

Anaesthetic Workforce Census 2025

Wellbeing, Burnout and Retention



Contents

1	Executive summary	3
2	Introduction	6
3	Methodology	7
4	Overview of respondents	10
5	Overall wellbeing.....	13
6	Job satisfaction and burnout.....	22
7	Retention	27
8	Sick leave	37
9	Relationships between wellbeing, sick leave and retention	40
10	Satisfaction with aspects of working life	43
11	Food and drink.....	65

1 Executive summary

Background

The NHS is reliant on anaesthetists; without them most operations could not happen, women would go without epidurals, many of those enduring chronic pain would continue to suffer, and much more. It is vital, therefore, that anaesthetic staff are supported and retained.

In April 2025, working with Enventure Research, the Royal College of Anaesthetists (RCoA) surveyed anaesthetists and physician assistants in anaesthesia (PAAs) working in the UK, as part of the RCoA Workforce Census 2025.

This summary presents the key findings that relate to wellbeing, burnout, and retention. The insights are essential for shaping workforce strategies, employee support structures, and other policy interventions to ensure that the NHS recruits and retains the anaesthetists that it needs.

Methodology and response summary

The RCoA Workforce Census 2025 involved three large surveys, one that went to clinical leaders in anaesthesia, one that went to college tutors, and one that went to the wider anaesthetic workforce. This work is part of the RCoA's ongoing cycle of data collection, including a full census every five years, interspersed with shorter workforce surveys.

The results displayed in this report come from the survey of the wider anaesthetic workforce. The survey was conducted online between 24 March and 5 May 2025. Email invitations and reminders were sent to all members and PAAs who had provided their email address to the College and opted in to receiving relevant survey work. In total, 2,797 responses were received, representing a **15% response rate**. For the purposes of analysis, responses from Crown Dependencies and student PAAs have been excluded.

The survey adopted a self-selecting approach, meaning participants opted in voluntarily. As such, findings should be interpreted with this mind. However, results have been weighted by staff group to be representative of the workforce profile.

Summary of key findings

Overall wellbeing

- **Wellbeing levels among anaesthetists are below UK averages:** In general, anaesthetic staff reported lower levels of life satisfaction, sense of life being worthwhile, and happiness than the UK population averages reported by the Office for National Statistics (ONS).
- **There was some variation by staff group:** While wellbeing scores were similar by gender and across UK nations, consultants consistently reported the highest scores, while Locally Employed Doctors (LEDs) scored the lowest. For example, life satisfaction was 7.3/10 for consultants, but only 6.1/10 for LEDs.
- **Anxiety amongst anaesthetists is above the UK average:** Average anxiety was 3.6/10, higher than the UK population average of 3.2/10.
- **Gender and age differences:** Female anaesthetic staff reported higher levels of anxiety (3.8/10) than male anaesthetic staff (3.4/10), consistent with national gender patterns identified by the ONS. Anxiety decreased with age, with respondents aged 60+ reporting an average anxiety of 2.4/10 compared to 4.2/10 for respondents aged 20-29.

Job satisfaction and burnout

- **Moderate job satisfaction overall:** Average job satisfaction for anaesthetic staff was 6.3/10, highest among consultants (6.6/10) and lowest among LEDs (5.4/10) and PAAs (5.0/10).
- **There are signs of burnout:** Over half the workforce reported at least moderate burnout; 16% felt burnt out to a high degree and 6% to a very high degree.
- **LEDs most affected:** LEDs experienced the highest level of burnout of any anaesthetic staff group, with 20% reporting high levels of burnout and a further 11% reporting very high levels.
- **National variation:** Comparing UK nations, burnout levels were highest in Northern Ireland, with 22% of all anaesthetic staff reporting high levels of burnout and a further 9% reporting very high levels.

Retention

- **Long-term retention challenges:** Only around 6 out of 10 anaesthetic staff (58%) expected to be working in the NHS in five years' time. Around 1 in 5 anaesthetic staff (19%) thought they would leave and a further 22% indicated they might, indicating impending challenges for workforce retention.
- **Younger staff and A&Ts more likely to stay:** Retention intentions were highest among 20–29-year-olds (74%) and A&Ts (68%).
- **Retirement is a key driver of exit intentions:** 62% of those expecting to leave cited retirement; among consultants planning to leave, this rose to 81%.
- **Impending retirements:** Up to 16% of all anaesthetic staff working in the NHS may retire in the next five years, including 12% who said they would, and a further 4% who indicated they might. This includes 29% of consultants, with 22% saying they would, and a further 7% saying they might.
- **Retirements by age:** 87% of consultants and 89% of SAS doctors aged 60+ may retire in the next five years, as might 45% of consultants and 33% of SAS doctors aged 50-59. Only 2% of consultants and 1% of SAS doctors aged under 49 indicated such intentions.
- **Factors encouraging retention:** Among those considering leaving for reasons other than retirement and those uncertain if they would do so, the most common factors cited that would encourage them to stay were:
 - Increased pay (66%)
 - Improved career progression or training (34%)
 - More flexible working (27%)
 - Pension reform (24%).
- **Differing retention needs:** There were variations in the top two factors identified by different anaesthetic staff groups that would encourage them to stay:
 - Consultants: increased pay (59%) and changes to pension taxation regulations (49%)
 - SAS doctors: improved ability to progress in career/training (60%) and pay (56%)
 - A&Ts: increased pay (74%) and more flexible working hours/rotas (39%)
 - LEDs: increased pay (74%) and improved ability to progress in career/training (59%)
 - PAAs: improved ability to progress in career/training (71%) and being treated more fairly (62%).

Sick leave

- **Overall sick leave levels:** Anaesthetic staff reported taking 5.6 days of sick leave per year on average, with just over one day (1.3) related to stress, burnout, anxiety, or depression.
- **Groups most affected by stress-related illness:** LEDs (2.8), SAS doctors (2.4) and PAAs (2.4) took more sick days related to stress, burnout, anxiety, or depression than A&Ts (1.5) or consultants (0.7).
- **Gender differences:** Female anaesthetics staff took more sick leave than male anaesthetic staff:
 - 2.0 days for stress-related illness vs 0.9 days for males
 - 4.9 days for other reasons vs 3.9 days for males

- Total: 6.9 days on average vs 4.8 days for males.
- **Age differences:** Those aged 50–59 took the most sick leave (7.8 days), twice that of the 20–29 age group (3.9 days).

Relationships between wellbeing, sick leave and retention

- **Wellbeing and sick leave:** Those who reported low life satisfaction reported taking more than twice as many sick days per year overall than those reporting very high life satisfaction (11.6 compared with 4.5), and substantially more related to stress, burnout, anxiety or depression (5.7 compared with 0.2).
- **Life satisfaction is strongly associated with intentions to leave and to stay working in the NHS:** Those who reported low life satisfaction were much more likely to consider leaving in the next five years than those reporting very high life satisfaction (58% compared with 7%) and those who reported very high life satisfaction were much more likely to intend to stay (68% compared with 26%).

Satisfaction with aspects of working life

- Overall, the areas where anaesthetic staff reported the **greatest satisfaction** were:
 - The extent to which their team supports them, with 86% satisfied vs 11% dissatisfied
 - The safety of the working environment, with 84% satisfied vs 13% dissatisfied
 - Their department's ability to provide high quality patient care, with 81% satisfied vs 16% dissatisfied.
- The areas where anaesthetic staff reported the **greatest dissatisfaction** were:
 - Computer/IT systems, with 60% dissatisfied vs 39% satisfied
 - Pension taxation, with 57% dissatisfied vs 16% satisfied
 - Affordability of parking facilities, with 47% dissatisfied vs 34% satisfied
 - Access to food and drink on-site, with 46% dissatisfied vs 50% satisfied.

Food and drink

- **Overall access:** 63% of anaesthetic staff reported good access to some kind of food and drink (whether that was healthy or unhealthy), whereas over a quarter (28%) reported poor access.
- **Access to healthy food and drink was limited:** Only 30% of anaesthetic staff reported good access to healthy food and drink in hospital. Slightly better access was reported by consultants (33%) and SAS doctors (34%), than AiTs (25%), LEDs (23%) and PAAs (26%).
- **Access to unhealthy food:** Unhealthy food options were more commonly available than healthy ones, with 33% saying food and drink were accessible but unhealthy. This was particularly reported by AiTs (43%), PAAs (47%) and LEDs (38%).
- **Limited time to eat and drink during shifts:** Just one third of anaesthetic staff (33%) said they had time to eat or drink every day or almost every day when working at their hospital, while a further three in ten (31%) said they had time on just over half of working days.
- **Variation by staff group:** 51% of AiTs, 43% of PAAs, and 39% of LEDs reported having time to eat or drink every day compared with 24% of consultants and 24% of SAS doctors.
- **Age differences:** 48% of 20–29-year-olds said they had time to eat or drink every day, or almost every day, compared with 24% of those aged 50–59.

2 Introduction

The NHS is heavily reliant on the anaesthetic workforce. Without anaesthetists, most operations could not proceed; women in labour would go without epidurals; many of those enduring chronic pain would continue to suffer; and much more. Given this critical role, it is essential that anaesthetic staff are properly supported and retained within the NHS workforce.

There is already some evidence on the wellbeing levels and retention prospects of anaesthetists and NHS staff more widely. This includes the NHS staff survey, burnout data gathered by the GMC, and retention insights drawn from the Royal College of Anaesthetists' Respected, Valued, Retained report from 2021. However, it was thought that more detailed and up-to-date figures, based on a larger anaesthetic staff sample, could provide more insight. This led to the inclusion of a large wellbeing, burnout, and retention module in the Royal College of Anaesthetists' 2025 Workforce Census.

Although physician assistants in anaesthesia (PAAs) make up a small proportion of the workforce, they continue to contribute to several anaesthetic departments. It was therefore important to include their perspectives within the Census, to better understand their experiences of wellbeing at work.

The Census findings provide insight into how wellbeing, job satisfaction, and retention prospects vary across subgroups of the anaesthetic workforce, including by staff group, UK nation, gender, and age. They also identify potential drivers of dissatisfaction and show the relationship between wellbeing levels and factors that directly impact health service capacity, such as days lost to sickness, and intentions to leave the NHS. This data will hopefully provide a strong case for why action needs to be taken to improve the wellbeing of anaesthetic staff, and provide insight into what improvements could be made to achieve that.

3 Methodology

Questionnaire design

The Workforce Census 2025 was developed by the RCoA, in collaboration with Enventure Research. It involved three large surveys, one that went to clinical leaders in anaesthesia, one that went to college tutors, and one that went to the wider anaesthetic workforce. The results displayed in this report come from the survey of the wider anaesthetic workforce,

The survey was structured into key thematic areas, which included a section related to wellbeing, retention and burnout.

A mix of closed, multiple-response and 10-point scale questions were used to ensure comprehensive data collection while keeping the survey manageable in length. The survey was designed to have an average completion time of around 15-20 minutes.

Administration and promotion

The survey was hosted online by Enventure Research and was administered to members of the Royal College of Anaesthetists (RCoA) and PAAs who had provided their email address to the College and opted in to receiving relevant survey work.

Each participant received a unique, personalised survey link via email. This approach ensured that responses were limited to the intended sample, prevented multiple submissions by the same individual (duplications), and maintained the integrity of the data set. By using personalised links, the survey system could monitor completion rates without compromising respondent anonymity.

The initial invitation to participate in the survey was followed by four reminder emails, spaced strategically over the fieldwork period, to encourage maximum participation. This follow-up process was key to enhancing response rates and ensuring representation across the membership.

The survey was accessible online and optimised for both desktop and mobile devices to support ease of completion. Participation was voluntary, and respondents were informed about the purpose of the research and the confidentiality of their responses prior to beginning the survey.

Data collection was conducted between 24 March and 5 May 2025, during which responses were automatically recorded and securely stored. Following the close of the survey, data were cleaned to remove any incomplete or invalid responses before analysis and to ensure that routing logic was applied as intended.

Interpreting the findings

Percentages in figures

This report contains various tables and charts. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- Only the most common responses may be shown in the table or chart.
- A question may have allowed each respondent to give more than one answer.
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%.
- Values below 0.5% are shown to one decimal place.

A dash (–) is used where no respondents selected a particular answer option.

Base sizes in figures

For each chart or table in the report, base sizes have been provided to show the number who responded to the question being analysed and, in some cases, which specific group of respondents answered the question. The percentages shown in the figures are of the total number of people answering each question or the total number of people in a subgroup answering each question.

An asterisk (*) is used in tables to indicate where the base size for a subgroup is fewer than 10 respondents. Results based on such small samples should be interpreted with caution due to reduced statistical reliability.

Response options

For the analysis of certain questions, response options have been grouped together to provide an overall level. For example, in some instances 'very satisfied' and 'mostly satisfied' have been grouped and shown as 'total satisfied'. Where combined percentages do not equal the overall level reported (being 1% higher or lower), this is due to percentages being rounded to the nearest whole number.

Subgroup analysis

Subgroup analysis has been undertaken to explore the results provided by different groups, such as staff group/role, UK devolved nation, and key demographics, such as age group and gender. This analysis has only been carried out where the sample size is seen to be sufficient for comment, as smaller base sizes tend to produce less reliable results due to a wider margin of error. Where sample sizes were not large enough, subgroups have been combined to create larger groups if possible. In charts, subgroup results are not shown where the base size is fewer than 10, to avoid misinterpretation of unreliable data.

It should be noted that the percentages shown in the subgroup analysis reflect the proportion of the subgroup who answered the question and gave a particular response.

Demographic information

Demographic data collection was limited to just UK nation, gender, and broad age categories (e.g. 40-49) to preserve respondent anonymity. More detailed demographic information regarding ethnicity, sexual orientation, and disability status was not recorded as, in combination, such data may have allowed identification of specific individuals.

Confidence in the data

The RCoA 2025 Workforce Census received 2,797 valid responses, including 2,741 from anaesthetists and 56 from PAAs. For the purposes of this report responses from Crown Dependencies and student PAAs have not been included, providing a base size of **2,787 responses**.

While the survey was self-selecting and not a random probability sample, the total number of responses represents a substantial proportion of the UK anaesthetic workforce. For context, if the responses were drawn from a random sample of a population of 18,000 (a rough estimate of the total anaesthesia workforce population in the UK – including anaesthetists in training), this would yield a notional margin of error of approximately $\pm 1.7\%$ at the 95% confidence level. However, because this was a voluntary, self-selecting sample, this margin of error should be treated as a useful reference point only, not a precise statistical measure. Self-selection introduces the possibility of response bias – for example, those with strong views or certain experiences may have been more likely to take part.

While the survey response was not a probability sample, the size and diversity of responses offer a rich and meaningful dataset from which to draw insights. Several factors support confidence in the reliability of the data collected:

- Respondents represent a broad cross-section of the anaesthesia workforce, including consultants, SAS doctors, anaesthetists in training (AiTs), PAAs, and Locally Employed Doctors (LEDs), and responses were received from all UK regions and nations.

- A comprehensive promotion campaign helped encourage widespread engagement across different roles and demographics.
- All responses were reviewed and cleaned by Enventure Research and quality checks ensured that routing logic was applied as intended.
- To improve the representativeness of the results, results have been weighted by professional staff group using headcount information from the clinical leaders' and college tutors' surveys that were also part of the Census. This weighting ensures that the survey findings more closely reflect the overall profile of the UK anaesthetic workforce.
- While some under-representation may exist (e.g. among doctors on extended leave or non-members), the sample includes all major anaesthesia workforce roles and covers a broad range of demographic and professional backgrounds.
- Statistically significant differences between groups have been tested using the z-test at the 95% confidence level where appropriate and findings are presented with attention to base sizes.
- All data processing and reporting have been carried out in accordance with the Market Research Society Code of Conduct and UK GDPR, and results have been reported transparently, with limitations and caveats clearly noted throughout.

While the voluntary nature of the survey introduces some limitations, the size and breadth of the response, combined with rigorous data handling and analysis, provide a strong level of confidence in the findings presented in this report.

4 Overview of respondents

A total of **2,797 full responses** were received to the survey, representing a **response rate of 15%** from RCoA members and PAAs who had provided their email address to the College and opted in to receiving relevant survey work. In addition to these, 1,104 partial responses were submitted. These partial responses have not been included in the analysis. Responses from student PAAs and respondents in Crown Dependencies have also not been included in the analysis.

Respondents provided demographic information across several key areas, including professional staff group, UK devolved nation, gender, and age group. To improve the representativeness of the results, data were weighted by professional staff group using headcount information from the clinical leaders' and college tutors' surveys that were also part of the Census.

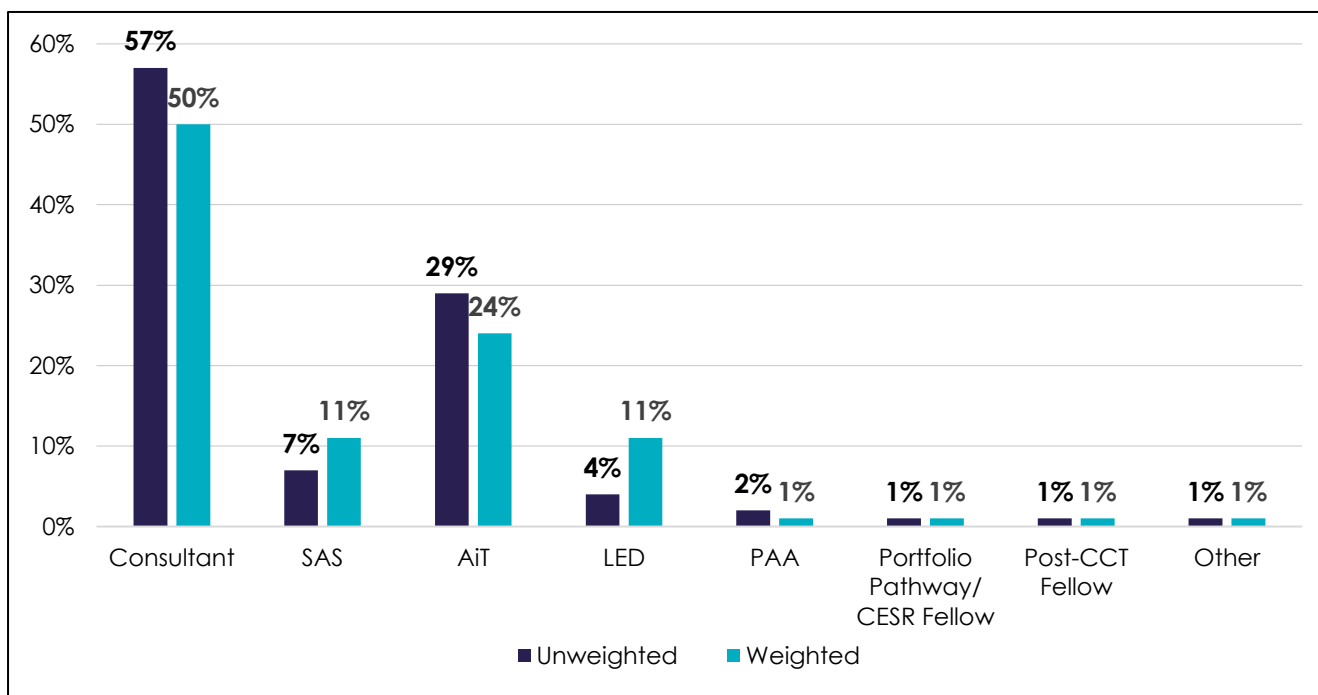
This section shows the unweighted and weighted respondent profiles.

Staff group

Respondents included consultants, SAS doctors, anaesthetists in training (AiTs), Locally Employed Doctors (LEDs), different classes of Fellows, and physician assistants in anaesthesia (PAAs). In the unweighted sample, consultants and AiTs were over-represented, whilst LEDs and SAS doctors were under-represented.

Figure 1 – Respondent staff group

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)

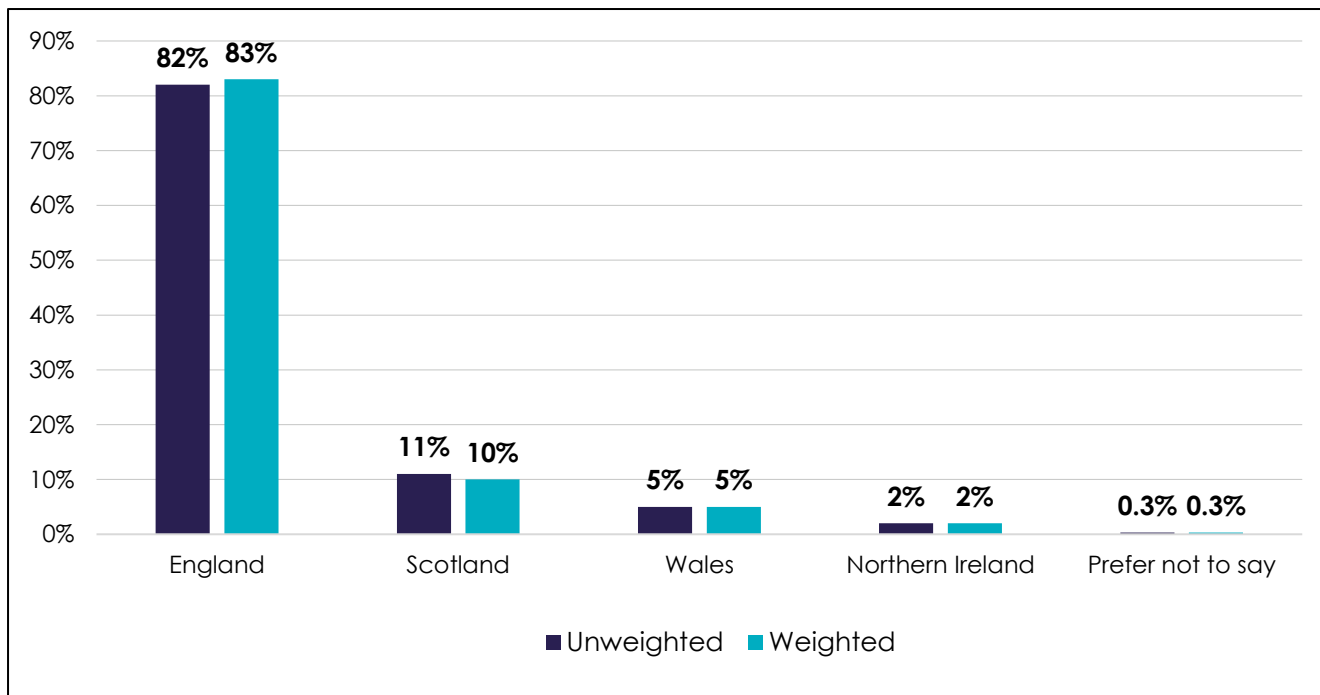


Devolved nation

Responses were received from anaesthetists practising in all four UK nations, with the largest proportion working in England (83% in the weighted sample). A further 10% were working in Scotland, whilst 5% were working in Wales and 2% in Northern Ireland in the weighted sample.

Figure 2 – UK devolved nation

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Gender

Around six in ten (58%) respondents cited their gender as male and four in ten (41%) as female. By staff group, the gender split was closest for LEDs (52% male and 48% female), and the gender difference was starkest for SAS doctors (68% male and 31% female) and consultants (58% male and 40% female).

Figure 3 – Staff group by gender

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)

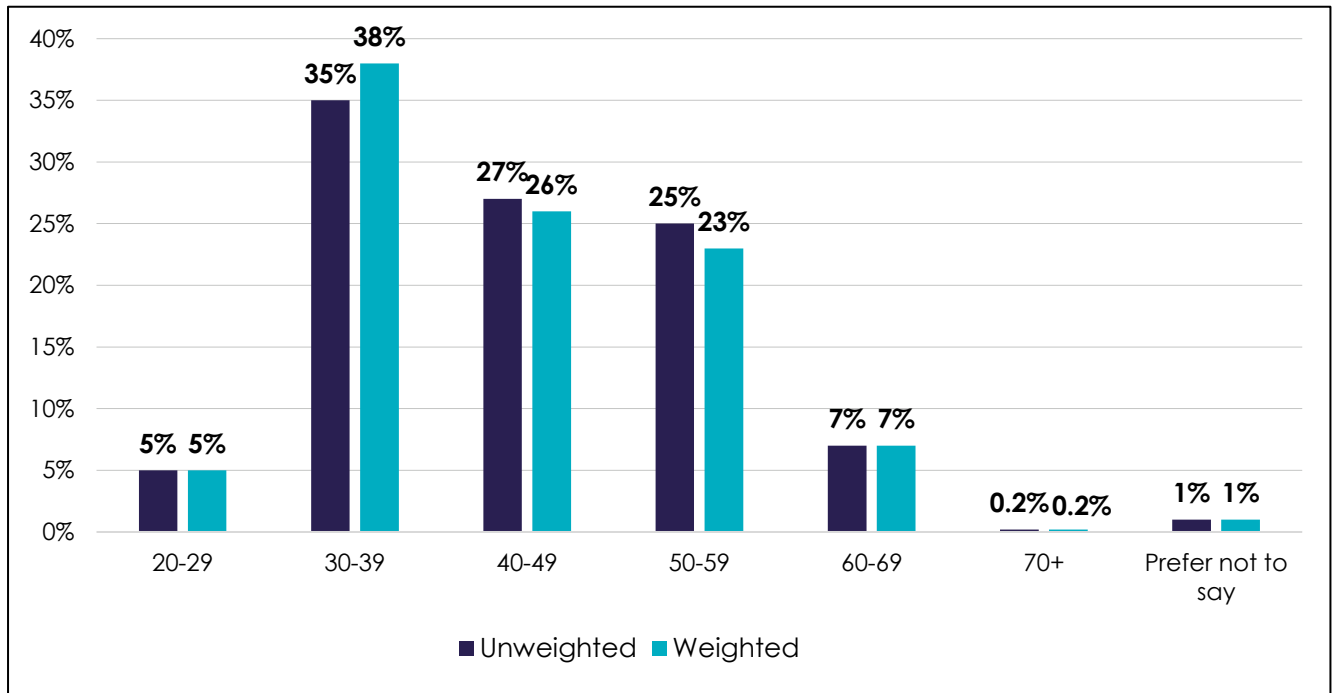
Response	Male	Female
Overall	58%	41%
Consultant	58%	40%
AiT	56%	44%
SAS doctor	68%	31%
LED	52%	48%
PAA	55%	45%
Portfolio Pathway/CESR Fellow	55%	45%
Post-CCT Fellow	54%	38%

Age

The majority of respondents were aged 30–49, accounting for 65% of the total, including 38% who were aged 30–39 and 26% aged 40–49. A further 23% were aged 50–59, showing strong representation from mid-to-late career professionals. Younger respondents (aged 20–29) made up 5% of the sample, while 7% were aged 60–69.

Figure 4 – Age group

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



5 Overall wellbeing

Introduction

A key aim of the Census was to explore the wellbeing of anaesthetic staff and assess how it compares to national averages reported by the Office for National Statistics (ONS).

Key findings

- **Wellbeing levels among anaesthetists are below UK averages:** In general, anaesthetic staff reported lower levels of life satisfaction, sense of life being worthwhile, and happiness than the UK population averages reported by the Office for National Statistics (ONS).
- **There was some variation by staff group:** While wellbeing scores were similar by gender and across UK nations, consultants consistently reported the highest scores, while Locally Employed Doctors (LEDs) scored the lowest. For example, life satisfaction was 7.3/10 for consultants, but only 6.1/10 for LEDs.
- **Anxiety amongst anaesthetists is above the UK average:** Average anxiety was 3.6/10, higher than the UK population average of 3.2/10.
- **Gender and age differences:** Female anaesthetic staff reported higher levels of anxiety (3.8/10) than male anaesthetic staff (3.4/10), consistent with national gender patterns identified by the ONS. Anxiety decreased with age, with respondents aged 60+ reporting an average anxiety of 2.4/10 compared to 4.2/10 for respondents aged 20-29.

Life satisfaction

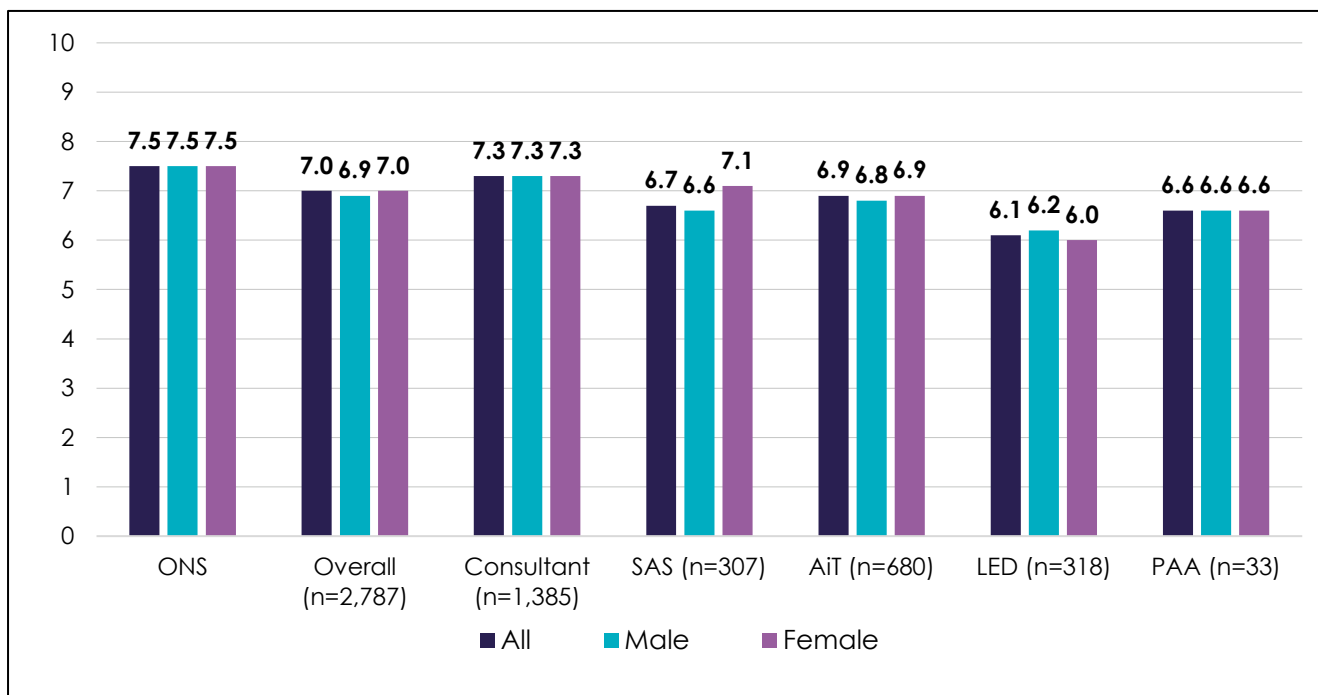
The average life satisfaction score across all anaesthetic staff was 7.0, on a scale from 0 (not at all satisfied) to 10 (completely satisfied). This was below the UK population average of 7.5, based to ONS figures¹.

At an overall level, there was little difference between male (6.9) and female (7.0) anaesthetic staff, but there were differences seen by staff group. Consultants recorded the highest overall mean score for life satisfaction (7.3), whereas the mean score amongst LEDs was 6.1.

For most staff groups, there was little difference between males' and females' mean scores, with the exception of SAS doctors, where females scored more highly (7.1) than males (6.6).

Figure 5 – Life satisfaction mean scores by staff group and gender

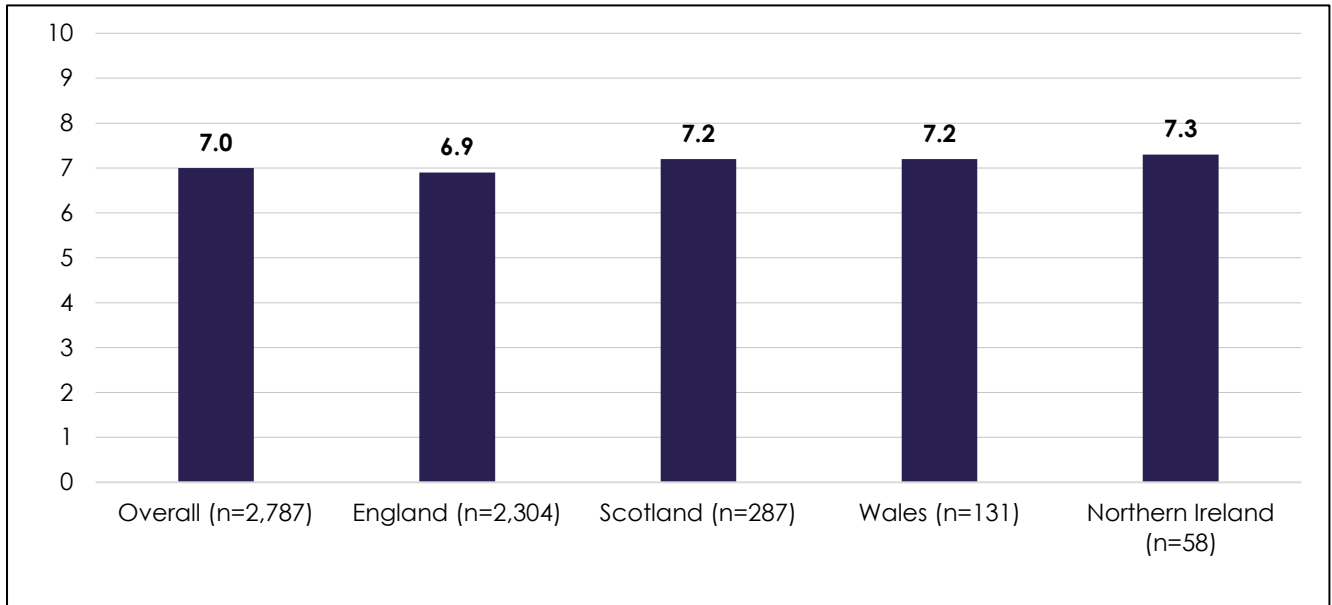
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



¹ ONS Quarterly personal well-being estimates: Q4 October to December 2024

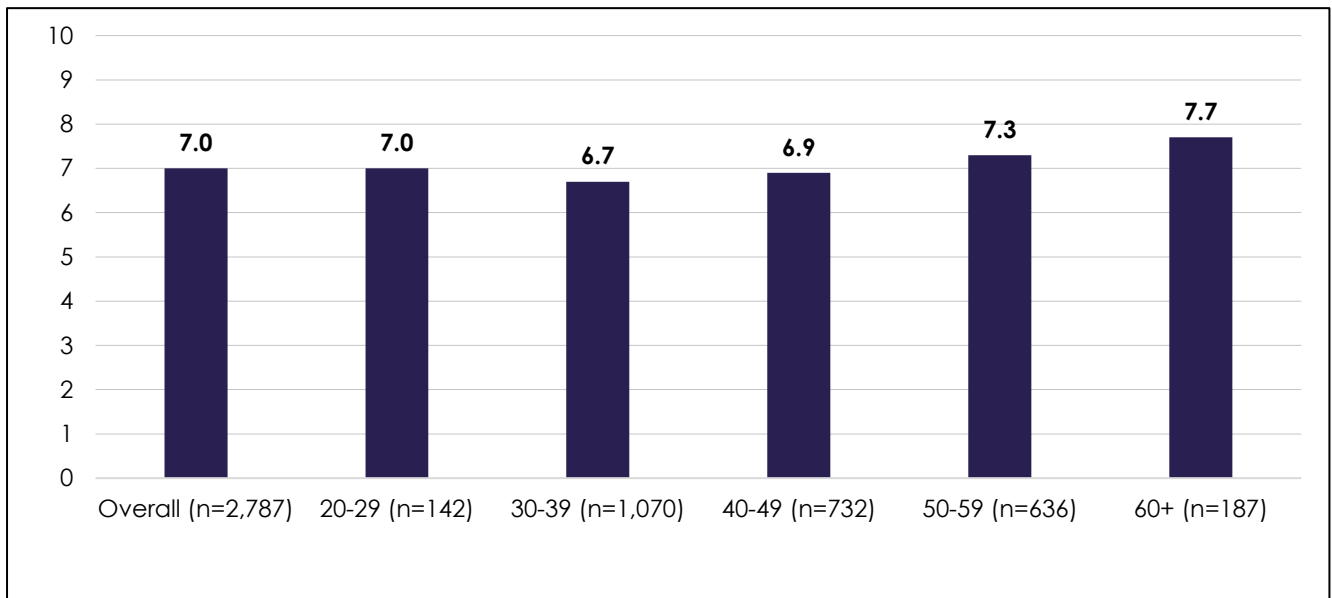
Anaesthetic staff across all UK nations reported broadly similar levels of life satisfaction, with scores clustering around the overall mean of 7.0. However, some variation is evident, with slightly higher mean scores in Wales (7.2), Northern Ireland (7.3) and Scotland (7.2) than in England (6.9).

Figure 6 – Life satisfaction mean scores by UK nation
 Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Reported life satisfaction varied notably by age group, with respondents aged 60 and over reporting the highest average satisfaction score (7.7), followed by those aged 50-59 (7.3), both above the overall mean of 7.0. Those aged 30-39 reported the lowest average satisfaction score (6.7), just below the overall mean.

Figure 7 – Life satisfaction mean scores by age group
 Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Feeling that things in life are worthwhile

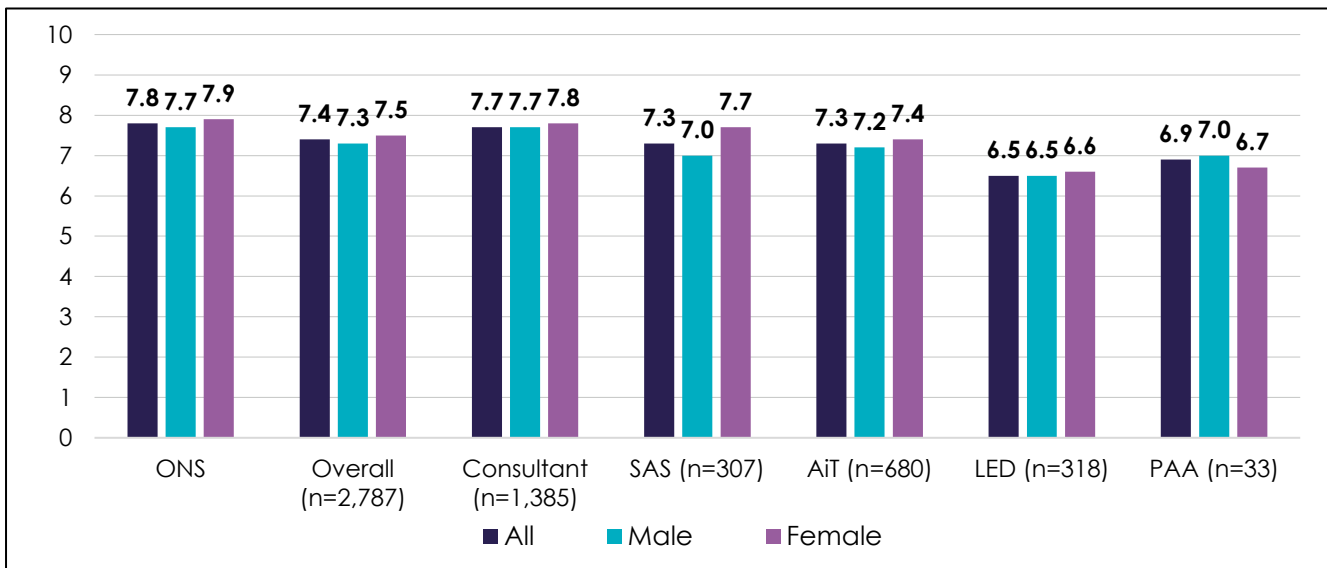
The overall mean score for the question “Overall, to what extent do you feel that the things you do in your life are worthwhile?” was 7.4, on a scale from 0 (not at all) to 10 (completely). This is again below the UK population average (7.8)².

There was little difference between male (7.3) and female (7.5) anaesthetic staff. By staff group, consultants recorded the highest overall mean score (7.7). Once more, LEDs scored the lowest (6.5).

For most staff groups, again there was little difference between males' and females' mean scores, except for SAS doctors, where females once more scored more highly (7.7) than males (7.0).

Figure 8 – Feeling that life is worthwhile mean scores by staff group and gender

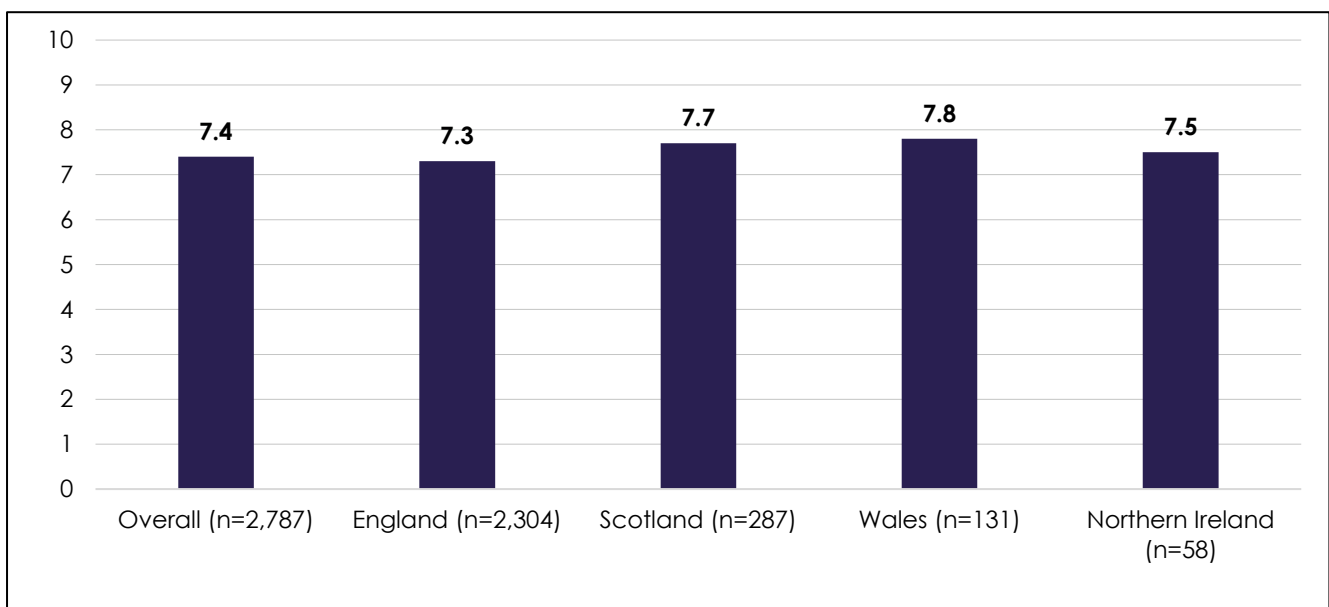
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Across the UK nations, respondents in Wales and Scotland gave the highest scores (7.8 and 7.7 respectively), followed by Northern Ireland (7.5). Respondents in England reported a slightly lower mean (7.3) than the other UK nations.

Figure 9 – Feeling that life is worthwhile mean scores by UK nation

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)

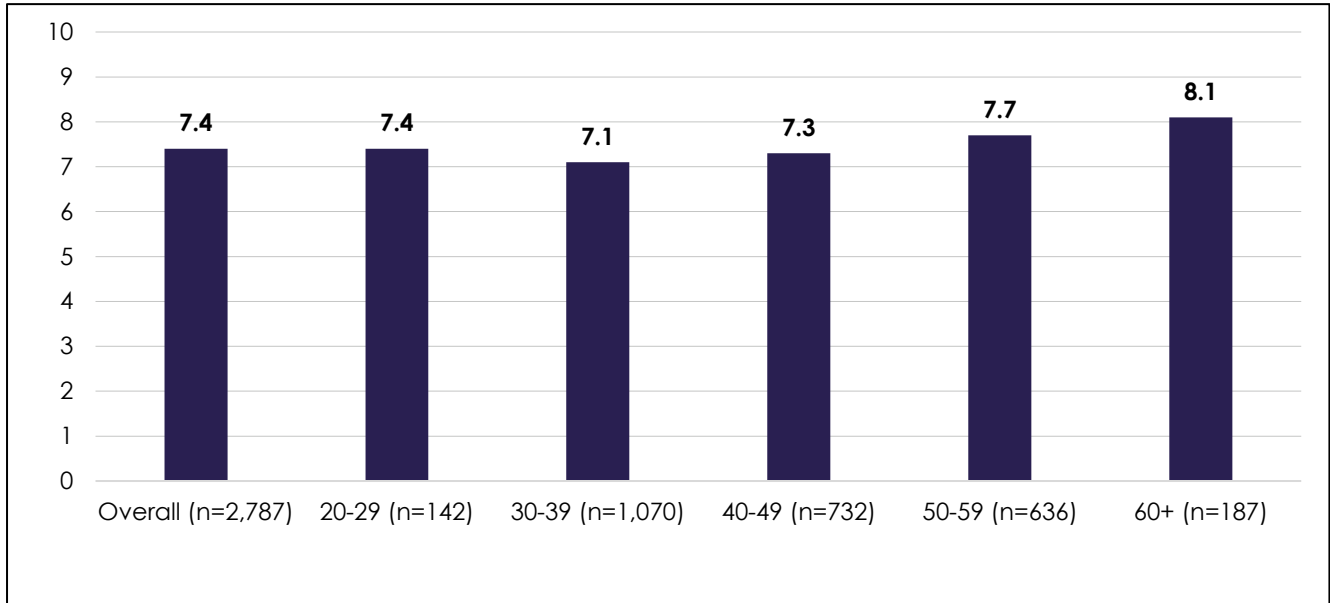


² ONS Quarterly personal well-being estimates: Q4 October to December 2024

Older respondents generally reported a higher sense of life being worthwhile. The highest average score was 8.1 among those aged 60 and over, followed by 7.7 among those aged 50–59. Those aged 20–29 and 40–49 gave scores of 7.4 and 7.3, on par with the average, whilst those aged 30–39 again scored the lowest (7.1).

Figure 10 – Feeling that life is worthwhile mean scores by age group

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Happiness

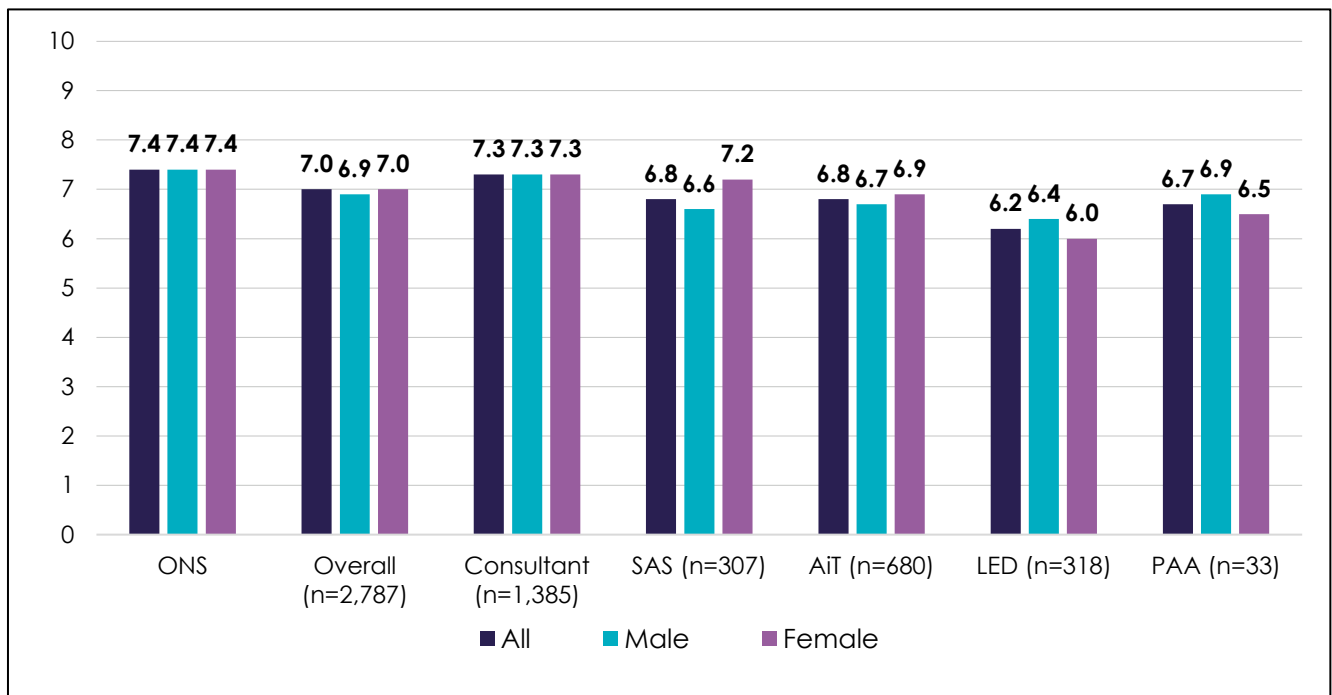
The average score in response to the question “Overall, how happy did you feel yesterday?” was 7.0 out of 10, suggesting a moderate level of happiness among anaesthetic professionals at the time of survey completion. This figure is again below the UK population average (7.4)³.

By staff group, consultants once more reported the highest mean score (7.3), whilst again LEDs scored the lowest (6.2).

There was marginal difference overall by gender with males scoring 6.9 compared with females scoring 7.0. However, there were some differences within each staff group. As seen for life worthwhile and life satisfaction, female SAS doctors were more likely to score higher than males for happiness (7.2 compared with 6.6). However, male LEDs and PAAs scored higher than females in these staff groups (6.4 and 6.9 compared with 6.0 and 6.5).

Figure 11 – Happiness mean scores by staff group and gender

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)

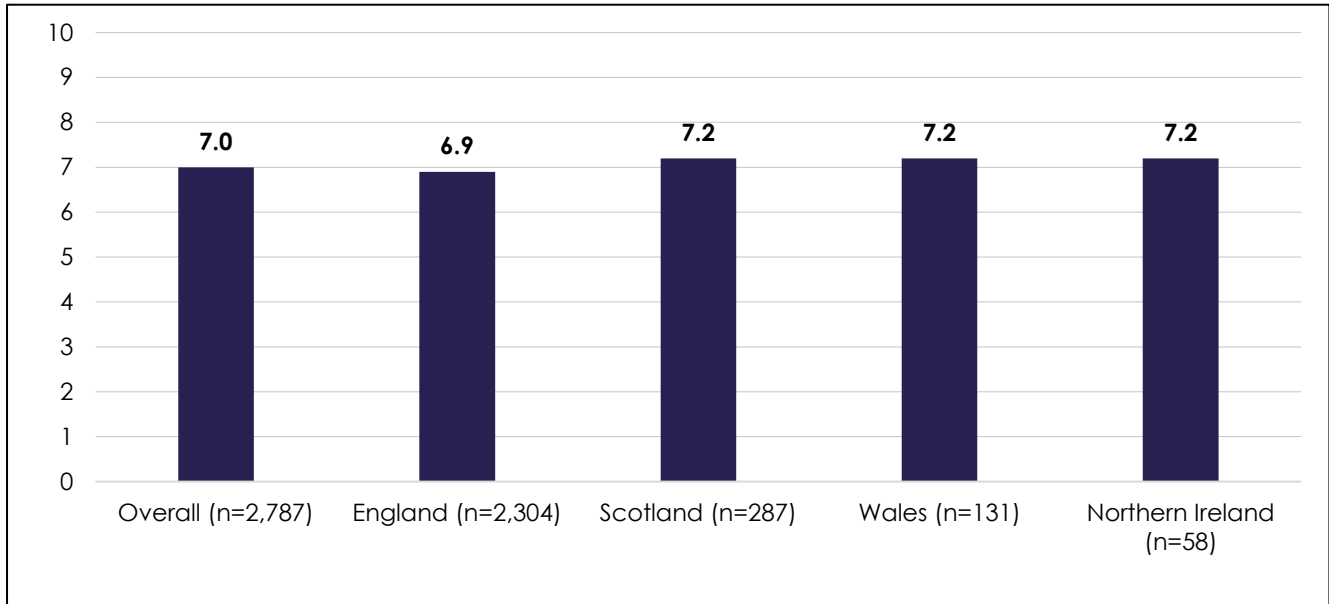


³ ONS Quarterly personal well-being estimates: Q4 October to December 2024

By nation, happiness levels were fairly consistent. Those in Wales, Scotland and Northern Ireland reported slightly higher scores (all 7.2) than those in England (6.9).

Figure 12 – Happiness mean scores by UK nation

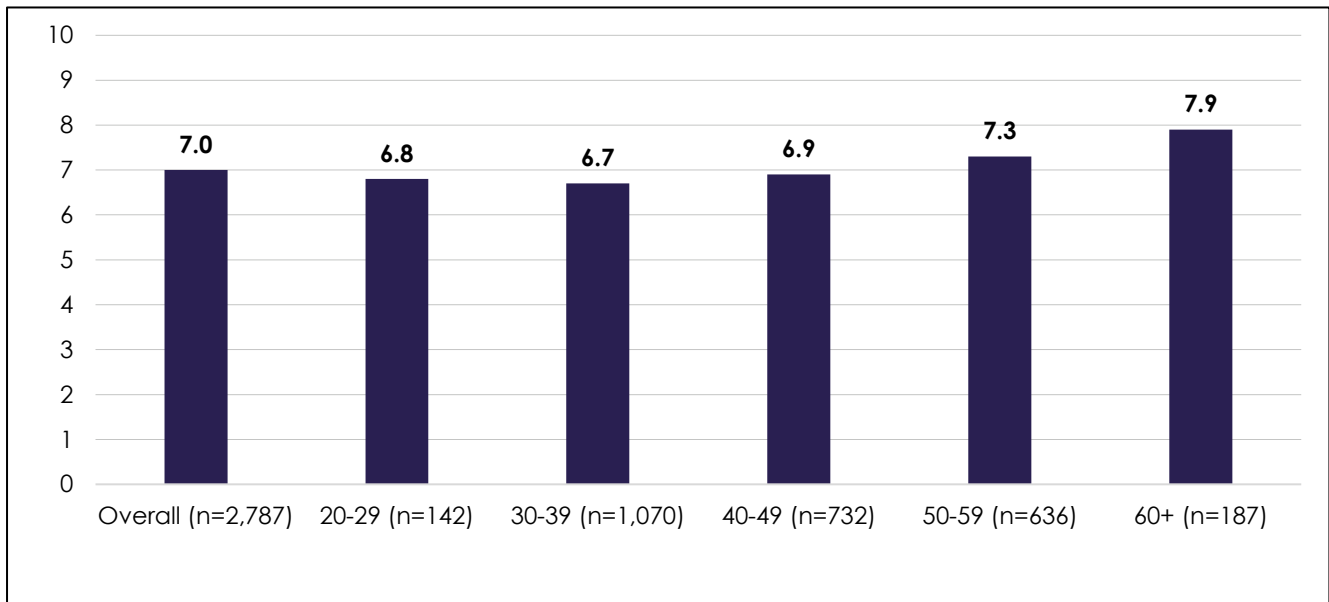
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Like with life satisfaction and feeling that things in life are worthwhile, reported happiness increased with age, with the highest score of 7.9 among respondents aged 60 and over. Respondents aged 50–59 gave an average score of 7.3, while younger respondents gave slightly lower scores (6.7 to 6.9).

Figure 13 – Happiness mean scores by age group

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Anxiety

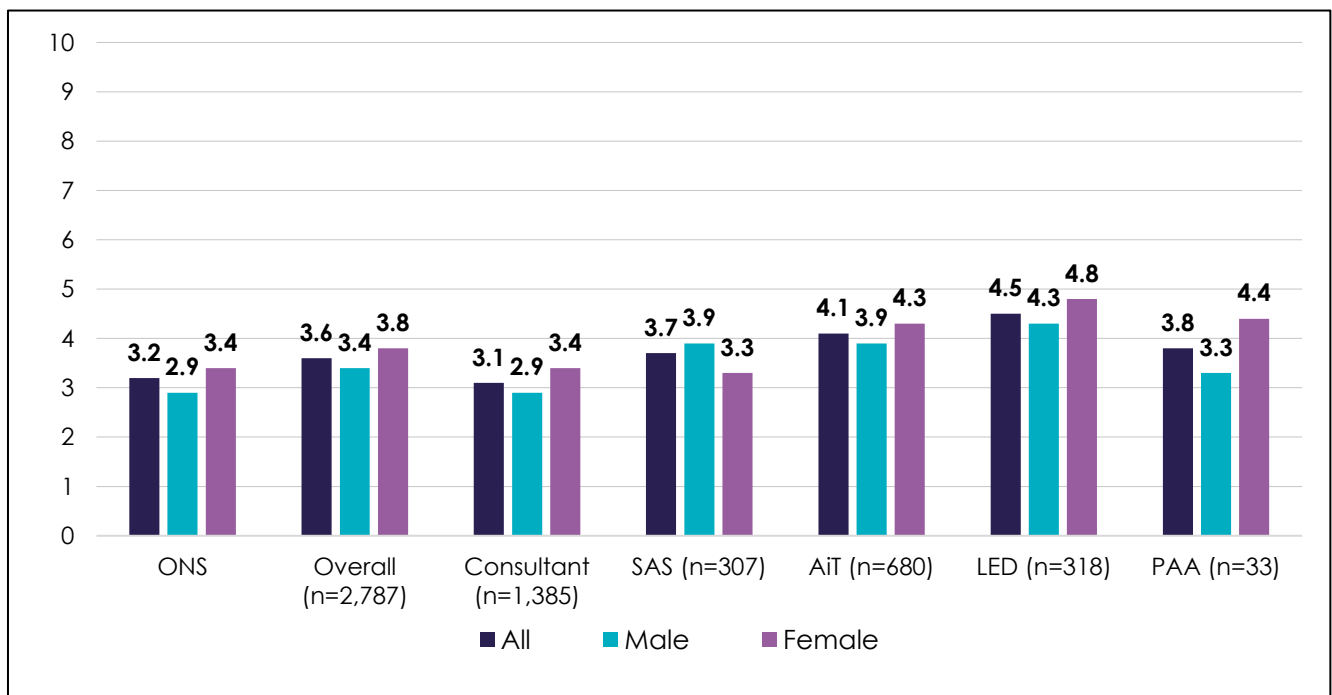
The average reported level of anxiety among anaesthetic staff was 3.6 (on a scale where 0 is “Not at all anxious” and 10 is “Completely anxious”), indicating that, on the whole, they experienced low-to-medium levels of anxiety on the day before survey completion. The Office for National Statistics (ONS) categorises self-reported anxiety levels into four levels: very low (0-1), low (2-3), medium (4-5), and high (6-10). However, the score amongst anaesthetic staff was higher than the average for the UK population (3.2)⁴.

Anxiety levels varied by staff group. Consultants reported the lowest level of anxiety (3.1), followed by SAS doctors (3.7). In contrast, LEDs reported the highest level of anxiety across all groups, with a mean score of 4.5.

By gender, male respondents reported a lower average anxiety score (3.4) than the overall mean (3.6). Female respondents reported slightly higher levels at 3.8. Generally, females scored higher than males within each staff group, with the exception of SAS doctors, where males scored higher than females (3.9 compared with 3.3).

Figure 14 – Anxiety mean scores by staff group and gender

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)

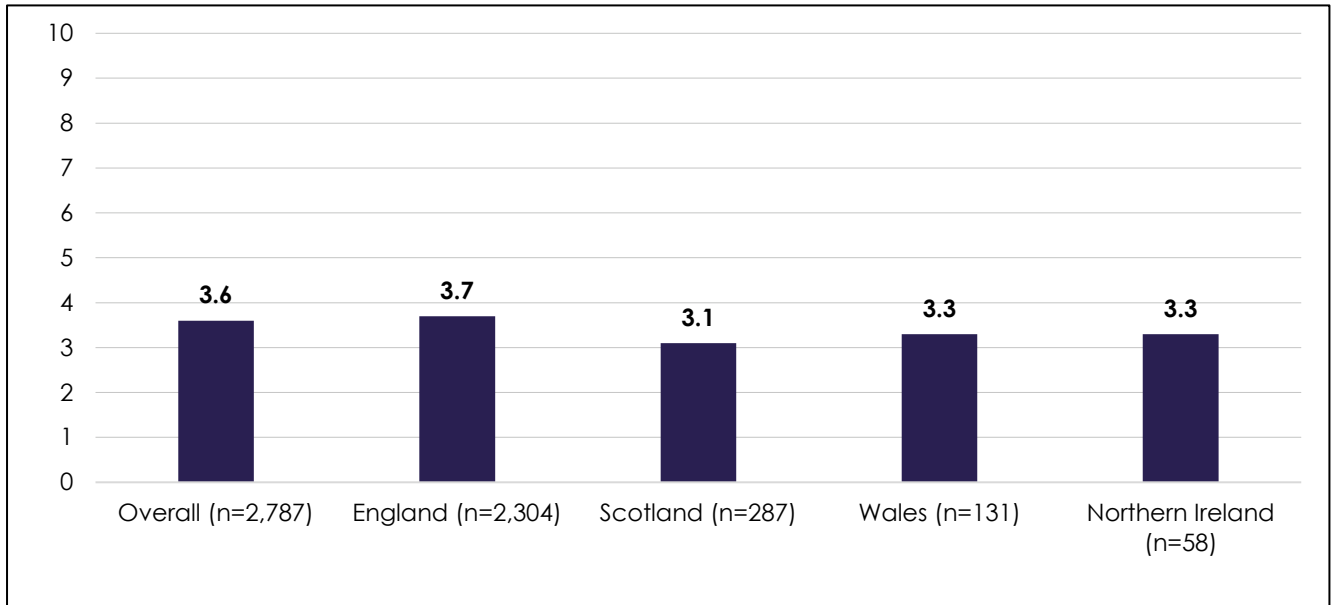


⁴ ONS Quarterly personal well-being estimates: Q4 October to December 2024

There was some variation by nation. Respondents in England reported the highest average score (3.7), similar to the overall mean (3.6), whereas those in the devolved nations reported lower mean scores. The mean score was lowest in Scotland (3.1).

Figure 15 – Anxiety mean scores by UK nation

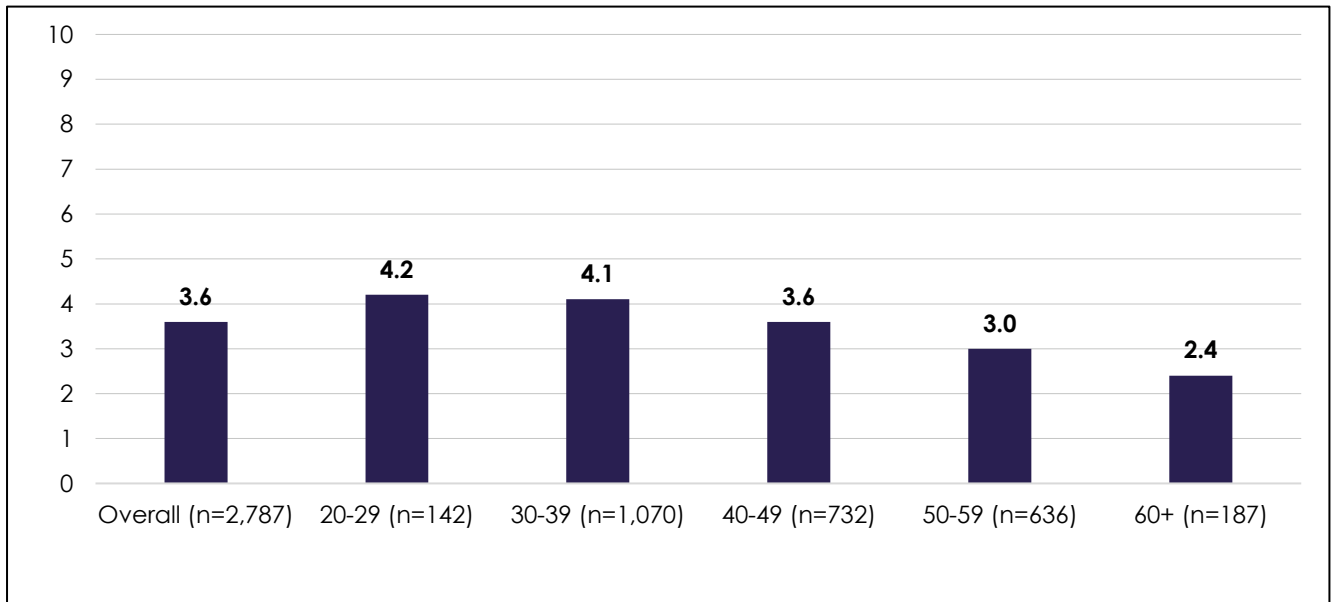
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



A clear pattern also emerged across age groups, with younger respondents reporting higher levels of anxiety than those in the older age groups. The highest average score was among those aged 20–29 (4.2), followed by the 30–39 group (4.1). Scores dropped progressively among older respondents: those aged 40–49 averaged 3.6, those aged 50–59 scored 3.0, and those aged 60 and over reported the lowest level of anxiety, at just 2.4.

Figure 16 – Anxiety mean scores by age group

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



6 Job satisfaction and burnout

Introduction

The Census explored levels of job satisfaction and burnout amongst the anaesthetic workforce. While the General Medical Council (GMC) collects national data on burnout, the sample size for anaesthetists is limited, restricting meaningful analysis by staff group. To enable comparison, the Census replicated a key question from the burnout inventory used by the GMC.

Key findings

- **Moderate job satisfaction overall:** Average job satisfaction for anaesthetic staff was 6.3/10, highest among consultants (6.6) and lowest among LEDs (5.4) and PAAs (5.0).
- **There are signs of burnout:** Over half the workforce reported at least moderate burnout; 16% felt burnt out to a high degree and 6% to a very high degree.
- **LEDs most affected:** LEDs experienced the highest level of burnout of any anaesthetic staff group, with 20% reporting high levels of burnout and a further 11% reporting very high levels.
- **National variation:** Comparing UK nations, burnout levels were highest in Northern Ireland, with 22% of all anaesthetic staff reporting high levels of burnout and a further 9% reporting very high levels.

Satisfaction with working life

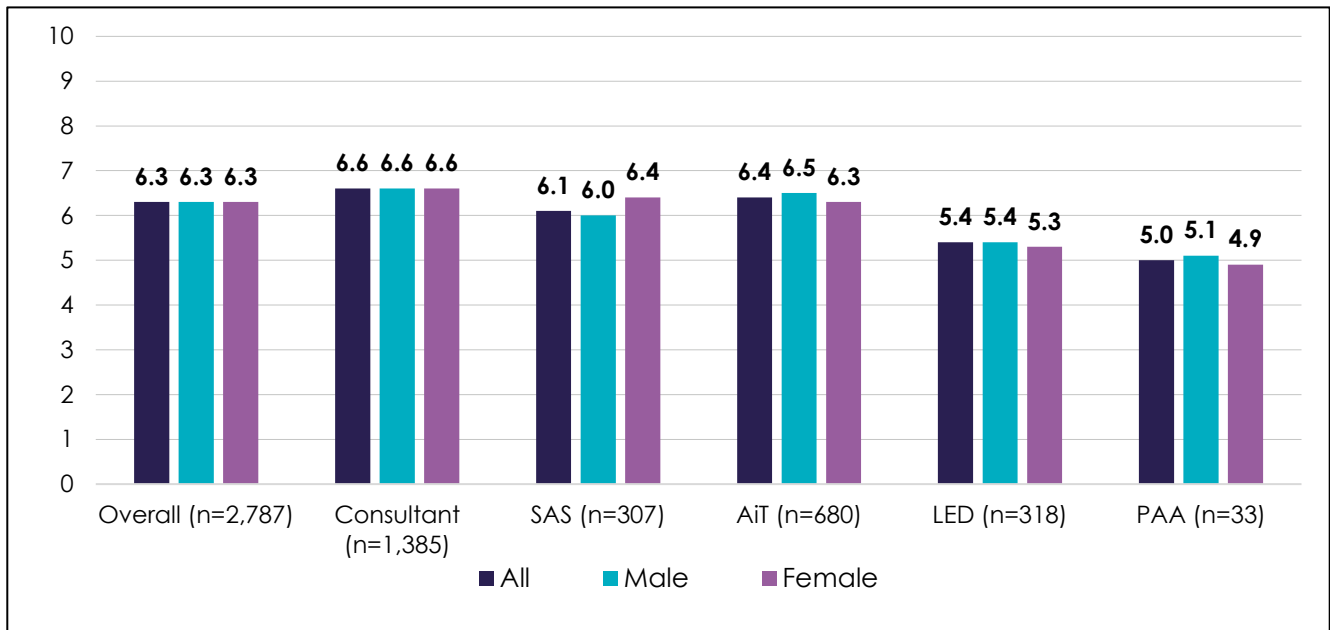
The average satisfaction with working life across all anaesthetic staff was 6.3 on a scale from 0 (not at all satisfied) to 10 (completely satisfied).

There were notable differences by staff group. Consultants and AITs reported the highest satisfaction levels (6.6 and 6.4 respectively). At the other end of the scale, satisfaction was lowest among PAAs (5.0) and LEDs (5.4).

When looking at gender, male and female respondents reported identical levels of satisfaction at an overall level (6.3). Within each staff group, there was little difference by gender, with the exception of SAS doctors – female SAS doctors reported a higher mean score (6.4) than males (6.0).

Figure 17 – Satisfaction with working life mean scores by staff group and gender

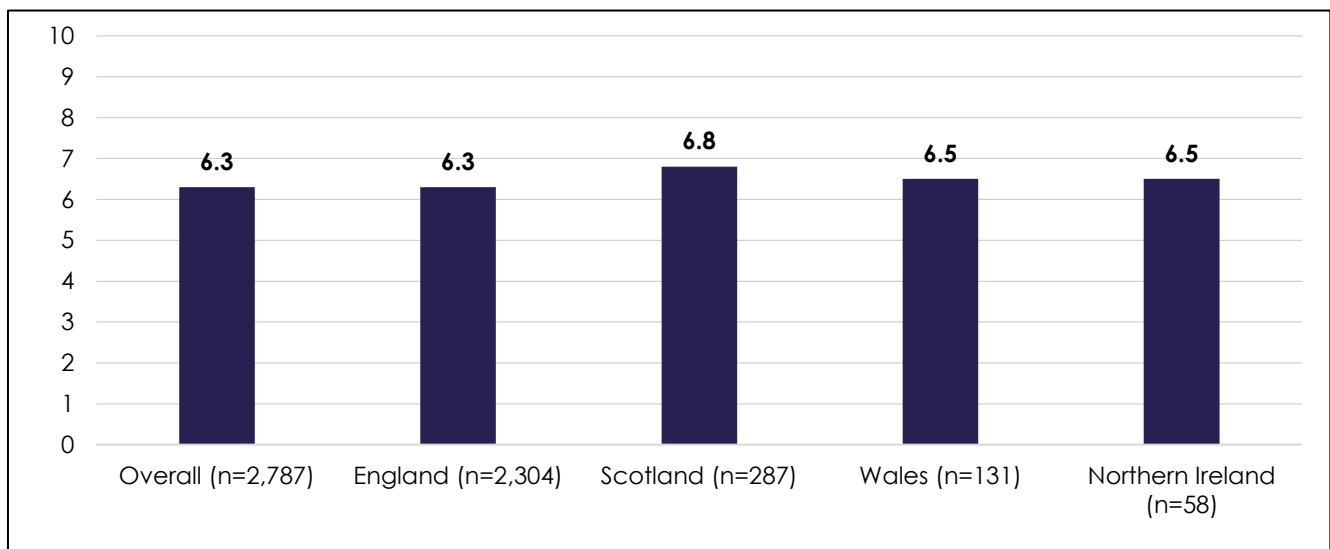
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Respondents in Scotland scored slightly higher (6.8) than the overall mean (6.3), whereas the mean score for England was the same as the overall mean (both 6.3).

Figure 18 – Satisfaction with working life mean scores by UK nation

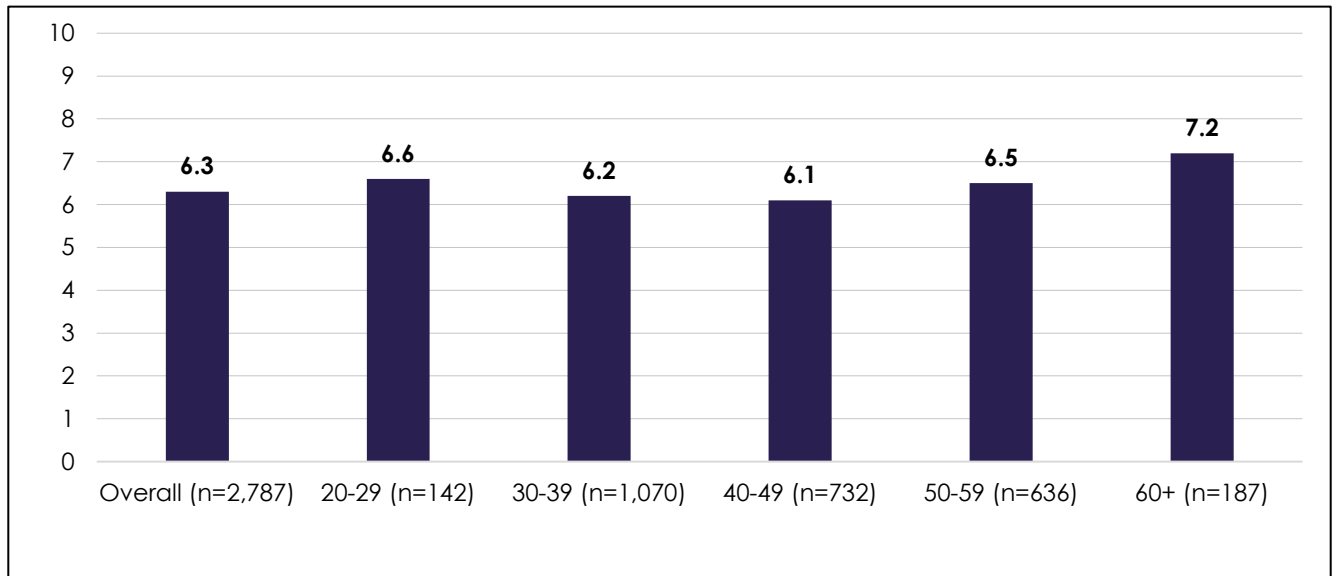
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



A clear pattern once more emerged by age. The youngest age group (20–29) reported a mean score of 6.6. This then decreased for those aged 30–39 (6.2) and 40–49 (6.1), before increasing slightly to 6.5 for those aged 50–59. Those aged 60+ scored highest (7.2).

Figure 19 – Working life satisfaction mean scores by age group

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



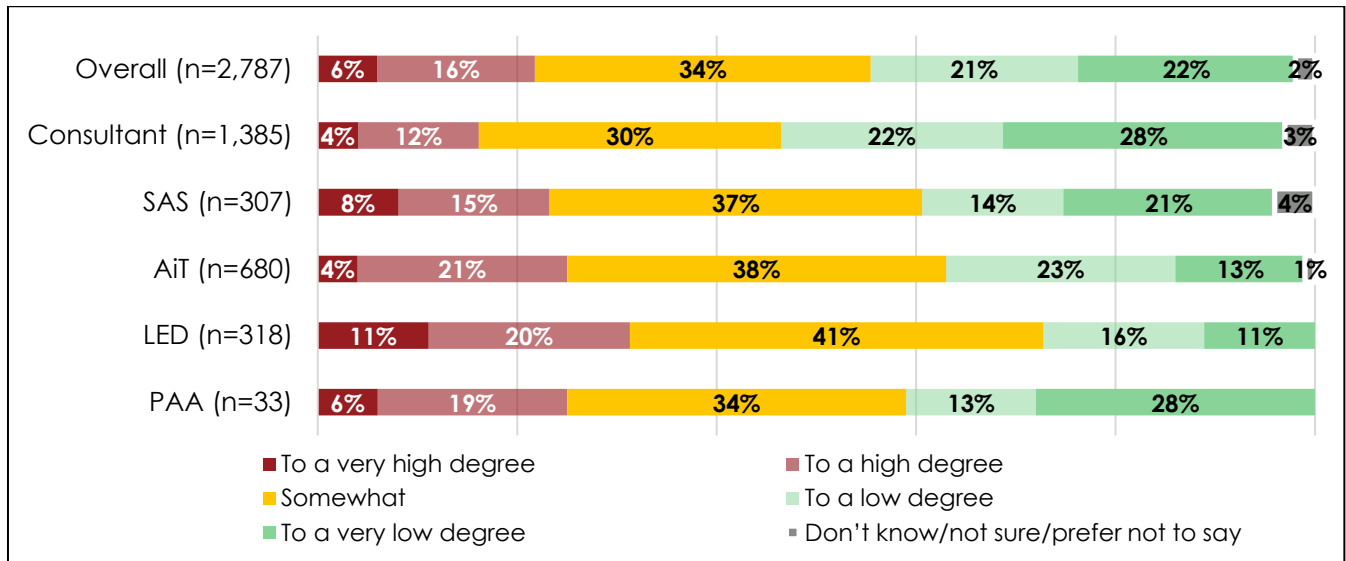
Burnout

Burnout appears to be an issue for some anaesthetic staff. Only a small proportion reported feeling burnt out to a very high degree (6%), but a further 16% said they did to a high degree, resulting in one in five (21%) reporting feeling burnt out to a high or very high degree. A further 34% said they felt burnt out 'somewhat', suggesting that over half the workforce experience at least moderate levels of burnout.

Burnout varied significantly by staff group. The highest levels were among LEDs (11% to a very high degree), followed by SAS doctors (8% to a very high degree). Consultants and PAAs had the largest proportions reporting a very low degree of burnout (both 28%).

Figure 20 – Levels of burnout by staff group

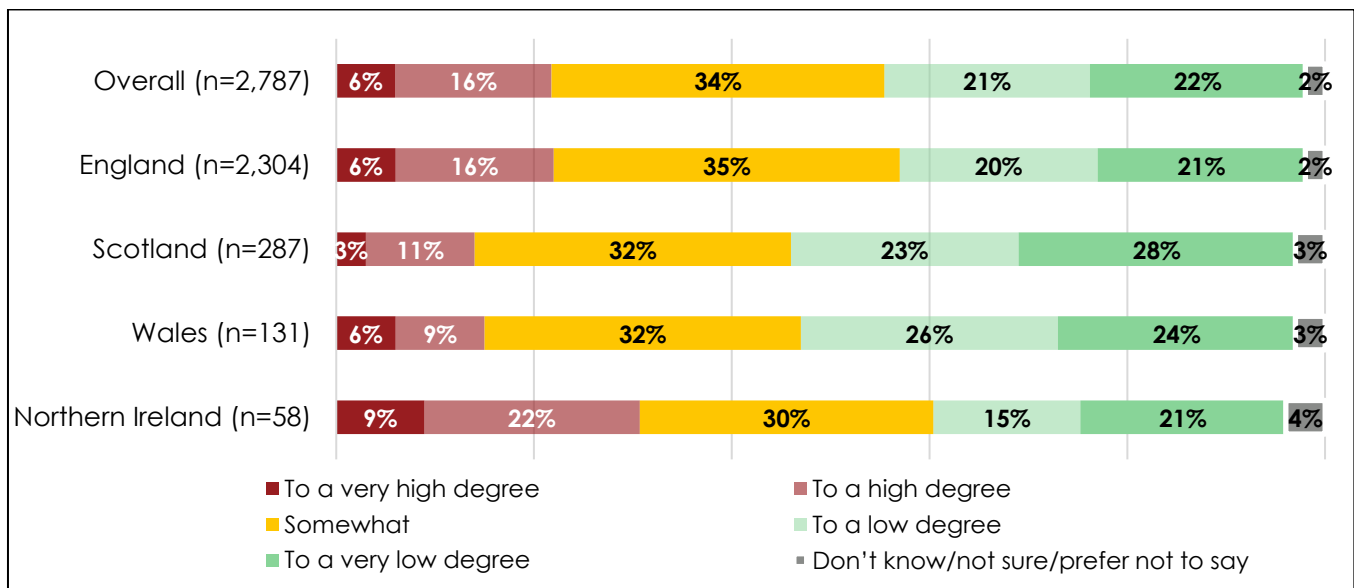
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



There was also some variation by nation. Burnout levels were higher in Northern Ireland (9% very high degree, 22% high degree, 30% combined total) and England (6% very high, 16% high, 22% total) than in Wales and Scotland. Those in Scotland were most likely to say they felt burnt out to a very low degree (28%).

Figure 21 – Levels of burnout by UK nation

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)

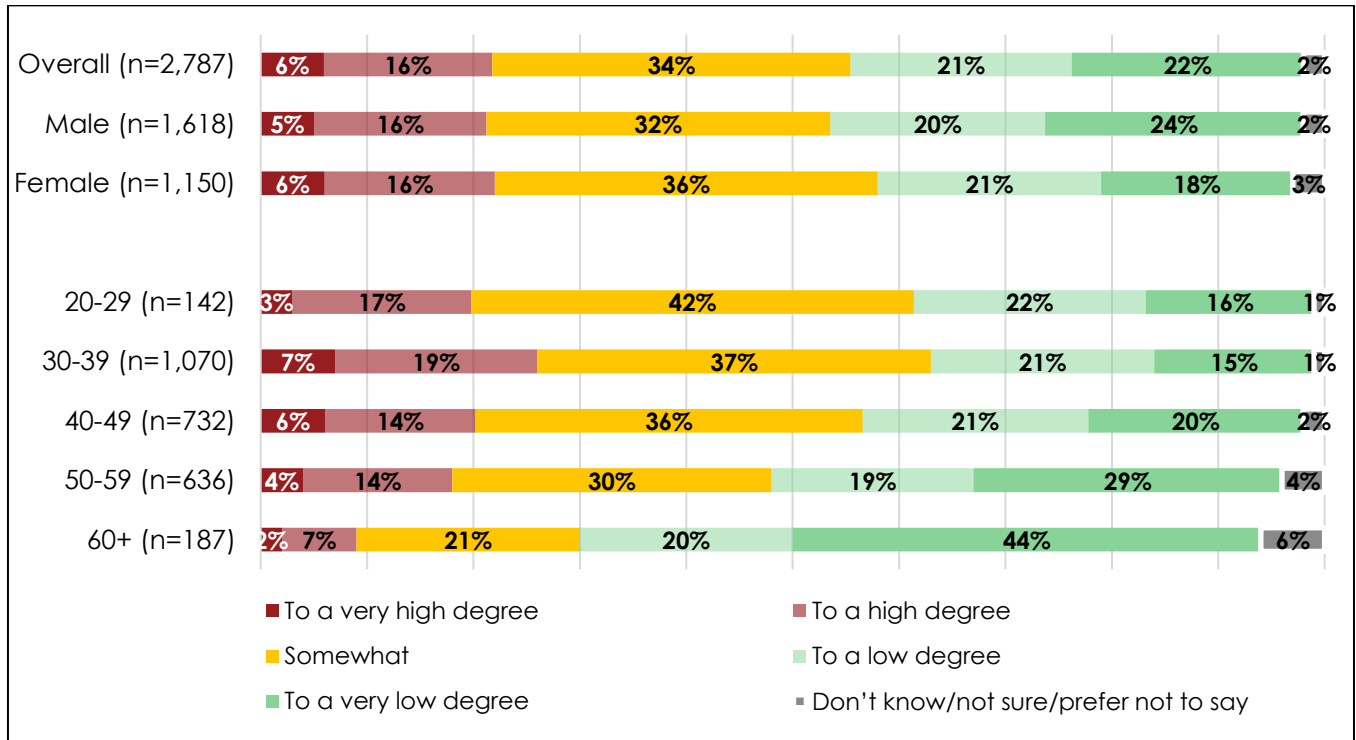


Differences by gender were modest. Five percent of male and 6% of female respondents reported feeling burnt out to a very high degree, while men were more likely than women to say they felt burnt out to a very low degree (24% compared with 18%).

The likelihood of reporting very low levels of burnout increased with age: 44% of those aged 60+ felt burnt out to a very low degree, compared with just 16% of 20–29-year-olds and 15% of 30–39-year-olds.

Figure 22 – Levels of burnout by gender and age

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



7 Retention

Introduction

The Census sought to explore the intentions to leave the NHS in the next five years of anaesthetic staff and to examine reasons behind those planned departures. Specifically, the Census explored whether potential leavers are driven by intentions to retire or influenced by other factors such as working conditions, wellbeing, or career dissatisfaction.

Key findings

- **Long-term retention challenges:** Only around 6 out of 10 anaesthetic staff (58%) expected to be working in the NHS in five years' time. Around 1 in 5 anaesthetic staff (19%) thought they would leave and a further 22% indicated they might.
- **Younger staff and A&Ts more likely to stay:** Retention intentions were highest among 20–29-year-olds (74%) and A&Ts (68%).
- **Retirement is a key driver of exit intentions:** 62% of those expecting to leave cited retirement; among consultants planning to leave, this rose to 81%.
- **Impending retirements:** Up to 16% of all anaesthetic staff working in the NHS may retire in the next five years, including 12% who said they would, and a further 4% who indicated they might. This includes 29% of consultants, with 22% saying they would, and a further 7% saying they might.
- **Retirements by age:** 87% of consultants and 89% of SAS doctors aged 60+ may retire in the next five years, as may 45% of consultants and 33% of SAS doctors aged 50–59. Only 2% of consultants and 1% of SAS doctors aged under 49 indicated such intentions.
- **Factors encouraging retention:** Among those indicated that that would leave, or might leave, for reasons other than retirement, the most common factors cited that would encourage them to stay were:
 - Increased pay (66%)
 - Improved career progression or training (34%)
 - More flexible working (27%)
 - Pension reform (24%).
- **Differing retention needs:** There were variations in the top two factors identified by different anaesthetic staff groups that would encourage them to stay:
 - Consultants: increased pay (59%) and changes to pension taxation regulations (49%)
 - SAS doctors: improved ability to progress in career/training (60%) and pay (56%)
 - A&Ts: increased pay (74%) and more flexible working hours/rotas (39%)
 - LEDs: increased pay (74%) and improved ability to progress in career/training (59%)
 - PAAs: improved ability to progress in career/training (71%) and being treated more fairly (62%).

Career intentions

Around six in ten (58%) anaesthetic staff said they expected to still be working in the health service in five years' time, while one in five (19%) said they did not. A further 22% were unsure.

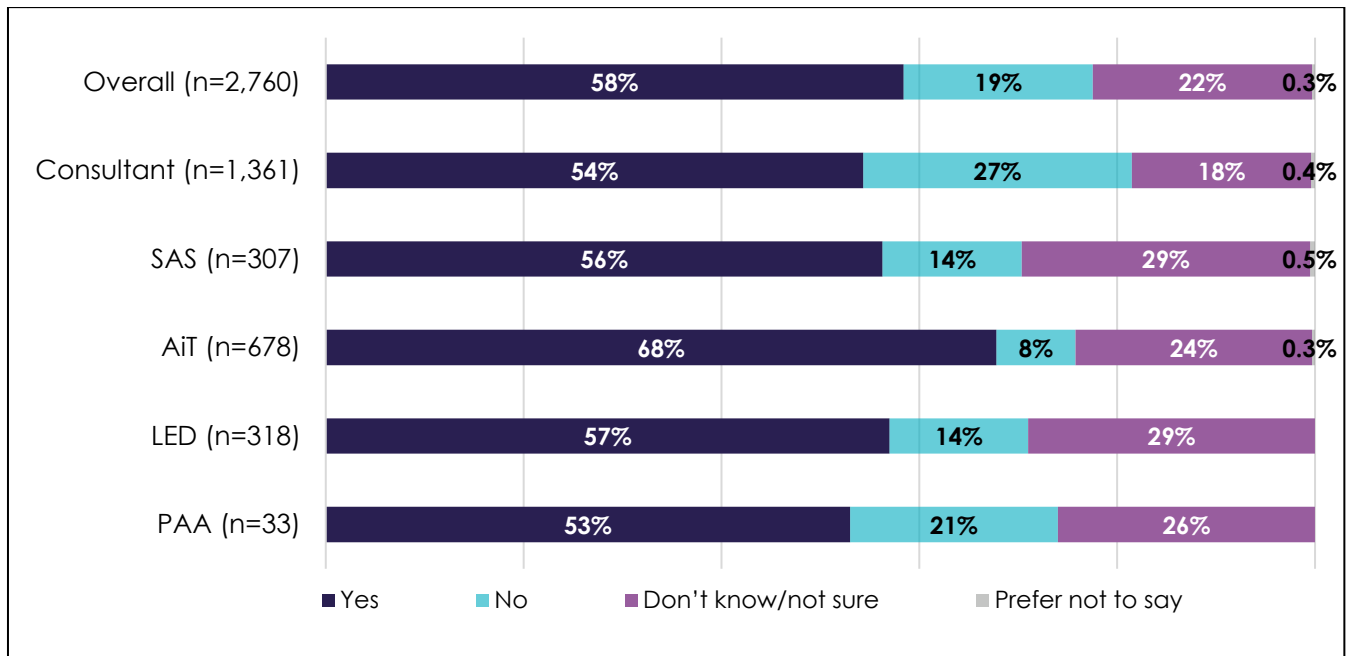
There were differences by staff group. AiTs were the most likely to say they intended to remain in the NHS (68%) compared to 8% expecting to leave, and 24% who were unsure. Those in other staff groups were less likely to say they would remain. Among consultants, just over half (54%) expected to still be working in the NHS in five years' time, while more than a quarter (27%) said they expected to leave, the highest proportion of any group. A further 18% of consultants were unsure.

Among SAS doctors, 56% expected to remain, 14% expected to leave, and nearly three in ten (29%) were unsure. Similar results were obtained from LEDs, where 57% expected to remain, 14% expected to leave and 29% were unsure.

PAAs were the least likely (albeit by a small margin) to say they expected to remain in the NHS (53%). Just over one in five (21%) said they thought they would not remain, and a further 26% were not sure.

Figure 23 – Intention to still be working in the NHS in next five years by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Expectations of remaining in the NHS over the next five years varied modestly by nation.

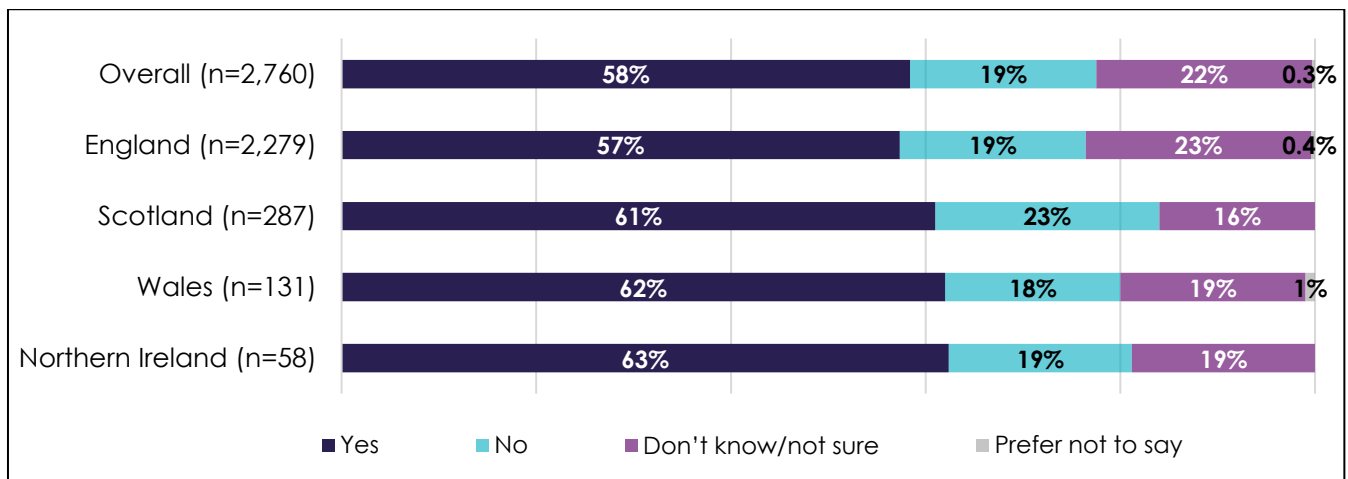
Respondents in Northern Ireland were the most likely to say they would continue to work in the NHS (or, specifically, HSC in their case), with six in ten (63%) saying they expected to still be working in the service in five years' time. This was followed closely by those in Wales (62%) and Scotland (61%). In England, the figure was slightly lower at 57%.

Scotland had the highest proportion of respondents who said they did not expect to be working in the NHS in five years (23%), while this figure was lower in Wales and Northern Ireland (18% and 19% respectively). England matched the overall figure of 19%.

Uncertainty was most common among respondents in England, with 23% saying they didn't know. This compared with 19% in Wales and Northern Ireland, and 16% in Scotland.

Figure 24 – Intention to still be working in the NHS in next five years by UK nation

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



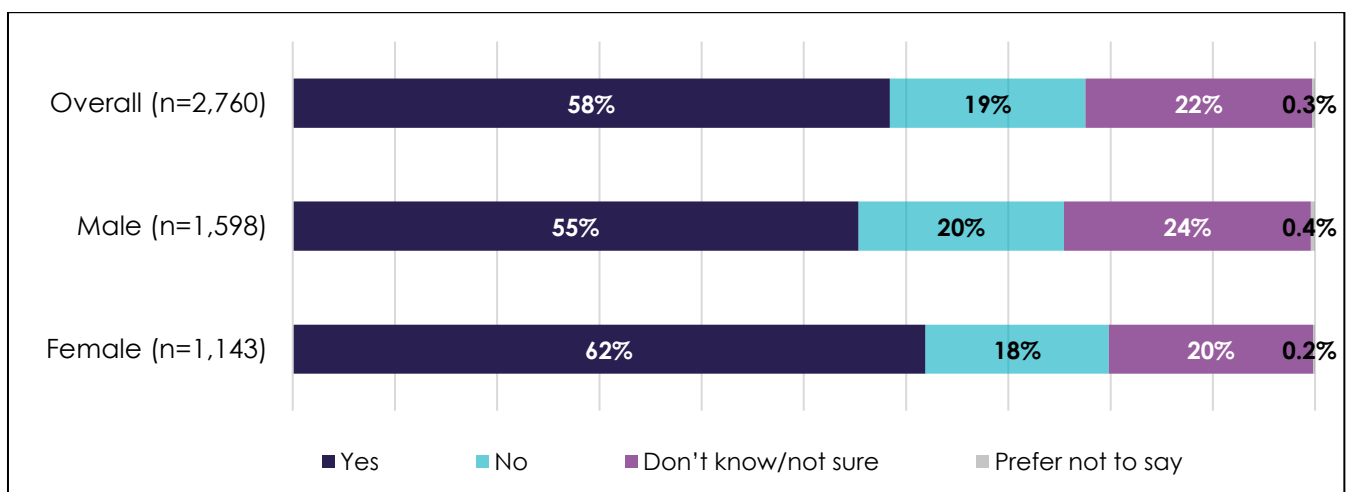
Expectations about remaining in the NHS over the next five years also differed slightly by gender.

Female respondents were more likely than their male counterparts to say they expected to still be working in the NHS in five years' time. Around three in five women (62%) said they intended to remain, compared with 55% of men.

Male respondents, on the other hand, were more likely to be unsure whether they would be working in the NHS in five years (24% unsure vs 20%).

Figure 25 – Intention to still be working in the NHS in next five years by gender

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Intentions to remain working in the NHS over the next five years varied substantially by age, with younger respondents far more likely to anticipate staying and older respondents far more likely to say they would leave.

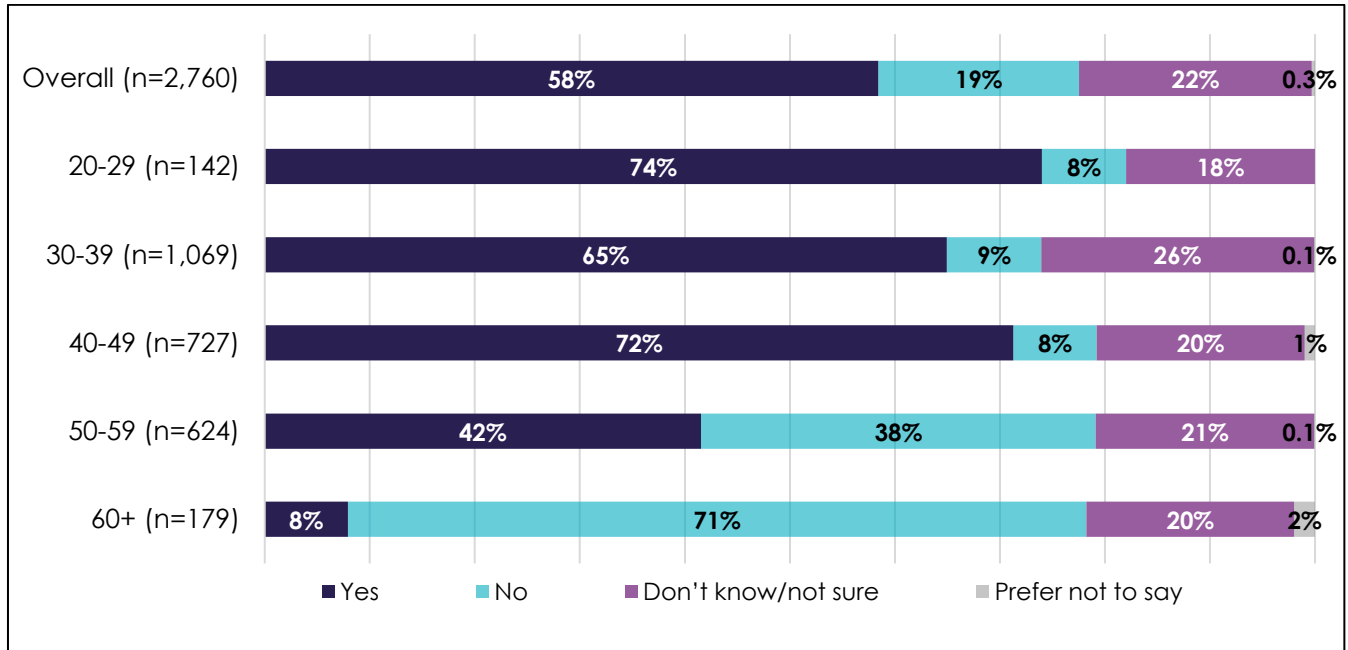
Among respondents aged 20–29, three-quarters (74%) said they expected to still be working in the NHS in five years' time, with only 8% saying they would not. Similarly high expectations were seen among those aged 30–39 (65%) and 40–49 (72%), with low proportions saying they planned to leave (9% and 8% respectively).

The pattern shifted considerably among those aged 50–59. Fewer than half (42%) expected to remain in the NHS over the next five years, while 38% said they did not. Among those aged 60 and over, only 8% said they expected to be working in the NHS in five years, while seven in ten (71%) said they would not.

Uncertainty was relatively consistent across age groups, with around one in five respondents in each category saying they were unsure whether they would remain in the NHS.

Figure 26 – Intention to still be working in the NHS in next five years by age

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Uncertainty

As seen above, one in five (22%) anaesthetic staff were unsure about whether they would still be working within the health system in the next five years.

Among these anaesthetic staff, 18% indicated that they might permanently retire, whilst 72% said it would be for another reason. Among those that specified a reason in free text boxes, the most common was a move to work abroad.

Reasons for leaving

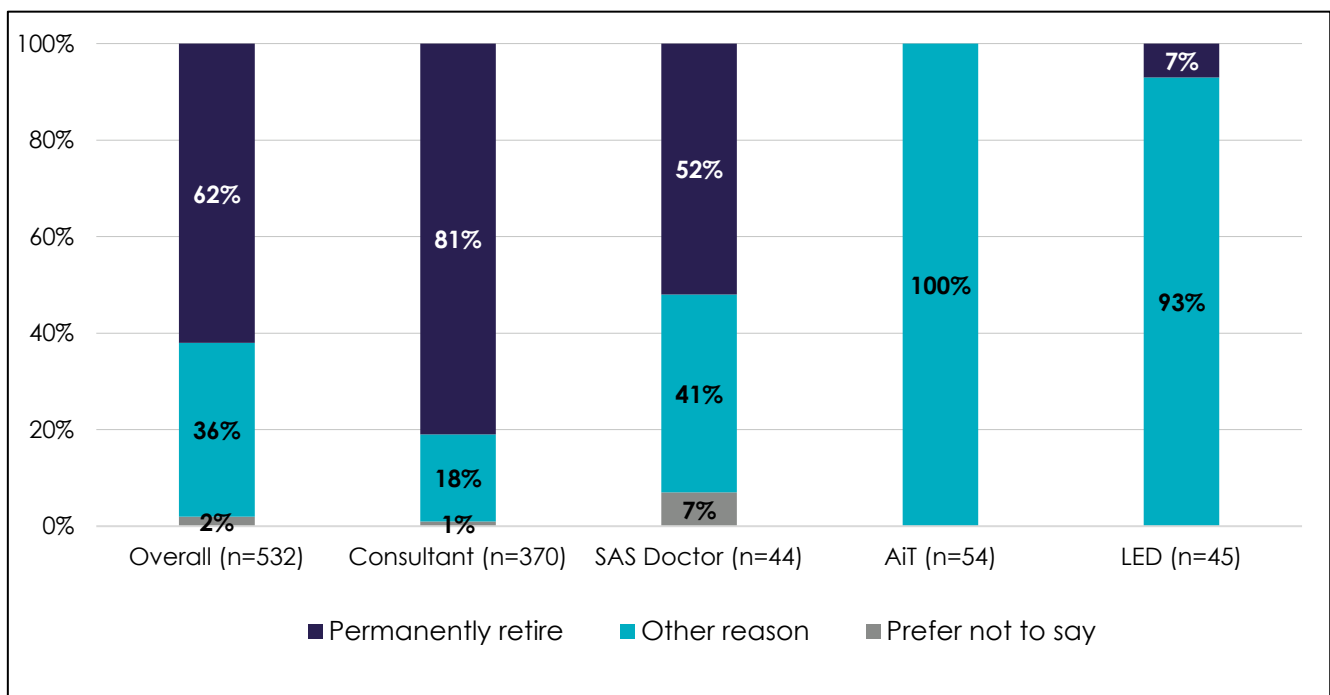
As seen previously, one in five anaesthetic staff (19%) thought they would not be working in the NHS in five years' time. Amongst these, six in ten (62%) cited retirement as their main reason for leaving. A further 36% selected 'other reasons', while 2% preferred not to say.

Retirement was by far the most common reason given among consultants, with more than four in five (81%) saying they expected to permanently retire. Among SAS doctors, just over half (52%) gave retirement as the reason for leaving, while 41% cited other reasons, although the base size for this group was small. Retirement is looked at more closely in the next section of this chapter.

By contrast, all AiTs (100%) who said they expected to leave the NHS selected 'other reasons', as did the vast majority of LEDs (93%).

Figure 27 – Reason for intending to leave by staff group*

Base: 532 (Those that do not intend to still be working in the NHS in five years, excluding student PAAs and Crown Dependency responses)



*A breakdown for PAAs is not shown as the base size is fewer than 10 respondents, and results based on very small numbers may not be reliable

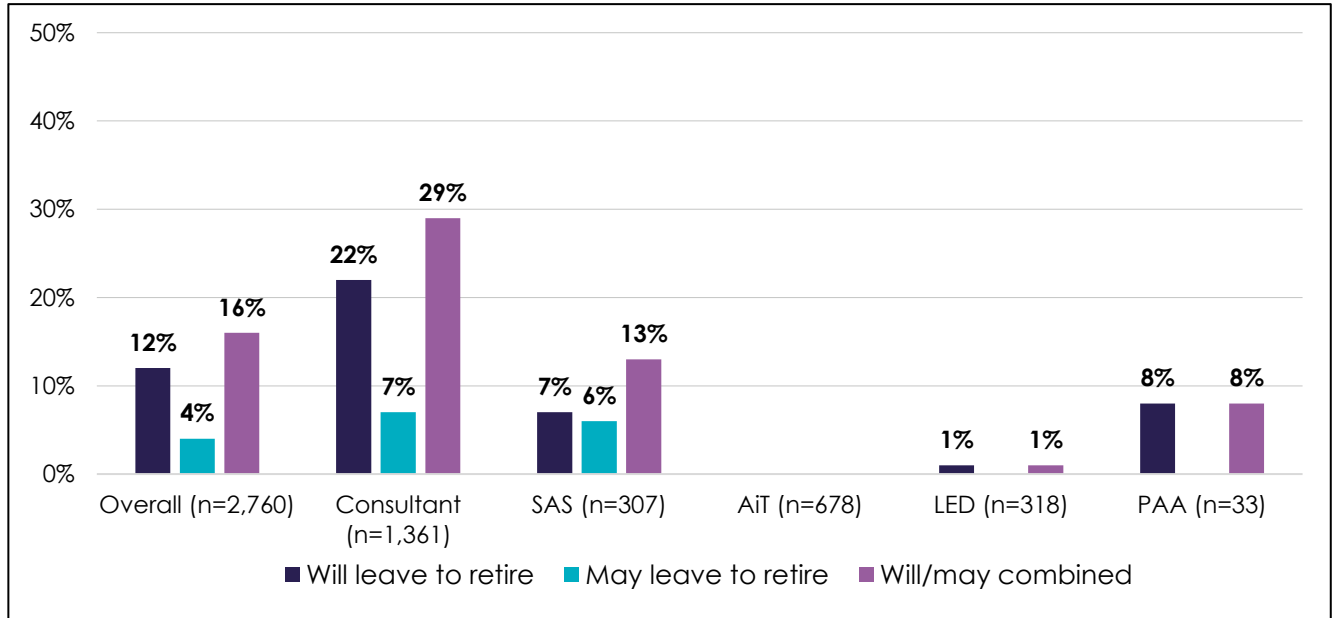
Excluding retirement, the most common reason for leaving the NHS cited in the free text boxes was to move abroad to work.

Retirement

Up to 16% of anaesthetic staff may leave the NHS in the next five years to permanently retire, including 12% who said they would, and a further 4% who indicated they might. The group most likely to indicate retirement intentions were consultants. Up to 29% may retire in the next five years, including 22% who said they would and a further 7% who indicated they might.

Figure 28 – Intention to permanently retire in next five years by staff group

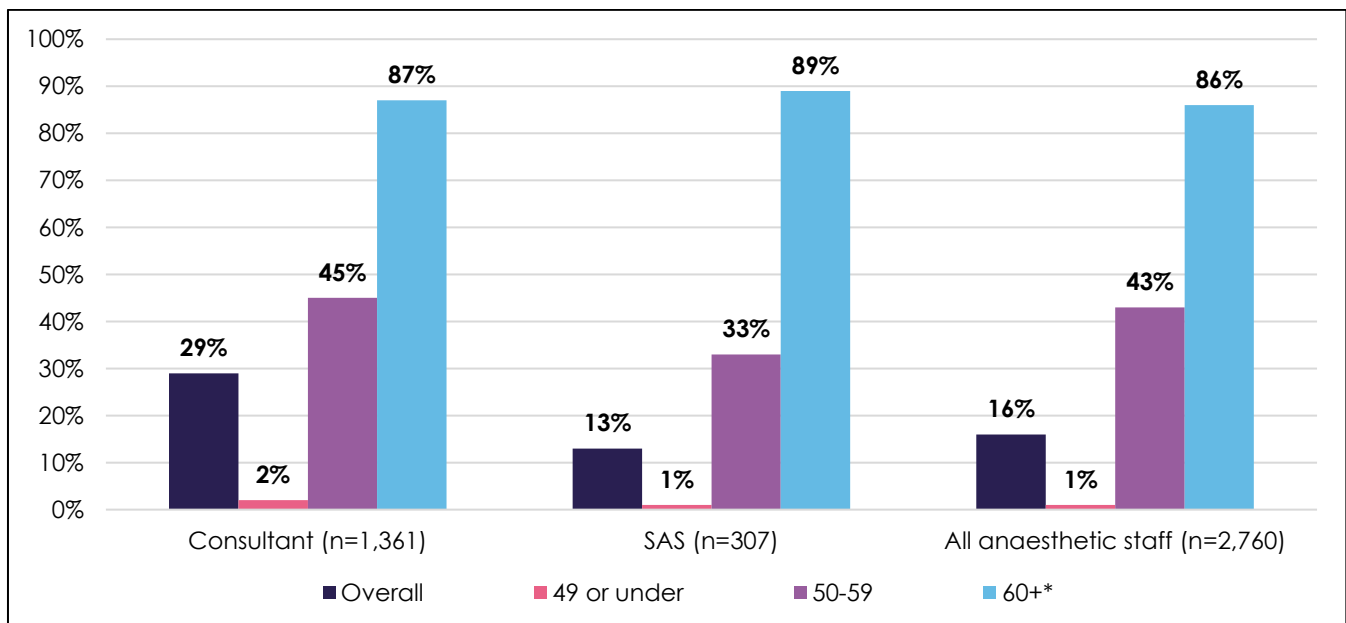
Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



As may be expected, there were differences in retirement intentions by age group. Up to 86% of anaesthetic staff aged 60+ indicated that they may retire over the next five years, 43% of those aged 50-59, but only 1% of those under 49. Among consultants, 87% of those aged 60+ may or will retire within five years, compared with 45% of those aged 50-59 and 2% aged 49 or under. A similar pattern is seen for SAS doctors (89% aged 60+, 33% aged 50-59, 1% aged 49 or under).

Figure 29 – Will or may leave to permanently retire in next five years by staff group and age group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



*Caution: low base size for SAS doctors aged 60+.

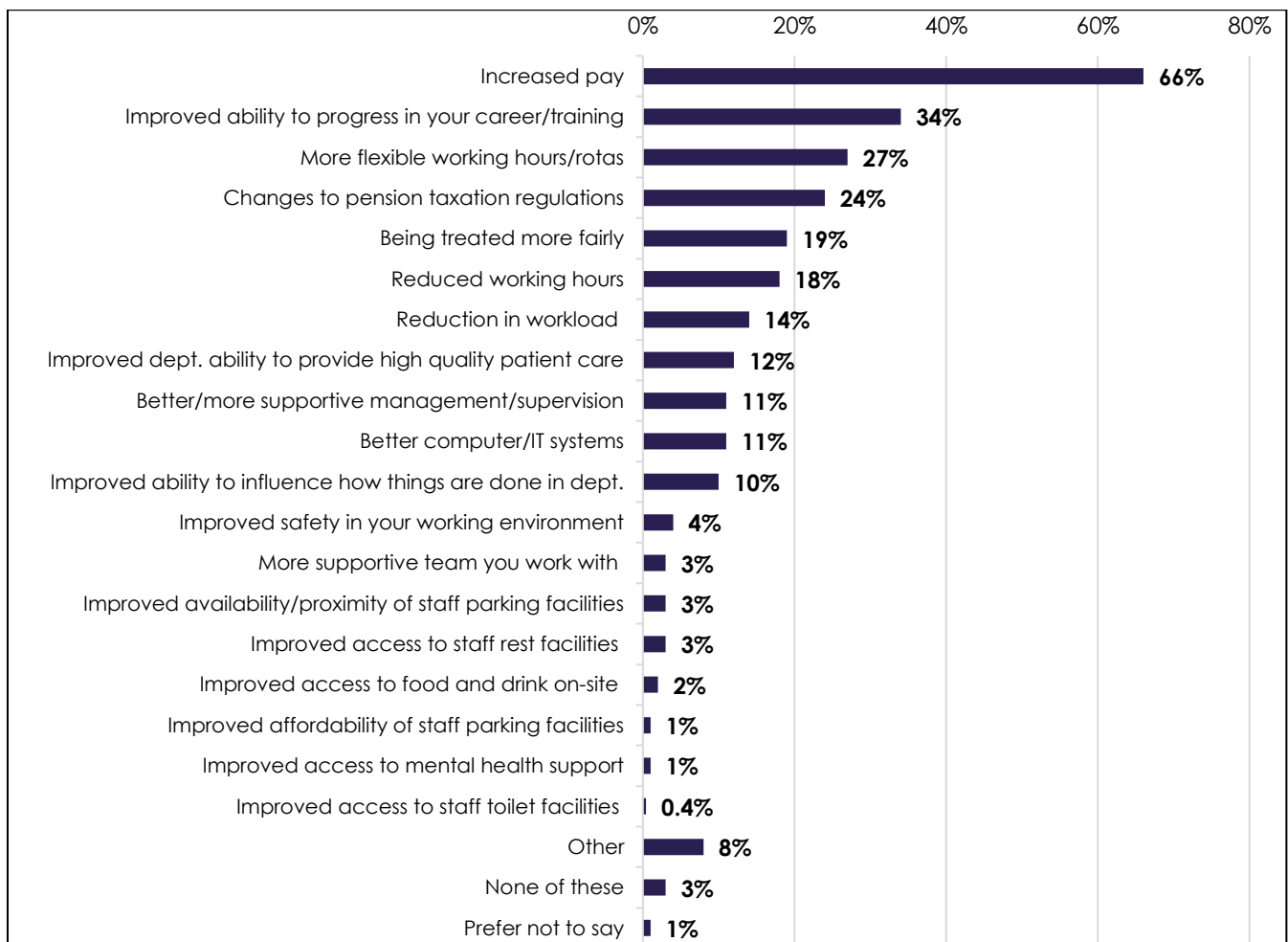
Factors that could improve retention

Among anaesthetic staff who said they were planning to leave the NHS in the next five years for reasons other than retirement or indicated they may do so, the most frequently selected factor that would make them want to stay was increased pay (66%). After pay, improved career progression or training opportunities (34%) and more flexible working hours or rotas (27%) were the next most commonly cited. Changes to the pension taxation regime were mentioned by 24%.

Other factors were less frequently chosen, though still notable. Around one in five respondents (19%) said being treated more fairly would make them want to stay, and 18% selected reduced working hours. Fourteen per cent said they would be more inclined to remain in the NHS if there was a reduction in workload, while 12% said if their department was better able to provide high quality patient care, and 11% cited more supportive management. Whilst 11% suggested improved IT systems, many other operational issues such as rest facilities, food and drink, toilet access, and parking were selected by fewer than 5% of respondents.

Figure 30 – Factors that respondents mentioned that would influence them to stay in the NHS

Base: 636 (Those who were not intending to still be working in the NHS in five years or were unsure, excluding retirement as a reason for leaving, excluding student PAAs and Crown Dependency responses)



Patterns varied considerably by staff group. For consultants, increased pay was the most common response (59%), followed by changes to the pension taxation system (49%). This was significantly higher than among any other group and likely reflects the greater impact of pension rules on higher-earning senior doctors. Consultants were less likely to select improved career progression or flexible working/reduced hours than other staff groups but were more likely to cite improvements to IT systems and management.

SAS doctors presented a slightly different picture. While 56% said increased pay would encourage them to stay, the most commonly answer was increased career progression, selected by 60%. One in five (21%) cited pension reform, and 25% mentioned being treated more fairly.

Among AiTs, 74% said increased pay would make them more likely to stay in the NHS, and 39% said they wanted more flexible rotas. A further 26% said reduced working hours would help. Career progression also remained a strong theme, cited by 32%. Pension reform was selected by only 13%, showing that this issue is less salient for younger doctors. LEDs showed similar answers to AiTs in regard to pay, with 74% selecting that that factor – however, far more (59%) selected career progression. They were also more likely to cite reduced workload (18%) and fair treatment (23%) compared with AiTs (11% and 10%).

Among PAAs (who had a smaller base size so findings should be interpreted cautiously), the most common responses were improved career progression (71%) and being treated more fairly (62%). Increased pay was selected by just 14% of PAAs, markedly lower than any other group. This suggests that for PAAs, concerns about recognition, fairness, and long-term opportunities may be more pressing than pay or pension issues.

Figure 31 – Factors that would influence retention in the NHS by staff group

Base: 636 (Those who were not intending to still be working in the NHS in five years or were unsure, excluding retirement as a reason for leaving, excluding student PAAs and Crown Dependency responses)

Response	Overall (n=636)	Consultant (n=201)	SAS (n=73)	AiT (n=204)	LED (n=118)	PAA (n=13)
Increased pay	66%	59%	56%	74%	74%	14%
Improved ability to progress in your career/training	34%	7%	60%	32%	59%	71%
More flexible working hours/rotas	27%	18%	19%	39%	31%	10%
Changes to pension taxation regulations	24%	49%	21%	13%	3%	-
Being treated more fairly	19%	21%	25%	10%	23%	62%
Reduced working hours	18%	8%	6%	26%	28%	-
Improved departmental ability to provide high quality patient care	12%	18%	10%	12%	5%	10%
Reduction in workload	14%	17%	10%	11%	18%	10%
Better computer/IT systems	11%	16%	6%	15%	-	-
Better/more supportive management/supervision	11%	17%	13%	7%	10%	19%
Improved ability to influence how things are done in your department	10%	15%	15%	9%	-	14%
Improved safety in your working environment	4%	5%	8%	2%	3%	-
Improved availability/proximity of staff parking facilities	3%	2%	4%	5%	-	-
Improved access to staff rest facilities	3%	2%	2%	5%	3%	-
Improved access to food and drink on-site	2%	2%	-	4%	-	5%
More supportive team you work with	3%	2%	6%	3%	5%	-

Response	Overall (n=636)	Consultant (n=201)	SAS (n=73)	AiT (n=204)	LED (n=118)	PAA (n=13)
Improved affordability of staff parking facilities	1%	3%	2%	1%	-	5%
Improved access to staff toilet facilities	0.4%	1%	-	0.4%	-	-
Improved access to mental health support	1%	-	4%	0.4%	-	-
Other	8%	9%	2%	10%	5%	24%
None of these	3%	4%	4%	1%	3%	5%
Prefer not to say	1%	0.4%	2%	1%	-	-

Increased pay was the top priority for respondents in all UK nations – selected by 67% in England, 62% in Scotland, and 60% in Wales. Pay was emphasised even more strongly among respondents from Northern Ireland, where it was selected by 82% of respondents. Improved opportunities for career progression was the next most commonly selected factor in England (35%) and Scotland (28%). However, in Wales, more flexible working hours or rotas was second most common (49%).

Figure 32 – Factors that would influence retention in the NHS by nation

Base: 636 (Those who were not intending to still be working in the NHS in five years or were unsure, excluding retirement as a reason for leaving, excluding student PAAs and Crown Dependency responses)

Response	Overall (n=636)	England (n=545)	Scotland (n=50)	Wales (n=28)	Northern Ireland (n=10)*
Increased pay	66%	67%	62%	60%	82%
Improved ability to progress in your career/training	34%	35%	28%	37%	31%
More flexible working hours/rotas	27%	26%	27%	49%	18%
Changes to pension taxation regulations	24%	24%	17%	30%	51%
Being treated more fairly	19%	19%	19%	20%	-
Reduced working hours	18%	17%	18%	20%	26%
Reduction in workload	14%	12%	26%	11%	24%
Improved departmental ability to provide high quality patient care	12%	12%	17%	6%	25%
Better/more supportive management/supervision	11%	12%	14%	3%	9%
Better computer/IT systems	11%	10%	17%	9%	-
Improved ability to influence how things are done in your department	10%	10%	10%	18%	-
Improved safety in your working environment	4%	4%	3%	-	16%
More supportive team you work with	3%	4%	-	-	-

Response	Overall (n=636)	England (n=545)	Scotland (n=50)	Wales (n=28)	Northern Ireland (n=10)*
Improved availability/proximity of staff parking facilities	3%	3%	5%	-	-
Improved access to staff rest facilities	3%	3%	-	-	-
Improved access to food and drink on-site	2%	2%	5%	3%	9%
Improved affordability of staff parking facilities	1%	2%	-	-	-
Improved access to mental health support	1%	1%	-	3%	-
Improved access to staff toilet facilities	0.4%	1%	-	-	-
Other	8%	8%	10%	6%	-
None of these	3%	3%	2%	-	-
Prefer not to say	1%	1%	-	-	-

*Very small base size, breakdown should be interpreted with caution

8 Sick leave

Introduction

The Census sought to understand how much sick leave anaesthetic staff were taking, and to what extent this was linked to factors such as stress, anxiety, burnout, and depression.

Key findings

- **Overall sick leave levels:** Anaesthetic staff reported taking 5.6 days of sick leave per year on average, with just over one day (1.3) related to stress, burnout, anxiety, or depression.
- **Groups most affected by stress-related illness:** LEDs (2.8), SAS doctors (2.4) and PAAs (2.4) took more sick days related to stress, burnout, anxiety, or depression than AiTs (1.5) or consultants (0.7).
- **Gender differences:** Female anaesthetics staff took more sick leave than male anaesthetic staff:
 - 2.0 days for stress-related illness vs 0.9 days for males
 - 4.9 days for other reasons vs 3.9 days for males
 - Total: 6.9 days on average vs 4.8 days for males.
- **Age differences:** Those aged 50–59 took the most sick leave (7.8 days), twice that of the 20–29 age group (3.9 days).

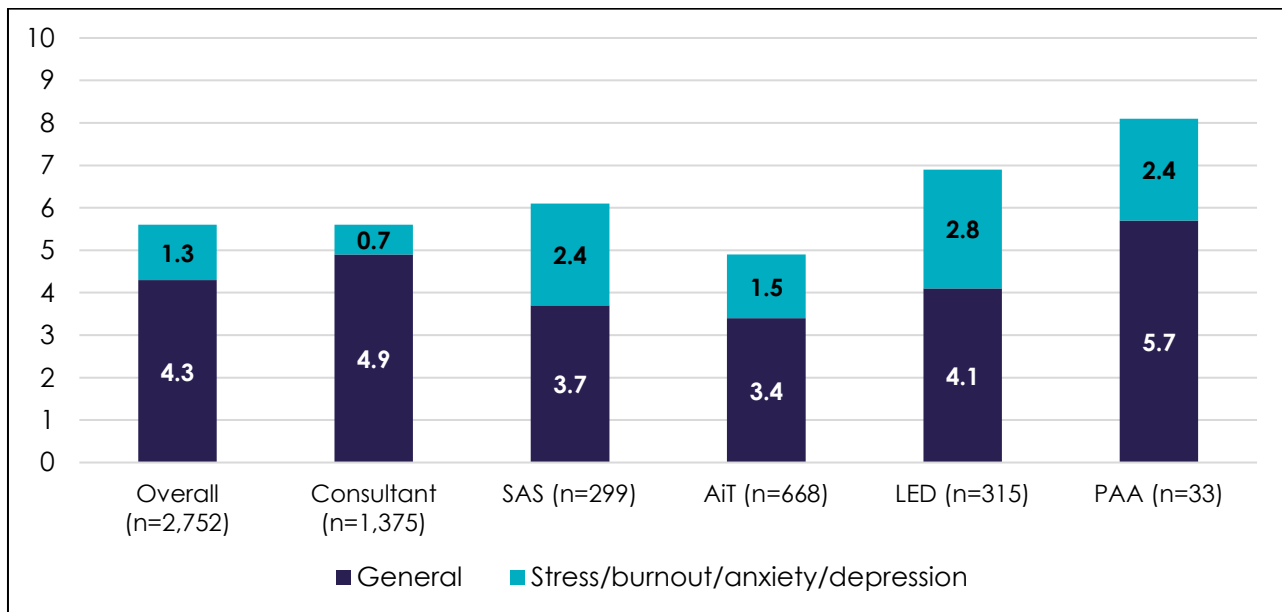
Days lost to sick leave

Anaesthetic staff reported taking an average of 5.6 sick days per year, comprising 1.3 days off due to stress, burnout, anxiety, or depression, and 4.3 days for other reasons. This indicates that while most sick leave is not directly related to stress, burnout, anxiety or depression, it still accounts for more than a fifth of the total.

Patterns by staff group show notable variation. LEDs reported the highest average number of days off for stress-related reasons (2.8), followed by SAS doctors (2.4) and PAAs (2.4). In contrast, AiTs took 1.5 stress-related days, and consultants took the fewest (0.7). These patterns were also reflected in total sick leave, with PAAs, LEDs and SAS doctors recording the highest average numbers of days (8.1, 6.9 and 6.1 respectively).

Figure 33 – Average number of sick days by staff group

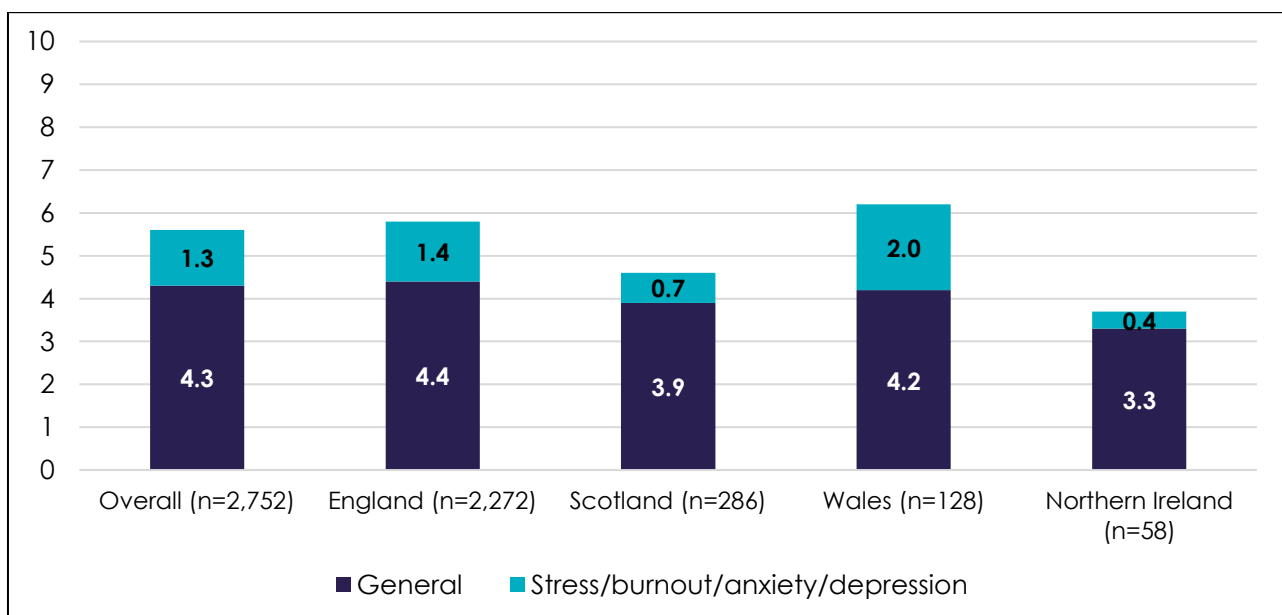
Base: 2,752 (Those who gave an answer)



Across the four UK nations, Wales saw the highest average number of days off for stress-related reasons (2.0), followed by England (1.4). This was also reflected in the overall number of days taken as sick leave, with Wales recording the highest number on average (6.2), followed by England (5.8).

Figure 34 – Average number of sick days by UK nation

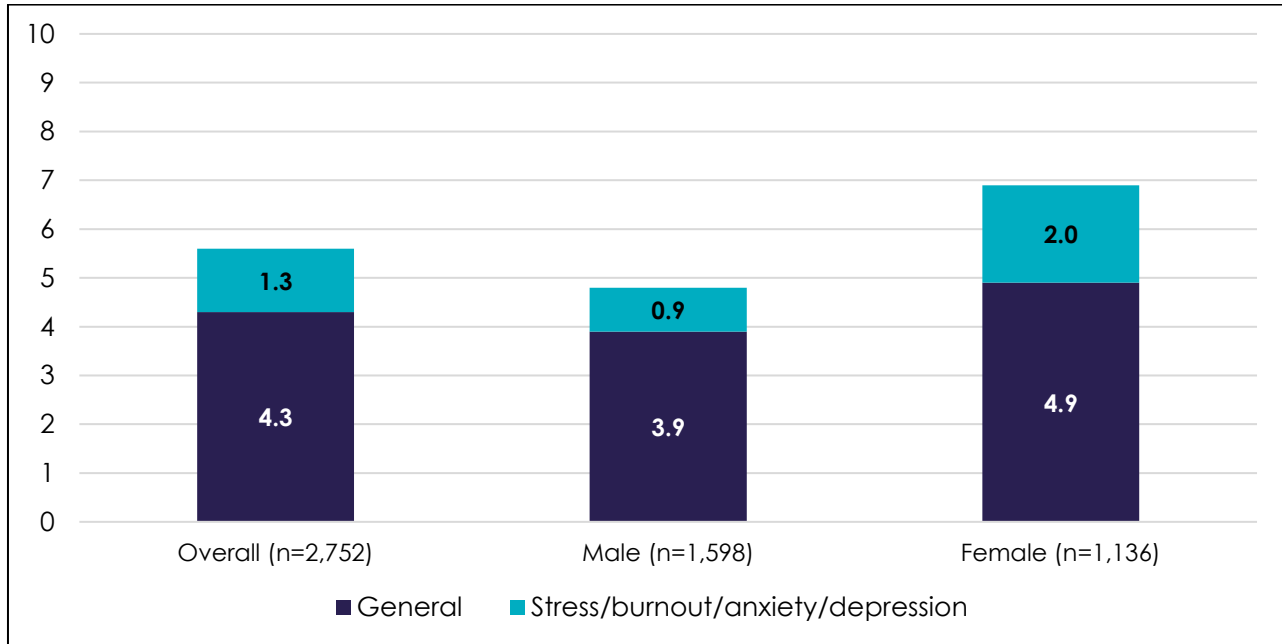
Base: 2,752 (Those who gave an answer)



There were clear differences by gender. Women took significantly more time off for stress-related issues than men (2.0 days compared with 0.9 days), as well as more sick leave overall (6.9 days vs 4.8 days).

Figure 35 – Average number of sick days by gender

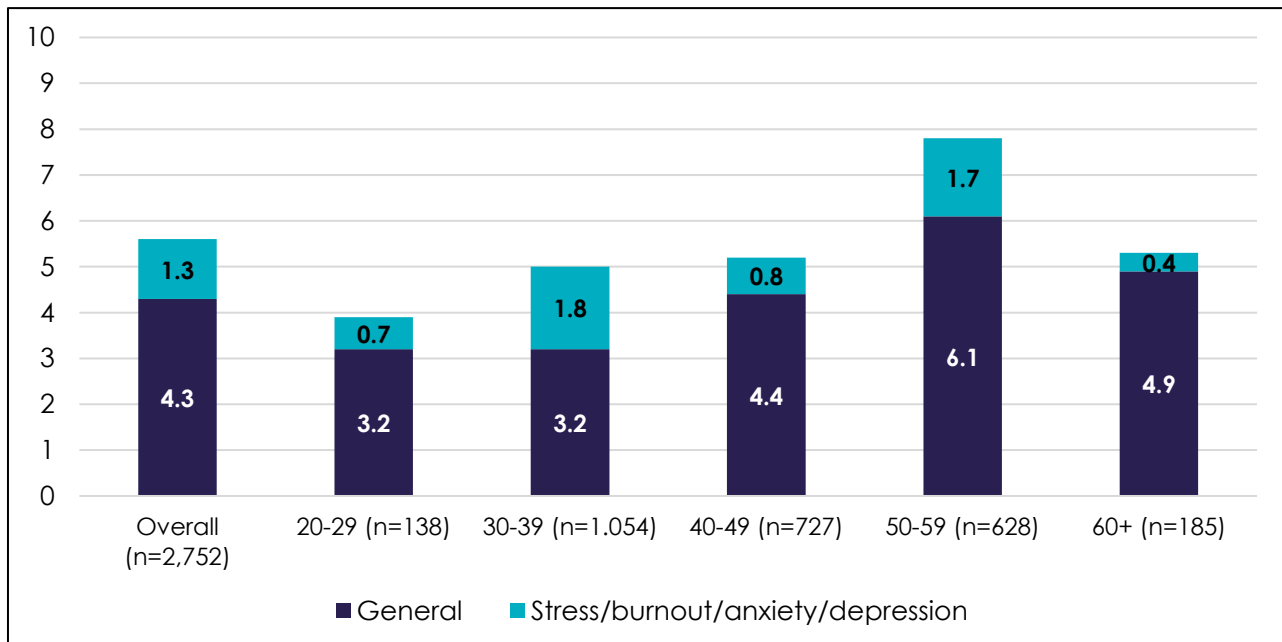
Base: 2,752 (Those who gave an answer)



Age was another important factor. Those aged 50-59 took the most sick leave (7.8 days on average per year), twice the amount those aged 20-29 took (3.9). This age group and those aged 30-39 took the most leave for stress-related illnesses (1.7 and 1.8 respectively).

Figure 36 – Average number of sick days by age group

Base: 2,752 (Those who gave an answer)



9 Relationships between wellbeing, sick leave and retention

Introduction

Low levels of wellbeing are obviously a problem for the people who directly experience them. However, they may also impact the ability of anaesthetic departments to function, which provides an additional reason why health services should take note and take action. Two possible impacts of low levels of wellbeing could be in terms of increased rates of sick leave and a heightened desire to leave the NHS. While acknowledging that correlation does not equal causation, we can use Census data to examine the relationship between these factors.

Key findings

- **Wellbeing and sick leave:** Those who reported low life satisfaction reported taking more than twice as many sick days per year overall than those reporting very high life satisfaction (11.6 compared with 4.5), and substantially more related to stress, burnout, anxiety or depression (5.7 compared with 0.2).
- **Life satisfaction is strongly associated with intentions to leave and to stay working in the NHS:** Those who reported low life satisfaction were much more likely to consider leaving in the next five years than those reporting very high life satisfaction (58% compared with 7%), and those who reported very high life satisfaction were much more likely to intend to stay (68% compared with 26%).

Wellbeing and sick leave

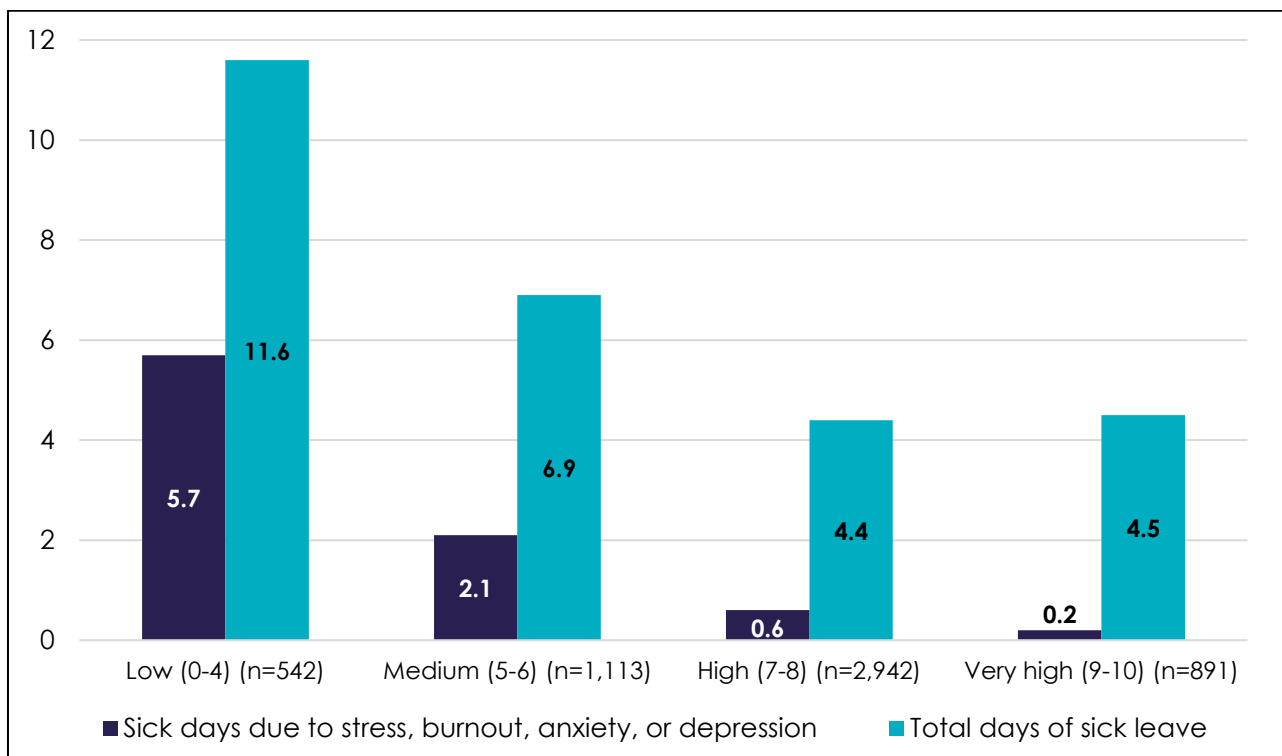
Someone's wellbeing may influence patterns of sickness absence. To explore this relationship, the life satisfaction scores of anaesthetic staff were grouped using ONS classifications: very high (9–10), high (7–8), medium (5–6), and low (0–4). For each group, the average number of sick days taken over the past year was examined, both in total and in regard to sickness absence that respondents attributed to stress, burnout, anxiety or depression.

Those with lower life satisfaction reported substantially higher levels of sick leave overall, averaging 11.6 days per year, compared with 4.5 days among those reporting very high life satisfaction and 4.4 for those with high satisfaction.

A similar pattern is seen for sickness absence related to stress, burnout, anxiety or depression, which was highest among those with low life satisfaction (5.7 days) and decreased progressively as life satisfaction increased.

Figure 37 – Amount of sick leave by wellbeing level

Base: 2,752 (Those who gave an answer)



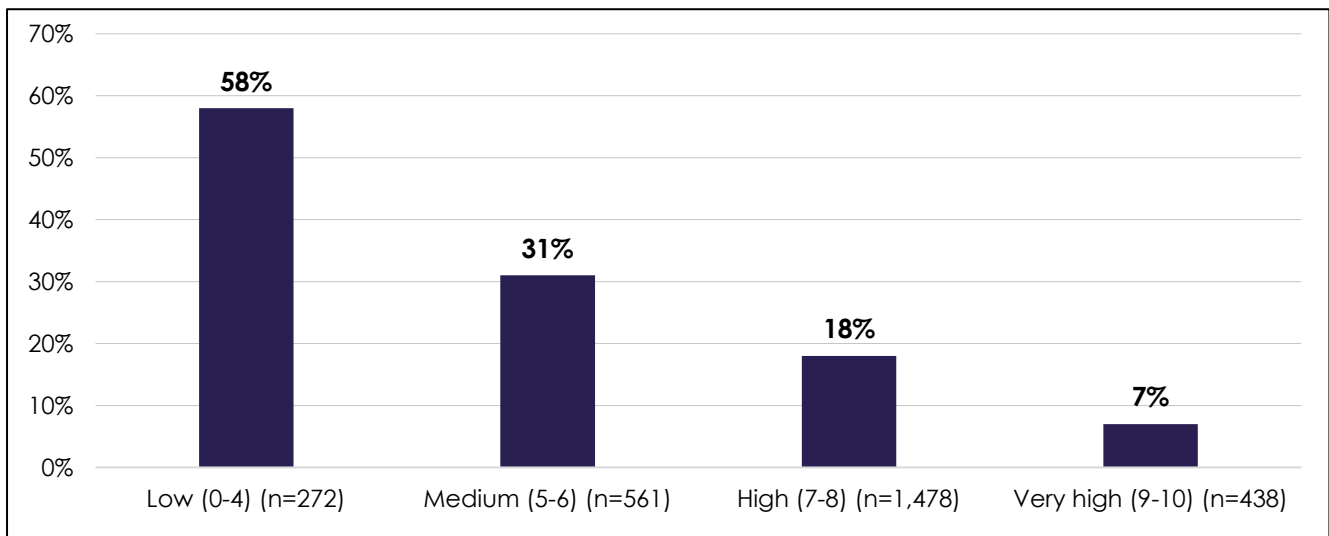
Wellbeing and retention

Wellbeing may also be related to someone's intention to leave the NHS. To examine this relationship, the life satisfaction levels of anaesthetic staff were analysed alongside their reported intentions to leave the NHS for reasons other than retirement, or to remain in the workforce.

Those reporting low life satisfaction were most likely to express an intention to leave the NHS, with 58% indicating they did not think they would still be working in the NHS in the next five years for reasons other than retirement. This proportion declines steadily as life satisfaction increases, falling to 31% among those reporting medium life satisfaction, 18% among those with high life satisfaction, and just 7% among those reporting very high life satisfaction.

Figure 38 – Intentions to leave the NHS within five years for reasons other than retirement by wellbeing level

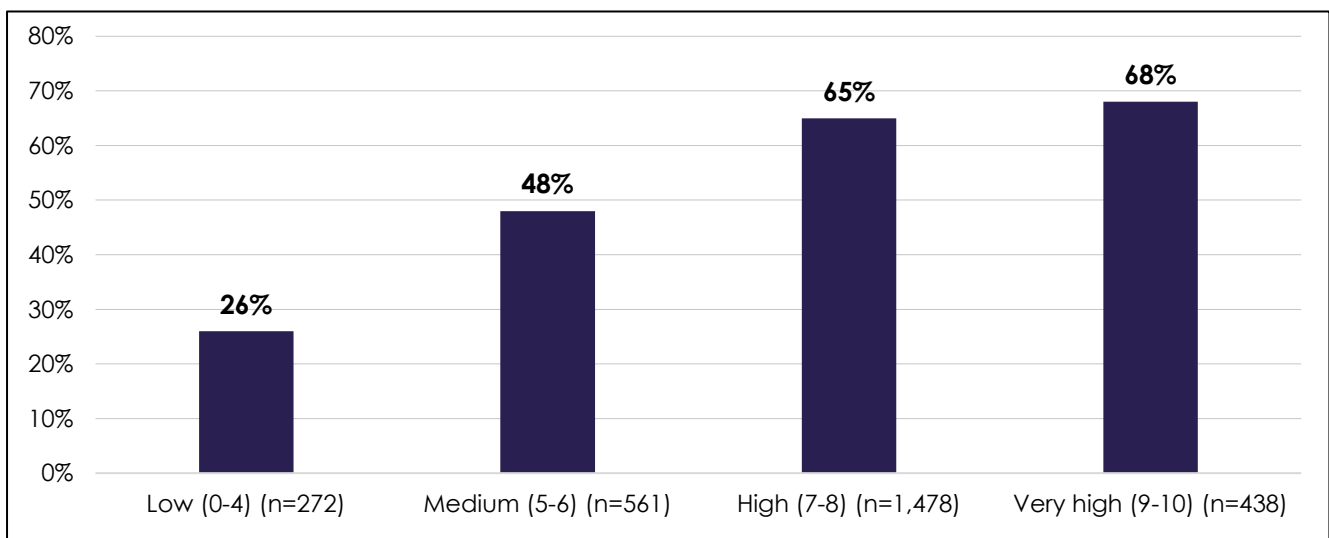
Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Intentions to remain working within the NHS also show a strong positive relationship with life satisfaction. Respondents reporting very high life satisfaction were the most likely to intend to remain working in the NHS in the next five years (68%). This decreases steadily as life satisfaction declines, falling to 65% among those with high life satisfaction, 48% among those with medium life satisfaction, and just 26% among respondents reporting low life satisfaction.

Figure 39 – Intentions to still be working in the NHS in next five years by wellbeing level

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



10 Satisfaction with aspects of working life

Introduction

As part of the Workforce Census, the RCoA sought to quantify concerns frequently raised anecdotally by anaesthetic staff about aspects of their working lives in the NHS. These concerns span a broad range of issues, including pay, pensions, and progression opportunities, and practical matters such as parking. The Census aimed to provide a clearer picture of how widespread such concerns were across the workforce.

Key findings

- **Overall, the areas where anaesthetic staff reported the greatest satisfaction were:**
 - The extent to which their team supports them 86%, with satisfied vs 11% dissatisfied
 - The safety of the working environment, with 84% satisfied vs 13% dissatisfied
 - Their department's ability to provide high quality patient care, with 81% satisfied vs 16% dissatisfied
- **The areas where anaesthetic staff reported the greatest dissatisfaction were:**
 - Computer/IT systems, with 60% dissatisfied vs 39% satisfied
 - Pension taxation, with 57% dissatisfied vs 16% satisfied
 - Affordability of parking facilities, with 47% dissatisfied vs 34% satisfied
 - Access to food and drink on-site, with 46% dissatisfied vs 50% satisfied

Overall satisfaction levels

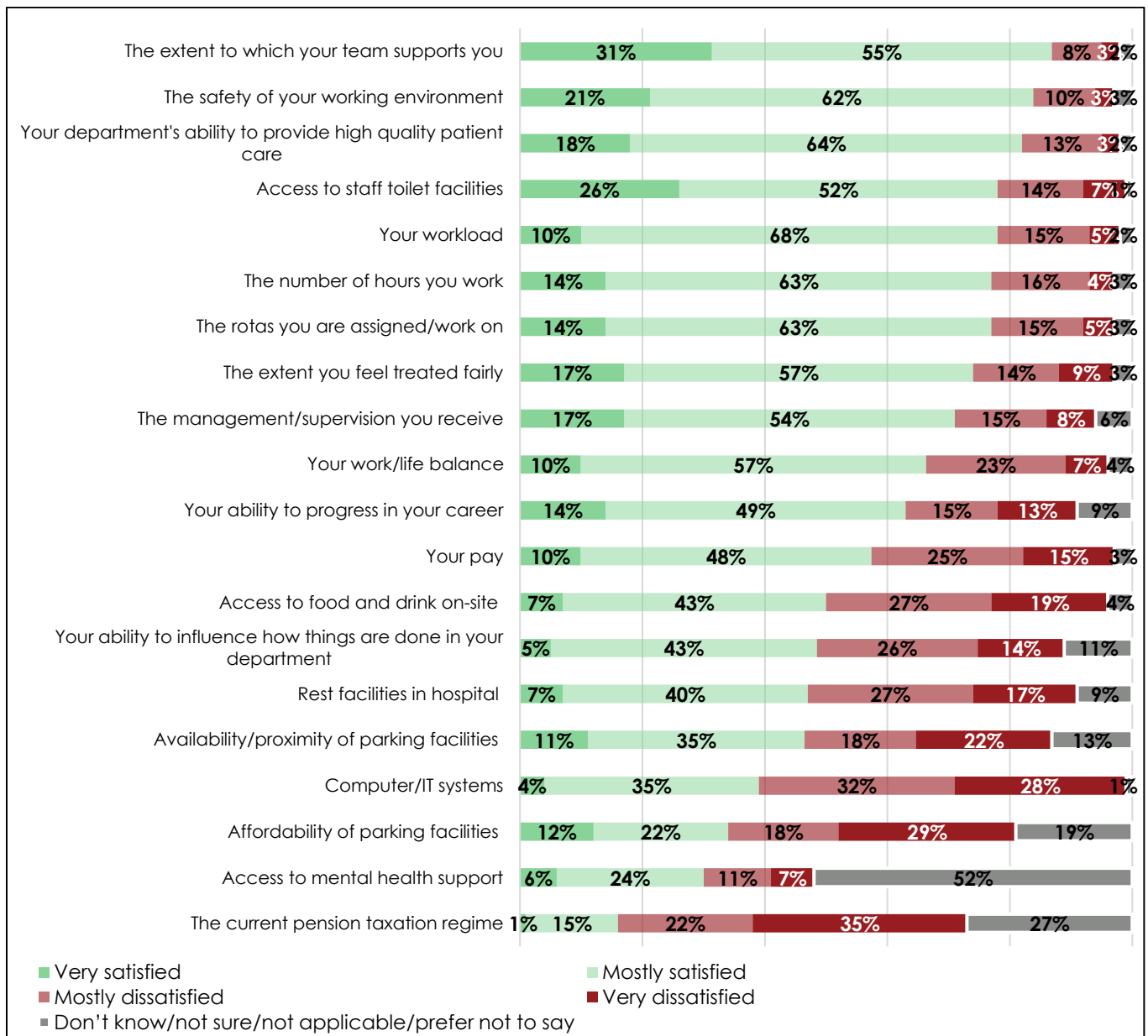
Satisfaction levels with different aspects of working life among anaesthetic staff who worked in the NHS varied considerably by topic.

Top of the list of factors that anaesthetic staff felt satisfied with related to the extent to which their team supports them. On this factor 86% indicated they were satisfied compared to 11% who indicated they were dissatisfied. The next most common factor staff were satisfied with was the safety of the working environment with 84% satisfied compared to 13% dissatisfied. Other factors that attracted high satisfaction were respondents' view of their department's ability to provide high quality patient care with 81% satisfied compared to 16% dissatisfied, and access to staff toilet facilities with 78% satisfied compared to 21% dissatisfied.

However, there were also areas of considerable concern. The greatest dissatisfaction was expressed with computer/IT systems, with 60% dissatisfied compared to 39% satisfied. This was followed by pension taxation, with 57% dissatisfied compared to 16% satisfied. Other factors that attracted high dissatisfaction were the affordability of parking facilities, with 47% dissatisfied compared to 34% satisfied, and access to food and drink on-site, with 46% dissatisfied vs 50% satisfied.

Figure 40 – Levels of satisfaction with factors of working life

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Rest facilities

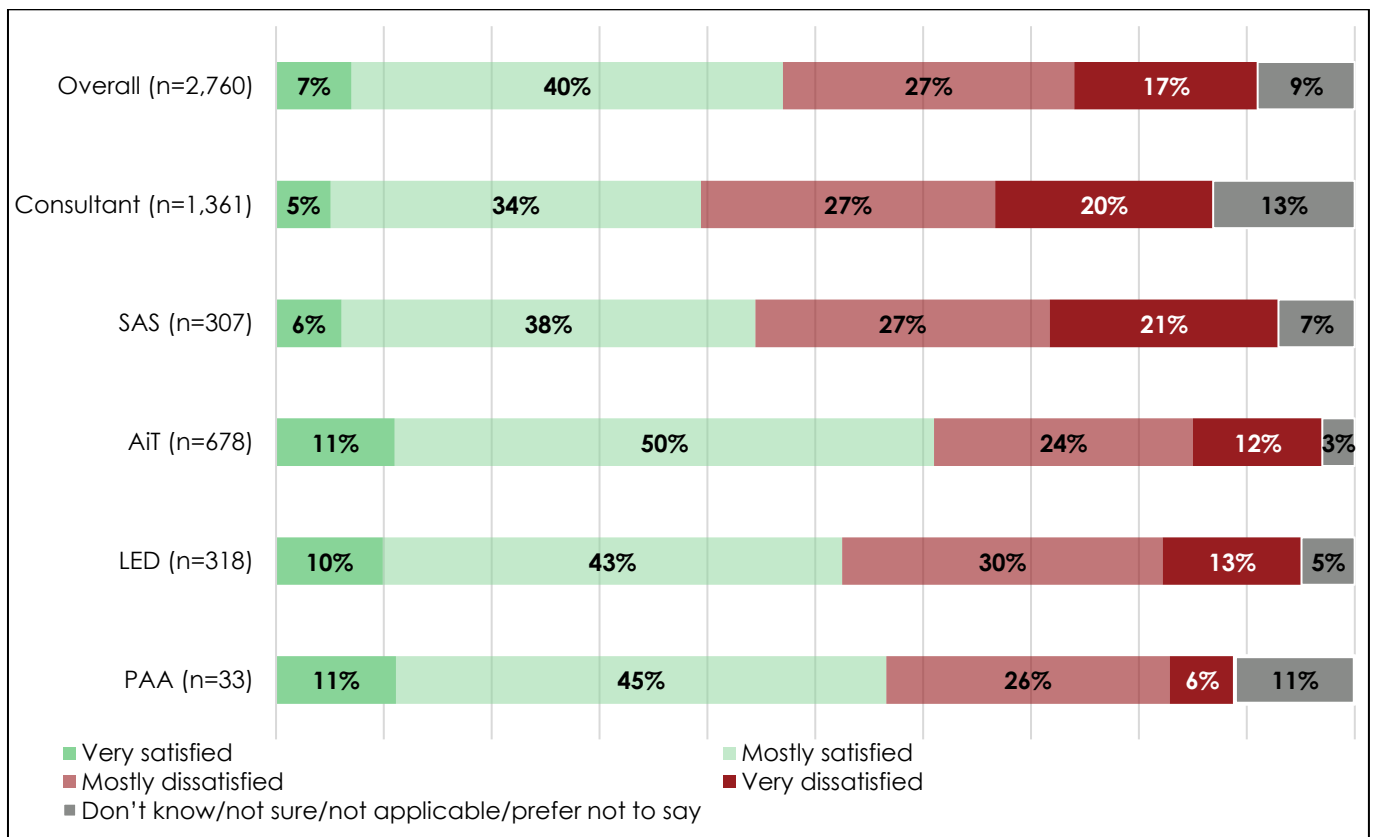
There were mixed opinions about rest facilities. Across the workforce, fewer than half of anaesthetic staff (47%) were satisfied, while 44% were dissatisfied.

Opinions varied by staff group. Consultants were the least contented with rest facilities: just 39% were satisfied and nearly half (48%) dissatisfied. SAS doctors present a roughly similar picture: 44% satisfied versus 48% dissatisfied.

Satisfaction with rest facilities was relatively higher in other staff groups but with substantial minorities who were dissatisfied. The majority of A&T were positive about rest facilities with 61% satisfied compared with 36% who were dissatisfied. Among LEDs 52% were satisfied and 43% dissatisfied. Among PAAs 57% were satisfied and 32% dissatisfied.

Figure 41 – Satisfaction with rest facilities by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Parking facilities

Affordability of parking facilities

The affordability of hospital parking is source of dissatisfaction for many anaesthetic staff. Across all staff groups only 34% were satisfied with parking costs, while 47% were dissatisfied. A further 19% said the question was not applicable or were unsure, potentially indicating that some staff may not rely on on-site parking.

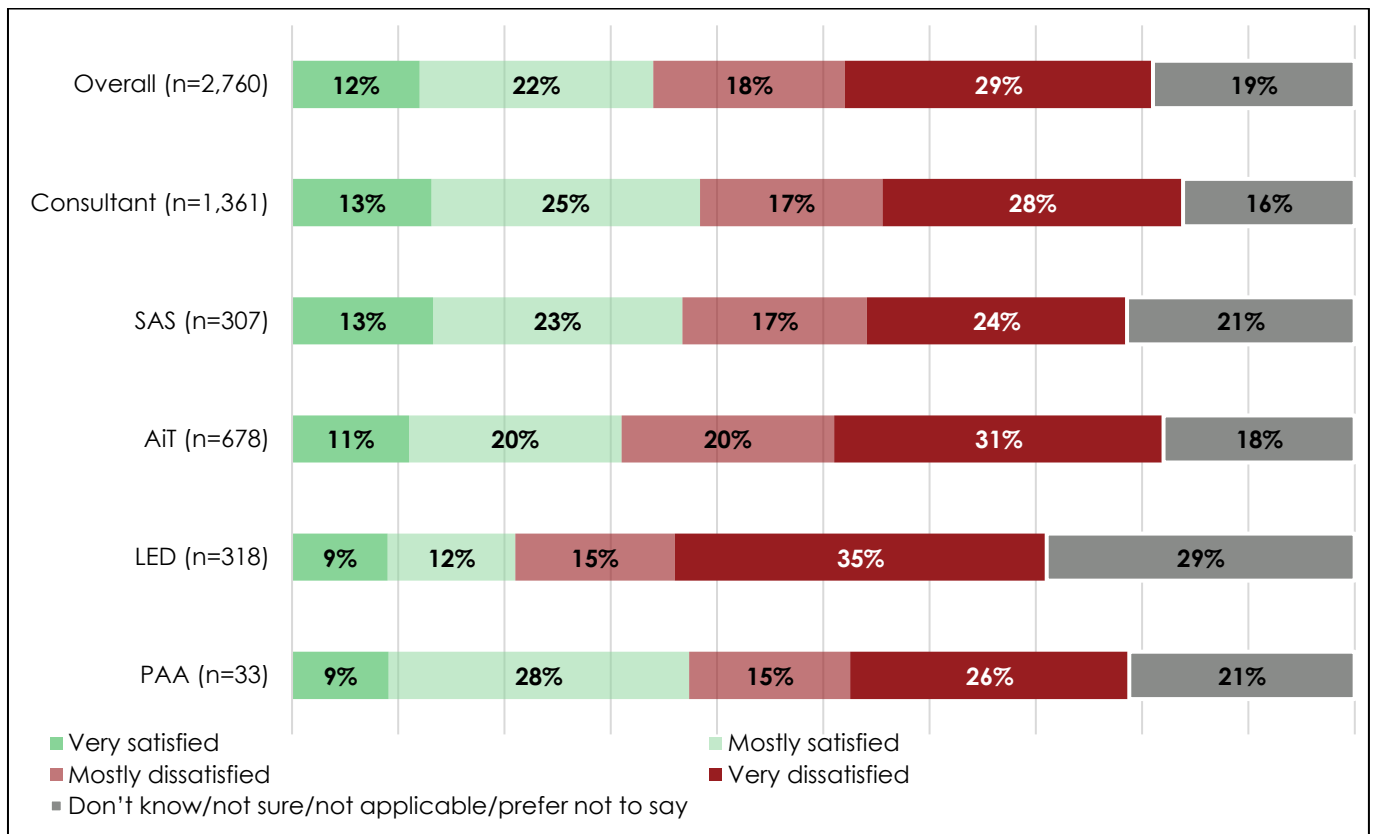
Consultants expressed slightly above-average satisfaction, with 39% saying they were satisfied, although a larger proportion (46%) were dissatisfied. Satisfaction levels among SAS doctors were similar, with 37% satisfied and 42% dissatisfied.

Feelings were more negative for AiTs and LEDs, with 31% and 21% satisfied, compared to 51% and 50% of whom were dissatisfied. LEDs also recorded the highest share of not applicable or unsure responses (29%), potentially indicating many in this group might not use parking facilities.

PAAs had satisfaction levels similar to consultants and SAS doctors, with 38% were satisfied and 42% dissatisfied.

Figure 42 – Satisfaction with affordability of parking facilities by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



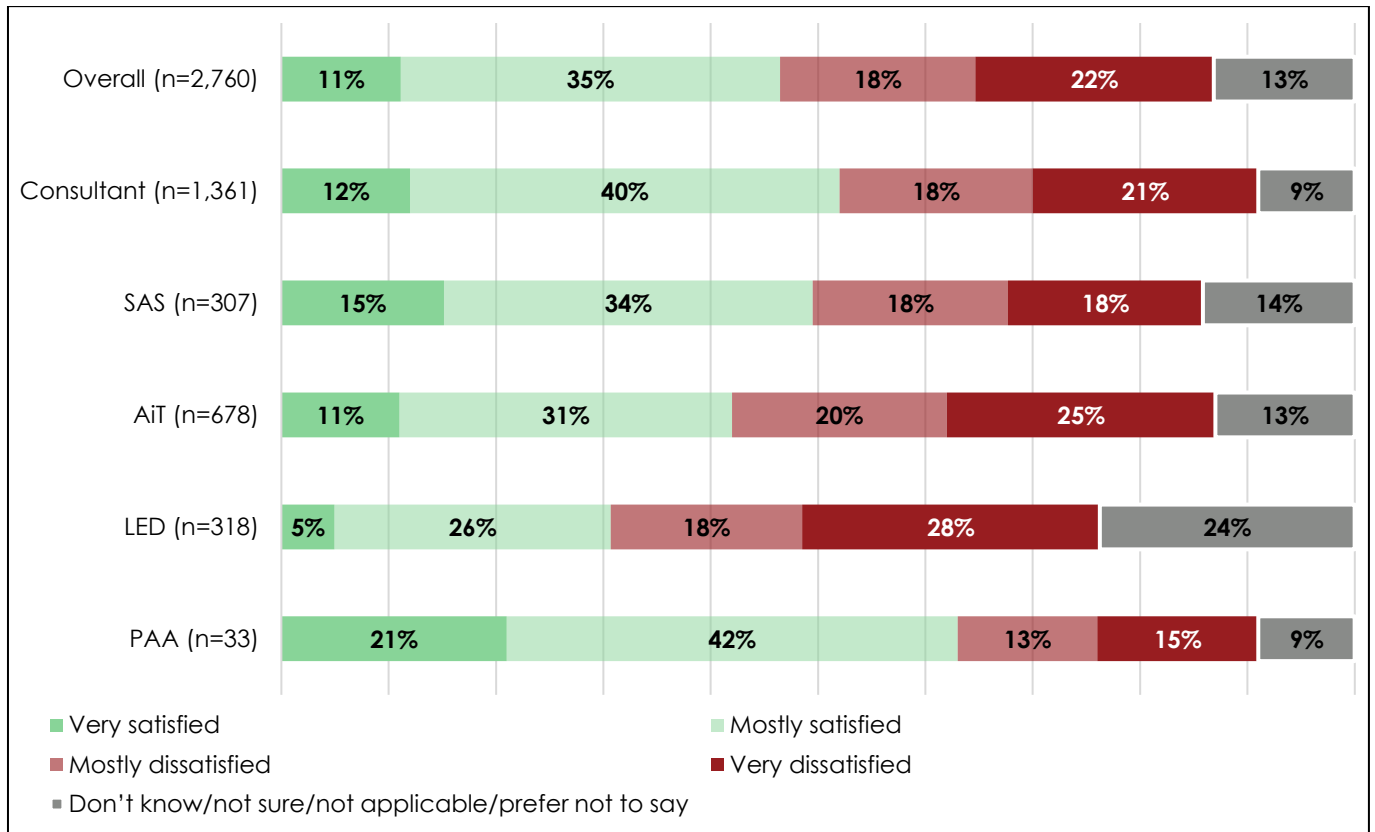
Availability/proximity of parking facilities

Overall, under half of anaesthetic staff (46%) were satisfied with the availability or proximity of parking facilities at their workplace, while 41% expressed dissatisfaction.

PAAs were the most satisfied group, with 62% reporting satisfaction and just 28% dissatisfaction. It was a bit more of a mixed picture for consultants, 52% of whom were satisfied and 39% dissatisfied. Similarly, SAS doctors had a relatively mixed view, with 49% satisfied and 36% dissatisfied. In contrast, only 42% of AiTs and 30% of LEDs were satisfied. For these groups, dissatisfaction was notably higher, 45% among AiTs and 46% among LEDs.

Figure 43 – Satisfaction with availability/proximity of parking facilities by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Access to toilet facilities

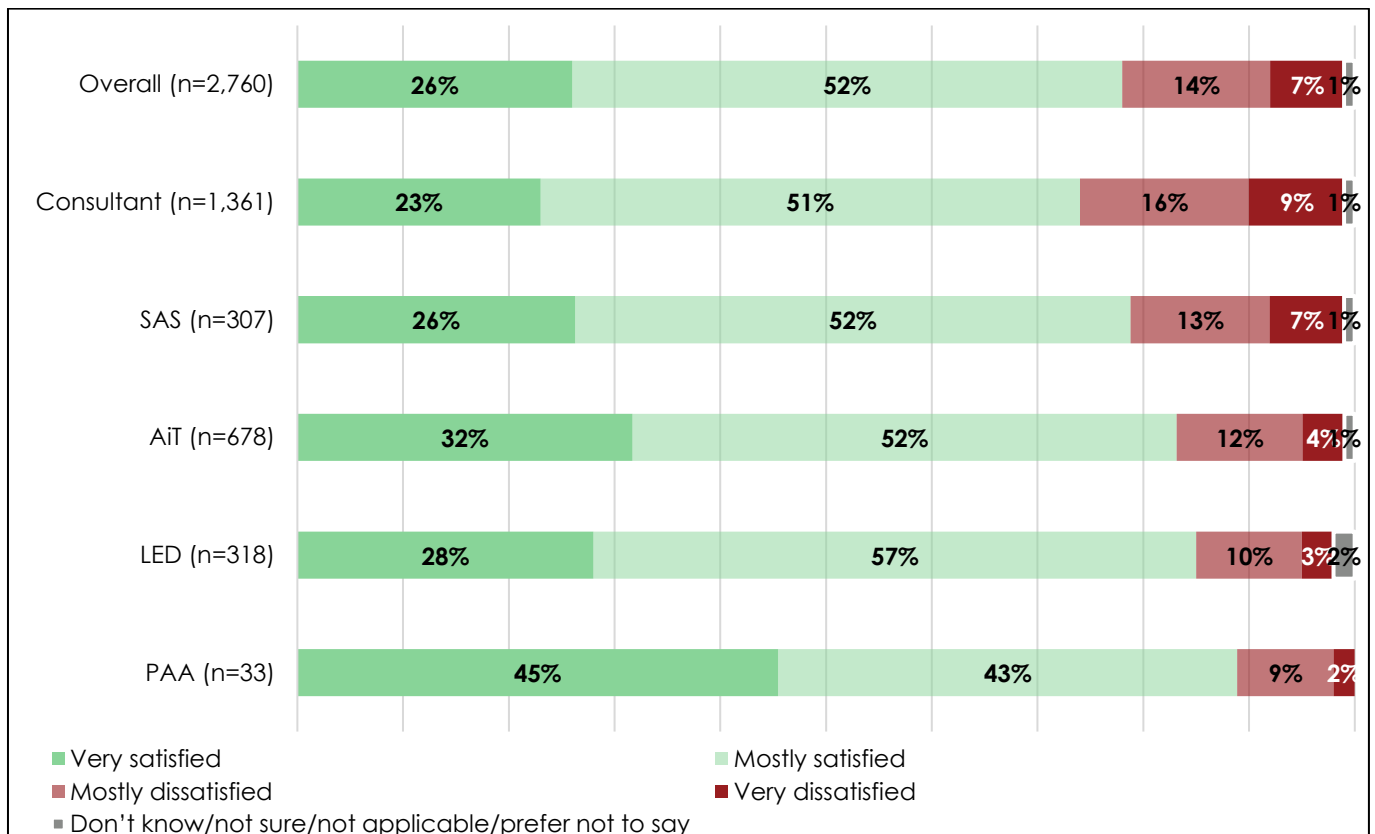
Access to staff toilet facilities was generally viewed positively by most anaesthetic staff. Across all staff groups, 78% reported being satisfied, while just 21% were dissatisfied.

Satisfaction was highest among PAAs, with 89% satisfied and only 11% dissatisfied. Similarly, LEDs and AITs reported high satisfaction levels, at 85% and 84% respectively, and relatively low dissatisfaction (13% and 16%).

SAS doctors were also generally positive, with 79% satisfied and 20% dissatisfied. Consultants reported the lowest levels of satisfaction among the staff groups, although a majority (74%) were still satisfied. A quarter (25%) expressed dissatisfaction – the highest of any group.

Figure 44 – Satisfaction with access to toilet facilities by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Access to food and drink

Access to food and drink on-site received mixed feedback from anaesthetic staff. Half of all anaesthetic staff (50%) were satisfied with provision, while 46% expressed dissatisfaction.

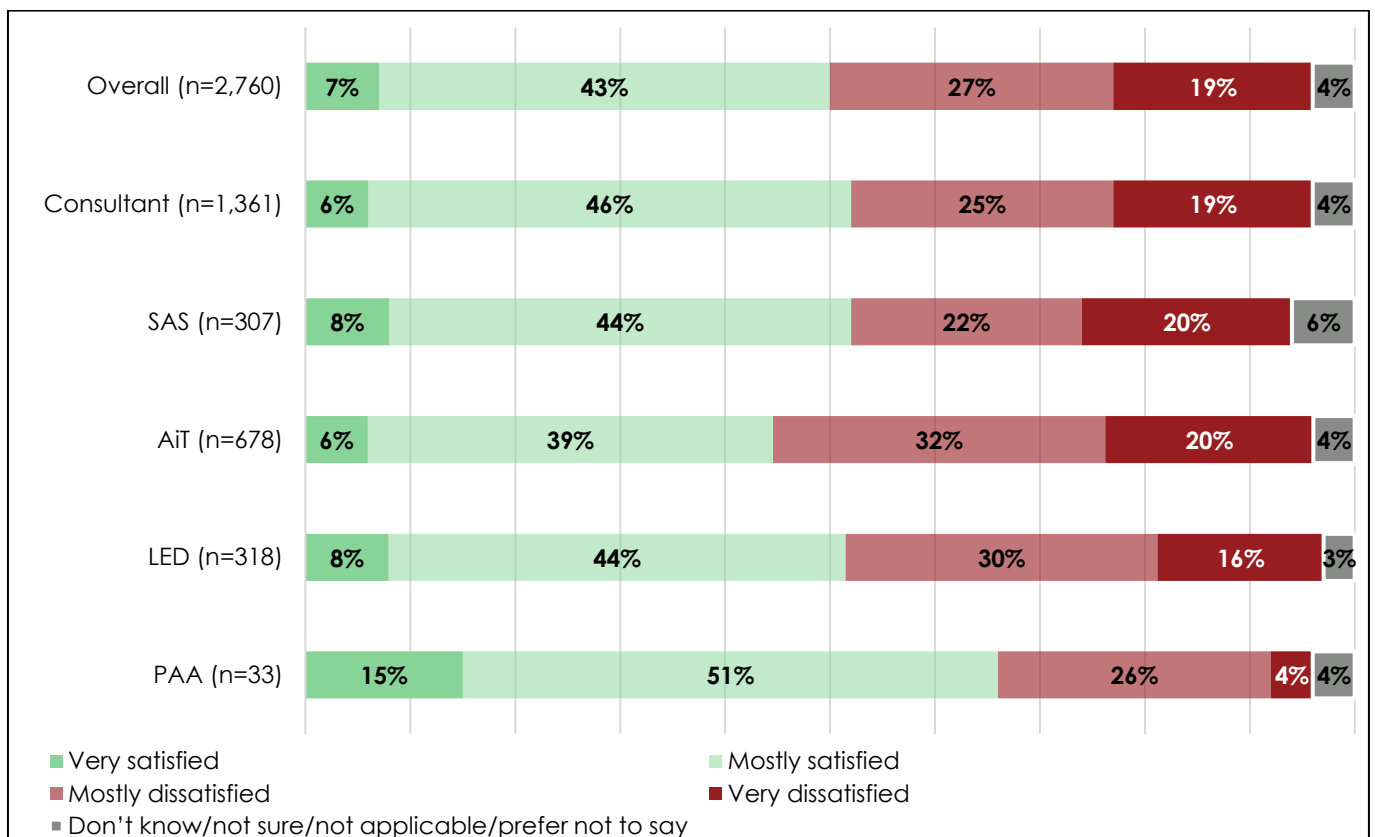
Satisfaction was highest among PAAs, with 66% satisfied and just 30% dissatisfied. In contrast, AiTs were the least satisfied group, with only 45% satisfied and over half (52%) dissatisfied.

Consultants, SAS doctors and LEDs generally reported mixed views, with around half satisfied in each group.

Access to food and drink is explored further in the next chapter of this report.

Figure 45 – Satisfaction with access to food and drink by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Access to mental health support

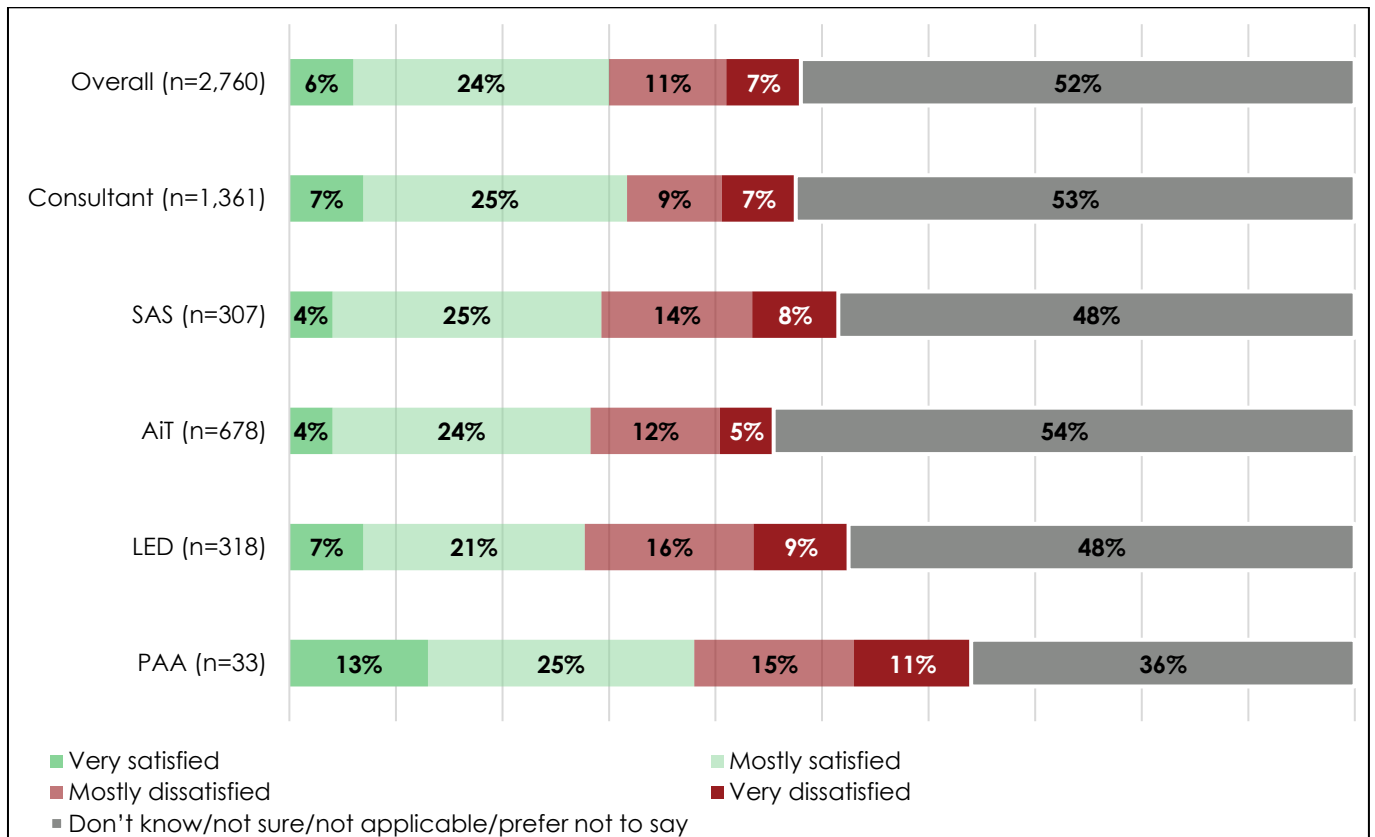
Regarding access to mental health support, 30% of anaesthetic staff were satisfied and 18% were dissatisfied. However, more than half (52%) said they did not know, were unsure, or indicated the question was not applicable, potentially because they had not tried to access it personally.

Among PAAs, 38% were satisfied, the highest percentage of any group, however they were also the most dissatisfied (26%), and expressed the lowest level of uncertainty (36%). This perhaps reflects greater levels of utilisation, or at least attempted utilisation, of mental health support, among this group.

For consultants, 32% were satisfied, 16% were dissatisfied, and 53% were unsure. Among SAS doctors, 29% were satisfied, 22% were dissatisfied, and 48% were unsure. For AITs, 28% were satisfied, 17% dissatisfied, and 54% unsure. Finally, among LEDs, 28% were satisfied, 25% dissatisfied, and 48% unsure.

Figure 46 – Satisfaction with access to mental health support by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



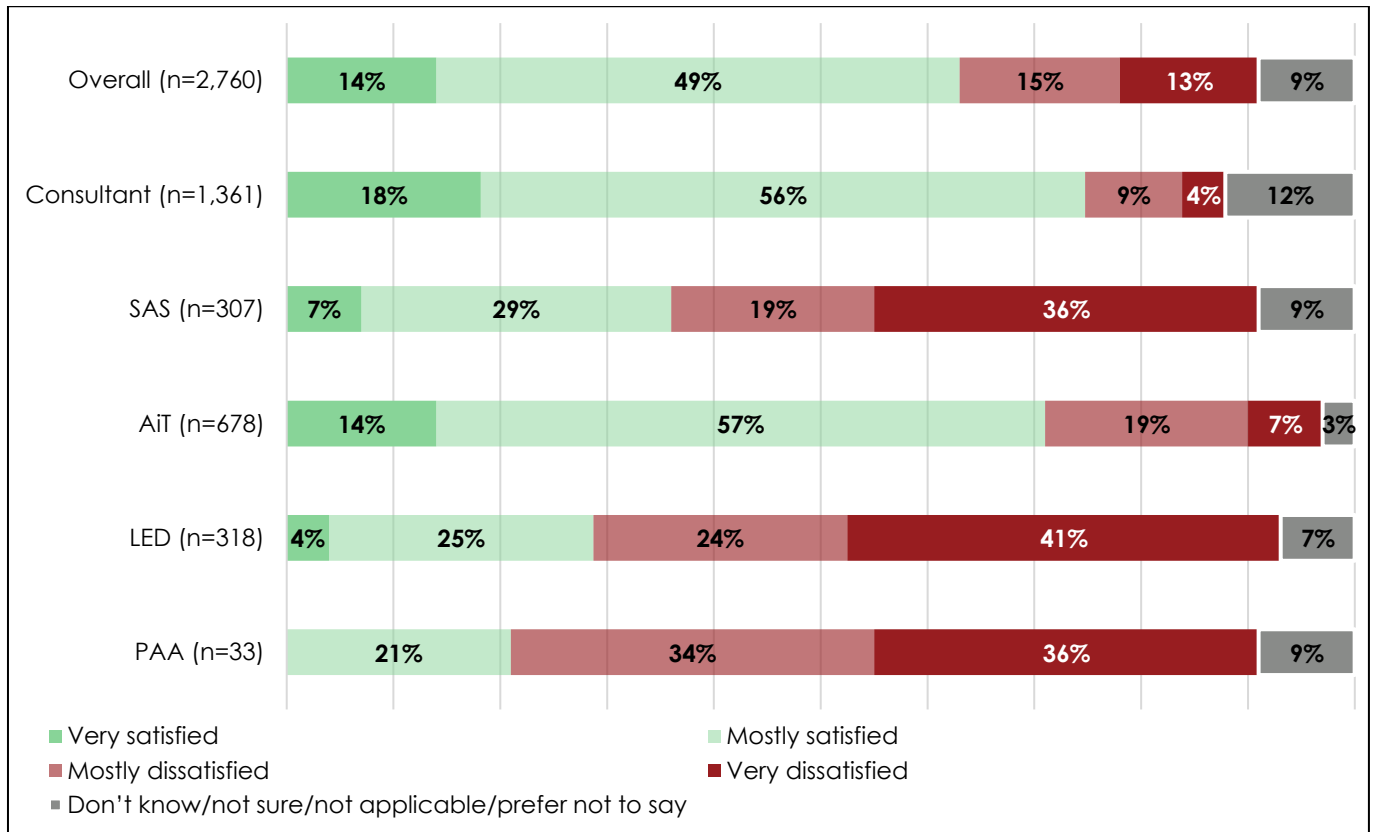
Career progression

Overall, 63% of anaesthetic staff were satisfied with their ability to progress in their career, while 28% were dissatisfied – however, there was marked variation between staff groups.

Consultants were the most positive group, with 75% satisfied and just 13% dissatisfied. AiTs also reported high levels of satisfaction (71%), though dissatisfaction stood at 26%. In stark contrast, only 36% of SAS doctors were satisfied with their career progression opportunities, while more than half (55%) were dissatisfied. LEDs and PAAs were even more negative, with just 29% and 21% reporting they were satisfied respectively, while dissatisfaction was reported by 65% and 70% respectively.

Figure 47 – Satisfaction with ability to progress in career by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Number of work hours

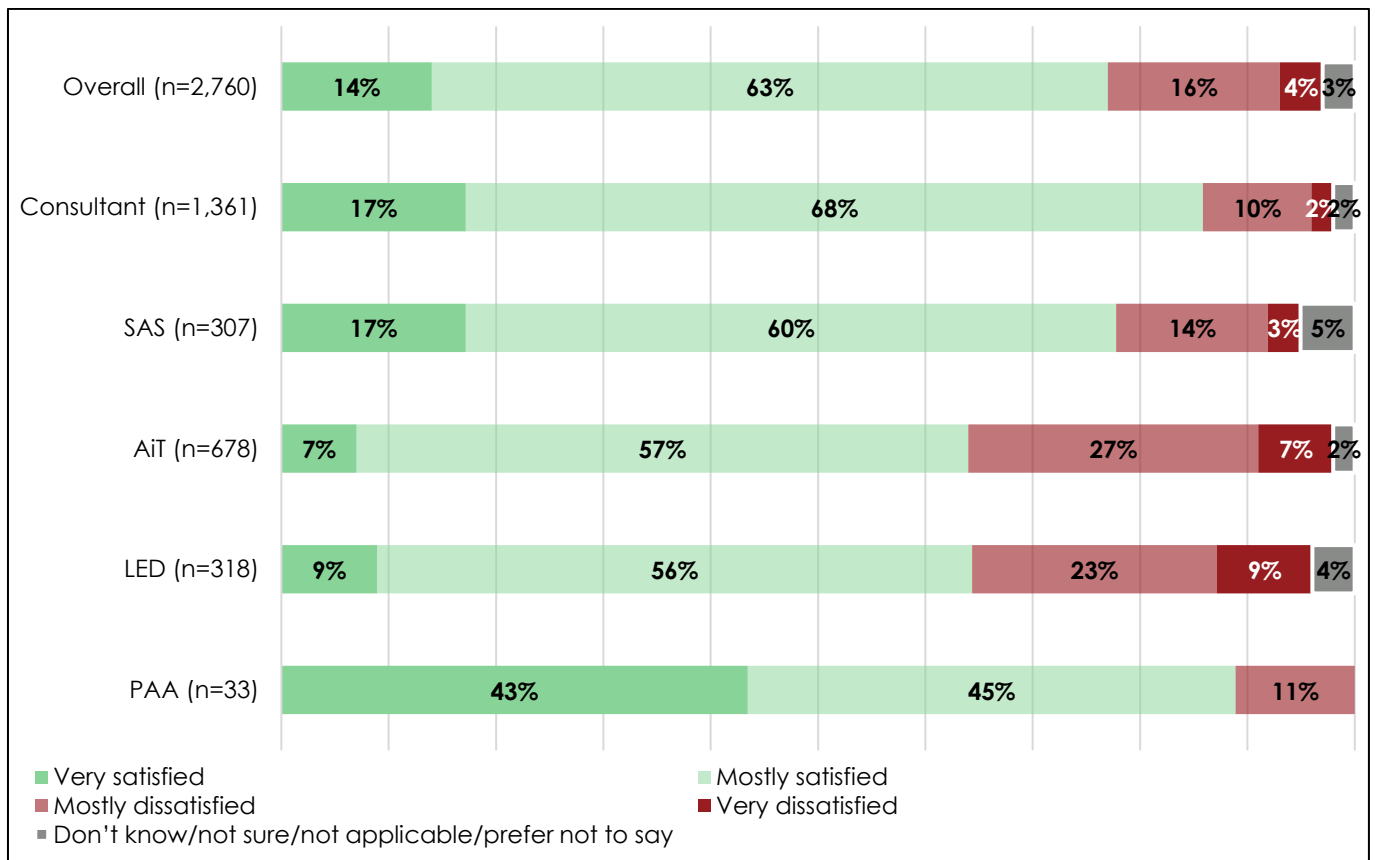
Satisfaction with the number of work hours was relatively high overall, with 77% of anaesthetic staff reporting they were satisfied and 21% dissatisfied. However, satisfaction levels differed by staff group.

Consultants were the most satisfied group, with 86% reporting satisfaction and only 13% dissatisfaction. PAAs also reported high satisfaction at 89%, and just 11% expressed dissatisfaction. SAS doctors came middle of the pack, with 77% satisfied and 17% dissatisfied.

In contrast, satisfaction was lower among AiTs and LEDs, at 64% and 65% respectively. Around third of AiTs (33%) and 31% of LEDs reported being dissatisfied with the number of hours they work.

Figure 48 – Satisfaction with number of hours by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Rotas

Satisfaction with the rotas anaesthetic staff work was generally high, with 77% of anaesthetic staff saying they were satisfied and 20% dissatisfied. However, again this varies by staff group.

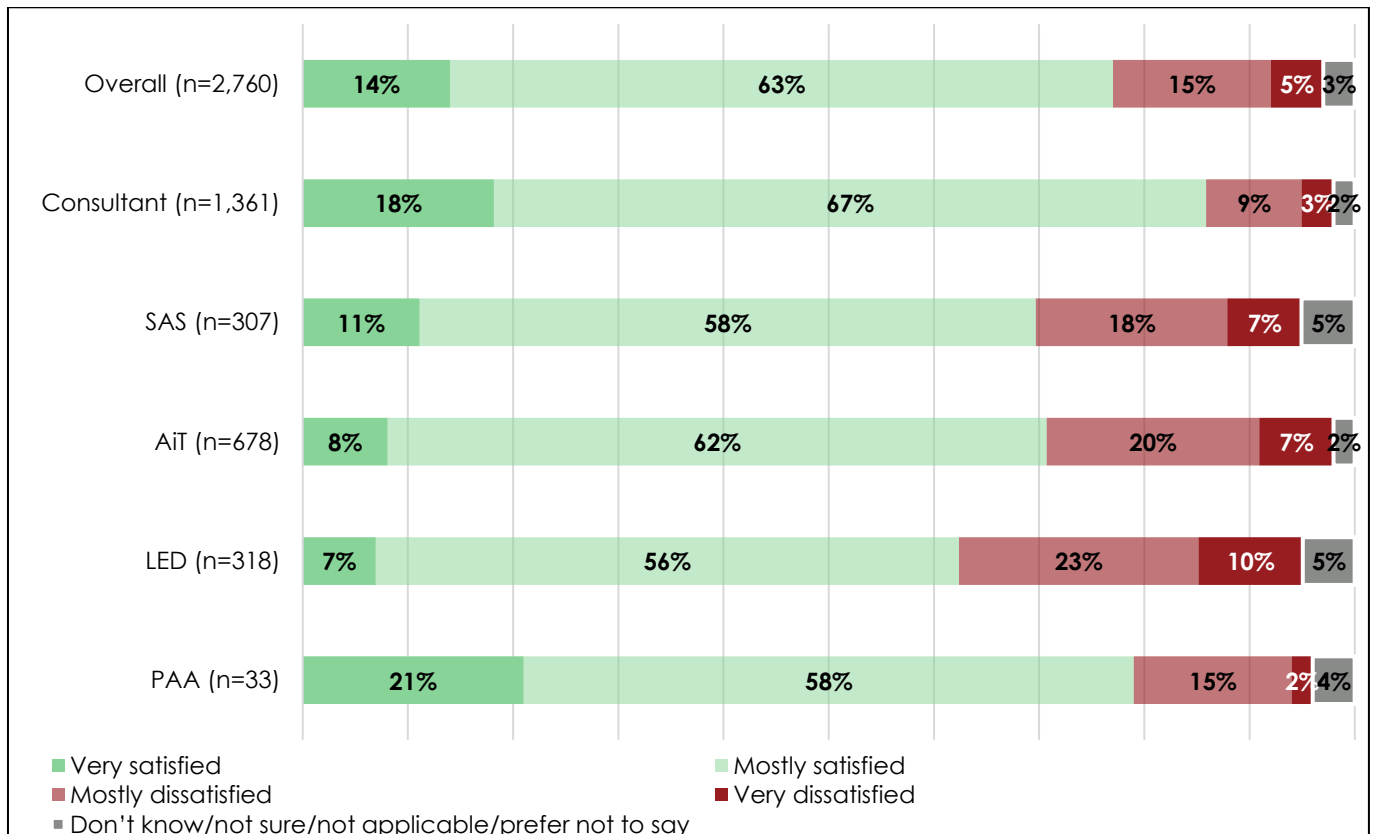
Consultants were again the most satisfied group, with 85% saying they were satisfied and just 13% dissatisfied. PAAs also reported high satisfaction levels, with 79% satisfied and 17% dissatisfied.

Satisfaction was lower among SAS doctors (69% satisfied, 25% dissatisfied) and AITs, 70% of whom were satisfied with their rotas, although over a quarter (27%) were dissatisfied.

The least satisfied group were LEDs, among whom only 63% were satisfied with their rotas and nearly a third (32%) were dissatisfied.

Figure 49 – Satisfaction with rotas by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Fair treatment

Three-quarters (73%) of anaesthetic staff reported feeling satisfied with the extent to which they are treated fairly at work, while 23% were dissatisfied. However, again there was variation by staff group.

AiTs were the most positive group, with 83% satisfied and just 15% dissatisfied. Consultants were also generally satisfied (73% satisfied, 24% dissatisfied). Satisfaction was lower among SAS doctors, of whom 65% were satisfied they were treated fairly and 28% were not. This trend continued among LEDs, who had lower satisfaction (62%) and higher dissatisfaction (35%).

PAAs were the least satisfied group overall. Only 55% were satisfied they were treated fairly, and 42% were dissatisfied.

Figure 50 – Satisfaction with being treated fairly at work by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Work-life balance

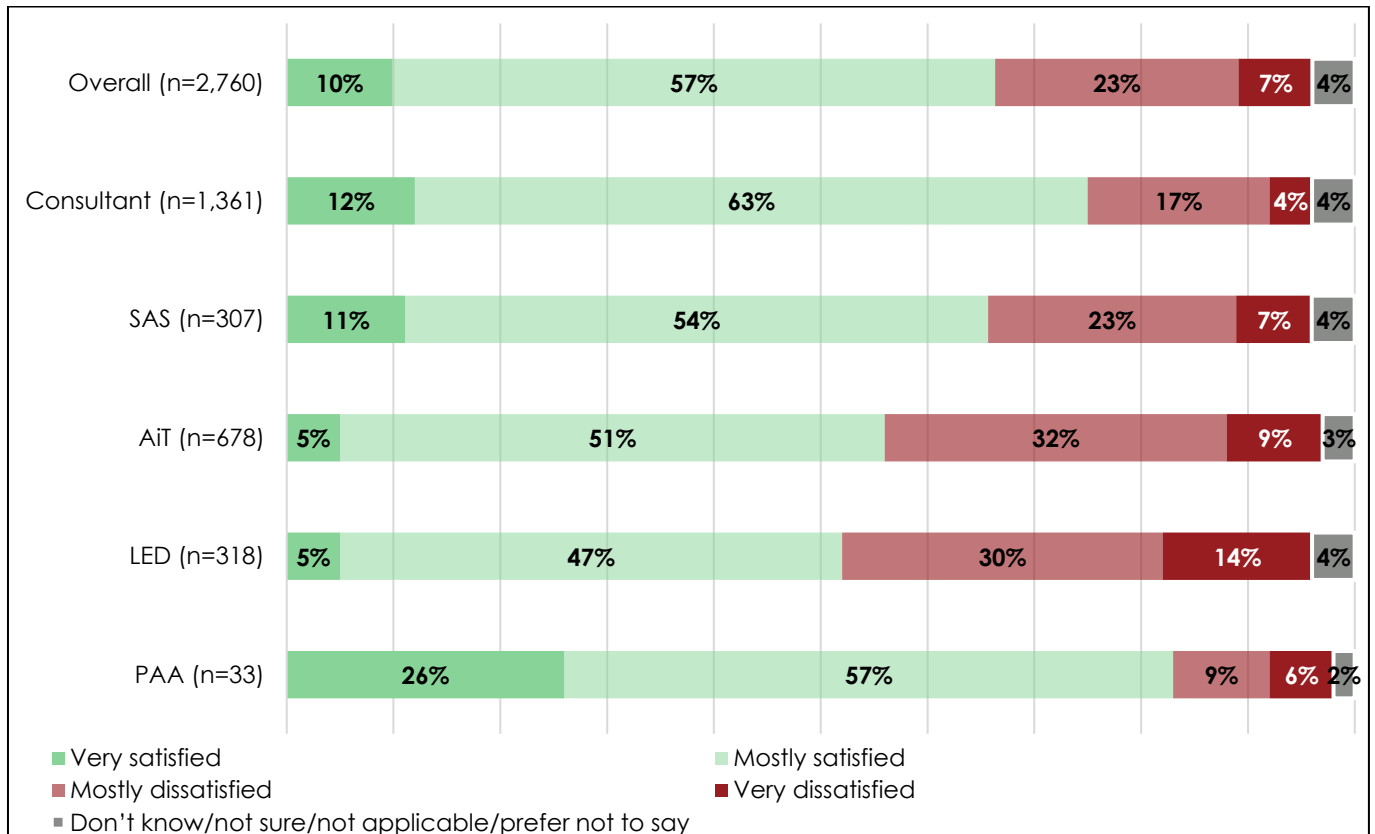
Overall, regarding work-life balance, 66% of anaesthetic staff were satisfied, while 30% were dissatisfied.

The most positive group was PAAs, with 83% satisfied and just 15% dissatisfied. Next were consultants, with 75% satisfied and 21% dissatisfied, and then SAS doctors with 65% satisfied and 30% dissatisfied.

Perceptions were worse among AiTs, with 56% satisfied and 41% dissatisfied. LEDs reported the worst work-life balance of all, with only half (51%) saying they were satisfied, while 45% were dissatisfied.

Figure 51 – Satisfaction with work-life balance by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Team support

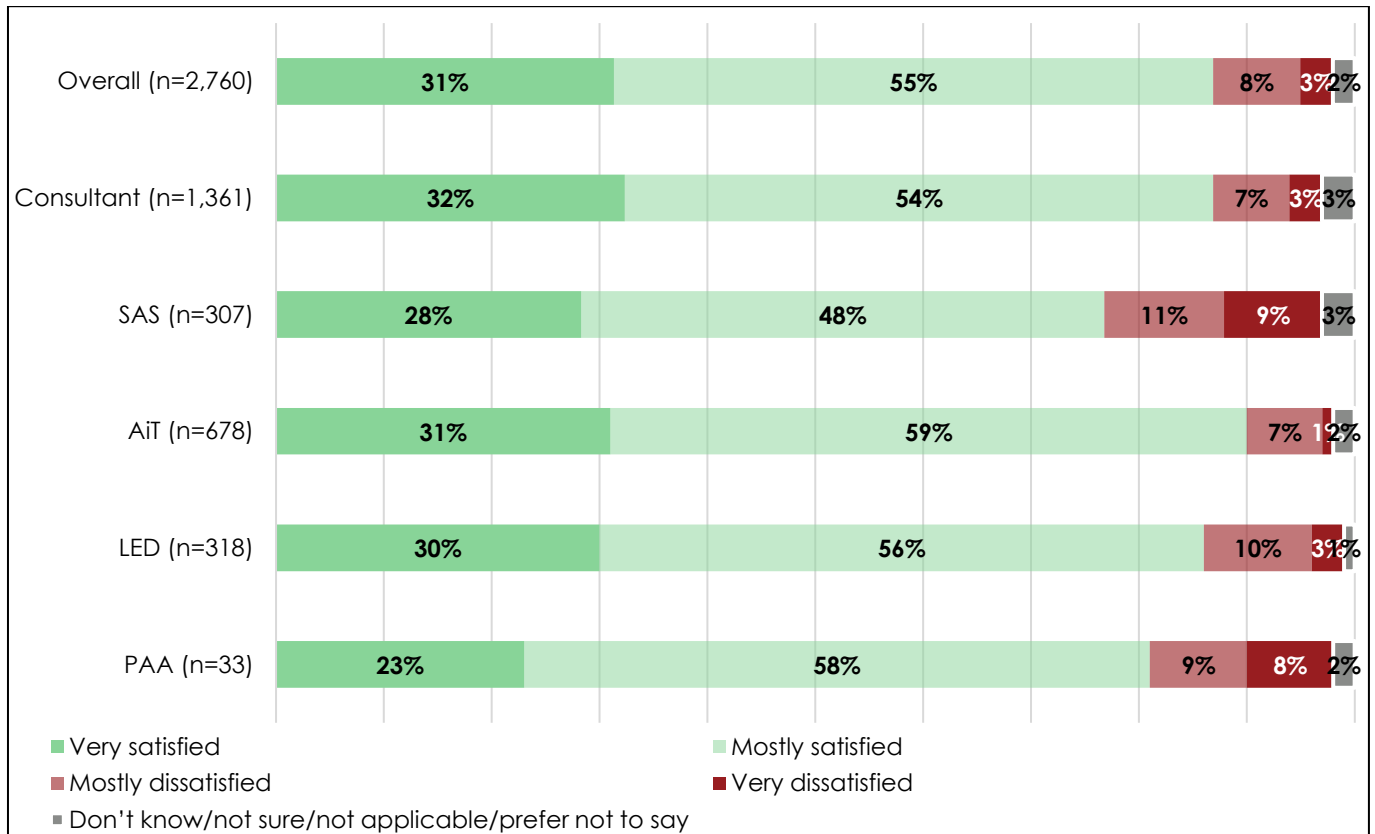
Most anaesthetic staff felt well supported by their team. Across the whole sample, 86% were satisfied with the support they received, while just 11% were dissatisfied.

Satisfaction was highest among AiTs, with 90% satisfied. Consultants and LEDs also reported high levels of satisfaction with team support, at 87% and 86% respectively.

SAS doctors and PAAs were slightly less positive. While the majority were satisfied (76% for SAS doctors and 81% for PAAs), the rates of dissatisfaction were 20% and 17% respectively.

Figure 52 – Satisfaction with team support by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Management/supervision

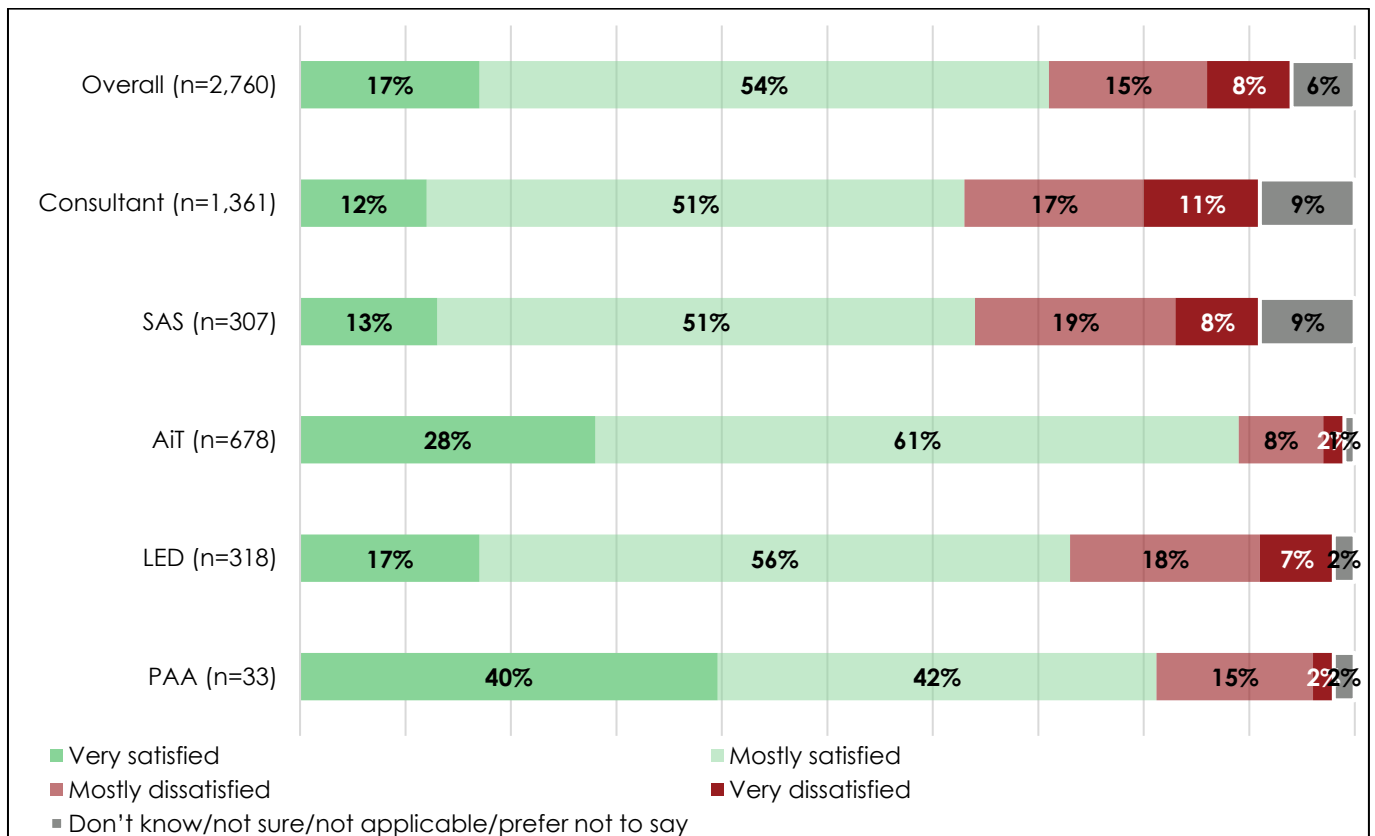
Overall, 71% of anaesthetic staff were satisfied with their management or supervision, while 23% were dissatisfied. However, this varied considerably between staff groups.

AiTs were again the most positive, with 89% saying they were satisfied, as were 73% of LEDs. Dissatisfaction among these two groups were also notably lower at just 10% and 25% respectively. PAAs were also largely satisfied, with 81% expressing satisfaction and 17% dissatisfaction.

In contrast, satisfaction was markedly lower among consultants and SAS doctors. Only 63% of consultants and 64% of SAS doctors were satisfied with their management or supervision, and dissatisfaction was significantly higher than other staff groups at 28% and 27%, respectively.

Figure 53 – Satisfaction with management/supervision by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Workload

Overall, 78% of the anaesthetic workforce were satisfied with their workload, with 20% expressing dissatisfaction.

PAs reported the highest satisfaction with their workload of all groups at 87%, and the lowest dissatisfaction at just 13%. A&Ts were the next most positive, with 82% satisfied and 17% dissatisfied. Consultants had similar satisfaction levels to the overall average (79%) and a dissatisfaction rate of 19%.

Of LEDs, 73% were satisfied and 22% dissatisfied. Satisfaction among SAS doctors was also 73%, but 25% reported dissatisfaction, the highest level of dissatisfaction across all staff groups.

Figure 54 – Satisfaction with workload by staff group

Base: 2,760 (Those working in the NHS, excluding student PAs and Crown Dependency responses)



Pay

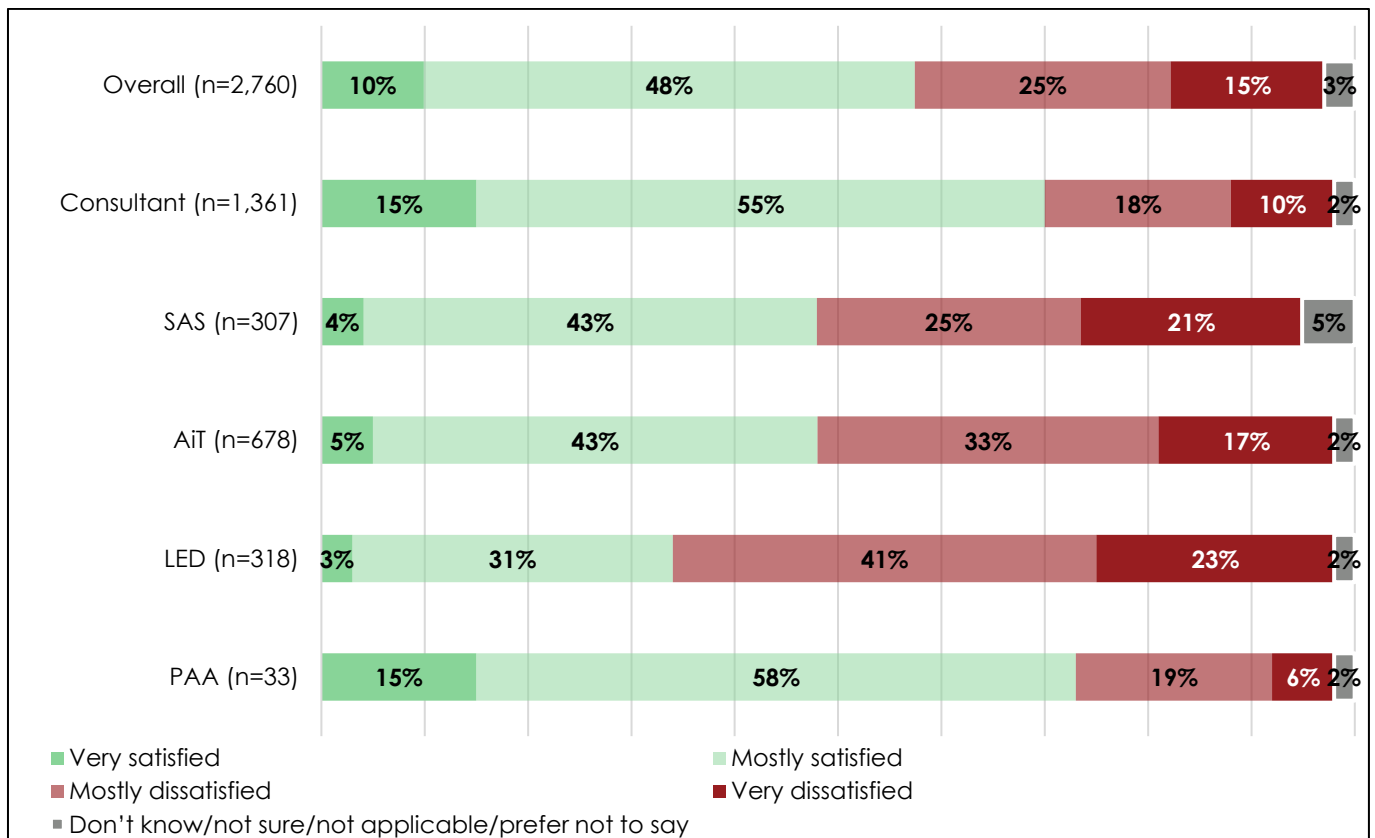
Satisfaction with pay varied widely across the anaesthetic workforce, with 58% of anaesthetic staff overall expressing satisfaction and 40% expressing dissatisfaction.

PAs also showed the highest levels of satisfaction, with 74% satisfied and 25% dissatisfied. Consultants were the next most satisfied group, with 70% reporting satisfaction and 28% dissatisfaction.

In contrast, LEDs reported the lowest satisfaction with pay, with just 34% satisfied, while 64% expressed dissatisfaction. SAS doctors and AiTs also reported relatively low satisfaction at 48% and 47% respectively, with dissatisfaction levels at 47% for SAS doctors and 50% for AiTs.

Figure 55 – Satisfaction with pay by staff group

Base: 2,760 (Those working in the NHS, excluding student PAs and Crown Dependency responses)



Computer/IT systems

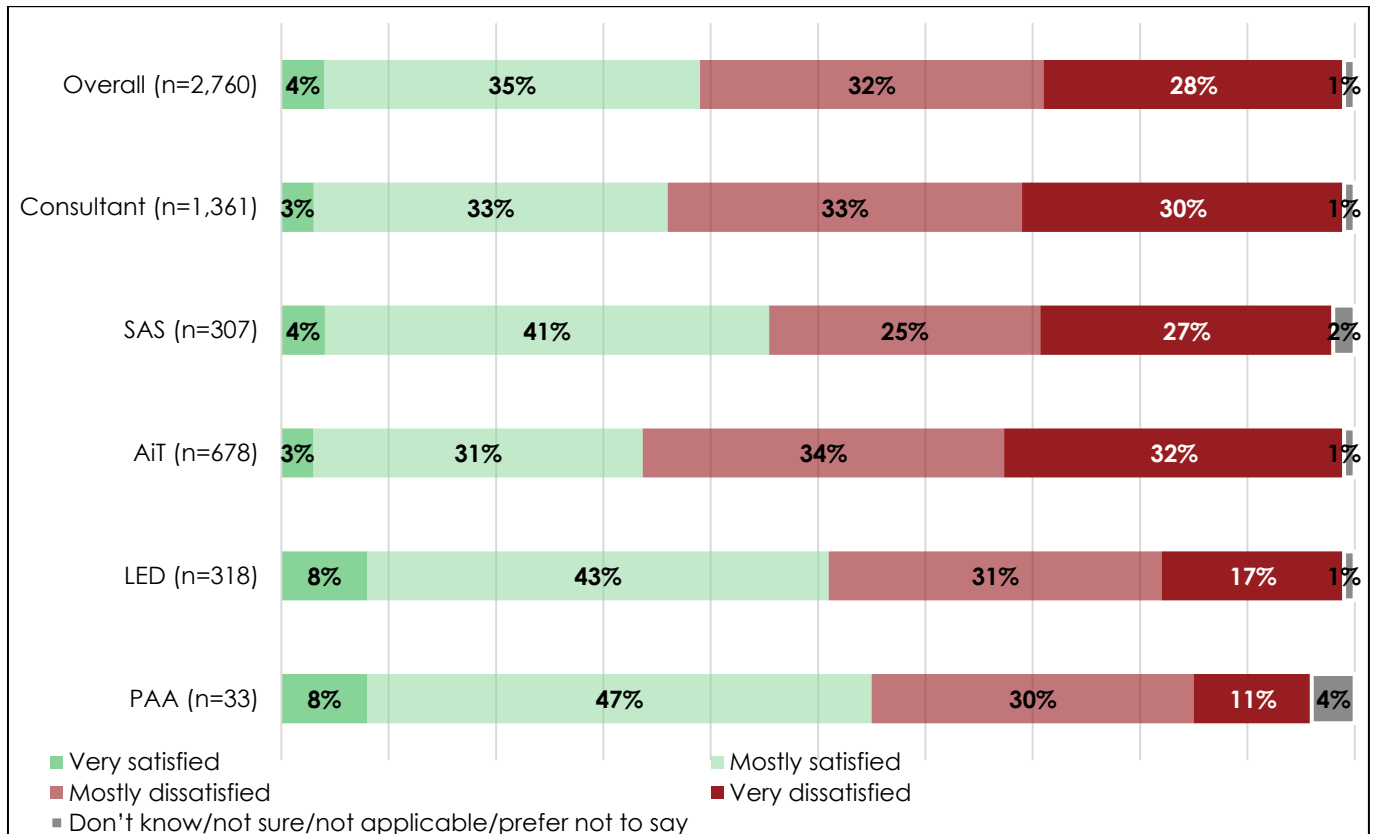
Satisfaction with computer and IT systems was relatively low across all staff groups, with only 39% of anaesthetic staff expressing satisfaction, and 60% reporting dissatisfaction.

The least satisfied group was AiTs, with 34% satisfied and 65% dissatisfied. Next were consultants, with 36% satisfied and 63% dissatisfied. Among SAS doctors, 45% were satisfied and 52% dissatisfied.

Satisfaction was slightly higher among LEDs, with 50% satisfied and 49% dissatisfied. The most satisfied group were PAAs, 55% reporting satisfaction and 42% dissatisfaction.

Figure 56 – Satisfaction with computer/IT systems by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Pension taxation

Satisfaction with the pension taxation regime was low overall, with just 16% of anaesthetic staff satisfied and 57% dissatisfied.

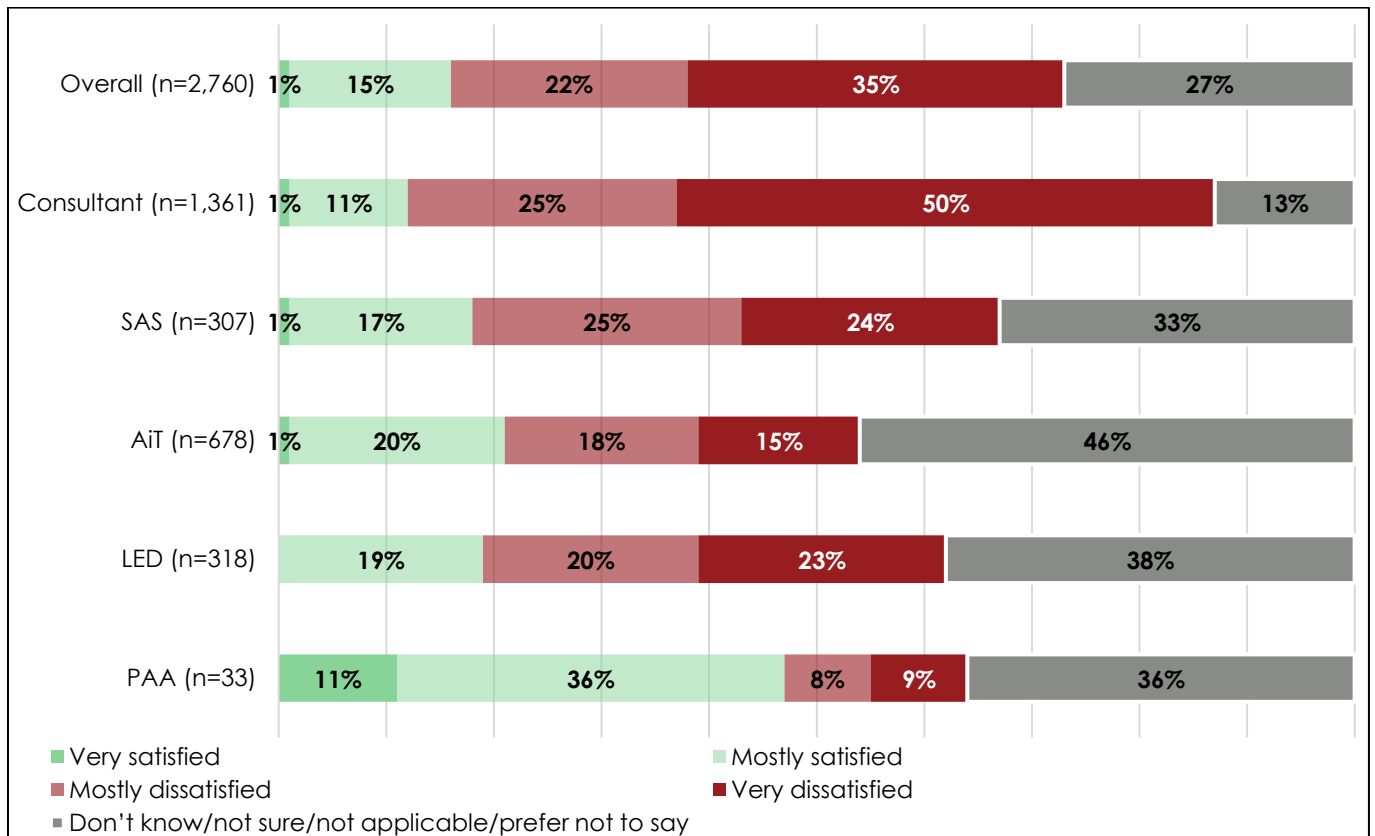
Consultants expressed the highest levels of dissatisfaction, with 76% dissatisfied and only 12% satisfied. They were followed by SAS doctors, with 49% dissatisfied vs 17% satisfied.

Results were slightly less negative among LEDs, with 43% dissatisfied and 19% satisfied, and AiTs, with 34% dissatisfied and 21% satisfied.

Satisfaction was higher among PAAs, with 17% dissatisfied and 47% satisfied.

Figure 57 – Satisfaction with current pension taxation regime by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



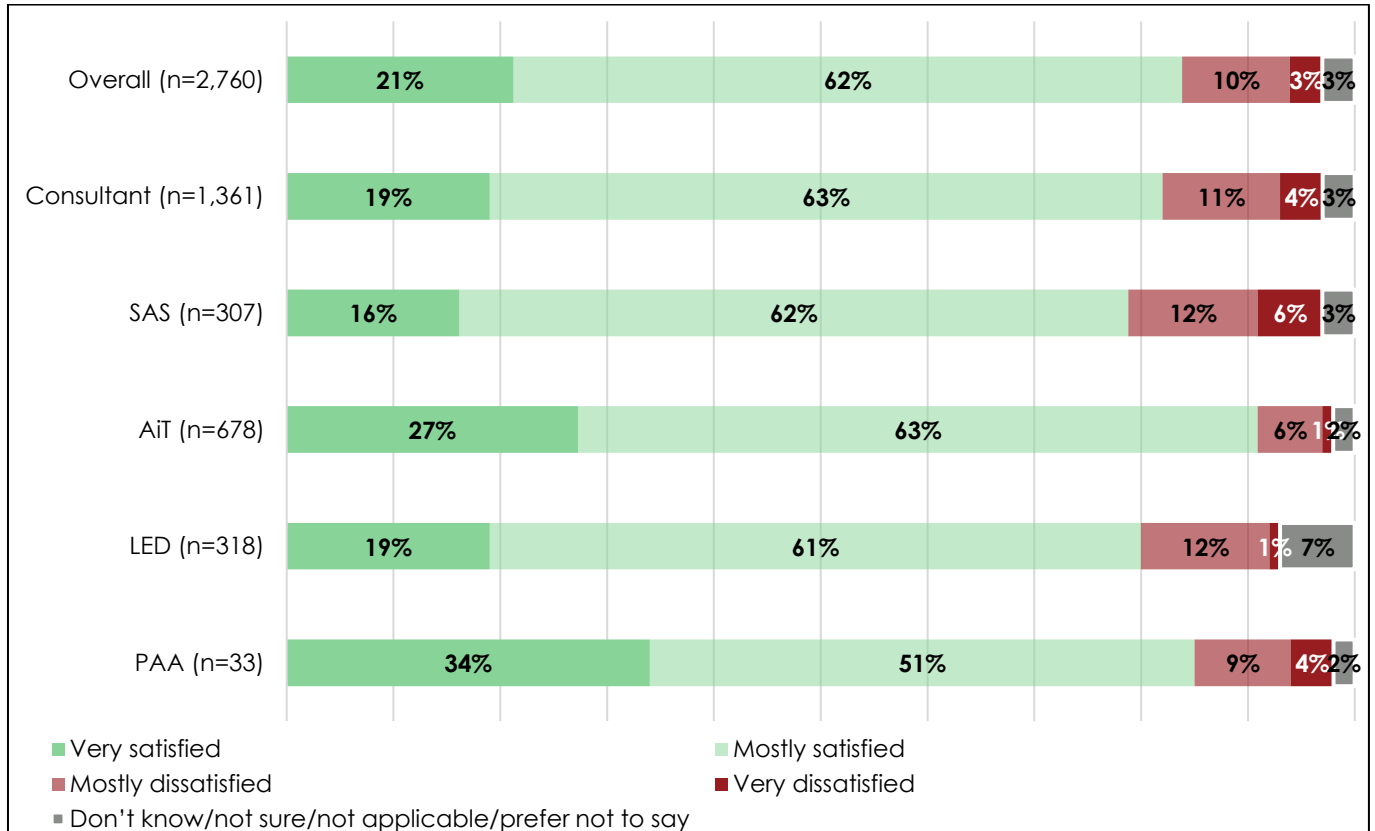
Safety of the working environment

Satisfaction with the safety of the working environment was generally high, with 84% of all anaesthetic staff satisfied and only 13% dissatisfied.

Among A&Ts, satisfaction was particularly high at 90%, with dissatisfaction at 8%. PAAs followed with 85% satisfied versus 13% dissatisfied. Among consultants, 82% reporting being satisfied vs 15% dissatisfied, and among LEDs, 80% were satisfied and 13% dissatisfied. SAS doctors were slightly less positive than others, with 78% satisfied vs 19% dissatisfied.

Figure 58 – Satisfaction with the safety of working environment by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Ability to provide high quality patient care

Overall, 81% of anaesthetic staff were satisfied with their department's ability to provide high quality patient care, while 16% were dissatisfied.

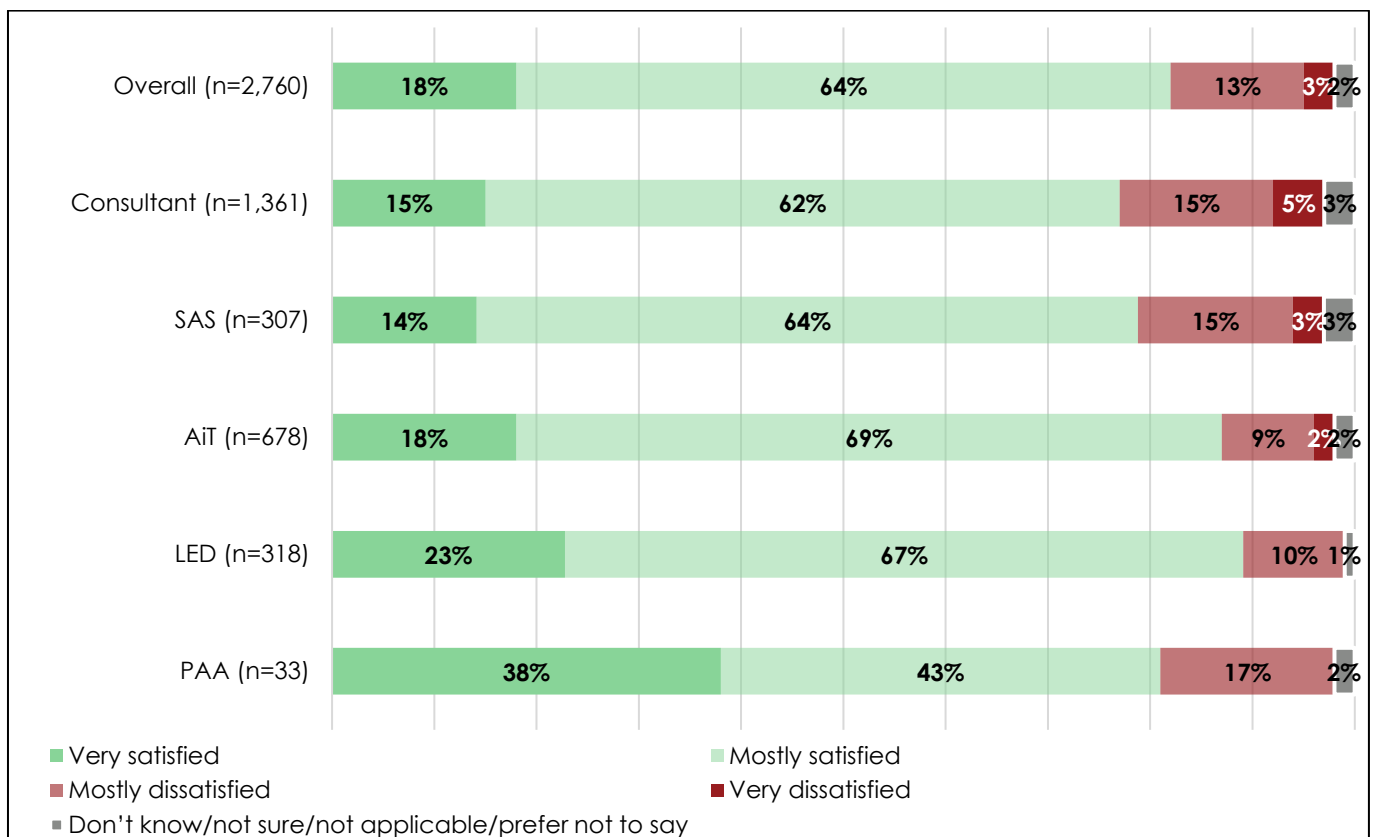
Satisfaction was highest among LEDs with 90% satisfied versus 10% dissatisfied. They were followed by AiTs, with 88% satisfied and 11% dissatisfied.

PAAs came middle of the pack, with 81% satisfied versus 17% dissatisfied.

SAS doctors were slightly less positive, with 78% satisfied and 19% dissatisfied, and consultants were least positive of all 77% satisfied and 20% dissatisfied.

Figure 59 – Satisfaction with ability to provide high quality patient care by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



Ability to influence

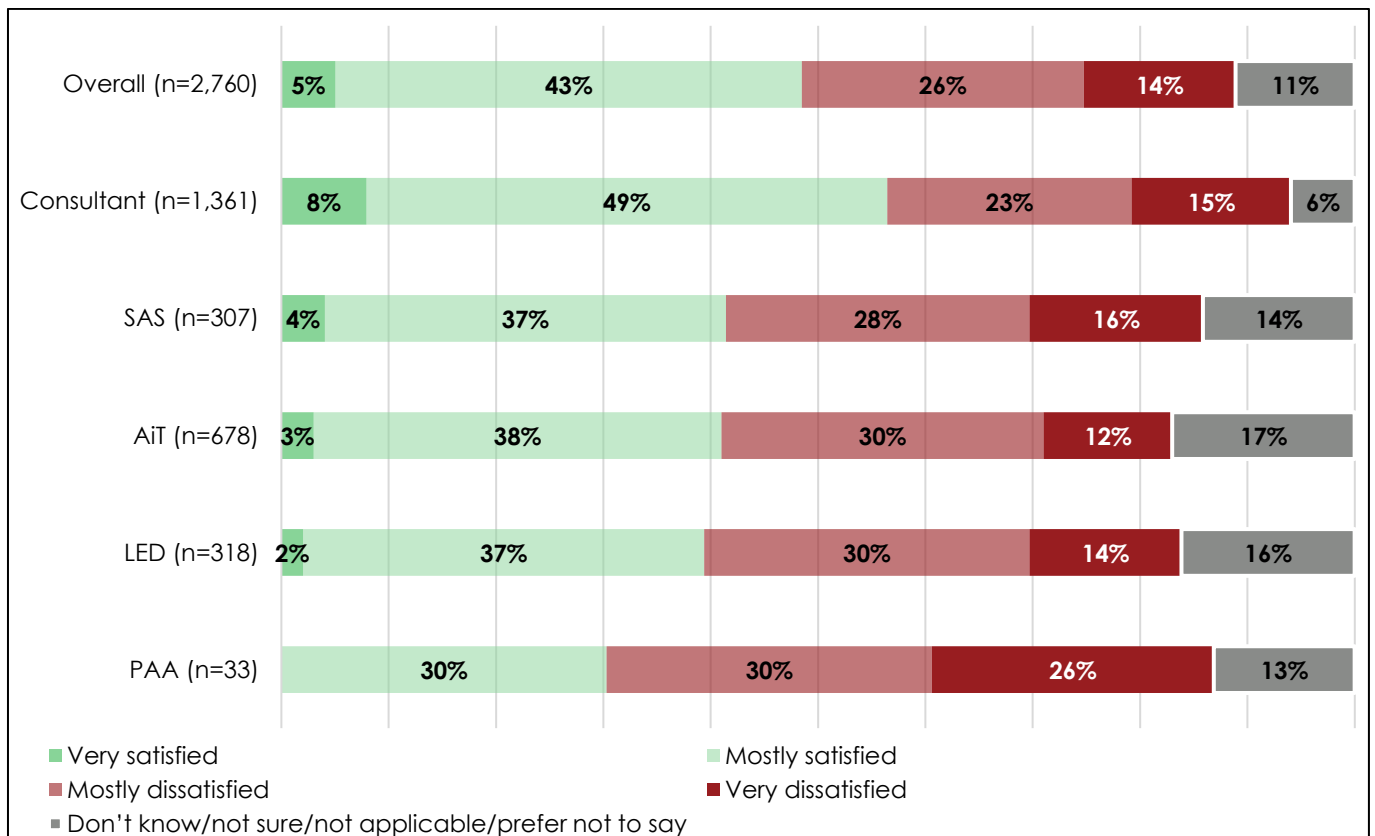
Just under half of anaesthetic staff (48%) were satisfied with their ability to influence how things are done in their department, while 40% were dissatisfied.

Consultants were the most likely to express satisfaction with their influence, with 56% satisfied and 38% dissatisfied. They were the only group where positive responses outweighed negative responses.

Satisfaction was lower among other staff groups. Among AiTs, 41% were satisfied versus 41% dissatisfied. Among SAS doctors, 41% were satisfied versus 44% dissatisfied, and among LEDs 39% were satisfied versus 45% dissatisfied. The least satisfied group was PAAs, where 30% were satisfied and 57% dissatisfied.

Figure 60 – Satisfaction with ability to influence how things are done in department by staff group

Base: 2,760 (Those working in the NHS, excluding student PAAs and Crown Dependency responses)



11 Food and drink

Introduction

The Census explored the experiences of anaesthetic staff in terms of accessing food and drink during their working day, including their access to healthy options and whether there is sufficient time to eat and drink. These aspects of working life are important for individual wellbeing, and safe and effective patient care.

Key findings

- **Overall access:** 63% of anaesthetic staff reported good access to some kind of food and drink (whether that was healthy or unhealthy), whereas over a quarter (28%) reported poor access.
- **Access to healthy food and drink was limited:** Only 30% of anaesthetic staff reported good access to healthy food and drink in hospital. Access was reported slightly better by consultants (33%) and SAS doctors (34%), than AiTs (25%), LEDs (23%) and PAAs (26%).
- **Access to unhealthy food:** Unhealthy food options were more commonly available than healthy ones, with 33% saying food and drink were accessible but unhealthy. This was particularly reported by AiTs (43%), PAAs (47%) and LEDs (38%).
- **Limited time to eat and drink during shifts:** Just one third of anaesthetic staff (33%) said they had time to eat or drink every day or almost every day when working at their hospital, while a further three in ten (31%) said they had time on just over half of working days.
- **Variation by staff group:** 51% of AiTs, 43% of PAAs, and 39% of LEDs reported having time to eat or drink every day compared to 24% of consultants and 24% of SAS doctors.
- **Age differences:** 48% of 20-29-year-olds saying they had time to eat or drink every day or almost every day, compared to 24% of those aged 50-59.

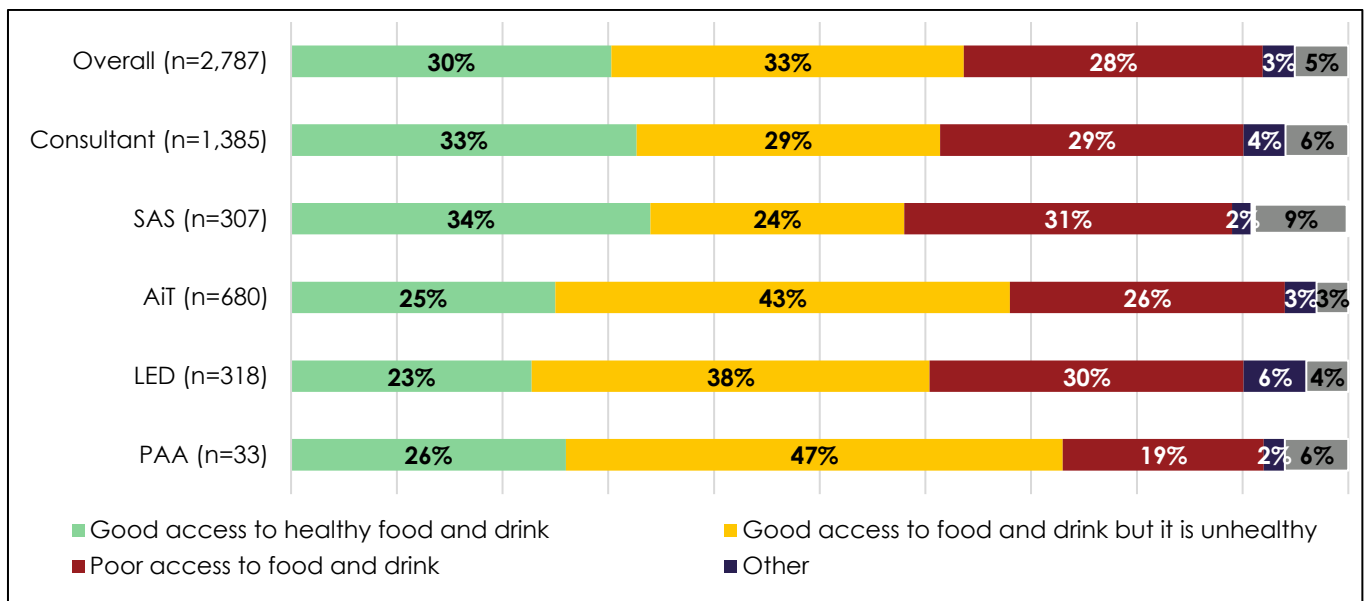
Access to food and drink

Just under three in ten anaesthetic staff (30%) said they had good access to healthy food and drink in their hospital. Consultants (33%) and SAS doctors (34%) were more likely to report this, while AITs (25%), LEDs (23%) and PAAs (26%) were less likely.

A third (33%) said they had good access to food and drink, but that it was unhealthy. This view was most commonly reported by PAAs (47%), AITs (43%) and LEDs (38%), compared with 29% of consultants and 24% of SAS doctors. A further 28% said they had poor access to food and drink overall. SAS doctors (31%) and LEDs (30%) were slightly more likely than average to report this, while PAAs (19%) were least likely to do so.

Figure 61 – Access to food and drink in hospital by staff group

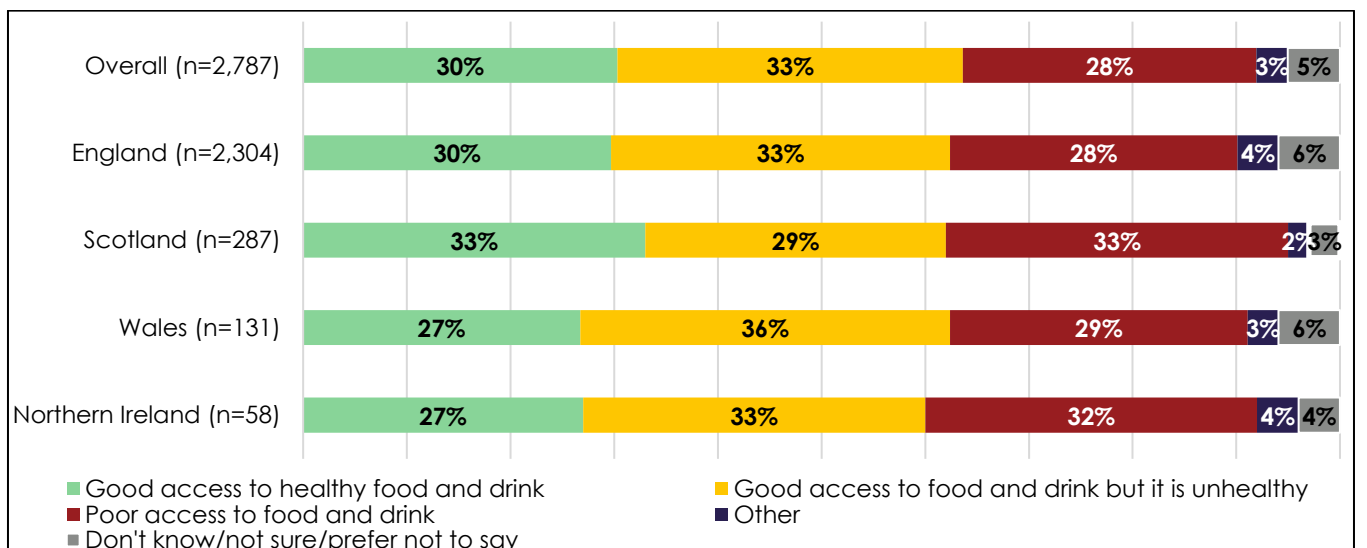
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Respondents in Scotland were most likely to report having good access to healthy food and drink, at 33%, compared with 30% in England, 27% in Northern Ireland, and 27% in Wales, although the differences were not significant. By contrast, respondents in Wales (36%) were more likely to report that while they had good access to food and drink, the options were unhealthy. This compares with 29% in Scotland. Reported poor access to food and drink was highest in Scotland (33%) and Northern Ireland (32%).

Figure 62 – Access to food and drink in hospital by nation

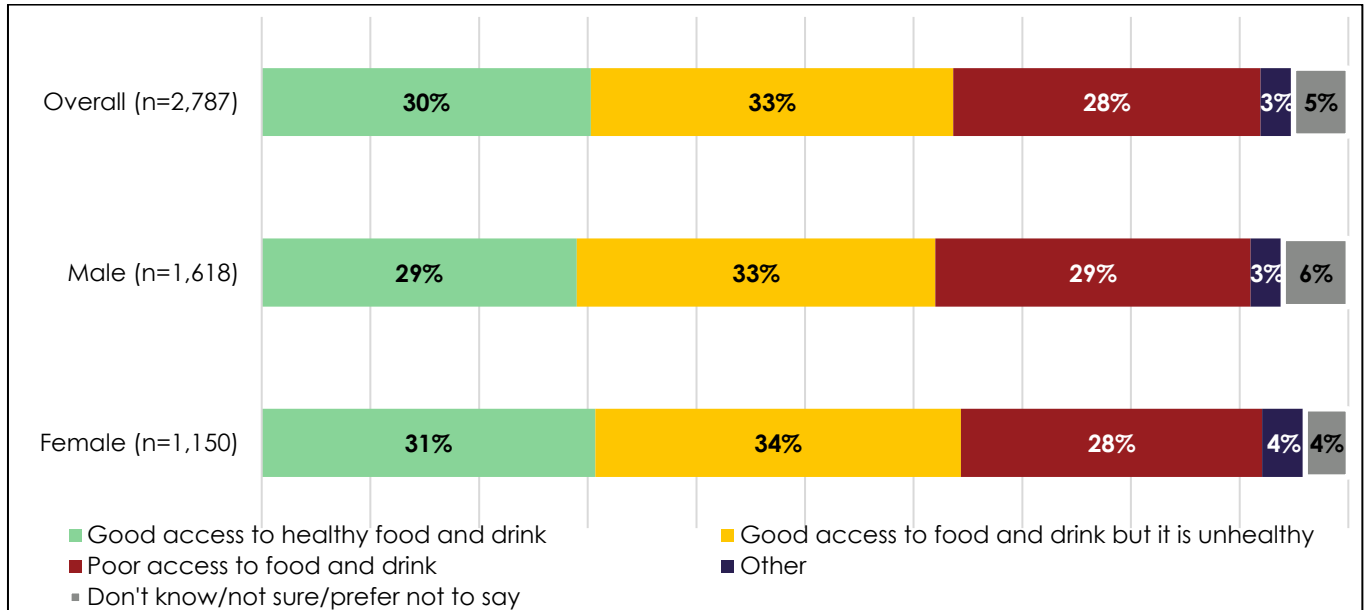
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



There was little difference by gender, with similar proportions reporting they had good access to healthy food and drink, good access to unhealthy food and drink, and poor access.

Figure 63 – Access to food and drink in hospital by gender

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



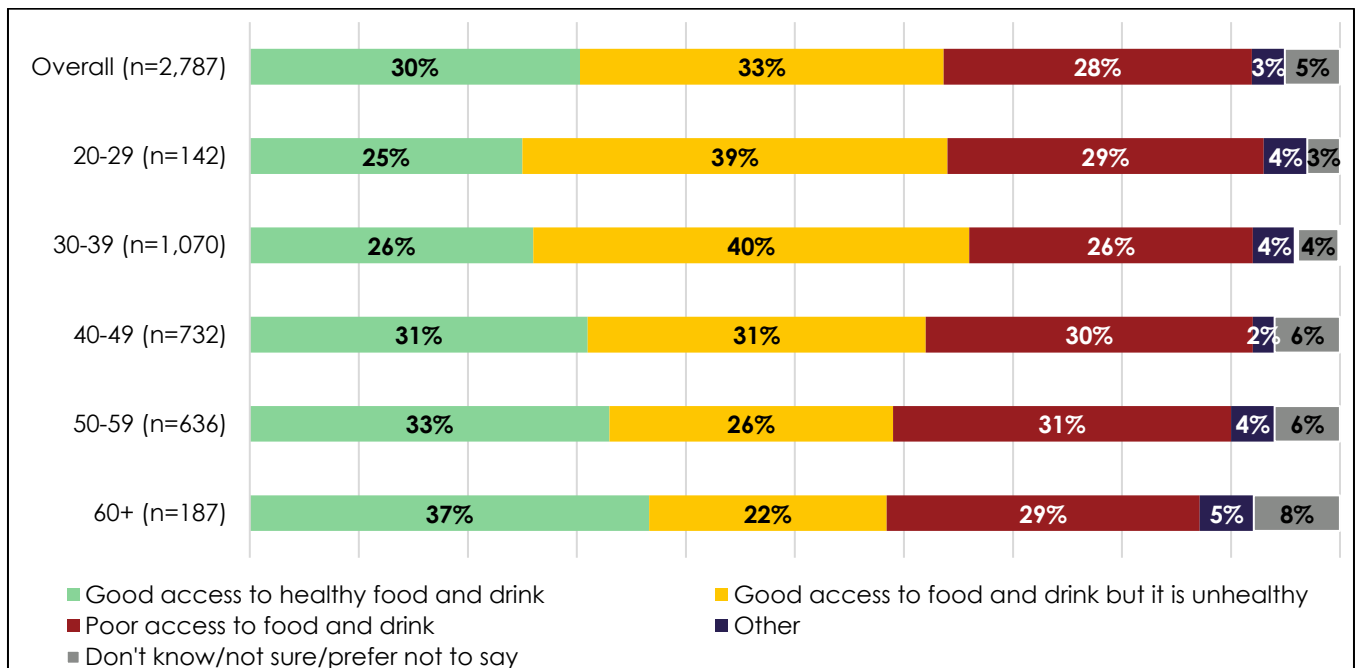
Reported access to healthy food and drink increased with age. While only 26% of respondents aged 30–39 and 25% of those aged 20–29 said they had good access to healthy options, this rose to 31% among those aged 40–49, 33% for those aged 50–59, and 37% for those aged 60 and over.

The youngest respondents were more likely to say they had access to food and drink that was unhealthy: 39% of 20–29-year-olds and 40% of 30–39-year-olds gave this response, compared with just 22% of those aged 60 and over.

Reports of poor access to food and drink were relatively consistent across age groups, ranging from 26% among 30–39-year-olds to 30% among those aged 40–49, 31% of those aged 50–59, and 29% of those aged 60+.

Figure 64 – Access to food and drink in hospital by age

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Time to consume food and drink

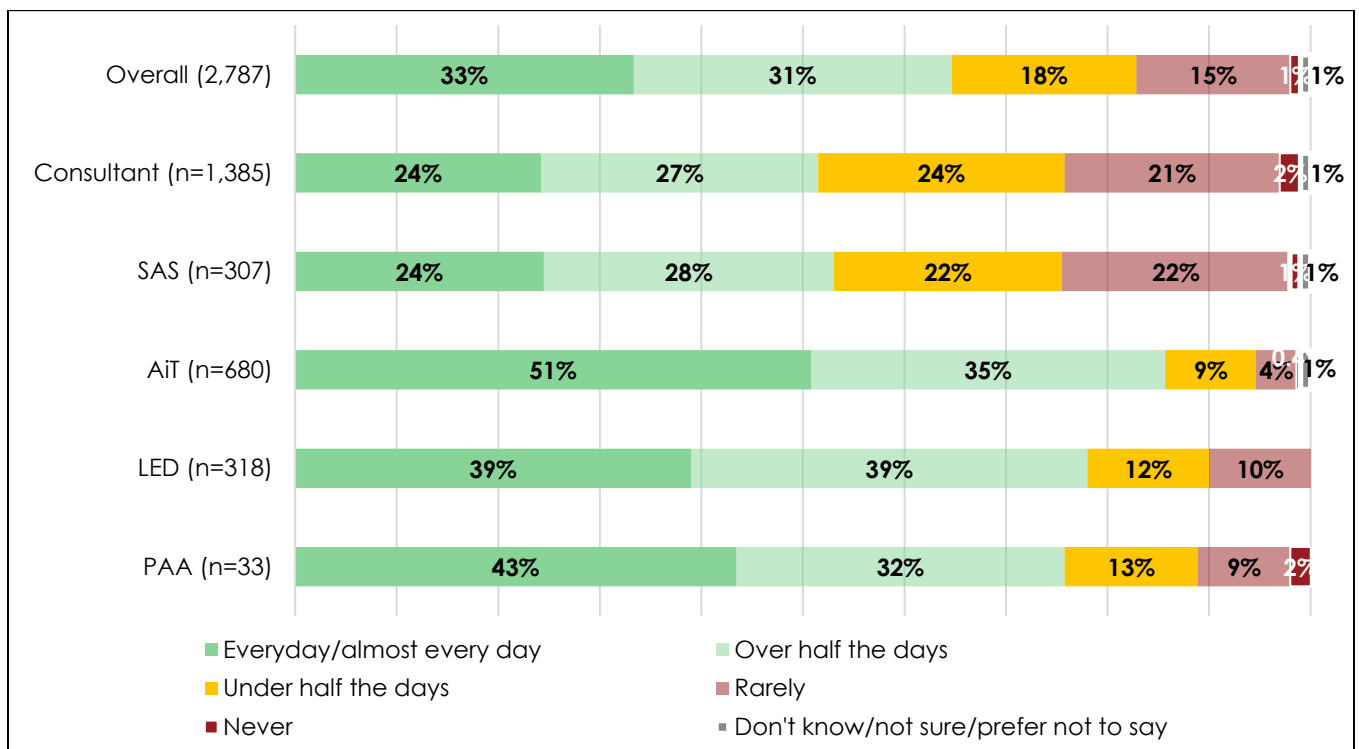
Overall, around a third of anaesthetic staff (33%) said they had adequate time to consume food and drink every day or almost every day when working in hospital, and a further 31% said they had time on over half the days. However, nearly one in five (18%) said they had time on under half the days, 15% said they rarely had time, and 1% said they never did. Taken together, over a third (34%) said they regularly lacked adequate time to eat or drink while at work.

Responses varied considerably by staff group. AiTs were the most likely to report having enough time, with over half (51%) saying they did every or almost every day, and a further 35% saying they did on over half the days. PAAs also responded positively, with 43% saying they had time every day or almost every day and 32% on over half the days. Most LEDs also had time to eat or drink on most days (39% every day or almost every day and 39% over half the days), though 10% said they rarely had time.

Consultants and SAS doctors were least likely to have adequate time. Just 24% of both groups said they had time every day or almost every day. Consultants and SAS doctors were also more likely than others to say they rarely had time to eat or drink (21% and 22% respectively).

Figure 65 – Time to consume food and drink in hospital by staff group

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Responses varied by nation. Respondents in Wales were the most likely to report having adequate time to eat and drink during their working day, with 45% saying they did so every day or almost every day. A further third (32%) reported having time on over half the days. Just 11% said they had time on under half the days, and the same proportion (11%) said they rarely did. Only 1% reported never having time to eat or drink.

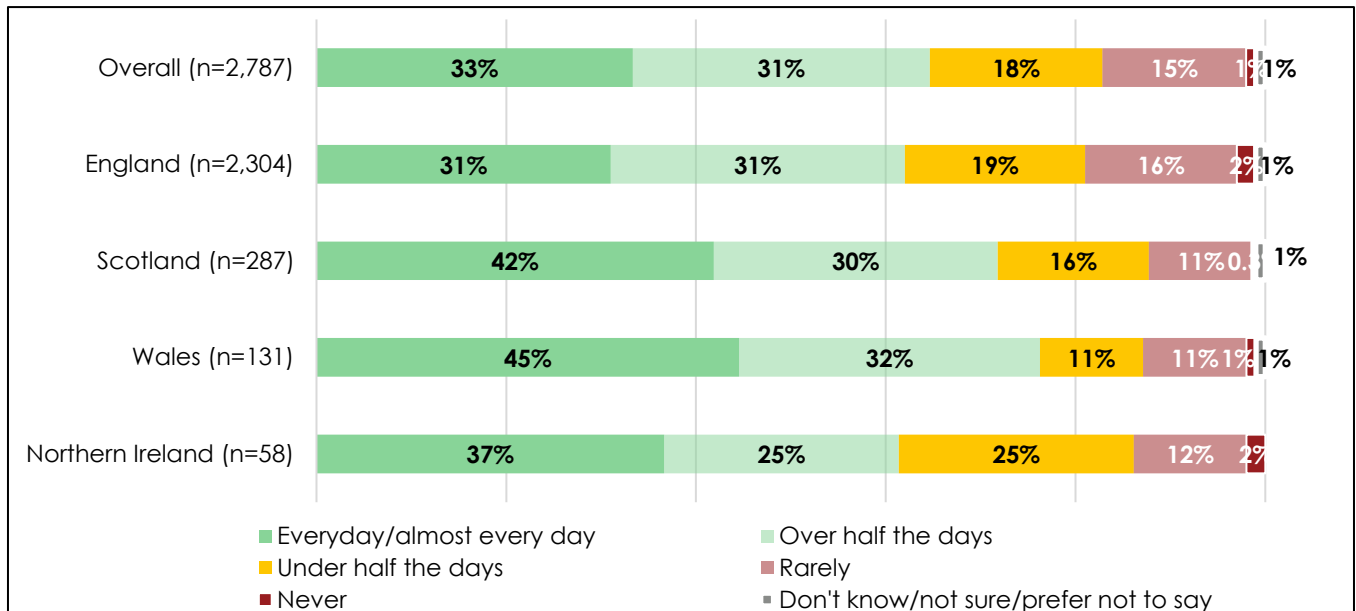
Respondents in Scotland also gave relatively positive feedback, with 42% saying they had enough time every or almost every day and 30% saying they had time on over half the days. Just over a quarter (27%) said they had time on under half the days or rarely.

In Northern Ireland, over a third (37%) said they had time every or almost every day, and a further 25% said they had time on over half the days. However, nearly a quarter (25%) said they had time on under half the days, and 12% said they rarely did.

In England, only 31% of respondents reported having time to eat or drink every or almost every day, the lowest proportion across the four nations. A further 31% said they had time on over half the days, but one in five (19%) said they had time on under half the days, and 16% said they rarely did.

Figure 66 – Time to consume food and drink in hospital by nation

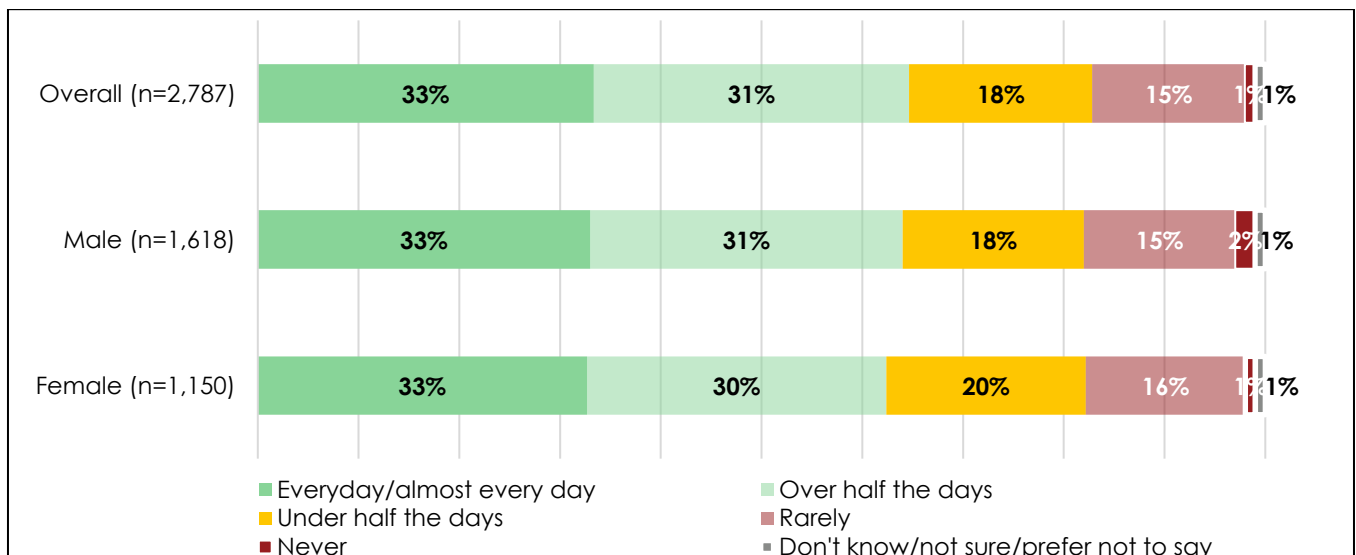
Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Responses to this question were similar among male and female respondents.

Figure 67 – Time to consume food and drink in hospital by gender

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Younger respondents were more likely than older age groups to report having regular time to eat and drink during hospital shifts. Over half (48%) of those aged 20–29 said they had adequate time to eat every day or almost every day, and a further 40% said this was the case on over half of days. Just 5% said they had time only on under half the days, and 7% said they rarely did.

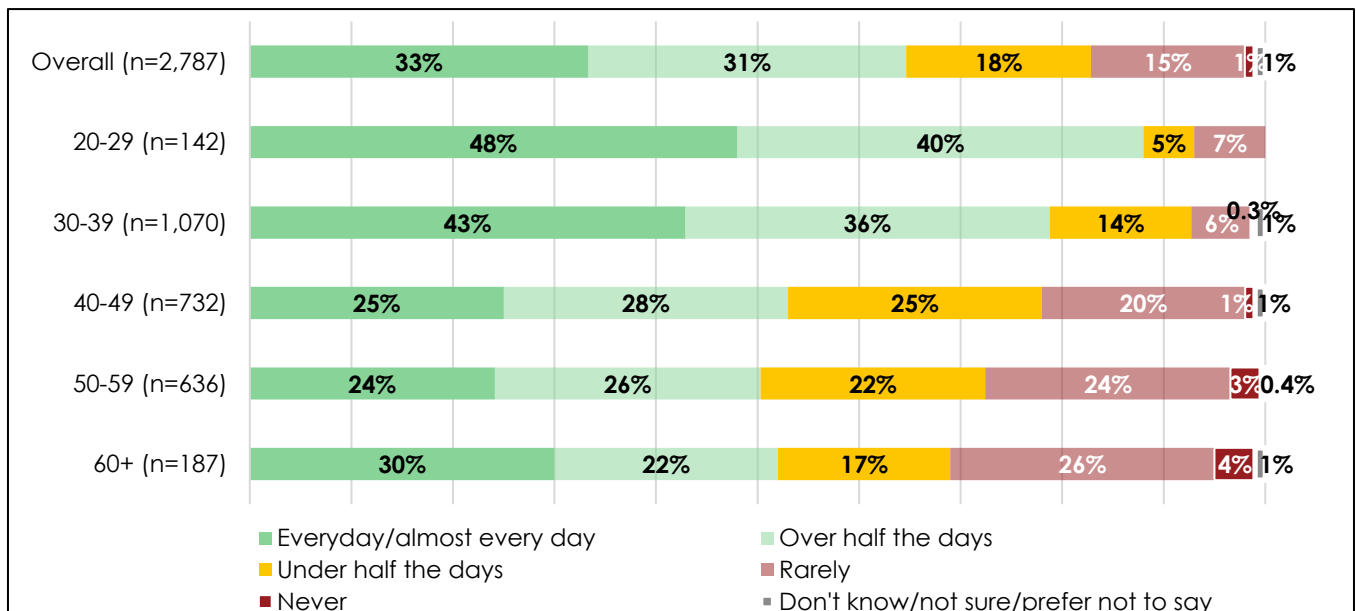
Among those aged 30–39, 43% said they had adequate time every day or almost every day, and 36% said they did so on over half the days. Just 6% and 14% respectively reported rarely having time or having time on under half the days.

By contrast, only a quarter of those aged 40–49 and 50–59 said they had time to eat every day or almost every day (25% and 24%), and similar proportions said they did so on over half the days (28% and 26%). These age groups were also more likely to report having time on under half the days (25% and 22%) or rarely (20% and 24%).

Respondents aged 60+ reported slightly more regular time to eat than those in their 40s and 50s, with 30% saying they had time every day or almost every day and 22% over half the time. However, this group was also among the most likely to say they rarely had time to eat (26%).

Figure 68 – Time to consume food and drink in hospital by age

Base: 2,787 (Excluding student PAAs and Crown Dependency responses)



Report authors

Andrew Cameron
 Research Director
 Enventure Research

Peter Kunzmann
 Head of Policy and Public Affairs
 Royal College of Anaesthetists