



# Mind the Gap

*Exploring the needs of early career  
nurses and midwives in the workplace*

Summary report from Birmingham and Solihull Local  
Education and Training Council Every Student Counts  
Project

Dr K Jones PhD, RM, RGN, PGDip; A Warren RGN, RSCN, PGCert (HE), MA (Cand);  
A Davies RGN, BSc (Hons), PGCert (Ed)





## Mind the gap: exploring the needs of early career nurses and midwives in the workplace

### Introduction

*This report provides a summary of the findings from a project funded by Birmingham and Solihull Local Education and Training Council (LETC), titled Every Student Counts. This project was initiated in response to employers growing concerns about the recruitment and retention of nurses and midwives locally and nationally. Of particular concern was the high turnover rate for band 5 nurses and midwives in some organisations.*

These findings reflect the outcomes from the qualitative aspect of the project, which aimed to gain insight into the needs of nurses and midwives in the early phase of their career; identifying potential risk areas and opportunities for improvement. In this context 'early career' includes the transition period from third year student nurse/midwife to the end of the preceptorship period.

Through this work we have learnt that there are generational concepts that require consideration if we are to appropriately support individuals as they begin their professional careers. For the first time in history four different generations will be working together in the same employment environment. There are generational differences in values, expectations, perceptions and motivations in the current workforce and these are highly relevant in terms of staff education and engagement. Understanding differing motivational needs across these generations offers employers and education providers a real opportunity to better align support to meet individual needs and to improve recruitment and retention.

Whilst this project was conducted within an academic framework, this particular report aims to provide a summary of the work in a broadly accessible format.

## How we approached the project

The project was conducted within an action research framework (Dick 1993), using a variety of methods to collect data. All third year student and newly qualified nurses and midwives across Birmingham and Solihull were invited to participate. Project governance was managed through a Stakeholder Programme Board and Project Stakeholder Group. Membership included representatives from Heath Education West Midlands, NHS service providers and higher education institutions from Birmingham and Solihull LETC organisations.

**1,432** final year and newly qualified nurses and midwives were invited to share their views in an online Crowdsourcing workshop.

**108** people submitted **276** contributions around **38** discrete ideas

**45** newly qualified nurses attended focus groups

### Participants who contributed to the project...

**75** soon to be qualified nurses provided written responses

**600** people attended an interactive event

We sourced views and collected information on the needs of early career nurses and midwives in a variety of ways, including:

- Hosting an online Crowdsourcing workshop
- Hosting an interactive conference/event
- Collecting field data from focus groups and other meetings
- Reviewing national and international literature

## About the on-line Crowdsourcing workshop

An online workshop was hosted inviting third year and newly qualified nurses and midwives to share their views on three questions:

- What do we need to stop, start or do differently to ensure you continue to build your nursing or midwifery career in the NHS, and why?
- What factors influence your decision to work in Birmingham?
- What are your expectations of the nursing/midwifery profession?

The online workshop ran from late November 2014 to the end of February 2015, inviting 1,432 people to share their responses to the questions, view and comment on the responses of their peers and vote to prioritise the best ideas (using like or dislike icons). Throughout the conversation 108 people engaged and together submitted 276 contributions around 38 discrete ideas. The breakdown of participants demonstrates sufficient variety to suggest that the results are likely to be a good representation of the 'crowd's' views.

A thematic analysis was conducted on the workshop data. For each question the top ideas, as voted by the crowd, were identified. Any ideas that were disliked or cause contention (large numbers of likes and dislikes), would normally have been interrogated however, during the workshop there was no disliking activity making such analyses meaningless. To understand the core themes of each conversation a simple grounded analysis was conducted to identify key themes. Each idea was coded once for its primary theme and once for a secondary or underlying theme. Across the entire conversation the primary themes of conversation were:

- Formal training and support – 34% of ideas
- Workload – 21% of ideas
- Incentives – 13% of ideas

The key secondary theme was informal support, which was identified as a secondary theme in 34% of ideas. A full description of the Crowdsourcing findings can be found in appendix I.

## About the event

All third year student and newly qualified nurses and midwives were invited to attend a half-day conference event. This event was held on 28th January 2015 and was hosted via two duplicate sittings, morning and afternoon.

### **The event was focused on:**

- Providing a forum for 3rd year students and recently qualified practitioners to come together with local, regional and national leaders to consider the future context of Nursing and Midwifery practice
- To inspire and generate ideas to support the development of a resilient future workforce across Birmingham and Solihull
- To explore how local organisations could support nurses and midwives in their on-going career development
- To scope the potential to create a local nursing and midwifery professional network

Throughout the event the 600 attendees were invited to use dedicated social media links to submit ideas and feedback for the project, as well as to post questions for consideration as part of a panel session



hosted by local Chief and Senior Nurses and Midwives. The contributions from the Crowdsourcing workshop, social media and panel session were summarised into a report identifying key themes by an independent facilitator. This was used for comparison and triangulation purposes. A full description of key themes that emerged from the event can be found in appendix I.

## About the field data

To contribute to a full and comprehensive conversation, and to broaden responses to the Crowdsourcing questions, further data were collected from the field.

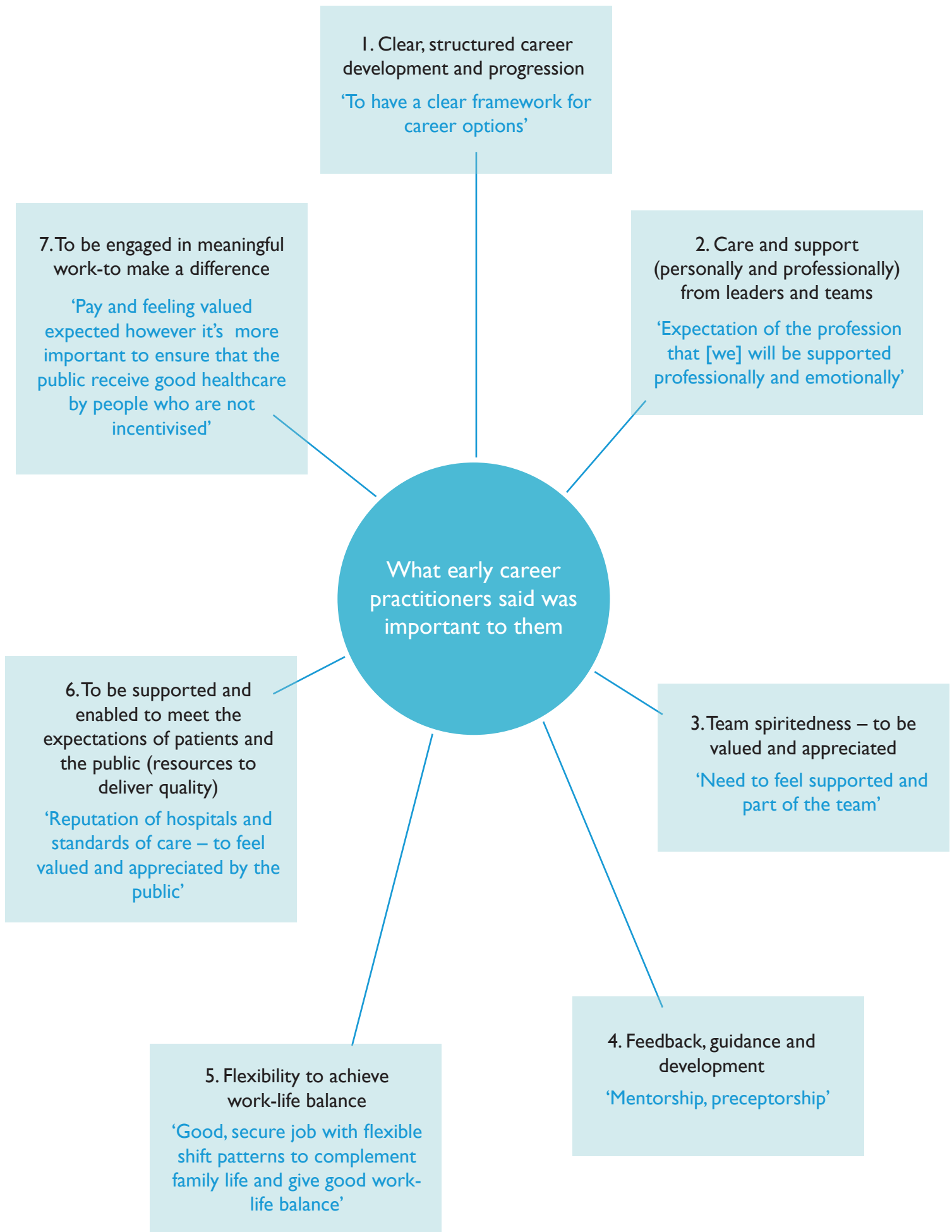
A convenience sample of 60 Newly Qualified Nurses (NQN), in the first 12 months of employment after registration, were invited to participate in one of three focus groups. A further convenience sample of 100 3rd year student nurses attending a local career fair were also invited to complete written responses to the questions from the Crowdsourcing workshop. A total of 45 NQN's and 75 students participated in these two activities. Participants represented adult and mental health fields. There was participant bias due to the absence of midwifery and child field however these views were captured in the on-line workshop. A full description of the field data can be found in appendix I.

Information collected from the focus groups and the written descriptions were analysed thematically. To identify the crosscutting themes, the outcomes from the Crowdsourcing workshop, event and field data were compared.

## ***What early career nurses and midwives said was important to them***

Early career nurses and midwives told us that they have range of needs and expectations in the workplace, these include:

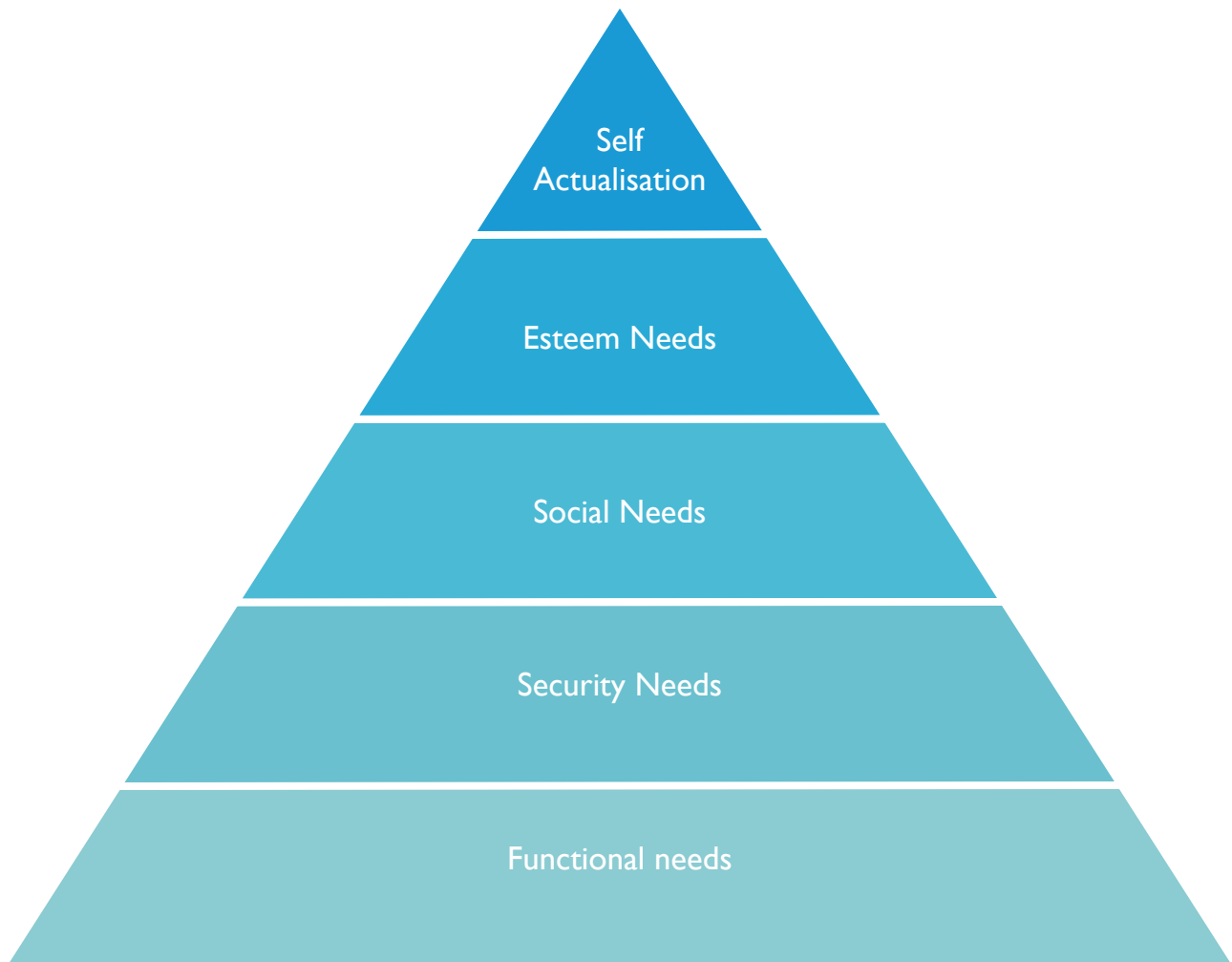
- Clear, structured career development and progression pathways
- Care and support (personally and professionally) from leaders and teams
- Team spiritedness – to be accepted, valued and appreciated
- Feedback, guidance and developmental support
- Flexibility to achieve work-life balance
- To be supported and enabled to meet the expectations of the patients and public (to have the resources to deliver quality)
- To be engaged in meaningful work – to make a difference



## ***Towards a deeper understanding***

To help us achieve a deeper understanding of the needs of our early career nurses and midwives, and to support employers and education providers in what is required to meet these needs, we considered what they had told us within the context of Maslow's human motivation theory (Benson and Dundis 2003).

## **MASLOW'S HIERARCHY OF NEEDS**



Maslow (1971) identified a hierarchy of human needs suggesting that people are motivated to fulfil their lower level needs before addressing those that were at a higher level. As Cherry (2012) explains, Maslow's hierarchy of needs are mostly presented as a pyramid, with the lowest level of needs being the most basic. These lower-level needs are essential physical requirements, including the need for food and shelter, etc.

Once these lower-level needs have been met, people can consider the next level of needs, which is related to safety and security. As people progress up the pyramid needs become increasingly psychological and social. Higher up the pyramid, the need for personal esteem and feelings of accomplishment take priority. Physiological, security, social and esteem needs are deficiency needs, meaning that these arise due to deprivation. Satisfying lower-level needs is essential in order to avoid unpleasant feelings or consequences. Maslow termed the highest-level needs of the pyramid as growth needs. Growth needs do not stem from a lack of something, but rather from a desire to grow as a person.



Maslow's hierarchy provides an ideal framework to begin to consider the fundamental and developmental needs of this cohort of practitioners in the workplace. Enabling us to build a model of support that will apply more universally to this group.

In the broader context of worker motivation, it is acknowledged that identifying generational distinctions across the workforce provides another valuable framework for building awareness and understanding of individual needs in the workplace (Guthrie 2009). Recognising that the needs of our students and newly qualified practitioners might diverge according to their age and circumstances we explored this proposition further.

## Looking at the workforce through a 'generational lens'

Generational cohort assumes that a group of people have similar birth years, history, shared life experiences, have similar attitudes, emotions, beliefs, values and preferences towards work and career (Arsenault 2004). Hu et al (2004) highlight that today's workforce is more diverse in age than ever before and that the unique characteristic differences are playing a major role in peoples experiences at work, generations tend to understand each other and find greater comfort with each other. Research exploring the impact of different generational traits has grown and there is a fundamental need to acknowledge these differences when considering the effect on workforce satisfaction and retention of healthcare practitioners in the NHS.

It is important to note that broad descriptions of any generation are stereotypes and should be considered a general guide to understanding only (Lower 2008). We currently host four different generational cohorts within our workforce either employed or in higher education undertaking practice placements within healthcare organisations. Baby Boomers, X and Y generations dominate the majority of the workforce in the NHS today, with the 'new kids on the block' generation Z just entering higher education. The data from one acute hospital in Birmingham reflects a typical nursing generational profile:

## Typical generation profile of an Acute Trust (Adult)

Generational profile - acute Trust Birmingham	Date of Birth Range	Nursing staff count within DOB range	All current nursing staff count	PCT to nursing staff
Baby Boomers	1946 to 1964	851	3823	22.26%
Generation X	1965 to 1980	1665	3823	43.55%
Generation Y	1981 forward	1303	3823	34.08%



'I Am Self Reliant'

# GENERATION X

1965 - 1979 - I Am a Latch Key Kid



L. At Bar 2012



Education

## I LIKE STRUCTURE AND DIRECTION

I see education as a means to an end and what I do needs to be meaningful

Don't waste my time

Employment NHS

I work to live and want work - life balance

Pragmatic

I work smarter but not harder

I am practical, independent.

I can multi-task

I like rewards & gratification

Informal Balanced Fun

Don't Micro-Manage me

I can innovate I adapt well to change  
I am a problem solver

Entrepreneurial

Friends Reunited



Communication

Tell me what to do but not how to do it

Money is a means to an end

I am techno literate but  
I don't live and breathe it

Work Home & Money

I can be Cynical & Sceptical

I have high expectations

I want good balance, family are important to me.  
I have saved my money and can live comfortably

I am a pragmatic Individualist

I am 40% of NHS Workforce



every student +counts  
The future is yours

MIND THE GAP

Produced by Dr K Jones PhD, RM, RGN, PGDip; A Warren RGN, RSCN, PGCert (HE), MA (Cand); A Davies RGN, BSc (Hons), PGCert (Ed)

'Nurtured'

# GENERATION Y

1980 - 1994 - I Am a Millennial



Little Bear 2012

## I EXPECT SUPPORT TO ACHIEVE

Education

I am ambitious with high career expectations

I need frequent recognition and feedback

Employment  
NHS

I am career motivated but not company loyal.  
I prefer flexibility - work - life balance is key

Optimistic

I will change jobs if my needs are not met

Embrace  
Diversity

I want to work with you and not for you  
I want a sense of community in the workplace

Competitive

Technology is developing fast

Communication

I need mentorship, coaching and reassurance  
My development relies on support and feedback

Team  
Player

I have high expectations

Loyal & Sociable

I am productive and efficient but  
you need to give me the tools

I will rely on my parents for financial support

Work  
Home &  
Money

My friends are important to me and  
I want to be liked

I need a  
sense of purpose  
and contribute to  
the greater  
good

I am  
35%  
of NHS  
Workforce



I earn to spend,  
my family are my  
friends and I need a  
sense of belonging

every  
student  
+counts  
The future is yours

MIND THE GAP

Produced by Dr K Jones PhD, RM, RGN, PGDip; A Warren RGN, RSCN, PGCert (HE), MA (Cand); A Davies RGN, BSc (Hons), PGCert (Ed)



'I Am The Ultimate Digital Multi-tasker'

# GENERATION Z

1995 - 2010 - I Am a Digital Native

EMERGING TRAITS

## I AM SELF DIRECTED

Education

I keep up to date with technology. I leave other generations behind 'I go Viral'

'No way like the new way'

Employment  
NHS

Don't 'Force Fit' me into a traditional work environment  
I will not engage!

Connected  
&  
Communicating

I expect to keep in touch, connectivity is 'as important as breathing'

Digital Native

Everything should be inter-connected I get frustrated at manual methods of working  
I want one device to access everything

Informed

I expect to be informed and you must listen and acknowledge my responses

Value Diversity

I will spend more time changing jobs and job hunting

Work Home & Money

I will be less well off than my parents. I will struggle with independant household management

Personal Freedom is Non-negotiable

To Be Continued...

Transparency  
Self - Reliance  
& Flexibility

every  
student  
+counts  
The future is yours

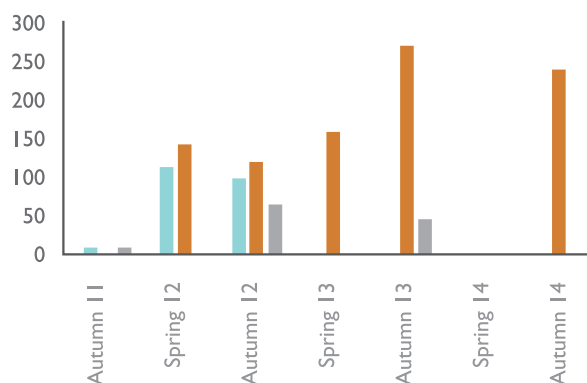
MIND THE GAP

Produced by Dr K Jones PhD, RM, RGN, PGDip; A Warren RGN, RSCN, PGCert (HE), MA (Cand); A Davies RGN, BSc (Hons), PGCert (Ed)

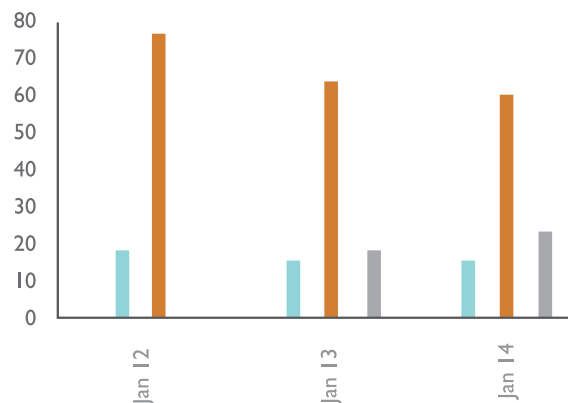
To help us better understand the generational make-up of our local students and nearly qualified nurses and midwives we obtained a demographic ‘snapshot’ covering Autumn 2011 - Autumn 2014 by field.

Graphs from this snapshot reveal a demographic profile that is heavily weighted towards generation Y, with generation X candidates declining steeply after 2013 and the first group of generation Z students appearing, in small numbers, from Autumn 2012.

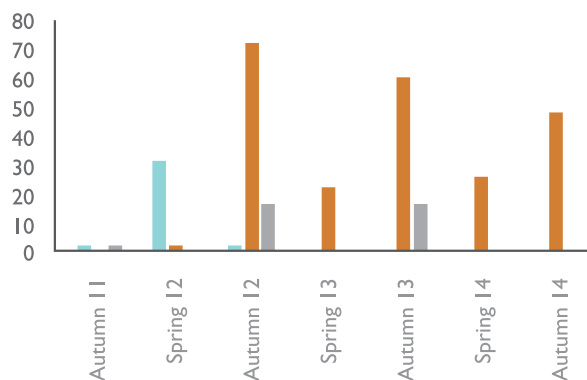
## Adult



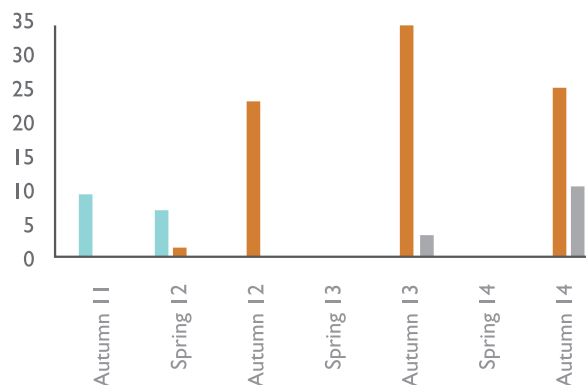
## Midwifery



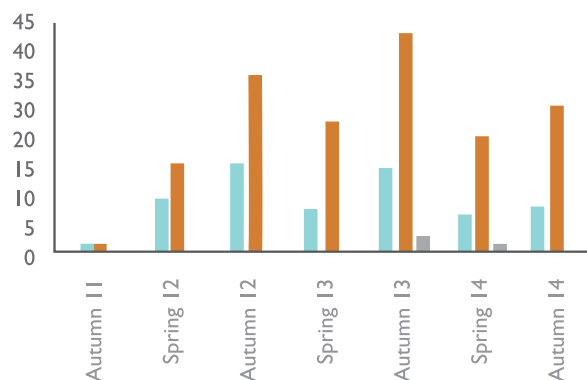
## Child



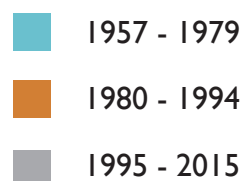
## Learning Disability



## Mental Health



## Key





In reality, there isn't a clear line in the sand to herald the start of the next generation, there will always be a transient period. However, we can anticipate, that from the end of 2015 we will see a gradual increase in generation Z nurses and midwives in the workforce bringing a potential change in dynamic to the workplace.

Generations play a major part in how we function, act and view the world of work. Determining motivations of early career professionals should enable us to design workplace support and career opportunities that better address needs. For current early career professionals this means rapidly 'getting to grips' with the needs of generation Y and forward planning for generation Z.

To enable us to take the first steps on this journey we further explored the needs of Generation Y (Gen Y).

## A closer look at Generation Y

- **Family Orientated.** Children of the 'baby boomers', this generation have been brought up by attentive parents who have provided them with constant praise and recognition. They have been frequently rewarded, often for general participation rather than high achievement. Being excessively protective, or 'helicopter', parents they have worked to remove obstacles for their children and attempted to protect them from potentially negative experiences. Generally, generation Y gets on extremely well with their parents, often seeing and relating to them as friends. In the main they have grown up knowing their parents are only a phone call away, ready to come to their aid or to provide them with advice and reassurance. They have been raised by their parents and others to question everything and to raise questions when they don't understand (Gibson 2013, Jaimeson 2009, PWC, 2013, Hansen 2014).

At the same time this generation have grown up seeing their workaholic parents working excessive hours and, more recently, witnessed them toiling at home. Growing up, many of this generation witnessed parents facing job insecurity and disappointment. This has driven a new perception of work for this cohort of young people who, whilst ambitious, don't wish to pursue their career at any cost. They see themselves as individuals who are not tied to a specific role and they don't let their job define them as their parents did (Hansen, 2014). Many are unconvinced that excessive work demands are worth the sacrifices to their personal life (PWC, 2013). This generation are not lazy, they simply want both an enjoyable social life and fulfilling work environment (Gibson 2013); to them work-life balance is paramount. They see work as a means to enjoy life but life comes first (Hansen 2014). They are prepared to work hard but in return they expect flexibility in order to manage the balance.

- **Ambitious and career motivated but not company loyal.** Growing-up generation Y were told, in the main, that they could achieve anything they wanted to and this developed their sense of personal ambition and confidence (Lavoie-Tremblay et al 2010). At the same time they were influenced by the emergence and success of young Internet entrepreneurs, demonstrating that you can rise to the top relatively quickly and 'have it all' at a much younger age. The outcome being that this generation have very high expectations of career and are extremely career motivated. At the same time they have high expectations that employers will help them satisfy this ambition and that they will progress quickly in their chosen field (Gibson 2013). Generation Y recognise that education and development are valuable in establishing a robust career path. As such, in the workplace they need to feel challenged and have explicit development, supervision and support (Lavoie-Tremblay et al 2010). They generally don't expect organisations to meet all their needs, including job security, therefore they don't see themselves working for one organisation for their entire life (PWC 2013). They like change and variety (Jamieson 2009) and are generally a more mobile group of workers, if their employer does not meet their needs and aspirations they will move on (Hansen 2014, Gibson 2013).

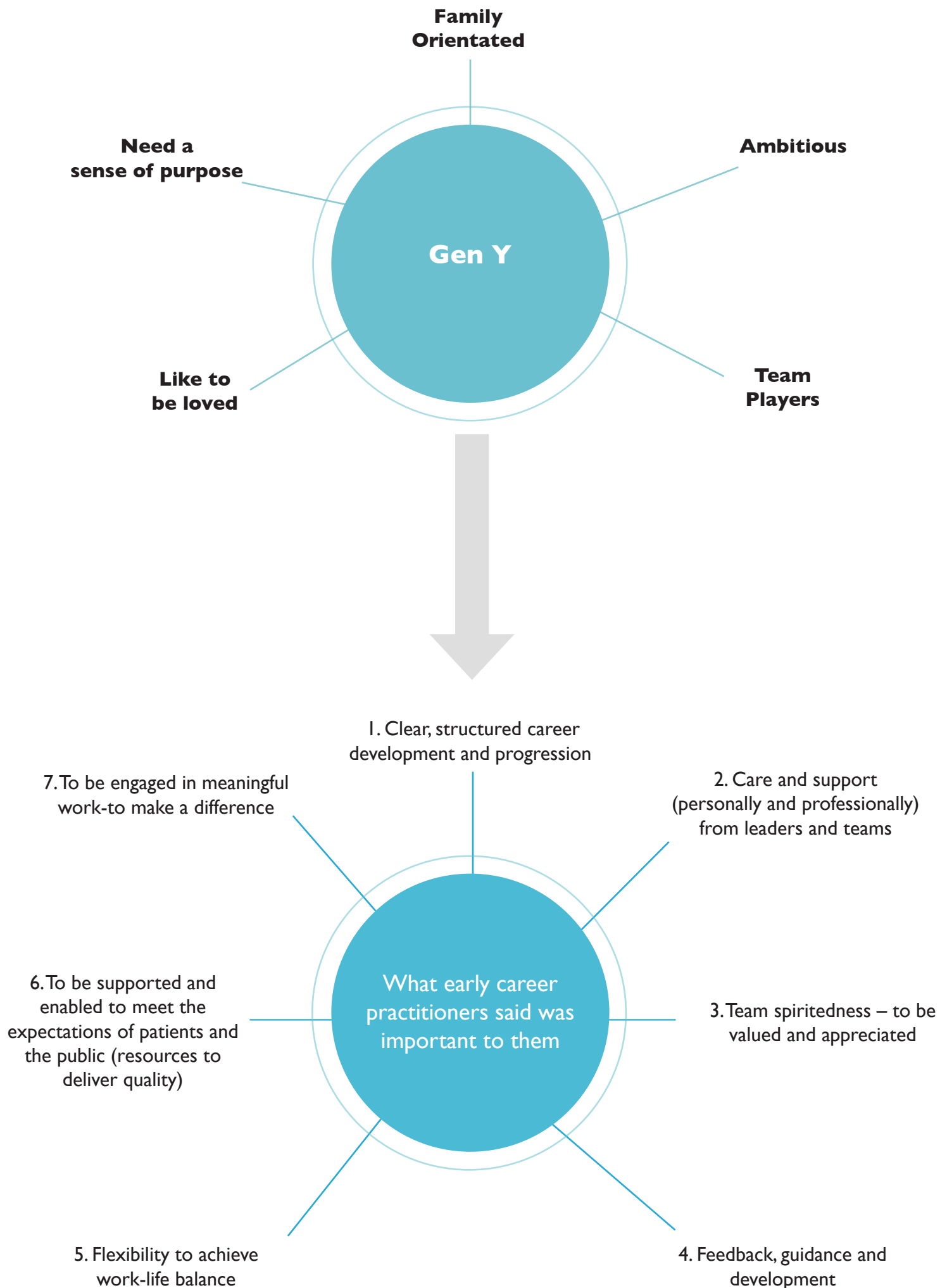
- **Team Player.** For generation Y workplace culture is important. Throughout their education interdependence and team –based collaboration have been focussed upon (Kupperschmidt 2001). In the workplace they seek out environments that demonstrate team working and a sense of community (PWC, 2013). They prefer a strong team culture, regular team meetings, to be genuinely involved and openness and transparency from senior staff (Gibson 2013).
- **Like to be loved.** Millenials place great value on being supported and appreciated (PWC 2013). Recognition is a key motivator and they expect this from leaders in the workplace (Lavoie-Tremblay et al 2010). Mentor schemes, frequent feedback, guidance and reassurance are essential when employing this generation as well as a workplace culture that promotes and instils a sense of value and belonging (Gibson 2013). A large-scale international study undertaken by Price Waterhouse Cooper in 2013 highlights that generation Y are more likely to exit an organisation due to lack of support, appreciation and flexibility than for any other factors (PWC 2013), emphasising the importance of facilitating this when employing them.

At a macro level, esteem needs are manifest in the value they place on the reputation of their employer. The service or standards that the employer is known for will impact on successful attraction and retention in the workforce (Lavoie-Tremblay et al 2010) and they would rather seek employment elsewhere than compromise on putting into practice what they have learnt.

- **Need a sense of purpose and to be engaged in meaningful work.** Generation Y need a sense of purpose, pursuing a sense of fulfilment through being engaged in meaningful work that contributes to the ‘greater good’. They need to see how they are contributing to the ‘bigger picture’ and society as a whole (Gibson 2013, Jamieson 2009, Harder 2014, Hansen 2014).
- **Tech Savvy.** As the first totally ‘internet’ generation, they grew up during a time when technology was developing rapidly and the modes and speed of communication changed at an incredible pace. Technology has allowed them to multi-task and they are very fast learners, using technology to find short cuts to problem solving (Hansen 2014). However, this has led them to have a shorter attention span than their predecessors, craving stimulation and becoming bored easily (Jamieson, 2009). In the workplace their ability to multitask could be underestimated or even perceived as being ‘easily distracted’ or lacking focus.

They prefer to work in organisations that embrace technology, where they use it to help them to be more productive and efficient (Gibson 2013, Hansen 2014). They prefer to engage in communication that is quick and via E-mail, text and social networks.

There is stark alignment between the expectations of our early career nurses and midwives and the Gen Y typology described. Similar links have also been identified in works undertaken in response to high turnover rates in the junior nursing workforce in the United States (Kutin 2013, Lavoie-Tremblay et al 2010) and New Zealand (Jamieson 2009). This is perhaps unsurprising when we consider the age profile of our students and newly qualified nurses and midwives, which is heavily weighted towards Gen Y.



## Considering and addressing the needs of Gen Y nurses and midwives in the workplace

To better understand and address the needs of our student and newly qualified nurses and midwives we considered what they told us using generation Y cohort typology as a frame.

### Structured career development and support to achieve

Generation Y have high expectations of career and are very career motivated. In this context they need to see a clear pathway of progression and be supported to achieve through personal development. This was reflected in our local cohort. They want a clear career framework, not just for linear promotion but also to enable them to diversify within the profession. Even though they are at the start of their careers our nurses and midwives were clearly focussed on their future ambitions.

"WE ARE NOT MADE AWARE OF THE RANGE OF OPTIONS AVAILABLE TO US ACROSS THE HEALTH SECTOR. IT WOULD BE GOOD TO HAVE INSIGHT INTO OTHER ROLES WE COULD PURSUE IN THE FUTURE"

Some emphasize that working in Birmingham, with its array of specialist services, made it an attractive place to build their career. Career progression and the reputation of the employer were frequently cited as influential in their decision to work in and around the City.

"BIRMINGHAM AND ITS SPECIALIST PROVIDERS OFFER THE OPPORTUNITY TO GATHER BROADER EXPERIENCES AND BUILD A CV TO ENHANCE CAREER PROGRESSION"

Whilst a very small number of participants indicated that they were using their qualification as a stepping-stone into other professions, the majority had entered the profession seeing nursing and midwifery as a job for life.

"I WILL HAVE INVESTED 4 YEARS OF MY LIFE IN MIDWIFERY EDUCATION IN THE HOPE THAT I WILL HAVE A JOB FOR LIFE"

Equally, participants at the event recognised that lack of support might stop them realising their ambition of a life-long career in nursing and midwifery. In her study of Gen Y nurse attitudes to work and career Jamieson (2009) highlights that whilst the majority of nurses were proud, career motivated and keen to stay in the profession for five-plus years, they were less clear if nursing would be their long term career.

With high expectations of employment and employer, generation Y are keen to progress quickly. They recognise that education and development are enablers that will help them achieve their ambition. They expect employers to address these development needs. This was reflected in the Crowdsourcing workshop where themes of employer-supported training, continuing professional development (CPD), career progression planning, mentorship and preceptorship emerged. Similar to the wider generation Y cohort, local participants indicated that lack support might stop them realising their ambition of a life long career in nursing and midwifery, highlighting their willingness to consider other options if employers do not meet their needs.

On a cautionary note, Jaimeson (2009) highlights that whilst generation Y nurses in New Zealand were wildly enthusiastic when they start their first nursing post, within a year the honeymoon is over and they are considering other options. This reflects the generalised notion that if generation Y employees don't receive what they need in relation to career development and support from their employer they are likely to leave to find one that does, even if this means leaving the profession. Jaimeson's study scoped the views of approximately 10% of the total cohort of Gen Y nurses in New Zealand. Interestingly 64% of them said they would continue to nurse even if they did not need the money; only 3% regretted becoming a nurse; and 64% saw themselves as career motivated. However, 47% did not feel obliged to stay in nursing; and 48% would not feel guilty if they left the profession. Jaimeson found a worrying disconnect between what generation Y nurses expect in a career and what they believe nursing delivers.

Our local nurses and midwives expressed strongly that they want a clear, structured career framework that identifies a range of opportunities that supports their professional advancement. For employers, this framework needs to be accessible and explicit with alignment to education and training programmes. Finding innovative ways to provide recently qualified practitioners with a sense of progression and achievement should be considered. Involving them in improvement work, or smaller research projects, offers the opportunity to address their ambitions incrementally and to keep them engaged and motivated at an early stage.

The recently published Raising the Bar report (HEE 2015), outlines recommendations from the Shape of Caring review into nursing and healthcare assistant education and training in England. The report outlines a range of recommendations related to assuring predictable and sustainable access to on-going learning and development for registered nurses. This will be essential if we are to support generation Y nurses to realise their ambitions and retain them in the workforce for the longer term.

Nurses and midwives told us that the transition period from student to newly qualified practitioner is stressful and that they value the support, feedback and reassurance they receive through mentorship and preceptorship. However, if we consider this within a generational context, we may have underestimated the extent to which generation Y nurses and midwives require support and feedback; not merely regularly but continuously. Such eagerness for feedback could be mistaken for 'neediness', especially by 'self-reliant' generation X nurses and midwives, who justifiably find it difficult to relate to this characteristic. Students and newly qualified nurses and midwives require continuous feedback, not only for reassurance, but to satisfy their eagerness to develop, progress and advance their capabilities (Jaimeson, 2009).

Employers and education providers need to consider models of supervision, mentorship, preceptorship and coaching within the context of meeting the needs of this generation. Opportunities to enhance the quality of feedback and support during the transition period and beyond the end of the first year need to be explored; particularly when considering the predicted duration of the 'honeymoon' period and risk to retention.

## One Gen Y's perspective



*Growing up we were told that we could be anything and do anything. All that encouragement gave us a sense of ambition and confidence. Now apparently that means we have a sense of entitlement that makes us uncontrollable, loyal-less employees and difficult to work with.*

*When we get out into the workforce we realise we have to follow the rules that the baby boomers set, that Gen X diligently follow and that we can't rock the boat. Consistently the baby boomers are telling us that we have to mind ourselves, we have to learn the ropes, we have to start at the bottom to get to the top. Be patient, pay our dues; don't bounce around, don't follow dreams or whims because that would be precarious and dangerous to the status quo.*

*You tell us to ask for feedback at every turn but you don't want us to be in your face all the time, asking for feedback- that is apparently needy.*

*You tell us to show initiative – that apparently means we're impatient and that we shouldn't start any projects and that we should really just pay our dues.*

*You tell us to improve process, but then you tell us to stop thinking you're the best, if it ain't broke, don't fix it.*



*Extracts taken from personal blog of F Chan (a Gen Y) posted May 4th 2014 and titled: A frustrated generation: Gen Y and the entitlement issue.*



## Team work and team spiritedness

For our local nurses and midwives, both students and recently qualified, being made to feel like they are part of a team and working as a team were important to them. This is echoed in the international literature. When Price Waterhouse Cooper (2013) undertook an extensive global study to identify the attitudes and aspirations of this generation they found that Gen Y employees placed high priority on workplace culture. They want to work in an environment that emphasizes teamwork and a sense of community. In a study of the workplace needs of Gen Y nurses undertaken in the United States (Lavoie-Tremblay et al 2010), it was found that the type of care environment nurses were working in was less important to them than the team they were working with.

In terms of retention, a working environment where there is a shared sense of purpose, collaboration at all levels and where there is a 'family' feel are more likely to appeal to this cohort of workers. Nurses and midwives in the Crowdsourcing workshop expressed the importance of informal support; they expect colleagues in the profession to support them both professionally and emotionally.

Employers should consider how they develop local teams to recognise and address the needs of each generation, facilitate closer team working and promote team-working opportunities. This is particularly important Gen Y nurses and midwives who, unlike their generation X supervisors, have not been used to working, learning or problem-solving in isolation. In addition they will require good team dynamics, regular team meetings and be fully involved in decision-making at all times. In other words they want to work 'with you', not 'for you'.

Education and placement providers should consider how practice placements are managed in order that students feel welcome and supported within placement provider teams. As students are a transient group, dipping in and out of multiple teams during placements, consideration is recommended to develop 'a sense of team' by facilitating authentic team-working opportunities whenever possible.

## Sense of value and belonging (like to be loved)

As previously described, this generation prefers a workplace culture that promotes and instils a sense of value and belonging (Gibson 2013). They need to feel cared for and respected. Local nurses and midwives described this in terms of being nurtured. Mentorship, preceptorship, coaching and 'scaffolding' as they develop confidence in their role, rather than being left to practice independently before they feel ready. They particularly highlight concerns in relation to mentors who fail to demonstrate a willingness and enthusiasm to support them, merely undertaking the role from sense of obligation. This shows how important it is for them to feel genuinely valued.

Recognition is a key motivator for this cohort and they expect this from leaders (Lavoie-Tremblay et al 2010). They want to be recognised for the contribution they can make and want to be engaged in decision-making within the workplace (PWC 2013). As such, employers need to find ways to recognise and reward achievement. This does not necessarily mean providing formal awards or rewards, it could simply be ensuring that good performance and progression is consistently and regularly acknowledged through feedback and appraisal. Ensuring students and early career professionals are engaged in decision-making and service development at a much earlier stage may help to authenticate their sense of value in the workforce. Promoting and supporting workplace wellbeing is another opportunity for employers to demonstrate they value and care for their employees; offering pleasant working conditions conveys to these staff that they 'do matter' (Lavoie-Tremblay (2010).

Perhaps reflecting their ambitious nature, Gen Y nurses find the attitudes of other generations in the workplace frustrating. For example, they feel disrespected when staff express that new graduates lack competence after they have spent three years demonstrating that they are competent (Jamieson 2009). It is easy to see how their need for continual feedback and reassurance could be perceived as lacking confidence or competence by staff that are naturally more independent and self-reliant. Their strengths need to be recognised and built upon; and it is important that preceptors and other supervisory staff are made aware of differing generational traits in order that they can support individuals to flourish.

Recognition is also linked to being valued by the public and other professionals. For our local nurses and midwives this included reputation of the employing organisation. Nurses and midwives who participated in the project demonstrated their passion for care and their dedication to the profession shone through. They wanted nursing and midwifery to be valued by patients and the public and they wanted to raise the profile of their professions. To achieve this they wanted to be supported and enabled to deliver high quality care. This included provision of the necessary resources to do their job, such as adequate staffing levels. This is not to say that they do not fully appreciate the challenges faced within NHS, they do expect to work hard in a world of increasing demand and mounting co morbidity. Their concerns focus on patient safety and not having to 'fight a battle' every time they attend work.

In this context, the increase in negative media in recent years, at both a professional and organizational level, could have significant consequences. Unlike their predecessors, this generation are more likely to walk away from both the profession and organisation if their intrinsic need to be positively valued and recognized is not met (Jamieson 2013); this includes being able to put into practice all they have learnt about delivering high quality care.

There is no 'silver bullet' for providing the level of investment required to fully address their concerns. However, maximizing opportunities to engage this cohort early in creating solutions, through improvement and transformation work, could potentially energize them enough to maintain their motivation and ultimately retain them in the workforce.

## Engaged in meaningful work; to have a sense of purpose

Our early career nurses and midwives expect to 'make a difference' in their careers. They recognize that working in Birmingham offers them the opportunity to work in a diverse, multicultural population and they valued this. They are clearly passionate about their career choice and, on the whole, enter the profession viewing it as a job for life. Such ideals are generally reflective of Gen Y nurses and midwives, who, in the main, want to help others, work closely with people and contribute to society as a whole (Jamieson 2009, Gibson 2013).

In many ways this motivational need is intertwined with the previous one; their value in this context being their contribution to the greater good of society. It is this strong sense of purpose that offers employers the greatest opportunity in relation to attracting and retaining these nurses and midwives. This overriding commitment to their purpose was powerfully reflected in the data. Whilst highlighting their ambition, desire to progress and to be paid fairly the majority felt justified in accepting current pay and reward systems to ensure that the public received good healthcare by people who were not financially incentivised.

This group need to see themselves and their employer meaningfully contributing to something greater. It could be considered that the NHS is ideally placed to fulfil this requirement. However, reflecting on the previous section, if the individual's lived reality is that the organisation does not appear to be fully focussed on their social purpose, they may consider alternative employment options.

Employers need to consider how they can make their social purpose tangible from day to day, especially at times when demand, capacity and financial challenges take operational priority. Whilst it could be said that all operational activity is implicitly linked to the wider purpose of the NHS, is this clear and explicit enough for our early career professionals? How do employers bring the NHS purpose and values to life for younger generations; and how can employers make links for employees to 'the bigger picture' and their personal contribution to it? All these questions require meaningful and creative consideration. The value Gen Y place on this ideal provides a perfect opportunity for healthcare employers to engage and motivate these employees. After all, this is the nature of our business.

## Family orientated

This section deals with what is probably the most challenging area for employers; facilitating work-life balance whilst running an efficient service. It is clear that these nurses and midwives enter the profession fully expecting to work shifts and to work really hard. However, in return they want flexibility to balance their work and home life. For them, achieving this balance is paramount, often more important than pay (Lavoie-Tremblay et al 2010, Jamieson 2009). Unlike previous generations they want to be able to adapt their work schedule to their home life and not the other way around. Their home and social life is very important to them and if work, or work-related fatigue, begins to impact on their time off they will consider other options for employment.

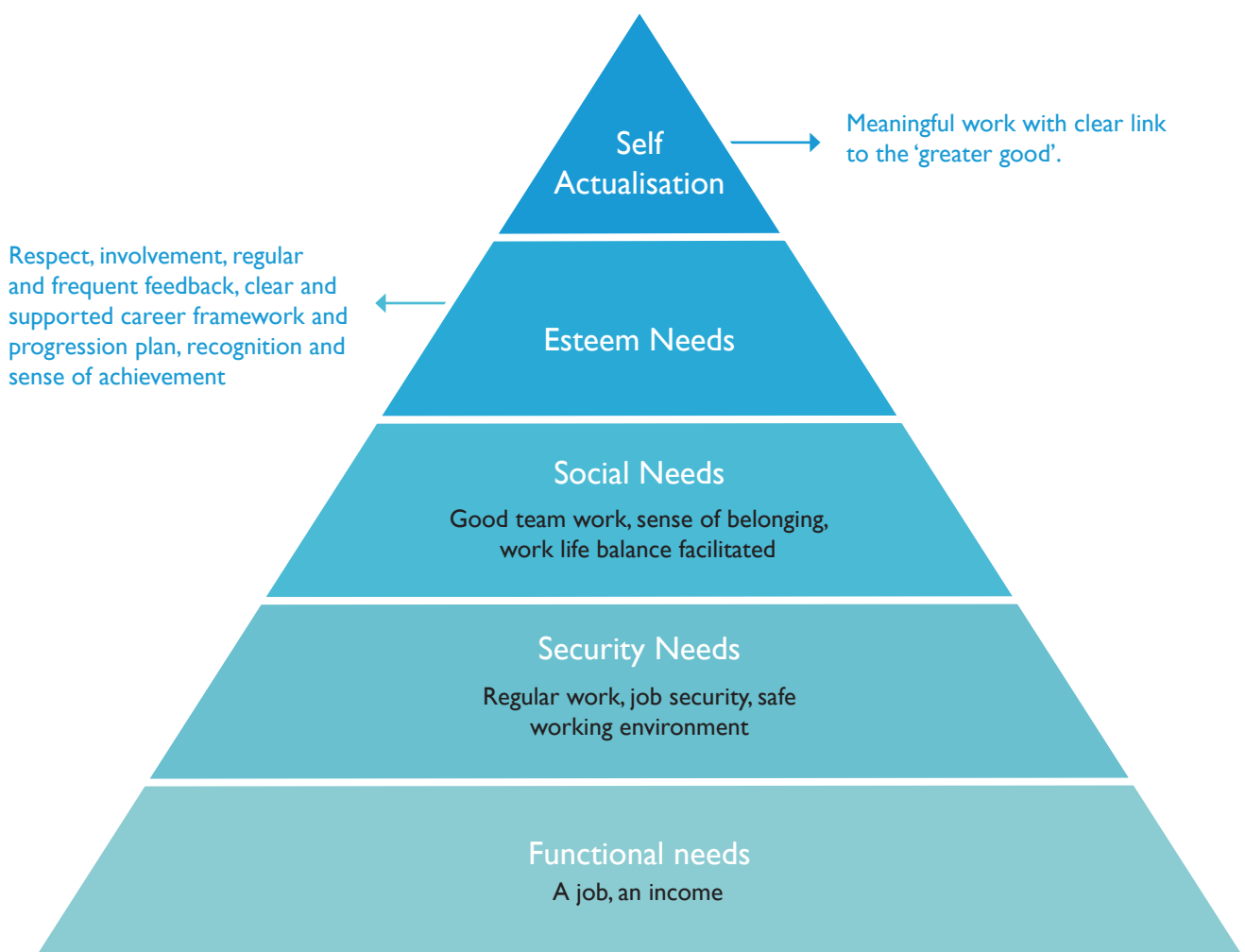
Our local themes centre on the need for flexibility. Some participants indicated that they were looking for a good, secure job with flexible shift patterns to complement family life and give a good work-life balance. For employers this is a challenge. New generations of nurses and midwives enter the profession driven by the same altruistic motives as generations before them; they are passionate, caring and career motivated. However, unlike their predecessors, pursuit of that career is not at any cost. They see work as a means to enjoy life but life comes first (Hansen 2014).

Employers need to recognise that they are dealing with a very different group of employees. Previous generations may have adapted to 'fit in' with the way shift patterns have been managed but we are now dealing with a generation who may just choose to walk away. If we are to build a sustainable and resilient workforce for the future we need to be open to exploring innovative ways of working. Employers need to consider if they can manage shift patterns to suit the generational preference, considering flexibility and work life balance in particular for Gen Y but also in preparation for the preferences of Gen Z.

# A framework for improvement

Our analysis enabled us to re-visit Maslow's hierarchy to develop a framework that reflects the workplace needs of Gen Y nurses and midwives. Employers and education providers can use this framework as a starting point for considering developments to improve attraction, progression and retention of this group of staff.

## Maslow's Hierarchy of workplace needs adapted for Generation Y nurses and midwives



Adapted from original model by Heather Harder (2014)

## Conclusions & recommendations

There are generational differences amongst practitioners within the healthcare profession. The implications of this are multifaceted and are an essential consideration for future proofing education, recruitment and more importantly the retention of staff within the NHS. It is critical to ensure that we retain the majority of nurses and midwives we educate in the West Midlands as they are costly to train and increasingly difficult to replace.

This work, as well as studies from USA, Canada and Australia provides a compelling case for change in how we attract, support and retain early career nurses and midwives, to better reflect the needs of the new generations. It is evident that the characteristics of generations play a major part in how we function, work, see the world and in particular the workplace. If we are not open to change the evidence suggests that economics alone will not keep these new generations in the workforce. They have strong values and specific needs and they are prepared to change employer and job role if these are not addressed.

In summary, relevant stakeholders are urged to reflect on the findings of this report, considering the opportunities for enhancement outlined below:

- **Raise awareness of differing generational needs and implications for the workplace**
  - Generate awareness of generational cohort motivation needs and implications for the workplace for employers and relevant staff. In particular educators, mentors, preceptors and those who lead teams need to understand the needs of the new generations in order to develop and select supportive approaches that maximise individual engagement, progression and retention.
- **Live the values** - Employers should consider how they make their social purpose tangible and explicit in everything they do. Taking time to link operational priorities and actions to 'the big picture' and the NHS constitution, particularly at times when demand, capacity and financial challenges take operational priority. Employers should also consider opportunities to help more junior staff make links in relation how their personal contribution is making a difference to society as a whole.
- **Career framework** - Within the context of the Shape of Caring review (HEE 2015), policy-makers, education providers and employers should consider development of clear, structured career frameworks for nurses and midwives that clearly indicate the range of options available to individuals. The pathways need to be formalised with transparent learning objectives and goals in order that individuals know what they need to do to progress. CPD should be aligned to these career frameworks, with each individual having a clear personal development and progression plan.

Employers should consider how they can develop options for early career nurses and midwives to be engaged in improvement work or smaller research projects. Offering individuals the opportunity to address their ambitions incrementally and to keep them engaged and motivated at an early stage.

Employers and education providers need to consider models of supervision, mentorship, preceptorship and coaching within the context of meeting the needs of new generations of nurse and midwives. Opportunities to enhance the quality of feedback and support during the transition period, and beyond the end of the first year, should be explored, being cognisant of the 'honeymoon' period and risk to retention.

- **Value and recognise achievements** - Employers should consider engaging newly qualified practitioners in creating solutions to current operational challenges through improvement and transformation work.

Stakeholders should review current models of preceptorship to reflect the needs of 'younger generations'. A longer transition period should be considered, with a focus on on-going support, feedback, recognition and career development (one exemplar is provided in appendix 2).

The Raising the Bar report (HEE 2015) recommends a review of national standards for mentorship. Within this context stakeholders should consider the quality, frequency and mechanisms for feedback and support. Opportunities to recognise achievement and milestones should be included in this. Stakeholders should consider extending this review to include how support and feedback is provided during preceptorship and through to first revalidation with the NMC.

- **Promote excellent team working** - Employers should consider how they develop local teams to recognise and address the divergent needs of each generation. This is particularly important for this group of nurses and midwives who unlike their generation X supervisors and managers, have not been used to working, learning or problem solving in isolation. Promoting good team dynamics, regular team meetings and involvement in decision-making should be actively promoted and supported.

Education and placement providers should consider how practice placements are managed so that students feel welcome and supported into practice. Consideration should be given to how social integration and a 'sense of team' is facilitated for students.

- **Facilitating work-life balance** - Employers should involve younger generations in exploring innovative ways of working and managing shift patterns to suit the generational preference. There is a positive relationship between flexible working arrangements and intention to continue in healthcare. It increases job satisfaction and therefore reduces turnover (Eby et al 2005). However challenging, employers should begin to consider flexible options for staffing the service as a priority.
- **Further research and evaluation** - Tourangeau & Cranley (2006) suggest that healthcare worker generations may explain any relationships between age and work intentions and that this generational area remains under researched. This project has identified potential links between generational cohort traits and the needs of early career nurses and midwives in the workforce. It is recognised that generational typologies are broad generalisations and there will always be individual and cultural variance across the cohort that will influence motivation and needs. As such, the recommendations in this report are merely suggestions of potential opportunities for improvement in supporting progression and retention for this staff group. Any development planned in response to these recommendations will require piloting and rigorous evaluation to assess impact at individual and workforce-wide levels.
- **Coming soon to a workforce near you...Generation Z** - To reflect the current workforce demographic this project has been focussed on the needs of Gen Y nurses and midwives in the workplace. In analysing the student profile we can see that Gen Z student nurses and midwives have started to enter higher education on pre-registration programmes. Generation Z are predicted to have very different needs in the workplace to Gen Y staff. Stakeholders need to further explore how they can develop education programmes, and the workplace environment, to support the progression and retention of this newly emerging generation of nurses and midwives. For more detail on Gen Z see appendix 3.





# References

- Arsenault, P. (2004) Validating generational differences: A legitimate diversity and leadership issues. *Leadership and Organisational Development Journal*, 5 (1/2) 124-141.
- Benhamou, L. (2015) Everything you need to know about Generation Z. [Online] Available from: <http://uk.businessinsider.com/afp-generation-z-born-in-the-digital-age-2015-2>. [Accessed 25 April 2015]
- Benson, S. G. and Dundis, S. P. (2003) Understanding and motivating health care employees: integrating Maslow's hierarchy of needs, training and technology. *Journal of Nursing Management*, 11 315–320.
- Cherry, K. (2012) Hierarchy of needs: the five levels of Maslow's hierarchy of needs. [Online] Available from: <http://psychology.about.com/od/theoriesofpersonality/a/hierarchyneeds.htm> [Accessed 25 April 2015].
- Dick, B. (1993) You want to do an action research thesis? [Online]. Available at: [www.scu.edu.au/schools/gcm/ar/art/arthesis.html](http://www.scu.edu.au/schools/gcm/ar/art/arthesis.html) [Accessed 20 September 2006].
- Eby, L.T., Casper, W.J., Lockwood, A., Bordeaux, C. and Brinley, A. (2005) Work and family research in IO/OB. Content analysis and review of the literature (1980-2002) *Journal of Vocational Behavior*, 66 (1) 124-197.
- Everett-Haynes, L.M. (2013) Trending now: generation Z. [<http://uanews.org/blog/trending-now-generation-z>] 8 November. [Accessed 25 April 2015]
- Gibson, R. (2013) Generation Y characteristics. [Online] Available from <http://www.generationny.com/characteristics/> [Accessed 25 April 2015]
- Guthrie, L. (2009) *The Next Generation of Workers*. Escondido, Ca: Ken Blanchard Companies.
- Hansen, R. S. (2008) Perception vs. Reality: 10 Truths About The Generation Y Workforce. *Quintessential Careers QuintZine*, 9 (05), April 21. [Online] Available at: [http://www.quintcareers.com/Gen-Y\\_workforce.html](http://www.quintcareers.com/Gen-Y_workforce.html) [Accessed April 15 2015]
- Harder, H. (2014) How doing good helps recruit and retain millennials. [Online] Available at: <http://heatherharderpr.com/2014/09/24/how-doing-good-helps-recruit-and-retain-millennials/> [accessed 15 April 2015]
- Health Education England (2014) Raising the Bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. [Online] Available from: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>
- Howe, N and Strauss, W (2000) *Millennials Rising: The Next Great Generation*. New York: Random House.
- Hu, J., Herrick, C and Hodgins, K.A. (2004) Managing the multigenerational Nursing. *The Health Care Manager*, 23(4) 334-340.
- Jamieson, I. (2012) What are the views of Generation Y New Zealand Registered Nurses towards nursing, work and career? A descriptive exploratory study. PhD. University of Canterbury, New Zealand.
- Kupperschmidt, B.R. (2000) Multigenerational employees: strategies for effective management. *Health Care Management*, 19(1) 65-76.

Kutin, J. (2013) Retention of New Graduate Gen Y Nurses. The Selected Works of Joyce K Kutin RN, MSN, MOL. [Online] Available from: [http://works.bepress.com/joyce\\_kutin/](http://works.bepress.com/joyce_kutin/) [Accessed 25 April 2015].

Lavoie-Tremblay, M., Leclerc, E., Marchionni, C. and Drevniok, U. (2010) The needs and expectations of generation Y nurses in the workplace. *Journal for nurses in professional development*, 26 (1) 2-8.

Lower, J. (2008) Brace Yourself Here Comes Generation Y. *Crit Care Nurse*, 28 (5) 80-85.

Maslow, A. (1971) *The farther reaches of human nature*. New York: Viking Press.

McCrindle, M. and Wolfinger, E. (2010) *The ABC of XYZ: Understanding the Global Generations*, Sydney: University of New South Wales Press.

Price Waterhouse Cooper (2013) PwC'S NextGen: A global generational study 2013. Evolving talent strategy to match the new workforce reality. [Online] Available from [https://www.pwc.com/en\\_GX/gx/hr-management-services/pdf/pwc-nextgen-study-2013.pdf](https://www.pwc.com/en_GX/gx/hr-management-services/pdf/pwc-nextgen-study-2013.pdf) [Accessed 25 April 2015]

Raphelson, S. (2014) From Gis to Gen Z (or is it IGen): How generations get nicknames. [Online] Available from: <http://www.npr.org/2014/10/06/349316543/don-t-label-me-origins-of-generational-names-and-why-we-use-them>. [Accessed 25 April 2015]

Tourangeau, A.E., Cummings, G., Cranley, L.A., Ferron, F.M. and Harvey, S (2010) Determinants of hospital nurse intention to remain employed, broadening our understanding. *Journal of Advanced Nursing*, 66(1) 22-32.

# Appendix I

## What students and newly qualified nurses and midwives told us:

### I. Crowdsourcing

For the Crowdsourcing, 108 participants joined the conversation. These included: 27 event attendees; 26 students from Birmingham City University; 29 newly qualified nurses/midwives from local trusts; 6 students from Birmingham University; and 19 people from other NHS organisations. The breakdown demonstrates sufficient variety to suggest that the results are likely to be a good representation of the crowd's views.

To understand the core themes of the conversation, a simple grounded analysis was conducted, which identified the following key themes:

- Formal training and support. Relates to formal structures and guidance around training, CPD, career progression planning, mentoring and preceptorship.
- Informal support. Includes support from colleagues, team spirit and broader factors that support nurses/midwives in doing their job.
- Resources. Relates to resources that support nurses/midwives in doing their job. This includes specialist organisations.
- Workload. This includes discussions around workload, working hours, work/life balance and elements that can have an impact on this (such as travelling distances).
- Job role. Covers the expected responsibilities of professionals.
- Incentives. Money, benefits, career progression, employer reputation.

Each idea was coded once for its primary theme, and once for a secondary, or underlying theme. Across the entire conversation, the primary themes of conversation were:

- Formal training and support – 34% of ideas
- Workload – 21% of ideas
- Incentives – 13% of ideas

The key secondary theme was Informal Support, which was identified as a secondary theme in 34% of ideas.

### Q1. What do we need to stop, start or do differently to ensure you continue to build your nursing or midwifery career in the NHS, and why?

The top 5 responses to this question, as prioritised by the crowd were:

- Make students and newly qualified nurses midwives feel like a valuable part of the team (not simply HCAs).
- Create a more structured and seamless process for transitioning from education to being a qualified practitioner.
- Protect supernumerary period to ensure people get the training they need to feel comfortable, confident and competent.
- Allocate dedicated, paid CPD days, empowering professionals to own their learning.

- Provide more structured career advice that covers options across healthcare, both now and in the future.
- Unsurprisingly, the key primary theme of responses to this question was formal training and support, covering 50% of the contributions. It was also the most popular secondary theme, but only marginally more popular than informal support.

### Q2. What factors influence your decision to work in Birmingham?

In response to this question, the crowd rallied around 3 key ideas:

- The multicultural nature of Birmingham's population.
- Family ties locally.
- The availability of specialties around Birmingham make it an attractive place to gather broader experience and build a CV to enhance career progression.

The primary themes of responses to this question related to resources (including the existence of specialist providers) and workload (including convenience of employer locations).

### Q3. What are your expectations of the nursing/midwifery profession?

The top 5 responses to this question, as prioritised by the crowd are:

- To feel supported by colleagues, both professionally and emotionally.
- To be prepared and have students' expectations managed about the physical and emotional demands of the job, including strategies for coping.
- To feel valued and appreciated by the public – and to help raise the profile of the profession. To be given options for career progression, not just an assumption that everyone is heading towards a band 8.
- To have a clear framework of career progression options, within the idea of a job for life.
- In the responses to this question, formal training and support was once again the primary theme of conversation, while Informal support was the most common secondary theme.

## 2. The Event

A total of 53 people took part in the online conversation prior to the Every Student Counts event. Encouragingly, one of the major ideas to come through was that participants did see nursing/midwifery as a job for life. "I will have invested four years of my life in midwifery education in the hope that I will have a job for life," said one respondent. "[I hope] that my chosen career will provide long term security and financial stability for my family, while being able to keep the passion and love for midwifery I have now."

Asked what might stop them from realising their ambition of a lifelong career in nursing or midwifery, respondents pointed to a lack of support. This worry took multiple forms. One of those taking part in the conversation – a newly qualified midwife – reported that staff shortages had meant the cutting short of the supernumerary period on some rotations. "While understandable, it is not ideal as it forced me to practice independently before I felt comfortable, confident and competent. Fortunately, this did not lead to any poor practice, but I – and the women and babies I cared for – should not have been put in this position." This statement was well supported by others taking part in the conversation.

Another popular idea was that students needed to be supported to feel part of the team. Indeed, the highest rated suggestion was that there should be 'a more integrated approach to education, so that the transition from student to qualified practitioner is seamless [and so that students] are assessed as suitable

for employment during training.’ Helping students and newly qualified staff to understand the array of career options available to them was a linked suggestion. Said one participant: “We are not made aware of the range of options available to us across the healthcare sector. It would be good to have insight into other roles we could pursue in the future.”

This was also a theme which came through strongly at the Every Student Counts event. A half hour session, entitled Forward Together, offered the audience the opportunity to pose questions to senior midwives and nurses from the local area. Two sessions ran – one in the morning and one in the afternoon.

Just as in the online conversation, the main theme at the event was support. Audience members were particularly keen to discuss the value of a good mentor. Concerns were raised about mentors who were performing the role through a sense of obligation rather than willingness. A participant in the online conversation raised this point too, suggested it was necessary to ensure “mentors are given adequate time to mentor so that placements have meaningful experience for both mentor and mentee alike.”

The other major theme to come through during the Every Student Counts event was wellbeing. Again, this had also been central to the online conversation: ‘Nursing can be very stressful at times, particularly with winter pressures’, said one poster to Clever Together. “Newly qualified nurses would benefit from the opportunity to have support in managing stress levels to help them to cope better.” Interestingly, an audience member at the Every Student Counts event explained that as part of her studies she was exploring the possible role of mindfulness in helping nurses and midwives cope with the pressures of their work.

Despite raising concerns about the challenges of life as a student or newly qualified nurse or midwife, a dedication to this profession shone through both online and at the event. So too did the desire of many to keep working in the Midlands.

“Birmingham is the second largest city in the UK and it a diverse population,” said one of those taking part in the online conversation. “Family ties and job prosperity influence my decision to stay and work in Birmingham. It has world class and state of the heart health equipment/facilities with best specialists in the field.”

### **3. In the field**

In the field data, above all others, the most frequently discussed themes related to:

- Nurses mentorship support during training and post registration on preceptorship
- Flexibility of the career, workload and working conditions
- Training and Job opportunities

**Q1. What do we need to stop, start or do differently to ensure you continue to build your nursing or midwifery career in the NHS and why?**

**Make students feel valued and part of the team.** This overriding statement encompassed the thoughts that student nurses need to feel valued and supported in their quest to become a NQN. The theme ‘not be treated like a HCA’ came up frequently and it was evident that the nurse valued the learning experience on placements however they appreciate the workload and patient care ethos.

**Training opportunity/ career pathway in the nursing profession.** This theme encompassed the ability to choose a branch of nursing, nursing is diverse and nursing is a job for life. Training opportunities appear to be the overwhelming reason to stay in the NHS and thought that Birmingham would provide this due to its large selection of hospitals within the region.



**Reputation of Birmingham and Solihull Hospital Trusts and the standard of nursing care.** A large proportion of the students referenced the actual hospital at which they had experienced placements. Possibly due to the demographic of the participants interviewed, respondents from specialist centres reported comments about the standard of patient care, cleanliness of the hospital, friendly staff and hospital reputation.

**Role of student nurses and NQN.** Apart from the obvious positive comments about how students are treated there were a large proportion of comments about what needs to be done such as providing a seamless transition to qualified practice, empowering nurses with the skills they require to be an effective skilled practitioner when they qualify e.g. phlebotomy, cannulation and IV drug competencies.

## **Q2.What factors influence your decision to work in Birmingham?**

**Family connections, place they grew up in, relocation positive and negative reasons.** For the following reasons participants chose to stay in Birmingham because they grew up there, had family living locally, settled there and made a home in Birmingham, travel/ network connections good from other counties and familiar surroundings for first job. However students and NQN did suggest they are thinking of leaving to be close to family and friends elsewhere and that they never considered living in Birmingham when they became qualified.

**Job opportunities.** This was also a very popular theme. The participants liked the idea that they could get a job in their training hospital; they liked the preceptorship job role and the support they would get. On the negative side Birmingham did not satisfy a small selection of participants for the reason of limited job opportunities i.e. Mental Health and also the restriction of availability to go straight in to a specialist field such as Emergency Department or Critical Care.

**Hospital reputation and placement experience.** This was also demonstrated to be a popular theme from the participants and on further investigation this is related to student nurses placement experience in a number of different hospitals. On a negative note we discovered that issues such as pay, career progression and personal experiences during a training phase impacted on the decision to move away to other prosperous areas such as London.

**Diverse population and patient groups.** Compared to the previous response for this reason the responses were lower and less prioritised however it was evident that participants liked the variety of culture and diversity in Birmingham and thought that it was representative of the British population and the NHS workforce.

## **Q3.What are your expectations of the nursing/ midwifery profession?**

**Lifelong learning and career opportunities and flexibility.** Learning, CPD and career development and opportunity feature strongly in the discussion. There were two 'camps' the nurse who wants to progress the career ladder and the nurse who wants a good, secure job with flexible shift patterns to compliment family life and give a good work life balance. Flexibility and opportunities are uppermost in importance, however around 10% of the participants, when answering this question, suggested that they are using this qualification as a stepping stone to further their career in another profession.

**Fair pay/ support in a demanding and responsible job.** Unsurprising comments about pay and feeling valued featured highly however the majority felt justified in accepting pay as it is in order to ensure that the public receive good health care by people who are not incentivised.

**The expectation of a hard working career with growing patient numbers and co morbidity.** Participants are looking for a rewarding career, with the ability to climb the ladder. They are under no illusion that pay conditions are going to drastically improve and patients' conditions and numbers will become easier. Their expectations have been realised as they are currently living the reality of patient care in the NHS.

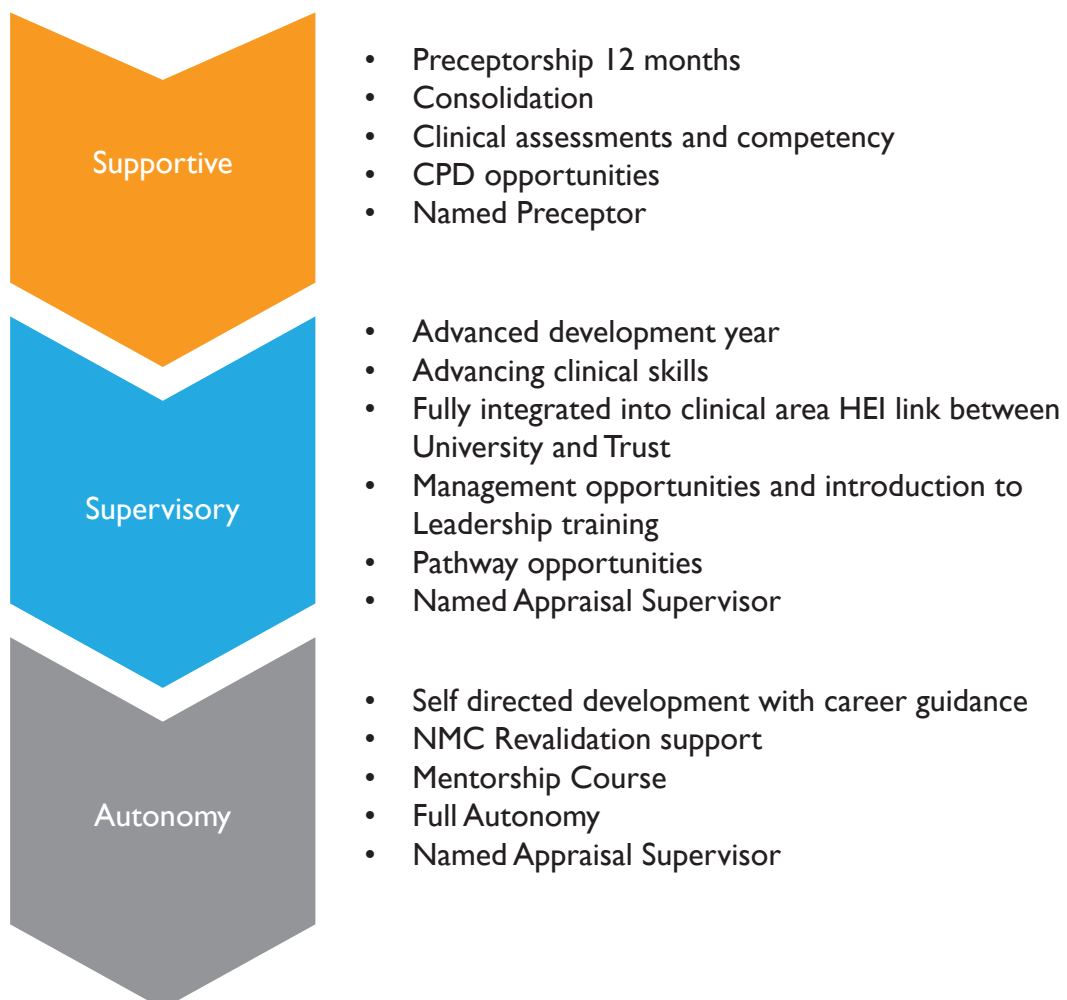
Their concerns lie with patient safety and staffing levels and not having to 'fight a battle' every time they come to work. They want to maintain standards of care and ensure that the patient is their focus and ensure carer's needs are also met. Quite reassuringly our participants expect to make a difference during their nursing careers. They want to maintain standards of care and ensure that the patient is their focus and ensure carer's needs are also met. They expect to look forward to an enjoyable future career and be part of an expanding and devolving health care system that embraces future developments and advances.

## Appendix 2: Extended preceptorship period exemplar

### Exemplar only:

Preceptorship extended to 3 years with a thread for revalidation (NMC 2015) throughout the whole period.

- **Year 1 - SUPPORTIVE**
  - face to face education/learning events
  - clinical assessment and competency supported by a preceptee
- **Year 2- SUPERVISORY**
  - year of career development exploring CPD
  - access to development and career pathway opportunities
- **Year 3 -AUTONOMY**
  - self-directed
  - reflection and appraisal
  - emerging mentor



## Appendix 3: Getting to know Generation Z

Generation Z are young people born between 1995-2010 (McCrindle, Wolfinger 2014) they are described as the 'true digital natives'. This term has been coined to identify young people that have been born into an age of technology. Generation Z are currently aged between 5-20 years and they too display distinct and emerging traits that differ from their predecessors. These will, inevitably, have an impact on work ethic and attributes, methods of communication, expectations of work-life balance, working routine, social and technological environment.

Throughout their existence, Gen Z have witnessed political and economic unrest, acts of terrorism, the birth of the smartphone and the power of communication through social media. Most Gen Z are born to parents who are Generation X, coined 'the latch-key kids' a generation 'left to their own devices' and very self-directed. This generation also experienced political and economic unrest along with a dramatic rise in divorce, the AIDs epidemic and the fall of the Berlin Wall.

Interestingly both Generations X and Z are described as pragmatic and individualist. Furthermore Howe and Strauss (2000) describe generational cycles, the 'team generations' (Gen Y, identifying as 'team players' with a preference to work in groups collaborating ideas) are followed by 'individualist generations' (Gen Z, exhibiting self-directed preferences).

Our future healthcare workforce will imminently consist of the emerging Generation Z employees; to understand the significance and indeed impact of this to both the educator and employer, it is important to identify and explore the traits of this generation.

Laurence Benhamou (2015) describes Generation Z as 'independent, stubborn, pragmatic and always in a rush' so how will these characteristics transpose into higher education and the work environment.

### Generation Z Traits (Raphelson, S, 2014)

- Tech Savvy: never known life without personal computers, mobile phones, gaming systems, MP3 players and the Internet.
- Social: Social networking sites and instant messaging, have little concern for privacy and no problem sharing even the most intimate details of their lives with virtual strangers. Technology makes communication immediate. They are very collaborative and creative. When they get to be working age, they will change the workplace dramatically in terms of style and expectations.
- Multi-tasking: comfortable with technology, "We can text, read, watch, talk and eat all at the same time, a talent that stuns adults." With this preference toward multitasking it is predicted that while they are able to complete many tasks at once, each task gets divided attention, thus losing the ability to focus and analyse more complex information.
- Speedy: Gen Z are afraid of 'length' which links to their short attention span. They thrive on instant gratification and prefer information to be delivered in rapid, short bursts if it is to be understood.

**Education and processing information.** As discussed, Gen Z can process information quickly, preferring it in sound bites, the consequence of this is that they have a short attention span and a tendency to get bored easily. They have been described as the 'ultimate self-educators' (Benhamou, 2015) as using Google and 'how to' YouTube videos are second nature to them. Therefore the pedagogic methodology of healthcare curriculum may need to be adapted to this style of learner. Literature suggests that there should be a move from formal delivery to a more interactive 'visual' approach whereby students can experience success as quickly as possible.

**Employment.** Gen Z are described as being 'incredibly open minded, respectful and tolerant of others and expect to see diversity around them' Everett-Haynes (2013). These are valuable traits to enter a healthcare career however they often lack task specific skills. Generation Z will need to access technology to 'keep in touch' and potentially blur work priorities and professional boundaries. The need flexibility and strong mentorship. In addition the discord of current methods of working, paperwork and technology that don't 'talk' to each other within the NHS will cause immense frustration to Gen Z.

## Appendix 4 :An overview of each generation (generational cohort typologies)

The box grid below provides the generational characteristics of the four generations.

### **Baby Boomers 1946-1964**

*The “Post War Children” ambitious workaholics driven by career progression*

- Better educated than my predecessors
- Self-reliant, independent, and confident
- Individualist
- Extremely hardworking and a team player
- Dedicated and passionate
- Adaptable, resourceful, problem solver
- Rebellious tendency, not afraid to challenge
- Motivated and driven by career progression
- Idealistic, competitive and goal-oriented
- Define self-worth by work and accomplishments
- Live for the here and now and change with time
- Embrace challenge and endeavour to make a difference
- Strive to understand developing technology
- Imbalance between work and family

Thinks that the ‘gen-next’ lacks work ethics and commitment

### **Generation X 1965-1979**

*The “Latch key kids” both parents worked, frequently looked after by friends, family or supervised childcare*

- Highly educated able to problem solve and multi task
- Prefer structure and direction
- Enjoy work life balance and protect “family time”
- Practical, independent and self-reliant
- Work for self-gratification, own personal achievements and rewards
- Elements of scepticism and cynicism
- Generally techno-literate growing up with the development of PC’s and mobile phones
- Entrepreneurial traits, innovative and adapt well to change
- Loyal to careers and employers
- Do not respond to micro-management
- More accepting of diversity
- They are currently approx. 40% of the NHS workforce
- Value early retirement and quality of life after work

Think that the ‘gen-next’ lacks work ethics and commitment

### **Generation Y 1980-1994**

*The “Millenials” nurtured by my Baby Boomer parents who have tried to protect me from negative experiences in the world!*

- Highly educated but expect support to achieve
- Ambitious with high career expectations
- Career motivated but not company loyal
- Team player who requires frequent feedback on progress
- Prefer managers to be mentors and coaches
- Seek flexibility and work-life balance is paramount
- Sense of personal ambition and confidence
- Techno-Competent: rapidly developing technology has influenced modes and speed of communication
- Friends and social life are important
- Social media has enabled friendships to cross continents
- My family are my friends
- Loyal and embrace diversity
- Less well off than previous generations, relying on parents for financial support

Think that the ‘gen-next’ lacks work ethics and commitment

### **Generation Z 1995-2010**

*The true “Digital native”, born into an age of technology, Gen X parents have encouraged more independence*

- Technology influences everything
- Education is more self-directed
- Thrive on instant gratification and prefer information to be delivered in rapid, short bursts or ‘sound bites’ if it is to be understood
- Ambitious but seek more flexibility than previous generations
- Insist on work-life balance
- Spend more time changing employment and job hunting
- May lack task specific skills
- Pragmatic and individualist
- Open minded, respectful and tolerant of others and expect to see diversity around them
- Collaborative and creative: they will change the workplace dramatically in terms of style and expectations
- Technological multi-taskers, everything should be interconnected
- Blurring of social boundaries through social media
- Friends and social life are important
- Struggle with household management, family will support particularly financially
- Personal freedom is non-negotiable

To be continued..





Help us  
close the gap!



*Liberty Ball*  
2015

*Illustrations by Liberty Ball*