

# Employment Survey 2021

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

### RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

© 2021 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the Royal College of Nursing. For more information, please contact the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN. Tel: 020 7611 5500. Fax: 020 7611 5501. Email: [rcn@rcn.org.uk](mailto:rcn@rcn.org.uk). Website: [www.rcn.org.uk](http://www.rcn.org.uk)

1. Introduction .....	4
2. Summary of findings .....	5
3. The impact of COVID-19 on employment .....	7
4. Working hours and work intensification .....	8
5. Intention to leave .....	18
6. Satisfaction with pay grades or bands .....	20
Appendix: Results tables .....	24

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

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

Nursing is not a heroic deed, a selfless act or a vocation. Nursing is a safety critical profession, essential to society and it takes its responsibilities very seriously.



## Intention to leave

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

## Satisfaction with pay grades or bands

- Around six in ten (62.7%) report that their pay band or level is inappropriate and only a quarter (25.8%) stating it was appropriate.
-

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

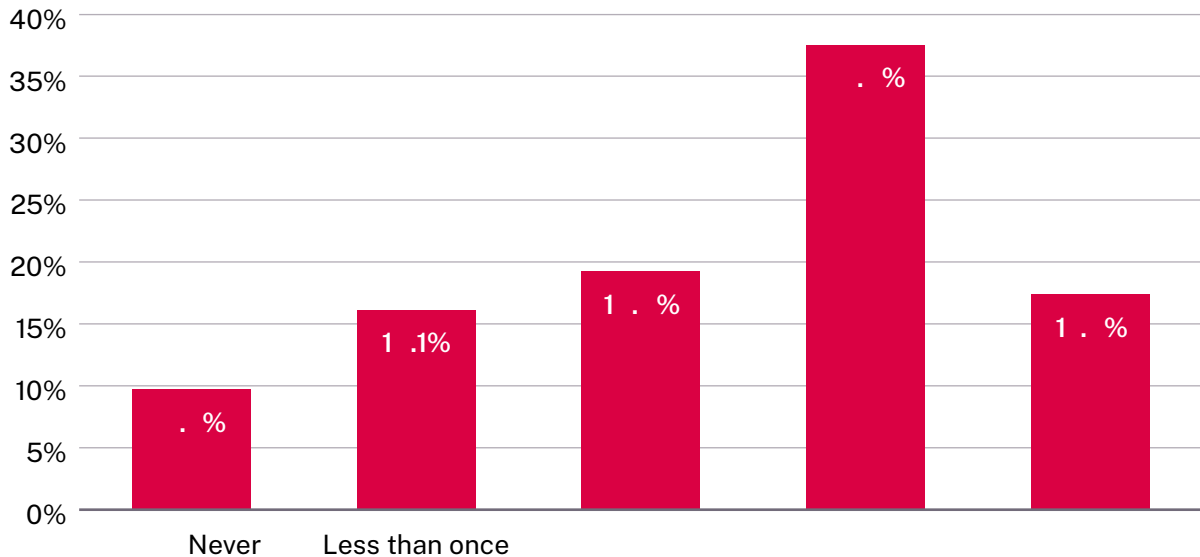
As the pandemic has progressed, nursing staff have continued to adapt to new ways of

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

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

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

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





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

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



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

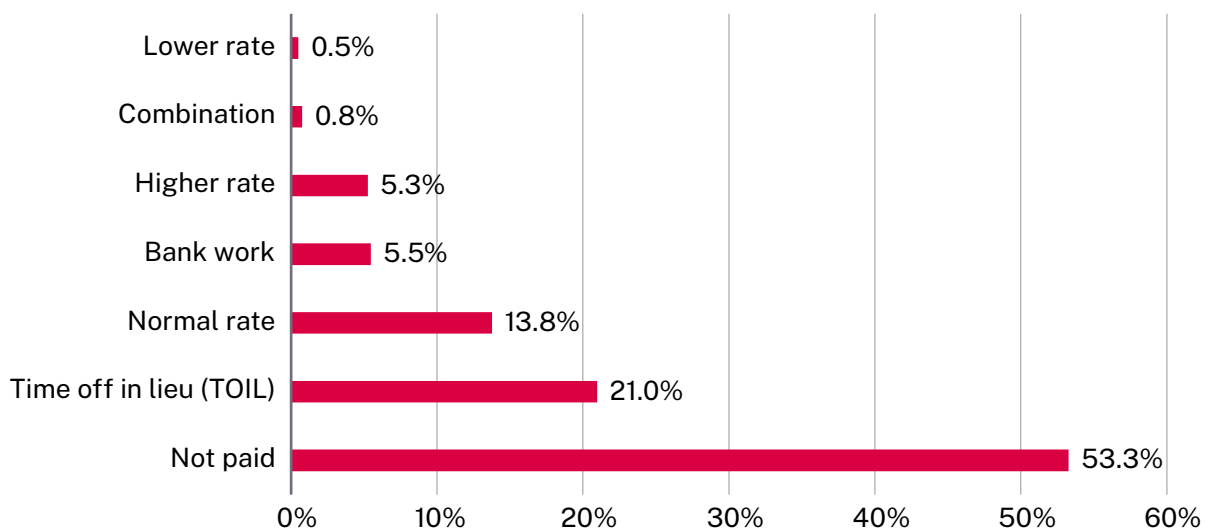
*Clinical nurse specialist, Private company community setting, England*

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

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

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

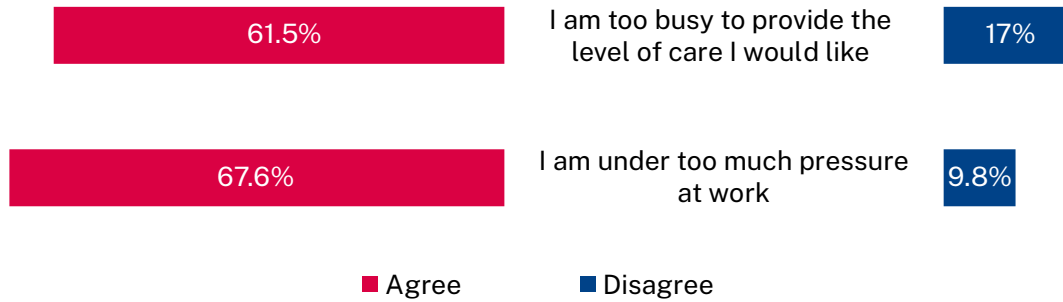
*District/community nurse, NHS primary and community care, England*



## 4.1 The impact of work intensification

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

The survey also shows the extent of workload pressures, with just over two thirds (67.6%)



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

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

Our area is overwhelmed and unable to provide safe and high standard of care to our patients. Queues of patients out the door. I have always enjoyed my job and found it rewarding. It feels like we are sinking in quick

## 4.2 Taking annual leave

### 4.3 Working when unwell

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

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

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

Figure 9 also shows that there has been a reduction in number of respondents citing pregnancy related symptoms (dropping from 16.9% in 2019 to 1.9% in 2021). This is likely to be related to nursing staff having shielded or changed their 3.9 (el)19.6 eshOm8 (h)-1.5 (e ) 10 -1.2 Td

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

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

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

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

...after over 40 years in the profession I am fed up, exhausted and work is impacting on me personally. I never thought I would retire, I love my job and the work but it's always give and I've had enough of the impact on my family and myself. I want a life too before it's too late and I need to stop feeling guilty because of the state nursing's in. I didn't create this mess, but we are expected to smile, and carry on. I won't do it any longer the Government needs to







(n=7,312)

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

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

This survey of RCN members took place at a time of great upheaval and uncertainty,





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

*Mental health nurse, criminal justice setting, England*

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

*Staff nurse, acute and urgent setting, Scotland*

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

Employment Status		%
Employed and working (including self employed)	8,151	85.1
Retired, but still in paid employment	808	8.4
Employed, on sick leave	471	4.9



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



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

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

Ethnic background		%
Asian	354	3.7
Black	468	4.9
European	27	Tcopean

