

## RESPONDENT TESTIMONIES FROM 2017 EMPLOYMENT SURVEY

These are some of the responses received from nurses in the freetext boxes in the survey.

### GENERAL

*There are seven years till I can take early retirement at 55, then I will leave nursing and get a little job working in a supermarket. The pay, terms and conditions of working 12 hour shifts eventually wear you down and demoralise you. This is not what I came into nursing for. I really feel for the patients, but feel I have nothing else to give. We have two generations of nurses in our family, but I am so glad my daughter has not followed in my profession.*

Band 5 staff nurse, North West England

### FEELING PAY BAND OR GRADE IS INAPPROPRIATE:

The main reason for nursing staff feeling that their pay band/grade is inappropriate is the perception that their actual role and duties do not match with their banding or job description, which is often much lower:

*[I am responsible for] lone working in community making autonomous decisions about children with complex health needs, I manage the duty rota and new community nursing referrals. [I am] in charge of caseload allocation for all team and organise and chair discharge planning and multidisciplinary meetings. I feel these responsibilities would be more suited to a band 7 role.*

District/community nurse, NHS Hospital other settings, AfC Band 6, England

*It does not reflect the complexity of the role. As a lecturer with clinical responsibilities I have to remain updated in clinical practice, education and research and, as a minimum need a nursing, teaching and higher degree (masters) to remain in post.*

Researcher/lecturer/tutor, Other public sector/education, Clinical Grade, England

Dissatisfaction is also highly related to the sense that the pay doesn't match the level of responsibility as well as the intensity of the job. In particular, the all-consuming nature of caring for patients now seems at odds with the level of pay and work pressures that many nurses face:

*I have a lot of responsibility caring for end of life patients, and meeting all of the family and other loved ones needs. An important job, for rubbish money.*

District/community nurse, live in palliative nurse, clinical grade F

*Too much responsibility for little pay. The hours and things we have to see and deal with whether that be rude public, clinical conditions, death.*

Staff Nurse, NHS Hospital Unit, AfC Band 5

*You are always a nurse. Walking down the street or in a pub. People don't appreciate that and we should get more support.*

Staff Nurse, Band 5, South East England

#### TAKING ON ADDITIONAL PAID WORK:

The majority of nursing staff took on additional work in order to provide additional income (90 per cent), followed by maintaining staffing levels where they work (47 per cent), and to gain different experience (12 per cent). One nurse reported having to work one bank shift every weekend to make ends meet and has now decided to change to agency working instead:

*If you want people to stop working agency, pay them properly.*

Clinical Nurse Specialist, Band 7, South East England

*A 0-1% increment each year does not equate to the increasing responsibility that nurses have. That is why I don't blame some of my colleagues resorting into agency job because they get better pay than working in the NHS. If only the government would offer a more reasonable pay to health care staff, maybe hospitals will be able to retain most of their staff and need less from the agency staff.*

Sister/charge nurse, Greater  
London

#### VIEWS ON NURSING AS A CAREER

*Why did I choose this for a career? When my daughter told me that she wanted to be a nurse, I was actually disappointed and thought, 'Why would you want to do that'?*

(Band 8a Nurse Manager, Scotland)

*After 33 years of nursing I decided to withdraw from the profession as I am disillusioned with the way nursing is heading. For me it's not about money, it's about being able to deliver safe practice in an environment with staff shortages.*

Staff Nurse, East of England