



STAFF SURVEY 2011

What is this survey and why are we asking you to complete it?

Praxis Care is asking you to complete this survey so that the organisation can gain a better understanding of what you think about your job.

Who is carrying out the survey?

The survey is being conducted by Praxis Care's Research Department. Paul Webb will manage this project and no one outside of the Research Department will have access to completed surveys.

Who will see my answers?

Your answers will be treated in confidence. No-one will be able to identify individual responses. The code below will **only** be used by the Research Officer to identify if a reminder needs to be sent to a staff member. This information will not be available to anyone else in the organisation.

The survey findings will be analysed within the Research Department and the results will be presented in a summary report in which no individual, or their responses, can be identified.

Codes of Practice

The Research Department adheres to high ethical and professional standards in its work.

Completing and returning the Questionnaire

Please write clearly and return the questionnaire in the pre-paid envelope provided.

If you have any questions, please contact:

Paul Webb (Praxis Care Research Dept)

Tel: 028 90727 193. Email: paulwebb@praxiscare.org.uk

PRAXIS CARE AS AN ORGANISATION

MISSION STATEMENT

Praxis Care provides excellence and innovation in care and support to children and adults affected by mental ill health, learning disability, acquired brain injury or dementia.

1. To what extent do you feel that Praxis Care fulfils its mission statement in relation to:

(Tick one box for each statement. Tick 'DK/NR' if you 'don't know' or it's 'not relevant')

	Really well	Quite Well	Poorly	Very Poorly	DK/NR
a. Excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Care and support for service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. To what extent do you agree or disagree with the following statements:

(Tick one box for each statement. Tick 'DK/NR' if you 'don't know' or it's 'not relevant')

The Chief Executive and Directors of Praxis Care:

Strongly Agree
 Agree
 Disagree
 Strongly Disagree
 DK/NR

a.	Have a clear vision of where Praxis Care is going and how to get there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Treat employees with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Take into consideration the views of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Communicate in a timely way with employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Have a fair decision making process in relation to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Are committed to the well-being of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Are committed to the well-being of service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide information for your responses to the questions above and potential solutions / suggestions for improvement:

PRAXIS CARE AND ME

3. Please indicate the extent to which you agree or disagree with the following statements:

(Tick one box for each statement. Tick 'DK/NR' if you 'don't know' or it's 'not relevant')

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK/NR
a. I understand the organisation's underlying principles (dignity, value, respect etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have access to Praxis Care's policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with the quality of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK/NR
d. I feel a sense of loyalty to my project(s) / department(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel a sense of loyalty to the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel valued by my manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel valued by my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel valued by the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I value the annual review by the Chief Executive (Nevin Ringland)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I value the Staff Newsletter (accompanies pay slip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK/NR
k. My job allows me to have a good work-life balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I am willing to give some extra effort or time when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The organisation adequately compensates me for the extra effort or time I give	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How would you rate communication between:

(Tick one box for each statement. Tick 'DK/NR' if you 'don't know' or it's 'not relevant')

	Excellent	Good	Poor	Very Poor	DK/NR
a. The Directors and Projects/Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistant Directors and Projects/ Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My Project/Department and Central Office Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Myself and my line manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Myself and colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide information for your responses to the questions on the previous page and potential solutions / suggestions for improvement:

BULLYING / HARASSMENT

5. In the past 12 months, have you been bullied or harassed by other members of staff? *(tick one box)*

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

6. If you have experienced bullying or harassment in the last 12 months, did you or a colleague report it? *(tick one box)*

- I have been bullied/harassed and I reported it
- I have been bullied/ harassed and a colleague reported it
- I have been bullied/ harassed but it was not reported
- I have not been bullied or harassed

7. Do you have access to the Praxis Care policies and procedures on dealing with bullying and harassment? *(tick one box)*

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Please provide information for your responses to the questions above and potential solutions / suggestions for improvement:

SUPERVISION, APPRAISAL AND MANAGERIAL ISSUES

8. In the past year, has your manager left Praxis Care or moved to a different position / responsibility within the organisation? (tick one box) Yes No Go to Q12

9. In the past year, how many replacement managers have you had? (including acting up managers) (tick one box)

	0	1	2	3	4+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How has this impacted on your ability to do your job? (tick one box)

Very Positively	Positively	No Impact	Negatively	Very Negatively	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How has this impacted on the quality of the service users' care? (tick one box)

Very Positively	Positively	No Impact	Negatively	Very Negatively	DK	NR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In the past year have you received regular supervision? (approx once / 4 weeks) (tick one box)

Yes No Go to Q15 No, I have been on sick leave etc Go to Q15

13. If you have regular supervision, does supervision: (tick one box for each statement)

	Always	Usually	Rarely	Never
a. Help you to do your job better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help you to agree clear objectives for your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Effectively deal with issues which have been raised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. To what extent does your supervisor do each of the following? (tick one box for each statement)

	Always	Usually	Rarely	Never	NR
a. Consults me on matters relevant to my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Considers my ideas / suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Makes me feel my work counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Makes clear what is expected of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gives me clear feedback on my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Keeps me up to date with information I need to know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Supports me if I have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Listens if I have a suggestion to make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Treats me fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Discusses my training & development needs with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Coaches me on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Helps me find a good work-life balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Supports me in a personal crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Helps me with a difficult task at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Takes a positive interest in my health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Have you had an appraisal during the last year (tick one box)

Yes	No	No, I have been in my job less than 1 year	No, I have been on sick leave etc
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Go to Q17	Go to Q17	Go to Q17

16. If you have had an appraisal during the last year, did the appraisal:
(tick one box for each statement)

a. Help you to agree clear objectives for your work	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Give you feedback on your work performance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Give you the feeling that you are valued by Praxis Care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

17. Do you receive de-briefing when necessary? (e.g. after an untoward event)
(tick one box)

Always	Sometimes	Never	Not Relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. In the past year have you contributed to team meetings? (tick one box)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	No, I have been on sick leave etc	<input type="checkbox"/>
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19. Do you have access to a copy of the notes from team meetings? (tick one box)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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20. To what extent do you agree / disagree with each of the following statements:
(tick one box for each statement)

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK
a. I have clear, planned goals and objectives for my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am involved in decisions that directly affect my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can meet all the demands on my time at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have adequate materials, supplies and equipment to do my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There are enough staff for me to do my job properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am able to do my job to a standard I am personally pleased with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel I belong to an effective team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I ensure all service user information is treated confidentially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am enthusiastic about my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide information for your responses to the questions above and potential solutions / suggestions for improvement:

REWARDS / CONDITIONS OF SERVICE

21. Please indicate to what extent your expectations are met in relation to:

(tick one box for each statement)

	Exceeds my expectations	Meets my expectations	Below my expectations	Not Relevant
a. Your rate of pay / salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your annual leave entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your statutory leave entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your Praxis Care pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The training you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your opportunity for promotion / career progression within Praxis Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your sick leave entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your maternity/ paternity leave entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. To what extent do you agree or disagree with the following statements:

(tick one box for each statement)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
a. The Praxis Care Awards are a useful way for the organisation to motivate employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The Praxis Care Awards are a useful way for the organisation to reward employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide information for your responses to the questions above and potential solutions / suggestions for improvement:

TRAINING AND DEVELOPMENT

23. How much do you agree or disagree with the following statements regarding training and career development? (tick one box for each statement)

	Strongly Agree	Agree	Disagree	Strongly Disagree	NR
a. I am encouraged to identify my training / development needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My training / development needs are regularly reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Praxis Care strives to meet my training needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I receive the training I require to do my job effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My training, learning and development has helped me do my job better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My training/ development has helped me stay up-to-date with professional requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide information for your responses to the questions above and potential solutions / suggestions for improvement:

HEALTH AND WELL-BEING

24. How would you rate your health during the last four weeks? (tick one box)
- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Very Good | Good | Fair | Poor | Very Poor |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
25. During the past four weeks, how much difficulty did you have doing your daily work, both at home and away from home? (tick one box)
- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | None at all | A little bit | Some | Quite a lot | Could not work |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
26. During the past 4 weeks how much did personal or emotional problems keep you from doing your work or other daily activities? (tick one box)
- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | None at all | A little bit | Some | Quite a lot | Could not work |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
27. In the last 3 months have you ever come to work despite not feeling well enough to perform your duties? (tick one box)
- Yes
No

Please provide information for your responses to the questions above and potential solutions / suggestions for improvement:

LIKES AND DISLIKES

28. What 2 things do you like most about your job?

a.	
b.	

29. What 2 things do you like least about your job?

a.	
b.	

30. Do you plan to continue working for Praxis Care in the next 6-12 months?

(tick one box only)

- Yes
No
Not Certain

31. Do you plan to continue working in the health and social care sector in the next 6-12 months?

(tick one box only)

- Yes
No
Not Certain

Please provide information for your responses to the questions above and potential solutions / suggestions for improvement:

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GENERAL ISSUES

32. The organisation is keen to know the level of interest in Fundraising activities.

Would you be willing to be involved in the following fundraising activities? (tick all which apply)

a. Street Collections	Yes	<input type="checkbox"/>	g. Raffles	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
	Not certain	<input type="checkbox"/>		Not certain	<input type="checkbox"/>
b. Bag Pack Collections	Yes	<input type="checkbox"/>	h. Coffee Mornings	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
	Not certain	<input type="checkbox"/>		Not certain	<input type="checkbox"/>
c. Garden Shows	Yes	<input type="checkbox"/>	i. St Valentine's Challenge	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
	Not certain	<input type="checkbox"/>		Not certain	<input type="checkbox"/>
d. Marathons	Yes	<input type="checkbox"/>	j. Treks / Walks	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
	Not certain	<input type="checkbox"/>		Not certain	<input type="checkbox"/>
e. Friends of Groups	Yes	<input type="checkbox"/>	k. Sell Merchandise	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
	Not certain	<input type="checkbox"/>		Not certain	<input type="checkbox"/>
f. Distribute Collection Boxes	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
	Not certain	<input type="checkbox"/>			

33. For the next staff survey in 3 years time, how would you prefer staff views to be collected? (tick one box)

Praxis Care Research Department to collect views	<input type="checkbox"/>
An external consultancy organisation to collect views	<input type="checkbox"/>
No preference	<input type="checkbox"/>

34. Taking everything into account how would you rate Praxis Care as an organisation to work for? (tick one box)

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very Poor	<input type="checkbox"/>

35. Would you encourage other individuals to apply for a job with Praxis Care? (tick one box)

Yes, definitely	<input type="checkbox"/>
Yes, I think so	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>

Please provide information for your responses to the questions above and potential solutions / suggestions for improvement:

The following questions will help the organisation to compare the working experiences of different groups of staff

36. Do you supervise / manage staff? Yes
(tick one box only) No

37. What type of contract do you currently hold? Permanent
(tick one box only) Temporary
Relief

38. How many hours are you contracted to work in a typical week? Full time
(tick one box only) Part time
Job Share
Relief

If you would like to make any additional comments please do so here:

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS QUESTIONNAIRE

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS.

Please return the completed questionnaire in the confidential envelope provided.

Sources:

Care Quality Commission (2010) National NHS Staff Survey
CIPD (nd) Outlook_job_seeking_recession_pdf
Quality Metric (1999) SF-8 Health Survey
Quality Metric (2000) SF-8 Health Survey

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