

NATIONAL  
PRIMARY CARE  
RESEARCH AND  
DEVELOPMENT  
CENTRE

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## Executive summary

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In the autumn of 2008, NPCRDC undertook the fifth in its series of national GP surveys examining working conditions and job satisfaction. This report provides key findings on working conditions and job satisfaction from this survey and compares these to figures from the previous surveys, which span the last decade. The survey has both a cross-sectional and a longitudinal element.

The respondents to the 2008 survey reported substantially higher job stress than the respondents to the last survey in 2005, particularly with respect to 'adverse publicity from the media', 'long working hours' and an 'unrealistically high expectation of their role by others'. There were also significant increases in the proportions reporting having to work 'very intensively' and 'very fast'. However, compared to the 2005 respondents, the 2008 respondents reported greater choice in deciding what to do at work and greater clarity in their responsibilities. The proportion of GPs intending to quit direct patient care within the next five years had increased slightly from 2005. Although job stress ratings and intentions to quit had increased since 2005, they generally remained below the levels recorded prior to 2005.

Respondents to the 2008 survey reported working an average of 40-42 hours per week. This represents an increase of just over an hour a week compared to the 2005 survey. Average hours of work remained approximately three hours per week lower than the levels recorded before the introduction of the new GMS contract.

On a seven-point scale, overall job satisfaction had declined significantly, from 5.2 points in 2005 to 4.7 points in 2008. This change is observed in both the cross-sectional and longitudinal samples and is robust to allowance for the changing age-sex composition of GPs. The largest declines in job satisfaction were with hours of work and remuneration. There were additionally significant reductions in satisfaction with 'recognition for good work' and 'freedom to choose own method of working'. In the context of longer-term trends, GPs in 2008 reported the same overall job satisfaction as in 2004 and higher overall job satisfaction than in 2001. On almost all specific domains of job satisfaction (including hours of work and remuneration), respondents to the 2008 survey reported higher levels of satisfaction than had been observed in the surveys before 2005.

Across the piece, the findings from the 2008 survey suggest that GPs' working lives remain improved since the introduction of the new GMS contract, but have drifted below the peak reported one year after the new contract was introduced. Major contributors to the recent reduction in job satisfaction appear to be falling satisfaction with remuneration and hours of work. GPs also expressed the highest ever levels of stress caused by adverse publicity by the media and changes imposed by Primary Care Trusts.

## Background

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The National Primary Care Research & Development Centre has undertaken postal surveys of General Practitioners' working lives in 1998 (Sibbald et al., 2000), 2001 (Sibbald et al., 2003), 2004 (Whalley et al., 2005) and 2005 (Whalley et al., 2006). The fifth in this series was undertaken in the autumn of 2008.

This series of questionnaires now spans a decade. This provides a unique resource for tracking long-term trends as well as identifying the key policy and environmental issues impacting on GPs' working lives.

The 2008 survey performed a number of important functions, including:

- to provide further evidence on trends in GP hours and activities; and
- to contribute to the ongoing tracking of GP satisfaction throughout the primary care reform process, in particular to determine whether the recent improvements in job satisfaction have been sustained.

## Methods

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The data were collected via a postal questionnaire survey administered to a sample of GPs between September and November 2008.

### Target sample

The target sample included principals and salaried GPs (PMS and other salaried) in England, drawn from the General Medical Services (GMS) Statistics database maintained by the Department of Health (DH). This database is derived from an annual census (1<sup>st</sup> October each year) and contains the names, addresses, contract status and practice characteristics of all GPs in contract with the NHS in England and Wales at the census date. The database is updated annually and made available nine months after collection.

Following the methodology employed in previous surveys, and with the permission of the DH and the British Medical Association (BMA), two samples of GPs were sought from the

October 2007 GMS Statistics Database provided by The Health and Social Care Information Centre<sup>1</sup>:

1. 2008 cross-sectional random sample - A random sample of 3,000 GPs, excluding registrars, representing approximately 1/11<sup>th</sup> of the GP population;
2. 2005-2008 longitudinal sample - The 1,986 GPs who responded to the 2005 survey and could be located in the 2007 GMS Statistics database.

The random sample of 3,000 GPs was drawn first. Those GPs eligible for the longitudinal sample but not already selected as part of the random sample were added to form the overall study sample. The total target sample contained 4,805 GPs.

### **Response rate**

Two reminders were sent at three and six weeks after the initial mailing. Each mailing included a covering letter, the survey questionnaire and a reply-paid envelope. Respondents were asked to return blank questionnaires if they did not wish to participate and wanted to avoid reminders.

Table 1 shows the outcomes for the distributed questionnaires. The response rate in the cross-sectional survey was 44% (1,304/2,953), equal to that in the 2005 cross-sectional survey. The response rate in the longitudinal sample was 70% (1,366/1,961), which exceeds the 64% achieved in the 2005 survey.

It is clear that not all questionnaires were completed by the GP to whom they were addressed. Cross-referencing the age and gender reported by the respondent with that of the intended recipient recorded on the GMS Statistics database suggested that approximately 1 in every 7 questionnaires (346/2,541) were completed by a different GP than the GP to whom the letter was addressed. It is likely that, in these instances, the envelopes were opened by administrative staff and assigned to the GP in the practice that was most likely to respond.

*Table 1: Outcomes for the distributed questionnaires*

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Cross-Sectional	Longitudinal Sample
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	Sample (N = 3,000)		(N = 1,986)	
	N	%	N	%
Returned - Completed	1,304	43.5	1,366	68.8
Returned - Blank	356	11.9	131	6.6
Not Returned	1,293	43.1	464	23.4
Undelivered	13		4	
GP had Retired	14		12	
GP had Left the Practice	17	1.6	7	1.2
GP on Maternity Leave	1		1	
GP Registrar	2		1	

Note: The data for each sample includes 181 GPs who were in both samples (129 complete returns (of which 112 (86.8%) were the intended recipient), 11 blank returns, 39 non-returns, 2 others).

The achieved samples in previous NPCRDC GP satisfaction surveys have been reasonably representative of the entire GP populations at those times. Adjustments for observed differences between the achieved samples and the populations have made little difference to key statistics. Furthermore, while previous surveys have shown an inverse relationship between average satisfaction and response rates, recent analysis has shown that this relationship does not lead to bias in the estimated changes in mean satisfaction or in the estimated effects of the determinants of satisfaction (Gravelle, Hole and Hussein, 2008).

The age, gender, country of qualification and contract type compositions of the entire GMS database, the sample selected for the cross-sectional element of the survey and the cross-sectional sample of respondents are summarised in Table 2. There is good representation of all groups, though the respondents are somewhat less likely to be in the oldest age category (60 years and over), less likely to have qualified outside the UK, and more likely to be 'Providers'.

*Table 2. Representativeness of the cross-sectional element of the survey*

	All GPs (excluding Registrars) 2007	2008 Worklife Survey (Cross-Sectional Sample)	
		Selected	Responded
<b>N</b>	33,859	3,000	1,304 (43.4%)
<u>Age (years)</u>			
< 35	4,227 (12.5%)	350 (11.7%)	148 (11.3%)
35 - 39	4,797 (14.2%)	462 (15.4%)	214 (16.4%)
40 - 44	5,920 (17.5%)	535 (17.8%)	219 (16.8%)
45 - 49	6,493 (19.2%)	544 (18.1%)	267 (20.5%)
50 - 54	5,270 (15.6%)	471 (15.7%)	250 (19.2%)
55 - 59	4,097 (12.1%)	365 (12.2%)	147 (11.3%)
60 +	3,055 ( 9.0%)	273 ( 9.1%)	59 ( 4.5%)
Mean Age (Std. Dev.)	46.3yrs (9.5)	46.3yrs (9.5)	45.6yrs (8.5)
<u>Gender</u>			
Male	19,345 (57.1%)	1,748 (58.3%)	732 (56.1%)
Female	14,514 (42.9%)	1,252 (41.7%)	572 (43.9%)
<u>Country of Qualification</u>			
UK	26,676 (78.8%)	2,360 (78.7%)	1,108 (85.0%)
Overseas	7,183 (21.2%)	640 (21.3%)	196 (15.0%)
<u>GP 'Type'</u>			
Provider	27,332 (80.7%)	2,471 (82.4%)	1,101 (84.5%)
Other (Salaried) + Retainer	6,527 (19.3%)	529 (17.6%)	203 (15.5%)

### Analysed samples

We use different samples throughout this report depending on the focus of the analysis: (i) repeated cross-sections; and (ii) a longitudinal sample. The sample used for each table is indicated in the table notes. In general, where a question has been asked in previous surveys, and the primary purpose is to compare a representative sample of GPs in 2008 with a representative sample in earlier years, we include only the GPs in the cross-

sectional sample in 2008. Where possible we complement this analysis with analysis of the same individuals over time, using the 2005-2008 longitudinal sample. This serves to assess the robustness of the findings from the comparison of two repeated cross-sections and provides more detailed consideration of how the distributions of the variables have changed over time.

### **Questionnaire content**

The questionnaire contained sub-sections covering: job satisfaction; job stressors; job attributes; intentions to quit or retire; and personal, practice, job and area characteristics. Many of the questions used in the 2008 survey were the same as those used in previous surveys conducted by NPCRDC. The main content is outlined below.

#### *Personal, practice, job and area characteristics*

Questions on these characteristics included: age; sex; contract type; estimated hours of work (during surgery hours and out-of-hours); estimated allocation of time between direct and indirect patient care and administration; and practice size (numbers of doctors, nurses and patients).

#### *Job stressors*

Respondents were asked to rate the amount of pressure they experience from each of 14 potential sources of job stress on 5-point response scales. Twenty job stressors had been used in previous national surveys. Six stressors were removed from this survey because high correlations between responses to these questions and to those given to other questions about job stressors rendered them statistically redundant.

#### *Job attributes*

GPs were asked to indicate the extent to which they agreed or disagreed (on a 5-point scale) with 12 statements relating to their job control, workload, job design and work pressures.

#### *Intentions to quit or retire and other changes in work participation*

GPs were asked about the likelihood (rated on a 5-point scale) that they would make certain changes in their work life within five years, including: increasing work hours, reducing work hours, leaving direct patient care, and leaving medical work entirely.

### *Job satisfaction*

Job satisfaction was measured with the Warr-Cook-Wall questionnaire (Warr et *al.*, 1979). The original version of this questionnaire had 16 items: 15 job facets and one overall job satisfaction item. In the late 1980s, a reduced version of the measure containing 10 domains was used in a survey with GPs (Cooper et *al.*, 1989) because the five excluded facets were considered not relevant to this group. We used the same ten domains in this survey. Each item in the measure is rated on a 7-point scale, ranging from 'extremely dissatisfied' (score=1) to 'extremely satisfied' (score=7).

## Job Stressors, Job Attributes and Intentions to Quit

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### Job stressors

#### *Levels of job stressors in 2008*

Respondents were asked to rate 14 factors according to how much pressure they experienced from each in their job on a five-point scale from 'no pressure' (=1) to 'high pressure' (=5). Summary statistics for the cross-sectional sample are provided for each stressor in Table 3. The stressors are ranked in descending order of the mean score. GPs reported most stress with increasing workloads and changes imposed from the PCT and least stress with interruptions by emergency calls during surgery and finding a locum.

The ranking of stressors by mean scores and the percentages reporting high pressure (4 or more) is almost identical and we therefore use mean scores throughout the remainder of this section.

*Table 3: Levels of job stress in 2008*

Job Stressor	Cross-sectional sample	
	Mean rating	% reporting considerable/high pressure
Increasing workloads	4.04	72.54
Changes imposed from the PCT	4.01	71.66
Paperwork	3.97	71.34
Having insufficient time to do the job justice	3.88	66.49
Increased demand from patients	3.70	59.85
Adverse publicity by the media	3.65	58.49
Long working hours	3.41	49.22
Dealing with problem patients	3.37	42.71
Dealing with earlier discharges from hospital	3.23	39.69
Unrealistically high expectation of role by others	3.14	40.03
Worrying about patient complaints/ litigation	3.06	34.00
Insufficient resources within the practice	2.98	32.07
Interruptions by emergency calls during surgery	2.75	23.55
Finding a locum	2.45	19.78

Note: % considerable/high pressure = % rating 4 or 5. Range of N for cross-sectional sample = 1,259 - 1,291.

### *Changes in job stressors from 2005*

The changes in mean stress ratings between 2005 and 2008 in the cross-sectional sample are shown in Table 4. The stressors are ranked from the largest increase in rating to the largest decrease in rating. The largest increase in mean ratings is for adverse publicity by the media, which has increased from 2.86 to 3.65. Large increases are also seen for stress caused by long working hours and unrealistically high expectation of role by others. The only stressor on which GPs reported a substantial decrease in rating was finding a locum.

*Table 4: Changes in mean job stressor ratings*

Job Stressor	Mean Stress Rating		Change
	2005	2008	
Adverse publicity by the media	2.86	3.65	0.79
Long working hours	2.90	3.41	0.51
Unrealistically high expectation of role by others	2.70	3.14	0.44
Having insufficient time to do the job justice	3.61	3.88	0.27
Increasing workloads	3.79	4.04	0.25
Changes imposed from the PCT	3.76	4.01	0.25
Dealing with problem patients	3.13	3.37	0.24
Insufficient resources within the practice	2.86	2.98	0.12
Paperwork	3.86	3.97	0.11
Dealing with earlier discharges from hospital	3.14	3.23	0.09
Increased demand from patients	3.62	3.70	0.08
Interruptions by emergency calls during surgery	2.73	2.75	0.02
Worrying about patient complaints/ litigation	3.07	3.06	-0.01
Finding a locum	3.24	2.45	-0.79

Note: Stressors ranked from greatest positive change to greatest negative change. All figures are based on the respective cross-sectional samples.

## Job attributes

Respondents were asked to indicate the extent to which they agreed or disagreed with a set of statements designed to measure the extent of job control, and the nature of job design and work pressure. Responses were recorded on a five-point scale: strongly disagree, disagree, neither, agree, strongly agree.

### *Levels of job attributes in 2008*

Respondents were most likely (91%) to agree with the statement that they had to work very intensively and least likely to agree (14%) with the statement that changes to the job in the last year had led to better patient care (Table 5).

*Table 5: Job attributes, 2008*

Job Aspect	% disagree/ strongly disagree	% agree/ strongly agree
(W) Have to work very intensively	2.71	91.02
(C) Job provides variety of interesting things	5.34	83.20
(W) Have to work very fast	6.41	77.07
(P) Required to do unimportant tasks, preventing completion of more important ones	11.46	71.75
(P) Do not have time to carry out all work	13.71	68.71
(D) Always know what responsibilities are	12.99	68.29
(C) Choice in deciding how to do job	25.70	58.36
(D) Involved in deciding changes that affect work	35.68	48.84
(C) Working time can be flexible	34.31	44.77
(C) Choice in deciding what to do at work	31.16	44.73
(D) Consulted about changes that affect work	48.72	34.60
(D) Changes to job in last year have led to better patient care	58.17	13.63

Note: (C) = Job Control, (W) = Workload, (D) = Job Design, (P) = Work Pressures. Figures are based on the 2008 cross-sectional sample; range of N = 1,289 - 1,295.

### *Changes in job attributes since 2004*

These figures are compared to previous surveys in Table 6. Respondents reported more agreement with the intense workload statements in 2008 than in 2005. There was little change in the responses to the two statements about work pressures. There were mixed changes on the job control measures, notably the substantial increase in agreement with choice in deciding what to do at work. There were improvements in some aspects of job design (notably knowing what responsibilities are) but not in the outcomes (better patient care) of changes in the last year.

*Table 6: Trends in Job Design and Work Pressures, Workload and Job Control*

Job Issue	% agree/ strongly agree		
	2004	2005	2008
(W) Have to work very intensively	n/a	81.6	91.0
(C) Job provides variety of interesting things	n/a	81.5	83.2
(W) Have to work very fast	n/a	70.7	77.1
(P) Required to do unimportant tasks, preventing completion of more important ones	n/a	69.7	71.7
(P) Do not have time to carry out all work	78.2	66.7	68.7
(D) Always know what responsibilities are	n/a	57.8	68.3
(C) Choice in deciding how to do job	n/a	62.5	58.4
(D) Involved in deciding changes that affect work	43.5	48.7	48.8
(C) Working time can be flexible	n/a	46.8	44.8
(C) Choice in deciding what to do at work	n/a	28.3	44.7
(D) Consulted about changes that affect work	n/a	34.4	34.6
(D) Changes to job in last year have led to better patient care	20.7	30.1	13.6

Notes: (C) = Job Control, (W) = Workload, (D) = Job Design, (P) = Work Pressures. n/a indicates that these questions were not included in the 2004 survey. All figures are based on the respective cross-sectional samples.

## Intentions to quit

Respondents were asked how likely they were to leave direct patient care within the next five years. This has been shown to be a valid predictor of intentions to quit and actual quitting behaviour.

For older GPs, intentions to leave direct patient care may be dominated by early retirement plans. Table 7 therefore shows the distribution of responses stratified by whether or not the GP was currently aged less than 50 years. More than 1-in-5 (22%) of all respondents indicated that there was a considerable or high likelihood that they would quit direct patient care within five years. This was true for 43% of those aged 50 years or more and for 7% of GPs aged under 50 years.

*Table 7: Likelihood of leaving 'direct patient care' within five years in 2008*

Likelihood of leaving 'direct patient care' within five years (2008)	All GPs (N = 1,277)		GPs aged <50 (N = 751)		GPs aged ≥50 (N = 526)	
	N	%	N	%	N	%
	None	545	42.7	417	55.5	128
Slight	324	25.4	211	28.1	113	21.5
Moderate	128	10.0	70	9.3	58	11.0
Considerable	95	7.4	29	3.9	66	12.6
High	185	14.5	24	3.2	161	30.6

Note: Figures are column percentages based on the cross-sectional sample in 2008.

Table 8 shows how these figures on intentions to quit compare with previous surveys. Considerable or high quitting intentions are more prevalent in 2008 than in 2005, but below the figures reported in the 2001 and 2004 surveys.

*Table 8: Trends in Intentions to Quit*

Considerable/high intention to leave direct patient care within five years	All GPs	GPs aged <50	GPs aged ≥50
1998	15.3%	5.6%	n/a
2001	23.8%	11.4%	n/a
2004	23.7%	13.1%	n/a
2005	19.4%	6.1%	41.2%
2008	21.9%	7.1%	43.2%

Notes: n/a indicates that these figures were not presented in the corresponding reports/articles. All figures are based on the cross-sectional samples in the respective years.

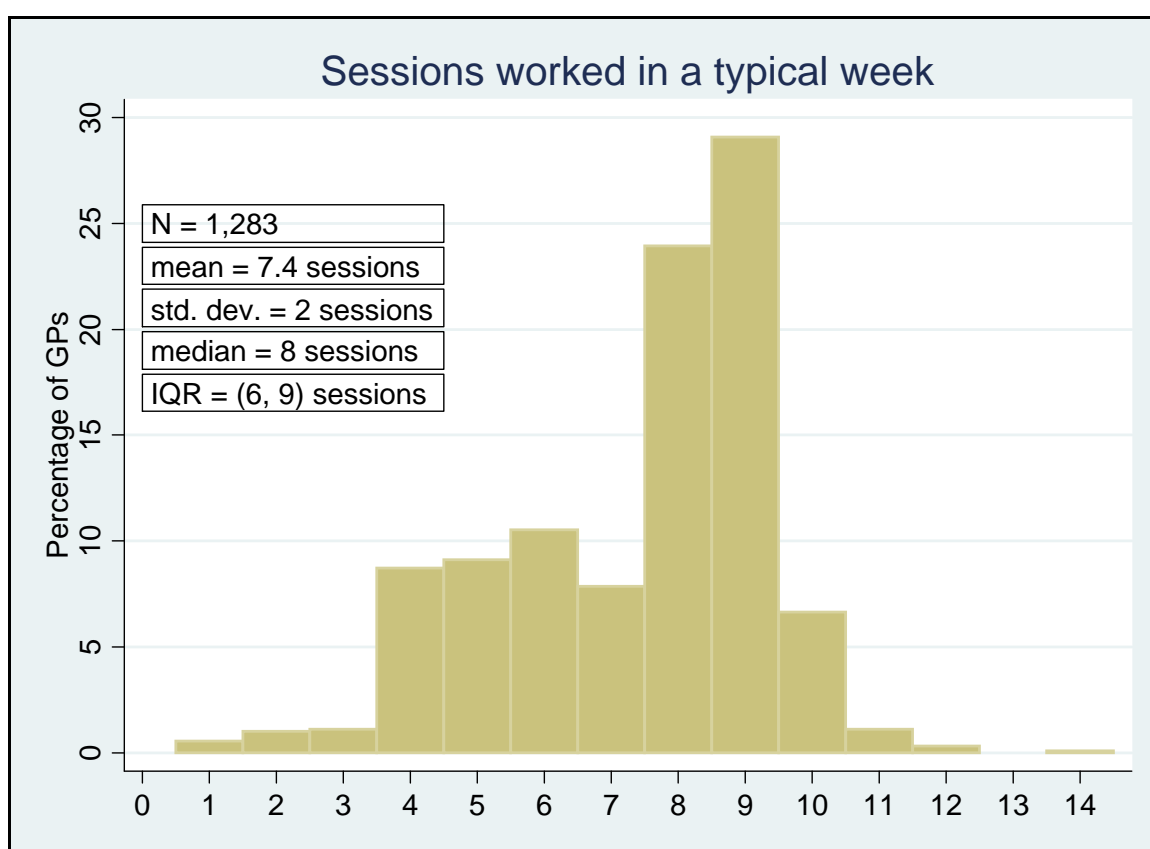
## Hours of work

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### *Sessions worked per week*

We asked respondents how many sessions (half days) they expected to work in a typical week. Figure 1 shows the distribution of responses. The median (Inter-Quartile Range) number of sessions was 8 (6, 9), and the mean (standard deviation) was 7.4 (2) sessions per week.

*Figure 1: Distribution of sessions worked in a typical week in 2008*



Note: Based on the cross-sectional sample in 2008.

We also asked GPs to indicate when they worked those sessions. This was to identify those who were working 'anti-social hours'. Of the 1,283 GPs who reported how many sessions they worked, 757 (59.0%) indicated that they worked at least one weekday evening session in a typical week, whilst 169 (13.2%) indicated that they worked at least one weekend session in a typical week.

### *Average hours worked per week*

Hours of work was asked in two different ways to random halves of the sample of respondents. On questionnaire type A, respondents were asked:

*How many hours do you spend, on average, per week, doing NHS GP-related work?  
(Please include ALL clinical and non-clinical NHS work but exclude out-of-hours work)*

On questionnaire type B respondents were asked:

*How many hours per week do you typically work as a GP?  
(Please exclude any hours on call)*

The B version was identical to that in the previous surveys. We trialled the new version (version A) because it was more specific about what forms of work should be included and had been used successfully in a recent GP survey in Scotland (French et al, 2006).

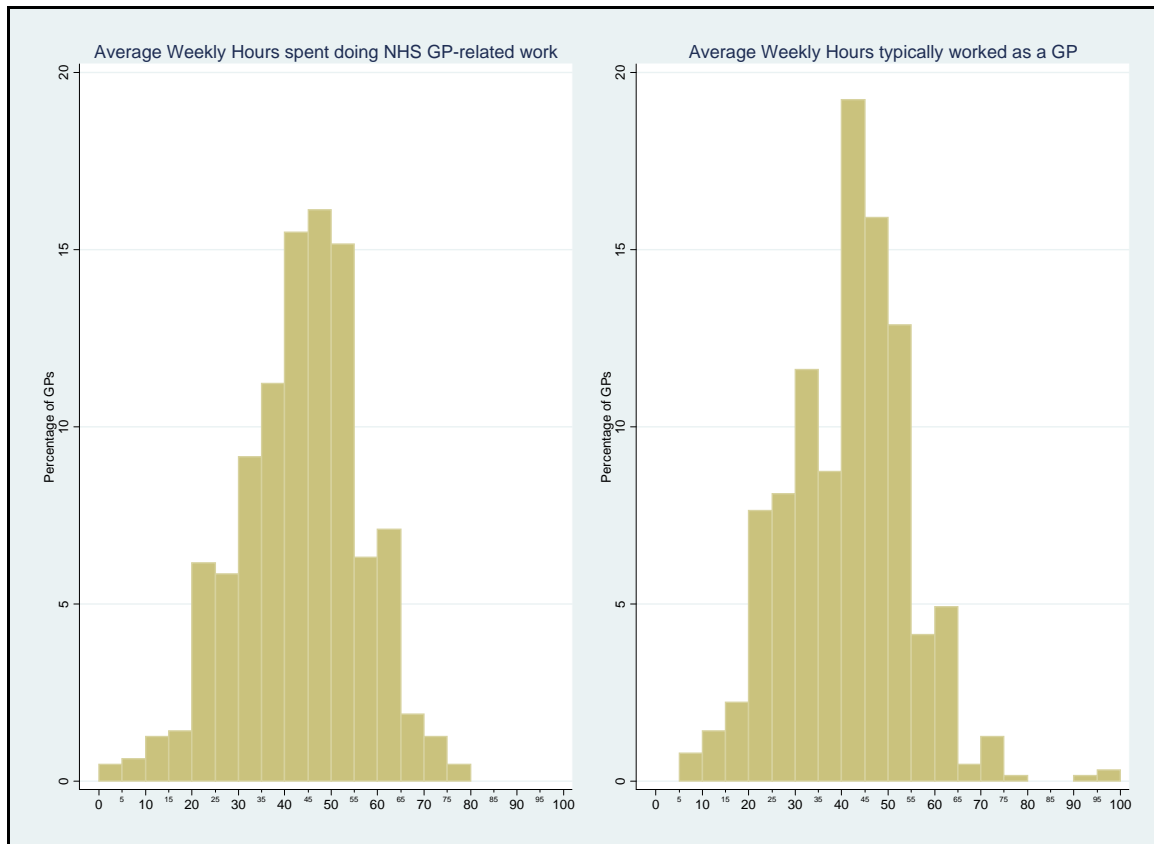
The mean (sd) response to the B version of the question was 40.1 (12.9) hours and the median (IQR) was 40 (30,48) hours. With the new A version the mean (sd) was 42.1 (13.0) hours and the median (IQR) was 44 (35,50). The mean values from the two versions of the questionnaire are significantly different ( $t = 2.73$ ,  $df = 1,260$ ,  $p = 0.006$ ). The distributions are shown in Figure 2. The new format (version A) generates a more symmetric distribution.

Figure 2. Distribution of 'Average Weekly Hours Worked' in 2008

Version:

A (new)

B (old)



### *Trends in average hours worked per week*

It would be inappropriate to pool the responses from the two versions of the questionnaire and compare these to values from previous surveys. Table 9 therefore shows the series since 1998 using only the values from Questionnaire type B, which is consistent with the 2005 survey. This series is shown graphically in Figure 3. The average hours worked per week has increased between 2005 and 2008. The change in average hours between 2005 and 2008 is statistically significant at 10% but not at 5% ( $t = 1.90$ ;  $df = 1,519$ ;  $p = 0.058$ ).

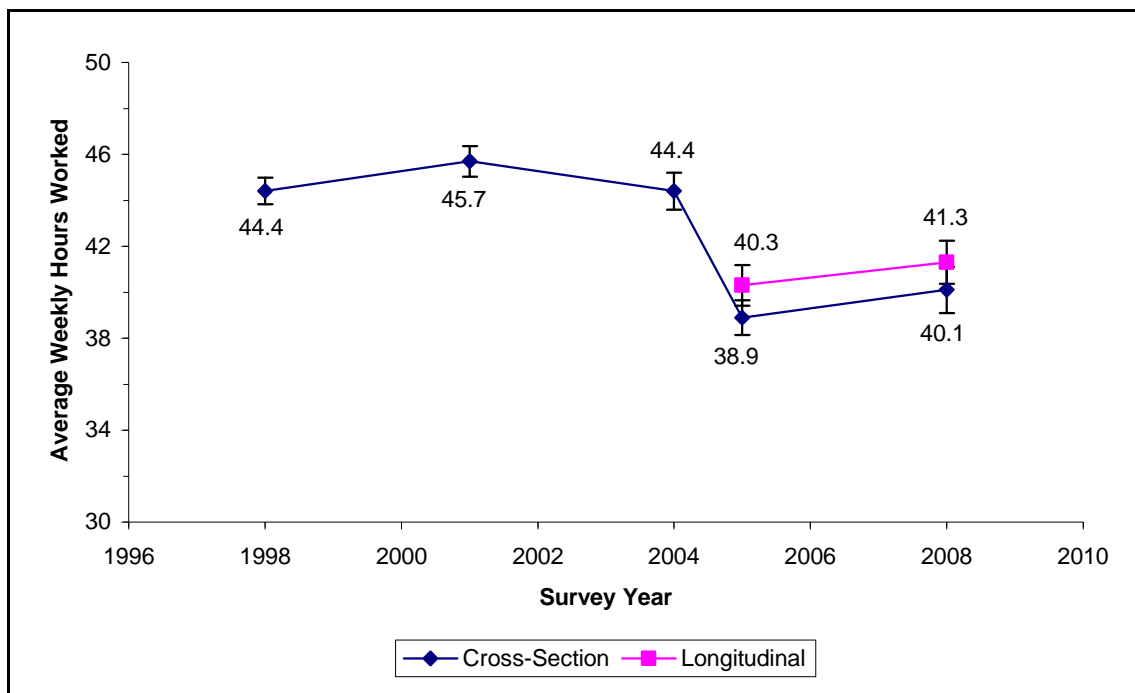
A similar increase in the average hours typically worked is observed in the longitudinal sample. Using data from the 586 GPs who responded to the survey in both years and the type B questionnaire in 2008, average hours worked increased from 40.3 (sd = 10.9) in 2005 to 41.3 (sd = 11.6) in 2008. This increase is statistically significant at the 5% level ( $t = 2.86$ ;  $df = 585$ ;  $p = 0.004$ ).

*Table 9: Summary statistics for average weekly hours worked: 1998 - 2008*

Year	N	Average	Std. Dev.	95% C.I.
1998	1,828	44.4	12.6	43.8, 45.0
2001	1,841	45.7	14.6	45.0, 46.4
2004	1,035	44.4	13.2	43.6, 45.2
2005	892	38.9	11.6	38.1, 39.7
2008	629	40.1	12.9	39.1, 41.1

Note: Figures are based on the cross-sectional samples in the respective years. Only responses to questionnaire type B are used in 2008.

*Figure 3: Trends in average weekly hours worked: 1998 - 2008*



Note: The figure for the 2008 cross-sectional sample is based on data from questionnaire type B only (N = 629). The figures for the longitudinal sample are based on data from GPs who responded in both years and to questionnaire type B in 2008 (N = 586).

### Hours on call

Questions about on-call work were only included in version B of the questionnaire. Respondents were asked:

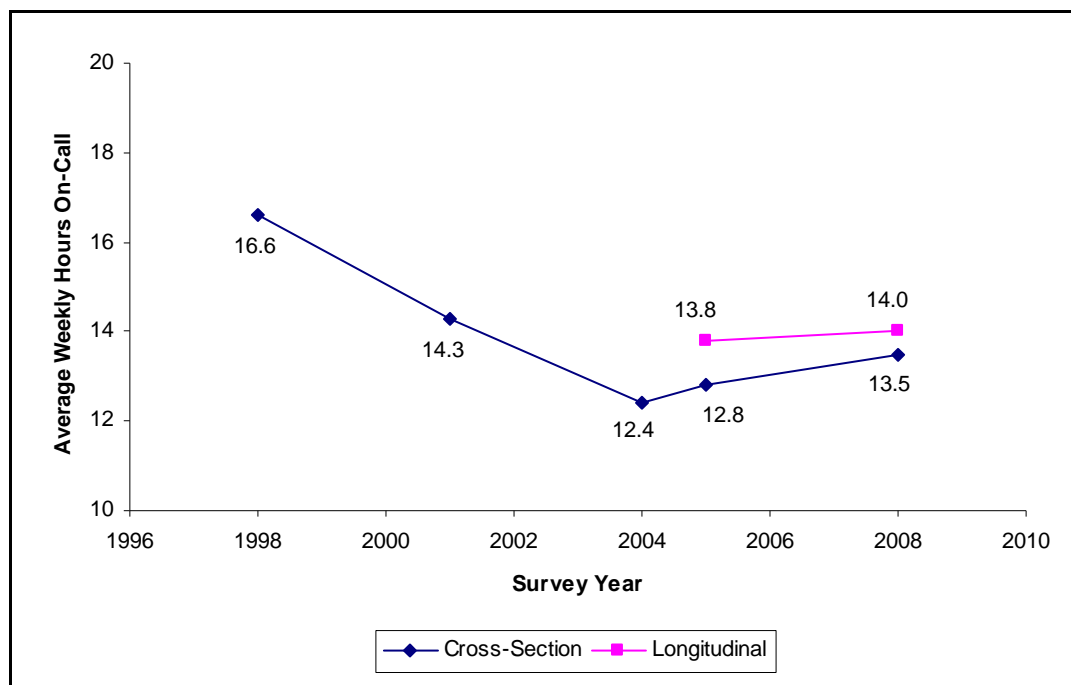
*How many hours per week are you typically on call?*

\_\_\_\_\_ hours during surgery hours

\_\_\_\_\_ hours out-of-hours

In 2008, the combined average weekly hours on-call was 13.5 hours (sd=11.7). The median hours on-call was 10 hours [IQR=7,15], with a reported maximum of 110 hours. The mean is higher than in 2004 and 2005 but lower than in 1998 and 2001 (Figure 4). In the longitudinal sample, the mean hours on-call reported for an average week increased slightly from 13.8 (sd = 12.5) in 2005 to 14.0 (sd = 12.3) in 2008.

Figure 4: Trends in 'Average Weekly Hours On-Call': 1998 - 2008



Note: The figure for the 2008 cross-sectional sample is based on data from Questionnaire B only (N = 612). The figures for the longitudinal sample are based on data from GPs who responded in both years and to questionnaire type B in 2008 (N = 573).

Just over 90% of GPs reported being on-call during surgery hours. Under a quarter of GPs reported being on-call ‘out-of-hours’. The average hours on-call during surgery hours was 11.9 (standard deviation 10.1 hours; median 10 hours), whilst the average hours on-call out-of-hours was 1.5 (standard deviation 5.1 hours; median 0 hours). For the 147 GPs who stated that they undertook some out-of-hours work, the median number of hours was 4 [IQR (2, 6)]. 119 of these 147 GPs undertook out-of-hours on-call work voluntarily, i.e. even though their practice had opted-out under the new contract (Table 10).

*Table 10: Practice opt-outs and on-call out-of-hours work*

Has your practice opted out of ‘out-of-hours’ work?	N (%) [of 649 GPs]	Median weekly hours typically on call out-of-hours (N)
Yes	547 (84.0%)	5.0 (119)
No	90 (13.8%)	3.5 ( 24)
No Response	12 ( 2.2%)	2.0 ( 4)

Note: Figures are based on the cross-sectional sample who received questionnaire type B in 2008. Median hours figures are calculated only for GPs stating that they undertook some out-of-hours work.

### *Out-of-Hours work*

On Questionnaire type A, respondents were asked:

*On average how many hours per week do you spend doing out of hours work?*

Thirty-one percent (205/635) of respondents reported undertaking some out-of-hours work. For these 205 GPs, the median number of hours was 4 [IQR (2, 6)]. As above, the majority (over 80%) did so even though their practice had opted-out (Table 11).

*Table 11: Practice opt-outs and out-of-hours work*

Has your practice opted out of ‘out-of-hours’ work?	N (%) [of 653 GPs]	Median weekly hours spent doing out-of-hours work (N)
Yes	552 (84.5%)	4.0 (162)
No	81 (12.4%)	3.5 ( 40)
No Response	20 ( 3.1%)	2.0 ( 3)

Note: Figures are based on the cross-sectional sample who received questionnaire type A in 2008. Median hours figures are calculated only for GPs stating that they undertook some out-of-hours work.

### *Extended opening hours*

Primary Care Trusts are required to ensure that at least 50% of practices offer extended opening hours. We asked respondents whether their practice was going to offer extended opening hours. 63% said they already did and 17% reported that they planned to do so. These results are consistent with the figures published by the Department of Health on the percentages of practices offering extended hours around the same period: October (59%) and November (65%).

There was considerable variation between Strategic Health Authorities (SHAs) in the provision of extended opening hours (Table 12). Almost 80% of GPs practicing in the South Central and North East SHAs said that their practice already offered extended opening hours. In contrast, less than half of the GPs practicing in the North West and Eastern SHAs reported this, although a further 28% reported that their practice planned to extend its opening hours. Fewer than 10% of GPs in the North East reported that their practice did not offer extended opening hours, compared to almost 30% of GPs in the North West, East Midlands and West Midlands.

*Table 12: SHA variations in Extended Opening Hours*

SHA	Already offer extended opening hours	Planning to offer extended opening hours	Does not offer extended opening hours
North East	101 (78.9%)	16 (12.5%)	11 ( 8.6%)
North West	131 (43.7%)	83 (27.7%)	86 (28.7%)
Yorkshire & Humber	174 (69.9%)	25 (10.0%)	50 (20.1%)
East Midlands	118 (56.2%)	32 (15.2%)	60 (28.6%)
West Midlands	139 (59.4%)	30 (12.8%)	65 (27.8%)
Eastern	127 (48.7%)	73 (28.0%)	61 (23.4%)
London	204 (67.3%)	54 (17.8%)	45 (14.9%)
South East Coast	153 (70.2%)	20 ( 9.2%)	45 (20.6%)
South Central	175 (79.5%)	20 ( 9.1%)	25 (11.4%)
South West	225 (70.1%)	61 (19.0%)	35 (10.9%)
England	1,547 (63.3%)	414 (16.9%)	483 (19.8%)

Note: Data are row percentages based on the 2008 combined cross-sectional and longitudinal samples; N = 2,444.

### *Percentage of time spent on various activities*

In addition to asking GPs the number of hours worked on average per week, the questionnaire asked GPs to indicate how much time they spent on different aspects of their work, namely:

- Direct patient care
- Indirect patient care
- Administration
- Other

Table 13 shows the average percentages reported by respondents in the cross-sectional samples in 2005 and 2008 and in the longitudinal sample. Just under two-thirds of time is devoted to direct patient care, with around 18% devoted to indirect patient care and 12% devoted to administration.

The respondents in the 2008 cross-sectional sample reported a slightly lower percentage of time devoted to direct patient care than those in the 2005 cross-sectional sample, while there was a slight increase in this use of time in the longitudinal sample. Neither change is statistically significant ( $p=0.284$  and  $0.146$ , respectively). There was a consistent reduction in the percentage of time devoted to indirect patient care in the cross-sectional and longitudinal samples ( $p = 0.047$  and  $0.085$ , respectively). The percentage of time spent on administration was higher in 2008 in the cross-sectional comparison but lower in the longitudinal sample ( $p = 0.081$  and  $0.225$ , respectively). The percentage of time devoted to 'other' activities has risen slightly.

*Table 13: Percentages of time devoted to different types of activity, 2005 & 2008*

Type of activity	Cross-sectional sample		Longitudinal sample	
Direct patient care	63.3	63.0	62.2	62.9
Indirect patient care	18.2	17.5	18.2	17.6
Administration	11.3	12.0	12.3	12.0
Other	7.1	7.5	7.2	7.5
Total	100.0	100.0	100.0	100.0

Note: Figures are column percentages. Numbers may not sum to 100% due to rounding errors. N = 868 for the 2005 cross-sectional sample; 1,280 for the 2008 cross-sectional sample; and 1,237 for the longitudinal sample.

## Job Satisfaction

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The level of job satisfaction amongst GPs has been a particular focus of previous worklife survey projects at NPCRDC. Questions on job satisfaction have been included in GP surveys since 1987. This section of this report provides summary statistics on these elements of the survey and analysis of recent trends.

### *Job satisfaction levels in 2008*

Tables 14 show summary statistics on the levels of job satisfaction reported by the survey respondents. The domains are ranked in descending order of the mean reported satisfaction scores. Respondents reported most satisfaction with their colleagues and fellow workers and least satisfaction with their hours of work. This ranking of job domains is identical whether we use the mean scores, the percentages reporting dissatisfaction (scores of 3 or less) or the percentages reporting satisfaction (scores of 5 or more). In the remainder of this section we summarise the job satisfaction responses using the mean scores.

*Table 14: Summary statistics for job satisfaction in 2008 - cross-sectional sample*

Job domain	Mean	Median (IQR)	% dissatisfied	% satisfied
Colleagues and fellow workers	5.49	6 (5,6)	7.91	81.85
Amount of variety in job	5.23	5 (5,6)	10.90	76.08
Amount of responsibility given	5.20	6 (4,6)	11.80	73.37
Physical working conditions	5.07	5 (4,6)	16.85	71.51
Opportunity to use abilities	5.01	5 (4,6)	13.54	70.58
Remuneration	4.73	5 (4,6)	19.77	62.26
Freedom to choose own method of working	4.65	5 (4,6)	21.17	59.30
Recognition for good work	4.46	5 (4,6)	24.30	53.11
Hours of work	4.21	4 (3,5)	31.96	46.84
<b>Overall Satisfaction</b>	<b>4.68</b>	<b>5 (4,6)</b>	<b>19.46</b>	<b>62.96</b>

Notes: % dissatisfied = % rating 1, 2 or 3; % satisfied = % rating 5, 6 or 7. Range of N = 1,275 - 1,289.

### *Changes in satisfaction ratings from 2005*

The mean level of overall satisfaction of 4.68 in the cross-sectional sample in this survey is 0.53 points below the mean level reported in 2005 (Table 15). A corresponding decline of 0.50 points was observed in the longitudinal sample (Table 16). These changes in mean overall satisfaction between 2005 and 2008 are highly significant (unpaired  $t = -9.22$ ,  $df = 2,168$ ,  $p < 0.001$  for the cross-section; paired  $t = -12.5$ ,  $df = 1,170$ ,  $p < 0.001$  for the longitudinal sample). In the longitudinal sample, of the 1,171 respondents in both years, 560 (47.8%) reported being less satisfied with their job overall in 2008 than 2005, 417 (35.6%) reported being equally as satisfied and 194 (16.6%) reported being more satisfied in 2008 than 2005.

*Table 15: Change in satisfaction ratings from 2005 - cross-sectional sample*

Job Aspect	Mean Satisfaction Rating		Change
	2005	2008	
Hours of work	4.86	4.21	-0.65
Remuneration	5.30	4.73	-0.57
Freedom to choose own method of working	5.00	4.65	-0.35
Recognition for good work	4.80	4.46	-0.34
Amount of responsibility given	5.43	5.20	-0.23
Opportunity to use abilities	5.19	5.01	-0.18
Colleagues and fellow workers	5.65	5.49	-0.16
Amount of variety in job	5.26	5.23	-0.03
Physical working conditions	5.08	5.07	-0.01
<b>Overall Satisfaction</b>	<b>5.21</b>	<b>4.68</b>	<b>-0.53</b>

Notes: Domains ranked by greatest change to least change.  
Range of N for 2005 = 882-887, for 2008 = 1275-1289.

*Table 16: Change in satisfaction ratings from 2005 - longitudinal sample*

Job Aspect	Mean Satisfaction Rating		Change
	2005	2008	
Hours of work	4.80	4.28	-0.52
Remuneration	5.39	4.87	-0.52
Freedom to choose own method of working	4.94	4.59	-0.35
Recognition for good work	4.74	4.46	-0.28
Amount of responsibility given	5.45	5.25	-0.20
Opportunity to use abilities	5.22	5.08	-0.14
Colleagues and fellow workers	5.63	5.60	-0.03
Amount of variety in job	5.29	5.27	-0.02
Physical working conditions	5.09	5.18	+0.09
<b>Overall Satisfaction</b>	<b>5.26</b>	<b>4.76</b>	<b>-0.50</b>

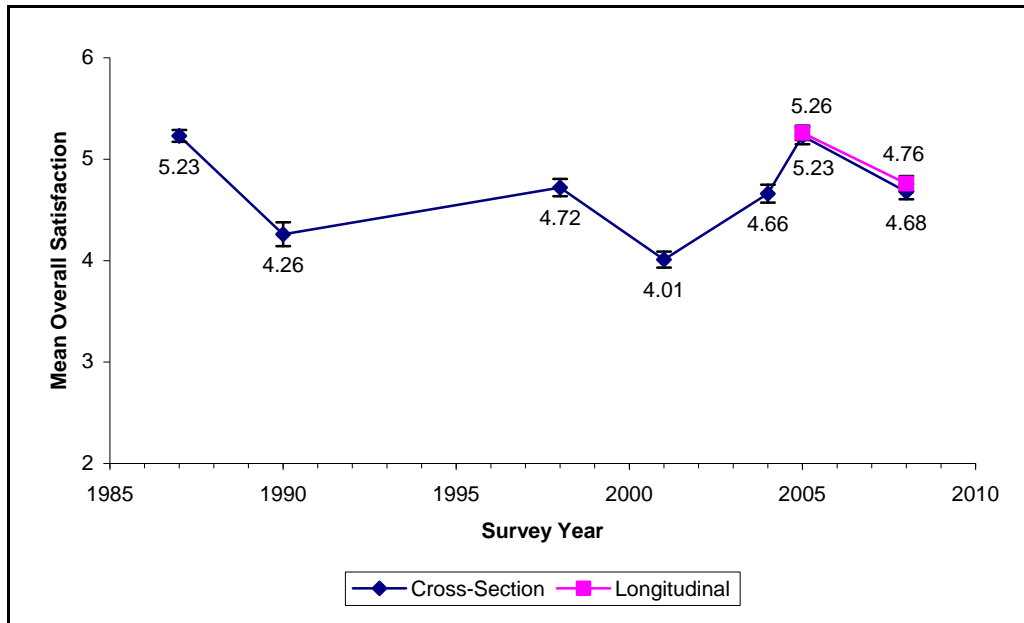
Notes: Domains ranked by greatest change to least change.  
Range of N for 2005 = 1172-1178, for 2008 = 1165-1174

#### *Long-term trends in job satisfaction: 1987 - 2008*

The decline in overall job satisfaction between 2005 and 2008 should be viewed in the context of longer term trends. Such trends may, in part, reflect the changing composition of the GP workforce. Although previous analyses suggest that these play only a minor role, we directly-standardised the levels of job satisfaction observed in each survey to the age-sex composition of the GPs in the 2007 GMS Statistics database.

Mean levels of overall job satisfaction between 1987 and 2008 are shown in Figure 5. The mean satisfaction score of 4.68 in this survey is very similar to the mean values of 4.66 and 4.72 recorded in the 2004 and 1998 surveys, respectively. GPs are not as satisfied as they were in 2005 but are also not as dissatisfied as they were in 2001.

Figure 5 Trends in mean overall job satisfaction: 1987 - 2008



Note: Cross-sectional series has been standardised to the age-sex structure of the 2007 GMS Statistics database, with the exception of 1987 and 1990.

## Concluding remarks

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Overall job satisfaction declined significantly between 2005 and 2008 from 5.2 points in 2005 to 4.7 points in 2008. Similarly, there were significant declines in satisfaction with hours of work and remuneration.

However, comparisons over a longer time-period suggest that morale has returned to a long-term average level and that comparisons with 2005 are misleading, as the level of satisfaction reported in 2005 was a short-term boost relating to the new contract.

Average hours of work in 2008 remained approximately three hours per week lower than the levels recorded before the introduction of the new GMS contract, with respondents working an average of 40-42 hours per week.

Considerable or high quitting intentions are more prevalent in 2008 than in 2005, but below the figures reported in the 2001 and 2004 surveys.

At this stage, we cannot tell whether these observations are enduring or temporary phenomena. We hope to undertake the sixth national survey in the autumn of 2010 and return to examine the more enduring aspects of these issues then.

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