

The Attractiveness of Physiotherapy in the NHS as a Career Choice: A
Qualitative Study

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Structured Summary

Background and Purpose:

The NHS is currently experiencing a shortfall of staff in the allied health professions and in particular, physiotherapy. This research project aimed to identify the key factors that determine the attractiveness of physiotherapy as a career choice and the NHS as an employer to potential recruits and returners.

Methods:

Interviews were conducted with school pupils, mature students on Access courses, physiotherapy students, physiotherapy assistants, agency physiotherapists and independent sector physiotherapists.

Findings:

Ninety-two individuals participated in the qualitative stage of the study. Physiotherapy as a career choice was seen as attractive because of caring for patients, job availability, variety in work content and high levels of teamwork. However, these positive features were off set by high levels of stress and workload, staff shortages and poor equipment.

Conclusions:

In order to improve the attractiveness of a physiotherapy career greater publicity of consultant therapist positions, improved staffing levels, better working environments and increased work flexibility are required. It should be noted that the relatively small number of participants reduces the generalisability of the results of this study.

Key words:

Physiotherapy, employment, recruitment, returner, attractiveness.

Key Messages

1. Despite high levels of applications to physiotherapy training courses the NHS is suffering from a shortage of qualified physiotherapists.
2. Physiotherapy as a career choice is attractive because of caring for patients, job availability, variety in work content and high levels of teamwork.
3. High levels of stress and workload, staff shortages and poor equipment undermine the attractiveness of physiotherapy.
4. In order to improve the attractiveness of a physiotherapy career improved staffing levels, better working environments and increased work flexibility are required.

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1 Introduction

The problem of the recruitment and retention of staff in the allied health professions within the UK's National Health Service (NHS) has been highlighted over the last decade (1, 2, 3). Despite this attention, the NHS is still struggling with staff shortages in these professions. The government's response to the current situation has been to set a recruitment target of 6500 more therapists and allied health professionals by 2004 (4). The specific target for physiotherapy is to increase the number of physiotherapists by 59 percent by 2009. Meanwhile, the three-month vacancy rate for physiotherapists rose to five percent in 2001 (5). Some commentators have described the shortfall of physiotherapists in the NHS as 'a crisis situation' (6).

However, despite the bleak outlook regarding current physiotherapist staffing levels in the NHS, applications to training courses remain high. Unlike the other allied health professions, many physiotherapy courses are massively oversubscribed (7). Indeed, the number of members registered with the Council for Professions Supplementary to Medicine has risen to nearly 34,000 (8). These figures suggest that the current shortfall is not a product of a recruitment problem to physiotherapy training, or due to high wastage rates during the course, but is due to a shortfall of qualified physiotherapists *who want to work for the NHS*.

A team from the <<<Removed for reviewing process>>> was commissioned by the Department of Health to carry out research into ways in which the NHS is perceived as an

employer by potential staff. The two-year project, which commenced in September 2000, focuses specifically on the radiography, physiotherapy and nursing professions.

One of the major aims of the research project was to identify and understand the key factors that encourage or dissuade potential recruits to choose a career in physiotherapy and whether to pursue that career in the NHS. To achieve this understanding, the investigation was divided into two main stages. The first qualitative stage (reported in this paper) was designed to target those groups that may wish to enter the physiotherapy, radiography or nursing professions. The second, quantitative stage collected the views of a greater number of individuals thereby increasing the generalisability of the project's findings. The theory of planned behaviour (9) underpins both stages of the research project. The first stage provided formative research for the development of a questionnaire to allow the theory to be tested in the second stage of the project.

Six groups were identified for the first stage consisting of school pupils; people currently in training (including Access and degree courses); people working for the NHS but not qualified (physiotherapy assistants); and people who are already qualified but have chosen not to work for the NHS (agency and independent sector physiotherapists). The first stage of the study, the results of which form the basis for this paper, is of particular interest because it allowed people to describe their experiences and perceptions of the NHS in their own terms. This paper focuses specifically on the results related to physiotherapy.

2 Contextual Background and Research Objectives

The literature relating to work as a physiotherapist is limited. The work that has been conducted can be categorised into three broad areas:

1. Views of physiotherapy as a career choice from existing students undertaking physiotherapy training (1, 10);
2. Career patterns of physiotherapists working outside the NHS (11, 12);
3. Surveys of qualified physiotherapists working for the NHS (5).

The majority of existing research has investigated the reasons for choosing physiotherapy based on the retrospective views of students studying for physiotherapy qualifications. For example, several researchers found that sufficient and realistic information was crucial in persuading students to opt for physiotherapy (1, 13, 14, 15) as was more information about the demands of the course to reduce wastage (15). Some of the attractive aspects of physiotherapy identified by students were the opportunities to help people (13, 16, 17) and having a career that provided autonomy, advancement and variety (13, 17).

The existing research on physiotherapy recruitment has some limitations. Work undertaken on recruitment, retention and return, has usefully reported responses from questionnaires, but has not related the findings to relevant social science theory. Similarly, some articles tend to focus on the individual rather than organisational or policy level concerns.

2.1 Career Choice and Predicting Behaviour

Much is known about career choice processes and the factors that influence these decisions (18). The formation of attitudes and the extent to which people's attitudes are, or are not

reflected in their behaviour and choices is also well researched (19). However, because the time scale of this research precludes the tracking of behaviour over time, it will concentrate on attitudes and intentions to behave in certain ways. The study utilises the theory of planned behaviour (9) as a framework for predicting future behaviour.

To summarise the theory, Ajzen (20) states, *'according to the theory of planned behaviour, human action is guided by three kinds of considerations: beliefs about the likely outcomes of the behaviour and the evaluations of these outcomes (behavioural beliefs), beliefs about the normative expectations of others and motivation to comply with these expectations (normative beliefs), and beliefs about the presence of factors that may facilitate or impede performance of the behaviour and the perceived power of these factors (control beliefs). In their respective aggregates, behavioural beliefs produce a favourable or unfavourable attitude toward the behaviour; normative beliefs result in perceived social pressure or subjective norm; and control beliefs give rise to perceived behavioural control. In combination, attitude toward the behaviour, subjective norm, and perception of behavioural control lead to the formation of a behavioural intention. As a general rule, the more favourable the attitude and subjective norm, and the greater the perceived control, the stronger should be the person's intention to perform the behaviour in question. Finally, given a sufficient degree of actual control over the behaviour, people are expected to carry out their intentions when the opportunity arises. Intention is thus assumed to be the immediate antecedent of behaviour.'*

It is noted by Ajzen that in order to apply the theory of planned behaviour successfully it is important to conduct formative research in order to inform the construction of a new questionnaire suitable for the behaviour and population of interest. Similarly, he adds that if

beliefs are to be assessed, they must be elicited anew from a representative sample of the research population (21). Consequently, the first stage of this research project is primarily exploratory and adopted a qualitative research strategy. Previous applications of the theory were used as a foundation for the development of an interview schedule with the original questions being adapted to enable their use in a qualitative research strategy and to ensure they were appropriate for the research context.

Using the theory of planned behaviour as a framework for the development of the interview schedule allowed the following two objectives to be addressed:

1. To identify the key factors that influence the beliefs and attitudes held by potential physiotherapy staff when considering the attractiveness of the NHS as an employer.
2. To identify the key factors that influence the beliefs and attitudes held by potential physiotherapy staff when considering the attractiveness of physiotherapy as a profession.

3 Methods

The first stage of the study was intended to explore and understand participants' attitudes and beliefs towards the attractiveness of the NHS as an employer and physiotherapy as a profession. A key method in attitude research is the interview (22) and consequently, a qualitative approach was adopted for this stage of the study. The most appropriate method for the exploratory research was individual and group interviews. Group interviews of approximately eight interviewees were adopted whenever practical for sample groups 1-4 (see table 1). Group interviews were chosen as the primary method for these groups because they were quicker and cheaper to conduct than individual interviews with the same number of participants. By contrast, individual or small group interviews were the main approach for sample groups 5 and 6 as it was considered impractical to attempt to arrange larger group sessions for these individuals. In total 92 participants were interviewed about physiotherapy across the six different sample groups. (see table 1).

<<<<<<Take in table 1 here>>>>>>

The interview schedule had four sections, three of which were related to aspects of the theory of planned behaviour shown in brackets:

1. Images of the NHS and of physiotherapy (exploring control and behavioural beliefs)
2. The views of friends and family on physiotherapy in the NHS (exploring normative beliefs);
3. The best and worst aspects of working for the NHS as a physiotherapist (exploring behavioural beliefs);
4. Barriers to entering the NHS as a physiotherapist (exploring control beliefs).

For each of the groups, organisations based in the East Midlands were targeted. The interviews were conducted in 2001 between February and August. Participants were drawn from two participating organisations. The majority of sessions were conducted at the host organisation, although a small number of interviews were conducted at the interviewees' home or by telephone for the interviewee's convenience. The interviews were conducted by members of the research team and lasted approximately one hour. The sessions were tape-recorded and duly transcribed verbatim. The analysis of the transcripts involved the three concurrent activities of data reduction, data display and conclusion drawing/verification (23) Data reduction was utilised to analyse each interview transcript using a structured coding framework. Data display was facilitated through the use of the qualitative software package QSR N'Vivo. The analysis of the transcripts indicated the most common themes identified by participants when asked about a particular issue, for example images of the NHS. The importance associated with these themes was judged by the research team in terms of the number of times a particular theme had been coded, the significance of the theme in relation to existing literature and the nature of the discussion that the theme was raised in.

4 Findings

Analysis of the data produced a number of key themes summarised in table 2 and the most important are discussed below.

<<<<<<Take in table 2 here>>>>>>

4.1 Images of Physiotherapy from Potential Recruits

School pupils' image of physiotherapy related primarily to sport and sporting injuries. Very few pupils thought about physiotherapy in relation to other forms of healthcare unless they had some personal experience of the profession. Mature students, on the other hand, did not emphasise sports but focussed on the one-to-one nature of the work, the shorter working hours compared to other health care professionals and, in a few cases, the perceived autonomy of the physiotherapist compared with the perceived 'menial' nature of nursing.

One of the strongest themes among current physiotherapy students was the low recognition of physiotherapy by other healthcare disciplines and the general public. The physiotherapy assistants were also concerned about the low recognition accorded to the profession. As one assistant reported '*Until you actually come into contact with physiotherapy, you don't know what it's about*'. Positive impressions revolved around the working environment and included teamwork, support from other staff and having control over how the working day was planned. The agency and independent sector physiotherapists also highlighted the opportunities to work as part of a team but concerns about staffing, pay levels and workloads were also prominent.

4.2 Views of Friends and Family on Working for the NHS as a Physiotherapist

Participants in all the unqualified groups indicated that they thought their friends and family would be supportive if they chose to work as a physiotherapist for the NHS. The reasons given for the expected support were mainly related to physiotherapy being perceived as a respectable career. However, some participants in these groups also noted that their friends and family were likely to express some concerns about their decision especially in relation to the cost of training and level of pay once qualified. Participants that were already qualified also expected to receive mixed views from their friends and family should they decide to return to the NHS. The comments ranged from the expectation of chastisement for having left the NHS because of the onus to 'pay back', to the encouragement to further develop their career. However, several staff working in the independent sector indicated that their family and friends would be very surprised if they decided to return to the NHS.

4.3 Best and Worst Aspects of Working for the NHS

Participants identified a number of attractions of working as a qualified physiotherapist for the NHS. A topic that all groups of participants focused on was helping and caring for patients. The time that physiotherapists spend with individual patients was perceived to be longer than that spent by nurses and other healthcare professionals.

Job availability was of prime importance to all groups but took on differing significance for the various groups interviewed. For students, it meant that they could look forward with confidence to getting a job when their training was over. As one student remarked '*Every hospital that I've been to, there are vacancies*'. For people already employed, it contributed to their sense of job security within the NHS.

Thirdly, the variety of work that is available to staff working for the NHS, was seen as an asset. Although agency staff were usually working within the NHS they tended, because of their status to forgo the opportunity of undertaking a variety of work within any one hospital. They felt they were generally given more straightforward and mundane work to do when working in an NHS environment and tended to not be consulted or involved in decision making.

Agency staff were also less likely to feel part of the team, but teamwork, including the support that NHS physiotherapists experience from colleagues, was widely seen by NHS assistants and the current physiotherapy students as one of the best things about the NHS. They did not feel that in the NHS they would be professionals working in isolation but would be involved in a joint endeavour within the physiotherapy department and part of a 'supportive environment'. One agency physiotherapist contrasted her circumstances with that in the NHS: *'I just like being part of the team in the NHS rather than the agency as such, it's the "belongingness". I know that it has its problems but everyone sort of seems to pull together to do their best. That's what I like about the NHS.'*

Progression within a career in physiotherapy was important for the current students, independent physiotherapists and NHS assistants. Although training opportunities were perceived to be readily available within the NHS, some agency and more mature NHS physiotherapists felt that staff development opportunities reduced later in their career. Pressure of work could also mean that it was not always possible to attend courses. Increasing administrative and teaching commitments for senior staff meant that they saw it as difficult to remain in the NHS and retain contact time with patients alongside career progression.

In relation to the worst aspects, participants talked about stressful work situations. Shortages contribute to the lack of time that physiotherapists have to see patients with the result that they do not feel that they are able to provide a good service to the patients or physiotherapy to their own satisfaction and to the standard that they had been trained to achieve. Unfavourable comments about the working environment was another theme. Physiotherapists saw themselves as having to 'make do' when working for the NHS while assistants, in particular, focused on the lack of resources and not enough money being available for improving the old equipment. The independent physiotherapists felt there was a lack of funding to both improve the working environment and to support training.

4.4 Barriers to Working for the NHS

When asked what barriers prevented them working for the NHS, the most common response from participants was that there were few. Barriers that were mentioned by the independent physiotherapists and assistants, included a lack of flexibility to accommodate staff (for example, part-time options) with family commitments. The school pupils and the assistants focused on aspects of the training process: the qualifications required; the time it would take; the cost of training as well as the resulting debt. Qualified staff also mentioned the need to be up to date and losing touch, for example with developments in the equipment, as being barriers to their returning to NHS work.

5 Discussion

The first stage of the investigation was not intended to explicitly test the theory of planned behaviour but to inform the design and development of the questionnaire to be applied in the second stage. The findings presented in the previous section are useful because they identify a number of factors that relate to the different aspects of the theory in the context of recruitment of physiotherapists to the NHS. With regard to behavioural beliefs about the likely outcomes of working for the NHS as a physiotherapist, the role was associated with high levels of stress and workload, staff shortages and poor equipment. These negative beliefs were offset by more positive aspects of the career including caring for patients, job availability, variety in work content and team working opportunities.

With regard to normative beliefs it is clear from the findings that the majority of participants would expect people that are important to them to be supportive should they choose to join the NHS as a physiotherapist. However, it was expected that some participants' friends and family would highlight the downside to a decision of joining the NHS as a physiotherapist focusing on low pay and the pressurised working environment.

Three main issues were identified in the findings with regard to control beliefs namely a lack of flexibility towards working arrangements, the length and cost of training and being out of touch with recent developments.

One the key aims of the first stage of the research was to identify the key factors that may influence an individual's decision to join the NHS as a physiotherapist. However, these findings do not indicate the relative strength of the different factors in influencing the different elements of the theory and similarly the findings cannot explore the relative

strengths between the different elements of the theory in influencing intention. These issues will be explicitly addressed in the second stage of the study.

The results presented in this paper support existing research that found that qualified physiotherapists working for the independent sector or agencies described more part-time work and flexible hours together with the provision of refresher courses as the features most likely to encourage them to return to public sector physiotherapy (11). Similarly, when surveying physiotherapists who were working for the NHS, factors that were identified as encouraging staff to leave the health service were an inability to provide good patient care and poor long term career prospects (7).

It is also interesting to note that the results identify a number of less well-documented factors associated with physiotherapy as a career choice. For example, many participants perceived the physiotherapy profession to suffer from low recognition from both the general public and other healthcare professions. In addition, several participants mentioned that one of the most appealing aspects of working for the NHS as a physiotherapist was the opportunity to work as part of a team. Indeed, not working as part of a team was cited as one of the drawbacks of working in the independent sector. These findings illustrate the need to raise the profile of the profession and some of the advantages of working for the NHS.

Furthermore, low pay levels, although significant to some participants, were not mentioned as consistently as expected considering the high attention given to pay by the media. These results suggest that although pay issues are generally thought to be important in career choice decisions concerning physiotherapy, they may not be as important to potential applicants as other issues.

Comments from participants suggest that one of the attractions of working in the independent sector was the greater opportunity for promotion without sacrificing a clinical workload. The inability to return to the NHS on the same grade and with the same level of patient contact was also cited as an important barrier by staff working in the independent sector. These findings suggest that the introduction of 250 therapist consultants by 2004 (24, 25), and the increasing number of extended scope practitioners (26) are timely and positive steps to improving the retention problem. However, it is interesting to note that despite the emergence of these new roles, participants still believed that their career development opportunities would be reduced as they became more senior. Consequently, although creating these new positions will help retain staff, without adequate publicity the impact on overall recruitment and retention levels may be limited.

Research into the perceptions of physiotherapy as a profession and the NHS as an employer, across six differing sample groups, is an ambitious undertaking and therefore contains a number of inherent limitations. In particular, the adoption of a qualitative interview based approach in the first stage of this study limited the number of organisations it was possible to target and therefore reduces the generalisability of the results of this study. The selection of a relatively small number of interviewees to participate in the study, especially with regard to the independent and agency sectors, is also a source of potential bias. Furthermore, this study was not able to gather the views of qualified physiotherapists that are currently taking a career break and who may represent a significant pool of potential returners to the health service. Whilst this first stage of the research has provided a strong indication of some of the issues surrounding physiotherapy and the NHS in career decisions, further research is required to confirm which of these issues are the most important in influencing the attractiveness of the NHS as an employer to potential physiotherapy staff. The second stage

of the project, a questionnaire survey, has already begun to collect the views of a greater number of respondents across each of the six different sample groups.

6 Conclusion and Recommendations

This research project has explored the key factors that make the NHS attractive or not to potential employees. The findings presented suggest a number of specific recommendations:

- Increasing the awareness, of both the public and healthcare professional staff, of the value and contribution of the physiotherapy profession;
- Emphasising the positive aspects of working for the NHS such as working in a team work environment, the wide variety of work available, job security and the career opportunities;
- Increase the availability of flexible working and part-time opportunities for staff.

In a constantly changing and ever more demanding healthcare environment, the ongoing recruitment and retention of sufficient numbers of physiotherapy staff is critical to the provision of an effective health service. However, unless suitable reforms are made within the health service, the NHS will continue to lose qualified physiotherapy staff.

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Table 1 : Participants by Sample Group

Group		Number of Participants
Not professionally qualified or working in the NHS		
1)	School pupils (age 15-16) years undertaking relevant courses of education consistent with health care work.	30*
2)	Mature (age over 21) students taking Access or Open University courses in physiotherapy or healthcare.	9
Not qualified but working in the NHS		
3)	Students currently training for a degree in physiotherapy.	24
4)	Physiotherapy assistants working for the NHS	16
Qualified but not working in the NHS		
5)	Qualified physiotherapists working for agencies.	6
6)	Qualified physiotherapists working independently or for private sector employers.	7
Total		92

* For school pupils, both radiography and physiotherapy, representing the allied health professions, were discussed.

Table 2: Key Themes Identified from Interviews

Themes	Sample Group					
	School	Mature	Physio	Physio	Agency	Indep
	Pupils	Students	Students	Assistants		Sector
Images of Physiotherapy						
Teamwork			✓	✓	✓	✓
Low pay			✓		✓	✓
High workload			✓		✓	✓
Working one to one		✓	✓			
Shorter working hours		✓	✓			
Low recognition of profession			✓	✓		
Understaffed					✓	✓
Sport and sporting injuries	✓					
More autonomy		✓				
Support from other staff				✓		
Control of working day				✓		
Views of Family and Friends on working in the NHS as a Physiotherapist						
Supportive	✓	✓	✓	✓		
Respectable and worthwhile career	✓	✓	✓	✓		
Low pay when working	✓		✓		✓	✓
Pressurised working environment			✓		✓	✓
Very surprised					✓	✓

Return to NHS to develop career					✓	
High training costs	✓					
Best Aspects of working for the NHS						
Caring for patients	✓	✓	✓	✓	✓	✓
Job availability	✓	✓	✓	✓	✓	✓
Variety of work	✓	✓	✓	✓	✓	✓
Teamwork			✓	✓	✓	
Career progression			✓	✓		✓
Worst Aspects of working for the NHS						
Stressful work conditions	✓	✓	✓	✓	✓	✓
Understaffing		✓	✓	✓	✓	✓
Poor equipment				✓		✓
Lack of financial support for training				✓	✓	
Low pay			✓		✓	
Barriers to working for the NHS						
Few Barriers	✓	✓	✓	✓	✓	✓
Lack of work flexibility				✓		✓
Length of time to train	✓			✓		
Cost of training	✓			✓		
Level of qualifications needed	✓			✓		
Being out of touch with recent developments					✓	✓