

2024 National NHS Staff Survey (NSS)

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 Social Care, and NHS England, will make use of the anonymised results.

Please complete the survey for your current job, or the job you do most of the time. If you work at more than one NHS organisation, please complete the survey for the organisation which sent you the invitation letter/email. Please read each question carefully, but give your immediate response by ticking the box which best matches your personal view.

Please note this survey includes questions relating to physical violence, bullying, harassment, or abuse at work, discrimination, and sexual violence.

Who will see my answers?

NO ONE IN YOUR ORGANISATION, OR THE NHS, WILL BE ABLE TO IDENTIFY INDIVIDUAL RESPONSES. Your answers will be treated in the strictest confidence. The bar code / number below is only used by Contractor Name to identify which staff should be sent a reminder.

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

The survey is conducted by Contractor Name and the NHS Staff Survey Coordination Centre on behalf of your organisation and NHS England, in partnership with trade unions.

The survey findings will be analysed by Contractor Name and the NHS Staff Survey Coordination Centre and the results will be presented in summary reports in which no individual can be identified.

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

Contractor Name
Address 1
Address 2
Address 3
Postcode

YOUR JOB

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

Yes, frequently

Yes, occasionally

No

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

	Never	Rarely	Sometimes	Often	Always
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a. I look forward to going to work.

1 2 3 4 5

b. I am enthusiastic about my job.

1 2 3 4 5

c. Time passes quickly when I am working.

1 2 3 4 5

3. 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
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a. I always know what my work responsibilities are.

1 2 3 4 5

b. I am trusted to do my job.

1 2 3 4 5

c. There are frequent opportunities for me to show initiative in my role.

1 2 3 4 5

d. I am able to make suggestions to improve the work of my team / department.

1 2 3 4 5

e. I am involved in deciding on changes introduced that affect my work area / team / department.

1 2 3 4 5

f. I am able to make improvements happen in my area of work.

1 2 3 4 5

g. I am able to meet all the conflicting demands on my time at work.

1 2 3 4 5

h. I have adequate materials, supplies and equipment to do my work.

1 2 3 4 5

i. There are enough staff at this organisation for me to do my job properly.

1 2 3 4 5

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

	Very dissatisfied	Dissatisfied	Neither satis. nor dissatisfied	Satisfied	Very satisfied
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a. The recognition I get for good work.

1 2 3 4 5

b. The extent to which my organisation values my work.

1 2 3 4 5

c. My level of pay.

1 2 3 4 5

d. The opportunities for flexible working patterns.

1 2 3 4 5

5. For each of the statements below, how often, if at all, do these statements apply to you?

	Never	Rarely	Sometimes	Often	Always
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a. I have unrealistic time pressures.

1 2 3 4 5

b. I have a choice in deciding how to do my work.

1 2 3 4 5

c. Relationships at work are strained.

1 2 3 4 5

6. Do the following statements apply to you and your job?

	Not applicable to me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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a. I feel that my role makes a difference to patients / service users.

1 2 3 4 5

b. My organisation is committed to helping me balance my work and home life.

1 2 3 4 5

c. I achieve a good balance between my work life and my home life.

1 2 3 4 5

d. I can approach my immediate manager to talk openly about flexible working.

1 2 3 4 5

YOUR TEAM

7. Do the following statements apply to you and your job?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. 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
b. 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
c. 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
d. Team members understand each other's roles.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I enjoy working with the colleagues in my team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My team has enough freedom in how to do its work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. In my team disagreements are dealt with constructively.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. I feel valued by my team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I feel a strong personal attachment to my team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PEOPLE IN YOUR ORGANISATION

8. Do the following statements apply to you and your job?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Teams within this organisation work well together to achieve their objectives.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. The people I work with are understanding and kind to one another.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. The people I work with are polite and treat each other with respect.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The people I work with show appreciation to one another.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

YOUR MANAGERS

9. 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. ...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
c. ...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
d. ...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
e. ...values my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. ...works together with me to come to an understanding of problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. ...is interested in listening to me when I describe challenges I face.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. ...cares about my concerns.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. ...takes effective action to help me with any problems I face.	<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?

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

11. Health & well-being	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. My organisation takes positive action on health and well-being.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
				Yes	No
b. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	<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			
<i>If YES to d, please answer part e below; if NO, go to Question 12</i>					
e. Have you felt pressure from your manager to come to work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2			

12. Health & well-being	Never	Rarely	Sometimes	Often	Always
a. How often, if at all, do you find your work emotionally exhausting?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. How often, if at all, do you feel burnt out because of your work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. How often, if at all, does your work frustrate you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. How often, if at all, are you exhausted at the thought of another day/shift at work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. How often, if at all, do you feel worn out at the end of your working day/shift?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. How often, if at all, do you feel that every working hour is tiring for you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. How often, if at all, do you not have enough energy for family and friends during leisure time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

13. 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 <input type="checkbox"/> Never ₂ <input type="checkbox"/> 1-2 ₃ <input type="checkbox"/> 3-5 ₄ <input type="checkbox"/> 6-10 ₅ <input type="checkbox"/> More than 10
b. Managers ₁ <input type="checkbox"/> Never ₂ <input type="checkbox"/> 1-2 ₃ <input type="checkbox"/> 3-5 ₄ <input type="checkbox"/> 6-10 ₅ <input type="checkbox"/> More than 10
c. Other colleagues ₁ <input type="checkbox"/> Never ₂ <input type="checkbox"/> 1-2 ₃ <input type="checkbox"/> 3-5 ₄ <input type="checkbox"/> 6-10 ₅ <input type="checkbox"/> More than 10
d. The last time you experienced physical violence at work, did you or a colleague report it? ₁ <input type="checkbox"/> Yes, I reported it ₂ <input type="checkbox"/> Yes, a colleague reported it ₃ <input type="checkbox"/> No ₄ <input type="checkbox"/> Don't know ₉ <input type="checkbox"/> Not applicable

14. 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 <input type="checkbox"/> Never ₂ <input type="checkbox"/> 1-2 ₃ <input type="checkbox"/> 3-5 ₄ <input type="checkbox"/> 6-10 ₅ <input type="checkbox"/> More than 10
b. Managers ₁ <input type="checkbox"/> Never ₂ <input type="checkbox"/> 1-2 ₃ <input type="checkbox"/> 3-5 ₄ <input type="checkbox"/> 6-10 ₅ <input type="checkbox"/> More than 10
c. Other colleagues ₁ <input type="checkbox"/> Never ₂ <input type="checkbox"/> 1-2 ₃ <input type="checkbox"/> 3-5 ₄ <input type="checkbox"/> 6-10 ₅ <input type="checkbox"/> More than 10
d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? ₁ <input type="checkbox"/> Yes, I reported it ₂ <input type="checkbox"/> Yes, a colleague reported it ₃ <input type="checkbox"/> No ₄ <input type="checkbox"/> Don't know ₉ <input type="checkbox"/> Not applicable

15. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No ₉ <input type="checkbox"/> Don't know

16. 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 Nob. 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 17*c. On what grounds have you experienced discrimination? *Please tick all that apply*

<input type="checkbox"/> 1 Ethnic background	<input type="checkbox"/> 3 Religion	<input type="checkbox"/> 5 Disability	<input type="checkbox"/> 7 Other <i>(please specify)</i>
<input type="checkbox"/> 2 Gender	<input type="checkbox"/> 4 Sexual orientation	<input type="checkbox"/> 6 Age	<input type="text"/>

17. In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault.

a. From 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. From staff / colleagues

 1 Never 2 1-2 3 3-5 4 6-10 5 More than 10**18. In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?** 1 Yes 2 No

19. 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

20. Raising concerns about unsafe clinical practice

To what extent do you agree with the following statements about unsafe clinical practice?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. 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
b. 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

21. To what extent does this statement reflect your view of your organisation as a whole?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

22. To what extent does the following statement apply to you?	Never	Rarely	Sometimes	Often	Always
I can eat nutritious and affordable food while I am working. <i>Please note, this could be food you buy or prepare yourself</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

YOUR PERSONAL DEVELOPMENT

23a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

Yes

No

Can't remember

If YES, please answer parts b to d below; if NO, go to Question 24

- b. It helped me to improve how I do my job.
- c. It helped me agree clear objectives for my work.
- d. It left me feeling that my work is valued by my organisation.

Yes,
definitely

Yes,
to some
extent

No

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

- | | Not applicable | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. This organisation offers me challenging work. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| b. There are opportunities for me to develop my career in this organisation. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| c. I have opportunities to improve my knowledge and skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| d. I feel supported to develop my potential. | <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 access the right learning and development opportunities when I need to. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| f. I am able to access clinical supervision opportunities when I need 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 ORGANISATION

25. 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 |
| e. I feel safe to speak up about anything that concerns me in this organisation. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. If I spoke up about something that concerned me I am confident 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 |

26. 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? | | | | | |

Please only select one answer

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.

27. Which of the following best describes you?

a.	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer to self-describe:	<input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
	<input type="text"/>				

b. Is your gender identity the same as the sex you were registered at birth?

c.	<input type="checkbox"/> Age:	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
	<input type="text"/>						

28. What is your ethnic group? (Choose one option that best describes your ethnic group or background)

White

- 01 English / Welsh / Scottish / Northern Irish / British
- 02 Irish
- 03 Gypsy or Irish Traveller
- 04 Any other White background

- Mixed/Multiple ethnic background**
- 05 White and Black Caribbean
- 06 White and Black African
- 07 White and Asian
- 08 Any other Mixed / Multiple ethnic background

Asian/Asian British

- 09 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background

Black/African/Caribbean/Black British

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background

Other ethnic group

- 17 Arab
- 18 Any other ethnic background (please specify)

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

<input type="checkbox"/> Heterosexual or Straight	<input type="checkbox"/> Gay or Lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> Other	<input type="checkbox"/> I would prefer not to say	
<input type="checkbox"/> 4	<input type="checkbox"/> 5	

30. What is your religion? Are you...

<input type="checkbox"/> No religion	<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh
<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7
<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Any other religion (please specify)
<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim	<input type="checkbox"/> I would prefer not to say
<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9

31a. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

1 Yes 2 No

If YES, please answer part b below; if NO, go to Question 32

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

1 Yes 2 No 3 No adjustment required

32. Parental / caring responsibilities

- a. Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for? 1 Yes 2 No
- b. Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age? 1 Yes 2 No

33. Thinking about your current role, how often, if at all, do you work at/from home?

1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

34a. 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
4 6-10 years

2 1-2 years
5 11-15 years

3 3-5 years
6 More than 15 years

b. When you joined this organisation, were you recruited from outside of the UK?

(This is often referred to as international recruitment)

1 Yes 2 No 9 Prefer not to say

35. 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 Operating Department Practitioner
- 08 Speech and Language Therapy
- 09 Other qualified Allied Health Professionals (e.g. dietetics, podiatry, osteopathy)
- 10 Support to Allied Health Professionals (e.g. support worker, therapy helper, therapy assistant)
- 11 Other qualified Scientific and Technical or Healthcare Scientists (e.g. haematology, clinical biochemistry, microbiology)
- 12 Support to healthcare scientists (e.g. technicians, assistants or students)

Medical and Dental

- 13 Medical / Dental - Consultant
- 14 Medical / Dental - In Training (e.g. Foundation Y1, Foundation Y2, Core Trainees, Specialty Trainees (including GPs))
- 15 Medical / Dental - SAS doctor (Specialty Doctor, Specialist, Staff Grade or Associate Specialist)
- 16 Medical / Dental - Other (e.g. Locally Employed Doctor, Trust Grade Doctor, Clinical Fellow, etc)
- 17 Salaried Primary Care Dentists

Ambulance (operational)

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

Public Health

- 24 Public Health / Health Improvement

Commissioning

- 25 Commissioning managers / support staff

Registered Nurses and Midwives

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

Nursing or Healthcare Assistants

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

Social Care

- 35 Social workers
- 36 Social care managers
- 37 Social care support staff

Wider Healthcare Team

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

General Management

- 41 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)
- 42 Other occupational group (please specify)

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.