Access to a better pension	19%
Improved annual leave	17%
Improved sick leave/sick pay	13%
Having someone to support and mentor me	12%
Other	5%

As detailed in the *first report from this survey*,<sup>3</sup> nearly three quarters (73%) say improved pay would make them feel more valued, by far the most popular answer. There are many differences between respondents working in different settings but pay is the most selected option across all groups.

Half of respondents selected better staffing levels and just under half say safe working conditions would make them feel more valued.

Further analysis reveals interesting differences in priorities among groups of members according to their job, career stage and workplace setting. For example, while fewer respondents working for GP practices were likely to state that staffing levels were most important in feeling valued, (22% compared to 50% of all respondents) they were more likely to point to improved annual leave (31% compared to 17% of all respondents) reflecting concerns about their employment conditions.

Similarly, 48% of those working in independent/private social care settings and 37% of those working in independent/private health care settings stated that improved sick leave/sick pay was a major priority. This compares to just 7% of respondents working for NHS trusts/boards.

NHS bank staff and those working for private agencies are more likely to say that having adequate equipment, uniform and materials would make them feel valued, compared to those working in other settings.

55% of BAME respondents say that safe working conditions would make them feel more valued compared to 42% of white respondents. Similarly, anxieties about personal safety are high among members who are not working due to sick leave/maternity leave. This group is also much more likely than others to select safe working conditions, reflecting their worries about returning to work.

Among students and nursing associates/trainee nursing associates, career support is a high priority, with 55% of both students and nursing associates stating that professional development to support career progression would make them feel more valued, alongside 49% of students selecting 'having someone to support and mentor me'.

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3 RCN (2020) *Speaking up: how UK nursing staff expect to be valued*. Available at: [www.rcn.org/uk/professional-development/publications/rcn-speaking-up-uk-covid-19-pub-009323](http://www.rcn.org/uk/professional-development/publications/rcn-speaking-up-uk-covid-19-pub-009323)

### Priorities for increasing feelings of value

In order to create more specificity of response, and to better understand members' priorities, we asked respondents which one of the options would make them feel most valued.

Improved pay	44%
More supportive management	9%
Better staffing levels	8%
Having adequate equipment, uniform and materials to do my job properly	6%
Safe working conditions	6%
Having my concerns responded to	6%
Professional development to support my career progression	6%
Better teamwork/communication	5%
More flexible working arrangements	3%
Having someone to support and mentor me	2%
Access to a better pension	2%
Improved sick pay/sick leave	1%
Improved annual leave	1%
Other (please specify)	1%

When guided to pick one option, 44% of respondents chose improved pay as the one thing that would make them feel more valued. More supportive management is second (9%) and better staffing levels third (8%).

Students are much more evenly split on their selections than any other groups, as well as prioritising different things to the other groups. The top three selections for students are improved pay (24%), having someone to support and mentor me (19%) and professional development to support career progression (17%).

Respondents who are retired but still working are also a lot less likely to choose improved pay compared to those who were employed and working or employed and not working. Only 38% of our members working at the highest level selected pay compared to 52% of respondents working at band 5 or equivalent. 10% of respondents working at band 1-4 or equivalent are more likely to select professional development to support career progression than other groups, more than any other group.

There is consistency amongst members selecting 'improved pay' as the first option regardless of role. For both nursing associates/trainee nursing associates and health care support workers, professional development is the second most selected choice after pay, (14% and 10% respectively), whereas only 5% of registered nurses pick this option. Instead, registered nurses selected 'more supportive management' as their second choice.



Pay is selected by just over a third (35%) of those not employed by the NHS compared to nearly half of those who are employed by the NHS (48%) and GP practices (47%). Looking at a further breakdown, only around a quarter (26%) of those working in independent/private sector social care select improved pay, compared to nearly half (49%) of those working for NHS trusts/boards. Members working in independent or private social care are also much more likely than any other group to select improved sick pay/leave, with it being the second most popular choice (11%).

### Views about the nursing profession and a career in nursing

We asked members whether they agreed or disagreed with the following statements. The table sets out what members who responded say.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Unsure
I am worried about my financial circumstances	6%	20%	25%	29%	19%	1%
I am struggling to juggle work and family/domestic responsibilities	6%	25%	26%	26%	16%	1%
I am worried about my physical health	5%	17%	19%	37%	21%	1%
I am worried about my mental health	6%	19%	22%	33%	19%	1%
The current COVID-19 pandemic has generally made my working conditions worse	4%	16%	22%	35%	23%	2%
I am passionate about the nursing profession	3%	2%	7%	28%	60%	1%
I am concerned about the wellbeing of those in the nursing profession	2%	1%	5%	39%	52%	0%
The public should have better awareness of what the nursing profession does	3%	1%	7%	33%	56%	0%

88% of participants agree they are passionate about the nursing profession, including 60% who strongly agree. Overall, 89% of respondents feel that the public should have better awareness of what the nursing profession does.

However, 91% are concerned about the wellbeing of those in the nursing profession generally, with 58% of respondents concerned about their own physical health and 52% worried about their own mental health. This demonstrates that further support within the workplace is needed to help protect health and wellbeing of the nursing workforce.

In terms of disagreement, 25% of members who responded say they are not struggling to balance work with family/domestic responsibilities, and 20% say they are not worried about their financial circumstances.

Respondents with a disability are much more worried about their physical and mental health in comparison to respondents who do not have a disability. 65% of members who responded who have a disability agreed or strongly agreed that they are worried about their mental health, compared to 51% of members who do not have a disability. When considering concerns about physical health, 77% of members with a disability agreed or strongly agreed that they are worried compared to 57% of members without disabilities.

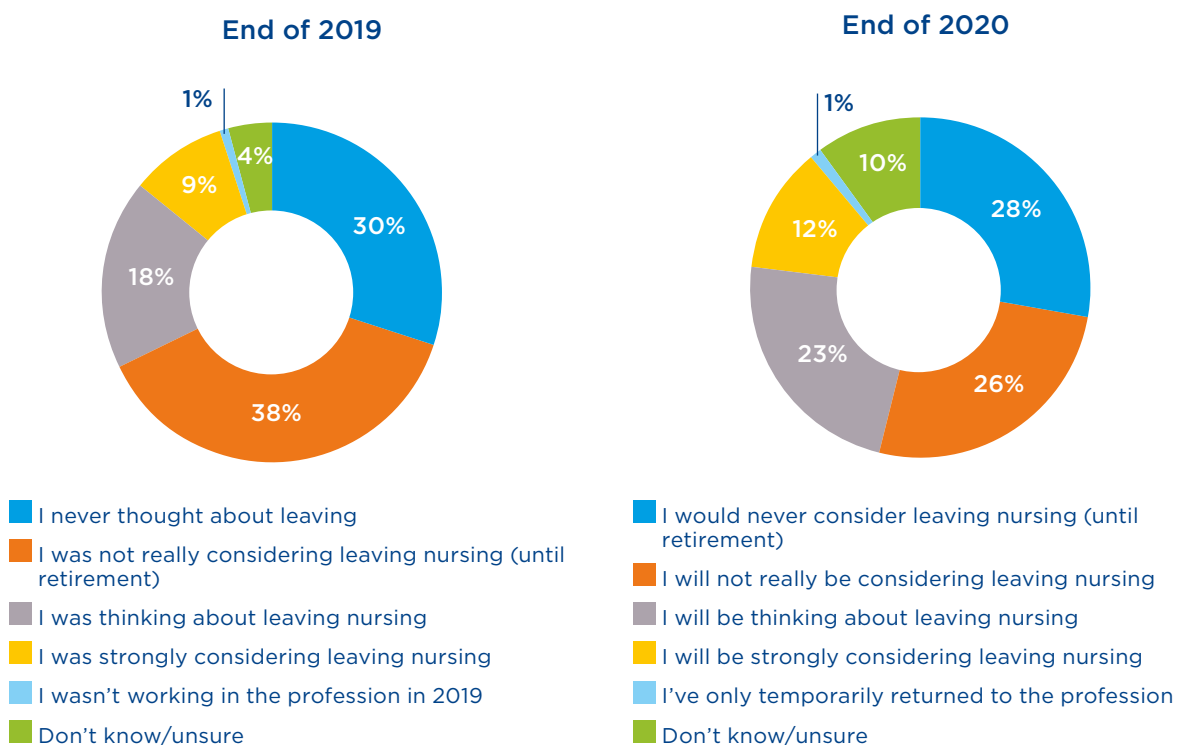
Nearly half (49%) of respondents are worried about their financial circumstances. However, 71% of BAME respondents have this concern, compared to 44% of white respondents. Men are also more likely to report being concerned about finances than women (58% vs 48%).

Over half (58%) of respondents say that the COVID-19 pandemic makes their working conditions worse and 42% are struggling to juggle work and other responsibilities.

## Intention to stay and reasons for leaving

- At the end of 2019, 27% of respondents were considering leaving the profession, and this has increased to 35% expecting they will be considering leaving by the end of 2020.
- Of those considering leaving in 2020, 61% say it was due to levels of pay and 44% say that the way nursing staff have been treated during the pandemic has made them consider leaving nursing.
- 37% of registered nurses say they expect to be considering leaving the profession at the end of the year, compared to 26% of health care support workers and 19% of nursing associates.
- BAME respondents are more likely than white respondents to give bullying and harassment, unsafe working environments and lack of opportunities as a reason for considering leaving nursing.
- Low staffing levels is given as a reason by 43% of respondents. For those aged 18-24, 62% cited this as a reason whereas 34% of those aged 55-64 did so, as did 32% of those aged 65+.

Working under these pressures is taking its toll on nursing staff and we wanted to explore whether members intended to remain in the nursing profession, and if they intended to leave, the reasons for this. We asked respondents their views on whether they would leave the nursing profession, reflecting on how they felt at the end of 2019, and also how they expect to feel at the end of 2020.



At the end of 2019, 27% of respondents were considering leaving the profession, and this has increased to 35% expecting they will be considering leaving by the end of 2020. We can also see an increase in the percentage of those who are unsure how they feel, from 3% to 10%. This is an indication of how much the pandemic has impacted upon members, and their feelings about the profession going forward.

Registered nurses (28%) were more likely than health care support workers (20%) and nursing associates (14%) to be considering leaving at the end of 2019. This has increased across all three groups when thinking about the end of 2020; 37% of registered nurses said they expect to be considering leaving the profession, as did 26% of health care support workers and 19% of nursing associates. The number of nursing associates who had never thought about leaving nursing in 2019 was 60%, this has now dropped to 36%. These figures are significant, and further investigation is needed to better understand the reasons for this.

42% of respondents who are employed but not working due to COVID-19 expect to be considering leaving the nursing profession by the end of 2020, as do 48% of those who were employed but not working due to maternity leave, sick leave etc. Not only are these two groups more likely to be considering leaving than those who are employed and working, they also show the biggest change compared to their feelings in 2019. 54% of nursing students say in 2019 that they would never consider leaving nursing, this has dropped to 39% in 2020.

Over 14,000 respondents told us they expect to be considering leaving nursing by the end of 2020 and it was important to ask the reasons for this.

Levels of pay	61%
The way nursing staff have been treated during the COVID-19 pandemic	44%
Low staffing levels	43%
Lack of management support	42%
Excessive paperwork/bureaucracy	40%
Unsafe working conditions	36%
Too much responsibility	28%
Lack of opportunities for career progression	24%
Bullying and harassment	22%
Retirement	17%
Lack of training opportunities	17%
Other (please specify below)	8%
Too little responsibility	1%

61% say they are considering leaving due to levels of pay, with 71% of men citing this as a reason compared to 60% of women. Younger respondents are more likely to cite this as a reason (85% of those aged 18-24, 82% of those aged 25-34) compared to respondents in other age brackets (72% of those aged 35-44, 60% of those aged 45-54, and 44% of those aged 55-64).

Overall, 44% say that the way nursing staff have been treated during the pandemic has made them consider leaving nursing. This is higher for BAME respondents where over half (54%) gave this as a reason, than for those who are white (42%). 30% of those working at the most senior level gave this as a reason compared to 48% of those working in Bands 1-4 and Bands 5-6 (or equivalent).

Low staffing levels are given as a reason by 43% of respondents. For those aged 18-24, 62% cite this as a reason whereas 34% of those aged 55-64 did so, as did 32% of those aged 65+.

Excessive paperwork and bureaucracy are more commonly chosen as a reason by those working outside of the NHS. Half of those working in independent/private sector health care (50%) or social care (54%) gave this as a reason compared to 40% of those working for NHS trusts/boards and 26% of those working in GP practices.

Generally, just over a third (36%) gave unsafe working conditions as a reason for leaving. Respondents who had not been working due to COVID-19 or other reasons are also more likely to say this compared to those who were working during the pandemic. However, nearly half of BAME respondents (49%) gave this as a reason compared to 34% of white respondents. We previously highlighted disparity between the experiences of different groups in terms of PPE and working conditions during the pandemic<sup>4</sup>, and it is becoming clearer now the long-term impact which this could have upon retention.

Furthermore, around a third of BAME respondents say bullying and harassment is a reason for considering leaving, whereas this was only the case for just over 20% of white respondents. There were similar figures for a lack of opportunities for career progression given as a reason, 34% of BAME respondents compared to 23% of white respondents.

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4 RCN reports on PPE and Testing are available at: <http://www.rcn.org.uk/-/media/files/northern-ireland/ppe-survey-key-findings.pdf>, [www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/may/009-263.pdf?la=en](http://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/may/009-263.pdf?la=en) and [www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/april/009-251.pdf?la=en](http://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/april/009-251.pdf?la=en)

# What happens next: building a better future for nursing

Our members are clearly explaining many of the professional challenges that remain and, in many cases, have been exacerbated by the COVID-19 pandemic. Working under these conditions has impacted on our members' health and wellbeing, and despite ongoing passion for nursing, more are beginning to consider leaving the profession.

Too often, people leave nursing because of the level of pressure, making shortages even more acute. Breaking this cycle through investment in education, staffing and pay is about both patient safety and the health of our workers.

Across the UK, nursing teams in hospitals, social care settings, clinics and the community have vacancies they need to fill to provide the safe and effective care all our members want to give. An attractive salary is an important way of supporting recruitment and retention. There are over 50,000 registered nurse vacancies across the UK – with that number rising significantly when factoring vacancies in social care.

A fair pay award now will not only make today's workers feel valued but also help to attract and retain the many nursing staff that will be needed for the future. Without this investment, there can be no confidence that the health and care systems can safely or sustainably meet the changing needs of our population.

As a union and professional body in one, we are using these findings to inform action now and to plan for the future, to ensure the nursing profession is recognised for how it keeps people safe and provides support when our communities are most in need.

We have planned a comprehensive package of work to better understand the specific experiences and needs of all of our members. This report and its high-level findings are the first step. Our analysis so far has focused on looking at members in the groups outlined within the survey. We will do further analysis of this data, looking at it from more angles including a wider range of ethnicities, specific settings and roles, and field of practice.

We will bring members together to converse through focus groups and interviews to discuss these findings in much greater detail, to help improve our collective understanding of the key issues. We will work together to uncover the many interdependencies within this data which may further impact on the experiences of our members. This is a key starting position for identifying barriers and developing asks and actions for Governments in all part of the UK.

# Appendix 1 – Profile of respondents and technical notes

## Profile of respondents

### Location

#### Where do you work? (n=38,577)<sup>5</sup>

England	30,918	80.1%
Scotland	3,750	9.7%
Wales	1,955	5.1%
Northern Ireland	1,730	4.5%
Channel Islands	154	0.4%
Isle of Man	5	0.0%
I don't work/live in the UK	-	-
Other (please specify below)	65	0.2%

#### Where do you study? (n=829)<sup>6</sup>

England	632	76.2%
Scotland	103	12.4%
Wales	56	6.8%
Northern Ireland	36	4.3%
Channel Islands	-	-
Isle of Man	-	-
I don't work/live in the UK	-	-
Other (please specify below)	2	0.2%

### Employer

#### Who is your employer for your MAIN job? (n=39,330)<sup>5</sup>

NHS (excluding GP practices) (or Govt. of Jersey Health & Community Service or States of Guernsey Health & Social Care or Isle of Man Govt.)	28,666	72.9%
GP practice	2,676	6.8%
Non-NHS employer	6,051	15.4%
Other (please specify below)	1,937	4.9%

<sup>5</sup> These questions were not asked to students

<sup>6</sup> This question was only asked to students

**Who is your non-NHS employer? (n=6,005)<sup>5</sup>**

Independent/private health care provider	2,731	45.5%
Private company/industry	964	16.1%
Hospice/charity/voluntary group	839	14.0%
Independent/private social care provider	728	12.1%
Nursing agency	620	10.3%
Other (please specify below)	173	2.9%
Further/higher education	140	2.3%
Local authority	99	1.6%
School	89	1.5%
Other public sector, e.g. armed forces/prison/criminal justice	77	1.3%

**Who is your NHS employer? (n=28,421)<sup>5</sup>**

NHS trust or NHS health board	26,572	93.5%
NHS bank	1,031	3.6%
NHS 111/NHS 24/Helpline	111	0.4%
NHS commissioning organisation	509	1.8%
Other (please specify below), including. Public Health England, Health Education England/Health Education Improvement Wales/NHS Education Scotland/Northern Ireland Practice and Education Council, CQC/CIW/RQIA/HIS	198	0.7%

**Employment status**

Employed and working (including self-employed and agency)	35,793	85.6%
Employed, on sick leave, due to the pandemic	1,241	3.0%
Employed, on sick leave, due to reasons other than the pandemic	655	1.6%
Employed, on other leave (eg, maternity, paternity)	408	1.0%
Employed, but furloughed (or on Manx Earnings Replacement allowance)	473	1.1%
Employed, in self-isolation due to the pandemic but not sick (eg, family member is displaying symptoms/has the virus)	643	1.5%
Retired, but still in paid regular employment	1,472	3.5%
Retired but currently on the temporary register and working in a nursing role	242	0.6%
Student but currently on paid extended clinical placement	871	2.1%

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5 These questions were not asked to students



## Role

### Which of the following do you work as? (n=40,927)<sup>5</sup>

Nursing support worker/Health care assistant/Assistant practitioner	2,166	5.3%
Nursing associate/Trainee nursing associate (England only)	332	0.8%
Nurse/Midwife/Health visitor	37,152	90.8%
None of the above	1,277	3.1%

## Grade and pay band

### On which Agenda for Change (AfC or equivalent) are you currently employed? (n=29,535)<sup>5</sup>

Band 2-4 (or equivalent)	1,499	5.1%
Band 5 (or equivalent)	10,961	37.1%
Band 6 (or equivalent)	8,777	29.7%
Band 7 (or equivalent)	5,882	19.9%
Band 8a (or equivalent)	1,599	5.4%
Band 8b (or equivalent)	434	1.5%
Band 8c or higher (or equivalent)	185	0.6%
Band 8d or higher (or equivalent)	68	0.2%
Band 9 or higher (or equivalent)	24	0.1%
Very senior management (VSM)	13	0.0%
Unsure	93	0.3%

### On which clinical grade/pay band are you currently employed? (n=2,499)<sup>5</sup>

A	17	0.7%
B	38	1.5%
C	25	1.0%
D	179	7.2%
E	343	13.7%
F	239	9.6%
G	168	6.7%
H	57	2.3%
Unsure	1,433	57.3%

<sup>5</sup> These questions were not asked to students

**What is your basic hourly pay? (n=6,916)<sup>5</sup>**

£8.19 or under (£14,965 or under)	28	0.4%
£8.20 - £8.71 (£14,966-£15,915)	43	0.6%
£8.72 - £9.29 (£15,916 - £16,975)	146	2.1%
£9.30 - £9.99 (£16,976- £18,254)	149	2.2%
£10.00 - £11.99 (£18,255-21,909)	236	3.4%
£12.00 - £15.49 (£21,910 - 28,305)	931	13.5%
£15.50 - 19.09 (£28,306 - 34,883)	2,505	36.2%
£19.10 - 22.49 (£34,884 - 41,096)	1,065	15.4%
£22.50 and over (£41,097 or over)	1,140	16.5%
Prefer not to say	524	7.6%
Unsure	149	2.2%

**Demographics****Which of the following age groups do you belong to? (n=41,743)**

24 and under	1,578	3.8%
25 to 34	6,670	16.0%
35 to 44	8,106	19.4%
45 to 54	12,982	31.1%
55 to 64	11,248	26.9%
65+	1,159	2.8%

**Are you...? (n=41,745)**

Female	37,646	90.2%
Male	4,074	9.8%
Not provided	20	0.0%
Not Specified	5	0.0%

**What is your ethnicity? (n=41,753)**

White	33,838	81.0%
Black	4,057	9.7%
Chinese	100	0.2%
Asian	2,323	5.6%
Mixed	504	1.2%
Any other group	464	1.1%
Not given	467	1.1%

5 These questions were not asked to students

**Do you consider yourself to have a disability? (n=39,778)**

Yes	2,954	7.4%
No	36,824	92.6%

**Technical notes**

The total number of valid responses is 41,798, but base numbers for each question vary as not all questions were mandatory.

Percentages throughout the report may not always total 100% due to rounding.

**Categorising respondents for analysis**

We examined the data to identify any differences between the experiences of groups of respondents. The groups are: work setting, grade and pay band, employment status, ethnicity, job role, any disability, gender and age. The definitions and breakdowns of the different groups are detailed below:

**Work setting**

For analysis by work setting, respondents were broadly categorised into those employed by the NHS, those employed by GP practices and those not employed by the NHS.

These groups were divided further into the following for analysis.

Those employed by:

- GP practices
- NHS boards/trusts
- NHS commissioning/arm's-length bodies
- NHS bank/private agency
- Independent/private sector health care
- Independent/private sector social care
- Charity/voluntary sector
- Other public sector (defined as those who selected 'local authority', 'further/higher education' and 'other public sector as their employer').

**Grade and pay band**

We asked respondents whether their pay was by/corresponded to Agenda for Change, Clinical Grades or Neither. If neither, they were asked for their basic hourly pay.

For analysis, respondents were grouped as follows

- Bands 1-4/£21,909 or under/Clinical Grade = A - C
- Band 5/£21,910 - £28,305/Clinical Grade = D & E
- Band 6/£28,306 - £41,096/Clinical Grade = F
- Band 7/£41,097 or over/Clinical Grade = G
- Band 8a – 9/Clinical Grade = H

### Employment status

We asked respondents what would best describe their employment status throughout the COVID-19 pandemic. For analysis, they were categorised as:

- employed and working
- employed but not working due to COVID-19 (sick leave, self-isolation, furloughed)
- employed but not working (maternity leave/other sick leave)
- retired but working
- student (on paid extended clinical placement).

### Ethnicity

We asked respondents what their ethnicity is. For this high level analysis, we categorised respondents as white or Black, Asian or minority ethnic (BAME). These were made up of the following groups:

- White:
  - White: British
  - White: Irish
  - White: Other
- BAME:
 

<ul style="list-style-type: none"> <li>- Black: British</li> <li>- Black: African</li> <li>- Black: Caribbean</li> <li>- Black: Other</li> <li>- Chinese</li> <li>- Arab</li> <li>- Asian: British</li> <li>- Mixed: Other</li> </ul>	<ul style="list-style-type: none"> <li>- Asian: Indian</li> <li>- Asian: Pakistani</li> <li>- Asian: Bangladeshi</li> <li>- Asian: Other</li> <li>- Mixed: White &amp; Black African</li> <li>- Mixed: White and Black Caribbean</li> <li>- Mixed: White and Asian</li> </ul>
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### **Job role**

We carried out analysis by the following broad job roles

- Nursing support worker/Health care assistant/Assistant practitioner
- Nursing associate/Trainee nursing associate
- Nurse/Midwife/Health visitor

### **Disability**

We looked at any differences between respondents who said they have a disability and those who said they do not have a disability

### **Gender**

We examined any differences between respondents who described their gender as male or female

### **Age**

We asked respondents which of the following age groups they belong to:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over.

# Appendix 2 – Data tables

## Our members’ experience during COVID-19

### Working conditions

#### General working conditions

**Compared to before the COVID-19 pandemic, has each of the following improved, worsened or stayed the same?**

Staffing levels (breakdown by setting)	Improved	Stayed the same	Worsened	Unsure/not applicable
GP practice employed	4%	60%	34%	2%
NHS trusts/boards	23%	35%	39%	4%
NHS commissioning/arm’s-length bodies	13%	40%	38%	9%
NHS bank/private agency	32%	30%	31%	7%
Independent/private sector health care	14%	43%	38%	5%
Independent/private sector social care	8%	41%	49%	2%
Charity/voluntary sector	11%	43%	40%	6%
Other public sector	9%	51%	30%	11%

Staff morale (breakdown by ethnicity)	Improved	Stayed the same	Worsened	Unsure/not applicable
White	13%	26%	57%	4%
BAME	15%	30%	49%	6%

Staff morale (breakdown by grade and pay band )	Improved	Stayed the same	Worsened	Unsure/not applicable
Bands 1 - 4 (£21,909 or under/Clinical Grade = A - C)	13%	26%	55%	6%
Band 5 (£21,910 - £28,305/Clinical Grade = D & E)	12%	25%	59%	4%
Band 6 (£28,306 - £41,096/Clinical Grade = F)	12%	26%	58%	4%
Band 7 (£41,097 or over/Clinical Grade = G)	15%	28%	53%	4%
Band 8a - 9 (Clinical Grade = H)	20%	29%	47%	4%

Ability to take breaks (breakdown by setting)	Improved	Stayed the same	Worsened	Unsure/not applicable
GP practice employed	19%	64%	16%	2%
NHS trusts/boards	16%	53%	28%	4%
NHS commissioning/arm's-length bodies	14%	46%	33%	7%
NHS bank/private agency	16%	52%	26%	6%
Independent/private sector health care	12%	55%	29%	5%
Independent/private sector social care	7%	55%	35%	3%
Charity/voluntary sector	9%	58%	26%	7%
Other public sector	14%	49%	23%	14%

**Compared to before the COVID-19 pandemic, has each of the following increased, decreased or stayed the same?**

My stress levels (breakdown by age)	Increased	Stayed the same	Decreased	Unsure/not applicable
18-24	82%	16%	3%	0%
25-34	82%	14%	3%	1%
35-44	79%	16%	3%	2%
45-54	77%	19%	3%	1%
55-64	70%	24%	4%	2%
65+	55%	35%	4%	6%

Bullying and harassment – (breakdown by ethnicity)	Increased	Stayed the same	Decreased	Unsure/not applicable
White	15%	37%	7%	42%
BAME	23%	34%	8%	35%

Paperwork/bureaucracy (breakdown by setting)	Increased	Stayed the same	Decreased	Unsure/not applicable
GP practice employed	45%	43%	10%	2%
NHS trusts/boards	46%	40%	10%	4%
NHS commissioning/arm's-length bodies	48%	35%	14%	3%
NHS bank/private agency	42%	43%	7%	8%
Independent/private sector health care	62%	30%	4%	4%
Independent/private sector social care	71%	25%	3%	1%
Charity/voluntary sector	49%	39%	7%	5%
Other public sector	55%	33%	6%	6%

Patient/service user expectations (breakdown by ethnicity)	Increased	Stayed the same	Decreased	Unsure/not applicable
White	35%	38%	17%	10%
BAME	54%	30%	8%	9%

Patient/service user expectations (breakdown by setting)	Increased	Stayed the same	Decreased	Unsure/not applicable
GP practice employed	34%	28%	34%	4%
NHS trusts/boards	37%	38%	16%	10%
NHS commissioning/arm's-length bodies	36%	31%	19%	15%
NHS bank/private agency	40%	37%	11%	13%
Independent/private sector health care	43%	41%	8%	8%
Independent/private sector social care	52%	39%	5%	4%
Charity/voluntary sector	35%	43%	13%	9%
Other public sector	37%	31%	13%	19%

### Level of responsibility and payment

#### Which of the following statements best describes your level of responsibility during the COVID-19 pandemic?

Level of responsibility - Overall findings	
I am working at a higher level of responsibility than I was before the pandemic	34%
I am working at the same level of responsibility as before the pandemic	60%
I am working at a lower level of responsibility than I was before the pandemic	3%
Other (please specify)	2%
Unsure	1%

Level of responsibility (breakdown by employment status)	Employed & working	Retired but working	Student (on paid extended clinical placement)
I am working at a higher level of responsibility than I was before the pandemic	34%	16%	60%
I am working at the same level of responsibility as before the pandemic	61%	67%	29%
I am working at a lower level of responsibility than I was before the pandemic	3%	9%	6%
Other (please specify)	2%	6%	3%
Unsure	1%	2%	3%



Level of responsibility (breakdown by setting)	I am working at a higher level of responsibility than I was before the pandemic	I am working at the same level of responsibility as before the pandemic	I am working at a lower level of responsibility than I was before the pandemic	Other (please specify)	Unsure
GP practice employed	29%	66%	4%	1%	0%
NHS trusts/boards	33%	61%	3%	2%	1%
NHS commissioning/arm's-length bodies	29%	63%	5%	3%	0%
NHS bank/private agency	28%	60%	6%	4%	2%
Independent/private sector health care	39%	57%	3%	1%	0%
Independent/private sector social care	39%	59%	1%	1%	0%
Charity/voluntary sector	28%	66%	5%	1%	0%
Other public sector	29%	65%	4%	1%	1%

Level of responsibility (breakdown by gender)	I am working at a higher level of responsibility than I was before the pandemic	I am working at the same level of responsibility as before the pandemic	I am working at a lower level of responsibility than I was before the pandemic	Other (please specify)	Unsure
Male	44%	52%	3%	1%	1%
Female	33%	61%	3%	2%	1%

Level of responsibility (breakdown by ethnicity)	I am working at a higher level of responsibility than I was before the pandemic	I am working at the same level of responsibility as before the pandemic	I am working at a lower level of responsibility than I was before the pandemic	Other (please specify)	Unsure
White	31%	63%	4%	2%	1%
BAME	49%	45%	3%	2%	2%

### Are you being paid more for working at a higher level of responsibility?

Payment for additional responsibility – overall	
Yes	7%
Sometimes	2%
No	90%
Unsure	1%

Payment for responsibility (breakdown by employment status)	Employed & working	Retired but working	Student (on paid extended clinical placement)
Yes	5%	8%	57%
Sometimes	2%	3%	3%
No	92%	89%	30%
Unsure	1%	1%	10%

### Length of working hours

#### Compared to before the COVID-19 pandemic, are you generally working...?

Additional hours - overall	
Longer hours	33%
The same hours	60%
Fewer hours	6%
I wasn't working before the COVID-19 pandemic	1%
Unsure	0%

Additional hours (breakdown by ethnicity)	Longer hours	The same hours	Fewer hours	I wasn't working before the COVID-19 pandemic	Unsure
White	35%	58%	6%	1%	0%
BAME	25%	65%	8%	1%	1%

Additional hours (breakdown by setting)	Longer hours	The same hours	Fewer hours	I wasn't working before the COVID-19 pandemic	Unsure
GP practice employed	19%	70%	11%	0%	0%
NHS trusts/boards	33%	63%	3%	1%	0%
NHS commissioning/arm's-length bodies	47%	48%	4%	0%	0%
NHS bank/private agency	30%	41%	22%	6%	1%
Independent/private sector health care	36%	53%	11%	0%	0%
Independent/private sector social care	50%	46%	3%	1%	0%
Charity/voluntary sector	41%	53%	6%	0%	0%
Other public sector	50%	41%	8%	0%	1%

Additional hours (breakdown by disability)	Longer hours	The same hours	Fewer hours	I wasn't working before the COVID-19 pandemic	Unsure
Do not have a disability	33%	60%	6%	1%	0%
Have a disability	39%	53%	7%	2%	1%

### Are you being paid for working longer hours?

Payment for additional hours – overall	
Yes	40%
Sometimes	18%
No	40%
Unsure	2%

Payment for additional hours (breakdown by ethnicity)	Yes	Sometimes	No	Unsure
White	41%	19%	39%	1%
BAME	35%	13%	48%	4%

Payment for additional hours (breakdown by setting)	Yes	Sometimes	No	Unsure
NHS employed	38%	19%	41%	2%
GP practice employed	45%	19%	35%	1%
Non-NHS employed	47%	16%	37%	1%
NHS trusts/boards	37%	20%	42%	2%
NHS commissioning/arm's-length bodies	20%	15%	64%	1%
NHS bank/private agency	68%	12%	18%	3%
Independent/private sector health care	50%	15%	33%	2%
Independent/private sector social care	43%	18%	38%	0%
Charity/voluntary sector	41%	17%	41%	1%
Other public sector	20%	10%	69%	1%

Payment for additional hours (breakdown by disability)	Yes	Sometimes	No	Unsure
Do not have a disability	41%	18%	39%	2%
Have a disability	30%	18%	51%	1%

## Impact of COVID-19 on how nursing staff feel valued by others

### How to make nursing staff feel more valued

**Compared to before the COVID-19 pandemic, do you feel valued more, less or the same by each of these groups?**

The general public (breakdown by setting)	More valued	The same	Less valued	Unsure/not applicable
NHS employed	76%	16%	5%	4%
GP practice employed	77%	17%	3%	2%
Non-NHS employed	64%	21%	9%	7%

The media (breakdown by setting)	More valued	The same	Less valued	Unsure/not applicable
NHS employed	60%	22%	10%	7%
GP practice employed	61%	24%	8%	7%
Non-NHS employed	47%	24%	17%	12%

The media (breakdown by setting)	More valued	The same	Less valued	Unsure/not applicable
GP practice employed	61%	24%	8%	7%
NHS trusts/boards	60%	22%	10%	7%
NHS commissioning/arm's-length bodies	56%	25%	11%	9%
NHS bank/private agency	63%	18%	9%	9%
Independent/private sector health care	47%	24%	16%	12%
Independent/private sector social care	40%	23%	26%	11%
Charity/voluntary sector	52%	26%	14%	9%
Other public sector	38%	30%	19%	13%

Patients/service users/clients (breakdown by setting)	More valued	The same	Less valued	Unsure/not applicable
NHS employed	55%	37%	4%	4%
GP practice employed	69%	28%	2%	1%
Non-NHS employed	45%	46%	5%	5%

Patients/service users/clients (breakdown by setting)	More valued	The same	Less valued	Unsure/not applicable
GP practice employed	69%	28%	2%	1%
NHS trusts/boards	55%	37%	4%	4%
NHS commissioning arm's- length bodies	47%	40%	3%	10%
NHS bank/private agency	56%	36%	3%	5%
Independent/private sector health care	46%	45%	5%	4%
Independent/private sector social care	44%	50%	4%	2%
Charity/voluntary sector	44%	48%	4%	4%
Other public sector	38%	40%	6%	17%

The government in your part of the British Isles (breakdown by age)	More valued	The same	Less valued	Unsure/not applicable
18-24	16%	35%	44%	6%
25-34	14%	34%	43%	9%
35-44	15%	35%	37%	13%
45-54	18%	37%	31%	14%
55-64	21%	39%	25%	15%
65+	22%	41%	21%	16%

The government in your part of the British Isles (breakdown by ethnicity)	More valued	The same	Less valued	Unsure/not applicable
White	18%	38%	34%	11%
BAME	18%	33%	26%	23%

## Members' general perceptions of the nursing profession

### How to make nursing staff feel more valued

Thinking generally about your work, both during the COVID-19 pandemic and in general, which of the following would make you feel more valued?

Breakdown by setting	NHS trusts/boards	NHS commissioning/ arm's-length bodies	NHS bank/private agency	GP	Independent/private sector health care	Independent/private sector social care	Charity/voluntary sector	Other public sector
Improved pay	77%	65%	69%	77%	66%	60%	71%	56%
Better staffing levels	54%	44%	58%	22%	49%	53%	44%	46%
Safe working conditions	47%	39%	52%	33%	38%	40%	34%	36%
Having adequate equipment, uniform and materials to do my job properly	44%	32%	52%	37%	40%	39%	33%	36%
More supportive management	41%	41%	39%	31%	39%	39%	38%	36%
Having my concerns responded to	32%	31%	32%	30%	32%	31%	37%	32%
Professional development to support my career progression	30%	31%	25%	26%	25%	23%	27%	33%
Better teamwork/communication	26%	29%	30%	33%	28%	26%	28%	30%
More flexible working arrangements	22%	27%	22%	18%	17%	13%	20%	28%
Access to a better pension	21%	17%	12%	20%	19%	18%	18%	13%
Improved annual leave	16%	16%	8%	35%	22%	19%	19%	14%
Improved sick leave/sick pay	7%	6%	13%	28%	37%	48%	17%	8%
Having someone to support and mentor me	11%	17%	13%	14%	11%	10%	12%	17%
Other (please specify below)	4%	6%	6%	4%	5%	5%	5%	6%

Breakdown by ethnicity	White	BAME
Improved pay	73%	72%
Better staffing levels	50%	52%
Safe working conditions	42%	55%
Having adequate equipment, uniform and materials to do my job properly	42%	47%
More supportive management	39%	41%
Having my concerns responded to	32%	29%
Professional development to support my career progression	28%	35%
Better teamwork/communication	27%	30%
More flexible working arrangements	21%	21%
Access to a better pension	20%	16%
Improved annual leave	18%	14%
Improved sick leave/sick pay	13%	16%
Having someone to support and mentor me	12%	12%
Other (please specify below)	5%	5%

Breakdown by employment status	Employed & working	Employed but not working due to Covid-19 (sick leave, self-isolation, furloughed)	Employed but not working (maternity leave/other sick leave)	Retired but working	Student (on paid extended clinical placement)
Improved pay	75%	68%	72%	56%	45%
Better staffing levels	50%	52%	61%	49%	40%
Safe working conditions	44%	53%	54%	50%	38%
Having adequate equipment, uniform and materials to do my job properly	42%	48%	47%	49%	38%
More supportive management	39%	43%	42%	38%	30%
Having my concerns responded to	31%	33%	36%	38%	24%
Professional development to support my career progression	30%	26%	27%	16%	55%
Better teamwork/communication	28%	27%	22%	34%	35%
More flexible working arrangements	21%	23%	31%	19%	25%
Access to a better pension	20%	17%	17%	8%	7%
Improved annual leave	18%	13%	14%	11%	13%
Improved sick leave/sick pay	13%	20%	16%	8%	8%
Having someone to support and mentor me	12%	13%	14%	11%	49%
Other (please specify below)	5%	5%	5%	6%	10%

Breakdown by role	Nursing support worker/ healthcare assistant/ assistant practitioner	Nursing associate/trainee nursing associate	Nurse
Improved pay	74%	76%	74%
Better staffing levels	44%	44%	51%
Safe working conditions	41%	41%	45%
Having adequate equipment, uniform and materials to do my job properly	43%	40%	43%
More supportive management	43%	32%	40%
Having my concerns responded to	31%	19%	32%
Professional development to support my career progression	32%	55%	29%
Better teamwork/communication	34%	28%	27%
More flexible working arrangements	17%	17%	22%
Access to a better pension	14%	13%	20%
Improved annual leave	16%	16%	18%
Improved sick leave/sick pay	18%	11%	13%
Having someone to support and mentor me	15%	28%	11%
Other (please specify below)	4%	6%	5%



## What one thing makes nursing staff feel more valued?

### Which ONE of the following would make you feel most valued?

Most valued (breakdown by employment status)	Employed & working	Employed but not working due to Covid- 19 (sick leave, self- isolation, furloughed)	Employed but not working (maternity leave/other sick leave)	Retired but working	Student (on paid extended clinical placement)
Improved pay	46%	37%	40%	29%	24%
More supportive management	9%	11%	12%	10%	6%
Better staffing levels	8%	9%	8%	13%	6%
Having adequate equipment, uniform and materials to do my job properly	6%	7%	6%	9%	7%
Safe working conditions	6%	10%	9%	11%	6%
Having my concerns responded to	6%	7%	6%	9%	3%
Professional development to support my career progression	6%	4%	5%	2%	17%
Better teamwork/ communication	5%	4%	3%	8%	6%
More flexible working arrangements	2%	3%	5%	2%	3%
Having someone to support and mentor me	2%	2%	1%	3%	19%
Access to a better pension	2%	2%	1%	1%	1%
Improved sick pay/sick leave	1%	2%	2%	1%	0%
Improved annual leave	1%	1%	0%	1%	1%
Other (please specify)	1%	1%	1%	2%	2%

Most valued (breakdown by grade and pay band)	Bands 1 - 4 (£21,909 or under/ Clinical Grade = A - C)	Band 5 (£21,910 - £28,305/ Clinical Grade = D & E)	Band 6 (£28,306 - £41,096/ Clinical Grade = F)	Band 7 (£41,097 or over/ Clinical Grade = G)	Band 8a - 9 (Clinical Grade = H)
Improved pay	43%	52%	45%	40%	38%
More supportive management	10%	8%	10%	10%	9%
Better staffing levels	6%	8%	8%	9%	8%
Having adequate equipment, uniform and materials to do my job properly	7%	6%	6%	6%	6%
Safe working conditions	6%	6%	6%	6%	6%
Having my concerns responded to	5%	5%	6%	8%	6%
Professional development to support my career progression	10%	5%	5%	5%	6%
Better teamwork/communication	6%	4%	5%	5%	6%
More flexible working arrangements	1%	2%	2%	3%	5%
Having someone to support and mentor me	3%	2%	2%	2%	3%
Access to a better pension	1%	1%	2%	3%	4%
Improved sick pay/sick leave	1%	1%	2%	1%	1%
Improved annual leave	1%	1%	1%	1%	2%
Other (please specify)	1%	1%	1%	1%	2%

Most valued (breakdown by role)	Nursing support worker/healthcare assistant/assistant practitioner	Nursing associate/trainee nursing associate	Nurse
Improved pay	42%	42%	46%
More supportive management	10%	7%	9%
Better staffing levels	7%	6%	8%
Having adequate equipment, uniform and materials to do my job properly	7%	7%	6%
Safe working conditions	6%	6%	6%
Having my concerns responded to	5%	2%	6%
Professional development to support my career progression	10%	14%	5%
Better teamwork/communication	5%	4%	5%
More flexible working arrangements	1%	1%	3%
Having someone to support and mentor me	3%	8%	2%
Access to a better pension	1%	1%	2%
Improved sick pay/sick leave	2%	0%	1%
Improved annual leave	1%	1%	1%
Other (please specify)	1%	1%	1%

Most valued (breakdown by setting)	GP practice employed	NHS trusts/boards	NHS commissioning/ arm's-length bodies	NHS bank/private agency	Independent/private sector health care	Independent/private sector social care	Charity/voluntary sector	Other public sector
Improved pay	47%	49%	40%	38%	36%	26%	39%	31%
More supportive management	8%	9%	11%	6%	10%	11%	11%	12%
Better staffing levels	3%	8%	8%	12%	9%	9%	8%	7%
Having adequate equipment, uniform and materials to do my job properly	6%	6%	5%	9%	7%	7%	6%	10%
Safe working conditions	4%	6%	8%	10%	6%	7%	4%	4%
Having my concerns responded to	6%	5%	5%	6%	8%	8%	9%	7%
Professional development to support my career progression	4%	5%	7%	5%	5%	7%	5%	7%
Better teamwork/ communication	8%	4%	7%	5%	5%	5%	6%	8%
More flexible working arrangements	2%	2%	3%	3%	3%	1%	4%	5%
Having someone to support and mentor me	2%	2%	2%	3%	2%	3%	2%	4%
Access to a better pension	3%	2%	2%	1%	2%	2%	2%	0%
Improved sick pay/ sick leave	3%	0%	0%	1%	6%	11%	1%	0%
Improved annual leave	3%	1%	1%	1%	2%	2%	1%	2%
Other (please specify)	1%	1%	2%	1%	1%	1%	1%	2%

Most valued (breakdown by setting)	NHS employed	GP practice employed	Non-NHS employed
Improved pay	48%	47%	35%
More supportive management	9%	8%	10%
Better staffing levels	9%	3%	9%
Having adequate equipment, uniform and materials to do my job properly	6%	6%	7%
Safe working conditions	6%	4%	6%
Having my concerns responded to	5%	6%	8%
Professional development to support my career progression	5%	4%	6%
Better teamwork/communication	4%	8%	6%
More flexible working arrangements	2%	2%	3%
Having someone to support and mentor me	2%	2%	2%
Access to a better pension	2%	3%	2%
Improved sick pay/sick leave	0%	3%	5%
Improved annual leave	1%	3%	2%
Other (please specify)	1%	1%	1%

## Views about the nursing profession and a career in nursing

To what extent do you agree or disagree with the following statements?

I am worried about my physical health (breakdown by disability)	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Unsure
Do not have a disability	5%	18%	20%	37%	20%	1%
Have a disability	3%	7%	13%	40%	37%	0%

I am worried about my mental health (breakdown by disability)	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Unsure
Do not have a disability	6%	19%	22%	33%	18%	1%
Have a disability	4%	11%	19%	37%	28%	1%

I am worried about my financial circumstances (breakdown by gender)	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Unsure
Male	5%	15%	21%	32%	26%	0%
Female	6%	21%	25%	29%	19%	1%

I am worried about my financial circumstances (breakdown by ethnicity)	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Unsure
White	6%	23%	27%	29%	15%	1%
BAME	5%	8%	14%	32%	39%	1%

## Intention to stay and reasons for leaving

### Intention to stay

**Thinking back to the end of 2019, how did you feel about staying in or leaving the nursing profession?**

Intention at end of 2019 - overall	
I never thought about leaving nursing	30%
I was not really considering leaving nursing (until retirement)	38%
I was thinking about leaving nursing	18%
I was strongly considering leaving nursing	9%
I wasn't working in the nursing profession in 2019	1%
Don't know/unsure	3%

Intention at end of 2019 (breakdown by role)	Nursing support worker/ healthcare assistant/ assistant practitioner	Nursing associate/ trainee nursing associate	Nurse
I never thought about leaving nursing	44%	60%	29%
I was not really considering leaving nursing (until retirement)	28%	21%	40%
I was thinking about leaving nursing	13%	9%	19%
I was strongly considering leaving nursing	7%	5%	9%
I wasn't working in the nursing profession in 2019	3%	2%	1%
Don't know/unsure	5%	3%	3%

Intention at end of 2019 (breakdown by employment status)	Employed & working	Employed but not working due to Covid-19 (sick leave, self-isolation, furloughed)	Employed but not working (maternity leave/other sick leave)	Retired but working	Student (on paid extended clinical placement)
I never thought about leaving nursing	30%	31%	26%	26%	54%
I was not really considering leaving nursing (until retirement)	39%	38%	37%	32%	21%
I was thinking about leaving nursing	18%	18%	20%	16%	8%
I was strongly considering leaving nursing	9%	10%	14%	13%	3%
I wasn't working in the nursing profession in 2019	1%	1%	1%	8%	8%
Don't know/unsure	3%	4%	3%	6%	6%

## Which of the following best describes how you expect to feel about staying in or leaving the nursing profession at the end of 2020?

Expected intention at end of 2020 - overall	
I would never consider leaving nursing (until retirement)	28%
I will not really be considering leaving nursing	26%
I will be thinking about leaving nursing	23%
I will be strongly considering leaving nursing	12%
I've only temporarily returned to the profession	1%
Don't know/unsure	10%

Expected intention at end of 2020 (breakdown by role)	Nursing support worker/ healthcare assistant/ assistant practitioner	Nursing associate/ trainee nursing associate	Nurse
I would never consider leaving nursing (until retirement)	35%	36%	27%
I will not really be considering leaving nursing	23%	32%	26%
I will be thinking about leaving nursing	18%	15%	24%
I will be strongly considering leaving nursing	9%	4%	13%
I've only temporarily returned to the profession	1%	0%	1%
Don't know/unsure	14%	13%	10%

Expected intention at end of 2020 (breakdown by employment status)	Employed & working	Employed but not working due to Covid-19 (sick leave, self-isolation, furloughed)	Employed but not working (maternity leave/other sick leave)	Retired but working	Student (on paid extended clinical placement)
I would never consider leaving nursing (until retirement)	29%	26%	19%	23%	39%
I will not really be considering leaving nursing	26%	18%	19%	19%	35%
I will be thinking about leaving nursing	24%	25%	26%	19%	10%
I will be strongly considering leaving nursing	12%	17%	22%	12%	3%
I've only temporarily returned to the profession	0%	0%	1%	15%	0%
Don't know/unsure	10%	14%	13%	12%	13%

## Reasons for leaving

**Which of the following best describes the reasons for you thinking about leaving the nursing profession?**

Breakdown by gender	Male	Female
Levels of pay	71%	60%
The way nursing staff have been treated during the COVID-19 pandemic	45%	43%
Low staffing levels	48%	42%
Lack of management support	40%	42%
Excessive paperwork/bureaucracy	46%	39%
Unsafe working conditions	42%	35%
Too much responsibility	28%	28%
Lack of opportunities for career progression	27%	24%
Bullying and harassment	26%	22%
Retirement	15%	18%
Lack of training opportunities	19%	17%
Other (please specify below)	8%	8%
Too little responsibility	2%	1%

Breakdown by age	18-24	25-34	35-44	45-54	55-64	65+
Levels of pay	85%	82%	72%	60%	44%	35%
The way nursing staff have been treated during the COVID-19 pandemic	59%	55%	51%	43%	33%	25%
Low staffing levels	62%	54%	46%	43%	34%	32%
Lack of management support	39%	42%	44%	46%	38%	33%
Excessive paperwork/bureaucracy	35%	40%	40%	42%	39%	30%
Unsafe working conditions	53%	51%	43%	35%	24%	26%
Too much responsibility	40%	41%	34%	26%	19%	13%
Lack of opportunities for career progression	25%	34%	33%	25%	14%	9%
Bullying and harassment	17%	21%	25%	26%	19%	18%
Retirement	2%	2%	3%	12%	40%	59%
Lack of training opportunities	24%	24%	22%	17%	11%	8%
Other (please specify below)	7%	6%	7%	9%	8%	8%
Too little responsibility	3%	1%	1%	1%	2%	0%



Breakdown by ethnicity	White	BAME
Levels of pay	60%	70%
The way nursing staff have been treated during the COVID-19 pandemic	42%	54%
Low staffing levels	42%	47%
Lack of management support	42%	41%
Excessive paperwork/bureaucracy	41%	37%
Unsafe working conditions	34%	49%
Too much responsibility	27%	34%
Lack of opportunities for career progression	23%	34%
Bullying and harassment	21%	33%
Retirement	19%	9%
Lack of training opportunities	17%	19%
Other (please specify below)	8%	6%
Too little responsibility	1%	1%

Breakdown by setting	GP practice employed	NHS trusts/boards	NHS commissioning/arm's-length bodies	NHS bank/private agency	Independent/private sector health care	Independent/private sector social care	Charity/voluntary sector	Other public sector
Levels of pay	60%	64%	56%	57%	53%	43%	50%	38%
The way nursing staff have been treated during the COVID-19 pandemic	33%	45%	39%	36%	44%	40%	34%	39%
Low staffing levels	17%	46%	34%	51%	43%	43%	29%	38%
Lack of management support	34%	44%	42%	40%	39%	41%	41%	44%
Excessive paperwork/bureaucracy	26%	40%	37%	41%	50%	54%	40%	27%
Unsafe working conditions	21%	38%	26%	43%	31%	34%	26%	27%
Too much responsibility	25%	28%	20%	26%	30%	29%	30%	25%
Lack of opportunities for career progression	15%	26%	23%	19%	19%	13%	21%	22%
Bullying and harassment	14%	23%	18%	24%	24%	21%	15%	15%
Retirement	30%	16%	24%	19%	17%	20%	22%	28%
Lack of training opportunities	11%	18%	15%	20%	14%	13%	16%	6%
Other (please specify below)	12%	7%	10%	11%	7%	7%	11%	0%
Too little responsibility	1%	1%	1%	1%	1%	1%	1%	0%

Breakdown by grade and pay band	Bands 1 - 4 (£21,909 or under/ Clinical Grade = A - C)	Band 5 (£21,910 - £28,305/ Clinical Grade = D & E)	Band 6 (£28,306 - £41,096/ Clinical Grade = F)	Band 7 (£41,097 or over/ Clinical Grade = G)	Band 8a - 9 (Clinical Grade = H)
Levels of pay	67%	69%	61%	51%	47%
The way nursing staff have been treated during the COVID-19 pandemic	48%	48%	43%	38%	30%
Low staffing levels	43%	49%	43%	35%	27%
Lack of management support	51%	43%	43%	41%	33%
Excessive paperwork/bureaucracy	31%	41%	42%	38%	34%
Unsafe working conditions	39%	43%	35%	28%	25%
Too much responsibility	19%	33%	28%	22%	19%
Lack of opportunities for career progression	31%	28%	23%	21%	19%
Bullying and harassment	24%	22%	22%	21%	22%
Retirement	11%	14%	17%	24%	28%
Lack of training opportunities	21%	19%	18%	14%	10%
Other (please specify below)	7%	7%	8%	9%	11%
Too little responsibility	4%	2%	1%	1%	1%

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