

National NHS Staff Survey 2019

What is this survey and why are we asking you to complete it?

This is an independent survey of your experience of working in your organisation. The overall aim is to gather information that will help to improve the working lives of staff in the NHS and so help to provide better care for patients.

Your organisation will be able to use the results of the survey to improve local working conditions and practices and to increase involvement and engagement with staff. Other organisations, including NHS commissioners, the Care Quality Commission, the Department of Health, and NHS England, will make use of the results.

Please complete the survey for your current job, or the job you do most of the time. If you work across two or more employers in the NHS, please answer in relation to the organisation that pays your salary. Please read each question carefully, but give your immediate response by ticking the box which best matches your personal view.

Who will see my answers?

The survey is being conducted by Contractor Name and the NHS Staff Survey Coordination Centre on behalf of your organisation and NHS England.

Your answers will be treated in confidence. No one in your organisation will be able to identify individual responses. The bar code / number below is only used by Contractor Name to identify which staff should be sent a reminder and will not be available to staff in your organisation.

The survey findings will be analysed by Contractor Name and the NHS Staff Survey Coordination Centre and the results will be presented in a summary report in which no individual, or their responses, can be identified.

Please return this questionnaire, in the envelope provided, to:

Contractor Name
Address 1
Address 2
Address 3
Postcode

If you have any queries about this questionnaire please contact the [Insert] helpline on [Insert] or go to www.nhsstaffsurveys.com

YOUR JOB

1. Do you have face-to-face contact with patients / service users as part of your job?

- ₁ Yes, frequently
 ₂ Yes, occasionally
 ₃ No

2. For each of the statements below, how often do you feel this way about your job?

	Never	Rarely	Sometimes	Often	Always
a. I look forward to going to work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I am enthusiastic about my job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Time passes quickly when I am working.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

3. To what extent do you agree or disagree with the following statements about your job?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I always know what my work responsibilities are.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I am trusted to do my job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I am able to do my job to a standard I am personally pleased with.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. To what extent do you agree or disagree with the following statements about your work?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. There are frequent opportunities for me to show initiative in my role.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I am able to make suggestions to improve the work of my team / department.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I am involved in deciding on changes introduced that affect my work area / team / department.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I am able to make improvements happen in my area of work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I am able to meet all the conflicting demands on my time at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I have adequate materials, supplies and equipment to do my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. There are enough staff at this organisation for me to do my job properly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. The team I work in has a set of shared objectives.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. The team I work in often meets to discuss the team's effectiveness.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. I receive the respect I deserve from my colleagues at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. How satisfied are you with each of the following aspects of your job?

	Very dissatisfied	Dissatisfied	Neither satis. nor dissatisfied	Satisfied	Very satisfied
a. The recognition I get for good work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. The support I get from my immediate manager.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. The support I get from my work colleagues.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. The amount of responsibility I am given.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. The opportunities I have to use my skills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. The extent to which my organisation values my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. My level of pay.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. The opportunities for flexible working patterns.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

6. How often do the following statements apply to your job?	Never	Rarely	Sometimes	Often	Always
a. I have unrealistic time pressures.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I have a choice in deciding how to do my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Relationships at work are strained.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

7. Do the following statements apply to you and your job?	Not applicable to me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I am satisfied with the quality of care I give to patients / service users.	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I feel that my role makes a difference to patients / service users.	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I am able to deliver the care I aspire to.	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

YOUR MANAGERS

8. To what extent do you agree or disagree with the following statements about your immediate manager?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (who may be referred to as your 'line manager')...					
a. ...encourages me at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. ...can be counted on to help me with a difficult task at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. ...gives me clear feedback on my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. ...asks for my opinion before making decisions that affect my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. ...is supportive in a personal crisis.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. ...takes a positive interest in my health and well-being.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. ...values my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

9. To what extent do you agree or disagree with the following statements about senior managers where you work?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I know who the senior managers are here.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Communication between senior management and staff is effective.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Senior managers here try to involve staff in important decisions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Senior managers act on staff feedback.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

10a. How many hours a week are you contracted to work?				
<input type="checkbox"/> ₁	Up to 29 hours	<input type="checkbox"/> ₂	30 or more hours	
b. On average, how many <i>additional</i> PAID hours do you work per week for this organisation, over and above your contracted hours? <i>Please include paid overtime, bank shifts, and additional paid hours on-call.</i>				
<input type="checkbox"/> ₁	0 hours	<input type="checkbox"/> ₂	Up to 5 hours	<input type="checkbox"/> ₃ 6-10 hours <input type="checkbox"/> ₄ 11 or more hours
c. On average, how many <i>additional</i> UNPAID hours do you work per week for this organisation, over and above your contracted hours? <i>Please include unpaid overtime and additional unpaid hours on-call.</i>				
<input type="checkbox"/> ₁	0 hours	<input type="checkbox"/> ₂	Up to 5 hours	<input type="checkbox"/> ₃ 6-10 hours <input type="checkbox"/> ₄ 11 or more hours

11. Health & well-being

a. Does your organisation take positive action on health and well-being?

- ₁ Yes, definitely ₂ Yes, to some extent ₃ No

b. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?

- | Yes | No |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

c. During the last 12 months have you felt unwell as a result of work related stress?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
|---------------------------------------|---------------------------------------|

d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
|---------------------------------------|---------------------------------------|

If YES to d, please answer parts e to g below; if NO, go to Question 12

e. Have you felt pressure from **your manager** to come to work?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
|---------------------------------------|---------------------------------------|

f. Have you felt pressure from **colleagues** to come to work?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
|---------------------------------------|---------------------------------------|

g. Have you put **yourself** under pressure to come to work?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
|---------------------------------------|---------------------------------------|

12. In the last 12 months how many times have you personally experienced physical violence at work from...?

a. Patients / service users, their relatives or other members of the public

- ₁ Never ₂ 1-2 ₃ 3-5 ₄ 6-10 ₅ More than 10

b. Managers

- ₁ Never ₂ 1-2 ₃ 3-5 ₄ 6-10 ₅ More than 10

c. Other colleagues

- ₁ Never ₂ 1-2 ₃ 3-5 ₄ 6-10 ₅ More than 10

d. The last time you experienced physical violence at work, did you or a colleague report it?

- ₁ Yes, I reported it ₂ Yes, a colleague reported it ₃ No ₄ Don't know ₉ Not applicable

13. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?

a. Patients / service users, their relatives or other members of the public

- ₁ Never ₂ 1-2 ₃ 3-5 ₄ 6-10 ₅ More than 10

b. Managers

- ₁ Never ₂ 1-2 ₃ 3-5 ₄ 6-10 ₅ More than 10

c. Other colleagues

- ₁ Never ₂ 1-2 ₃ 3-5 ₄ 6-10 ₅ More than 10

d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

- ₁ Yes, I reported it ₂ Yes, a colleague reported it ₃ No ₄ Don't know ₉ Not applicable

14. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

- ₁ Yes ₂ No ₉ Don't know

15. In the last 12 months have you personally experienced discrimination at work from any of the following?

a. Patients / service users, their relatives or other members of the public ₁ Yes ₂ No

b. Manager / team leader or other colleagues ₁ Yes ₂ No

If YES to either a or b above, please answer part c below; if NO, go to Question 16

c. On what grounds have you experienced discrimination? *Please tick all that apply*

- ₁ Ethnic background ₃ Religion ₅ Disability ₇ Other (please specify)
- ₂ Gender ₄ Sexual orientation ₆ Age

16. In the last month have you seen any errors, near misses, or incidents that could have hurt...

- a. Staff ₁ Yes ₂ No
- b. Patients / service users ₁ Yes ₂ No

If YES to either a or b above, please answer part c below; if NO, go to Question 17

- c. The **last** time you saw an error, near miss or incident that could have hurt **staff** or **patients / service users**, did you or a colleague report it?
- ₁ Yes, I reported it ₂ Yes, a colleague reported it ₃ No ₄ Don't know

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

Don't know Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

- | | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. My organisation treats staff who are involved in an error, near miss or incident fairly. | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. My organisation encourages us to report errors, near misses or incidents. | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again. | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. We are given feedback about changes made in response to reported errors, near misses and incidents. | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

18. Raising concerns about unsafe clinical practice

Yes No Don't know

- a. If you were concerned about unsafe clinical practice, would you know how to report it?

₁ ₂ ₉

To what extent do you agree with the following statements about unsafe clinical practice?

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

- | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| b. I would feel secure raising concerns about unsafe clinical practice. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. I am confident that my organisation would address my concern. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

YOUR PERSONAL DEVELOPMENT

19a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

- ₁ Yes ₂ No ₃ Can't remember

If YES, please answer parts b to f below; if NO, go to Question 20

- | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| | Yes, definitely | Yes, to some extent | No |
| b. It helped me to improve how I do my job. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. It helped me agree clear objectives for my work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. It left me feeling that my work is valued by my organisation. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. The values of my organisation were discussed as part of the appraisal process. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Were any training, learning or development needs identified? | | | |
| <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No | | | |

If YES, please answer part g below; if NO, go to Question 20

- | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| | Yes, definitely | Yes, to some extent | No |
| g. My manager supported me to receive this training, learning or development. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

20. Have you had any training, learning or development in the last 12 months? (Please do not include mandatory training)

₁ Yes

₂ No

₃ Can't remember

YOUR ORGANISATION

21. To what extent do these statements reflect your view of your organisation as a whole?

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

- | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Care of patients / service users is my organisation's top priority. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. My organisation acts on concerns raised by patients / service users. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. I would recommend my organisation as a place to work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

22. Patient / service user experience measures

Yes No Don't know Not applicable to me

- | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Is patient / service user experience feedback collected within your directorate / department? (e.g. Friends and Family Test, patient surveys etc.) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₉ |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|

If YES, please answer parts b and c below; if NO, go to Question 23

To what extent do you agree with the following statements about feedback from patients / service users?

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know

- | | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| b. I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams). | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| c. Feedback from patients / service users is used to make informed decisions within my directorate / department. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |

23. To what extent do you agree or disagree with these statements?

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

- | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I often think about leaving this organisation. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. I will probably look for a job at a new organisation in the next 12 months. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. As soon as I can find another job, I will leave this organisation. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. If you are considering leaving your current job, what would be your most likely destination? | | | | | |
| <i>Please only select one answer</i> | | | | | |
| I am not considering leaving my current job. | | <input type="checkbox"/> ₉ | | | |
| I would want to move to another job within this organisation. | | <input type="checkbox"/> ₁ | | | |
| I would want to move to a job in a different NHS Trust/organisation. | | <input type="checkbox"/> ₂ | | | |
| I would want to move to a job in healthcare, but outside the NHS. | | <input type="checkbox"/> ₃ | | | |
| I would want to move to a job outside healthcare. | | <input type="checkbox"/> ₄ | | | |
| I would retire or take a career break. | | <input type="checkbox"/> ₅ | | | |

BACKGROUND INFORMATION

We would like to know a bit more about you so that we can compare the experiences of different types of staff.

24. About you

- a. Gender:** 1 Male 2 Female 3 Prefer to self-describe: 9 Prefer not to say
- b. Age:** 1 16-20 2 21-30 3 31-40 4 41-50 5 51-65 6 66+

25. What is your ethnic background?

White

- 01 British
- 02 Irish
- 03 Any other White background

Mixed

- 04 White and Black Caribbean
- 05 White and Black African
- 06 White and Asian
- 07 Any other mixed background

Asian/Asian British

- 08 Indian
- 09 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background

Black/Black British

- 12 Caribbean
- 13 African
- 14 Any other Black background

Chinese and other ethnic background

- 15 Chinese
- 16 Any other ethnic background (please specify)

26. Which of the following best describes how you think of yourself?

- 1 Heterosexual (straight) 2 Gay Man 3 Gay Woman (lesbian)
- 4 Bisexual 5 Other 6 I would prefer not to say

27. What is your religion?

- 1 No religion 4 Hindu 7 Sikh
- 2 Christian 5 Jewish 8 Any other religion (please specify)
- 3 Buddhist 6 Muslim
- 9 I would prefer not to say

28a. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

- 1 Yes 2 No

If YES, please answer part b below; if NO, go to Question 29

b. Has your employer made adequate adjustment(s) to enable you to carry out your work?

- 1 Yes 2 No 3 No adjustment required

29. How many years have you worked for this organisation?

If your organisation has merged with another or changed its name, please include in your answer all the time you have worked with this organisation and its predecessors

- 1 Less than 1 year 2 1-2 years 3 3-5 years
- 4 6-10 years 5 11-15 years 6 More than 15 years

30. What is your occupational group?

Please tick one box only

Allied Health Professionals / Healthcare Scientists / Scientific and Technical

- 01 Occupational Therapy
- 02 Physiotherapy
- 03 Radiography
- 04 Pharmacy
- 05 Clinical Psychology
- 06 Psychotherapy
- 07 Arts therapy
(e.g. art, music, drama therapy)
- 08 Other qualified Allied Health Professionals
(e.g. dietetics, speech and language therapy, complementary therapy)
- 09 Support to Allied Health Professionals
(e.g. support worker, therapy helper, therapy assistant or student)
- 10 Other qualified Scientific and Technical or Healthcare Scientists (e.g. haematology, clinical biochemistry, microbiology)
- 11 Support to healthcare scientists
(e.g. technicians, assistants or students)

Medical and Dental

- 12 Medical / Dental - Consultant
- 13 Medical / Dental - In Training (e.g. Foundation Y1 & Y2, StRs (incl FTSTAs & LATs), SHO, SpRs / SpTs / GPRs)
- 14 Medical / Dental - Other
(e.g. Staff and Associate Specialists / Non-consultant career grade)
- 15 Salaried Primary Care Dentists

Ambulance (operational)

- 16 Emergency Care Practitioner
- 17 Paramedic
- 18 Emergency Care Assistant
- 19 Ambulance Technician
- 20 Ambulance Control Staff
(e.g. call handler, dispatchers, PTS controllers)
- 21 Patient Transport Service
(e.g. ambulance drivers, support staff)

Public Health

- 22 Public Health / Health Improvement

Commissioning

- 23 Commissioning managers / support staff

Registered Nurses and Midwives

- 24 Adult / General
- 25 Mental health
- 26 Learning disabilities
- 27 Children
- 28 Midwives
- 29 Health Visitors
- 30 District / Community
- 31 Other Registered Nurses

Nursing or Healthcare Assistants

- 32 Nursing auxiliary / Nursing assistant / Healthcare assistant
(including Health / Clinical / Nursing Support Worker)

Social Care

- 33 Approved social workers / Social workers / Residential social workers
- 34 Social care managers
- 35 Social care support staff

Wider Healthcare Team

- 36 Admin & Clerical
(including Medical Secretary)
- 37 Central Functions / Corporate Services
(e.g. HR, Finance, Information Systems, Information Technology)
- 38 Maintenance / Ancillary
(e.g. housekeeping, domestic staff, maintenance, facilities, estates)

General Management

- 39 General Management
(N.B. If you are a manager and can choose a group from elsewhere in the list, please select that other occupational group)
- 40 Other occupational group (please specify)

31. Team working

- a. Do you work in a team? 1 Yes 2 No

If YES, please answer the following question about the main team or group you work in:

- b. How many core members are there in your team?

- 1 2-5 2 6-9 3 10-15 4 More than 15

Any other comments? Please write these on a separate sheet of paper and attach them to this questionnaire. Written comments you provide will be passed to your organisation, so do not include any personal details in your comments if you want to remain anonymous.