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Cite this as: *BMJ* 2024;384:q588<http://dx.doi.org/10.1136/bmj.q588>

Published: 08 March 2024

ACUTE PERSPECTIVE

David Oliver: The NHS staff survey 2023 has depressing findings and worrying implications

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The results of the NHS staff survey 2023 have just been published.¹ This is the 20th annual report and is a commendable and informative piece of work. Some 1.4 million staff were approached across all professional groups in clinical, non-clinical, and care settings. Over 700 000 responded, continuing the tradition of a big response rate to surveys of this nature.

Because the survey is annual it allows for change to be measured and compared over time and for new questions to be added. The 2022 survey had shown some of the worst ratings in the survey's history across a variety of domains.² This year has seen small improvements on some scores, such as reduced levels of work related burnout, sickness absence, or staff coming into work sick, and a modest reduction in staff considering leaving the service.

This may represent some recovery from the covid fallout and potentially demonstrates a greater focus on staff support and wellbeing in the NHS. I suspect, however, that the recovery is fragile and could easily be set back. Despite slight improvements in the figures, they haven't recovered to pre-pandemic levels.

The overall picture remains depressing. It mirrors findings from patient and public surveys, key performance data on access and waiting times, and rates of attrition from the clinical workforce.

Conflicting demands

Some things struck me in particular. Only 57% of respondents felt supported to develop their potential, and only 60% said that they had the right learning and development opportunities. In a service already struggling to retain staff and facing high levels of attrition, not least in early career clinical staff, we simply have to improve this.

Some 30% of respondents said that they felt burnt out by their work, and 34% found it emotionally exhausting, yet only 57% said that their organisation took positive action on health and wellbeing. But what of the causes of that burnout and moral distress? Well, less than half felt able to meet the conflicting demands of their work, only a third said that their workplace had enough staff for them to do their job properly, and only a quarter said that they never faced unrealistic time pressures.

A quarter of respondents said that they'd been subject to harassment, abuse, or bullying from members of the public, and another 28% had experienced it from their own managers or colleagues, yet only half of these said that they'd reported such incidents.

Only 54% believed that their organisation acted without discrimination and with fairness regarding career progression. For me, perhaps most worrying of all were the findings on attitude and culture around patient safety; the professional and statutory duty of openness, transparency, and candour; and the need for a just and learning culture.

Only 71% of staff said that they'd feel safe raising concerns with managers about unsafe clinical practice, and only 56% were confident that their organisation would act on this. Only 62% felt safe speaking out publicly about concerns affecting their organisation, and only 50% believed that those concerns would be listened to or acted on.

Remember: this is an organisation with a professional duty of candour and transparency for practitioners^{3,4} and a statutory duty for senior managers leading organisations,⁵ where report after report has emphasised the need for an open and just culture around patient safety. Yet the staff survey shows that the lived experience doesn't match the official ambitions and guidance.

Values and commitment

Only 61% of respondents would recommend their organisation as a place to work, and only 64% would recommend it as a place for their own friends or family to receive care.

What of improving that care or work experience? Well, only around half of respondents felt able to make improvements happen or be involved in change. Only 44% believed that their organisation showed that it valued their work, although two thirds did feel valued by their own peers or had a strong attachment to their team. Over 70% felt listened to and supported by their immediate line manager.

The best headline figures in the survey were about values and commitment in the NHS and among professional groups. Nearly nine in 10 thought that their role made a difference to patients, and seven in 10 said that the care of patients was their organisation's top priority. Those findings may be mirrored in the British social attitudes survey's findings about the NHS⁶: people value it as an institution and a model of care, despite this deterioration in performance and their experience of using services.

The staff survey has shone an important light on the state of the current service. If we want to tackle issues around recruitment, retention, staff wellbeing, staffing levels, and in turn the safety and quality of

patient care, we must do far more to turn these numbers around.

The data are also reported at the level of individual employing organisations, and I find it striking that some organisations do much better than others in the survey as good places to work, even within one region.⁷ We need to learn from the habits of the higher performing organisations, and the poorly performing ones should use their survey results to focus improvement. The catch-22 is that, if they were able to do this, they wouldn't be at the bottom of the league tables. Perhaps peer support and mentorship for those with consistently poor scores might help them provide staff with happier working lives.

Most of all, however, we must do far better at creating working environments where staff feel safe and confident in raising concerns about safety and quality of care—and about risks to staff themselves. The survey's findings, just like the data on NHS performance itself, were better a few years back, and they could improve again if we chose to make a concerted effort to tackle them.⁸

Competing interests: See bmj.com/about-bmj/freelance-contributors

Provenance and peer review: Commissioned; not externally peer reviewed.

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