

# Occupational therapy under pressure

Workforce survey findings  
2022–2023



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## Summary

The occupational therapy (OT) workforce is under huge pressure. Increased demand coupled with workforce shortages is challenging OTs' capacity to provide essential support to people whose lives are impacted by long term health conditions and disability.

In November 2022, we surveyed OT practitioners across the UK about the workplace issues they're facing now, and how these affect the services they deliver to the public. We also asked how practitioners are impacted personally, including whether they intend to continue working as OTs.

The challenges shared by over 2,600 respondents have significant implications for the resilience of the current and future OT workforce, and the people who use OT services.

The results build upon the findings of previous surveys by the Royal College of Occupational Therapists (RCOT), exploring the experiences of OT practitioners in [rehabilitation settings](#) and [children's services](#).

**Despite the difficulties they are facing, OTs are overwhelmingly proud to be part of the profession and want to continue delivering life-changing interventions to the public. It's absolutely vital that they're provided with the support and resources they need to enable them to do this, for the health of the profession and the people they serve.**

## Our key findings

- 86% reported an increased demand for OT services within the previous 12 months
- 79% stated that people were presenting more complex needs due to delayed interventions
- 78% said that their team wasn't large enough to meet the demand
- 63% felt they were too busy to provide the level of care they'd like
- 59% rated their work-related stress as 7 or above on a scale of 1 to 10, with 10 being the highest level of stress.

“Being told not to work to gold standard due to capacity issues provides a huge amount of stress.”

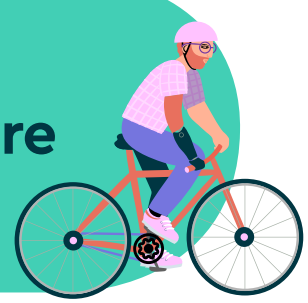


## Our key recommendations

- Governments must recognise that investment in the NHS and social care is critical to a healthy population and therefore economic growth.
- Investment in the OT workforce must be matched to service and demographic need, not just in the NHS but in social care as well.
- Capacity should be built within primary and community health and social care services, to ensure people receive advice and help early on, rather than when in acute need or with increased complexity due to delayed intervention.

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## Survey findings

### Increased demand for occupational therapy

86% of respondents stated that demand for OT services had increased during the previous 12 months. The reasons given for this increase were varied, but;

- 79% attributed it to lack of capacity elsewhere in the health and care system
- 79% felt that the complexity of people's needs had increased due to delayed intervention, resulting in an increased need for OT input.

The following factors also increased demand on OT services:

- deterioration of occupational performance due to delayed intervention (66%)
- increase in mental health needs (54%)
- lack of availability of carers (52%)
- a broader range of referrals being received (42%).

“Difficulty recruiting has increased, [plus] lack of availability of carers. Also due to complexity of clients the pace of caseload has decreased.”

“Due to [reduced] staffing elsewhere in the team OT staff are being used as generic community practitioner roles rather than OT. We try and fit that in on top of everything else.”

“Patients more unwell when they reach our service due to pressures in the main hospital. They therefore have more complex needs when they reach us.”

## Workforce shortages

- 78% of respondents felt that their team was not large enough to meet demand
- 55% said that longstanding issues with recruitment had impacted their ability to provide OT support to meet needs
- only 8% felt that they were able to fully provide the necessary level of OT support to meet local needs
- for some, staff shortages were resulting in long waiting lists, with more than 100 respondents saying that people were waiting over 12 months to access their service.

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“Crisis in recruitment and retention of all staff. No plan from Trust to address these growing issues. Services are unsafe and will collapse.”

“I am able to meet the basic needs of most patients. Some die before I am able to visit. The majority do not get the opportunity for rehab or prehab due to lack of capacity.”

“We are not able to recruit OTs to lighten the load and we are constantly chasing our tails to complete paperwork etc. We are soon going to have burnout.”

## Workforce pressures

- 68% of respondents said that they were under too much pressure at work
- 63% stated they were too busy to provide the level of care they would like
- 55% felt that too much of their time was spent on non-OT duties.

Over a third of respondents said they intend to leave their current role within the next two years. The most common reasons related to a lack of satisfaction with their role or setting:

- work related stress (48%)
- feeling undervalued (47%)
- unable to provide the standard of service they would like (46%)
- staffing levels are too low (40%)
- poor work/life balance (37%).

“Services that we would like to provide haven’t been commissioned. Inadequate capacity in the team to do new things. No locums available to backfill for permanent staff wanting secondments.”

“Managers seem to create a lot of health issues for staff by over-working them, not listening to their ideas and having unrealistic expectations. They often don’t seem to understand what OTs should be or value their potential.”

“We often work beyond our paid hours and accrue time in Lieu, which we do not get to take.”

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### Workplace support

A high majority of respondents felt able to discuss their wellbeing, request adjustments to their working arrangements and suggest workplace improvements. However, many people noted that requests and suggestions were often not acted upon in a meaningful way. Some said this was due to the pressure that staff and services were under. Others felt it was due to a lack of appreciation for the OT role, and low numbers of OTs in senior management positions.

“ I have discussed personal health and disability, support for staff, and bullying in the workplace. However, I have been met with empty words.”

“ I am in a new Trust with strong OT leadership and oh my goodness what a difference to OT provision. It literally makes my day better each day at work as there is someone very experienced and knowledgeable... in the OT corner supporting the department's needs.”

“ When teams are so small and no money to expand, there's no time for raising concerns or ideas, everyone's too stretched.”

We asked respondents about incidences of bullying, harassment and discrimination by colleagues and people who use their service. They were asked if they had experienced any of these personally and if they had witnessed them happening to colleagues.

Almost a quarter of respondents had experienced or witnessed bullying by colleagues, and a similar number had experienced or witnessed bullying by people who used their service. Fewer people had experienced or witnessed harassment by colleagues, but more than a quarter had witnessed colleagues being harassed by people who use their services. A similar percentage had witnessed colleagues experiencing discrimination by people who use their services.

Some people felt supported by their managers and colleagues to address bullying, harassment and discrimination. Some felt unsafe to speak up, while others reported a lack of empathy or action from managers when concerns were raised. For some respondents, a lack of support had resulted in them leaving their jobs.

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“ Definite increase in harassment from service users and their family/ carers, who are themselves under considerable strain due to stretched social care and health provisions.”

“ It is very common for service users to be rude towards myself due to my immigration status and accent. People sometimes diminish my knowledge and request another OT to look after them.”

“ Huge issues in the organisation including discrimination, lack of understanding of staff disabilities, bullying and harassment.”

## The future of the profession

Almost a quarter of respondents said they intend to stop working as an OT practitioner within the next five years. Less than half expected to be working as an OT for over ten years.

The implications of this are huge, when recruitment and retention are already significant challenges for many OT services.

Retirement was the most common reason given for leaving the profession. For some this was early retirement, influenced by a desire to focus on their personal wellbeing.

Other reasons for leaving the profession were most commonly linked to lack of satisfaction with their role:

- work-related stress (38%)
- poor work/life balance (36%)
- lack of fulfilment in the role (32%)
- rates of pay (29%)
- lack of opportunities for progression (24%).

“ I feel the caseload sizes are increasing year on year and I don't feel I'm doing my job to the best of my ability. It's busy and stressful.”

“ Our profession can offer so much to patients and yet we're continually having to compromise on care due to lack of staff and poorly staffed teams due to vacancies... New services and teams want OTs – they value us and our clinical expertise and skills but there aren't the OTs to fill those teams.”

“ Understaffed due to difficulty recruiting. Insufficient management support. Service Users are unhappy about waiting times and decisions and can be abusive as a result.”

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### Passion for the profession

Despite the significant challenges reported by respondents, the overwhelming majority felt positive about the profession.

- 93% said that occupational therapy is a rewarding career
- 86% would recommend it as a career to others
- 79% said that they were enthusiastic about their job most of the time
- 80% believed that the OT profession would offer them a secure job for years to come.

Many OTs said they're passionate about their profession but frustrated their work settings don't permit them to practice in a way that best uses their OT skills and expertise. Some linked this to a lack of understanding of the OT role by colleagues from other professions.

Others blamed a lack of OTs in leadership roles within their organisations. Issues with increased demand, staff shortages across multiple professions and long waiting lists also meant some OTs were expected to 'dilute' their roles to cover others' responsibilities, or to reduce their input with patients so more people could be seen overall.

“ Pressures within the role currently are mainly to do with volume of work and recruitment issues rather than issues specific to occupational therapy as a career.”

“ I previously hugely enjoyed being an OT, I now believe the deterioration in NHS and social care no longer allows provision of a good service as everywhere is so short staffed.”

“ I've worked in the NHS for 40 years, 37 years of those as a qualified OT working in mostly in acute hospitals and have loved my job. However the wider health system feels broken and there are not the community/social care resources to support patients outside hospital. We're churning patients out faster and faster, older, frailer and more complex, but given no time to rehab or improve them, knowing that they will likely get readmitted again in a few days. That is disheartening when there is so much we could do if we were given a day or two, or there were more services in the community.”

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## Our recommendations

**Expand the OT workforce to ensure staff are available to fill current and future vacancies by:**

- ensuring that future public service workforce planning prioritises the shortages in occupational therapy, so that workers can provide effective support and deal with the unprecedented increases in demand
- addressing the challenges around recruitment and retention which are causing OTs to leave the profession early
- making sure that workforce planning is seen through the lens of a multi-disciplinary team so that skills are utilised appropriately, and OTs' expertise is being used most effectively.

**Invest in the OT workforce and multi-disciplinary teams to ensure workers are properly supported in their roles by:**

- focusing on staff development and wellbeing to reduce the risk of OTs burning out and leaving the profession
- increasing investment in mental health support for health and care workers
- ensuring greater leadership opportunities for occupational therapists by opening-up leadership roles that would previously be restricted to other health and care professions, such as nursing
- addressing the concerns and experiences of workers that have dealt with bullying, harassment and discrimination in the workplace to ensure staff are safe and can report issues without hesitation.

**Recognise investment in the NHS and social care is critical to a healthy population and therefore economic growth.**

- A well-resourced health and social care workforce are central to enabling the NHS and local authorities to make the best use of public money and providing taxpayers with timely access to high quality health and social care, as well as introduce substantial cost-savings for the public purse.
- All successful organisations do workforce planning to ensure they can meet demand. The NHS and social care system should be no exception.

## Further information

To find out more about our survey design, analysis and recommendations, please contact lauren.walker@rcot.co.uk and benjamin.powick@rcot.co.uk

For media enquiries please contact [pressoffice@rcot.co.uk](mailto:pressoffice@rcot.co.uk)

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