

A cross-sectional survey exploring the Work lives and Wellbeing of
Registered Nurses providing mental health care in the UK

SCREENING

S1. Are you currently working as a nurse providing mental health care in the UK?

- Yes (Go to S2)
- No (Go to End - Screened out)

S2. Are you currently registered as a nurse with the Nursing and Midwifery Council (NMC)?

- Yes (Go to A1)
- No (Go to End - Screened out)

A - REGISTRATION

A1. Which part(s) of the NMC register are you on? (Please check all that apply)

- Mental health nurse
- Adult nurse / General nurse
- Learning disability nurse
- Children's nurse
- Midwife
- SCPHN (Specialist community public health nurse)
- Other (please specify): _____

A2. Do you hold a Specialist Practitioner Qualification?

- Yes
- No (Go to A3)

A2b. Please indicate the SPQ you hold:

- Mental health
- Community mental health nursing
- Adult nursing
- Learning disability nurse
- Community learning disability nursing
- District Nursing
- Children's nursing
- Community children's nursing
- General practice nursing

A3. In what year did you first register as a nurse? [Drop-down list (2023 – 1970)]

A4. In what year did you first start working as a registered nurse in mental health? [Drop-down list (2023 – 1970)]

A5. In what country did you first register as a qualified nurse?

- UK
- Other country (please specify): _____

B – YOUR EMPLOYMENT

This section asks about your CURRENT employment situation.

If you hold more than one job, we are interested in your MAIN job.

B1. Which of the following best describes your current employer? Please tick one box

- | | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NHS (excluding GP practices) | <input type="checkbox"/> Independent/private healthcare provider (inc. care/residential homes) |
| <input type="checkbox"/> NHS bank | <input type="checkbox"/> Local authority/Council (inc. schools, social care) |
| <input type="checkbox"/> NHS commissioned service | <input type="checkbox"/> Charity/Voluntary group (inc. Hospice) |
| <input type="checkbox"/> GP practice/ primary care service | <input type="checkbox"/> University/Education provider |
| <input type="checkbox"/> NHS 111/NHS 24/helpline | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Nursing agency | |

B2. Which of the following best describes your post/job title (for your main job)? Please tick one box

- | | |
|---------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Staff nurse | <input type="checkbox"/> Health visitor/SCPHN |
| <input type="checkbox"/> Senior staff nurse | <input type="checkbox"/> School nurse |
| <input type="checkbox"/> Community nurse | <input type="checkbox"/> Practice nurse |
| <input type="checkbox"/> Community mental health nurse | <input type="checkbox"/> Manager/Director |
| <input type="checkbox"/> Community Team Leader / Deputy Team Leader | <input type="checkbox"/> Researcher/Lecturer/Tutor |
| <input type="checkbox"/> Sister/charge nurse/Ward or unit manager | <input type="checkbox"/> NHS R&D/Research nurse |
| <input type="checkbox"/> Senior nurse/Matron/Nurse manager | |
| <input type="checkbox"/> Clinical nurse specialist | |
| <input type="checkbox"/> Consultant nurse | |
| <input type="checkbox"/> Advanced practitioner | |
| <input type="checkbox"/> Nurse practitioner | |
| <input type="checkbox"/> District nurse | |

B3. Please indicate your current pay band/full-time salary or equivalent (excluding any premia such as London Weighting).

- | | |
|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Less than band 4 (< £25,147) | <input type="checkbox"/> Band 8b (£58,972 - £68,525) |
| <input type="checkbox"/> Band 4 (£25,147 - £27,596) | <input type="checkbox"/> Band 8c (£70,417 - £81,138) |
| <input type="checkbox"/> Band 5 (£28,407 - £34,581) | <input type="checkbox"/> Band 8d (£83,571 - £96,376) |
| <input type="checkbox"/> Band 6 (£35,392 - £42,618) | <input type="checkbox"/> Band 9 (£99,891 - £114,949) |
| <input type="checkbox"/> Band 7 (£43,742 - £50,056) | <input type="checkbox"/> Greater than band 9 (> £114,949) |
| <input type="checkbox"/> Band 8a (£50,952 - £57,349) | <input type="checkbox"/> Prefer not to say |

B4. What is your contract type?

- Permanent
- Non-permanent /Temporary /Fixed-term
- NHS Bank
- Agency
- Zero hours
- Self-Employed
- Other (please specify): _____

B5a. Are you working full or part-time?

- Full-time (Go to B6)
- Part-time
- Occasional/other (e.g., bank or agency)

B5b On average, how many hours per week do you usually work?

- 0-15 hours
- 16-29 hours
- 30 or more

B6. (Approximately) How long have you worked for your current employer?

Years: _____ Months: _____

B7. (Approximately) How long have you been in your current post?

Years: _____ Months: _____

B8. Would you describe your job role as primarily:

- Clinical
- Management
- Leadership
- Equal mix of clinical & management
- Education/Research
- Other (please specify): _____

B9. Where are you primarily based?

- Organisation-wide/Corporate
- Hospital ward or unit (mental health)
- Hospital ward or unit (acute)
- Community
- Social Care
- Primary Care/GP
- Criminal Justice
- Education / Training Provider
- Other Specialist services (e.g., substance misuse, eating disorder): _____

B10a. How many beds does your ward/unit currently have (excluding beds closed/not available for use)?

- Beds: _____
- Don't know

B10b. Do you have an agreed caseload size?

- Yes
- No (Go to B11)
- Don't know (Go to B11)
- Not applicable (Go to B11)

B10c. Concerning your caseload:

B10c.1 What is the agreed size of your caseload? _____

B10c.2 How many patients do you estimate you typically have as your caseload? _____

B11. Which of the following best describes the patients you work with? (Please tick all that apply)

- Mother & Baby
- Children and Young Adults/Adolescents
- Adults
- Older People
- Not applicable

CScreen. Have you recently worked a clinical shift?

- Yes
- No (Go to Section D)

C – YOUR LAST SHIFT/day at WORK (is for clinical only)

This section asks you about your nursing activities during the LAST FULL CLINICAL SHIFT you worked in your MAIN job.

C1a. What was your last shift/time that you worked?

- An early shift (e.g. 7 AM – 3:30 PM)
- A late shift (e.g. 1 PM – 8:30 PM)
- A twilight shift (e.g. 6 PM – 12 AM)
- A long day shift (e.g. 7 AM – 7:30 PM)
- A night shift (e.g. 7 PM – 7:30 AM)
- Office hours (e.g. 9 AM – 5 PM)
- Other (Please specify): _____

C1b. When was your last shift? (If your shift crosses weekday / weekend, use the day your STARTED your shift).

- Weekend
- Weekday

C2. Were you working in your usual place/setting/team?

- Yes
- No, I was redeployed/covering elsewhere
- I don't have a usual place of work

C3a. How many patients were you responsible/saw for on your last shift/duty?

- Number of patients: _____
- Don't know

C3b. In total, how many patients were on your ward/unit? (Display hospital ward/unit only)

- Number of patients: _____
- Don't know

C4. Counting YOURSELF, how many nursing staff were on duty during your last shift?

Registered Mental Health Nurses: _____

Other nursing registrants (i.e., general adult, learning disability, children): _____

Nursing support staff (e.g., HCAS, nursing associates): _____

- Can't remember

C5. (Including yourself) How many of the staff on duty were agency/redeployed from elsewhere?

[drop-down Number of staff]

- Don't know

C6a. Reflecting on nurse staffing of your last shift/duty:

Was the number and mix of staff as planned/rostered?

- Yes
- No
- Don't know

If no, please describe: _____

C6b. In YOUR view, was the total number and mix of staff on duty enough to meet patient needs effectively?

- Yes
- No
- Don't know

C6c. Was staffing sufficient for you to feel safe on your last shift?

- Yes
- No

C6d. Was staffing sufficient to enable YOU to practice according to your own professional values?

- Yes
- No

C7a. Thinking about the nurse in charge/team leader on your last shift.

Were you the nurse in charge/team leader on your last shift?

- Yes (Go to G8)
- No

C7b. What type of nurse were they:

- Registered Nurse (Mental Health)
- Registered Nurse (Other)
- Other profession / staff group (Please specify): _____
- Not applicable / no team leader
- Don't know

B7c. What was their pay band (or full-time equivalent salary)?

- Band 4 (£25, 147 - £27,596)
- Band 5 (£28, 407 - £34, 581)
- Band 6 (£35,392 - £42,618)
- Band 7 (£43,742 - £50,056)
- Band 8a (£50,952 - £57,249)
- Band 8b (£58,972 - £68,525)
- Band 8c (£70,417 - £81,138)
- Band 8d (£83,571 - £96,376)
- Band 9 (£99, 891 - £114,949)
- Greater than Band 9 (> £114,949)
- Don't know
- Not applicable

C8. On your most recent duty/shift, was any necessary nursing care left undone because you lacked the time to complete it?

- Yes
- No
- Don't know

C9. Were you able to take your breaks?

- Yes
- No

C10. Did you have access to a suitable staff room/facility to take a break?

- Yes
- No

D – ROLE, SKILLS AND DEVELOPMENT

D1. How many hours have you spent on CPD (Continuous Professional Development)/professional education in the last 12 months?

[drop-down # hours]

- Not applicable
- Can't remember

D2. Have you had any mental health specific CPD, training or education in the last 12 months?

- Yes
- No
- Don't know
- Not applicable

D3a. Are there any tasks/activities YOU regularly do (e.g., every shift) that you think should be done by non-nursing staff?

- Yes
- No (Go to D4)
- Not Applicable (Go to D4)

D3b. If yes, please briefly describe:

D4a. Are there any tasks/activities regularly done by non-nursing staff, that you think would be better done by a registered nurse?

- Yes
- No (Go to D5)
- Not Applicable (Go to D5)

D4b. If yes, please briefly describe:

D5. Please rate your agreement to the following statements:

| | Strongly Disagree | Disagree | Neither Agree nor disagree | Agree | Strongly Agree |
|-----------------------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|
| <i>In my current role:</i> | | | | | |
| a) <i>I feel that I have adequate time to develop professionally.</i> | 1 | 2 | 3 | 4 | 5 |
| b) <i>I know what is expected of me.</i> | 1 | 2 | 3 | 4 | 5 |
| c) <i>I can decide how much time I spend on a specific task/activity.</i> | 1 | 2 | 3 | 4 | 5 |
| d) <i>I have a good level of professional autonomy.</i> | 1 | 2 | 3 | 4 | 5 |
| e) <i>I am clear about the roles/activities/tasks undertaken by others.</i> | 1 | 2 | 3 | 4 | 5 |
| f) <i>My nurse training has been good preparation for the role I do.</i> | 1 | 2 | 3 | 4 | 5 |

E – CARE QUALITY AND SAFETY

E1. In your professional opinion, is patient care routinely compromised where you work due to staffing constraints?

- Yes
 No
 Don't know
 Not applicable

E2. Please rate the following statements:

| | Strongly disagree | Disagree | Neither Agree nor disagree | Agree | Strongly Agree | Don't know/ Not applicable |
|---------------------------------------------------------------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|----------------------------|
| a) In general, the quality of nursing care where I work is excellent. | 1 | 2 | 3 | 4 | 5 | 0 |
| b) I feel pressured to work beyond my level of competence. | 1 | 2 | 3 | 4 | 5 | 0 |
| c) If I made a mistake, I would feel safe speaking up about it. | 1 | 2 | 3 | 4 | 5 | 0 |
| d) If I saw a colleague making a mistake, I would feel safe speaking up about it. | 1 | 2 | 3 | 4 | 5 | 0 |
| e) I am fearful of being unfairly blamed for errors which are due to pressures or systems failings in my workplace. | 1 | 2 | 3 | 4 | 5 | 0 |

F – COMPASSION SATISFACTION (ProQOL Health)

Below are some statements about your experience as a nurse, both positive and negative. Consider each statement about your current work situation. Select the rating that most accurately reflects how frequently you have experienced these things in the LAST 30 DAYS.

| | Never | Rarely | Sometimes | Often | Very Often |
|-----------------------------------------------------------------------------------------------|-------|--------|-----------|-------|------------|
| 1. I am happy that I chose to work in mental healthcare. | 1 | 2 | 3 | 4 | 5 |
| 2. At times I have had to do things that go against my personal values. | 1 | 2 | 3 | 4 | 5 |
| 3. Because of my work, I have unwanted, distressing thoughts. | 1 | 2 | 3 | 4 | 5 |
| 4. I have seen things at work that I believe to be morally wrong. | 1 | 2 | 3 | 4 | 5 |
| 5. I feel supported by my colleagues. | 1 | 2 | 3 | 4 | 5 |
| 6. I feel energised by working with patients. | 1 | 2 | 3 | 4 | 5 |
| 7. I often find myself thinking about my patients when I am not at work. | 1 | 2 | 3 | 4 | 5 |
| 8. Administrative procedures and rules make my job too hard. | 1 | 2 | 3 | 4 | 5 |
| 9. At times, I have been unable to provide the care that I believe should have been provided. | 1 | 2 | 3 | 4 | 5 |
| 10. I have been affected by the suffering I seen at work. | 1 | 2 | 3 | 4 | 5 |
| 11. My family/friends/network support me in my work. | 1 | 2 | 3 | 4 | 5 |
| 12. Because of my work, I feel anxious about many things. | 1 | 2 | 3 | 4 | 5 |
| 13. The people who make the decisions that affect my job care about my wellbeing. | 1 | 2 | 3 | 4 | 5 |
| 14. At times, I have felt ashamed of the choices I have made at work | 1 | 2 | 3 | 4 | 5 |
| 15. I am unhappy at work. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--------------------------------------------------------------------------------------------|---|---|---|---|---|
| 16. I feel depressed because of the suffering I seen at work. | 1 | 2 | 3 | 4 | 5 |
| 17. I am unhappy because I have observed nurses doing things that I believe are unethical. | 1 | 2 | 3 | 4 | 5 |
| 18. My manager(s) care about my personal wellbeing. | 1 | 2 | 3 | 4 | 5 |
| 19. My workload seems endless. | 1 | 2 | 3 | 4 | 5 |
| 20. My workplace is an extremely harsh place to work. | 1 | 2 | 3 | 4 | 5 |
| 21. I find working as a nurse in mental health satisfying. | 1 | 2 | 3 | 4 | 5 |
| 22. Because of my work, I have very little time for a personal life | 1 | 2 | 3 | 4 | 5 |
| 23. I have people who I can talk to about my struggles at work. | 1 | 2 | 3 | 4 | 5 |
| 24. I believe I can make a difference through my work. | 1 | 2 | 3 | 4 | 5 |
| 25. I have close friends who support me in my work. | 1 | 2 | 3 | 4 | 5 |
| 26. I avoid activities or situations that remind me of patients' suffering. | 1 | 2 | 3 | 4 | 5 |
| 27. I am proud of what I can do to help. | 1 | 2 | 3 | 4 | 5 |
| 28. I feel responsible that I have not always been able to help people | 1 | 2 | 3 | 4 | 5 |
| 29. My work exhausts me. | 1 | 2 | 3 | 4 | 5 |
| 30. Mental health nursing makes the world a better place. | 1 | 2 | 3 | 4 | 5 |

G – SICKNESS ABSENCE

G1.1 Overall, how would you rate your physical health?

Poor (1)

Fair (2)

Good (3)

Very Good (4)

Excellent (5)

G1.2. Overall, how would you rate your mental health?

Poor (1)

Fair (2)

Good (3)

Very Good (4)

Excellent (5)

G2a. Have you taken any sick leave in the last 12 months?

- Yes
- No (Go to G4)
- Can't remember (Go to G4)

G2b. Approximately, how many days have you taken?

[drop-down # days]

- Can't remember

G3. The last shift you took sick leave, what was the MAIN reason for this?

- | | |
|-----------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Physical illness | <input type="checkbox"/> Sick child |
| <input type="checkbox"/> Mental ill-health | <input type="checkbox"/> Other family illness/crisis |
| <input type="checkbox"/> Injury (work-related) | <input type="checkbox"/> Unable to get the off-duty needed |
| <input type="checkbox"/> Injury (non-work related) | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> I didn't feel able to work | <input type="checkbox"/> Other (please specify): _____ |

G4a. Were you offered any support to help you return to work?

- Yes
- No (Go to G5)
- Don't know / Can't remember

G4b. What support was offered? (Please select all that apply)

- Occupational health referral/assessment
- Return to work conversation
- Phased reintroduction to work
- Reduced role (“light duties”)
- Changed to another job role
- Flexible/hybrid working
- Time off to attend appointments
- Reasonable adjustments (i.e., equipment, accessibility)
- Physiotherapy/rehabilitation
- Counselling/psychotherapy/support group
- Substance misuse/alcohol support
- Free subscription to App (mental health)
- Free diet/exercise programme / classes / App
- Prefer not to say
- Other (please describe): _____

G5. In the last 12 months, have you worked when unwell?

- Yes
- No

G6. Which of the following (if any) are reason(s) you might/did work when unwell?

- Impact on colleagues
- I would feel guilty about taking sickness absence
- Impact on patient care
- Impact on me when I return to work (e.g., greater workload)
- Concerns others may not be supportive of me
- Concerns that others would not recognise sickness absence/ would be challenged
- Pressured to attend by colleague/manager
- I don't want to use up my sick leave
- I don't have enough sick leave to take time off
- None of the above, I would never work when unwell
- Other (please specify): _____

G7. Please rate your agreement with the following statements:

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--------------------------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|
| <i>I feel comfortable taking sick leave for physical health reasons.</i> | 1 | 2 | 3 | 4 | 5 |
| <i>I feel comfortable taking sick leave for mental health reasons.</i> | 1 | 2 | 3 | 4 | 5 |
| <i>I feel comfortable taking leave following a traumatic incident at work.</i> | 1 | 2 | 3 | 4 | 5 |

H – JOB SATISFACTION

H1. Overall, how satisfied are you with your job?

| | | | | |
|----------------------------|---------------------------|----------------------------------------|------------------------|-------------------------|
| Extremely dissatisfied (1) | Somewhat dissatisfied (2) | Neither satisfied nor dissatisfied (3) | Somewhat satisfied (4) | Extremely satisfied (5) |
|----------------------------|---------------------------|----------------------------------------|------------------------|-------------------------|

H2. What are your plans in relation to your current job?

- I expect to stay for at least a year (go to H5)
- Plan to leave within 12 months (including retirement, maternity/parental leave)
- I don't know

H3. What do you plan to do next?

- Another nursing job within current organisation
- Same/similar job in different organisation
- Retirement
- Take maternity/parental leave
- Return to study / education / training
- NHS Bank nursing
- Agency nursing
- Nursing outside the UK
- Non-nursing job
- Work for University / Education provider

Career break

Other (Please specify): _____

H4a. Is there anything about your current job that makes you want to leave?

Yes

No (Go to H5)

Don't know (Go to H5)

H4b. If yes, please briefly describe

H5. In terms of IMPROVING your working life, how important are each of the following to you?

| | Not at all important | Slightly important | Moderately important | Very important | Extremely important |
|-----------------------------------------------------------------------------------------------------------------|----------------------|--------------------|----------------------|----------------|---------------------|
| Registered Nurses (mental health) staffing levels | 1 | 2 | 3 | 4 | 5 |
| Multi-disciplinary team working | 1 | 2 | 3 | 4 | 5 |
| Support for patient related administration | 1 | 2 | 3 | 4 | 5 |
| Flexible working | 1 | 2 | 3 | 4 | 5 |
| Flexible retirement | 1 | 2 | 3 | 4 | 5 |
| Opportunity to rotate to different clinical areas | 1 | 2 | 3 | 4 | 5 |
| Self-rostering (picking your own shifts) | 1 | 2 | 3 | 4 | 5 |
| Career conversations | 1 | 2 | 3 | 4 | 5 |
| Preceptorship programme | 1 | 2 | 3 | 4 | 5 |
| Mentoring | 1 | 2 | 3 | 4 | 5 |
| Restorative clinical supervision | 1 | 2 | 3 | 4 | 5 |
| Visibility/accessibility of senior management | 1 | 2 | 3 | 4 | 5 |
| Mechanism for anonymous feedback/speaking out | 1 | 2 | 3 | 4 | 5 |
| Access to health and wellbeing services | 1 | 2 | 3 | 4 | 5 |
| Access to psychologically safe, confidential spaces to socialise, debrief and share experiences with colleagues | 1 | 2 | 3 | 4 | 5 |

H6. What is the main thing your employer could do to improve your working life?

I – CULTURE OF CARE BAROMETER

11. Please indicate the extent you agree with each of the following statements by checking one box on each row.

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-----------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|
| 1. I have the resources I need to do a good job. | 1 | 2 | 3 | 4 | 5 |
| 2. I feel respected by my co-workers. | 1 | 2 | 3 | 4 | 5 |
| 3. I have sufficient time to do my job well. | 1 | 2 | 3 | 4 | 5 |
| 4. I am proud to work for this employer. | 1 | 2 | 3 | 4 | 5 |
| 5. My line manager treats me with respect. | 1 | 2 | 3 | 4 | 5 |
| 6. My employer values the service we provide. | 1 | 2 | 3 | 4 | 5 |
| 7. I would recommend this organisation as a good place to work. | 1 | 2 | 3 | 4 | 5 |
| 8. I feel well supported by my line manager. | 1 | 2 | 3 | 4 | 5 |
| 9. I am able to influence the way things are done in my team. | 1 | 2 | 3 | 4 | 5 |
| 10. I feel part of a well-managed team. | 1 | 2 | 3 | 4 | 5 |
| 11. I know who my line manager is. | 1 | 2 | 3 | 4 | 5 |
| 12. Unacceptable behaviour is consistently tackled. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|-------------------------------------------------------------------------|---|---|---|---|---|
| 13. There is strong leadership at the highest level in my organisation. | 1 | 2 | 3 | 4 | 5 |
| 14. When things get difficult, I can rely on my colleagues. | 1 | 2 | 3 | 4 | 5 |
| 15. Senior managers know how things really are. | 1 | 2 | 3 | 4 | 5 |
| 16. I feel able to ask for help when I need it. | 1 | 2 | 3 | 4 | 5 |
| 17. I know exactly what is expected of me in my job. | 1 | 2 | 3 | 4 | 5 |
| 18. I feel supported to develop my potential. | 1 | 2 | 3 | 4 | 5 |
| 19. A positive culture is visible where I work. | 1 | 2 | 3 | 4 | 5 |
| 20. The people I work with are friendly. | 1 | 2 | 3 | 4 | 5 |
| 21. My line manager gives me constructive feedback. | 1 | 2 | 3 | 4 | 5 |
| 22. Staff successes are celebrated by the organisation. | 1 | 2 | 3 | 4 | 5 |
| 23. My employer listens to staff views. | 1 | 2 | 3 | 4 | 5 |
| 24. I get the training and development I need. | 1 | 2 | 3 | 4 | 5 |
| 25. I am able to influence how things are done where I work. | 1 | 2 | 3 | 4 | 5 |
| 26. This organisation has a positive culture. | 1 | 2 | 3 | 4 | 5 |
| 27. I am kept well informed about what is going on in our team. | 1 | 2 | 3 | 4 | 5 |
| 28. I have positive role models where I work. | 1 | 2 | 3 | 4 | 5 |
| 29. I feel well informed about what is happening in my organisation. | 1 | 2 | 3 | 4 | 5 |
| 30. My concerns are taken seriously by my line manager. | 1 | 2 | 3 | 4 | 5 |

J – BAT (12-item)

J1. The following statements are about you, and how you experience and feel about your work. Please indicate how often each statement applies to you.

| | Never | Seldom | Sometimes | Often | Always |
|----------------------------------------------------------------------|-------|--------|-----------|-------|--------|
| a) At work, I feel mentally exhausted | 1 | 2 | 3 | 4 | 5 |
| b) After a day at work, I find it hard to recover my energy | 1 | 2 | 3 | 4 | 5 |
| c) At work, I feel physically exhausted | 1 | 2 | 3 | 4 | 5 |
| d) I struggle to find any enthusiasm for my work | 1 | 2 | 3 | 4 | 5 |
| e) I feel a strong aversion towards my job | 1 | 2 | 3 | 4 | 5 |
| f) I am cynical about what my work means to others | 1 | 2 | 3 | 4 | 5 |
| g) At work, I have trouble staying focused | 1 | 2 | 3 | 4 | 5 |
| h) When I am working, I have trouble concentrating | 1 | 2 | 3 | 4 | 5 |
| i) I make mistakes in my work because I have my mind on other things | 1 | 2 | 3 | 4 | 5 |
| j) At work, I feel unable to control my emotions | 1 | 2 | 3 | 4 | 5 |
| k) I do not recognise myself in the way I react emotionally at work | 1 | 2 | 3 | 4 | 5 |
| l) At work, I may overreact unintentionally | 1 | 2 | 3 | 4 | 5 |

K – IN YOUR OWN WORDS

K1. Please add any other comments you would like to make about being a nurse working in mental health.

L – BACKGROUND INFORMATION

We need this information for analysis purposes to help us further explore differences between nurses. Findings will only be presented for groups of nurses, and no individuals will be identifiable.

L1. What gender do you identify as?

- Female
 Male

- Non-binary
- Prefer not to say
- Prefer to self describe: _____

L2. What is your age?

- Under 20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- Above 71
- Prefer not to say

L3. What best describes your ethnic group?

White

- English/Welsh/Scottish/Norther Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian

Black, African, Caribbean or Black British

- African
- Caribbean
- Any other Black/African/Caribbean

Other ethnic groups

- Arab
- Any other ethnic group
- Prefer not to say

L4. Which nursing qualifications do you hold (Please select all that apply)

- Registered Nurse (without diploma or degree)
- Enrolled Nurse (without diploma or degree)
- NVQ/SVQ level 2, 3, or 4
- Nursing diploma
- Nursing degree
- Masters
- PhD
- Other

L8. Where do you currently work?

- Scotland
- Northern Ireland
- Wales
- East of England
- North East/Yorkshire
- North West
- South East
- South West
- East Midlands
- West Midlands
- Yorkshire and the Humber
- Elsewhere (Please specify): _____

Thank you for taking part in this survey.

If you have any questions or comments, please email NursingWorkforce@soton.ac.uk