

**KING'S FUND  
PROJECT PAPER**

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**STAFF ATTITUDES  
AND OPINIONS**

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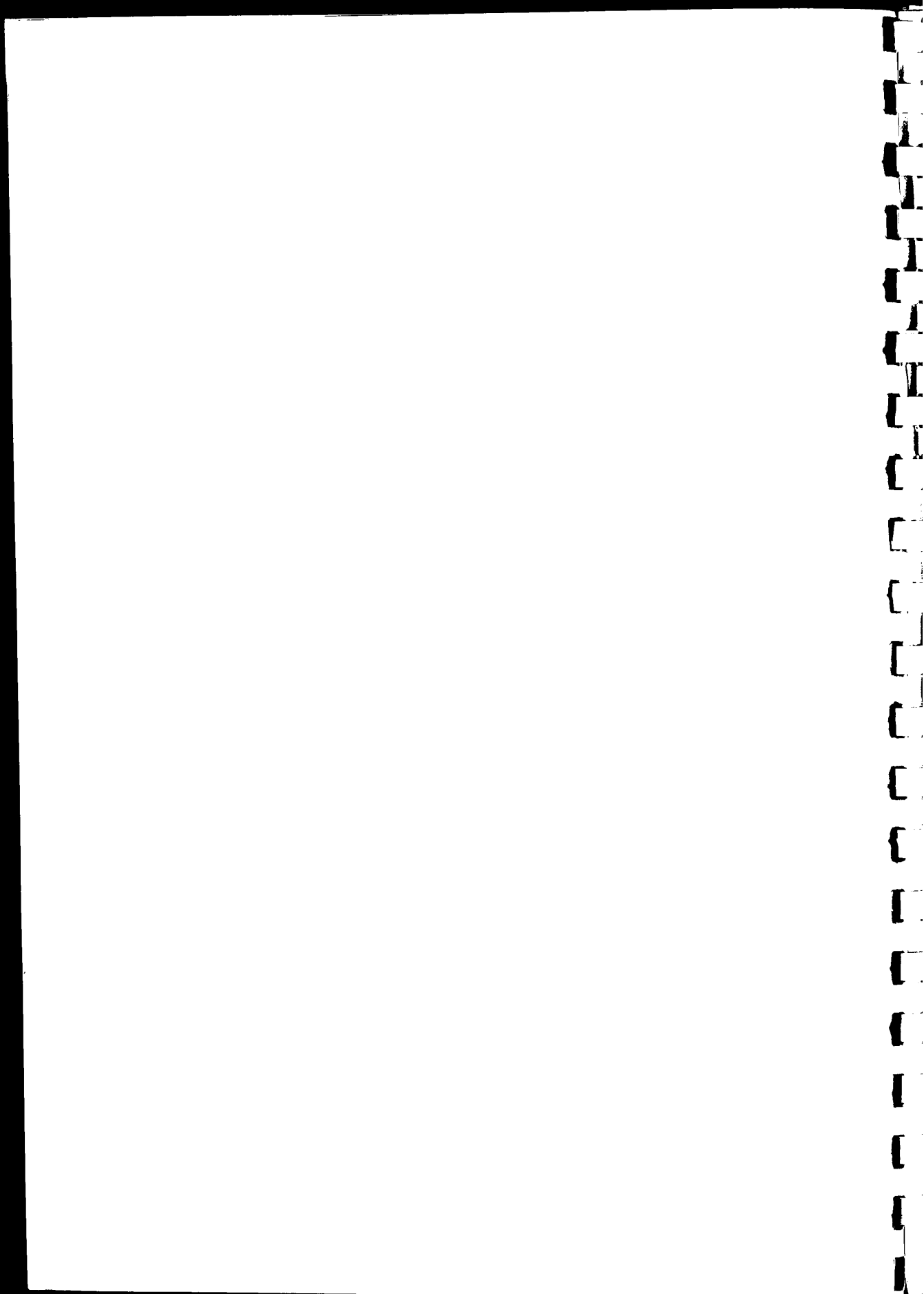
STAFF ATTITUDES  
AND  
OPINIONS

Report to King Edward's Hospital Fund  
on a survey of Staff Attitudes and Opinions  
in the London Hospital Group

March 1974

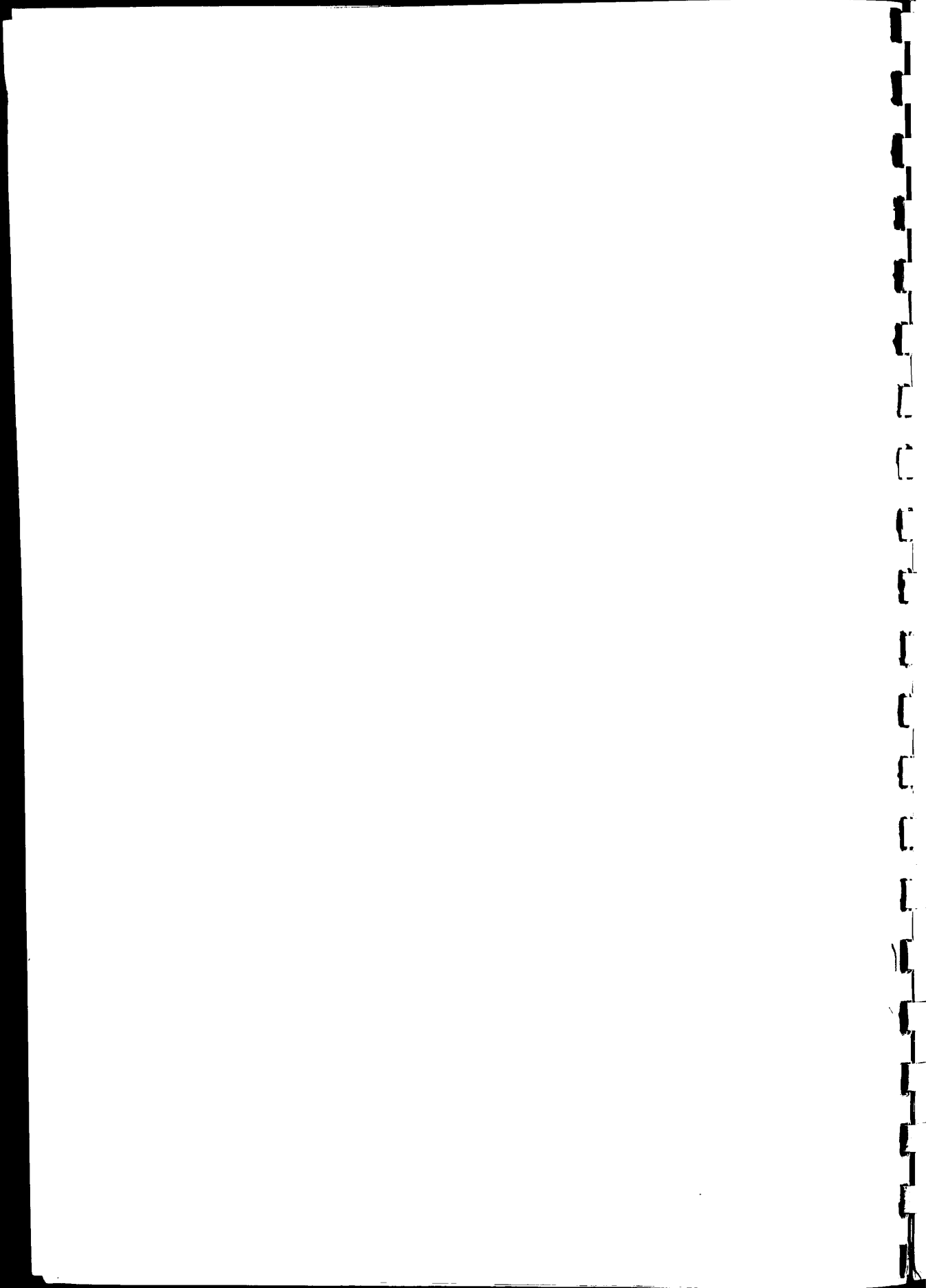
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## 1 Introduction

Employee opinion surveys are becoming increasingly common in organizations. Such surveys are carried out for a variety of reasons, usually in order to diagnose the state of morale in the organization, and to discover employees' attitudes on a wide range of aspects of their employment situation. The organization is then in a better position to take action to maintain and improve its strengths as an employer, as revealed by the survey, and to rectify its weaknesses.

In 1972 a survey of staff attitudes and opinions was carried out in the London Hospital Group. The survey covered all staff in the Group, and (in principle) all aspects of the work situation. As far as we know this survey was the first of such wide scope in the hospital service in the U.K. (Surveys involving particular categories of hospital staff, such as nursing staff, have been carried out before.) The survey was conducted by the Ashridge Management Research Unit, and partly funded by the King Edward's Hospital Fund for London. Detailed reports on the survey were presented to the House Governor of the London Hospital Group in April 1973.

In view of the fact that the survey was an innovation in the hospital field, we feel that its broader aspects may be of interest to a wider audience. Moreover, some of the results are of significance not merely to the London Hospital Group, but have implications of more general interest. While this report, therefore, is addressed to the King Edward's Hospital Fund for London, it is hoped that it will be suitable for circulation to other hospitals and organizations. The scope of this report is accordingly different from that presented to the London Hospital Group. It does not present the full range of detailed points arising from the survey, since the majority of these are chiefly of interest to those working within the Hospital Group. We have, however, selected a small number of results from the survey, which we believe are related to issues of widespread interest in the hospital service, and we have drawn attention to some wider implications of the overall view emerging from the survey.

In presenting these selected results, we have attempted to avoid the technical language of survey design and statistics, and to present the points mainly in terms of their practical implications. On the other hand, we have felt that it may be of some value to describe the administrative requirements of the survey, and the research procedures which were involved. This description is intended in part to indicate the practical difficulties involved in administering an opinion survey within a large hospital organization. It also gives some indication of the scale of effort which is involved. Such information may be of use to others who are considering or planning the use of employee opinion surveys, either as researchers or as hospital administrators. (The sections concerning survey administration methods are not essential for an understanding of the later sections of the report, in which the survey's results are discussed.)

Finally, the report outlines some suggestions for future application of employee opinion surveys in the hospital field. We believe that survey methods have much to offer, both as a means of improving communications in large organizations, and as a tool for collecting information which can have considerable bearing on personnel policy. Hopefully, the study reported here will contribute towards these practical goals.



## 2 Acknowledgements

We would like to thank the many individuals and organizations who gave help with the survey. The survey was initiated by the Hon J.L.C.Scarlett, House Governor of the London Hospital Group, who retired during its course. Mr M.J.Fairey assisted throughout the study, latterly as House Governor. Many of the Group's administrative officers and staff assisted with the detailed arrangements for the survey. Much help was given by consultants, heads of departments, and members of the nursing administration. Above all, there were very many individuals who participated in interviews and completed questionnaires.

Our special thanks are due to the King Edward's Hospital Fund for London, for financial assistance in the project, and to the Science Research Council's Atlas Computer Laboratory which provided computing facilities free of charge.

### 3 Brief Description of the London Hospital Group

The London Hospital Group was formed in 1967 from three neighbouring hospitals, all of which had been in existence for over 100 years. The largest hospital, at Whitechapel, in the East End of London, has over 700 in-patient beds and a large out-patient department (the largest in the country). At Whitechapel there are a medical college, schools of nursing, physiotherapy, and radiography, a dental institute and an institute of pathology. There are about 3700 staff in all.

About a mile away is a hospital at Mile End. This is a general hospital with over 400 beds and about 900 staff. Close by it is the psychiatric hospital of St Clement's with 130 beds and about 300 staff. Nurses are trained at both these hospitals; Mile End also trains midwives.

In addition to these three hospitals, there are three convalescent homes outside London. Together these homes have about 70 staff.

#### 4. Scope and Objectives of the Survey

An attitude and opinion survey was first considered by the London Hospital Group as a means of finding out the main strengths and weaknesses of the Group as perceived by its employees. This would be of benefit to the Group's management in planning its personnel policies, in guiding its efforts at maintaining and improving staff morale, and in seeking ways to increase retention of staff within the Group. The London Hospital Group also wished to find out what had first attracted its staff when they applied to join the Group. This information would be of use in attracting new employees. As well as gathering information for the hospitals' management, the survey would also be a means whereby individual staff members could communicate directly with the Group's management.

After discussions with senior members of the London Hospital Group, the survey commenced. The following was the broad scope of the survey:

- a) As far as possible the survey was to cover all categories of staff in the hospitals, to enable inter-group comparisons to be obtained, and an overall view of the organization climate developed. In fact, the only groups omitted were medical and dental students.
- b) Participation in the survey was to be open on a voluntary basis to all staff in the categories included, rather than to just a sample. Participation by staff was to be voluntary and any remarks made confidential to the researchers.
- c) For the previous two reasons, the primary means of data collection would have to be a structured questionnaire. This would be administered anonymously to provide a guarantee of confidentiality to the respondents.
- d) The questionnaire instrument would be specially developed to measure opinions on topics particular to the London Hospital Group, as well as topics which are general to all kinds of organizations. It was not possible, therefore, to use a standard questionnaire.
- e) The survey was to cover all aspects of staff's employment situation. In particular, aspects over which the London Hospital Group has little or no control (such as pay, for example) would not on this count be excluded.

## 5 Survey Methodology

The following procedures were adopted by the researchers:

### A Interviews and Discussion

In the first place interviews and small-group discussions were conducted with the Group's employees. The number of interviews was rather large, partly due to the researchers' unfamiliarity with the hospital environment, but also due to the complexity of the hospitals' occupational structure, and the multiplicity of the issues vying for attention in the survey. In all, some 400 staff were seen by the researchers.

The interviews and discussions were semi-structured, that is, people were invited to talk about any aspect of their employment, but were also prompted to make comments on certain broad topics if they did not spontaneously do so. The interviews or discussions were mainly between half an hour and an hour in duration.

### B Questionnaire Design

As a result of the analysis of the interviews, it became clear that while there were many topics which were of interest to all groups of staff in the hospitals, there were also issues which were of interest to some groups, but of no interest to others. To have included questions dealing with all these topics in a common questionnaire for all staff would have involved asking each respondent numerous questions of no concern to him. Such a course would have run the danger that a respondent might decline to answer the questionnaire, judging that it was of little relevance to him. However the salience of some of these topics to the appropriate groups of staff meant that the researchers could not consider omitting them. Separate questionnaires were thus designed for the major groups of staff: medical staff, nursing staff, professionally and technically qualified para-medical staff, and lay (clerical, secretarial, and ancillary) staff.

Each of the four questionnaires designed had a similar layout, and a large number of common items. Each of them can be regarded as substantially the same measuring instrument, and thus the objective of one survey for all staff, enabling inter-group comparisons, has been realised. But in addition, the special items in each questionnaire enabled exploration in some depth of a wide range of topics of interest to certain groups of employees - a far wider range than would have been possible with only one questionnaire.

The structure of each of the questionnaires was as follows:

- (a) Demographic questions - seeking the respondent's sex, age, and so on.

In view of the wide range of types of staff in hospitals, there were a comparatively large number (over 10) of such questions.

These questions permitted analysis of the questionnaire results by different categories of staff, and thus enabled inter-group comparisons to be made.

- (b) Opinion questions - seeking the respondent's views on a range of aspects of his employment situation. The items in this section of the questionnaires can be considered in broad "subject areas" The main areas identified are:

- the work itself
- the London Hospital Group as an employer
- prospects and training
- job security and intentions concerning future employment
- supervision
- organization and staffing
- pay
- working conditions, and the environment of the hospitals
- status between staff groups
- social life
- communications and information
- the "atmosphere" in the London Hospital Group
- the formation of the Group
- patient care

There is of course a certain amount of overlap between some of these topics.

Within each subject area there were some items designed to find out the respondent's general degree of satisfaction, and others designed to find out his views on specific points. These items enabled a picture to be obtained of the Group's strengths and weaknesses, as seen by its employees, and the main sources of satisfaction and dissatisfaction of staff to be identified.

In view of the complexity of some of the issues, the number of items was quite large (about 120).

- (c) Overall satisfaction - an item where staff rated their satisfaction as employees. This question has been used in many previous surveys as a measure of overall morale. Previous research has shown that morale, as measured by self-ratings of overall satisfaction, is linked with absenteeism and labour turnover.
- (d) Reasons for joining - Respondents were asked a question designed to find out why they had initially joined the Group. This took the form of a list of "reasons for joining", from which respondents were asked to choose those which had applied to them.

- (e) Values items - designed to find out the values staff in the London Hospital Group sought to satisfy in their work. These took the form of a list of aspects of the job (for example, communications, working conditions, etc). Respondents were asked to rate how important each of these aspects was to them in their work, and this enabled relative values to be inferred.

These questions were included because of certain distinctive features of the hospital environment. Chief amongst these are the non-profit-making nature of a hospital's task, and the emphasis instead on patient care, with its associations of public service. There are also in a hospital a wide range of different occupational groups - wider than normally found in organizations. The special task orientation of hospitals and the apparent differences between various groups of staff, suggested that it would prove particularly illuminating to investigate the values of staff in the Group.

- (f) Leadership style questions - the complex authority-structure in the Group led to the inclusion of a number of items designed to find out the individual's attitude to various types of styles of leadership that might be shown towards him by his superior. The questions used derive from previous research in a variety of organizations where it has been found that an important dimension of leadership concerns the extent to which decision-making is shared between superior and subordinates. Although this is by no means the only significant dimension of leadership, it is one of particular relevance at the present time because of its connection with general issues of staff participation and consultation.

The inclusion of all of these items meant that the questionnaire was a long one. The length was primarily due to the large number and complexity of the issues arising as a result of the interviews and discussions with the different categories of staff.

As this was the first time that a large scale survey had been carried out among all groups of staff in a hospital, it was not known which of these issues would turn out to be of relatively more importance than others. It was not possible, therefore, to omit any of the topics as a result of previous experience or research.

#### C Questionnaire Pretesting

When the draft questionnaires had been devised, they were discussed with the Group's management who made a number of suggestions for their improvement.

Each draft questionnaire was also pretested with a small sample of potential respondents. Some 30 people took part in all. The procedure consisted of asking an individual to complete a section of the questionnaire, and then carrying out an interview to test understanding and establish the reasons given for choosing particular answers.

The pre-testing led to a number of modifications of questionnaire items. It was also found that certain questions suitable for clerical, secretarial, and supervisory ancillary staff did not work reliably with other ancillary staff. These questions were accordingly omitted for non-supervisory ancillary staff.

#### D Questionnaire Administration<sup>\*</sup>

Because of the complex organization of the hospitals, and the fact that different individuals were to receive different questionnaires, it was decided to distribute the questionnaires in individually named envelopes through the Group's internal post, for completion at work by the respondent. Each questionnaire was accompanied by a letter explaining the purpose of the survey, stressing its anonymity and confidentiality and seeking the respondent's co-operation. A reply-paid envelope addressed to the research team was also enclosed. Two reminder letters were subsequently distributed internally. Posters reminding staff of the survey were also displayed on notice boards.

<sup>\*</sup> Examples of the questionnaires used for medical and nursing staff are given in Appendices A and B.



## 6 Presentation of results to the London Hospital Group

The length and variety of the questionnaires meant that the report to the Hospital Group was a complex one. In fact five separate reports were presented to the House Governor:

### Four detailed reports on the major staff groups

There were separate reports for each of the four major occupational groups in the hospitals (lay, professional & technical, nursing, and medical staff). Each of these four reports had the same structure:

- (i) A brief outline of the survey procedures was given.
- (ii) The main results were presented for the staff group in question, including some of the more important differences between subgroups of staff, and general comments made on some of the broader implications of the results.
- (iii) The detailed results were presented from the survey. These were broken down by topics. Within each topic there was an overall interpretation, and consideration of a number of specific points of detail. Comparisons were made between various sub-groups of staff. The results were illustrated where appropriate by tables of figures.
- (iv) More detailed figures were provided in an appendix, which also included a copy of the questionnaire.

### One general report on the survey as a whole

There was also a report on the survey as a whole, which compared the four major staff groups, pointing out similarities and differences between them. This general report summarised the main findings of the other four reports, though without dealing with the results in detail. It also compared the hospital survey with some previous research. The general report thus provided an overview of the survey results, which were presented in detail in the other four reports.

### 7 Use of Survey Results

Of what benefit are survey results? First, they enable one to determine areas of satisfaction and dissatisfaction to staff, and the chief perceived strengths and weaknesses of the organization as an employer. This enables the organization to order its priorities in any action program - both to safeguard the strengths, and to rectify the weaknesses.

Sometimes a survey reveals areas where more or less immediate action is possible to change some unpopular aspect of the organization. In the hospital survey, some complaints about working conditions were of this nature. Usually, however, immediate changes in the organization are only possible as a response to a few of the more specific or "concrete" criticisms.

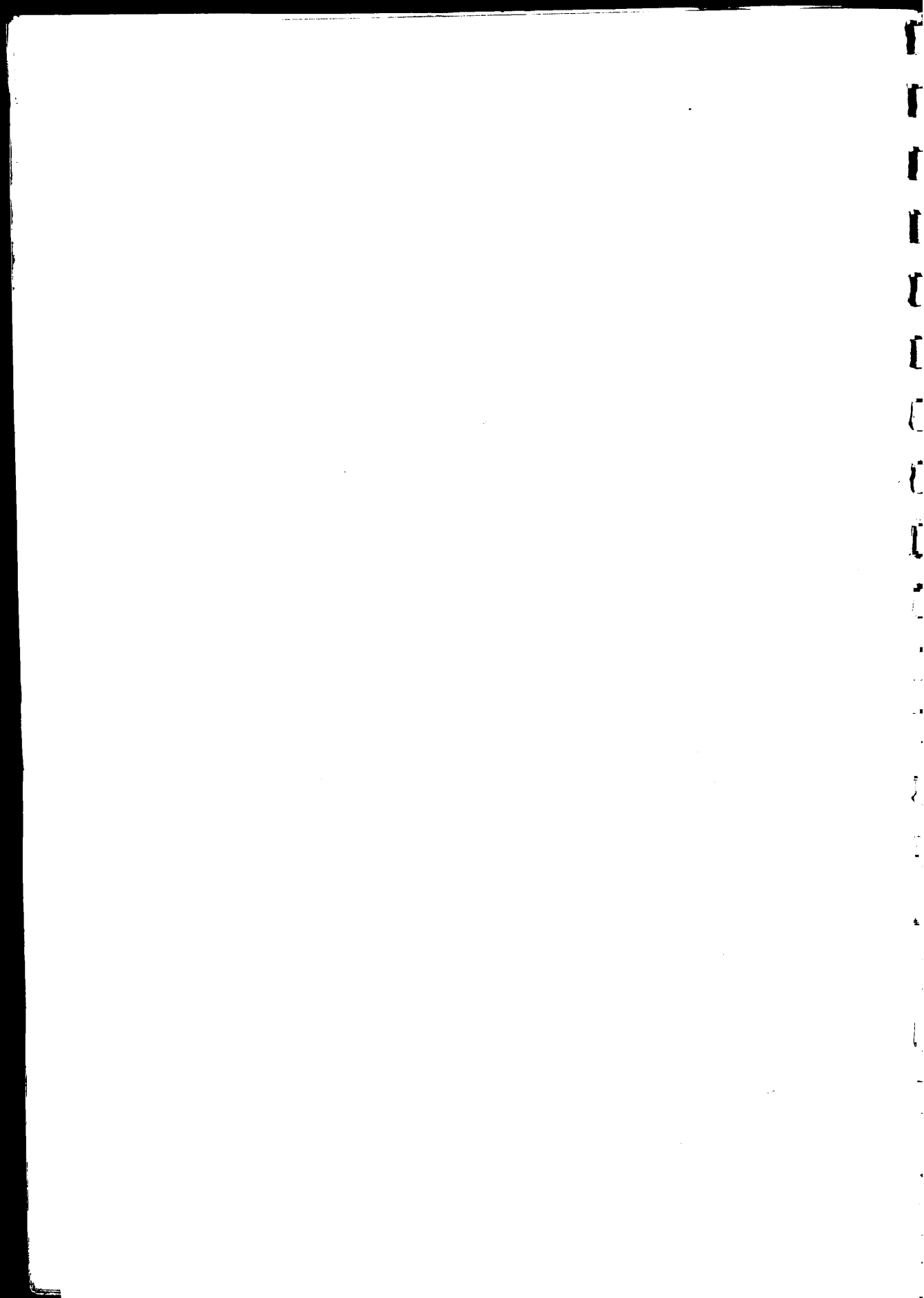
At the other extreme, a survey may also reveal areas where organizational action is simply impossible. In the case of a hospital, where many of the conditions of employment are determined at a national level, the number of such areas is perhaps larger than for many other types of organization. Even so, it may be of value to bear these aspects in mind when coming to an overall assessment of the situation.

Most often, however, the results indicate areas where organizational action could occur as a response to the survey, but where any such action needs careful thought and development before implementation. The survey results indicate what employees' opinions are: it is then up to the organization to decide how best to act in the light of the results. In doing this the organization should take care that any action decided upon to meet staff criticism does not undermine any of the organization's perceived strengths.

A second use of the survey results is in identifying subgroups of staff to whom special attention should be paid. Some groups may for example be revealed as much less satisfied than the others in particular respects or in terms of general morale. In the hospital survey considerable attention was paid in the reports to presenting differences in satisfaction or opinion among the various staff subgroups.

Finally, carrying out a survey can itself have the effect of stimulating staff to think about the issues raised, and of developing a more favourable atmosphere for communication. This can be followed up by appropriate means of feeding back the main findings of the survey, using discussions with groups of staff in which the main issues uncovered by the survey can be further analysed. If, as is often the case, one of the areas of staff criticism concerns communications in the organization, the process of discussing the results can in itself lead to a lessening of the problems uncovered by the survey. In fact, the value of a survey does not lie simply in the information contained in the reports submitted to the organization, but also in the opportunities it brings for further consideration of the broad issues which have been identified.

In the London Hospital Group survey, the main results have been summarised and distributed to staff. Staff have also been encouraged to consider the results further, chiefly by a series of discussion sessions involving groups of 20 to 50 people. At each session, one of the research team has made a brief presentation on the survey results, and invited comments and discussion. Senior members of the Group's administration have been present at all the sessions, which encourages the discussion groups to feel that the meetings have a genuine purpose, and that the comments made will be taken seriously.



## 8 Main Results from the London Hospital Group Survey

### A. Response to the survey

The degree to which inferences can be drawn from survey data is affected by the extent of staff's response. In the hospital survey, the response from three of the four major staff groups was comparable with those normally reported in postal surveys. Thus 64% of medical staff, 63% of professional and technical staff, and 57% of nursing staff, returned completed questionnaires.

These levels of response were moreover consistent for the various sub-groups of these staff (with the exception of nursing auxiliaries, who had a lower response rate than other nurses).

The situation for the other major staff group - lay staff - is a little more complicated. A reasonably satisfactory response rate of 54% was received from clerical, secretarial, and supervisory grades of ancillary staff. However, the response from non-supervisory grades of ancillary staff was only 33%. The lower response from this group of staff was anticipated, since a substantial proportion of these staff do not speak English as their first language, or have undergone a relatively limited education. The effect of this low response rate in the case of ancillary staff means that their questionnaire results have to be interpreted with great caution. For the remaining staff groups, the response is sufficient to suggest that the survey results are reasonably representative. Senior staff generally had a high tendency to reply to the survey, so there is some bias in their direction; this has been taken into account in interpreting the results.

## B. Findings concerning all staff in the Hospital Group

Some of the survey results are similar across all groups of staff in the hospitals. Some of the more important of these are now considered.

### I Values of staff

The "values" questions in the survey revealed that all the major staff groups share substantially the same scale of values at work. All staff groups place most stress on two values:

- (i) the nature of their work, where this is viewed in terms of its intrinsic interest and its worthwhileness - in terms of patient care; and
- (ii) friendly relationships at work, particularly with one's immediate colleagues.

The most important items are given in table 1. All groups of staff also comment favourably on the extent to which these two most important aspects are present in their jobs. Consistent with this, the morale of all groups of staff, as measured by the overall satisfaction question, is high.

Other aspects of the job, such as security, physical conditions, promotion prospects, pay, and so on, are rated by all staff groups as somewhat less important. Here there is rather more variation in the relative rankings between staff groups. In these less centrally important areas, moreover, there is considerable variation between staff groups in the extent to which they are satisfied with the existing situation.

One interesting subset of items concerns the areas of help and co-operation at work. The three professionally qualified groups in particular place a high value on co-operation between different staff groups. This is an area where there is some criticism of the existing situation by these groups.

### II Status

Another interesting set of results concerns the issue of status of staff in the Hospital Group. There was widespread agreement by all staff groups in the hospitals that too much attention is paid to status differences between different groups of staff, and that their hospital treats some groups of staff better than others.

Table 1.

**Importance rankings of aspects of the job:**  
**Comparisons between four major staff groups.**

The top six items, out of a total list of twenty four, are listed in order of their average ranking across the main staff groups. This gives an overall ranking which is unaffected by the different sizes of the groups.

Note: The lay staff group consists of clerical and secretarial staff, and supervisory grades of ancillary staff.

Item	Rankings given by :			
	Medical	Nursing	Professional	Lay
1. A job that interests you	1	1	1	1
2. The feeling that your job is worthwhile	2	4	2	3
3. Getting on well with the people you work with	3	5	3	2
4. The opportunity to help patients	7	2	5	5
5. The feeling of working in a friendly place	11	6	4	4
6. Responsibility in your job	5	10	6	6

The complaints by respondents concerning differential treatment, coupled with the fact that all staff share substantially the same scale of values at work, suggest that there may be a need to consider greater standardisation of personnel policies across different staff groups in hospitals. There are, of course, difficulties in the idea of common policies, stemming from the variety of issues of concern to different staff groups. The survey results indicate, however, a substantial - perhaps unexpected - degree of similarity between staff groups, as well as major differences. And there is evidence from the survey that movement towards common personnel policies would be regarded favourably by many people of all occupations in the hospitals in the London Group.

It is well established that people compare their own work situation with those whom they judge to be most similar to them. In the hospital context, the requirement of close co-operation between different staff groups in the primary task of patient care is likely to lead to the various groups becoming particularly sensitive to differences in status or treatment among them.

### III Leadership

One other set of results of great interest from the survey concerns one aspect of leadership. In the survey respondents were asked to choose a preference from four described types of leader - the four types differing in the extent to which the leader involves his staff in the decisions he makes. Respondents were also asked to say which of the four types their own leader was, or to indicate if he did not fit any of the descriptions given. These questions have been used extensively in previous research, both internationally and in this country, and the results for the London Hospital Group can be compared with this previous research.

The wording of the questions is shown in table 2. The most usual pattern to emerge from previous studies in a wide range of organizations is that, of the four types of leader described, most employees would prefer to have as their own leader the type who consults them before reaching a decision, rather than the type who seeks to involve his staff more deeply, or either of the two more autocratic types. The results for professional and technical staff, and medical staff, are in accord with this pattern. With nursing staff and lay staff, however, a far larger proportion than usually found expressed a preference for the more 'democratic' extreme: the leader who invites his staff to make decisions jointly with him.



In previous studies there has usually been a "gap" between the style of leadership employees say they would prefer to see, and the style they perceive as shown towards them by their own supervisors. The perceived style is usually more autocratic than desired. This was also true of the hospital results. Here, however, the gap was larger than usual, for all groups of staff in the hospitals.

The results for the hospitals on these questions are presented in table 2.

Why is there so large a discrepancy between the type of leadership respondents prefer, and the type they say exists in their hospital? Traditionally, authority-relations in hospitals have been fairly authoritarian, for reasons connected with the nature of hospitals' task of patient care. However, in recent years there has been a lot of consideration given to possible alternative ways of organizing hospital staff, and some changes towards more "democratic" treatment of staff. This may have produced a situation of increased expectancy among hospital employees of participation in decisions made in their jobs. In addition there has been a tendency in society towards a preference for increased participation by individuals in decisions affecting them. The discrepancy between the preferred and perceived leadership styles in the survey could be in effect a criticism that the changes in the authority-relations between staff have not been as rapid as many staff had hoped. Or the issue may rather be one of a relative lack of training in management skills, on the part of those in positions of leadership. Such a situation would not be a surprising one, in view of the fact that many of those who hold positions of leadership do so because of their professional expertise, rather than because of any managerial skills they possess. In this case, the issue is rather one of training and education in such managerial skills.

### Leadership Style Questions

Composite is a visual representation of the replies of each of the four major staff groups to two of the leadership style questions. The two questions were:

1. Here are some descriptions of ways in which people in positions of authority exercise their leadership over the staff who are responsible to them. Which one of these types of people do you think you would most enjoy working under?

- A. Makes a decision promptly and communicates it to subordinates clearly and firmly. He or she expects them to carry it out loyally and without raising difficulties.
- B. Makes a decision promptly, but then tries to get subordinates' agreement to it before going ahead. Believes in "carrying" staff rather than issuing orders.
- C. Does not reach a decision until he or she has consulted subordinates. Listens to their advice, weighs it and then announces his or her decision. Then expects all to work loyally to implement it irrespective of whether or not it is in accordance with the advice they gave.
- D. Calls a meeting of staff whenever there is an important decision to take. Lays the problem before the group and invites discussion. Accepts the majority viewpoint as the decision.

2. To which of these four types does the person to whom you are responsible most closely correspond?

- A
- B
- C
- D

He or she does not correspond at all closely to any of these.

In the charts opposite the lengths of the lines represent the proportions of respondents giving the various replies.

Note: The "lay staff" category consists of clerical and secretarial staff and supervisory grades of ancillary staff.

**"TYPE OF LEADER I PREFER"****"TYPE OF LEADER I HAVE"****Lay  
Staff**A ☐☐B ☐☐C ☐☐D ☐☐☐ (none of these)**Professional  
& Technical  
Staff**A ☐☐B ☐☐C ☐☐D ☐☐☐ (none of these)**Nursing  
Staff**A ☐☐B ☐☐C ☐☐D ☐☐☐ (none of these)**Medical  
Staff**A ☐☐B ☐☐C ☐☐D ☐☐☐ (none of these)

#### IV Formation of the Group

The London Hospital Group had been formed, from previously independent hospitals, some five years before the survey. One of the topics the survey investigated was attitudes towards this grouping in all the hospitals.

The perception of most staff was that though forming the Group had caused some initial difficulties and problems, these had now for the most part been overcome. Most staff felt that the formation of the Group was a good thing in general terms, even if they had not benefited from it personally. Staff thus appear to have "accepted" the grouping of the hospitals.

### C Results for the major occupational groups

In the results indicated so far, the major staff groups have had similar responses. There were, of course, many findings applicable to only certain groups of staff. The importance of most of these is in identifying criticisms or problems that are particular to an occupational group. It is a general feature of the survey results that by and large the different groups of staff share the same views on what are the "favourable" aspects of their jobs. It is with the "unfavourable" aspects, however, that the greatest differences between occupational groups occur. One implication of this for the London Hospital Group is that there is a consensus amongst all staff groups as to what are the strengths of their hospital as an employer, indicating that the morale of these groups has a common basis. The various criticisms and dissatisfactions of staff are more fragmented. This indicates that the Group's problems, as perceived by staff, may have to be tackled in a piecemeal fashion. There may appear to be some difficulty in reconciling such an approach to staff problems with the idea of a common personnel policy, mentioned earlier. To some extent, though, dissatisfactions voiced by only some groups of staff arise from the fact that different groups of staff are treated differently in certain respects.

The main differences between the major staff groups are given in table 3. It should be noted that this table indicates areas where one group of staff is relatively more satisfied or less satisfied than other groups. An indication of the "absolute" level of satisfaction is also given, however. From the "absolute" level it can be seen that there are some areas where all groups share a satisfied outlook, but that there are, nevertheless, significant differences in the degree of satisfaction between different staff groups.

Some of the more important results specific to each of the four main groups (medical, nursing, professional and technical, and lay) are now considered.

Table 3.

**Comparisons between staff groups.**

The main areas where each of the five main groups of staff differ from the others are summarised in the table below. In each case an indication is also given of whether, in "absolute" terms, staff are favourable ('+') unfavourable ('-') or neither one nor the other ('0').

Note: In this table, the lay staff group has been split up into clerical and secretarial staff, and ancillary staff.

	Area of greater satisfaction, relative to other staff groups	"Absolute" level	Areas of less satisfaction, relative to other staff groups	"Absolute" level
<b>Medical staff</b>	supervision co-operation with other staff	+ +		
<b>Nursing staff</b>	prospects	+	supervision expectation of staying many years in Group pay and hours	0 - -
<b>Professional and Technical staff</b>			conditions status	- -
<b>Clerical and Secretarial staff</b>	pay expectation of staying many years in Group	+ +	prospects training social life	- + -
<b>Ancillary staff</b>	conditions expectation of staying many years in Group	+ +	the work itself supervision extent to which hospital looks after staff	+ 0 -

### I Medical staff

One of the main clusters of points concerns career development in the London Hospital Group. One surprising point is the lack of job security experienced by some groups of medical staff. Promotion prospects within the Group are perceived to be unsatisfactory, and there are more medical staff interested in a long-term career within the Group than think that opportunities are available. Promotion is seen to be unsystematic, in that it is thought by many to depend on 'who you happen to know'. There is rather a large gap felt between training opportunities and the desire for further training. Finally, it is notable that both on these and on some other topics there are very large differences of opinion between medical staff in adjacent seniority grades. This suggests that the career structure itself may be creating some stresses and strains.

This is, however, only one side of the case. It should certainly be noted that internal promotion is rated by medical staff themselves as much less important than professional advancement in the wider sense. Moreover, professional mobility provides obvious benefits, such as the dissemination of knowledge and the growth of individual experience through working in different situations.

The underlying issue raised by these survey results, therefore, is whether an appropriate balance exists between professional mobility and internal opportunity for career development. This is an issue of planning rather than policy. It may be worth noting that in many large organizations, the notion of "personnel planning" is currently receiving increased attention. To some extent problems such as those emerging in this survey might be dealt with on a piecemeal basis. But they might be considered more beneficially within a long-term plan to balance the organization's needs with the career needs of individuals. Such an issue of planning might beneficially be considered both at the level of the Hospital Group, and also perhaps at a higher level within the organization of Health Services in general.

Another group of results raises an issue which might be labelled individual participation.

One important aspect of it which has already been referred to concerns the relationships between a 'boss' and his 'subordinates' in the day to day making of decisions. Medical staff's opinions on this topic appear to be very similar to those which are prevalent in most large organizations. They would like their seniors to give them a greater share in the process of decision making. There are also criticisms of decisions affecting them being taken without consultation, and there is some feeling of a lack of freedom to speak one's mind.

In some circumstances such criticisms might constitute an area of grievance, but it is probable that in the case of medical staff there are strong compensatory factors. Particularly, medical staff have unusual scope for personal responsibility and autonomy in their work; and there is also the close professional relationship between senior and junior staff, which is perceived by the great majority in a most favourable way. The issue of 'individual participation', like that of career development, is probably best viewed in a long-term perspective. It might be worth considering what are the implications of the desire for increased participation, before it can develop into a serious problem.

Over and above the question of individual participation, there is a further issue of medical participation in the management of the hospital as a whole. This issue arises from criticisms that medical staff do not have enough say in policy making, or in the day to day running of the hospital. This in its turn raises questions about the methods by which medical staff's views are represented and taken into account. One should also consider whether the existing methods of consultation are fully understood, and whether the existing channels of communication are used as well as they might.

There is also, in this context, the issue of the priority which the medical staff themselves are prepared to give to taking part in managerial problem-solving. There is an apparent discrepancy between the desire medical staff have for more participation in the running of the hospital, and the low importance which they

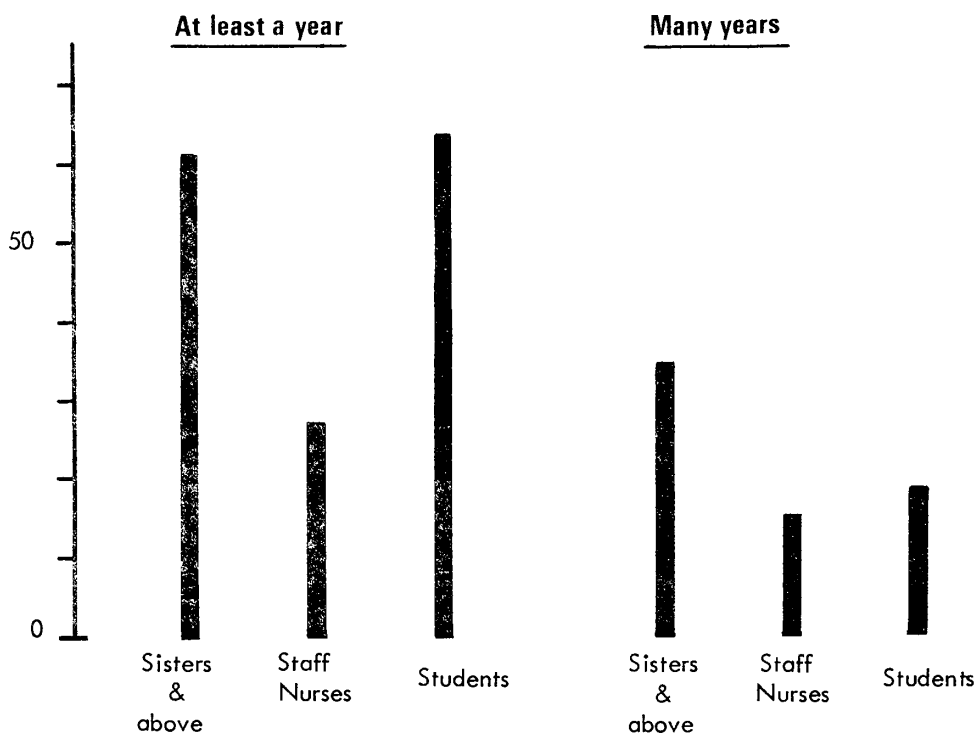


attach to organizational and administrative issues (as shown by other aspects of the survey's results). Thus there may be a need to consider and clarify the relationships between the problems of hospital management and the requirements of the medical task.

## II Nursing staff

One of the most striking features of the nursing staff results is the lack of "commitment" to the Group which nurses (especially the less senior nurses) have. Respondents were asked whether they expected to remain working for the Group both in the short term and in the long term. Most staff in the grades below sister level did not expect to remain in the Group long-term, while amongst staff nurses in particular a large proportion said they expected to leave within the next year. These results are indicated in the table below.

### Percentage of staff who expect to stay in Group:



Why should staff nurses in particular have a low commitment to working for the Group? It would not appear that nurses leave because they feel their promotion opportunities are blocked, for though there was a feeling amongst some nurses that there are not enough vacancies at the higher grades, most expressed themselves satisfied with their prospects in the Group. In any case nurses in the survey placed a relatively low value on promotion and advancement. Thus considerations of overall career development would be unlikely to play a major part in the nurse's decision whether or not to leave. The full explanation is likely to be a complex one. In some cases the conflicting requirements of the nurse's job, with its irregular hours, and her role as a wife, may play a part.

Taking a wider view, it is obvious that the advantages to the Group of having staff nurses stay longer must be balanced against the advantages to the nursing profession generally of professional mobility amongst nurses, and the experience which nurses gain from working in a variety of hospitals. The issue is whether the right balance has been struck, or whether the balance would be better if nurses stayed in the Group a few months longer before leaving for other posts or further training.

Another striking feature of the survey concerns the desire most nurses have for a large element of participation in the decisions which concern them at work, and an increased amount of consultation by other staff, such as medical staff. Consistent with this, nurses have a number of criticisms concerning communications and co-operation with other groups of staff. The area of consultation and participation, and the closely-linked area of co-operation and communications amongst nurses, and between nurses and other groups of staff, is among the most important uncovered by the survey, in view of the importance which nurses themselves place on co-operation at work. It has implications for the primary nursing task of patient care and treatment. The advantages of good communications, and close co-operation with other staff, are obvious. Increasing staff's involvement in decisions-

at their jobs would affect the way responsibility is distributed among nursing staff, and should tend to increase the individual's feelings of responsibility. Giving the nurse more involvement in the decisions which are made at her job would also entail changes in the way nursing staff are traditionally organized, particularly the role of the ward sister.

There is one further matter which ought to be mentioned, even though nurses have indicated that it is not of central importance to them. This is the extremely unfavourable views concerning their pay which most nurses share (with the exception of nursing officers and higher grades). In this connection a significant finding is nurses' opinion that they could earn more by nursing outside the Group. This view appears to be in part connected with the higher pay nurses see as available outside the NHS - for example, in agency nursing. The opinions nurses expressed on all aspects of their pay were much more critical than those of any other groups of staff in the hospitals. This suggests that nurses may see themselves as discriminated against in relation to the groups of staff with whom they are most likely to compare themselves (medical staff, and certain categories of professional and technical staff).

Such feelings of inequitable treatment are capable of leading to dissatisfaction, even if pay in itself is not considered highly important. This is because as well as having a material aspect, pay also possesses aspects of personal recognition and social esteem.

### III Professional and Technical Staff

The professionally and technically qualified para-medical staff are much less homogeneous than the two other groups of qualified staff (medical and nursing staff). The professional and technical group is not one specialism but a collection of specialisms, each as cohesive as the medical or nursing groups, but having relatively little in common with many of the others. This

consideration means that caution must be exercised when considering the various para-medical groups together. In fact, however, the survey results indicate only scattered differences in attitudes between these groups. By and large, the differences are not systematic between one group and the next, and do tend not to undermine any overall consideration of these groups of staff together.

On the whole the professional and technical groups do not stand out as markedly different from the other main staff groups. There is, however, one main issue where the views of the paramedical groups are distinctive, namely that concerning their standing in the hospitals. It is obvious that these groups feel that other groups - medical and nursing staff - receive more favoured treatment than they do. Thus while all the main staff groups had criticisms concerning the issue of status inequality in the hospitals, professional and technical staff were even more critical than the other groups. Some of their criticisms are concrete in nature, for example concerning discrimination in the provision of social facilities and canteens; others, more importantly, are in the area of working relationships with other groups of staff. The professional and technical groups of staff traditionally occupy, in hospitals, positions of less esteem than nursing or medical staff (the staff they most compare themselves with). However, the work of these para-medical groups is vital to hospitals' primary function of patient treatment. It is easy to see how the realisation of the importance of their work can heighten the feeling that they are not given the professional standing they consider their due. In terms of the survey results, this is reflected by these staff's perception that their department's contribution to the hospital is not given due recognition.

A further question arising from these considerations is whether the various para-medical professional groups are integrated enough with the rest of the hospital. Most of them are fairly small, and there is a wide variation in the nature of their work between one group and the next. This smallness and relative isolation may contribute to the

feeling the para-medical staff have that less attention is paid to them. They themselves are presumably well enough aware of the value their work has in the hospital. The question is whether other staff groups are equally aware of this, particularly the two large groups of professionally qualified staff (medical and nursing staff). A further question arising from the complaints of being relatively overlooked in the hospitals is whether there are adequate methods for the many professional and technical groups to communicate and discuss their problems.

#### IV Lay Staff

##### a) Clerical and Secretarial staff

The picture with the clerical and secretarial groups is of staff who are relatively satisfied with their jobs in the London Hospital Group, and intend to remain with the Group. These staff do not, of course, have the opportunities for professional mobility that the professionally qualified groups of staff have, and their sources of possible alternative employment are likely to be mostly within the London area.

Despite a lack of "professional" outlook, the clerical and secretarial staff perceive a lack of development opportunities in their jobs, in terms both of their chances of advancement in the Hospital Group, and of their chances of more training. They also have the feeling that their supervisors are more autocratic than they would like. These aspects of the results for clerical and secretarial staff indicate an area where there would appear to be room for further improvement.

##### b) Ancillary Staff

The low response rate for ancillary staff means that caution must be exercised in interpreting the results. There are, however, some areas where issues of interest can be identified.

Ancillary staff, like the clerical and secretarial staff, expect to remain in their present jobs in their hospital. They tend to be relatively satisfied on the material aspects of their jobs, such as pay and conditions. The comparative satisfaction with pay may seem a little surprising, especially considering that hospital ancillary workers took industrial action on pay issues on a national scale during the survey. However, the interviews with ancillary workers indicated that most of them have low expectations concerning their pay, and that they realised when they began working in a hospital that the rates were not high. This low expectation probably accounts for the low level of criticism on pay.

The London Hospital Group had, at the time of the survey, introduced "productivity schemes" of payment for many ancillary staff groups, whereby the individual's pay-packet was in part determined by the performance of his work group. These schemes (which had usually resulted in increased wage packets) were commented on favourably by most of the staff affected.

The main criticisms of ancillary staff concern the actual nature of the work itself (where their outlook, though favourable, is less so than that of other staff groups in the hospitals), and the way they are treated at work by their supervisors, and more generally by the hospital itself. The criticisms about the work itself concern its intrinsic interest, and the relative lack of responsibility the lower grades feel they have. This last aspect may be related to the criticisms of supervision, and perhaps indicates room for the further training of supervisors in the skills necessary for the more person-oriented, rather than task-oriented, type of leadership.

In many organizations methods of arranging the work of individuals, to make it more interesting and satisfying, are currently much discussed. One way this might be achieved in the hospital situation is by changes to work routines, to give the individual a feeling of greater involvement in his job. The successful reception given to the productivity schemes indicates that ancillary staff are prepared to accept changes in their work

routines. It is possible that part of the success of these schemes may be due to the involvement in the work which it provided for the individual, by providing an incentive for him to be interested in the performance of his work group. Previous research in the field of incentive schemes supports this view. Other means could also be considered of providing job interest - for example reorganizing work groups to give the individual more responsibility in his work, or providing the individual with some non-tangible rewards (praise or other form of recognition) for his work.

## 9 Developments of the survey

The findings discussed in this report have concerned the staff of one Hospital Group, at one point in time. Most of the findings were of primary relevance to the London Hospital Group. Some of them, however, raise questions of a more general relevance, and prompt the consideration of further developments of the survey techniques employed, and further research into some of the issues raised by present survey.

### A Development of the survey techniques

- (a) The survey methods could be adapted and standardised to form a tool for personnel management in hospitals. Each survey would yield results for the hospital in question, which would have the same benefits as the London Hospital Group survey - diagnosing morale, highlighting perceived strengths and weaknesses of the organization, and enabling comparisons to be drawn between different groups of staff. This would, of course, be a fairly major undertaking for any hospital.
- (b) The survey methods could be adapted for use in surveys involving several different hospitals. By such multi-hospital studies one could investigate differences and similarities between different types of hospital. (Some work in this area is being carried out by Dr P.T. Monard, of the London School of Hygiene and Tropical Medicine).
- (c) The survey methods could be adapted for use on certain groups of staff only. Such an approach would not of course give an overall view of any particular hospital, but it would enable intensive consideration to be given to topics of interest to certain occupational groups (or other groupings of staff).
- (d) Any of the above types of survey could be repeated every few years to gauge any shifts in staff's opinions over time. By this means, for example, one could measure changes in attitudes resulting from organizational action.

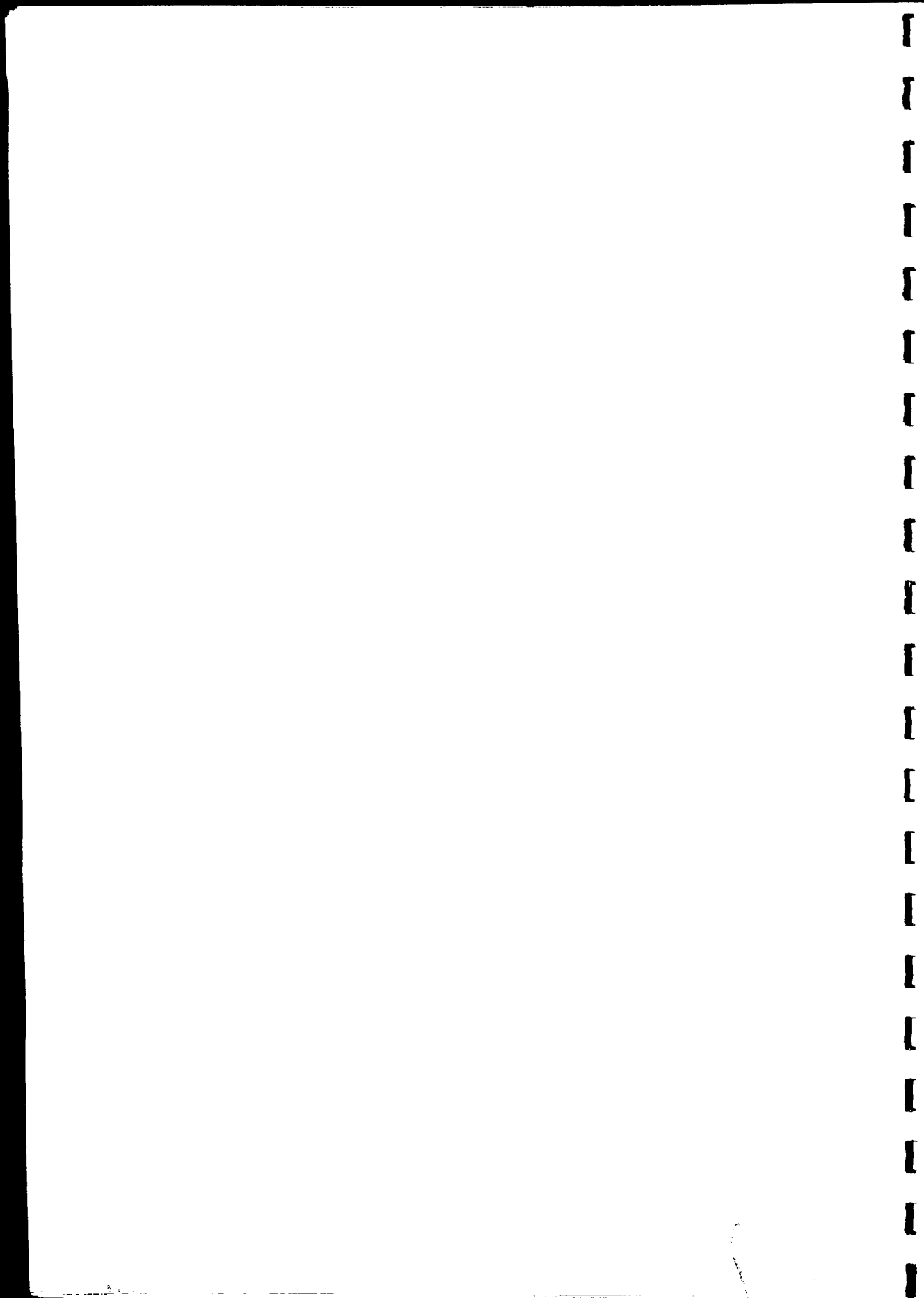


B Further Research into particular issues raised by the present survey

Some of the results from the London Hospital Group survey seem to us to raise issues of a general significance which deserve further study in other hospitals. Some of the issues could be studied by survey methods, using focussed surveys which concentrate on particular topics only. Other issues would probably not be amenable to survey methods, but would require application of other techniques.

Some of the topics which seem to us to merit further research are:

- the various career structures - from the point of view of both the job security they provide, and the opportunities they provide for individual development.
- the factors which influence staff to leave a hospital, and the optimum length of stay for various types of staff.
- ways of increasing job satisfaction among ancillary workers.
- the most appropriate type of relationship between staff in positions of leadership or authority, and their subordinates.



Appendices A and B  
This letter was given  
to each member of staff  
participating in survey

## Ashridge Management College



Berkhamsted  
Hertfordshire

Telephone: 0456 643444  
Station: Berkhamsted

Principal  
Philip Sadler, B.A.

### Staff Opinion Survey

I am writing to invite you to take part in the staff opinion survey, which is being carried out at the request of the management of the London Hospital Group. This questionnaire is part of the survey. It asks for your opinions about your job and your life in the hospital, and is designed to give an overall picture of what staff most like and dislike about working for the London Hospital Group. Questionnaires have been designed for the different categories of staff who work in the Group, and all staff are receiving a questionnaire.

May I stress that your questionnaire replies will be completely confidential? You are not asked to sign your name. When you have finished answering your questionnaire, please put it in the confidential reply envelope, seal it, and post it in any post box. You won't need a stamp. Your completed questionnaire will come direct to me at Ashridge, and will never be seen by anyone in the London Hospital Group. The questionnaires will be used only to build up an overall picture of staff's opinions.

I hope you will find it interesting to give your answers to these questions. None of them should take you long. You will see that you only have to "tick" the answer which you choose. There are no catches in the questions, and no "right" or "wrong" answers. It is your own personal opinions that we want. Because we want you to express your own personal opinions, please do not discuss the questionnaire with anyone until after you have completed it.

The questionnaire also provides a page for you to write your own comments on any subject you wish. I hope you will wish to make use of this.

It is particularly important that everybody should complete his or her questionnaire, so that the survey can represent the opinions of all parts of the London Hospital Group. By completing and returning this questionnaire, you will be helping the staff survey greatly.

In due course, a summary of the main results will be made known to all staff. In the meantime, I would like to thank you in advance for your help.

Yours sincerely,

Camilla McDougall  
Assistant Director of Research

P/N



For office use only

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1-4 5 6

These questions are to separate the results for different groups of staff. They will not be used to identify individuals in any way. For each question, please put a tick in the box alongside the group you belong to.

Are you a:

Single man	<input type="checkbox"/>	1
Single woman	<input type="checkbox"/>	2
Married man	<input type="checkbox"/>	3
Married woman	<input type="checkbox"/>	4

Are your hours:

Full time	<input type="checkbox"/>	1
Part time	<input type="checkbox"/>	2

Is your age group:

19 or under	<input type="checkbox"/>	1
20 to 29	<input type="checkbox"/>	2
30 to 39	<input type="checkbox"/>	3
40 to 49	<input type="checkbox"/>	4
50 or over	<input type="checkbox"/>	5

What sort of accommodation do you live in:

A nurses' home	<input type="checkbox"/>	2
John Harrison House	<input type="checkbox"/>	3
Kent or Horace Evans House	<input type="checkbox"/>	4
Knutsford or Dawson House	<input type="checkbox"/>	5
Gwynne or Sarah House	<input type="checkbox"/>	6
Other London Hospital Group accommodation	<input type="checkbox"/>	7
Non-hospital accommodation	<input type="checkbox"/>	8

What part of the London Hospital Group are you currently working or training in:

Whitechapel (including the School of Nursing)	<input type="checkbox"/>	1
Mile End	<input type="checkbox"/>	3
St. Clement's	<input type="checkbox"/>	4
Zachary Merton Annexe, Banstead	<input type="checkbox"/>	5
Croft Home, Reigate	<input type="checkbox"/>	6
Hayes Grove	<input type="checkbox"/>	7

When did you join the London Hospital Group:

In 1972	<input type="checkbox"/>
(include: any time spent as a student or pupil in the Group)	<input type="checkbox"/>
1968-1971	<input type="checkbox"/>
1962-1967	<input type="checkbox"/>
and: service before the hospitals were grouped together)	<input type="checkbox"/>
1961 or before	<input type="checkbox"/>

## Appendix A Nursing Staff

Is yours a group appointment:

Which of the following applies to you:

(please tick more than one, if appropriate)

Are you an agency nurse:

Are you:

Whereabouts are you working at the moment:

Yes, my responsibility is to the Group as a whole  
No, I work for one particular hospital in the Group

Student or pupil, undergoing training

Not a student or pupil. Some of my basic training has been at a hospital in this Group

Not a student or pupil. Some of my post-basic training has been at a hospital in this Group

Not a student or pupil. None of my training (basic or post-basic) has been at a hospital in this Group

Yes

No

Senior Nursing Officer or above (i.e. Grade 8 or above)  
Nursing Officer (Grade 7)

Sister or Charge Nurse

Staff Midwife

Staff Nurse

Enrolled Nurse

SRN doing post-basic training

SEN doing post-basic training

Student Nurse—SRN Course

Student Nurse—combined or other course

Pupil Midwife

Pupil Nurse

Nursing Auxiliary

Other

On a ward

In theatre

In one of the departments—eg—outpatients

In the renal dialysis or intensive therapy units

In study block, as a student or pupil

As a teacher

In Matrons Office, or other administration

Other (e.g. doing community work)

Do you agree or disagree with the statements below? They are to do with your hospital and the London Hospital Group, and with your own job and conditions of employment. Please give your personal opinion by ticking one of the boxes to the right of each statement. If you feel quite sure and definite about your opinion, please tick either 'definitely agree' or 'definitely disagree'. If you do not feel quite so sure about your opinion, please tick either 'agree' or 'disagree'.

	Definitely agree	Agree	Disagree	Definitely disagree	
On the whole my work is very interesting					41
Most people in the hospital are friendly					42
This hospital does not look after its staff					43
I am cramped for space to work in					44
Nothing gets done about suggestions and complaints					45
This is a good hospital to work for					46
I would like the chance of further training					47
I am satisfied with my working conditions					48
I am not given enough responsibility in my job					49
For the work I do my total earnings are poor					50
I get on well with the people I work with					51
Too often, promotion depends on who you happen to know					52
It is an advantage to me to be part of a group of hospitals					53
I am kept informed about social activities in the Group					54
I am satisfied with the hours that I work					55
The hospital administration is not in touch with my part of the hospital					56
I am often bored with my job					57
On the whole my present earnings are fair					58
The canteen provides good value for money					59
I would prefer only one canteen, for all staff					60
There is often difficulty in locating a patient's notes					61
It is difficult to find staff to cover, when people are off sick					62
I am happy with my prospects for advancement in the Group					63
Staff in other hospitals in the Group are sometimes unfriendly to us					64
The hospital administration is always friendly and approachable					65
I find the "London Log" is well worth reading					66
I often read the "London Illustrated"					67
For me, there are positive advantages in working in this area of London					68
My earnings, compared to others in the hospital doing the same work, are fair					69
I am often under too much pressure in my job					70
I sometimes have difficulty knowing whose instructions I should follow					71
The hospital treats some groups of staff better than others					72
The appointment system for seeing patients needs to be revised					73
I find working in a hospital very satisfying					74
The place where I work is kept sufficiently clean					75

	Definitely agree	Agree	Disagree	Definitely disagree	
The formation of the London Hospital Group has caused a lot of problems					76
On the whole, grouping the hospitals was a good thing					77
The hospital administration keeps me informed about my terms and conditions of service					78
I have too many bosses over me					79
I get a lot of information from the notice boards					80
	1	2	3	4	

	2
1-4	5

The heating and ventilation where I work are poor					6
We have the right equipment to do our work					7
Quite often, I find I do not have enough to do					8
The hospital management is not interested in suggestions from staff					9
The location of the hospital is inconvenient for me					10
I don't like the surroundings of the hospital					11
Membership of the social clubs should be open to everyone					12
This hospital provides very good patient care					13
The canteen facilities here are poor					14
My training for the job I do has been good					15
To get advancement I would have to go outside the London Hospital Group					16
We get good sick pay					17
There are too many restrictions on visitors, for those who live in					18
The work I do gives me a lot of satisfaction					19
Not enough attention is paid to safety precautions in this hospital					20
I often have difficulty getting information from the medical staff about treatment of individual patients					21
I have the opportunity to get any training I need					22
This hospital does not have as good a reputation as other teaching hospitals					24
There are not enough staff to do the work in my ward or department					25
Patients in this hospital do not get the attention they should					26
Slates are usually approachable and willing to discuss work matters					27
My living conditions are good					28
I expect to leave the Group within the next year					29
I am satisfied with my holiday entitlement					30
The hospital management often ignores our problems					31
	1	2	3	4	

	Definitely agree	Agree	Disagree	Definitely disagree	
My pay is poor compared to what I could earn as a nurse outside the hospital					32
The department or ward I'm working in is well organised					33
There is not enough security in my job					34
The training which student nurses get here is poor					35
There should be payment for overtime					37
I would like to find out more about the work of people in other parts of this hospital					38
I do not get enough credit for the work I do					40
The hospital administration keeps things running smoothly					41
The Group does not get enough money from the NHS					42
We have good restroom facilities					43
I usually know who to go to when there are organisational problems affecting the nursing staff					45
I do not have enough say in when I can take my holidays					46
My job does not require much training					47
I am often consulted before decisions affecting me are taken					49
There are not enough vacancies in the Group at the higher nursing grades					50
There is little social life in this hospital					51
Student and pupil nurses have to change hospitals too often					53
I feel secure about my future with the London Hospital Group					55
Our uniforms are of good quality					57
The money the Group has is often spent on the wrong things					58
The Salmon system in this hospital works well					59
I find my work is often criticised					60
Our relations with the medical staff are very good					61
I am given too much responsibility in my job					63
Communications about work matters with other hospitals in the Group are usually good					64
Holiday entitlement should increase with length of service					65
I have no interest in advancement beyond my present level in the Group					66
I am often not kept sufficiently informed about what treatment my patients are getting					67
Spells of day and night duty alternate too frequently					68
Communications are good between the nursing administration and the medical staff					69
The hospital does a lot to provide comfort at work					70
The patients here are usually friendly					71
I would like to find out more about the work of people in other hospitals in the Group					72
Too much attention is paid to status differences between different groups of staff in the hospital					74
Enough allowance is made for personal preference in allocating nurses to the rota					75



	Definitely agree	Agree	Disagree	Definitely disagree	
Sisters usually trust their staff to get on with their work					76
There is too much attention paid to time keeping					77
Pay differences for qualifications are not great enough					79
It is unwise to speak your mind in this hospital					80
	1	2	3	4	

	3
1-4	5

There are too many delays in the appointment system for patients					6
Our cloakroom facilities are poor					7
The training which pupil nurses get here is poor					8
The rota system causes me great inconvenience					9
I expect to remain working for the Group for many years					10
The people I work with are friendly					11
I cannot make my own decisions in my job					12
The ticket system of paying for meals is not satisfactory					13
I would welcome a little more supervision in my work					15
The different hospitals in the Group each get a fair share of the Group's finance					16
Sisters usually stand up for their staff					17
I would need further training to advance in my career					19
I think it is a good idea to hold a staff opinion survey					20
I do not have enough opportunity to join in the social life of the hospital					21
In my work I often have difficulty getting cooperation from other departments					22
Communications with other nursing staff about treatment of individual patients are good					24
There is a lot of money wasted in the hospital					25
It is usually possible to obtain help with problems of nursing organisation					27
Not enough time is allowed for tea and coffee breaks					28
Too often, insufficiently experienced nurses have to head the rota					30
Students and pupils should spend longer on each ward than they do at present					31
The Salmon system provides nurses with good career prospects					32
The medical staff do not understand the problems of nursing care at ward and department level					33
	1	2	3	4	

Taking the overall view, how would you rate your satisfaction as a member of the staff of the London Hospital Group:

Completely satisfied	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Completely dissatisfied	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
1	2	3	4	5	6	

Here is a list of things which some people have said they particularly like about their job in a hospital. Could you please tick up to three items from this list, to indicate what it is that you most like about your job.

I like my job here because:

there is a good social life		35
there is a friendly atmosphere		36
my job is secure		37
I feel I'm doing a job that is worthwhile		38
there aren't the pressures you get outside a hospital		39
the work is interesting		40
you meet interesting staff		41
my hours are better than they would be elsewhere		42
in a hospital I feel I belong to a big community		43
there's plenty of variety in my work		44
I feel I belong to a place that has a lot of prestige		45
other		46

if you ticked "other", please write in here the reasons you had in mind:

1

Now could you tell us what it was that led you to apply for and accept a job in the hospital you work in. Please tick whichever item or items from the following list of reasons applied to you, when you accepted a job with one of the hospitals in the Group. Tick as many or as few as applied to you.

I joined the hospital because:

I saw an advertisement in a newspaper or journal		47
I read an article about the hospital		48
a friend or relation recommended the hospital to me		49
I heard there was a job vacant and applied		51
I was encouraged by the recruitment procedure		52
it was near to home		53
I've always wanted to work in a hospital		54
this hospital has a good reputation as an employer		55
I didn't have any reason—I just applied		56
it seemed a good step in my career development		58
the hospital has a good reputation in the nursing field		59
other (please specify)		61

1

	4
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1-4

5

Many of the questions so far have asked you whether you agree or not with various statements about your job, the hospital you work in, and the London Hospital Group. We would now like to find out how *important* you think various things are—things which you may or may not feel you have in your own job. Below are a number of items. For each of the items, please indicate, by putting a tick in the appropriate box:

- (a) How much does this item matter to you... personally?  
(b) How much of the item do you have now?









(a) How much does this matter to you?

(b) How much do you have now?

	not at all	very little	not very much	a moderate amount	quite a lot	a great deal	
Getting on well with the people you work with							6
Pleasant working conditions							7
Help and cooperation from medical staff							8
Help and cooperation from nursing staff							9
Help and cooperation from professional and technical staff							10
Help and cooperation from clerical and secretarial staff							11
Help and cooperation from ancillary staff							12
A smoothly running hospital administration							13
The feeling of working in a friendly place							14
Responsibility in your job							15
Your pay							16
The opportunity for further training and development							17
The feeling of belonging to a large group of hospitals							18
The opportunity to take part in the social life of the hospital							19
The feeling that your job is worthwhile							20
Having working hours which are arranged to suit yourself							21
Good communications with other parts of the hospital							22
Good communications with other hospitals in the Group							23
The opportunity to talk about work problems with other staff							24
The feeling that your job is secure							25
The feeling of working for a hospital with a high reputation							26
A job that interests you							27
The opportunity to teach and train students							28
The opportunity to work alongside stimulating colleagues							29
The opportunity for promotion in the London Hospital Group							30
The opportunity for advancement within your own profession							31
The opportunity to help patients							35
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almost nothing	very little	not very much	a moderate amount	quite a lot	a great deal	
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# Appendix B Medical Staff

For office use only

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These questions are to separate the results for different groups of staff. They will *not* be used to identify individuals in any way. For each question, please put a tick in the box alongside the group you belong to.

Are you a:

Single man	<input type="checkbox"/>	1
Single woman	<input type="checkbox"/>	2
Married man	<input type="checkbox"/>	3
Married woman	<input type="checkbox"/>	4
	<input type="checkbox"/>	7

Are your hours:

Full-time	<input type="checkbox"/>	1
Part-time	<input type="checkbox"/>	2
	<input type="checkbox"/>	8

Is your age group:

29 or under	<input type="checkbox"/>	2
30 to 39	<input type="checkbox"/>	3
40 to 49	<input type="checkbox"/>	4
50 or over	<input type="checkbox"/>	5
	<input type="checkbox"/>	9

Do you live in hospital accommodation:

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	8
	<input type="checkbox"/>	10

Do you perform regular residential duties:

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
	<input type="checkbox"/>	11

In which hospital in the Group do you currently spend *most* of your time:

Whitechapel	<input type="checkbox"/>	1
Mile End	<input type="checkbox"/>	3
St. Clement's	<input type="checkbox"/>	4
	<input type="checkbox"/>	12

Now please indicate any other of the Group's hospitals in which you spend some of your time:

Whitechapel	<input type="checkbox"/>	1
Mile End	<input type="checkbox"/>	2
St. Clement's	<input type="checkbox"/>	3
	<input type="checkbox"/>	13

When did you join the London Hospital Group:

In 1972	<input type="checkbox"/>	1
1968-1971	<input type="checkbox"/>	2
(include: service before the hospitals were grouped together)	<input type="checkbox"/>	3
1962-1967	<input type="checkbox"/>	4
but exclude: any time spent as a student before qualifying)	<input type="checkbox"/>	14

Were you a medical student at a hospital in the Group:

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
	<input type="checkbox"/>	23

Is your salary paid by:

The NHS	<input type="checkbox"/>	1
The College	<input type="checkbox"/>	2
Both	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4
	<input type="checkbox"/>	33

Is any of the time you spend working for the Group, devoted to research:

All or most of my time is spent on research	<input type="checkbox"/>	1
Some of my time is spent on research	<input type="checkbox"/>	2
None of my time is spent on research	<input type="checkbox"/>	3
	<input type="checkbox"/>	34

Please indicate your status (if you work for both the NHS and the College, place a tick in both columns):

NHS		College
Consultant	<input type="checkbox"/>	1
Senior Registrar	<input type="checkbox"/>	2
Registrar	<input type="checkbox"/>	3
Senior House Officer	<input type="checkbox"/>	4
Houseman	<input type="checkbox"/>	5
Other	<input type="checkbox"/>	6
	<input type="checkbox"/>	35
	<input type="checkbox"/>	36

In which division is your work:

Medicine	<input type="checkbox"/>	1
Surgery	<input type="checkbox"/>	2
Pathology & Radiology	<input type="checkbox"/>	3
Anaesthetics	<input type="checkbox"/>	4
Dentistry	<input type="checkbox"/>	5
	<input type="checkbox"/>	37

Do you agree or disagree with the statements below? They are to do with your hospital and the London Hospital Group, and with your own job and conditions of employment. Please give your personal opinion by ticking one of the boxes to the right of each statement. If you feel quite sure and definite about your opinion, please tick either 'definitely agree' or 'definitely disagree'. If you do not feel quite so sure about your opinion, please tick either 'agree' or 'disagree'.

		Definitely agree	Agree	Disagree	Definitely disagree	
	On the whole my work is very interesting					41
H	Most people in the hospital are friendly					42
re						
	This hospital does not look after its staff					43
A	I am often cramped for space to work in					44
	Nothing gets done about suggestions and complaints					45
B	This is a good hospital to work for					46
	I would like the chance of further training					47
C	I am satisfied with my working conditions					48
	I am not given enough responsibility in my job					49
D	For the work I do my total earnings are poor					50
	I get on well with the people I work with					51
	Too often, promotion depends on who you happen to know					52
	It is an advantage to me to be part of a group of hospitals					53
	I am kept informed about social activities in the Group					54
	I am satisfied with the hours that I work					55
T	The hospital administration is not in touch with my part of the hospital					56
F	I am often bored with my job					57
	On the whole my present earnings are fair					58
	The canteen provides good value for money					59
	I would prefer only one canteen, for all staff					60
	There is often difficulty in locating a patient's notes					61
	It is difficult to find staff to cover, when people are off sick					62
	I am happy with my prospects for advancement in the Group					63
	Staff in other hospitals in the Group are sometimes unfriendly to us					64
	The hospital administration is always friendly and approachable					65
	I find the "London Log" is well worth reading					66
	I often read the "London Illustrated"					67
	For me, there are positive advantages in working in this area of London					68
	My earnings, compared to others in the hospital doing the same work, are fair					69
	I am often under too much pressure in my job					70

	Definitely agree	Agree	Disagree	Definitely disagree	
I sometimes have difficulty knowing whose instructions I should follow					71
The hospital treats some groups of staff better than others					72
The appointment system for seeing patients needs to be revised					73
I find working in a hospital very satisfying					74
The place where I work is kept sufficiently clean					75
The formation of the London Hospital Group has caused a lot of problems					76
On the whole, grouping the hospitals was a good thing					77
The hospital administration keeps me informed about my terms and conditions of service					78
I have too many bosses over me					79
I get a lot of information from the notice boards					80

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The heating and ventilation where I work are poor					6
We have the right equipment to do our work					7
Quite often, I find I do not have enough to do					8
The hospital management is not interested in suggestions from staff					9
The location of the hospital is inconvenient for me					10
I don't like the surroundings of the hospital					11
Membership of the social clubs should be open to everyone					12
This hospital provides very good patient care					13
The canteen facilities here are poor					14
My training for the job I do has been good					15
To get advancement I would have to go outside the London Hospital Group					16
We get good sick pay					17
There are too many restrictions on visitors, for those who live in					18
The work I do gives me a lot of satisfaction					19
Not enough attention is paid to safety precautions in this hospital					20
I often have difficulty getting information from the nursing staff about treatment of individual patients					21
I have the opportunity to get any training I need					22
This hospital does not have as good a reputation as other teaching hospitals					24
There are not enough staff to do the work in my department					25

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	Definitely agree	Agree	Disagree	Definitely disagree	
Patients in this hospital do not get the attention they should					26
Consultants are usually approachable and willing to discuss work matters					27
Living-in conditions are good					28
I view my work for the London Hospital Group as a temporary step in my career					29
I am satisfied with my holiday entitlement					30
The hospital management often ignores our problems					31
My pay is poor compared to what I could earn in general practice					32
The department I work in is well organised					33
There is not enough security in my job					34
The training which medical students get here is poor					35
I get fair payment for overtime					36
Medical staff do not have enough say in deciding the policies of the Group					39
I do not get enough credit for the work I do					40
The hospital administration keeps things running smoothly					41
The Group does not get enough money from the NHS					42
We have good restroom facilities					43
The sisters usually know who to go to when there are organisational problems affecting the nursing staff					45
I do not have enough say in when I can take my holidays					46
The "firm" is not a very good way of organising medical staff					48
I am often consulted before decisions affecting me are taken					49
There are not enough vacancies in the Group at consultant level					50
There is little social life in this hospital					51
I get my fair share of interesting cases					54
There is too much insecurity in posts below consultant level					56
Our uniforms are of good quality					57
The money the Group has is often spent on the wrong things					58
The Salmon system in this hospital works well					59
I find my work is often criticised					60
Medical staff do not have enough say in the day to day running of the hospital					62
I am given too much responsibility in my job					63
Communications about work matters with other hospitals in the Group are usually good					64
There is not enough extra holiday entitlement for length of service					65
I have no interest in advancement beyond my present level in the Group					66
Communications are good between the nursing administration and the medical staff					69



	Definitely agree	Agree	Disagree	Definitely disagree	
The hospital does a lot to provide comfort at work					70
The patients here are usually friendly					71
The Divisional system of medical committees is a good way to consult people					73
Too much attention is paid to status differences between different groups of staff in the hospital					74
Consultants usually trust their junior staff to get on with their work					76
It is unwise to speak your mind in this hospital					80
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There are too many delays in the appointment system for patients					6
Our cloakroom facilities are poor					7
I view my work for the London Hospital Group as forming part of a long-term career in the Group					10
The people I work with are friendly					11
I cannot make my own decisions in my job					12
I would welcome a little more supervision in my work					15
The different hospitals in the Group each get a fair share of the Group's finance					16
I would need further training to advance in my career					19
I think it is a good idea to hold a staff opinion survey					20
I do not have enough opportunity to join in the social life of the hospital					21
In my work I often have difficulty getting co-operation from other departments					22
Communications with other medical staff about treatment of individual patients are good					24
There is a lot of money wasted in the hospital					25
It is usually possible to obtain help with problems of nursing organisation					27
	1	2	3	4	

Taking the overall view, how would you rate your satisfaction as a member of the staff of the London Hospital Group:

Completely satisfied	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Completely dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
1	2	3	4	5	6

Here is a list of things which some people have said they particularly like about their job in a hospital environment. Could you please tick up to three items from this list, to indicate what it is that you most like about your job.

I like my job here because:

	there is a good social life		35
Pati	there is a friendly atmosphere		36
Con	my job is secure		37
Livi	I feel I'm doing a job that is worthwhile		38
I vie	there aren't the pressures you get outside a hospital		39
I am	the work is interesting		40
The	you meet interesting staff		41
My	my hours are better than they would be elsewhere		42
The	in a hospital I feel I belong to a big community		43
The	there's plenty of variety in my work		44
The	I feel I belong to a place that has a lot of prestige		45
I ge	other		46

if you ticked "other", please write in here the reasons you had in mind:

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Now could you tell us what it was that led you to apply for and accept a job in the hospital you work in. Please tick whichever item or items from the following list of reasons applied to you, when you accepted a job with one of the hospitals in the Group. Tick as many or as few as applied to you.

The I started work here because:

I an	I saw an advertisement in a newspaper or journal		47
The	I read an article about the hospital		48
The	a friend or relation recommended the hospital to me		49
I ge	I heard there was a job vacant and applied		51
The	I was a student here and stayed on		57
Our	it seemed a good step in my career development		58
The	the hospital has a good reputation in my field		59
The	I liked the fact that the hospital has links with the University		60
I fir	other (please specify)		61

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(a) How much does this matter to you?

(b) How much do you have now?

Many of the questions so far have asked you whether you agree or not with various statements about your job, the hospital you work in, and the London Hospital Group. We would now like to find out how important you think various things are - things which you may or may not feel you have in your own job. Below are a number of items. For each of the items, please indicate, by putting a tick in the appropriate box:

(a) How much does this item matter to you personally?  
(b) How much of the item do you have now?

	not at all	very little	not very much	a moderate amount	quite a lot	a great deal		almost nothing	very little	not very much	a moderate amount	quite a lot	a great deal	
Getting on well with the people you work with							6							36
Pleasant working conditions							7							37
Help and cooperation from medical staff							8							38
Help and cooperation from nursing staff							9							39
Help and cooperation from professional and technical staff							10							40
Help and cooperation from clerical and secretarial staff							11							41
Help and cooperation from ancillary staff							12							42
A smoothly running hospital administration							13							43
The feeling of working in a friendly place							14							44
Responsibility in your job							15							45
Your pay							16							46
The opportunity for further training and development							17							47
The feeling of belonging to a large group of hospitals							18							48
The opportunity to take part in the social life of the hospital							19							49
The feeling that your job is worthwhile							20							50
Having working hours which are arranged to suit yourself							21							51
Good communications with other parts of the hospital							22							52
Good communications with other hospitals in the Group							23							53
The opportunity to talk about work problems with other staff							24							54
The feeling that your job is secure							25							55
The feeling of working for a hospital with a high reputation							26							56
A job that interests you							27							57
The opportunity to teach and train students							28							58
The opportunity to work alongside stimulating colleagues							29							59
The opportunity for promotion in the London Hospital Group							30							60
The opportunity for advancement within your own profession							31							61
The opportunity to combine hospital work and private practice							32							62
The opportunity to combine teaching and clinical work							33							63
The opportunity to combine clinical work and research							34							64
The opportunity to help patients							35							65

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1 2 3 4 5 6

Here are some descriptions of ways in which people in positions of authority exercise their leadership over the staff who are responsible to them. Which one of these types of people do you think you would most enjoy working under?

- A Makes a decision promptly and communicates it to subordinates clearly and firmly. He or she expects them to carry it out loyally and without raising difficulties.
- B Makes a decision promptly, but then tries to get subordinates' agreement to it before going ahead. Believes in "carrying" staff rather than issuing orders.
- C Does not reach a decision until he or she has consulted subordinates. Listens to their advice, weighs it and then announces his or her decision. Then expects all to work loyally to implement it irrespective of whether or not it is in accordance with the advice they gave.
- D Calls a meeting of staff whenever there is an important decision to take. Lays the problem before the group and invites discussion. Accepts the majority viewpoint as the decision.

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To which of these four types does the person to whom you are responsible most closely correspond? (Please use the first set of boxes. If however you are *equally* responsible to two people, please answer the question for each of them, using the two sets of boxes provided.)

- A
- B
- C
- D
- He or she does not correspond at all closely to any of these
- This question does not apply to me

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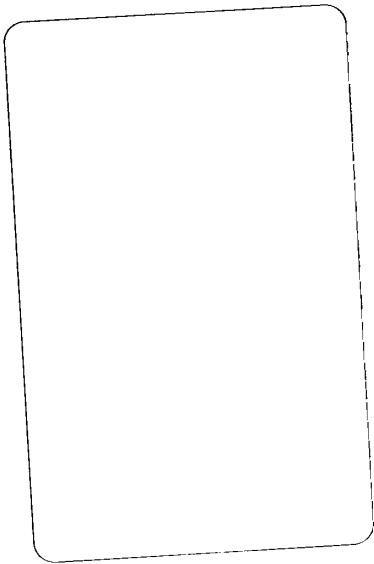
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Which of these four types do you feel you tend most to represent to those responsible to you?

- A
- B
- C
- D
- I do not feel I correspond at all closely to any of these
- This question does not apply to me

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