The Family Nurse Workforce

A Study for the Family Nurse Partnership National Unit

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Executive Summary

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The study

The Family Nurse Partnership (FNP) Programme is an evidence-based, preventative programme for vulnerable young first-time mothers and their families, offering intensive and structured home visiting, from early pregnancy until the child is two, and is delivered by specially trained nurses. It is based on evidence that the first years of life have a long-lasting impact on a child's future health, relationships and happiness. The FNP programme offers high intensity support through frequent structured home visits using practical activities and strength-based methods to change behaviour and tackle the emotional problems that prevent some mothers and fathers caring well for their child.

This study of the Family Nurse workforce was commissioned by the FNP National Unit (FNP NU). There have been several studies to date of the impact and effectiveness of the FNP; this study, of the FNP workforce, has a different focus. If the FNP Programme is to be successful in the longer term it is important to be assured that staff find the FNP attractive, are well prepared for and able to cope with the role, find the role rewarding, and therefore are likely to be positive advocates for working in the FNP and be retained in the long term. This in turn is likely to have further impact in terms of positive outcomes for children and their families.

Therefore the FNP NU commissioned this research to explore workforce issues, especially recruitment, retention and job satisfaction, amongst Family Nurses (FNs) and their Supervisors. In particular, the study explored the way in which factors such as job satisfaction and preparation mediate the attractiveness of these posts and intentions to remain in post. This, together with analyses of current turnover rates, was designed to help the Department of Health (DH) move towards a stable and sustainable workforce and assist with FN workforce planning and expansion up to 2015 and beyond.

Activities

- The link to an online survey was sent, via emails, to the 380 Family Nurses FNs and 73 Supervisors for whom the FNP NU had valid email addresses. This yielded a response rate of 68 per cent (307 fully or partially completed questionnaires). Several questions within the survey questionnaire were identical to those in the national NHS staff survey (National NHS Staff Survey Co-ordination Centre, 2012), enabling comparisons to be made between the 2012 FN survey results and the 2011 (latest available) NHS staff survey results.
- Six focus groups were undertaken: four with FNs, two with FN Supervisors. FNs scheduled to take part in a fifth cancelled focus group emailed their comments in response to the questions in the discussion guide. A total of 26 FNs took part in the focus groups/emailed responses, and 22 FN Supervisors.
- Telephone interviews were conducted with:
  - Six people who had left after working within the FNP as FNs.
  - Nine senior staff with FNP Lead responsibilities.
- Seven individuals (three FNs, three Supervisors, and one person who joined the FNP as an FN and then gained a promotion to Supervisor) agreed to provide 'pen pictures', via telephone interviews.
- Analysis was carried out on workforce data provided by the FNP NU, and wherever possible comparisons were made with nationally-available data. The analyses were carried out in October 2012 with comparisons being made to data from the NHS Staff Survey 2011.

The workforce

As at April 2012, the FNP Programme had been introduced in five 'waves' between April 2007 and January 2012, with waves 2, 3 and 5 each having two parts. Since then, further recruitment has taken place and more is planned, as the Government has pledged to double the number of places on the Programme from around 6,000 places (at end of 11/12) to around 13,000 by 2015. This commitment is set out in the 2011/12 and 2012/13 NHS Operating Frameworks.

The personal details (gender, age and ethnicity) held on the FNP NU database show that the workforce is overwhelmingly female (98.5%) and predominantly white (92.7%). The modal age of respondents is 40 to 49, with half falling into this group; of the other half, two-fifths are younger than 40 and three-fifths are 50 and over.

On average Supervisors are older than FNs; over one-third (41.0%) are in their 50s, and only eight per cent are under 40. A national comparison taken from the Labour Force Survey suggests that the FN workforce is less ethnically mixed than the general workforce of nurses and midwives.

The majority (86%) of the FNP workforce works full time. Since the inception of the Programme in April 2007, 68 people (59 FNs and nine Supervisors) have left their jobs, giving a cumulative turnover rate for the five years of 20 per cent, or roughly four per cent a year. This compares with an annual rate within the wider NHS of 7.8 per cent (Health and Social Care Information Centre, year ended November 2011).

The most frequently-occurring qualification among FNs and Supervisors is that of Health Visitor (certificate or degree), followed by Nurse (General), Midwife, and Nurse (Child). Many FNs and Supervisors have multiple qualifications.

Attraction to the role

The survey asked FNs and Supervisors what had attracted them to the FNP Programme. For FNs, the two most-often cited attractions were 'making a difference' and 'continuity of care/structured programme'. For Supervisors, the main attraction was the 'ethos and principles of the Programme'.

> *It was like a vision of how I wanted to work with young people. Health visiting wasn't doing it for me. You can get closer to the clients with FNP.*

The role is seen as 'not for everyone' as it requires a special sort of person. As one senior lead put it:

> *You need a good, strong Supervisor. It's quite difficult to get exceptionally good clinical people who can also do team-working well, and manage a team. For FNs, you need experienced, thoughtful clinicians ... There's a requirement for lots of emotional intelligence and self-awareness, because the work is deeply challenging. Warmth and curiosity are also important.*

Preparation for the role

FNs and Supervisors are required to be qualified nurses, and the majority (75% of FNs and 90% of Supervisors) have a health visiting background. Several senior leads talked about the importance of being clear around the positioning of the FN teams within the wider service. In particular they commented that their local health visiting services had concerns that they might lose good people to the FNP, although the planned expansion of health visitors had assuaged this to some extent. They were also encouraging the FN teams to share their learning with the wider workforce.

To prepare them for the role, entrants undergo a structured, intensive training programme. Focus group participants were extremely positive about the training.

> *The training is outstanding, really, the quality.*

However, the extended nature of the residential sessions had caused some problems for staff with children.

Role clarity

The FN survey showed that FNs and Supervisors are very clear about their roles. Other health and social care professionals, however, do not seem to have a good understanding of the Programme, which means that new teams have to do a lot of marketing and relationship building:

> *As a team, we pulled together to give a clear message. Fairly quickly, other people got to be very impressed by the team's skills etc.*

Supervision, teamwork and support

The FNP uses a clinical supervision model, and FNs receive frequent supervision (for most who responded to the survey, this meant once a week). In addition, the teams receive psychology supervision, usually once a month. The majority of FNs rate the quality of their supervision highly:

> *I couldn't do the job without weekly supervision from our Supervisor. The psychology supervision is invaluable too, and peer support is also invaluable.*

Many FNs also spoke highly of the support they received from their colleagues in the team.

Supervisors were very positive about the support they had received from the FNP NU. The general view of the National Unit was that they are excellent, 'high calibre'. The Supervisors said that they do feel 'part of the FNP family' and can contact the National Unit when necessary.

Less positive were views about administrative and IT support. Some Supervisors complimented their administrators and saw them as part of the team, but others felt the hours were inadequate or had struggled to recruit a good person. IT support – or the lack of it – was also causing problems, especially given the amount of data that needs to be entered to support the 'fidelity measures'[1].

[1] These measures relate to the recording and reporting requirements of the FNP license and have two main components: core model elements and fidelity goals.

Workload

The work is intense, and the phrase 'emotional labour' was used on several occasions. FNs and Supervisors commented that, although 25 might seem a small caseload, the intensive nature of the client-nurse relationship meant that they felt a degree of workload pressure:

> *We thought it would be easier, with a lower caseload, but it wasn't. I never got up to full capacity … but it felt as though I did – it was very hard work … We'd be writing things up at 8pm, asking each other, 'How are we going to cope?'*

Two-thirds of FNs and almost nine-tenths of Supervisors said they regularly worked more than their contracted hours.

Despite feeling they were under pressure at work, FNs and Supervisors responded positively to the survey statement 'I am confident in my ability to cope with work pressure.' In addition, sickness absence (reported via the survey) is generally low, with the majority having had no or just one day of sickness absence in the past 12 months. However, the demanding nature of the work may mean that FNs and Supervisors will not feel able to stay in post long term; this has implications for future workforce planning, as it is possible that staff may leave in 'waves' as they come to the end of cohorts of clients.

Job satisfaction

Almost four-fifths of respondents said that their role as a FN/Supervisor had mostly or fully met their expectations. Job satisfaction levels, assessed via the survey, were very high – and notably higher than for nurses and midwives in the wider NHS. Figure 1 compares the responses of FNs and Supervisors to the 2012 FN survey, with those of 'all qualified nurses and midwives' and the two sub-groups 'health visitors' and 'midwives' to the 2011 national NHS staff survey. Over 80 per cent of FNs and Supervisors rated their jobs as 'better' or 'much better' than their previous role.

Figure 1: Components of job satisfaction: comparison with national survey results:

Sources: FN Survey 2012, and National NHS Staff Survey 2011

Careers

Most FNs and Supervisors do not want to leave the FNP:

> *I don't want to do anything else; this is the best job I've ever had!*

They are generally positive about aspects related to career development, notably continuing professional development. However, they have some reservations about opportunities for progression within the FNP. In particular, it is hard for FNs to acquire the managerial experience necessary for promotion to a Supervisor post. There are also concerns about where FNs will be able to go if they leave the FNP. Senior leads believe that the FNP NU needs to pay attention to careers for the longer term benefit of the Programme:

> *Career progression needs looking at. There needs to be more of a career path – FNs need to be eligible for Supervisor posts.*
>
> *Some FNs might like to be a Supervisor but not all will be suitable – it's not a natural career progression. It's a very demanding role, and FNs probably won't be able to stay in it too long.*
>
> *Going back into health visiting might not be possible if you're in family nursing for a while, not working in health visiting. So where do you go to get an 8A? It needs to be thought about.*

Turnover and career intentions data suggest that around four per cent of FNs and seven per cent of Supervisors will leave each year and require replacement, in addition to the planned major expansion of the Programme between now and 2015.

As the Programme is licensed, people outside the FNP cannot use the tools and materials. However, there is some evidence of shared learning from the FNP:

> *Our FNs have also done some training for health visitors, and worked with them, so that health visitors are better equipped, understand the FN role better and see it in action ... We're trying to align services and techniques.*

Engagement

The engagement statements in the survey attracted very positive responses, as Table 1 (which shows selected statements) shows. The scoring scale is from 1 to 5, with higher scores indicating more positive views.

Table 1: Views on engagement

		FNs	Supervisors	All
I speak highly of working as a FN to my friends	Mean	4.50	4.75	4.55
	No.	202	63	265
I would be confident if my family or friends needed to use our services	Mean	4.61	4.84	4.67
	No.	203	63	266
FNP has a good reputation	Mean	4.47	4.70	4.52
	No.	203	63	266
Working as a FN really inspires the very best in me in the way of job performance	Mean	4.39	4.74	4.48
	No.	203	62	265
I find that my values and FNP's are very similar	Mean	4.54	4.71	4.58
	No.	203	63	266
I try to help my team members whenever I can	Mean	4.69	4.92	4.75
	N	203	63	266
I frequently make suggestions to improve the service we offer	Mean	4.21	4.54	4.29
	No.	203	63	266
Care of service users is FNP's top priority	Mean	4.51	4.86	4.59
	No.	203	63	266
I would recommend FNP as an area to work in	Mean	4.41	4.86	4.52
	No.	203	63	266
I often do more than is required	Mean	4.34	4.65	4.42
	No.	202	63	265

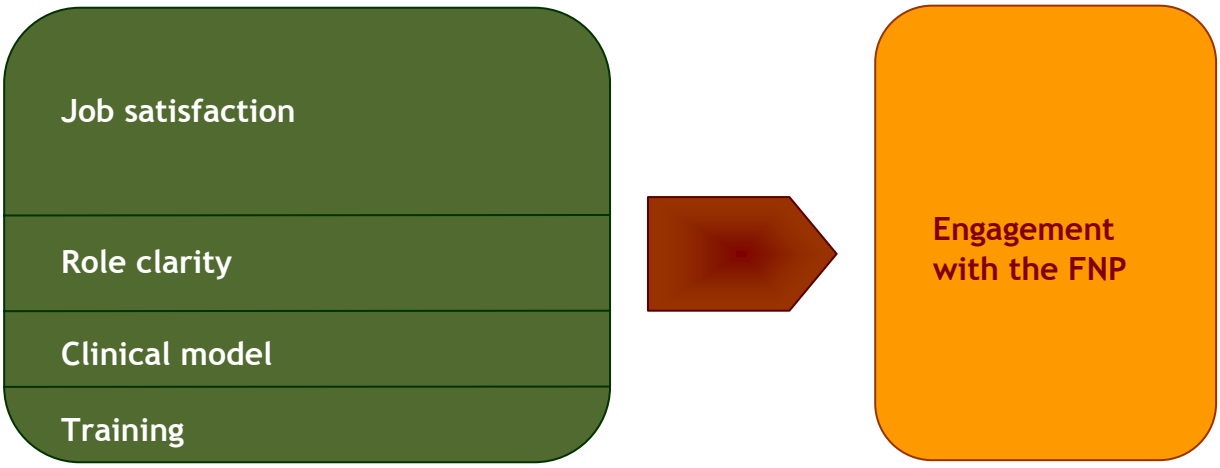
Source: FN survey 2012

An 'engagement drivers' analysis indicates that, overall, the main drivers of these high levels of engagement are job satisfaction, role clarity, the FNP clinical model, and training, with job satisfaction being the strongest driver (Figure 2).

How do Family Nurses and Supervisors depict and describe their role?

During the focus groups and interviews, FNs and Supervisors were asked to draw pictures, or list words and phrases, to describe their roles. What surfaced, from this exercise, were themes around intensity, complexity, aspiration and sheer hard work. The word cloud below (Figure 3) summarises all the recurring words. One notable finding from the pictures was the repeated drawing of hearts (these occurred in half of the drawings), indicating the emotional attachment FNs and Supervisors felt to the Programme.

Figure 2: Engagement drivers: Family Nurses and Supervisors



Source: FN survey 2012

Figure 3: Word cloud

Recommendations

There are no major workforce issues for the FNP NU to tackle, as it is clear that FNs and Supervisors are highly motivated to deliver the FNP Programme to their clients, that they find fulfilment in their jobs and feel valued, and that they are very engaged with the FNP. Judging from the interviewees with leavers, even those who have left the FNP to take up other roles feel positive about the Programme and would recommend the FNP as an area to work.

The following recommendations are designed with a view to making the FNP, and the working lives of FNs and Supervisors, even better.

- The demanding nature of the work may mean that FNs and Supervisors will not feel able to stay in post for very long periods; this has implications for future workforce planning, as it is possible that in future, teams may find that staff leave in 'waves' as they come to the end of cohorts of clients. The FNP NU may therefore wish to consider workload pressures, and work-life balance, as priority areas for action.
- Career progression could become a major issue as the FNP programme grows and matures, in that there are few opportunities for FNs to acquire the sort of experience they need in order to be promoted to Supervisor. There is a risk that FNs will feel obliged to leave the FNP to gain this experience, which would lead to a loss of expertise and training/development investment.
- Although some FNs and Supervisors are happy with their level of administrative support, a substantial number would like more and feel this would enable them to manage their demanding caseload better. Similarly, better IT support (especially given the amount of record-keeping and data entry required to provide evidence for the fidelity measures) would lead to less frustration.
- The requirement for residential training courses makes the FNP less accessible to potential FNs and Supervisors with family/caring responsibilities. As numbers grow it may be possible to arrange more local sessions, but it remains a possibility that the residential aspect is a core part of the team-building process. If so, then it would be advisable for Supervisors to make this requirement clear in the initial information provided to potential applicants.
- Although FNs and Supervisors are very happy with the quality and content of the learning programme, there were some suggestions for additional content or for a change of emphasis with regard to content which the FNP NU might wish to examine.
- The levels of awareness and understanding of the FNP by organisations and other health and social care professionals appears to be fairly low, judging by the survey responses and comments made by focus group participants and interviewees. This had led to a few problems, and some teams had had to spend substantial amounts of time in relationship-building and marketing. This might improve over time as the FNP expands and as more people come into contact with FNs, but in the meantime the FNP NU might like to consider providing – especially to new teams – more material that would explain the Programme and the FN role to outsiders.

This summary is from the IES report: *The Family Nurse Workforce: A Study for the Family Nurse Partnership National Unit*, by Dilys Robinson, Linda Miller and Catherine Rickard. (IES Report 500 Year 2013). ISBN: 978 1 85184 448 7.

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