

BMJ Open What is the current global health participation and future interest of healthcare students and National Health Service (NHS) staff? A cross-sectional research study of healthcare students and NHS staff in England

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ABSTRACT

Objectives This research aimed to understand the prior and current global health participation, current availability of and future interest in participating in global health activities healthcare students and National Health Service (NHS) staff.

Design An online survey was conducted on NHS staff and healthcare students in England between July and November 2021. The survey was disseminated to all secondary care providers in the English NHS and universities in England. A volunteer sample of 3955 respondents, including 2936 NHS staff, 683 healthcare students, 172 individuals combining NHS working and study and 164 respondents classified as other.

Results Most (80%) respondents had not participated in a global health activity before, with 6% having previously participated, a further 3% currently participating and 11% unsure. Among those who had participated, the most common types of activity were attending global health events (75%). The most common reason for not participating was a limited knowledge of opportunities (78%). When asked about their future interest in global health participation, more than half of respondents (53%) indicated an interest and 8% were not interested. There was a significant proportion (39%) answering unsure, indicating a possible lack of understanding about global health participation.

Conclusions Global health has gathered increasing significance in recent years, both in policy and in education and training for healthcare professionals. Despite recognition of the role global learning plays in knowledge enhancement, skill development and knowledge exchange, this study suggests that global health participation remains low among NHS staff and healthcare students.

INTRODUCTION

Global health is an academic discipline which ‘places priority on improving health and achieving equity in health for all people worldwide’.¹ In recent years, the significance of global health to local, national and

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ It is probable that the sampling approach may have led to a biased sample, in which those (a) within greater proximity to the organisational network used to disseminate the survey or (b) with a greater interest in global health completed the survey.
- ⇒ The sample is composed of a higher proportion of nursing and administrative/clerical staff, which may have impacted the results collected and their external validity.
- ⇒ The relatively low cell count for a number of ethnic minority groups prevented investigation of ethnic differences in global health participation.
- ⇒ The survey did not enquire into the course studied by healthcare students completing the survey, thus limiting investigation of variation in global health activity participation between different student groups.

global health systems has been increasingly recognised.^{2,3} This can be evidenced by the plethora of global health initiatives and strategies at the national level and global level which aim to address global health challenges and span government, business and philanthropic interests, many of which intercept with a number of processes associated with globalisation, such as climate change, international migration and trade. In addition, the COVID-19 pandemic has recently placed the significance of global health security and infrastructure at the forefront of the minds of citizens across the world, leading to increased reflection on global health, particularly among national and global policy makers in health.⁴

The growing recognition of the relevance of global health to national and local health systems has prompted the development of global health education programmes in

many countries over recent decades.⁵ The UK National Health Service (NHS) engaged in a plethora of international health partnerships and engagement throughout its history. In the UK, there has been an interest in the teaching of global health content within medical curricula since the early 1990s, with global health educational content further rising in prominence in recent years.⁶ Indeed, a number of student organisations in high-income countries, such as the UK, specialising in global health emerged in the past four decades, which has contributed significantly to the development of the field. As a consequence, almost all medical schools in the UK now offer optional global health programmes⁷ and there is a number of NHS organisations which offer staff opportunities to engage in global health.^{8,9} Engagement in global health activities has also been shown to be common among medical students and professionals in the USA too. For example, one study has shown that 57% of medical student respondents had participated or will be participating in a global health elective during medical school¹⁰ due to the perceived associated developmental benefits.^{11,12}

Yet, content, mode delivery and support included in such programmes and opportunities does vary. Furthermore, engagement with global health has historically been an option for medical graduates, whereas access has been less common among other healthcare professions, including nursing and allied healthcare professions (AHPs). This is despite the benefits of learning about and engaging with global health not being exclusive to certain professions.^{13,14} Therefore, in recent years there has been burgeoning global health learning and development programmes developed across the NHS, which are available to a range of clinical and, in some cases, non-clinical personnel. This development has been underpinned by recent evidence on the benefits of global learning for healthcare professionals.^{15,16} Indeed, in support of the NHS's global strategic objectives, NHS England (formerly Health Education England (HEE)) has developed a portfolio of system-to-system and person-to-person global health learning opportunities. These include, but are not limited to, global fellowship programmes¹⁷ and global knowledge exchange events,¹⁸ all of which aim to promote mutual learning and system strengthening between health systems.

Despite the historic engagement in global health in the NHS, there has been few research studies conducted on participation in global health activities by healthcare students and/or NHS staff. There has only been one study to date in this area, conducted by the Tropical Health Education Trust (THET), which surveyed 400 NHS staff who reported a high level of engagement—62% had actively engaged in global health activities.¹⁹ Consequently, while proponents of global health education extol its merits, there is little understanding of how healthcare professionals view such opportunities and, indeed, whether they are interested in participating. We therefore aim to contribute to this area by reporting on results of

a survey of global health activity participation conducted on current healthcare students and NHS staff. This will investigate past and current participation in global health activities and future interest in global health activities among a number of NHS professional groups, including medical graduates. In doing so, the article will contribute to understand the following research questions:

- ▶ What is the prior and current global health participation of participating healthcare students and NHS staff?
- ▶ What is the current availability of global health activities for participating healthcare students and NHS staff?
- ▶ Is there interest and an expectation to participate in global health activities among participating healthcare students and NHS staff?

METHOD

Survey design

We developed an electronic survey, in partnership with Yorkshire and Humber Academic Health Science Network (AHSN) and Sheffield Hallam University, which targeted all healthcare students currently studying at English higher education institution (HEI) and NHS secondary care staff currently working in the English NHS using Key Survey, an online survey development and distribution platform. All positions, disciplines, professions and bands in the NHS were eligible to participate in the survey.

Respondents were informed of their right to withdraw before completing the online survey via a presurvey information page. This page outlined the purpose of the survey and how the data provided would be used.

The intention of the survey was to also gather information from NHS staff working in secondary care NHS organisations across England's seven NHS regions. It aimed to investigate prior and current participation, future interest in and barriers and facilitators to participation in global health activities. By global activities, we refer to the following definition, which was also provided to respondents before completing the survey:

'Global Health activities' mean the participation in, provision or support of any training, events or placements that promote understanding of global health issues and encourages reciprocal learning and understanding between the NHS and partners overseas. For current or perspective NHS staff, this can take many forms, such as placements, attendance of seminars or lectures, buddying schemes or partnership programme.

No previous examples of surveys of this kind were available to assist in the design of this survey. As a result, the 22-question survey (see online supplemental appendix) was developed drawing on the expertise of the research team and previous academic literature focused on global health education. A pilot of the survey was conducted with healthcare professionals in July 2021 to test the appropriateness of the survey and language used.

Administration of survey

Survey data for this article were gathered between 29 July and 29 November 2021. The survey was open for a prolonged period of time in response to difficulties recruiting survey respondents, given service pressures faced by the NHS in light of the COVID-19 pandemic. The online survey link was distributed via a multi-platform and multi-organisational approach. Survey distribution used direct email correspondence and individual telephone calls to individual and organisational contacts in English secondary care organisations and HEIs. Direct contact was made to every secondary care organisation in England and English HEI. In most cases, contact was directed towards senior leadership and organisational and professional development (OD) staff members in both secondary care providers and HEIs. However, this did vary because of organisational variability in who is responsible for communications, OD and staff development. This contact was in order to request permission for the survey information and link to be shared via internal platforms. Furthermore, the survey was shared electronically using a number of NHS organisations associated with secondary care and HEIs. Where appropriate, materials were designed to be distributed via organisational newsletters to appeal to the specific readership.

Social media platforms were also used to broaden the reach of survey. Specifically, the survey was shared using the Yorkshire and Humber AHSN Twitter, LinkedIn and Facebook organisational accounts, as well as the HEE Twitter and LinkedIn organisational accounts. The survey was also advertised to secondary care staff and healthcare students using both the Health Service Journal and Nursing Times.

To incentivise participation, each respondent was entitled to claim a free coffee or cinema voucher.

Analysis of survey responses

Post hoc descriptive statistical analysis was conducted to investigate defined research objectives using Microsoft Excel.

Sample

The sampling frame included existing NHS secondary care employees and students specialising in health-related disciplines. A non-probability, volunteer sampling approach was used in this survey to recruit respondents to participate in this survey.

A total of 3955 respondents provided completed responses to this survey. [Table 1](#) displays a sample summary considering a number of different sample characteristics.

Patient and public involvement

There was no patient and public involvement in this research.

RESULTS

Participation in global health activities

[Table 2](#) summarises prior and current participation in global health activities among respondents completing this question (n=3869). Most (80%) had never participated in global health activities. Only 9% (n=332) had ever participated in a global health activity—6% in the past and 3% currently—while 11% did not know, indicating limited understanding of what a global health activity is. Among those who had previously participated, however, there are important differences in participation rates. This is because 28% of all medical respondents had previously participated compared with 7% of AHP, 4% of nursing professionals and 2% of those identifying as admin and clerical staff.

[Table 3](#) shows the most common types of global health activity participated in by the 332 respondents who had previously participated or were currently participating in a global health activity. Of these, the vast majority (97%, n=321) indicated that they would recommend participating in global health activities to others.

The most common activity is attending a global health event (n=248), with three-quarters (75%) having chosen this global health activity. This is followed by teaching (n=196), global and regional network participation (n=179), mentoring (n=166), quality improvement project working (n=165) and research/evaluation project work (n=157).

In terms of funding arrangements, 45% (n=77) of NHS employees had been fully funded for their global health activities (either from employer organisations, for-profit businesses or government entities), compared with 37% (n=64) of students.

Over half (52%, n=172) of those who had previously participated or were currently participating in a global health activity had done so overseas. Engagement in overseas global health activities was most commonly reported in Africa. Three-quarters of such respondents had participated at least once in Africa, with Eastern (21%) and Northern Africa (19%) being the most common regions. Yet, there were respectable proportion of respondents who had previously or were currently undertaking global health activities in Asia (excluding the Middle East) (43%). Oceania (5%) and Latin America (6%) received the least responses.

Motivation for participation in global health activities

All respondents who had previously undertaken a global health activity were also asked, the reason for participating in a global health activity. [Figure 1](#) illustrates the most common reason chosen was ‘personal development’ (50%). In addition, more than a third (37%) selected ‘develop knowledge of a new culture’ and ‘skill sharing’, and 35% participated in order ‘to learn a new skill’.

Reasons for non-participation

Those survey respondents who had not previously participated in a global health activity were also able to indicate

**Table 1** Sample summary

Sample characteristic		N	Sample %
Sample group (total responses: 3955)	NHS secondary care staff	2936	74
	Healthcare student	683	17
	NHS employee and part-time student	172	4
	Other	164	4
NHS region (total responses: 3108) (missing: 847)	East of England	148	5
	London	513	17
	Midlands	648	21
	North East and Yorkshire	831	27
	North West	423	14
	South East	316	10
	South West	229	7
Annual salary banding (NHS agenda for change or equivalent salary) (total responses: 3152) (missing: 717)	Band 1–4 (salary)	1085	34
	Band 5–8a	1829	58
	Band 8a and above*	238	7
Staff group (total responses: 3235) (missing: 720)	Medical	246	8
	Nursing	911	28
	AHP	510	16
	Admin and clerical	886	27
	Other staff groups‡	682	21
Length of NHS career (years) (total responses: 3103) (missing: 852)	<3	759	24
	4–10	802	26
	11–20	760	25
	>20	782	25
Age group (years) (total responses: 3838) (missing: 117)	<25	546	14
	25–29	518	13
	30–34	464	12
	35–39	420	11
	40–49	876	23
	50–59	801	21
	>60	213	6
Ethnicity (total responses: 3869) (missing: 114)	White	2946	76
	Indian	274	7
	Any black group	197	5
	Pakistani	87	2
	Other non-white†	251	7
Gender (total responses: 3869)	Male	868	22
	Female	2953	76
	Other	48†	1

*Including very senior management positions.
†Total sample totalled <50 respondents.
‡Total sample totalled <100 respondents.
AHP, allied healthcare profession; NHS, National Health Service.

the reason for non-participation. Over three-quarters (78%, n=2435) indicated they did not participate in global health activities previously due to limited knowledge of opportunities; followed by 6% of those who stated they were not interested (n=199) or had personal

considerations (n=97), such as family. Only 2% (n=61) indicated job retention posed a factor in considering global health activities.

We also asked respondents to report the main ways through which they would find out about global health

Table 2 Respondents' current and prior participation in global health activities

Response	N	%
I have never participated in global health activities	3113	80
I have previously participated in global health activities	223	6
I am currently participating in global health activities	109	3
Do not know	424	11
Total	3869	100

activities to identify how awareness and participation can be improved. Consistent with data on a lack of awareness being a barrier to participation in global health, a large volume of responses merely stated 'do not know' or similar. However, the two most predominant conduits through which staff reported they would find out were an internal staff intranet (n=226) and internal communications (eg, notes within payslips or emails, magazines or library bulletin boards sources, journals or other publications) (n=130).

Future interest in global health activities

We were also interested in whether survey respondents had an interest in participating in global health activities in the future. The majority of all respondents (53%, n=2048) stated they do want to take part in global health activities in the future and only fewer than 1 in 10 (<8%) conclusively stated they did not wish to participate in global health activities in the future, although there was still a significant proportion (39%, n=1506) of respondents who chose the 'do not know' option.

Figure 2 presents the proportion of respondents interested in participating in different types of global health activities. This shows that there is a high level of interest in a number of activity types, most notably in 'attendance at global health events' (48%), 'mentoring' (44%), 'overseas health programme' participation (40%) and buddying (39%).

Of the 2048 respondents indicating the type of global health activity they were interested in participating in, there was also a preference for global health activity

Table 3 Most common types of global health activity participated in

Global health activity	N
Attendance at global health events (including seminars, lectures, webinars and conferences)	248
Teaching	196
Global and regional health networks	179
Mentoring	166
Quality improvement projects	165
Research/Evaluation project work	157

participation to be available on an ad hoc, irregular basis, with 64% selecting this as the desired duration (figure 3).

DISCUSSION

Principal findings

This study has shown that, among participating NHS secondary care staff and healthcare students, the level of engagement in global health activities was low (9% of all respondents). Despite this, more than half (95%) of those who had previously participated in global health activities would recommend such engagement to others. Most respondents did indicate an interest in participating in global health activities in the future (53%). However, over a third of respondents (39%) did not know whether they were interested in future global health activity participation, thus indicating a need for clearer communication of the content and benefits of such activities to healthcare professionals, both in terms professional and personal development.

Comparison with prior studies

There is a lack of research investigating participation in global health activities among healthcare professionals, especially in the UK NHS. The low level of participation found in this study is consistent with the relatively recent development of the global health discipline and its filtration into the curricula of UK HEIs. Likewise, it also aligns with the history of global health opportunities in the NHS, which have not been accessible on a national and wide scale until recently.

Comparing this study's findings with THET's¹⁹ survey of NHS staff, this study provides conflicting evidence regarding participating in global health activities in the NHS. Our results showed a low level of participation across our sample, whereas THET's findings showed a higher level of engagement (62%) across the 400 respondents in its survey. One reason for this discrepancy may be the approach taken to disseminating each survey. It is unclear how THET's survey recruited survey respondents. Furthermore, half of the survey sample were general practitioners (GPs) which have historically been more engaged in global health, while our sample was predominantly non-medical and had higher proportions of nursing, allied healthcare professional and administrative NHS staff. Our survey was disseminated to a wider stakeholder community and was not reserved exclusively to those which may have a skew towards global health engagement (ie, medical professionals). This is supported by this study's findings that the level of participation was proportionally much higher among medical respondents (28%) compared with other professional groups.

The findings of this research are also relevant to research studying participation in global health education and training opportunities in the USA. Most research conducted in the USA, like in the UK, focuses on medical graduates to the exclusion of our professional groups. Our results, showing that participation is highest among

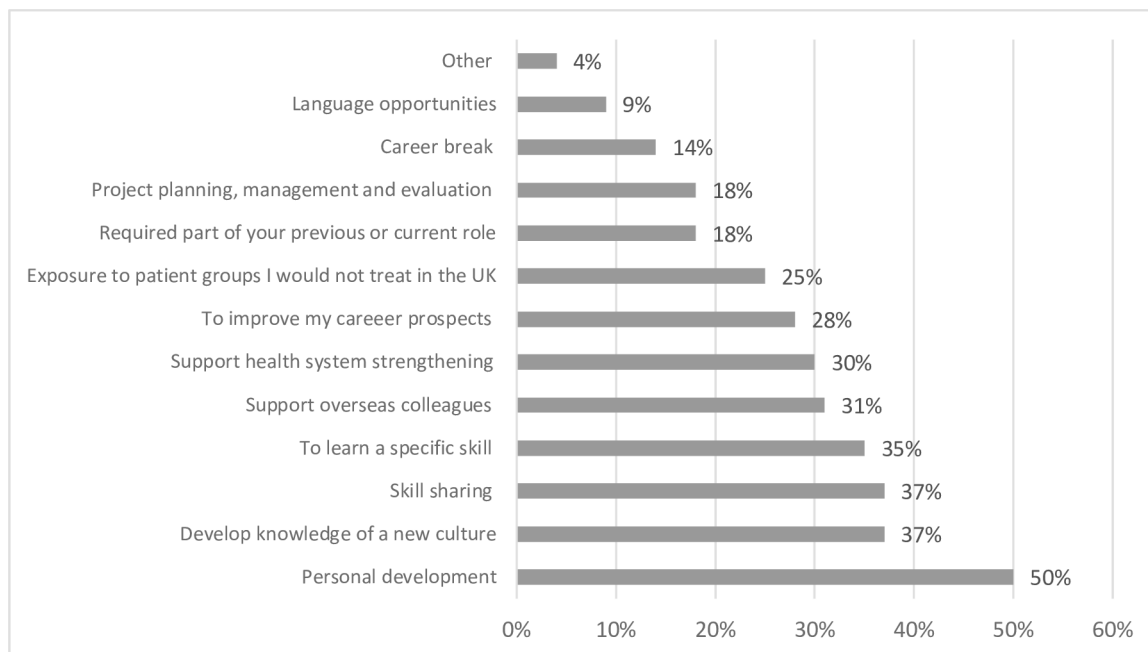


Figure 1 Respondents' motivation for participating in global health activities.

medical professionals, accords with studies showing higher participation in global activities among medical students in US universities during and following their studies.^{5 10 11} By showing the contrast between medical and non-medical staff in the NHS, this study highlights how observed participation rates among medical professionals may compare with other groups in the USA. Research in the USA also shows similar levels of interest in global health to this study, with one study¹⁰ finding two-thirds of newly graduated physicians planned to participate in global health following graduation.

However, as outlined below, there is a clear need for further research in this area.

Implications for policymakers

Despite the growth in opportunities in recent years, there is still relatively limited availability for healthcare professionals working in the NHS, especially funded opportunities. Likewise, opportunities are typically communicated within exclusive networks which prevent broader engagement by the NHS workforce. Our results point to the need for NHS national bodies and organisations to better



Figure 2 Global health activities respondents would like to participate in the future. HEE, Health Education England.

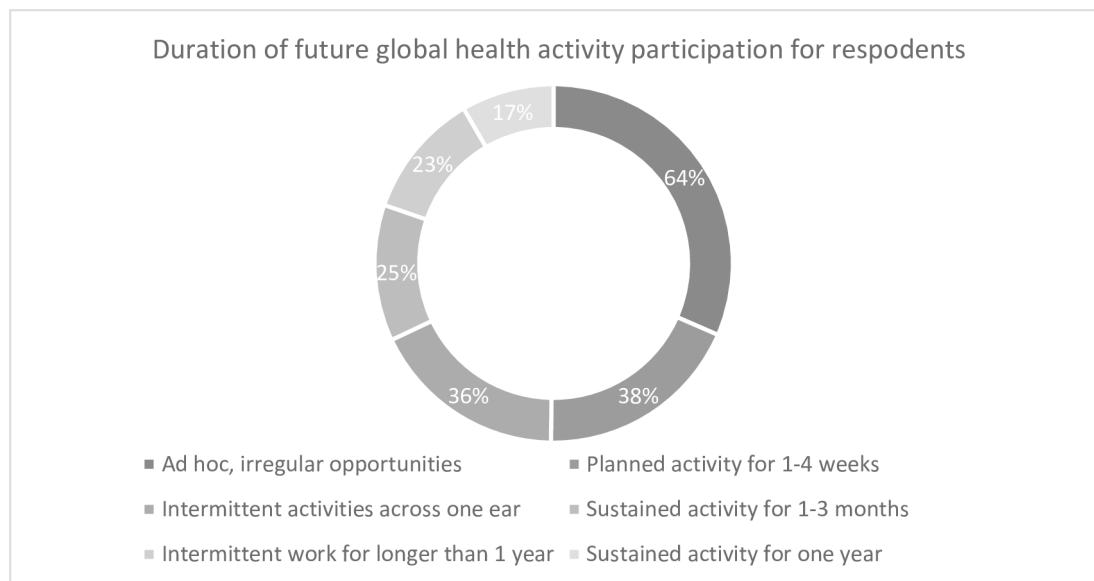


Figure 3 Duration of future global health activity participation selected.

communicate opportunities to enhance staff awareness of the range of global health activities available. The findings of this study show that two forms of organisational communications—internal staff intranet and other internal communications (eg, notes within payslips or emails, magazines or library bulletin boards sources, journals or other publications)—may well be effective ways to raise awareness of the types of opportunities available to staff in global health. Both of these conduits would increase the reach of communications and may lead to a growth in interest in global health opportunities available to staff.

This study also found that there is significant interest among respondents to participate in global health activities in the future and that those who have previously participated would recommend doing so to others. Therefore, there should be further development in availability of global health activities for NHS staff and healthcare students. Such activities should vary in type to ensure that a diverse offering is available, which enables participation in different types of global health activity, from ad hoc events (eg, lectures) to sustained buddying schemes and overseas fellowship opportunities. Furthermore, to avoid inequities in access between professional and demographic groups, sufficient funding should be attached to opportunities to enable participation. This funding should target the costs to healthcare professionals and to their employing organisation, which may require support to enable staff to engage in global health activities.

In addition, our results indicate that opportunities should be designed for different staff groups in the NHS, including different clinical groups and non-clinical staff. Evaluating the different forms of global health activity participation is also necessary in order to develop an evidence-base. Specifically, there should be a focus on the short-term and long-term outcomes from global health

activities, participant learning experience and potential inequities in access and experience.

Strengths and weaknesses of the study

This study has a number of strengths. First, the sample size obtained, while remaining a non-probability sample, is significantly larger than that achieved in prior research, therefore strengthening the study design. Second, the sample is diverse in constitution by including respondents from across healthcare professions and clinical and non-clinical roles. This enables for findings on participation in global health to include the perspective of a wide range of professional groups in the NHS.

This study also has a number of limitations which should be addressed in future research.

First, the non-probability sampling approach adopted limits the external validity of the results presented. It was not possible to obtain a complete sampling frame for NHS secondary care staff and healthcare students to enable random sampling, due to institutional barriers across the higher education sector and NHS, as well as General Data Protection Regulation constraints. Consequently, it is probable that the sampling approach may have led to a biased sample, in which those (a) within greater proximity to the organisational network used to disseminate the survey or (b) with a greater interest in global health completed the survey. However, this is questionable given the high proportion of the overall sample indicating low awareness of what is meant by global health activities in several questions.

Second, the sample is composed of a higher proportion of nursing and administrative/clerical staff which may have impacted the results collected. This is because engagement in global health has historically been more prevalent among medical students and graduates, with opportunities for other healthcare professions and



non-clinical staff increasing only in recent years. Therefore, the low participation in global health activities may have been shaped by the sample composition. However, due to the absence of prior research in this area it is cumbersome to assess the extent of the sample bias.

Third, the relatively low cell count for a number of ethnic minority groups prevented investigation of ethnic differences in global health participation.

Lastly, the survey did not enquire into the course studied by healthcare students completing the survey, thus limiting investigation of variation in global health activity participation between different student groups.

Future research directions

Further research is necessary to substantiate results presented and explore potential inequities in access to global health activities among NHS employees. This should investigate inequities in access based on healthcare profession (ie, medical, nursing and midwifery) and socio-economic differences. For example, recent research has demonstrated the ethnic inequities in a number of healthcare professions,²⁰ which were unable to be explored in this research due to sample limitations.

While individual participation and engagement in global health activities is an important area of study, future research should also investigate organisational availability and interest in providing global health activities to staff members. Organisations are significantly important in decisions regarding the learning and development of healthcare professionals in the NHS and in all health systems. Therefore, it is important to understand the extent of their organisational understanding of and interest in providing global health activities to staff.

Research should broaden the focus of engagement in global health beyond the NHS to other health systems. There is also considerable scope to expand the evidence base on global health participation in other countries that are known to have a history of global health engagement. Research in the USA has predominantly focused on medical professionals, thus showing that studies into global health engagement among non-medical healthcare professionals is warranted. However, global health is not, and should not, be the preserve of healthcare professionals in high-income countries. Therefore, research should seek to explore levels of prior and current participation in global health in other health systems and the level of interest in doing so in the future. This would enable for existing research on global inequities in engagement with global health to be further developed.²¹

Lastly, our findings are suggestive of a low level of awareness and knowledge of global health and the types of opportunities, which may be classified as 'global health activities'. This is because there were many respondents who were unaware of global health and the opportunities available to them. This may also point to potential diverse understandings of what global health means. While a subject of much academic literature, it appears important that a clearer definition of global health

(and global health itself) is created and operationalised in future survey research. Likewise, there may be space to also explore understandings of global health across professional groups as well as across geographies. Often, global health is conceived as healthcare activities happening outside high-income countries and implicitly in formerly colonised parts of the world, as opposed to say, the USA. Indeed, this is supported by the relatively low level of participation in global health in high-income countries in this study and the broader lack of bidirectional exchanges across the global health discipline.²¹ Thus, more global health research (and initiatives) should focus on understandings and participation in global health in low-income and middle-income countries.

Conclusion

As health systems across the world emerge from the COVID-19 pandemic, it is increasingly recognised that alternative ways of viewing health, embedding the national in the global, are of importance to health service delivery and system development. One way to do this is to enable healthcare professionals to engage with global health, which have been shown to deliver opportunities for individual development and system productivity gains. Yet, this study shows that there is considerable improvements to be made in raising awareness of and providing access to opportunities to engage in global health. Despite recent growth in the availability of global health education in the NHS, there is significant interest in global health activity participation among both NHS staff and healthcare students. In particular, there was interest in ad hoc global health activities, such as talks and lectures, as well as more medium-term activities, including buddying, mentoring and volunteering on overseas health programmes. While there is a need for further research in this area, this study does indicate a need to expand the availability of global health activities for NHS staff and healthcare students and commensurate funding to support participation. However, our study respondents also point to their current limited knowledge of global health and how to remedy this through global health engagement. Therefore, policy should be developed to enhance understandings of what global health is and the different ways those working in health systems, irrespective of the work they do, can engage in global health.

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Appendix

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Question	Responses
Are you a student or an NHS or HEI employee?	Student/Trainee NHS Employee HEI Employee (e.g., academic clinician) Other (Please State)
How would you describe your staff group?	Admin and Clerical Allied Health Professional Additional Clinical Services Additional Professional, Dental Director or above Estates and Ancillary Healthcare Scientist Medical Midwifery Nursing Pharmacist Scientific and Technical Other (Please state)
What is your job title/specialty?	Open text
How many years have you been working in the NHS?	Less than one year 1-3 years 4-10 years 11-20 years More than 20 years Prefer not to say
In which NHS region do you currently work?	East of England London Midlands North East and Yorkshire North West South East South West
Which NHS organisation do you currently work for from the following list?	List of NHS organisation used (taken from the following link: https://www.england.nhs.uk/publication/nhs-provider-directory/) Other (Please state):
What is your current basic salary (not including any additional payments for example such as HCAS or antisocial hours payments)? Please note these bandings are generally aligned with NHS Agenda for Change bandings (in brackets). If you are a part-time employee, please enter the full-time equivalent for your role.	>£18,005 [Band 1] £18,005-£19,736 [Band 2] £19,737 - £21,891 [Band 3] £21,892 - £24,906 [Band 4] £24,907. £30,364 [Band 5] £31,365-£38,889 [Band 6] £38,890-£45,752 [Band 7] £45,753-£53,169 [Band 8a] £53,168 - £63,750 [Band 8b] £63,751-£75,913 [Band 8c] £75,914-£91,003 [Band 8d] £91,004-£104,927 [Band 9]
Which of the following best describes the area in which you work?	Allied Health Professionals (e.g. Dietician, Physiotherapist, Operating Department Practitioner) Ambulance Service Team (e.g. Paramedic, Ambulance Care Assistant) Dental Team (e.g. Dental Nurse, Dentist) Doctors

	<p>Health Informatics (e.g. clinical informatics, Information management staff)</p> <p>Healthcare Science (eg. Clinical bioinformatics, histopathology)</p> <p>Healthcare Support Worker (e.g. Maternity support worker, podiatry assistant)</p> <p>Management (e.g. Clinical Manager, Estates Manager, General Manager)</p> <p>Medical Associate Profession (e.g. Advanced Nurse Practitioner, Physician Associate)</p> <p>Midwifery</p> <p>Nursing</p> <p>Pharmacy</p> <p>Psychological Profession (eg. Psychotherapist, CBT therapist, counsellor)</p> <p>Wider Healthcare Team (Ward Clerk, Cardiographer, Chaplain, Domestic Services Assistant)</p> <p>Other (free text option)</p>
How old are you?	<p>19 years or younger</p> <p>20-24 years</p> <p>25-29 years</p> <p>30-34 years</p> <p>35-39 years</p> <p>40-49 years</p> <p>50-59 years</p> <p>60-69 years</p> <p>70 years or above</p> <p>Prefer not to say</p>
Which of the following best describes your gender?	<p>Male</p> <p>Female</p> <p>Other (please state)</p> <p>Prefer not to say</p>
Which of the following best describes your ethnicity?	<p>English/Welsh/Scottish/Northern Irish/British</p> <p>Irish, Gypsy or Irish Traveller</p> <p>Any other White background</p> <p>White and Black Caribbean</p> <p>White and Black African</p> <p>White and Asian</p> <p>Any other mixed/multiple ethnic background</p> <p>Indian</p> <p>Pakistani</p> <p>Bangladeshi</p> <p>Chinese</p> <p>Any other Asian background</p> <p>African Caribbean</p> <p>Any other Black/African/Caribbean background</p> <p>Arab</p> <p>Other ethnic group (Please State)</p> <p>Prefer not to say</p>
<p>Which of the following best describes your participation in Global Health activities:</p> <p>‘Global Health activities’ mean the participation in, provision or support of any training, events or placements that promote understanding of global health issues and encourages reciprocal learning and understanding</p>	<p>I have never participated in GH activities</p> <p>I have previously participated in GH activities</p> <p>I am currently participating in GH activities</p>

between the NHS and partners overseas. For current or perspective NHS staff, this can take many forms, such as placements, attendance of seminars or lectures, buddying schemes or partnership programmes	Don't know
From the following, please choose types of activity you have participated previously in or are currently involved in. <i>[Note: This question needs to also ask how often each selected activity is participated in (at least once a week, monthly, every few months, yearly, every few years, other].</i>	Buddying Mentoring Remote/virtual global consultations/support Supporting Health Education England (HEE) or Tropical Health & Education Trust (THET) Quality Improvement Project Diaspora work Degree Global Health Placements Fundraising Overseas health services programme Overseas fellowships Research/Evaluation Project Work Scoping or Planning of International Activities Teaching Facilitating Action Learning Sets and/or Communities of Practice Attendance at global health events (e.g., conferences, lectures, webinars, seminars) Global health networks and Regional Health Networks Other
How have your previous overseas activities been funded? (please select all that apply)	Self-funded Fully funded by employer or education institution Part-funded by employer or education institution Fully funded commercial organisation (e.g., Pharmaceutical company) Part-funded by commercial organisation (e.g., Pharmaceutical company) Fully funded by a government body (e.g., Health Education England) Part-funded by government body (e.g., Health UK) Fully funded by a company or organisation based in the country you were visiting Part-funded by a company or organisation based in the country you were visiting Other (Please State)
For what duration did you participate in previous Global Health activities? (Allow multiple choices)	Ad-hoc, irregular opportunities Planned activity for 1-4 weeks Sustained activity for 1-3 months Intermittent activities across one year Sustained activity for one whole year Intermittent work for longer than a year
Have you spent time overseas as part of your previous or current GH activities (in the past 5 years)?	Yes No I don't know
Where have you participated in an overseas programme in the past five years? (please select all that apply)	Eastern Africa Western Africa Central Africa Southern Africa Northern Africa

	<p>Middle East East Asia South Asia South East Asia Central Asia Oceania Latin America Caribbean & Central America North America South America Europe</p>
Why did you choose to participate in Global Health activities? (Please select all that apply)?	<p>To learn a specific new skill or technique To be exposed to patient groups who I would not treat in the UK (e.g., tropical diseases) Career break Required to as part your previous or current role To improve my career prospects Project planning, management and evaluation Personal Development Develop knowledge of a new culture (e.g., cultural intelligence) Networking opportunities Language opportunities Skill sharing Support overseas colleagues Support health system strengthening Other (please state):</p>
Please briefly state what enabled you to first get involved in Global Health activities? (optional)	Open text
When you have previously participated in Global Health Activities, have you: (allow multiple responses)	<p>Taken paid leave Taken unpaid leave Completed it while working full-time Taken a career break Terminated employment Completed while on a student placement</p>
Please briefly summarise how Global Health activity participation has impacted on your personal, professional, and/or clinical development. (Optional)	Open Text
What is the name of the partnership/link/activity that you are involved with? For example, Please include the affiliated org in addition to Global Health activity name where applicable. (Optional)	Open Text
Would you recommend participating in Global Health activities to others?	<p>Yes No Don't Know</p>
For what reason have you not participated in Global Health activities previously?	<p>Not interested Limited knowledge of opportunities Personal considerations – family Professional considerations – lack of support from management Professional considerations – job retention Professional considerations – lack of opportunities Professional considerations – financial e.g., NI, pension, salary Professional considerations – career progression Other (please state):</p>

How do you find out about Global Health activities available at your NHS Trust/Higher Education Institution (HEI)?	Internal staff intranet HR / OD department Union representatives Social Media Internal communications (e.g., notes within payslips or emails, magazines, or bulletin boards) Library sources, journals or other publications) Word of mouth recommendation Industry opportunities (e.g., via a pharmaceutical company) Line manager External NHS organisation (e.g., Health Education England or Academic Health Science Networks) Other (Please State)
Do you think there is sufficient opportunity to participate in Global Health activities in your NHS Trust/Higher Education Institution (HEI)?	Yes No Don't Know
What are the barriers to participating in GH activities at your NHS Trust/Higher Education Institution (HEI)?	Funding Lack of uptake Lack of resources – staff Lack of knowledge or expertise Lack of support from management Lack of opportunities Inability to take extended leave or secure backfill for my role Opportunities not sufficiently communicated Other
Please briefly state how you can be enabled to access and engage in Global Health activities at your NHS Trust/Higher Education Institution (HEI)?	Open-text comment
Are you interested in participating in Global Health activities in the future?	Yes No Don't Know
What types of Global Health activities are you interested in participating in the future?	Buddying Mentoring Remote/virtual global consultations/support Supporting Health Education England (HEE) or Tropical Health & Education Trust (THET) Quality Improvement Project Diaspora work Degree Global Health Placements Fundraising Overseas health services programme Overseas fellowships Research/Evaluation Project Work Scoping or Planning of International Activities Teaching Facilitating Action Learning Sets and/or Communities of Practice Attendance at global health events (e.g., conferences, lectures, webinars, seminars) Global health networks and Regional Health Networks Other (please state)
For what duration would you like to participate in future Global Health activities? (allow multiple choices)	Ad-hoc, irregular opportunities Planned activity for 1-4 weeks

	<p>Sustained activity for 1-3 months</p> <p>Intermittent activities across one year</p> <p>Sustained activity for one whole year</p> <p>Intermittent work for longer than one year</p>
<p>To what extent do you agree with the following statements:</p> <ul style="list-style-type: none"> • 'Engaging in Global Health activities will improve my clinical practice and professional development' • 'Engaging in Global Health activities will support my personal development' • 'I seek out information and resources on global health issues' • 'I would like to work overseas during my career' • 'During my prior studies, global health was sufficiently covered' • 'I would have liked to learn more about global health during my prior studies' 	<p>Strongly agree</p> <p>Agree</p> <p>Neither agree nor disagree</p> <p>Disagree</p> <p>Strongly disagree</p>
<p>Are you happy to be contacted to take part in future research about involvement of NHS staff in Global Health programmes? If yes, please provide a contact email address.</p>	<p>Yes: Open Text for contact details</p> <p>No</p>
<p>Would you like to be entered into our prize draw to win a... [prize to be confirmed]?</p>	<p>Yes (if yes, please provide your contact details)</p> <p>No</p>

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