GMB@CARE HOMES



STRESS IN THE CARE SECTOR AN IMPORTANT GMB SURVEY

Please complete this GMB "Stress in the Care Sector" survey. We need evidence to show why action is desperately needed and to highlight the major sources of stress.

You can hand your completed GMB survey to your GMB Staff Representative or send it freepost to: FREEPOST GMB LONDON. You don't need a stamp or any other address details.

Care workers provide an amazing service to the public. Even with rising demand in the Care Sector, you have a right to healthy and safe working conditions.

We want to put stress and workload high up on the agenda in negotiations and joint working with employers and other parties.

Individual survey results will be treated anonymously.

GMB will use the overall results to call for investment to improve staffing levels, positive action on staff health and well-being, zero-tolerance of abuse, bullying, violence, and action on whatever other issues the survey brings to light. All completed forms will help us to construct the evidence we need.

If you are interested in becoming a representative within your workplace please contact your GMB officer.

GMB would like to thank you for completing this survey.

Yours sincerely

Koulla Flaherty GMB London Officer GMB members experiencing a problem at work can seek advice from their GMB Staff Representative or GMB Officer.

If you are not a GMB member, join now at www.gmb.org.uk/join or fill in the membership form included in this survey.

ONLY GMB MEMBERS GET GMB HELP.

Join online at www.gmb.org.uk/join

UNIONLINE

0300 333 0303 www.unionline.co.uk

Once you have completed this GMB survey you can send it freepost to: FREEPOST GMB LONDON. You don't need a stamp or any other address details.

Are you a (MB member? Ves No
During the	last 12 months:
5	r job become more or less stressful?
	ore stressful 🛛 A bit more stressful 🖓 Stayed the same
□ A bit les	s stressful 🛛 Much less stressful
How ha	syour workload changed?
□ Increas	ed a lot \Box Increased a little \Box Stayed the same
Decrea:	ed a little 🛛 Decreased a lot
Have yo	u felt stressed at work?
🗆 Always	🗆 Often 🗆 Sometimes 🗆 Never
Have yo	u taken time off sick because of work related stress?
_	re than a week 🛛 Yes, less than a week
□ No, but	I was very close to it 🛛 🗆 No
Do you wo	ry about stress or excessive workload:
	ng your ability to do your job?
□ Yes, oft	en 🗆 Yes, sometimes 🗆 No 🗆 Not sure
leading	to situations where care cannot be provided to the required standard
□ Yes, oft	en 🗆 Yes, sometimes 🗆 No 🗆 Not applicable
Are you sa	tisfied with your work-life balance?
□ Yes	□ No □ Notsure
-	nk your senior management does enough to tackle stress and workloads?
LYC DCCIVA	NOTKIOAUS

Do you think you might need ti	ime off sick	due to stress,	if the situation	doesn't
improve?				

□ Yes □ No □ Notsure

What are the major sources of stress in your job? Please tick any that apply.							
□ The demands of the job							
Long hours							
Not enough staff							
□ Not enough resources							
□ Increasing workload							
Pressure to meet targets							
Pressure to work excess hours							
□ Abuse, bullying or violence							
□ Other (please specify)							
Do you feel able to raise these concerns with management?							
□Yes □ No □ Notsure							
Does your shift ever overrun?							
🗆 Always 🗆 Often 🗆 Sometimes 🗆 Never							
Do you ever work through your allocated breaks?							
🗆 Always 🗆 Often 🗆 Sometimes 🗆 Never							
Do you feel you have an adequate amount of time per patient?							
□ Always □ Most of the time □ Not normally □ Hardly ever							
□ Not applicable							
What would help to reduce the pressures on your job? Please tick any that apply.							
□ More staff							
□ More resources							
□ More support from management							
□ Action to tackle excessive workloads							
□ Action to tackle abuse, bullying or violence							
□ Being able to work my proper hours							
□ Being able to take my breaks							
□ Having fewer targets to meet							
□ Other (please specify)							
Annual the second se							
Any other comments?							



GMB-EXPERTS IN THE WORLD OF WORK

It can be as simple as a new manager, or a new way of working that causes you a problem at work. Guard against that day by joining GMB now. GMB membership covers you wherever you work. Only GMB members get GMB help. IF YOU WORK YOU NEED GMB@WORK

Join now at www.gmb.org.uk/join or fill in the form below

then hand the form to your local GMB representative, or send it freepost to: FREEPOST GMB LONDON. You don't need a stamp or any other address details. If you have any questions contact GMB: email info@gmb.org.uk or visit our website www.gmb.org.uk

FOR GMB USE ONLY	Section		Branch number		Membership number				Date of joining	

GMB membership application form PLEASE USE BLOCK CAPITALS

1)]	TELL US About you								
Surname	First name	Title Mrs/Miss/Mr Date of birth							
Home address	Postcode	Home phone Mobile number							
	r your ethnic origins as part of our equal opportunities policy of improving services to all memb ii//Black African//Black Caribbean//Black British//Chinese//Indian//Irish/								
National II number									
2 TELL US ABOUT YOUR JOB									
Employer		Your job							
Address		How many hours a Pay number Pay number							
where you work	Postcode	Work phone Pay date							
СНОС	CHOOSE EITHER 3 AUTHORISATION OF DEDUCTION OF YOUR UNION CONTRIBUTIONS FROM YOUR PAY								
	Section 68, Trade Union and Labour Relations (Consolidated) Act 1992 as amended Please start the deductions immediately and pay the amounts to GMB. Cash C								
• I authori	ise my employer to deduct from my pay each week/month the sum of	 I give permission to my employer to notify GMB of any future change of address. 							
£	or other amounts as may be fixed by GMB from time to time.	Signed Date							
OR 4 INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT									
Please fill i	in the form below and send to: Freepost GMB, 22 Stephenson Way, London NW1 2HD	Service User Number 9 7 4 3 3 0							
	full postal address of your Bank or Building Society branch	Instructions to your Bank or Building Society: Please pay GMB Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this							
To the Ma	nager of Bank/Building Society								
		Instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society.							
Address									
		Instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society.							
Address	Postcode	Instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society. Signature(s) For GMB official use only. This is not part of the instruction to your Bank/Building Society.							
Address		Instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society. Signature(s) Date Date							
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