The Queen's Institute of Community Nursing

International Community Nursing Observatory

The Trap Door –
Understanding Career Regression in Nursing

Contents

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Executive Summary

This report investigates the phenomenon of career regression- or "downbanding"- within the nursing profession in England, particularly under the NHS's Agenda for Change (AfC) pay structure. Building on Christine Williams' "sticky floor" concept, the authors introduce the idea of the "trap door", where nurses not only fail to progress but are actively pulled into lower-paid roles.

Most respondents had 20+ years on the NMC register, indicating regression affects highly skilled professionals.

Drivers of Regression:

- **Work-Life Balance Needs:** Lack of flexible working arrangements was the most cited reason for seeking lower paid work.
- **Organisational Restructuring:** Redundancies and role reconfigurations led to demotion.
- **Bullying and Toxic Culture:** Poor management and workplace hostility pushed many to lower bands.
- **Health and Burnout:** Physical and mental health issues necessitated less demanding roles.
- **Career Development:** Pursuing training or changing specialties often required starting at lower bands.
- **Lack of Recognition:** Skills and experience were frequently undervalued, blocking progression.
- **Discrimination and Inequity:** Inconsistent treatment in flexible working requests and promotion opportunities was common.

Insights

579 responses were collected, with rich qualitative data highlighting personal stories of regression. Many respondents felt unsupported by employers, especially when requesting flexible hours or reasonable adjustments.

Structural issues in the AfC system and biases within organisations contribute to persistent inequities.

Conclusion

The report reveals a systemic failure to support experienced nurses, particularly women, in maintaining or advancing their careers. Organisational inflexibility, undervaluing of experience, and lack of supportive policies contribute to widespread career regression. Addressing these issues requires policy reform and cultural change to ensure equitable career progression and retention of skilled professionals.

Introduction

Christine Williams[1]' concept of the "sticky floor" refers to the structural and cultural barriers that keep women, particularly women of colour, in lower-wage positions with limited opportunities for advancement. While her more widely known work introduced the "glass escalator"- the phenomenon where men in female-dominated professions are fast-tracked into leadership-her later work and related scholarship explore how women are often stuck at the bottom of occupational hierarchies due to systemic inequalities.

It is important to have a detailed understanding of why women in particular do not progress, casual commentary suggests it's down to working part time however little attention is paid to career regression or forced demotion-having to take lower paid/grade work.

Williams' sticky floor concept provides a theoretical lens to understand the findings of Punshon et al[2] who found that men were overrepresented in the higher paid nursing jobs in the UK. Both highlight how gendered organizational structures and cultural biases prevent women from advancing, not just due to a ceiling above them, but because of the "adhesive" conditions below that keep them from rising in the first place. What has been less explored is the not only the lack of progression in this group but how career regression in terms of pay and status contribute. What we term the trap door, where workers not only do not progress, but those who do can end up going backwards.

This report seeks to understand career regression and examines the experiences of the nursing workforce regarding career regression or forced demotion.

The "Trap Door" in the English NHS

The pay structure in the English NHS is a national structure known as Agenda for Change (AFC). It starts at Band 1 and rises to Band 9 or Very Senior Manager (VSM). Band 1 is no longer in use. Most registered nurses start their career on Band 5.

Traditionally nursing pay has proportionally been lower than other graduate professions in terms of pay band progression. Anecdotally, nurses even tend to take demotion to get the hours or working conditions they want, particularly later in life. This is borne out by the data. When the distribution of the workforce by age and pay is examined between two comparative graduate groups (nursing and allied health professional (AHP) we see a difference in distribution (also of note this data is likely to include the band 5 AHP support worker role).

"The "sticky floor" refers to the structural and cultural barriers that keep women, particularly women of colour, in lower-wage positions with limited opportunities for advancement."

Figure 1: Proportionally nurses are weighted to the lowest pay band (band 5) and stay there or return there

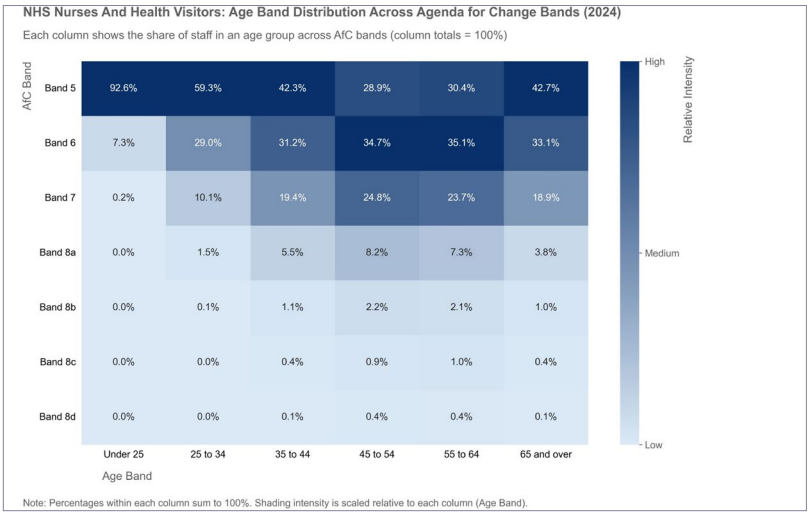
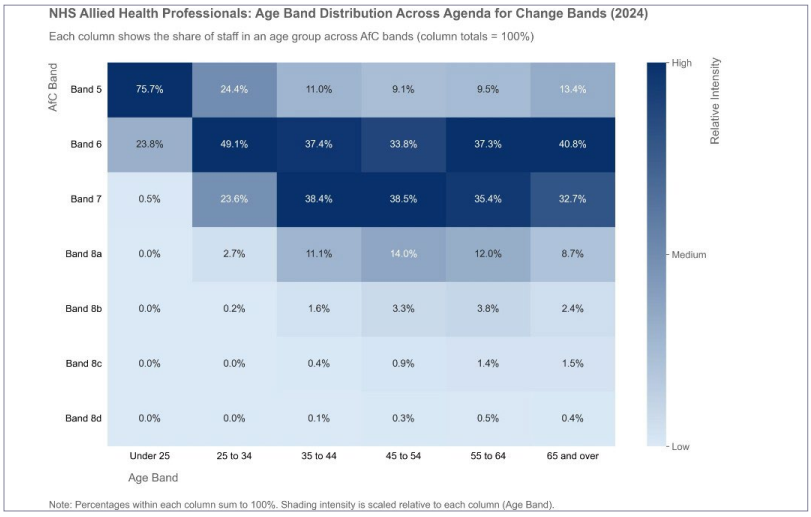


Figure 2: Proportionally the AHP group does not seem to regress pay bands



This is partly due to a failure by those setting workforce policy/terms and conditions to understand the complexity of nursing work compared to other professional groups, for example in the Agenda for Change terms and conditions, nursing work is considered to be "influenced" by the decisions of other professionals (presumably doctors) as opposed to other professionals who are seen as more autonomous decision makers, even though this is a false assumption[3]. The outcome of this is that nurses are underpaid compared to comparable professions.

To explore in more detail the reasons for the apparent regression or "trap door", a survey was sent out via nursing group mailing lists and social media. The survey format was market research and was conducted in line with the Market Research Society Code of Conduct. It was not a stratified generalisable sample, but more an initial exploratory piece of work that could inform more focussed research. This report synthesizes qualitative and quantitative data from multiple sources to examine the impact of gender-based roles, down banding, and workplace flexibility on nursing professionals. The analysis draws on survey responses, free-text comments, and demographic data to provide a comprehensive overview of the challenges, drivers, and outcomes associated with workplace flexibility and pay band changes.

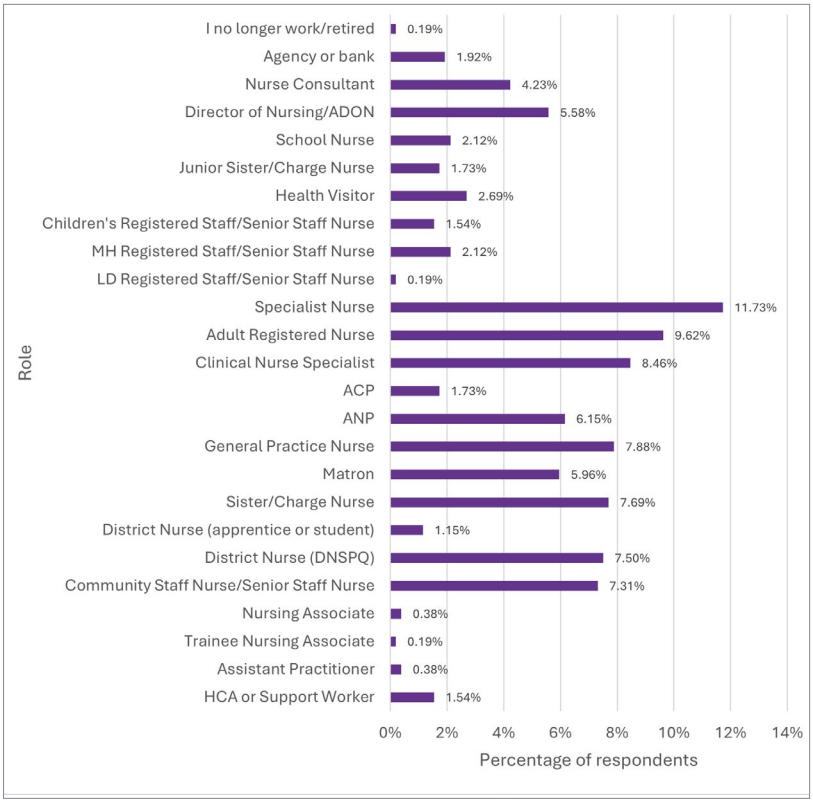
Understanding the Reasons Behind Career Regression

Respondents- the survey was open for six weeks and closed after 579 responses.

- 572 responded with their experiences
- 61.54% of respondents had been on the NMC register for more than 20 years
- 11.54% for 16 to 20 years
- 11.89% for 11 to 15 years
- 7.87% for 6 to 10 years and a total of 4.54% for less than 6 years
- 0.87% of respondents were registered with HCPC or other registrations while 1.75% were not registered
- 31.60% of respondents were on Agenda for Change Band 7 before taking a lower paid role, 23.12% on Band 6 and 19.08% on Band 8a
- 62.85% of respondents were directly employed by the NHS, 12.76% by NHS contracted services and 6.19% by a private company.

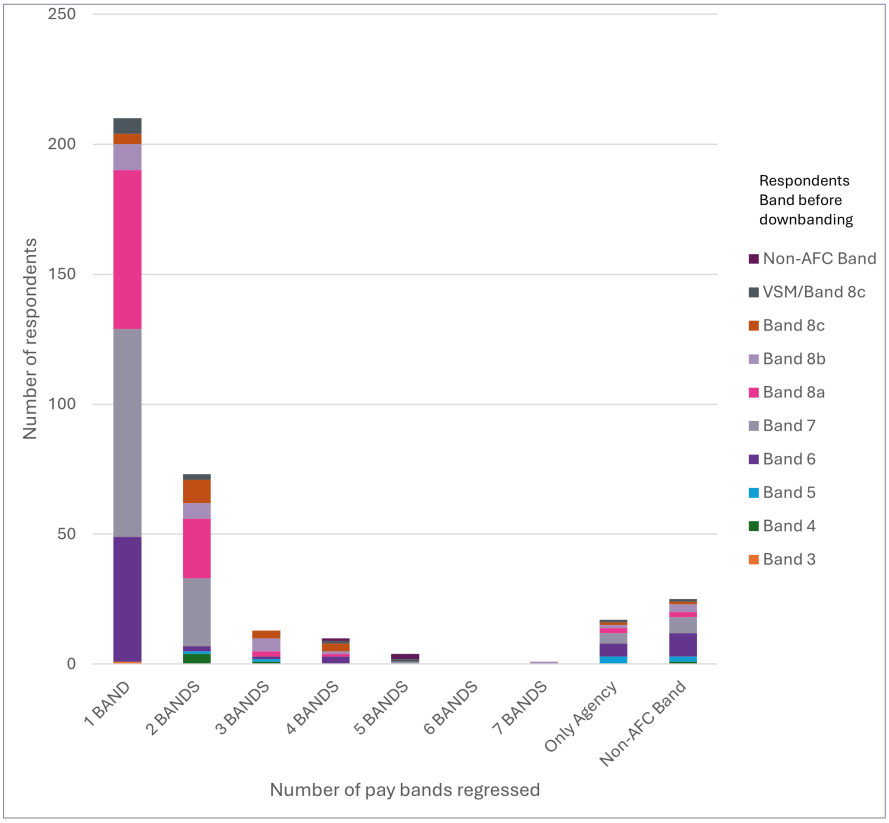
"Anecdotally, nurses even tend to take demotion to get the hours or working conditions they want, particularly later in life."

Figure 3: Role in which downbanding/demotion occurred



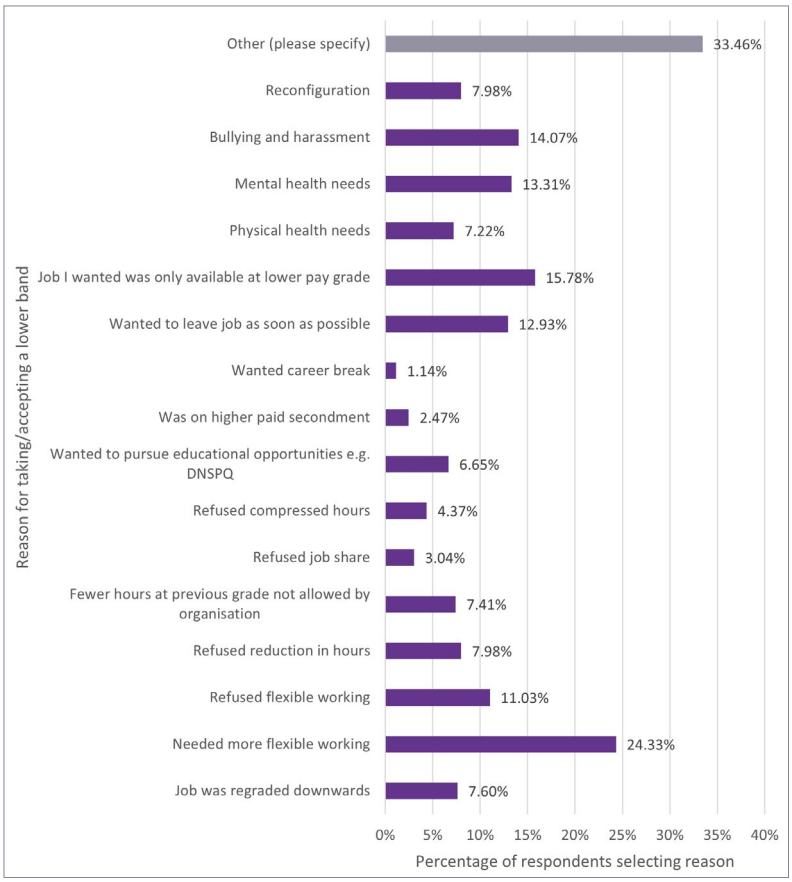
The most common respondent current roles were Adult Registered Nurse (13.29%), Clinical Nurse Specialist (11.19%), Specialist Nurse (10.84%) and General Practice Nurse (9.27%). District and Community Staff nurse was 14.8%.

Figure 4: Respondents number of bands downbanded by initial Band (n=353)



The most common number of bands downbanded was one (210 respondents, 59%). Two bands was reported by 73 respondents (21%), three bands by 13 (4%) and 4 bands by 10 (3%). 17 (5%) respondents reported moving to only agency work while 25 (7%) moved to non-AFC bands.

Figure 5: Why did you seek or accept a lower paid role?



In Summary

Downbanding/regression is widespread in this group: over 80% of respondents reported having to accept a lower paid role at some point in their career.

The majority of respondents (61.5%) have been on the NMC register for more than 20 years, indicating that down banding affects highly experienced staff.

Most respondents were in clinical roles, with Adult Registered Nurse, Clinical Nurse Specialist, District Nurse, General Practice Nurse and Specialist Nurse being the most common.

"The majority of respondents (61.5%) have been on the NMC register for more than 20 years, indicating that down banding affects highly experienced staff."

The respondents were predominantly female (92%), with men making up 6.6% of respondents (2% of respondents preferred not to say). These figures reflect the general nursing population. Just over a third identified as having a disability/long term condition (34.62%). The majority were first generation (parents had not attended university) 74%. 22% had been eligible for free school meals as children. The majority of respondents were white British 83.19%.

From the free text data exploring the reasons for pursing or being subjected to demotion/ regression several issues were identified.

Summary of Key Issues from the free text questions on the reasons why respondents sought or accepted lower paid work

+ Work-Life Balance and Flexibility

Individuals accepted lower paid roles to achieve a better work-life balance, the need for flexible or reduced hours whether due to childcare, caring for relatives, health or disability reasons, or a specific need for flexible or reduced hours. Lack of organisational support for flexible working arrangements was a dominant reason for stepping down in grade or pay.

"….have returned to nursing and have over 30 years' experience in various settings when I returned to nursing, I completed the back to nursing course but once I qualified, I was placed on the bottom band 5 I have worked through the increments but have been told I can't be a band 6 unless I work full time."

"I had to leave an NHS role to fit in with the childcare at home. This has meant I no longer have an NHS pension, and I am not on Agenda for Change."

"I left NHS to work in a different sector as I was working on average 60-70 hours a week."

"Due to poor health and family commitments (son is autistic) I have had to drop hours, but a new employer has used this as a reason to pay a much lower salary."

"I was an 8a Lead nurse and was successful at getting an [senior role] role in the same service, despite the organisation having a flexible working policy my appointing manager would not let me continue full time hours over 4 days even though I was doing this in my 8a role. I was travelling over 1 hour 20 each way each day and this was the rationale for the flexible working. The reason given that there was no precedence for an 8b to work 4 long days full time."

+ Organisational Restructuring and Redundancies

Respondents cited restructures, mergers, or cost-saving measures that resulted in "down-banding", redundancy, or reconfiguration of roles, often with the same or increased responsibilities but lower pay and status.

"Was made redundant from my role and no other roles so had to accept a role, one band lower".

"Having been made redundant by the NHS in April 2025 I have had to accept a lower paid role outside of the NHS. Remaining in the NHS on a lower band would impact my pension final salary as well as my self-esteem and motivation to continue."

"My post is being removed and being replace by one 3 grades lower."

+ Bullying, Toxic Culture, and Poor Management

Bullying, unsupportive or toxic workplace cultures, and lack of managerial support led many to seek lower paid or less senior roles for their own well-being and mental health, or because they felt pushed out or undervalued.

"I was a band 7 in [specialist team] CAMHS but decided to apply for a band 6 in [specialist] team which is adult mental health. Better resourced team and bullying at work in band 7 team."

"I had to leave the NHS as a nurse prescriber/ band six [role]. I spoke out about poor practice and was bullied out of my role."

+ Career Development, Training, and Role Changes

Some accepted lower pay to pursue training, education (such as specialist public health or District Nursing qualifications knowns as DNSPQ), or to change specialty. In many cases, professional development required demotion/starting again at a lower band or salary.

"Despite being an experienced community nurse with eight years' experience, had to take a band 5 to undertake the DNSPQ."

"When I did my DN course I was demoted to band 5."

"Lack of organisational support for flexible working arrangements was a dominant reason for stepping down in grade or pay."

"To gain training opportunities I left a role within the hospital (band 7) and took a role in the community which was significantly less pay - equivalent to band 5."

"I am in a specialist Health Visitor role that was initially job matched at band 7 secondment, I have completed additional training which means that this role, cannot be fulfilled by a HV without the training. Our roles were reviewed and became permanent and down banded to a band 6 following job re-evaluation job matching, the expectations are that we continue to attend the same meetings and undertake the same clinical work, but it is now at band 6."

"I don't have a masters, apparently it is rumoured that my years of experience over 25 years in primary care don't fully count as anything unless I have a masters, I have proved I work at this level with accreditation with RCN. I am worried that a conversation about demotion is going to happen at some point."

+ Burnout, Stress, and Health

Burnout, physical and mental health issues, and unsustainable workloads compelled individuals to seek less demanding and lower paid positions. This was often associated with lack of support and high job stress.

"Took a band 6 from band 7 lead CNS to manage burnout and gain work life balance and be able to care for parents."

"Stress and burnout in primary care meant that I needed to reduce my hours and move roles which didn't pay as much."

"I had to take a lower paid role to get out of another post that was detrimental to my mental health."

+ Lack of Recognition and Pay Progression

Experienced nurses reported taking lower paid roles due to a lack of recognition of skills, blocked progression, pay freezes, or inequitable pay banding compared to similar roles in other organisations or other professionals doing similar work.

"My manager said I would not be able to fulfil my band 7 responsibilities by dropping a day. My role was exactly the same as my band 7 colleagues who worked more hours so more clinics but the same clinical role."

"Medical director for my division felt my band was too high so asked that it be reduced with business team, I only found out in pay slip. I put a grievance in, and it was overturned. Senior nursing team said they had not been aware of this."

"I have had no choice but to accept the new job description and foresee future issues if I refuse to do MSc although have not been threatened yet."

"The role I currently do is a band 7 but was previously (10 years ago) and band 8 role. The job title and description hasn't changed, just the pay and banding."

+ Relocation and Personal Circumstances

Moving to a new area, was linked to family needs, military postings, or personal life changes, resulted in the need to accept lower paid positions due to limited roles or pay bands in the new locality.

"I had to move to a different organisation outside of London and accept a role at the bottom of band 6 as my employer would not consider reducing my hours after I had a child."

"When I moved into a new area, I went from band 7 to band 5".

+ Sector and Structural Issues

Shifts from NHS to the independent, charity, or local authority sectors, with less favourable pay and terms, were sometimes necessary for personal or professional reasons. Agenda for Change and pay banding inconsistencies influenced pay levels across sectors and regions.

"I'm a trained ANP in primary care but as I wanted to provide more menopause support and couldn't do that in my primary care role I left for a private digital company. This role is significantly less money. I wasn't prescribing when I first started but then all the prescribers were expected to prescribe for no extra pay. So now I'm prescribing also for much less pay."

+ Barriers to Promotion or Return to Work

Some were forced to accept lower pay due to barriers to promotion, return from maternity or long-term illness, lack of suitable roles, or the need to retrain or requalify. Some stated that they were told promotion was possible after completing qualifications but then denied promotion. Others noted that advancing their careers sometimes meant taking on more responsibility without commensurate pay.

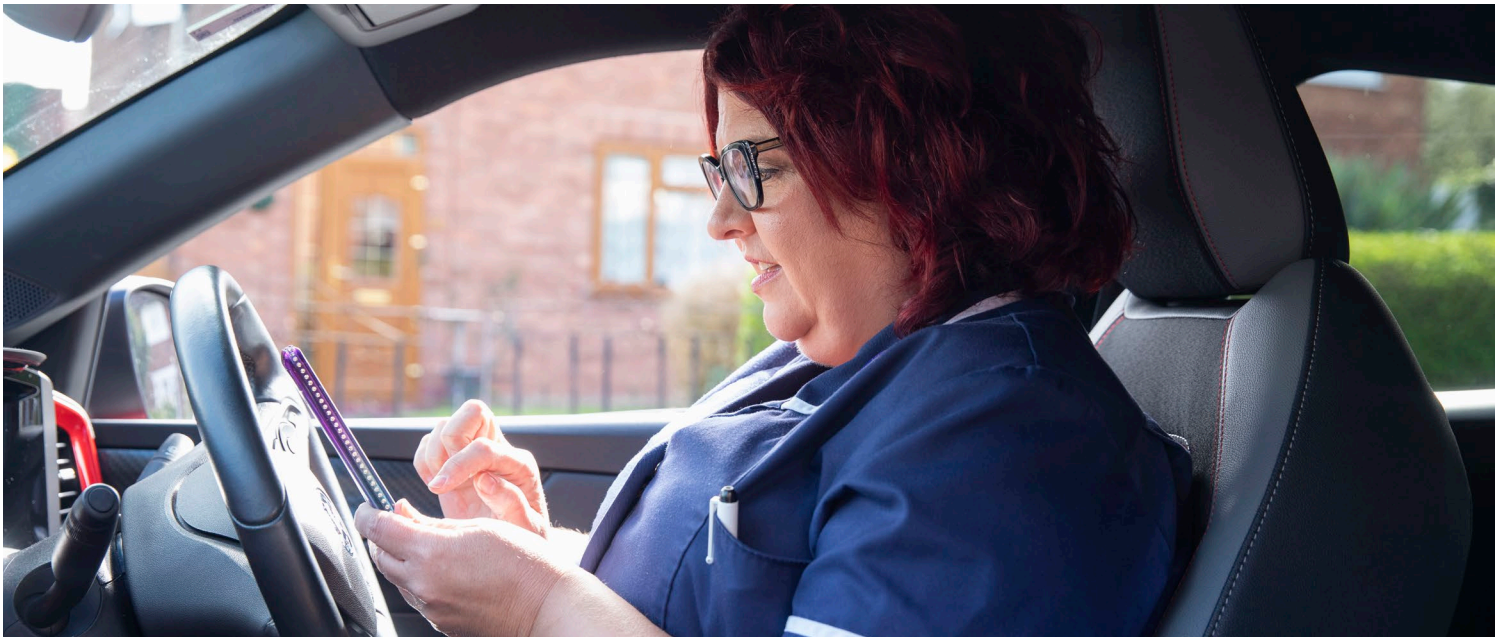
"To change into another speciality, I took a development role. I have completed the expected course to develop but am not being promoted."

"In last job as deputy team lead for [community service] I was told I would have to come back to a lower grade role on return from my maternity leave as I would not be able to do the newly defined lead job."

+ Lack of Employer Interest in retention of talent

Employers exhibited little interest in retaining staff on flexible, part-time terms or as part of retire and return, at the same grade of pay, resulting in resignation when only full-time work was offered.

"Burnout, physical and mental health issues, and unsustainable workloads compelled individuals to seek less demanding and lower paid positions."



"As a nurse reaching retirement in a few years' time, I will be looking to lower my hours so that I can keep on working. It has been rumoured that I will have to re-apply for my role and go through the whole interview process for my job that I have worked over 20 years and may not get what I want at the end of it. I find this upsetting and very unfair, no wonder we feel undervalued."

"I had been working as a [specialism] Nurse Advisor for 2 years following semi-retirement. Our Clinical Nurse Specialist recently went on maternity leave. I expressed an interest to backfill her post but this was offered on a band 7 (I have worked as an 8a for many years within my area of expertise – [specialism]. I have a degree in [specialism] and professional nursing and over 20 years experience of leadership, strategic oversight, implementing projects etc. The manager was adamant that the post is only worthy of a band 7. I therefore, did not apply."

"Due to partially retiring, had to lower my banding and also hours."

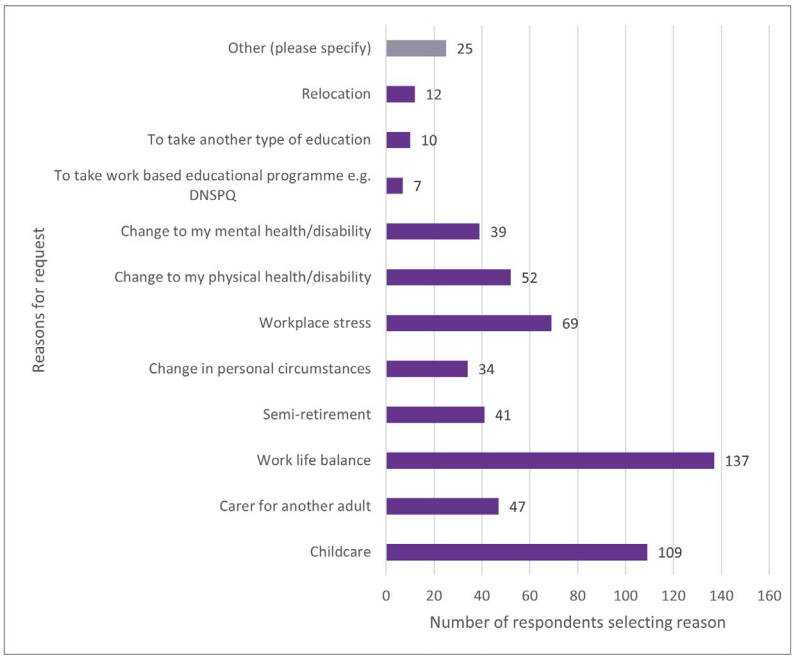
"I took retirement from my specialist job was band 7, I returned part time as they were struggling but the Trust will only pay me a 5, despite it being the same work."

Flexible working

As lack of flexible working was a prominent theme in other work to seeking lower paid roles, we asked why respondents asked for this and what the response from employers was to requests for flexible working.

There were 477 responses. The most common reasons for requesting flexible working, compressed or reduced hours given was work life balance (137), childcare (109), workplace stress (69), change to physical health/disability (52), caring for another adult (47), semi-retirement (41), changes to mental health/disability (39), and changes in personal circumstances (34).

Figure 6: Respondents reason for requesting flexible working



In terms of free text responses several issues were identified.

Employers were unwilling to accommodate requests for compressed hours or fewer days, insisting on predetermined schedules that did not meet individual needs with refusal based on impact on service or that the role cannot accommodate part time work. A summary of the responses is given below.

+ Service and Business Needs

- The needs of the service could not be met with reduced hours
- Business continuity and operational requirements demanded full-time cover
- Staffing shortages made flexible or reduced hours unworkable
- Financial constraints or inability to backfill hours lost
- Concerns about setting a precedent for other staff members
- Service provision required fixed shift patterns or visibility of senior staff
- Role was deemed essential to be full-time, particularly in management and clinical leadership positions

+ Fairness and Consistency

- It was considered unfair to other staff if one person received flexible hours
- Requests for flexi hours were seen as incompatible with existing team rotas or would require everyone to receive the same

"Employers exhibited little interest in retaining staff on flexible, part-time terms or as part of retire and return, at the same grade of pay, resulting in resignation when only full-time work was offered."

+ Role Requirements

- The nature of the job or band required full-time presence (e.g., Band 6/7 roles, district nurse, lead nurse, matron-even after down banding the role)
- Role responsibilities, such as caseload management or prescribing, were thought incompatible with part-time work
- Some roles were described as not suitable for job shares or reduced hours due to their specific demands

+ Lack of Flexibility and Policy

- Non-negotiable policies or a stated lack of flexibility by management
- Flexi working or reduced hours was not considered for certain grades or roles
- Manager required fixed weekly hours, not flexible scheduling
- Requests were ignored or not discussed

+ Financial and Practical Considerations

- Budget constraints or no funding to increase or reduce hours (fear from managers that cut hours would be lost from budget)
- Financial crisis within the organisation
- Personal affordability of reduced hours for some staff

+ Other Issues

- Concerns about business risk or continuity
- Belief that flexible working would be detrimental to career progression
- Sometimes no specific reason was provided for denial of flexible working
- Decline to provide reasonable adjustments to disabled staff

"I was top band 7 but wanted to reduce from 22.5 hours to 15. To do so I was told I had to reduce my band".

"Told band 7 and above cant work part time or compressed hours."

"I asked to work 30 hours but told not possible due to service demand and would be unfair to rest of team and so I took a lower band part time job."

"Returning from Maternity leave I was advised that I could not do the role part time (30hrs a week)."

"I became a single parent to 2 small children, and my line manager told me I should take a lesser role as would not be able to continue to work at the level I was working. I'd been technically a single parent with 2 children a long time before i got divorced... managed it with no problems. Submitting the change form to say my status was now divorced he then told me to look for another job."

+ Refusal of Reasonable Adjustments

Requests for reasonable workplace adjustments were rejected, including for disabled people, with employers claiming they could not accommodate these changes.

"I had to leave district nursing (DNSPQ)because I required an adjustment in my working hours due to my neurodiverse conditions but was told I would not meet my job description as a DN so request for flexible contract was refused."

"I asked to reduce hours as I was diagnosed with [long term condition] but was told this was not possible and I was offered a band 5 role, I was an experienced band 6 and I'm really still doing the same job but for less money."

"Due to [long term condition] being told to redeploy - have not commented on what role as I'm not actually banded (normally only allowed to move to same band) or dismissal. Which I will likely lose my registration as not able to find another job that allows for long term condition and part time working. Previously had to leave role due to reason of not making adjustments and not allowed to progress."

"I asked for some changes to my rota to help me cope with [long term condition] however manager said it was not fair on the team, they offered me a different lower paid role instead, but I am still doing same job".

We asked if respondents felt they were treated differently to colleagues when for example requesting flexible working (355 responses).

The free text revealed the following issues.

+ **Disparities in Flexible Working Arrangements**

Respondents reported feeling that requests for flexible working hours- whether due to childcare, disability, ill health, or personal circumstances - were handled inconsistently. Some colleagues were granted reduced hours, remote work, job shares, and adjustments, while others in similar roles or with similar needs were denied, often without clear justification.

+ **Impact of Role, Seniority, and Banding**

A recurring theme was perceived inequity based on job band or seniority. Higher-banded staff or those in leadership positions sometimes felt excluded from flexible options or reasonable adjustments, while those in certain grades found it easier to access flexibility or progress to higher roles.

+ **Family and Caring Responsibilities**

Childcare needs featured prominently. Several respondents felt that colleagues with childcare responsibilities were prioritised for flexible hours, while others struggled to access similar accommodations. Some noted that not having children was used as a reason to block flexible working requests.

"A recurring theme was perceived inequity based on job band or seniority."

+ Discrimination and Bullying

Experiences of discrimination were reported. These included being marginalised, overlooked for opportunities, bullied, or feeling targeted for raising concerns or challenging decisions.

+ Lack of Transparency and Fairness

Many described processes for promotions, training, or role adjustments as opaque or subjective, sometimes favouring certain individuals. There were accounts of “favouritism,” roles being promised before formal interviews, and discrepancies in pay and hours for similar work.

+ Lack of Support and Recognition

Some respondents felt unsupported during life changes (such as divorce, maternity leave, or illness), believing management was unsympathetic or slow to act. Others noted a lack of recognition for qualifications and experience, with some performing tasks above their pay grade or being treated as junior staff despite advanced credentials.

+ Sector or Organisation Differences

Variations in flexibility and opportunities were noted between NHS trusts, community roles, and charitable sectors. Some described the charitable sector as less supportive of nursing professionalism than the NHS.

+ General Dissatisfaction and Burnout

A sense of demoralisation, burnout, and disappointment was expressed by those who felt they were treated unfairly or denied progression, sometimes leading to decisions to leave their roles altogether.

+ Consistency and Policy Issues

Some respondents stated that no differential treatment was observed, attributing lack of flexibility to general policy, staffing shortages, or sector-wide practices rather than individual discrimination.

Conclusion

Overall, the responses reveal a complex picture marked by perceived inconsistencies and inequities in how workplace hours, flexibility, and opportunities are managed. Colleagues cited experiences ranging from supportive adjustments to outright denial of requests, influenced by managerial discretion, personal circumstances, or organisational culture. Feelings of being undervalued, discriminated against, or unfairly excluded were common, underscoring the need for clearer policies and more equitable practices in the workplace.

Across the responses, a complex picture emerges of healthcare professionals facing difficult choices about pay, status, and career progression. The most prevalent themes include the pursuit of flexibility, health, and well-being, the impact of organisational change, and systemic issues around pay and recognition. Many felt compelled to accept lower paid roles not by preference, but by necessity-whether that necessity was to protect their health, care for others, escape toxic environments, or respond to changes beyond their control. Organisational inflexibility, restructuring, and undervaluing of experience were particularly damaging, while broader systemic factors such as sectoral pay differences and blocked routes to advancement compounded the challenges. The underlying narrative is one of resilience but also frustration, with a strong desire for more supportive, flexible, and equitable working environments.

The experiences described reveal a persistent pattern of employer inflexibility, particularly around work schedules, pay, and reasonable adjustments. Employees were frequently denied accommodations, faced obstacles, and encountered a lack of empathy or willingness to support individual needs. There is an apparent lack of talent management or valuing of highly skilled work and experienced workers. Ultimately, these challenges led to feelings of frustration and contributed to decisions such as resignation due to the employers' unwillingness to offer alternatives to full-time work.

The data reveals that gender-based roles and expectations continue to shape experiences of workplace flexibility. While both men and women report challenges, the intersection of gender with caring responsibilities, seniority, and organisational culture creates complex patterns of advantage and disadvantage.

The evidence from these data underscores the ongoing challenges and inequities related to gender-based roles and workplace flexibility in healthcare. Addressing these issues requires not only policy change but also cultural transformation, ensuring that all staff- regardless of gender or personal circumstances- have fair access to flexible working and career opportunities.

"Addressing these issues requires not only policy change but also cultural transformation, ensuring that all staff have fair access to flexible working and career opportunities."

References

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Data sharing

Data available upon reasonable request. Costs of preparation/GDPR compliance to be met by the requester.

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